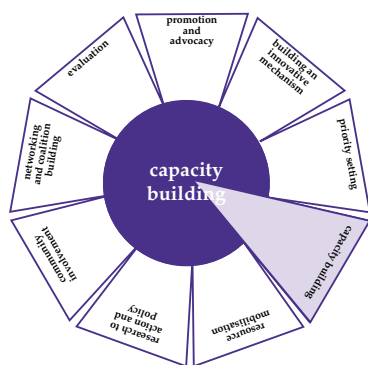


# Learning Brief

## Research Capacity Strengthening: Creating demand for research in Kenya



### Introduction

Capacity Development has been identified as a key strategy for achieving the goal of promoting equity in development through health research. In its 1990 publication,<sup>1</sup> the Commission on Health Research for Development made some very specific recommendations relating to national investment in capacity strengthening for research, and how resources could be mobilised for these activities:

- *Developing countries should invest at least two percent of their national expenditure in research and research capacity strengthening*
- *At least five percent of project and program aid for the health sector from development aid agencies should be earmarked for research and research capacity strengthening.*

Yet, global investments in health research (including capacity strengthening) directed at the problems of the poor and disadvantaged have not increased substantially in the last 10 years. In addition, the traditional approach to capacity development has been constrained by its focus on strengthening specific areas, with limited attempts at horizontal integration, so crucial to strengthening the overall enabling environment for health research.

This learning brief focuses on the process one country has initiated in order to develop an enabling environment for health research.

### Background

In Kenya, the government recognises the value of research for national development. As a result, the country's health research system is fairly extensive and includes public health research institutes, universities and medical schools, non governmental organisations, hospitals, community based organisations and private sector organisations.

Despite this comprehensive set up health research, the use of research results, and best practices have not featured highly in the Ministry of Health's programs and policies. This is not surprising, since the research focus and practices in Kenya have not been in response to the needs of the health sector or the needs of communities.

It has also been noted that the level and quality of research in Kenya has not been developed commensurate with the level of national development. The reasons for this disparity need to be identified and the focus and thrust of health research reoriented and strengthened accordingly.

In April 2000, WHO initiated a workshop on research capacity strengthening (RCS) in developing countries.

The meeting, held in Annecy, France, was co-sponsored by - among others - the Global Forum for Health Research, the Alliance for Health Systems and Policy Research and COHRED.<sup>2</sup> The workshop formulated the following key-strategies and principles for RCS:

- The research agenda (including a plan for RCS) is primarily the responsibility of the countries themselves.
- More attention must be given to strengthening the "demand" for research by governments (decision-makers), the public (community), non-government organisations, the media, the private sector, and academic institutions (where future producers and users of research are being primed).
- All aspects of the research process (not just technical competence) must be strengthened including: advocacy and promotion, priority-setting, partnership development, facilitating the use of research, networking and leadership.
- A "systems view" of RCS is needed, which includes national health research networks and forums, the enabling environment and the "culture" for research.
- There is a critical need for more effective collaboration and partnership; the new information and communication technologies can be an important tool for this.
- RCS must be more focused on equity-oriented health research.

COHRED supported national workshops in Kenya and China as follow-up activities to the Annecy recommendations.

### Assessing Kenya's health research system

Kenya organised a 4-day national health RCS workshop in Mombasa in September 2000.<sup>3</sup>

It was the first time that the concept of "capacity development" had been applied on a macro-level in Kenya; an assessment of the country's national health research system that would feed directly into the development of a detailed action plan for the coming years.

Following the plenary session, participants were divided into five groups and were asked to discuss and formulate recommendations on specific issues highlighted in the workshop's commissioned papers.

The issues were as follows:

- **Country-driven (demand driven) research capacity strengthening** with particular reference to issues of research management and coordination, leadership strengthening and networking, priority setting and competence enhancement.
- **Competencies required for effective participation** of communities, policy makers and researchers in the research process, including consensus building, and capacity strengthening for all these stakeholders.
- Perspectives of demand and supply of research results and best practices; including the **competencies required for addressing the research needs of the various partners as well as packaging and marketing of information on best practices after the research is completed.** These issues were considered in relation to community needs, policy needs, prioritisation at institution level and ability of communities and policy makers to use the results.
- Research and equity in health, with a focus on **competencies required of the health research system to improve equity in health services, such as development of skills in gauging equity** and other strategies.
- **Capacity strengthening with regard to resource identification and mobilisation** at local and international level, and **skills and competencies required to harness these resources for health research.** Specific issues included skills required to sell the research agenda to development partners, skills in negotiating for international collaboration, Kenya's ability to disseminate and sell its best practices, and the country's contribution to Global Health Research.

As a result of the workshop, a special Task Force on Research Capacity Strengthening (RCS) was assembled. The Task Force is responsible for preparing a specific RCS plan using both the outputs of the workshop, and the outputs of the working groups on capacity development and district-based health research which were convened as part of the 1993-1998 internal review of ENHR in Kenya. Two general lessons can be drawn from experiences with capacity development for national health research systems.

## Challenges/Lessons Learned

There is a major imbalance between the 'supply' and 'demand' side of capacity building. The 'supply' side offers a wide range of projects and programmes (mainly sponsored by international agencies) to increase the knowledge base, and the 'critical mass' of health researchers in a country. Most of the research however, is not of immediate use to local consumers such as policy makers and the community. Unless the demand for equity-oriented research is also encouraged, the newly bolstered research capacity will not be put to optimal use. Effective use of research results will improve if the capacity of key consumers (e.g. ministries, media, health service managers, advocacy and action groups, legislators) both to use and commission research is developed at the same time. The capacity of researchers to respond to the increasing demand for relevant and appropriate research is of equal importance.

Another major challenge for capacity building in health research is to upgrade the communications infrastructure, especially in developing countries. The development of communications networks among researchers in different disciplines, and between them and the users of research, can cut the high costs of current means of communication. Increasing knowledge will also augment the capacity of the research community.

## References

1. Commission on Health Research for Development (1990) *Health Research: Essential Link to Equity in Development*. Oxford University Press: New York.
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