From Capacity Strengthening to Capacity Sharing?
The HRP Alliance for **Research Capacity Strengthening (RCS)** is an initiative that brings together institutions conducting research in sexual and reproductive health and rights (SRHR) in collaboration with WHO regional and country offices. An integral component of the Human Reproduction Programme (HRP), the HRP Alliance fulfils a mandate of supporting research capacity strengthening in low- and lower-middle income countries.

The HRP Alliance encompasses a dynamic network structure, bringing together HRP and WHO regional and country offices with RCS grant recipients, collaborating centres and HRP research partners, within a joint frame of...
By linking RCS with HRP research and knowledge transfer, the HRP Alliance capitalizes and reinforces existing collaborations. It provides support for institutions to position themselves in the global SRHR research and knowledge transfer arena. This is provided through long term institutional grants to our HRP Alliance hubs, who support research capacity strengthening to institutions in their respective regions. The HRP Alliance also supports courses and occasional special research initiatives, all within the frame of SRHR implementation research.
Context

Research capacity building—obligations for global health partners

Global health continues to gain pace as a discipline, as evident from the amount of funding available for challenges relevant to low-income and middle-income countries (LMICs) and the growth of journals in this field. This growth has been driven in no small part by the targets and indicators of the Millennium Development Goals. Successes towards achieving these goals, however, have often come from expertise, funding, and ideas flowing from high-income countries (HICs) to LMICs, with HIC players being accused of...
From Africa to the World: Reimagining Africa’s research capacity and culture in the global knowledge economy

Isaac Iyinoluwa Olufadewa, 1,2,3 Miracle Ayomikun Adesina, 1,2 and Tobowase Ayorinde 1,2

Africa sits on a keg of gun powder. Despite having over 15% of the world’s population a quarter of the global burden of disease, she has less than 3% of the world’s health care and barely 1% of global research output [1]. This is not surprising as Sub-Saharan Afric contributes about 0.4% of its Gross Domestic Product (GDP) to scientific research [2]. Asia, and North America contribute about 27%, 31% and 37% respectively to research development. Majority of West African countries spend less than 0.25% of their GDP or less to research. This is a matter of concern and should be taken seriously.

COMMENTARY

Shared learning in an interconnected world: innovations to advance global health equity

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Abstract

The notion of “reverse innovation”—that some insights from low-income countries might offer transferable lessons for wealthier contexts—is increasingly common in the global health and business strategy literature. Yet the perspectives of researchers and policymakers in settings where these innovations are developed have been largely absent from the discussion to date. In this Commentary, we present examples of programmatic, technological, and
Results Institutions and individuals were variably successful at conducting trials, but there were strong commonalities in the barriers and enablers across all levels and functions of the research systems. Transferable mechanisms were summarised into the necessary conditions for trial undertaking, which included: awareness of research, motivation, knowledge and technical skills, leadership capabilities, forming collaborations, inclusive trial operations, policy relevance and uptake and macro and institutional strengthening.
• All countries, including low-income and middle-income countries, need robust health research capacity.

• The research capacity gap between the Global North and Global South is closing too slowly, and governments, funders and academic institutions are not investing sufficiently to bridge this chasm.

• Research capacity development be valued as highly as evidence generation and be embedded in all global health research.
This study suggests that research capacity strengthening of local researchers was an unintentional outcome of the large multi-country study on maternal sepsis. However, for sustainable research capacity to be built, study coordinators and funders need to deliberately plan for it, addressing needs at both the individual and institutional level.
Context

Capacity Strengthening

• Numerous initiatives
• Different approaches / frameworks
• Multiple actors
• For many decades
• Yet, lack of capacity/ limited capacity still a barrier to research and program implementation, policy development and implementation, health systems strengthening and service delivery
Common Themes

• More needs to be done
• Different things need to be done / Things need to be done differently
• There are multiple actors, each with unique roles
• There are success stories
• CS has many interpretations → elements and dimensions
  • Targets
  • Levels
  • Depth
  • Time /duration
  • Inputs vs skills
From Capacity Strengthening to Capacity Sharing?
History

**Started** in 1995 as a **fellowship program** of the Population Council, with funding from Rockefeller Foundation

**Autonomy:** In 2001, became autonomous

  Headquarters Agreement with Government of Kenya

  Registration in Delaware, USA; 501(c)3 status

**Now:** (SS) African regional research center
Who we Are

How does research transform lives?

1) It is done

2) The evidence from the research is used in decisions that directly or indirectly impact lives

3) The research is done by more and more people and the evidence is used by more and more people (in Africa)

4) The people doing research use their expertise to support decisions that directly or indirectly impact lives (in Africa)

Decisions that impact lives:

- Policy (new, change, improved, operationalization)
- Program design, implementation, improvement
- Budget allocation
- Service delivery, practice guidelines, uptake of Tools & Innovations
- Individual/community behaviour
About APHRC

Experiences with Global Health Practice

Institutional:

• Africa-based, African-led
• Funding model & Priority setting (whose?)
• (Ir)relevance and Impact - Ignored, unheard
• Untapped potential in an Island
• Targets/Recipients of good & bad CS initiatives
• Narratives
From a Fellowship Program to a Center

- Vision / Strategy
- Values / Principles
- Long-term perspective
- Learning & Unlearning

- Credible
- Successful
- Influential
- Impactful
Staffing

~200 full time staff, 500+ temporary staff
50+ PhD holders
From 14 countries

<table>
<thead>
<tr>
<th>Level</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
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<tbody>
<tr>
<td>Senior</td>
<td>32 (52%)</td>
<td>29 (48%)</td>
<td>61</td>
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<tr>
<td>Mid-level</td>
<td>58 (55%)</td>
<td>48 (45%)</td>
<td>106</td>
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<tr>
<td>Junior Level</td>
<td>4 (40%)</td>
<td>6 (60%)</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>94 (53%)</td>
<td>83 (47%)</td>
<td>177</td>
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</tbody>
</table>
Geographic Reach (2018-2022)

Projects in 34 countries through different partnership models
Examples of External Facing CS Initiatives

- CARTA
- ADDRF
- Precision Medicine
- WHO-HPRO hub
- JPIAMR
- Countdown to 2030
- 2 X HPRO
- Catalyze Impact
- SISTARs
- SRHR Youth Academy
Going Global

Countdown to 2030
Women’s, Children’s & Adolescents’ Health

Women RISE
Growth & Impact
Growth & Impact Drivers

Investing in People
- Strong Underlying Capacity Strengthening ethos
- Policies / procedures
- Internal and external programs
- Financial support
- Clear career tracks / Promotion guidelines
- Performance management
- Cascaded responsibilities
About APHRC

Investing in Institutional Systems and Processes
- Values, Culture
- People, infrastructure
- Governance
- Benchmarking
- Learning & continuous improvement
- Stress testing
Capacity Strengthening is Multi-level and Multi-dimensional

- Time (duration, inter-generational)
- Levels (individual, Institutional, Systemic)
- Space (critical mass)
- Targets
- Quantity vs. Quality
- Inputs (money, infrastructure, tools, equipment)
- Breadth vs. Depth
Capacity Strengthening is Multi-level and Multi-dimensional

The Path to Research Leadership in Africa
A New Role for the Center

- Positioning as R&D ecosystem catalyst and enabler
- Towards Capacity Sharing?
Thank you!