

# Developing skilled HR for HPSR in LMIC: Qualitative Review and Reflections

Stocktaking in preparation for  
Bamako: Nyon 26<sup>th</sup> May 2008

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# Acknowledgements

- Comments and suggestions were received on earlier drafts and used in revision from:
  - Dr. Sara Bennett
  - Dr. Sam Adjei

# Introduction

- The importance of developing and retaining skilled HR for HPSR in LMIC, was not clearly articulated as such in the 2004 Mexico statement on health research.
- However, its importance in making achievements in HPSR is implied throughout the statement
- It is people who make institutions and systems work and it is not possible to have strong institutions and systems without strong individuals and groups and committed, visionary and strategic leadership.
- For balance, care needs to be taken in the current prioritization of institutional and systems development to keep the importance of individual capacity development in focus

# Stocktaking Questions

- What has been and what is the current state and commitment of national governments and the international community related to the financing, development and retention of:
  - HR capacity for the production of HPSR in LMIC
  - HR capacity in decision makers at the policy and program development levels as well as at the program implementation levels (district through to community) to find, assess, interpret and apply HPSR evidence
- In the light of the current situation what are the possibilities for concrete short, medium and long term strategies that might be useful in building HR capacity for HPSR in LMIC.

# Peculiar Challenges

- Capacity development is needed across multiple 'independent' public health and social science disciplines e.g. economics, political science & governance, anthropology, management, epidemiology etc
- At the same time individual researchers skilled in different disciplines need to develop the capacity to contribute their specific disciplinary expertise to work as in multi-disciplinary teams on a common question
- HR capacity in decision makers at the policy and program development levels as well as health workers at the program development and implementation levels (district through to community) to find, assess, interpret and apply health policy and systems research evidence is also required.

# Peculiar Challenges

- Apart from technical competence in protocol development and data analysis, competencies are also required in priority setting, networking and leadership, communication, translation and dissemination, advocacy, promotion and negotiation and partnership development.
- Creation of a supportive institutional, organizational and national context to develop and retain skilled HR in HPSR is critical
- Generally still not perceived as a high profile, prestigious research career track – but its getting there .....

# Taking stock – the current state

- Boundaries HPSR loosely defined with multiple disciplines, overlapping terminologies complicating description and assessment of HR capacity
- Little rigorous monitoring and evaluation of capacity development efforts has and is occurring making it difficult to determine which strategies are most effective and under what circumstances
- Multiple uncoordinated /fragmented international initiatives
- Much occurs within countries but little of what is happening within countries is published and easily accessible
- Country and international efforts are poorly coordinated

# Taking stock – the current state

- Retaining skilled HR in LMIC is critical. The factors that motivate retention of individuals with capacity for HPSR in LMIC not completely clearly but would appear to include:
  - a supportive academic environment,
  - elimination of resource uncertainties regarding scientific careers,
  - good research conditions/facilities
  - ability for researchers to define their own research project.
- Assured long term financing is also an important factor in successful capacity development initiatives.
  - Enables institutional long-term investment in human and physical resources and
  - may also result in attracting (through longer term contracts) higher quality human resources.

# Taking stock – the current state

- Emphasis (relative) has generally been on individual and to some extent organizational capacity to generate evidence.
- Neglected individuals and groups in HR capacity building efforts have been policy makers, programs people, and other users like civil society and evidence brokers like media
- Long term funding not really available and getting core funding remains challenging

# Priorities for action

- Need to strengthen the evidence base / quantify the extent of the problem and clarify the most effective strategies and priorities in developing and retaining skilled HR for HPSR in LMIC.
- Development of a clear set of standard measurable international indicators for monitoring HR capacity development for HPSR that can be used to inform development of national and regional databases that enable comparative monitoring and evaluation of trends across countries and regions
- Development of robust and standard methodologies to collect data on the HR for HPSR indicators for use in country and regional qualitative and quantitative case studies and evaluations.

# Priorities for action

- Better coordinated international efforts and leadership to support HR for HPSR capacity development and retention (avoid brain drain) that is linked to well planned and comprehensive national capacity development strategies and leadership that include strengthening of national institutions and organizations and creation of an enabling environment (avoid a brain in a drain).
- Continued advocacy for HR for HPSR development (researcher as well as policy maker HR) targeted at national governments as well as international development partners
- Capacity development strategies to help researchers work effectively in multi-disciplinary teams and engage effectively in policy dialogue with policy makers and managers rather than seeing it simply as 'communicating evidence'

# Priorities for action

- Some other types of already well established and experienced research programs and institutions such as those focusing on clinical and epidemiological trials are showing interest in HPSR.
- It is good, but they need to be assisted to develop the capacity for HPSR.
- Excellence in epidemiological and clinical trials or basic science research does not guarantee excellence in HPSR but can be an entry point.
- Such groups need to incorporate researchers from the social science and public health disciplines that are relevant to HPSR and learn to work with them
- HPSR researchers joining such groups must be aware that they may have to 'prove' their equality as 'scientists'.