



# **Advancing Research Capacity Building: some thoughts from the South...**



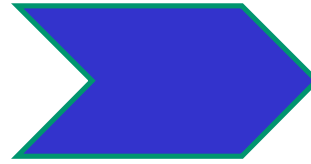
**Patricia J. Garcia MD MPH  
Universidad Peruana Cayetano  
Heredia (UPCH)**



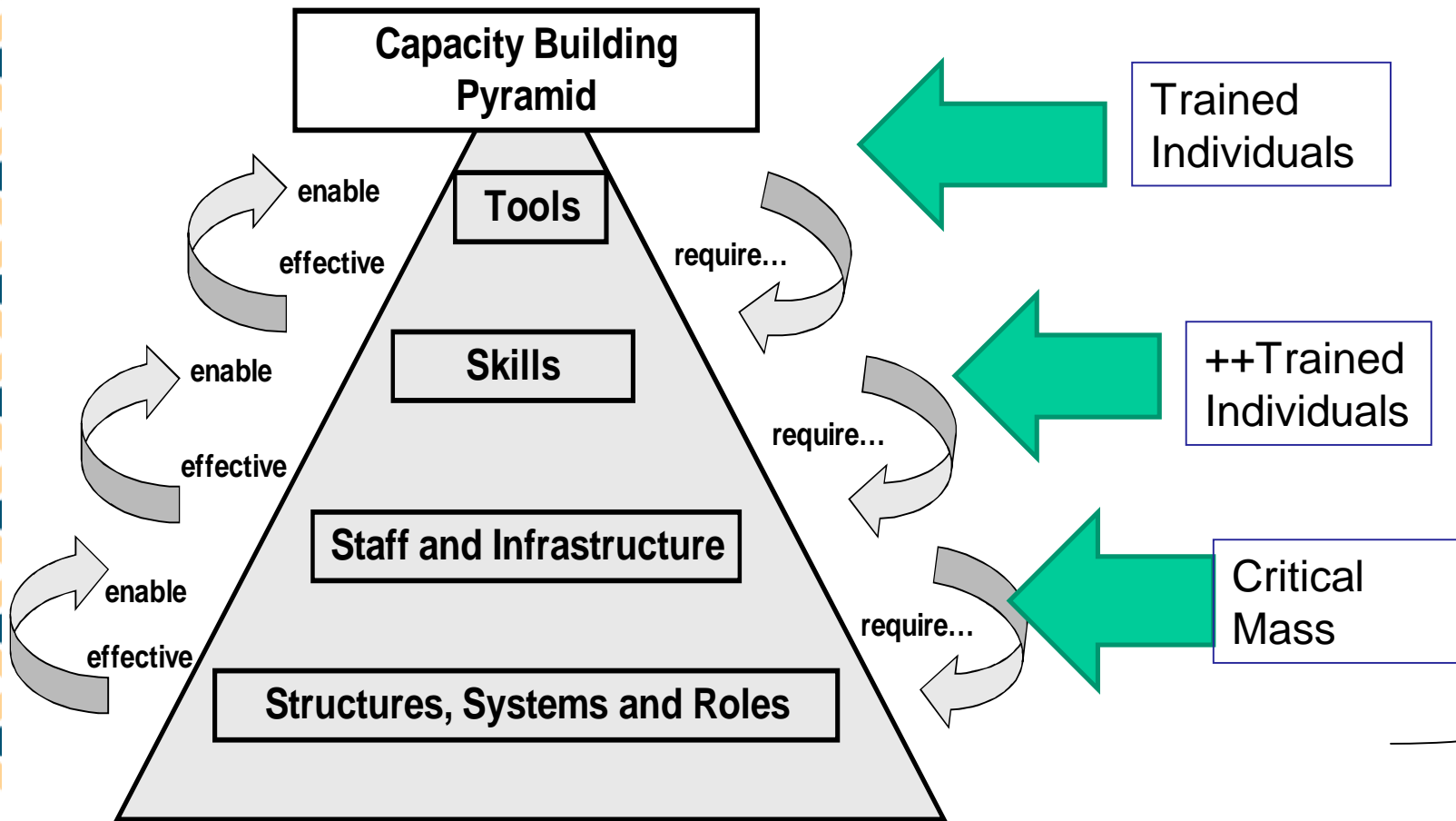
# Outline

1. Most productive means for capacity building
2. Concrete example of enhanced capacity
3. Lessons learned
4. Are successful capacity building efforts scalable?
5. How to N-S and S-S relations compare?
6. What are the priority capacities needed?

# Research Capacity Building for development in the global community



# Investment in: Training Institutions



True Collaborations



# 1. Most productive means for capacity building

## - Invest in training

- Selective training abroad is crucial for new perspectives
- Collaborations
- Twinning institutions
- Local training cost effective

## - Invest in institutions

- Need enabling environments to keep researchers and make research directed to local needs

## 2. Concrete example: Peru- UPCH as a Research Hub



- Second country in NIH funding in Latin America (\$6m), similar to Mexico (\$6m), and after Brazil (\$16 m).

(source NIH , average FY 2004-2005)

- Populations in Brazil, Mexico and Peru are 190m, 109m and 29m, respectively

- **The Universidad Peruana Cayetano (UPCH)** is the largest research institution in the country



# CASE STUDY: UNIVERSIDAD PERUANA CA YET ANO HEREDIA



FIC Grants

AIDS Clin Res Train ▶

Clin Res Train →  
Environ Health →

Inf Disease →  
Informatics →

Framework ▶

Ecol Inf Diseases →

GRIP →

Small grants (FIRCA) →

Biodiversity →

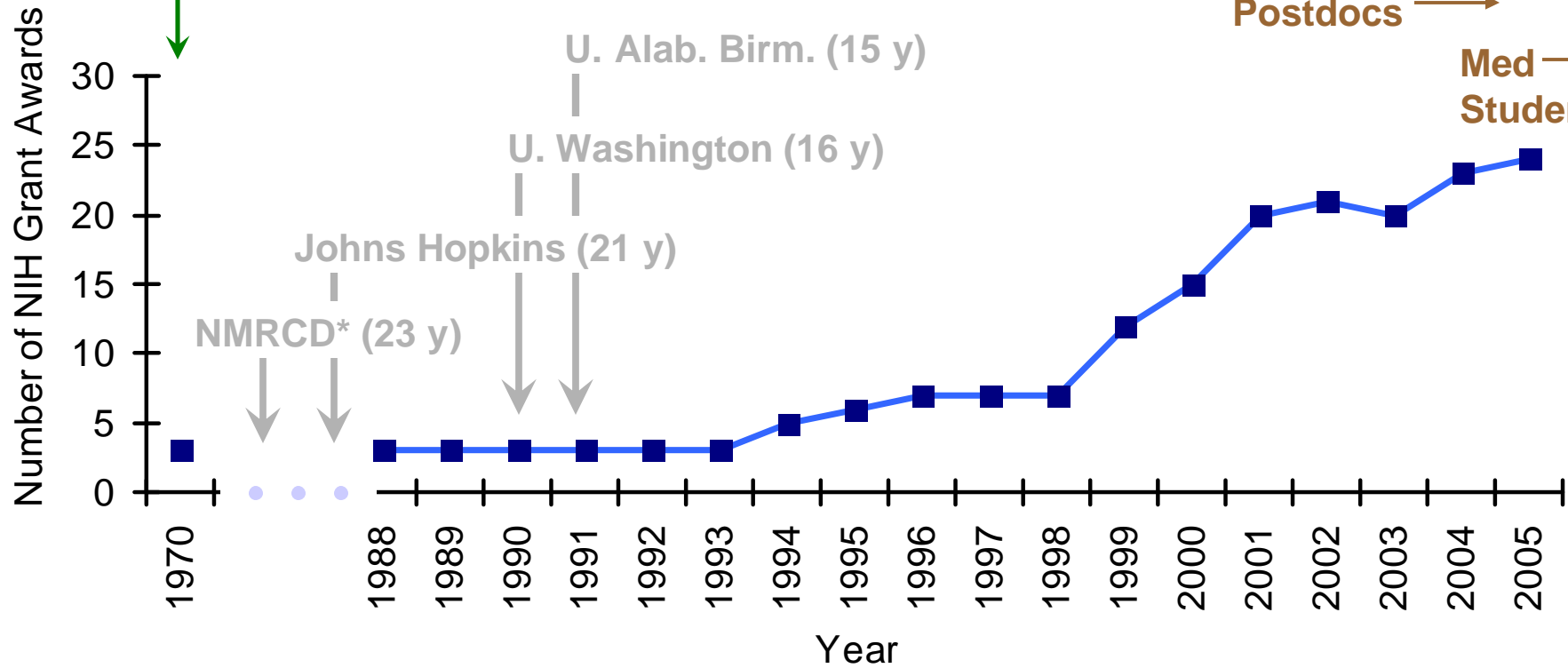
Minority →

Postdocs →

Med →  
Students

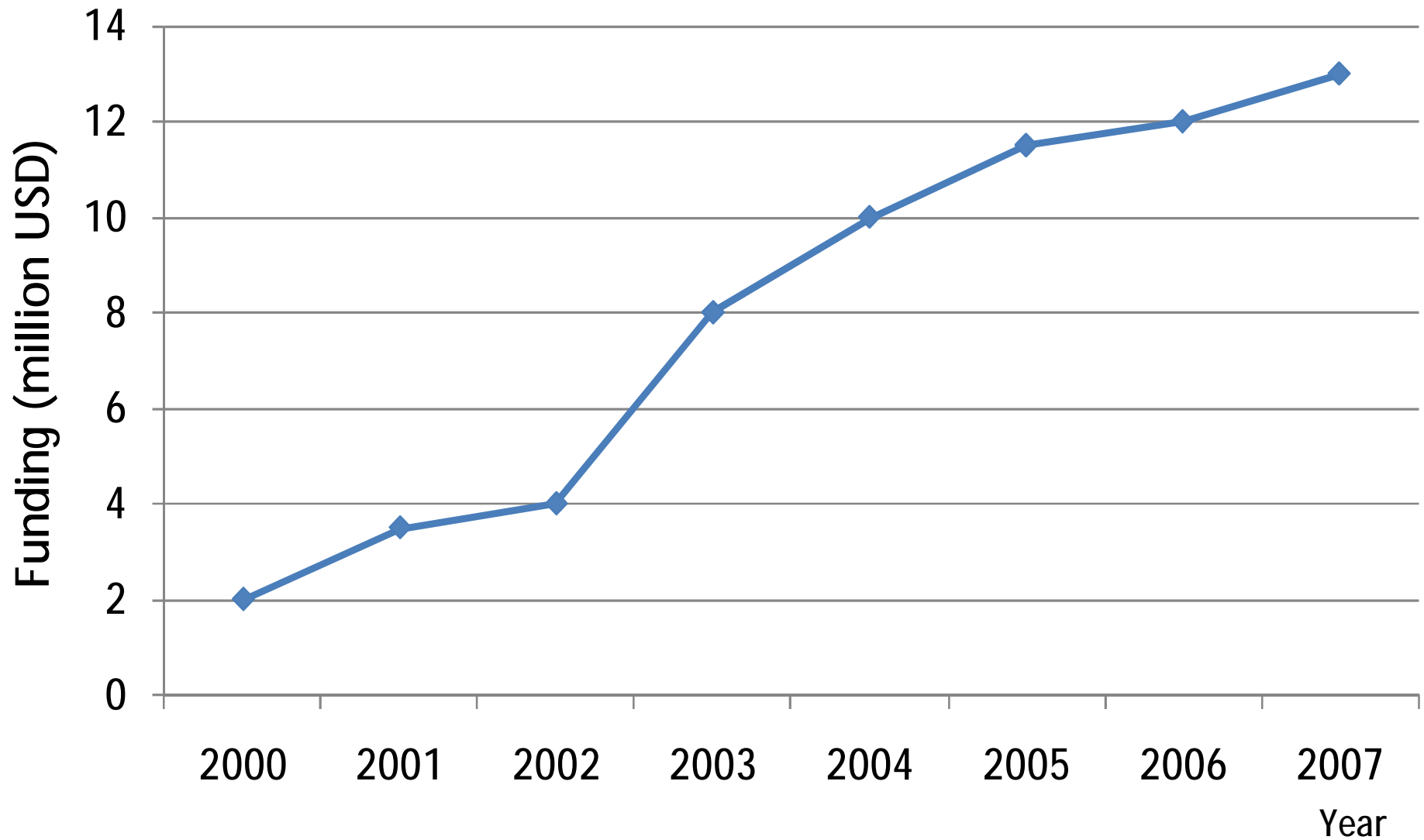
AIDS →

Research?



\* NMRCD = US Naval Medical Research Center Detachment

# UPCH: Significant increase in competitive research funding\*



\*All sources, national and international funding

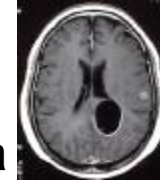
# Some of the initial partnerships

## Johns Hopkins

- u 25 y of collaboration
- u Training and research grants, Robert Gilman et al
- u 7 graduated PhDs, 10+ in training



**Cysticercosis  
working  
Group**  
**Hector Garcia**  
**Armando G**



## U. Washington, Seattle

- u 20 y of collaboration
- u IATRP, King Holmes et al
- u 2 PhDs, 20+ MPHs, +60 and more in training



**STI/HIV research Unit**  
**Patty Garcia**  
**CTU in Peru**  
**Jorge Sanchez**



## U. Alabama

- u Initial masters programs in Peru
- u Sten Vermund, now at Vanderbilt



**Gorgas Tropical  
Medicine Course**  
**Research in Tropical  
Diseases**  
**E. Gotuzzo**

National  
and  
Global  
collaborations

National  
and  
Global  
Impact





### 3. Lessons learned

- Research is essential for development and becomes a bridge between countries
  - u Researchers trained abroad become diplomats in their regions
  - u Opportunities for young researchers from abroad
- Collaborators are important
  - u Twinning is key
  - u Benefits in both ways
  - u Collaborators understanding local needs and resources



### 3. Lessons learned (cont.)

- Need trained individuals and ways to keep them
  - u Re-entry grants
  - u Enabling environments
- Local training and South to South collaborations
  - u Reduce brain drain
  - u For a fraction of the cost (compared to US) can bring great results with global impact (training and research products)
- Variety in funds for research
  - u Topics (Global health, ID, chronic diseases etc)
  - u Perspectives (individual, institutional etc.)

## 4. Are successful capacity building efforts scalable?

- u Yes, process takes time
- u Needs investment
- u Collaborations
- u Needs critical mass, multiple disciplines
- u Can be used as examples for others





## 5. How to N-S and S-S relations compare?

### North to south

- Needs good collaborators from North (twinning)

- Can help to develop and nurture institutions

- Higher investment

- Problems: language, how to assure address local needs, who drives the agenda, brain drain

- Advantage: expertise !!!

### South to south

- Horizontal, peer to peer relationship

- Next level for more mature institutions in the south

- Cost effective

- Problems: assure expertise

- Advantage: language, similar culture, less “fear to reach changes”, own driven agenda, less brain drain

**Need for balance, even in S-S , is important to keep N-S collaborations**



## 6. What are the priority capacities needed?

- Use of ICT in health
- Innovation, vaccines, better and cheaper diagnostics
- Neglected diseases
- Health services research, operational research
- Leadership



## 7. If resources are short?

- Novel collaborations
  - u S to S
  - u Find the balance between selective training abroad and increased local opportunities
  - u Do not eliminate opportunities for fellowships in the North
- Alternative models for training
  - u Invest in “Regional Training Centers for excellence” in the south
  - u Use of ICT
- Keep variety in funding offered



**“There is, brothers, much to be done...”**

**Cesar Vallejo  
Male Peruvian Poet**

**... and I will add ...**

**... the efforts and the investment in  
this globalized world are worth.**

**Thank you**

