

Advancing Research Capacity Building: A Developing Country Perspective



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Productive means of research capacity building

TRAINING

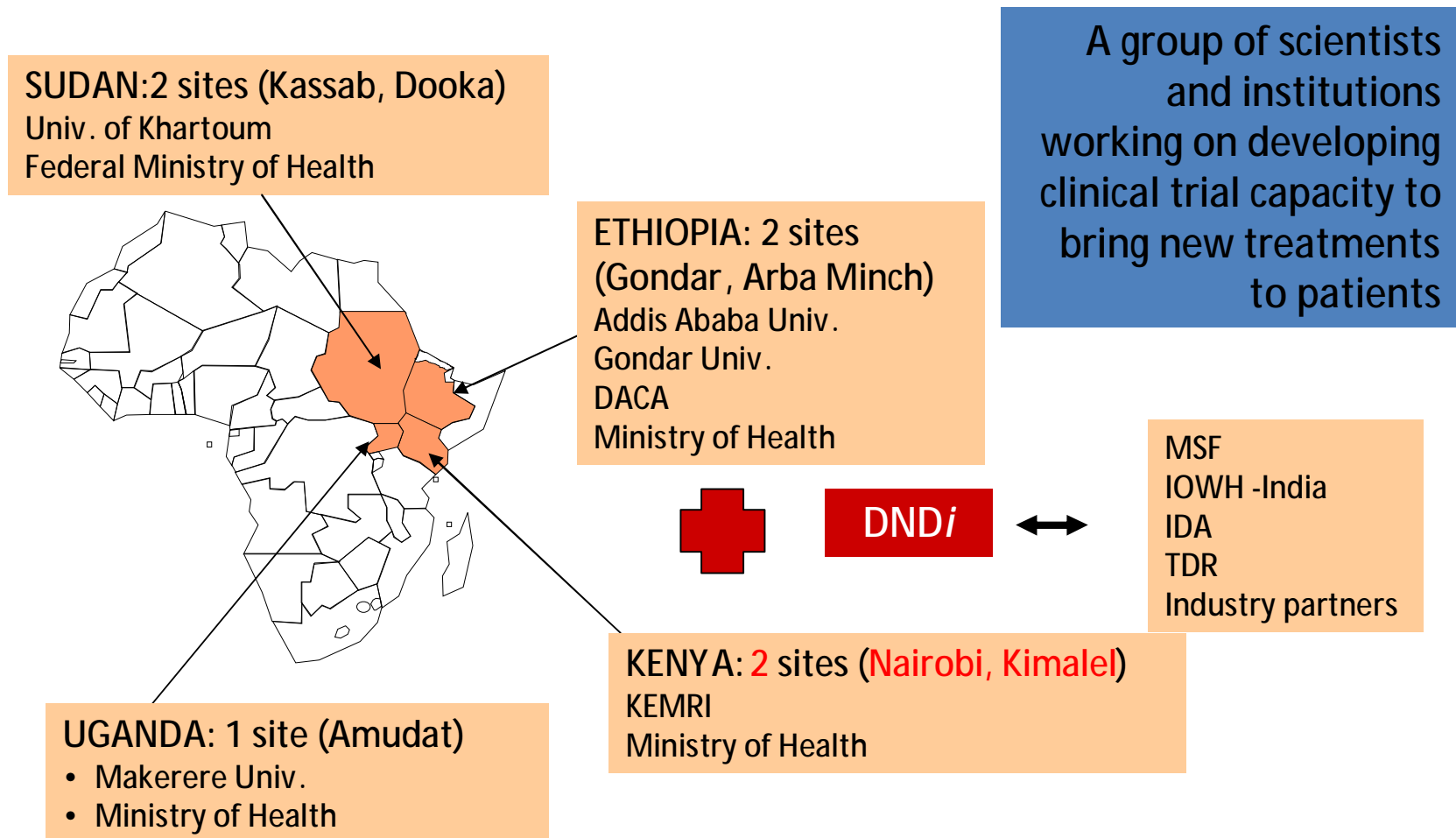
MSC, PhD, Post Doc.

- Through research projects senior researchers to train and mentor junior researchers
- Advantages: multiplier effect, hands on experience
- PhD – lack of funds for projects
- Post Doc training (in the North not in Africa) Lack of infrastructure leads to brain drain

Infrastructure building /Improvement

- Overheads – funders do not accept to pay overheads charged by resource poor countries
- Building of research labs
Employment
- Disparity between North & South in terms of technology
- Brain drain
- Deliberate steps towards lab certification, quality assurance as in the North

Leishmaniasis East Africa Platform (LEAP)



Gondar, Ethiopia – old ward



(Photo courtesy of S Ellis)

Gondar , Ethiopia – new ward inaugurated May 2008



Advantages of LEAP Platform

- Strengthen existing capacities for conducting clinical trials in Eastern Africa: Infrastructure, personnel
- No duplication of effort – time taken to get meaningful results minimised
- Registration of much needed VL newer drugs in all member countries
- Sourcing of research funds easier
- Owned by members hence trusted by community
 - Governments will readily give support because they are members of LEAP
- Translating research results into policy easier

Clinical research capacity

- Research infrastructure in HAT-endemic regions has either:
 - Not been sustained
 - Never existed

Challenges



- Access to patients
- Political instability
- Health system barriers



Examples

Rehabilitation Katanda (NECT)

Funding

- Improve salary structure
- Developing country govt. salaries too low
- Lack of incentives – most grants do not allow descent pay to researchers
- Recommend salary top up for researchers
- Research leadership and administration

Partnerships

- Kenya Medical Research Institute as an example of enhanced capacity
 - 4 major partners
 - Japanese International Cooperation Agency (JICA)
 - Centres for Disease Control (CDC) Atlanta
 - Wellcome Trust (UK)
 - Walter Reed Army Institute of Medical Research
- 1979 – 2009 <10 scientists to >200 scientists
- All at KEMRI campus
- Equal partnership
- Both local and international researchers working together
- Exchange programme
- Training in the North and South
- KEMRI sets research agenda which is a national agenda
- Shared benefits

What has not worked well

- KEMRI government institution
 - Capacity of KEMRI to absorb all highly trained personnel limited
- sustainability

Advantages of:

North-South Partnership

- High calibre of science
- Good health research infrastructure
- Motivated scientists (well paid – salaries)
- Information and communication is easily available
- Working environment is ideal for productivity
- Availability of training

South-South Partnership

- Difficult to collaborate (lack of trust)
- Competition (unhealthy) leads to poor partnership
- Infrastructure is poor & non existent in others
- Technology development is slow
- Poor pay
- Demotivated staff
- Institutions available but only a few offer high calibre training
- Lack of funds
- Will always need a xx partner who should be timely interested in developing capacity in these institutions

Disadvantages of North partner

- Tendency to want to set and drive research agenda
- Lack of sincere interest in capacity building in the south
- Tendency to keep status quo in the developing country for continued exploitation (research ethics example)
- Priority setting may not take place

Conclusion

- For productive research capacity building: training, infrastructure, infrastructure, infrastructure.
- Innovative ways of giving incentives to researchers to avoid brain drain.
- Southern institutions of excellence be supported. North Govt. to fund infrastructure for sustainability of high quality research in the north.

Conclusion

- Govt. in the South to take responsibility for their citizens, allocate more funds for research for sustainability
- Equal partnerships is key to success
- Priority research agenda setting
- Training in higher degrees and other specialised training

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