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# Evaluations of health research capacity strengthening: a review of the evidence

Donald Cole<sup>1</sup>, Ritsuko Kakuma<sup>1</sup>, Sharon Fonn<sup>2</sup>, Chimaraoke Izugbara<sup>3</sup>, Margaret Thorogood<sup>4</sup>, Imelda Bates<sup>5</sup>

<sup>1</sup>University of Toronto, Canada; <sup>2</sup>University of the Witwatersrand, Johannesburg; <sup>3</sup>African Population and Health Research Centre, Nairobi; <sup>4</sup>University of Warwick, UK; <sup>5</sup>Liverpool School of Tropical Medicine, UK



## **Summary**

- •Although there has been significant investment in strengthening research capacity in low or middle income countries (LMICs) little is known about how to measure the effectiveness of this investment
- •We reviewed publications about health research capacity strengthening (HRCS) programmes to understand how authors had evaluated effectiveness
- •593 publications described evaluations of HRCS projects; only 4 (0.7%) were primary studies from LMICs
- •Despite the close link between research and improvements in health, there are very few high quality, detailed evaluations of capacity strengthening projects in LMICs

## Introduction

- •Capacity strengthening efforts are often incorporated into projects and both funders and recipients need evidence of the effectiveness of these efforts
- •We reviewed published literature to synthesize information about the design, setting, type, measurement indicators and impact of HRCS projects in LMICs

#### Methods

- •We searched 9 databases (to March 2010) using 22 search terms to identify papers that focused on HRCS
- •We used a broad definition of HRCS (e.g. courses, mentoring, collaborations, networks)
- •We analysed studies describing primary data collected in LMICs, divided into a) 'one-off' cross-sectional assessments and b) 'before' and 'after' evaluations of an intervention.
- •Data was double-extracted and entered onto a pre-piloted form based on published frameworks
- Study quality was assessed using a published checklist

#### Results

- •593 publications focussed on HRCS; (31 (5.0%) were primary studies, 13 (2.2%) were from LMICs (figure).
- •Only 4 (0.7%) studies from Ghana (2), Vietnam and Pakistan met our criteria for a primary study in LMICs that evaluated a HRCS intervention
- •Quality of the 4 studies was variable. All specified objectives and outcome measures, and stressed the importance of engaging senior managers in developing research capacity. None had a comparator group; two were retrospective and two used validated tools



Health research capacity strengthening team, Kumasi, Ghana

#### Figure – Selection of publications for analysis Health research capacity /capacity development (n=593)Eligible publications Commentary or review (n=193)or not peer reviewed (n=400)Primary studies (31) Low income settings (n=13)**Evaluation of** Baseline assessment (n=9)intervention (n=4)

### **Discussion**

Published literature on HRCS is dominated by recounting of programs and experiences with little published evaluation.
Much more rigorous and substantial evidence is needed to inform robust evaluations of effectiveness of HRCS efforts