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Gesundheitspersonal: die Krise überwinden

Increased capacity in science and technology is fundamental for efforts towards the Millennium Development Goals Capability Strengthening paves the way for a new research agenda set by the South

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This contribution explores Research Capability Strengthening from the perspective of the UNICEF/UNDP/World Bank/WHO Special Programme for Research in Training in Tropical Diseases, a niche programme within WHO funding dedicated to conducting Research and Development focused upon the ten main tropical diseases.

A major challenge to research for health in developing countries is that a large majority of donor funding aims directly at science and technology without considering the need to initially invest in human resource development and the strengthening of local research institutions. Associated with this is the tendency for institutions and scientists in the North to set the research agenda which can mean that certain populations and diseases continue to be neglected. Furthermore, poor infrastructure and limited financing are often cited as major impediments to progress and are, at times, confused with there being a lack of capacity. Often, however, the individual capacity is there but it is not efficiently harnessed at an institutional level.

Over the past few years, there have been numerous declarations on the fundamental importance of human resources for health including the World Bank's 2003 Working Paper 3026, the 2005 Commission for Africa's report on Our Common Interest and WHO's 2006 World Health Report, Working Together for Health.

The Special Programme for Research in Training in Tropical Diseases (TDR) was established in 1975 and already then drew attention to the crucial importance of research capacity strengthening in its Memorandum of Understanding. 25% of the TDR annual budget is specifically allocated for research capacity strengthening in developing countries. The battle to keep this issue in the limelight and receiving the attention it deserves has nevertheless been long and drawn out. In recent years, however, efforts towards the Millennium Development Goals have served to magnify the importance of increased capacity in science and technology in the South.

Two main issues with regard to human resources seem to emerge when we consider the limitations at country level. First, career paths and career development possibilities for local researchers; and second, the migration of highly qualified health researchers (and other health workers). This migration includes South-North migration but also public-private migration. In both cases wages and future opportunity are generally greater in the later.

Discussions underline national governments must themselves take some of the responsibility for the lack of skilled workers that remain in-country and/or in public service. Many developing countries have the universities to train to high academic levels but are unwilling or unable to offer proper working conditions or a living wage. Furthermore, there is general agreement that future training cannot be a purely academic pursuit but needs to include training to support management, leadership, planning and organisational development to name a few.

Beyond the need for add-on skills, there is consensus that capacity building exists on different plains. Three were immediately identified as first, the individual, second, the institutional and last, the environment in which the former two exist. It can be helpful to further view the macro-policy level as the forth dimension. On all levels, partnerships and networks were presented as being particularly important for knowledge sharing and sustainability, although the need for quality assurance mechanisms to be in place was also raised. Overall, it was agreed that there was no quick fix or silver bullet solution to these challenges and that a mix of strategies at and for the different levels are needed.

One major issue facing capacity building in general and capacity utilization is that the current "big funders" including Bill & Melinda Dates Foundation and the Global Fund to Fight Aids, TB & Malaria are reluctant to support initiatives to develop capacity. Even the Wellcome-Trust with mandate for capacity building spends less that 5% of their funds in developing countries. Until these and other groups are persuaded of the importance in building sustainable indigenous capacities, it is questionably that many of the existing and new intervention can be effectively and efficiently introduced.

Notwithstanding the many difficulties, the world has now moved beyond the overriding simple objective of capacity building to the objective of capacity utilization and the further development of existing capacities with international and local resources. The discussions as to the gains made in capacity building can be readily compared to the debate about whether a glass is half full or half empty! The concept of empowerment can be heard time and time again with TDR and many others involved in health research in developing countries strong advocates that the decisions to be made should be in the hand of the recipient individuals and countries and they should have the capacity to make the right decisions. Supporting such efforts, advocating for political attention to be paid to health researchers employment possibilities at both national and international level and pushing for a redirection of training

along the avenues of organisational development and management skills form some of the areas where TDR and other stakeholders can come in. There remains a need to convince the powers that be that what they do in capacity building and training does make a demonstrable difference and this should be a source of mutual pride.

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