A strategy for research capacity strengthening in developing countries

UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)
Department of Reproductive Health and Research (RHR)
Family and Community Health (FCH)
World Health Organization
1 Background

The UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), which is a part of WHO’s Department of Reproductive Health and Research (RHR), has an ongoing commitment to strengthen capacity for sexual and reproductive health research in developing countries. This strategy is based on the recognition that research plays a crucial role in: the identification of sexual and reproductive health needs within communities; the generation of new knowledge for advocacy; the selection and testing of priority prevention and care interventions; the resolution of sexual and reproductive health problems; the improvement of policy formulation through evidence-based recommendations; the strengthening of service programmes by applying research-generated technologies and up-to-date practice guidelines; and decision-making about the appropriate allocation of health resources with the overall aim of promoting equity and the well-being of communities, including poverty alleviation and socioeconomic development. Underlying HRP’s effort in research capacity strengthening is the conviction that improvements in research capacity will contribute to improvements in the health status of the population through the utilization and application of evidence-based recommendations.

Before or during implementation of a Long-term Institutional Development (LID) grant, a Research Project Mentoring (RPM) grant could be made available to help centres establish linkages with expertise available from more established centres in the proposed area of research. Such grants would facilitate the fostering of South-to-South or North–South linkages with experienced centres to strengthen protocol development prior to submission for WHO peer-review, as well as ensuring expert advice during project implementation. The award of such a

1 A LID grant is a technical support package for developing countries, in particular least developed countries, covering the development of human resources essential for conducting research in reproductive health, and the development, strengthening and supply of movable non-human research resources and infrastructure.
grant is subject to review and approval by the relevant Regional Advisory Panel (RAP)\(^2\) and HRP.

### 2. Goal

To improve sexual and reproductive health by providing relevant, external expert support to research conducted as part of long-term institutional development.

### 3. Objectives

The RPM programme is designed to provide support to developing country centres in line with two major objectives of HRP which are: (i) to collaborate with countries in enhancing national capacity to conduct sexual and reproductive health research, and (ii) to promote use of research results in policy-making and planning in order to improve sexual and reproductive health care delivery.

Specifically, it aims to:

3.1 Provide mentoring support to selected centres in order to strengthen research proposal development and implementation as part of national capacity building in sexual and reproductive health.

3.2 Strengthen centres to conduct sound research to establish the evidence base for advocacy of best practices, generate new knowledge

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\(^2\) A RAP consists of researchers, programme managers, public health specialists and other experts drawn from the region. It serves as the regional scientific and technical advisory body to RHR on national and regional research, capacity building and programmatic activities in reproductive health. There are currently four RAPs: one each for the Americas region, Africa and the Eastern Mediterranean regions, Asia and the Pacific region, and the European region. RAPs meet annually.
and test innovative approaches to prevention, care and management in sexual and reproductive health.

3.3 Assist countries, through the mentor-supported centres, in their efforts to identify priority issues, assess needs and develop solutions in sexual and reproductive health.

4 Key elements of RPM

4.1 The RPM grant provides limited support to help developing country centres work with an expert towards ensuring the highest possible quality of research project(s) conducted in the course of long-term institutional development.

4.2 A RPM grant recipient centre or WHO can identify or propose a relevant mentor within an area of expertise proposed by the centre for research.

4.3 The proposed research should be relevant to national or regional sexual and reproductive health needs.

4.4 Mentor support to a centre is best established at the time of the LID grant proposal development or early in the LID grant implementation, when research proposals need to be prepared for review in HRP.

4.5 The RPM grant could cover travel and per diem at the WHO Temporary Adviser rate for a selected expert to work with the centre for a pre-defined period (normally not more than one month at a time), or provide a limited contract for a consultant’s time and travel through a WHO Agreement for Performance of Work (APW), or for a consultant’s time only, when no expert travel is perceived to be necessary.
4.6 The RPM grant could cover costs of an in-country proposal development workshop, facilitated by the identified expert.

4.7 The RPM expert and the centre that received the RPM grant, are expected to provide a joint report to HRP on work done, and to include a copy of the developed research proposal. The frequency and format of reporting is to be stated on the RPM grant application.

4.8 Centres could be supported through a RPM grant to attract multidisciplinary inputs in research project development and implementation, such as inputs of a data management expert/biostatistician/epidemiologist/behavioural scientist etc.

5 Eligibility criteria

5.1 The centre should fulfil the criteria for the award of a LID grant (see LID grant brochure or RHR’s website: http://www.who.int/reproductive-health/capacity_strengthening/LID.htm).

5.2 The RPM grant can be provided before or at initiation of the LID grant or during LID grant implementation.

5.3 The centre should have submitted an institutional profile form (available from HRP) and the CV for the proposed mentor (WHO can propose a mentor to the centre).

5.4 Selection of centres for grant support will be done in consultation with national authorities and the WHO regional and country offices.