CONSORTIUM FOR HEALTH POLICY AND SYSTEMS ANALYSIS IN AFRICA: Comparative Results of Capacity Needs Assessments in African partner institutions

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THE CHEPSAA PROJECT

The development of sustained African health policy and systems research and teaching capacity requires the consolidation and strengthening of relevant research and educational programmes as well as the development of stronger engagement between the policy and research communities. The Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA) will address both of these issues over the period 2011 - 2015. CHEPSAA's goal is to extend sustainable African capacity to produce and use high quality health policy and systems research by harnessing synergies among a Consortium of African and European universities with relevant expertise. This goal will be reached through CHEPSAA's five work packages:

1. assessing the capacity development needs of the African members and national policy networks;
2. supporting the development of African researchers and educators;
3. strengthening courses of relevance to health policy and systems research and analysis;
4. strengthening networking among the health policy and systems education, research and policy communities and strengthening the process of getting research into policy and practice;
5. project management and knowledge management.

The CHEPSAA project is led by Lucy Gilson (Professor: University of Cape Town & London School of Hygiene and Tropical Medicine).

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- School of Public Health, University of the Western Cape, South Africa
- Centre for Health Policy, University of the Witwatersrand, South Africa
- Institute of Development Studies, University of Dar es Salaam, Tanzania
- School of Public Health, University of Ghana, Legon, Ghana
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- Nuffield Centre for International Health and Development, University of Leeds, United Kingdom
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- Swiss Tropical and Public Health Institute, University of Basel, Switzerland

CHEPSAA WEBSITE

www.hpsa-africa.org

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ACRONYMS

HEU	Health Policy & Systems Programme within the Health Economics Unit, University of Cape Town, South Africa
SOPH-UWC	School of Public Health, University of the Western Cape, South Africa
CHP	Centre for Health Policy, University of the Witwatersrand, South Africa
IDS	Institute of Development Studies, University of Dar es Salaam, Tanzania
SPH-UG	School of Public Health, University of Ghana, Legon, Ghana
TICH	Tropical Institute of Community Health, Great Lakes University of Kisumu, Kenya
COMUNEC	College of Medicine, University of Nigeria Enugu, Nigeria
NCIHD	Nuffield Centre for International Health and Development, University of Leeds, United Kingdom

Introduction

The Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA) project is aimed at building the field of health policy and systems research and analysis (HPSA) in Africa. Specifically, CHEPSAA aims to increase sustainable African capacity to produce and use high quality health policy and systems analysis HPSA. These objectives will be met through the activities of 5 Work Packages (WP), the first of which is an HPSA capacity needs assessment. The needs assessment assumes that to build the field, we first need to strengthen the CHEPSAA partner institutions. It was undertaken in 2 phases:

- County context mapping by country partners was undertaken from April-May 2011
- Assessment of institutional capacity by country partners was undertaken from September - January 2012.

This comparative analysis draws primarily on Phase 2 country needs assessment reports and is conducted to support WP leaders in project activity planning for 2012-15. The unit of assessment is the CHEPSAA organisational partner. Teams were encouraged to bring relevant information from Phase 1 context mapping into their country reports. African teams adapted the needs assessment methodology suggested in the Phase 2 Guidance on Assessment Approach document. Partners used a variety of data collection methods. All used document reviews and semi-structured interviews while SOPH-UWC, TICH, HEU used focus group discussions and SPH-UG, uniquely, the Netmap tool and a participatory stakeholder workshop. The staff survey suggested was often taken up, and presented as a scoring system in the TICH report. African teams used the suggested framework for data analysis, guided by the topics set out in the Phase 2 Guidance on Assessment Approach document, summarised in Figure 1 below.

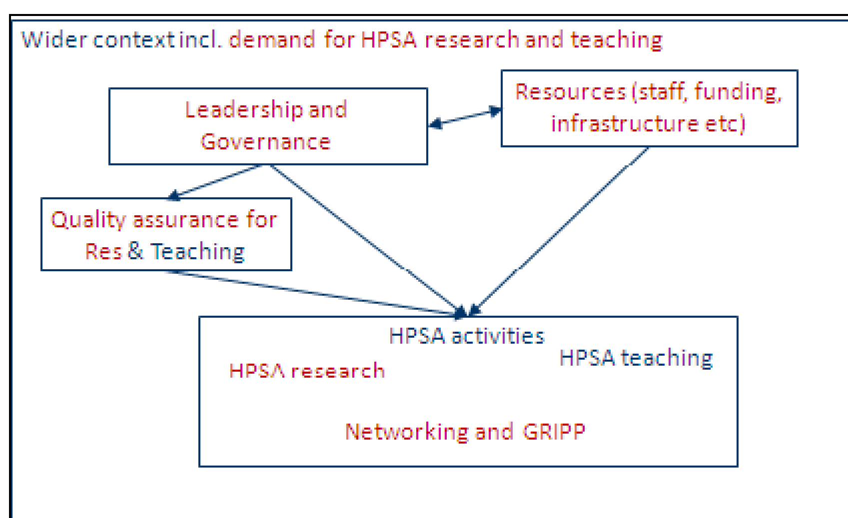

Figure 1: Thematic Topics

The Leeds team also used the structured format of Figure 1 to review the African country reports. We had a series of internal meetings to discuss and agree the key findings arising from the comparative summaries set out in Table 1. We reviewed and discussed the implications arising from our findings for WP planning in particular.

The objective of this document is to a) inform WP planning and b) knowledge on approach and contents of needs assessment to share within the consortium and wider. We do not develop specific implications for Recommendations for individual partner organisations nor for each of the WPs 2-4

but rather focus on implications for each of the key topics we previously identified as core for capacity strengthening. We also bring attention to what we see as the macro level implications of our findings. We summarise the recommendations made by country teams in table 2 and go onto indicate potential dissemination opportunities from the comparative analysis.

Table 1: Summary of Country Reports

In the table below, we summarise the content of country reports detailing capacity assessment of HPSA within each African CHEPSAA partner against the 6 main topics and subtopics covered in the Phase 2 Guidance Document on Assessment Approach. Subtopics are merged here for brevity.

Table 1: Summary of Country Findings

Topic	Subtopics	COMUNEC (Nigeria)	IDS (Tanzania)	TICH (Kenya)	SPH-UG (Ghana)	CHP (South Africa)	SOPH-UWC (South Africa)	HEU (South Africa)
1. LEADERSHIP & GOVERNANCE	Vision	Dept/Faculty/College vision for research generally not HPSA particularly. Health Policy Research Group (HPRG) has shared undocumented vision for HPSA.	HPSA vision never institutionalized. IDS see CHEPSAA as a way to resolve this. Key actors share the importance of HPSA in teaching and research.	University vision for sustainable development in general. Centre for Research Excellence in Health System Strengthening (CREHSS) within TICH articulates vision for HPSA. TICH vision can be inferred to embrace that of CREHSS.	Within Ghana Health Service (MOH), donors influence is significant. HPSA articulated to extent that donors are interested. HPSA vision at university level/ CHEPSAA partner - aware of HPSA, not formally articulated.	Mission has a HPSA tagline. HPSA not articulated for school/uni.	SOPH-UWC vision incorporates HPSA.	Currently implicit but recognised within the unit. New vision for School of Public Health (inclu. HEU) in process – HPSA likely incorporated. No HPSA vision at uni. level.
	Org. Culture	Defined organisational structure with documented job roles. Decisions made	Clear structures and processes exist for priority-setting at national level (in Science and Technology policy	Decision making within TICH felt to be consultative. A clear strategy for recruiting "technical	Decision making significantly by committee. Annual Performance Appraisal	Fortnightly management committee; business update meetings; annual 2-day strategic	Decisions via Executive Committee consisting of a rotating director & heads of 3	Unit/HPSA priorities driven by senior key interests, existing unit

Topic	Subtopics	COMUNEC (Nigeria)	IDS (Tanzania)	TICH (Kenya)	SPH-UG (Ghana)	CHP (South Africa)	SOPH-UWC (South Africa)	HEU (South Africa)
		hierarchically - Board approvals per level. Internal comms by meetings and memos. No structured formal mechanisms for team building / accountability for performance - often informal. Consultative HPSA priority setting within HPRG based on availability of funding; qualified staff; personal interests.	and Health Policy). Dwindling public resources make it difficult to plan in medium and long term.	personnel" and written job descriptions exist though not always adhered to. A performance appraisal mechanism exists, with rewards committee. University leadership committed to HPSA; supportive political environment. Development partners + UN are supportive of HPSA.	undertaken. Succession problematic – few new researchers due to HPSA nebulous definitions; very few role models/ no obvious prestige. Comms through memos, meetings, notices, emails, newsletters, phone calls, annual reports, etc. Team building in dept/projects by consensus.	retreat where priority setting occurs. Clear job roles used to allocate responsibility (+ team meetings) and performance appraisal. Rotational position on Mgt Ctee to develop junior staff. Emerging leadership programme. Team building/comms through mentoring; social activities; staff meetings; seminars.	domains (academic; research; administration). Clear job roles used to allocate responsibility (+ team meetings). Succession planning not fully practiced. Team building through formal mentoring; use of mailing lists; weekly journal club. Lack of induction for new staff.	capacity, opportunity costs. Clear job roles and career pathways for academics but less so for support staff. Formal performance appraisal mechanisms /mentoring in place. Team building through monthly team meetings/staff lunch / joint project work.
	Financial Strategy & Governance	Financial strategy allows diverse funding streams but quality of grant mgt depends on who is "in governance".	University internal audit "quite strong".	All financial mgt through uni. financial management system. Survey	Unique position within uni. (piloting new govt-uni. reimbursement scheme).	Specialised roles CHP for admin & finance.	Finances own Project Mgt Unit (PMU).	Specialised roles in HEU for admin & finance.

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				respondents self-assessed this as "above average" (4 / 5 on scale of 1-5).	Creates unique problems for SPH-UG.			
	HPSA champions	COMUNEC HPRG; Gender and Devt Research Group; Global Health Awareness Research Foundation.	Not reported within CHEPSAA partner. Nationally: IDS, University of Dar es Salaam; Muhimbili University of Health and Allied sciences.	Recognised champions for HPSA – identity unstated.	Within CHEPSAA partner unclear. HPSA champions in University and MOH/Ghana Health Service.	HPSA champions = CHEPSAA partner staff. Limited HPSA champions in wider university.		
	Central support	Central admin /infrastructure support for research & teaching.	Not reported	Strong uni. support for HPSA financially and logistically.	Central support for admin/HR/ finance	Central support for admin/HR/ finance.		

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2. Overview HPSA Research	Research Topics / Funding	Current research mainly state/community based. Topics largely health financing of specific medicalised conditions.	Government funding for HPSA research weak. Domination by biomedical research. Current projects on HRH; healthcare financing - unclear whether at community / state or national level.	TICH currently has 2 year funding to strengthen HPSA by engaging 8 PhDs. Proportion of HPSA research compared to other categories of research - high. Support for HPSA and opportunities for growth do exist (e.g. through programme leadership). Topics not reported.	5 HPSA research projects, including CHEPSAA. 4 of these are international; 1 national. All run 4-5 years. Topics = HRH; maternal health, pharmaceutical safety (malaria).	14 projects, 11 internationally funded, 3 national; each average 3 researchers (max. 5); average duration 3 – 5 yrs; consultancies 3 – 5 months in average. Topics: health financing incl. UHC, HR, equity, governance	SOPH-UWC has 11 HPSA projects, 8 are internationally funded, 1 local, 1 university funded; average 3 researchers per project; average duration 2.5 years. Topics: HR, health info. systems, pharma. supply, HPSA capacity.	HEU runs 11 projects, 10 internationally funded, 1 national. Average project duration 2.6 years. Topics: health financing, equity, governance, access to services; programme evaluations.
	Research Mgt	Staff with an HPSA research qualification spend an average 33.8% research time on HPSA research. 43% staff stated research & research mgt was separated.	Research & research management combined due to lack of resources and learned through experience.	Each research projects managed by a constituted management/co-ordination team, supported by central management and uni. financial system.	Project Management Unit support on research mgt + other support staff.	HPSA staff spend 80-100% of their time on HPSA research. Seniors felt research mgmt uses most of their time.	SOPH-UWC PMU supports researchers.	Support staff assist with some research management, most by senior researchers .

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	Challenges	Irregularity of funds; limited work space; outdated and inadequate electronic equipment; limited expertise in HPSA.	Inadequate funding for HPSA research; no effective mechanisms linking research to policy processes; no critical mass of researchers with appropriate skills	Lack of staff and funding.	Research underfunded; external donors and INGOs significant - MOH less so. Understaffing, heavy workloads, high teacher student ratios = no time for research and publication.	Existing skills transfer (mentoring, work review) between senior & junior to build pool of senior researchers felt to be constrained by senior work burden. Teams identified need for constant thinking on succession planning. Different funders have different M&E requirements therefore different project mgt burdens.		

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3. HPSA Research Quality Assurance	Proposals	Proposals – national frameworks = code for health research ethics; National Health Research Ethics Committee (NHREC); each institutions have their own frameworks aligned to the NHREC frameworks. COMUNEC ethics committee = fast review (2-3 weeks) + nominal fee. HPSA sensitivity unclear.	Research proposals assessed by those responsible for managing or allocating research funds, e.g., TANHER; COSTECH; or team of specially assembled experts. HPSA sensitivity of ethics committees unclear.	Ethics approval process exists to review research proposals. Approval takes 1-2 mths. National approval average 3 mths. Expedited approval can be requested. Ethics Ctee membership "fairly appropriate" – would benefit from higher level of expertise in HPSA.	Ghana Health Service, Research Division Directorate undertakes ethical review of research proposals. HPSA sensitivity of ethics committees unclear.	Proposals to faculty/university ethics committee eventually reporting to National Health Research Ethics Committee. Also to provincial government committees (weak). Institutional ethics committee = limited understanding of HPSA and biased to quantitative research methods.	Proposals to faculty/university ethics committee eventually reporting to National Health Research Ethics Committee. HPSA sensitivity of ethics committees unclear. Internal review of project progress at research executive committee. Weekly team review of proposals/outputs at journal club is "not sufficiently used".	Proposals to faculty/uni. ethics committee eventually reporting to National Health Research Ethics Committee. HEU ethics committee = quick and covers both qualitative & quantitative research.
	Process	HPRG has informal QA officer through training of data collectors; mentoring; supervisory field visits; double checks on field	No mechanism for monitoring stages of quality assurance e.g. no follow up after ethical clearance obtained.	Staff have written institutional research guidelines (not specific for HPSA) - variable use of guidelines in research.	Individual internal project M&E for students & researchers.	M&E on individual projects. Informal mentoring.	M&E on individual projects. Internal project monitoring outside of individual projects.	M&E on individual projects. Internal project monitoring system exists.

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		data.						
	Output	No system to ensure quality of output.	Inadequate assessment/ monitoring of output - no national standards. Quality judged by users / journal editors.	Level of HPSA strategic information very basic - not shifted from concept of personnel management to human resource management.	Student research reviewed by internal/ external examiners. Peer reviewed publication for senior members.	No formal QA for output except student research (int. ext. exam). Informal processes e.g. mentoring.	Some peer review of project reports occurs.	Peer reviewed publication key QA for output. Use of informal processes e.g. mentoring.

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4. Demand for HPSA Research & Teaching	Coord. of research priorities	National Advisory Committee has a process for priority-setting and aligning donors with these priorities - not used. Donors (high demand for research) and COMUNEC / HPRG priorities and vision mismatched in HPSA. Policy makers/ communities not involved in research priority-setting.	Existing mechanisms to link research to policy is ineffective. No nationally effective coordination mechanism. Informal mechanisms not reported.	Lack of clarity as to whether government has a specific agenda for HPSA research. Existing mechanisms include Health Network (HENNET) - local NGOs; Kenya Health Donor Network (KHDN) - international Donors; Joint Inter Agency Coordinating Committee (JACC) - all key actors at policy level.	Coordination takes place through National Health Research Unit at the MOH. Collaboration between MOH /donors and SPH-UG.	Ongoing collaboration and relationship building between donors and governments at provincial and national levels. But no formal mechanism for national priority setting. Active functional relationships between govt-research e.g. SOPH UWC on national and provincial advisory committees; CHP short consultancy, specifically requested by govt/through tenders; HEU has influenced government policy in a number of domains, sits on national advisory committees. Ad hoc individual contact between officials and researchers. Teams have long standing and trusted relationships with core external donors.		

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	Availability of funds	External funding significant in research. Govt funding for teaching = "sustainable". No regular funding for research from govt. Unclear on process for getting more funding.	Demand for research felt to be low and "externally generated". Demand for HPSA training "dormant' – high. HPSA mainstreamed into existing courses.	Policy maker/implementer awareness, uptake and satisfaction with HPSA research rated as average - good.	Both research & teaching internationally funded.	Demand for both research & teaching on the rise.	Demand for both research & teaching on the rise.	Rising demand for both research & teaching. Core funding for teaching is only 3 uni. funded posts (1 partial). Uni. resource allocation prejudice teaching.

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	Patterns of uptake & satisfaction with research output	Policy makers do not value HPSA research - output “ends up on academic shelves”. Academic briefs criticised as not offering how conclusions could be operationalized. External donors more significant producers of briefing notes/research syntheses via consultants.	Staff lack of skills to communicate/ synthesize / repackage research into evidence for policy makers’ consumption.	Disconnect between networking/GRIPP and activities that can support communications (e.g. evidence synthesis; short course development; working with alumni; media engagement; packaging evidence).	Research supported by policy makers. However, low understanding of HPSA among health system managers.	Demand for HPSA research felt to be high and will increase due to ongoing national health system changes. Demand for HPSA influenced by global trends since external donors dictate research agenda belief that external donor funds are being redirected to HPSA. Govt expressed satisfaction with research outputs from all teams. Lack of clear career structures in govt mitigates demand for HPSA. No understanding about HPSA core competencies among health system managers at all levels. High staff turnover= high cost in capacity building this group; felt that gov’t lacks capacity to use research institutions and at times, to express govt needs (e.g. erratic/last minute/politically driven commissioning; ultimately demand more than requested).		

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	Satisfaction with HPSA teaching	Students have weak grasp of HPSA; low satisfaction with lack of teaching space; inadequate teaching materials and aids; few opportunities for student-staff exchange.	Rising demand for HPSA teaching in recent years. Undergrad/post grad students felt their competencies had been met. Short course students less satisfied. Lack of trained and specialized teaching staff; lack of learning materials (textbooks, computers, access to journals); lack of classroom space.	HPSA teaching rated by students as low-average; weak student understanding of topic; course felt to be helpful in job role; adequate opportunities for staff-student exchange.	Runs modules with HPSA content for degree programmes as well as short courses on HPSA. Short courses tend to be delivered in collaboration with another academic centre of UG and are dependent on external funding.	Teaching rated positive. Limited opportunities/mechanisms for staff-staff/staff-student exchange for evaluation of teaching.	Students rated teaching positive. Bottleneck at MPH thesis; teaching methodologies constantly under review; students need high level of support. Students felt “not capacitated for policy and planning” after completing courses.	Converts high satisfaction into strong PR for HEU among its alumni (some of whom worked in govt).

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4. Comms, Networking & GRIPP	Socio-cultural norms / barriers / opp.s	Illiteracy; policy maker poor understanding about research topics; corruption; bureaucracy. Ethnicity influences state officials - policy makers likely to accept research that favour "their people".	Bureaucratic culture in research. Policy makers prefer to interact with leadership (not with junior researchers). Inferiority complex among HPSA researchers - do not articulate/defend HPSA.	Ministry leaders; academic administrators; researchers seen as key policy brokers.	Key roles thought to be leadership positions. Unclear whether this suggests socio-cultural hierarchy as in Tanzania.	Not reported. Phase 1 context mapping noted preference of policy makers for personal relations rather than institutional. Teams note importance of growing individual relationships with policy makers in South Africa Teams embedded in existing international research networks, local policy organisations & provincial policy makers.		

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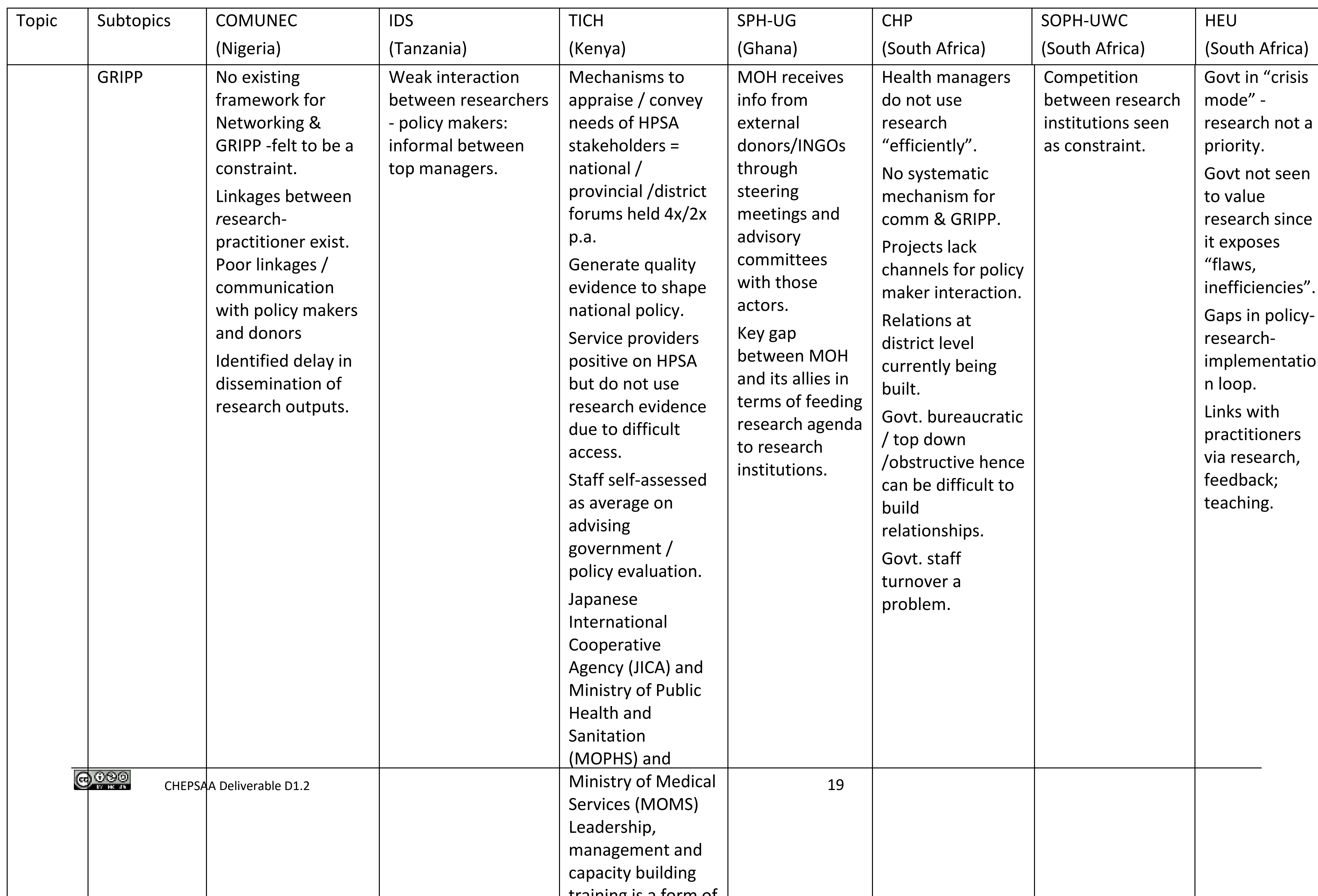
	Comms channels	Ad-hoc mechanisms for conveying HPSA findings e.g. donor M&E activities; stakeholders' fora; advocacy meetings; 1-1 dialogue; workshops; seminars; circulars; mid-term project review meetings; quarterly *health bulletin;* policy briefing notes.	Policy-making institutions mgt meetings; workshops; conferences; policy makers open / close workshops but do not participate. Dissatisfaction with existing mechanisms because 1. Does not improve policy-maker capacity to use research and 2. existing comms mechanisms ineffective.	Joint publications; joint workshops; conferences; local, national and international networks; seminars and Annual Scientific Conference. Weak on media engagement; engagement with consultants; packaging evidence for different groups.	The media; external donors; INGO; MOH. HPSA links with UG schools; MOH and its agencies; media; donors; INGOs; int'l academia; local communities. Not all links are strong and to mutual advantage between SPH-UG and partners.	Sense that communication fluctuates. E.g. SOPH UWC felt good with academia; funders; communities; uneven with govt.; very limited with parliament; professional bodies. Existing communications mechanisms = participation and briefing notes to national/provincial policy advisory committees; organisational website; posting briefing notes on parliamentary web-pages; targeted mailing lists; distributing publications through LinkedIn. HEU experimenting with social media. CHP recently recruited communications officer. CHP researchers seek to incorporate communications in projects from inception by involving stakeholders but not consistently implemented.		



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	GRIPP	No existing framework for Networking & GRIPP -felt to be a constraint. Linkages between *r*esearch-practitioner exist. Poor linkages / communication with policy makers and donors Identified delay in dissemination of research outputs.	Weak interaction between researchers - policy makers: informal between top managers.	Mechanisms to appraise / convey needs of HPSA stakeholders = national / provincial /district forums held 4x/2x p.a. Generate quality evidence to shape national policy. Service providers positive on HPSA but do not use research evidence due to difficult access. Staff self-assessed as average on advising government / policy evaluation. Japanese International Cooperative Agency (JICA) and Ministry of Public Health and Sanitation (MOPHS) and Ministry of Medical Services (MOMS) Leadership, management and capacity building training is a form of	MOH receives info from external donors/INGOs through steering meetings and advisory committees with those actors. Key gap between MOH and its allies in terms of feeding research agenda to research institutions.	Health managers do not use research "efficiently". No systematic mechanism for comm & GRIPP. Projects lack channels for policy maker interaction. Relations at district level currently being built. Govt. bureaucratic / top down /obstructive hence can be difficult to build relationships. Govt. staff turnover a problem.	Competition between research institutions seen as constraint.	Govt in "crisis mode" - research not a priority. Govt not seen to value research since it exposes "flaws, inefficiencies". Gaps in policy-research-implementatio n loop. Links with practitioners via research, feedback; teaching.

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6. Resources	Finance	Limited ability to apply for/obtain different funding streams & make grant applications. Cost recovery in external grants at 20-30%.	Not reported.	Limited government financial allocation for research and teaching; weak institutional research funding.	Limited research funding; mainly govt allocation, student fees and donor funding. Teaching activities & administration also funded by donors.	Charges actual overheads to projects. Uni levy from 2012. Recover salaries and consumables. Strong on proposals /grantsmanship. Regularly monitor donor websites - hiring a Grants Manager to aid fund seeking /mgt.	All overheads retained at the Unit. PMU supports funds management and internal information systems.	Mostly recovers full costs (funder dependent); exchange rate fluctuations challenging. Cannot generate a surplus on grants. Donors do not fund relationship mgt realistically.
	HR	Mean age 45; half female; 12% staff had some expertise in HPSA fields; few had expertise in office & project administration. Majority staff have a generic teaching qualification; few have HPSA teaching experience. Most staff on	Academics remain until they achieve most senior positions and then retire. Few leave to join government/NGOs / private sector – career paths not known. Most staff in HPSA from mixed disciplines, most	25% HPSA staff took HSM training; quarter HPSA staff currently involved in HPSA research. HPSA staff have variable teaching and research experience -greater in research. Academic staff have 2 PhD; 5 Masters; 1 graduate, mostly	Academics mainly aged 40-59. (22 out of 35 staff), slightly more men. 10% academics had previous HPSA research mgmt experience; few had previous exp. teaching HPSA. Admin staff younger; mainly	13 staff - academic age: 25-late 50s; significantly female; min. Master qualification. 3 staff have specific HPSA qualifications but no teaching qualifications; all conduct student supervision. Net staff turnover	102 staff, around half of them field workers and admin support. Av. academic age 31, most women. Av. experience of both academics and admin 6 years. 25 staff with masters; 18 with experience in HPSA; most taught HPSA but	18 staff, 13 academic: aged 30-51. All academics have a Master, 9 with PhD. Median teaching experience is 3.75 yrs; none have teacher training. Less than half academics are

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		permanent contract - shortest duration = 2 years. Av. 3 renewals before conversion/ termination. 25% staff aware of career devt opps but little uptake.	"never trained in HPSA". Currently only 3 males. 10 teaching staff, about 35% on contract. By 2015, half staff will be contracted retirees with option to renew (usually 2 years). Retirees to work +10 years = need to recruit HPSA staff.	men. No staff turnover for senior staff; high for junior. HPSA academic staff 2x administration; and senior 2x to junior staff. Staff know career devt opportunities - only half used.	under 30. 76% of all staff on permanent contracts. More than half all staff aware of career devt opportunities - rated useful. Currently no /very few HPSA doctoral training programs for staff progression.	is neutral. Support staff = younger / gender balanced with commerce/secretarial qualifications and 1-5 yrs experience. Variety of staff development opportunities.	only 2 with teaching qualifications. Net intake of academics in last 5 yrs; higher turnover of junior staff. Admin staff slightly younger (28), mainly women. Variety of staff development opportunities.	on contract. Staff turnover falling - difficulty recruiting senior staff. Variety of staff development opportunities.
	Infrastruct'e	No access to computers; internet; electronic resources; no admin/research software for most staff; lack of teaching and office space; unreliable electricity (generator use restricted).	No or limited access to teaching and learning materials; limited access to electronics resources (e-journals; research and administrative software); unreliable electricity supply with prolonged power cuts.	Lack hardware; internet connection; electronic access; weak office and teaching space; no software; lack of teaching equipment; lack of conferencing facilities; inadequate electricity supply.	Limited access to computers, internet, research software, limited reading and office space.	No significant infrastructure issues reported.		

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Topic	Subtopics	COMUNEC (Nigeria)	IDS (Tanzania)	TICH (Kenya)	SPH-UG (Ghana)	CHP (South Africa)	SOPH-UWC (South Africa)	HEU (South Africa)
Notes: TICH Kenya sought to use the needs assessment to incorporate 6 Kenyan universities delivering public health masters courses. Only Maseno University responded hence responses from Maseno were included in survey responses reported in the TICH Kenya CHEPSAA HPSA Needs Assessment. TICH note that Kenyan universities delivering public health courses had only recently participated in a DFID funded capacity needs assessment and may have been experiencing 'respondent fatigue' – another indication of need to coordinate research agendas.								

We now summarise what we see as the key messages from comparative analysis of partner organisational reports.

Overall, we found that there are many assets and experiences within CHEPSAA partner institutions. There is also great variety – in approaches, processes and structures in governance and quality assurance. Less clear are the relations between an organisational vision for HPSA (where it exists) and the organisational structures, roles, processes and staff who work in that organisation. Teams also noted their participation in numerous HPSA research networks but not in HPSA teaching networks. In the next section we summarise specific and key comparative findings emerging from the review of individual country needs assessment reports in the order set out in table 1.

Comparative Findings

Topic	Key Comparative Findings
Leadership & Governance	HPSA vision exists in many institutions; links with • wider institution's purpose • partner position within wider institution Structures and processes to support HPSA exist (even where there is lack of clear HPSA vision) • Different organisational structures for decision-making • Consultative processes to decision-making HPSA 'champions' exist but there are challenges in succession planning
Overview of HPSA Research	All partners are actively engaged in HPSA research (3-11 projects each) Lack of clarity on identity of HPSA → low priority compared to clinical or public health Link between HPSA activities and structures and historical institutional arrangements Link between research priorities and available international funding
HPSA Research (only) Quality Assurance	QA at three stages of HPSA process (proposal; process; output); most attention on proposal and output Two levels of QA – wider academic institutional structures; specific approaches exist within each CHEPSAA partner
Demand for HPSA Research & Teaching	Growing (but still limited) demand for HPSA research and teaching. Government funding for HPSA *teaching*; donor funding for HPSA *research* Uncoordinated Govt-Donor-Academic research priorities HPSA Students' positive feedback of HPSA teaching process but may graduate without clear grasp of the discipline
Comms, Networking, GRIPP	Variety of GRIPP mechanisms though experiences differ Partners in multiple research networks at different levels and purposes Difficulty in translating outputs for different users of research No HPSA teaching networks identified
Resources (Finance; HR; Infrastructure)	No significant staff shortages; greater contract stability in West Africa Different income patterns including from external funding Limited uptake of available staff training and support for HPSA research and teaching across partners (reasons less clear) Infrastructural constraints in East/West Africa but not in South Africa

In this section, we discuss the key comparative findings from the table above drawing on selected and relevant examples from country reports to do so. We also set out what we see as the key implications for WP planning from these findings. We expect that these implications for WP planning will be fully discussed at the second consortium meeting in South Africa, March 2012 so that partners may come to a consensus on issues that should be included in WP activity over the next three years and agree activities, on the basis of feasibility, that are outside of the CHEPSAA remit. Country recommendations to WP leaders are summarised in the next section.

3.1 Leadership & Governance

3.1.1 HPSA VISION EXISTS IN MANY INSTITUTIONS; LINKS WITH WIDER INSTITUTION'S PURPOSE AND THE PARTNER POSITION WITHIN WIDER INSTITUTION

As IDS note, HPSA research and teaching developed in publicly funded universities and specialized research institutions. CHEPSAA partners are nested in institutions with different purposes and this influences development of the field. For example, CHP was established to advance the field of Health Policy Research and Teaching; SOPH-UWC was set up to support district health system development; whereas IDS have no specific links to health, rather sustainable development and HEU was set up as an Economics unit. These different institutional histories influence the existence of a vision for HPSA and the organisational structures in which the CHEPSAA partner operates. These different histories will also influence whether a vision for HPSA can or even should be mainstreamed within the wider academic institution. Great Lakes University that hosts TICH, for example, have a goal of sustainable development in general hence research should contribute to national development goals.

3.1.2 STRUCTURES AND PROCESSES TO SUPPORT HPSA EXIST (EVEN WHERE THERE IS LACK OF CLEAR HPSA VISION) BUT WITH DIFFERENT ORGANISATIONAL STRUCTURES FOR DECISION-MAKING ALBEIT CONSULTATIVE PROCESSES TO DECISION-MAKING.

CHEPSAA partners each work within existing organisational structures. They make use of, and are provided with, a range of central support services even when HPSA is seemingly not institutionalised. For instance, TICH makes use of university performance appraisal mechanisms; both CHP and HEU report gaining central support for administration, HR and finance and IDS rate the university directorate of finance and planning as "quite strong". At the same time, organisational structures for decision making vary among partners. COMUNEC operate in a traditional medical faculty with hierarchical structures. In comparison, while decisions are still made by senior academics in South Africa, organisational structures enable greater democracy: SOPH-UWC use an Executive Committee in which Head of Department & Heads of 3 domains (academic; research; administration) are rotated between permanent academic staff. Even though IDS identify a strong bureaucratic culture, which at times can feel obstructive, this could also be understood as a formalised and clear structure for attaining authority and influence within IDS and University of Dar-es-Salam. From the country reports, it is not clear whether relative availability of central support can be related to university organisational structures.

Even though organisational structures can be hierarchical, CHEPSAA partners appear to commonly take a consultative approach to decision making within their own unit. For instance, even within hierarchical COMUNEC, the HPRG shows flexibility, horizontal communication and consultative decision making. We do not expect that processes / approaches for decision-making would be HPSA-specific.

3.1.3 HPSA 'CHAMPIONS' EXIST BUT THERE ARE CHALLENGES IN SUCCESSION PLANNING

Existing senior staff are seen as the current HPSA champions, most often within the CHEPSAA partner but also in the wider university. South African teams indicated that staff are significantly funded from external funding with difficulties recruiting senior staff. This could mean that the champions for HPSA are temporary within the CHEPSAA partner institution and may be constrained in their support for, and ability to engage in long term development of, individual junior staff to take their place though may be committed to growing junior staff generally. This may be less of an issue in East and West African teams, where greater contract stability for a majority of academic staff is reported, for example by SOPH-UG. This suggests greater potential for ongoing mentoring of the next generation. Succession and internal champions for HPSA is a key issue for IDS where over half of academic staff will soon be retirees working on contract. Teams have developed a wide variety of career development activities to attempt to solve their technical capacity constraints but notable in the East and West African reports was that at least half of staff had not taken these up. In terms of

growing future leaders, University and CHEPSAA partner structures provide a framework that we can use - CHP, for instance, has a rotating position on its Management Committee for a junior academic.

IMPLICATIONS FOR WP PLANNING

- It is important to have a clear and shared vision for HPSA, drawing on:
- shared conceptual understanding of HPSA
- institutional context especially where HPSA is not primary purpose
- We suggest a clear link between HPSA vision and the wider institutional vision is necessary
- We suggest consistency between the HPSA vision, organisational structures and activities to support HPSA is important
- It is important to have feasible strategies for succession planning of champions: in the wider institution as well as within and between CHEPSAA partners

3.2 Overview of HPSA Research

3.2.1 ALL PARTNERS ARE ACTIVELY ENGAGED IN HPSA RESEARCH (3-11 PROJECTS EACH)

3.2.2 LACK OF CLARITY ON IDENTITY OF HPSA → LOW PRIORITY COMPARED TO CLINICAL OR PUBLIC HEALTH

As with other teams, IDS noted most academic staff have a mixed disciplinary background and most "never trained in HPSA". However, given the multi-disciplinary nature of HPSA, it is unclear what HPSA relevant training could be. This is consistent with requests for training on 'what is HPSA' (see 3.6 Resources - HR). For instance, CHP staff are experts in media / epidemiology / psychology / public sector management / economics. There seems to be lack of clarity on the identity of HPSA and its balance with other disciplines such as general economics and other social sciences such as development studies. This lack of clarity is known to cause difficulties when advocating for HPSA research to be prioritised internationally, within national governments and at sub national levels. Lack of a clear vision for HPSA will contribute to this confusion (see 3.1 Leadership & Governance).

IDS clearly reported that health research in Tanzania is dominated by the biomedical paradigm and therefore HPSA was low priority. HPSA research in COMUNEC takes place within the medical faculty suggesting that HPSA must serve the priorities identified for biomedical research.

3.2.3 LINK BETWEEN HPSA ACTIVITIES AND STRUCTURES AND HISTORICAL INSTITUTIONAL ARRANGEMENTS

3.2.4 LINK BETWEEN RESEARCH PRIORITIES AND AVAILABLE INTERNATIONAL FUNDING

All teams reported reliance on external funding, of which the majority appears to be international sources. The consistency of reported HPSA research topics, such as health care financing and HRH, across teams likely stems from this reliance on a small number of international donors and potentially represents capture by international donor interests, a threat highlighted by SOPH-UWC. SOPH-UG notes that government funding for research is less important. When teams are reliant on external grants, they become reactive rather than proactive to funding sources and research management takes up increasing time, especially of senior researchers. IDS and COMUNEC reported that academics commonly took on research management tasks, though it was unclear how systematically these tasks are taken on in COMUNEC. Reporting requirements can be onerous when donor M&E requirements differ significantly. Only South African teams are starting to institutionalise grant management functions in different staff roles. Dependence on external sources raises the

issue of sustainability, could lead to more short-term planning and may contribute to lack of long-term HPSA vision

IMPLICATIONS FOR WP PLANNING

- The resource availability is influenced by the relative prioritisation of HPSA in government and donor research funding agendas
- There is an opportunity for engagement and lobbying for prioritisation of HPSA with government + donors through the CHEPSAA project

3.3 HPSA Research Quality Assurance

3.3.1 QA AT THREE STAGES IN HPSA RESEARCH PROCESS (PROPOSAL; PROCESS; OUTPUT); MOST ATTENTION ON PROPOSAL AND OUTPUT

All partners reported partner/institutional internal review of proposals that culminated in presentation of the proposal to an ethics committee. All teams noted a lack of specific institutional mechanisms for assuring quality of output except peer review publication in academic journals and M&E for individual donor projects. Peer reviewed journal output is clearly a quality assurance mechanism for academia (as emphasised by HEU) but singular focus on this mechanism will lead to communication problems when seeking to translate such output for non academic audiences. Likewise, project specific processes create tailored documentation that can be difficult to translate into academic indicators (e.g. translating EU FP 7 reports into peer reviewed journal articles); between donors (e.g. can outcomes from DFID reporting be translated in to advocacy for the Bill & Melinda Gates Foundation given different purpose of these donors?) and government (e.g. COMUNEC noted that government officials were interested in understanding ethnicity issues first).

Partners paid less attention to QA mechanisms in research process. Only TICH and COMUNEC noted different approaches for institutionalising QA in research process. At TICH, research guidelines are drafted (implementation/HPSA relevance unclear) and COMUNEC undertakes training, mentoring and supervisory visits of field staff within individual projects through dedicated staff (informal QA officers, M&E officers and supervisors).

3.3.2 TWO LEVELS OF QA – WIDER ACADEMIC INSTITUTIONAL STRUCTURES; SPECIFIC APPROACHES EXIST WITHIN EACH CHEPSAA PARTNER.

Within reported mechanisms, we can distinguish two levels of QA monitoring. Mechanisms in use at the CHEPSAA partner level such as M&E at project level; internal project monitoring system; own ethics committee. At the same time, organisational structures are used so that proposals in particular traverse the CHEPSAA partner, to university level and National Health Research Ethics Committee in South Africa; the National Health Research Ethics Committee in Nigeria set frameworks for institutional ethics committees.

IMPLICATIONS FOR WP PLANNING

- The consortium can learn from different examples of institutionalising QA in research process.
- Further, and clear, mechanisms for QA of HPSA research processes could be developed over the life of the project in the form of a QA guide
- The consortium can reflect on what would be appropriate QA of research output for HPSA given its specific purpose for influencing national health policy
- There is value in seeking to make internal review processes within the CHEPSAA partner HPSA relevant

- Institutional and national ethics committees could be targeted in networking and GRIPP activities in order to ensure that ethics boards and process are HPSA friendly and relevant

3.4 Demand for HPSA Research & Teaching

3.4.1 GROWING (BUT STILL LIMITED) DEMAND FOR HPSA RESEARCH AND TEACHING

Rising availability of international funding sources is seen as indicative of rising demand for research and increased student applications to courses with HPSA components is seen to indicate rising demand for training. IDS are ambivalent whether demand for teaching and training is merely dormant, suggesting that demand within Tanzania can be stimulated. TICH note a generally positive environment for HPSA research and teaching but concurrently, a lack of awareness of whether government have a specific agenda. While a generally positive attitude to HPSA is necessary, the field is sustained by resource allocation.

3.4.2 GOVERNMENT FUNDING FOR HPSA TEACHING; DONOR FUNDING FOR HPSA RESEARCH

While SOPH-UG notes that international funders are also important for developing short teaching courses, there is a tendency for teams to indicate that teaching is funded from national government sources, taken here to be supporting university posts from COMUNEC to HEU, even though HEU note this funding to be very limited. The relative contract stability of senior researchers reported in East and West Africa (see 3.6 Resources - HR) would seem to support this. This suggests that HPSA teaching is less likely to be captured by international donor interests and should see greater regularity of funding, even if low, and stands as a key asset on which to build the field.

3.4.3 GOVERNMENT, DONOR, ACADEMIC HOST, CHEPSAA PARTNER HPSA RESEARCH PRIORITIES OFTEN UN-COORDINATED.

While noted by all partners, weak coordination between research priorities of the CHEPSAA partner, the academic institutional host, donors and government is most marked in West Africa. COMUNEC state clearly that the National Advisory Committee is not used and that COMUNECs own research priorities, the vision for HPSA as understood by the HPRG and external donor priorities, the main funder for research, are not aligned. South African teams note long term relationship building with donors and government but it is not clear how these relationships are able to explicitly shape formal research prioritisation. We would link this to at least two factors - a weak funding environment for research in general, as reported in the Phase 1 context mapping; and a weak vision and identity for HPSA so that donors, government and institutional hosts are unclear as to how HPSA can contribute to institutional purposes of all these agencies.

3.4.4 STUDENTS' POSITIVE FEEDBACK OF HPSA TEACHING PROCESS BUT MAY GRADUATE WITHOUT CLEAR GRASP OF THE DISCIPLINE

It was notable that students were almost overwhelmingly positive about their experience in HPSA teaching and training. HEU has successfully converted this positive experience into reputation building for communications and GRIPP. Even though TICH students rated HPSA teaching to be low-average, they still reported that they would recommend HPSA to their friends and colleagues and that the course was useful in their job role. HPSA teaching and training can be considered a key asset of the consortium for field building. Simultaneously however, students also felt they left training without a strong grasp of what HPSA was (e.g. COMUNEC). SOPH-UWC students felt they were not "capacitated" to do health policy and planning; SOPH-UG noted less satisfaction by participants on short courses compared to undergraduates. This suggests that teaching needs to be tailored to different types of training – undergraduate/ conceptual training versus continual professional development short courses where participants are looking for tools to do their job. This issue also

links closely to staff requests for training in concepts of HPSA (see 3.6 Resources - HR) and a lack of clear identity for HPSA. The danger of not addressing weak student grasp of HPSA is that we end up with weak to non-existent prioritisation of HPSA on national and international research agendas.

IMPLICATIONS FOR WP PLANNING

- Assessing and influencing priority-setting for research and particularly HPSA research in different contexts and at different levels will be useful
- There is value in exploring how HPSA research and teaching can be mutually supporting
- We suggest supporting and developing HPSA teaching among partners and wider
- We suggest exploring the reasons for some HPSA teaching to be rated as low-average

3.5 Communications, Networking & GRIPP

3.5.1 VARIETY OF GRIPP MECHANISMS THOUGH EXPERIENCES DIFFER

Numerous mechanisms for GRIPP exist within the CHEPSAA consortium. TICH, for example, participate in stakeholder forums at all levels of the health system. SPH-UG has an intimate link with the Ghana Health Service through the Research Directorate. South African teams participate in provincial and national committees and have developed ongoing and trusted relationships with donors and government. Teams also identified weak linkages with external consultants employed on INGO/external donor projects; the media; and alumni. There does appear to be a misalignment between the major source of funding for HPSA research (external donors) and the perceived target of HPSA GRIPP activities (government). International donors and INGOs influence government, as does media and practitioners, hence we could pursue multiple routes to influence national government for HPSA research prioritisation and resource allocation. Socio-cultural norms clearly influence GRIPP. For instance IDS noted a preference for interaction between seniors, effectively excluding junior researchers from participation in particular GRIPP activities.

3.5.2 PARTNERS IN MULTIPLE RESEARCH NETWORKS AT DIFFERENT LEVELS AND PURPOSES

It is striking that CHEPSAA partners already participate in, and engage with, numerous networks. We understand networking not only as participation in a formalised organisation with a convenor but informal communicative relationships with a range of stakeholders, national and international. These networking activities include international donors; district, provincial and national governments (even though CHP felt that they did not maximise their connections with district government officials); international academia; and other national academic institutions. COMUNEC and SPH-UG also noted linkages with local communities, though COMUNEC felt this link to be weak. The majority of this networking activity seems to be geared towards research activities - lobbying for prioritisation of HPSA research; undertaking research; and disseminating outcomes.

3.5.3 DIFFICULTY IN TRANSLATING OUTPUTS FOR DIFFERENT USERS OF RESEARCH

Numerous communication mechanisms for HPSA research already exist within the consortium. These include workshops; seminars; bulletins; conferences; experimenting with social media; briefing notes; journal articles; websites. SOPH-UG are clearly aware of, and use, the media to communicate research findings though also note that not all mechanism are equal. COMUNEC felt that there were delays in communicating research findings and was criticised as not being able to 'operationalize' concepts from academic language for policy maker consumption. Local socio-cultural norms clearly influence the ability of partners to translate outputs between different users of research (see 3.3 HPSA Quality Assurance). Staff self identified need for writing skills for different audiences (see 3.6 Resources - HR). In addition, teams appear to produce a range of written documentation but a clear message from both Phase 1 and Phase 2 needs assessment is that government officials across CHEPSAA partner countries prefer oral communication. A silence in the

needs assessment reports is how stakeholders perceive the CHEPSAA partner (hinted at in HEU report – seen as very positive for teaching and influencing policy) and also whether academics actually understand how policy is made within donor organisations or government departments.

3.5.4 NO HPSA TEACHING NETWORKS IDENTIFIED.

While a variety of networks for research and policy making were identified by partners, none identified networks for teaching. The needs assessment is biased towards HPSA research on the rationale that a WP 3 Review of existing Curriculum is ongoing at time of writing this report. That review may yet indicate that teaching networks exist. Else it appears that CHEPSAA is unique.

IMPLICATIONS FOR WP PLANNING

- CHEPSAA can be seen as HPSA teaching as well as a research network
- There is an opportunity top use GRIPP actions to align research and teaching activities to influence prioritisation of HPSA research
- We can draw upon a wealth of understanding of donor and government contexts through our mature HPSA students

3.6 Resources

3.6.1 NO SIGNIFICANT STAFF SHORTAGES; GREATER CONTRACT STABILITY IN WEST AFRICA

3.6.2 DIFFERENT INCOME PATTERNS INCLUDING FROM EXTERNAL FUNDING

Given reliance on external funding, cost recovery on external donor funding is notably low in East and West Africa. COMUNEC cost recovery was as low as 30%, covering consumables but not salaries. Only HEU was confident that it was implementing 100% cost recovery in most cases, although this did depend on the donor (defined as recovering all costs, direct - such as salaries - and indirect – overheads such as rent/leasing of buildings). However, HEU made the point that even if projects do not recover full costs, value is not merely monetary but also the engagement projects facilitate. Realistically, low cost recovery means partners are unable to recruit and retain senior staff, engage in communications and GRIPP or build sustainable HPSA teaching and research programmes thereby establishing the field.

3.6.3 LIMITED UPTAKE OF AVAILABLE STAFF TRAINING AND SUPPORT FOR HPSA RESEARCH AND TEACHING ACROSS PARTNERS (REASONS LESS CLEAR)

As expected, academic staff across all partners trained in a wide variety of disciplines – contributing to a weak sense of identity for HPSA (see 3.2 Overview of HPSA Research). Within the consortium, HPSA staff is gender biased towards women. All teams use continuous professional development (CPD) mechanisms, for instance at SOPH-UG these include further study, locally or abroad; conference & workshop attendance; refresher courses; exchange programmes; short courses; on-the-job training. South African teams additionally mention mentoring; sabbatical; internal seminars; SOPH-UWC host a post doctorate support programme and HEU has New Academic Practitioners programme. It was not always clear if CPD was offered to support staff. Staff are not always aware of CPD opportunities nor take them up. There is higher turnover of junior academic staff compared with senior, contributing to pressing succession issues within the consortium (see 3.1 Leadership & Governance). Partners undertook a staff survey for the Phase 2 needs assessment that identified need for a surprisingly common set of skills. The most popular of these were: Identifying grants and successful grant application for sustainable HPSA research funding; creating and managing effective and efficient financial reporting and internal information systems; teaching; research writing, research management and administration; HPSA technical skills in teaching and research including concepts of HPSA; HPSA curriculum development; staff mentoring and coaching; using qualitative

research software; effective networking; leadership; successful negotiation; mentoring & coaching; writing briefing notes; writing policy briefs.

3.6.4 INFRASTRUCTURAL CONSTRAINTS IN EAST/WEST AFRICA BUT NOT IN SOUTH AFRICA.
East and West African teams note many common infrastructural constraints, viz, lack of meeting and classroom space, teaching equipment and aids, computers and access to electronic resources. COMUNEC and IDS also identify problematic electricity supply. COMUNEC note that infrastructure weaknesses influence demand for HPSA teaching since students rated their satisfaction with the teaching environment as low. However, along with infrastructure TICH and IDS mention low student grasp of HPSA even after completing their course. Hence infrastructure such as teaching aids/equipment and teaching space cannot be provided in isolation.

IMPLICATIONS FOR WP PLANNING

- Explore ways to achieve higher cost recovery as well as identify and obtain complementary funding sources.
- Work to ensure gender balance in HPSA e.g. how women gain status and prestige in patriarchal cultures
- Assess the reasons for low uptake of career development and other CPD opportunities
- Address the balance of research and administration/support staff in relation to grant management, given the high workload on senior academics.
- Seek to make use of wider institutional resource frameworks for infrastructure development for HPSA

Wider Implications

In conducting the comparative analysis we also identified some macro level implications for CHEPSAA planning out with the scope of individual topics. This section identifies these issues.

A clear message from the needs assessment is that CHEPSAA has much to be positive about. Significant research, teaching and GRIPP already take place. All teams have a variety of assets and are actively using these to build health policy and systems research within their own institution. Teams have a foundation of existing processes and approaches that can be built on. The country partners have different and hence valuable experiences to share with each other.

- A key implication for WP planning is therefore that CHEPSAA should take advantage of these existing assets rather than seeking to create something new. We should make best use of our existing strengths within each partner and within the consortium. We therefore envisage that a core task for CHEPSAA consortium could be to reflect on, brainstorm, and experiment with, methods that can align and integrate these assets so that they synergistically support each other instead of working independently.
- A further implication for WP leaders is that we should ensure cross-partner sharing and learning (e.g. in methodology, contents/experiences) across all WP activities over the next 3 years.

None of the topics discussed in this comparative analysis works in isolation. We need to ensure that the 6 thematic areas are ultimately integrated through the appropriate WP activities. For instance, as previously stated, we should seek to integrate vision, with strengthening of structures that allow a vision to become reality, through specific project activities on say staff development in teacher training and curriculum development for different users of HPSA teaching and training.

From our analysis of country findings and recommendations, we believe that at least three different levels of CHEPSAA activity exist: activity undertaken by individual WPs; activity undertaken by individual country partners; activity undertaken by CHEPSAA as a whole. While we did not break our discussion down into these 3 levels, we believe there is still scope for further comparative analysis across the 6 topics and further discussions may be needed at each of these levels. As an example, while COMUNEC could consider developing institutional guidelines for HPSA research, or HEU consider focused quality assurance of research processes in addition to mentoring schemes, the CHEPSAA consortium could together consider developing a quality assurance guide for HPSA research projects and/or teaching activities but this activity, if taken up, would require to be led by an individual WP.

- An implication for WP planning is that we see a clear need to discuss *how* we prioritise country recommendations and future WP activities. At present, we envisage that each of CHEPSAA, country teams and WP leaders would need to consider the following:
- The relative weighting of different implications for WP planning discussed above
- Strategy & desirable activities to be implemented
- The relative importance of desired activities
- The feasibility of these desired activities.

We note that there are gaps in the country reports, when compared against the requested information in the Phase 2 guidance document and in some instances, we were required to use interim reports for this comparative analysis.

- We understand the reasons behind this but would flag that there are implications for WP planning. For instance, if WP 2 leaders came to see financial governance as a key need for capacity strengthening, further information gathering/brainstorming would be necessary to support activity planning on such a topic.

The boundaries of the organisational unit have not been discussed in this document. The consortium has yet to agree how we deal with organisational boundaries given that most HPSA teams are part and parcel of the CHEPSAA partner organisation and additional university levels which provide complementary support services, and at times, conflicting agendas to the HPSA team taking part in the CHEPSAA project. We have discussed this over the course of the last year in email and at the first consortium meeting in Ghana. We have been challenged to consider which unit would be the most appropriate though for this Phase 2 assessment and decided, in the interests of progressing WP 1, we use the CHEPSAA partner unit. We do understand, however, that the position of CHEPSAA partners within the different institutions is quite different but we have not systematically reflected on this in this document.

- This issue may have particular resonance for WP2 planning when organisational development strategies and plans will be developed.

In conclusion, there appears to be growing enthusiasm and resources for the conduct of HPSA research and teaching in Africa. Continued discussion between all partners at the second consortium meeting will enable CHEPSAA to take advantage of this for sustained field building over the life of the project and beyond.

Table 3: Summary of Country Recommendations

When completing their HPSA needs assessments, African teams were encouraged to make their own recommendations on how best to build the HPSA field from their own organisations at this time. We summarised these recommendations in the table below. The ordering of recommendations is random. The recommendations in this table will be the basis for discussions during the second consortium meeting in South Africa (March 2012) and help inform WP planning.

We did not make additional recommendations but felt that the implications identified in the discussion were sufficient.

Note that recommendations made by South African teams are amalgamated for brevity.

Table 2: Summary of Country Recommendations

Topics	COMUNEC (Nigeria)	IDS (Tanzania)	TICH (Kenya)	SPH-UG (Ghana)	CHP; SOPH-UWC; HEU (South Africa)
Leadership & Governance	Take advantage of existing and adequate administrative and financial mechanisms when establishing staff/ organizational/ course development for HPSA research & teaching.	Develop a vision for HPSA teaching and research. Raise awareness of HPSA teaching & research at IDS/ uni. /national levels. Enhance existing mechanisms connecting uni. leadership to HPSA teaching & research community - national and international.	No recommendations made.	Develop vision for HPSA teaching and research. Develop competences for HPSA teaching and research. Develop expertise in successful grant seeking. Develop senior staff capacities.	Develop specific tools and methods on skills transfer for HPSA research and teaching. Develop a list of competencies for a senior researcher; devise CPD to facilitate research staff working towards these competences. Strengthen administrative team with grant operations/devt expertise. Develop a recruitment strategy for black South Africans / senior staff. Conduct regular symposia with external stakeholders on key HSPA themes to provoke debate on key policy themes and develop research agenda.
Overview of	Collaborate with	Support access to	Support	Build HPSA	Increase number of senior researchers to

HPSA Research	international researchers to access research materials. Focus on developing capacity of young researchers (e.g tailored training / mentoring) taking account of contextual/cultural factors. Harmonize research grants within COMUNEC.	HPSA academic publications. Help identify and access funding sources for HPSA teaching & research. Create a national network of individuals and organisations to coordinate research and teaching; engage policy makers; and raise profile of HPSA.	opportunities to engage in collaborative research. Support publication by TICH researchers.	research capacities. Increase volume of HPSA research projects. Exchange programme for teaching/research staff.	increase research activity - Innovate on ways to attract even busy people who can play senior role (e.g. staff exchanges; fellowships; sabbaticals for South Africans who now live in other countries). Develop HPSA pool of researchers through teaching - exploit other methods of teaching and capacity building such as a Masters on HPSA, short courses, summer school programmes, distance learning course (bearing in mind resource constraints).
HPSA Research Quality Assurance	Formulate and establish HPSA specific research guidelines and include in COMUNEC curriculum - create a mechanism to ensure that these are followed in HPSA research. Train ethics boards in HPSA research & quality assurance skills. Ethics boards should have representatives from different fields of expertise to ensure proper scrutiny of HPSA research proposals.	Initiate a dialogue with relevant national bodies (e.g. NIMR) to establish mechanisms for monitoring HPSA research after ethics clearance. Establish HPSA research review committees at IDS/Univ. levels. Undertake a national inventory of HPSA researchers. Establish a national research database via NIMR.	Seek more staff to train researchers in HPSA and doing HPSA research. Facilitate quicker ethical approvals. More funding for HPSA research.	Establish a system for research review. M&E system for HPSA research process for Quality Checks. Ethics Board to ensure HPSA Research Quality.	UWC/HEU - adapt internal mechanisms to review proposals and output. UWC/HEU - establish an internal review process of senior staff review of outputs – led by junior researchers, shadowed by senior. CHEPSAA partners visit to oversee / supervise junior researchers on publications. Peer-review across HPSA institutions. Communicate value of qualitative research – at partner+ level. Explore ways to strengthen ethics / research committees' suitability to quality assure HPSA research. Develop consensus on HPSA methodology and methods - create a forum to debate

					this. UWC/HEU - include a specific budget line in project proposals for methodology capacity devt. For all three teams at institutional level.
Demand for HPSA Research & Teaching	Address gaps in student experience- provide avenues for student-staff exchange; provision of mentorship; hands on research experience. Focus on course accreditation/short courses/integrating HPSA training modules throughout COMUNEC. Introduce HPSA to students earlier in the curriculum. Create a database on patterns of government funding. Provide more adequately trained teachers for teaching on HPSA research.	Design strategies to stimulate demand for HPSA training (e.g. advertising). Design HPSA course at graduate level. Design and implement teaching courses. Become a centre of excellence in HPSA teaching and research.	TICH already has plans to increase demand for HPSA. CHEPSAA should work with these. Develop short HPSA courses. Skills build in teaching; curriculum design; student supervision; student coaching & mentoring. Develop teaching workshops. Skills build in writing scientific publications; mobilising resources; negotiation; policy briefs.	Innovate on researcher – government exchange to stimulate national demand. Develop entrepreneurial skills related to HPSA. Collaborate with stakeholders on marketing HPSA experts. Develop short HPSA courses.	Develop a career structure with core HPSA competencies for govt/NGO health managers that could feed into HPSA curriculum development/marketing. Explore strategies with other partners on short term consultancy (e.g. special funds; allocate to specific staff only etc) that do not compromise of long-term projects. Innovate on intra-south African researcher-government exchange to stimulate national demand. Teach HPSA in a “more integrated and articulated” way by focusing on interactions between different components of HPSA rather than building blocks per se. Confidence build lecturers of HPSA. Increase HPSA on offer e.g. short courses; shift existing HPSA from elective to compulsory; create an HPSA Masters.
Comms., Networking	Develop & establish practical frameworks for networking and	Use training and mentoring programmes to improve capacity of	Submit and publish research findings in scientific	Stakeholder analysis to identify appropriate actors	Find ways to explicitly include dissemination, communication and GRIPP activity costs in research project budgets.

& GRIPP	GRIPP activities within COMUNEC. Use existing channels of communication better. Focus on creating awareness of HPSA among general academia (e.g. workshops; seminars; conferences). Engage with media / private consultants as a way to engage policy makers / practitioners. Skills build in communications; basic and advanced advocacy skills, particularly tailoring messages for different audiences; how to identify, build and sustain existing networks. Establish effective harmonization between donors, research organizations and government in HPSA research.	policy makers to use research evidence. Build skills in synthesizing research into a form that can support decision making.	publications. Submit findings to the media. Undertake mentoring & staff exchange. Organise, attend and present at conferences & workshops. Develop synthesis of research and policy briefs. Attend health partners meetings. Work with alumni.	to collaborate with. Dissemination fora with stakeholders and policy makers. Use available communication channels to create awareness. Share activities of other networks.	Create resources to sustain networks and sustain/improve GRIPP. UWC - conduct a stakeholder analysis to more deeply understand linkages between different actors and identify opportunities/threats for communication and collaboration. Innovate on getting stakeholders involved at the beginning of research projects and keep them participating during the course of the project. Arrange face-to-face dissemination meetings with policy makers and other stakeholders. Strengthen partner websites to include a search engine to help site visitors locate documents such as articles; policy briefs; etc. Use a regular email notice to provide details of latest publications and policy briefs to stakeholders. Develop opportunities for participatory or action research through research consortia. Overcome the competition between SA institutes to build stable and solid partnerships. Create government funded posts within research institutes to strengthen research-policy linkages (as in case of PH registrars).
Resources	Address infrastructure	Learn from other	Skills build in (most	Skills build in (most	Learn from other partners on how to

(Finance; HR; Infrastructure)	issues - admin/research specific software; electronic resources; teaching equipment; computers including internet; teaching space; office space; research and teaching materials; reliable electricity. Skills build (most popular) in identifying grants and successful grant application for sustainable HPSA research funding; creating and managing effective and efficient financial reporting and internal information systems; teaching; research writing, research management and administration; HPSA technical skills; staff mentoring and coaching.	partners how to develop and sustain demand for HPSA teaching and research. Update HPSA teaching and research skills; research management skills; networking skills. Make teaching, learning and research materials/equipment available.	popular) HPSA curriculum development; writing policy briefs; networking; concepts of HPSA; resource mobilisation; policy dialogue; developing and maintaining internal information systems.	popular) using qualitative research software; creating and managing internal information systems; identifying and applying for external funding; effective networking; leadership; successful negotiation; mentoring & coaching; writing briefing notes.	manage cost recovery in external and core funding streams. Learn other partner's business models to explore funding opportunities for teaching. Create an HPSA research hub to capacity-build / develop expertise development; or other HPSA platforms to increase HR capacity / reflection. Use uni. structures/resources to support individual career devt e.g. revisit criteria for honorary research appointments; sabbaticals; use retired academics; attract international post-doc students/senior fellowships. Create a mid-level between junior & senior researchers with a clear career pathway; mentoring & responsibilities per expertise level. Skills build (most popular) in HPSA research and writing; PhD/short courses on different topics); HPSA teaching; HR skills; Research project Management & Administration; Financial strategies/models; Mentoring & Coaching; Successful Negotiation; Leadership; Effective Networking; Identifying & applying for funding.

Dissemination Opportunities from WP 1 Outputs

As mentioned earlier, the primary objective of this document is to inform WP planning together with Phase 1 and Phase 2 country reports.

However, Leeds team see potential to develop both academic and non-academic outputs from the capacity needs assessment.

- Academic outputs can include publication(s) on methodology for capacity needs assessment as well as thematic findings from Phase 1 and Phase 2 reports. Such outputs form advocacy for HPSA and development of the field.
- Non academic outputs could include a 'how to' publication on needs assessment as well as mini policy briefs teams could use within their own institutions and/or wider networks.
- Findings from individual partner needs assessments as well as comparative findings can be communicated to governments, donors, consultants and the media by individual country teams and through WP 4 specific work plans as part of HPSA field-building.
- WP 1 comparative results will also be discussed and disseminated at the Global Symposium for Health Systems Research in Beijing November 2012.

Leeds team will share more detailed thinking on dissemination opportunities at the second consortium meeting in South Africa (March 2012). We include only our preliminary thoughts here so that all CHEPSAA teams will have time to read and reflect on this report before the meeting.