



Centre for Capacity Research

*Advancing the science of capacity
strengthening for sustainable development*

DELTAS Africa Learning Research Programme Dissemination Meeting Tuesday 9th March 2021



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ccr@lstmed.ac.uk



Agenda

10:00 – 11:15

Introduction and presentations from the DELTAS LRP research themes

Equitable career pathways

Research training

Knowledge translation

Consortia management

- Break -

11:30 – 12:30

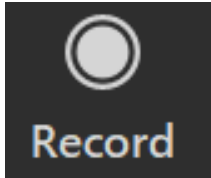
Panel Discussion

“Key lessons for funding, implementing and evaluating research capacity strengthening consortia”

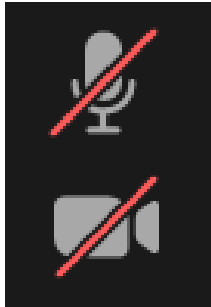
12:30 onwards

Breakout rooms with individual speakers for Q&A

Housekeeping



This meeting will be recorded for future dissemination.



Please turn your camera off and mute yourself during this meeting.



Please contribute your thoughts and questions by typing them in the 'chat'.

How to use 'chat'

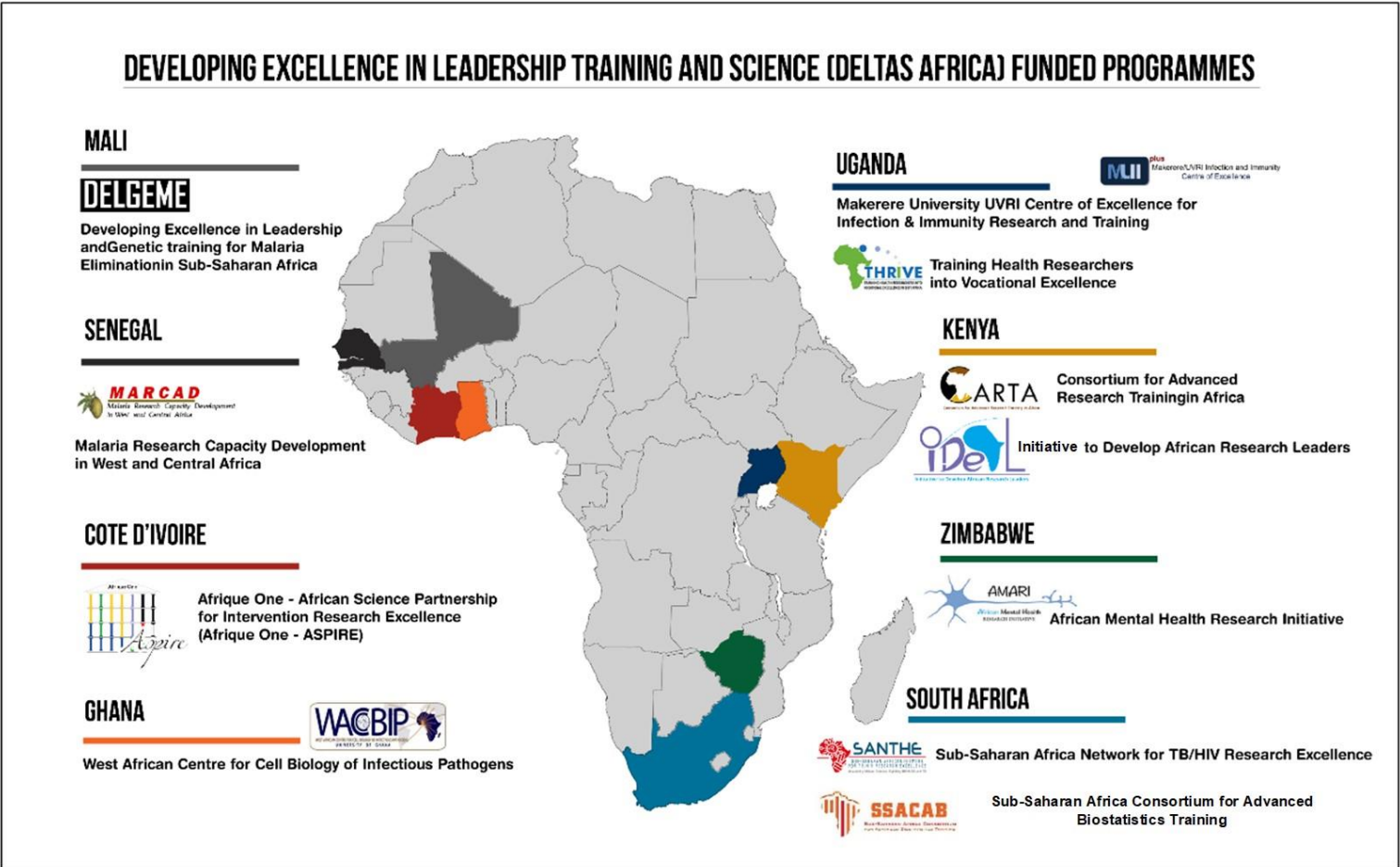
Click the 'chat' speech bubble icon at the bottom of the screen. Attendees can message the whole group or individuals within the group.

In case you miss anything, this presentation will be shared with you following the meeting.

DELTA Africa Initiative

Developing Excellence in Leadership, Training and Science (DELTA) Africa *Supporting the Africa-led development of world-class researchers and scientific leaders in Africa*

- 5 year programme (2016-2020), \$100m
- 11 collaborative teams headed by world class African researchers
- 54 lead and partner institutions from across the continent
- Investing in research infrastructure and offer training fellowships and mentorship



Learning Research Programme (LRP)

Research-based learning about how to train and develop world-class researchers, foster their careers and collaborations, and promote research uptake.

- Embedded within the DELTAS Africa initiative, LRP cross-cuts all DELTAS consortia
- Led by the Centre for Capacity Research
- Four thematic research strands
- LRP's inter-linked research themes were agreed in consultation with AAS, Wellcome Trust, PIs and gaps identified during preceding programme



The LRP team at the DELTAS AGM 2019

Pierre Abomo, Abiola Aiyenigba, Millicent Liani, Nadia Tagoe, Violet Murunga, Imelda Bates, Justin Pulford

LRP Research Themes & Questions

- 1. Equitable career pathways:** (PhD) How to promote equitable career pathways for internationally competitive African researchers including women and other under-represented groups?
- 2. Research training:** (PDRA) What is the availability and quality of health research training in SSA? [Arnaud Fontanet, Institut Pasteur]
- 3. Knowledge translation:** (PhD) How can we facilitate researchers to do research that is needed and contributes to socio-economic development?
- 4. Research consortia management** (PhD) What strategies work best for effective management of health research consortia? [IDEAL]

LRP Activities & Timings

- Inception Phase: Feb-Aug, 2016
- Contracting/MoUs partners
- Recruiting PhD students/PDRA
- Draft workplans, milestones, deliverables

- Data Collection: End 2016-2020
- Coordinate links with consortia through AAS

- PhD completions Dec 2020-April 2021

PhD Applications by Country

Country	Research Uptake	Equitable Careers	Overall
Kenya	23	13	36
Ghana	10	15	25
Ethiopia	5	4	9
Tanzania	0	8	8
Zimbabwe	5	2	7
Uganda	4	2	6
Malawi	1	4	5
Zambia	2	3	5
Nigeria	1	4	5
Sudan	0	4	4
Sth Africa	1	1	2
Botswana	2	0	2
Cameroon	0	2	2
Burkina Faso	0	1	1
Rwanda	0	1	1
Liberia	0	1	1
Senegal	1	0	1
Total	55	65	120

17 countries; 66 female applicants

The LRP Process

- Each thematic area led by a PDRA or PhD student supported by Justin Pulford
- Generally used mixed methods – qualitative > quantitative
- Draw data from the collective experience of DELTAS consortia and AAS management team
- Careful to avoid duplicating data collection or over-burdening consortia
- Emerging/preliminary findings shared with consortia through AAS, Bulletins, meetings, publications, presentations etc
- Formal reporting to AAS, Wellcome Trust, and DFID

'Learning while doing'

By 'learning while doing' LRP contributes to evidence on how to more effectively strengthen research capacity for:

- Institutions
- Consortia
- Programmes
- Funders





Equitable Career Pathways

Millicent Liani

Liverpool School of Tropical Medicine



An exploration of the barriers and enablers to gender equitable scientific career pathways in the DELTAS-funded African research institutions

Learning Research Programme

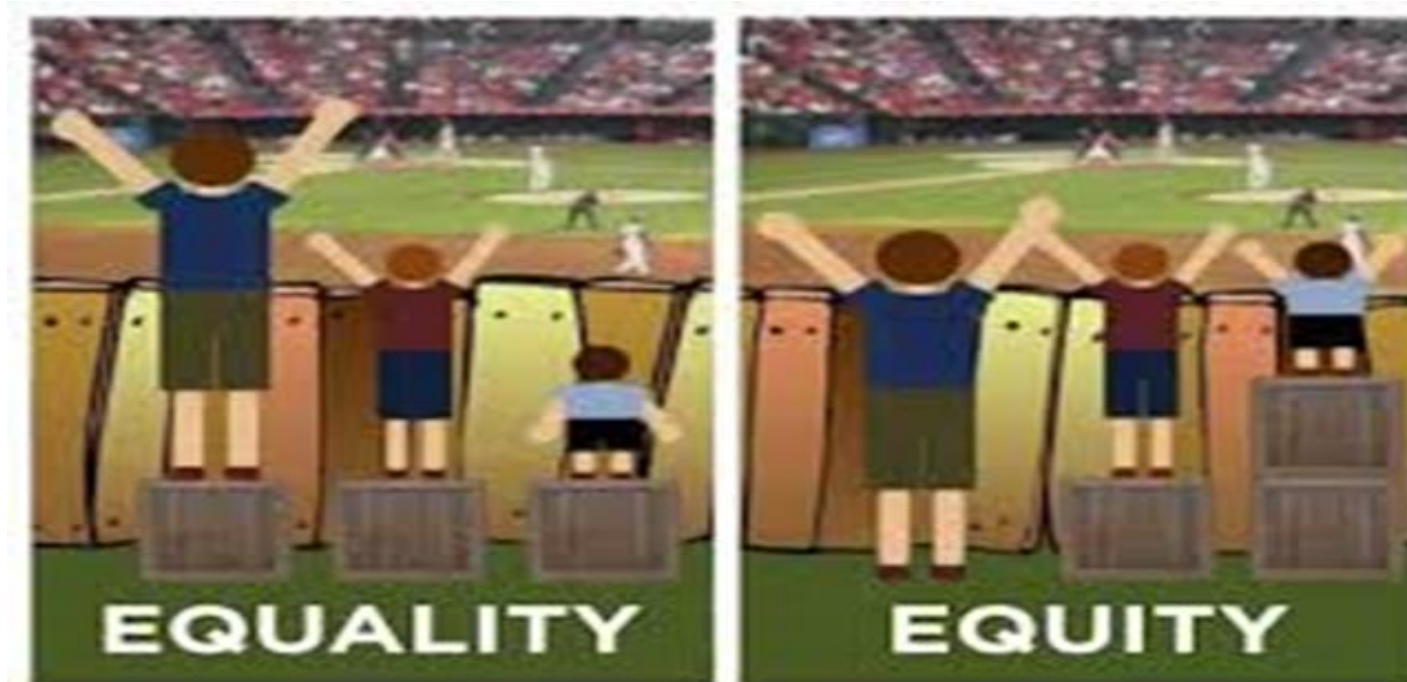
Millicent Liani (PhD Fellow, LSTM)



Why gender equity in science career matters

- ❑ **Science is at the heart of Agenda 2030** – achieving **gender equity** as a **pre-requisite for sustainable development** - SDG 5 (Gender equity): cuts across all the other SDGs
- ❑ Arguments based on **effectiveness** and **representation**:
 - Issues facing our society and health today are complex, need for diverse workforce and talents for effective solutions
 - Women are more likely to consider a broad range of needs, interests, priorities, for all in societies
- ❑ **Only 28%** of world researchers are **women**; **SSA region has the lowest numbers** of women in science careers (UNESCO, 2015)
- ❑ Globally, 48% of women were **still working in academic scientific careers three years after** their Wellcome Trust-funded PhD compared with 93% of men (WTBSCT, 2013)
- ❑ In Africa, **little is known about scientific career experiences and outcomes for women and men**, and their **intersectional** multiple social **identities**

How can we understand the issue better?



Gender parity in numbers (**Equality**) - evidence commonly used to establish institutions' commitment to include women in science careers - **a good starting point**

Need for a shift from focus on numerical evidence of inequalities to **understand the underlying social, cultural and institutional drivers and processes** that produce **gender inequities** in science careers (Beoku-Betts, 2005).

Overall aim of the study

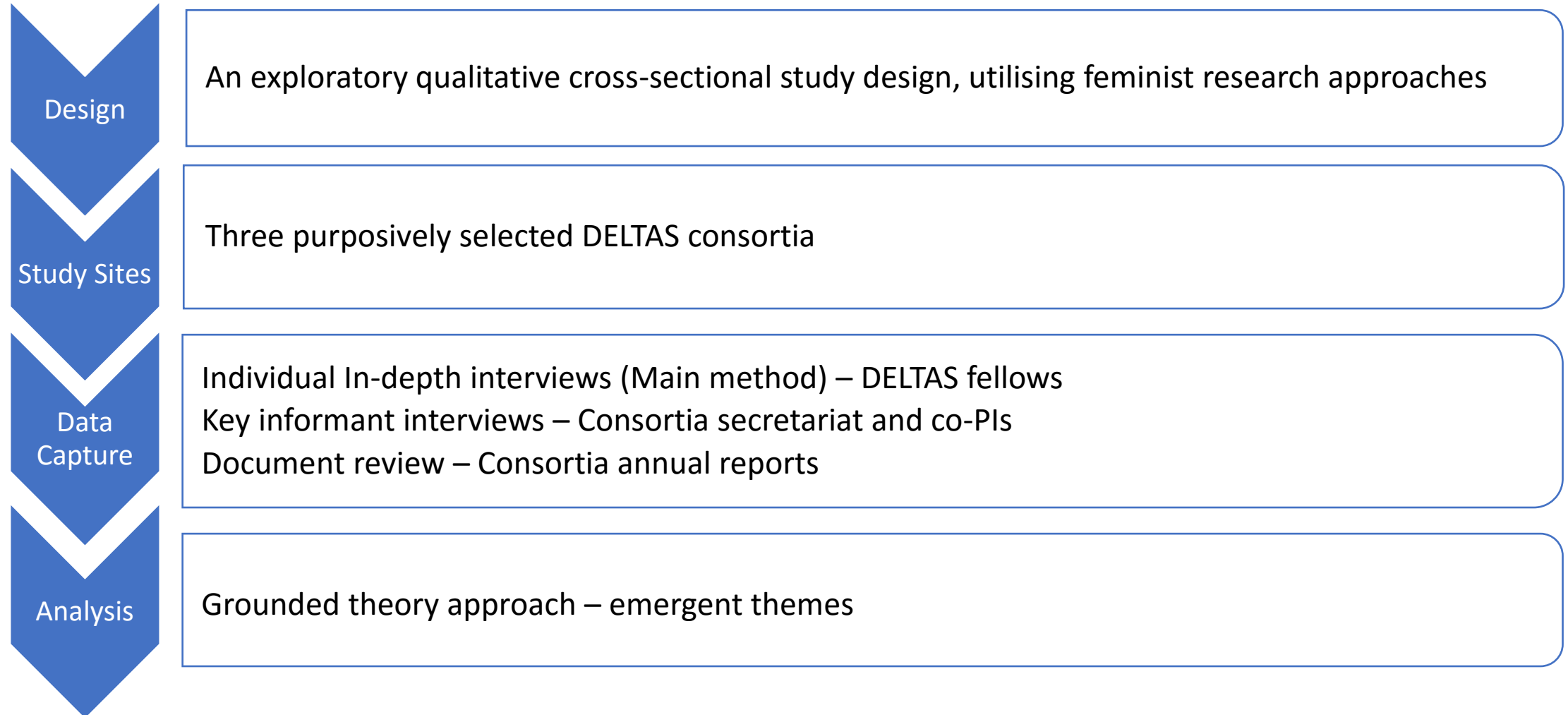
To provide **information** about how to **improve research career equity** for internationally competitive African researchers while **acknowledging** their **multiple social identities**



Specific research objectives

- 1) To understand how **familial and socio-cultural factors shape inequities in scientific career progression** for women and men, and their disadvantages in relation to their multiple social identities, along the scientific career pathway
- 2) To find out how **institutional environments**, including values, policies, and their implementation **shape inequities in scientific career progression** for women and men, and their disadvantages in relation to their multiple social identities
- 3) To identify the **strategies that are being used** within the selected DELTAS institutions **to promote gender equitable career progression** and document the learnings from them
- 4) To establish the **desired actions for change for enhancing equitable career progression** for women and men, and their disadvantages in relation to their multiple social identities, to progress along the career ladder in future

Methodology



Sample Size

Consortia		E. Africa	S. Africa	W&C. Africa	TOTAL
Gender	<i>Female IDIs</i>	18	8	6	32
	<i>Male IDIs</i>	12	9	5	26
Total No. of IDIs		30	17	11	58
Total No. of KIIs		6	9	5	20

- Total number of IDIs and KIIs conducted across the three purposively sampled DELTAS Consortia (IDIs n=58; KIIs n=20)

Familial & socio-cultural drivers of gender inequities

'It's a steeper hill for women to climb': Time commitment

- ❑ **Juggling** science & normative family obligations - 'two different lives' > scientific productivity puzzle
- ❑ **Less scientific mobility** - weak social capital

"In the interest of career progression, **you have to make sacrifices**" [M14, MCR]

"**Science is never** going to be **easy** especially if you are **married woman**" (M05, PDF); "[...] **It's a steeper hill for women to climb**" (M09, PhD)

"There is **no work-life balance** in science, yeah...**Relationships went through the roof!**" (F31, MCR)

'Sometimes we don't say certain things!': Gendered social norms & values

- ❑ **Pressure** for women to get **marriage** - 'Your eggs will die'; 'I need to see your child before I die'
- ❑ **Prejudice** for women who **prioritize career over marriage**
- ❑ Social expectation to **follow a spouse** as they develop their careers

"Are you normal? ... You are **not thinking about marriage?** You look **stupid** or have **lost your way in life**" (F02, PhD, 30-34 Yrs old)

Institutional level drivers of gender inequities

Inequitable access to support systems within institutions

- ❑ Insufficient **mentorship** & dearth of **female role models**
- ❑ Lack of institutional **support** for women researchers with **nursing needs** – absence of lactation rooms
- ❑ Dissatisfaction with mode of provision **for flexi work arrangement**

*“But I **don’t see any successful** powerful and huge **women** in their fields like **science directors** that are **still in their marriage...**”
(F11, PhD, 25-29 years old, married with a child)*

Everyday experiences of negative practices and culture at workplace

- ❑ **Gender stereotyping** – Women’s meetings at workplace as ‘gossipers’
- ❑ **Gender biases** at workplace – i.e. ‘Don’t get pregnant within project cycle period’
- ❑ **Sexual harassment, bullying and intimidation** – Policies exists but it’s hard to report

‘It’s a very scary career’: Funding structure & progression opportunities

- ❑ Highly **competitive and insecure working environment** - shaped by **macro-level structural ‘power’ relations** (racism, political economy, ageism, nepotism, positional hierarchy)
- ❑ **Short-term employment contracts** > sense of **job insecurity** > **financial instability** > unappealing career path

*“The **biggest issue** for me being **a family man** is the **uncertainty** ...you are **totally dependent on grants** ... there is always the **pressure to default to the usual private practice box**”
(M26, PDF)*

Navigating research careers: individual and institutional efforts



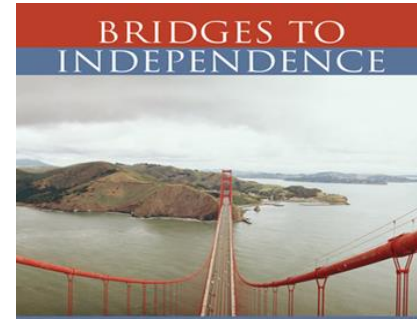
Exercising individual agency – defying gender norms on early marriage & childbearing (**some women**)



Mentorship schemes - Career (**All**) & psycho-social mentoring (**some**)



>Regular **work-life discussion** panels - time management & peer-to peer support (**some**);
>**Flexi-work arrangements** - 'Pro-family DELTAS research leaders' (**All**)



Bridge funds by **some** research institutions – **salary support** for struggling researchers

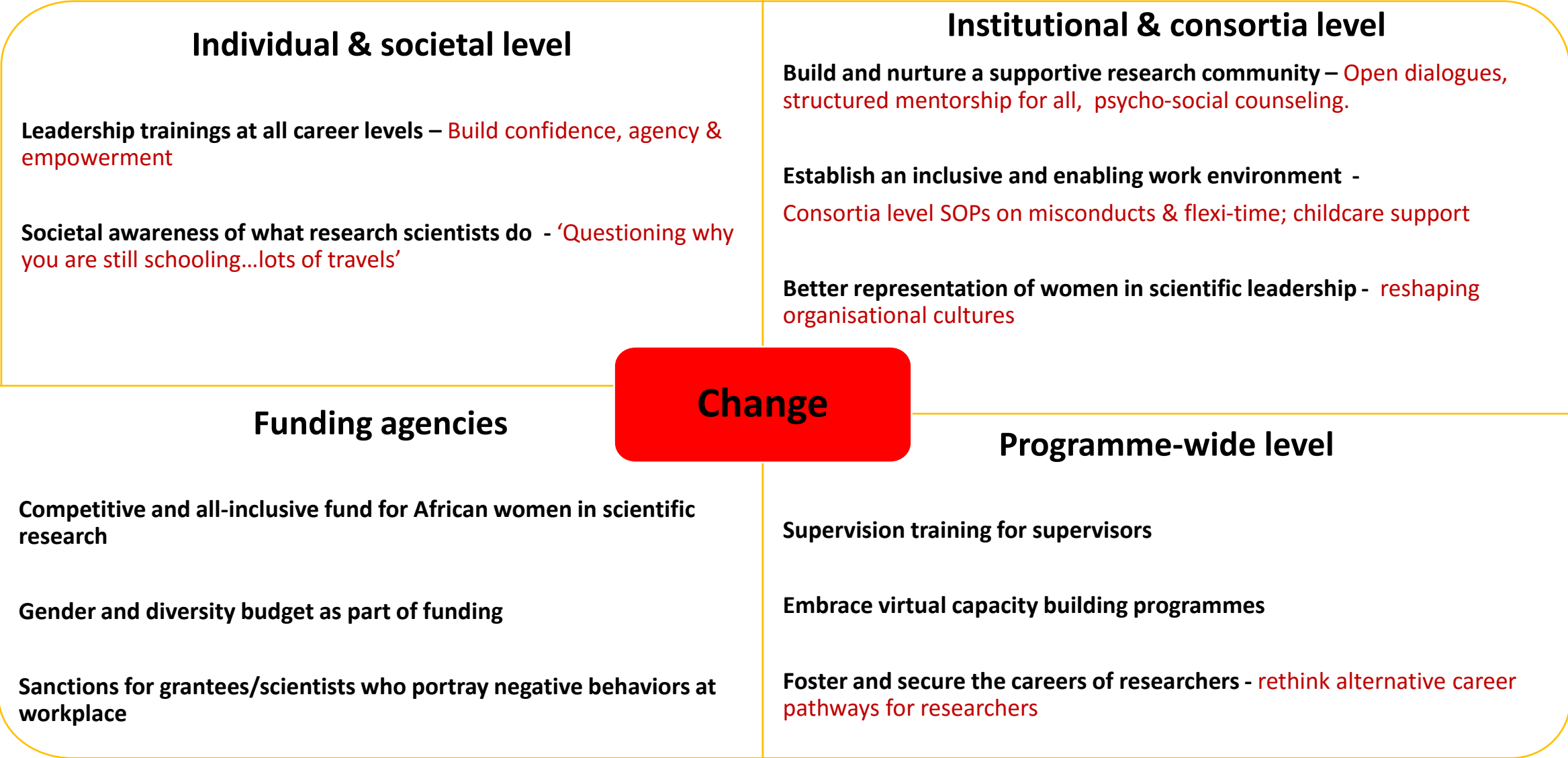


Provision of **childcare support** while on **travel** (**some**)



Institutional support for **networking and collaborations** – provision of travel grants (**All**)

Participants' desired actions for change



Change

Acknowledgement

Supervisors:

Dr. Rachel Tolhurst (LSTM,UK)

Prof. Isaac K. Nyamongo (CUK, Kenya)

Advisors:

Prof. Imelda Bates (LSTM,UK)

Dr. Justin Pulford (LSTM, UK)

All study participants

Support:

LSTM Gender & Health Team

LSTM CCR Team

DELTA LRP Team

DELTA Africa Consortia

AAS/AESA Team





Please type any questions for Millicent in the chat box. We will answer them in the panel discussion later on.



Researcher Training

Justin Pulford

Liverpool School of Tropical Medicine



The 'Theme Team'

- Only LRP theme not framed within a PhD project
- Originally led by Dr Pierre Abomo
- Followed by Dr Abiola Aiyenigba



Research Focus

1. Developed a **registry of postgraduate training programmes in Medical and Health Sciences** provided by Higher Education Institutions in sub-Saharan Africa;

Manuscript Title: A Mapping of Health Professional and Post-Graduate Health Programs in the WHO African Region (*BMJ Global Health, under submission*)

2. Conducted an **online survey of sub-Saharan African researchers' professional development opportunities, needs and barriers;**

Manuscript Title: Researchers' professional development needs, opportunities and barriers in sub-Saharan Africa: Findings from an online survey (*in development*)

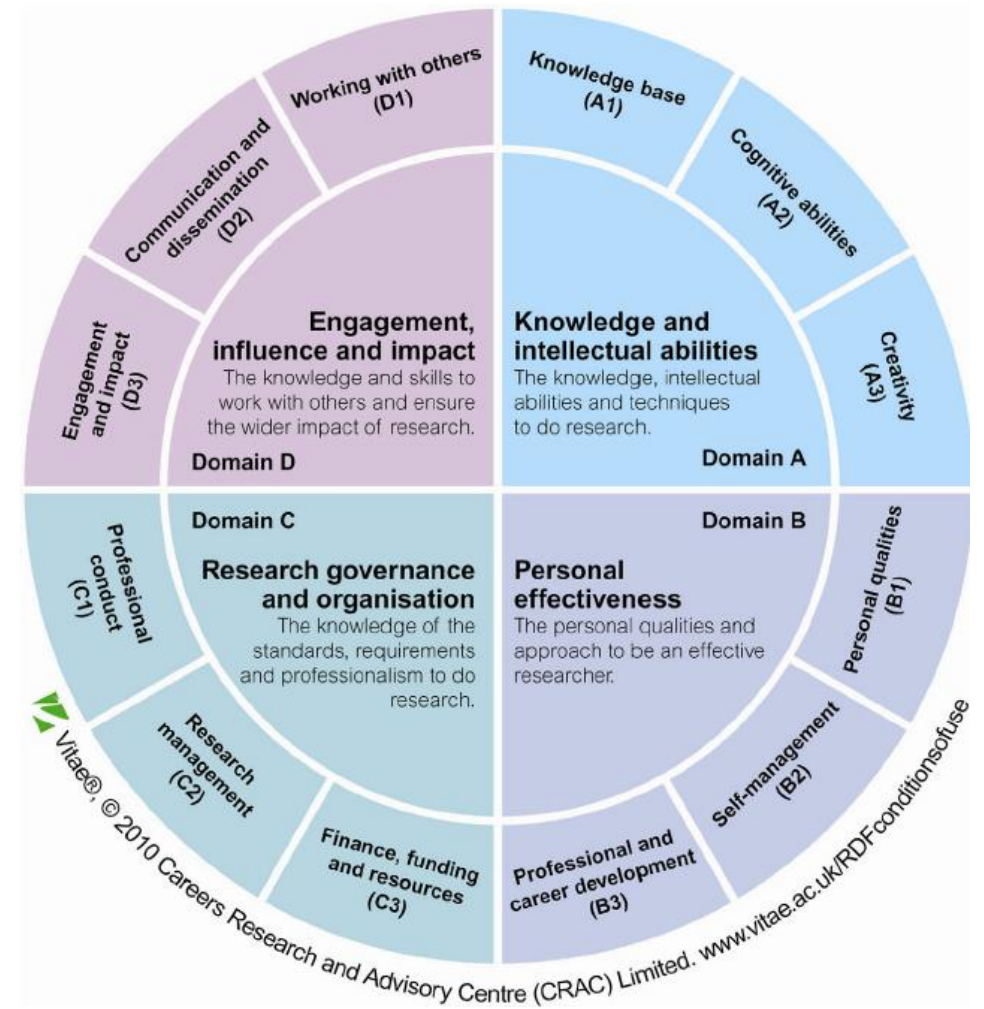
3. Conducted a **qualitative case study exploring individual and institutional benefits of research capacity strengthening consortia membership.**

Manuscript Title: Research capacity strengthening (RCS) within a consortia context: Individual and institutional experiences of consortia membership and RCS enabling factors (*in development*)

Online Survey: Selected Findings

Online survey of sub-Saharan African researchers' professional development opportunities, needs and barriers

- **520** participants representing **29** sub-Saharan Africa countries and **117** sub-Saharan Africa universities or research institutions. **47%** (244/520) of this sample belonged to the DELTAS Africa network.
- **76%** (399/520) of respondents reported attending at least one training event in the 12 months prior to survey. Collectively, these 399 individuals reported attending a total of **716** training events over this period (**mean 1.8, SD 1.0**).



Four Core Domains of the Vitae Researcher Development Framework

Training Priorities

Training Topic^a	Training attended in past 12 months (N=716) ^b n (%)	Priority training in next 12 months (N=456) ^c n (%)
Knowledge and intellectual abilities	427 (60)	300 (66)
Engagement, influence and impact	135 (19)	84 (18)
Research governance and organisation	96 (13)	58 (13)
Personal effectiveness	13 (2)	7 (2)
Not stated	45 (6)	7 (2)

a. N refers to the total number of trainings reportedly attended by survey participants;

b. N refers to the total number of survey participants reporting a training priority;

c. Participant data pertaining to the subject/topic of either training attended in the past 12 months or priority training in the next 12 months were coded into one of four subject domains prior to analysis. The four domains were drawn from the Vitae researcher development framework:

<https://www.vitae.ac.uk/vitae-publications/rdf-related>

Training Barriers

Barrier	Reported in past 12 months ^a		Perceived in next 12 months ^b	
	(N=120)		(N=456)	
	n (%)	Rank	n (%)	Rank
Lack of financial support to attend training	70 (58)	1	315 (69)	1
Lack of suitable training opportunities	47 (39)	2	173 (38)	2=
Lack of time to attend training	34 (28)	3	59 (13)	4
Lack of information about training opportunities available	29 (24)	4	173 (38)	2=
Lack of encouragement to attend training	7 (6)	5	17 (4)	6
Lack of qualifications required to take part in the training	6 (5)	6=	13 (3)	7
Lack of technical facilities to access training opportunities	6 (5)	6=	49 (11)	5
Other	6 (5)	6=	3 (<1)	8
No barriers	-	-	33 (7)	-

a. As reported by respondents who attended no training in the 12 months prior to survey;

b. As reported by respondents who reported that a priority training need in the next 12 months.

Qualitative Case Study: Selected Findings

Individual and institutional benefits of research capacity strengthening consortia membership

69 interview participants purposively sampled from 8 Universities or Research institutions belonging to 3 purposively sampled DELTAS Consortia

Case consortia were purposively selected to reflect a balance in geographical location across sub-Saharan Africa (SSA), language and institutional membership structures

Participant characteristics (N=69)		n (%)
Consortia membership	A	27 (39)
	B	16 (23)
	C	26 (38)
Gender	Male	33 (48)
	Female	36 (52)
Position at consortium	MSc trainees	4 (6)
	PhD trainees	22 (32)
	Post-doctoral fellows	5 (7)
	Academic faculty staff	13 (19)
	Research adm. & support staff	25 (36)
Geographical location of host institution	West Africa	31 (45)
	East Africa	34 (49)
	Central Africa	4 (6)
Primary language	English	38 (55)
	French	31 (45)

Benefits/Challenges of Consortia Membership

BENEFITS: INDIVIDUAL

- Access to specialist training - hard and soft skill development
- Access to funding to undertake and lead own research projects
- Access to consortia resources (across partner institutions) including specialised equipment
- Access to consortia networks
- Access/exposure to senior academic expertise within consortia
- Access/exposure to key research end-users, including Government officials
- Career supportive policies and practices accessed via consortia (e.g. provision of childcare support)
- Enhanced supervision through access to a stronger supervisory 'pool' and through more robust supervisory practices
- Greater opportunities for broader research participation (e.g. contributing to consortia research initiatives in addition to primary research)
- Greater opportunities for research grants, research publications and conference/meeting attendance.
- Greater opportunities for supervisory/teaching/leadership roles
- Reputational enhancement through training received, association with consortia and through exposure to new networks/influential stakeholders

CHALLENGES: INDIVIDUAL

- Delays in consortia funding disbursement
- Excessive multilevel reporting obligations
- Navigating complex bureaucracy in home institute, exacerbated by consortia requirements
- Poor understanding of roles/ responsibilities of consortia versus home institutional staff
- Poor work-life balance due to consortia demands
- Language barrier between Anglophone and Francophone consortia members
- Changes in consortia leadership/focal person can impede 'usual' procedures in home institute
- Supervision – for some – can remain problematic, especially when supervisors provided by the home institution do not belong to the consortia (or do not meaningfully benefit from consortia membership)

Enablers of RCS within a Consortia Context

Funding

- *“... in my own field from lab techniques there is a big gap between us and [non-DELTAS] fellows at the university. Here [within the consortium] we have the opportunity to collect data easily, on time. We have the opportunity and the material to conduct our research in a lab at any moment, but at the university this is not the case. Some of our colleagues there can spend three to four years without nothing. They just register every year, but there is no fund and material in the lab to work.”*

PhD Fellow, Consortia C

Leadership

- *“I really liked the presence of [name of consortium director]. I understand that he is close to young people. He doesn't only give the subject, he is there. I really felt that. The fact that he came really touched me. I tell myself that [consortium name] is a bit like senior, adult and youth. I liked that, this link between him and the beneficiaries.”*

PhD Fellow, Consortia B

Interaction

- *“That's why I'm talking about exchanges. As Montaigne said: "You must rub your brain against that of others." It's always good to know what others are doing, to see improvement, to have a better perception of what you're doing and what you need to do.”*

Support Staff, Consortia B

Interface

- *“So there's a lot of lobbying that has to take place [between the consortia secretariat and member institutions], a lot of negotiations, a lot of diplomacy in your communication. You don't just say, I want this report at this time. No. You might not get it.”*

Support Staff, Consortia A

Recommendations

- **In terms of training provision (for researcher development), the survey results indicate:**
 - Match between training recently attended and future training priorities
 - More of the same? Or a shift in training focus needed?
 - Lack of funding the primary barrier to training attendance
 - Investing in quality 'local' training provision and online training resources may be warranted
 - Training provider preference and format findings (not shown) suggest this may be a hard sell
 - Lack of suitable training opportunities and lack of information about training opportunities next most common barriers to attendance
 - Potential of networking and communication (but note participants already belonged to high profile networks)

Recommendations continued...

- **In terms of providing training within a consortia context, the case study results indicate:**
 - Access to formal training is just one of many benefits of consortia membership
 - Significant learning opportunities through role-modelling, experience and exposure within the course of routine consortia activities
 - Formal training and learning opportunities can be enhanced by maximising opportunities for researcher interactions of multiple kinds
 - The 'smoother' the interface between a consortium and the member institutions, the greater the potential for knowledge uptake and transfer

Acknowledgements



LSTM Team

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Dr Abiola Aiyenigba

Prof. Imelda Bates

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Susie Crossman

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Collaborators

Prof. Tom Kariuki, AAS

Dr Alphonsus Neba, AAS

Prof. Arnaud Fontanet, Institut Pasteur

Dr. Hans Hagen, Institut Pasteur

Jennifer Fatni, Institut Pasteur

Study Participants

Online Survey

3 x DELTAS Consortia



Please type any questions for Justin
in the chat box. We will answer
them in the panel discussion later
on.



Knowledge Translation

Violet Murunga

Liverpool School of Tropical Medicine



DELTA Africa

Individual, institutional and macro level supply side factors that shape African researchers' knowledge translation capacity and practice: A case study

Learning Research Programme

Violet Ibukayo Murunga



AESA AN INITIATIVE OF
AAS & NEPAD AGENCY



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Why knowledge translation matters, barriers & gaps

- Knowledge translation (KT) synthesis, exchange & application of knowledge by relevant stakeholders to accelerate the benefits of global & local innovation in strengthening health systems & improving people's health
- Other benefits of KT
 - Efficient use of limited resources
 - Accountability
- Know-do gap
- Efforts to address gap
 - Researchers' communication skills & accessibility of research
 - Interaction between researchers & target audiences
 - Policy makers individual & institutional KT capacity
- Research gap
 - Limited guidance on supply-side factors (researchers & their institutions) & how to improve KT from that perspective

Research objectives

- **Aim:** Generate evidence that would inform KT capacity development efforts targeting African researchers & their institutions in African & LMIC settings
- **Specific objectives:**
 1. Explore KT capacity and practice of African researchers belonging to the DELTAS Africa programme
 2. Identify sources of support DELTAS researchers have drawn on within & outside of the DELTAS Africa programme & supportive policies & structures in their home institutions
 3. Recommendations for improving African researchers' KT capacity & practice at the individual, institutional & macro levels

Study design & methods

Qualitative case study

Literature review

- LMIC researchers' KT capacity, practice & support (KT capacity development interventions targeting researchers) & Rapid review of KT frameworks, models & theories

Semi structured interviews

- Researchers' KT capacity, practice experience and support including institutional policies, processes & structures, funding from research institutions, national science, technology & innovation agencies & DELTAS Africa (consortium & programme levels)

Document review

- Policies, processes, structures & funding from research institutions, national science, technology & innovation agencies & DELTAS Africa (consortium & programme levels)

Analysis

- Thematic framework analysis based on conceptual framework (individual, institutional & macro level factors) & triangulation with document review

Exposure of researchers to KT concepts/practice may not be nuanced for diverse group of researchers e.g. by researcher discipline

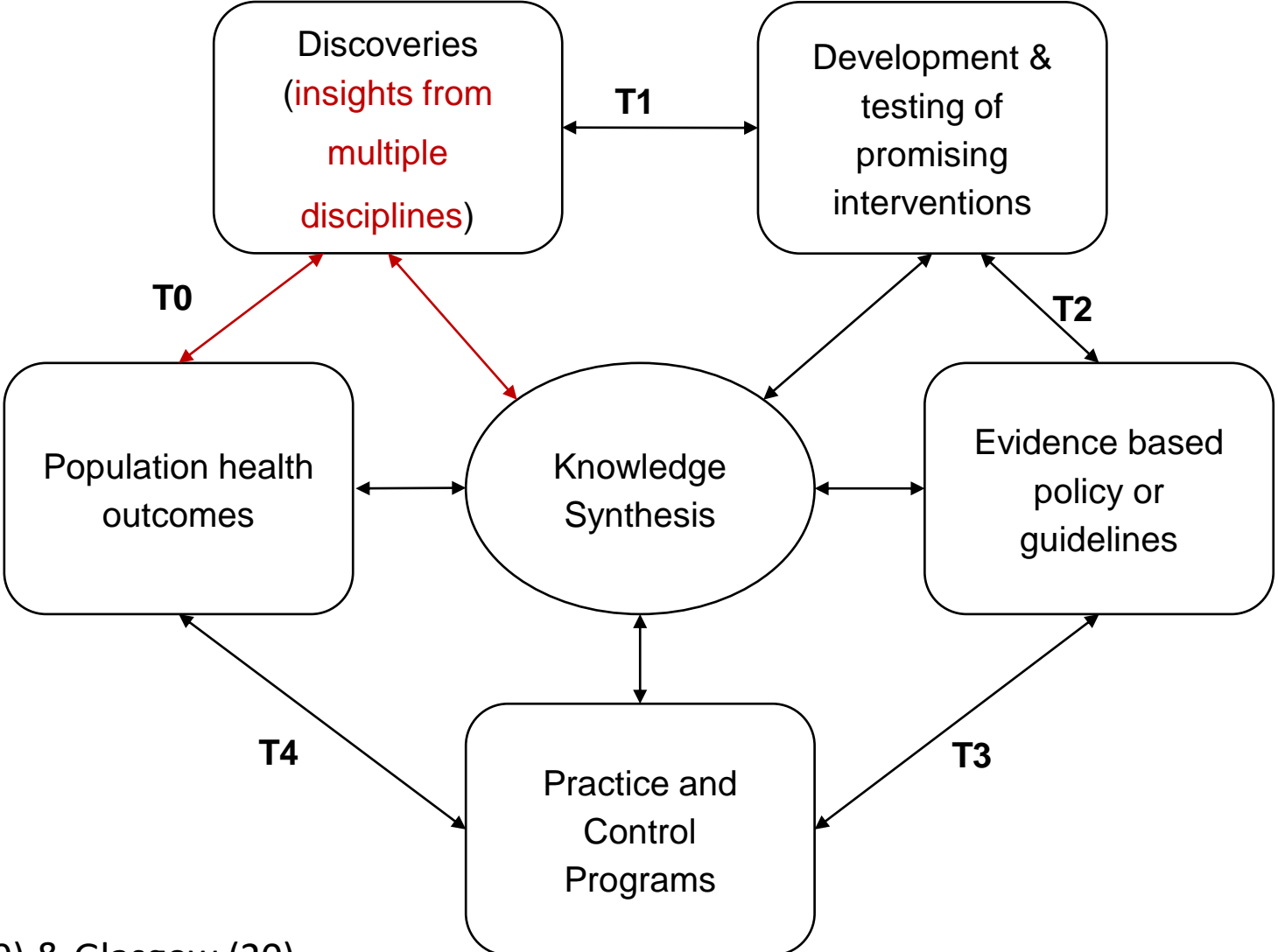
“basic research, is far of, it is **quite a distance to the public health problem** that you want to address but **those who are addressing the public health have to use our basic research** “ (Basic, early career researcher, P09)

“If I go on air now to talk about my research like a radio station or a TV station ... the general **public would find it as the most boring thing ever**” (Basic, mid career researcher, P08)

“**WHO works ... mostly with epidemiologists, ... public health ... don't work with basic research** ... They want it at the **end of the line** ... something that they can implement” (Basic, early career researcher, P05)

“I was talking to someone who is a lab person and he said to me but **how can I do public engagement when I am in the lab all the time**” (Applied, senior researcher, P21)

Translational research cycle



Adapted from Khoury (19) & Glasgow (20)

Institutional KT policies & assessment metrics broadly, vaguely or narrowly defined

“it's not as cut and dry ...it's difficult to measure. **If you are doing basic research ...you would be engaging ...the public and other stakeholders much less.** But it doesn't make your research much less important. So **it's quite a grey area**” (Senior basic research, P02)

"social science [may give themselves a score of] three [while a] basic scientist may put it at a one"
(Senior, applied researcher, P22)

“you can't assess my ... public engagement skills when am doing my molecular biology
... the same case you cannot assess the molecular skills of a public health ... it is tailored depending on the department you are working in” (early career, basic research, P09)

Funders' support for KT broadly, vaguely, narrowly defined or not explicit

- Funders shape researchers' KT capacity & practice by the extent that they **mandate, conceptualise, evaluate & allocate reasonable budgets** for it
- Researchers **mainly source for funding from donors**
- DELTAS Africa **noted as unique research grant scheme** because it mandates KT
 - Little guidance to applicants during proposal development
 - Community & public engagement emphasised

Recommendations

Researchers

- All researchers should be exposed to KT capacity development that is nuanced by different types of researchers e.g. researchers discipline
- Researchers who are KT champions - contribute to generating evidence on what KT approaches are relevant & work for different types of researchers

Research institutions

- Develop KT policies/ guidelines that are also nuanced by different types of researchers
- Integrate or improve assessment of KT in processes e.g. tenure & promotion processes, post graduate degree curricula, research ethics & M&E

Recommendations

Funders

- Support a comprehensive range of KT activities i.e. relevant for different types of researchers
- Provide guidance to grantees on KT expectations to help those with little KT awareness/ practice experience

KT practitioners

- Lead efforts to generate KT practice & capacity development guidance for researchers that is nuanced by different types of researchers

Acknowledgement

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Dr. Justin Pulford
Prof. Imelda Bates
Dr. Rose Oronje

Research

participants:

DELTAS Africa
Consortia
AAS/AESA Staff

Support:

AFIDEP
CCR/LSTM
LRP team





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in the chat box. We will answer
them in the panel discussion later
on.



Consortia Management

Nadia Tagoe

KEMRI Wellcome Trust

Strengthening health research capacity through consortia: the place and role of management

Nadia Tagoe

DELTA PhD Fellow



DELTA Africa



DELTA
Learning Research
Programme



KEMRI | Wellcome Trust

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AAS & NEPAD AGENCY



Study Aim

To critically examine how the management processes and practices of health research capacity strengthening (HRCS) consortia influence capacity outcomes

Why is this important?

- **Huge investments in HRCS consortia**
303 HRCS initiatives (2004-2009) - UKCDR 2015 mapping
- **Are these HRCS investments producing the optimum capacity results?**
- **Evidence on the contribution of different components needed for targeted investment**

Research questions



What consortium management processes are adopted and what factors influence them?



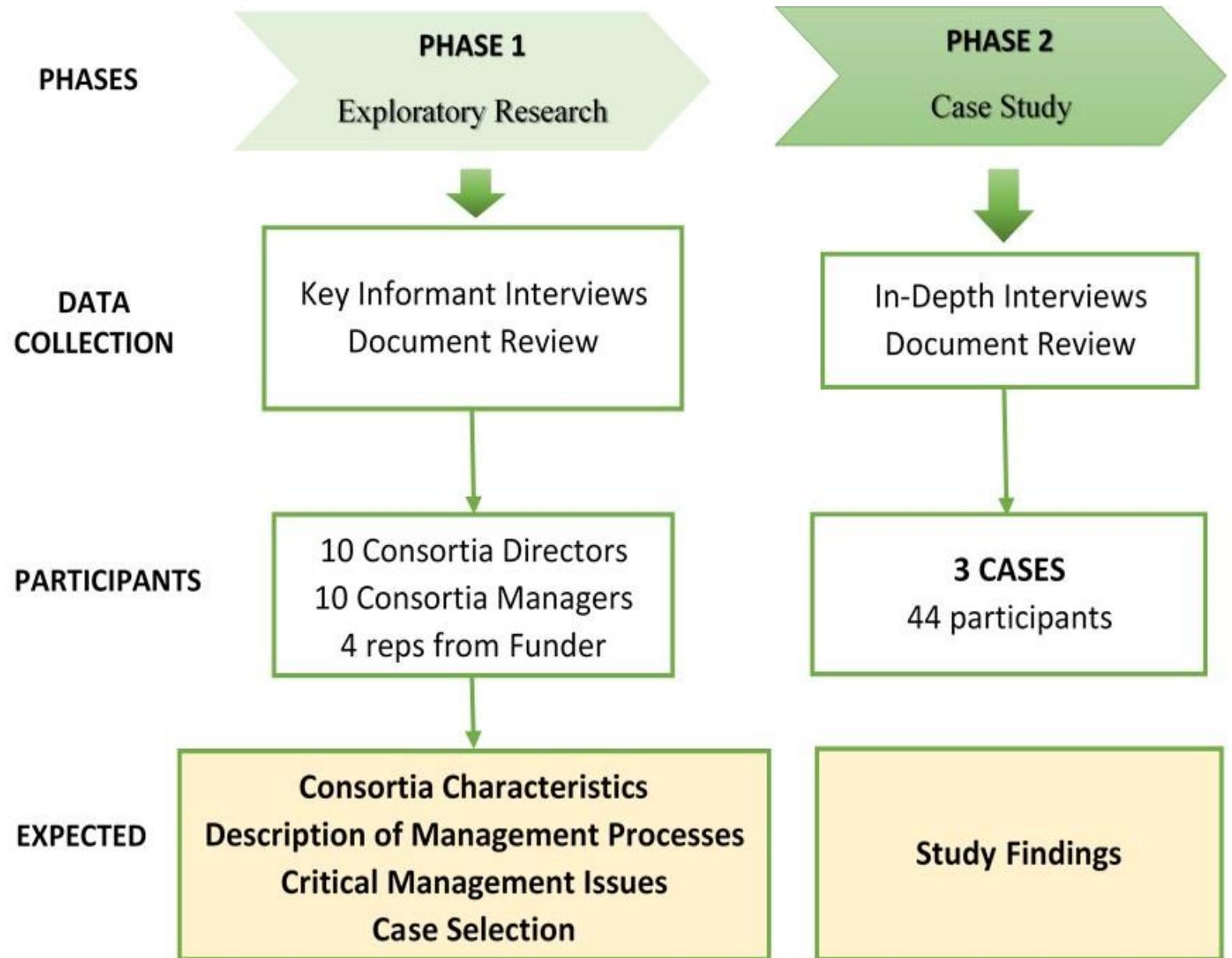
To what extent do management processes and practices align with capacity development principles?



How does consortium management feature in research capacity strengthening goals and mechanisms?

Methodology

Qualitative approach



Study Findings

Consortium management processes and influences

Similarities

Management structures and processes

- Selecting partners
- Determining goals and activities
- Assigning roles and responsibilities
- Instituting governance structures and processes
- Allocating resources
- Managing partners
- Coordinating and monitoring

Differences

Strategies adopted in executing each management process

Influenced by:

- Motivation for establishing the consortia
- Funder expectations
- Perception of research capacity
- Previous experiences
- Maintaining existing networks
- Diversifying geographical/language reach

Reality and management of tensions

Decision-making is complex as leaders need to navigate tensions between compelling strategy options such as:

- Efficiency or effectiveness
 - Partners for performance or with bigger capacity needs
 - Capacity component focused on e.g. individual or institutional
 - Centralised or decentralised partner management
- Excellence or equity
 - Merit-based or quota-based resource allocation

Consortia strategies either balance or trade off options



Key drivers of tensions and consortia decision-making

- Perceptions of research capacity and its strengthening
 - Evaluation indicators
 - Funder expectations
 - Research-oriented thinking
- Programme performance





Consortium management strategies are not always fit for purpose

- Capacity development principles
 - Research capacity relies on interaction between multiple **levels** and **dimensions** (e.g. ownership, leadership, strategy, systems, culture, skills, infrastructure)
 - RCS is emergent, systemic, long-term, inside-out process that relies on self-organizing; often considered as linear input-to-output process
- Some strategies undermine relevant and sustainable RCS such as those focusing on:
 - Technical over strategic capacities
 - Short-term over long-term outputs
 - Quantifiable/tangible over unquantifiable/intangible
 - Serving consortium needs over institutional needs (e.g. parallel management systems)

Role of consortium management in RCS

- Consortium management processes are a key part of individual and institutional RCS
 - Strategic and managerial dimensions which provide grounding for relevant use of technical skills and infrastructure
- Capacity changes occurred through:
 - Hands-on consortium management experience
 - Higher levels of responsibilities (self-management)
 - Partner interaction
 - Contextualising learning into local context



Recommendations

Recommendations

1

Base programme requirements and management decisions on a **holistic perception of research capacity** to maximize capacity strengthening

2

Recognise the reality and capacity implications of **tensions and trade-offs** in consortium management

3

Embrace **risks** associated with RCS and its management and back commitments with **clear guidelines**

Recommendations

4

Apply **RCS-specific** definition of **performance** and range of **evaluation outcomes and indicators** to promote prioritization of capacity strengthening principles

5

Recognise that **consortium management** is a capacity strengthening **mechanism in its own right**, and needs to be deliberately planned for **resourced**, and tracked

6

Appreciate that there is a **science to capacity strengthening** which should inform programme design and implementation

Conclusion

To achieve **more relevant and sustainable capacity outcomes** and to optimize returns on HRCS investments, consortium management processes and practices need to **prioritise holistic capacity strengthening** aims

Acknowledgement

Supervisors:

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Research Participants:

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LRP



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Please type any questions for Nadia in the chat box. We will answer them in the panel discussion later on.

- Break -

Meeting will resume in 15 minutes

Liani, Millicent, Nyamongo, Isaac K and Tolhurst, Rachel (2020) '[Towards an integrated conceptual framework for understanding intersecting gender inequities in academic scientific research career progression in higher education institutions in sub-Saharan Africa](#)'. *International Journal of Gender Science and Technology*, Vol 12, Issue (2), pp. 262-288.

Murunga, Violet, Oronje, Rose Ndakala, Bates, Imelda, Tagoe, Nadia and Pulford, Justin (2020) '[Review of published evidence on knowledge translation capacity, practice and support among researchers and research institutions in low- and middle- income countries](#)'. *Health Research Policy and Systems*, Vol 18, e16.

Tagoe, Nadia, Molyneux, Sassy, Pulford, Justin, Murunga, Violet and Kinyanjui, Sam (2019) '[Managing health research capacity strengthening consortia: A systematized review of the published literature](#)'. *BMJ Global Health*, Vol 4, e001318.

Panel Discussion

“Key lessons for funding, implementing and evaluating research capacity strengthening consortia”

Moderators

Imelda Bates/Justin Pulford

Panellists

Justin Pulford

Millicent Liani

Violet Murunga

Nadia Tagoe

Please use the chat function to pose questions to the panel

Breakout Rooms

How to join a breakout room:

1. Click the **Breakout Rooms** option in your meeting controls.



This will display the list of open breakout rooms created by the host.

2. Click **Join** next to the Breakout Room you wish to participant in, then confirm by clicking **Join** again.

If you have trouble accessing a breakout room, please type which room you would like to join in the 'chat' and the moderator will give you access.

To move to a different breakout room, click Leave Room to return to the main session. Then join another room using the instructions above.

Breakout Rooms for Q&A

Room 1: Equitable Career Pathways

Millicent Liani - Millicent.liani@lstmed.ac.uk

Room 2: Researcher Training

Justin Pulford - Justin.pulford@lstmed.ac.uk

Room 3: Knowledge Translation

Violet Murunga - violet.murunga@afidep.org

Room 4: Consortia Management

Nadia Tagoe - NTagoe@kemri-wellcome.org



Thank you for joining us

Please keep in touch:

Web: www.lstmed.ac.uk/ccr

Email: ccr@lstmed.ac.uk

Twitter: [@lstm_ccr](https://twitter.com/lstm_ccr)