



Capacities in public, population and health system research in Burkina Faso

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Introduction

In most African countries, conditions for research have been severely compromised by the generally poor remuneration, heavy teaching loads, inability to mentor young faculty, and inadequate infrastructure. Investment in science in developing countries over the last 50 years has been successful in beginning to establish national scientific communities with internationally recognized scientific leaders. However little is known about the distribution and stakeholders' perceptions of research capacity in public health in Africa and particularly in Burkina Faso.

The objectives of the study were:
 mapping recent (2000-2010) and current research activities, outputs, and agendas in the field of public, population and health systems (including HIV);
 mapping research capacity strengthening initiatives since 2000;
 exploring stakeholder perceptions of the state of research and opportunities for research capacity strengthening.

Methodology

The methodological approach adopted for this study included a desk review, administration of an institutional questionnaire, and interview with key informants. In each institution, a review of existing documentation on the institution and annual report was conducted.

12 questionnaires were fully or partly filled. A supplementary web-based review was conducted to gather information on institution from which enough information was available in the questionnaire. 12 interviews were conducted. The respondents were managers and senior researchers in public and private research institutions.

Results

In Burkina Faso, two ministries (Ministry of Secondary and Higher Education and Scientific Research, and Ministry of Health) have research responsibilities. Since 2011, a new third ministry was dedicated to research.

Most of research centres in Burkina Faso are the result of bilateral cooperation (CRSN, CNRFP, Centre Muraz, CERBA, and ISSP). Others have been established on the initiative of the Government (IRSS, University). The many private consulting firms are individual initiatives.

The small number of researchers is due to the mutually reinforcing "vicious cycle" of lack of interest in research in general and the lack of funding that undermines the motivation of research staff. The research staff working in the private sector are in fact those theoretically available to the public research sector. The research community is ageing. There are very few senior researchers and even fewer young researchers. Poor of accessibility to research

structures, lack of scientific supervision and attractive career are obstacles to the integration of young into the research community. In terms of distribution between men and women, stakeholder opinions also differ but in general, women are seen as underrepresented in research.

Consultancy was differentiated from “research” by all respondents. Consultancies seek to cater to the need of evaluation of a commissioning entity within a shorter period than research. Respondents commented that evaluations in the form of consultancy are mistaken for research, suggesting that rigour, thoroughness, and analytic depth are compromised.

Some of the current capacity strengthening initiatives are involved in institutional (establishment of training curricula) or individual capacity building (training awards for masters or PhDs). These initiatives are usually focused on training during the implementation of a research program. Institutions’ internal strategies to strengthen their human resources, equipment or infrastructure aim at taking advantage of research opportunities that enable this type of activity, making a consistent and strategic development process difficult.

Priorities in terms of capacity building are at the level of human resources, equipment and infrastructure. Strategies for strengthening the capacity of research centres range from

the integration of capacity building activities to South-South cooperation through the establishment of training institutions and the involvement of the Government.

In the context of competition among researchers and institutions, interviewees were reluctant to provide financial data and donors’ name. However, available evidence indicates that 90% of research centres’ financial partners are external donors. The State budget is used for the remuneration of some staff members and the functioning of centres. HIV funding has not more affected funding for research in other diseases as in consultancy.

Conclusion

Despite several capacity strengthening initiatives, research centers in Burkina Faso still face to challenges in human resources, equipment and infrastructure. Stakeholders express a need for significant capacity strengthening and adequate training for young researchers is important. However, without significantly increased national and international investment in public institutions which can support ongoing research, training, and career paths, Burkina’s research will continue to be fragmented, subject to donor trends, and focused on short-term, and often superficial, consultancies.

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