



MicroResearch: Finding sustainable local health solutions in East Africa through small local research studies

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Abstract *Background:* Sub-Saharan African countries have urged grassroots input to improve research capacity. In East Africa, MicroResearch is fostering local ability to find sustainable solutions for community health problems. At 5 years, the following reports its progress.

Methods: The MicroResearch program had three integrated components: (1) 2-week training workshops; (2) small proposal development with international peer review followed by project funding, implementation, knowledge translation; (3) coaching from experienced researchers. Evaluation included standardized questions after completion of the workshops, 2013 online survey of recent workshop participants and discussions at two East Africa MicroResearch Forums in 2013.

Results: Between 2008 and 2013, 15 workshops were conducted at 5 East Africa sites with 391 participants. Of the 29 projects funded by MicroResearch, 7 have been completed; of which 6 led to changes in local health policy/practice. MicroResearch training stimulated 13 other funded research projects; of which 8 were external to MicroResearch. Over 90% of participants rated the workshops as excellent with 20% spontaneously noting that MicroResearch changed how they worked. The survey

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highlighted three local research needs: mentors, skills and funding – each addressed by MicroResearch. On-line MicroResearch and alumni networks, two knowledge translation partnerships and an East Africa Leaders Consortium arose from the MicroResearch Forums.

Conclusion: MicroResearch helped build local capacity for community-directed interdisciplinary health research.

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1. Background

In 2013, the United Nations proposed the *Action Agenda for Sustainable Development Goals (Action Agenda)* [1] as a means of building on the achievements of the *Millennium Development Goals (MDG)*, including those in health [2]. In limited resource countries, developing local capacity to improve on health gains as proposed in the *Action Agenda* will continue to be a major challenge since these countries bear 25% of the global disease burden but have less than 1% of its healthcare professionals [3]. Local research could help by finding local solutions for community health problems. However, capacity and resources for research within these countries are often limited. The 2008 Bamako “Call to Action” from the *Global Ministerial Forum on Research for Health* highlighted three critical objectives to enhance the capacity of the world’s poorer nations to improve health for their citizens through research: (1) achieve greater equity in research; (2) make knowledge translation linking evidence to policy-making a priority; (3) create stronger institutions for research [4]. The research gap for limited resource countries remains a major problem as they receive only 2% of global research funding. In addition, much of the research undertaken in these countries is driven by the needs of industrialized countries for access to patient populations and data collection at modest cost [5]. This research model fails to expand local research capacity and to find the evidence needed to drive local policy.

Both the MDG and the *Action Agenda* encourage national and/or regional strategies and collaborations to address complex health problems. However, local health problems need sustainable, culturally appropriate community solutions to improve local health outcomes if the objectives of the *Action Agenda* are to be achieved.

MicroResearch (<http://microresearch.ca/>) is an innovative program developed in 2008 in East Africa aimed at enhancing the capacity of local healthcare professionals to find local solutions for community health problems that can then influence health programs and/or government

policy [6]. MicroResearch has borrowed the principles of microfinance (train, coach and provide capital) while trying to avoid microfinance program problems, such as the negative impact of repayment of high interest loans and the focus on the poorest of the poor rather than on poor local entrepreneurs [7]. In place of small loans, MicroResearch provides small non-repayable research grants to teams of healthcare professionals keen to address community health problems through the development of their own scientifically credible research proposals. The MicroResearch program has three integrated components: (1) 2-week long training workshops; (2) small grant proposal development with international peer review followed by project funding, implementation and knowledge translation; (3) coaching throughout the entire process from experienced researchers (Fig. 1). As MicroResearch in East Africa is now five years old, the following study reports on its early outcomes and lessons were learned.

2. Methods

Initially in 2008, then annually since 2010, 2-week long training workshops were carried out at each participating MicroResearch site in East Africa. Based upon initial local advice, these 10-day workshops were limited to half days to allow participating healthcare professionals to attend to clinical

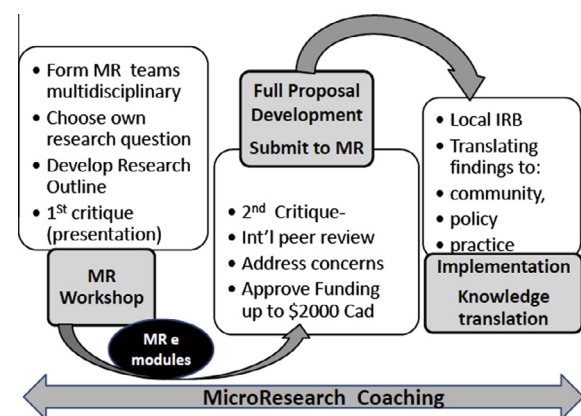


Fig. 1 MicroResearch program overview.

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