TOWARDS THE COMMON UNDERSTANDING OF THE KEY CONCEPTS

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Introduction

Capacity and capacity strengthening are complex issues and the terminology around this can be used an interpreted differently. The EAGHA sub-committee on capacity needs to have clear and shared understanding of the key concepts to be able to consistently apply the shared concepts in its future work.

The purpose of this document is to introduce the literature-based terminology around the issue of capacity and capacity strengthening and to inform subsequent discussions, and developing the shared understanding, of these concepts in the sub-Committee.

This document does not cover the concept of North-South collaboration/partnership in detail as this is a different topic on its own. It is recommended, however, that similar work is also done in relation to understanding the concept of partnership/collaboration including strengths and weaknesses of different partnership/collaboration strategies.

Understanding the concept of capacity

The United Nations Development Programme defined capacity as: *'…the ability of individuals, institutions and societies to perform functions, solve problems, and set and achieve objectives in a sustainable manner'* (UNDP, 2006 p.3). A simpler, though similar, definition of capacity to that of the UNDP is suggested by the Development Assistance Committee as: *"…the ability of people, organisations and society as a whole to manage their affairs successfully"* (Development Assistance Committee, 2006 p.12). Perhaps the simplest definition was proposed by Goodman et al, who defined capacity as "*the ability to carry out stated objectives*" (Goodman et al., 1998).

The concept of capacity is described as a process as well as an outcome; it has a dynamic nature and is clearly multidimensional (LaFond et al., 2002). The starting point for defining capacity is its synonym *ability to…*[perform, produce, hold, generate, learn, interact or to carry out stated objectives] (Goodman et al., 1998; LaFond et al., 2002) as well as *willingness* to apply this ability to certain tasks which can be facilitated or constrained by the different factors including those related to the wider contextual environment.

Three conceptual considerations are important in developing a shared understanding of the concept of capacity within the sub-committee:
   a) clear *focus* on *whose* capacity is addressed and in relation to what tasks,
   b) what *levels* of capacity are distinguished and
   c) what *elements* of capacity are distinguished

In terms of the <u>focus</u>, there is a need to identify specific institutions as well as specific areas in which capacity is applied. For example, one can explore the capacity of academic institutions to ensure evidence-informed policies or the capacity of the national Ministry of Health to conduct health policy processes (Briatte, 2010; Green and Bennett, 2007; Mätzke, 2010).

One specific example of identification of specific focus of application of capacity is proposed by Green and Bennett, who distinguished four areas in relation to strengthening capacity to use evidence in health policy-making (see Table 1).

Table 1: Summary of strategies to enhance capacity to use evidence in policy-making
Source: (Green and Bennett, 2007 pp.118-119)

AREA OF INTERVENTION	TYPES OF INTERVENTIONS
Enhance supply of policy-relevant research products	
Ensure relevance of HPSR research	Promote joint priority-setting exercises
Increase production and accessibility of evidence-based briefs	Support development of policy briefs
	Support development of systematic reviews
	Archive briefs, evidence syntheses and research summaries in an easily accessible form (e.g. on-line databases)
Enhance capacity of policy-making organizations to use evidence	
Strengthen individual staff skills and institutional behaviours	Provide training or mentoring in use of research evidence, commissioning of research studies and briefs
	Create stronger incentives for evidence use (e.g. through performance assessments, staff appraisals and leadership programmes)
Increase financing for functions related to evidence use	Secure donor funding or raise government revenues to support development of policy analysis units, or perhaps research units within government bodies
Enhance access to evidence	Improve access to research resources through improved Internet access, development of low-cost databases of research evidence (such as HINARI)
Establish new organizational mechanisms to support evidence use in policy	
Develop and support knowledge broker capacity	Establish knowledge broker organizations in or outside of government, such as NICE (United Kingdom), REACH (East Africa), health technology assessment units, CHSRF (Canada)
	Establish networks (such as EVIPNet) to support knowledge broker-type functions through training and exchange of experience
Build health research capacity in, or close to policy organizations	Establish health systems research units in health ministries or in organizations with links to ministries
Promote networking	
Establish institutional mechanisms that promote exchange between research and policy worlds	Revolving door mechanisms whereby policy-makers spend time in research organizations and think tanks
	'Shadowing' [i.e. observing a professional researcher or policy maker at work] and job swaps
	Develop databases of researchers active within the country, including their skills and areas of interest

AREA OF INTERVENTION	TYPES OF INTERVENTIONS
	Encourage regional networks such as Equinet
Encourage mechanisms that bring technical expertise into government	Encourage the establishment of special commissions or technical advisory groups
Conduct special events or meetings that bring key actors together	Run 'safe harbour fora' or other policy-oriented events that bring policy-makers, researchers and civil society together to discuss evidence and policy issues
Require policy-maker participation in research	Ensure that recipients of major research grants are required to engage regularly with policy-makers
Establish norms and regulations	Support legislation that requires publication of evidence base for new policies
	Mandate evaluation of new social and health programmes
	Integrate operational research and evaluation into existing processes and programmes

Within EAGHA sub-committee we are focusing on the capacity of Southern institutions (?and their networks) in relation to (health-related) research. However, we need to be clear whether Northern institutions (including EAGHA) possess capacity to a) understand the capacity needs of Southern institutions in the area of research and b) propose recommendations for enhancing capacity of Southern institutions as part of collaboration.

One question that the sub-committee is the need to discuss is whether there is a need to specify the broad areas of research in the application of capacity (for example, the skills and expertise required for health policy analysis are likely to be different to those required for clinical studies such as randomised control trials).

Most conventional frameworks distinguish three broad <u>levels</u> of capacity: individual, organisational and systems/context (Bennett et al., 2010; Potter and Brough, 2004; UNDP, 2006). The different levels are clearly interrelated. The organisational capacity is not merely the sum of individual capacities of its members but also includes issues such as organisational management processes or infrastructure. Similarly, examples of system-level issues include the funding environment and interrelationships between different networks. Conceptually, it might also be helpful to distinguish between 'organisations' (entities with defined goals, resources and clear internal management processes) and 'institutions' with the latter being broader and potentially including different organisations with looser inter-organisational rules and management processes.

Question for discussion in EGHA sub-committee is whether all three levels of capacity will be the focus of the sub-committee or whether there is a need to draw 'boundaries' and limit the focus to, say, individual and organisational levels of capacity with less emphasis on systems/context.

In terms of <u>elements</u>, a useful example is Potter and Brough's capacity pyramid (see Figure 1), which distinguishes four groups of interrelated elements of capacity: a) structures, systems and roles; b) staff and infrastructure; c) skills and d) tools with each subsequent element enabling the effective use of a subsequent one and requiring the previous one (Potter and Brough, 2004).

Figure 1: Elements of the Capacity Pyramid
Source: (Potter and Brough, 2004 p.340)
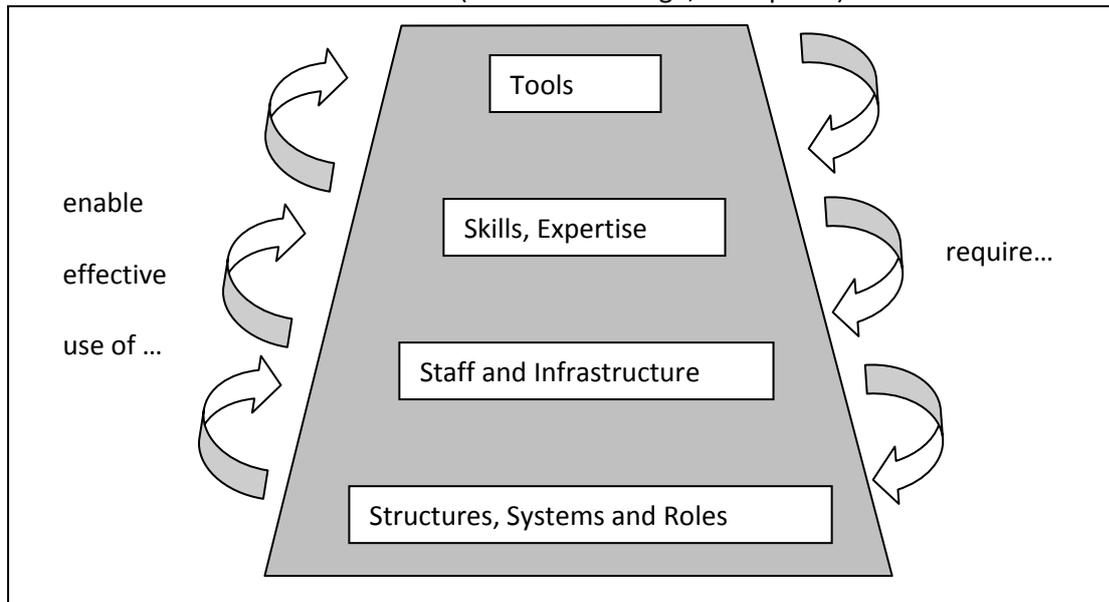
Different elements of capacity can exist within a single level (for example, skills of individual members) or can cut across more than one level of capacity (e.g. structures or roles of units within an organisation as well as different organisations within a wider system).

The different levels and elements are engaged in complex interrelationships and each level can represent a constraint or an opportunity for effective application of capacity at other levels. For example, structures and roles within an organisation are dependent on the available skills mix and tools are interrelated with existing infrastructure and systems.

The above three key dimensions (focus, levels and elements) can provide frameworks for understanding and applying the concept of capacity to different areas/fields.

Question for discussion in EGHA sub-committee is whether there is a need to cover all elements of capacity or to draw 'boundaries'.

It is proposed that capacity within EAGHA is defined as
> *the ability and willingness of an individual, an organisation or a system (including partnerships between different individuals, organisations and systems) to perform defined task(s), in a sustained way, either individually or as part of the wider team/network.*

Three aspects of this definition are worth emphasising. Firstly, the distinction between *ability* and *willingness* – both being required. Secondly, the issue of sustainability of application of capacity is important. Thirdly, it is the recognition that different levels of capacity are interrelated and, for example, an individual's ability can be affected by the abilities of other members within a larger team.

The EAGHA needs to discuss and agree the next version of common definition of capacity as appropriate.

Understanding capacity strengthening

Capacity strengthening policies have been around for decades with different terminology used - for example, capacity building/development/strengthening/unleashing. These terms each suggest different approaches to capacity (e.g. building on existing capacity vs starting afresh, ensuring complementarity of skills/expertise vs ensuring every member has the full set of skills).

Whereas different approaches are distinguishable in the detailed processes of capacity-related strategies, one conceptual aspect of capacity strengthening - the distinction between ability and willingness - is evident in the OECD definition of capacity development, which includes the element of 'unleashing' of existing capacity which may be constrained by the lack of willingness as well as the constraints imposed by other factors:

> "*the process whereby people, organisations and society as a whole unleash, strengthen, create, adapt and maintain capacity over time*" (Development Assistance Committee, 2006 p.12)

Different approaches to capacity strengthening can exist, which typically include different combinations of the following strategies (Bennett et al., 2010; Lansang and Dennis, 2004; Nuyens, 2007; UNDP, 2006):

- Training courses for individuals (knowledge services and learning), including action-based learning
- Leadership development including mentoring, coaching
- Incentive systems to improve motivation and performance
- Establishing mutual accountability mechanisms (M&E processes, peer and partner reviews)
- Partnerships between different institutions/countries
- Establishment of centres of excellence, possibly with centralisation of some functions

Each of above approaches and strategies has its strengths though none can be considered as the only single option for strengthening capacity (Bennett et al., 2010; Development Assistance Committee, 2006; UNDP, 2006). The context-specificity of effectiveness of combination of different approaches and strategies needs to be considered in the development of capacity strengthening measures.

Most capacity strengthening initiatives have tended to focus on the individual level of capacity, particularly different training initiatives. However, a complex set of inter-related strategies covering different levels (see Table 2 for an example) can address capacity in a more systematic way.

Table 2: Examples of capacity strengthening strategies by the levels of capacity
Derived from: (Gonzalez Block and Mills, 2003)

Level of capacity	Capacity strengthening strategy
Individual	- Improving awareness of policy issues and processes by researchers - Training researchers in HPSA covering content knowledge and approaches to conducting research and communication of findings
Organisational	- Improving support and administrative services for HPS research and teaching - Monitoring and improving quality of research - Ensuring the production of HPSA dissemination materials - Expanding the number of HPSA researchers employed - Remodelling/upgrading/expanding infrastructure (physical

Level of capacity	Capacity strengthening strategy
	infrastructure, computers, library)
Systems/Context	• Improving availability of information on current HPSA research internationally • Establishing incentives to attract and retain researchers • Establishing collaborative arrangements with HPSA networks • Securing stable sources of funding for HPSA

Furthermore, capacity development can be seen as a one-off intervention or a long and continuous process. Assuming that the EAGHA is a long-term partnership, it can provide a good opportunity to engage in/monitor the capacity strengthening of Southern institutions in the area of research in the short-, medium- and potentially long-term.

Question for EGHA sub-committee to discuss: whether (and how) there is a need to share experience of effectiveness of the application of different capacity strengthening strategies (as well as their combination) and reach the consensus on the 'best combination' of these strategies in different contexts.

Summary

The concept of capacity is complex and three conceptual issues are important in developing shared understanding of capacity in the sub-committee. Different approaches and strategies exist in relation to capacity strengthening.

The EAGHA sub-committee needs to discuss and develop a shared understanding of the concepts of capacity and capacity strengthening as soon as possible before deciding on the way forward and the time required for developing shared understanding should not be underestimated. Various questions for discussion are proposed in the document but the sub-committee should not be restricted to these only.

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