

# Rapid mapping of international funders’ research capacity strengthening priorities

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## Executive Summary

UKCDS was commissioned by DFID to undertake a rapid mapping exercise to explore other UK organisations' and international funders' approaches to research capacity strengthening (RCS). The aim was to provide a high-level overview of the complex RCS landscape through the funder lens and allow DFID to think about where it fits into this.

UKCDS scoped funders' strategies in RCS, largely through a survey and desk-based research. This revealed the following broad trends:

- DFID's core RCS portfolio spans research production, brokering and use. This is rare among funders, who generally prioritise support for the *production* of research.
- DFID provides a range of support from individual to environmental levels. Very few organisations - even aid agencies - are focussed at the environmental level. Wellcome Trust (especially in their collaborations with DFID) and EDCTP stand out as exceptions.
- Scientific research funders generally place an emphasis on *individual level production* of research. In contrast, aid agencies and charitable foundations have more latitude to fund institutions and the enabling environment.
- Funders still see support for production of research as their main responsibility; while many recognise the brokering, communication and use of research are also important, these are normally secondary priorities.
- Private sector RCS activities tend to be corporate social responsibility style initiatives, often providing prizes or scholarships for individuals from LMICs. (This is a broad, general trend and not one identified through the survey.) Where RCS is integrated into the core business model, this tends to be focussed on expanding in-house R&D capabilities in BRIC countries.
- Health is the thematic area which receives most RCS support from funders. Biomedical and other health sciences are correspondingly the disciplines which are most frequently seen as priorities.
- Funders' efforts are largely focussed on Sub-Saharan Africa, although many have a secondary focus on South Asia (especially UK funders), Latin America and the Caribbean (especially North American funders), and East Asia and the Pacific.
- Most funders fund a combination of standalone RCS and RCS embedded into research programmes, although embedding is overall the more common approach.

# Rapid mapping of international funders’ research capacity strengthening priorities

## 1. Background and Methodology

UKCDS was commissioned by DFID to undertake a rapid, non-exhaustive review of the priorities and overarching, high-level strategies of donor organisations which fund research capacity strengthening (RCS) in low and middle income countries (LMICs)<sup>1</sup>.

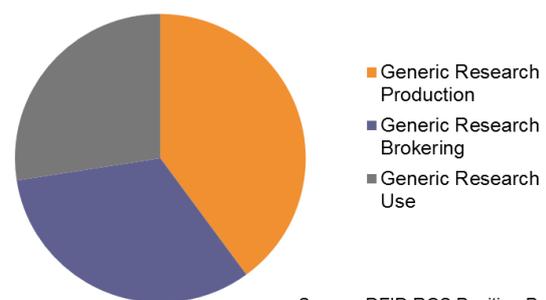
This mapping involved desk research, a survey and collation of knowledge from previous mapping exercises<sup>2 3</sup>. This survey was circulated to UKCDS members, UKCDS capacity strengthening contacts (funders only) and the ESSENCE<sup>4</sup> mailing list. There were 22 respondents, which equated to a response rate of just under 50%. The survey is focussed on what funders are focussing on at this point in time, rather than a more qualitative appraisal of what approaches are, or have been, most effective. Annex 2 considers some of the methodological challenges, and Annex 3 displays the survey questions.

## 2. Findings

### i. DFID is a key funder of RCS globally, and its support spans the pathway of research production, brokering and use.

According to a recent position paper, DFID’s active grant portfolio in research capacity strengthening, across 25 programmes run out of several divisions of the Department, totals an estimated £198m<sup>5</sup>. (This is an estimation of total programme spend for relevant programmes that were active in 2014 – including those focussed on capacity strengthening in statistics.) Indeed some of the largest programmes are support for government statistical agencies, such as £50m support between 2009 and 2017 to the World Bank’s Statistics for Results facility<sup>6</sup>. Within non-themed, generic RCS<sup>7</sup> (right), the balance of research production: brokering: use in terms of funding is relatively even. This is rare among RCS funders.

DFID’s non-thematic RCS is evenly distributed across research production, brokering and use



Source: DFID RCS Position Paper

<sup>1</sup> The UKCDS Secretariat defines research capacity strengthening as initiatives enhancing the ability and resources of individuals, organisations and systems to undertake, communicate and use high quality research.

<sup>2</sup> <http://www.ukcds.org.uk/resources/health-research-capacity-strengthening-a-ukcds-mapping>

<sup>3</sup> [http://www.ukcds.org.uk/sites/default/files/content/resources/UKCDS\\_Capacity\\_Building\\_Report\\_July\\_2012.pdf](http://www.ukcds.org.uk/sites/default/files/content/resources/UKCDS_Capacity_Building_Report_July_2012.pdf)

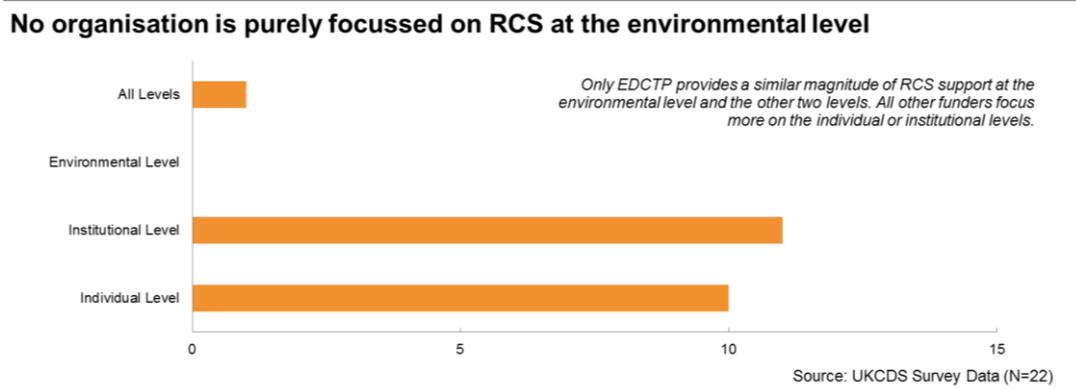
<sup>4</sup> <http://www.who.int/tdr/partnerships/essence/en/>

<sup>5</sup> DFID. 2015. Research Capacity Building Position Paper (internal document available on request). This £198m estimate does not include RCS elements embedded into research programmes.

<sup>6</sup> <http://devtracker.dfid.gov.uk/projects/GB-1-200297/>

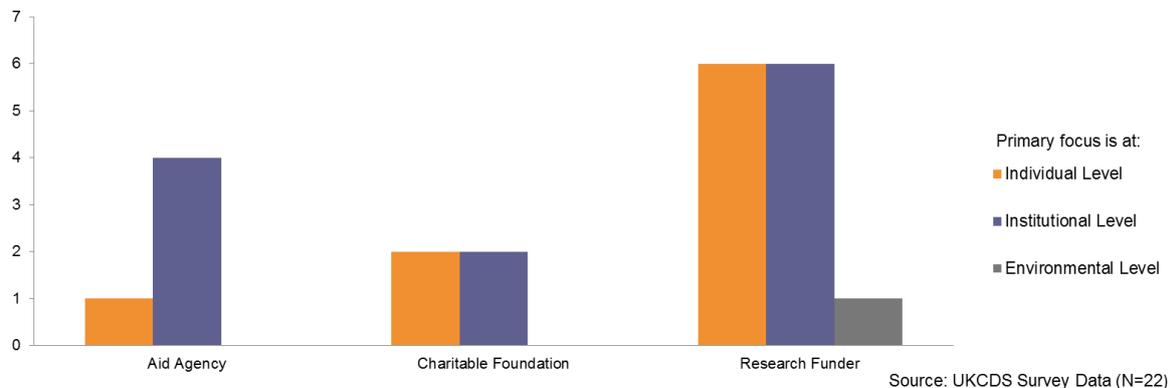
**ii. The primary focus of most funders is on strengthening the research capacity of individual researchers and research institutions.**

Almost no funders see RCS at the environmental level their priority focus. Operating at this “rules of the game” level, which can contribute to a more effective ecosystem for research and innovation, is known to be relatively challenging and risky. The European and Developing Countries Clinical Trials Partnership’s (EDCTP) efforts to establish or strengthen ethics review boards and national regulatory agencies<sup>8</sup> provide an example of environmental level RCS. Elsewhere, the Wellcome Trust and DFID have supported the development of health research funding agencies in Kenya and Malawi since 2008, and with Gates have recently announced a new Alliance for Accelerating Scientific Excellence in Africa<sup>9</sup>. Several funders such as Danida see environmental RCS as a secondary priority, and many contribute indirectly via their support to multilateral organisations or initiatives which support RCS at the environmental level.



**iii. Aid agencies tend to have more latitude than research funders to support institutional (and environmental) level RCS.**

As shown below, most aid agencies’ primary RCS activity is focussed on supporting institutions. Meanwhile, research funders support a balance of individuals or institutions



<sup>7</sup> Examples of these generic programmes are Strengthening Research Knowledge Systems and Building Capacity to Use Research Evidence.

<sup>8</sup> Thomas Nyirenda, EDCTP. Personal Communication, 6 May 2015

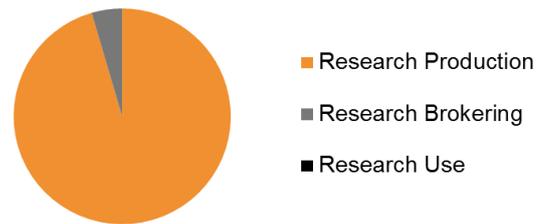
<sup>9</sup> <http://www.wellcome.ac.uk/News/Media-office/Press-releases/2015/WTP058863.htm>

(often supporting talented researchers, and by proxy supporting the host institution). UK research funders, such as BBSRC, ESRC and MRC, all see funding of individual researchers as their priority, which is unsurprising given a focus on funding excellent research in LMICs rather than RCS purely for its own sake. A number of research funders support institutional RCS through twinning between institutions in the donor country and in LMICs, with IDRC and NIH-Fogarty following this model among others.

**iv. Almost all funders see support for *production* of research as their primary responsibility.**

Perhaps unsurprisingly, RCS donors see their role as being to support the production of research, rather than research brokering (supporting the communication and uptake of research) or research use (building skills of policymakers or other stakeholders to use evidence). When asked which phase of the research into use pathway they support, 21 of 22 funders stated research production. Danida was the one exception, considering research brokering as its priority, as explained in its new research capacity development strategic framework<sup>10</sup>. As shown in the 3x3 matrix (Annex 1), many funders see strengthening research brokering and use as a secondary focus, and make provision for “soft skills” to improve funders’ communication and policy influencing skills. Several funders who did not respond to the survey, such as the Spanish aid agency AECID<sup>11</sup> and Australia’s DFAT<sup>12</sup>, focus more on the uptake than supply side of research.

Funders overwhelmingly support the *production* of research, rather than research brokering or use



Source: UKCDS Survey Data (N=22)

Several caveats may explain the predominance of research production, and of activity at the individual and institutional levels. Firstly, our survey was biased towards consultation of the research arms of funders, agencies or charities; however, policy divisions in aid agencies or in-country offices may be more involved in funding programmes which improve the use of evidence by policymakers, civil society organisations and other stakeholders. Secondly, funders increasingly embed RCS into research (see p7). In some instances, this embedded RCS may provide support for awardees to communicate and disseminate their findings. However, other factors to ensure the uptake and use of evidence, or to encourage changes in the enabling environment for research, are likely to be beyond the scope of a research grant with RCS elements.

<sup>10</sup> [http://um.dk/en/~media/UM/English-site/Documents/Danida/Partners/Research-Org/Strategi\\_DevelopmentResearch\\_web.pdf](http://um.dk/en/~media/UM/English-site/Documents/Danida/Partners/Research-Org/Strategi_DevelopmentResearch_web.pdf) Page 3: “To ensure better application of research in development cooperation, there will be more emphasis on communication, dissemination, and use of research results in development cooperation.”

<sup>11</sup> E.g. AECID’s PIFTE programme provides specialist technical training for individuals in public institutions in Latin America which contribute to development.

<sup>12</sup> E.g. DFAT’s ‘Knowledge Sector Initiative’, a multi-million dollar, 15 yearlong initiative with Indonesia’s National Development Planning Agency to strengthen the use of research and evidence in Indonesian public policy

v. **Funders generally see health as the main priority theme for RCS, and biomedicine and other health sciences are the priority disciplines.**

Within DFID’s RCS portfolio, the most significant specific thematic focus area by far is on RCS in statistics (44%), followed by health (11%) and mathematics (9%). The inclusion of statistics within DFID’s RCS portfolio highlights an issue around the fluidity of RCS as a concept. Concurrently, certain schemes that strengthen researcher capacity, such as the DFID-funded Commonwealth Scholars scheme or Wellcome Trust’s Major Overseas Programmes, are not specifically considered RCS by their funders. However, by supporting LMIC researchers and institutions respectively, they have an undoubtedly crucial RCS function.



**64%**

of respondents see **health** as their thematic priority in RCS



**9%**

of respondents see **climate and environment** as their thematic priority in RCS



**9%**

of respondents see **agriculture** as their thematic priority in RCS

Among all survey respondents, health was considered the main priority by 64%<sup>13</sup> (above right). Although funders were encouraged to select one theme, 18% stated this was impossible as their priority for RCS spans too large a range of thematic areas (below left). The only other themes chosen by funders as their primary RCS focus were climate and environment (9%) and agriculture (9%). Governance was chosen by NORAD as a priority theme. Themes such as economic growth, WASH, nutrition and disasters / humanitarian crises were only selected as secondary areas.

“

*We’ve been agnostic on themes, [and are] more looking for interesting research training models.*

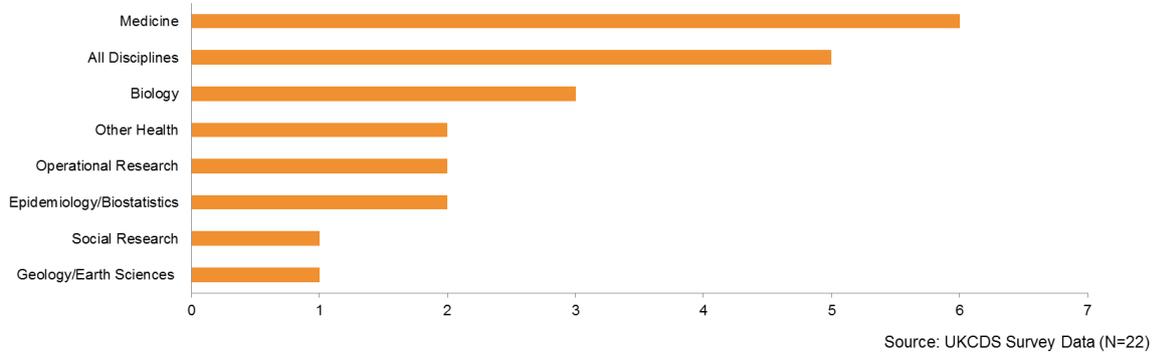
-Carnegie-

”

As with themes, the survey question on disciplines was challenging for certain funders to answer, with certain funders’ focus ranging from humanities to engineering disciplines. Nevertheless, over one quarter of funders (27%) were primarily providing support for medicine and 41% primarily focussing on disciplines linked to health such as biology, epidemiology and operational research. NORAD stood out with its focus on RCS in geological and earth sciences.

<sup>13</sup> The survey was disseminated to many members of the ESSENCE group which at its core has a focus on health research. This may bias results towards a health focus. We aimed to mitigate this concern by encouraging contacts to pass on the survey to colleagues with overall responsibility for capacity strengthening.

**Funding for RCS caters for many disciplines, though there is an overwhelming focus on biomedical and health sciences**

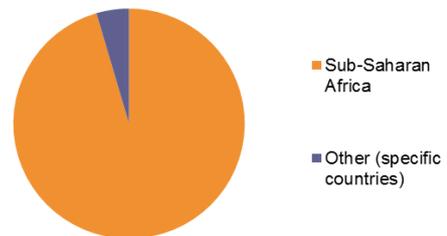


**vi. Funders’ RCS efforts are largely focussed on Sub-Saharan Africa.**

95% of the respondents to the UKCDS survey stated that most of their RCS activity is concentrated in Sub-Saharan Africa, out of all the low and middle income regions defined by the World Bank. While this is funders’ clear priority area on a macroscopic level, this does not necessarily reflect the balance of individuals or institutions which they are funding. For example, while 58% of (DFID-funded) Commonwealth Scholars in health sciences since 2000 are from Sub-Saharan African countries, 37% are from South Asia with remaining numbers from the Caribbean and East Asia/Pacific regions.

45% of respondents listed South Asia as a secondary priority region, while several respondents, such as WHO-HRP, stated that they fund RCS in all LMIC regions. Fondation Mérieux has a number of priority countries for RCS in South-East Asia, Latin America and Francophone Africa.

**Main LMIC region where funders’ RCS efforts are primarily concentrated**

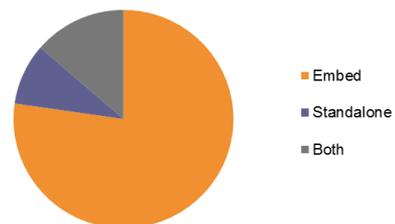


Source: UKCDS Survey Data (N=22)

**vii. Many funders fund a combination of standalone RCS and RCS embedded into programmes. However the primary mode of activity tends to be embedded RCS.**

Most funders tend to embed elements of RCS within wider research programme grants, although several fund both RCS embedded into research and dedicated RCS programmes. For example, significant RCS elements are embedded into DFID’s Research Programme Consortia activities, even though DFID itself sees standalone RCS programmes as a more effective contribution to their

**Funders tend to embed RCS within larger research initiatives**



Source: UKCDS Survey Data (N=22)

RCS objectives<sup>14</sup>. The only survey respondents who stated that they prioritise standalone RCS were Carnegie and NORAD. Funders adapt the mode of RCS support to the context; for example, SIDA state that they “do both [embedded and standalone RCS] but through different channels (bilateral, regional or international programmes)”<sup>15</sup>.

**viii. Private Sector contributions<sup>16</sup> to RCS tend to be corporate social responsibility (CSR) initiatives rather than integrating RCS into core business.**

A number of private sector organisations partner with learned societies or research funders to fund RCS. This is especially common in health RCS where pharmaceutical companies with their own internal R&D expertise collaborate with public funders. For example, one of NWO-WOTRO’s NACCAP projects called Affordable Resistance Test for Africa (ART-A) involved Virco, an arm of Janssen Pharmaceuticals, in helping strengthen African research capacity in HIV resistance testing<sup>17</sup>. More broadly, several international funders provide support for multilateral product development partnerships which have RCS elements. For example the International AIDS Vaccine Initiative (IAVI) receives funding from Carlsberg, Google and GSK as well as aid agencies, and supports embedded RCS through a network of clinical research centres in Sub-Saharan Africa<sup>18</sup>.

Outside health, there are other examples of embedded capacity strengthening through private R&D institutes and laboratories based in LMICs, although many of these tend to be in BRIC rather than low-income settings. For example, Syngenta<sup>19</sup> and Unilever<sup>20</sup> both have flagship R&D sites in China and India, while GSK has a flagship R&D facility in China<sup>21</sup>. Their activities here are framed more in terms of benefitting from in-country expertise and existing capabilities than capacity strengthening.

Where companies have undertaken explicit RCS initiatives, it has often been in the form of prizes, exchanges or fellowships for individual researchers or teams. These are often delivered through collaboration with an experienced RCS practitioner. For example, the Royal Society administers the Pfizer Awards to strengthen research capacity in biology in Africa<sup>22</sup>. Similarly, SABMiller funds the Royal Society Exchange programme allowing scientists from Sub-Saharan Africa in WASH, agriculture or renewable energy to spend three years in UK institutions<sup>23</sup>. Finally, Syngenta and Procter & Gamble provide support to the Pan-Africa Chemistry Network managed by the Royal Society of Chemistry<sup>24</sup>. In contrast,

<sup>14</sup> DFID. 2015. Op. Cit. Page 6

<sup>15</sup> Ros-Mari Bålöw, SIDA. Personal Communication, 6 May 2015

<sup>16</sup> Please note that this section considers broader private sector trends from desk research, rather than feedback obtained from the survey (since only one private sector survey response was received, from GSK.)

<sup>17</sup> [http://www.janssendiagnostics.com/news?news\\_latest=38](http://www.janssendiagnostics.com/news?news_latest=38)

<sup>18</sup> <http://www.iavi.org/what-we-do/science/capacity-building>

<sup>19</sup> <http://www.syngenta.com/global/corporate/en/products-and-innovation/research-and-development/Pages/where.aspx>

<sup>20</sup> <http://www.unilever.co.uk/innovation/researchanddevelopment/onthemap.aspx>

<sup>21</sup> <http://www.gsk.com/en-gb/research/randd-locations/>

<sup>22</sup> <https://royalsociety.org/awards/pfizer-award/>

<sup>23</sup> <https://royalsociety.org/grants/schemes/sabmiller-exchange-programme/>

<sup>24</sup> <http://www.rsc.org/news-events/rsc-news/features/2014/sep/chemistry-across-africa/>



GSK's recent investments in supporting African-led research in non-communicable diseases (NCDs) stand out as a deeper involvement in institutional RCS and one where they are both the funder and implementer of the RCS programme<sup>25</sup>. The "Open Lab" for research on NCDs is fully integrated into GSK's core R&D operations rather than being a corporate social responsibility initiative.

The charitable or foundation arms of companies are often involved in RCS; for example, the Bosch Stiftung is supporting the Structured Training for African Researchers (STARS) programme which provides professional development training for early career researchers in African universities<sup>26</sup>.

In sum, publicly available information suggests that many private sector organisations currently invest in LMIC research support through their charitable arms and CSR programmes. GSK however represents a recent exception, with a RCS programme which is fully allied to the company's R&D strategy. In future work, it may be interesting to explore ways in which companies integrate RCS activities into their core business activities, training generations of researchers who can benefit both the business and research culture more broadly.

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<sup>25</sup> <http://www.gsk.com/en-gb/research/research-funding/africa-ncd-open-lab/>

<sup>26</sup> <https://www.acu.ac.uk/focus-areas/early-careers/structured-training-for-african-researchers/>

**Annex 1: Matrix of funders’ main research capacity strengthening activities**

Through the survey (Annex 3), funders were encouraged to position themselves on a “3x3” matrix, building on DFID’s theory of change for RCS. The x-axis indicates where funders’ support is concentrated along the research into use pathway. The y-axis indicates whether funders are primarily focussed on RCS at the individual, institutional or environmental level.

**Key**

- Plain text denotes the area of the funder’s primary activity, as self-reported by the funder e.g. EDCTP
- ( ) denotes an area of secondary importance for the funder, as self-reported by the funder e.g. (EDCTP)
- *Italics* denote funders who have been provisionally categorised by UKCDS, rather than by themselves e.g. *FIOCRUZ*

PHASE of research supported / LEVEL of support	Research Production: Supporting the design and undertaking of research	Research Brokering: Supporting uptake and communication of research	Research Use: Building skills of policymakers or other key stakeholders to use and appraise evidence
<b>Environmental:</b> e.g. Supporting funding systems or councils; establishment of research ethics or regulatory boards	EDCTP (DANIDA – Denmark) DFID/Wellcome Trust collaboration (JICA) <i>Multilateral Development Banks</i> NIH-FIC (NWO-WOTRO) (SDC – Switzerland) (WHO-HRP)	(DFAT - Australia) (DDCF) (EDCTP)	DFAT - Australia (DDCF)
<b>Institutional:</b> e.g. Supporting universities, institutes and think-tanks to undertake, manage and administrate their own research	<i>Agence Française de Développement</i> <i>Austrian Development Agency</i> <i>BMZ-GIZ</i> (Carnegie) <i>CIRAD</i> <i>CNRS</i> European Commission EDCTP ( <i>FIOCRUZ</i> ) Fondation Mérieux ( <i>HHMI</i> ) IDRC <i>INSERM</i>	<i>IRD</i> <i>Irish Aid</i> JICA ( <i>MRC - Africa Units</i> ) NIH-FIC ( <i>NIH/PEPFAR collaboration</i> ) NORAD Norway Research Council - GLOBVAC <i>NWO-WOTRO</i> SIDA Wellcome Trust WHO-HRP <i>UNITAR</i> USAID	DANIDA-Denmark (DDCF) (European Commission) (EDCTP) (GSK) (IDRC) (Norway Research Council - GLOBVAC) (USAID) (WHO-HRP)
<b>Individual:</b> e.g. Development of researchers and teams with fellowships, scholarships, mentoring, exchanges or workshops	Carnegie <i>China CDC</i> (DANIDA – Denmark) (DDCF) (European Commission) EDCTP <i>FIOCRUZ</i> Fondation Mérieux <i>Ford Fdn</i> <i>Gates Fdn</i> GSK <i>Hewlett Fdn</i> <i>HHMI</i> IDRC Institut Pasteur (JICA) <i>MacArthur Fdn</i>	<i>Mastercard Fdn</i> (NIH-FIC) (NORAD) (Norway Research Council - GLOBVAC) <i>Nuffield Fdn</i> ( <i>NWO-WOTRO</i> ) <i>Pfizer</i> <i>Rockefeller Fdn</i> SDC – Switzerland (SIDA) UK Learned Societies UK Research Councils (USAID) <i>Volkswagen Stiftung</i> (Wellcome Trust) (WHO-HRP) <i>WHO-TDR</i>	(Carnegie) (DDCF) (EDCTP) (Fondation Mérieux) (GSK) (NORAD) (Wellcome Trust)
			( <i>AECID - Spain</i> ) (DANIDA – Denmark) Fondation Mérieux (SIDA)
			( <i>AECID - Spain</i> ) (DDCF) (IDRC) (SDC – Switzerland)

## Annex 2: Methodology - Details and Limitations

A survey was circulated to 45 funding organisations through several mailing lists. These included the ESSENCE on Health Research community, the membership of UKCDS, and other funders who participate in the UKCDS Research Capacity Strengthening Group. 22 responses were received (with two from the same organisation). This equates to responses from 21 of the 45 organisations contacted, a response rate of 47%.

Survey responses were used to compile the statistics presented in the report. The section on the private sector's role in RCS (p8-9), an aspect of particular interest to DFID, was based on public information obtained via desk research.

The survey questionnaire (displayed in Annex 3) was intended to gather data at a broad landscape scale, requesting respondents to adopt a simplified, birds-eye view of their organisations' RCS funding activities, looking beyond specific thematic niches. This was simpler for research funding organisations with a defined thematic remit (e.g. the National Institutes of Health) than aid agencies which generally provide RCS support that cuts across thematic and disciplinary boundaries. The macroscopic, generalising perspective of the survey presented challenges for respondents who frequently caveated responses such as:

- *"Our programmes are so broad that it doesn't really make sense to identify main themes or disciplines."*
- *"We tend to play in many of the different boxes as outlined in your matrix."*
- *"It was hard to limit the disciplines we support as we have a multi-disciplinary approach to much of our supported research."*
- *"This is not an easy survey, as it covers all domains."*

As these comments illustrate, the rapid, high-level nature of the survey did not provide significant scope to nuance the responses and nudged funders towards choosing one answer. However given the small sample of respondents, it was necessary to use relatively black-and-white questions to identify meaningful trends and try to begin quantifying these.

The relatively limited circulation of the survey meant that certain funders of RCS may not have been well represented. Multilateral organisations, such as public-private Product Development Partnerships which have significant RCS embedded into their health research, were not represented. Similarly, only one private sector organisation (GlaxoSmithKline) responded to the survey. Otherwise there was a relatively even distribution of aid agencies, research funders and charitable foundations represented in the responses.

One particular limitation is that the ESSENCE community is coordinated by WHO, with a specific focus on RCS in health. We attempted to reduce this bias by encouraging respondents to comment on their organisation's entire RCS portfolio. Health still emerged as the predominant thematic area of RCS activity (p5). This may be attributable to uneven dissemination of the survey. However it may also be linked to the breadth of the health research field, ranging from basic biology research to social science, and to the large investments that both research funders and agencies make in health relative to other fields.

**Annex 3: Survey Questions**

The survey was circulated both via SurveyMonkey and in a word document. The questions from the word document version are shown below.

1. Where on this matrix do you feel **most** of your organisation’s research capacity strengthening activities sit?

Please mark the most appropriate box with an **X**, and (if applicable) up to 2 other boxes with a **Y** to reflect areas of secondary importance. Please provide the names of any major research capacity strengthening initiatives within these categories.

*We are aware that many organisations fund a variety of research capacity strengthening activities. So please select where you feel your organisational portfolio **taken as a whole** is currently providing most support.*

		<i>Topic of support (the phase of research activity supported)</i>		
		<b>Research production:</b> <i>Supporting the design and undertaking of research.</i>	<b>Research brokering:</b> <i>Supporting uptake and communication of research.</i>	<b>Research use:</b> <i>Building skills of policymakers or other key stakeholders to use and appraise evidence.</i>
<b>Type of support</b> (the level of the innovation system)	<b>Environmental:</b> <i>Supporting funding systems or councils; establishment of research ethics or regulatory boards.</i>			
	<b>Institutional:</b> <i>Supporting universities, institutes and think-tanks to undertake, manage and administrate their own research.</i>			
	<b>Individual:</b> <i>Development of researchers and teams with fellowships, scholarships, mentoring, exchanges or workshops.</i>			

**2. In which thematic area(s) of research are your current research capacity strengthening schemes most active?**

Please mark the most appropriate box with an **X**, and (if applicable) up to 2 other boxes with a **Y** to reflect areas of secondary importance.

Agriculture	Food and Nutrition
Climate and Environment	Governance
Disasters and Humanitarian Crises	Health
Economic Growth	Infrastructure (Energy, Transport)
Education	Water, Sanitation and Hygiene
Other (please specify):	

**3. Which research discipline(s) are your current research capacity strengthening schemes most actively supporting?**

Please mark the most appropriate box with an **X**, and (if applicable) up to 2 other boxes with a **Y** to reflect areas of secondary importance.

Anthropology	Mathematics
Area Studies	Medicine
Biochemistry	Operational Research
Biology	Physics
Chemistry	Policy Analysis
Cultural Studies	Political Science
Ecology	Psychology
Economics	Social Research
Engineering	Sociology
Epidemiology/Biostatistics	Space Science
Geology/Earth Sciences	Statistics
Hydrology/Meteorology	
Cross-disciplinary (please specify):	
Other (please specify):	

*Please feel free to specify within these broad disciplinary categories.*

**4. In which low or middle income region (as defined by the World Bank) is your research capacity strengthening activity most concentrated?**

Please mark the most appropriate box with an **X**, and (if applicable) up to 2 other boxes with a **Y** to reflect areas of secondary importance.

East Asia and Pacific	Middle East and North Africa
Eastern Europe and Central Asia	South Asia
Latin America and the Caribbean	Sub-Saharan Africa
Other, or specific country (please specify):	

**5. [Please select a or b] Overall, does your organisation tend to:**

- a. Embed research capacity strengthening within larger research programmes?
- b. Devote resources to standalone programmes exclusively focussed on research capacity strengthening?

## **Acknowledgements**

UKCDS is grateful for responses to the survey, as well as additional advice and insights, from the following organisations:

- BBSRC (UK Biotechnology and Biological Sciences Research Council)
- British Academy
- Carnegie Corporation of New York
- Danida (Denmark Ministry of Foreign Affairs – Development Cooperation)
- DFID (UK Department for International Development)
- DDCF (Doris Duke Charitable Foundation)
- EDCTP (European and Developing Countries Clinical Trials Partnership)
- ESRC (UK Economic and Social Research Council)
- ESSENCE (Enhancing Support for Strengthening the Effectiveness of National Capacity Efforts on Health Research)
- European Commission - Directorate General for Research and Innovation
- Fondation Mérieux
- GSK (GlaxoSmithKline)
- IDRC (International Development Research Centre, Canada)
- Institut Pasteur
- MRC (UK Medical Research Council)
- NIH-FIC (National Institutes of Health – Fogarty International Centre, US)
- NORAD (Norwegian Agency for Development Cooperation)
- Research Council of Norway – Global Health and Vaccination Research
- SDC (Swiss Agency for Development and Cooperation)
- SIDA (Swedish International Development Cooperation Agency)
- USAID (United States Agency for International Development)
- Wellcome Trust
- WHO-HRP (World Health Organisation Special Programme of Research, Development and Research Training in Human Reproduction)

*This report was researched and written by Jamie Enoch. It does not represent any institutional policy or official position of UKCDS or DFID.*