Correspondence

Supporting research leadership in Africa

The Editorial published in The Lancet Global Health and The Lancet Diabetes and Endocrinology by Davies and Mullan^{1,2} spotlighted Africa's need to build local health research capacity. Parachuting in research solutions from developed countries doesn't work: "African researchers are best placed to ask questions that are relevant to African issues."1 Withdrawal of support from the Wellcome Trust and PEPFAR is a major setback for research development in Africa. Additional challenges include the need to develop multidisciplinary research team approaches, bridge the knowledge translation gap, and find local sustainable African research leadership. But can all of this be done at reasonable cost?

MicroResearch, modelled on microfinance, is an innovative African/ Canadian research partnership, which was launched in 2008. The project is aimed at building local health-care professionals' capacity to find solutions for community maternal and child health problems by: (1) training multidisciplinary local teams to identify health problems; (2) coaching teams to develop their question into a scientifically rigorous research proposal; (3) after local ethics approval, providing small funds (CAN\$2000); (4) coaching teams to conduct the project and translating findings into action; (5) sharing findings through publication and forums; and (6) growing local MicroResearch African leadership.3

By 2016, 27 workshops were completed with more than 700 African health professionals trained, 50 team proposals launched, 22 completed, and 22 publications, all in a gender equitable manner. Several MicroResearch projects have already led to local programme and policy changes.³ All of this has been achieved for less than CAN\$500 000. Thus, building research capacity for

health-care worker teams to find local solutions that fit culture, context, and resources, can be done at low cost.

We declare no competing interests.

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