

# Strengthening research capacity in the Pacific: an example from the Atoifi Health Research Group, Solomon Islands

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## Abstract

**Objective:** To provide an example of one model of research capacity building for mental health from a remote setting in Solomon Islands.

**Methods:** The Atoifi Health Research Group is building health research capacity with a health service on the remote east coast of Malaita, Solomon Islands. The group uses a 'learn-by-doing' approach embedded in health service and community-level health projects. The group is eclectic in nature and deliberately engages a variety of partners to discover culturally informed methods of collecting, analysing and disseminating research findings.

**Results:** Key successes of the Atoifi Health Research Group are: that it was initiated by Solomon Islanders with self-expressed desire to learn about research; the learn-by-doing model; inclusion of community people to inform questions and socio-cultural appropriateness; and commitment to ongoing support by international researchers.

**Conclusions:** Given different social, cultural, economic, geographic, spiritual and service contexts across the Pacific, locally appropriate approaches need to be considered. Such approaches challenge the orthodox approach of centralized investment to replicate specialist driven approaches of funder nations. Increasing expertise at all levels through participatory capacity building models that define and address local problems may be more sustainable and responsive to local mental health contexts.

**Keywords:** capacity building, mental health, Atoifi Health Research Group, Solomon Islands, international partnerships, research capacity, participatory approaches

'Capacity building' is a key component of the health and development sectors that is often used to deliver training and distribute professional resources. A focus on training individuals alone often fails to build overall capacity to respond to complex public health needs, particularly in settings with limited resources and specific socio-cultural beliefs and practices. Institutional strengthening is also needed to build capacity. Here we provide an example of one model of research capacity building for mental health from a remote setting in Solomon Islands (SI).

the remote east coast of Malaita. The only way to travel to Atoifi is to walk along rainforest trails or by canoe, boat or light aircraft. Atoifi Hospital provides hospital and public health services for approximately 30,000 people in East Malaita who live across atolls, coastal villages and small mountain hamlets. Services are provided across five different language groups and for people who practice traditional ancestral religion or follow a variety of introduced Christian denominations. AHRG was

## The Atoifi Health Research Group

The Atoifi Health Research Group (AHRG; [www.atoifiresearch.org.sb](http://www.atoifiresearch.org.sb)) operates from Atoifi Adventist Hospital on

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established on the foundations of (i) relationship, (ii) respect and (iii) reciprocity. The Group uses a 'learn-by-doing' approach to build research capacity by embedding research activity into health-service and community-level health projects that are prioritized by local communities and the health service. The Group is eclectic in nature and made up of community leaders, Solomon Islander health professionals and international researchers. All prioritize participatory processes and respect multiple ways of 'knowing'. From this philosophical base the Group contributes to the collective discovery of new knowledge about local health issues to inform local ways to address the health issue.

A key success of the AHRG was the way it started. It was initiated by Solomon Islanders with a self-expressed desire to learn about research, not by outsiders with a project to teach about research. In 2009, a group of SI health workers, including author JA, requested the help of James Cook University (JCU) in Cairns Australia, to increase capacity of Solomon Islanders to conduct health research. Atoifi health professionals had seen orthodox capacity building approaches that started with outsiders teaching individual health professionals in a central location (either international, national or provincial) that assumed a 'trickle down' to remote regions. The request from Atoifi was for a new, unorthodox, model to implement capacity building in a remote location and international researchers travel to Atoifi to allow the full involvement of local individuals and local institutions to collectively co-discover new knowledge about local health issues and co-discover local solutions. This opened the possibility of local level evidence being able to 'trickle up' to inform provincial, national and international level policy and practice. This necessitated new, participatory ways of managing and implementing research capacity strengthening through the AHRG.

The learn-by-doing model involves running 2–4 one-week research workshops each year at Atoifi. An invitation is open to all hospital staff, all staff and students of the adjacent College of Nursing (now a campus of Pacific Adventist University), community people and health service partners (including national and provincial health services). Specific sessions are negotiated and planned by a small group of Atoifi leaders, community leaders and international researchers to identify local health research needs and compile a group with the expertise to describe, analyse and discover new knowledge. Many of the people who are central to the success of the AHRG would never have the opportunity to attend other orthodox research capacity building activities – they are people who may have never attended school and do not speak English. However these are people who have incredible knowledge and experience in local socio-cultural practices which inform local ways of understanding and addressing health issues. New, culturally informed methods of collecting, analysing and disseminating research findings are now possible because of the involvement of people at Atoifi and surrounding villages.<sup>1</sup>

In the series of workshops there are morning and evening sessions, with practical 'skills' sessions each afternoon. The morning session is mainly in Solomon Pijin and Kwaio language and the evening session mainly in English. Having 'open' sessions that use different languages for different audiences allows people to fully participate in research capacity building and allows a wide variety of perspectives and contributions across the range of community stakeholders. This allows direct partnerships to inform locally appropriate research questions, research methods, analysis and evidence based responses to local health issues. Participants are then encouraged to join research teams that actively investigate one of the health issues, with the active and ongoing support of experienced international researchers and local health professionals between workshops.

Many of the learn-by-doing projects supported at the Atoifi Health Research Group have been completed with no funds or small amounts of internal funding from Atoifi Hospital or JCU. International researchers provide their time as an 'in-kind' contribution to the Group. When there are no (or limited) funds between grants the international researchers continue to provide mentoring and support, including to apply for new grants together (in itself a capacity building process). The Group utilizes existing health service or village structures and supports, such as village primary health care team visits or village church services. It is therefore able to continue on minimal external funding to sustain momentum between funded projects.

Mutuality underpins the AHRG. Both international and Solomon Islander researchers have learned how to do research in the Pacific context through this 'learn-by-doing' model. In March 2015 the inaugural Atoifi Health Research Symposium was conducted with presentations on capacity strengthening, malaria, tuberculosis, medicinal plants, lymphatic filariasis and mental health. All presentations were delivered by Solomon Islanders who had undertaken research through the AHRG (<http://www.atoifihealthresearch.org.sb/node/92>). At the time of writing, 14 peer-reviewed journal articles had been published by the group – the greatest research output of any health service in Solomon Islands (<http://www.atoifihealthresearch.org.sb/resources>).

Formal evaluation of the learn-by-doing model shows that key elements to success have been:<sup>2,3</sup> respectful relationships; increased knowledge and experience of research; participation at all stages of research; contribution to public health action; support and sustain research opportunities; and managing challenges. These elements are enacted in the way that capacity building is a focus on all projects. We do not engage in a project if it does not include capacity building. We have seen that continuous support from all members of the Group has enabled structural changes to Atoifi Hospital where there is now a formal position created for a research nurse. Hospital staff can now conduct small research projects on their own and are teaching others at the provincial

and national levels. This is the start of the 'trickle up' process from the periphery to the centre.

## Directions

Following the successful Leadership in Mental Health Course held in Cairns, Australia in May 2015, it seems an opportune time to consider different approaches to strengthening leadership capacity of mental health leaders in Pacific Island Countries and Territories. Reports from two recent mental health capacity building programmes conducted in Solomon Islands and Fiji suggest that sustainability is a challenge when specialist driven approaches are dependent on external donor agencies.<sup>4,5</sup> Given the differences in social, cultural, economic, geographic, spiritual and service contexts across the Pacific, locally appropriate approaches such as the AHRG may need to be considered. Such approaches challenge the orthodox approach of centralized investment to replicate specialist driven approaches of funder nations. Increasing expertise at all levels through participatory capacity building models that define and address local

problems may be more sustainable and responsive to local mental health contexts.

## Disclosure

The authors report no conflict of interest. The authors alone are responsible for the content and writing of the paper.

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