**Post Doctorate Research Fellowship as a Health Policy and Systems Research (HPSR) Capacity Development Intervention: A Case of the Collaboration for Health Systems Analysis and Innovation (CHESAI) Project**

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**Abstract**

Building capacity in Health Policy and Systems Research (HPSR), especially in low- and middle-income countries remains one of the critical challenges for the field to support critical skills in Africa. Various approaches have been suggested and enacted by variable scholars and institutions on which form(s) of capacity building can help address challenges regarding HPSR development. The Collaboration for Health Systems Analysis and Innovation (CHESAI) project – a collaboration between the Universities of the Cape Town and the Western Cape`s Schools of Public Health have employed a non-research based Post-Doctoral Research Fellowship (PDRF) as a way of building African capacity in the field of HPSR. This paper aims to explore the innovations introduced through the CHESAI PDRF approach to build capacity among emerging HPSR researchers and practitioners in Africa. This also contributes to the debate on how to provide capacity to support health systems strengthening in Africa.

Drawing on critical reflections and interviews from the four CHESAI postdocs, their experiences were unpacked through critical narrative reviews to provide insights and evidence on how PDRF is a useful approach to capacity development for emerging researchers and practitioners in HPSR in Africa. The case study process was very iterative in nature and also involved a systematic step-by-step process starting from data collection to analysis. The synthesized narratives revealed that the CHESAI PDRF created multifaceted capacities among the post-docs for practice, research and policy engagements in the field of HPSR. The PDRF approach which was not solely research-based provided multiple spaces for engagements and capacity developments required in the field of HPSR. The findings also showed that institutions providing PDRF such as this must provide environments endowed with adequate resources, good leaderships and spaces for innovation. The PDRF must be grounded in a community of HPSR practice, provide opportunities for the post-docs togain in-depth understanding and knowledge of the broader theoretical and methodological underpinnings of the field. Furthermore, the findings revealed how the CHESAI PDRF provided post docs with a wide range of experiences including teaching and research, policy networking, skills for academic writing, engaging practitioners, co-production and community dialogue. The study concludes that PDRF is a useful approach to capacity building in HPSR but it must be embedded in a community of practice for fellows to benefit. More academic institutions in African should adopt innovative and flexible support for emerging leaders, researchers and practitioners to strengthen our health systems.