ventions which leads to improved programme performance and/or health service delivery1-3. This science has long been used in developed countries such as Europe to improve health systems operations and thus performance. Over the past decade, OR is being conducted in health systems in resource limited settings such as Sub Saharan Africa and now in Asia and more recently in the Oceania region. As such, teams of proposal writers seeking funds from international health aid donors have factored funding for operational research in health programs so that the concept of OR can be introduced in this part of the region and capacity can be developed among health staff to conduct OR.

OR Training

The OR capacity building training was one of the key deliverables of the Global Fund (Global Fund for AIDS, Tuberculosis and Malaria -GFATM) Grant for which the principal recipient (PR) was Ministry of Health (MOH), Fiji. The round 8 & 9 grant was specifically for Tuberculosis (TB) and Health Systems Strengthening (HSS). The College of Medicine, Nursing and Health Sciences (CMNHS) of the Fiji National University (FNU) was one of the subrecipients (SR) of the grant, tasked to deliver the OR capacity building training to staff of other SR including CMNHS staff. Due to the absence of local capacity for this genre of research, the World Health Organisation (WHO) was consulted. The then WHO TB Advisor assisted CMHNS to established with the International Union Against Tuberculosis and Lung Disease (The Union) which has the world authority on OR. Soon after establishing contacts with the Unions, numerous online and e-discussion took place between the College and OR experts of the Union on how the OR training model used by the Union could be brought to the Oceania region. Since there was general lack of knowledge of what, why and how of OR4, it was decided that the OR training will proceed with a 2-day OR symposium. The symposium was targeted at novice OR participants, public health professionals, academics, staff of MOH and most importantly, senior MOH staff including program managers so that they became aware of what the OR course will entail, both in terms of the amount of time and financial resources needed so that they could be supported when they return to the programs after the completion of the training. Apart from learning the what, why and how of the OR, one of the key issues highlighted during the symposium was that senior program managers

be excluded from the actual training. This was because the Union's experience has shown that individuals on these positions are already overwhelmed **Future of OR training** with their daily administrative duties of program imto undertake the training and achieve the pre-determodule OR training.

During the first round of Fiji OR capacity building plementation and may not have the necessary time training, the majority of the participants were handpicked. As such, due consideration was not given to mined milestones attached to each module of the 3 whether they were keen to participate and develop their skills in research. In addition, the majority of Post OR symposium, the Union's three-module those who commenced the training were not only model of OR commenced with a class of 12 parunaware of the OR but also its associated mileticipants. Each module was three months apart and stones. These two factors required a great deal of consisted of lectures, sessions with mentors as well effort in following up with each researcher on their as plenary sessions. Each module had milestones individual project implementation and completion. which participants need to achieve after completing Now that these individuals have returned to their the module. Module 1 required participants to deprograms, it is imperative that they engage in OR. velop research question and protocol and complete In future OR capacity building training, it is vital that an ethics form, along with any data collection instruindividuals are selected appropriately both by merit ments, with the assistance of experienced OR menand their career aspirations. The CMNHS comtors. The milestone for module 1 was submission of menced the second round of OR training in May, these documents to ethics committees. Module two 2013 to be completed in February 2014 to further introduced participants to Epidata5 software (open build capacity amongst additional twelve staff of the SR of the GFATM grant. access software) and taught them how to develop a data entry template based on the variables in their References protocol and steps to data analysis. Between mod-1. http://www.ncbi.nlm.nih.gov/pmc/articles/ ule 2 and module 3, participants were required to PMC3161891/ collect data (mostly from registers at health facili-2. Kumar, A.M.V, Satyanarayana, S et al. Operaties) and analyse data. The submission of the anational Research capacity building in Asia: inlysed data was the milestone for module 2. During novations, successes and challenges of a the final module, participants wrote up a scientific training course, Public Health Action, vol. 3, paper based on the initial protocol they developed, June, pp. 186-188. incorporating the study findings. Once the paper 3. Bissell, A., Harries, A.D et al. Operational re was written, participants were required to make onsearch training: the course and beyond, Public line submission as their final milestone; of course Health Action, vol.2, September, pp.92-97. they were taught how to do this. For the Fiji course, 4. Zachariah R, Harries AD, et.al IN. Operational 8 participants made it through the three modules, research in low-income countries : what, why and with 4 drop-outs. The reasons for dropping out inhow? Lancet. 2009;9:711-7. cluded a change in profession of the participants, 5. http://www.epidata.dk/ unapproved OR protocol and failure to meet the milestone by deadlines. From eight (8) participants, nine (9) study papers were written (since one participant wrote 2 papers). In terms of publication, seven (7) papers have been published to date from the pioneer Fiji OR course, recording a success rate of 58 per cent. Two papers are under review. Since the main objective of the OR is to help improve health systems, the findings of the OR studies was presented during a dissemination seminar in which program managers, staff of the health ministry and academics were invited. Apart from delivering the presentations, individual researchers also prepared action plans for the MOH so that this could be used

Commentary

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Operational Research (OR) is defined as the search for knowledge on strategies, tools or interby them to change policy and practice.