The Early Career Researcher Interview Series is an initiative led by the iHEA Early Career Researcher Special Interest Group (ECR-SIG). The aim of this interview series is to showcase the diversity of people in the ECR subgroup in iHEA. By interviewing a variety of ECRs, we hope to describe the many interesting and emerging career paths available to ECRs in health economics, highlight the choices that individuals have made to help them to reach this point in their career, and reveal how ECRs are navigating the various challenges that they face.

The fourth interview of this series is with Edwine Barasa. Edwine is the director of the KEMRI-Wellcome Trust Nairobi programme, and also heads the health economics research unit (HERU) of the programme. Prior to these appointments, he completed both a Master’s Degree and a PhD in Health Economics at the University of Cape Town, South Africa. His research interests are in health financing, equity, poverty, efficiency, economic evaluation of healthcare interventions, measuring health systems performance, priority setting and resource allocation, and health system governance. Angela Esi Micah and James Buchanan, two of the conveners of the ECR-SIG, spoke to Edwine in January 2019 to discuss his pathway to becoming an established ECR.

Hi Edwine, thanks for making the time to chat with us today. Can you start our conversation by telling us a bit about where you did your PhD, why you chose that particular institution and how your studies was funded?

Yes, I can certainly do that. I did my PhD at the University of Cape Town (UCT) in Health Economics. UCT has a health economics unit that runs a Masters and PhD in Health Economics program so that’s where I did both my Masters and PhD training. To be honest, I really made the choice of UCT at my Masters level and then after my Masters it was a natural progression to do my PhD there as well because I had developed relationships with the school, my supervisors and with the city. Also, beyond the basic principles, Economics and Health Economics in particular is context specific, especially in terms of its applications. UCT was an excellent fit for me in this case because of its public sector focus. The training at UCT is really grounded in
the fact that health is a public good and a human right as opposed to health being a commodity. I found that inclination – health as a human right - particularly appealing. And of course UCT is also focused on problems in Africa and I had always wanted to base my career on looking at problems in Africa as opposed to problems in other places. It also didn’t hurt that Cape Town is a very beautiful city, with so much life, and it was 2010 and South Africa was hosting the World Cup!

Wow! That must have been a very exciting time to be in Cape Town. Now we know the real reason you chose UCT! Coming back to your PhD journey, how did you then fund your studies once you made the school choice?

I worked for the KEMRI Wellcome Trust Research programme (KEMRI-Wellcome Trust) in Kenya prior to starting my studies. The Programme is a collaboration between the Kenya Medical Research Institute in Kenya, the Wellcome Trust (a research funder in the UK) and the University of Oxford. Within KEMRI-Wellcome Trust, we have two goals: i) to do great health research and ii) to build Africa’s research capacity. The organisation therefore spends a lot of its time mobilising resources for capacity building and those are essentially the resources that supported my training. For my Masters, I applied and got a Wellcome Trust Masters fellowship. This is a fellowship that supports people to do their Masters and their Masters Research project. Immediately after that I got a KEMRI-Wellcome Trust Strategic PhD award that supported my PhD.

Very nice. So when did you start your PhD and when did you finish it?

I did my PhD in about 2 years and a couple of months. I started in May of 2012 and submitted my thesis in November of 2014.

That’s a fast turnaround! Was that by choice, design or just how it all worked out?

That’s really how it worked out. I was obviously interested in getting done as soon as possible.

Were there any particular challenges in terms of getting your PhD done in less than 3 years?

There were definitely some challenges but I also had some things that propelled my progress. One of the enablers for me was that I wasn’t going to a new school. I was already working with people I had worked with before so it was easier to transition into the PhD program and finish on time. Another enabler is the fact that I worked for a research organisation so I wasn’t really balancing work and a PhD. I was given protected time to do my PhD research which allowed me to work towards finishing my degree on time. Also within the KEMRI-Wellcome Trust one of our core functions is capacity building and so there is a platform and a framework for supporting capacity building and supporting students. This context is different for example from being a PhD student and feeling like you are on your own and don’t have a support system around you. At the KEMRI-Wellcome Trust, you find yourself in a sea of about 30 PhD students who are willing to share ideas, to interact, share your problems, and challenges. There is peer to peer support.

Having said that, I did face challenges. I find that one of the differences between doing a PhD in a low and middle income country and other settings is that people get into PhD programs much later in their life. Of course that is changing now with the new generation who are much younger and getting higher education much earlier. However, if you get into grad school when you are much older you often have other competing priorities. Not only do you have to think about your school, you also have to think about when you are going to start a family, when you are going to get married and have a baby and how to balance all of that. For me, this was challenging because I got married in 2013 in the middle of my PhD training
and I had a baby in 2014, so balancing between family and writing a thesis wasn’t the easiest thing. It actually became my motivation to finish. I had a target to finish before my son was born in August 2014 but then I submitted two months after he was born which was also fine.

That is still a fantastic achievement, Edwine, considering that he was around possibly for the final stressful moments. Before we move on to other parts of your progression, can you tell us what your PhD research was specifically about?

Absolutely, for my PhD research, I examined health care priority setting practices at the hospital level in Kenya. In particular, I looked at how hospital management teams allocate resources across departments and different health care services. It was a purely qualitative thesis, although in my current research I do both qualitative and quantitative research.

Moving along now to your life after completing your PhD, Can you tell us a little bit about what you have done since then?

Immediately after my PhD, I applied for a Wellcome Trust research training fellowship. The Wellcome Trust has different funding schemes and one of these is a fellowship scheme that supports scientists through their entire careers. There are various tiers and different levels. The first level is a fellowship for early career researchers and that is what I was awarded.

I interviewed successfully for it in early 2015 and started my fellowship in August 2015. That essentially launched my career as an independent scientist. The grant gave me three years of research time to focus on a research question of my choice. Over the course of the three years, in addition to my fellowship research, I was also able to secure other research grants from varied funders (DFID, MRC, Bill and Melinda Gates Foundation) and carried out other research projects. This guaranteed that I was involved in quite a number of research projects which solidified my transition from a student to an independent researcher.

Towards the end of 2015, I took over the leadership of the Health Economics Research Unit (HERU) at the KEMRI-Wellcome Trust. This meant that I spent my time building that research group, broadening the scope of the work the research group did and mobilising resources for its work. At the end of 2017, I applied to become the Director of the KEMRI-Wellcome Trust Nairobi Programme and was successful in this application. The KEMRI-Wellcome Trust has two research hubs in Kenya (Nairobi and Kilifi) and one in Uganda. This is what I have been doing for a little over a year.

Before we ask you about your current leadership role, it would be great to learn more about your fellowship application. What do you think helped your application to stand out to get the funding?

The overall research question in my Wellcome Trust Research Training Fellowship was “How can we ensure that health financing interventions and policies in Kenya are equitable and pro-poor?”. There is a big discussion around Universal Health Coverage (UHC) in low and middle income countries (LMICs), and as part of that there is a discussion about health financing. Often LMICs will carry out universal reforms, but will also carry out reforms that are specifically targeted at the poor and the vulnerable, such as subsidy programmes and user fee removal programs. However, the evidence in the literature tells us that so called pro-poor reforms don’t always reach and benefit those who are targeted (the poor) but rather are captured by the well off in society. So the question was how can we ensure that poor people benefit from this push towards UHC?

Why do I think this was well-positioned to be funded? First, I’ve always planned ahead by asking myself ‘What do I want to do in the next couple of years and what do I need to do to appropriately set myself up
for that?’ To get a Wellcome Fellowship, you need to demonstrate that you have the skill-set, the work ethic and the capacity to do it, and that is reflected by things like your publication record. Typically people finish their PhD and then start publishing, however for me that would have meant that after finishing my PhD I would have needed to spend another 2-3 years getting my papers published before applying for grants, and I didn’t want to do that. So even though my PhD was not by publication, I published papers from my PhD as I went along. By the time I finished my PhD I had published 2 papers from my literature review and some of the research in my Results chapters too. I had also published 3 papers from my Master’s thesis. Because of that, by the time I submitted my PhD, I had about 7 publications and that made me well-positioned to apply for an independent grant.

Second, as an ECR, nobody knows if you can do the work. You can write a brilliant proposal but you often do not have a track record. So it always helps to develop networks and to collaborate with people that have demonstrated in the past that they have such a track record i.e. ‘stand on the shoulders of giants’. For my early-career application, I collaborated with Professor Di McIntyre and Professor Kara Hanson and I think this also helped me to secure the funding – it is essentially an endorsement.

Your leadership role at KEMRI requires you to undertake more administrative activities than if your role was just focused on research. How are you balancing that? Is your ultimate goal to progress to a more managerial role rather than becoming a Professor?

So that’s an interesting journey that I am on at the moment. One of the reasons why I have taken on leadership positions is because I have an interest in capacity building, and these positions allow me to explore this interest. I am keen to build capacity for health economics in this part of the world, which involves organising resources, recruiting people, mentoring them, getting them through their PhD and on to their postdoctoral work, basically creating a critical mass for health economics in Kenya and in Africa. That is what I’m interested in, rather than signing invoices; the administrative work just comes with the territory. Ultimately I would rather be a Professor than an administrator.

Are there any particular challenges or opportunities that you would like to highlight as an ECR developing your research career in Africa?

It is definitely a unique experience being an ECR in Africa, for several reasons. First, getting funding is not easy. Before I joined the KEMRI-Wellcome Trust Research Programme, I struggled for about three years to find funding to get into a Masters programme. In fact, that is what prompted me to join the KEMRI-Wellcome Trust because it is renowned for capacity building. One consequence of the lack of funding is that people often get into graduate school later in life.

Second, there is also a challenge regarding where you get your graduate education. I had to go all the way to the University of Cape Town (UCT) to do my Masters and PhD. At the time that I went, UCT was the only university that offered health economics training in the whole of Africa. So to get the training that you want you have to fly about 2,000 miles. It is also more expensive to train outside of your home country, and there are associated issues such as separation from family and disruption of your social life. This also means that there are limited opportunities for people to get into these training programmes – at the time that I applied, aspiring health economists from 55 countries were trying to get into just one school on the entire continent.

Once you have got your training it is then a challenge to get funding to transition from being a PhD student to being a postgrad to being an independent researcher. Again, there are not many opportunities to get this sort of funding, especially in health systems research, and in particular, health economics research.
National governments do not allocate sufficient resources to research so most of the funding opportunities come from outside Africa. As it is quite competitive to get this funding, a lot of people are unsuccessful.

Another challenge to transitioning to an independent research career is the dearth of mentorship opportunities. In my experience, mentorship and guidance from senior and more experienced scientists is one of the most important ingredients in capacity building of researchers. However, given the limited education and funding opportunities in our part of the world, there is a limited pool of senior scientists that can offer mentorship and guidance to younger aspiring scientists. Networking opportunities between these senior scientists and younger scientists are also few and far between. This means that a lot of brilliant and promising young scientists fall off along the way and never realise their true potential because they did not get the right guidance and mentorship.

There is also the challenge of how to do your research. When I look at how people in high income countries do research there are plenty of opportunities to take advantage of world class data systems such as registries and regularly updated secondary survey datasets. In this part of the world, often the only solution is to go to the field and collect the data yourself, which is obviously more expensive. Secondary data is harder to come by, and is often collected over very long intervals, so you end up working with older data. If I want to look at access to health services in Kenya, I would have to rely on Demographic and Health Surveys, and the latest survey is from 2014. If I was interested in non-communicable diseases we don’t have robust registries, so I would have to collect primary data which is more expensive, more complex and requires more resources.

That’s a fantastic answer, thanks Edwine. Looking at your career as a whole so far, is there anything that you would have done differently?

Personally, no. I would have loved to have started my studies earlier, but that was mostly out of my control!

‘No’ is a perfectly acceptable answer to that question! So wrapping up, what’s next for you? What are your goals over the next 5-10 years as an ECR who is soon to become a mid-career researcher?

There are three things that I want to focus on over the next couple of years. The first is capacity building. I am really keen to build health economics and systems capacity in my organisation, country, and the African region. So supporting people to undertake Masters courses and PhDs, supporting ECRs through their post-doc years and so on. Also, as I have said, there are very few programmes across Africa that provide the sort of health economics training that people are looking for. So I am working with two local universities with a long-term plan of setting up Masters programmes in health economics and health systems research.

My second focus is policy engagement. I have been doing research for the past ten years and I am increasingly focusing on influencing policy and collaborating with policymakers to ensure that they make more evidence-based decisions. I am currently working with my institution and other institutions to develop a framework for policy engagement between researchers and policy-makers. I am also actively embedded in the Kenyan policy making space supporting the ministry of health to develop UHC policies.

Lastly, I am setting up myself to be a Professor, so I am also focused on getting more research grants, publishing more papers and supervising students.

Many thanks to Edwine for talking to us today. Interested readers can learn more about Edwine’s work by visiting his profile page. The next interview in the Early Career Researcher Interview Series will be published in March 2019.