



The Council on Health Research for Development

Annual Review 2001



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Preface

The 2001 COHRED Annual Review is the first review published after the International Conference on Health Research for Development (IC2000, Bangkok, October 2000). Much has happened since, not only to COHRED as an organisation - where a change of chairperson of the COHRED Board coincided with the appointment of a new coordinator of the COHRED Secretariat - but more importantly, many activities took place in countries to further strengthen health research as a tool for development.

I feel that the factors which led to the establishment of COHRED a little less than ten years ago are more valid today than ever. This belief was confirmed before, during and after the IC2000. Compared to the huge needs, the power and capacity of COHRED and partners in the field of health research for development is very limited. Rivalries are not needed – we are not operating in a market situation where we are fighting for a limited slice of the pie. On the contrary, the needs and gaps are enormous – synergies and partnerships are needed more than ever. One of our main challenges will be to achieve these strategic partnerships.

The comparative advantages of COHRED are its valuable experience with direct country cooperation, and the well developed global network of very experienced people, mainly from the South. We need to build on these experiences, and use the flexibility of COHRED, but we also have to be critical towards our past. We need to ask ourselves what it means when we say that we ‘put countries first’, and how we can practice what we say. Who are the main actors at country level – and with whom should we establish relations? We also have to ensure that the two other main pillars of COHRED’s work (the analytical work and its communication work) are supportive of country activities. We need to explore how all our information and tools can be used at country level and how we can use the tools for human resource development.

The regional consultative processes leading to the IC2000 and the IC2000 itself emphasised the need for the development of national health research systems. COHRED supports countries in developing their research systems, while maintaining the values and principles of the essential national health research strategy. COHRED also supports the development of regional networks for health research and is one of the partners in these networks, which are led and guided by regional leaders in the field of health research.

This report gives readers an impression of how the new COHRED is being shaped. In addition, it provides a taste of the activities which took place in 2001, and insight into how COHRED intends to cooperate with its partners and donors. It is not intended to be a complete record of COHRED’s work, but my hope is that the readers will gain a better sense of what COHRED stands for – which is providing a platform for key actors to debate on health research management issues relevant to countries!

Peter Makara

Coordinator COHRED

Part I: Shaping the new COHRED

The message that is being communicated by COHRED today is one of continued commitment to supporting country-level activities to develop and strengthen health research for development. Before we give an overview of the activities of 2001 that illustrate this commitment, this section of the Annual Review provides insight into the changes which have taken place in the year 2001 and which have shaped the 'new' COHRED. The **first change** is the increased focus on a 'systems' thinking for health research which led to the need to rethink the role of essential national health research within this systems approach. The **second change** took place within COHRED as an organisation.

These changes have to be viewed within the light of the rich experience COHRED has gathered during its almost ten years of working with countries. Obviously, there is a great variety of political situations, organisational systems, infrastructure and human resources and epidemiological challenges in these countries, which results in a range of options for partnerships. COHRED tries to develop tailored approaches to a country's needs and its particular situation, but does this on the basis of a clearly defined set of underlying values. It therefore needs to find a way between a general approach, using these underlying values, and the specific country needs. COHRED is becoming increasingly an activist of change and tries to be service oriented in a strategic way.

ENHR within the context of a National Health Research System

"The concept of essential national health research (ENHR) can be operationalised and sustained in countries only when it operates within the context of a national health research system".

(Somsak Chunharas, Chairperson, COHRED Working Group on National Health Research Systems)

Various discussions prior to and during the International Conference on Health Research for Development in Bangkok in October 2000 (IC2000) laid the foundations for thinking about the concept of an effective health research system, and how the ENHR strategy plays an integral part in strengthening health research for development.

The starting point for many of the discussions was the background paper *Health research for development: the continuing challenge*. This paper, based largely on consultations at national and regional level, reviewed the state of health research in developing countries and made proposals for its revitalisation. One of these proposals was to adopt a "systems approach" to health research – aimed at ensuring inclusiveness, better cooperation and collaboration, and integration with long-term health development aimed at reducing inequities in health. This led to the notion of an effective health research system. However, the idea of a health research system is not new. It was first introduced in the 1990 Report of the Commission on Health Research for Development.

Essential National Health Research (ENHR) is an integrated strategy for organising and managing health research. It calls for the simultaneous application of three organising principles:

- * Participation - resulting in consensus building among all interested parties at all stages of the research process;
- * Informed and sound decision-making - at all levels, from ministry officials, over district development teams, to community groups and individuals;
- * Inclusive approach to health research - drawing on all types of health research to generate knowledge that contributes to health development.

Where these three principles converge, ENHR is at work.

Research is central to an ENHR strategy. But it cannot be separated from sound decision-making and participation. These two ingredients are conveyed in the words 'essential' and 'national':

- * Essential research, because without it decisions are a hit-or-miss gamble and because sound decision-making is essential at whatever level - ministry officials, district development teams, hospital managers, community leaders or individuals having to decide how best to use their time, energy and resources to solve a health problem.
- * National research, because it responds to local - national, district, community - needs, is conducted as far as possible through local resources and forms part of a health policy to which the local (national or district) government is committed.

The Commission report envisaged “a pluralistic, world-wide health research system” that would nurture national scientific groups linked together in trans-national networks. This vision was perhaps somewhat ahead of its time in 1990. In the years that followed, COHRED and other organisations focused on the more concrete recommendations of the Commission, such as promoting the ENHR strategy and developing national capacities for research. Considerable progress has been made through these approaches, and a number of countries are now looking beyond them to see how health research could be made even more cost-effective and more relevant in the general context of development.

The idea of the effective health research system, as described in the Conference discussion paper, is based on the notion that, if health research is to have a significant impact on health and development, it needs to be part of a long-term strategic plan closely linked to the development agenda. Thus, institutions, countries, regional networks and international development and funding agencies need to re-orient their strategies, away from short-term projects towards longer-term programme development and infrastructure strengthening. It should also be focused on country needs and priorities and driven by the notion of equity. These ideas were endorsed by the IC2000, and repeated in the recommendations.

So where does this leave ENHR? In fact, it leaves ENHR at the very heart of the system. The ENHR strategy has always been based on three principles:

1. Put countries first.
2. Design and implement a research strategy for equity in health.
3. Make health research an active part of development.

These principles continue to form the basis for the development of a system, through which the ENHR strategy can be applied. The idea of a “system” of any kind is sometimes difficult to grasp in concrete terms. Essentially, in this case, it refers simply to all those organisations, institutions, groups and individuals that contribute to health research. All countries already have a system of some sort. However, for the system to be effective it needs to function in a **coordinated and coherent manner**, within a broader interactive regional and global framework. This is different from a centralised governance system. It is not only the regulation and the setting of central priorities which are important. On the contrary, COHRED emphasises a focus on all underlying values, including involvement of all stakeholders in the process, and including democratic principles to the development of health research. Improved coordination and

coherence will therefore come from agreement by all concerned on a set of underlying values and operating principles, which will then guide the activities carried out within the system. Those values and principles are what will ensure that we do not lose sight of the ultimate objectives of health research.

By continuing to promote the application of the ENHR strategy within an effective health research system, countries will maximise their chances of fulfilling the vision of the Commission on Health Research for Development – that of harnessing the power of research to accelerate health improvements and overcome health disparities.

In November 2000, the COHRED Board emphasised that, whilst continuing to foster the promotion of ENHR as a general strategy, support should be aimed at the development of effective national health research systems, with due attention to the functions specified by the IC2000. It is possible to envisage three parallel and closely interlinked approaches to such support:

- The continuation of **direct support to countries** wanting to implement the ENHR strategy, with a focus on developing and strengthening an effective health research system;
- An **“analytical” role**, or platform, for bringing together stakeholders from countries to gather quantitative and qualitative evidence of progress in issues relevant to health research for development and to develop tools and guidelines aimed at ensuring effective management of the health research system; and
- A **communications/documentation/clearing-house role**, facilitating interchange of ideas, experiences and expertise between countries.

Part II of this Annual Review describes the progress made in these three areas.

Organisational change

There were two events in October 2000 that provided the momentum for the changes which took place at COHRED in 2001. The first was a landmark meeting of COHRED Constituents prior to the IC2000, and the second was the IC2000 itself. A number of institutional changes also occurred within the organisation in 2001.

The COHRED Constituents meeting confirmed the continued relevance of ENHR and identified the organisation’s four roles in support of the strategy. These were:

- COHRED as an **advocate** for the ENHR strategy
- COHRED as a **broker**, assisting countries with links to donors, agencies, private sector groups, global networks
- COHRED as a **learning community**
- COHRED as a **collegium**, bringing together colleagues to encourage and support each other in implementing the ENHR strategy.

The action plan resulting from the IC2000 posed a number of new challenges to the organisation, at a time when COHRED was undergoing changes in administration and leadership. Both a new management style and transparent and synergistic ways of working with partners at the global as well as country and regional levels were being sought. While country work remained focused, relations with countries, often dependent on key persons, needed reassessment. New actors on the global scene, particularly in the private sector, required attention, as well as the changing donor situation. In addition, COHRED was faced with the necessity of changing its status from a UN-affiliated organisation to operating as an NGO under Swiss law.

A further shift that has taken place in COHRED's history is an internal one – Dr. Yvo Nuyens, COHRED's coordinator who so effectively steered the organisation through its first years retired mid 2001, and was replaced by Dr. Peter Makara. Dr Makara's fresh insight has provided COHRED with the impetus to rethink strategies, review activities, and renew its commitment to linking equity to health and development.

The 'external' influences, in the context of the changes taking place in COHRED's internal administration and leadership, meant an enormous investment in time and energy from the Secretariat and other affiliated members of the COHRED family. The result, we hope, is one that will reinvigorate COHRED's activities and outcomes.

The COHRED Board reviewed this situation in its meeting of December 2001 and emphasised the need for balance between continuity and change: continuity in COHRED's philosophy, its operating principles, its mandate and its values; change in improving internal coordination, improving strategic thinking based on COHRED's niche, putting the equity concern even higher on the agenda, letting considerations around sustainability of processes at country level increasingly influence decisions around support, and increasing the role of regional coordination as an essential link between countries and the COHRED Secretariat.

COHRED's **vision** is to work for effective health research as a tool for development, based on the values of equity and social justice. COHRED's **mission** is to be a global activist advocating the ENHR strategy in order to strengthen national health research systems in addressing the health problems of those most in need. COHRED intends to do this by working with in-country teams, by mobilising and supporting country and regional networks, and by voicing the country needs at global level.

Part II: Activities

COHRED's main objective is to promote and advocate for strong national health research networks that are able to support priority-driven research in countries, through which informed decision-making, ultimately leading to more equity in health, can take place.

All activities supported and conducted by COHRED are planned to work towards this objective. The main focus remains direct country support – which includes mainly technical support and providing information – to strengthen health research systems in countries, using the philosophy, values and principles of the ENHR strategy. The organisation's analytical work is linked to the needs expressed by countries and is intended to provide input and materials which will support health research efforts in-country. Parallel to the analytical work are efforts to develop strategic approaches to back up regional mechanisms as optimal intermediaries between the global and country levels. Linking all of these efforts is the communication pillar of the organisation, which aims to provide the bridge between the analytical work, the development of tools, the active dissemination of these tools, and all activities within countries.

This section of the COHRED Annual Review provides an overview of the activities supported and developed in 2001.

Direct country support

A country-specific focus remains the backbone of COHRED's *raison d'être*. The short-term country support and activities should feed into the long-term strategies for the development of effective national health research systems. The idea of an effective health research system is based on the notion that, if health research is to have a significant impact on health and development, it needs to be part of a long-term strategic plan closely linked to the development agenda, and the main focus of activities should be at the national (and sub-national) level. Thus, institutions, countries, regional networks and international development and funding agencies need to re-orient their strategies, away from short-term projects towards longer-term programme development and infrastructure strengthening at the country level.

COHRED felt a strong need to improve its own priority setting process in the activities supported at country level. It has done this in the year 2001 using the following guiding principles:

- The focus of activities should be on those countries that need the support most as their health research systems are not yet well developed.
- The activities supported should be in those areas where COHRED has the capacity to provide high quality support.
- Activities should only be supported if there is a clear indication that the activity will not be conducted in isolation, but will lead to medium term action in the country.

COHRED intends to contribute to the democratic development of institutions in countries, to have open working relations, and to use a learning process of negotiation with the stakeholders in countries.

To elaborate COHRED's plan of work for the year 2002 an extensive planning process started in September 2001. The process was developed with a view to:

- Collect information from countries on ongoing and planned activities to strengthen their health research system;
- Assess the needs of countries to successfully implement the ENHR strategy;
- Define the future strategic directions of COHRED.

A planning matrix was sent to all national and regional contact persons. The framework was intended to guide teams in countries in their planning of future activities, and to ensure that these activities meet the criteria and priorities set out by COHRED. Towards the first week of December 2001, COHRED's Secretariat received a total of 28 country proposals for review. The review process will be informed by:

- Countries' expressed needs towards the development of effective national health research systems;
- Assessment of the synergies between the proposed activities and their financial requirements;
- Potential within the proposed activities to provide a learning experience through spill-over effect (e.g. to other countries).

The expectation is that this planning process will lead to more strategic and sustainable country support over the coming years. It will allow cooperation with a large number of countries, including a continued cooperation with those countries that already have a more developed health research system.

In the section below a number of examples of country activities which took place in 2001 have been included as an illustration of COHRED's direct country work. This is by no means an exhaustive list of the activities which took place in 2001.

Priority setting for health research in Mali

The first national workshop on health research priority setting in Mali was held in August 2001. The general objective of the workshop was to set up a strategic framework for health research in Mali. Specifically, the participants were asked to:

- Define a set of national health research priorities;
- Facilitate the work towards enriching, validating and finalising a five-year action plan for health research.

The workshop allowed dialogue between researchers, decision-makers, institutes, private organisations and other interested parties, which will facilitate the link between research and action. Based on dialogues at both the regional and sub-regional levels, priorities for health problems were identified. The list of priorities span from those, which relate to health structures, to pathologically oriented problems such as communicable diseases and medicine related management.

The participants acknowledged an immediate challenge in mobilising sufficient resources for effective health research that will effectually lead to a functioning and efficient health system. For the medium-term plan partnerships are being established with countries in the sub-region to tackle common problems.

Health research priority setting process in Cameroon

In September 2001, Cameroon embarked on a process which will eventually result in the development of a national health research agenda. Based on the recommendations from a Promotion and Advocacy Workshop for ENHR and Health Research held in Yaounde, three working groups were formed to carry out priority setting work. The objectives of the study have been identified as follows:

- Identify country-specific health problems, and design and evaluate action programs for dealing with them;
- Join international efforts to find new knowledge, methods and technologies for addressing global health problems that are high priority to the country;
- Channel resource allocation, as well as donor investment in health, to areas of highest priority;
- Address the issue of equity;
- Attend the needs of the most vulnerable groups of the population, namely women, children and the poor.

The time frame for this process is one year and will run until approximately August 2002. The preparatory phase of the study was accomplished with open meetings between the various groups of stakeholders to develop a conceptual understanding of the ENHR strategy and its potential for solving existing health problems. Phase two of the study comprises data collection, and will be implemented based on the Tanzanian experience. Priority setting efforts will also be combined with a study on resource flows – an important tool to assess whether funding for health research is directed at priority research areas.

Health research development in Malawi

Since the establishment of the research unit in the Ministry of Health and Population in Malawi, the government has become increasingly interested and committed to health research. A practical example has been the inclusion of research in major policy documents such as the Health Policy Framework and the current (1999-2004) National Health Plan. The advancement of health research in Malawi has, however, been retarded by several factors such as lack of a national research policy, absence of a national health research agenda and lack of an “information culture” among the staff in the health-related fields. To address these problems, the research unit of the Ministry organised a three-day workshop aimed at developing a national health research agenda based on the ENHR strategy. Specific objectives were:

- To identify health research priority areas;
- To discuss ways of promoting health research in Malawi;
- To build consensus among stakeholders on health research matters.

A total of 30 participants representing public and research institutions, non-governmental organisations, and the donor community attended the workshop.

Prior to the workshop, a situation analysis of available research activities was conducted to determine research areas covered by disease control programs and other institutions in the country. Based on the discussion of the priority setting methodology developed by COHRED, and the modification as applied by Tanzanian counterparts who had undertaken the exercise previously, the workshop moved a step forward from country level health priorities to health research priorities. One of the products from the priority setting workshop was a list of priorities for carrying out health research in Malawi. The main challenge now is to ensure that all players and stakeholders address the newly defined priority research agenda.

Kazakhstan places emphasis on supporting young health researchers

In May 2001 an International Scientific Conference on ‘Strategies for the development of the Kazakhstan health care system in the 21st century’ took place in Almaty. The main purpose of the conference was to encourage broad discussion on the country’s health care system and to develop a strategic plan up to the year 2010. Participants included government officials, parliamentarians, researchers, and representatives from international agencies, NGOs and medical societies.

One of the key sections of the conference focused on the development and strengthening of medical education and health sciences, including the need for human resource development. This component of the conference was organised by the Kazakhstan ENHR network, a network which has evolved and developed rapidly over the last two years. Participants discussed a plan to strengthen the development of essential health research until 2010. They also discussed the process of identifying priorities for the development of health research. One of the decisions taken at the conference was to support a program for young health researchers within the Kazakhstan ENHR framework. This led to the establishment of the *Association of young health researchers in Kazakhstan*, which was officially launched in August, 2001. The ongoing process to develop health research in Kazakhstan had a spill-over effect to other countries in the region (e.g. Uzbekistan, Kyrgistan, Azerbaijan), where first discussions on the usefulness of adopting the ENHR strategy have taken place.

Working towards an effective health research system for Iran

Iran has demonstrated a growing interest in ENHR over the past two years, beginning with participation in the pre-Bangkok regional consultative process. Iran hosted an informal consultation from April 29 - May 2, 2001 regarding “health research management: toward an effective national health research system”. Participants from five countries attended this consultation (along with 11 observers from Iran), which was co-sponsored by WHO/EMRO and COHRED.

In view of the experiences and ideas generated at the regional level and as a result of the International Conference on Health Research for Development (IC2000) in Bangkok, the Ministry of Health in Iran planned two workshops in November 2001. Due to political reasons these workshops were eventually held in early 2002. The main objective of the two workshops was to promote

the national health research agenda at country level. The themes addressed at the first workshop included priority setting, stewardship, community involvement, interdisciplinary cooperation, resource mobilisation and research utilisation. The second workshop focused on the development of research proposals. This included a presentation on the major international donor agencies and foundations. A situation analysis of the current health research situation in Iran identified three problem areas, representing barriers to an effective national health research system. These were:

- Problems related to the researchers: knowledge and skill capacity gaps; conceptual and organisational gaps between researchers and planners; lack of motivation for research; inadequate access to needed resources; and a weak capacity by research managers to facilitate research on relevant population-based problems.
- Problems related to the subject (content, focus) of research, and the dissemination and publication of results.
- Problems related to research management.

Iran has a large and well established health research system, with substantial financial resources. There is a strong desire to strengthen research links between Iranians and “the outside world”, including links to agencies and groups related to the “new” (post-Bangkok) framework of effective national health research system.

The plans and background documents for the workshops are available through a specially designed web site: <http://www.hbi.or.ir/enhr>.

Pakistan develops a health research agenda and implements the ENHR strategy

In February 2001, the Pakistan Medical Research Council (PMRC) organised a priority setting seminar which focused on the role of health research in development and defining the role of the Council in promoting health research for development in the country. The participants included policy and decision-makers from the Ministries of Health, Science and Technology and the Planning Division, researchers and academics, and representatives from non-governmental organisations and the private sector. Based on the national consultation process in preparation for the development of a health research agenda in Pakistan, the participants discussed the type of research needed to address the major health problems. An important and recurring theme throughout the discussions was the need for capacity development to improve the health research environment in Pakistan. A special supplement published by a local newspaper in the country captured the spirit of the seminar and emphasised the need for research that sets national priorities, based on hard evidence to ensure that the investment in research produces concrete returns for all, and moves society forward on the development path. The participants identified broad priorities in the critical areas of health services, maternal and child health, communicable diseases, non-communicable diseases, mental health and health systems research. The priorities were based on the values of equity and social justice and led to the development of a generic, relevant and essential national health research agenda. The entire deliberations were framed within the context of scarcity of resources for health in general and health research in particular in Pakistan.

As a second step guidelines for action to develop and strengthen the health research system in Pakistan were developed. The plan of action aims to guide activities such as the generation of funds, efforts for capacity development, and consultations with national and international partners. The operational plan will also assist in monitoring the progress of the PMRC in this process.

Strengthening national health research in Chile

In May 2001, the National Council of Research along with the Ministry of Health in Chile organised a seminar to address the need for a national health research strategy in the country. The seminar addressed a range of health problems in Chile, which need technical and scientific research, and facilitated the consensus-building process among different stakeholders such as the Ministry of Health, universities, the private sector and the parliament. Among other topics addressed during the seminar was available human resources for health research in terms of technical and scientific research capacity in the biomedical sector, clinical, public health and social sciences. The seminar participants exchanged views on available financial resources for health research at the national level.

The seminar concluded with the tabling of a number of questions to be addressed in the process of establishing a national health research strategy. They included:

- The type of national health policy required for the formation of human resources for health research in Chile;
- The kind of funding policy guidelines to be adopted for national health research;
- The type of health research policies needed to reduce the equity gap in health in the country.

In conjunction with the meeting in Chile, a consultation took place, with participants from Chile, Cuba, Bolivia, Colombia, Brazil and Uruguay, to discuss COHRED's role in the Latin American region. It was agreed that COHRED would continue to create opportunities for networking which would assist in the exchange of ideas around ENHR and effective health research systems. Participants also felt that there is no immediate need for a new regional superstructure, but there is a need to improve networking among the many health research networks and institutions in the region.

Revitalisation of health research in Cuba

The IC2000 called for a revitalisation of health research through the development of an effective health research system. Cuba is one of the first countries to take concrete steps to respond to this call, by convening a national meeting on ENHR in the context of the national health research system. The meeting brought together researchers, health workers and decision-makers from throughout the country to discuss the implications of the IC2000 recommendations for Cuba and to explore future directions for Cuba's health research system. Using the discussion paper prepared for Bangkok as a major working document for the meeting, the participants exchanged ideas on how the functions of the health research system – governance, knowledge production, management and use, financing and capacity development – could be improved and developed at all levels.

Cuba is currently facing a restructuring of its health research system, in which the State will reduce its financial input and research institutes will be encouraged to seek more external funding. In this situation, good governance becomes particularly important, as does agreement by all parties on the underlying values and operating principles that underpin all the activities of the different players. In this context, ENHR provides a vital basis for development of the system. After this first meeting a number of activities have been initiated (e.g. priority setting, measurement of resource flows) to further strengthen the process of developing health research in the country.

Regional and sub-regional cooperation

"...The universe of contemporary world health research problems consists of a dynamic, multidimensional, perpetually evolving and interacting constellation of elements. Among these elements are dominance of a relatively unregulated new form of transnational capitalism over traditional political, institutional and social structures; increasing pressure to compromise local needs and surrender national autonomy without rationalisation of how best to integrate national and international interests; exploitation of nations and populations and the diminution of health resources dedicated to the poor; and the appearance of multiple health burdens in developing countries. Nations and even entire regions can no longer operate independently to address the constantly changing nature of problems created by these elements. Innovative and malleable approaches and systems which effectively deal with new and old problems, while sensitively and sensibly integrating national, regional and global public and private interests, must be developed. The Asian Forum in Manila (2000) represented an initial step in responding to these challenges and creating a new health research future."

Prof Chitr Sitthi-Amorn, Focal Point, Asian and Pacific Forum for Health Research

COHRED has always maintained country support as its main thrust. The efforts to develop strategic approaches to create regional mechanisms as optimal intermediaries between the global and country level has become an important tool to achieve more focused country support. COHRED's support for regional and sub-regional networks should therefore be seen as a catalyst for consolidating operations at country levels within the regions. The majority of regional networking in 2001 occurred in Africa and Asia.

Asia & Pacific Forum for Health Research

Some of the challenges particular to Asia were outlined by the previous coordinator of the Asian Regional Forum, Professor Chitr Sitthi-Amorn of the College of Public Health, Chulalongkorn University, in Thailand. (Dr Agus Suwandono of the National Institute of Health Research & Development, Indonesia, replaced Professor Sitthi-Amorn in November 2001, and will be the regional focal point for the next two years).

A number of health research challenges are common to all countries in all regions – Asia's particular challenges are associated with population growth rates & migration issues, emerging diseases (including non-communicable diseases), the policy response to globalisation, and the 'cultural invasion'.

Asian consultations had been initiated as part of the preparations for the IC2000 (Bangkok) and included an electronic dialogue between a large number of scientists and policymakers as well as a pre-Conference Forum held in Manila in February 2000. These activities resulted in a regional report, used as one of the key Conference background documents.

The Asian response to the Action Plan of the IC2000, which called on countries to develop their national health research systems and to create regional platforms on health research cooperation, has included activities at two levels:

- The Advisory Committee on Health Research of WHO's Regional Office for South-East Asia has, based on broad consultations, developed a new strategic framework, where the development and strengthening of national health research systems features as a key component of health systems development.
- The informal Asian network initiated before the IC2000 has evolved with a workshop on national health research systems, held in Cha-am, Thailand, in March 2001, and with a continued electronic dialogue, involving 350 persons. A second forum meeting, this time also including the Pacific region, was held in Bali (November, 2001).

The proposed roles/functions of the Forum have been defined as follows:

- To give a voice to countries, (which in its turn requires an open, inclusive and horizontal structure; a composition that includes representation from the non-governmental sector, the private sector and industry; continuity of representation and accountability to constituents; and flexibility to allow for diverse viewpoints and to keep pace with a changing global situation)
- To identify and address regional challenges and areas of common need;
- To function as a "learning arena" for countries to share experiences and allow cross-fertilisation of ideas;

Challenges for the Asian and Pacific Health Research Forum

In recent years, the population growth in Asia has declined in some countries such as Thailand and Sri Lanka. However, because of the magnitude of the population, even a declining rate can translate into significant population growth. In addition, some population groups and problems have not had enough attention, particularly concerning the poor and most disadvantaged sections of the population. Conflict between nations and poverty has led to migration, with cultural changes associated with health problems of the migrants and the countries to which they migrated.

Emerging diseases are occurring worldwide. Particular to Asia are the Chicken flu, and Nipa virus infections. Diseases such as malaria and typhoid, which were thought to be under control, re-emerged.

The economic crisis in Asia has affected health. Economic prosperity followed by economic crisis has caused a widening of the gaps between the rich and the poor nations and within countries despite the economic growth. International co-operation is required to cope with these challenges so that each country can better respond to the health needs of their people.

What is Asia doing to address these issues? The regional network aims to coordinate country responses to these problems, and to pool resources to tackle them. One of the most important elements of developing a forum, which would be effective in achieving this outcome, is the ongoing and inclusive dialogue which occurs between researchers, health managers, policy makers, educators, and many others in the region. Maintaining such strong communication linkages between national research constituencies and health research and health systems alike is key to achieving success.

My vision for the Asian & Pacific Forum for Health Research is that it acts as a powerful vehicle for inspiring collaborative efforts to identify, document and apply innovative Asian-Pacific responses to the challenge of ensuring that research serves a critical element in building equity in health for development. It is to be an open university type of gathering which inspires people to collaborate in creating, collecting, organising and sharing ideas, research results, contacts, best practices and support tools for improving the performance of groups committed to the vision.

Professor Chitr Sitthi-Amorn, Focal Point, Asian and Pacific Forum for Health Research

- To help mobilise regional and international resources;
- To perform an advocacy role to both international organisations and to national governments and authorities;
- To act as a link between sub-regional groups and fill gaps in geographical solidarity.

The Forum should **not** be:

- An end in itself but a means for promoting and facilitating relevant regional research;
- Owned by any international organisation but be a true regional enterprise;
- Structure-heavy or vertical in its functioning.

In this process, COHRED's role became much more that of a partner, with less organisational responsibility attributed to it. This is further evidence of the

maturation of the regional approaches, and COHRED is particularly encouraged by this.

The African Health Research Forum

‘The African community increasingly recognises the importance of health research as a tool for development in the spirit of African renaissance, self-determination and strong desire to be self reliant in science and technology’¹.

In preparation for the IC2000, an extensive African consultation took stock of recent regional developments in health research. This process, involving 18 countries, 110 institutions and 271 individuals, concluded that despite considerable gains in health, the continent has not yet witnessed significant developments in health research. The key challenges identified related to capacity development, developing an enabling environment, building effective research mechanisms, financing, and knowledge production and application.

The consultation resulted in a set of recommendations, one of which was the creation of an African Health Research Forum - a concept endorsed by the African participants at the IC2000. Such a forum is seen as an important networking link for countries to scale up research across the continent, and as a means of facilitating and forging links with the international health research community. To adequately address the identified challenges, there is a need to develop effective national health research systems with clearly defined values, operating principles and explicit functions. It is expected that the African Forum, through its networking and knowledge exchange functions, will further facilitate the development of health research systems. The leader of the African consultative process (Prof. M. Mugambi, Methodist University Meru, Kenya) was requested to prepare an action plan towards the establishment of the Forum.

A first meeting of the steering committee of the African Forum (December 2001, Arusha, Tanzania) defined the overall goals of the proposed African Health Research Forum as being the promotion of health research development in Africa and the strengthening of the African voice in setting and implementing the global health research agenda. The proposed functions of the African Health Research Forum are:

- Articulation of the African voice on health research;
- Development of a health research policy framework for accelerated development;
- Strengthening of health research networking in the region;
- Provision of technical support to countries;
- Conduct of analytic work to support health research development;
- Promotion of effective collaboration with partners;
- Promotion of adherence and funding for local priorities;
- Enhancing effective research communication;

¹ Statement from *Regional consultative process Africa*, background paper for IC2000

- Promotion of ethics in research;
- Development of health research leadership.

The official launch of the African Forum will coincide with the 6th meeting of the Global Forum for Health Research (Arusha, November 2002). In preparation for this launch activities to be carried out include: analytical work (a study of regional health research networks, studies of South-South collaboration and North-South collaboration, as well as documentation on national health research mechanisms), flagship projects (establishment of a clearinghouse by developing regional data bases, situation analyses of ethical clearance systems and activities focused on leadership development and capacity retention) and a communications and advocacy programme. The African Forum intends to engage the whole continent, including francophone countries. To reduce fragmentation of efforts it was suggested that the African ENHR network should continue to operate as part of the African Forum. The steering committee meeting was supported by COHRED, but as an independent organisation the African Forum would look to future assistance from a diversity of development partners.

Particularly active in the African region is the francophone West African ENHR network. Members are drawn from an increasing number of West African countries. An annual meeting, comprising teams from six French-speaking African countries was held in Burkina Faso (February 2001). The teams met to present

their progress in the implementation of ENHR and to clarify the role of the sub-regional network and its relationship with other African health research networks. It was felt that, though close collaboration with the African Forum initiative should be encouraged, the specific needs of the sub-region also justified a small network of French-speaking health researchers and health research managers.

What makes a successful regional network?

The lessons from Asia and Africa will be offered as developmental possibilities to the remaining regional responses to a regional forum.

The key element in the establishment of such a network or forum is the team that participates in the dialogue. The forum and related constituencies must own the process. The focal point is considered the messenger, not the leader. Challenges must come from joint discussions, and essential to the entire process is a jointly-held belief in the principles of working together and of knowledge-based partnerships to enhance social movement towards equity and social justice. This is the key to the motivation and effort invested by the participants in holding the network together.

COHRED's analytical work

In 1997, COHRED constituted the Task Force on ENHR competencies. Its mandate was to gather and analyse data derived from country experiences related to the ENHR competencies. The Task Force consisted of four working groups: the Working Group on Promotion, Advocacy and ENHR Mechanism, the Working Group on Community Participation, the Working Group on Priority Setting, and the Working Group on Research to Action and Policy. The Task Force produced a number of issues papers, learning briefs and manuals (see Annex 3 for overview of publications) and also provided technical support to countries embarking on activities in one of the areas of the Task Force. All the experiences, tools and lessons learned were presented and discussed in a number of parallel sessions at the IC2000.

In March 2001, a COHRED brainstorming session was organised in Bangkok. The session brought a number of Board members, technical experts, representatives from partner organisations and regional focal points together to review and assess the analytical work carried out since 1997. In addition, the meeting aimed to identify the remaining gaps and emerging issues on which COHRED should be focusing. The group emphasised that COHRED's role is essentially to work with and in support of countries, to act as a catalyst, and to speak for countries in the global arena, particularly in regard to reducing inequity.

The remaining challenge is how the tools produced and the knowledge created can best be used to improve health research, and to ensure that health research becomes an integral part of national health development. Over the last two years, it has become clear that the ENHR strategy can be better operationalised through a systems approach – not only focusing on producing more knowledge, but on the production of more health research of a higher relevance and better quality. It requires an approach that will improve both research production and research utilisation. It means assessing the health research system from both the supply and the demand side. It is crucial to look at existing partners (researchers, research users and research funders) in the existing health research system and learn how better cooperation can be facilitated in a more consolidated way.

The brainstorming session therefore recommended that COHRED's analytical work focus on the strengthening of health research systems, building on the previous analytical work carried out on the ENHR competencies – which can be seen as the basic elements for building a system. The establishment of new working groups was recommended, dealing with the re-thinking of ENHR in the context of a national health research system and covering aspects like capacity development, communication and monitoring and assessment. The COHRED Board endorsed the establishment of the new analytical groups at its meeting in April 2001.

The functions that need to be carried out in relation to the analytical work of COHRED have been specified as follows:

- Organise regular consultations with the various stakeholders in countries and regions to exchange information on experiences in developing effective health research systems, and to distil and synthesise lessons learned for broader dissemination and application;
- Translate the lessons learnt into training materials for multiple stakeholders;
- Organise consultations to obtain information from different stakeholders on what they need in order to be effective partners in the development of an effective health research system;
- Develop approaches and methodologies to address these unmet needs;
- Develop and promote tools and methodologies to be used by countries for monitoring the overall functioning of their health research systems;
- Develop and produce state-of-the-art reports on key issues of relevance for health research for development, based on review and analysis of available information.

The overall working group on national health research systems, chaired by Dr Somsak Chunharas (National Health Foundation) of Thailand, is given the task of providing the link between the various groups, and ensuring that all work is focused on improving the health research system at a country level. The working groups will focus their analytical work on how countries can develop their health research systems to better contribute to health development and equity in health. An important trait was that the working groups would have country teams and national experts as their members to ensure direct links to real country situations. The working group on national health research systems has started working with teams from the following countries: Brazil, Cuba, Ghana, Indonesia, Philippines, South Africa, Tanzania and Thailand.

The working groups will operate for two to three years. The results from this analytical work are expected to emerge over the next three years.

In addition, further work on the measurement of resource flows for health research will be carried out in the coming years. Based on previous experiences with conducting resource flows studies in Malaysia, Thailand and the Philippines, country studies will be supported in the following countries: Brazil, Burkina Faso, Cameroon, Cuba, Hungary, Kazakhstan and Uzbekistan. Each country's key stakeholders in health research will be involved from the beginning of the research and the resulting data will be reviewed in light of health research priorities identified in the countries – an indicator of the degree to which resource allocation is aligned with prioritised research, and a first step towards reallocating resources. This information will be very useful for assessing and strengthening the effectiveness of the national research system in addressing prioritised research areas. Other countries may join these efforts over the course of the study.

Information management and communication

The aim of the COHRED communications strategy is to provide information and documentation to country teams and individuals in countries working in the field of health research for development, to ensure the link between COHRED's analytical work and the needs of countries and, in general, to promote and advocate the mission and vision of COHRED.

The functions that need to be carried out in relation to COHRED's communications have been specified as follows:

- Expand and promote the COHRED web site;
- Facilitate the production of new tools and products;
- Continue the publication of COHRED's quarterly Newsletter *Research into Action*;
- Assess the needs of target groups and develop products to meet those needs;

- Assess the utilisation of products and develop strategies to improve the utilisation;
- Act as a clearinghouse for information on donor profiles, requests for proposals etc.;
- Support the development of information and communication capacities at national and regional level.

COHRED produces and receives useful documents which provide valuable tools for country teams. The COHRED web site, including an electronic library, assists individuals, institutions and country teams in their efforts to adopt and implement ENHR as a strategy for more effective health research. The electronic library includes the electronic version of country monographs, manuals (e.g. on priority setting for health research), and papers on issues relevant to health research management (e.g. research to policy, community participation in research, research coordinating mechanisms). It also includes many country reports and country updates on the development of health research. In 2001 the web site was expanded to include a database of partners in health research for development. This database is meant to facilitate, for our partners in countries, access to and networking opportunities with, other relevant partners in the health research arena.

Some strategic thinking, focusing on how information can be more widely and systemically disseminated to countries and within countries, and on how utilisation of available tools can be improved, is still needed. Options which have been explored so far include developing university curricula on ENHR and health research as tool for development. Several regional and country teams have expressed their needs for such a curriculum, and the COHRED communication team will facilitate this process. Another option under exploration is the organisation of regional training workshops on the utilisation of tools for priority setting, community participation, advocacy for ENHR and resource flows monitoring. This would also allow for evaluation of the existing tools and products.

There is a need to be more flexible when dealing with different country situations – the application of the principle of “learning by doing” will be applied in future. Regional mechanisms could have a constructive role in working with countries.

The support of communication strategies for health research at country level is one of the objectives of the analytical working group which focuses on communication at country level. The COHRED communication team works in close collaboration with this analytical working group to further ensure that COHRED’s communication is in support of country needs.

Annex 3 provides an overview of the COHRED documents published in the last two years, and includes some images of the COHRED web-site displaying just some of the functions available.

Part III: Ways of operating

Partnerships

COHRED's operations are based on the development of coalitions and on the principle of equal partnerships. COHRED promotes partnerships at country, at regional and at global levels, between researchers, decision makers, communities, media, NGOs and donors. Without partnerships and coalitions the ENHR strategy cannot be implemented effectively and a national health research system will not be inclusive and may not represent the voice and needs of the most vulnerable groups in a population. As described in part II of this review both technical and financial support is provided at the country level, the object being to assist in the creation of an enabling environment for research. At the regional level, COHRED supports the development of regional fora in Asia and Africa, together with networking options for the other regions as well.

At the global level there is an increasing need for collaboration and partnership, due to:

- The increasing number of organisations with either “main” or shared responsibilities for health, and networks of partners for health research;
- The endorsement of an interdisciplinary approach to health research;
- The greater demands from donors for the effective and efficient use of resources channelled to international organisations.

While building on existing strength and expanding partner networks, the emphasis of the cooperation should be geared, at country level, to assessing where there is added value in working together rather than separately, i.e. where cooperation would have a strong synergistic effect.

In September 2001 COHRED organised a Roundtable Meeting on International Partnerships in Health Research for Development. The meeting included representatives from the various regions and from international organisations, including WHO, the Global Forum for Health Research, the Rockefeller Foundation, the Alliance for Health Policy and Systems Research, and INCLEN. There was a general consensus among the participants that the focus of COHRED, the Global Forum and WHO (and of the collaboration among these three) should be at the country level, and on strengthening national health research systems. Capacity at national level is needed to make any global research and global organisation useful. Coordinated pluralism at global level has more advantages than the integration of diverse initiatives into one single mechanism (this might even be counterproductive). The objectives of partnership will be to increase efficiency and usefulness of research projects, to propagate underlying values and equal partnership, and to strengthen national health research systems. The basis for partnership is the common focus on health research for equity. The output of collaboration should become apparent at country level: the work

should be conducted with common partners, common donors, focusing on a common research agenda, and common research areas.

The meeting did not explore in great detail specific joint activities. However, a number of issues were discussed which might facilitate future discussions about the specifics of collaboration:

- The World Health Report 2004 (with a focus on performance assessment of national health research systems) may provide an opportunity for collaboration. This could also be an opportune moment to convene the next international meeting on health research for development.
- The three partners need to consider the role they can play in the reallocation of funds (including private sector funds).
- A joint dialogue with the Global AIDS Fund and other efforts to scale up action against major diseases.
- A collaborative approach for capacity development, within the context of a national health research system, is needed.
- Regional fora could be facilitated by all three organisations on request from the regions.
- Global fora could be organised jointly.
- Increased involvement of the three organisations in each other's planning processes.

Some joint projects were in preparation during 2001: a training workshop and multi-country study on resource flows (joint project between the Global Forum and COHRED, in collaboration with WHO), and a collaborative training project. The latter is a project led by the Alliance for Health Policy and Systems Research, COHRED, the Global Forum for Health Research, and INCLIN. The project, entitled "Health for policy action and practice: A collaborative training project" has, as its objective, the production of a set of three modules, each focused on one of three identified research capacity strengthening needs: health research priority setting, knowledge management, and leadership and advocacy. The modules will be used to support training workshops and other educational activities within the partner organisations and within regional networks.

Working Party

The IC2000 Action Plan identified the need to look into the organisation and governance of international health research. Several donors saw the need to review what they saw as an uncontrolled proliferation of international research initiatives. The organisers of the Conference (COHRED, the Global Forum for Health Research, WHO and the World Bank) were challenged to convene a "Working Party" composed of a broad range of stakeholders from both the North and from the South to look into this issue. The Roundtable Meeting on International Partnerships, hosted by COHRED, in September 2001 concluded that the consensus building process among the key organisations remained vitally important, and that this should be based on a clear definition of their mandates and objectives. Although WHO had a leadership role and mandate in global health, COHRED and the Global Forum for Health Research are needed as partners to complement and strengthen WHO in its mission. The Global

Forum should continue to focus on global level activities through analytical work on priorities and resource flows and by convening the annual Forum meetings; COHRED's focus should remain with countries in the promotion of effective national health research systems.

The participants felt that the roundtable meeting was a good step in the direction of implementing this 'Working Party' (though the Working Party would include many other partners), and COHRED, the Global Forum for Health Research and WHO should steer its activities. Further discussions among the three organisations on the Working Party have taken place since the September meeting and were reported, for example, to the participants at Global Forum 5 (Geneva, October, 2001). The so-called Interim Working Party endorsed a proposal for a new "Summit" on health research for development to be held in Mexico in 2004. It could potentially play a central role in guiding the preparations for this Summit, at which it would also be expected to present a proposal for the mandate and constituents of a more permanent Working Party.

Donor relationships

COHRED identified a number of prerequisites for constructive dialogue with donors in 2001. The organisation will aim to define a work programme and budget, for the short and long term; and also define its role and work programme in relation to those of the other international organisations and initiatives.

A donor meeting was arranged by COHRED in Geneva on 9 October 2001, in conjunction with Forum 5. The meeting was attended by representatives of COHRED's present donor agencies (Sida/SAREC, NORAD, DANIDA, and SDC), and by two potential donors (Rockefeller Foundation and IDRC). Although the objective of the meeting was not to ask for new pledges at that stage, several donors gave positive indications about continued funding. While there were positive comments on COHRED's role as a facilitator of ENHR and national health research systems, some participants confirmed their concern about COHRED's specific role in comparison with that of other initiatives and called for further discussions about the issue of a possible merger with the Global Forum. See Annex 2 for further financial details.

Annex 1: COHRED Board and COHRED Secretariat

COHRED Board

The COHRED Board is comprised of 18 members – 12 of whom are from developing countries. The members of the COHRED Board in 2001 are listed below.

Prof. Marian Jacobs (Chair)

Professor of Paediatrics & Child Health, University of Cape Town, South Africa

Dr. Agus Suwandono (Vice Chair)

Secretary, National Institute of Health Research & Development (NIHRD), Ministry of Health, Indonesia

Dr. Mohamed Said Abdullah

Treasurer, National Health Research and Development Centre, Kenya

Dr. Izzy Gerstenbluth

Epidemiology & Research Unit, Medical & Public Health Service (GGD), Curaçao, Netherlands Antilles

Dr. Samia Yousif Idris Habbani

Director of Research Directorate, Federal Ministry of Health, Republic of Sudan

Ms Mina Mauerstein-Bail

Director, UN AMICAALL Partnership Programme, UNOPS/UNAIDS, Switzerland

Dr. Soumaré Absatou N'Diaye

Chef de Département Santé Communautaire, Institut National de Recherche en Santé Publique, Mali

Prof. Susan Reynolds Whyte

Professor of Anthropology, Institute of Anthropology, University of Copenhagen, Denmark

Dr. Delia Sanchez

Grupo de Estudios en Economía Organización y Políticas Sociales (GEOPS), Uruguay

Dr. Anita Sandström

Head of Division of University Support & National Research Development, Dept. for Research Cooperation (SAREC), Swedish International Development Cooperation Agency (Sida), Sweden

Newly elected members in December 2001:

Prof. Gopal Prasad Acharya

Chairman, Nepal Health Research Council, Nepal

Dr. Somsak Chunharas

Secretary General, National Health Foundation, Thailand

Prof. Richard G.A. Feachem

Chair, Global Forum for Health Research; Director, Institute for Global Health, University of California, USA

Prof. Maksut Kulzhanov

Rector, Kazakhstan School of Public Health, Kazakhstan

Dr. Daniel Maeusezahl

Health Advisor, Social Development Division, Swiss Agency for Development & Cooperation (SDC), Switzerland

Prof. Ernesto Medina

Rector, Universidad Nacional Autónoma de Nicaragua León, Nicaragua

Dr. Tikki Pang

Director, Research Policy & Cooperation (RPC/EIP), World Health Organization, Switzerland

Board members who completed their terms of office in 2001:

Dr. Stephen Chandiwana

Director, Blair Research Institute, Zimbabwe

Prof. Gunnar Kvåle

Centre for International Health, University of Bergen, Norway

Dr. Tomas Schick

Swiss Agency for Development & Cooperation (SDC), Switzerland

COHRED Secretariat

The COHRED Secretariat in 2001 was comprised of:

Dr Yvo Nuyens (Coordinator, until June 2001)

Dr Peter Makara (Coordinator, from July 2001)

Dr Pat Butler (Senior Research Officer, until June 2001)

Ms Sylvia de Haan (Communication Officer)

Dr Happiness Minja (Research Officer, from September 2001)

Ms Inger Roger (Financial Administrator)

Ms Beverley Rousset (General Administration)

Annex 2: Donor contributions to COHRED 2000 – 2004 (in US\$)

Donor	2000	2001	2002 Pledged or pending	2003 Pledged or pending	2004 Pledged or pending
Carnegie	100'000	-			
DANIDA	117'425	117'000	118'000		
DGIS	135'288	122'000			
IDRC	-	-			
Sida/SAREC	704'716	431'000	423'000		
SDC	250'958	487'000	443'800*	443'800*	591'700*
NORAD	177'752	199'000			
Total Contributions	1'486'139	1'356'000	984'800	443'800	591'700

List of Donor Abbreviations:

- Carnegie** Carnegie Corporation of New York (USA)
- DANIDA** Royal Danish Ministry of Foreign Affairs (Denmark)
- DGIS** Ministry of Foreign Affairs (The Netherlands)
- IDRC** International Development Research Centre (Canada)
- Sida/SAREC** Swedish International Development Cooperation Agency, Department for Research Cooperation, SAREC (Sweden)
- SDC** Swiss Agency for Development and Cooperation (Switzerland)
- NORAD** Norwegian Agency for Development Cooperation (Norway)

* Revised annual contributions 2002 and 2003 CHF 750'000 (US\$ 443'800) and for 2004 CHF 1 million (US\$ 591'700)

Annex 3: Publications and Website

Publications

The following documents have been published by COHRED in 2000 and 2001

Essential National Health Research in Bangladesh, an ENHR country monograph. M. Hossain, COHRED Document 2000.1

Health Research: Powerful Advocate for Health and Development, based on Equity. Produced by the COHRED Working Group on Promotion, Advocacy and the ENHR Mechanism, COHRED document 2000.2, March 2000

A Manual for Research Priority Setting using the ENHR Strategy. D. Okello, P. Chongtrakul and the COHRED Working Group on Priority Setting; COHRED Document 2000.3.

The ENHR Handbook: A Guide to Essential National Health Research. COHRED Document 2000.4

Community Participation in Essential National Health Research. S. Reynolds Whyte for the COHRED Working Group on Community Participation, COHRED Document 2000.5

Essential National Health Research in Uganda. A case study of progress and challenges in implementing the ENHR strategy. Prepared by the Uganda National Health Research Organisation (UNHRO), COHRED Document 2000.6

Funding of Health Research, and Development of the National Institutes of Health in Malaysia. A consultancy report by Goran Sterky, COHRED Document 2000.8

Health Research in Tanzania: How Should Public Money be Spent? D Harrison, COHRED Document 2000.9

Lessons in Research to Action and Policy: Case studies from seven countries. Produced by the COHRED Working Group on Research to Action and Policy, COHRED Document 2000.10

Tracking Country Resource Flows for Health Research and Development (R&D): A comparative report on Malaysia, the Philippines, and Thailand with a Manual on Tracking Country Resource Flows for Health Research and Development. BP Alano and ES Almario, Centre for Economic Policy Research, the Philippines, 2000, ISBN 917-508-082-0

Essential National Health Research in South Africa. Prepared by the Department of Health South Africa, COHRED Document 2001.1

Forging Links for Health Research. Perspectives from the Council on Health Research for Development. Edited by V Neufeld and N Johnson, IDRC, 2001, ISBN 0-88936-935-6

COHRED Newsletter: *Research into Action*. Issues 19 to 26

All publications can be downloaded in PDF format from the COHRED website at: www.cohred.ch

The following reports have been produced for the International Conference on Health Research for Development (IC2000, Bangkok), under the auspices of the International Organising Committee for the IC2000.

Health Research for Development: The Continuing Challenge. A discussion paper prepared for the International Conference on Health Research for Development, Bangkok, 10-13 October 2000

Regional consultative process Africa, in preparation for the International Conference on Health Research for Development, Bangkok, 10-13 October 2000. Coordinator: Mutuma Mugambi.

Regional consultative process Asia, in preparation for the International Conference on Health Research for Development, Bangkok, 10-13 October 2000. Coordinator: Chitr Sithi Amorn.

Regional consultative process Caribbean, in preparation for the International Conference on Health Research for Development, Bangkok, 10-13 October 2000. Coordinator: David Picou.

Regional consultative process Central and Eastern Europe & the Newly Independent States, in preparation for the International Conference on Health Research for Development, Bangkok, 10-13 October 2000. Coordinator: Peter Makara.

Regional consultative process Eastern Mediterranean, in preparation for the International Conference on Health Research for Development, Bangkok, 10-13 October 2000. Coordinator: Abdelhay Mechbal.

Regional consultative process Latin America, in preparation for the International Conference on Health Research for Development, Bangkok, 10-13 October 2000. Coordinator: Delia Sanchez.

Consultations with donors, development agencies and health research partners, in preparation for the International Conference on Health Research for Development. Summary reports of four consultative meetings, April – July 2000. Coordinator: Joseph Kasonde, Analytical Team, International Organising Committee.

Conference Report. International Conference on Health Research for Development. Bangkok, 10-13 October, 2000

The conference report and its background papers can be downloaded in PDF format from the Conference website (www.conference2000.ch) or from the COHRED website.

Website

The COHRED website provides:

- Country information on health research management issues and experiences with the implementation of the ENHR strategy;
- COHRED publications and many country reports related to health research management issues;
- Organisational information about COHRED;
- Information about the ENHR strategy.

The following screen shots have been taken directly from the website.



COHRED's home page provides links to the various sections of the website database. It allows access to country information on health research for development (including a large number of documents), contact persons and organisations in countries, and information about ENHR and COHRED.



The country information on the COHRED website provides insight into the health research management process in countries, and includes links to relevant documents, organisations and individuals. The example on the left is a screenshot of the information included on the priority setting process for health research in Tanzania. This information could be valuable for health researchers, health research managers, policy-makers and donors. For people outside Tanzania, this information would otherwise not be easily accessible. COHRED's role is to facilitate access to information and improve spill-over of experiences to other countries which are in a similar process of developing health research.



The COHRED website also provides access to a large number of publications, published both by COHRED and by a range of actors in countries. The screenshot on the left provides a summary of one of COHRED's issue papers which looks at the way in which health research can be used to advocate for equitable health development.



A new feature of the COHRED website is the database of development partners in health research. For our partners from developing countries, this database is intended to facilitate access to partners and donors operating internationally. Facilitating networking is one of the key functions of COHRED's communication strategy.

