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INTRODUCTION

The First International Workshop on ENHR (held in Thailand, in 1990) identified seven elements for implementing ENHR, namely Promotion and Advocacy, ENHR Mechanism, Priority Setting, Capacity Building and Strengthening, Networking, Financing and Evaluation. These seven elements represent a check-list of activities which need to be considered in developing ENHR, and which are intended to be used by the individual countries as guidelines for developing and operating their national programmes.

In supporting country efforts to implement the ENHR strategy — which includes two complementary kinds of research : country-specific and global health research — COHRED focuses its actions on furthering these seven strategic elements.

In this introduction to the 1995 COHRED Progress Report, these seven strategic elements serve as a framework within which to formulate a number of observations that highlight some of the key developments in the year under review.





Promotion and Advocacy

Promotional and advocacy activities were supported at country, regional and global levels. In response to country requests, (regional) consultants collaborated with national authorities in reviewing the countries' health research situation and in exploring the relevance and applicability of an ENHR strategy for a country. Such requests were received, for example, from Ethiopia, Indonesia, Lao P.D.R., Malawi, Nepal, Viet Nam and Zambia.

At the regional level, COHRED availed itself of important regional meetings, conferences and conventions to introduce and discuss ENHR, e.g. the meeting of the Commonwealth Caribbean Medical Research Council, the meeting of the Epidemiological Society of Southern Africa and the European Conference on Tropical Medicine.

At the global level, strategic alliances with several (potential) ENHR partners were established and strengthened, for instance, with the World Bank, the WHO Ad Hoc Health R&D Review, IHPP, Inclen and the International Forum for Health Social Sciences.

As part of its communication strategy, COHRED launched a newsletter, *RESEARCH INTO ACTION*, for promotional and advocacy purposes.



ENHR Mechanism

Countries were supported in developing innovative approaches to establishing ENHR mechanisms, such as forming consortia of institutions (Thailand), creating a non-governmental organisation with government support (Kenya), using existing programmes as a platform for ENHR (Malawi, Zimbabwe) and transforming existing mechanisms (Lao P.D.R., Nepal, Tanzania, Uganda).

Priority



Setting

Country experiences in setting priorities for ENHR were documented, and distributed widely. Methods, experiences and skills for setting health research priorities were reviewed during a first (regional) workshop on this subject. The logical next step could be developing guidelines for priority setting for the individual countries.

Capacity Building



& Strengthening

Regional training workshops on research management and priority setting were supported in the Asian and the Caribbean Regions. The participation of researchers in international scientific meetings was facilitated on a selective basis. Several countries received support in organising workshops dealing with research-protocol development.



Networking

Networking activities among international research programmes were facilitated at country level (e.g. Uganda), at regional level (e.g. with HSR, Inclen, IHPP, Soma-Net, the Commonwealth Health Secretariat (African Region)) and globally (e.g. Puebla Group, Bridge, IFHSS).

ENHR networking activities were expanded and consolidated within the African, Asian and Caribbean Regions, a fact reflected in the regional workshops and meetings organised in the three regions during the past year.



Financing

COHRED organised “Open-House” Meetings with the donor community, and held regular discussions with individual donor agencies on ENHR regarding its progress, as well as its upcoming needs and future directions. Additional resources were mobilised for specific activities at country, regional and global levels. Information and technical advice were made available to country teams for ENHR fund-raising activities.



Evaluation

A draft working document intended for assessing the effectiveness of ENHR and monitoring ENHR progress at country level, and for evaluating the ENHR movement both regionally and globally, is now available. The document — which was reviewed and amended by countries on the occasion of a regional ENHR networking meeting — addresses the issues of mechanisms and criteria for evaluating and monitoring ENHR.

The above general observations give a first glimpse of the many and varied activities and developments that have characterised the work of ENHR and COHRED in 1995. More detailed information about the progress made in the past year will be presented in the following sections : Country-specific Follow-up Activities (Section 2), Regional

Developments (Section 3), Collaboration with Other Agencies and Programmes (Section 4), Publications (Section 5) and COHRED Board and Secretariat (Section 6).



2. FOLLOW-UP ON COUNTRY-SPECIFIC ACTIVITIES

2.1 BANGLADESH

The Essential National Health Research Working Group organised and hosted in Dhaka (June 1995) the Planning Meeting for the Regional Workshop on Health Research Management. A multidisciplinary country team participated in this Regional Workshop in Thailand (December 1995), during which the ENHR Plan of Work was updated and revised.

2.2 BENIN

A Joint IDRC/WHO/COHRED mission made a country visit to review the present situation of health research, to assess progress with ENHR and to recommend follow-up action, with a focus on capacity building for applied community-based research. The Mission Report is presently under review by the appropriate national authorities for decisions on follow-up activities

2.3 BOTSWANA

Discussions were organised with the country delegation at the May 1995 World Health Assembly in Geneva. As a result, a country visit by a regional ENHR consultant has been planned for 1996.

2.4 BRAZIL

On October 24–28, 1994, Brazil had the “First National Conference on Science and Technology for Health,” held in Brasilia, D.F., and organised by the Ministry of Health, the Ministry of Science and Technology and the Ministry of Education.

The Conference—attended by over 400 participants—was the culmination of a six-month process which included discussions of a basic document by institutions and state health secretaries all over the country. The Conference finally approved a final document entitled “National Policy for Science and Technology for Health.” which recommends the creation of a high-level “National Secretary for Science and Technology for Health” at the Ministry of Health.

2.5 CAMEROON

Discussions were organised with the country delegation at the 1995 World Health Assembly. As a result, the Officer in charge of health research within the Ministry of Health was invited to join the IDRC/WHO/COHRED mission to French-speaking African countries in order to assess the relevance and applicability of ENHR.

2.6 CAMBODIA

On the occasion of an informal country visit by a regional ENHR consultant, the Public Health Institute and the ongoing IDRC/HSR training programme were identified as possible entry points for ENHR. A country team participated in the Asian ENHR Workshop in Thailand (December 1995), where a draft plan of work for ENHR was developed.

2.7 COMMONWEALTH CARIBBEAN

COHRED extended its collaboration with the Commonwealth Caribbean Medical Research Council by introducing and recommending support for the Essential National Health Research Plan to a series of donor agencies. The plan was also presented and discussed at the meeting of Chief Medical Officers of the participating countries, organised in conjunction with the annual meeting of the CCMRC. The Council organised three training workshops in research

methodology. COHRED has been collaborating in the organisation of a Regional Workshop on Health Research Priority Setting in Jamaica (November 1995), which was attended by country teams from Barbados, Curaçao, Jamaica, and Trinidad and Tobago.

2.8 CURAÇAO

As a follow-up to the First Curaçao Symposium on Health Studies (1994), meetings were organised with national authorities to discuss the possible use of the Curaçao Health Study as an entry point for initiating an EHR Strategy in the Dutch Antilles, and for developing a research programme jointly with the Commonwealth Caribbean Medical Research Council. During the Regional Workshop on Health Research Priority Setting, in Jamaica (November 1995) the participating country team worked out a draft action plan for ENHR, which is presently with the national authorities for review and decisions about follow-up action.

2.9 EQUATORIAL GUINEA

As a follow-up to discussions with the Ministry of Health, the Joint HSR Project for Southern Africa and COHRED supported jointly a country visit by a regional ENHR consultant. The report and recommendations are at present under discussion by the national authorities.

2.10 ETHIOPIA

After the National ENHR Convention in 1994, the Ethiopian Science and Technology Commission drafted the Health Science and Technology Policy and established the National Health Science and Technology Council, including an ENHR Coordinating Committee. A regional ENHR consultant visited the country to review the present situation. The recommendations of this consultancy report are at present under discussion by the ENHR Coordinating Committee. Ethiopia was represented at the Second African ENHR Networking Meeting in Zimbabwe (August 1995), where its ENHR plan of work was introduced and discussed.

2.11 GHANA

The Health Research Unit of the Ministry of Health participated in and introduced recent national ENHR developments at meetings of the American Association for the Advancement of Science, the World Bank and the COHRED Board, and at the COHRED Open House Session for Donor Agencies (see under Section 4). Ghana presented its ENHR plan of work at the Second African ENHR Networking Meeting in Zimbabwe (August 1995).

2.12 GUATEMALA

The Universidad del Valle de Guatemala, with technical support from COHRED, established a provisional committee for the promotion and introduction of an ENHR strategy. In conjunction with a Central American Workshop on Social Sciences and Health, a national meeting is planned with the different stakeholders to initiate a process of health research priority-setting.

2.13 GUINEA

The Division of Studies, Planning and Research of the Ministry of Health participated in and introduced recent ENHR developments at meetings of the American Association for the Advancement of Science, the World Bank and the COHRED Board and at the COHRED Open House Session for Donor Agencies (see under Section 4).

Within the context of the long-term ENHR plan, the Ministry initiated a process of collecting research protocols, to be introduced for funding to donor agencies.

A Joint IDRC/WHO/COHRED mission made a country visit to review the present situation of health research, to assess progress with ENHR and to make recommendations for follow-up action. The Mission Report is presently under review by the appropriate national authorities for decisions on follow-up activities.

2.14 INDONESIA

The Board approved the application for COHRED membership by the National Institute of Health Research and Development, Ministry of Health. A regional ENHR consultant (COHRED Board Member) visited the country to discuss with national authorities strategies for introducing and implementing ENHR. The Health Services Research and Development Centre has been assigned as focal point for ENHR and the Centre has already initiated consultations for the organisation of a National ENHR Convention. A multidisciplinary country team participated in the Asian ENHR Workshop (December 1995), and developed further a draft plan of work for ENHR.

2.15 KENYA

The National Health Research and Development Centre participated in and introduced recent ENHR developments at meetings of the American Association for the Advancement of Science, the World Bank, the COHRED Board and at the COHRED Open House Session for Donor Agencies (see under Section 4). The Centre published and distributed widely the Proceedings of the National ENHR Convention, and is producing an ENHR Newsletter. Advocacy and promotional activities are taking place, with emphasis on the subnational level, and research-capacity strengthening efforts are in process. A country team attended the Second African ENHR Networking Meeting in Zimbabwe.

2.16 LAO PEOPLE'S DEMOCRATIC REPUBLIC

The Board accepted the application for COHRED membership by the Council of Medical Sciences, Ministry of Health. A regional ENHR consultant visited the country to discuss with national authorities strategies for introducing and implementing ENHR. The Council invited COHRED to collaborate in preparing the Second Five Year Health Research Plan, to be based on the ENHR principles. A multidisciplinary country team participated in the Asian ENHR Workshop (December 1995), and developed further a draft plan of work for ENHR

2.17 LEBANON

A planned national meeting on Development of National Policies and Strategies in Health Research has been postponed until 1996.

2.18 MALAWI

Discussions were organised with the country delegation at the 1995 World Health Assembly. As a result, the country was visited by a regional ENHR consultant to discuss with national authorities strategies for introducing and implementing ENHR. The recommendations of the consultancy report are under review by the Health Research Division of the Ministry of Health, which has been assigned as focal point for ENHR. Malawi was represented at the Second African ENHR Networking Meeting in Zimbabwe (August 1995), where its ENHR plan of work was introduced and discussed.

2.19 MALI

A Joint IDRC/WHO/COHRED mission made a country visit to review the present situation of health research, to assess the potentials for an ENHR strategy and to recommend follow-up action, with a focus on capacity building for applied community-based research. The Mission Report is presently under review by the appropriate national authorities for decisions on follow-up activities.

2.20 NAMIBIA

Discussions were organised with the country delegation at the 1995 World Health Assembly. As a result, a country visit by a regional ENHR consultant has been planned for 1996.

2.21 NEPAL

After discussions with the country delegation at the 1995 World Health Assembly, a regional ENHR consultant (COHRED Board Member) and the Coordinator visited the country. The Nepal Health Research Council, which is a COHRED constituent and focal mechanism for ENHR, organised on that occasion

a series of consultations with decision-makers, researchers and international agencies to discuss future directions for the ENHR process in the country. Nepal participated in the Asian ENHR Workshop (December 1995), where the country team developed a work plan for ENHR.

2.22 NIGER

WHO/TDR and COHRED are jointly supporting the planning of three regional meetings and one national meeting to discuss and decide on health research priorities, to be organised by the Ministry of Health in 1996. Technical and strategic aspects of these workshops were discussed with the country delegation at the 1995 World Health Assembly.

2.23 PHILIPPINES

Tuklas Lunas — the Essential National Health Research Programme in the Philippines — celebrated its 4th anniversary by organising a symposium "Moving towards equity in health." On this occasion, a series of ENHR meetings and workshops were organised in the regions as well. A revised Master Plan for ENHR was discussed at a national consultative meeting. The Plan will be the basis for the development of a manual of operation for research programme management.

The ENHR Programme started publishing a quarterly Newsletter and also a quarterly Tuklas Lunas Executive Brief, including information — offered in a user-friendly way — about ongoing and completed research projects.

The Philippines were represented at the Asian ENHR Workshop (December 1995), where the revised Master Plan for ENHR has been consolidated by the country team.

2.24 SOUTH AFRICA

In December 1994, South Africa's new Department of Health took the initiative by organising a national workshop of stakeholders in research with a view to planning how to implement ENHR. That meeting served to raise awareness about ENHR among the participants and highlighted the concern of many role-

players regarding the future of health research in South Africa. It indicated that most of them were willing to consider the role of ENHR in South Africa and its relevance to their particular constituency.

Subsequently, in March 1995, the Minister of Health appointed a National Technical Committee on ENHR, which was given the following mandate:

- i. To document and synthesise the proceedings of the December 1994 ENHR meeting and distribute them to all participants, with the request that comments and opinions be fed back to the committee;
- ii. To identify issues and questions raised at that meeting for further deliberation or investigation;
- iii. To investigate appropriate answers to questions raised at the meeting;
- iv. To develop options for the way ENHR could be coordinated, funded and implemented in South Africa;
- v. To identify the total budget for health research in South Africa from statutory sources and determine how to put those resources to the best possible use to support health service management;
- vi. To organise a follow-up meeting to discuss the ENHR Committee's report.

In November 1995, the National Committee presented its final report to the Minister of Health, who will organise, beginning 1996, a Convention for reviewing this Report.

A multi-institutional country team attended the Second African ENHR Networking Meeting in Zimbabwe.

2.25 SWAZILAND

Discussions took place with the country delegation at the 1995 World Health Assembly. A regional ENHR consultant will follow-up with a country visit in 1996.

2.26 TANZANIA

The National ENHR Task Force developed a Draft ENHR Programme for 1995–1999. A consultation process has been initiated with the different constituencies to review and finalise the Draft Programme. A Health Research Users Fund has been established to provide financial grants for studies addressing priority research problems. Tanzania participated in the Second African ENHR Networking Meeting in Zimbabwe.

2.27 THAILAND

The Consortium of ENHR-related institutions took up the responsibility for planning and organising the Asian ENHR Research Management Workshop in Kanchana Buri, in December 1995. It has also been giving technical support to ENHR developments in neighbouring countries, like Cambodia, Lao People's Democratic Republic, and Viet Nam.

2.28 UGANDA

The Health Research for Development Coordination Office of the National Council for Science and Technology, which is the focal point for ENHR, participated in and introduced recent ENHR developments at meetings of the American Association for the Advancement of Science, the World Bank, the COHRED Board and at the COHRED Open House Session for Donor Agencies (see under Section 4).

The Coordination Office made a public call for concept research papers on priority issues included in the long-term ENHR Plan; about forty papers were received. With the participation of IHPP, INCLLEN and COHRED, a one-day workshop was organised to review these papers and to start identifying funding possibilities. Most of the concept papers are presently under review and consideration for funding by a variety of national and international agencies. The ENHR Progress Report was introduced and discussed at the Second African ENHR Networking Meeting in Zimbabwe.

2.29 UNITED ARAB EMIRATES

The Board approved the application for COHRED membership by the Medical Research Office of the Ministry of Health.

2.30 VIET NAM

On the occasion of the Karolinska Symposium held in Stockholm in June 1995, discussions took place with participants from academic institutions in Viet Nam. Parallel contacts were established with the Health Policy Unit of the Ministry of Health. A regional ENHR consultant made a country visit, and the recommendations of the consultancy report are presently under review by the Ministry of Health. Viet Nam was represented at the Asian ENHR Workshop (December 1995).

2.31 ZAMBIA

Following discussions with the country delegation at the 1995 World Health Assembly, a regional ENHR consultant visited the country to discuss with national authorities strategies for introducing and implementing ENHR. The recommendations of the consultancy report are under review by the Health Research Division of the Ministry of Health.

2.32 ZIMBABWE

The Blair Research Laboratory of the Ministry of Health and Child Welfare, which is the ENHR focal point, participated in and introduced recent ENHR developments at meetings of the American Association for the Advancement of Science, the World Bank, the COHRED Board and at the COHRED Open House Session for Donor Agencies (see under Section 4).

Through a series of provincial workshops, health research priorities have been identified and discussed with the different constituencies. These priorities were further discussed and integrated in a national list of health research priorities at a consultative meeting of experts, policy-makers, managers and community leaders (in August 1995). This meeting was facilitated by regional ENHR experts from Kenya and Uganda.

Zimbabwe hosted the Second African ENHR Networking Meeting, in conjunction with the 14th Conference of the Epidemiological Society of Southern Africa (August 1995).

2.33 DOCUMENTATION REQUESTED

The following countries have requested and have been sent documentation and information about the ENHR Strategy, but have not so far requested follow-up: **ANGOLA** (Associação Crista de Jovens de Angola); **CHILE** (Facultad de Medicina, Universidad de la Frontera — a member of the University Partnerships Project [see under 4.4.4]); **CONGO** (Research Department of the Ministry of Health); **PERU** (Alternativa — Centro de Investigación Social y Educación Popular); **TOGO** (Programme National de Lutte contre le Paludisme of the Ministry of Health); **YEMEN** (Health Research Department of the Ministry of Public Health).

3. REGIONAL ENHR NETWORKING

3.1 ENHR Networking in the African Region

After a successful First African ENHR Networking Meeting (Mombasa, Kenya, 1994), a Second Networking Meeting was organised in conjunction with the 14th Conference of the Epidemiological Society of Southern Africa (ESSA), which took place in Harare, Zimbabwe, in August 1995. Participants came from Egypt, Ethiopia, Ghana, Kenya, Malawi, Mauritius, Nigeria, South Africa, Tanzania, Uganda and Zimbabwe. The African IHPP teams were also attending, as well as delegates from several ENHR-related health research programmes in the region. (See also, 3.5 Networking the Networks.)



The meeting reviewed critically country developments in ENHR, discussed an information and communications strategy for ENHR appropriate for the region, and analysed various ways and means of monitoring and evaluating the ENHR strategy. In addition, it developed a plan of work for the coming two years and formulated recommendations on these issues to the COHRED Board, which are reproduced below.

RECOMMENDATIONS
OF THE
SECOND AFRICAN ENHR NETWORKING MEETING

1. *The participants re-affirmed commitment of their respective countries to the ENHR strategy and recommended promotion of the strategy to other African countries where opportunities arise.*
2. *It was recommended that the African network focal point be further strengthened to enable it to be effective in facilitating regional ENHR activities such as meetings, training, information exchange, etc.*
3. *The group considered that regional networking meetings, such as the present one, are valuable as a forum for ENHR promotion, sharing of experiences and for charting future directives. It was recommended that COHRED continue to facilitate these meetings.*
4. *Participants recognised the importance of periodically assessing progress of the ENHR in countries. It was recommended that countries with — with the assistance of COHRED — ought to develop a set of evaluation indicators to look at processes and impacts as may be appropriate. The meeting suggested some of the evaluation indicators.*
5. *Participation of communities in the ENHR process should be strengthened. To assist countries in this regard it was recommended that case examples of community participation in, for example, priority setting or research, etc., be documented and disseminated to countries.*
6. *Lack of financial resources continues to be a major constraint in the implementation of national ENHR plans. To maximise on existing resources it was recommended that the ENHR mechanism at country and regional levels work towards coordination of donor and other initiatives existing at country or regional levels. Examples of relevant initiatives include IHPP, INCLLEN, CRHS, HSR, SOMA-Net, etc. An inventory of the strengths of the initiatives that could be made available to network countries needed to be taken.*
7. *Participants considered that the way in which research is supported by national governments in most African countries is not conducive to sustainable quality research. The meeting recommended that governments be urged to increase financial allocation for ENHR and further consider allocating sufficient funds for research operations and ensure adequate remuneration of research personnel.*
8. *The meeting recommended that COHRED intensify efforts to help countries to secure additional support for national research projects and regional activities.*
9. *It was recommended that COHRED facilitate on the determinants of utilisation of research results by various beneficiaries. This may require the analysis of case studies from the region and identification of lessons learned that can be widely disseminated.*

3.2 ENHR Networking in the Asian Region

A Planning Meeting for the Regional Workshop on Health Research Management was organised at Dhaka from June 30 to July 2, 1995. Participants discussed the role of the Regional ENHR network in the light of findings from recent country visits to Cambodia, Indonesia, Lao PDR and Nepal made by people already experienced in implementing ENHR.



The groundwork for an “enhrNET” was laid in May 1994 at the 1st Asian ENHR Network Meeting, held in Olongapo City, Philippines. The network was to link country programmes in a net spanning an entire region and — eventually — grow into inter-regional networking. The benefits were obvious: country-specific experience, information, methodologies would all become ‘shareware.’ No more reinventing of the wheel for newcomers to the ENHR approach. The “enhrNET” would enable them to draw on the available experience at considerable savings in terms of time, money and human resources, and a common agenda for action would appear as a natural, and desirable, consequence of such linkages.

The Dhaka meeting concluded with the recommendation that the proposed Regional Workshop on Health Research Management should be organised by the Thai Health Research Consortium before the end of the year, with the goal of developing a national plan for countries new to these ideas and reaffirming or revising plans that already exist. The Workshop took place from 17–21 December 1995 in Kanchanaburi, and was attended by multisectorial and multidisciplinary teams from the following countries: Bangladesh, Cambodia, Indonesia, Lao P.D.R., Nepal, Pakistan, Philippines, Thailand, Viet Nam.

The Workshop’s agenda included the following topics:

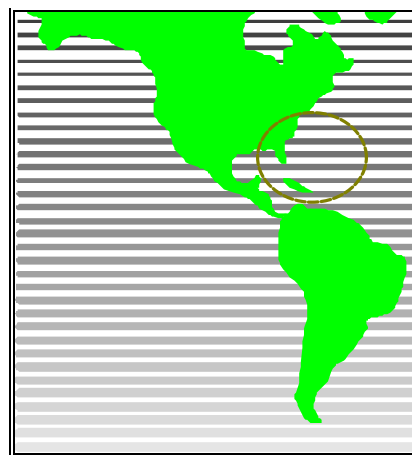
- Research and National Health Systems Development
 - Essential National Health Research : from theory to practice
 - Health Research Situation within the countries
 - Who sets research priority, research agenda and how?

- Networking — The key to success or mission impossible
 - Creating Common Vision Towards the Future: The AIC Techniques
 - SWOT Analysis: Knowing ourselves to achieve the desirable common future
 - Country Work Plan for Essential National Health Research

These topics were developed through a combination of lectures/presentations, exercises, mixed and country-specific working groups and plenary meetings. At the end of the workshop, the ten participating countries presented their draft plans of work for ENHR for the coming year(s). These plans are now in the process of being revised and formalised by the countries, and will then be integrated in the Regional Plan of Work for ENHR.

3.3 ENHR Networking in the Caribbean

The Commonwealth Caribbean comprises 18 politically independent states and British-affiliated dependencies. Ethnic composition, resources, capabilities, as well as religion and culture, vary widely from one state to the next. Geographically small and with limited resources, these states have a major interest in joining forces in their health research endeavour.



With support from the Task Force on Health Research for Development, the Commonwealth Caribbean Medical Research Council (CCMRC) organised a series of meetings, workshops and consultations, the result of which was a proposal to establish and implement a five-year Essential National Health Research programme for the Caribbean as a region and for the individual countries. Unlike the national programmes, which will reflect each Caribbean country's own priorities, the regional ENHR programme will provide an overall framework, with the following seven priority areas for research: environmental protection (including vector control), human resources development, chronic non-communicable diseases, strengthening health systems, food and nutrition, maternal and child health, and AIDS.

In the Netherlands Antilles, the Foundation for Promotion of Research and International Cooperation in Health Care, an NGO based in Curaçao — in collaboration with the University of Groningen, the Netherlands — organised a first National Symposium on Health Studies in March 1994 to discuss the initial outcomes of the so-called Curaçao Health Study. The Symposium, in which the CCMRC participated, recommended exploring the possibilities of expanding the Curaçao Health Study to other islands of the Netherlands Antilles and making studies like the Curaçao Health Study a component part of the CCMRC proposal for Essential National Health Research for the Caribbean.

Consequently, in April 1995, when the CCMRC came together in Barbados for its annual meeting, the idea of closer collaboration between CCMRC and the Netherlands Antilles was taken up once more at a joint meeting between

CCMRC, Netherlands Antilles and COHRED. A joint Working Group was set up and was given the task of:

- working out a specific, joint research and development project, using the Curaçao Health Study as an entry point;
- identifying the human, financial and other resources needed for carrying out such a project;
- recommending other areas in which the Caribbean and the Netherlands Antilles could and should join efforts.

It is noteworthy that these networking activities have already borne fruit:

A technical group from CCMRC and the Netherlands Antilles met in Curaçao in May 1995 to develop a joint research project;

Scientists and health workers from Curaçao have been invited to participate in Research Methodology training workshops organised by CCMRC;

A joint training workshop for the Commonwealth Caribbean and the Netherlands Antilles on Priority Setting for Health Research was organised in November 1995 in Ocho Rias (Jamaica).

The Workshop was attended by country teams from Barbados, Curaçao, Jamaica, and Trinidad and Tobago.

Using the Five-Year Essential National Health Research Programme for the Caribbean as a broad framework, the teams developed a work plan for ENHR for their respective countries. The plans will be followed up with technical support from CCMRC.

3.4 Interregional Consultative Group on Health Research

Established in 1994, the Interregional Consultative Group brings together heads of regional medical research councils of East, Central and Southern Africa, West Africa and the Commonwealth Caribbean, with the support of the Commonwealth Secretariat. The Group convened a meeting, at which COHRED was represented as an observer, on the occasion of the 1995 World Health Assembly (held in Geneva in May) and decided to undertake a detailed analysis

and documentation of existing mechanisms for interregional and intraregional collaboration in ENHR. This analysis will be used as a framework for planning and implementing further activities.

3.5 Networking the Networks

Geographical ENHR Networks have been interlinked by having representatives from the Asian and the African ENHR Networks participating in the Caribbean Workshop (Jamaica, November 1995), and those from the African ENHR Network in the Asian Regional Workshop (Thailand, December 1995).

Participants in the Second African ENHR Networking Meeting (Zimbabwe, August 1995) included representatives from the following Networks/Research Programmes: Commonwealth Regional Health Community, International Health Policy Program, Joint HSR Project for the Southern African Region, SARA Project/USAID Bureau for Africa, Social Science and Medicine Africa Network (SOMA-Net).

The International Forum for Social Sciences in Health became a constituent of COHRED.

4. COLLABORATION WITH OTHER AGENCIES AND PROGRAMMES

4.1. COLLABORATION WITH UN AGENCIES

4.1.1. UNDP

Discussions took place with the (newly assigned) Assistant Administrator of UNDP to review the progress made in implementing ENHR and to explore possibilities for increased support under the existing Trust Fund Agreement between UNDP and COHRED. Upon recommendation by the COHRED Board, the Trust Fund Agreement has been extended for one year.

The Science, Technology and Private Sector Division encouraged regional and country UNDP offices to give strong support to ENHR programmes and activities.

4.1.2. UNICEF

UNICEF was represented at the ENHR/COHRED Open House Meeting for North American Donor Agencies, which was organised in conjunction with the Fifth Session of the COHRED Board, held in New York in February 1995, and participated also in the Sixth Session of the COHRED Board (Geneva, November 1995). The Organisation gives active support to ENHR activities in a number of countries, e.g., in the Philippines, Tanzania and Uganda.

4.1.3. WORLD BANK

African ENHR Focal Points and COHRED Board members and one secretariat staff member visited the World Bank in Washington D.C. in February 1995. On that occasion, the Department of Population, Health and Nutrition organised a

round table to review the progress made in implementing ENHR and to discuss possibilities for collaborative activities at country level. Some 40 staff members from different departments and divisions attended the meeting.

COHRED played a brokerage role for ENHR funding proposals from a variety of countries.

4.1.4. WORLD HEALTH ORGANIZATION

COHRED submitted in August 1995 an application for admission into official relations with WHO. The WHO Executive Board will take a decision on this application in January 1996.

4.1.4.1. Headquarters

Division of Development of Policy, Programme and Evaluation (PPE)

As a result of discussions with Policy Action Coordination (PAC), and after review by the COHRED Board, it was agreed that COHRED will participate in the consultation process on the Renewal of the Health-for-All Strategy through its country teams, regional networks, Board Members, and Secretariat.

The WHO Ad Hoc Health R & D Review

Launched as a follow-up to the World Development Report "Investing in Health" (1993), this Committee is aiming to identify research and development opportunities which have a high probability of producing a significant impact on health globally, and also to identify institutional arrangements that are best suited to motivate and implement such research and development.

COHRED extended its collaboration with this Committee :

- through formal participation in the meetings of the Committee by the Chairperson of the COHRED Board, who is an ex-officio member of the Committee;
 - through formal participation in working groups of the Committee by the Coordinator of COHRED;
-

- through formal participation in regional consultations of the Committee by COHRED Board members (Mexico: Dr. J. Sepúlveda; Japan: Dr. C. Morel; Switzerland: Dr. M. Kerker; South Africa: COHRED Coordinator);
- through inviting members of the Committee for discussions organised by COHRED specifically to the above-stated end in New York in February 1995.

In consultation with the Board, the Secretariat sent an official and comprehensive Memorandum to the organisers of the Committee, expressing its views on the draft recommendations of the report and formulating suggestions about possible follow-up activities.

Special Programme for Research and Training in Tropical Diseases (TDR)

Regular consultations took place with the Director and staff of TDR. As a result, TDR and COHRED are jointly planning a series of district health research priority-setting workshops in Niger in 1996, which should lead to a National Consultation on Health Research Priority Setting later in the year.

In June 1995, COHRED was invited to attend as an observer the Eighteenth Session of the Joint Coordinating Board of TDR.

Special Programme of Research, Development and Research Training in
Human Reproduction

(HRP)

Regular consultations took place with the Director and staff of HRP.

In March 1995, COHRED was invited in the capacity of "Collaborating Programme Scientist" to attend the Steering Committee of the Task Force on Research on Introduction and Transfer of Technologies for Fertility Regulation. Possibilities for integrating HRP research activities within the national ENHR strategies were discussed with several country delegates.

Division of Strengthening of Health Services

(SHS)

COHRED participated in the Formulation Working Group for the next phase of the Joint Health Systems Research Project for Eastern and Southern Africa, which met in Zimbabwe in March 1995. It was agreed that there should be closer collaboration between the Joint Project and the African ENHR Network through jointly planned activities.

A regional COHRED representative attended an Inter-country Meeting on "Achieving evidence-based health sector reform in sub-Saharan Africa," which took place in Tanzania (November 1995).

Office of Global and Integrated Environmental Health

(EHG)

Discussions took place with the Director and staff of EHG. As a result COHRED collaborated in the September 1995 Meeting on "Environment, Development and Health: Priority Setting for Research and Intervention" by identifying (ENH) Research experts for the meeting and participating in it.

Division of Intensified Cooperation with Countries

(ICO)

Regular consultations took place with the Director and staff of ICO, with the particular aim of coordinating activities at country level (e.g. in Guinea, Nepal, Viet Nam).

4.1.4.2 Regional Offices

Information exchange and consultations are taking place regularly with all WHO's Regional Offices, in particular with the health research programmes and offices.

4.2. COLLABORATION WITH OTHER PROGRAMMES

4.2.1 American Association for the Advancement of Science (AAAS)

On the occasion of its Annual Meeting, held in Atlanta in February 1995, the American Association for the Advancement of Science, Sub-Saharan African Program, organised — jointly with COHRED — a Science in Africa Symposium. Under the heading “Essential National Health Research — Lessons from African Successes,” the Symposium illustrated the unique elements of ENHR, as it is being adapted to circumstances in several African countries, and it reported particularly positive developments in a number of countries in the region. Participants in the meeting included ENHR prime movers from Ghana, Guinea, Kenya, Uganda and Zimbabwe as well as several COHRED Board members.

The Proceedings of the Science in Africa Symposium have been published and widely distributed.

4.2.2 Federation for International Cooperation of Health Services and Systems Research Centers (Ficosser)

COHRED facilitated participation of researchers from Bangladesh and Lao P.D.R. in the Ficosser Meeting on “Urbanization and Health Systems” in Indonesia (December 1995).

4.2.3 German Society of Tropical Medicine

The German Society of Tropical Medicine, in conjunction with co-sponsoring European societies, organised in October 1995, in Hamburg, Germany, the First European Conference on Tropical Medicine. COHRED was invited to convene on that occasion a Symposium on “Essential National Health Research : from theory to practice.”

4.2.4 International Forum for Social Sciences in Health (IFSSH)

IFSSH is an international voluntary organisation which seeks to coordinate activities, facilitate regional activities and share experiences in applying social sciences towards improving people's health.

COHRED participates in the Steering Committee of the Forum. Discussions have been initiated on possible strategies for a closer linkage between Forum activities and ENHR, particularly at country and regional levels.

4.2.5 International Health Policy Program

In addition to regular consultations with the Director and staff of IHPP, COHRED participated in the Consultation on strengthening national capacities for health reform, held in Washington, D.C., in February 1995. The Consultation agreed on the value of a unified strategy, which features the development of:

- a strong network of national health reform and policy research, as well as training centres with an international overlay; and
- an international support and guidance facility created through a strategic alliance of current international programmes.

Supported by two COHRED Board members, IHPP organised a Programme Review in six countries with a focus on the relationship between activities of COHRED and the IHPP. The review is available as a working document.

African IHPP teams were represented at the Second African ENHR Networking Meeting in Zimbabwe in August 1995.

4.2.6 Puebla Group

The Puebla Group is an informal coalition of some 15 health research networks which are supportive of essential national health research. COHRED has been collaborating with the Puebla Group in producing a revised and updated version of an Information Handbook which documents the objectives and activities of the

participating networks, with particular emphasis on their regional and country associates.

4.2.7 University Partnerships in Essential Health Research (UPIEHR)

UPIEHR is working with some 15 Community-Oriented Educational Institutions for Health Sciences, mostly in the South, which are engaged in community-based education, research and service. These institutions have the greatest potential for contributing to essential health research activities within their countries. COHRED is represented on the Advisory Committee of University Partnerships.

4.3. COLLABORATION WITH DONOR AGENCIES

4.3.1 *General*

Held in New York in February 1995, the purpose of the COHRED/Donors Forum was a dual one: to provide the donor community with feedback from COHRED, and to obtain feedback from the attending donor agencies on COHRED's activities since its inception. Participants in the meeting included representatives of the following — potential and actual — donor agencies: The American Association for the Advancement of Science, U.S.A., The Carnegie Corporation of New York, U.S.A., The China Medical Board of New York, Inc., U.S.A, The Edna McConnell Clark Foundation, U.S.A., The Ford Foundation, U.S.A., The International Health Policy Program/WB, U.S.A., The Ministry of Foreign Affairs, The Netherlands, The Rockefeller Foundation, U.S.A., and UNICEF.

The major points which emerged from the discussions were:

- ❑ Funding ENHR country activities remains a problem. However, given proper exploration, funding could come from multiple sources. Some organisations can fund operational research (e.g. UNICEF) where common themes can be determined such as immunisation, social security and so forth. Other donors are willing to support research projects within national programmes with bilateral collaboration, provided coordination at the country level can be improved.
- ❑ COHRED's budgets should become more transparent and comprehensive, indicating not only the financial support from COHRED to countries but also the contributions for ENHR activities made by the countries themselves, as well as additional external resources that are mobilised by the countries and/or COHRED.

As regards the strategy of Essential National Health Research itself, it was noted that:

- research on health reform is a growing priority;
- research must go beyond researchers, i.e. the different stakeholders of ENHR (policy-makers, academia, the public, the media, etc.) should have an appropriate involvement in the consecutive stages of the research process;
- community involvement is vital if distortion of the ENHR strategy is to be avoided, and the principle of inclusiveness needs to be practised;
- Essential National Health Research is a growing but "slow process" due to its complexity;
- national priority setting for health research is an essential precondition for any process of regional and/or global health research priority-setting;

- to make ENHR an attractive approach for more and more countries, it is necessary to present clearly what it can do and how this will impact on the health status of a country's population;
- concomitantly, COHRED activities and ENHR work have to be given greater visibility;
- under its mandate as a coordinating body, COHRED needs to form appropriate alliances, particularly since such alliances are actively being sought!

The meeting welcomed this "open-house" session and recommended that COHRED organise similar sessions at regular intervals, for instance, in combination with its Board Sessions.

Several, mostly European donors attended the Sixth Session of the COHRED Board (Geneva, Switzerland, October 1995).

4.3.2. Specific

Agency for International Development

(USAID)

The United States Agency for International Development, Bureau for Africa, decided to collaborate with COHRED in organising the Second African ENHR Networking Meeting, held in Harare in August 1995, by supporting the travel of several African participants and by participating in the Meeting.

Carnegie Corporation of New York

The Carnegie Corporation of New York hosted the Fifth Session of the COHRED Board in February 1995.

European Commission

Thanks to its regular contacts with the European Commission -- Directorate General XII Science, Research and Development, COHRED has been able to facilitate distribution of the Information Package "Scientific and Technological Cooperation with Developing Countries" to ENHR groups in some 25 developing countries. These contacts also gave the ENHR teams an opportunity to submit collaborative research proposals to be funded by the European Commission.

International Development Research Centre

(IDRC)

A Joint IDRC/WHO/COHRED mission has been organised to four French-speaking African countries (Benin, Burkina Faso, Guinea and Mali) to make a critical assessment of the health research situation, and to explore the potentials for initiating and/or strengthening ENHR in those countries.

IDRC participated in the Regional Workshop on Health Research Management (Thailand, December 1995).

Swedish International Development Cooperation Agency

(Sida)

In May 1995, COHRED was represented at the Seminar on the 20 years of the Swedish Agency for Research Cooperation (SAREC). The following month, it also facilitated the participation by ENHR focal points from Bangladesh and Zambia in the Karolinska Symposium entitled "Better Health for Whom? Dilemmas in the Third World's health development and health-related research." The Proceedings of this Symposium will be published later this year.

5. PUBLICATIONS

5.1 Country Experiences with Priority Setting for Essential National Health Research — A Working Document

This (revised) Working Document reviews country experiences in implementing the ENHR Strategy, with particular emphasis on priority-setting for research. It looks at processes, mechanisms and outcomes as outlined in plans and based on the experiences of seven countries (or group of countries), namely Benin, the Commonwealth Caribbean, Guinea, Kenya, Nicaragua, Philippines and Uganda.

5.2 RESEARCH INTO ACTION — Newsletter (Issues 1, 2 & 3)

To be published four times a year, *Research into Action*, the Newsletter of COHRED updates its readers about important ENHR and related developments at national, regional and international levels. The Newsletter aims to be an open forum for all groups and initiatives which are using the ENHR principles — to whatever extent, in whatever form and under whatever name.

5.3 Tuklas Lunas — ENHR Newsletter

Published quarterly by the Department of Health, Philippines.

5.4 Tuklas Lunas — ENHR Executive Brief

Published quarterly by the Department of Health, Philippines.

5.5 Liaison — A Link between Producers and Users of Health Research, Newsletter

Published by the Essential National Health Research, Bangladesh.

5.6 National Health Research and Development Centre Newsletter

Published by the National Health Research and Development Centre, Kenya.

5.7 Proceedings of the Convention on National Health Research Plan (Mombasa, May 1994)

Published by the National Health Research and Development Centre.

5.8 Essential National Health Research for the Caribbean

Prepared by the Commonwealth Medical Research Council for the Commonwealth Caribbean.

5.9 Handbook for Research Proposal Development

Published by The Essential National Health Research, Bangladesh.

5.10 Nuyens, Y., The role of research for health services, health policies and human resources development

In: *International Journal of Health Sciences*, Vol. 5, No. 2, 1994.

5.11 Proceedings of the planning meeting for the Regional Workshop on Health Research Management

Presents the findings from the various country visits, an update on ENHR activities in other Asian ENHR network countries, as well as the objectives, the outcome and the possible by-product of the Regional Workshop on Health Research Management held in December 1995, in Thailand.

5.12 Science in Africa. Essential National Health Research

Published by the Sub-Saharan Africa Program of the American Association for the Advancement of Science.

The booklet reproduces the contributions presented at a Symposium entitled SCIENCE IN AFRICA. Essential National Health Research, organised by the AAAS Sub-Saharan Program at AMSIE '95, the AAAS Annual Meeting, held in Atlanta, Georgia, in February 1995.

6. COHRED BOARD AND SECRETARIAT

6.1 COHRED BOARD

The Fifth Session of the Board took place at the Carnegie Corporation of New York in February 1995, and the Sixth Session at COHRED's Secretariat in Geneva from 28 October to 1 November 1995.

6.2 COHRED SECRETARIAT

During 1995, the Secretariat was composed of :

Yvo Nuyens, Coordinator

Inger Roger, Secretary

Ingrid Rifflet, Administrative Assistant

Hannelore Polanka, Information Assistant

