

The Council on Health Research for Development

REPORT OF ACTIVITIES 1998–2000



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1. Foreword

The publication of this report coincides with a number of meetings that may be expected to have significant impact and on health research for development throughout the world, and more particularly on COHRED. The International Conference on Health Research for Development to be held in Bangkok in October 2000 will bring together health researchers, policy-makers and other users of research from around the world to review progress in health research over the past ten years and to define a strategy and action plan for the coming years. Preparations for this Conference have played a large part in COHRED's activities over the past year, particularly in relation to coordinating the input from developing countries and ensuring that their voice will be clearly heard in Bangkok. As this report goes to press, we are hopeful that the Conference will provide an opportunity for real dialogue and will be an important step in an ongoing process that will lead to a more effective global health research system and to more equitable health development.

In conjunction with the Conference, COHRED will hold a special meeting of its Board, as well as the first ever meeting of its constituents, i.e. member countries plus agencies and organisations that share our objectives and that work with us to achieve them. These two meetings will allow open and critical discussion of COHRED's achievements in the seven years of its existence as well as reflection on its future direction. No organisation can afford to stand still or rest on its laurels. I firmly believe that COHRED has achieved much in its short lifetime, and we must build on that. At the same time, we have to admit where we have been less effective or where we need to adapt to changing realities in the world.

In looking back at the way COHRED has evolved since 1993, it is already possible to see a number of developments that can be characterised as "change with continuity". Thus, from the beginning, COHRED has been concerned to "put countries first". This has not changed. Countries must determine their own research priorities and agendas, and must take the lead in developing partnerships and coalitions that will help them to attain their goals. Inequities between and within countries remain an overriding concern, and COHRED continues to promote Essential National Health Research as a strategy to address these. At the same time, some of our approaches are changing. We are adjusting rapidly to the harsh realities of helping countries bring about social change, realising that the rhetoric and abstract schemes dreamt up in Geneva, Harare or Bangkok—while they may provide a useful target to aim at—often bear little relation to what is happening in people's lives. We are moving towards being more selective in our partnerships, avoiding those that produce little more than fancy reports of meetings in expensive locations and—again taking our lead from countries—focusing on those that lead to meaningful dialogue and action at local level.

I believe that this report reflects COHRED's philosophy of promoting open discussion and partnership rather than seeking to prescribe global solutions. In this sense, it is not the "show-and-tell" self-congratulatory list of achievements and grandiose plans produced by some actors on the international scene. You will find here numerous accounts, not so much of what *COHRED* has done, but of activities carried out by national and regional groups, for and in countries and regions. COHRED's role in

all this has been to support, promote, facilitate and coordinate. In producing this report, we seek to continue that role, by stimulating dialogue, sharing with a larger community of interested colleagues and friends what we are learning from countries, and trying

to extract the lessons that can be systematised, adapted and applied in other settings. In this respect, the report is an effort to “look into the mirror of the future”—to use the lessons of the past to chart a course for the future.

Yvo Nuyens
COHRED Coordinator

2. About COHRED

The Council on Health Research for Development (COHRED) was established in 1993 to advocate and facilitate the implementation of Essential National Health Research (ENHR). COHRED's legal status is that of a non-governmental organization linked through a Trust Fund Agreement with the United Nations Development Programme (UNDP) (See Annex 6.1). It was preceded by the Commission on Health Research for Development (originator of the ENHR strategy), which published the landmark document "Health Research: Essential Link to Equity in Development" in 1990.¹ The successor to the Commission, the Task Force on Health Research for Development, was involved in creating the environment for COHRED to be established. Its 1991 publication, "ENHR: A strategy for action in health and human development" describes the first steps taken in concretising the idea of ENHR in a number of countries as a learning experience for further evolution of the approach.²

The COHRED Secretariat, located in Geneva, consists today of a small group of nine staff. COHRED's operations extend throughout much of the world—most of its activities being undertaken with and by partners who together constitute an active global network in health research for development. COHRED's vision is to ensure that good health and quality of life, on the basis of equity and social justice, are available to all. Its mission is to nurture and support the implementation of the concept of Essential National Health Research (ENHR) as a comprehensive vehicle for organising and managing national research efforts aimed at leading countries towards more equitable health. By offering technical support to countries implementing ENHR, COHRED

works to develop skills and enrich the perspectives of leaders in health research, seeks to provide an active forum for sharing experiences about ENHR, and advocates for the strategy among international investors and other agencies.

The ENHR strategy advocates for effective research support systems in countries, oriented towards equitable development in health. ENHR calls for the simultaneous application of three organising principles: participation, informed decision-making and a broad, inclusive view of health research as an instrument of development. Research carried out should be *essential research*, without which decisions are a hit-or-miss gamble. It will improve sound decision-making 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. Research should be *national* and respond to local—national, district, community—needs, it should be conducted as far as possible using local resources and form part of a health policy to which the local government (national or district) is committed.

In working with countries to implement ENHR, COHRED bases its approach on three key messages, which drive its mission and way of working:

- Put countries first
- Work for equity in health
- Make research an active part of development

■ Put countries first

So that the population of a country derives real benefit from substantial investment in health research, as a starting point, countries must review their own health problems, assess information gaps and existing research efforts, and develop a responsive national research agenda. This process is designed to clarify immediate, emerging and future health challenges, and is very powerful in helping to promote health and development.

■ Work for equity in health

Inequities exist not only between rich and poor, but also between men, women and children, people of different ethnic origins, and other sub-sectors of the population. Less developed countries that do not work actively for equity will end up perpetuating good health for the few and poor health for the many.

Health research can help reduce inequities by identifying and exposing health in-

equalities, and monitoring efforts to reduce the gaps. Clear indicators for the success of public action to reduce inequity can serve as a valuable instrument for ministries of health, legislatures, community organisations and advocacy groups, thus helping to protect and promote basic human rights.

■ Make research an active part of development

The formation and sharing of knowledge has become a major instrument for development and economic growth, as trade barriers come down and new forms of communication emerge. Countries—both developing and developed—that use new knowledge effectively can make great strides in improving the health of their people.

COHRED aims to help researchers, leaders, and users of research make full use of new opportunities for sharing knowledge, and to keep track of knowledge development.

3. What is COHRED doing?

As a learning organisation, COHRED strives to promote **health research as an essential tool for achieving equity in health and development** through Essential National Health Research (ENHR).

By providing support to countries, and operating in partnership with other organisations with the same (or similar) goals, COHRED aims to promote the effective sharing of knowledge between countries, for countries. COHRED assists countries through providing information, documentation, technical, and financial support. In its role as international broker of information, COHRED promotes partnerships at country, regional and international levels. Finally, COHRED facilitates the process of learning and change.

3.1 COHRED supports countries

In its 1991 publication, the Task Force on Health Research for Development listed seven elements which represented a “checklist” of activities that need to be considered in the development and implementation of ENHR. Whilst the elements do not represent a linear progression (several of the elements are frequently undertaken simultaneously), all of them require on-going attention in response to changes within the country, or in any of the other elements. Thus, COHRED’s actions and its support to countries are directed by the seven elements of the ENHR strategy. The elements are:

- Promotion and advocacy
- Research coordinating mechanism
- Priority setting
- Capacity development
- Networking

- Resource mobilisation
- Evaluation

Each of the ENHR elements, and COHRED’s activities related to them, are described here except for Networking and Resource mobilisation. A more detailed description of COHRED’s activities in these two areas can be found in Sections 3.2 and 3.3 of this report.

Promotion and advocacy

Promotion and advocacy activities for health research help to initiate and sustain effective consultations among the various partners in health, overcome the isolation and fragmentation of research efforts, and establish and strengthen close links between research, policy and action activities in the country.

COHRED aims to assist countries in sensitising its researchers, policy makers, health care providers and the public to the need for a new strategy for managing health research. Support takes place at a number of levels, including: supporting sensitisation meetings at the national level, encouraging national research leaders to use existing knowledge to improve health, assisting countries in developing strategies for getting their priority health research funded by international donors.

The recent COHRED publication “Health Research: Powerful Advocate for Health and Development, Based on Equity” (COHRED document 2000.2) uses country examples to illustrate strategies for the promotion of ENHR/health research, and will be instrumental in heightening and sustaining these efforts in future.

Box 1: The Bishkek Declaration

■ The countries that constitute the Central Asian Republics and Kazakhstan (CARK) recently pledged their support for the ENHR strategy in the “Bishkek Declaration on ENHR”. The vehicle for the introduction of ENHR to the CARK countries was unique to this region: it was the first time that an initiative set up by a UN organisation had provided the impetus for ENHR to be implemented in a country or region. The CARK Mother and Child Health Forum was established in 1997 by UNICEF. The Forum ensures that scientists, technicians and policy makers are regularly brought together to exchange knowledge and experiences in priority health problems related to the wellbeing of women, and the survival, development and protection of children. The CARK MCH Forum was instrumental in the establishment of a regional Working Group for ENHR. Members of the new ENHR Working Group (composed of the Deputy Ministers of Health for each country, one senior official from the MCH Department of the MOH, and key researchers from each country, as well as representatives from several international agencies) met for the first time in June 1999. The innovation shown in this region is not limited to the entry point for ENHR. A newsletter for ENHR has also been established, and is published quarterly in Russian. The first issue of this Newsletter has been made available on the COHRED website. COHRED provided both technical support and documentation/information for this initiative.

Source: Issue 17, *Research Into Action*, July–September 1999.

Critical questions

Some critical questions have arisen from COHRED’s work in the area of promotion and advocacy, and include:

i. What is the process for initiating and developing partnerships between countries and COHRED?

An initial expression of interest in using the ENHR strategy to develop a national health research system and in seeking the support of COHRED to facilitate such a process has to come from the country. This could be a committed researcher/research institute or programme, an interested manager in the government bureaucracy, a motivated leader of a community group or NGO, and so on. In principle, COHRED responds to such a request by inviting the country to establish a small, informal working group, which

brings together the different stakeholders. This group starts then interacting with COHRED.

ii. Should COHRED promote ENHR/health research in all countries? Or does COHRED have a mandate to support developing countries in particular?

In its 1990 report, The Commission on Health Research for Development made it clear that ENHR was intended to assist all countries “to accelerate health action”. Whilst its primary goal was stated as “improving the health of people in developing countries”, the report also acknowledges the “importance of strengthening all scientists” in order to realise the potential of research for furthering world health. COHRED accepts this challenge, and has moved forward by aiming to respond to all requests, and to promote ENHR as widely as possible.

iii. Should there be greater efforts to ensure a geographical balance of countries implementing ENHR?

Whilst the majority of countries implementing ENHR are from the regions of Africa and Asia, the past year has seen a steady increase in countries from other regions, particularly Central Europe and Latin America, implementing ENHR (See Annex 6.2).

iv. Should COHRED pursue and actively follow-up with countries who began implementing ENHR, but whose efforts have since diminished?

Experiences show that the implementation of the ENHR strategy is an iterative process in which countries move at different rates dependent on a number of political, socio-cultural and institutional factors. COHRED will continue to advocate for ENHR but it is for the countries to drive their own process.

Research coordinating mechanism

A durable, yet flexible mechanism for promoting and coordinating health research is essential to the implementation of ENHR in a country. COHRED’s objective is to assist countries to develop a mechanism which will

facilitate the interaction of researchers, policy makers, health care providers, and the community at large in managing health research. COHRED specifically supports activities which help to explore, examine and more importantly, vitalise coordinating mechanisms for research at the country level.

An issues paper published in 1999 by the COHRED Working Group on Promotion Advocacy and ENHR Mechanisms provides specific country examples documenting experiences and lessons learned. This down-to-earth guide is a resource for countries that want to establish effective ways of implementing ENHR. The central argument of the document is that there are *four features* that can influence the effectiveness of a coordinating mechanism for research. These are:

1. That it makes its main objective the promotion of equity in health
2. That it acts as an agent for change
3. That it provides research systems management and support
4. That it develops and evolves with changing circumstances.

By highlighting the main messages that are emerging around this issue, and illustrating these points with country examples, the guide provides some insight into the factors that can have a positive or negative impact on the effectiveness of a national mechanism for ENHR.

Critical Questions

- i. *Should the mechanism be one institution, or a network of institutions?*

Whether the mechanism for health research management in a country manifests itself as one institution or as a network of institutions, the most important factors are that the mechanism is effective, is accepted by all stakeholders, and is sustainable.

To help answer the difficult questions such as how will the mechanism effectively involve all stakeholders?, and how can the mechanism be sustained? COHRED provides a forum for exchange of information on approaches that have been successful in different settings.

Box 2: A Tanzanian recipe for an innovative ENHR Mechanism

■ In 1991, The National Institute for Medical Research (NIMR) was mandated by the Government of Tanzania to coordinate all national health research activities. This decision was resented by the other health research institutions in the country, and there were fears that the mechanism would become the 'property' of the NIMR. As a result of these concerns, national research remained poorly coordinated, with individual research institutions refusing to communicate.

In an attempt to allay the concerns, the NIMR organised a national seminar in December 1998 which was financially and technically supported by COHRED. A National Forum for Health Research was created at the seminar, which became the new mechanism for health research in Tanzania. Participants at the seminar were from a wide range of health and health-related institutions throughout the country. The National Forum for Health Research became Tanzania's success story in helping to increase coordination of research in the country. The Forum enables all health research institutions to participate equally—through representation on the committee, and having a sense of 'ownership' of the mechanism. Relying on existing institutions and requiring no additional outlays in terms of infrastructure or personnel, the new mechanism is likely to prove efficient and economical. It is expected to reduce bureaucracy, strengthen institutional links and collaboration, and enhance the work for better, more equitable health.

A number of major lessons were learned from the experience of Tanzania. It showed that 'ownership' is both a major problem when establishing a mechanism for ENHR, and a prime motivating factor for active participation. It also illustrated the importance of the mechanism's ability to continually evolve according to the present situation in the country, and to be able to respond promptly to concerns.

Source: COHRED (2000) *Tanzania: re-orientation of the ENHR mechanism to reinforce partnership*. COHRED Learning Brief No. 2000/1, Geneva.

Box 3: Research mechanisms at a district level

■ Participants at an African regional networking meeting held in Uganda in 1997 had expressed concern that ENHR implementation efforts were being focused too heavily on central-level mechanisms and large national institutions, which resulted in countries' failure to address the issue of how to involve the sub-national and/or district levels as integral parts of the ENHR process in a country.

In response to this, COHRED commissioned an eight-member Working Group to document and analyse experiences in sub-national/district-level health research. At a brainstorming meeting in March 1998, the Working Group revealed some startling results. Whilst most countries had considerable research activities going on at a district level, these activities tended to originate, and be planned and managed, from outside the district. The Working Group further found that individual members of the district health team may be involved in data collection, but not so the district machinery. The lack of feedback of research findings further called into question the value that such research efforts had for the district. Compounding this problem was the serious lack of resources—both human and financial—with which to conduct research. What is more, it appeared doubtful that district health teams fully appreciated the value of research in guiding decision-making, and of its potential to contribute to district development. Other obstacles identified by the Working Group included: absence of a decentralised research support mechanism; rapid turnover of personnel at the district level; and difficulties in forming research partnerships with health providers and the communities. Strategies proposed by the Working Group to advance the district level health research agenda, with a particular focus on ENHR, included:

- Creating awareness
- Developing research capacity in districts
- Mobilising financial and human resources for research
- Decentralising research support mechanism
- Examining the role of existing institutions in developing ENHR

Priority setting

COHRED's support role with regard to priority setting for health research in a country extends from the initial situation analysis (of both research currently being undertaken, and of major health concerns in the country), to supporting subnational and national workshops. A follow-up role has been identified as particularly important. Three pub-

lications directly related to priority setting have been published by COHRED.* The most recent publication has a very specific focus. It provides instructors and facilitators with a step by step process to guiding participants through a research priority setting exercise using the ENHR strategy. COHRED has supported national priority setting exercises in a number of countries, including facilitating exchanges of information between countries (see Box 4).

Critical Question

A critical question often asked of COHRED following an initial priority setting exercise is:

How do you sustain activity/interest in addressing priority research areas, and what is next?

The publication prepared by the COHRED Working Group on Priority Setting (COHRED document 2000.3) provides three major reasons why there must be follow-up action after identifying the broad priority areas:

- Experience elsewhere shows that the priority setting exercise—however well organised—will initially only produce broad areas of research priority.
- Priority setting will raise a lot of expectations, especially among researchers, who expect funds to be made immediately available so that the ideas included in the research agenda might materialise.
- Very often, people get disappointed by the feeling that their ideas have not

* Three COHRED publications relate specifically to priority setting for ENHR:

1. Okello D., Chongtrakul P., and the COHRED Working Group on Priority Setting (COHRED document 2000.3), *A Manual for Research Priority Setting Using the ENHR Strategy*, Geneva.
2. The COHRED Working Group on Priority Setting (2000) "Priority setting for health research: lessons from developing countries". *Health Policy and Planning*, 15(2): 130–136.
3. COHRED (1997) *Essential National Health Research and Priority Setting: Lessons Learned*. Council on Health Research for Development, Document 97.3, Geneva.

been accommodated, or that they were not fully involved in the exercise.

Recommended follow-up activities include:

- Research problem specification—carried out primarily by a core group and/or task force designated for that purpose
- Translation of research areas into specific research questions. For example, invite researchers to contribute ‘concept papers’ describing proposed research projects for specific priority areas agreed upon by stakeholders
- Publication and dissemination of the priority research agenda. All decisions and information arising from priority-setting meetings should be published and distributed as soon as it is practicable. It may even be necessary to convene a national workshop to circulate the information gathered and to elicit additional input that could be used to amend the agenda
- Identify resource requirements (government, donors, NGOs, etc)
- Determine time lines
- Identify potential research groups for implementation.

The publication includes a number of practical checklists for countries to follow, to ensure that their priority setting activities have been adequately representative and inclusive. The publication then goes further to suggest implementation issues which should be considered.

Capacity development

Capacity development for ENHR is a long-term objective that covers broad areas, such as human resource development at various levels, capacity to identify research problems, capacity to execute research, capacity to interpret and use research results, development and maintenance of research infrastructure, and so on.

COHRED’s role in capacity development is to provide technical and financial support to countries working to develop their re-

Box 4: Nepal Priority Setting Workshop

■ In early 1998, a high-level consultative meeting between the Nepal Health Research Council (NHRC), the ENHR Focal Point in Nepal, and WHO recommended a participatory approach to the priority setting process in the country. The resulting conference mobilised representatives from all major stakeholders in health research, together with colleagues from Indonesia, the Philippines, and Thailand. Making use of the initial COHRED monograph on priority setting (COHRED document 97.3), conference participants defined four major research areas that should receive a high priority: health policy and health systems research; behavioural and social research; basic health and clinical research; and technology and product assessment. Feedback was sought from participants’ on the use of the working group report. Two of the major recommendations were that more country examples are needed (particularly from Asia), and the equity issue should be elaborated, particularly in relation to imbalances in health status and research capacity not only between countries, but also within countries. In addition to this, the facilitator’s report noted that participants recognised that several groups were not represented at the conference, including community groups and people’s organisations, policy makers and planners.

COHRED’s contribution to this workshop included: facilitating the networking between countries, and technical, financial and documentation/information support.

Source:

1. *ENHR priority setting—lessons from Nepal*. COHRED Learning Brief No. 2000/3, Geneva.
2. Issue 15, *Research Into Action* (1998) “Essential National Health Research and Priority Setting in Nepal: Another Lesson Learned”
3. *Sachetana: Journal of Essential National Health Research Nepal* (1998) Vol 1 (1), ENHR Nepal, Kathmandu.

search capacity, and to ensure that country experiences with capacity development for ENHR are documented, and disseminated.

The COHRED Board created an Advisory Committee on Capacity Development in October 1997. The committee was charged with proposing and preparing COHRED’s strategic directions regarding health research capacity development. In October 1998, a 1-year progress report was presented to the Board. Following this meeting, it was recommended that COHRED’s work in this area should focus on three strategies: further country facilitation; specific activities with

Box 5: Capacities and competencies for health research in Ghana

■ A report compiled by Amuah, Ekumah and Nsowah-Nuamah (Ghana) in March 1999 provided a comprehensive analysis of the available capacity for health research in the country. A 1995 assessment of health sector performance had already identified the reasons for unsatisfactory progress. It was concluded that research was required to address these issues if there was to be to an improvement in Ghana's health sector.

In response to this clearly defined role for research, the Health Research Unit (HRU) of the MOH initiated a series of activities, including a review of health research in the country. The review found that there had been an increase in the number of institutions conducting health research. As a result of this review, a study was commissioned to: determine the range of capacities required for undertaking health research; develop and test an instrument for assessing existing capacity for ENHR. This study was supported financially and technically by COHRED.

The methodology of the study was particularly important. A list of capacities and competencies that were perceived to be lacking in health research at various levels was compiled from both a brainstorming activity by the study team, and the initial review of health research activities in Ghana. An initial questionnaire to determine desired capacities and competencies was sent to researchers, policy makers, community representatives, NGOs and international agencies (including WHO, UNICEF, USAID) who were actively involved in national research activities. A final list of capacities was obtained from the responses, and a second questionnaire was developed using this list. This second questionnaire, intended as a needs assessment, was distributed much more widely. The questionnaires were tailored to a number of groups of research users and actors, including researchers, heads of research institutions, policy makers, and community leaders.

It became clear from the gamut of responses that required capacity for health research goes far beyond individual capacity—that institutional capacity, and an enabling environment for researchers and institutions to do research are also essential requirements. Major emphasis was placed on utilisation of research results, and it became clear that a variety of capacities are required to ensure that this takes place, including, for the researcher, the ability to communicate with the end users of the research, and the ability to lobby for the utilisation of results. Policy makers and community leaders must also have certain capacities to enhance utilisation of research. These include the ability to understand the information being given to them, and other necessary tools for implementation such as the authority and financial availability to do so.

Source: Amuah E, Ekumah K, Nsowah-Nuamah NNN. (1999) *Capacities and Competencies for Health Research in Ghana*. Report to COHRED.

selected partner organisations; and “convergence” with other COHRED working groups, in particular the Task Force on ENHR Competencies.

Facilitating country initiatives: Following the Capacity Development for ENHR (CD/ENHR) study and workshop in April 1998, a working group in **Uganda** concentrated its efforts on capacity development at a district level, involving two demonstration districts. With a recently renewed commitment by the Ministry of Health to a strong role for research in Uganda's health system reform process, the recommendations from the 1998 workshop can now be implemented.

A July 1998 study (see box 5) involving the identification of health research capacities by various stakeholders in **Ghana**, is now being incorporated into a longer-term health research plan, within the framework of a Ghana-Dutch collaborative project (<http://www.rawoo.nl/main-4b1.html>).

Working with selected partner-organisations: It is a stated objective of COHRED that where possible, partnerships will be forged with other organisations with similar goals. Discussions have been held with several organisations, an example of which is presented here.

At the annual INCLIN (International Clinical Epidemiology Network) meeting in Bangkok in 1999, discussions exploring INCLIN's mutual interests with COHRED in issues relating to capacity development led to a “Memorandum of Understanding”. This document identified three specific areas of collaboration: Strengthening the contribution of INCLIN's Clinical Epidemiological Units (CEU's) to national health research; capacity development linked to inter-country research projects; and health research leadership development. An example of a direct consequence of this collaboration was the September 1999 IndiaCLEN meeting in Nagpur which included a workshop on the role of the INCLIN units (and IndiaCLEN itself) in India's ENHR process.

“Convergence” with other COHRED working groups: The need for preparing integrated “products” to be used for capacity development at a national level, is well recognised within the workplans of the Task Force on ENHR Competencies, as well as the COHRED Communications Team. A recent example is the preparation of a learning module on Priority Setting for ENHR, derived from the 1997 monograph and subsequent country experiences. A further example is the development of a learning module on resource flows, which arose from the COHRED-funded study on resource flows in a number of Asian countries, conducted between 1998 and 2000.³

Critical Question

Are we talking about Capacity Development for health research, or for ENHR?

This question often arises in workshops and other forums. It is an important question, but one that needs to be considered in the specific context. Firstly, every country has particular strengths and weaknesses, and is therefore individual in its needs. Secondly, as capacity to conduct research develops, it will be important for a national strategy—ENHR—to be put in place to ensure that best use is made of that research and that capacities to utilise, disseminate, and communicate about research are equally well developed as capacities to actually conduct research.

Evaluation

Monitoring and evaluation activities should occur in every aspect of the ENHR process. This will ensure that efforts have maximum impact, and will allow for progress monitoring, highlighting any need for mid-course corrections. Analysis and evaluation are crucial activities for enabling the sharing of experiences between countries and for regional and global comparisons.

Specific activities at country level which aim to evaluate a country’s progress with the implementation of the ENHR strategy are funded by COHRED. The outcomes of these evaluations are invaluable material for

Box 6: Capacity development in Tanzania: a strategy for action

■ In January of this year, the Tanzania National Health Research Forum organised a workshop, supported by COHRED, to discuss and develop a Tanzanian plan for health research capacity development, with a particular emphasis on research management and leadership. Thirty individuals from ministries, research institutions, academic institutions, and WHO participated in the four day workshop.

The workshop focused on three levels of capacity development: the individual, the organisational, and the ‘network’ level. Each level was considered against the ENHR competencies; for example, the capacity required to promote health research, or to implement a national agenda for research.

Participants collectively identified three major skills which would result in strong leadership and/or effective research management. These were:

- The need to learn how to effectively manage change, particularly “organisational change”
- Skills to improve teamwork, coalition building, and networking
- Skills for effective communication of research and research results.

A specific proposal from the participants was the establishment of a research support system to build on the existing District Health Management Teams (DHMTs), thereby strengthening district-based health and development. The proposal dealt with:

- Research support to the DHMTs as an integral part of the Health Sector Reform Program
- Preparing future health professionals to undertake research activities at district level by seconding them to the DHMTs as research assistants
- Strengthening inter-institutional collaboration to support district level health research.

The proposal was discussed with the Permanent Secretary of the Ministry of Health who pledged her support to the initiative.

COHRED’s own evaluation process, particularly for measuring progress related to the specific elements of ENHR (promotion and advocacy, mechanism, etc). The recent publication from the COHRED Working Group on Promotion, Advocacy and the ENHR Mechanism “Health Research: Powerful

Box 7: Evaluation of ENHR in Kenya

■ An external evaluation of Kenya's progress with ENHR was undertaken in December 1998. The evaluation included indicators of improvements in equity, ability to create meaningful research partnerships between local communities, researchers and policy makers, and the strength of the connection between research findings and policy and practice.

Using the rapid review method, the evaluation concluded that phase one of ENHR in Kenya—awareness creation, advocacy, and mobilisation of stakeholders—had been successfully accomplished. The implementation phase was about to begin, and the external assessment team made five major recommendations for adding value to the ENHR effort, and strengthening the outcomes:

1. Change ENHR Kenya's organisational form from a 'Centre' to a 'Network'
2. Give serious attention to the operationalising of ENHR priorities
3. Emphasise the role of leadership for ENHR
4. Focusing on the Ministry of Health as a critical partner, and
5. Creating alliances for resource mobilisation.

The team recognised that the ENHR effort will always pose challenges and hurdles, and that Kenya's national move towards decentralisation and a district-based health system provide a new set of opportunities, and could well provide impetus to fresh approaches.

Source: Okello D, Tollman S, and Neufeld V (1998) *Evaluation of Essential National Health Research (ENHR) in the Republic of Kenya*. Report of the External Review Team, 29 November to 6 December, 1998.

Advocate for Health and Development, Based on Equity" (COHRED document 2000.2), includes a 5-page self-assessment tool, which is aimed at countries who wish to determine if their national, and donor investments in health research are being used effectively. By pinpointing areas for improvement, the questionnaire can be used by countries to assess the effectiveness of their utilisation of health research to improve health and promote development, based on equity. The assessment tool is arranged according to the three COHRED messages (put countries first, work towards equity, and link research to action for development), and includes questions related to funding avail-

ability, commitment to achieving equity, and leadership potential.

3.2 Promoting partnerships

Promoting partnerships at all levels has become a major part of COHRED's role as international 'broker' for ENHR. At country level, both technical and financial support is offered to countries, with the object being to assist in the creation of an enabling environment for research. At the regional level, COHRED supports regional meetings for ENHR, and continues to promote technical and knowledge exchanges between countries. At the global level, countries will benefit from a major partnership between COHRED, WHO, the World Bank, and the Global Forum for Health Research to convene the International Conference on Health Research for Development in October 2000.

a. Country level partnerships

COHRED's technical and financial support has been provided to countries to assist in the creation of an 'enabling environment' for research. This includes seed funding in **Uganda**, and technical support to a meeting in **Pakistan** where a national Public Health Network was forged (see Boxes 8 and 9).

Networking has been one of the seven elements of ENHR since 1990. However, the 'critical questions' still, to this day, dominate discussions about COHRED's role in Networking. In considering the critical questions, a number of complex issues arise, not least of which is the question of whether it is COHRED's role to concentrate on building a Network for ENHR only, or if there is an additional broker's role to be played in the regions, in order to increase networking activities *within* the regions. Indeed, should COHRED be actively working towards 'networking the networks'?

b. Regional level partnerships

COHRED's role at a regional level is one of promoter and networker of the networks. ENHR Conferences are now held annually

Box 8: The Pakistan Public Health Network: A New Commitment to Health and Development

■ September 18, 1999 was a special day in the unfolding of public health and development in Pakistan. It saw the birth of a formal network of institutions involved in health research and development in the country—the “Pakistan Public Health Network”. More than a dozen key institutions in the country were present at a meeting which saw an inter-institutional commitment to share scarce resources, learn from organisational experiences and explore the development of an ENHR agenda for Pakistan. Participants at the meeting identified key focus areas for the country, such as the role and need for capacity development in Pakistan; the evaluation and monitoring of capacity development efforts; and the health systems and academic environment within which capacity development efforts need to occur.

The meeting also served to formalise the role of the network of institutions involved in public health research and development in the country, and helped to define a strategy for moving ahead with the implementation of ENHR in the country.

The day closed with a feeling that something important had happened—key stakeholders in the country had agreed to work together for Essential National Health Research. The spirit of mutual understanding, commonality of need and unity of purpose was tangible, and each representative headed for different parts of the country resolving to make a difference. For countries that are in advanced stages of implementing an Essential National Health Research agenda, this may seem to be a small step. For a country that has seen major political and economic shifts within the past 10 years, this was a real step forward. With this first step, Pakistan joins other ENHR players—a game (to use the analogy of golf), where we are all playing by the same rules, but with individual handicaps.

Source: article by Dr Adnan Hyder, *Research Into Action* Issue 18, 1999.

Box 9: Partnerships in Uganda: UNHRO

■ The Government of **Uganda** recognises the importance of health research as a tool for guiding the formulation of policies which aim at improving people’s health and their development conditions in general. In August 1990—stimulated by the ENHR concept—Uganda’s Ministry of Health appointed a group of prime movers in health research to organise a national ENHR workshop. Held in 1991, the workshop recommended that the government endorse and adopt the ENHR concept, which it did in February 1991. In May 1993, implementation of the first National ENHR Plan was initiated, as part of a collaborative effort between the Uganda National Council of Science and Technology and the Ministry of Health. Four years later, the Ministry of Health drafted the second National ENHR Plan. That plan is currently being put into practice with financial support from the Government, under the guidance of a government-appointed coordinating body—the Uganda National Health Research Organisation (UNHRO)—whose task it is to ensure the sustainability of ENHR in the country. Recognised as a statutory body, one of the major activities undertaken by UNHRO was a survey of local capacity to conduct, use and manage priority-driven health research. The resultant Action Plan was devised and subsequently translated into practical terms through a collaboration between UNHRO and the various stakeholders in health research.

Source: *Research Into Action*, Issue 13, April–June 1998. Geneva: COHRED.

in Asia and Africa. Meetings in other ENHR regions are less frequent, but are held as the need arises. In 1999, meetings were held in Laos and Zimbabwe, and in Ghana in 1998. The opportunities for countries to network within and between themselves is invaluable, and the ENHR conferences serve a number of purposes—as report-back on activities and experiences with ENHR implementation, and as a forum for information sharing.

The regions themselves are organised quite differently. This is best illustrated by the African and Asian regions—with the largest number of countries that have adopted and implemented the ENHR strategy. In Asia, the regional focal point is rotated every 2 years. Thailand is the current focal point for the Asian region. One of the major activities of the Asian region is to pro-

Box 10: Priority setting activities by the sub-regional ENHR network, Africa

■ In August 1999, a meeting organised conjointly by COHRED's sub-regional network for francophone ENHR countries and WHO was held in Dakar, Senegal. The meeting had three major objectives: to further elaborate research protocols on malaria (which is one of the priority research areas in this sub-region); to discuss the definition of research priorities in countries of the region; and, to finalise the sub-regional network's scope of responsibility. Seven countries participated in the workshop: Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Guinea, Mali and Senegal. In all, the workshop participants developed three research proposals. These were:

1. The factors associated with the use of malaria prophylaxis in pregnancy
2. The determinants of the use of "ordinogrammes" in communicating information about Malaria to the community (district-based study)
3. The factors underlying the use of impregnated bed-nets in a health district.

The proposals were developed with the assistance of representatives from major research funders in the region, and specifically with one of the region's major research priorities in mind. The presentation on general principles related to country experiences with the definition of research priorities provided participants with an opportunity to clarify the different stages and methods used in defining research priorities.

duce a Directory of Health Research and Researchers in the region. In Africa, the focal point is rotated sporadically. A mentoring team (consisting of the African representatives from the COHRED Board) serves as the contact point for many of the African countries implementing ENHR. Africa's size, diversity and political turbulence make it a challenging region in which to coordinate activities relating to the ENHR strategy. A unique solution to the challenges associated with its' diversity has been underway in West Africa since 1998. At the Fifth African Regional ENHR Network Meeting which was held in Ghana in October 1998, a sub-regional ENHR focal point for the francophone West African region was launched. Since this time, activities in West Africa have been stimulated to a remarkable extent, due largely to the bridging of the language gap between this region and the greater, largely English-speaking countries of the other African sub-regions. An example of the activities supported and facilitated by sub-regional network in West Africa is provided in Box 10.

Box 11: Asian Networking Meeting, Lao PDR, 1998

■ The Third Asian Networking Meeting was held in Vientiane, Lao PDR from December 11-12, 1998. In her introduction to the meeting report, the coordinator for the focal point of the Asian ENHR Network, Dr Corazon Raymundo, highlighted the many reasons for holding the regional meetings.

Primarily, the regional meeting is held as a regular activity of the Asian Regional Network. As an annual meeting, it updates participating countries of the Network on each other's activities related to the ENHR competencies, and on their future workplans.

Second, the meeting stands at an important temporal juncture for the collaborative inter-country studies that are being undertaken to understand some gaps or improve the handle on activities related to the ENHR competencies. At the time of the meeting, four research studies were at various stages of implementation. A group undertaking the study on resource flows reported its initial findings, and was about to embark upon its next stage; members of a study of community participation in ENHR reported on the Asian countries participating in the project. Proposals were launched for two studies, both concerned with an examination of the larger Asian environment impinging on the health status of the people, and the issue of equity in health.

Third, the meeting provided an opportune moment for the Asian Network to deliberate on the Asian contribution to the upcoming International Conference on Health Research for Development.

Finally, the meeting marked the hand-over of the Network Focal Point from the Philippines to Thailand.

Source: Proceedings of the Third Asian Regional Meeting on Essential National Health Research. Vientiane, Lao PDR, December 11–12, 1998.

Box 12: Sixth African Regional ENHR Networking Meeting, Zimbabwe

■ The Sixth African ENHR Networking Meeting held in Zimbabwe in September 1999 represented the first time that the African ENHR Network had successfully involved other regional research networks in their regional meeting. Networks represented at the conference included: Equinet, INCLEN, and the GTZ-funded project, AFRO-NETS. Representatives from the Southern African Development Community (SADC) and WHO/AFRO were also present.

Participants at the Conference prepared a statement on *African Solutions for African Problems*, which clearly articulates and reflects a regional voice in the international health research arena. This statement culminated in the '**Harare Resolution on ENHR**':

We the participants attending the Essential National Health Research (ENHR) Annual Network Meeting in Harare, September 1999,

Recognising

the deteriorating health and development conditions in Africa due to:

- changing global, social, political, and economic scenario
- diminishing global resources base, and the diminishing social returns for investments
- increasing competitive demands from other emerging regional zones
- the large human resource drain or displacement to other more lucrative regions

Realising

- the need for essential health research for development
- the need for Africa to address its health problems and offer its own possible solutions
- the need to address the imbalance in resources for health research
- the need to influence policy through evidence-based decision making

Reaffirming

- the commitment to essential national health research as an essential tool to address equity in health and for health development

Hereby Resolve

- to be united in health development using a well-coordinated ENHR strategy of health for all in Africa
- to offer African solutions to African health problems using African institutions
- to work with our governments and all other partners in health development in Africa
- to develop the necessary critical capacity for health research development
- to develop an appropriate structure and mechanism to facilitate increased resource flows of global funds to the African Region
- to contribute actively, as an African community, to the global knowledge and experience base concerning health research for development
- to participate fully with other currently active health networks in Africa.

This endorsement was proposed by: Dr Sam Luboga (Uganda)

Seconded by: Dr Clive Schiff (Zimbabwe)

And adopted by unanimous acclamation of the assembly.

Source: Draft proceedings of the African Conference on Health Research for Development, in conjunction with the Sixth African Networking Meeting for Essential National Health Research (ENHR), September 1999.

One of the most important roles COHRED plays is to promote South-South exchange of knowledge and experience with ENHR. Besides the annual regional ENHR meetings, COHRED supports the involvement of partners from one country, in the ENHR activities of another. An example of this is the 1999 priority setting workshop held in **Nepal**, where 2 observers from **Indonesia** took part in the meeting, in anticipation of a similar workshop in Indonesia later that year. In 1998, representatives from **Côte d'Ivoire**, undertook a study visit to **Ghana** to gather lessons and practical measures for building a national research coordinating mechanism.

The *Regional Consultative Processes* are an initiative forged by the four major partners responsible for the International Conference on Health Research for Development (see section 3.3c for further information).

The specific value of this process for COHRED and ENHR is clear. The process is aimed at obtaining background material (including national case studies) which will form the foundations of a number of interactive sessions at the international conference. In particular, these consultations will:

- Obtain information on national and regional experiences in health research
- Solicit country and regional perspectives, including ideas and opinions on the critical issues for health research in the future
- Forge more effective and creative partnerships for health research in the long term.

At the country level, the process is further intended to provide recommendations related to the strengthening of national research capacities, and to promote the role of health research in development. These activities are of particular importance to COHRED, and will provide information that will drive decisions on the organisation's strategic direction in the following years, particularly in relation to the ENHR strategy.

The regions involved in the Consultative Process are: Africa, Asia, Caribbean, Central and Eastern Europe and the Newly Inde-

pendent States (CEE/NIS), Latin America and the Eastern Mediterranean region.

c. Global level partnerships

COHRED has established partnerships with quite a number of organisations. Mentioned below are a few examples of these partnerships, and the activities in which they resulted.

World Health Organization

COHRED has had an "official relationship" with WHO since 1998. This has resulted in a number of combined activities (at national, regional and global level). In the field of capacity development, a recent initiative in which WHO took the lead and COHRED acted as one of the partners was the 'WHO meeting on Research Capacity Strengthening in Developing Countries' held in Annecy, France from April 26–28, 2000. The main objective of the Annecy meeting was to define a framework and vision for research capacity strengthening in developing countries and to identify appropriate strategies and mechanisms to achieve this. One of the recommendations of the meeting was that WHO should tailor its contribution to country needs. This is consistent with the principle of country-driven health research. A direct follow-up to this recommendation was the implementation of two country level capacity needs assessments sponsored and supported technically, by COHRED. The country assessments took place in China and Kenya. Results of the assessments will be presented at the jointly (WHO, Global Forum for Health Research and COHRED) organised parallel session on capacity development during the International Conference on Health Research for Development, Bangkok 2000.

Alliance for Health Policy and Systems Research

COHRED has been a member of the Interim Board of the Alliance and is still represented on its new Board elected in 1999. Besides these formal relations the partnership in gen-

eral has been developed around the main common area of interest: capacity development for health policy and systems research. Extensive consultations have taken place on this subject to ensure that the efforts of both organisations in this field are complementary.

Global Forum for Health Research

COHRED participates in the Core Group on Resource Flows of the Global Forum for Health Research (GFHR). The objective of the Core Group is to monitor global spending on health research and development. The aim is to develop a network and an information system to facilitate the systematic collection of statistics on global resource flows for health R&D. COHRED's role in the Core Group is to highlight the country perspective on resource flows. The results of the COHRED supported multi-country study on resource flows (see Box 15) have been brought to the Core Group as a country approach and methodology to monitor resource flows.

Both COHRED and the GFHR agree upon the importance of setting priorities for health research (both global and national). Again the emphasis from COHRED in the partnership with the GFHR is on the country perspective of priority setting.

International Clinical Epidemiology Network (INCLEN)

A Memorandum of Understanding between INCLEN and COHRED, developed in March 1999, reflects the continued partnership between the two organisations. The memorandum proposes joint initiatives for a further strengthening of health research capacity development. The focus is on demand driven health research. The collaborative venture has three components:

- Strengthening the contribution of Clinical Epidemiology Units (CEU) to national health research
- Capacity development linked to inter-country research projects
- Health research leadership development.

The first follow up to this initiative took place in India, where IndiaCLEN has been actively involved in the further strengthening of ENHR (including the coordinating mechanism and priority setting) in the country. The establishment of an effective research support mechanism in India, can, due to the size of the country, only be reached through effective networking between all partners involved. The newly established links in India are a step in the right direction.

International Conference on Health Research for Development

Strong partnerships between WHO, the World Bank, the Global Forum for Health Research for Development and COHRED have been established to organise the International Conference on Health Research for Development, to be held in Bangkok, in October 2000. Over the last two years, these organisations have collaborated in the organisation of this major event in the field of health R&D. The Steering Committee of the Conference consists of another 30 organisations (including Ministries of Health, and research institutes of a number of developing countries) that helped shape the Conference.

3.3 Facilitating learning and change

The Task Force on ENHR Competencies is COHRED's main vehicle for facilitating learning and change. In addition to the Task Force, there are a number of COHRED-supported research projects currently underway in various regions. Phase II of a multi-country study known as "*Resource Flows for Health Research and Development*" was completed in August 2000. The objective of the study was to track health R&D funding across three middle-income countries in South-East Asia. The Asian equity study, "*ENHR: An Essential Link to Equity in Development*" is looking at 5 countries' progress with their equity status over a 10-year period. The aim of the "*Health Research Profile Project*" is to develop a tool which will assist researchers to undertake a country-specific health research profile/index.

The Task Force on ENHR competencies and the COHRED Communications Team

Chaired by Professor Mary Ann Lansang of the Philippines, the Task Force on ENHR Competencies was constituted by COHRED in February 1997. Its mandate was to gather and analyse data derived from country experiences related to the ENHR competencies.

The Task Force consists of four Working Groups: The Working Group on Promotion, Advocacy and the ENHR Mechanism, the Working Group on Community Participation, the Working Group on Priority Setting, and the Working Group on Research to Action and Policy. Members of the Working Groups are from research institutes and councils, academic institutions, government agencies and NGOs, as well as from bilateral funding agencies.

The Task Force works closely with the COHRED Communications Team in order to facilitate the COHRED objective of learning and change. Established in September 1998, the Communications Team is tasked primarily with developing products to facilitate the implementation of ENHR competencies at the country level. These activities involve capturing new developments and lessons learned and translating these into learning materials and other tools for ENHR implementation. The products produced are actively promoted and made available through the quarterly Newsletter, *Research into Action*, and via the COHRED website (www.cohred.ch). The website itself has undergone major reconstruction recently, and now provides a much more hands-on approach to searching for country information and other relevant ENHR resources.

The most recent publication arising from the COHRED Communications Team is *The ENHR Handbook: A Guide to Essential National Health Research* (COHRED document 2000.4). The Handbook provides a practical and succinct overview of the information and resources available to countries, organisations and individuals wishing to implement the ENHR strategy. Part one introduces the concept of effective health research and the competencies needed to implement it. Part two describes experiences from coun-

tries with the application of ENHR and includes a series of seven Learning Briefs (short, lessons learned documents on specific ENHR activities). Further Learning Briefs will be distributed quarterly with the COHRED Newsletter. These resources and resulting materials, are all part of COHRED's drive to provide a functional and, more importantly, accessible Resource Centre on ENHR-specific information.

A further task of the Communications Team is to facilitate the development of communications strategies in countries. Since its inception, the team has assisted with activities in Tanzania and Kenya, where issue 20 of COHRED's Newsletter, *Research Into Action* was produced. The major objectives of this exercise are to develop research communication skills in countries, and to ensure that the COHRED Newsletter responds to its readership, accurately reflecting their needs.

The Working Group on Promotion, Advocacy and ENHR Mechanisms (PAM)

Chaired by Dr David Harrison of South Africa, the objectives of the PAM Working Group were:

- To document successful examples, facilitating and constraining factors, and generic and country-specific lessons in promoting and institutionalising ENHR
- To develop a range of learning instruments for improving knowledge and skills within countries and related strategies in promoting and institutionalising ENHR
- To evaluate the impact of learning instruments and strategies after their application within a series of countries.

The following publications have been produced by the Working Group, with the goal of improving knowledge/skills within countries:

1. *Health Research: Powerful Advocate for Health and Development, based on Equity*. Prepared by the Working Group on Promotion, Advocacy and ENHR Mechanisms (COHRED document 2000.2), Geneva.
2. *How to Boost the Impact of Country Mecha-*

nisms to Support ENHR: A peek into the melting pot of country experiences. Produced by the COHRED Working Group on Promotion, Advocacy and the ENHR Mechanism (PAM), February 1999, Geneva (Also available in French).

(For further information, refer to section 3.1)

The Working Group on Priority Setting

The stated objectives of this Working Group were:

- To review country experiences with priority setting for ENHR
- To develop a framework for health research priority setting, focusing on an analysis of health needs, people's expectations and societal trends, and based on lessons learned from the countries
- To produce orientation and training materials on priority setting for use by the countries.

Relevance for countries:

The Working Group aimed to produce publications which addressed health research priority setting activities for countries. These include orientation materials to facilitate the use of the framework which has been developed by the Working Group, and a more general publication about the framework itself.

The Working Group has produced the following publications:

1. COHRED (1997) *Essential National Health Research and Priority Setting: Lessons Learned.* COHRED Document 97.3, Geneva.
2. Okello D, Chongtrakul P. and the Working Group on Priority Setting (2000) *A Manual for Research Priority Setting Using the ENHR Strategy.* COHRED Document 2000.3, Geneva.
3. The Working Group on Priority Setting (2000) "Priority setting for health research: lessons from developing countries". *Health Policy and Planning*; 15(2): 130–136.

(For further information on COHRED's

activities in priority setting, please refer to section 3.1)

The Working Group on Community Participation

A multi-country study on community participation in ENHR activities undertaken by the Working Group on Community Participation was conducted in 1999. Five countries participated in the study, and each country was responsible for assigning a research team to the study. The countries and the teams were:

- Abu Yusuf Choudhury (1999) *Community Participation in the Essential National Health Research (ENHR) Process: the Bangladesh Experience.* Report to COHRED, Bangladesh: Program for the Introduction and Adaptation of Contraceptive Technology (PIACT).
- Alpha Amadou Diallo and N'Nah Djénab Sylla (1999) *Etude sur la Participation Communautaire dans la Recherche Nationale Essentielle en Santé en République de Guinée.* Ministère de la Santé Publique, Guinée.
- Asuncion Anden, Dennis B. Batangan and Ma. Theresa Ujano-Batangan (1999) *Study on Community Participation in the Essential National Health Research (ENHR) Process: The Philippine Experience.* Tuklas Pangkalusugan Foundation, The ENHR Program, Department of Health, The Philippines.
- David Picou and Claudette Francis (1999) *Community Participation in ENHR: Trinidad and Tobago, Report for COHRED's Working Group on Community Participation.* Caribbean Health Research Council, Trinidad and Tobago.
- Stella Neema (1999) *Community Participation in the Essential National Health Research process: Uganda's Experience.* Makerere Institute of Social Research, Makerere University, Uganda.

The researchers looked at the extent to which the community was involved in the various elements of ENHR, and the extent of community participation in the research itself.

Box 13: Another kind of community participation in Trinidad and Tobago

■ In Trinidad and Tobago, as in other countries member of the Caribbean Health Research Council, community participation has not been a central aspect of health research. In 337 papers presented at the regional scientific meetings over the last three years, none mentioned consultation with communities in the selection, design or implementation of the research. But in that same time period, a drama has been unfolding on the national stage that reminds us that community participation can take many forms.

When the country was selected as a possible site for phase II HIV/AIDS vaccine trials, external research collaborators gave a mandate to national researchers at the Medical Research Foundation to make preparations in case the government should give its consent to the trials. What followed might be described as attempts to create a community.

Trinidad and Tobago is a small country of 1.2 million people, with a well-developed media and communication sector. The possibility of the AIDS vaccine trial provoked a lively debate in newspapers, radio and television. A full-page advertisement against the trials was taken out in a national newspaper. The researchers soon realized that many people were not well informed about research, much less about AIDS vaccine trials. The fear that thousands of Trinidadians would be used as guinea pigs was widespread. On television people had learned about the syphilis research on black Americans in Tuskegee, and they realized that research can involve risk and humiliation. AIDS itself was a poorly understood and sometimes divisive issue. Some religious groups opposed any discussion of sexuality. The mandate to inform about the vaccine trials became the much larger task of communicating about the prevention and treatment of AIDS, the situation of people living with the disease, and the role of research in dealing with it.

With the help of two community consultants and with support from an international network of researchers and AIDS advocacy groups, steps were taken to reach out to the public. A one-day workshop was held for journalists. The staff of the national AIDS Hotline, which was established early in the 1980s, were trained to respond to questions from the public concerning the proposed vaccine trial. The community consultants appeared on television over several months. There were meetings with professional organizations. Once the issue became widely known, the community consultants and researchers were invited to speak to groups like the Organization of Science Teachers. Most important, a Community Advisory Board (CAB) was established to advocate for vaccine trials, to inform the public, and to act as watchdog for the interests of the public and those who might eventually become research subjects. The CAB consists of 20 people; most represent interested organizations; some are media consultants or people whose lives are touched by AIDS.

The process is on going. Even within the CAB, consensus and respect for difference need to be built. The members have been getting training in how and what to communicate, and planning how to go ahead. The Ministry of Health has established an Ethics Committee to review the scientific aspects as well as ethical issues of the proposed vaccine trial protocol and to advise the Ministry accordingly. Public opinion is still divided and many people are not yet well informed. But what is important is that research has been brought to public attention. A community of interest has been established, even though the interests are often conflicting. And an advocacy group is working to promote understanding of the nature and need for research on AIDS. As one of those involved explained: 'It is an educational process to get the community to the point of being able to make decisions about research and to see how research could help.'

Source: Francis C & Picou D (1999) *Community Participation in ENHR: Trinidad & Tobago. Report for COHRED's Working Group on Community Participation.* Caribbean Health Research Council, Trinidad & Tobago.

The outcomes of the study are many—including national reports produced by each of the countries involved, and a series of national workshops which were held to discuss the findings and propose any further action. A COHRED issues paper on the subject was released in June 2000 (COHRED Document No. 2000.5). A number of Learning Briefs based on the country studies have also been produced. The Working Group, chaired by Professor Susan Reynolds Whyte, has provided important re-contextualisation of the role of the community in implementing the ENHR strategy.

The Working Group on Research to Action and Policy

Chaired by Dr Somsak Chunharas of Thailand, the Working Group on Research to Policy and Action aims to contribute to the global discussions on the research/policy nexus by commissioning studies that highlight country experiences in this regard.

The main objectives of the Working Group are:

- To document case studies and analyse experiences in transferring research into policy
- To develop a methodological framework to describe and analyse the interface between research and policy.

Case studies have been conducted in Brazil, Burkina Faso, Indonesia, South Africa, and Uruguay. The research teams and their respective case studies are as follows:

- Carlos Augusto Grabois Gadelha (2000) *Vaccine Research, Development and Production in Brazil*. Strategic Planning Advisory Group, Oswaldo Cruz Foundation (Fiocruz), Brazil.
- Ansgar Gerhardus, Karina Kielmann, and Aboubakary Sanou (2000) *The Use of Research for Decision-Making in the Health Sector: The Case of "Shared Care" in Burkina Faso*. Department of Tropical Hygiene and Public Health, University of Heidelberg, Germany and Centre de Recherche en Santé de Nouna, Burkina Faso.
- Jennifer Moodley and Marian Jacobs

Box 14: The use of research for decision-making in the health sector: The case of "shared care"

■ In rural areas of **Burkina Faso**, child morbidity and mortality rates are extremely high. Both quality and utilisation of the existing services are low, and the cost for treatment unreachable—particularly for the most vulnerable groups. Following a series of studies on health services, care-giving at the household level, and inter-household distribution of disease, the concept of *shared care* was proposed by a group of researchers from Heidelberg University (Germany) in the late 1980s. The *shared care* approach was based on the idea that mothers and health workers could jointly assume responsibility for, and complement each other in the care-taking and treatment-seeking process for childhood illnesses. However convincing intuitively, the concept is only now beginning to be implemented.

The researchers from Heidelberg University used meetings with representatives of the Ministry of Health (MoH) to promote the concept as a locally-adaptable and effective mechanism for reducing child mortality and morbidity rates.

Policymakers from the MoH-DEP (Direction des Etudes et de la Planification) who were interviewed for this study indicated that they attended the meetings organised by the researchers, and were aware of the content, conclusions and recommendations regarding *shared care*. However, there was general agreement that the issue of *shared care* had been put on the agenda by the researchers. One interviewee commented: "We asked ourselves whether these ideas had been parachuted from Heidelberg". The MoH-officials apparently did not agree that the research results should have triggered action from their side. The policymakers did therefore not provide any active support for implementation of the concept. This decision makes more sense when the context is considered: In part, *shared care* was competing with the recently-introduced Village Health Worker approach, and did not necessarily fit into any of the major programs launched internationally.

One of the lessons learned from this experience is that context plays an important role. However, it is rarely possible to modify the context significantly. A more viable alternative is the embedding of the policy into the existing context. *Shared care* could be presented as an interesting approach within the frame of decentralisation, cost control, and enhancement of the quality of care.

Source: Gerhardus A, Kielmann K, Sanou A (2000) *The Use of Research for Decision-Making in the Health Sector: The Case of "Shared Care" in Burkina Faso*. Report for the COHRED Working Group on Research to Action and Policy.

Box 15: Multi-country study on resource flows

■ In October 1998, Phase I of a multi-country case study on resource flows was completed. Findings released from the study (undertaken in Malaysia, the Philippines and Thailand) reported that in terms of priority setting, there is a need to move away from researcher-driven, to needs-driven research. In particular, there is a need for research that activates changes in the burden of disease, health care delivery, health care financing, and policy and legislation.

Final results from Phase II of the study unearthed some interesting patterns. The government sector was consistently the largest contributor to health R&D funding for 1997 and 1998 in all three countries. At the same time, the government also emerged as the dominant user of funding. In all three countries, applied research and medical sciences research received the most funding.

Source:

1. Alano B (1999) A situationer on two COHRED studies: results of project team meeting. The Philippines, Unpublished.
2. COHRED (2000) *The flow of Philippine funds for health research and development*, COHRED Learning Brief No. 2000/7, Geneva.
3. Alano B and Almario E (2000) *Tracking Country Resource Flows for Health Research and Development: A comparative study of Malaysia, the Philippines, and Thailand*. Centre for Economic Policy Research (Philippines) in Cooperation with the Institute of Medical Research, Ministry of Health (Malaysia) and The College of Public Health, Chulalongkorn University (Thailand).

(2000) *Research to policy and action: The case of vitamin A in South Africa*. University of Cape Town, South Africa.

- R. Salvatella, F. Muzio, D. Sánchez (2000) *Chagas Disease and Foot and Mouth Disease Eradication in Uruguay*.
- A. Suwandono, T. Soendoro (2000) *The Social Safety Network in Health Sector (SSN-HS): Is Health Research used to improve its Policies? A Case Study from Indonesia*. Center for Health Systems/Services Research and Development, Ministry of Health; National Board of Planning, Indonesia.

3.4 Production of knowledge

Resource flows study

The development of effective strategies to increase both national and international funding for health research is a major challenge. Similarly, funding to build capacity for research management in-country must be

enhanced so that effective coordination of the funding needs of a national ENHR plan can occur. Furthermore, it is imperative that resource mobilisation activities are in line with a country's priority research areas.

The Health Research Resource Flows Study was initiated in early 1998. The overall objective of the study is to develop a basic methodology for tracking and measuring health R&D funds in a country as a tool for streamlining and fine-tuning the allocation of those funds. The study is being conducted in three middle-income countries from South East Asia: Malaysia, the Philippines, and Thailand. Phase II of the study, which was completed in August 2000, undertook further analysis of each country's funding flows, traced over a 3-year period. Funding sources were ranked according to activity, "official" priorities, and country comparisons. The research teams for each country are listed below:

Malaysia: Ten Sew Koh, Ho Tze Ming, Asmaliza Ismail, Raudzah Abdullah

Philippines: Bienvenido Alano, Emelina Almario, Juan Nanagas, Vida Gomez, Sheila Mendoza

Thailand: Sathirakorn Pongpanich, Chitr Sitthi-amorn, Wattana Janjaroen, Tanawat Likitkeerirat

The final outcome of this project will be a manual describing experiences and lessons from the study, which can be used as a tool in other countries wishing to conduct health R&D funding flow studies.

Equity study

In February 1999, the Asian Regional ENHR Network launched a study of equity in health research in five Asian countries. Each country involved in the study (Bangladesh, Indonesia, Malaysia, Philippines, and Thailand) has used a finite set of predetermined indicators to assess the effectiveness of ENHR in advancing equity. This practical set of indicators is simple, and often makes use of secondary data, illustrating that equity can be measured without the need for highly complicated and technical research.

The study “ENHR: An Essential Link to Equity in Development” is currently in Phase II, and is due to be completed in time for the results to be presented at the International Conference on Health Research for Development. The study’s objectives are:

- To assess changes (if any) in: access to health care, health status, some non-health indicators, and lifestyle indicators at two points in time (1990 and 1997)
- To compare progress in achieving equity between countries, with particular focus on the levels of development and the duration and adoption of ENHR strategies and competencies
- To pinpoint any change in efficiency of achieving health status as defined by the relationship of health expenditures and mortality and life expectancy among various population sub-groups
- To study and compare the changes in efficiency, affordability, quality and sustainability of the health care system between various countries
- To identify to what extent the current research is addressing equity either directly or indirectly
- To identify competence and commitment for information research for addressing the issues related to inequity in health within or outside the responsible agencies.

Health Research Profile project

The Health Research Profile (HRP) project represents a step towards determining the extent to which health research has indeed influenced human development.

The objectives of this project are:

1. To determine the feasibility and availability of data for the development of indicators for a national health research profile.
2. To develop a prototype for a national health research profile tool.

The longer-term goal is to develop a model to determine the strength of the relationship between national health research investment and national human development. In

Box 16: Measurements of equity in Malaysia

■ The results from the **Malaysian** case study on equity and ENHR provided some insight into the improvements that had been achieved in the country’s equity status over a 10-year period. Results showed that health status had improved markedly, although a shift from infectious to non-infectious diseases as the major cause of death was also noted. Access to health care had increased in all sectors of the population, although the rural urban gap in coverage still existed. A small increase in per capita health care expenditure was noted, with health care subsidisation for the poor achieving effective results. Although gaps were still noted in the availability of information to assess equity in development in Malaysia, on the whole, progress was promising.

Source: Institute of Public Health (2000) ENHR: An Essential Link to Equity in Development. Country Report: Malaysia. Ministry of Public Health, Malaysia.

so doing, it is intended that a tool will be made available to countries to assist them to address key questions such as:

- Are health research efforts directed at the priority health problems of the country?
- Are countries using global and country-specific knowledge effectively?

The project was launched in 1999. Activities to date have included:

- a. Identification of countries: In each of four regions, three countries have been selected which are representative of high, medium and low human development, using the UNDP human development index (HDI) and its refinements. In addition to these 12 countries, three industrialized countries were also selected. The participating countries are: Hungary, Lithuania, Kazakhstan; Uganda, Namibia, Mauritius; Chile, Nicaragua, Ecuador; Bangladesh, Korea, Thailand; Canada, Japan, the Netherlands.
- b. Description of key profile elements: Five categories of “indicators” have been identified, each with several sub-descriptors:
 - Amount spent on health research
 - Research done on health inequities (equity)

- Quality of research
 - Research capacity
 - Research to policy, action and practice
- c. Determining the feasibility of obtaining data: This phase of the project is currently underway.

The project team will be presenting preliminary findings during a parallel session at the October 2000 International Conference on Health Research for Development in Bangkok.

4. The way forward

One of COHRED's advantages is that it is small enough, and flexible enough, to respond quickly to changing circumstances. As an organisation, COHRED is constantly examining the impact of what it does in relation to the needs of countries, and seeks always to be responsive to the ever-changing climate that surrounds health research for development.

As part of this ongoing examination, a series of consultations have been held over the past year with members of the COHRED Board, constituents in the ENHR process, and other partners in the international health research field in order to better understand how COHRED is perceived by the national, regional and international health research communities. The consultations represented a serious effort to reflect on the past, to gauge whether expectations were met, and to chart a future course for the organisation. A COHRED constituents meeting due to be held in October of this year will further explore these issues.

Another component of this exercise of reflection and forward planning is contained in the COHRED publication due to be released by the end of this year, *Forging Links for Health Research: Perspectives from the Council on Health Research for Development*.⁴ This book presents a synthesis of the thoughts, experiences and expectations of many players in the field of health research for development. The book's unique approach combines a look into the past, with an attempt to identify key challenges and to draw a framework for future priority actions. These challenges are presented with special attention to the "strategic implications [for health research leaders] in low-income countries":

- 1. Persisting with the equity goal:** Large and growing inequities in health remain — but something can be done about them. Strategically targeted health research can accelerate progress toward achieving the equity goal. These strategies include focused epidemiological studies, analytic studies to explain the causes of health inequities, cost-effectiveness studies regarding those interventions that produce the greatest outcomes for the poor and marginalised, and practical operational research to improve the use of available health interventions.
- 2. Strengthening national health research systems:** While many countries have made substantial progress and more tools and strategies for effective health research are now available, much remains to be done. At national level, specific efforts are needed to invest resources more efficiently, increase community participation, link the research process more effectively with the policy process, and broaden capacity-strengthening strategies. The agendas and activities of regional and global networks, agencies and organizations should reflect national needs and priorities.
- 3. Focusing on capacity development of national health research managers:** The competencies needed by leaders of equity-oriented, priority-driven health research systems are complex. National health research managers could benefit from more systematic and comprehensive capacity development programmes, targeting competencies such as knowledge management, demand creation, coalition building, and leadership development. Some specific strategies for doing this in-

clude the dissemination of appropriate materials (increasingly through electronic channels) and the use of these materials in “learning while doing” situations – supplemented by skilled mentoring and specific events, such as workshops and seminars.

4. Going local—increasing the emphasis on sub-national research systems:

As a concurrent but countervailing trend to globalisation, national health research leaders must concentrate increasingly on local action. “Localisation” offers increased possibilities for community participation and can allow a more targeted response to the needs of poor and marginalised groups. Several suggestions are offered for strengthening the role of research in local health development, including an emphasis on local capacity development, and on equity-oriented research to action projects.

5. Building coalitions—an essential strategy for the 21st century:

The history of health research for development over the past decade is too often marked by activities that are fragmented, uncoordinated, uneven, and unsustainable. The reasons are often more related to human factors than to technical or conceptual difficulties. Using the benefit of some promising experiences, backed by scholarship concerning the coalition-building process, several suggestions are offered for improving coordination and creating effective joint initiatives.

Against the background of these five key challenges, COHRED has to map out its own role for the future—what major functions it intends to perform, how and with whom it will work, and what the implications are for its own internal architecture and for its positioning within the broader frame of international governance for health research development.

From the current perspective, it seems likely that COHRED will continue and expand its role as an **advocate** for ENHR, building on its already strengthened communications strategy. In providing support to countries, COHRED has taken on roles as a **learning community** and as a **collegium** in which colleagues encourage and support each other in their various activities. Looking ahead, it is likely that COHRED will have an enhanced role as a **broker**, building coalitions with the widest possible stakeholder involvement. Additionally, COHRED will work to develop qualitative and quantitative measures of the success of ENHR and of its own performance, including devising specific gauges and initiatives to promote and measure equity.

COHRED’s role of supporting, promoting, facilitating and coordinating country activities for ENHR continues to be an important link between research and required action for development. In seeking to enhance this role, COHRED will continue to respond effectively to its constituents, and provide a forum where future needs and new directions can be explored.

5. References

1. Commission on Health Research for Development (1990) *Health Research: Essential link to equity in development*. Oxford University Press, New York.
2. Task Force on Health Research for Development (1991) *ENHR: A Strategy for Action in Health and Human Development*. Task Force on Health Research for Development, Geneva.
3. Alano B and Almario E (2000) *Tracking Country Resource Flows for Health Research and Development: A comparative study of Malaysia, the Philippines, and Thailand*. Centre for Economic Policy Research (Philippines) in Cooperation with the Institute of Medical Research, Ministry of Health (Malaysia) and The College of Public Health, Chulalongkorn University (Thailand).
4. Neufeld V & Johnson N, eds. *Forging links for health research: Perspectives from the Council on Health Research for Development*. Forthcoming publication from the International Development Research Centre, 2000, ISBN 088936 935 6.

6. Annexes

6.1 COHRED Statutes

6.2 Countries implementing ENHR

6.3 List of COHRED Board members, 1998–2000

6.4 Financial information

6.5 List of COHRED and ENHR-related publications

6.6 The COHRED Secretariat

Annex 6.1 COHRED Statutes

Section I: Name, legal status and headquarters

Article 1 In accordance with the decision taken by the second International Conference on Health Research for Development, an association called the Council on Health Research for Development (hereinafter called COHRED) is hereby established.

Article 2 COHRED shall have legal personality and will be governed by the present statutes and, in instances not covered by them, by article 60 and following of the Swiss Civil Code.

Article 3 The headquarters shall be in Switzerland.

Section II: Objectives and functions

Article 4 The objective of COHRED is for all the people of each country to achieve health and quality of life on the basis of equity and social justice.

Article 5 COHRED will:

- a) Promote the Essential National Health Research (ENHR) Strategy, defined as a comprehensive Strategy for organizing and managing national research;
- b) Facilitate the use of the Strategy by countries that wish to implement it;
- c) Establish international and regional networks through which countries can share their experiences with the ENHR Strategy;
- d) Analyze the global effectiveness of the Strategy and assist countries in national analyses and assessments;

- e) Bring countries together to obtain information about the Strategy and share their experiences with it;
- f) Identify health problems common to countries and gaps in knowledge about health which require international collaboration to resolve; and
- g) Carry out special projects.

Section III: Organization

Article 6 COHRED will be composed of countries, agencies and organizations which have expressed their interest in its objectives and have been accepted by the Board.

Article 7 The Board

7.1 The supreme policy making body of COHRED shall be the Board which shall consist of all the members accepted in accordance with the Implementing Regulations.

7.2 The Board shall:

- a) adopt the Programme of Work and Budget of COHRED for the forthcoming financial period;
- b) adopt Implementing Regulations, Rules of Procedure and Financial Regulations as it deems appropriate;
- c) approve any Special Project;
- d) decide upon the size and location of the Secretariat
- e) select the Coordinator;
- f) review the Reports of Progress, Financial Statements and Audit Reports thereon;

- g) consider such matters relating to COHRED as may be referred to it; and
- h) maintain close relations with the countries, agencies and organizations having expressed their wish to work with COHRED.

Article 8 The Coordinator

- 8.1 The coordinator shall be in the executive organ of the Association with individual signature.
- 8.2 The coordinator shall be the chief of the Secretariat which shall consist of the coordinator and such technical and administrative staff as may be required.
- 8.3 The Secretariat shall assist the coordinator and the Board in all aspects of their functions and shall be the technical and administrative organ of the coordinator and the Board.
- 8.4 The coordinator shall convene the Board with at least two weeks notice.

Section IV: Finance and auditing

Article 9 COHRED shall be financed through contributions, grants, gifts or bequests and payments for services from any individual, body, organization or government.

Article 10 The accounts of COHRED will be subject to audit in accordance with the financial regulations. Such an audit will be carried out at least biennially.

Section V: Final provisions

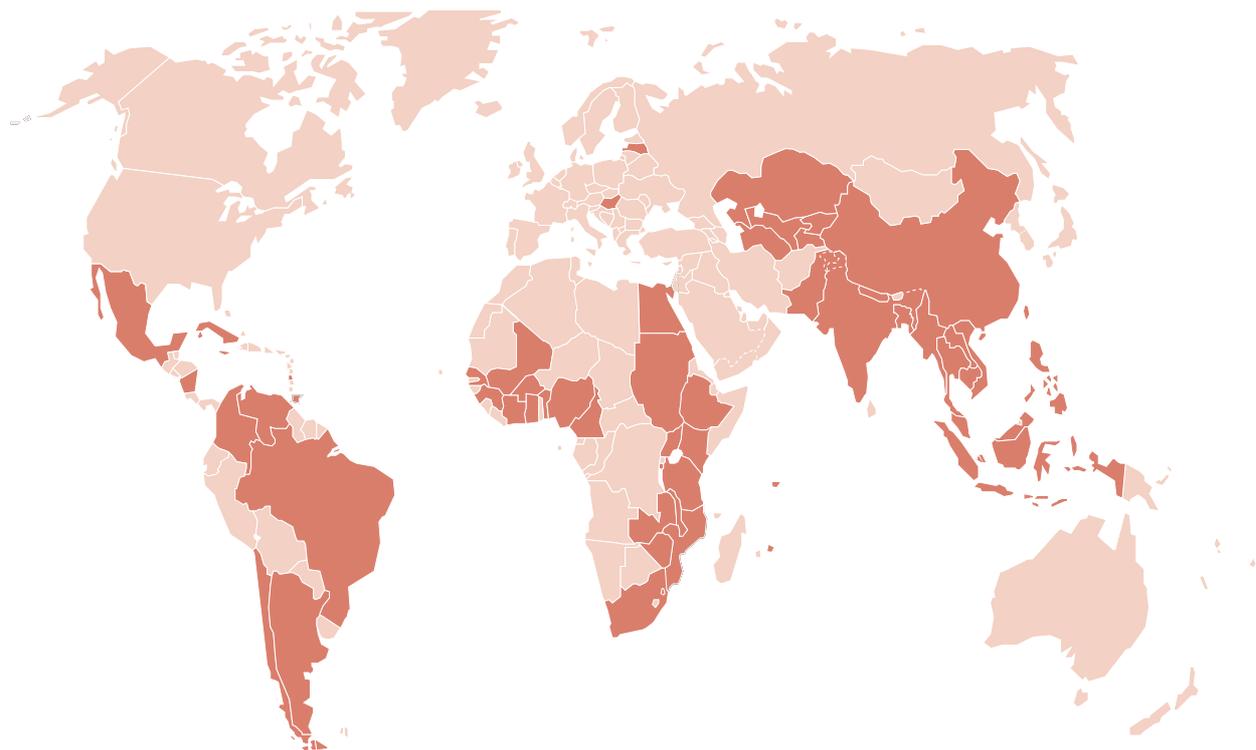
Article 11 Any member of COHRED may withdraw from participation by notifying the coordinator of its intention to do so. Such a notification will take effect six months after its receipt.

Article 12 The Board might decide on the dissolution of COHRED by a two-thirds majority of its members.

Article 13 Amendments to this Statute shall come into force when adopted by the Board by a two-thirds majority of its members.

Article 14 The present Statutes have been adopted during the constituting meeting of COHRED held in Geneva on 10 March 1993.

Annex 6.2 Countries implementing ENHR



There are currently almost 60 countries implementing the ENHR strategy worldwide.

Africa

Benin
Burkina Faso
Burundi
Cameroon
Egypt
Ethiopia
Ghana
Guinea
Ivory Coast
Kenya
Malawi
Mali
Mauritius
Mozambique
Nigeria
Senegal
Seychelles
South Africa
Sudan
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe

Asia

Bangladesh
Cambodia
China
India
Indonesia
Lao PDR
Malaysia
Myanmar
Nepal
Pakistan
Philippines
Thailand
Vietnam

Caribbean

Curaçao
Barbados
Jamaica
Trinidad &
Tobago

Central Asia & Eastern Europe

Hungary
Kazakhstan
Kyrgyz Republic
Lithuania
Tajikistan
Turkmenistan
Uzbekistan

Latin America

Argentina
Brazil
Chile
Colombia
Cuba
Mexico
Nicaragua
Venezuela

Annex 6.3 List of COHRED Board members, 1998–2000

The most recent Board Meeting was held from the 26th to 28th of October, 1999. At this meeting, seven members of the Board retired from service, and seven new members were appointed as replacements. The COHRED Board Members, both past and present, are listed in alphabetical order (including an autobiographical sketch, and their dates of service) below.



Dr Mohamed Said Abdullah

Dates of service: 1997–present

Dr Mohamed Abdullah is a specialist physician (nephrology), based at the Aga Khan Hospital in Nairobi. He is chairman of the National Health Research and Development Centre (NHRDC), the organisation in charge of promoting ENHR in the country. Dr Abdullah was recently appointed chair of the National AIDS Council for Kenya.



Professor Wagida Abdel Rahman Anwar

Dates of service: 1996–1999

Professor Anwar currently holds a position in the Department of Community, Environmental and Occupational Medicine, and as Director of the Molecular Epidemiology Unit at Ain Shams University in Cairo, Egypt. Secretary General of the Pan African Environmental Mutagen Society, Professor Anwar acts as a consultant to the Egyptian Environmental Affairs Agency. She is also advisor to the Minister of Health and Population for Scientific Research and the Director of Foreign Health Relations Department in the Ministry of Health and Population. Prof Anwar is also an Adjunct Associate Professor at the University of Texas Medical Branch, USA.



Dr Enis Baris

Dates of service: 1995–1999

Enis Baris is a physician with an MSc in Public Health and a PhD in epidemiology. Prior to joining the World Bank as Public Health Specialist in the East Asia and Pacific Region, Dr Baris was with the International Development Research Centre of Canada (IDRC) where he was the Senior Scientific Advisor for Health, and the Executive Director of the Research for International Tobacco Control (RITC). He is also an adjunct professor at the Département d'administration de la santé, Université de Montreal, in Quebec, Canada. Previously he served as a short-term Professional at the WHO Regional Office for Europe in Copenhagen, Denmark from 1990–1991 dealing mainly with health sector reform and health care financing in the countries of Eastern and Central Europe.



Dr SK Chandiwana

Dates of service: 1995–present

Dr Chandiwana is Director of the Blair Research Institute, the lead government agency tasked by the Ministry of Health to conduct scientific research to solve health problems in the country. The Blair Research Institute is part of the Ministry of Health and Child Welfare in Harare, Zimbabwe. Dr Chandiwana is currently the Regional Focal Point for ENHR in the African region.



Dr Sadia A Chowdhury

Dates of service: 1993–1999

Dr Chowdhury is a physician with a masters in Public Health (health policy and management). Previously a program coordinator for the

Women's Health and Development Programme of the Bangladesh Rural Advancement Committee (BRAC), Dr Chowdhury was actively involved in the implementation of ENHR in her country. At the time of her involvement, Bangladesh was the ENHR focal point for the Asian region. Dr Chowdhury is currently based at the World Bank in Washington DC.



Dr F. Binta Tidiane Diallo

Dates of service: 1993–1999

Dr Diallo is a trained physician, with a PhD in malaria research (University of Montreal). She was head of the Division Formation/ Recherche

au Bureau des Etudes de la Planification et de la Recherche (BEPR), Ministère de la Santé Publique et des Affaires Sociales. Dr Diallo played a key role in introducing the ENHR strategy in Guinea. She is currently working at the WHO Regional Office for Africa, in Zimbabwe.



Dr J Peter Figueroa

Dates of service: 1994–1999

Dr Figueroa is the Chief Medical Officer for the Ministry of Health in Kingston, Jamaica. He is also an Associate Lecturer in the Department of

Community Health & Psychiatry, an Honorary Research Fellow in the Tropical Medicine Research Unit (both at the University of West Indies), and Scientific Secretary for the Commonwealth Health Research Council (CHRC). Dr Figueroa's current research interests include the epidemiology of HIV/AIDS, HTLV-1 and other STDs, and various projects related to Essential National Health Research (ENHR).



Dr Lennart Freij

Dates of service: 1993–1999

Lennart Freij, MD, PhD, represented the Swedish Agency for Research Cooperation with Developing Countries (SAREC) in the process of setting up and supporting the Task Force on Health

Research for Development 1990–1992 and of COHRED in 1993. COHRED Board member 1993–99. Retired from post as coordinator of health research support at the Department for Research Cooperation, Swedish International Agency for Development Cooperation (Sida) in

February 2000. Dr Freij is presently on a temporary assignment as consultant to COHRED and secretary of the International Organising Committee for the International Conference on Health Research for Development.



Dr Izzy Gerstenbluth

Dates of service: 1999–present

Dr Gerstenbluth is Head of the Medical & Public Health Service (GGD) of Curaçao. Based at the Epidemiology and Research Unit of the Medical and Public Health Service, Dr Gerstenbluth has held the position of national epidemiologist for the Netherlands Antilles for the past 3 years.



Dr Samia Yousif Idris Habbani

Dates of service: 1999–present

Dr Habbani is the Director of the Research Directorate in the Federal Ministry of Health in the Republic of Sudan. She

is also the current focal point for ENHR in Sudan.



Professor Marian Jacobs

Dates of service: 1999–present

Marian Jacobs is professor of child health at the University of Cape Town, South Africa. She is the chairperson of the Boards of the South African

Medical Research Council and the Centre for Health Research in Bangladesh. A member of the WHO Advisory Committee on Health Research, her main interest is in the translation of child health policy-related research into action.



Dr Matthias Kerker

Dates of service: 1993–1999

Dr Matthias Kerker is currently working with COHRED (on secondment from the Swiss government) in Geneva. Originally trained as a

physician, Dr Kerker also has an MPH (Harvard) with an interest in epidemiology and health policy. As a senior health officer with the Swiss Development Cooperation, he developed a lasting interest in "development cooperation", and making the link between academia and development to achieve health for all.



Professor Gunnar Kvåle

Dates of service: 1997–present

Professor Gunnar Kvåle is the Director of the Centre for International Health, University of Bergen, Norway. His main research interests are in the field of epidemiology and public health, in later years focusing mainly on health systems and policy research and health promotion in relation to health problems of developing countries.



Ms Mina Mauerstein-Bail

Dates of service: 1997–present

Ms Mina Mauerstein Bail is currently the manager of two programmes at UNDP—the HIV and Development Programme, and the Health and Development Programme. She is a development professional with a particular interest in the links between health and development and the contribution of non-health sectors to the promotion of health and well-being, and has been actively involved in the promotion of interdisciplinary approaches to health and development and promoting partnerships across sectors.



Dr Mary Ann D. Lansang

Dates of service: 1993–1998

Based in the Philippines, Professor Lansang currently holds a position as professor of the Department of Clinical Epidemiology in the Infectious Diseases Section of the Department of Medicine, UP College of Medicine. She is Acting Co-Executive Director of International Clinical Epidemiology Network (INCLIN) and Chair of the Task Force on ENHR Competencies at COHRED. Prof Lansang is a member of both the Foundation Council, and the Strategic & Technical Advisory Group at the Global Forum for Health Research. She is a Board member for the Alliance on Health Policy & Systems Research, and a member of a number of committees and Boards in WHO.



Dr Susan Pineda Mercado

Dates of service: 1999–present

Dr Mercado currently holds the position of Undersecretary and Chief of Staff in the Department of Health in Manila, the Philippines. She has extensive experience working in academia and in NGOs, and has been involved in a number of media productions for health communication.



Dr Peter Makara

Dates of service: 1999–present

Dr Peter Makara is the acting Regional Adviser for National Health Policies, at the WHO Regional Office for Europe. He has a PhD in sociology. Since 1968 he has worked in the field of lifestyles and health research. From 1987 to 1999 he was Director of the National Institute for Health Promotion, Budapest, Hungary. He was vice chairman of the Hungarian Public Health Research Society from 1991 to 1995. He is currently the coordinator of COHRED network in Central and Eastern Europe, and joined both WHO and the COHRED Board in 1999.



Dr Carlos Morel

Dates of service: 1994–present

Dr Morel is both a medical doctor and a doctor of natural sciences (biophysics). He served as Director of the Oswaldo Cruz Institute (1985–1989) and was president of the Oswaldo Cruz Foundation from 1993–97). Dr Morel is currently based at WHO (Special Programme in Research and Training in Tropical Diseases), in Geneva.



Dr Soumaré Absatou N'Diaye

Dates of service: 1999–present

Dr N'Diaye holds the position of Head of the Department of Community Health in the Institut National de Recherche en Santé Publique in Bamako, Mali. She is the national focal point for ENHR in Mali, and also undertakes activities as part of the sub-regional francophone ENHR network.



Professor Raphael Owor
(Vice-Chairman)

Dates of service: 1993–present

Professor of Pathology in the Faculty of Medicine at Makerere University in Kampala, Uganda, Prof Owor also holds the position of Executive Director of the Uganda National Health Research Organisation (UNHRO), the Secretariat of which is also responsible for coordinating ENHR activities in Uganda.



Professor Susan Reynolds Whyte

Dates of service: 1996–1999

Susan Reynolds Whyte is Professor of Anthropology at the University of Copenhagen. She has done basic and applied research in East Africa over many years, and has published books and articles on the intertwining of biomedical and local understandings of illness and its treatment. She is active in the Enhancement of Research Capacity Programme supported by DANIDA, working with Ugandan colleagues to train researchers and carry out studies of communities and health care systems at the district level.



Dr Tomas Schick

Dates of service: 1999–present

Dr Manuel Tomas Schick graduated in medicine from the University of Zurich in 1984. After several years of clinical and research work, he undertook further studies in epidemiology and tropical medicine. He graduated with a MPH from Berkeley, California, and a DTM&H from Liverpool, in 1992. Since then, he has worked for SDR, CDC, UNHCR and WHO, mainly in Child Survival and in Epidemic Disease Prevention and Control in Africa, Asia and Eastern Europe. He joined the Swiss Development Cooperation in 1999 as technical advisor for health. His main interests are Prevention & Control of Communicable Diseases and Health Systems Research & Reform.



Dr Jaime Sepulveda

Dates of service: 1993–1999

Dr Jaime Sepulveda is the Director General of the National Institute of Public Health and Dean of the School of Public Health of Mexico. He served as Vice Minister of Health in Mexico and prior to this appointment, was the Director General of Epidemiology in the Ministry of Health. In 1986, he founded and chaired the National AIDS Council (CONASIDA) and in 1990 he founded and chaired the National Vaccination Council (CONAVA). From 1992 through 1996 he was the elected Chairman of the Council on Health Research for Development (COHRED).



Dr Agus Suwandono

Dates of service: 1997–present

Dr Suwandono is trained as a general practitioner, with a PhD from the University of Hawaii in community and public health. He currently heads-up the Center for Health Services Research and Development, at the National Institute of Health Research and Development (NIHRD), in Indonesia.



Professor Charas Suwanwela
(Chairman of the Board)

Dates of service: 1993–present

Professor Charas Suwanwela is a neurosurgeon at the Chulalongkorn Hospital and professor in Neurological Surgery at the Chulalongkorn University. He was Director of the Institute of Health Research and Dean of the Faculty of Medicine, Chulalongkorn University, Thailand. Until recently he held the position of President of the Chulalongkorn University and The Asian Institute of Technology. He received the Best Researcher of the Year award from the National Research Council of Thailand in 1984 and 1986. Professor Suwanwela has chaired the COHRED Board since 1996.

Annex 6.4 Financial information

As of December 1999, there are 8 confirmed donors contributing to COHRED operations. AIDRC phased out their contributions, effective at the end of 1999. Carnegie, NORAD, UNDP and DANIDA renewed their contributions. SDC, SIDA/SAREC and DGIS are ongoing contributors, and Rockefeller is a new donor as of 2000. The following table shows the funding progress since 1994.

Donor contributions to COHRED 1994–2000

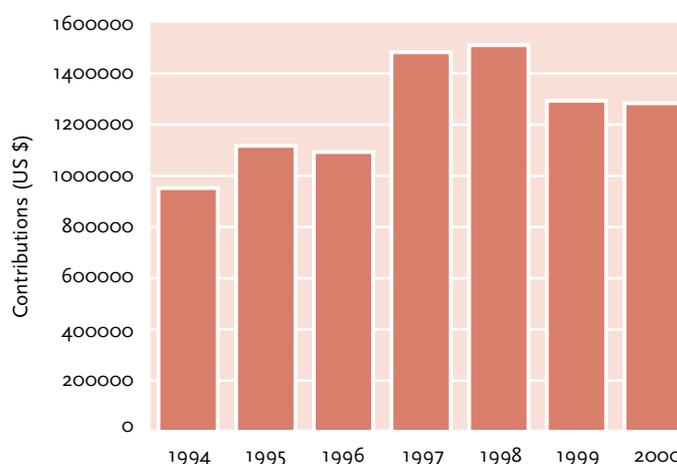
Donor*	US\$ 1994	US\$ 1995	US\$ 1996	US\$ 1997	US\$ 1998	US\$ 1999	US\$ 2000**
Carnegie	50 000	100 000	100 000	150 000	150 000	150 000	100 000
UNDP	—	—	—	—	60 000	90 000	—
DANIDA	30 000	100 000	153 009	154 413	147 334	146 334	—
DGIS	—	223 500	204 403	180 208	129 473	56 173	129 473
IDRC	224 828	—	185 874	—	—	33 014	—
SAREC	321 293	299 631	330 154	394 218	575 400	266 115	784 884
SDC	179 125	157 274	119 512	345 582	421 307	425 068	31 250
NORAD	225 978	236 687	—	258 338	26 822	126 148	219 512
Total contribution	952,100	1,117,091	1,092,952	1,482,759	1,510,336	1,292,852	1,283,373

**figures for 2000 are incomplete

*List of Donor Abbreviations:

Carnegie	Carnegie Corporation of New York (USA)
UNDP	United Nations Development Programme
DANIDA	Royal Danish Ministry of Foreign Affairs (Denmark)
DGIS	Ministry of Foreign Affairs (Netherlands)
IDRC	International Development Research Centre (Canada)
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, NORAD (Norway)

Total contributions to COHRED 1994–2000



Annex 6.5 List of COHRED publications published between 1998–2000

Country Monographs

ENHR in Kenya. The National Health Research and Development Centre (NHRDC), COHRED document 98.2, Geneva.

Evolution of Health Research Essential for Development in Ghana. S. Adjei and J. Gyapong, COHRED document 99.3, Geneva.

Essential National Health Research in Bangladesh: An ENHR Country Monograph. M. Hossain, COHRED document 2000.1, Geneva.

ENHR in Uganda: A case study of progress and challenges in implementing the ENHR strategy. R. Owor, D. Okello, S. Luboga, and G. Onsea, COHRED Document 2000.6, Geneva.

Issues papers

How to Boost the Impact of Country Mechanisms to Support ENHR: A peek into the melting pot of country experiences. Produced by the COHRED Working Group on Promotion, Advocacy and the ENHR Mechanism (PAM), COHRED Document 99.1, Geneva. (Also available in French as COHRED Document 99.2).

Health Research: Powerful Advocate for Health and Development, based on Equity. Prepared by the Working Group on Promotion, Advocacy and ENHR Mechanisms, COHRED document 2000.2, Geneva.

Community Participation in Essential National Health Research. S. Reynolds-Whyte for the COHRED Working Group on Community Participation, COHRED document 2000. 5, Geneva.

Journal articles

“Priority setting for health research: lessons from developing countries”. The COHRED Working Group on Priority Setting, *Health Policy and Planning*, 15(2): 130–136.

Manuals

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, Geneva.

The ENHR Handbook: A Guide to Essential National Health Research. COHRED document 2000.4, Geneva. (Includes Learning Briefs No.’s 2000/1–2000/7).

Newsletters

COHRED Newsletter Research into Action—Quarterly Newsletter (in English). Issues 12–21.

Working group reports

La Recherche Nationale Essentielle en Santé et la Définition des Priorités: les Leçons de l’Expérience. COHRED document 98.3, Geneva.

Brochures

When the poor need food, who needs research? How Essential National Health Research can lead to better health, greater equity. September 1999, Geneva. (Also available in French)

Regional Reports published since 1998

Proceedings of the 3rd Asian Regional Meeting, Essential National Health Research, 11–12 December 1998, Lao PDR.

Report of the Fifth African ENHR Regional Network Conference, 5–7 October 1998, Ghana.

African Conference on Health Research for Development: Conference Programme and Country Reports. 19–23 September 1999, Zimbabwe.

Annex 6.6 The COHRED Secretariat



Staff members of the COHRED Secretariat are currently:

Yvo Nuyens, Coordinator
Pat Butler
Lennart Freij
Sylvia de Haan
Matthias Kerker
Inger Roger
Beverley Rousset

Staff members, specifically for the International Conference on Health Research for Development:

Joe Kasonde
Pauline McKay
Griet Onsea

Consultants closely involved with the work of the Secretariat:

Arnaud Bresson and Mathias Schmocker:
System administration and web design
Laurent Denou: KPMG consultant
Lucinda Franklin: Newsletter and other publications
Arie Groenendijk: Financial advisor
Vic Neufeld: Special advisor to COHRED