

# COHRED ANNUAL REPORT 2011



**COHRED**  
Council on Health Research for Development



The **COHRED** Group



**COHRED**  
Council on Health Research for Development



Supporting research and innovation systems  
for health, equity and development

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## About the COHRED Group

### A southern alliance with key northern partners

The Council on Health Research for Development (COHRED) is a non-profit organisation with headquarters in Geneva, Switzerland. Our board and staff represent low- and middle-income countries – the majority are residents and citizens of the countries we work with. It is founded on the belief in 'Health for All' – that health is everyone's right and is essential for individuals, families and countries to develop and prosper, and to design their own future.

The COHRED Group came into being in March 2011 following the integration of COHRED and the Global Forum for Health Research (GFHR). The COHRED Group builds upon COHRED's portfolio of services and tools that support countries to strengthen governance and management of research and innovation for health, equity and socio-economic development; and on the Global Forum's influential international conference on research and innovation for health and its tracking of resource flows in health research. The next conference is Forum 2012, which will take place in South Africa, 24–26 April 2012.

The COHRED Group supports countries in their efforts to use research for health and innovation to:

- Improve health and reduce health inequities
- Improve health sector performance and accountability
- Encourage donor alignment and harmonisation
- Link research for health with science, technology and innovation
- Generate economic and social prosperity.

The Group's primary goals are to:

- Undertake actions, to develop insight and products, and to provide services that enable low- and middle-income countries to optimise their research and innovation capacity for the improvement of health, equity and development
- Engage outside agencies whose actions impact on the research and innovation capacity of low- and middle-income countries – with the aim of making their actions more supportive of national research and innovation systems in these countries
- Advocate globally and locally for research and innovation as key drivers for health, equity and development.

### The COHRED Group's Values and Principles

Issues concerning the underlying framework of our work, the choice of our organisational structure, the people we hire, the projects we take on, and the way in which we engage and act – are determined by the values and operating principles that hold COHRED together.



## Values

### 1. Social justice

We believe in a world that should be and can be better, fairer, hold more opportunity for self-realisation – for everyone and everywhere.

We also believe that maximising health and health equity are core to both social justice and to socio-economic development.

### 2. Development can be facilitated – not done, and needs research and innovation

We believe that at the heart of development is an environment that is conducive for individual and collective self-realisation. Well-functioning national systems – in health, research and innovation, and many others – are the cornerstone. Our expertise is in research and innovation systems that promote health and equity – and that result in and stimulate socio-economic development. Our expertise may well expand beyond health – but will remain focused on building transparent systems that serve everyone in society.

### 3. Most people in the world share our vision – and want to contribute to it

We will work with anyone, any organisation – institution or business, and any government sharing our values if this will help to increase health, equity and development.

We will create vehicles and mechanisms for everyone sharing our values, vision and modus operandi to participate.

## Operating principles

### 1. We operate as a not-for-profit, social enterprise

And always with the highest level of integrity.

### 2. We aim to excel at what we do – to be the best at what we do – or not do it at all

While, at the same time, we aim to address relevant problems in an ethical and equity promoting manner.

### 3. We stimulate creativity, innovation, inventiveness

We focus on and design solutions and then scale them up.

We believe problems are made to stimulate solutions.

### 4. We are an 'enabling organisation'

Which means that we leave behind not just a product – but increased capacity and better systems with which people, institutions and countries can pursue their own development even better.

Our aim is not to build out COHRED per se – but to build out low- and middle-income countries to engage in research and innovation for health, equity and development. Building out COHRED can only be justified, if this leads to maximising our mission or doing it in a shorter time.

### 5. We work hard and have fun doing it

We don't pay the highest wages, but we aim to create the best work environment there can be.

## A unique approach

The COHRED Group is different from other national, regional and multilateral organisations working in research for health and innovation. We engage at country level with all relevant actors concerned with research for health and innovation, including research institutions and councils, ministries, civil society and the media.

At the core of the Group's programme is the need to better understand the needs of low- and middle-income countries and how the COHRED Group can add value by strengthening research and innovation systems for health.

The Group adds value to national research for health and innovation by:

- **Providing support**, technical expertise and tools to countries to help them strengthen their research and innovation systems for health
- **Facilitating learning** and the sharing of experience between countries. And making this learning broadly available to others as global public goods
- **Doing research together** with countries aiming to improve the understanding of specific aspects of strengthening research for health systems
- **Partnering with global health** initiatives, development agencies and other international bodies to continually bring a focus on country needs
- **Calling for action** – based on studies and evidence – on how international players in research for health can better support country needs.

## Foreword

The year 2011 was probably the most exciting and most challenging year yet in the history of COHRED, for two reasons: the integration of COHRED and the Global Forum for Health Research (GFHR), and the rapidly changing external environment.

The decision to integrate the GFHR was taken in November 2010 and was described in some detail in our 2010 Annual Report. However, it was not until the end of March 2011 that the memorandum of agreement (MOA) between the two organisations was signed. This brought together the country-level technical focus of COHRED with the global advocacy work of the Forum. The Forum's link with COHRED will strengthen its role as an amplifier of the voice of low- and middle-income countries in the world of global research for health. At the same time, COHRED's traditional work will derive major benefits from having greater access to global actors, agencies and ideas. The integration has given us a key strategic advantage.

One of the first imperatives for the new organisation – known as the COHRED Group – is to organise Forum 2012. This meeting, to be held in South Africa in April 2012, will promote the new vision for the integrated organisation, focusing on a world 'beyond aid'. This is a world in which low- and middle-income countries define their own research for health agendas, decide what to adapt from elsewhere and what to research locally, and have the power to engage the best partnerships possible globally and locally. It is a world where these countries will find funding, people, institutions and systems of research and innovation that will not only make a difference to their people's health, but also to equity and development. To make this change, countries will need to begin investing more in their own science and technology domain, and research for health needs to become part of national innovation systems.

Forum 2012 will help realise this world 'beyond aid', building on the outcomes of COHRED Colloquium 2, held in December 2011, which addressed the same topic. Building strong national research and innovation systems is not going to happen overnight – so aid will still be needed for a while to come – but without a vision of an aid-independent world, we are likely to remain locked in crisis relief mode for much longer.

In addition, following up on decisions taken over the last two or three years, we also pursued our intent of changing from a purely donor-funded organisation towards a social enterprise/social business. This change is not going to be easy, but we are committed to making it work, for the benefit of ourselves and our partners.

Turning to the external environment, a number of events have presented us with challenges, including the ongoing economic crisis. Also, outside our own narrow sector there is growing pressure on governments to reduce aid budgets in the face of the economic hardships confronting their own people.

However, there is still an enormous amount of funding in bilateral and multilateral aid. Pledges to the Global Alliance for Vaccines and Immunisation (GAVI) were higher than expected. Some European economies are doing well, and remain committed to supporting low- and middle-income countries. The COHRED Group had numerous achievements during the year, which are described in more detail in the body of this report. Three in Africa stand out: the African Union asked COHRED to become a member of the Technical Committee of the Pharmaceutical Manufacturing Plan for Africa; the Department of Science and Technology (DST) in South Africa agreed to activate the joint COHRED-DST Research Chair in Research for Development; and the International Development Research Centre, Canada, and the West African Health Organisation asked COHRED to help them strengthen research systems in a four-country project (Guinea-Bissau, Liberia, Mali and Sierra Leone). These show a clear recognition of the value that COHRED brings to the table, and are achievements of which we can all be proud.

In summary, 2011 will go down as a watershed year for COHRED. These are challenging times for us, but we are ready to rise to the challenges.



**Carel IJsselmuiden,**  
**Director, COHRED**  
*Incorporating the*  
*Global Forum for*  
*Health Research*

# The formation of the COHRED Group

## Integration of GFHR into COHRED

November 2010 was momentous for COHRED and the Global Forum for Health Research (GFHR). It was then that the Foundation Council – GFHR's governing body – decided that it was in the best interests of the Forum's aims to integrate with COHRED.

In many ways, COHRED and GFHR were two sides of the same coin. COHRED's focus has always been on strengthening research and innovation systems for health, with a focus on low- and middle-income countries, while GFHR, through its annual Forums in particular, sought to raise awareness among key stakeholders of the vital importance of harnessing research for health to improve global health. Bringing together COHRED's national-level capacity-building activities with GFHR's global advocacy creates a complete platform to address research for health issues in low- and middle-income countries.

The MOA to integrate, signed on 29 March 2011, provides for the integration of GFHR and COHRED operations under a common management and governance structure while maintaining the separate legal entities and names.

All key GFHR and COHRED activities planned for 2011 went ahead smoothly during the transition, including plans for Forum 2012, scheduled for April 2012.

## Proposals for a new governance structure

A general operating agreement has been drafted to provide for the management and development of GFHR activities required to be undertaken by COHRED while the Forum remains a separate legal entity. A specific agreement has also been prepared concerning the activities and deliverables funded by the World Bank which provides for the transfer of funds from the Forum to cover the costs of these activities.

# Country support

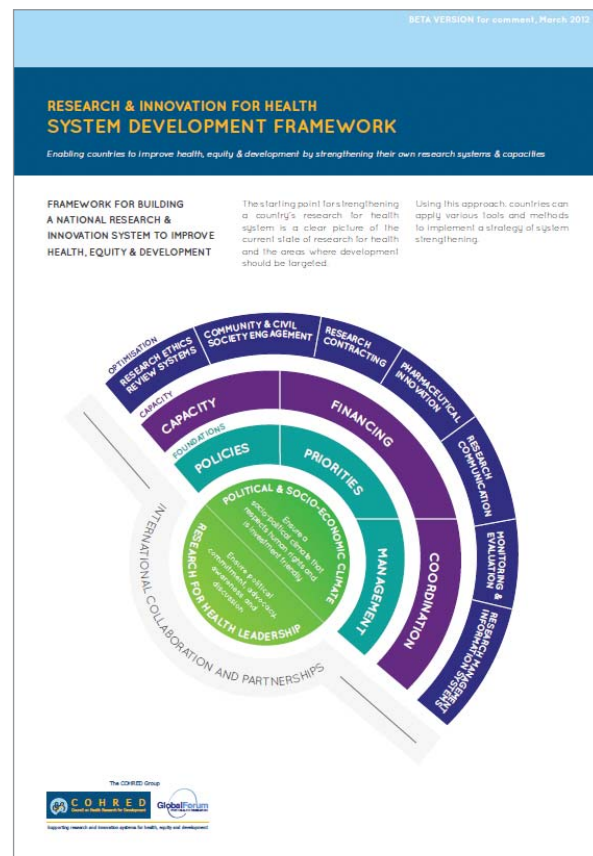
## Strengthening national research and innovation systems for health

### Expertise, tools and approaches

COHRED's support to countries is built around its Framework for national research and innovation system for health.

This planning and research management tool guides decision makers through a systematic assessment of their current situation. It helps them develop a picture of future targets for research and innovation for health and areas where professional capacity needs to be developed to produce meaningful health changes for the country.

*A Framework that works for countries.* The Framework is a series of linked guides covering critical areas for a national system. These include: assessment of the current research and innovation system; guides for policy development, priority setting, research coordination, and ethics review systems; guides for



developing strategies around research capacity, pharmaceutical innovation and medicines access, and civil society organisation engagement in research for health.

*The Framework is in development.* It offers guidelines, methods, manuals, or links to experts in other countries. And through the growing Health Research Web platform, countries have the opportunity to share expertise.

**Resources**

Research and innovation system for health frameworks: [www.cohred.org/framework-guides-system-strengthening](http://www.cohred.org/framework-guides-system-strengthening).

**Support to countries in 2011**

In 2011, COHRED provided support to 18 countries and regions:

- Brazil
- Colombia
- Ecuador
- Paraguay
- Bolivia
- Costa Rica
- Argentina
- Mexico
- El Salvador
- The Caribbean Region
- Guinea-Bissau
- Kenya
- Liberia
- Mali
- Mozambique
- Senegal
- Sierra Leone
- Tanzania

**COHRED Group 2011 – key activity areas**

Technical support for the development of national research and innovation systems for health	Support to countries Ethics review capacity support Technology transfer/ pharmaceutical innovation in Africa
Web-based research system support	Health Research Web, its services and applications
Communication, knowledge sharing, advocacy and campaigning	Strategic communication and advocacy for COHRED Group programmes and initiatives Online communications and networking through websites and social media Knowledge sharing and learning components of programmes and COHRED Group meetings COHRED Group publications
Research and development	Pharmaceutical innovation framework Review of national health research systems in 52 countries (in progress) Fair research contracting

# The COHRED Group in 2011

## Achievements and key activities



### Promoting a vision of a world beyond aid: COHRED Colloquium 2011

The COHRED Colloquium 2011 – Beyond Aid: Research and Innovation as Key Drivers for Health, Equity and Development, brought together more than 50 people to explore how to move 'beyond aid' using research and innovation as key drivers of health, equity and development. Participants included professionals in health and research for health, representatives of development partners, development professionals, and leaders of research and policy from low- and middle-income countries.

The meeting was organised around a series of questions aimed at defining the 'beyond aid' vision more clearly:

- What does a world 'beyond aid' look like?
- How can we make research, science and innovation more relevant to achieving sustainable health, equity and development in low- and middle-income countries?
- How can the development community, including the COHRED Group, best support research, science and innovation leading to health, equity and development?

A clear message from the participants was the need to develop a clear, shared vision of a world beyond aid, so that stakeholders can start to work towards this goal.

The meeting delivered five recommendations:

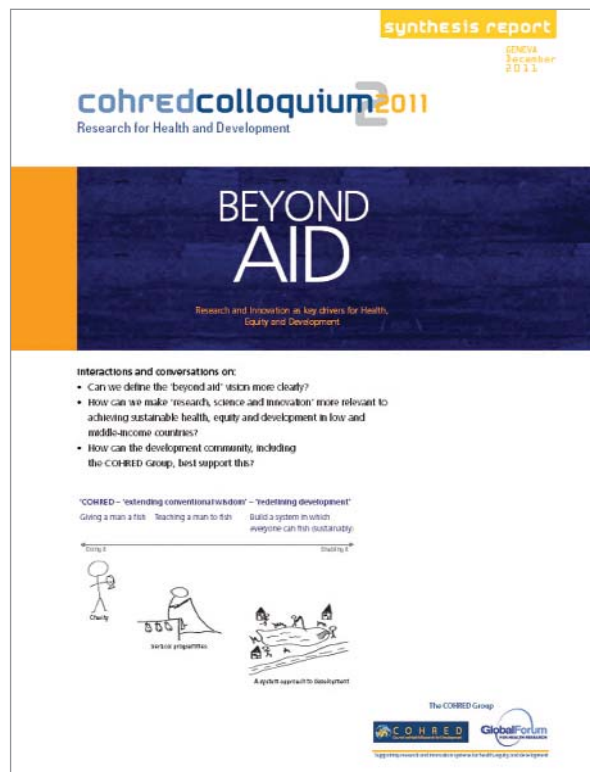
1. Define and implement a framework or planning process (for 2012) through which partnerships (at the national or regional level) can be built in order

to move on the key issues of the theme in a practical way.

2. Conduct an evaluation (national and regional) of the research and innovation landscape, particularly in those areas where there are already enabling factors and conditions (such as centres of excellence) for health, equity and development.
3. Determine the local needs of the people on the ground. Monitor and evaluate *research systems for health* and related support at the national level.
4. Identify new opportunities or expand existing opportunities for capacity-building at the local level in a way that can help civil society organisations, governments and the private sector to work together.
5. Kick-start advocacy or campaign work or promote a programme building on the colloquium that opens up opportunities for policymakers, researchers and development partners to better understand the benefits and value of research and innovation for long-term sustainable development.

The outcomes of the meeting have helped inform the planning of Forum 2012, which focuses on developing the vision of a world beyond aid and building consensus around actions needed to deliver on this vision.

Synthesis report: [www.cohred.org/wp-content/uploads/2012/03/Syntesisreport\\_web2012.pdf](http://www.cohred.org/wp-content/uploads/2012/03/Syntesisreport_web2012.pdf).





**Forum 2012**

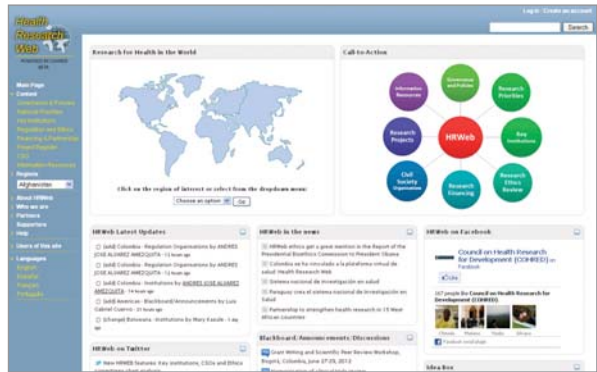
A major focus for the COHRED Group in 2011 was on preparations for Forum 2012. This meeting, to be held in Cape Town, South Africa, in April 2012, will focus on a vision of 'beyond aid' – a world in which research and innovation are key drivers of health, equity and development. Steering and local organising committees have been established, themes defined and a concept paper written, a website established ([www.forum2012.org](http://www.forum2012.org)), a memorandum of understanding signed with the South African Government for hosting the meeting, keynote speakers and panellists selected and registration opened.

The Forum 2012 website features social media tools (e.g. Facebook, Twitter, RSS feed and blogs) to keep interested people up to date and allow interested parties to contribute to developing the meeting's programme. Other features include information about the Steering Committee, the Local Organising Committee and the Staff Committee, a promotional brochure and registration pages.



# The Health Research Web

## Health Research Web features in US Presidential Commission report



The most recent report of the US Presidential Commission for the Study of Bioethics, entitled '*Moral science: protecting participants in human subjects research*', cites the Health Research Web (HRWeb) as a useful tool for providing the public with access to information on the links between human subjects, health research and ethics.

"Other notable efforts to enhance accountability and access to information about human subjects research are also underway. For example, 'Health Research Web', initiated by the Council on Health Research for Development, an international non-governmental organization whose primary objective is to strengthen research for health and innovation, compiles information on studies taking place around the world, as well as information about IRBs and research ethics committees, countries' governance policies, and other useful data." *Moral science, protecting participants in human subjects research*, p. 49.

The platform provides an easy channel that governments, research ethics committees, research institutions and networks in the South can use to organise and disseminate research policies, priorities and requests. It also enables practitioners to push for health, equity and development through research.

## Health Research Web 3.0 launched

The HRWeb has been redesigned to better meet the needs of the research-for-health community. A clearer

structure, simplified navigation and improved search functions make finding information easier than before. Three major areas were improved: usability, performance with low-bandwidth internet connections, and infrastructure to host the platform. Since its launch in August 2009, HRWeb has been visited more than 25,000 times and viewed in approximately 180 countries. It now has more than 500 registered users. A number of partners have paid to have parts of the HRWeb customised to meet their specific needs – a strong indication of the value of the platform to users.

## Health Research Web Americas

COHRED is working closely with Pan American Health Organization (PAHO) to enhance the pages of HRWeb Americas and the Caribbean. A PAHO team has so far uploaded information on more than 1000 ethics committees in Latin America.

## Health Research Web Senegal

HRWeb Senegal is being implemented in collaboration with the Research for Health Africa (R4HA) initiative, which aims to strengthen governance of research for health in African countries (see page 13). In 2011 the HRWeb team customised the HRWeb to allow Senegalese users to access their HRWeb page directly through the website of the Senegalese Ministry of Health, Department of Research. The team also ran a training workshop in June 2011 in Dakar. The workshop involved focal points from 10 research institutions that are the prime users of HRWeb Senegal. Overall, the workshop was received very positively and there was a sense of commitment to the R4HA initiative and the immediate work of the HRWeb for Senegal.

## Health Research Web Tanzania

In 2011, the HRWeb team customised HRWeb for the Tanzanian Commission for Science and Technology (COSTECH), in collaboration with the R4HA initiative. Besides integrating all HRWeb content and functionalities in the COSTECH webpage, a research proposal submission section has been developed, which will allow COSTECH to issue its calls for proposals using the HRWeb platform. This will allow COSTECH to automatically develop a database of research project information, including funding and alignment to national research priorities. The next step will be the development of an online system for

managing the research ethics review processes, in collaboration with the National Institute for Medical Research and the Mapping African Research Ethics Review Capacity project (MARC).

## INDEPTH

The International Network for the Demographic Evaluation of Populations and Their Health in Developing Countries (INDEPTH) is a global network of members who conduct longitudinal health and demographic evaluation of populations in low- and middle-income countries. In 2011, the HRWeb team provided the INDEPTH Secretariat with a web-based management information system that links INDEPTH sites to the INDEPTH Secretariat, provides real-time cross-site analysis, and stimulates interaction between sites.



## Support to countries and regions

### Cross-regional activities

#### Building research capacity for health and its social determinants

SDH-Net is an EU-funded four-year project, launched in November 2011. It aims to contribute to sustainable research landscapes in low- and middle-income countries by laying foundations and providing tools for strengthening research capacity and research systems focusing on social determinants of health (SDH). The project involves partners from 11 countries in Europe (Germany, Spain, Switzerland), Africa (Kenya, Mozambique, South Africa, Tanzania) and Latin America (Brazil, Colombia, Ecuador, Mexico).



COHRED is playing a leading role in the mapping of stakeholders, institutions and ongoing activities, and the assessment of capacity-building needs.

#### **Multilateral association for studying health inequalities and enhancing North–South and South–South cooperation (MASCOT)**

MASCOT is a four-year project, launched in November 2011, which aims to stimulate cooperation between countries from Europe, Africa and Latin America in order to identify and implement adequate and efficient country-specific strategies for tackling health inequalities affecting children, adolescents and mothers. Coordinated by COHRED, MASCOT currently involves 11 organisations from the three continents. It held its kick-off meeting in Geneva in November 2011.

#### **Fair research contracting**

COHRED's fair research contracting project aims to identify best practices for the research contracting (negotiation) process. The project would be of use in any of the following three situations: where there is no lawyer; where there may be lay personnel who could be trained; and where there is a lawyer or legal expertise.

Early in 2011, COHRED convened a virtual consultation to review clauses of research contracts in international collaborative health research. Key challenges facing contract negotiators in low- and middle-income country institutions when joining high-income country partners in a collaborative research project were identified during this consultation. Following this expert think tank, COHRED successfully applied to the Rockefeller Foundation Bellagio Study and Conference Center for support to hold a meeting entitled *'Where there is no (intellectual property) lawyer: towards fair contracts and contracting in research for health'*. The Bellagio

meeting to be held in October 2012 will focus on developing model contracts and contracting guidelines to support low- and middle-income country institutions and governments.

#### **Latin America and the Caribbean**

##### *Work with the Government of Panama*

COHRED's collaboration with the Government of Panama in 2011 focused on the Second Latin American Conference on Research and Innovation for Health, held in Panama in November 2011. The meeting was coordinated by the members of the Executive Committee of the conference and was composed of the National Science, Technology and Innovation Secretariat of Panama, the Ministries of Health for Panama and Brazil, the Gorgas Memorial Institute in Panama and the Pan American Health Organization/World Health Organization (PAHO/WHO).

The conference focused on defining research for health and innovation in national policies and programmes; financing for research for health; and strengthening existent networking among stakeholders in the region. Participants included senior officials from ministries of health, ministries of science and technology and other ministries involved in research for health; senior staff of research institutes; civil society organisations – including professional associations and research councils; research funding agencies; development agencies; and research networks.

Some of the key messages coming out of the conference included: innovation in countries must be simple and inexpensive; research in health and health research are different concepts; strengthening innovation requires a tripartite alliance, academic, business and government; and the need for strengthening South–South technical cooperation. Further details on the outcomes of the conference can be found at: [www.cohred.org/2nd-latin-american-conference-on-research-and-innovation-for-health](http://www.cohred.org/2nd-latin-american-conference-on-research-and-innovation-for-health).

##### *Developing capacity of health research managers*

In 2011, the COHRED Group and Rimais (Red Iberoamericana Ministerial de Aprendizaje e Investigación en Salud) offered their first course for developing capacity of health research managers in Ministries of Health in the region. About 15 countries participated in this face-to-face course. Following the success of the course, follow-up, web-based courses are planned for 2012.

### *Priority-setting for the Caribbean regional health research agenda*

Health authorities in the Caribbean region have recently approved the region's first regional health research agenda. The priority setting effort was led by the Caribbean Health Research Council, with technical support from the COHRED Group. This agenda represents a significant step in the strengthening of research for health systems in the Caribbean. The transparent and inclusive approach that was used in its development is expected to lead to its widespread adoption. The challenge remains to engage researchers and funding agencies, which have a critical role in the agenda's implementation.

### *Linking EU and Latin American policymaking institutions in the field of health research*

The European Union–Latin America and Caribbean (EU-LAC) health coordinating action is a five-year support action working to develop a detailed plan to guide policymakers and other stakeholders on actions needed to support cooperative health research between LAC countries and the EU. It involves participants from Argentina, Brazil, Costa Rica, Germany, Italy, Spain and Switzerland/Mexico. COHRED is coordinating one work package and participating in four others. The project held its kick-off meeting in Madrid in November 2011.

The COHRED Group is implementing three EU/FP7 funded projects: MASCOT, of which the Group is the coordinator, EU-LAC HEALTH and SDH-NET. All these projects have Latin American partners.

## **Africa**

### *Research Ethics Web*

The MARC (Mapping African Research Ethics Review Capacity) project is developing an interactive map of health research ethics review capacity and drug regulatory capacity in Africa, with financial support



from the European and Developing Countries Clinical Trials Partnership and Pfizer. To date 147 Research Ethics Committees (REC) have uploaded information about their activities, 55 of which have provided detailed information on their research ethics. All this information is available on Research Ethics Web ([www.researchethicsweb.org](http://www.researchethicsweb.org)). A social networking tool has been integrated into the site to facilitate interaction of people interested in ethics and the Research Ethics Web.

The MARC project has also started working with two 'ambassadors,' which has helped increase use of the MARC website. The two ambassadors are Odile Ouwe Missi Oukem (Cameroon), for francophone Africa, and Azza Saleh Radwan (Egypt), for Arabic-speaking Africa.

In September 2011, the project hosted the first ever African Conference for Administrators of Research Ethics Committees (AAREC) on the theme 'Striving for quality and efficiency in ethical review of research in Africa'. The meeting was hosted in Botswana, and brought together 40 REC administrators from 21 African countries.

Key messages coming out from the conference included the need to professionalise the role of the research ethics administrator; increase office efficiency using information management and communications systems; ensure the independence of RECs; and to provide for sustainability in financial and technical support for RECs; and harmonisation of standard operating procedures.

### *Research for Health Africa*

The Research for Health Africa (R4HA) initiative is a partnership between COHRED, the New Partnership for Africa's Development (NEPAD) and participating countries, which aims to strengthen research governance in Africa. The programme, which started in 2010, seeks to provide both technical and political support to participating countries in the establishment of national priorities and policies, and the strengthening of structures to enable the effective governance and management of research for health.

Main achievements in 2011 include facilitating the process of priority setting for research in Tanzania; customising the HRWeb to the needs of Tanzania and Senegal; facilitating governance discussions in Senegal, resulting in plans to set up a governing council for research for health; expanding the

programme to include Mozambique, and starting the priority-setting process in that country; holding the first cross-country meeting involving the three countries (October 2011, South Africa); and holding the first Group of Advisors meeting (October 2011, South Africa). The Programme is funded by the Ministry of Foreign Affairs of the Netherlands.

### *Research for Health West Africa*

A four-year project dedicated to strengthening research for health system development in West Africa was launched in 2011. The project is financed by the International Development Research Centre (IDRC), Canada, and the West African Health Organisation (WAHO), with technical facilitation provided by the COHRED Group.

This project draws on the 'WAHO research for health meeting' jointly organised by WAHO, COHRED and

IDRC in Ouagadougou, Burkina Faso, in December 2009. The meeting assessed the research for health situation in 14 West African countries, identifying important deficiencies in regional research for health systems. These related to issues concerning governance and management structures, policy frameworks, the utilisation of research results, research capacity development, the push for political support to research for health, and the push for financial resources for research. The assessment identified Guinea-Bissau, Liberia, Mali and Sierra Leone as being the countries in most need of support. WAHO, with the COHRED Group and IDRC, is now working with this cluster of countries on action plans defined by them, aiming to ensure a better use of research for health and development.

**The COHRED Group is a leading authority on research for health and innovation systems for health, equity and development.**

**COHRED's *Global Forums on Health Research* provide the platform for global advocates for research for health.**

**COHRED worked with 18 countries during 2011.**

**COHRED fully believes that an investment in improving systems, governance and management for research in low- and middle-income countries is a direct investment in the sustainable future of the world.**

**COHRED believes that a systems approach to research for health is a key and untapped resource for countries to improve the effectiveness of their research for health.**

**COHRED works to ensure that national research and innovation systems for health support the success of global health initiatives and make them more relevant to a country's health priorities.**

**COHRED is different from other national, regional and multilateral organisations working in research for health and innovation because we engage at country level with all relevant actors, including research institutions and councils, ministries, civil society and the media.**

**COHRED works to increase the involvement of communities in focusing research on people's real needs.**

**COHRED believes that national research and innovation systems for health improve the effectiveness of a country's public health strategies and development plans.**

**Even though COHRED is a small organisation our staff represent 18 countries scattered over 6 continents.**

## Partners and partnerships

### African Union

The African Union invited the COHRED Group to become a member of the Technical Committee of the Pharmaceutical Manufacturing Plan for Africa. Further details are available at:

<http://www.cohred.org/2012/02/cohred-reiterates-its-backing-for-africa's-pharmaceutical-manufacturing-plan>.

### American University of Beirut

The COHRED Group developed a joint proposal with the Faculty of Health Sciences at the American University of Beirut that comprises all the planned activities for the Middle East region.

### Department of Science and Technology, South Africa

The South African Department of Science and Technology (DST) is jointly organising Forum 2012 with the COHRED Group. DST has agreed to activate the joint COHRED Group-DST Research Chair in Research for Development. The post will become active in 2012.

### INDEPTH

The International Network for the Demographic Evaluation of Populations and Their Health in Developing Countries (INDEPTH) asked the COHRED Group to co-host a meeting on ethics of data sharing in 2011, and is also collaborating with COHRED in the Health Research Web, see:

<http://www.cohred.org/2011/12/cohreds-health-research-web-hrweb-sets-out-to-support-institutional-research-management-information-systems>.

### NEPAD Agency of the Africa Union

The New Partnership for Africa's Development (NEPAD) is COHRED's key partner in the Research for Health Africa programme and the Strengthening Pharmaceutical Innovation initiative. A Memorandum of Agreement (MOA) exists to support studies for collaboration on any topic in research for health. The Research for Health Africa (R4HA) programme funded by the Netherlands is the first operationalisation of this MOA.

### Pan American Health Organization (PAHO)

PAHO-COHRED Memorandum of Agreement to support countries to strengthen their research systems for health, provide technical support to the agency as needed and to create HRWeb Americas. In 2011, PAHO uploaded basic information on the Health Research Web/Ethics Web concerning over 1100 Research Ethics Committees operating in South and Central America.

### RIM AIS (The Ibero American Ministerial Network for Learning and Research)

The COHRED Group is a member of the RIM AIS Technical Advisory Board and started a project funded by the Spanish Agency for International Cooperation and Development (AECID) in 2011, along with a partnership with the Instituto de Salud Carlos III in Madrid, Spain, and the Instituto Nacional de Salud Pública in Mexico.

### Southern African Research Ethics Network (SAREN)

COHRED Group is working with SAREN to assist it in using MARC for the network of Chairpersons of RECs with the Southern African Region.

### Support for the Second Latin American Conference on Research and Innovation for Health

The Ministry of Health, Brazil, the Ministry of Health, Mexico, and the Secretaría Nacional de Ciencia, Tecnología e Innovación (SENACYT), Panama, provided support to the Second Latin American Conference on Research and Innovation for Health in 2011.

### University of KwaZulu-Natal/South African Research Ethics Training Initiative

This partnership has been set up to focus on developing Research Ethics Web for Africa. Called the MARC project, it aims to develop an interactive map of health research ethics review capacity and drug regulatory capacity in Africa.

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

The COHRED Group has provided input to TDR on regional capacity building programmes on research communication and health research system development. TDR funded a regional workshop that the COHRED Group delivered in 2011, with the West African Health Organisation, on strengthening research systems for health.

### West African Health Organisation (WAHO)

WAHO and the COHRED Group developed a partnership around strengthening national research systems for health in the West African region, specifically focusing on Guinea-Bissau, Liberia, Mali and Sierra Leone. This work is financially supported by the International Development Research Centre, Canada, and WAHO; the COHRED Group provides technical facilitation.

**The COHRED Group works with many local partners at the country level to implement its projects and programmes.**

## COHRED Group Board 2011

Professor Abbas U Bhuiya  
Deputy Executive Director, International Centre for Diarrhoeal Disease Research (ICDDR,B)  
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Professor Debora Diniz  
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Brazil

Dr Sambe Duale  
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Democratic Republic of Congo/USA

Professor Carel IJsselmuiden  
Director, Council on Health Research for Development (COHRED)  
South Africa/The Netherlands  
Ex officio member of the Board

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President, New York Academy of Medicine  
USA

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Pan-American Health Organization (OPS/OMS)  
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High Representative, European and Developing Countries Clinical Trials Partnership (EDCTP)  
Mozambique

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Consultant  
Senegal  
Chair: COHRED Board from October 2009 (Resigned)

Mr Olivier Praz  
Programme Manager – Multilateral Affairs East and Southern Africa, Swiss Agency for Development and Cooperation (SDC)  
Switzerland  
(Resigned, to be replaced by Mr Marc De Santis)

Professor Don de Savigny  
Professor and Head of the Health Systems Interventions Unit in the Department of Public Health and Epidemiology, Swiss Tropical Institute.  
Canada/Switzerland

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Trinidad and Tobago

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Head, Laboratory of Parasite Immunology, Pasteur Institute Dakar  
Senegal

Dr Armin Fidler  
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USA

## COHRED Group Staff 2011

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Brazil

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Head, Projects & Programmes  
Mexico

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Brazil

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Switzerland

Ms Teresa Cullen  
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UK

Mr Marcelo Delgado  
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Brazil

Mr Ole Doetinchem  
Senior Programme Officer  
Germany

Dr Kathy Douglas  
Senior Programme Officer, Research for Health Africa  
USA (from March 2011)

Mr Danny Edwards  
Policy Analyst  
New Zealand (from August 2011)

Ms Monica Gazzetta  
Financial Officer  
Austria/Switzerland

Dr Hassen Ghannem  
Senior Consultant  
Tunisia

Ms Sylvia de Haan  
Director, Programmes  
The Netherlands

Mr David Hayward  
Head, Finance and Administration  
UK

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Director  
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Ms Florine Jobin  
Personal Assistant to the Director  
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UK/India (from November 2011)

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Dr Erika Silva  
Research Officer, Civil Society Engagement  
Bolivia (from August 2011)

Dr Francisco Songane  
Senior Health Advisor (September 2011)  
Chair, Steering Committee, Forum 2012 (from October 2011)  
Mozambique

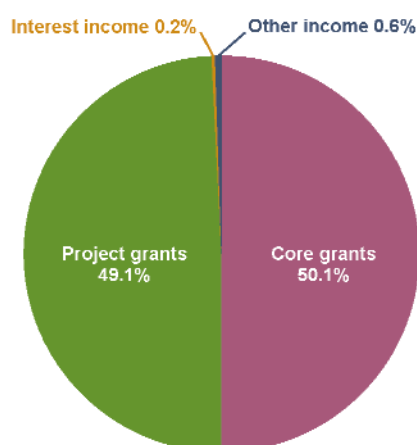


## Financial support

Department of Foreign Affairs (DGIS), The Netherlands  
 Doris Duke Charitable Foundation  
 European and Developing Countries Clinical Trials Partnership (EDCTP)  
 Global Forum for Health Research (GFHR)  
 International Network for the Demographic Evaluation of Populations and Their Health in Developing Countries (INDEPTH)  
 International Development Research Centre (IDRC), Canada  
 Irish Aid  
 Pfizer  
 Swiss Agency for Development and Cooperation (SDC)  
 University of the Western Cape (UWC)  
 WHO/TDR, World Health Organization, Special Programme for Research and Training in Tropical Diseases, sponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and WHO  
 World Bank – GFHR

## Financial statements

### Revenue 2011



Funding source	CHF
<b>Core grants</b>	<b>1,833,243</b>
Irish Aid	304,775
Swiss Agency for Development and Cooperation (SDC)	830,000
Instituto Carlos Slim	4,082
International Development Research Centre (IDRC)	32,816
Global Forum for Health Research	661,570
<b>Project grants</b>	<b>1,797,339</b>
European and Developing Countries Clinical Trials Partnership (EDCTP)	160,402
INDEPTH (Ghana)	11,227
NL – Directorate General for International Cooperation (DGIS)	717,487
Pfizer	22,025
WHO/TDR	44,302
University of the Western Cape	10,546
Asociación Costarricense de Salud Pública	19,801
West African Health Organisation	76,578
Global Forum for Health Research	715,471
SDH-Net – European Commission funded project	16,000
EU-LAC – European Commission funded project	3,500
MASCOT – European Commission funded project	34,605
<b>Interest income</b>	<b>8,277</b>
<b>Other income</b>	<b>20,826</b>
<b>Total</b>	<b>3,659,685</b>

### Expenditure 2011



	Direct costs	Staff costs	Total costs	%
Programmes	794,263.81	1,500,124.76	<b>2,294,388.57</b>	72.27
Governance	57,059.74	40,855.15	<b>97,914.89</b>	3.08
Fundraising	33,461.57	149,821.89	<b>183,283.46</b>	5.77
Organisational development	298,181.21	301,173.95	<b>599,355.16</b>	18.88



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**Report of the independent auditor to the Board of Cohred council on health research for development, Geneva**

As independent auditor, we have audited the accompanying financial statements of COHRED COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT, GENEVA, which comprise the balance sheet, statement of income and expenditure and notes for the year ended December 31, 2011.

*Board's Responsibility*

The Board is responsible for the preparation of the financial statements in accordance with the requirements of Swiss law and the association's statutes. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Board is further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

*Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Swiss law and Swiss Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

*Opinion*

In our opinion, the financial statements for the year ended December 31, 2011 comply with Swiss law and the association's statutes.

Geneva, April 30, 2012

MAZARS CORESA LTD

Jacques Fournier  
Licensed Audit Expert

Roland Loup  
Licensed Audit Expert

**Enclosures** :Financial statements (balance sheet, statement of income and expenditure and notes)

GENEVE

LAUSANNE

FRIBOURG

ZURICH

Membre FIDUCIAIRE

**Praxity**  
MEMBER  
GLOBAL ALLIANCE OF  
INDEPENDENT FIRMS

## COHRED publications 2011

### West Africa

**Governance, priorities and policies in national research for health systems in West Africa.** D. Marais, I. Sombié, F. Becerra-Posada, G. Montorzi, S. de Haan. COHRED publication

**Gouvernance, priorités et politiques en systèmes nationaux de recherche pour la santé en Afrique de l'Ouest.** COHRED publication

**Research for health systems strengthening in West Africa: Dakar Workshop Report.** COHRED publication

**Renforcement des systèmes de recherche pour la Santé en Afrique de l'Ouest: compte rendu de l'atelier.** COHRED publication

**The emergence and current performance of a health research system: lessons from Guinea Bissau.** M.O. Kok, A. Rodrigues, A.P. Silva, S. de Haan. *Health Research Policy and Systems* (2012) 10: 5

### Middle East

**National research for health system mapping in 5 countries in the Eastern Mediterranean region and perspectives on strengthening the systems.** H. Ghannem, F. Becerra-Posada, C. IJsselmuiden, I. Helwa, S. de Haan. *Eastern Mediterranean Health Journal* 17: 260-261

(The extended version of this report is in review by *Avicenna* journal)

### Priority setting

**Health research agenda for the Caribbean.** Caribbean Health Research Council

**Priority setting for research for health.** 2010 edition published on CD-ROM. COHRED publication

**Etablissement des priorités en recherche pour la santé.** COHRED publication

**Definición de prioridades en investigación para la salud.** COHRED publication  
Also available on CD-ROM

### Policy

**Sustainable data sharing in public health research: an INDEPTH-COHRED Position.** INDEPTH Network and COHRED

### Ethics

**Research Ethics Committees standards.** WHO Bulletin

**Mapping African ethical review committee activity onto capacity needs: the MARC initiative and HRWeb's interactive database of RECs in Africa.** *Developing World Bioethics* DOI: 10.1111/j.1471-8847.2012.00325.x

### Pharmaceutical innovation

**Pharmaceutical innovation in Africa.** AU/NEPAD – COHRED publication (English and French)

### Health Research Web

**HRWeb Americas: a tool for better research governance in Latin America and the Caribbean.** Authored in collaboration with the Pan American Health Organisation (PAHO/WHO) and the University of KwaZulu-Natal, Pietermaritzburg, South Africa

### R&D

**Sharing research data to improve public health: a perspective from the global south.** O. Sankoh, C. IJsselmuiden, et al. *The Lancet* 378: 401-402

**Beyond aid: research and innovation as key drivers for health, equity and development.** Report to the Second COHRED Colloquium

**Africa's neglected area of human resources for health research – the way forward.** C. IJsselmuiden, D.L. Marais, F. Becerra-Posada, H. Ghannem. *South African Medical Journal* (2012) 102: 236-241

### Other publications

**Current status and future prospects of epidemiology or public health training and research: WHO African Region.** J. Nachega, O. Uthman, Y. Ho, et al. *International Journal of Epidemiology*. Commissioned and submitted

**The "reasonable availability" approach [as ethical guideline for randomized clinical trials].** C. IJsselmuiden. Expert Conference on the ethics of placebo control in clinical trials. 13–15 July 2011, São Paulo, Brazil

## The COHRED Group

Supporting research and innovation systems for health, equity and development

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COHRED is registered as a 501 3 (c) charity organisation in the USA

## The COHRED Group



Supporting research and innovation systems  
for health, equity and development