Record Paper 1

Council on Health Research for Development (COHRED)

# Externally Commissioned Evaluation of the Council on Health Research for Development (COHRED)

February 2005

Dr. Pia Rockold
Dr. M. Jegathesan
Dr. Sam Adjei

This document is a report of the external review submitted by the Review Team to the COHRED Board in February 2005. The external review team was composed of Dr. Pia Rockold (team leader), Dr. M. Jegathesan and Dr. Sam Adjei. The full text of all evaluation documents and data are available on the COHRED website.
http://www.cohred.org/publications/record_papers.html

### COHRED Record Papers

COHRED Record Papers are published as a record of significant meetings, interactions, or activities coming from COHRED's work with partners to support improved national health research systems. The concepts and thinking presented in Record Papers are intended to progress into action, peer reviewed papers, in the COHRED series or in the international scientific literature. Each COHRED Record Paper is subject to internal review by COHRED colleagues and partners involved in the meeting, interaction or activity.

### Learning Spiral

The COHRED Learning Spiral is COHRED's process of dialogue and critical review by groups of health research experts – from South and North – of approaches to how developing countries can improve their health research systems. Specific learning points in the Spiral are opportunities for publications and lessons to emerge from this experience. Record Papers are one point in this ongoing learning process.


### ISBN

**92-9226-003-0**

### Keywords

Council on Health Research for Development / COHRED / COHRED external evaluation / Council on Health Research for Development external evaluation / health research for development / Global Forum for Health Research

# CONTENTS


## Preface

## Executive summary

## 1. Evaluation Report

1.2 Background

1.3 Quality and relevance

1.4 Publications, Information and Networking

1.5 Review of country-level activities

1.6. Partnerships

1.7 Organizational efficiency and future scenarios

1.8 General Conclusions

1.9 Key findings and recommendations

## 2. COHRED response to review recommendations

## 3. ANNEXES

ANNEX 1
List of People Interviewed

ANNEX 2
Terms of reference for COHRED External Evaluation 2004

ANNEX 3
SWOT ANALYSIS

ANNEX 4
Interview Tools

ANNEX 5
Literature list

ANNEX 6
Summary of the 1996 Interim Assessment of COHRED

## ABBREVIATIONS

| | |
|---|---|
| **ACHR** | Advisory Committee on Health Research |
| **AfHRF** | African Health Research Forum |
| **AIDS** | Acquired Immune Deficiency Syndrome |
| **ART** | Anti Retroviral Treatment |
| **Bangkok 2000** | The International Conference on Health Research for Development in Bangkok, year 2000. |
| **CARK** | Central Asian Republic and Kazakhstan |
| **CHRC** | Caribbean Health Research Council |
| **COHRED** | Council on Health Research for Development |
| **DANIDA** | Danish International Development Aid |
| **DGIS** | Dutch budget for International Cooperation |
| **DfID** | Department for International Development, UK |
| **EETT** | External Evaluation Task Team |
| **ENHR** | Essential National Health Research |
| **EMRO** | Eastern Mediterranean Regional Office (WHO) |
| **EU** | European Union |
| **FTE** | Full Time Equivalent |
| **GVI** | Global Alliance for Vaccine Initiative |
| **Global Forum:** | Global Forum for Health Research |
| **HIV** | Human Immune Deficiency Virus |
| **HPSR** | Health Policy and System Research |
| **HQ** | Head Quarters |
| **HRC** | Health Research Council |
| **HRD** | Human Resource Development |
| **HRS** | Health Research Systems |
| **HRU** | Health Research Unit |
| **IAVI** | International Aids Vaccine Initiative |
| **ICCDRB** | International Centre for Diarrhoeal Research, Bangladesh |
| **IDRC** | International Development Research Centre |
| **INCLEN** | International Clinical Epidemiology Network |
| **MDG** | Millennium Development Goals |
| **MoE** | Ministry of Education |
| **MoF** | Ministry of Finance |
| **MoH** | Ministry of Health |
| **MoPS** | Ministry of Public Service |
| **MoS&T** | Ministry of Science & Technology |
| **MRC** | Medical Research Council |
| **NGO** | Non Governmental Organisations |
| **NHRS** | National Health Research System |

| | |
|---|---|
| **NIH** | National Institute for Health (USA) |
| **NORAD** | Norwegian Agency for Development Cooperation |
| **NRS** | National Research System |
| **PAHO** | Pan American Health Organisation |
| **PDR** | Peoples Democratic Republic |
| **PHC** | Primary Health Care |
| **PRSP** | Poverty Reduction Strategy Papers |
| **RCB** | Research Capacity Building |
| **RPC** | Research Policy and Cooperation |
| **SDC** | Swiss Agency for Development and Cooperation |
| **SEARO** | South East Asia Regional Office (WHO) |
| **SEAMEO-TROPMED** | Southeast Asian Ministers of Education Organization. Regional Tropical Medicine and Public Health Network |
| **S&T** | Science and Technology |
| **SAREC** | SIDA's Department for Research Cooperation |
| **SIDA** | Swedish International development Agency |
| **SWAPs** | Sector Wide Approach Programmes |
| **TB** | Tuberculosis |
| **TDR** | UNICEF, UNDP, World Bank and WHO's Special Programme for Research and Training in Tropical Diseases |
| **TropEd** | The Network of European Institutions for Higher Education in International Health |
| **ToR** | Terms of Reference |
| **UK** | United Kingdom |
| **UNCST** | Uganda National Council for Sciences and Technology |
| **UNDAF** | United Nations Development Assistance Framework |
| **UNDP** | United Nations Development Programme |
| **UNHRO** | Uganda National Health Research Organisation |
| **UNICEF** | United Nations International Children Education Fund |
| **UNFPA** | United Nations Population Fund |
| **USD** | United States Dollars |
| **WHA** | World Health assembly |
| **WHO** | World Health Organisation |
| **WPRO** | Western Pacific Regional Office (WHO) |

# Preface

***Health research is only effective if it expands knowledge about how to improve health and if that knowledge is used.***

The Council on Health Research for Development's advocacy of and contribution to progress in supporting developing countries to establish Essential National Health Research strategies and frameworks is recognized as having been successful and is well appreciated by those involved. The Council on Health Research for Development (COHRED) has left its footprints along the evolutionary path of NHRS in countries within its sphere of influence.

The organization is also recognized by many as a 'knowledge bank' of information on health research for health equity at the country level, and on the creation and improvement of Essential National Health Research (ENHR) and National Health Research Systems (NHRS) in developing countries. Its publications, guidelines and country analyses are widely used, and have served as the basis for policy papers, reviews and initiatives by many actors, including the World Health Organization, the Global Forum's work in the areas of "Priority-setting" and "Resource Flows", and as input to other donor initiatives and regional international forums. Likewise, the COHRED-organized task forces and working groups (1996-2004) have made a valuable contribution to encouraging support and adoption of ENHR concepts and strategies.

At the same time, a number of factors have conspired to keep COHRED from realizing its full potential in recent years. These include a lag in the change of leadership between 2002 and 2004, a significant gap between funding levels and the increasing demand by countries for its services, a critical mass that is too small to respond adequately to the need for continued support and advocacy of national health research at the country level, and a need for stronger management and governance structures and solid institutional links with key partners in the world of health and health research. This situation is set against the background of a fast-changing landscape with a growing number of organizations, initiatives, programmes and forums – each focused on an aspect of health research systems or health research for development.

The environment has changed since 1990 when the Commission on Health Research for Development recommended that all countries undertake ENHR and identified an urgent need for advocacy and funding of health research for development, and since 1993 when COHRED was created. Fifteen years later the funds for research have increased considerably, but the 1990 recommendations of the Commission on Health Research for Development still remain to be fully realized. Some 55 countries have implemented and used components of the ENHR strategy and the number of international programmes and networks concerned with health research for development have mushroomed.

A continuously growing number of partners and an increased significance of the private sector, especially industry and philanthropic foundations, presently characterize the sector. The complexity of the arrangements between the different players has grown, exemplified by the large number of initiatives, networks groups and coalitions. Many of these were initially developed to draw the pharmaceutical industry towards neglected areas of health research.

Nevertheless, it is a cause for concern that many of the recent initiatives are vertical programmes, not fully integrated in the NHR, and not contributing optimally to the development of strong and self-reliant NHRS.

We need an international organization like COHRED, which:

- is capable of promoting ENHR and strengthening the NHRS;
- represents the South at all levels;
- abounds in the knowledge of countries;
- has the capacity to work across public & private sectors;
- has experience in health research for health equity and development.

And a COHRED which is even more:

- decentralised, with enhanced ownership by the developing countries operating in a participatory, democratic and equitable fashion;
- focused on Research Capacity Building for sustainable development of NR(H)S;
- efficient in its advocacy, communication and knowledge management;
- skilled in linking individuals within institutional set-ups, across sectors and geographical areas;
- efficient in coalition building and 'brokering' for sufficient resources.

A refreshed and evolving COHRED can play an important role in assisting governments in the coordination of the many global initiatives focused on health research at the country level. This has the opportunity to open the way for the creation of a common health research platform.

This will support more efficient and effective use of limited resources available for health equity, and help prevent vertical project 'distortion' which still seems to be the rule rather than the exception in health research initiatives today.

# Executive summary

The external evaluation of the Council on Health Research for Development was requested by the Swiss Agency for Development and Cooperation (SDC) a key donor and partner of the organization since its creation in 1993.

The evaluation examined the following criteria:

- Efficiency: How available resources had been converted into outputs.
- Effectiveness: The extent to which COHRED's objectives have been achieved
- Relevance: the extent to which the objectives of COHRED are consistent with the global, regional and national needs to enhance the ENHR strategy for equity.

In summary, the evaluation finds that COHRED's past work, current mandate and skills are relevant in a number of specific areas that are necessary to move forward the global health agenda of increased equity in health research for development. It is of particular relevance that this is perhaps the only international organization focused on health research for development with a Board consisting largely of representatives from smaller, and developing countries.

But to be an effective catalyst, and realize its full potential, COHRED has had too small a critical mass and its agenda in the recent years has lacked focus. This is due to a combination of slow transition of leadership, a need for greater visibility and stronger management, governance and partnerships. COHRED can remain relevant as a catalyst for change and empowerment of southern partners if it responds to a number of challenges highlighted by reviewers. These directions are strongly supported by the organization's current management.

A total of 23 recommendations were presented by the review commission. They are published in full in the final chapter of this report. The COHRED Board and management response is in Section 2 of this report.

To achieve a maximum focus in feeding the evaluation findings into an action plan for COHRED for the coming five years, the recommendations have been synthesized into 16 areas, on which COHRED has been acting since mid-2004.

The COHRED board and management welcome the perspectives and recommendations of the evaluation and its reviewers. They see the comments as positive and useful input to informing the reform, continuous improvement and decentralization of CHORED – as an enabling organization that has the aspiration to become a *southern alliance with key northern partners, driven by excellence in learning and sharing of knowledge and experience*.

## Summary of recommendations:
### external review of Council on Health Research for Development[1]

- Cite comparative advantages and relevance, and enhance country-based work, technical support, and advocacy; remain focused on least developed countries.
- Develop key alliances with global agencies and enhance communication between global, regional and national levels; and COHRED should develop stronger links to research ethics, develop ethical guidelines for receiving funding and investigate options for cooperating with the private sector in support of Corporate Social Responsibility
- Remain process and equity focussed
- Finding 'innovative ways' of resourcing health research for development
- Organisational restructuring to emphasize southern ownership of COHRED
- COHRED should clarify its conceptualisation of health research and NHRS and the strategically approach to implementation.
- COHRED should negotiate mutually acceptable country "entry" and "exit" strategies with clear action plans, and indicators for expected outputs, outcomes and impacts of the support to country level.
- COHRED should strengthen communication and knowledge management
- Work with others on issues of human resources for health, specifically through focus on the tertiary education sector in developing countries.
- COHRED should strengthen its focus on South-South collaboration
- COHRED should encourage the enhancement of skills for research management
- COHRED needs to update its Statutes to adapt to the new and envisaged institutional structure, and update its vision and mission. The donors on the Board could consider replacing their present 'Northern" representatives with a partner from the South
- Increase resources for operations and decentralise
- Upgrade management systems and procedures
- Tools and other guidelines developed by COHRED should be quality assured
- Develop a think tank on Health Research for Development

1 This grouping has been is summarized by COHRED in the editing of this report, the recommendations in full are located under Heading 1.9.

# 1. Evaluation Report

## Objectives and methodology

The external evaluation provides an assessment of COHRED's performance from 1996 to 2004. it was conducted from August to November 2004 by Dr. Pia Rockhold (team leader), Dr. M. Jegathesan and Dr. Sam Adjei. The team made a desk review of selected literature and conducted telephone interviews with 82 key people at the country, regional and global level[2].

The purpose of the evaluation was to assess, as systematically and objectively as possible, the organization's global relevance, efficiency and effectiveness in terms of its stated mission and values, functional structures and operating environment, both in the past and, where possible to judge, in the future.

Due to time and resource constraints, this external evaluation does not provide an in-depth, quantitative assessment and analysis of the efficiency and effectiveness of COHRED. Rather, it offers a qualitative appraisal, based on views and visions expressed by key stakeholders in written form and in interviews. The evaluators strived to be neutral in the description and analysis of the information collected, but some degree of interviewer bias cannot be excluded, particularly as the method for telephone interviews was designed to allow for innovative and spontaneous reflections by interviewers and interviewees.

## Purpose and Scope

The external evaluation provides an overview of the major changes in the global research and development environment since 1993, focusing on the 2000-2004 period for COHRED. In doing this, special note has been taken of the original report of the Commission on Health Research for Development 1990, the report of the Task Force on Research for Development proposing to establish COHRED in 1993, the Ad Hoc Committee on Health Research Relating to Future Intervention Options 1996, and the Report from the International Conference on Health Research for Development, Bangkok, 2000.

Reviewers were requested to:

- Assess COHRED's global, regional and national achievements since 1996 including the possible direct and indirect effects and impacts in terms of reinforcing essential national health research systems, improving equity in health through research, and reducing the 10/90 gap.
- Assess how COHRED achieves progress in development (a SWOT analysis including the potentials that could be realized if certain conditions were met (e.g., staff, funding, scope)).
- Identify COHRED's potential added value in enhancing the efficiency and effectiveness of all-round collaboration between the wide range of institutions that are active in health research at global, regional and national level, including its relationship with Global Forum for Health Research and other potentially useful partnerships or alliances that COHRED could embark upon to optimize the use of available resources.

2 The detailed terms of reference, the list of questions, people interviewed and literature reviewed are outlined in Annex 1.

- Assess the continued relevance of COHRED, including its vision, mission and strategies, taking into account the changes in the external health research and development environment since COHRED's inception in 1993.
- Reflect on COHRED's comparative advantages in relation to other partners, and the relevant present and possible future developments in the health research environment, and provide inputs to a possible vision for the way forward (including the need for prospective changes in COHRED's vision, mission, and strategies, as well as its governance, management and resource mobilization to enhance its future relevance and performance).

COHRED set up an External Evaluation Task Force for the evaluation consisting of three COHRED Board members, the Director and the Deputy Director. The task force provided the Terms of Reference and monitored the external evaluation in the capacity of a continuous reference group for the evaluation process.

The external evaluation team made one global, three regional and four in-depth country studies. Regional assessments covered Asia, Africa, Latin America and the Caribbean. In-depth country studies covered Laos, Indonesia, Uganda and Ghana. These assessments focused on what COHRED (1) has done, (2) could have done, and (3) should be doing in the future to enhance essential health research for equity. The choice of countries for the in-depth assessments was made by the external evaluators based on prospective greater involvement of COHRED.

The interviewees were selected to ensure a broad representation of organizations, initiatives and other entities active in international development aid and health research for development at country level.

## 1.2 Background

The Council on Health Research for Development (COHRED) was created in 1993 with a mandate for advocacy of the Essential National Health Research (ENHR) strategy and provision of technical assistance to countries within the framework of the seven strategic elements of ENHR – (i) promotion and advocacy,( ii) devising ENHR mechanisms,( iii) health priority setting at the country level,( iv) capacity building,,( v) networking,( vi) financing and( vii) evaluation.

For the next several years, with technical and, in some cases, financial assistance from COHRED, many countries, especially low-income countries; actively engaged in health research priority setting and in the implementation of the ENHR strategy. Their level of involvement ranged from 'discussing ENHR' to actively organising activities related to one or more of its strategic elements.

COHRED's focus has been on empowering countries to better manage their health research, using priority setting and ENHR as a starting point. Entry into countries was usually through individuals linked to government (department of health, research directorates or similar), who were expected to mobilize all relevant stakeholders ('country focal points').

**External Evaluation 1996**
The external interim assessment of COHRED in 1996 emphasized the need to share country experiences with ENHR. These competencies included the original strategic elements of ENHR plus two new ones: *'community participation'* and *'research into policy and action'*.

The evaluation team stated that the *'definition, elaboration and use of this technology represents COHRED's niche, its value added contribution to the global health and development endeavour'*. Finally, the evaluation team recommended *'a comprehensive approach to capacity development'* for ENHR with special attention to the roles of the multiple stakeholders.

- In 1996 the "Ad Hoc Committee on Health Research" paid renewed attention to the need for increased investments in global health research. This led to the creation of the Global Forum for Health Research (Global Forum) which serves as a global market place and catalyst for analysis and debate of ways to correct the "10/90 gap".
- In 1998 WHO established a Department of Research Policy & Cooperation (RPC), and revitalised the Advisory Committee on Health Research (ACHR). In addition, health research was integrated into the "cabinet projects" and operational divisions (clusters) of the WHO.
- In February 1999, an informal internal review outlined COHRED's key challenges as the growing importance of knowledge management and innovative communication technologies; the emergence of new global health research initiatives; and the fact that health equity seemed to have been forgotten in favour of cost-effectiveness and efficiency. Based on this review, COHRED re-emphasized its niche as; *'putting countries first'*, *'working for equity in health'*, and *'linking research to policy and action'*.
- During 1999 and 2000, COHRED played a major role in the regional consultations and analyses leading up to the discussion paper presented to the International Conference on Health Research for Development in Bangkok (Bangkok, 2000). The conference was jointly organized by COHRED, Global Forum, WHO and the World Bank. It reviewed progress achieved since the Commission on Health Research for Development and proposed a revitalisation of health research. In the plan of action resulting from Bangkok, 2000 the need to strengthen health research systems at the national, regional and global level was emphasized.

During the last decade health has been seen more and more as a good investment and health related goals have won a place on many international agendas, including the United Nations Millennium Development Goals (MDGs).

At the country level there has been more intense concentration on Health Sector Reforms, Sector Wide Approaches to health sector funding (SWAPs), Poverty Reduction Strategy Plans and multi-donor budget support. Globally the number of new players in health has steadily increased, including a large number of global initiatives, such as the Global Alliance for Vaccines Initiative (GAVI); the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (The Fund); the Bill and Melinda Gates Foundation; the International AIDS Vaccine Initiative (IAVI); and most recently the WHO "3 by 5" initiative. Most of these global health initiatives are huge vertical projects that reflect "thinking globally". They have a sharp but narrow health focus and a massive amount of funding, which easily overshadows local budgets and national priorities.

## 1.3 Quality and relevance

### Overview

The evaluation generally found COHRED to be a relevant organization with an important mission: to enhance the South's capacity for ENHR in a broad sense, based on a wide-ranging inter-sectoral understanding of health in line with the original concept of primary health care that was promoted by the WHO in the 1970s and 80s.

Interviewees commented that:
*"The three essential pillars of COHRED are Equity, Research for action and Country Focus". "COHRED is the voice of the South". "Countries first" "Inclusiveness and participation." "If COHRED was no longer there, we would have to create an organization with similar roles and functions. We need COHRED to include the developing countries."*

Others found COHRED less relevant or that *"COHRED is a victim of its own success in promoting ENHR"*.

COHRED's original mandate has perhaps expired. The last 1996 external evaluation proposed that the Board consider a 'sunset clause' looking towards WHO or the World Bank. Some interviewees asserted that: *"Once ENHR is self-sustaining there will no longer be a need for inputs from COHRED"*. The question arose as to whether the Board saw *"itself as eventually completing its work, and if so, what the target phase-out date and operational indicators might be" "Even long- running programmes only last 10 years"*

At present the requests reaching COHRED outstrip its ability to respond to demand for its skills and knowledge. In July 2004, there were over 30 outstanding country requests for work with COHRED, many relating to support on initial or recurring national priority-setting in health research. Some 21 countries and three regional networks requested COHRED's assistance. In Asia these were Cambodia, Laos, certain countries in the Pacific and Philippines, as well as the Central Asian Republics of Kyrgyzstan, Tajikistan, and Kazakhstan.

However, overall, if management time is charged to available professional time, COHRED has functioned with less than one full-time equivalent (FTE) professional staff member for most of its life, and currently still has only 1.8 FTE. In comparison, Global Forum, which has a very limited portfolio of outreach activities, has around 6 FTE professional staff.

Many interviewees indicated that the first Director of COHRED was charismatic and engaged with a strong personal network, within which he was capable of achieving a lot. Many opportunities for stronger institutional linkages and closer cooperation with WHO, TDR and other important international partners and institutions were, however, not acted on and the network largely vanished when he left.

## Governance

According to the Statutes, two thirds of the members are country nominees. Developing countries make up more than half of the COHRED Board, with Africa especially well represented. Several former board members commented that "The South was very influential in the COHRED Board". The Board meetings are conducted in English. The percentage of women members has increased over time from less than 25% to the current 33%.

Until April 2004, COHRED's activities were coordinated through a small secretariat in Geneva, which now functions as a directorate, supported by a Board Executive Committee. This arrangement was agreed upon to encourage the NGO potential and operational efficiency of COHRED.

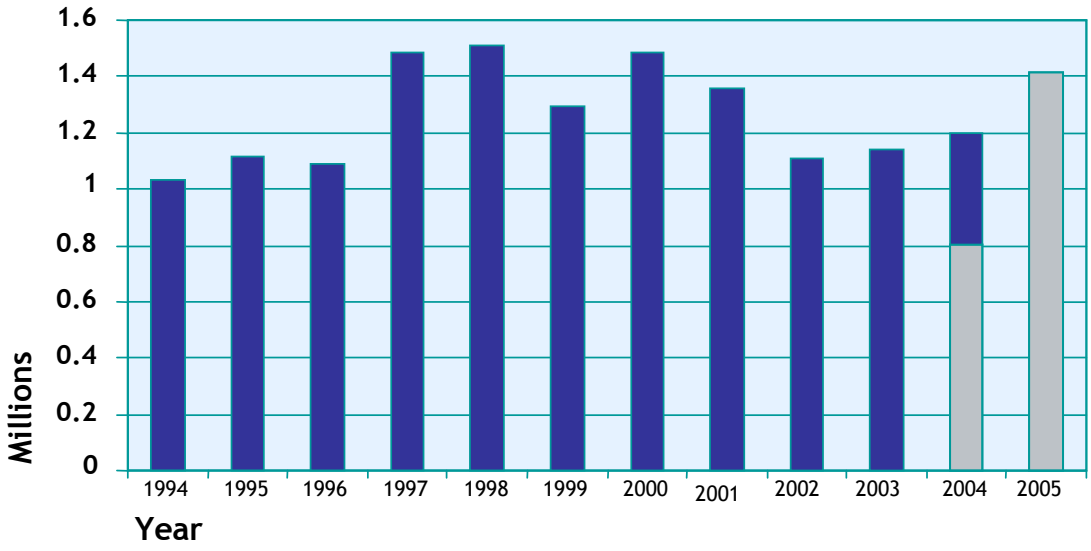


Figure 1. Annual income of COHRED from 1994 to 2005 (USD) Blue areas represent actual income, grey expected.

## Country support and capacity building for NHRS

Over the years COHRED has worked in 52 countries, prior to 1996 in 22 countries, and since then, in 47 (30 new and 22 recurrent). In 12 of these countries COHRED has conducted a workshop or a one-off study, mainly in relation to Bangkok 2000. In the other 40 countries COHRED embarked on the actual process of strengthening national health research and health research systems, a process that was divided into five components (see Figure 2).

Overall, COHRED's support at the country level appears to have taken place in an ad hoc piecemeal fashion, with limited (if any) linkage to a larger longer term national plan for NHRS strengthening. Apart from coordination of policy and decision makers with researchers, COHRED has worked in a limited way to reinforce the link between policy and research. While this might be *"a niche to fill",* as proposed by the 1996 internal review, it is also known to be a very difficult and debatable issue.

Interviewees highlighted some of the problems faced in building support for national health research systems and for progressing toward evidence-based national health policies and practices: *"Health researchers are not interested in development issues"; "It is essential to guarantee the freedom of scientists to define their own research priorities"; "Policy makers do not have time to wait for research to provide reliable answers to their often urgent problems. This makes the definition of basic research very broad; whereas operational research will be narrowed down to just quicker 'lower quality' research".*

Research capacity building in the South is an aspect of COHRED's work that needs to be further defined. Workshops and meetings have been held but a more systematic approach to NHRS building still needs to be adopted. *"Health research people have not learned from the Sector Wide Approach Programmes (SWAPs)".* COHRED's efforts, it seems, have been limited in this very complex area; *"There is a conflict between the need for capacity building in the southern and northern research base".* While most northern countries are willing to invest in their own research in the South, the willingness to invest in research identified and conducted by the South is still very limited.

Despite the fact that many interviewees stressed the importance of investing in national and regional capacity building, they each have their own model for how this can best be done. There is a need for more insight into how to strengthen a NHRS in the South on the South's terms, and owned and financed by the South.

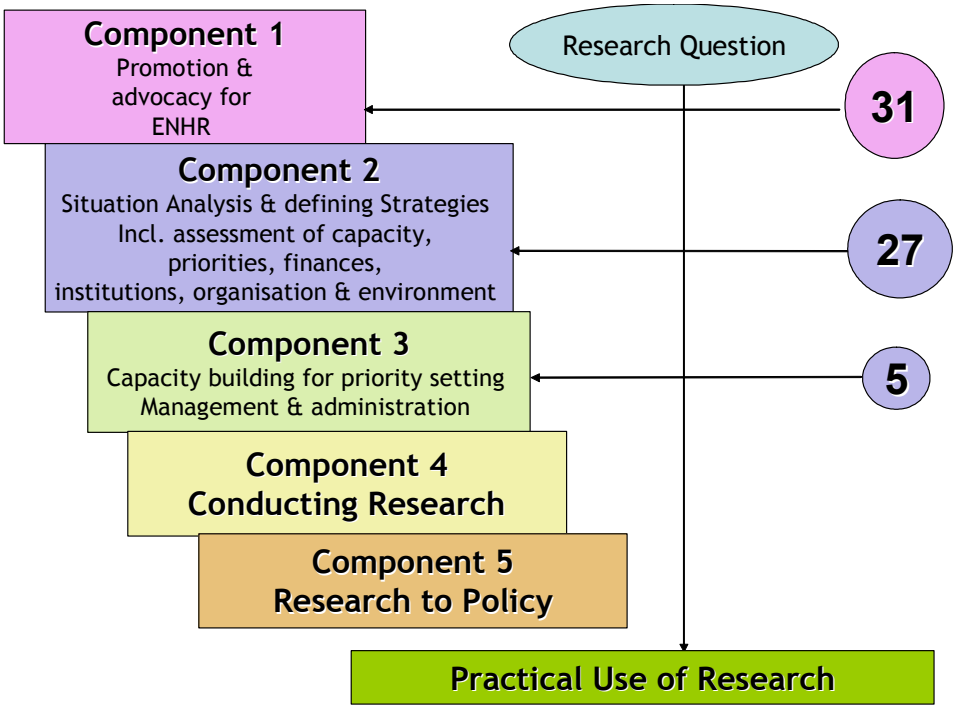


Figure 2: The five key components of COHRED's contributions at the country level.

## Promoting equity analysis

From 1996 to 2004, COHRED organized task forces and working groups on ENHR competencies (1997), Priority-setting (1997-99), Promotion and advocacy (1999) Research to action and policy (1999-2000), Community participation (1999), and Resource Flows (1998-2000).

These were important vehicles for COHRED's advocacy work and contributed valuable grey literature and technical publications to the analysis of equity. These publications have informed the Global Forum's work in the areas of "Priority-setting" and "Resource Flows" and have influenced others.

## 1.4 Publications, Information and Networking

### Publications

In response to the recommendations of the 1996 external review, COHRED expanded its number of publications (see Annex 5). They have provided guidance and served to document and exchange experiences and knowledge gained in promoting ENHR and NHRS, ranging in focus from country to cross-country analyses. Since 1996 COHRED has published 23 documents or manuals and several journal articles. Many of these have been widely distributed and served as practical hands-on tools for implementing ENHR approaches at the country, regional and global level.

COHRED has contributed to 56 country or regional reports on ENHR-related projects worldwide (see literature list in annexes). These reports are produced primarily by local counterparts, with support from COHRED. They have been widely distributed and accessed through the COHRED website benefiting both the exchange of information and experiences between countries implementing ENHR, and capacity building of local partners involved in the analysis and authoring process.

The COHRED-published series of country and regional reports on the consultative processes leading up to the Bangkok 2000 Conference covered Africa, Asia, the Caribbean, Central and Eastern Europe, the NIS, Eastern Mediterranean and Latin America. They are summarized in the document *"Health Research for Development: the Continuing Challenge"*, the key background document that contributed to the success of Bangkok, 2000. It enabled valuable discussions of rich content and led to the final conference report, "International Conference on Health Research and Development", itself a wealth of valuable recommendations for the future.

COHRED has a rich and heavily-used website, where the majority of its publications and others with interest in ENHR and NHRS are readily available. Documents can also be obtained directly from COHRED Geneva as freely available global public goods. COHRED also has a wide range and large amount of very rich information on ENHR and NHRS from national, regional and global levels worldwide. Many interviewees stressed the importance of printed material, especially for use in less developed countries where the possibility to download information from the Internet is often difficult.

While there has been no formal review of the usefulness and quality of the documentation produced by COHRED, most interview respondents said they had used COHRED publications or knew of specific titles.

## Support to national and regional forums and networks

In addition to its support for regional forums and networks, COHRED has supported sub-regional groups, stimulating effective collaboration among common historical, cultural, linguistic and university systems. It has supported groups in South-East Asia (e.g. Cambodia working with Thai support) and in the Central Asian Republics and Kazakhstan which gave rise to the *Bishkek Declaration* on ENHR in 1999.

COHRED played a major role in the preparation of the Bangkok 2000 consultation and served as conference secretariat. The full benefit of Bangkok 2000 went was not just the conference deliberations of participants, but also the preparatory consultation phase at country and regional level.

COHRED's initiative and leadership in spearheading the Bangkok, 2000 conference was seen as a major impetus for the Asian region. Many participants from the region attended, with the spin-off effect of stimulating greater interest in health research and the principles of ENHR in their countries.

After Bangkok, COHRED supported networking in the WHO's EMRO region for ENHR and NHRS. In May 2001 this approach resulted in an informal regional consultation in Iran on NHRS, bringing together 10 participants from five countries in the region.

A number of institutional initiatives have evolved in support of these efforts, both nationally and regionally. The African ENHR Network, supported by COHRED, was one of these initiatives that provided a basis for developing an African regional perspective of research. The enthusiasm of research professionals on the continent culminated in the twelve-point message presented to Bangkok, 2000. The result was the creation of the African Health Research Forum (AfHRF) with seed funding from IDRC and COHRED.

## 1.5 Review of country-level activities

The countries in which COHRED has made significant inputs since its inception are Bangladesh, Philippines, Thailand, Laos, Indonesia, Central Asian Republics, Uganda, Tanzania, Kenya, South Africa, Ghana, Senegal, Burkina Faso and Nigeria. It has made smaller (but acknowledged) contributions to Malaysia, India, Pakistan, Nicaragua, the Caribbean region, Ethiopia, Lesotho, Botswana and Malawi.

Most support has been launched with a situation analysis, followed by national or regional workshops promoting the ENHR concept, priority-setting for ENHR, and at times a national plan for health research, complete with a budget for implementation. Over time COHRED has focused increasingly on helping countries strengthen their national health research systems.

### The African Region

The activities of COHRED in the African region are widely acknowledged as notable achievements in providing technical and financial support to countries for priority-setting, coordination of networks and research capacity building.

COHRED has made significant inputs to building health research for development in Uganda, Tanzania, Kenya, South Africa, Ghana, Senegal, Burkina Faso and Nigeria. It has made smaller contributions to Ethiopia, Lesotho and Botswana. Malawi used a methodology developed by COHRED, to establish a clear understanding of the quality, quantity and key stakeholders in research priority-setting.

Six African Francophone countries are part of a Francophone Africa ENHR Network, based in Accra to tap the Ghanaian expertise (visits of francophone country teams were organized). The coordinator, appointed by COHRED, spent a year visiting all the francophone countries and assisting them to strengthen national mechanisms, networking, capacity building and dissemination of research results. The countries through their various reforms were determined to implement a 10-year programme on health research systems. COHRED support in appointing a focal person was seen as a strategic move. Unfortunately, the coordinator's work lasted for only one year and the momentum generated has since been lost.

### Latin American and Caribbean Region

COHRED's support to countries in the region has been limited and ad hoc, focusing mainly on the Caribbean and Nicaragua.

The organization's main input to the Caribbean region has been a number of successful regional workshops on ENHR and some technical assistance. Resources for continued support have been very limited. The region maintains close ties through two representatives on the COHRED Board and formal institutional ties with the Caribbean Health Research Council.

COHRED recently supported an initiative by Nicaragua to strengthen its health research priority setting. COHRED's role was to provide technical support to the University of Leon and facilitate links with the Brazilian Ministry of Health and its Department of Science and Technology, who provided input and examples to Nicaraguan colleagues.

### Asia Region

The Asian countries where COHRED has made significant inputs since its inception are Bangladesh, Philippines, Thailand, Laos, Indonesia, Kazakhstan, Tajikistan, Uzbekistan and Kyrgyzstan. COHRED has also provided limited inputs in Malaysia, India, and Pakistan.

The evaluation and reviews highlighted specific useful country activities.

**Bangladesh -** Bangladesh was one of the initial recipients of COHRED support through a 10-year work plan launched in 1990 and ending in 1999. This involvement is detailed in the document 'ENHR in Bangladesh', which was used as a model for other countries. A new five-year plan has been adopted to succeed it. However, there is a great need to investigate possible modalities for ensuring sustainability.

**Uzbekistan -** A national ENHR network was formed in 2002 as an inclusive process with some 80 national organizations, mainly funded by private sector resources. This exercise constituted one of the first occasions for the Ministry of Health to interact with the NGO sector. This reflects the often-cited comparative advantage of COHRED – its ability to interact outside the government sector.

**Azerbaijan -** In 2002 the MoH decided, with COHRED collaboration, to develop an NHRS based on ENHR. COHRED documents were translated into Azeri. This was followed by a three-day workshop on ENHR in August 2003.

Kazakhstan - In 2002, with the support of COHRED, an ENHR team was formed to strengthen Health Research, and an association of young researchers was set up to provide the critical mass to ensure its implementation.

## In-depth country reviews

**Laos People's Democratic Republic**

Canada's IDRC helped Laos to launch its first five-year National Health Research Plan (1992-97). WHO and COHRED joined in the later stages, contributing to the second five-year plan (1997-2001). This collaboration took the form of a priority setting workshop organized in 1997. COHRED's involvement was given a boost in 1998, when the Ministry of Health hosted a COHRED-supported Asian Regional Workshop in Vientiane, which attracted participants from many Asian countries. Their participation was financed by COHRED. In line with its mandate to provide a voice for smaller and poorer countries in international meetings, COHRED has further supported Laotian participation in a number of regional meetings.

COHRED inputs to Laos decreased substantially after 1998, but the organization's training of local partners in research methodology provided the basis and guideline for conducting the National Health Survey 2000. Many agencies and departments in the country have used the results of this survey in formulating their own development plans.

In 2002, COHRED supported Laos' participation in a regional NHRS workshop in Thailand. Together with the University of New South Wales, COHRED provides technical and financial assistance to Laos for the development of a strategy to strengthen the NHRS, based on the midterm review of the third Five-year NHR Master Plan (2002-2006) and a national consultation in February 2005.

## Indonesia

Indonesia is the 4th largest country in the world with an ethnically diverse population of around 200 million people. It has a long tradition of health research by universities and government institutes. Government directives in 1992 and 1995 enabled the National Institute of Health Research and Development to implement, supervise and monitor NHR, as well as facilitate the use of selected findings for policy.

COHRED has certainly helped Indonesia with the reinforcement of its NHRS, partly through financial support, but more so by providing tools and materials – and through transfer of concepts, motivation, stimulation and mentoring of Indonesian partners.

From 1999 to 2001 Indonesia conducted a priority-setting exercise as part of the development of NHRS with a small grant and technical support from COHRED. The concept of ENHR has

firmly taken root in Indonesia. While the country's current link with COHRED may not be as strong as it was, key players in the country appreciatively acknowledge ENHR. There also appears to be no difficulty for local actors to distinguish between the different role of WHO (which brings in concepts) and COHRED (which supports countries in adapting and implementing these approaches).

## Uganda

In Uganda, COHRED supported partners in advocating for increased involvement of stakeholders in research agenda setting. A mechanism for interaction among the key actors was established, facilitating dialogue between policy makers, researchers, healthcare providers and communities, and enhancing the use of research be relevant stakeholders. Until the early 1990s agenda-setting for health research was dominated by academics and medical scientists with the limited participation of users and beneficiaries.

The ENHR strategy brought together the universities, health providers, civil society, donors and others in setting a joint research agenda and disseminating research. It not only increased the relevance of the research agenda for the national priorities, it also introduced the concept of research ownership by users.

## Ghana

In Ghana, the crucial input from COHRED was bringing together the key players with potential to cooperate on health research at a time when operational health research was almost non-existent. This process – and COHRED's support in its coordination – was recognized as adding value to the development of a national framework for health research in Ghana. It emphasized a country-led approach to making health research an integral part of development. It linked policy makers, researchers, healthcare providers and the community, rather than developing a parallel mechanism. A conscious decision was taken to use the existing Health Research Unit of the Ministry of Health to advance the ideals being advocated.

With both financial and technical support from COHRED, the Health Research Unit undertook a situational analysis of the status of health research as a basis for improving its programmes. This was followed up by a document and an action plan for 1997 to 2001. The document outlined the agenda to be followed, the mechanisms needed for building the necessary research capacity, and the coordination mechanism to be set up. In implementing this policy framework, there was a conscious decision to build capacity and strengthen the research process and institutions involved. COHRED also funded the *'Research into Policy'* study in Ghana and a study entitled *'Community Participation in Research'*. The significance of the various facets of support for Ghana – in the words of one interviewee - *"made the role of the Health Research Unit more acceptable in the research community in that a non-academic institution can become a lead agency in operational health research"*.

It was generally acknowledged that without the initial support of COHRED, it would have been a much more arduous task to gain the current level of peer acceptability for the ENHR concepts.

Ghana has also benefited extensively from COHRED's alliance with the WHO, through its participation in the interim board of the Alliance for Health Policy and Systems Research, the Core Group on Resource Flows of the Global Forum for Health Research, among others. COHRED publications are widely acknowledged for the practical and succinct information they provide and their material on advancing the ideals of ENHR. The Ghana-Dutch Collaboration for Health Research is a model based on the participatory principles advocated by COHRED. In the words of one interviewee: *"… it is an innovative North-South Partnership that is a model to be followed'*.

The pathfinder role of COHRED is generally considered to have been most useful in Ghana. Its continuing support at country level is still very valuable. In the opinion of one official, *"…there is no credible international body to provide a regular advocacy back-up for nationals wanting to influence government to fund and use research. For now COHRED, is not doing*

*this as effectively as it should and this is likely to affect the efficiency with which the Health Research Unit can operate"*. The impression is that the role of COHRED is not sufficient at the country level. Ghana, despite its many achievements, is still too weak institutionally to convince policy makers to allocate adequate funds to support research into priority issues.

Other country activities were highlighted by reviewers:

In **Mali** COHRED supported the first national workshop on health research priority-setting and provided a unique opportunity for a consultative process between national and development partners to set and identify health research priorities based on a set of basic values and principles.

In **Cameroon**, based on a COHRED-supported promotion and advocacy workshop, new methods and technologies for addressing health problems were defined and a provisional list of health research priorities was drawn up.

## 1.6 Partnerships

COHRED works in partnership with many organizations. One of the most important at the global level is the **Global Forum for Health Research**, which was created four years after COHRED in 1997 and largely by the same people involved with COHRED. The vision behind it was to create a body that could advocate for global health research needs, as stated by several interviewees; *"They were to be two legs of the same body"*. But in the years that followed COHRED and Global Forum did not enjoy the easiest of relationships.

However, since January 2004 with the appointment of new directors for both organizations, collaboration has increased considerably. The evaluation of Global Forum in 2001 recommended *"the Global Forum should try to work more closely with COHRED, complementing each others perspectives - the Global Forum, from a global perspective and COHRED, from that of national health research. Their increased collaboration is possible within the existing organizational structures. The Evaluation Team has not found any compelling reasons for recommending a merger of the two organizations at this stage."*

Many interviewees, especially at the country level, had a hard time distinguishing between the Global Forum and COHRED.

**The Alliance for Health Policy and Systems Research** was established in November 1999 under the legal umbrella of Global Forum. The Alliance aims to promote the generation and use of knowledge to enhance health systems performance. The objectives are to stimulate the generation of knowledge, facilitate capacity building and promote dissemination. The key actors for the Alliance are policy makers, service mangers and researchers.

The Alliance has ties with, and supports or collaborates with, 341 institutions in 88 countries. About 68% are researchers, 28% private institutions and 4% policy-related. The annual budget is US$ 2 million. The key contributors are IDRC, NORAD, SIDA, DFID, USAID, the World Bank and WHO. In collaboration with WHO, the Alliance has developed a methodology for assessing the impact of research on policy and will contribute to the assessment of HPSR in selected countries.

It funds research-to-policy studies and supports teaching programmes to address HPSR in an ad hoc fashion. The Board has 15 members, the majority from international organizations, donors or more developed countries. Only two members are from least developed countries. The Alliance appears to be closely linked to the RPC division of WHO. Its collaboration with COHRED is less pronounced. COHRED is represented on the Board of the Alliance through its Director.

**The UNICEF, UNDP, World Bank and WHO Special Programme for Research and Training in Tropical Diseases (TDR)**
Many interviewees from the South found TDR to be doing good essential work for research capacity building. They would like to see more of this kind of work.

**International Clinical Epidemiology Network (INCLEN)** is an important cooperative partner with a decentralised organizational structure that could be used as a model for a possible decentralisation of COHRED. There would be clear comparative benefits from closer co-operation between COHRED and INCLEN at the country level. INCLEN could strengthen the research methodology in country-based research facilitated by COHRED, and COHRED in turn could link the university level of academic excellence with the needs of the communities, ensuring field-applicable research useful for the poor and the decision and policy makers.

**Bilateral Donors and other closely related development agencies** are many and varied in the area of health research for development. Some have their own research arms and clear policies and strategies (DfID, IDRC and SIDA), while others still appear to be attempting to define the role of research within their development assistance.

The general trend is towards operational research **'with** the South', and to a lesser degree as was earlier the case: by the North **'for** the South'. Product development and basic science is, however, still mainly taking place in the developed world, with the exception of clinical trials for diseases of major prevalence in developing countries. The need for a more systematic strategy ensuring sustainable development, not only from a financial perspective, but also with regard to the long-term needs for qualified human resources remains to be addressed.

The NIH Fogarty programme and others offer scholarships to young prospective researchers from the South, an option to be further investigated with a view to future collaboration with COHRED. Many low income countries would, however, benefit from access to properly managed national or regional training programmes to minimize brain drain and contain some of the local cultural values and ethics, as well as a more down to earth research code of conduct with less 'inbreeding' in the peer reviewed articles and publications.

**The European Union** is one of the few donors who are able to support middle income countries and regional networks. Here COHRED has a clear added value.

**The World Bank**
In countries with Poverty Reduction Strategic Plans (PRSP) and Sector-wide Action Plans (SWAPs), research should be an integrated component. Ideally, health research should be an integral part of the National Research System as a component of a national Secondary and Tertiary Educational Sector Support Programme. Countries facilitated by COHRED could benefit more from these and other possibilities.

Northern support for a Masters in Public Health (MPH) and similar degrees, for example, the European Association for a Masters in International Health (MIH) - **TropEd** could be valuable collaboration partners for COHRED in the future.

## 1.7 Organizational efficiency and future scenarios

Considering the very limited human and financial resources at its disposal, COHRED has been very efficient in converting available resources into outputs. A lot of work has been done and many useful outputs have been produced. Analysis of the data shows low efficiency from 1996 to 1998, and a peak from 1999-2003 period reflecting activities around the Bangkok Conference.

Some 50 percent of the COHRED annual budget is spent on administration and management. To further enhance efficiency, the percentage of the budget for activities and outputs needs to be increased, requiring an increase in the overall budget. The present annual budget is clearly inadequate in terms of the organization's vision, mission and strategy. COHRED does not have the necessary resources to foster and provide the initial and longer term support necessary for a sustainable reinforcement of ENHR and NHRS, not even in the less developed countries of the world.

COHRED's headquarters is not staffed to provide the necessary support for countries in the regions. Traditionally this has been done through the use of experienced local researchers based in the regions. To enhance the capacity of COHRED, one possible solution would be to fund more full-time or part-time staff at the central, regional and country level. One estimate was that COHRED would probably need at least 40 full-time professional staff to cover the 61 poorest countries in the world, the majority of which are countries in Africa and Asia.

A more feasible and practical approach that contributes to local capacity building would be to designate personnel in existing entities in the selected countries as 'COHRED national and regional centres' and equip them with additional inputs in terms of secretariat support, facilities, books, etc. This could be realized through closer cooperation with existing regional and global networks, such as SEAMEO-TROPMED or INCLEN, to maximize impact and minimize duplication.

Local administrative and technical advisors living among and reaching the world's poorest could enhance COHRED's efficiency and effectiveness. This would be especially true if these advisors paved the way for a more coordinated redistribution of locally available resources (for example, from Global Fund, WHO 3-by-5 and others) to tangible research outputs for local use, while enabling a more equitable, sustainable upgrading of the institutional and organizational NHRS set-up.

The various scenarios and possibilities for the decentralization of COHRED and its activities should be seriously explored and evaluated, taking into consideration all factors.

Whatever path is chosen, COHRED should remain organizationally independent and work *with* not *throug*h WHO. As an independent NGO, COHRED has a clear comparative advantage. It is free to choose the partners it feels are most suitable for strengthening health research for equity, while WHO is tied to ministries of health. As an independent actor, COHRED is in a unique position to foster a successful multi-sectoral approach to the promotion of ENHR and the strengthening of NHRS through the inclusion of multiple partners at the country level, for example, the MoF, MoH, MoE, MoPS, the universities and the private sector. WHO, on the other hand, has close ties with key health sector decision makers. As an independent NGO, COHRED has its own voice in other health research activities such as the World Health Assembly.

The external evaluation team recognizes COHRED's efficiency in converting available resources into outputs, but thinks that the organization needs to make strategic choices. A more demand-based focus with intensified efforts and the use of locally-available human and institutional resources in selected countries and regions, combined with support for sub-regional and regional networking, would be desirable.

## Measuring outcome and impact

It is difficult to find indicators for efficiency or effectiveness in achieving an ideal such as ENHR. There is a need to find a way to measure and evaluate the progress in 'achieving ENHR'. Possible indicators could be: how has COHRED raised awareness? Has the awareness-raising influenced the mode of operation? Has COHRED influenced today's research agenda? Are we more concerned with ENHR these days? Are there links with other partners – networking organizations? Has COHRED narrowed the gap between poverty and research, the interface between the researchers and the decision makers? Personal links are very important. Has COHRED put people in touch, paved the way for interpersonal contacts? Has it contributed information of the ENHR idea, enhanced understanding, and incorporated new ideas. In sum: has COHRED achieved what it set out to do in 1993?

Although COHRED has worked only in selected countries, it has successfully developed strategies for and promoted ENHR in other areas throughout the world. With its very limited funds, COHRED has been able to change our mentality and the way we look at health research systems. Of course, it might have been desirable for COHRED to foster the creation of sustainable NHRS, long-term training programmes and sustainable policies and strategies that enhance research capacity strengthening in the South. But one must be realistic! That was not feasible within the COHRED budget.

Through its work, COHRED has contributed to building a coalition of people from less developed countries, who by working together have learned how to work in a different way; learned to function in networks and negotiate goals. The concept of ENHR has been widely accepted as a broader strategy in for equitable development in health and health research, encompassing a broad spectrum of research, not merely focused on health services research. COHRED has expanded the equity concept into a process driven more by the South for the South.

At times COHRED's inputs appear to be rather ad hoc and few and far between with too much focus on individuals and less on strategic institutional development and organizational strengthening. COHRED needs to develop a more systematic and strategic approach that is focused on institutional development and organizational strengthening. This will ensure the sustainable development of a critical mass of professionals and help create the institutional capacity needed to support a longer term strengthening of ENHR and the NHRS.

## Analysis of COHRED from a global perspective

COHRED is perceived as efficient and effective in providing support to countries wishing to improve upon their ENHR competencies and give a boost to their operational research. COHRED has provided funds for situational analysis and strategy development, supported the undertaking of selected studies, and created fora for sharing country experiences, provided tool kits and leadership training. It has promoted equity and fostered the creation of national networks for health research, in which organizations such as the WHO, INCLEN, Global Forum and the Alliance can work together to reinforce the NHRS at the country level.

COHRED's advocacy role should extend to international research funding organizations with a view to decreasing the present funding of academic 'desk-top reviews' and enhancing investments in more locally customized operational and basic research. This would strengthen local capacity building, ensure more and better research of real use to decision makers and the local population, broaden the formation of knowledge and sharing beyond the "Western world" and most likely increase the health benefits accrued for the limited global resources invested in health research for health equity.

During the last couple of years, country requests for COHRED support have steadily grown and it has become increasingly difficult for the organization to meet the many new demands while sustaining ongoing activities. At times requests for support have gone unanswered creating a sense of frustration among local enthusiasts.

Many of the countries in which COHRED has facilitated the introduction and implementation of ENHR have not been able to sustain the planned activities. In some cases this is due to a lack of "national ownership", but more often the owners of the ENHR or NHRS agenda have become dependent upon external COHRED funding and have, not planned to a sufficient extent for their own funding of NHRS through national budgets.

COHRED needs to strengthen its efforts to encourage stronger national ownership and willingness to address the issue of sustainable funding for health research by internal or external resources at the country level. It could choose to play more the role of a broker at international and national level, and use its limited funds more strategically and selectively. This would reduce future dependency on COHRED funding, but would not eliminate dependency on other external ad hoc funding. The use of less ad hoc 'experts' from developed countries and more local specialists would build local ownership and research capacity, while making the limited funds go further.

COHRED has developed some good and very useful tools for research priority-setting, planning and capacity building, but most funds have been spent on process rather than outcome. To be more donor-attractive, COHRED could consider ensuring more outcome-oriented activities with demonstrable impacts. On the other hand, the process-oriented approach has enhanced local capacity building. The value of this outcome should not be underestimated.

COHRED could consider developing and using valid and reliable process indicators, while assisting countries to develop outcome and impact indicators, leaving the ownership of the outcome to the countries. The development and use of more reliable, valid and timely indicators at various levels would enable a better assessment of COHRED's efficiency, effectiveness and equity orientation. As an example, the investments in workshops and seminars could benefit from being better justified and documented if, a clear action plan with indicators for follow-up was among the required outputs.

COHRED has a visibility problem. Not many people outside of the related areas in countries have heard of COHRED, although many more have heard of ENHR. COHRED needs to be revitalized to be able to play its unique role as a global 'southern owned' network and country catalyst for the promotion of ENHR and the strengthening of NHRS. Additional resources are a must.

## COHRED and Global Forum

An optimal strategy for synergy between COHRED and Global Forum would be for the Forum to use its influence, reputation and clout as a convener of the annual 'market place' for improving global behaviour, inter alia, among development agencies, in favour of reversing the 10/90 gap.

Meanwhile, COHRED should continue to ensure that the voices of the poorest and less developed countries carry as far as the Global Forum, World Health Assembly and other entities at the global level, while preparing the ground in these countries for enabling and strengthening local capacity for setting priorities, ensuring equity and absorbing additional global resources for health research. This would contribute to global equity in health research.

## Possible future roles and strategies

In other words, COHRED should continue to be an organization promoting ENHR while moving more into the area of facilitating more holistic management of nationally-owned broader-based NHRS. This might mean that COHRED needs to break away from the present limited parameters of its ENHR elements.

There is definitely a continuing need for a COHRED-like organization in the global health research landscape, albeit a 'reinvented' one based upon its country focus and its ability to operate outside traditional government channels.

A good strong NHRS is based on a broader range of stakeholders, that goes beyond the traditional government health sector and includes academia, the private sector, civil society and the end-users of research, as well as local communities. It focuses on the national and local levels, and on building capacity that can lead to research that has a real impact on equity. COHRED has an added value, even in countries that already have NHRS.

The promotion of ENHR links research to society, to the people in greatest need and the policy makers. Another asset of COHRED is the quality of the technical assistance it provides for more effective country-based priority-setting, methodologies for monitoring research, disseminating and sharing research results and knowledge between countries. All global initiatives should support the strengthening of NHRS with strong local leadership and effective management. COHRED could play a significant and meaningful role in this by virtue of its experience in, and emphasis on, reinforcing NHRS, an opportunity that could be better taken with an increase in present resources.

A decentralised COHRED with regional or country offices or a network of locally engaged representatives would be more likely to know about local needs and opportunities and, therefore, be in a better position to obtain the right local assistance in a more timely fashion and at a lower cost, than would a centralized global organization.

## Efficiency and Board-level governance

The roles and functions of COHRED have changed, but a COHRED-like organization is still needed; one that is owned and operated by the developing countries themselves. The Board needs to be strengthened. The role and functions as outlined in the statutes, the rules and procedures for the COHRED Board need to be updated and adapted to the new structure, thus enabling the Board to play a more active and clearly defined role.

The procedures need to be more specific and detailed. For example, the Board currently adopts, approves and decides upon the secretariat and selects the Director. It reviews progress reports and budgets. But it would be reasonable to request the Board also to provide technical and strategic advice and guidance, critical readjustments and perhaps even to reject proposed plans, projects and budgets.

The Board should play a role in strengthening COHRED's administrative and monitoring systems. While the Executive Board might hire and fire, it would be a good idea to have the non-executive board approve these decisions, just as the Board should be able to 'hire and fire' the Director and Deputy Director.

Whether Board members should be involved in advocacy and facilitate fund-raising for COHRED is a more complicated question. Naturally, all Board members should support COHRED, but their participation in active advocacy might create a conflict of interest with their supervisory and audit functions. There is a clear need to update and delineate the executive and non-executive roles and functions of the Board to ensure that it plays a more proactive and timely role in enhancing the performance of COHRED.

## 1.8 General Conclusions

The environment has changed since the Commission created COHRED in 1993 out of a vacuum and an urgent need for advocacy of health research funding and ENHR. Twenty years later the funds for research have increased considerably, but the 1990 recommendations of the Commission on Health Research for Development still remain to be fully realized. Some 55 countries have implemented and used components of the ENHR strategy and the number of international programmes and networks concerned with health research for development have mushroomed.

A continuously growing number of partners and an increased significance of the private sector, especially industry and philanthropic foundations, presently characterize the sector. The complexity of the arrangements between the different players has grown, exemplified by the large number of initiatives, networks groups and coalitions. Many of these were initially developed to draw the pharmaceutical industry towards neglected areas of health research.

Nevertheless, it is a cause for concern that many of the recent initiatives are vertical programmes, not fully integrated in the NHR, and, hence, not contributing optimally to the development of strong and self-reliant NHRS.

We need an international organization like COHRED, which:

- is capable of promoting ENHR and strengthening the NHRS;
- represents the South at all levels;
- abounds in the knowledge of countries;
- has the capacity to work across public & private sectors;
- has experience in health research for health equity and development.

And a COHRED which is even more:

- decentralised, with enhanced ownership by the developing countries operating in a participatory, democratic and equitable fashion;
- focused on Research Capacity Building for sustainable development of NHRS;
- efficient in its advocacy, communication and knowledge management;
- skilled in linking individuals within institutional set-ups, across sectors and geographical areas;
- efficient in coalition building and 'brokering' for sufficient resources.

## 1.9 Key findings and recommendations

### Relevance of COHRED in the global setting for health research for development

In many developing countries the efforts for poverty alleviation have been undermined by deterioration in the population's health. The achievement of the MDGs will require increased research into the health needs of those living in absolute poverty, while addressing health and its determinants in a more comprehensive way and intensifying the efforts to close the 10/90 gap.

COHRED is a "knowledge bank" of information on health research for health equity at the country level, ENHR and NHRS. Largely owned and operated by the less developed and smaller countries throughout the world, COHRED promotes ENHR and strengthens NHRS through enhanced co-operation between a wide range of partners and sectors, public as well as private, all of whom are active in health research and development for health equity at the global, regional or local level. COHRED is unique. Its comparative advantages are of paramount importance for achieving a reduction in the 10/90 gap and reaching the MDGs.

**Recommendations:**

1. In recognising the large number of players in health research at the global, regional and national level, COHRED should enhance general awareness of the organization's comparative advantages and relevance. It should position itself to support an agenda of greater advocacy of, and technical support for, country-based policies and strategies enhancing the development of coordinated national plans and budgets for integrated NHRS. It should thus mobilize and support networks and offer a platform for countries and regions to exchange experiences and voice their opinions as equal partners in international fora.

2. To decrease the administrative and managerial cost and increase the efficiency, effectiveness and synergy COHRED should explore and pursue possibilities for enhanced co-operation, especially with Global Forum, WHO, TDR, INCLEN and the Alliance. It should seek to enhance the communication between the global, regional and national levels, communicating the voice of the South to the Global Forum, WHA and others. COHRED, Global Forum and WHO are important partners, who should seek to strengthen their collaboration for example, through the sharing of information, databases, training courses and tools.

3. In co-operation with Global Forum, COHRED should continuously support the analysis of research needs and the flow of funds, identifying national opportunities for research and potential funding, and referring opportunities that are in need of regional or global support.

4. COHRED should develop ethical guidelines and investigate options for cooperating with the private sector in support of Corporate Social Responsibilities.

5. COHRED should remain process- and equity-oriented, continuing its advocacy of ENHR in strengthening NHRS, while moving on to enable countries to actually implement and use research for improved health equity and development.

6. COHRED should seize the 'window of opportunity' provided by current emphasis on National health sector reforms, PRSPs, SWAPs, the MDGs, GAVI, the Global Fund, "3 by 5" and other global initiatives. Exploiting the opportunity to increase the prominence and funding of research as a key factor in the management of change, agenda setting and achieving the MDGs.

7. COHRED should take on a broker role of facilitating a more coordinated, equity-oriented, efficient and effective use of the multiple sources of funding already available at the country level. As a more decentralised network organization COHRED could assist countries in gaining access to, and make good use of, locally available resources, for example, bilateral, multilateral and global funds and initiatives engaged at the country level.

8. COHRED should continue to focus on the less developed countries, based on a systematically prioritized agenda for "investments" in selected countries, sub-regions, regions and even, cross-continental networks, based on added value.

## Strengthening National Health Research Systems

Most international development agencies and other partners have an interest in health research for development, an interest which often results in narrowly defined investments in health research. While these interests might be in agreement with national health priorities, they often contribute to a further fragmentation and duplication of the already weak and at times non-existent NHRS in the developing countries. While some partners can agree upon the need for a more systemic strengthening of NHRS, the lack of an overall national strategy, plan and budget does not facilitate progress. To contribute to the confusion, there is no uniform understanding of health research and what constitutes a NHRS.

**Recommendations:**

1. COHRED should clarify its conceptualisation of health research and NHRS and the strategically approach to implementation. To enhance the efficiency, effectiveness and sustainability it is recommended that COHRED aim to facilitate the development of well-managed multi-sectoral country owned "Sector Wide Approaches" including long-term national policies, strategies, plans and budgets integrating all stakeholders in a systematic and coordinated fashion.

2. COHRED should negotiate mutually acceptable country "entry" and "exit" strategies with clear action plans, and indicators for expected outputs, outcomes and impacts of the support to country level. This would ensure clear expectations on both sites and facilitate the monitoring of progress.

3. COHRED should strengthen communication and knowledge management. The COHRED website could be used as an interactive forum for exchange of views, experiences and others.

## Human Resource development for health research

COHRED has developed networks of committed individuals. By engaging with individuals attached to key institutions in the individual countries' NHRS COHRED might decrease the internal and external brain drain in its' co-operation countries. Recognising the reverse effect of internal and external brain drain on strengthening sustainable NHRS.

**Recommendations**

1. COHRED should examine its potential impact on internal and external brain drain in various scenarios to develop a strategic model for optimising the retention of qualified human resources within the NHRS.

2. Based on the principles of ENHR, COHRED should actively facilitate the development and strengthening of national plans for human resource development and institutional strengthening for NHRS. In this regard, COHRED could consider collaborating with the

World Bank, the EU and others with an interest in strengthening tertiary education systems and research.

3. COHRED should pave the way for the development of South-South collaboration (including possible investments in medium-level income countries), to make national or regional training of highly capable local researchers possible, appointed by well equipped high quality institutions and retained by attractive working conditions.

4. COHRED should encourage the enhancement of skills for research management, methodology, proposal writing and publishing in internationally recognized journals.

## COHRED's administration, management and organizational set-up

In recent years COHRED has taken steps to strengthen its institutional set-up and improve strategies, plans and budgets, to ensure a critical mass and greater efficiency. COHRED has been efficient in converting available resources into outputs, but there has been a lack of follow-up and follow-through of strategies and plans, amongst other things, due to competing requests and limited funding. To reinforce the continuity of activities and enhance efficiency and sustainability COHRED needs to make certain strategic choices.

It is essential to retain this organizational strength and, if possible, even boost it further. However, for COHRED to move beyond advocacy and enable countries to strengthen their NHRS, there is a need for change in the institutional set-up and the composition of its Boards.

1. To enable the non-executive Board to take a more proactive role; COHRED needs to update its Statues to adapt to the new institutional set-up, as well as its vision and mission, and to specify the roles and responsibilities, so that it may assume a clearly defined and more active role.

2. COHRED should consider constituting a shareholder association for developing countries, where membership of the Board is based upon weighted contributions, not only in the form of donated funds, but also in terms of the value of personal and institutional investments in ENHR and NHRS.

3. The donors on the Board could consider replacing their present 'Northern" representatives with a partner from the South.

4. COHRED's critical mass of human and financial resources needs to be increased to enable optimal efficiency. It should explore and evaluate the pros and cons of the various scenarios for a possible decentralisation of COHRED to determine the optimal future organizational set up. A more demand-based, decentralised and focused approach with sustained country-links to selected countries and regions seems desirable. Increased involvement and facilitation of local health research specialists in key positions or institutions could enhance efficiency, effectiveness and continuity through local RCB.

5. COHRED should streamline its administrative, managerial and monitoring procedures to improve supervision and enhance transparency and accountability in a future, more complex, decentralised organization that links financial allocations to outputs, outcomes and impact indicators at the various levels.

6. COHRED should budget for regular in-service training to ensure actively engaged, qualified and innovative staff and Board members, able to handle new developments (for example, the commission of research and the functions of non-executive Board members).

7. COHRED should devise a marketing strategy to improve its visibility and increase financial contributions

8. The Tools and other guidelines developed by COHRED should be quality assured

## Next steps

The ideas, experience and expertise of COHRED remain relevant for achieving improved health equity and development through health research capacity building. The analysis and deliberations presented in this document should assist in providing the basis for a more intensive institutional analysis. COHRED is in the process of generating an Action Plan for 2005 that aims at optimizing the opportunities and minimizing the impact of the threats.

**Recommendation:**

COHRED should establish a temporary "think-thank" consisting mainly of researchers, decision makers and representatives of civil society in the developing countries, with extensive knowledge and practical experience in improving health equity and enhance development by giving additional impulse to NHRS, in elaborating upon COHRED's added value, contributing to a long-term development strategy, plan and budget, and the updating of the Statutes.

# 2. COHRED response to review recommendations

## Summary of external evaluation of COHRED

**Commissioned by Swiss Agency for Development and Cooperation (SDC)**
**June 2004 – February 2005**

- KEY FINDINGS AND RECOMMENDATIONS
- COHRED RESPONSES

*This summary groups the 23 individual recommendations made by the evaluators into a more workable set of recommendations. The full report of 56 pages is waiting for its appendices before it will be formally released, but is available to the SDC already. It is not possible to do justice to the full report in a credit application where spaces is limited to 5 pages of text only. For that reason, this summary is appended to demonstrate that many of the recommendations are already finding implementation in COHRED.*

### Recommendation 1:

**Cite comparative advantages and relevance, and enhance country-based work, technical support, and advocacy; remain focused on least developed countries.**

***Comparative advantages***
COHRED has more than a decade of experience of working directly with resource poor countries in support of health research for development. Much has been learned from that experience and many contacts have been made. This gives COHRED a distinct advantage of lessons learned on the ground, hands-on work in this area, and an extensive network of country contacts.

***Relevance***
The organisation continues to exercise its relevance through programmes of work conducted at country level, and facilitated from the base of a non/governmental global organisation of southern partners and interested groups. It is the only NGO to focus on health research for development at country level in the world.

***Advocacy***
We have made 'Communication, Advocacy, and Knowledge Sharing' a major function (along with "country Action", "Research & Development", "Innovation Funding" and the creation of a "Think Tank"). A recruitment and selection procedure for a new senior "Communication, Advocacy, and Knowledge Sharing" staff was held, and the person is expected to start on 1 July.

***Technical support***
In addition, pending available funding, we intend recruiting a senior person to the "R&D development" in support of country-based research capacity building. The old function on 'seed funding' is being restructured in a formal fourth 'pillar of work': innovation funding – looking for key opportunities where relatively small inputs of funding may lead to key progress in health research for development.

***Priority Countries***
We focus priority intervention on the 75 countries lowest down on the GNI list; from next year, we will replace GNI with HDI.

## Recommendation 2:

**Develop key alliances with global agencies and enhance comunication between global, regional and national levels; and COHRED should develop stronger links to research ethics, develop ethical guidelines for receiving funding and investigate options for cooperating with the private sector in support of Corporate Social Responsibilities.**

***Key alliances with global agencies***

COHRED continues to seek opportunities for engagement with global agencies which share our mission and vision for health research for development. We work with WHO especially at programme and at regional levels.

Some specific steps in this direction include

- Concluding a Memorandum of Agreement with the Global Forum for 'intensive collaboration'. This has been operationalised through a joint project on tracking resource flows for health research at country level, and publications co-convened meetings are in planning.
- Further key alliances are sought with NEPAD (likely in next 3 months), restructured Alliance for Health Systems and Policy Research, and others are in planning. (DNDi, CGIAR, other ). Links to WHO are being sought outside the traditional EIP sector: in this regard, TDR and HRP are immediate contacts.

***Enhance communication between global, national and regional levels***

- COHRED cooperates with the Global Forum for Health Research, and supports on its own, regional fora in the south that focus on health research for development or aspects of it. An African Regional Meeting on Human Resources for Health Research is being planned for May or June 2006.

***Analysis of research needs and flow of funds***

Priority setting approaches for health research are core mandates of both the Global Forum for Health Research and COHRED, and the approaches taken complement each other.
The joint project on resource flows at country level has provided further opportunities for harmonising these efforts.

***Ethics guidelines***

Since his appointment, the Director has retained links with the global dialogue on ethics in health research for development, with a view to facilitating a set of country level activities as one component of capacity strengthening in health research and its management. During a board meeting, the issue of receiving funding other than from bi-lateral funding was put on the agenda, and is 'work in progress'.

***Corporate social responsibilities of the private sector***

In 2004, COHRED engaged the services of a consultant to assist with development of a resource mobilisation strategy. One consideration was directed at raising funds for corporate social responsibility programmes, but this will be subject to further debate at the next Board meeting, especially in terms of possible conflicts of interest between corporate motives and the organisation's mission.

## Recommendation 3:

### Remain process and equity focussed

***Focus beyond outcomes: concentrate on process***

COHRED has expanded its reach, from an 'advocacy' to an 'enabling' organisation: the key focus is on capacity building for national health research, and promoting sustainable solutions in this field. As a consequence, the process whereby research is done is as important as the outcomes/outputs, and all stages of the cycle will need support – from identification of research priorities through resourcing, conducting and managing research, to promoting application of findings to practice. Our commitment, and those of the donors and development agencies, will therefore need to be very long term (perhaps 30 years or more) to ensure impact.

***Equity focussed***

In the 2003 – 2007 Strategic Plan, equity is one of the main strategic targets, and remains a priority concern for COHRED work. However, scarce resources have prevented more substantive action in this area.

## Recommendation 4:

### Finding 'innovative ways' of resourcing health research for development

***Funding health research for development***

COHRED has initiated a new series of policy briefs on sourcing financial support for ENHR and NHRS. Regular updates on global and other mechanisms will be addressed... The audience for the policy brief will be politicians, research managers and administrators, and academic institutions in the south.

***Responsible Vertical Programming***

Ensuring that current major international funding for 'vertical' / 'disease specific' programs of action and research strengthens the national ability to conduct and manage relevant health research is crucial component of national health research systems. COHRED is developing the expertise to facilitate this integration of 'vertical programming' into national health research systems. The heading of this initiative is 'responsible vertical programming'.

## Recommendation 5:

### Organisational restructuring to emphasize southern ownership of COHRED

***Decentralisation of COHRED***

A strategic decision to 'decentralise' COHRED has been taken. Through a variety of mechanisms, COHRED intends expanding its staff in the south mostly. Currently, the negotiations for an Africa office (NEPAD supported) are furthest ahead in conception. Preparation for similar offices in Latin America have been undertaken, while China is being considered. Ultimately, COHRED could have 5-10 offices/centres/ units/ collaborative groups outside Geneva, with full-time and part-time (shared posts) staff, who would bring our activities much closer to the countries where we should be operating. COHRED in the future will become a 'southern alliance with key northern partners'.

## Recommendation 6:

**COHRED should clarify its conceptualisation of health research and NHRS and the strategically approach to implementation.**

***Restructuring operations***

COHRED has gone through a serious review period. A new mission, vision, set of strategies has been developed in line with findings of this external review. Currently, we are preparing a set of interventions ('packages of work') that are appropriate to different levels of NHRS development in countries. These 'packages' become the core 'products' that COHRED will have available for work in countries. In addition, COHRED's role as a 'think tank' will be developed to help advance the concepts and thinking on this issue. COHRED continues to seek opportunities to further discuss the concept and its application by other global agencies – the annual Global Forum meetings provide one venue for such discussion.

## Recommendation 7:

**COHRED should negotiate mutually acceptable country "entry" and "exit" strategies with clear action plans, and indicators for expected outputs, outcomes and impacts of the support to country level.**

***Country level plans for cooperation***

This approach is being adopted for all COHRED's country level work, and modified in accordance with country needs. In particular, discussions are in progress with Nicaragua, Senegal and Laos PDR, and the outcomes of these discussions should provide interesting new models of practice for COHRED.

## Recommendation 8:

**COHRED should strengthen communication and knowledge management.**

***Communication***

Although communication and advocacy have been functions of COHRED, the appointment of a new senior member of staff as 'Head: Communication, Advocacy and Knowledge Sharing' (starting 1 July 2005) is evidence that COHRED wants to upgrade its activities in this field considerably.

## Recommendation 9:

**Work with others on issues of human resources for health, specifically through focus on the tertiary education sector in developing countries.**

COHRED has maintained close "watch" on the global, regional and national discussions on the need to have a greater focus on human resources in the health sector.

Missing from the discussions has been considerations of health researchers as a particular grouping to be targeted, largely through engagement with higher education and science institutes.

COHRED has obtained a SDC Grant to work in Tajikistan, and now also in Kazakhstan, towards 'building young researchers'. In principle this happens through

the School of Public Health. Similar collaboration takes place in Africa, where COHRED's involvement focuses on linking research to public health training.
A grant from IDRC has been obtained to convene a conference in Africa that will focus on Human Resources for Health, in May 2006. This is will be jointly done with the Global Forum on Health Research and the African Health Research Forum

## Recommendation 10:

**COHRED should strengthen its focus on South-South collaboration**

COHRED's revised strategic directions include a much more explicit intention to promote south-south collaboration in specific ways: one of which is to re-structure COHRED from a Geneva-based organisation to a south-south network with key northern partners.

## Recommendation 11:

**COHRED should encourage the enhancement of skills for research management**

COHRED is seeking strategic partnerships, specifically with institutions in the south and globally, to strengthen skills which complete the cycle from priority-identification to 'translating research into action'.

## Recommendation 12:

**COHRED needs to update its Statutes to adapt to the new and envisaged institutional structure, and update its vision and mission. The donors on the Board could consider replacing their present 'Northern" representatives with a partner from the South**

***Governance***
See above: a redefinition of COHRED's vision, mission, strategies was done, and expansion of operations is being done.

Update of the Statutes is being considered on an issue by issue basis.

Discussions on COHRED's governance has been initiated and will be a focus of attention at the upcoming Board meeting in November 2005.

## Recommendation 13:

**Increase resources for operations, and decentralise.**

Substantial increase in funding is being sought, and being achieved, with support of the increase by SDC from 2004 to 2005, we expect to increase income from approx 1.1 million in 2003, to 1.5 million in 2004, to 2 million in 2005.

## Recommendation 14:

### Management systems and procedures.

Upgrading is being done of COHRED's financial management and information systems, human resource policies, and reporting procedures to set the scene for a 'multi-centre' organisation that operates globally. Swiss Federal Office guidelines will become reference standards.

## Recommendation 15:

### Tools and other guidelines developed by COHRED should be quality assured

***Peer review***
A process of peer review of publications and outputs is in development, and will be finalised with the appointment of a new Head: Communications, Advocacy, and Knowledge Sharing.

## Recommendation 16:

### Develop a think tank on Health Research for Development

COHRED has decided to focus on developing a 'think tank' function as part of its operations. It is anticipated that a regular Council Statement on an important and topical area in Health Research for Development will be made, and evidence to support these be sought. Using the 2006 African Regional Conference on Human Resources for Health Research, planned for May 2006, as platform, we intend to launch the first such 'Council Statement' then.

Secondly, the first of many "technical task teams" will be brought together in July; such expert groups are meant to help COHRED prepare 'cutting edge' statements and insights that can help both country-based and global drives for HRfD.

***Annex I***

# List of People Interviewed

**Ministry of Health and related Research Institutions**

- **Data Dr. Narimah Awin,** Director for Communicable Diseases, Ministry of Health, Malaysia
- **Boungnong Bhoupa,** President of Council for Medical Sciences; Director of National Institute of Public Health, Ministry of Health, Vientiane, Lao PDR
- **Somsak Chunharas**, Director National Health Research Foundation, Bangkok, Thailand and COHRED Board member
- **Robert Eiss**, Acting Director, International relations, Fogarty International Center, National Institutes of Health, USA
- **Peter Figueroa,** MD and Public Health Specialist, Jamaica
- **Izzy Gerstenbluth**, Head of Epidemiology and Research Unit, Medical and Public Health Services, Netherlands Antilles and COHRED Board member
- **John Gyapong,** Head of Health Research Unit, Ministry of Health, Ghana
- **Ten Siew Keoh,** Senior Research Officer, Institute for Medical Research, Kuala Lumpur, Malaysia
- **Andrew Y. Kitua**, Director-General, National Institute for Medical Research, Tanzania
- **Delia Sanchez**, Ministry of Health, Uruguay and COHRED Board member
- **Donald T. Simeon**, Director of Research, Caribbean Health Research Council, Trinidad & Tobago
- **Agus Suwandono**, Director, Research and Programme Development, Ministry of Health, Indonesia
- **Suwit Wibulpolprasaert**, Senior Advisor Health Economics, Ministry of Health, Thailand

**Universities, Schools of Public Health and Research Institutes**

- **Harun Al Rashid**, Director, Medical Research Council, Dhaka, Bangladesh
- **Eric Amuah**, Field Coordinator, School of Public Health, Ghana
- **Fred Binka**, School of Public Health, Ghana, and Director: IN-DEPTH network
- **Ib Bygbjerg**, Professor, Dept. for International Health, Copenhagen University, Denmark
- **Lincoln C. Chen**, Harvard University, Boston, USA
- **Marian E. Jacobs**, Director, School of Child and Adolescent Health, University of Cape Town, South Africa and COHRED Board member
- **Jessica Jitta**, Director: Institute of Child Health, Makerere University, Kampala Uganda
- **Ernesto Medina Sandina**, Rector, University of Léon, Nicaragua and COHRED Board member
- **Carlos Morel**, Scientific Coordinator, Center for Technological Development in Health, Oswaldo Cruz Foundation, Brazil and member of the Foundation Council of the Global Forum for Health Research

- **Gloria Palma**, Department of Microbiology, School of Health, Valle University, Cali, Colombia
- **Susan Reynolds Whyte**, Department of Anthropology, University of Copenhagen, Denmark
- **Chitr Sitti-amorn**, School of Public Health, Chulalongkorn University, Thailand
- **Marcel Tanner**, Director: Swiss Tropical Institute, Basel, Switzerland.
- **Lea Velho**, InTECH University and University of Campinas, Brazil

**International Development Organisations**

- **Harriet Burungi**, Population Council, Africa
- **Barbro Carlsson**, Head of Division, Human Sciences for Social Development, SAREC, Sweden
- **Julius Court**, ODI, IDRC, TEHIP Project, Canada
- **Andres de Francisco**, Deputy Executive Director, Global Forum for Health Research, Geneva, Switzerland
- **Sylvia de Haan**, Deputy Director, COHRED, Geneva, Switzerland
- **Rebecca de Los Rios**, PAHO, Washington, USA
- **Fatumata Diallo**, WHO Country Representative designate, Angola
- **Carel IJsselmuiden**, Director: COHRED, Geneva, Switzerland
- **Bente Ilsøe**, Department for Policy, Ministry of Foreign Affairs, DANIDA, Denmark
- **Jens Kastberg**, WHO/TDR, Geneva, Switzerland
- **Mary Ann Lansang**, Executive Director, INCLEN Trust, Philippines.
- **Stephen A. Matlin**, Executive Director, Global Forum for Health Research, Geneva, Switzerland
- **Daniel Mäusezahl**, Senior Health Advisor, Social Development, SDC, Switzerland
- **Cheikh Mbacke**, Deputy Director: Rockefeller Foundation, USA
- **David Okello**, WHO Country Representative, Swaziland
- **Peter O'Neil**, DFID, UK
- **Ok Pannenborg**, Senior Health Advisor, World Bank, Washington, USA
- **Tikki Pang**, Director Research Policy and Cooperation, WHO, Geneva, Switzerland
- **Michelle Pletschette**, European Commission, Brussels
- **Reijo Salmela**, Responsible Officer for Health Research, WPRO, Manila, Philippines
- **Than Sein**, Responsible Officer for Health Research, SEARO, New Delhi, India
- **Christina Zarowsky**, Senior Scientific Advisor, IDRC, Canada

**Others**

- **Tasleem Akthar**, former director, Medical Research Council, Pakistan
- **Martine Berger**, International Consultant, Geneva, Switzerland
- **Lennart Freij**, International Consultant, Sweden
- **Adnan Hyder**, International Consultant, USA.
- **Mathias Kerker**, former SDC, Switzerland
- **Oyestein Evjen Olsen**, Senior Advisor, Research & Capacity Development, DBL, Tanzania
- **Raphael Owor**, Chairman of the African Health Research Forum, Uganda
- **Britt Tersbol**, Research Coordinator, Danish Network for International Health Research, Denmark

**Others who were consulted, but not interviewed in-depth:**

- **Jens Aagaard Hansen**, Danish Bilharziasis Laboratory (DBL), Denmark
- **Martin Allilio**, Fogarty International Center, NIH, USA, and Tanzania
- **Erik Blas**, Deputy Director, TDR, Switzerland
- **Anders Bjorkman**, consultant, Sweden
- **Gunnar Bjune**, Consultant, Norway
- **Louis J. Currat**, former Ex. Secretary, Global Forum for Health, Switzerland
- **Phyllis Freeman**, Co-editor, Journal of Public Health Policy, USA
- **Gerald T. Keusch**, Dean for Global Health, Medical Campus, Boston University, USA
- **Turid Kongsvik**, NORAD, Norway
- **Rolf Korte**, Senior Health Policy Advisor, GTZ, Germany
- **Maksut Kulzhanov**, Dean, Kazakhstan School of Public Health, Kazakhstan and COHRED Board member
- **Jean Lariviere**, CIDA, Canada
- **Jacques Laruelle**, Programme Officer, Multilatral Cooperation Office, MOFA, Belgium
- **Martha Medina**, International Consultant, Denmark and Nicaragua
- **Mark A Miller**, Director, DIEPS, NIH, USA
- **Berit Olsson**, Director, Research Cooperation, SIDA, Sweden
- **Aagje Papinau Salm**, DGIS, Ministry of Foreign Affairs, the Netherlands
- **Nancy Saravia**, Colombia University, New York, USA
- **Finn Schleimann**, MOFA, DANIDA, Denmark
- **Stewart Tyson**, DFID, UK and Members of the Board of COHRED

***ANNEX 2***

# COHRED External Evaluation 2004

**For: Swiss Agency for Development and Cooperation (SDC)**
**Terms of Reference for Evaluators / Abbreviated**

Short Version : 30 June 2004

## Background

The SDC requires that COHRED be externally evaluated before 2004 grant allocation can be made. As the SDC grant to COHRED and the Global Forum for Health Research (GFHR) is provided as one grant (with equal partition), the timely completion of this evaluation also affects the income of the GFHR.

## Expected Deliverables

The date for submission of the evaluation report (pre-final draft) to the SDC is 30 September 2004 at the latest, in order to fit into the SDC funding cycle. A final report can be handed in on 31 October 2004, provided it will not be significantly different in findings and conclusions than the pre-final report. This extension is allowed to add-on evaluative items not needed for SDC per se but that could be useful for COHRED or other donors.

The report should be structured in the form of a normal consultancy report, using international standards. Besides findings, it should report on recommendations in view of the new mission and the new global research environment in which COHRED operates.

The report can / should list the realistic limitations under which it was prepared, due to time – resources, etc and a make a statement on the consequences of these limitations on the interpretation. It should also make recommendations on further evaluation work that could benefit COHRED.

## Purpose and Scope

This evaluation will take the form of a review of COHRED's work (efficiency and effectiveness, in global terms only) and of continued relevance of its mission and functional structure given major changes in the global research environment since COHRED's inception in 1993 (again, in global terms only).

The review must take note of the original report of the Commission on Health Research for Development (1990), and the Task Force on Research for Development's report to establish COHRED in 1993. The review should start with the prior evaluations that were done in 1996(external).

The review should investigate and conclude on:

- Continued relevance of COHRED, given the end of its mandate – officially in 2003 (10 years after its inception), changes in its vision – mission – strategies, and changes in the external health research and development environment. A broad approach is required for this, not a focus on COHRED's detailed operations.
- Continued relevance of COHRED's operations, outputs, and staffing – without consideration of its resource base and with consideration of its resource base. We expect a 'global' view relating its operations, outputs, and staffing to its mission, the external environment, and resource base.
- Efficiency and effectiveness of COHRED operations: in particular, to consider use of its materials, changes it may have achieved globally – and in countries, times

COHRED is quoted, people who know – use – understand COHRED or ENHR, and its contribution to equity in health through research. Has COHRED had an impact on re-distribution of global health resources to the south, or on the "5/95" gap? If not listed here, what have been COHRED's key contributions?

- Specifically, the resource base for COHRED in view of its (old and new) mission needs to be considered: to make a qualified statement about appropriateness of size and budget. Reference is made to the mandate given in the 1993 report of the Task Force (a 'small secretariat' is required).
- What are key changes in the environment to which COHRED has failed to respond, if any?
- Finally, after reviewing GFHR (known to the team leader), the potentials and limitations of the alliance between COHRED and GFHR should be listed, the actual relationship characterized, and recommendations made to improve / enhance the utility.

## Methods

The team should use document reviews, personal and telephonic interviews with key informants (staff, board, GFHR, users/consumers of COHRED services and materials), possibly a short questionnaire mailed to the COHRED database (6000 persons … even with a response rate of 20% this will entail substantial work). A list of key informants will be prepared by COHRED on the basis of previous involvement with COHRED work. The evaluation team is encouraged to use a 'snowballing' technique to obtain the names of further persons who could be interviewed, if needed.

Documents should be of 3 kinds: COHRED publications, work on COHRED (annual reports, internal reviews, board minutes, other), and publications using COHRED work.

The team can call on the COHRED Executive and the External Evaluation Task Team (EETT) at any time for assistance, and the COHRED Executive will be able to do all logistical support work.

***ANNEX 3***

## SWOT ANALYSIS

| | |
|---|---|
| **Strengths** | Global knowledge base on ENHR systems at country level;<br>Useful tools and methodologies for ENHR;<br>Broad interaction beyond the traditional governmental Health Sector, e.g., other ministries, NGOs, private sector and civil society;<br>Inclusive approach towards Health Systems;<br>Equity, poverty and human rights focus;<br>Networking South-North and South-South;<br>Intraregional co-operation and mentoring;<br>Network of committed and interested persons;<br>COHRED is the voice of the South;<br>Centralised administration and management;<br>Gender sensitive approach; |
| **Weaknesses** | Lack of sufficient funds and human resources;<br>Centralized administration and management;<br>Mainly using consultants from developed countries;<br>Spreading limited resources too thin;<br>Networks of people with limited ad hoc institutional attachments;<br>Sporadic irregular country links;<br>Long period with poor leadership;<br>Low visibility;<br>Limited advocacy and distribution of available printed materials;<br>Lack of clear strategies and plans;<br>Passive Board;<br>Preponderance of medical doctors in ENHR environment; |
| **Opportunities** | Perceived need for COHRED-like organization in the global and local health research scenario;<br>A small but sustainable core of ENHR advocates and donors;<br>The ready availability of efficient and tested tools and methodologies in the COHRED armamentarium;<br>Existing networks with many mainly South partners;<br>Strong country focus with links to local people in key-positions;<br>Private sector seeking to make visible contributions in enhancing their social responsibilities;<br>The continuous emergence of new players and initiatives in global funding of health-related activities;<br>Untapped funds for health research and evaluations locked into development funds;<br>The need to strengthen the management and administration of aid funds at country level to balance the distortion due to influx of massive vertical funding;<br>The need to strengthen the coordination of monitoring, evaluation and research at country level;<br>The increasing use of Sector Wide Approach and PRSPs;<br>Enunciation and global acceptance of the MDGs;<br>Multiple countries and partners have been sensitized to the benefits of ENHR;<br>Development partners see the need for operational research to enhance the efficiency of development aid;<br>The potential for the Board to be more proactive;<br>Recognition of the value and contribution of social science to enhance health and development; |

| | |
|---|---|
| **Threats** | COHRED's budget is diminishing;<br>Competition from similar organizations and initiatives;<br>Poor coordination of existing efforts to strengthen Health Research;<br>The inappropriate application at country level of funding initiatives for vertical programmes, MDGs and PRSPs;<br>Internal and external "Brain drain";<br>Insufficient interest, support and investment in development of tertiary education, Science and Technology;<br>Donor fatigue;<br>Civil unrest and war; |

***ANNEX 4***

# The Interview Tools

The evaluation will provide one global, three regional and four in-dept country studies. The regional assessments will cover 1) Asia Pacific and Central Asia, 2) Africa, and 3) the Americas. The in-dept country studies will cover Laos, Indonesia, Uganda and Ghana. The assessments will focus on; 1) what COHRED has done, 2) what COHRED could have done and 3) what COHRED should be doing in the future to enhance essential health research for equity.

**Tool for the literature review:**

Based on the two countries selected for in-dept studies in the Asian and African Region (respective Laos & Indonesia, and Uganda & Ghana)

1. Make an inventory of progress (strengths), constrains (weaknesses) opportunities and treats in building up a national health research system, and the use of research been for health and equity for development.
2. Try to clarify COHRED's direct and indirect contributions and impact; perhaps ask the question: 'what could have been done if …..'
3. Identify and describe possible pointers to what difference COHRED has made, (or could have made if …. (see above).
4. Identify the added value of COHRED

**Tool for the Phone interviews:**

1. Position of the respondent:
2. Name of the organisation for which s/he works:
3. Current association with COHRED:
4. How familiar are you with COHRED? /Have you heard of COHRED? Do you know what it does?
5. What is Health Research?
6. What is Essential National Health Research?
7. What is the status of health research in your country?
8. Do you have a health research system? If yes, please describe! How does the system contribute towards equity in development? How is research translated into action?
9. How does COHRED do capacity development at country level?
10. How did COHRED ensure ownership and contribute to the ENHR in your country; in terms of advocacy, technical support and financial assistance?
11. What is the impact of COHRED in your country? What are the strengths and what are the weaknesses?
12. What role can COHRED play in the future to assist you to achieve equity in health and development through research?
13. Has COHRED's advocacy and communication strategies been engaging and empowering the widest range of society? If yes, how?

**Efficiency**

14. Is COHRED efficient? Justify your answer!
15. Does COHRED have adequate resources to achieve its objectives? Does COHRED use its resources efficiently?

**Effectiveness**

16. Is COHRED effective? Justify your answer!
17. What has been the contribution of COHRED's direct country support in enhancing effective health research at country level?
18. What has been the contribution of COHRED's communication in disseminating knowledge on health research management issues? Has this addressed the needs of the developing countries?
19. How effective has COHRED's collaboration been with key partners at global, regional and national level? What are the opportunities for broadening partnerships?

**Relevance**

20. Is COHRED still relevant? Justify your answer!
21. What has been the contribution of COHRED's analytical work to expanding the knowledge on health research management issues? To which extend has this analytical work been relevant to the needs of the developing countries? And to which extend has it been relevant to the need of the partners supporting developing countries in their attempts to strengthen ENHR?
22. Are there any health research areas at country level to which COHRED could pay more attention? Are there areas of work to which that should receive less emphasis?
23. Has COHRED adequately prioritised its programme of work in response to country needs?
24. Does COHRED's governance reflect the voices from the South and ensure good and fair practices, as well as equity?
25. Has COHRED mechanisms to identify and respond to changes in the global terrain of health research, and if so, has it provided adequate responses? If not, what structural changes could be made?
26. In relation to other local and international organisations that focus on strengthening of health research for development: What are the Strengths, weaknesses, opportunities and treats of COHRED? What are the comparative advantages of COHRED?
27. Has COHRED responded adequately to the changes in the international environment, and especially to the challenges discussed during the IC2000? How could COHRED improve its performance?
28. What are the key short-, medium- and long-term changes that COHRED should effect in its vision and operations that make the biggest difference in achieving equity, health and development through health research?
29. What are the relationship and potential synergies between COHRED and other international organisations especially, the Global Forum for Health Research, the Alliance, and WHO?

**Other Questions**

1. What is the process for initiating and developing partnership with COHRED
2. When does COHRED enter and when does it withdraw its support to a country?
3. Should COHRED promote ENHR in all countries or does COHRED have a mandate to support developing countries in particular? If yes how does it do that the most effective and efficient way?
4. Should COHRED ensure a greater geographical balance between countries implementing ENHR? If yes – then how can COHRED do that?
5. What concrete steps have COHRED taken to strengthen national, regional and global networking and partnerships?
6. How has COHRED contributed in enduring equity within health research systems, as well as activities that promote research in equity for health?
7. Is the objectives of COHRED realistic compared to the currently available resources?
8. To what degree have country-level partners been involved in design, governance, implementation, monitoring and evaluation of COHRED?

**Analysis of COHRED from a global perspective**

1. Analyse COHRED's vision, mission and mandate at the inception. Have these changed with time and what influenced the changes (e.g., epidemiological, global development trends)? How have the changes affected COHRED organisationally, strategically and financially?
2. How has COHRED's strategic direction evolved since 1996, with specific emphasis on a) country level (priority setting, conduct of research, capacity building, community participation, financing), b) analytically (areas, taskforces, working groups) and c) within advocacy and communication (mobilisation of financial and human resources)
3. What are the challenges facing COHRED
4. Organisational and management structures within COHRED (incl. annual plans and budgets)
5. Monitoring and evaluation (incl. indicators for measuring the efficiency, effectiveness and relevance of ENHR)

***ANNEX 5***

# Literature list

## Documents published by COHRED


5. The International Conference on Health Research for Development, 1993.
6. COHRED Document 96.1. The Next Step: An Interim Assessment of ENHR and COHRED.
7. Annual Report 1997, COHRED
8. COHRED Document 97.3. Essential National Health Research and Priority Setting: Lessons Learned.
9. COHRED Document 97.5. Essential National Health Research in the Philippines: The first Five Years 1991-1996.
10. COHRED Document 97.6. ENHR Development in Thailand.
11. COHRED Document 98.2. Essential National Health Research in Kenya
12. COHRED Document 99.3. Evolution of Health Research Essential for Development in Ghana
13. How to boost the impact of Country Mechanisms to Support ENHR, February 1999
14. COHRED Document 2000.1. Essential National Health Research in Bangladesh
15. COHRED Document 2000.2. Health Research Powerful advocate for Health and Development based on Equity
16. COHRED Document 2000.3. A manual for research priority setting using the ENHR Strategy.
17. COHRED Document 2000.4. The ENHR Handbook. A guide to essential National Health Research. (including series of learning briefs published in 2000, 2001 and 2002)
18. COHRED Documentation 2000.5 Community Participation in Essential National Health Research.
19. COHRED Document 2000.6 Essential National Health Research in Uganda.
20. COHRED Document 2000.7. The Council on Health Research for Development. Report of activities 1998-2000
21. COHRED Document 2000.9. Health Research in Tanzania: How should be public money be spend.
22. COHRED Document 2000.10. Lessons in Research to Action and Policy. Case studies from seven countries.
23. Tracking Country Research Flows for Health Research and Development (R&D), Center for Economic Policy Research, 2000.
24. COHRED Document 2001.1. Essential National Health Research in South Africa
25. Forging Links for Health Research. Perspectives from the Council on Health Research for development, 2001
26. COHRED Document 2002.3, Annual Review 2001
27. COHRED Document 2003.1. The COHRED Report of activities 2002.
28. The Newsletter of the Council on Health Research for Development, Issue 23 to 33

## Journal articles based on COHRED supported work:

1. **Priority setting for health research: lessons from developing countries.** COHRED, Health Policy and Planning 15(2): 130-136, 2000.
2. **Capacity development for health research in Pakistan: the effects of doctoral training,** Hyder A.A, Akhter T. & Qayyum A., Health Policy and Planning,
3. **The Asian Voice in building equity in health for development - from the Asian Forum for Health Research, Manila, February 2000,** Sitthi-Amorn C., Pongpanich S., Somrongthong R., Likitkirirat T. & Likitkirirat P. , Health Policy and Planning

## Country and regional reports from projects supported by COHRED (includes national ENHR plans and strategies):

1. **Document de base pour une politique de recherche nationale essentielle en santé au Burkina Faso** Ministry of Health, Ouagadougou, 1996
2. **Actes du premier Symposium sur la Recherche National Essentielle en Santé au Burkina Faso**
   Ministry of Health & Ministry of Higher Education and Scientific Research, 1997
3. **Priority Setting for Research in Health and Population: Bangladesh Experience**
   ENHR, B Secretariat, Bangladesh, 1997
4. **Concept papers meeting for ENHR in Kenya**, *Executive Summary, Nairobi safari club 23-24 April 1997*
5. **The Essential National Health Research (ENHR) Strategy**, Dr Monjur Hossain, Nuffield Institute for Health, Leeds, 1996
6. **Proceedings of the Second National Health Research Network Meeting,** Prof. E. N. Wafula
   NHRDC, Nairobi, 1996
7. **Proceedings of the first ENHR Congress on Priority Setting,** *Edelweiss Functions Centre, November 14-15 1996, Pretoria, South Africa,* Directorate Research Coordination and Management, Department of Health, Pretoria
8. **Directory of Health Research Groups in Jamaica,** ENHR Task Force, Jamaica, 1996
9. **Report on the Activities of the Jamaican ENHR Task Force,** ENHR Task Force, Jamaica, 1996
10. **Proceedings Planning Meeting of the Task Force for the Asian ENHR Network,** *July 31-August 2, 1996, Manila, Philippines,* ENHR Philippines and COHRED, Manila, 1996
11. **Status of the Essential National Health Research in Asian Countries**, Focal Point Asian ENHR Network, ENHR Bangladesh Secretariat, Dhaka, 1996
12. **Report of the Third African Essential National Health Research Network Meeting,** *29 September to 4 October, 1996, Kampala, Uganda,* African ENHR Network and COHRED, Uganda, 1996
13. **Regional Workshop to Launch a Central and East European Network on Essential National Health Research,** *Budapest, Hungary, June 20-21, 1996*, Budapest, 1996
14. **Summary Report on the Workshop of the Central and East European Network on Essential National Health Research,** *Balatonlelle, 9-14 November, 1997*, Budapest, 1997
15. **Report of the Fourth African Essential National Health Research Network Meeting**, *5-7 October, Arusha, Tanzania*, African ENHR Network and COHRED, 1997

16. **Priority Setting in LAO PDR,** *Country Report,* Dr Bougnong Boupha, Ministry of Health, Council of Medical Sciences, Vientiane, 1997

17. **Essential National Health Research in the Philippines,** *The First Five Years 1991-1996* Dr Eufracio Abaya, COHRED, Geneva, 1997

18. **Proceedings of the Workshop on ENHR,** Dr. Yemane Teklai, Ethiopian Science and Technology Commission, Addis Ababa, 1998

19. **The Implementation of the Essential Health Research Plan of Work in Lao PDR,** *Technical report*, Ministry of Health, Council of Medical Sciences, Vientiane, 1998

20. **A Profile of Health Research in Jamaica 1991-1995.,,***Essential National Health Research Task Force* Dr Peter J Figueroa ,,West Indian Med J, 1998

21. **Identifying capacities: Country analysis Ghana and Uganda**, COHRED, 1998

22. **Sachetana,** *Journal of Essential National Health Research Nepal,* Prof Mathura P Shrestha (editor) Nepal Health Research Council, Kathmandu, 1998

23. **Final Report Essential National Health Research,** *Seminar on the formulation of a national forum for health research in Tanzania. Dar es Salaam, 1st and 2nd December 1998,* ENHR secretariat, National Institute for Medical Research, Dar es Salaam, 1998

24. **An analysis of Uganda's Capacity for Essential national Health Research,** *May 1998,* Griet Onsea, Uganda National Health Research Organisation, Kampala, 1998

25. **Report 5th African ENHR Network Conference,** *Accra, Ghana, 5-7 October 1998*, ENHR Focal Point African region, Uganda, 1998

26. **Proceedings of the first African conference on health research for development, 19-23 September 1999, Zimbabwe,** *In comjunction with the 6th African networking meeting for Essential National Health Research,* African regional ENHR focal point, Zimbabwe, 1999

27. **Capacities and competencies for health research in Ghana**, Accra, 1999

*28.* **Evaluation of ENHR in the Republic of Kenya,** *Report of the external review team, 29 November to 6 December 1999*

29. **Priority setting and advocacy workshops in Sudan,** Ministry of Health, Research Directorate, Sudan, 1999

30. **Tanzania Essential National Health Research, Priority setting Workshop**, *Arusha International Conference Centre, 15-21 February 1999. Final Report,* ENHR secretariat, National Institute for Medical Research, Dar es Salaam

31. **Compte Rendu de la réunion sur la définition des priorités de recherche et la finalisation des statuts du réseau sous-régional Francophone de la RNES,** *Atelier de formation en méthodologie de recherche et développement de protocole de recherche: du 9 au 11 Aout 1999, CESAG - Dakar (Sénégal)*, Dr F. B. T. Diallo, COHRED, WHO, Ministry of Health Senegal,

32. **Proceedings: 3rd Asian Regional Meeting Essential National Health Research**, *December 11-12, 1998, Vientiane, Lao PDR,* ENHR regional network, Vientiane, 1999

*33.* **Atelier de réactualisation des priorités nationales en matière de recherche en santé en République de Guinée,** *Conakry, 26-29 Avril 2000*

34. **Indonesian Case Study in ENHR: An Essential Link to Equity in Development**, *Draft,* Center for Health Services Research,National Institute of Health Research and Development, Ministry of Health, Jakarta, 2000

35. **Essential National Health Research Status in Lao PDR,** *Paper to be presented at COHRED Constituent Council, Bangkok 2000,* Dr Boungnong Boupha, Ministry of Health, National Institute of Public Health, Vientiane, 2000

36. **Research Capacity Strengthening in Kenya,** *An Overview of the Health Research Capacity Building Workshop, Mombasa, 13-16 September 2000*, National Health Research and Development Centre (NHRDC), Kenya, 2000

37. **The Current Status of Health Research Capacity in Lao PDR,** Dr Bougnong Boupha, Ministry of Health, Council of Medical Sciences, Vientiane, 2000

38. **Building Health Research System for Positive Health: A Crucial Component of Health System Reform in Thailand,** *Paper for the parallel session 'A National Health Research System - the Thai Case', International Conference on Health Research for Development (Bangkok, 2000)*, Dr Somsak Chunharas Bangkok, 2000

39. **Essential National Health Research (ENHR): An Essential Link to Equity in Development ,** *Thailand Experience ,* The College of Public Health, Chulalongkorn University , Bangkok, 2000

40. **Resource Flows for Health Research and Development,** *Thailand Agenda for Health Research and Development, Final Report Phase 2,* Dr Sathirakorn Pongpanich, The College of Public Health, Chulalongkorn University , Bangkok, 2000

41. **Report on a Consultative workshop on Tanzanian Health Research Capacity Development,** *Paradise Holiday Resort, Bagamoyo, 26-29 January, 2000,* Dr M N Malecela, National Institute for Medical Research, National Health Research Forum Secretariat, Tanzania, 2000

42. **Analysis of the Funds Flow for Health Research and Development in the Philippines, 1997-1998**, *Final Report,* Center for Economic Policy Research, Manila, 2000

43. **National priority and agenda for health research 2002-2005,** *By Application of ENHR Approaches,* National Institute of Health Research and Development, Ministry of Health, Indonesia, 2001

44. **Report on Priority Setting Workshop Essential National Health Research**, Malawi, 2001

45. **Premier symposium national sur la recherche en santé,** *Definition des priorités nationales de recherche en santé au Mali,* Ministère de la Santé, Institut National de Recherche en Santé Publique, Mali, 2001

46. **Programme National de Recherche en Santé (PNRS)**, *Policy document*, Ministère de la Santé et de la Prevention, Direction des Etudes, de la Recherche et de la Formation, Senegal, 2001

47. **The seminar on health research priorities for Pakistan,** *February 26-27, 2001, Islamabad*, Pakistan Medical Research Council, Islamabad, 2001

48. **Rapport de la rencontre sous-regionale de Ouagadougou, 26-28 Février 2001,** *Réseau Francophone Africaine de la Recherche en Santé pour le Développement*

49. **National essential research in the context of the national health research system** *Workshop report*, Ministry of Public Health, Cuba, 2001

50. **Report of Asian-Pacific Forum for Health Research Development**, *November 13-15, 2001, Bali, Indonesia,* The College of Public Health, Chulalongkorn University, Bangkok, 2001

51. **The Philippine National Health Research System Assessment**, *Final Report,* Health Policy Development and Planning Bureau (Department of Health), Philippine Council for Health Research and Development (DOST), University of the Philippines (National Institutes of Health), Philippines, 2002

52. **Rapport de la 6ème rencontre annuelle, 28-29 Mai 2002, R***eseau francophone Africaine de la recherche en santé pour le développement,* Benin, 2002

53. **A report of the workshop on Role of Health Research in the implementation of Health Sector Strategic Plan (HSSP) ,** *26-27 March, 2002*, UNHRO, Kampala, 2002

54. **Report on Priority Setting in Cameroon**, Sama M., Nting J., Penn R. & Teyha P. , Cameroon, 2002
55. **Tracking Resources Flow for Health Research and Development in Burkina Faso (1999-2000)**
    Dr Celestin Traore, Burkina Faso, 2003
56. **National Health Research System (NHRS) in Indonesia: a Case Study,** *Draft,* Dr Agus Suwandono, National Institute of Health Research, MOH, Indonesia, 2003

## Reports published for International Conference on Health Research for Development (Bangkok 2000):

*Note: these consultation were held as part of the preparations for the Bangkok conference. COHRED, as secretariat to the conference, was in charge of organising and conducting the consultations.*

1. **International Conference on Health Research for Development**, *Conference Report, Bangkok 10-13 October 200*
2. **Health research for development: the continuing challenge,** *A discussion paper prepared for the International Conference on Health Research for Development, Bangkok, 10-13 October 2000*
3. **Regional reports of consultative processes: Africa, Asia, Caribbean,** Central and Eastern Europe and Newly Independent States, Eastern Mediterranean, Latin America
4. **Series of country reports**

## Other literature


1. The Report on the Commission on Health Research for Development, 1990. Health research. Essential Link to Equity in Development.
2. A strategy for Action in Health and Human Development. Task Force on Health Research for Development. October 1991.
3. The Report of the Advisory Committee on Health Research (Research Policy Agenda).
4. Investing in Health Research and Development. Report of the Ad Hoc Committee on Health Research relating to future intervention options, WHO 1996.
5. World Health Assembly 1990, Background document 1990. The role of Health Research in the strategy for health for all by the year 2000. Research For Health A global Overview.
6. World Health Assembly 1990, Background document 1990. The role of Health Research in the strategy for health for all by the year 2000. Health Systems Research.
7. World Health Assembly 1990, Background document 1990. The role of Health Research in the strategy for health for all by the year 2000. Research Capacity Strengthening.
8. Developing health research capability in Tanzania, M. Tanner et al., Acta Tropica, 57(1994) 143-173.
9. How can health research influence health policy? Reports from policymakers in three countries (Ghana, India & Philippines), International Health Policy Program, February 1996.
10. Health Policy and systems development. An agenda for research, WHO 1996
11. **Health research cooperation with Tanzania**, *A review of the present and prospects of the future A consultancy report*, Mutuma Mugambi, Sida, Sweden, 1996

12. A research policy agenda for science and technology. A synopsis. The advisory Committee on Health Research, WHO,/RPS/ACHR/97.3.

13. SHARED, Guideline and practical user guide, 1998

14. **Health Research Management and Coordinating Mechanism in Indonesia**, *Policy document,* National Institute of Health Research and Development, Ministry of Health, Jakarta, 1988

15. **Policy Guidelines for Strengthening Research to Support the Medium Term Health Strategy in Ghana**, Ministry of Health, 1998

16. **Setting priorities for health research,** *Experiences from South Africa*, M Schneider, Medical Research Council, Tygerberg, 1998

17. **Framework for a Ghanaian-Dutch programme of Health Research for Development** RAWOO/RGO, The Hague, 1998

18. Global Public Good, International Cooperation in the 21st Century, UNDP, Oxford University Press, March 1999

19. **National Policy on Health Research and Development - Decree of the Minister of Health, Republic of Indonesia, Number 1179 A/Menkes/SK/X/1999,** *Policy document,* National Institute of Health Research and Development, Ministry of Health, Jakarta, 1999

20. **Health research policy - Khartoum (Sudan) -June 1999,** *Policy document,* Research Directorate Sudan and WHO,

21. Global Forum for Health Research. The 10/90 Report on Health Research, 1999, 2000, 2002, 20003-2004.

22. Global Forum for Health Research. Findings from the External Evaluation, December 2001

23. Alliance for Health Policy and Systems Research, Missions Partnerships and Products, 2000-2003

24. Research a cornerstone in the Nicaraguan development, SIDA/SAREC, 2000.

25. Danish Health Research Assistance in Developing Countries, Nov 2000.

26. Evaluation. Enhancing Research Capacity in Developing Countries, Danida, December 2000.

27. Strengthening health research capacity in developing countries: a critical element for achieving health equity, BMJ, vol. 321, Sept.30, 2000.

28. Coordinating health research to promote action: the Tanzanian experience, BMJ, vol 321, Sept.30, 2000.

29. Report of a desk study on comparative research capacity building programmes, Nuffic, April 2000.

30. **An analysis of Institutions doing Health Research in Uganda year 2000,** Uganda National Health Research Organisation, September 2000.

31. **Coordinating health research to promote action: the Tanzanian experience**, Dr Andrew Y Kitua, British Medical Journal, London, 2000

32. **Guidelines for conducting health research involving human subjects in Uganda**, Uganda National Health Research Organisation, Uganda, 2000

33. Strengthening Governance for global health research, BMJ, vol.321, Sept 2000, 775-778.

34. Partnerships at the leading edge: A Danish Vision for Knowledge, Research and Development. Report of the Commission on development-related research funded by Danida, April 2001.

35. Bridging Research and Policy, DIfD, July 2001.

36. National Health Research Systems. Report of an International workshop, March 2001.

37. Global Forum for Health Research. Monitoring Financial Flows for Health Research, October 2001.

38. Proceedings Seminar on Health Research Ethics in Africa. Acta Tropica, Vol. 78, Suppl.1, January 2001

39. Building Capacity in Southern Research: A Study to Map Existing Initiatives. Main Report, DIfD/ODI, September 2001.

40. **National ethical guidelines for health research in Nepal,** Gopal P Acharya (ed) , Nepal Health Research Council, Kathmandu, 2001

41. **Developing and strengthening the health research system in Pakistan: Guidelines for action and operational plan 2001-2006,** Pakistan Medical Research Council, Government of Pakistan, Islamabad, 2001

42. **Health research policy in South Africa**, *Policy document*, Department of Health, South Africa, 2001

43. **The setting of health research priorities in South Africa**, Michelle Schneider, Medical Research Council, Burden of Disease Research Unit, South Africa, 2001

44. **Guidelines on ethics for health research in Tanzania,** Tanzania National Health Research Forum, Tanzania, 2001

45. **National Institute for Medical Research and the other side of health research: research coordination, monitoring and promotion ,** M.N. Malecela, Tanzania Medical Journal, Dar es Salaam, 2001

46. Strengthening research capacity's weakest link, the Lancet, vol. 358 nr. 9291, pg 1381, Oct.. 2001.

47. The situation of Health and Health Research in Central America, GFHR 2002, Ernesto Medina

48. The In-dept Review of Research Capacity Strengthening by the HRP/WHO, WHO, Geneva, 2002

49. International Network for availability of Scientific Publications (INASP) Health Links a gateway to selected websites, 2002.

50. The Ethics of research related to healthcare in the developing countries, Nuffield Council on Bioethics, April 2002.

51. **Fund Flows to Health Research Institutions in Tanzania: Core and Research Funding,** Kitua A.Y., Swai G.B.R & Urrio T. ,Tanzania National Health Research Forum, Tanzania, 2002

52. Research Capacity Strengthening Strategy (2002-2005), TDR 2002.

53. Buying Research a customers Guide, J.Aagaard-Hansen & P.S. Yoder, July 2002.

*54.* **Review of the National Health Research Development***27th Session of WHO South-East Asia Advisory Committee on Health Research, 15-18 April 2002, Dhaka, Bangladesh*

55. A review of Barriers and possibilities for Cross Disciplinary Health Research, J. Aagaard-Hansen, MPH 2003:6

56. SDC Health Policy 2003-2010, SDC 2003.

57. A medium-term perspective on research for development. Research needs and Dutch research capacity, www.rawoo.nl, Publ.no.7.

58. Valuing Industry Contributions to Public- Private Partnerships for Health Product Development.

***ANNEX 6***

# Summary of the 1996 Interim Assessment of COHRED

In 1996 an external evaluation team conducted a four months interim assessment of COHRED based on literature reviews, interviews and site visits to seven countries (Caribbean, Kenya, Mozambique, Nepal, Nicaragua, South Africa and the Philippines). The primary intent of the interim assessment was to facilitate the future planning. The core objectives were; 1) to access the implementation effectiveness of the ENHR strategy, 2) to assess COHRED's effectiveness in promoting EHNR at country, regional and global levels and to elicit the views of a wide range of stakeholders at country regional and global levels.

The key findings and recommendations of the interim assessment were;

1. ENHR remained a strong and timely idea and that several countries had made a good start on creating a sustainable ENHR system, but; there is a need to demonstrate that the basic goal underlying implementation of the ENHR approach has been achieved.
2. Some efforts have been made to identify a small numbers of indicators which could clearly demonstrate the added value of the ENHR approach, but; there is a need to move beyond activity indicators to include qualitative and quantitative indicators of success.
3. COHRED was found to be an important and distinctive vehicle for facilitating health research within developing countries and for bringing the voice of "the South" to the international discussion table.
4. Organisationally the Council appeared inactive and the Board could be more dynamically engaged in problem solving. The Secretariat was, however, well regarded, particularly for its recent emphasis on dissemination of well-prepared materials, but it could strengthen its analytical capacity.

The evaluation team proposed;

1. A special initiative preparing strategies and materials ("toolkits") and training country ENHR groups.
2. The creation of regional "ENHR mentoring teams" to assist countries with coalition building, especially in the early stages when political mapping is most important. The mentoring teams should where possible include researchers, policy makers and community groups, and at times donors, NGOs or the private sector could be added.
3. COHRED's relation ship with WHO and the World Bank should be strengthened.
4. A task force initiated by COHRED and including WHO and the World Bank, should explore how to link national and global initiatives
5. The scope of research training should be broadened beyond researchers to policy makers, community members and NGOs. COHRED should identify countries, which already have embarked on "broader" research training, to strengthen and disseminate the experiences.
6. In many countries the potentially available research capacity is not contributing to the ENHR.COHRED should initiate one or more country studies to describe, analyse, provide and implement solutions to this problem of "internal brain drain".
7. COHRED should facilitate special initiatives to introduce the ENHR concept into the curricula of the basic training of health professionals, incl. the opportunities for students to participate in ENHR.
8. COHRED's board should become more problem oriented and efficient. Small task force groups should be formed to deal with specific issues and the board's size should be reduced or an executive committee be formed. The Secretariat should be strengthened to increase its analytic capacity within ENHR.

Over all the international community was found to be increasingly aware of the ENHR and COHRED could therefore move from general advocacy and promotion to in-dept analysis of the ENHR. The regional networks could play an important role in promotion, monitoring and assisting countries new to with ENHR

The evaluation team emphasized the need to capture and share country experiences with ENHR. These competencies included the original seven element of ENHR plus two new ones; "community participation" and research into policy and action". The evaluation team also suggested that the "definition, elaboration and use of this technology represents COHRED's niche, its value added contribution to the global health and development endeavour".

Finally the evaluation team recommended a comprehensive approach to capacity development for ENHR with attention to the roles of the multiple stakeholders.