

Council on Health Research for Development (COHRED)

Positioning COHRED For Another Relevant Decade

Summary of Strategy Think Tank

Acknowledgement

The paper is the record of a special strategy think tank meeting convened by COHRED. It reflects the open discussion and comments by Carel IJsselmuiden, Sylvia de Haan, Andrew Kennedy, Claudia Nieto, Michael Devlin, Zarina Ishkakova of COHRED. Somsak Chunharas (Thailand); Marian Jacobs (South Africa); Ernesto Medina (Nicaragua) of the COHRED Board. Mohamed Jeenah (University of Pretoria, South Africa); Kausar Khan (Aga Khan University, Pakistan); Sarah Macfarlane (University of Berkeley, International Health, USA); Daniël Mäusezahl (Board member of COHRED, SDC, Switzerland); Derek Yach (Yale University, Global Health, USA).

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1. Purpose and Context

This report summarizes the discussions of the Think Tank: *Positioning COHRED for another relevant decade*, held in July 2005 in Geneva. Convened by the Director of COHRED, its purpose was to bring together a group of leading thinkers and practitioners in fields related to health research for development, to inform the organization's thinking in developing its future approaches and an action plan for the coming decade.

The purpose of this report is to solicit input and comment from all Think Tank participants on this draft of summarized discussion topics. The exchanges were wide-ranging and - in keeping with the format of the meeting - not conclusive. The meeting was designed as an open consultation on the current state of COHRED, its relation to the evolving external environment of health research for development, gaps in the current fabric and opportunities where COHRED may want to focus.

Many useful and innovative perspectives were offered. The challenge now is to shape them into a number of action areas or directions that will help define the emerging COHRED style and values.

This summary reflects the main points the COHRED team sees emerging from the discussions. It is circulated to participants for comment in a first step in refining it into a draft for broader sharing.

We anticipate that the thinking presented here will inform a future strategy and action plan to position the *Council on Health Research for Development* as a leader and innovator, making specific contributions to the improvement of national health research systems in developing countries over the coming decade.

We welcome all comments, additions and related advice to this report.

2. Executive Summary

From COHRED's point of view, the Think Tank input has raised a number of important issues and considerations that we see as central to the goal of ensuring our relevance and innovation in the future. These issues are outlined in this summary section.

COHRED's mandate and actions are based on strong values such as addressing poverty, focusing on equity, being an enabler and putting the accent on developing partnerships that have a high value for all those involved. These values will carry COHRED forward and set its style. They should be the basis on which strategic decisions are taken.

The future work of COHRED will be based on robust management processes and accountability. Its relevance will be illustrated by evidence produced through organizational processes and a culture that measures and documents the impact of its work. Targets need to be defined and benchmarked and we see 'outcome mapping' as a useful tool for achieving this. The outcome approach links the 'people elements' of partnership and behavioral change with that 'harder' business and project management processes.

All activities need to be managed through a learning framework built into COHRED activities and practices. Lessons will be continually sought out, documented, subjected to critical review and shared widely as global public goods.

A commitment to knowledge sharing and learning as a part of the way we work is an important core value. It is not an activity, but the result of a style and way of working that builds trust and lasting relationships. This approach fits well with COHRED's role as enabler. It strongly favours working in equitable partnerships. Could this be the basis for the COHRED style, how we are known and how our uniqueness and quality are recognized by others?

COHRED Values

- Prioritize poorest countries
- Support Equity, Social justice, Good governance and Human Rights
- Innovative in management, choice of topics and partners
- Country ownership
- Be an Enabling Organisation
- 'Research to Action' and learning
- Strong and effective partnerships
- Accountable and impact oriented

Effective partnerships and alliances are key success factor for COHRED. But which ones? And more importantly: how will they be defined? Partnership principles - based on values such as equity, trust and performance - are vital. COHRED will become known for its high-value relationships and will not 'drown in alliances'. One measure of the organization's performance should be the quality and effectiveness of each partnership.

The Global Forum for Health Research is an important partner and stakeholder for COHRED, which can complement its role in bringing national health research issues and experiences into the global policy debate on health research. The two organizations have agreed to progress along a path of intensive collaboration, with the possibility of having a number of shared services and activities in the future.

Another strategic partner is the World Health Organization. The nature of this organization suggests that COHRED should engage it with enthusiasm, pragmatism and from different directions. Formal institutional arrangements are important, but it is likely that good personal

and professional relations will bear the real fruit. Enthusiastic and forward looking WHO officials, interested in influencing the organization should be identified and engaged.

As it looks to the future, COHRED should not neglect links to its past as the principal advocate of ENHR and areas where it can build value in this realm. For example, there is a need to monitor how ENHR is progressing to determine what is needed to maintain and increase the process in countries and share lessons and issues between them.

There are a number of opportunities for COHRED to take action in areas that are not being addressed. These include providing syntheses, scoping or analysis on topics where more understanding is needed. Or providing services that help southern countries and the donor community better understand issues related to building robust national health research systems.

COHRED's emerging strategy and all future work will focus sharply on the needs of countries and their national health research systems. As it progresses, the organization's work will lead to the emergence of a forum of country experiences - which can take the form of communities of practice, or regional synthesis and other learning activities.

Meeting format and participation

The meeting was convened by COHRED Director, Carel IJsselmuiden. Representatives from (See Appendix for full agenda, invitee and participants list). External invitees included University of Pretoria, South Africa, Aga Khan University, Pakistan, University of Berkeley, International Health, USA, Yale University, Global Health, USA, Institute Pasteur, Senegal, UN Special Programme for Research and Training in Tropical Diseases (TDR), Programa de Investigación en Enfermedades Transmisibles INPPAZ, Argentina, SDC, Switzerland, Sida/SAREC, NORAD, and the IDRC Governance - Equity - Health Programme, Canada. COHRED professional staff and three board members participated in the discussions.

The meeting featured open discussions and exchanges around a short papers presented by some participants. Paper topics were: COHRED's values; Organisation and new directions; Innovation, perspectives, Key Alliances Interfacing with WHO, Global Forum for Health Research and other partners; Interaction with WHO: a donor's perspective; Growing and decentralising COHRED; and Communities influencing research - COHRED's role.

3. Partnerships and Alliances

The topic of partnerships and alliances permeated the Think Tank discussions. The size, scope and 'enabling' focus of COHRED mean that effective partnerships and alliances are a requirement for success.

Alliances and partnerships can support COHRED in all areas of its activity, from experience sharing to the production of research studies, research capacity strengthening, dissemination, and creating changes in thinking and action in health research systems. They will give us the reach and depth needed by that a small organization with a global mandate.

It is important to define what 'alliance' and 'partnership' mean for us, then to link this view to our mission and core activities. Some partnerships will have a definite beginning and end. Others will support core COHRED functions. Still others will be seeded by COHRED with the objective that they evolve to take on a life of their own. Partnerships should be negotiated based on these criteria and the COHRED core values. A partner mapping exercise will be useful to help set the direction.

Partnerships and alliances

COHRED Partnerships are:

- How we work, learn and build capacity
- Based on a solid professional relationship
- Measured for effectiveness against targets
- Built on shared values with partner organizations

Different types of partnerships are needed for different situations. These can range from fixed term project interactions to knowledge partnerships created to share experience between organizations. As part of COHRED's business plan, partnership principles (for example based on benchmarks for equity, trust and performance) need to be established. These will be the basis for tracking the quality and effectiveness of work as it progresses.

COHRED may want to provide expertise in secretariat/partnership building in regions, or offer capacity for joint secretariats between networks. To be viable, regional alliances should build on common interest or on country work already underway. We should avoid the current trend of partnerships for the sake of partnership, remain focused and not 'drown in alliances'. COHRED performance measurement criteria should include a review of the quality and effectiveness of each partnership.

We can see working through three types of alliances - that are formed:

- To improve our work at country level - using core funding.
- To convince countries or partners do things in a different way (advocacy).
- To contribute resources to work with COHRED (joint programs and projects at country and global levels).

As we also operate in a competitive context, some links need to be made for pragmatic (opportunistic) reasons. In these cases we should clearly distinguish, in our minds, between partnerships that are purely business and those created with the aim of building on core values.

3.1 Approaches to working with the WHO

One of the Think Tank's discussion themes centered on COHRED's relationship with the World Health Organization.

Because of its role and the issues surrounding its influence and potential for improved effectiveness, the World Health Organization should be targeted as an important partner and contact: It should receive special attention from COHRED. We should work at the formal and informal levels, seeking out WHO officials who are enthusiastic to work with organizations like ours (e.g. Armenia Country Rep proposed by Derek).

While there is de-motivation among the external players trying to work with the WHO bureaucracy. Our strategy should be to work with the positive elements in WHO, that are interested in influencing the organization's agenda.

COHRED should list out specific things it can do to complement the activities of WHO departments, and should reflect on the question of why WHO would (or should) want to work with us. Relationships should be developed with the mental health and social determinants groups, these are areas where we can have influence and where WHO does not pay sufficient attention to national research issues for health. We are not keen to pick up WHO gaps as core COHRED activities, but are well placed to advocate or advise WHO to focus on neglected areas. Gaps where there is a specific opportunity to strengthen national health research systems, will be of most interest to COHRED. TDR is a good partner and target for COHRED expertise in the areas responsible vertical programming and research capacity strengthening.

At country level, COHRED can act as a broker for WHO in-country work. Relations between WHO country offices - most linked to MoHs - tend to have a short term perspective with aims to help the government of the moment. In countries where COHRED has strong activities, we can provide a more long-term perspective to ensure continuity.

It was proposed to explore a possible collaboration with WHO Collaborating Centres and to comment on each WHO regional structure and its specificities (i.e. how do PAHO principles function in Latin America).

SDC has learned from its experience in 2004 and played an active role in improving the World Health Assembly resolution on health research. This provided good momentum. It was proposed that COHRED should use its observer status to identify opportunities for potential future involvement. A passive stand is a lost opportunity. COHRED should be involved in setting the agendas for the next health research conference in 2008.

3.2 COHRED and the Global Forum for Health Research

While the COHRED-Global Forum alliance was not a topic of detailed discussion by this group, it was understood by all that the two organizations have signed a memorandum of agreement and embarked on a path of 'intensive collaboration' - with the full backing of the organizations' respective directors. The agenda is open and while a merger of the two organizations is not excluded, it is not yet being actively pursued. A number of mechanisms have been put in place to activate the collaboration. These include the sharing of information between senior staff of both organizations; frequent face-to-face meetings between the directors; a programme of work and inventory of shared activities; reviewed in joint staff meetings between the two organizations. The first joint board meeting of the Global Forum and COHRED is planned for 2006. The overall rationale behind this collaboration is to combine the organisations' respective expertise in global advocacy with country-based research system strengthening.

3.3. Partnerships and Alliances: some suggestions and examples

- Global Forum for Health Research
- Global Fund: in area of Research Capacity Strengthening
- Links to health and rights networks: PHM (contributing the evidence needed for activist role of PHM); International Women's Health Meeting (India)
- IP related:
 - Center for Management of Intellectual Property in Health Research and Development (MIHR) - makes IP accessible to countries; COHRED provide country link; Health Technology Managers for Global Health
- WHO: diversify contacts with the organisation. World Health Assembly Resolution on Health Research is good opportunity to expand collaboration. Link to other NGOs in official relations with WHO. Health Metrics network. WR at country level: take principle decision to inform and include in all country work. WHO Commission on Social Determinants for Health.
- TDR
- EQUINET (an effective Africa network)
- UNESCO Institute of statistics (Montreal)
- Partnerships in medical and social sciences (grouping organised under the journal: Social Science and Medicine) - meeting every two years
- REACH - a research and knowledge translation service mandated at ministerial level in Uganda, Tanzania and Kenya and currently in search of funding.
- INDEPTH
- Rockefeller International Health Research Awards: interesting group to link up with Other global NGOs involved in health? (checklist made by Don de Savigny)
- CGIAR Systemwide Initiative on Malaria and Agriculture (SIMA)
- Research Matters - the research synthesis, capacity building and advocacy activity on health research, created by SDC and IDRC.
- Special relationships with universities in the north and south (capacity building, research capacity, co-publishing).

4. Supporting a community voice in shaping health research policy

A relatively untouched area of health research for development is: *“How can communities influence the health research agenda and policy at the national level?”* Developing expertise and a reputation in this area is an opportunity for COHRED.

To date, little operational research has been done on communities and their potential to impact countries’ health research policies. But community organizations exist at many levels in most countries. So the time may be right to seriously consider the positive impact that communities, with organized civil society, can have on research agendas and health policy.

How do researchers view and value research? Is it for the knowledge generated or the purpose for which the knowledge could be used? Research has shown that 20 years of safe motherhood had little effect on practice and subsequent outcomes (all this research was surveys, with very few intervention studies). So if research does not have an effect on health outcomes in this field, what is its value?

An analysis by Amartya Sen shows that where there is public action and debate, the risk of famine is reduced. And where this public space does not exist (e.g. China), this is not the case. Public action can be a key influence on policy debate, making the community and its involvement a powerful tool for policy change. This is a viable model for health and health research.

Communities can act at two levels in the research realm. They can be involved in doing research through the well-known participatory processes. Or they can be an active force in calling for health research on specific topics - shaping national health research policy. This second area is less defined. And one where COHRED and partners can bring new perspectives and enable the sharing of experience between countries and internationally. A prime example from the North of community influence on national policy is the how patient and community groups in the US were instrumental in re-focusing NIH funds and attention on an agenda for breast cancer research.

Community voice in health research policy

- With partners, COHRED will develop expertise on ‘how communities can influence national health research policy’
- Communities are 1 of 3 pillars supporting all COHRED work - with countries and research communities.

Participatory research is more complex and time consuming, but it can be effective in generating results that can be acted upon and drive change, increasing the relevance of research. A key question, then, is: how to translate research findings to be understood and acted upon by the community?

In analysing the research-to-policy processes, the factors that influence political agendas must also be considered. Entry points where communities can have influence - as producer and user of research - need to be better understood. How do you place this thinking on the researchers’ agenda? Discussions on this theme also centered on the issue of equity and communities. Here the challenge is how to integrate equity in the context, for example, of defining the research with the participation of communities.

5. COHRED: How we work...

5.1 Setting and applying values

The COHRED approach is based strong core values that guide how we work, who we work with and the kind of activities we engage in. But there has been no attempt to link these values to the results attained by the Council, in terms of operationalizing and measuring progress against values.

We should strive to quantify, for example, the extent to which the research conducted within our priority countries is directed at addressing inequities in health for disadvantaged populations. At the global level a target impact would be to measure how this translates - through our programmes, projects, studies and related knowledge sharing, communications and advocacy actions - into changed thinking in policy and decision spheres.

How we work...

- An enabling organization - works with + through partners and countries.
- Staffing - small core in Geneva with growing network of country partners and colleagues.
- Accountable and performance-focused
- Committed to learning and sharing of knowledge.
- Future organization shape being inspired by leading development organizations.
- What type of research/analysis to facilitate? To do?
- What approach to advocacy and research translation?
- Will make its place as advisor and advocate for change to global health institutions.
- Activities will be a mix of products, services, activities. Put in action through partnerships. Which ones?

The networks, partnerships and alliances we work with are important ways to share our core values and to identify like-minded actors with whom we can build together. We should clearly define what values constitute a good partnership or partner, and how this relationship needs to link to our core values and functions.

5.2 Defining our role

What precisely is our role in improving health research for development? COHRED's core business - that will be articulated through our unique expertise and the contributions we make - needs to be clearly articulated and put into action. A number of considerations were raised that will help us arrive at a clear vision.

Is our primary role:

- To do research in specific areas, if so which ones?
- To advocate for certain issues?
- To facilitate and synthesize research for development and be catalyst for learning and sharing across projects, countries and organizations?
- To explore new and emerging areas that others are not
- To be an actor that creates change in thinking and action among governments and international organizations?

5.3 A new organizational model for innovation, accountability and impact

The future work of COHRED must be based on robust management processes and accountability. The organization needs to illustrate its relevance in a factual manner, by clearly defining, measuring and documenting the impact of its work. Targets need to be defined and benchmarked.

‘Outcome mapping’ is a useful tool for documenting progress and capturing lessons. It is effective in tracking, in a project, the ‘people’ and behavioural change elements of a partnership and the business and project management processes.

Learning Framework

Learning and sharing of experience is an integral part of how COHRED works and thinks - in projects, as an organization, with partners and countries.

- Outcome mapping is a useful tool to manage, document and share the learning process.
- ‘Communities of practice’ are a key vehicle for learning, sharing and impact.

The organization needs a small, core of professional capacity in-house. This team should be complemented by a number of different relationships aimed at delivering COHRED products and services. These can take the form of secondments, participation in young professionals programmes and various kinds of partnerships - from one-off (i.e. for a study), to long term strategic alliances created to increase our reach, enable maximum learning and transfer of knowledge. A key consideration is how to attract senior people to work with a small organisation to build this capacity.

A number of organizational models that can inform and inspire an evolved COHRED structure were proposed. COHRED should seek inspiration from some of today’s innovative development organizations. These include IUCN (the World Conservation Union), the Centre for Global Development, CABI (international science-for-development publishing INGO), Institute for Development Studies, or the IDRC- inspired Bellanet.

Another useful example is the multi-partner programmes of the Consultative Group on International Agricultural Research (CGIAR) - that cut across research centers, disciplines and regions and have built-in requirements for north-south sharing of knowledge and funds. These include the Comprehensive Assessment of Water Management in Agriculture and the CGIAR Challenge Programmes.

5.4 Advocacy, activist or enabling?

In the past, COHRED's activities were based on advocating for research to be done, rather than leading analyses and using this evidence to take research results to another level by encouraging their use. An approach that fits the COHRED style is to work with (largely Southern) partners in a way that combines country inputs with capacity building for both organizations.

Advocacy and Policy communication

COHRED should grasp the opportunity to provide synthesis, analysis and advocacy/experience sharing at two levels:

- Encourage changes in global health institutions and donors.
- Improve country practices and experiences.

COHRED needs to decide how it should call for action to achieve its desired impacts. Do we advocate for action based on our analyses and information? By advocating, does our work lose its credibility, or does this make the organisation stronger (there various opinions on this around the table). Should COHRED 'lobby' and play an activist role? What does our legal constitution allow us to do?

COHRED can lead by linking research done by others to our strategic work with decision makers at the country level - ensuring that findings are actually used to strengthen national research systems. The core and unique activity, then, will become to add value to research by translating, synthesizing or adding context and creating conditions for the uptake and use of research and evidence-based approaches and change.

The TDR approach is a useful model, with its centres of expertise, a clearly defined research agenda, and a group of people that able to foster collaboration in various locations. They do not do it all themselves.

Another opportunity for COHRED is to become known for its role in influencing larger actors to deliver on their commitments. For example, to encourage bilateral donors to work together in a more coordinated manner to reduce duplication and undue administrative burdens on developing country partners.

5.5 What to do? What to have done? To make what happen?

Should we 'do' or 'get things done'. Given our size, we should do a small number of focused things. To put strategic priorities into action, we should assess where networks can be used to increase the power and reach of the COHRED core team. COHRED should do some big-bang projects, aimed at achieving major impact and visibility (for example: launch of recommendations with high-profile partner, yearly COHRED Statement). We cannot work overnight in 153 countries, but should focus on incremental growth from a small number of activities where we excel.

The second part of the matrix is what we DO or facilitate and areas where we make it happen. This is summarized in the remark of one participant: *"I like the idea of COHRED making it happen. You are about facilitating and enabling. There is some ambiguity to 'do or doing', but to what extent are you focusing on making things happen?"*

Linked to the question of *doing vs getting done*, is the issue of COHRED's optimal size. The organization needs to grow to have the desired impact. At the same time it needs to place a boundary on where an activity ends and what activities should be the responsibility of - or handed over to - partners. This balancing of growth, enabling and not 'taking over' will be a prime concern for COHRED in the years to come.

5.6 Serving countries - the Country-Global link

A number of questions arose from the group discussion on how COHRED can best engage with countries, and in countries?

Can COHRED realistically serve the needs of 153 low and low-middle income countries? A workable approach would be to start with a finite number of case studies and country activities (building from current programmes and relationships). And from this base start the process of learning and sharing with a wider group of other countries - putting the accent on enabling countries to share experience. To do this requires a combination of enabling and service skills in the organisation.

As a general principle, country relationships and activities must be managed through a *learning framework* that is built into country activities - where lessons are sought out, documented and subjected to a critical historical review. Generic aspects will be drawn from country experiences for sharing between countries. This implies a minimum commitment of five years.

Key questions are:

- What are key criteria for working with countries: expertise or learning opportunities in certain countries; possibility to produce results; strong local partner; choose those that can enrich the diversity of the spread of countries. *This links back to the need to define and articulate strong COHRED values.*
- When does COHRED's involvement with a country stop?
- How to best link global work to practical applications at country level and vice-versa?
- How to best respond to country needs by developing global projects?
- Is the best way forward incremental growth across regions, where COHRED works with 2 or 3 countries - then scale-up?
- Should we assume that what works in one system may be directly applied to other countries with similar systems, after first taking account of differences such as political support, human resources, finances etc?
- Where an approach works well, it should be analyzed to understand critical success factors, and these incorporated in the design of further interventions.

Strategies to operationalise country work should be conducted in concert with local partners and implemented and managed by local COHRED staff or partners.

5.7 Engaging countries through and with civil society

A good assessment of the political and societal environment is necessary before assessing what can be done and how this should be approached. For example, the influence of BRAC in Bangladesh, but a limited role for civil society in Pakistan. Including civil society in health research debates must be done intelligently, as not all civil society organizations prioritise the rights of the most marginalised.

Is the lack of a sympathy to grass roots issue among researchers a result of a failing in their training. Yes, in part. At one extreme, the community is often unable to frame a research question. At the other, researchers focus too much on interventions and methods without taking full account of impact of these on the community being studied.

Michael Reich's software program maps all the influences on policy debate and identifies the key leverage points. Could COHRED develop a more accessible and usable tool to be used with parliamentary committees, community groups, etc.?

6. Activities, products and services

The discussion on future high-value core activities of COHRED settled largely on three categories and what this would mean for the organization as it evolves. Key activities were summarized as: COHRED as (1) a manager of activities (studies, research and collaborative projects) (2) a creator of information products largely derived from them and (3) activities in a new area of services.

6.1 COHRED as an evidence provider

COHRED is well placed to be the *evidence provider and adviser*, our core business could become using, sharing and tapping practical experience (so-called tacit knowledge) to create change - moving partners from experience sharing to action.

In terms of quantification, COHRED can be a positive force as an evidence provider, compiling and presenting country-level baseline information and communicating around this; or producing multi/country analyses, reports, etc.

There is also a need to support countries in using this evidence to put policies and practices into action. Examples of questions to be considered are: what is the impact of global health initiatives on funding and research priorities in countries - on equity, or on countries' accountability.

Another role could be to put pressure on WHO to change or define priorities in certain areas. Or more generally to identify and complement/offset structural defects of big institutions - an advantage of our size, flexibility and the fact that we are outside the UN structure. To do this we will need to define the key areas we can strengthen in NHRS.

COHRED has worked in the political domain. ENHR and COHRED moved people's thinking, concepts and ideas, now others have started to fill this in. Our challenge is to identify and focus on new areas where knowledge is lacking, where thinking needs to change and bring ideas forward to keep filling this gap.

6.2 Studies and activities: some suggestions and examples

- Negotiations and information in the areas of IP and vertical programming.
- Liaising and facilitating at country level; research on global (neglected) issues.
- ‘Monitoring’ of large vertical initiatives:
 - Gates’ Global Challenges (Can COHRED monitor who benefits from this? Does the investment trickle down to country level or does it remain in the North (currently main focus on the north))
 - Impact of global resolutions on health equity
 - Common characteristics of successful global initiatives?
 - Impact of new global initiatives on ENHR in number of countries? (would provide opportunity to link to global initiatives as well as take stock of ENHR in number of countries). Additional question: Are robust research systems able to withstand pressure of global agenda’s?
- How can health research be used to make systems work? Multi-country study on what it takes to make a local health information system sensitive and useful to the community; including: impact of civil society on research agenda and health policy.
- Capturing lessons from past: i.e. through interviews with key actors in countries, to capture advice, experiences and lessons learned.
- Study on impact of priority setting in ENHR: has there been an impact on budget and human resources?
- A global forum of country experiences is an activity that should grow out of the COHRED work of the coming two years. The forum can take the form of regional synthesis and experience sharing sessions.
- How to make donor country activities more effective.
- Innovative funding for health research. To improve the chances of developing country applications for research funds, could COHRED provide a peer-review service or coordinate a mentoring service.
- Host an ‘international research fund awareness’ section, or subscription service on the website to attract visitors, and potential partners
- Develop, evaluate and document innovative NHRS strengthening methods that might be applied more widely. Linked to a long-term commitment aimed at NHRS strengthening and development.
- Decision support tools. Can have a major impact on visibility if nothing else.
- Develop new concepts and methods that can be used or evaluated within country activities.
- Bring the results of experiences across countries together, and analyse whether and in what situations different methods or approaches work.

- But someone needs to look at what has progressed since start of ENHR. “What are measures of an essential health research system. Framework in place, research going on and plans for sharing in place.”
- Provide Benchmarks and options to implement and track progress of policies.
- Provide sharing mechanisms for exchange of experience and successes/failures - across projects, country activities. This can be done through services and products, learning framework in projects and activities and the result of communities created to examine these issues.
- COHRED has been around for 12 years. There is an accumulation of knowledge where what is learned should be pulled out and used to set the direction.
- Document causes of failures and existing infrastructure that could be revived, or expertise in Africa that is available for partnership. *NB a similar question was asked of us by staff of DNDi in a recent exchange with COHRED staff.. RE how to influence center of excellence in one research area to work in another, eg.Burkina malaria research center. Or characterizing health research systems in a country to prepare for implementation of a new drug.*
- Empirical research: centre for global development (Washington) paper on investments in health. We could use access at country level and prepare report. Impact of global resolutions on health equity? Many resolutions at WHO with focus on equity and health research. Can COHRED monitor developments in member states.
- What are common characteristics of global initiatives that have been successful?
- Characterizing a health system and looking at what adjustments will make positive change.

6.3 COHRED as a provider of information and knowledge services

One strand of the Think Tank discussion suggested “.....*Basically COHRED should be about services, rather than national products/synthesis*”.

There was considerable discussion around the potential for COHRED to provide specific services as a core activity. A long list of potential services was offered, with the caution that providing services, especially if they were successful, would create demands and expectations that the organization could not meet. Here again, it is important for COHRED to clearly define what type of services would be provided, for whom, and in what way (personal engagement with users, services levels, etc). And as a starting point, to define services that are designed to deliver on the unique areas of expertise that COHRED will develop.

Examples of useful services include delivering information to support better perspectives or decisions at country or global level; or linking people with skills and knowledge of others. One suggestion was that the COHRED built services around gaps that need to be filled to make researchers in the South more effective.

6.4 Enabling Communities of Practice

We should also think in terms of ‘knowledge services’ that are built around communities where people come together to learn from each other. This kind of activity would be created and animated by COHRED and partners initially, but as it develops would take on a life of its own. This is a different approach from ‘help desk’ services where a client requests information from a central service.

The *community of practice* approach builds trust and relationships. It provides a learning space, as opposed to a network that pushes information to people. Communities of practice are composed of individuals that need that group - at specific moment - to get solve a problem, answer a question, find a specific price of information, locate a partner, etc. Working in this way enables continual learning and sharing of experience - on demand - between members. The strength and value of a community surpasses the sum of the parts of a small traditional organization.

6.5 Intellectual Property Rights: a service role for COHRED?

Intellectual Property Rights (IPR) advice and services for protecting public goods health research is a service role that COHRED could provide. The Bellagio meeting on IP could provide contacts and experts.

Taking advantage of universities who will give access to IP will eliminate the need for the IP-lawyer process. The open access/open archives publishing movement has been encouraged by the Soros Foundation to mobilize governments to call for public goods access to work supported by their funds. The goals are to make ‘public goods’ research outputs available to all.

But the equity issue remains. Is it addressed by the Innovative Developing Countries’ drive towards technology development and patent registration? COHRED is trying to bring the ‘equity lens’ to a current WIPO project, with little success. One suggestion was to link with the Center for Management of Intellectual Property in Health Research and Development (MIHR) and their activities on the use of IP, technology transfer and patents rights for the South.

IPR is likely to become an area for collaboration with the Global Forum. It should be added to the list of topics for further discussion with the Forum.

6.6 Services: some suggestions and examples

- How to make donor country activities more effective.
- Innovative funding for health research. To improve the chances of developing country applications for research funds, could COHRED providing a peer-review service or coordinate a mentoring service.
- Host an 'international research fund awareness' section, or subscription service on the website to attract visitors, and potential partners
- Support fund raising of Southern partners for prioritised research (help desk, searches and advice). Service combined with capacity building.
- Capturing & sharing country experiences and lessons - platform for sharing and learning.
- Making publicly available research outputs available to all: exploiting IP to create an equitable health system (rather than making money out of IP)
- Health research management support to institutions (research administration, but also how to set agenda, how to implement agenda, how to disseminate info)
- Monitor country development: looking at health research agenda and in which stage of development they are (outcome mapping would be useful to manage and track this - could this be the service to be provided?)
- Linking with donors and advise them to fund in priority areas. This could be service but also advocacy linked to building country priority setting skills.
- Because COHRED, in official relations with WHO, could assess the research priorities of all research-related NGOs with official recognition.
- WHO Collaborating Centres: COHRED can provide technical support to CCs on system strengthening through CC official meetings
- Innovative funding for health research. How can we use the donation of public sector IP rights to developing countries to fund health research system strengthening activities
- Quantify capacity needs; 10/90 focus on \$; no data on type of workforce needed in a country, institutional gaps in country. Opportunities for this and raise funding for this. Next year WR on RCS: no specificity on health research capacity; Global Fund: continues raising issues of lack of human resources at national level as main problem; investment in infrastructure needed.
- Important opportunity. COHRED can go and offer its support. Critical thinking needed around indicators for equity and equity in health systems.
- No one is focusing on research management in countries. This is a potential area for us.

7. Update August-November 2005

7.1 Current progress in progressing new approaches at COHRED

Since the Think Tank meeting in August, COHRED has progressed on its agenda of reflection and reform. A number of activities put into action complement or complete the suggestions given by think tank participants and by the COHRED External Review. Some of these have been formalized in the COHRED 2006 workplan. Others support the COHRED priority of organizational strengthening through documents being proposed as new organizational processes or policies (e.g. monitoring and evaluation, publications, project management). Here is an overview.

7.1.1 Strategic focus and organizational improvement:

The 2006 workplan is organized around the COHRED core values and strategic priorities. In developing their part of the plan, each COHRED professional is asked to prioritize work based on alignment with these criteria. Progress will be tracked and reporting done at the project level and linked to values and strategic objectives.

The approach of outcome mapping has been accepted by COHRED management as a component of its Monitoring and Evaluation platform. Desk research has been done on the topic and two staff brainstorming sessions were held. The COHRED Tajikistan project team will pilot outcome mapping for its project management and to document learning.

7.1.2 Priority Focus Areas:

Three focus areas were elaborated in August and presented and discussed with COHRED stakeholders over the past three months. The focus areas will guide our work in the coming 12-36 months are:

- Responsible Vertical Programming
- Making the Case for National Health Research, with a special focus on research management
- Research Capacity Strengthening, with a special focus on ethics. Activities are being started, projects and proposals prepared around these topics.

Three supporting activities linked to these are: communities, innovative funding and country based knowledge sharing and communication.

Some examples:

7.1.3 Responsible Vertical Programming - Global Fund:

A desk-top Study was done of the issues countries face in proposing operational research to the Global Fund Round 4 grants. This was presented at a special session on innovative funding for country based research at Forum 9 Mumbai. A more detailed analysis - looking at every Round 4 proposal - is in progress. We are in discussion with the SDC/IDRC supported Research Matters initiative on how to cooperate on further analysis and an advocacy campaign, on this and related topics.

7.1.4 Responsible Vertical Programming - TDR-COHRED partnership.

A one-year partnership has been agreed with TDR to study its projects in Mali, Ghana, Uganda, Tanzania (possibly Nigeria, South Africa) to look for opportunities for strengthening research capacity through TDR activities in these countries. The goal is to understand what tools, approaches and mechanisms give countries the power and perspective to manage their affairs with vertical programs. The project looks at how vertical programs can achieve their goals and build the national research system.

Lessons and recommendations will be distilled from this and recommendations to TDR will be shared with countries and other vertical programmes. The potential for these study countries to extend lessons to other countries will be assessed.

7.1.5 Innovative Funding for National Health Research:

A well-attended seminar at Forum 9 in Mumbai presented several funding mechanisms for a very practical and country perspective. This served as a springboard for a number of analyses and activities planned by COHRED. These include a paper on understanding SWAPs from a country perspective, on Global Fund operational research opportunities for countries, and a review and analysis of data on innovative approaches by countries to fund health research. COHRED is preparing publications and policy syntheses on these topics, some with Southern partners.

7.1.6. Communities Matter:

A group of specialists on communities from Asia, Africa, Europe and Latin America came together after Forum 9 Mumbai for a special Think Tank session on communities role in influencing national health research policy. Participants - from academia, NGOs and research organisations (three anthropologists were present!) - brought lessons from in and outside the health sector to offer advice and perspectives. A discussion paper has been circulated to the group. Next steps are the review and enrichment of the document through a special collaborative web space, leading to ideas for a partnership and proposal. Linked to this, COHRED gave input to a meeting of health NGOs and other actors in Bolivia and received input to the Communities Matter document.

7.1.7 Country-based knowledge sharing and communication: In preparation for this project that starts in 2006, COHRED has held preliminary consultations with a range of potential partners and institutes, from Burkina Faso, Zambia, Tanzania, Uganda, with the Research Matters, REACH and the UK based Exchange teams (on the potential of linking a number of like-minded projects in Africa) and with WHO knowledge sharing colleagues. More consultations will be done in November and December to prepare for a process of identifying partner institutes and professionals to form a peer group from several countries to put in action joint knowledge sharing and communication activities.

8. Appendix

COHRED: reflections on the future

A think tank on positioning COHRED for another useful 10 years

Geneva 11 and 12 July 2005

Introduction:

COHRED is just over 12 years old, and resulted from a generalised interest in health research as a tool for development of low-income countries during the late 1980's and early 1990's. Key words that defined COHRED's work included: promotion of Essential National Health Research (ENHR); health research priority setting; country-based action; focus on health equity as basis for development; translating 'research to action'; and - in the later years - promotion of National Health Research Systems (NHRS) as structural focus for achieving its health research objectives. COHRED was always 'majority owned' by the south, having 12 of the 18 seats on the Board.

The world has changed considerably since the late 1980's in almost every facet of COHRED's work: capacity for health research in the south; globalisation; entry of private sector as biggest health (pharmaceutical) research funder; entry of large non-profit "vertical" health research groups; increase in health inequities; successes of research in solving / addressing key areas of development; a waning and now resurging interest in health research; a large set of countries that have moved from 'third' to 'second' and even almost 'first' world economic development while others continued the decline to the lowest income status of 'highly indebted low income countries'; visible responses to civil society campaigns, including debt forgiveness; a focus away from 'research' towards 'innovation', 'knowledge management', privatization and commercialisation of knowledge, and growing gaps and ethical conflicts in making health research work ... for everyone.

COHRED needs to redefine itself in this environment, and, additionally, needs to do so for the next ten years - not just in relation to the changes that happened since 1980's but also those that are to come in the near future. To this end, COHRED initiated intensive internal discussions about its role in the global environment, and this process is taken further with the 'internal think tank' of July 11th and 12th, 2005.

The support of a small group of people is thought to help define the road forward. The two days are meant to generate questions, answers, insights and possibilities, and - perhaps - solutions. The emphasis is on the 'strategic' not the operational although this may be discussed where relevant. The think tank is part of redefining COHRED ... an ongoing process.

There are some specific issues COHRED is struggling with for which a short input paper has been requested (see below). This list is neither comprehensive nor exclusive: if you feel strongly about the need to highlight another core issue, feel free to add a short note on it.

The short papers are meant to raise questions on how COHRED should or could engage and position itself in relation to the issue. While it clearly builds on the expertise of the person preparing the paper, it should assist others to consider and reflect on the issue(s) and on COHRED's role in this context.

Before highlighting the specific issues, it is perhaps worthwhile to revisit COHRED's vision and mission - not yet perfect, but getting closer ...

COHRED (see also: <http://www.cohred.org>)

Vision: COHRED works for a world in which health research is recognised as essential to optimising health and reducing inequity and poverty

Mission: We are passionate about enabling countries to put in place and use health research to foster health, health equity, and development. We work globally - prioritising the poorest countries.

Some 'operational principles':

- we focus on country capacity and ownership
- we promote a comprehensive process, including not only researchers but also policy makers and 'communities'
- health equity - between and in countries - remains the outcome of our work
- COHRED should become a 'southern alliance with key northern partners'

It has sometime been stated that COHRED 'fails the elevator test' ... i.e. is not able to put across its 'core business' in a way that can be shared during a '30 second ride in an elevator'. The implication is that we have insufficient focus. In redefining COHRED, the following is the most recent attempt to capture our core objectives:

COHRED's core objectives are to:

1. **Get & Keep health research onto the political agenda**
 - a. county, regionally, globally; north and south
 - b. position health research as an essential ingredient of economic
2. **Convince governments (north and south; national and international), for-profit and not-for-profit sectors, and donors to spend more on national health research**
3. **Develop - and encourage development of - knowledge, tools, alliances, policies, capacity building approaches, and initiatives that optimize the impact of 'health research for development' (or, on reduction of poverty and health inequities globally)**
4. **Enable implementation - especially in and by the poor nations - of health research systems that serve the health of all and contribute to economic development and good governance.**

Please consider these inputs (vision, mission, operating principles, and core objectives) for purposes of preparing for the think tank and the discussion papers, but also with a view of challenging any part or the whole. Ultimately, it is this page that requires rewriting !

Input papers (to be requested): each no more than 2 pages - preferably raising key questions

1. COHRED's values:

COHRED came from a past with distinct values for health as part of social justice. What were these, and how is the changing world offering opportunities and placing obstacles in pursuing these values? How should COHRED change to accommodate these? (Marian Jacobs)

2. Organisation and new directions:

COHRED's recent past and organisational indicators: showing current capacity and asking how and to what extent it can and should expand. (Carel IJsselmuiden)

3. Innovation, etc:

Globalisation, privatisation of knowledge; intellectual property rights and patents; and health research in the south. What are the key issues and how should COHRED respond? What competencies should we develop to respond? (Mohamed Jeenah)

4. Interfacing with WHO and other partners*:

WHO as a multi-national organisation and 'international health department' has shown renewed interest in health research for development; There are many more actors in this field now, including academia in the north especially, than in 1990. Where are the key alliances for COHRED, and how to engage these? (Derek Yach)

4a. Interaction with WHO: a donor's perspective (Martine Berger)

5. Growing and decentralising COHRED:

COHRED was started as a small 'secretariat' in Geneva; to fulfil its expanded role, and become a 'southern alliance with key northern partners', it will have to grow outside Geneva in the south. Is this feasible; what are key challenges, opportunities, pitfalls? (Sarah Macfarlane)

6. Communities influencing research - COHRED's role

'Community involvement' in research is taking on a whole new dimension thanks to globalisation, communication, and growth of 'organised civil society'. COHRED has not engaged these changes sufficiently: what are the potentials; what competencies and infrastructure do we need? (Kausar Khan)

** COHRED and the Global Forum for Health Research have signed a memorandum of agreement, and we have embarked on a path of 'intensive collaboration'. This agenda is open, and a merge is not excluded but also not (yet) actively pursued (except pressure from one donor). The overall rationale is to combine global advocacy with country-based research system strengthening.*

COHRED : reflections on the future

A 'think tank' on positioning COHRED for another relevant decade ...

Geneva, 27 May 2005

Dear colleagues and friends,

With this letter, I would like to invite you to accept to take part in a 2-day 'think tank' on COHRED's future, to be held in Geneva on 11th and 12th of July 2005.

Following just over four 'lean years' in this field since the International Conference on Health Research for Development in Bangkok in 2000, there is a renewed interest globally in 'health research for development'. With a new focus on Millennium Development Goals, with the successes in medical products and technologies development - especially in the south, with increasing development on the one hand but also increasing inequity on the other, health research has been 'rediscovered' as one of the essential tools in meeting global and local development goals. The latest encouraging signs include the Mexico Summit and parallel Global Forum for Health Research on 'Knowledge for Better Health', the statement on health research adopted at the last World Health Assembly meeting, and intentions of donors who have long supported health research in developing countries to raise the target of development aid towards 1% of GDP (Sweden).

Against this background, COHRED has continued working for health research that matters for the poor. Its core focus was the implementation of the strategy of 'Essential National Health Research' - a concept developed by the Commission on Health Research for Development in 1990. Having advocated for this in 27 countries - with greater or lesser success - it shifted towards a larger focus on 'national health research systems' in developing countries as a consequence of the Bangkok conference.

In the mean time, the world has changed substantially since 2000 and certainly since 1990. From private investments in health research in the south probably representing the largest budget of any health research, to the WHO making health research far more prominent, to globalisation, consequent intellectual property rights on essential health interventions, to 'innovative developing countries' enhancing the 'assertiveness' of the south in terms of being able to in short: there are so many new and changed factors that should influence how we work. Yet, poverty and health inequity remain, and health research is not optimally being employed to deal with it. Therefore, COHRED's role and functions remains pertinent but also needs to take into account the changed environment.

Against this background, COHRED initiated an in-depth review since the beginning of 2004, and has revised its strategies, operational structure, its intended outputs, and many other aspects.

Before embarking on major changes, we want to hold this two-day 'think tank' with a small group of key persons who can reflect on COHRED and on its environment with expertise, wisdom, openness, and - indeed - passion.

This note is to formalize the invitation to you. Over the next month, we will finalise agenda's together with your contributions, and ask some of you to prepare a short 'position paper' on a specific topic that will be addressed at the meeting. Other preparatory documentation may be sent as well, but we will keep this to a minimum. Should you wish to have any other COHRED documents, please feel free and ask us, or consult the website where some are listed (www.cohred.org).

The team getting together in July has all the makings of a great think tank. Just so you know who will be with us:

COHRED Exco Members

Somsak Chunharas (Thailand)
Marian Jacobs (South Africa)
Ernesto Medina (Nicaragua)

External invitees:

Mohamed Jeenah (Univ of Pretoria, South Africa)
Kausar Khan (Aga Khan Univ, Pakistan)
Sarah Macfarlane (Univ of Berkeley, International Health, USA)
Daniël Mäusezahl (Board member of COHRED, SDC, Switzerland)
Aissatou Toure Balde (Institute Pasteur, Senegal) - excused
Derek Yach (Yale Univ, Global Health, USA)
Christina Zarowsky (IDRC, Governance - Equity - Health, Canada) - excused
PC Onyebujoh (WHO-TDR) - excused
Zaida Yadón (Organización Panamericana de la Salud, Argentina) excused
Berit Olsson (Sida/SAREC) - excused
Fife Paul(NORAD) - excused
Pascoal Mocumbi - excused .

COHRED staff:

Michael Devlin
Sylvia de Haan
Carel IJsselmuiden
Andrew Kennedy
Claudia Nieto
Zarina Iskhakova

For travel arrangements: please contact Ms Valerie Depensaz at COHRED's address on this letter, or via e-mail (Depensaz@cohred.org).

I look forward to this 'think tank', and meeting all again in Geneva,

Carel IJsselmuiden