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The Council on Health Research for Development (COHRED) is a global, non-profit organisation whose goal is to maximise the potential of research and innovation to deliver sustainable solutions to the health and development problems of people living in low- and middle-income countries.

**Vision:** All countries, no matter how poor, need research and innovation systems with which they can speed up progress towards a world in which health, equity and sustainable development are the norm … for everyone and everywhere. To achieve that, we aim to deliver essential value to each of our vital constituencies – people living in low- and middle-income countries, our clients in public, private and non-profit sectors, our financial supporters and investors, our partners, and to one another.

**Mission:** To provide leadership and effective solutions to support low- and middle-income countries to build their own research and innovation systems for health and development.

**Our major goal:** All low- and low-to-middle-income countries will have the basis of a well-functioning national research and innovation system for health in place by 2025.

**The solutions COHRED delivers:**

1. **Global leadership** – generate ideas, insights, inspiration and intelligence for our constituencies to help change their world and ours.

2. **Expert analysis and support** – deliver innovative, high-value solutions that maximise the use of research and innovation for health, equity and development in low- and middle-income countries, for example highest quality national management systems for research and innovation for health, top-end information and analytical solutions, leading research ethics review management tools, and smarter international collaboration and partnerships.

3. **Sustainable solutions** – to set priorities, support ethical review, build skills and drive the development of locally appropriate solutions and products.

4. **Connecting people and ideas** – to create unique opportunities to generate innovative thinking and action in support of our mission.

We strive for growth and impact in four areas:

- Smarter and better resourced research and innovation systems in low- and middle-income countries – with which countries can increasingly generate knowledge and solutions to their own priority health and development problems and contribute to global health and equity.
- Increased international support for research and innovation as key drivers for health, equity and development – in the ‘Beyond aid’ era.
- Increase our resource base – in size, diversification and predictability.
- Develop our global network – of Board, staff, associates and partners – so we can scale up.
Foreword

If we want to summarise this year in one sentence, then 2013 was the year in which we made the final change-over from COHRED as a donor-funded organisation to COHRED as an independent service provider to low- and middle-income countries (LMICs). With that, we have redefined our role as ‘the trusted partner who enables countries to develop the necessary systems to conduct research and innovation for health, equity and development’. COHRED is in a unique position to make a lasting contribution to a more healthy and equitable world.

The change-over has not been without its challenges. On the difficult side was the rapid increase in the number of staff required to organise Forum 2012 in Cape Town, following our merger with the Global Forum for Health Research in 2011. Dropping from a high of 26 staff at the end of 2011 to 15 core positions as 2013 ends, has been a challenge to team spirit and team building. We are fortunate that the team that will take COHRED into 2014 is expert, creative, enthusiastic and ready to work to make 2014 a total success.

Looking on the up-side, the COHRED Group was enriched with the formal establishment of COHRED Africa, headed by Boitumelo Mokgatla-Moipolai, as a non-profit organisation in Botswana (http://africa.cohred.org/). Boitumelo is keen to bring COHRED’s work closer to where we are working, and increase our visibility in Africa. COHRED Africa’s offices are located on the campus of the Botswana Innovation Hub, Gaborone, with whom we interact intensively to support innovation for health. Funding is provided partly through the ‘Research for Health Africa’ (R4HA) (www.cohred.org/r4ha/) programme, managed by Sylvia de Haan, and partly through grants and project income from our Research for Health and Innovation Organiser (RHinnO) Ethics software solution for research ethics committees (www.rhinno.net).

In fact, 2013 became the year in which RHinnO Ethics began to sell. Towards the end of the year, we had taken 10 orders – seven in one country alone (one national and six institutional packages). It provided us with the proof that the concept is correct and we are anticipating rolling out on a larger scale soon. RHinnO Ethics is a true team effort with sales led by Boitumelo, programming by Bruno Coelho in Brazil and content development by Mary Kasule (Botswana) and Carel IJsselmuiden.

Our work in West Africa is concluding on a high note. Over the last four years we have been developing a regional research management information system with and for the West African Health Organisation (WAHO), which has financial support from the region itself and from the International Development Research Council (IDRC), Canada. WAHO staff published a great review of their status and achievements and also the challenges for research for health in the Economic Community of West African States (ECOWAS) region1. For 2014, a joint WAHO-COHRED proposal for expansion to the entire 15-country region is going forward under the leadership of Gabriela Montorzi.

COHRED’s work in Latin America and the Caribbean (LAC) countries continues; Belo Horizonte, Brazil is the source of all our programming and information technology support. During a visit to the Pan American Health Organization (PAHO) in July, a joint vision of how we can expand and accelerate research and innovation for health for the region was developed, and a joint proposal is nearing submission. With the move of Francisco Becerra from COHRED to PAHO, as its Assistant Director General, in November, we anticipate that that our collaboration will grow even more intensively in 2014.

Danny Edwards and Laurence Verhagen were key in making COHRED’s Colloquium 3 ‘the best so far’. It combined a celebration of COHRED’s 20th Anniversary with that of the 1993 World Development Report ‘Investing in health’. Jerry Keusch, COHRED’s co-chair, was instrumental in bringing the Lancet Commission on ‘Investing in health’ into the Colloquium so we could emphasise the research and innovation that was core to health gains over the last 20 years and will be essential for health gains in the future. We are already busy focusing on Colloquium 4 in 2014 with its emphasis on ‘Fair research contracting’ – potentially developing an index of appropriate mechanisms of collaborative research and innovation involving LMICs and their institutions. (www.cohred.org/frc).

Developing COHRED for another two decades of relevance requires that we innovate and reinvent ourselves as an organisation as well. Here we are focusing on three crucial aspects:

- **Bringing on board key staff who can help grow COHRED as a social enterprise.** Kathelene Weiss joined us as Development Director. We outsourced our financial management to make room for someone who can help drive our ability to access impact investment, social venture capital and other, more contemporary, modes of financing social goods. An appointment is due in January 2014.

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- Developing a new Board who can support this. Following the appointments of Jerry Keusch and Martin Sepúlveda in 2012, we were greatly privileged to welcome Ok Pannenborg, Cathy Garner and Kanyawim Kirtikara as new members of the Board in 2013.

- Creating a group of COHRED Associates – people believing in our cause, wanting to work with us in a variety of relationships and enabling COHRED to expand and accelerate the achievement of its objectives.

The biggest risk facing COHRED in 2014 is a misalignment between reduced donor funding and increased project and contract funding with LMICs and institutions directly. Clearly, that is where development collaboration needs to go, but the speed with which donors reduce funding and change its nature to bilateral, economically focused collaboration, and the pace with which LMICs’ financial management systems can adapt will challenge the continuity of programmes we have in place. Undoubtedly, there will be further changes in 2014 because of this. At the same time, we have in place several major project proposals and proposals for partnerships that should come to maturity in 2014 and see us make the change-over successfully.

We would like to thank all COHRED’s staff and our Board members for their continued belief in, and support for, our cause and organisation. Staff members who left COHRED this year should know that their work has been key in setting us up for success in 2014. And, a particular thank you goes to our partners, funders and the people working in the background for turning 2013 into ‘the year in which we made the change’.

Gerald T. Keusch
Co-Chair: COHRED Board

Carel IJsselmuiden
Executive Director: COHRED
## COHRED in 2013 – achievements and key activities

<table>
<thead>
<tr>
<th>COHRED Unit</th>
<th>Countries</th>
<th>Activities</th>
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</table>
| COHRED Africa               | Africa    | - Mapping African research ethics review and medicines regulatory capacity – MARC Phase II: developing a platform for multi-centre trials review – EthiCall (www.cohred.org/marc)  
- RHInnO Ethics – implementation in six African countries in 2013 (Swaziland, Malawi, Nigeria, Tanzania, Mozambique and Senegal) (www.rhinno.net) |
| COHRED Connect              | Global    | - COHRED Colloquium 3: Sustainable investments in research for health (Geneva, Switzerland)  
- In progress for 2014/15: Global Forum for Health Research, 2014 |
| COHRED Tech                 | America and Latin America | - Regional activities  
  - Research for Health Africa programme, in collaboration with the NEPAD Agency (www.cohred.org/r4ha)  
  - Strengthening Research System Development for Health in West Africa project, in collaboration with WAHO (www.cohred.org/westafrica)  
- Multi-country activities  
  - Building sustainable capacity for research for health and its social determinants in LMICs in collaboration with Latin American, African and European institutions  
  - EU-LAC roadmapping workshop (October, Mexico City, Mexico). Defining a roadmap for cooperative health research between the EU and LAC countries (www.cohred.org/eulac/)  
  - MASCOT international partnering event (September, Mexico City, Mexico) facilitating partnerships to address maternal and child health inequalities (www.cohred.org/mascot) |
| COHRED Think                | America and Latin America | - Publication: Fair research contracting guidance (www.cohred.org/frc/)  
- Initial meeting of CAAST-Net Plus (Brussels, Belgium) a multi-country consortium supporting research and innovation (www.caaast-net.org/)  
- Promotion of the value of country led research and innovation during Consultative Expert Working Group meetings at the World Health Organization (www.cohred.org/cewgcall/) |
| COHRED Web for Development  | West Africa | - Regional activities  
  - Development of the HRWeb project country activity (http://westafrica.healthresearchweb.org)  
- Country activities  
  - Web for Development staff were invited to provide a ‘train the trainers’ workshop to enable West African countries to use the HRWeb platform (www.healthresearchweb.org)  
  - RHInnO Ethics began implementation in three countries – Swaziland, Malawi and Nigeria – and is being used in South Africa  
  - RHInnO Ethics and RHInnO Calls are being tested and used by three R4HA countries – Tanzania (www.costech.or.tz/?page_id=2227), Mozambique (www.ins.gov.mz/index.php/comite-de-etica) and Senegal (www.healthresearchweb.org/en/dier)  
  - RHInnO 1.1 was released (www.rhinno.net) |

### COHRED Africa – optimising research and innovation systems for health in Africa

Within the overall vision and mission of COHRED, COHRED Africa (www.africa.cohred.org) is developing and delivering global and African solutions to research and innovation systems in Africa. COHRED Africa will also contribute to COHRED’s work outside Africa where our solutions are the most appropriate ones. COHRED Africa’s offices are located in Gaborone, Botswana.

**Our major goal:** All African countries will have the basis of a well-functioning national research and innovation system for health in place by 2025.

**Activities in 2013**

COHRED Africa’s core business has been building and strengthening health research ethics capacity in Africa and globally through the various activities outlined below.

**MARC project/Research Ethics Web**

The Mapping African Research Ethics Review and Medicines Regulatory Capacity (MARC) project (www.researchethicsweb.org) was, initially, a three-year initiative funded by the European and Developing Countries Clinical Trials Partnership (EDCTP). The project was designed to develop an interactive resource map of Africa’s research ethics committees (RECs) and the RECs’ capacities. It included capacity-building initiatives, mapping medicines regulatory authorities (MRAs) and facilitating
Table 1: Number of identified Research Ethics Committees (RECs) in Africa by country

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of RECs</th>
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<tbody>
<tr>
<td></td>
<td>Level 1</td>
</tr>
<tr>
<td>Algeria*</td>
<td>2</td>
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<tr>
<td>Angola*</td>
<td>-</td>
</tr>
<tr>
<td>Benin</td>
<td>3</td>
</tr>
<tr>
<td>Botswana*</td>
<td>4</td>
</tr>
<tr>
<td>Burkina Faso*</td>
<td>4</td>
</tr>
<tr>
<td>Burundi</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>8</td>
</tr>
<tr>
<td>Cape Verde</td>
<td>-</td>
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<tr>
<td>Central African Republic</td>
<td>1</td>
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<tr>
<td>Chad</td>
<td>-</td>
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<tr>
<td>Comoros</td>
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<tr>
<td>Congo</td>
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<tr>
<td>Côte d'Ivoire</td>
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<tr>
<td>DR of the Congo*</td>
<td>5</td>
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<tr>
<td>Djibouti</td>
<td>-</td>
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<tr>
<td>Egypt</td>
<td>23</td>
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<tr>
<td>Ethiopia*</td>
<td>7</td>
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<tr>
<td>Eritrea</td>
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<td>Gabon*</td>
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<td>Gambia*</td>
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<td>Ghana*</td>
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<tr>
<td>Guinea</td>
<td>-</td>
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<td>Guinea-Bissau</td>
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<tr>
<td>Kenya*</td>
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<td>Madagascar*</td>
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<td>São Tomé and Principe</td>
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<td>Senegal</td>
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<td>South Africa*</td>
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<td>Swaziland</td>
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<td>Tanzania*</td>
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<tr>
<td>Western Sahara</td>
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</tr>
<tr>
<td>Zambia*</td>
<td>3</td>
</tr>
<tr>
<td>Zimbabwe*</td>
<td>3</td>
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</tbody>
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**Total**  
| 166       | 109       |

* MRA information mapped

better links between MRAs and RECs. The project commenced its second phase in 2013. MARC Phase I officially ended in June 2012 with 169 RECs mapped in 37 African countries and 26 MRAs. MARC Phase II focuses on the analysis and dissemination of MARC Phase I data and initiatives to address some of the bottlenecks facing African RECs. These initiatives include building and strengthening REC information management systems through RHInnO Ethics (www.rhinno.net) and reviewing multi-centre trials through an online platform designed to facilitate the joint review of multi-centre trials in Africa (EthiCall). MARC Phase II is supported as a no cost extension of MARC I from EDCTP and with supplementary funding from Pfizer Inc. in 2013.

**RHInnO Ethics**

This is a web-based ethics review tool, which is intended to replace the current complex paper-based system widely used by African RECs, and which should significantly reduce review time. RHInnO Ethics will improve the quality of review, the efficiency of RECs, communication among REC members, communication between RECs and researchers and, ultimately, contribute to harmonisation of the ethics review process in Africa. Given the constantly increasing workload of RECs, there is no doubt that the implementation of RHInnO Ethics in Africa will be one of the greatest achievements in capacitating African RECs. To date, RHInnO Ethics has been implemented in Tanzania, Mozambique, Senegal, a private REC in South Africa, and the implementation process in Malawi, Swaziland and Nigeria is ongoing.

**Research ethics training**

Health research initiatives worldwide are growing in scope and complexity, particularly as they move into the developing world. The ever-increasing activity in health research involving human participants in LMICs has resulted in a greatly increased and increasing need for sound ethical review structures and functions within these countries. This increased activity also calls greatly increased efficiencies in ethical review processes. As part of building the research ethics review capacity in Africa, COHRED offers onsite research ethics training ranging from basic research ethics issues to advanced topics. COHRED recently collaborated with Population Services International and facilitated training in Swaziland (www.cohred.org/publications/cohred-publications/).

COHRED Africa continues to provide technical support to other COHRED activities carried out in Africa.
COHRED Connect – creating partnerships for action

COHRED Connect brings people together to support health, equity and development globally through research and innovation. We connect governments, businesses, civil society, research institutions and international organisations by offering a variety of products, services and opportunities to meet.

Colloquium 3 – 2013
The major focus of COHRED Connect in 2013 was the preparation and delivery of Colloquium 3: Sustainable Investments into Research and Innovation, held 6–27 March at the Centre International de Conférences in Geneva. It was held in collaboration with the Lancet Commission on Investing in Health.

Day 1 of the Colloquium looked at the landscape of health research, identifying the key research successes since 1993, and the funding gaps that remained and needed to be urgently addressed. It looked at the role of financing science and technology (S&T) capacity in LMICs, and the international framework for monitoring and coordination of research financing.

Day 2 focused on identifying and optimising sources of financing for health research and exploring some of the framework issues associated with financing collaborative research. These issues were analysed from different perspectives, but always with a specific focus on the role, the needs and the responsibilities of LMICs.

Colloquium participants made clear in their discussions that the current framework for health research investment needs fixing. The areas of health research which need investment are legion, and inevitably there will be tensions between those who believe basic science needs to be invested in as a high priority and those who think that we need a greater focus on operational science to implement what we already know. The real debate should be about striking the right balance across the spectrum of research.

Participants highlighted that there are actions that LMICs can take immediately to ensure the most effective use is made of existing resources, including ensuring they have a national research agenda in place, aligned with a national research fund to support it. These countries must also focus on building stronger science infrastructure coupled with an appropriate regulatory environment. Finally, lower-income countries should continue to look to their neighbours. A thread throughout the Colloquium was that much strength can be drawn from regional collaboration between like-minded governments and the sharing of expertise, facilities and finances.

COHRED Connect continues to hold active discussions with potential partners for future global and regional forums.
Research for Health Africa

The Research for Health Africa (R4HA) programme is a partnership between COHRED, the African Union's New Partnership for Africa's Development (NEPAD) Planning and Coordinating Agency and participating countries looking to strengthen research governance in Africa. With initial funding from the Netherlands’ Ministry of Foreign Affairs, three African countries – Mozambique, Senegal and Tanzania – are participating in the programme. The participants include ministries of health and science and technology, and other research institutes and universities in these countries. The programme, which started in 2010, provides both technical and political support to participating countries to establish national priorities and policies, and strengthen structures to enable effective governance and management of research for health.

In 2013, R4HA continued supporting the priority-setting process in Mozambique. The Instituto Nacional de Saúde (INS) in Mozambique developed and implemented a research priority-setting questionnaire, followed by a stakeholder workshop in 2012. In 2013, these resulted in a national health research agenda that is currently being disseminated. Tanzania continued its priority-setting work, which had started in 2011 on the mainland, expanding it to Zanzibar in 2013. The overarching agenda covers all S&T sectors for the entire country.

In 2013, workshops on the monitoring and evaluation (M&E) of research and research investments were held at INS (Mozambique) and the Commission for Science and Technology (COSTECH) (Tanzania). The workshops used the outcome mapping methodology to produce draft plans for M&E at the institutional level. This work is now being used to develop a generic M&E framework that countries and institutions can use to develop their own M&E plans for monitoring research investments.

Securing sustainable financial resources for research for health remains a key challenge for countries. This will be the theme of a joint meeting, organised by WAHO, the NEPAD Agency and COHRED, tentatively scheduled to take place in June 2014 (on the occasion of the EDCTP Forum in Berlin).

Another key area of attention is the effective communication of research to key audiences. R4HA focuses its attention on research communication at the institutional level. It seeks to understand what structures and capabilities are needed within an institution to make the best use of communication to increase the visibility and use of their research. This area of work will continue in 2014 with a meeting, involving the heads of leading research institutions in Africa, to draw up key strategies and plans of action for advancing the use of research communication by institutions.

Social determinants of health network (SDH-Net)

The SDH-Net is a four-year (2011–2015) collaboration project financed by the European Commission under the Framework 7 research programme, and was launched in October 2011. SDH-Net's aims are to strengthen and link research capacities for health and its social determinants in African and Latin-American LMICs in close collaboration with European partners. COHRED and institutions from Mexico, Colombia, Brazil, South Africa, Tanzania and Kenya form the consortium that is carrying out the project.

In order to capture the full complexity of capacity building in research on SDH, the SDH-Net project has embraced a comprehensive and systematic analysis of the status of research capacities on SDH in Latin America and Africa. It has done this by looking specifically at six partner...
countries – Brazil, Colombia, Mexico, Kenya, South Africa and Tanzania. The results of this analysis form the basis of a strategic approach to guide capacity building in research on SDH. The strategic approach is articulated around four research capacity areas – knowledge production, research implementation, research system governance and management, and research system performance. It identifies the deficiencies in capacity that need to be tackled to improve research on SDH at the individual, institutional and national levels. For operational purposes these capacity areas have been reformulated into three ‘capacity-building landscapes’: 1) social appropriation of knowledge, 2) institutional and national research infrastructure, and 3) research skills and training/networks. These landscapes currently guide the development of capacity-building actions to be implemented in the countries analysed.

For further information about the project please visit www.sdh-net.eu.

**Strengthening development of research systems for health in West Africa**

West Africa needs support to strengthen its research systems for health at the national level as much as at the regional one. There are many challenges to overcome. Among these are:

- A weak or missing national research management structure
- Limited national policies and strategic plans for research for health
- A lack of motivation and skills among researchers
- Insufficient equipment and materials in research institutions
- Problems of access to the internet and bibliographies
- Low governmental financial support
- Poor quality and limited numbers of publications
- Weak use of research results by decision-makers

With the aim of improving research for health, WAHO has developed a programme for research for health promotion within its strategic plan of 2009–2013. This programme will facilitate research for health in all ECOWAS countries by strengthening governance structures, improving the capacities of research institutions and researchers, financing research for health and enhancing the dissemination and use of research results.

Following the launch of the WAHO strategic plan, COHRED and WAHO, with support from IDRC, have engaged in a four-year project to strengthen the research for health system in four West African countries – Guinea-Bissau, Liberia, Mali and Sierra Leone. The project fosters a regional approach to strengthening research systems for health, with the aim of bringing countries together for a common goal, as well as maximising impact by making the most of limited resources. This project is expected to be completed by the end of 2014. Since the start of the programme, other ECOWAS countries have expressed a wish to be supported for strengthening their own governance system of research and innovation.

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In 2013 COHRED celebrated 20 years of supporting research and innovation for health. To mark this important event in its history, 'stories of change' were collected. The stories, published on our website (www.cohred.org/20th-anniversary/stories-and-resources/), highlight the human impact of COHRED’s work on research and innovation in the countries where it has worked. The stories show how research and innovation really make a difference in improving health and equity in LMICs. Here is one of the stories, written by WAHO about their collaboration with COHRED.

The WAHO and COHRED collaboration to facilitate research for health in West Africa

WAHO is the health institution of ECOWAS. Its main objective is to bring to West African people high-quality healthcare by promoting integration, collaboration and resource sharing between the member states. WAHO, in its second strategic plan 2009–2013, developed a research programme to facilitate research for health in the 15 West African States. To gain support for this programme’s implementation, a paper written by the COHRED team served as a point of introduction. This was how the partnership between the two organisations started. Since the signing of a Memorandum of Understanding in 2009, WAHO and COHRED have created a working framework to facilitate this collaboration in the area of health research, a key component of the health system. The role of WAHO is to implement its health research programme and to use COHRED’s expertise to help it succeed.

Within the context of the above-mentioned programme, COHRED and WAHO developed a project to strengthen the national health research systems in four post-conflict countries (Liberia, Sierra Leone, Guinea-Bissau and Mali). A situation analysis of the governance, policies and priorities on health research in these countries was undertaken and published by COHRED and WAHO. Both teams have helped Liberia, Sierra Leone and Guinea-Bissau to develop their national policies, strategic plans and priorities, and ethics in research. In Mali, the two teams helped the country to set up a process to create a coordinating team for research with the participation of all the stakeholders. This project has also provided an opportunity to promote COHRED’s HRWeb platform for health research information management in all 15 ECOWAS countries. A regional platform has been developed to serve as an aggregator of the region’s information as well as to provide a regional view of the health research information. To date, all ECOWAS countries have trained people managing the relevant country page on the platform.

The partnership with COHRED has brought WAHO and the West African countries the benefit of COHRED’s extensive experience in supporting research capacity development. This collaboration has also helped to build the capacities of WAHO’s personnel to support countries in the health research area. It has also helped the countries to achieve better work results. We believe this collaboration has given COHRED the opportunity to apply its technical expertise and tools to the West African region.

It is anticipated that in the future the unique benefits and experiences resulting from this collaboration and from the joint project will be shared with other countries and regional bodies. It is also expected that the project...
benefits will be expanded to all the countries of the region to address their unique research for health needs. In the future, COHRED and WAHO will need to continue their collaboration to support the countries in the West African region in the development of their national health research systems. In particular, some outstanding key challenges will need to be addressed by both organisations in their collaboration. These include political engagement for research, resource mobilisation at the country level, capacity development and M&E.

**Project achievements to date**

**Governance and management of research**

- **Guinea-Bissau** has finalised its first national research for health priority-setting effort and drafted the first national research for health agenda. Currently the agenda has been submitted to the Minister of Health for final approval and adoption.
- **Liberia** has created a research unit within the Ministry of Health and Social Welfare, validated a list of research for health priorities to be integrated into a national research for health agenda and is currently implementing a roadmap for the development of a national research for health policy that will provide the country with a policy framework and with guidelines for the conduct of research.
- **Sierra Leone** has finalised the national research for health policy and strategic plan, which are to be formally launched before the end of 2013.
- In **Mali**, in September 2011, the first national workshop was convened to define the role and composition of the national research for health coordinating committee, to be established with the support of the project. The creation of the committee and formal approval of the action plan financial allocations are pending following a restructuring of the country’s leadership after the 2012 political unrest.

**Research ethics review**

One of the priority areas of work within the current project, and common to the four countries, is the strengthening of national research ethics review processes.

- A first training workshop was organised in **Liberia** in July 2012, and attended by at least one participant from each of the other countries involved in the project.
- Emulating Liberia’s effort, **Sierra Leone** plans to hold a national ethics workshop in 2013 with the goal of expanding the training to ethics committee members.
- **Guinea-Bissau** intends to review the composition of the national ethics review committee and strengthen national capacity in research ethics review.

**Regional collaboration and networking**

- In April 2012, countries were invited, with the financial support of WAHO, to participate in Forum 2012 and in the satellite workshop on ‘Research for health system strengthening’. The two events were hosted in Cape Town and organised by COHRED.
- In November 2012, countries were supported by WAHO to participate in a knowledge-sharing week in Tanzania. The objective was to explore, through the Tanzanian experience, the applicability and practical features of strategies for strengthening research governance systems.
- Wanting to implement other research for health strengthening activities in the region, and also to scale up this project's achievements, WAHO and COHRED are working together to find other avenues of support. In this context a satellite meeting to the EDCTP forum in Dakar on ‘Sustainable investment in research for health’ was organised.

**Research for health information management systems in the sub-region**

In 2012, WAHO initiated an effort to improve the research information management system in the sub-region. An initial assessment indicated that not one of the four countries involved in this project was benefiting from a centralised research information management system, nor was there appropriate support for providing comprehensive and systematic information regarding research. To tackle these deficiencies, the West Africa HRWeb platform was developed. This is a sub-regional research information management system, embedded in WAHO’s website, which mirrors the HRWeb.

In parallel with supporting national training workshops, the project team is currently improving the user friendliness of the platform and building additional indicators that will allow better monitoring of the research system development and performance at national and regional levels. It is now conservatively estimated that over 130 people throughout the ECOWAS region have been trained as focal points for routinely managing data on the platform.
EU-LAC health
EU-LAC health is a new EU Framework 7-funded project that is working to define a detailed plan (or ‘roadmap’) that can be used to guide policy-makers and other stakeholders on future actions to support cooperative health research between the LAC countries and the EU and its member states. This roadmap is being developed using a policy-orientated approach and taking into account the new political framework for EU-LAC collaboration in S&T. The roadmap will provide policy-makers and research and development funding bodies with new insights into how best to coordinate and fund cooperative health research between the two regions. A key aspect of the project will include linking and coordinating two important policy areas with strong involvement in health research funding – S&T policy (research) and international development cooperation.

The EU-LAC health project is to be implemented through six different thematic areas:

- The coordinating action of the project will start with the state of play analysis – under the coordination of COHRED. Through this the existing environment will be analysed. The objective here is to obtain a realistic view of the present political framework and current situation of EU-LAC cooperation in health research in both regions. This will provide the starting point for developing the roadmap and its future outlook.
- The core of the work on the roadmap will be included in the area on operational roadmapping. The main objective here is to prepare an advanced draft of the roadmap.
- Once the first draft of the roadmap has been completed, it will be important to hold a roadmap consultation process with all key stakeholders. This will be followed by the unveiling of the final roadmap for cooperative health research between the EU and LAC countries, which will be made available for public presentation and final dissemination.
- The last area of engagement on the roadmap will include management. Through this the necessary management structure for the smooth and effective coordination of all partners and fulfilment of the grant agreement with the European Commission will be provided.

Since its launch, Francisco Becerra has been the main COHRED link to the project. However, because of his recent appointment as Assistant Director General, PAHO, from 2014, Gabriela Montorzi will be the main COHRED link. For further information about the project please visit www.cohred.org/eulac/

MASCOT
MASCOT is also an EU-funded, multi-partner consortium involving 12 country partners from three regions (Africa, Latin America and Europe). The focus is on identifying and addressing inequalities in MCH through north-south and south-south collaboration, encouraging the use of research in policy and practice, and providing tools of support for LMIC researchers. The project is funded by the Framework 7 Programme, and COHRED is the overall coordinator.

The project has six months left to run (ends March 2014) and the major outputs are already taking shape:

- A systematic review of literature of MCH interventions in high-income countries and a systematic review of the literature on MCH interventions in low-income countries.
- A database allowing for visual representation of MCH inequalities on a country-by-country basis.
- An evidence-based suite of strategy briefs on a country-by-country basis. These briefs are intended to recommend particular policy interventions for countries based on their issues. They are not geared towards implementing the recommendations, but at partnering the country with other countries who have successfully implemented them. This is the collaboration aspect.

Since it was launched in 2012, Francisco Becerra has been the main COHRED link to the project and consortium. However, given his recent appointment as PAHO Assistant Director General, from late 2013 Danny Edwards has been appointed the main COHRED link. For further information about the project please visit www.cohred.org/mascot
COHRED Think combines ideas, insights and intelligence to find innovative solutions to challenges and respond to opportunities that make research and innovation work even better. Currently, COHRED Think’s two main projects are fair research contracting and the CAAST-Net initiative on supporting bi-regional S&T collaboration between Africa and Europe.

**Fair research contracting**

It has been a busy year on the fair research contracting project. Building on the success of the Bellagio meeting in October 2012, a group of key partners at the meeting committed to forming a consortium to take the process forward and provide inputs and resources wherever possible. During the course of 2013, steps were taken to establish and formalise this consortium, which is led by COHRED and includes the following organisations: BIO Ventures for Global Health, the International Centre for Diarrhoeal Disease Research, Bangladesh, the INDEPTH network, the London School of Hygiene and Tropical Medicine, the National Research Foundation of South Africa, Oswaldo Cruz Foundation (FIOCRUZ), Public Interest Intellectual Property Advisors, University of the Witwatersrand School of Law and the World Intellectual Property Organization.

Following the Bellagio meeting, we received financial support from the Netherlands–African Partnership for Capacity Development and Clinical Interventions against Poverty-Related Diseases (NACCAP) to develop a guide by which to address the key challenges faced by institutions engaging in research contracts with partners. Our guidance booklet, *Where there is no lawyer: Guidance for fairer contract negotiation in collaborative research partnerships*, highlights the key issues for consideration when entering into formalised research partnerships. It addresses the issues of intellectual property rights, ownership of data and samples, capacity building and technology transfer, compensation for indirect costs, and the legislative context of research contracts. These issues can either promote or hinder equitable collaboration, depending on how they are dealt with in the contractual agreement.

Released in June 2013, the guide was met with an overwhelmingly positive response. The guide was widely publicised and will continue to be presented and disseminated at various conferences and meetings for the remainder of 2013. From July 2013, with support from the Doris Duke Charitable Foundation, we are making this guidance booklet cloud-based. This will make it a universally accessible, interactive resource that LMIC institutions can access to increase their ability to negotiate fair contracts in international collaborative health research.

**Supporting bi-regional dialogue on S&T between Europe and Africa**

This year, the work of the CAAST-Net Plus consortium started in earnest. CAAST-Net Plus is a network designed to enhance the coordination and advancement of sub-Saharan Africa-EU S&T cooperation. It is funded under the European Union’s Framework 7 Programme for Research and Technological Development (FP7).

CAAST-Net Plus seeks to encourage more and better bi-regional cooperation for enhanced outcomes around topics of mutual interest, particularly climate change, food security and health. COHRED will lead on increasing
health S&T cooperation between the two regions, alongside the Ministry of Higher Education, Science and Technology (MoHEST), Kenya and the Foundation for International Health and Cooperation (FCSAI), Spain.

This year, the primary focus of the work plan on health has been a task led by MoHEST. It has involved building a better understanding of the existing cooperation instruments for health research which exist between the EU and Africa and learning about the challenges that such cooperative endeavours face. In this way, a deeper understanding of the role that CAAST-Net Plus can play in facilitating such cooperation will be achieved.

During 2014, COHRED will continue to work with FCSAI and start to develop potential scenarios for fruitful intervention of CAAST-Net Plus. In 2014 there will be a specific focus on building stronger links between the private sector, researchers and ministries of S&T in Africa and Europe – to enhance further uptake and dissemination of the fruits of collaborative research.

CAAST-Net Plus meeting in Addis Ababa, Ethiopia.
COHRED Core – administration, communications and development

This year has been an intensive year for COHRED as a whole, and the support services in particular. We have been facing a strange paradox for a while, but in 2013 this was even more pronounced. There was a substantial increase in demand for our services and products (country support, RHInnO Ethics and regional support services), but the ability to cover our core costs were diminishing. Reduced donor funding for an ‘intermediary organisation’ like COHRED is a complex issue. First, donors prefer to fund countries directly. Second, ‘aid’ is becoming increasingly more tied to future economic benefits for the donor country. In the context of research and innovation, this means diverting donors away from ‘research and innovation’ – focusing on ‘fragility’ instead – even though most of the world’s poor live in countries where research and innovation for health are developing rapidly and need support. Third, the blurring of the borders between low- and high-income countries is increasingly apparent – with low-income countries wanting to pick up the tab for their own development rather than wait for donor approval and financing. But, this increasing willingness to pay is not matched by the financial management and supervisory abilities to pay for the services wanted. Finally, donors, philanthropists and sponsors of research remain focused on lowering ‘overhead costs’ as a sign of efficiency – ignoring the very real needs for organisation building to deliver, measure and evaluate high-quality products and services.

As a result, COHRED faces a gap in core funding. This means scaling down support services and programme staff. Staff who have left were, mostly, at the end of contracts so that all have been able to find work elsewhere. We responded by appointing Kathleen Weiss as a full-time Development Director – helping us to fill this void. We need to think beyond filling gaps and more on rolling out our key services to all who need them. Substantially larger grant proposals for regional work have been prepared and submitted – especially for Africa and Latin America – and others are in the pipeline. We have begun recruiting for a ‘chief operating officer’ to help position COHRED better in the social entrepreneur and impact investment landscape.

We have outsourced our financial management services so that we can operate in Geneva and the new COHRED Africa office using similarly competent staff, even though the offices are small.

COHRED ANNUAL REPORT 2013

In October 2013, we released the new page of the West Africa HRWeb, with a new layout and design that incorporates some visual and technical changes that makes the platform more user friendly, powerful and reliable.

HRWeb user statistics. In 2013, the number of newly registered users jumped to 720 from 447 in 2012, an increase of 62%. The total number of visits showed a year-on-year increase of 65%:

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<tr>
<td>1 Jan 2012 – 31 Dec 2012</td>
<td>60,535</td>
<td>49,400</td>
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</table>

The Social Determinants of Health Network (SDH-Net) resource database

The SDH-Net web-based resource database has been developed using the HRWeb platform, powered by COHRED. The content of the SDH-Net database has been structured on the basis of the mapping tool developed in the first phase of the project and provides comprehensive information on the status of research on SDH from a system perspective.

Partners and partnerships

**American University of Beirut**

COHRED developed a joint proposal with the Faculty of Health Sciences at the American University of Beirut that comprises all the planned activities for the Middle East region. A first joint activity will be to facilitate a Bellagio meeting on research for health in the new Arab world in February 2013.

**Botswana Innovation Hub (BIH)**

Supported by the Government of Botswana, the BIH continues to provide COHRED with office accommodation, connectivity, and links to Botswana’s own innovation efforts. COHRED Africa’s offices are hosted by BIH.

**CAAST-NET Plus**

CAAST-Net Plus is a network of 25 partner organisations from all over Europe and sub-Saharan Africa, working together to support bi-regional cooperation in research and innovation.

Our partners in this work are:

- Association of Commonwealth Universities
- Ministry of Higher Education and Scientific Research (MHESRT), Egypt
- Council for Scientific and Industrial Research-Science and Technology Policy Research Institute (CSIR-STEPRI), Ghana
- Norges Forskningsrad [Research Council of Norway] (RCN), Norway
- Department of Science and Technology (DST), South Africa
- Research Africa (Pty) Ltd (RA), South Africa
- Ministry of Higher Education, Science and Technology (MoHEST), Kenya
- Uganda National Council for Science and Technology (UNCST), Uganda
- Ministry of Education Rwanda (MINEDUC), Rwanda
- Institut de recherche pour le développement [Institute of Research for Development] (IRD), France
- Ministerio do Ensino Superior, Ciencia e Inovacao [Ministry of Higher Education, Science, and Innovation] (MESCI), Cape Verde
- Deutsches Zentrum fuer Luft – und Raumfahrt e.V [Project Management Agency in the German Aerospace Centre] (DLR), Germany
- Jyväskylän yliopisto [University of Jyväskylä] (JYU), Finland
- Ministère de la recherche scientifique [Ministry of Higher Education and Scientific Research] (MRS), Senegal
- National Office for Technology Acquisition and Promotion (NOTAP), Nigeria
- Fundación Española para la Cooperación Internacional Salud y Política Social [Foundation for International Cooperation, Health, and Social Policy] (FCSAI), Spain
- Fundação para a Ciência e a Tecnologia [Foundation for Science and Technology] (FCT), Portugal
- Technical Centre for Agricultural and Rural Cooperation (CTA), Netherlands
- Foundation for Research and Technology-Hellas (FORTH), Greece
- Direction of Research, Ministry of National Education and Scientific Research (DR-MENRS), Madagascar
- Danmarks Tekniske Universitet [Technical University of Denmark], Denmark
- United Nations Environment Programme Rise Centre (UNEP Rise), Denmark
- Ministry of Education, Science and Technology (NCST), Malawi
- Association of African Universities (AAU), Ghana
- Zentrum für Soziale Innovation [Centre for Social Innovation] (ZSI), Austria

**Fair research contracting initiative**

This initiative is led by COHRED, with funding from the Doris Duke Charitable Foundation. It seeks to identify best practices for the research contracting (negotiation) process in circumstances where there is little or no legal expertise. In developing this work, we are proud to partner with BIO Ventures for Global Health (BVGH), the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), the INDEPTH network, the London School of Hygiene and Tropical Medicine, the National Research Foundation of South Africa (NRF), Oswaldo Cruz Foundation (FIOCRUZ), Public Interest Intellectual Property Advisors (PIIPA), University of the Witwatersrand School of Law and the World Intellectual Property Organization (WIPO).

**Global health technologies coalition (GHTC)**

The GHTC is a group of more than 25 non-profit organisations working to increase awareness of the urgent need for technologies that save lives in the developing world. COHRED partnered with GHTC in advocacy activities alongside the World Health Assembly, and at the UN to draw attention to the importance of S&T in achieving greater health outcomes.

**INDEPTH**

The international network for the demographic evaluation of populations and their health in developing countries (INDEPTH) has been collaborating with COHRED to establish a cloud-based information management system on the HRWeb.
International AIDS vaccine initiative (IAVI)
The IAVI is a global not-for-profit organisation whose mission is to ensure the development of safe, effective, accessible, preventive HIV vaccines for use throughout the world. COHRED partnered with IAVI in advocacy activities at the UN to draw attention to the importance of S&T in achieving greater health outcomes.

Instituto Nacional de Salud Pública (INSP), Cuernavaca, Mexico
A Memorandum of Understanding exists to undertake three online courses for the Research for Health managerial capacity building in Latin America (RIMAIS) network. INSP provided the academic orientation, the web-based platforms for the courses and the certificates with academic value.

New Partnership for Africa’s Development (NEPAD) Agency
The NEPAD Agency is COHRED’s key partner in the R4HA Africa programme. A Memorandum of Agreement exists to support collaboration studies on any topic in research for health. The R4HA programme, funded by the Netherlands, is the first activity of this memorandum to have been made operational.

Pan American Health Organization (PAHO)
A PAHO-COHRED Memorandum of Agreement exists to support countries in strengthening their research systems for health, provide technical support to the agency as needed and to strengthen HRWeb Americas.

Population Services International (PSI)
COHRED collaborated with PSI to build research ethics review capacity in Swaziland.

MASCOT
MASCOT is a European Union-funded project under the umbrella of the European Union’s Framework 7 Programme (FP7/2007-2013), under grant agreement no. 282507. The project is coordinated by COHRED.

Partners attached to MASCOT are Euroquality (France), Sociedade Portuguesa de Inovação (Portugal), Fundación Instituto Centroamericano de Salud Internacional (Costa Rica), INSP (México), Universidad Católica de la Santísima Concepción (Chile), Centre For Health Policy, University of the Witwatersrand, Johannesburg (South Africa), National Institute for Medical Research (Tanzania), School of Public Health, University of Ghana (Ghana), Health Action Partnership International (UK), Hôpital Farhat Hached de Sousse (Tunisia).

Red Iberoamericana Ministerial de Aprendizaje e Investigación en Salud [Ibero-American Ministerial Network for Learning and Research] (RIMAIS)
The COHRED group is a member of the RIMAIS Technical Advisory Board and developed and finalised the project, funded by the Spanish Agency for International Cooperation and Development (AECID), as part of a partnership with the INSP, Mexico. COHRED coordinated three courses and reached participants in Latin America, Europe and Africa.

Southern African Research Ethics Network (SAREN)
COHRED is working with SAREN to assist in using MARC for the network of Chairpersons of RECs in the Southern African Region. COHRED, through the MARC project, contributed to the activities of the SAREN project, particularly on developing an African research ethics pocket textbook.

University Research Cooperation
COHRED collaborated with PSI to build research ethics review capacity in Swaziland, and as well as in the implementation of the Research for Health Innovation Organiser (RHInnO Ethics) platform.

West African Health Organisation (WAHO)
WAHO has built within its strategic plan 2009–2013 a programme for health research promotion with the objective of improving research for health. This programme facilitates research for health in all ECOWAS countries by strengthening governance structures, improving the capacities of research institutions and researchers, financing research for health and enhancing the dissemination and use of research results. To support the implementation of this programme, WAHO has established since 2009 an official partnership with COHRED to ensure technical expertise in building research systems for health in the sub-region. With WAHO’s strategic plan coming to an end, COHRED has been invited by WAHO to support the development a new strategic plan for 2014 and beyond in terms of research system development for health.
<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Affiliations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professor Abbas U Bhuiya</strong></td>
<td>Deputy Executive Director, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) Bangladesh Interim Chair/Co-Chair (Until March 2013)</td>
</tr>
<tr>
<td>Dr Jo Ivey Boufford</td>
<td>President, New York Academy of Medicine USA (Until March 2013)</td>
</tr>
<tr>
<td><strong>Professor Jie Chen</strong></td>
<td>Director, National Institute of Health Technology Assessment, Ministry of Health, Department of Hospital Management Fudan University, School of Public Health People's Republic of China</td>
</tr>
<tr>
<td>Mr Marc De Santis</td>
<td>Programme Manager, Multilateral Affairs East and Southern Africa Federal Department of Foreign Affairs, Swiss Agency for Development and Cooperation (SDC) Switzerland (Until March 2013)</td>
</tr>
<tr>
<td><strong>Professor Debora Diniz</strong></td>
<td>Professor of Public Health and Bioethics, Institute of Bioethics, Human Rights and Gender (ANIS) Brazil (Until March 2013)</td>
</tr>
<tr>
<td><strong>Professor Carel Ijsselmaiduen</strong></td>
<td>Executive Director, COHRED South Africa/Netherlands</td>
</tr>
<tr>
<td><strong>Dr Cathy Garner</strong></td>
<td>Ex-Director, Association of University Technology Transfer Managers (AUTM) UK (Joined in 2013)</td>
</tr>
<tr>
<td><strong>Dr Suzanne Jacob Serruya</strong></td>
<td>Pan American Health Organization (OPS/OMS) Brazil (Until March 2013)</td>
</tr>
<tr>
<td><strong>Dr Gerald Keusch</strong></td>
<td>Associate Director of the National Emerging Infectious Diseases Laboratory, Professor of Medicine and International Health, Schools of Medicine and Public Health, Boston University USA Co-Chair</td>
</tr>
<tr>
<td><strong>Dr Kanyawim Kirtikara</strong></td>
<td>Executive Director, National Center for Genetic Engineering and Biotechnology (BIOTEC) 113 Thailand Science Park, Pahonyothin Rd. Klong 1, Klong Luang Pathumthani 12120, Thailand (Joined in 2013)</td>
</tr>
<tr>
<td><strong>Dr Pascoal Mocumbi</strong></td>
<td>High Representative, European and Developing Countries Clinical Trials Partnership (EDCTP) Mozambique (Until March 2013)</td>
</tr>
<tr>
<td><strong>Dr Ok Pannenborg</strong></td>
<td>Former Senior Advisor for Health, Nutrition and Population, Africa Region of The World Bank USA ( Joined in 2013)</td>
</tr>
<tr>
<td><strong>Professor Don de Savigny</strong></td>
<td>Professor and Head of the Health Systems Interventions Unit Department of Public Health and Epidemiology, Swiss Tropical Institute Canada/Switzerland (Until March 2013)</td>
</tr>
<tr>
<td><strong>Dr Martin Sepulveda</strong></td>
<td>IBM Fellow and Vice President Health Research, IBM Research, IBM Corporation USA</td>
</tr>
<tr>
<td><strong>Dr Donald T. Simeon</strong></td>
<td>Director, Caribbean Health Research Council Trinidad and Tobago (Until March 2013)</td>
</tr>
<tr>
<td><strong>Dr Aissatou Toure</strong></td>
<td>Head, Laboratory of Parasite Immunology, Pasteur Institute Dakar Senegal (Until March 2013)</td>
</tr>
</tbody>
</table>
## COHRED Team 2013

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Mandate</th>
<th>Country/City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr David Abreu</td>
<td>Head of Web for Development</td>
<td>Brazil (Until April 2013)</td>
</tr>
<tr>
<td>Dr Francisco Becerra</td>
<td>Senior Advisor</td>
<td>Mexico (Until September 2013)</td>
</tr>
<tr>
<td>Mr Gabriel Caires</td>
<td>Analyst, Web for Development</td>
<td>Brazil</td>
</tr>
<tr>
<td>Ms Arafa Cherif</td>
<td>Administrative Assistant (Volunteer)</td>
<td>Chad (From March 2013)</td>
</tr>
<tr>
<td>Mr Bruno Lacerda Coelho</td>
<td>Manager, Web for Development</td>
<td>Brazil</td>
</tr>
<tr>
<td>Ms Teresa Cullen</td>
<td>Administrative Assistant, Research for Health Africa</td>
<td>UK</td>
</tr>
<tr>
<td>Ms Arianna D’Amora</td>
<td>Office Manager</td>
<td>Italy</td>
</tr>
<tr>
<td>Mr Marcelo Delgado</td>
<td>Analyst, Web for Development</td>
<td>Brazil (Until October 2013)</td>
</tr>
<tr>
<td>Dr Kathy Douglas</td>
<td>Senior Programme Manager, Research for Health Africa</td>
<td>USA (Until April 2013)</td>
</tr>
<tr>
<td>Mr Danny Edwards</td>
<td>Policy Analyst</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Ms Monica Gazzetta</td>
<td>Financial Officer</td>
<td>Austria/Switzerland</td>
</tr>
<tr>
<td>Mr Hassen Ghannem</td>
<td>Senior Consultant</td>
<td>Tunisia (Until August 2013)</td>
</tr>
<tr>
<td>Ms Sylvia de Haan</td>
<td>Director of Programmes</td>
<td>Netherlands</td>
</tr>
<tr>
<td>Professor Carel IJsselmuiden</td>
<td>Executive Director, COHRED</td>
<td>South Africa/Netherlands</td>
</tr>
<tr>
<td>Ms Florine Jobin</td>
<td>Personal Assistant to the Executive Director</td>
<td>Switzerland (Until December 2013)</td>
</tr>
<tr>
<td>Dr Sonali Johnson</td>
<td>Director of Development</td>
<td>UK/India (Until June 2013)</td>
</tr>
<tr>
<td>Dr Andrew Kanyegirire</td>
<td>Head of Communications</td>
<td>Uganda (Until April 2013)</td>
</tr>
<tr>
<td>Ms Mary Kasule</td>
<td>Senior Research Officer, MARC</td>
<td>Uganda</td>
</tr>
<tr>
<td>Mr Tuelo Letswelese</td>
<td>Web Analyst Consultant</td>
<td>Botswana (From March to September 2013)</td>
</tr>
<tr>
<td>Ms Pelthia Makgatho</td>
<td>Administrative Assistant</td>
<td>South Africa (Until November 2013)</td>
</tr>
<tr>
<td>Ms Debbie Marais</td>
<td>Research and Development Officer</td>
<td>South Africa (Until September 2013)</td>
</tr>
<tr>
<td>Ms Scotti McLaren</td>
<td>Finance Manager</td>
<td>USA (Until September 2013)</td>
</tr>
<tr>
<td>Ms Boitumelo Mokgatl-Mopolai</td>
<td>Manager COHRED Africa</td>
<td>Botswana</td>
</tr>
<tr>
<td>Dr Gabriela Montorzi</td>
<td>Programme Manager</td>
<td>Argentina</td>
</tr>
<tr>
<td>Mr Rafael Sahb</td>
<td>Analyst, Web for Development</td>
<td>Brazil</td>
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<tr>
<td>Mr Emanual Souvairan</td>
<td>Monitoring and Evaluation Officer</td>
<td>Switzerland/UK</td>
</tr>
<tr>
<td>Ms Jacintha Toohey</td>
<td>Consultant on FRC, COHRED Think</td>
<td>South Africa (From March 2013)</td>
</tr>
<tr>
<td>Ms Laurence Verhagen</td>
<td>Director of Events</td>
<td>Netherlands (Until April 2013)</td>
</tr>
<tr>
<td>Ms Kathelene Weiss</td>
<td>Director of Development</td>
<td>USA (From July 2013)</td>
</tr>
<tr>
<td>Mr Ralph Williams</td>
<td>Administrative Assistant (Volunteer)</td>
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Financial support

Partners and donors who provided financial support to, or contracted with, COHRED during 2013 are:

- African Observatory of Science Technology and Innovation (AOSTI)
- Doris Duke Charitable Foundation
- The European and Developing Countries Clinical Trials Partnership (EDCTP)
- European Commission
- Global Forum for Health Research
- Ibero-American Ministerial Network on Learning and Health Research (RIMAIS)
- International Development Research Centre, Canada (IDRC)
- Middle East and North Africa Health Policy Forum (MENA HPF)
- Ministry of Foreign Affairs, Netherlands
- Netherlands-African Partnership for Capacity Development and Clinical Interventions against Poverty-Related Diseases (NACCAP)
- Pfizer Inc.
- Population Services International
- Rockefeller Foundation
- West African Health Organisation (WAHO)
- World Health Organization (WHO)

Key financial data

**Figure 1. Form of income (%)**

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</tr>
<tr>
<td>Restricted grant</td>
<td>1,864,930</td>
<td>95</td>
</tr>
<tr>
<td>Other income</td>
<td>34,492</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,958,276</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**Figure 2. Expenditures (%)**

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Amount (CHF)</th>
<th>As a proportion (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programmes</td>
<td>2,020,286</td>
<td>76</td>
</tr>
<tr>
<td>Governance</td>
<td>182,546</td>
<td>7</td>
</tr>
<tr>
<td>Fundraising</td>
<td>121,368</td>
<td>5</td>
</tr>
<tr>
<td>Organisational development</td>
<td>320,621</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,644,821</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
COHRED publications 2013


Joint publications


Supporting research and innovation systems for health, equity and development

COHRED
Council on Health Research for Development (COHRED)
1–5 Route des Morillons
PO Box 2100
1211 Geneva 2
Switzerland
Tel: +41 22 918 900
Fax: +41 22 918 910
Email: cohred@cohred.org

COHRED representatives also available in:

Arab world
Professor Hassen Ghannem
University Hospital Farhat Hached
Department of Epidemiology
Sousse
Tunisia
Tel: +21 655 404 357
Email: ghannem@cohred.org

Brazil
Mr Bruno Coelho
Rua Quintino Bocaiuva 504, Apto 202
Santa Rosa, Belo Horizonte – MG, Brazil
CEP: 31255-550
Tel: +55 313 317 2325
Email: coelho@cohred.org

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