

COHRED ANNUAL REPORT 2012



COHRED
Council on Health Research for Development



Africa



Connect



Tech



Think



Web4Dev

Supporting research and innovation systems
for health, equity and development

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About COHRED

A southern alliance with key northern partners

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

We aim to improve health, equity and development by supporting countries to develop strong research and innovation systems. We work globally, but prioritise low- and middle-income countries.

Following the integration of COHRED and the Global Forum for Health Research (GFHR), COHRED's portfolio of services and tools that support countries in strengthening governance and management of research and innovation for health, equity and socio-economic development grew. It now includes the Global Forum's influential international conference on research and

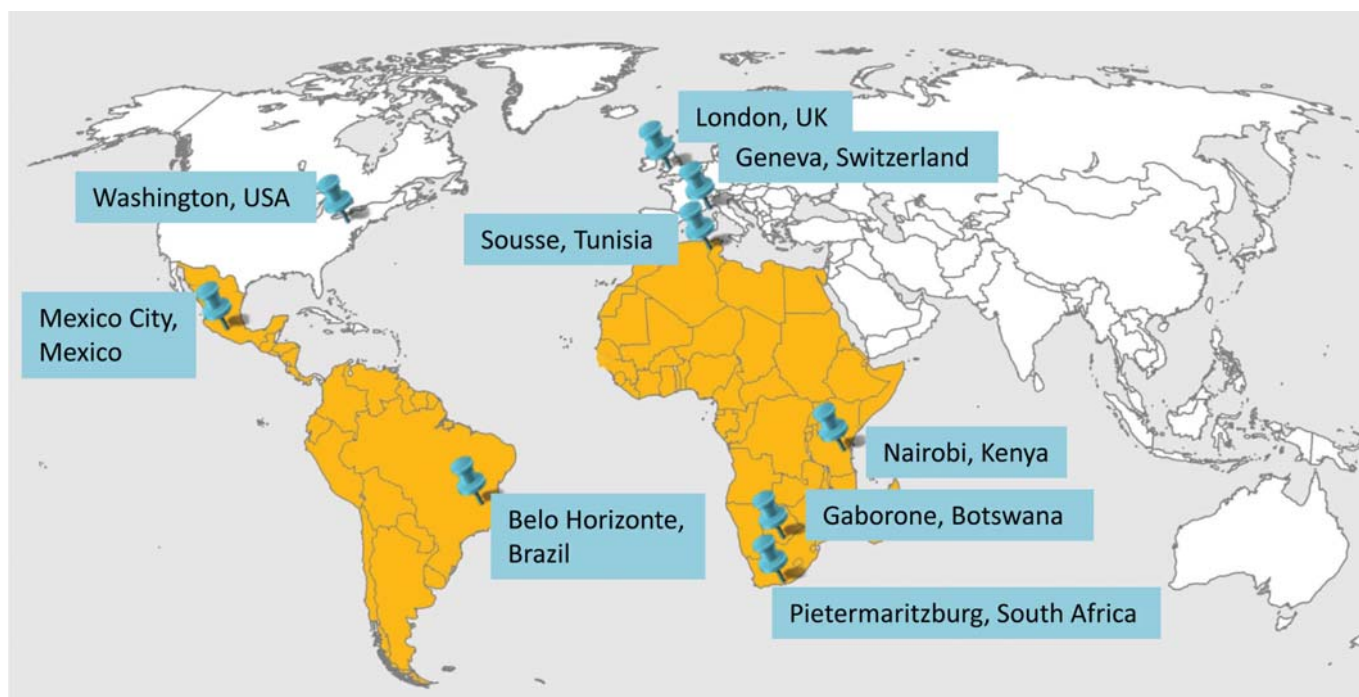
innovation for health and its tracking of resource flows to health research. Forum 2012 successfully took place in April 2012 in Cape Town, South Africa and we are now exploring the options for a follow-up Forum 2014.

We have two primary goals:

- To support countries in optimising their research and innovation capacity for the improvement of health, equity and socio-economic progress
- To engage outside agencies whose actions impact on the research and innovation capacity of low- and middle-income countries – with the aim of ensuring that their actions are system supportive.

Given continuing health inequities in both the developing and the developed world, COHRED promotes research for health and innovation that addresses the needs of the disadvantaged.

COHRED works with countries to build the skills and systems required for such essential research. We partner with all individuals and organisations who can support our mission including governments, research and academic institutions, businesses, donors, regional and international organisations and local communities, building on expertise from around the world.



Foreword

This year saw substantial changes to COHRED as an organisation, changes that will enable us to deliver even better on our mission of 'support for research and innovation for health, equity and development' – especially in low- and middle-income countries.

A key development was the implementation of the merger between COHRED and the Global Forum for Health Research (GFHR) that began in 2011. In April this year, the first meeting of the GFHR, organised by COHRED – Forum 2012 – took place in Cape Town, South Africa (www.cohred.org/about-cohred-connect/global-forum-for-health-research). We decided on 'Beyond Aid – Research and Innovation as key drivers for Health, Equity and Development' as the theme for Forum 2012. Looking at the rapidly changing world, in which low-income countries become middle-income countries – with substantial capacity to contribute to global health on their own – and in which the largest proportion of the world's poverty exists in middle-income rather than in low-income countries, traditional 'aid' no longer seems a suitable path to international solidarity and interaction. Our Forum 2012 intended to re-shape thinking about future international collaboration on development and poverty eradication.

"Tanzania will be a middle-income country by 2025, and science and technology will help get us there" – so said the Minister of Science and Technology of Tanzania, Prof. Makame Mbarawa, during the opening panel. This assertion – applied to all low-income countries – was strongly endorsed by the South African Minister of Science and Technology, Ms Naledi Pandor, a key partner in Forum 2012.

Forum 2012 achieved two important points:

- Firstly, it made clear the urgent need to stop looking at 'aid' as 'relief', but instead look at 'aid' as a powerful means of putting countries in the driving seat of their own development, while creating a globally interactive force for research, innovation, health, equity and development. Forum 2012 provided great examples of how research, science and technology, and innovation are productive and essential components of such a 'beyond aid' world. It emphasised the fact that countries need strong national research and innovation systems and capacities to make full use of the potential of research and innovation. That takes time, but given the rapid pace of development around the globe, we may already be late if we do not start now!
- Secondly, Forum 2012 turned the spotlight on the concepts of 'research for health' and 'research and

innovation for health'. While the 2008 Ministerial Meeting in Bamako began the shift from 'health research' to 'research for health', Forum 2012 became a practice and demonstration ground for this. Research, science and technology, and technical and social innovation that impact on health are, inherently, multi-sector activities. 'Health' cannot be solved in the health sector alone. It is both a determinant of economic progress and a result. Focusing on 'research and innovation for health, equity and development' makes sense – it solves problems, addresses economic and social development goals and stimulates low- and middle-income countries to take the lead in their own development.

Another key development, for us and for our work, was the signing of a Memorandum of Agreement (MoA) between COHRED and the Botswana Innovation Hub which we hope will form the basis for relocating COHRED's work in Africa to Africa. We now have offices and our first two staff permanently resident in Gaborone, Botswana. 'COHRED Africa' is focusing on Anglophone Africa for now, specialising in support to build capacity in reviewing research ethics in Africa and outside. But it is anticipated that this hub will become the centre of all COHRED's activities in Africa – at least, for the Anglophone parts, while we look at opportunities to become similarly engaged in Francophone and Lusophone countries.

A final structural change grouped our work into five operational units, working both independently and synergistically. Our technical support is delivered by **COHRED Tech**. Meetings and opportunities to generate 'improbable partnerships for action' are created by **COHRED Connect**. Our web and cloud-based services and support are provided by **COHRED Web 4 Development**. Our own innovation, ideas and intelligence are the domain of **COHRED Think**. And, of course, the work in Africa is spearheaded by **COHRED Africa**. Visit our website for more information on each of these.

Our on-going support to the development of research and innovation systems for health continues through the Research for Health Africa (R4HA) project, and through our increasing collaboration with the West African Health Organisation (WAHO) – jointly supporting seven countries: Guinea-Bissau, Liberia, Mali, Mozambique, Senegal, Sierra Leone and Tanzania. This report outlines our many engagements, but we want to highlight some major new ones here:

1. **Fair Research Contracting** – trying to provide model contracts and contracting expertise to those responsible for negotiating research contracts on behalf of institutions in low- and middle-income countries. Building on a joint effort with ICDDR,B

(International Centre for Diarrhoeal Disease Research, Bangladesh) in 2009, we pulled together a key group of interested parties at the Rockefeller Foundation's Bellagio Center to advance the project and provide input into a guide to contracts and contracting in 2013 with the aim of transforming this into an interactive, web-based expert system. For more information on the work and our partners, please see www.cohred.org/fair-research-contracting-2.

2. **CAAST-Net** – is an EU-funded, multi-country network of European and African collaborators focusing on policy development and promoting increased collaboration between Europe and Africa in the field of science and technology – as applied to health, climate change and food security. The combination of ministries of health and ministries of science and technology makes this especially interesting for us to learn more about improving 'research and innovation for health, equity and development'. For more information visit www.cohred.org/africa-eu-science-tech-cooperation.
3. **Forum 2014, COHRED Colloquium III and a National Innovation for Health Forum** – will all take place in 2013 and 2014, but were the results of the creation of COHRED Connect after the successful delivery of our first Global Forum for Health Research in Cape Town. Forum 2014 will be announced soon, while COHRED Colloquium III will dig more deeply into one theme of Forum 2012 – 'Investing in Research for Health'. The Colloquium is a joint project of COHRED and the Lancet Commission on Investing in Health (www.cohred.org/colloquium2013). Together with the Botswana Innovation Hub, we are working on a unique formula for promoting research and innovation for health, equity and development – a National Innovation Forum – that we hope will come to fruition at the end of 2013.
4. **RHInno and RHInno Ethics** – our cloud-based information management system for institutions and government, Research for Health and Innovation Organiser (RHInno) aims to make it easy to manage national and institutional research projects and funding. The 'ethics review module', RHInno Ethics, assists overworked Research Ethics Committees (RECs) to increase quality, efficiency, accountability and its own capacity. We sold our first package to a private sector ethics review committee in South Africa, and are gearing up to expand throughout Africa next year (www.rhinno.net).

The financial situation of COHRED is complex. On the one hand – *when measured by the demand for our services* – it is very promising, but on the other hand – *when*

considering the finances available to respond to the many requests and to sustain the core structure of the organisation – it is very tough. The difficult economic climate in traditional donor countries is reducing 'aid' to countries just as they begin to develop and move forward. This is a particularly critical stage for these countries when often they have not yet had the time to begin systematic budgeting for the development of their own science and technology sectors. We find ourselves in this 'dip' or 'interim period' in which it has become more difficult to generate core support from international aid while budgets in low- and middle-income countries are not yet sufficiently geared to pay for our work as a service. Nevertheless, we expect that both donors and low- and middle-income countries will see that implementation of the Busan High Level Forum on Aid Effectiveness should include the development of national research and innovation systems. And, furthermore, that countries – particularly those that no longer receive aid – will need to make longer-term, predictable investments in their own science, technology and innovation systems that impact on health, equity and socio-economic development.

As the BRICS (Brazil, Russia, India, China and South Africa) and G20 countries show – and as Minister Mbarawa's ambition for Tanzania demonstrates – the future in which low- and middle-income countries begin to design their own solutions to global health problems has already arrived. Given the necessary support, COHRED aims to be ready to promote this vision of the future more broadly, and to be an expert companion for countries that are climbing the development ladder, *because health and equity remain key objectives of social justice everywhere*.

For us, 2012 was an intense year full of change, insecurity and more change. We would like to sincerely thank our staff and the members of the COHRED Board – including those who left and those who joined us during the year – for helping to reconstruct our work and our organisation in a way that will support 'research and innovation for health, equity and development' for many years to come – well beyond our 20th Anniversary in 2013!



Abbas Bhuiya
Co-Chair:
COHRED Board



Gerald T. Keusch
Co-Chair:
COHRED Board



Carel IJsselmuiden
Executive Director:
COHRED






COHRED's strategic direction

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

At the core of our work is the need to understand better the needs of low- and middle-income countries (LMICs) and how COHRED can add value by strengthening research and innovation systems for health by:

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

COHRED in 2012 – achievements and key activities

COHRED Unit	Countries	Activities
 COHRED Africa	Africa <ul style="list-style-type: none"> ■ 37 African countries (see Table 1) 	<ul style="list-style-type: none"> ■ Mapping African Research Ethics Review Capacity (MARC) (www.cohred.org/marc)
 COHRED Connect	<ul style="list-style-type: none"> ■ Switzerland ■ Botswana ■ Philippines 	<ul style="list-style-type: none"> ■ Forum 2012 (www.forum2012.org) <p>In progress from late 2012</p> <ul style="list-style-type: none"> ■ COHRED Colloquium III, 2013, Geneva ■ Botswana Health Research and Innovation Forum, 2013, Gaborone ■ Global Forum for Health Research, 2014 (TBC)
 COHRED Tech	<ul style="list-style-type: none"> ■ Guinea-Bissau ■ Liberia ■ Mali ■ Mozambique ■ Senegal ■ Sierra Leone ■ Tanzania <p>Regions</p> <ul style="list-style-type: none"> ■ Africa ■ Latin America 	<p>Regional activities</p> <ul style="list-style-type: none"> ■ 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) <p>Multi-country activities</p> <ul style="list-style-type: none"> ■ Research for health managerial capacity in Latin America. In collaboration with RIMAIS (Red Iberoamericana Ministerial de Aprendizaje e Investigación en Salud, the Ibero-American Ministerial Network on Learning and Research for Health) and European institutions (www.cohred.org/rimais/) ■ Building sustainable capacity for research for health and its social determinants in LMICs. In collaboration with Latin America, African and European institutions ■ Defining a Roadmap for Cooperative Health Research between the European Union (EU) and Latin America-Caribbean Countries: a Policy-Oriented Approach. In collaboration with Latin American, Caribbean and European institutions ■ Multilateral association for studying health inequalities and enhancing north-south and south-south cooperation (MASCOT). In collaboration with Latin American, African and European institutions (www.cohred.org/mascot)
 COHRED Think		<ul style="list-style-type: none"> ■ Fair Research Contracting (www.cohred.org/fair-research-contracting-2)
 COHRED Web for Development	<ul style="list-style-type: none"> ■ Benin ■ Burkina Faso ■ Cape Verde ■ Côte d'Ivoire ■ Gambia ■ Ghana ■ Guinea ■ Guinea-Bissau ■ Liberia ■ Mali ■ Niger ■ Nigeria ■ Senegal ■ Sierra Leone ■ Togo ■ Kenya 	<p>Sub-regional activity</p> <ul style="list-style-type: none"> ■ Development of the WAHO's Research for Health Platform. In collaboration with WAHO and 15 West African countries <p>Country activity</p> <ul style="list-style-type: none"> ■ Development of a national knowledge-sharing platform for Kenya



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

COHRED Africa strives to ensure that every African country has a well-developed and sustainable research and innovation system for health, by providing technical support and services to strengthen these systems. COHRED Africa is geographically located in Botswana, with other staff members working out of South Africa and Tunisia.

MARC Project/Research Ethics Web

The MARC (Mapping African Research Ethics Review Capacity) Project (www.researchethicsweb.org) – a three-year initiative funded by the European and Developing Countries Clinical Trials Partnership (EDCTP) – aims to develop an interactive resource map of Africa's RECs, the RECs' capacities, and capacity-building initiatives. A secondary objective is to map medicines regulatory authorities (MRAs) and facilitate better links between MRAs and RECs. MARC received supplementary funding from Pfizer Inc., the US National Institutes of Health (NIH) and Fogarty International Center, through the South African Research Ethics Training Initiative (SARETI, sareti.ukzn.ac.za).

The REC information mapped includes functions, capacity, resources, needs and contact information plus REC support documents. To date, 166 operational RECs have been identified in 34 African countries (see Table 1) with great variation in skills, resources, membership and capacities. The MARC platform has also been very successfully applied in Latin America – with over a thousand RECs mapped.



COHRED partners with Botswana Innovation Hub (BIH).

Table 1: Number of identified Research Ethics Committees (RECs) in Africa by country

Country	Number of RECs	
	Level 1	Level 2
1 Algeria*	2	-
2 Angola*	-	-
3 Benin	3	3
4 Botswana*	4	3
5 Burkina Faso*	4	3
6 Burundi	-	-
7 Cameroon	8	8
8 Cape Verde	-	-
9 Central African Republic	1	1
10 Chad	-	-
11 Comoros	-	-
12 Congo	2	2
13 Côte d'Ivoire	1	-
14 DR of the Congo*	5	3
15 Djibouti	-	-
16 Egypt	23	13
17 Ethiopia*	7	4
18 Eritrea	-	-
19 Gabon*	2	2
20 Gambia*	1	1
21 Ghana*	3	2
22 Guinea	-	-
23 Guinea-Bissau	-	-
24 Kenya*	3	3
25 Liberia*	2	2
26 Libya	1	1
27 Lesotho	-	-
28 Madagascar*	2	-
29 Malawi*	2	2
30 Mali*	1	1
31 Mauritania	-	-
32 Mauritius*	2	-
33 Morocco	-	-
34 Mozambique*	-	-
35 Namibia*	1	1
36 Niger	1	1
37 Nigeria	23	11
38 Rwanda	3	3
39 São Tomé and Príncipe	-	-
40 Senegal	1	1
41 Seychelles	-	-
42 Sierra Leone	-	-
43 Somalia	-	-
44 South Africa*	28	15
45 Sudan	7	4
46 Swaziland	-	-
47 Tanzania*	4	3
48 Togo	1	1
49 Tunisia*	2	1
50 Uganda*	10	9
51 Western Sahara	-	-
52 Zambia*	3	2
53 Zimbabwe*	3	3
Total	166	109

* MRA information mapped



The most important outcome of the MARC Project is the realisation that constraints facing RECs involve review quality and throughput of protocols as well as ethics training per se. Armed with this insight, COHRED organised the first African Administrators of Research Ethics Committees (AAREC) meeting in Botswana in September 2011. Key messages from the conference include the need to professionalise the role of research ethics administrators, increase efficiency by the use of information management and communication systems, ensure the independence and sustainability of RECs and promote standard operating procedures. The full report of the AAREC meeting is accessible at www.healthresearchweb.org/files/AARECFinalReport.pdf.

COHRED's Health Research Web and MARC teams subsequently worked towards designing an information management system for RECs to streamline review procedures, proposal submission pathways and operational processes. The overall objective of this system – RHInNO Ethics (www.rhinno.net) – is to provide RECs with a low-cost, secure, low-bandwidth compatible, fully cloud-based solution for managing and tracking the throughput of applications during the entire life cycle of the research project. RHInNO Ethics also provides quick, reliable and real-time data, tables and graphs that can be used to monitor, evaluate and communicate. For further information visit www.rhinno.net. The next step will be to allow users to receive updates, links and information on courses and on international ethics guidelines automatically on their home screens.

Another key goal of MARC is to facilitate communication, networking and discussions between RECs, especially for capacity building. A critical milestone in the development and implementation of MARC Web was the integration of a social networking platform (www.researchethicsweb.org) into the MARC website, funded by the NIH Fogarty International Center, through SARETI.



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 meeting opportunities.

Forum 2012: a major focus for COHRED in 2012

Forum 2012, held 24–26 April 2012 in Cape Town (www.forum2012.org), was the beginning of an exciting new series of the well-known and respected Global Forum for Health Research meetings. Under the theme 'Beyond Aid – Research and Innovation as key drivers for Health, Equity and Development', Forum 2012 focused on potential solutions – in LMICs and emerging economies – for moving 'beyond aid' in the context of research and innovation for health, equity and development. Forum 2012 was based on three themes:

- Increasing investment
- Creating partnerships and networks
- Making environments in low-income countries more conducive to research and innovation.

Good headway was made on all three issues. However, much more needs to be done to optimise these and other key areas. Future Forums will continue to focus on these themes rather than on fragmented calls to action – perhaps in different contexts, but in ways that spin a strong, unbroken thread year-by-year. Forum 2012 was jointly organised by COHRED and the Departments of Science and Technology and Health of the Republic of South Africa.

COHRED Connect is in active discussion with potential partners for future global and regional forums.

Left: Panel session at Forum 2012.

Photo: Gabi Falanga





COHRED Tech – optimising research and innovation systems for health

COHRED Tech aims to help strengthen countries' abilities to develop innovative solutions to their health needs. Our focus is on research and innovation systems for health because strong systems produce more and better research and innovation, with a greater relevance to the country and its population.

Optimising national research and innovation systems for health

COHRED's support to countries is built around optimising national research and innovation systems to improve health, equity and development. A practical, systematic and comprehensive approach to national research system development is used. It includes a framework for overall system assessment and development. The research system-strengthening framework identifies key aspects of the system, including:

- A conducive environment (*political leadership*)
- A solid system basis (*foundations*)
- The ability to perform and produce (*resources*)
- Mechanisms for producing the best possible results (*optimisation*).

Expanding on each component of the framework is a series of action guides covering critical areas for system development. These include assessment of the current research and innovation system, policy development, priority setting, national coordination, capacity strengthening, building ethics review systems, pharmaceutical innovation and civil society engagement.

The research system-strengthening framework and its related action guides can be found at www.cohred.org/research-innovation-system-strengthening-approach.

Support to countries and regions

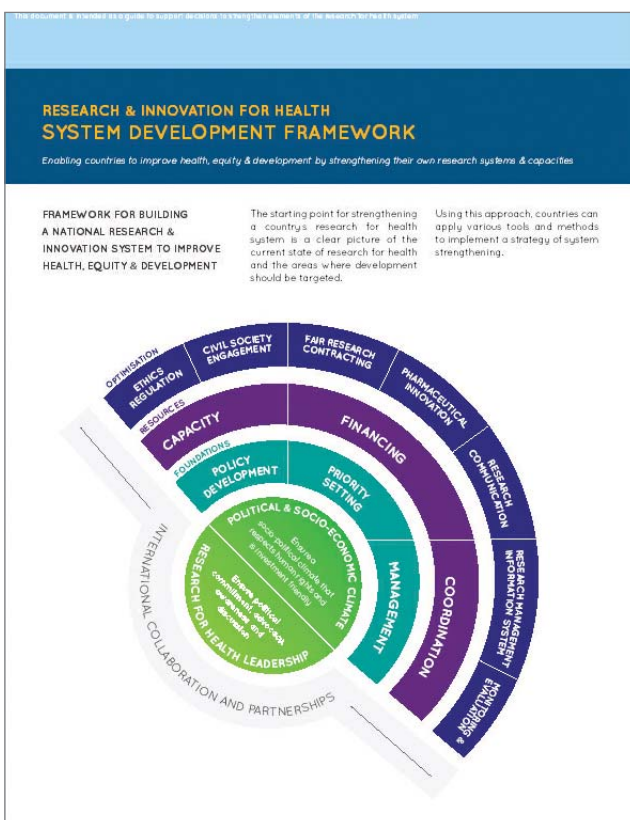
Building research capacity for health and its social determinants. In October 2011, a consortium of African (Kenya, South Africa and Tanzania), Latin American (Brazil, Colombia and Mexico), European (Germany, Spain, Switzerland and United Kingdom) and international organisations (COHRED, Deutsche Gesellschaft für Internationale Zusammenarbeit [GIZ]), with the financial support of the European Commission, launched the Social Determinants of Health Network (SDH-Net) project. This had the aim of defining and building capacity for better research on the social determinants of health and its translation into practice.

To capture the full complexity of the topic, the first phase of the project embraced a comprehensive analysis of the status of research capacities on SDH in Latin America and Africa by looking specifically at the six partner countries.

The analysis was organised in three consecutive stages: the development of a conceptual framework of research on SDH; the mapping of the current situation of research on SDH in the countries studied; and the development of a strategic approach for capacity building in research on SDH. This resulted in a draft framework spelling out the capacity needs identified, the objectives to address these needs, and the actions proposed to support the achievement of these objectives. For more information, see www.sdh-net.eu.

Multilateral association for studying health inequalities

and enhancing north-south and south-south cooperation. MASCOT is one of four EU-funded projects in which COHRED is involved. Launched in November 2011, it promotes cooperation among countries from Europe, Africa and Latin America to identify and implement adequate and efficient country-specific strategies for tackling health inequalities affecting children, adolescents



Research and innovation for health system development framework.



and mothers. Coordinated by COHRED, MASCOT involves 11 organisations from the three continents. In 2012, the project:

- Mapped research for health systems in ten countries
- Mapped mother and child health research conducted in these countries
- Reviewed the use of research in mother and child health practice and policy.

In 2013, the project will focus on developing recommendations to stakeholders and the EU, on how research systems can be better geared towards addressing inequities in mother and child health research. For more information see www.mascotfp7.eu.

Work with PAHO (Pan American Health Organization).

COHRED and PAHO have a close working collaboration. A Memorandum of Understanding (MoU) was signed between the organisations in 2009, and since then regular meetings and joint activities have been organised.

In 2012, collaboration focused on the follow-up to the 2nd Latin American Conference on Research and Innovation for Health, held in Panama in November 2011, and on the dissemination of the results of this event. COHRED also participated in the PAHO Advisory Committee on Health Research meeting held in Canada. Collaboration also continues around the Health Research Web (HRWeb) – improving its structure and use – the results of which are reflected in the ethics information available on HRWeb in the Americas (www.healthresearchweb.org/en/americas).

Developing capacity of health research managers.

Following the first COHRED/RIMAIS online course for developing the capacity of health research managers in ministries of health in the region, three further online courses were delivered in 2012 on:

- Research policy development
- Research monitoring and evaluation
- Research use.

The work was a joint effort with Mexico's National Institute of Public Health (INSP) which provided academic and technical support through their web-based platforms. Each course had over 30 participants from Latin America, Europe (Portugal), and Africa (Mali). Course evaluation by participants was positive and showed the need for more opportunities to strengthen the capacity of research managers.

Linking EU and Latin American policymaking institutions in the field of health research. The European Union-Latin America and Caribbean (EU-LAC) Health joint initiative is working towards developing a detailed plan to guide policymakers and other stakeholders on actions needed to

support cooperative health research between LAC countries and the EU. The project was launched in November 2011, and in 2012 it:

- Prepared a situation analysis of the main health research players in both regions
- Conducted a survey on research interests in health.

In 2013, further meetings will be held to develop a road map and propose a mechanism to increase LAC's participation and funding for research and innovation for health through improved coordination with the EU. For further information see www.eulachealth.eu.

Research for Health Africa. The Research for Health Africa (R4HA, www.cohred.org/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, which aims 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. Participants include ministries of health and science and technology and other research institutes and universities in these countries. The programme, which started in 2010, seeks to provide both technical and political support to participating countries to establish national priorities and policies, and the strengthening of structures to enable effective governance and management of research for health.



Jude Aidam (left) of WAHO makes a point at a workshop held during a R4HA study visit to Tanzania in November 2012.

Continues on page 14...

Stories of change

2013 will mark the 20th Anniversary of COHRED. To highlight COHRED's impact on the way research and innovation can positively contribute to health, equity and development we are collecting narratives (stories of change, case studies, anecdotes and testimonies) and even photos or videos from our partners, friends and colleagues.

Here are snapshots of two of the stories that have been documented. For more, go to our 20th Anniversary webpage (www.cohred.org/20th-anniversary) or email us at cohred20@cohred.org.

Nilsa de Deus, Mozambique

My name is Nilsa de Deus. I am Head of the Research Department at the Instituto Nacional de Saúde (INS) in Mozambique. I first encountered COHRED about a year ago when our organisation was setting up a national health research agenda.

Coincidentally, while we were struggling to identify national priorities, COHRED was visiting Mozambique and we learned how the organisation works – particularly how it supports country-led efforts to strengthen research and innovation systems for health. I read up on some of COHRED's work in other countries and remembered thinking 'Wow, this is exactly what we need'.

The first thing we had to do when we started working with COHRED was to identify the key steps needed to set up our national health agenda. We had to have a proper plan in place – and this included agreeing a joint work plan with our colleagues from other national organisations. At one stage, we had a long wish list of research needs and it became apparent that we had to set priorities. COHRED's expertise, tools and resource materials enabled us to get the researchers themselves to set priorities – they even managed to rank items on the priority list.

After ten years, Mozambique finally has a draft research agenda! And I can tell you that this would not have been possible without the support, guidance and advice of the COHRED team. Simply having someone there to advise you, and that you can engage with on technical issues, helps a lot.

This year, we learned about COHRED's new management information system – Research for Health and Innovation Organiser (RHInnO). It is perfect for research management, research submissions and ethics review processes. After the presentation, everyone was talking about RHInnO and saying how amazing it was and how they were planning to use it. And we said 'Yes, us too!'

Three of the top institutions in the country, including INS, are now in discussion with COHRED about how they could



Nilsa de Deus (right) at the Research for Health Africa (R4HA) study visit to Tanzania, 5-9 November 2012.

use RHInnO. I hope that within the next year we will have a success story on this. And I am sure that if these three institutions see the benefits of this system, then others will follow. I think RHInnO will also help our institutions to work together, instead of working as individual institutions. This is a key issue in Mozambique. We have to learn how to work in collaboration with each other and how to network and share experiences within the country and even within the same institution.

I can confidently say that our work with COHRED is really making a difference in our efforts to develop a national health research agenda and to strengthen the governance of health research in Mozambique.

For more information see:

www.cohred.org/2012/12/nilsa-de-deus-mozambique

Samba Cor Sarr, Senegal

My name is Samba Cor Sarr. I am a research manager with the Ministry of Health in Senegal. My first task on my return to the Ministry in 2002, after completion of my graduate studies in Canada, was to help develop our national health research strategy. We were advised to contact COHRED for help.

I remember that at this time, COHRED's focus was still primarily on supporting and promoting Essential National Health Research as a comprehensive strategy for organising and managing national health research. In Senegal, we were still grappling with the issue of developing a strategy and implementing it. And so, we had quite a few questions for COHRED: 'How can we improve NHR in our country?' 'What should we focus on in our strategy?' And, 'What do we need to have in place?'

With financial support from WHO and advice from COHRED, we developed our own strategy. We have also managed to implement it by getting local authorities, institutions and practitioners to buy into it and keep it relevant. And we are still using that strategy today.

In 2007, we were introduced to HRWeb which I thought of as a 'revolutionary tool'. What also struck me as interesting was the fact that members of the COHRED Board were also present and were actively involved in explaining to us how HRWeb worked. Later work with COHRED taught us how to adapt HRWeb to our own needs. We developed a management information system that could be tapped into by national health organisations for updates and information on the health research status of the country.

In addition to working with COHRED, WAHO and IDRC, Senegal is now also in a position to share its experiences and support the development of similar platforms in neighbouring countries with weak health research systems. The first workshop was held in Dakar in 2011.

During Forum 2012, I was introduced to another new COHRED tool – RHInnO. We are now testing this system and I am wondering how we can integrate it into the NEPAD/COHRED initiative on Research for Health Africa.

The added value that COHRED has brought to our work has come mainly through technical, financial and strategic support. However, I think the most significant contributions are these two tools that have enabled us to develop our own national research priorities and provide online platforms for health research.

Looking ahead, I see COHRED working to develop partnerships between countries, between regions and even at the global level as part of the process of securing support that can be used to instigate political will and motivation.

For more information see:

www.cohred.org/2013/01/dr-samba-cor-sarr-senegal

We would like you to share with us any change you have been a part of, observed, contributed to or benefited from as a result of COHRED's activities over the past 20 years.
Email: cohred20@cohred.org



Samba Cor Sarr (second from left) at the Research for Health Africa (R4HA) study visit to Tanzania, 5-9 November 2012.



In 2012, R4HA supported priority-setting processes in all three participating countries:

- The Instituto Nacional de Saúde in Mozambique developed and implemented a research priority-setting questionnaire, followed by a stakeholder workshop. Stakeholder engagement in the priority-setting process and the resulting list of research priorities for key health areas will provide input for the development of a national research agenda for Mozambique, which is planned for distribution in 2013
- Senegal's Ministry of Health conducted a second priority-setting stakeholder workshop to identify priorities in line with Senegal's national health research strategic plan. The process will be completed in 2013, resulting in a revised and strategically aligned set of national health research priorities for the next three-year period
- Tanzania had conducted eight sector priority-setting workshops covering 42 sub-sector groups in 2010. A paper on the cross-sector priority-setting process is planned for 2013.

This year saw the customisation of RHInno modules in both Senegal and Tanzania. Customised RHInno Ethics platforms and RHInno Research project registries in both countries will be tested and rolled out to users in 2013. RHInno Calls online research proposal submission platform was also developed for the Commission of Science and Technology (COSTECH) in Tanzania. In 2012, discussion began with partners in Mozambique to plan and develop customised RHInno Ethics, Calls and Research modules in 2013.

Working closely with the COHRED Africa office in Botswana, during 2012, the programme focused on strengthening research ethics processes in the countries. R4HA aims to enhance effective communication among



Carel IJsselmuiden speaks at the 6th Philippine National Health Research System Week (PNHRS Week), 9 August 2012.

researcher, administrator and reviewer groups, improve national standardisation and overall quality in the ethics review process and use the RHInno Ethics web-based platform to gain better control over unwieldy manual review processes currently in place in most African countries.

During the year, discussions began with partners to address national monitoring and evaluation (M&E) needs, which are critical to strengthening research for health governance systems. Attention has also been given to forging connections with African regional economic communities and other networks to develop sustainable capacity to support research for health systems on the continent, including with the East, Central and Southern African Health Community, the Economic Community of Central African States and WAHO. Developing a strong working relationship with African regional bodies and networks will help the programme carve out sustainable African capacity to support systems for research for health in the long term.

To more effectively synthesise and disseminate information and share best practices among country partners and partners from other programmes and networks, R4HA held a workshop on strengthening country research for health governance systems in conjunction with Forum 2012 in South Africa. Participants were from the three programme countries and members of the West Africa system-strengthening programme as well as development partners.

R4HA also hosted a knowledge-sharing workshop on strengthening research and innovation systems for health and development in Africa, hosted by the National Institute of Medical Research in Tanzania in November 2012. Local institutions, including the National Institute for Medical Research, COSTECH, Policy Research for Development and the Ifakara Health Institute, contributed to the programme. Participants included representatives from the NEPAD Agency, WAHO, all three R4HA countries, members participating in the WAHO West Africa system-strengthening programme, and other country partners, including representatives from Botswana and Malawi.

In 2013, the R4HA team will continue making connections with potential country partners. In September 2012, the programme received a formal Expression of Interest in joining from the Ministry of Health in Botswana. Efforts continue to identify other country partners that are dedicated to strengthening research for health governance systems and would like to become members in the growing programme.

Research for Health West Africa. With the aim of improving research for health, WAHO has included in its strategic plan for 2009 to 2013 a programme for health research



promotion (<http://www.cohred.org/westafrica/>). To support this programme, the International Development Research Centre (IDRC) and COHRED joined WAHO in 2011 to launch a four-year project to strengthen research system development in the sub-region, with specific emphasis on Guinea-Bissau, Liberia, Mali and Sierra Leone.

To date, the project has catalysed several achievements in the four countries:

- **Guinea-Bissau** has finalised its first research priority-setting effort and is currently in the process of setting up the national research for health agenda. Future activities are aimed at establishing a national research coordination committee and a national research ethics review committee, and building capacity to support and sustain these activities
- **Liberia** has created a Research Unit in the Ministry of Health and is currently in the process of developing a national research policy and national research for health agenda. Future activities will be directed at establishing a national research committee and a national research ethics review committee, and building capacity to support and sustain these activities
- **Mali** has launched the legal process for the establishment of the National Research Coordinating Committee. Future activities will aim at improving the functioning of the National Research Ethics Committee, enhancing research M&E mechanisms, strengthening the use of research results, and building capacity to support and sustain activities
- **Sierra Leone** is currently in the process of developing a national research for health policy. Future activities will seek to strengthen research-financing mechanisms and build capacity to support and sustain these activities.

Beyond the various country achievements, the project has supported several collaborative activities:

- In October 2012, WAHO launched its research for health platform powered by the HRWeb, and trained 13 sub-regional countries to use and populate the platform. This aimed to initiate a participatory process for building a management information system for the West African countries. It is expected that such a system will allow real-time access and analysis of research for health information across countries of the sub-region and stimulate improved interaction.

In November 2012, five West African countries, including the countries involved in the project, were invited for a study visit in Tanzania hosted by the Tanzania National Institute of Medical Research and COSTECH, and organised by COHRED. The objective of the visit was to explore, through the Tanzania experience, the applicability and practical features of strategies to strengthen research



Signing of a MoU for the Research for Health Managerial Capacity Building in Latin America (RIMAIS) course, 5 July 2012.

and innovation governance systems and to promote regional collaboration.

Engaging civil society organisations in research for health.

Civil society organisations (CSOs) can play a key role in research and innovation for health and can help ensure its local relevance and better use. CSOs by their nature have a holistic approach to health and development. They often promote, contribute to or conduct research on health and its determinants. In addition, through their direct contact with communities, they can bring different cultural perspectives to the research arena, hold governments accountable, comment on policies, identify additional research that is needed, engage with research institutions and lobby national and international governments for action.

In 2012, COHRED continued its activities on engaging CSOs in research for health:

- At Forum 2012, a daily CSO café was organised providing an opportunity for CSOs to engage in the global debate on research for health. CSO representatives identified their needs for increased capacity to identify advocacy issues, simplify messages for community action and build relationships with research institutions and governments
- COHRED has developed an online platform for CSOs – cso.healthresearchweb.org – that currently includes information from over 300 global and local CSOs. Participation in this platform provides an excellent opportunity to showcase work, network with colleagues from around the world, demonstrate best practices, share stories, tools and resources, and engage with peers in discussing topics of common concern. We have also developed action guides that can be used by CSOs, governments, research institutions and other actors to critically reflect on how best to build on the capacity of CSOs in strengthening research and innovation for health at the country level. The action guide can be downloaded from www.cohred.org/framework-guides-system-strengthening



- In COHRED's work with countries, if requested, emphasis can be given to ensuring appropriate involvement of CSOs in research system-strengthening activities, for example in the research agenda process.

Research for health in the new Arab world. With the Arab spring, major political changes are happening. Millions have moved to the streets to demand changes in the status quo. Regime change is underway in Tunisia, Egypt and Libya. Several other countries are engulfed in mass protests. People have called for freedom, democracy and equitable development based on justice and rights including better health and social services. Research for health has the obligation to respond to these demands (www.cohred.org/boosting-research-for-health-in-the-new-arab-world).

In the Arab world, weaknesses in research for health are seen in three areas:

- **Low investment in research and development.** Despite some progress in advancing research and development, the Arab region still lags far behind other regions in investments in science, technology and innovation
- **Weak national research systems for health.** A study, facilitated by COHRED in 2008, of national health research systems in ten Arab countries at various levels of development and resources found that 'few countries have formal national research for health systems there is considerable fragmentation and limited coordination in the system'.¹ Only three countries have set national health research priorities. A similar study in five other Arab countries, reported the same findings.² Arab countries have not produced a critical mass of well-qualified researchers in the majority of disciplines, including health, and there is little or no coordination at the national level between research communities and across disciplines
- **Production and impact.** Because of low investment and weak systems, scientific production is weak, with Libya experiencing negative publication growth. Research productivity is particularly weak in the area of policy and health systems research.

Political changes in many countries in the Arab world provide an opportunity to renew interest in research, science and innovation. COHRED is therefore facilitating a 'Bellagio meeting' in February 2013 to discuss how best to use the current political and societal opportunities presented by the recent changes in the Arab region to strengthen research, science and innovation for health.



¹ Kennedy A, Khoja T, AbouZeid A, Ghannem H, IJsselmuiden C. (2008) National health research system mapping in 10 Eastern Mediterranean countries. *Eastern Mediterranean Health Journal*, 14(3): 502–517

² Ghannem H, Becerra-Posada F, IJsselmuiden C, Helwa I, de Haan S. (2011) National research for health system mapping in 5 countries in the Eastern Mediterranean region and perspectives on strengthening the systems. *Eastern Mediterranean Health Journal*, 17(3): 260–261



COHRED Think – ideas, inspiration and intelligence

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. Key activities include:

- Fair Research Contracting initiative (www.cohred.org/fair-research-contracting-2) – see also the Bellagio meeting (www.cohred.org/bellagio-meeting) on Fair Research Contracting
- Ethics of data sharing (www.cohred.org/2011/08/ethics-of-data-sharing)
- Enhancing Africa–EU science and technology (S&T) cooperation (www.cohred.org/africa-eu-science-tech-cooperation).

Fair research contracting

COHRED's Fair Research Contracting initiative works to identify best practices for the international research-contracting process in the following three scenarios:

- Where there is no lawyer
- Where there may be lay personnel who could be trained
- Where there is a lawyer or legal expertise.

COHRED began this initiative in 2010, and has connected with, and gathered data from, a number of countries on issues related to capacity for research and innovation. From these data and through our preliminary work in the research-contracting area, we have identified six key challenges that most urgently require addressing in interactions between high-income and lower-income partners:

- Distribution of research benefits
- Capacity building and technology transfer
- Sharing of intellectual property rights
- Ownership of data, samples and publications
- Adequate compensation for indirect costs
- Compensation for insufficient national legislation.

In April 2012, in Cape Town, a fair research contracting workshop was held at Forum 2012. At this workshop, attended by an experienced and multi-disciplinary group, these issues were reviewed and preliminary work was done to identify solutions.

In October 2012, COHRED held a meeting at the Rockefeller Foundation's Bellagio Study and Conference



Fair Research Contracting meeting at the Foundation's Bellagio Center in Italy, 22-26 October 2012.

Center entitled 'Where there is no (intellectual property) lawyer: towards fair contracts and contracting in research for health'. The Bellagio meeting focused on the structure and content of contracting checklists and negotiation guidance to support LMIC institutions and governments. Participants pledged support for the pooling of model contracts, needs assessments and surveys of institutional networks. They also offered to provide expertise, advice and case studies of what has worked and what has not.

Following the Bellagio meeting, COHRED secured a small grant to build on the success of the meeting.

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

In 2012, COHRED started preparations for the kick-off of CAAST-Net Plus at the beginning of 2013. CAAST-Net Plus is a network aimed at enhancing the coordination and advancement of sub-Saharan Africa-EU Science and Technology cooperation. CAAST-Net Plus is funded under the European Union's Seventh Framework Programme for Research and Technological Development (FP7).

CAAST-Net Plus will encourage more and better bi-regional cooperation for enhanced outcomes around topics of mutual interest, and 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 of Kenya (MoHEST) and the Foundation for International Health and Cooperation from Spain (FCSAI).

In taking the co-lead on the health work plan, COHRED will facilitate learning and understanding of bi-regional policy in S&T, and offer practical support to those engaged in bi-regional research partnerships. COHRED also aims to build stronger links between the private sector, researchers and ministries of S&T in Africa and Europe – thereby aiming to enhance further uptake and dissemination of the fruits of collaborative research.

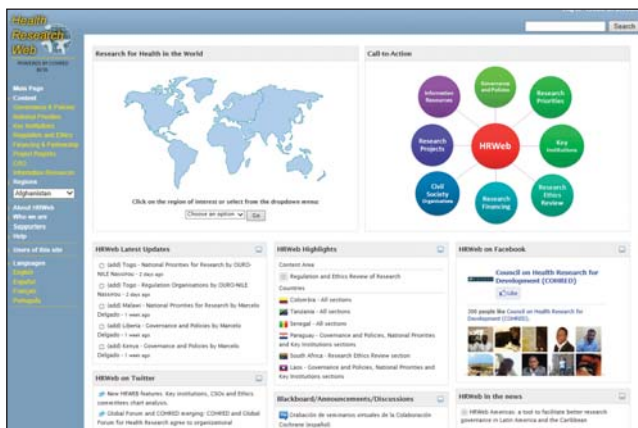
COHRED Web 4 Development – information and technology solutions

The Web 4 Development unit works to maximise the impact of research to improve health, equity and development by utilising the power and reach of the World Wide Web. We have developed a unique portfolio of products and services that use information technology and 'cloud computing' as a means of developing innovative solutions to the challenges of managing information effectively. Through our web-based systems, we facilitate information access and communication between researchers, institutions, governments and funding agencies, which will help in the collating, management and monitoring of research.

COHRED Web 4 Development activities in 2012 included:

The Health Research Web for countries (www.healthresearchweb.org)

HRWeb and WAHO – the West Africa Project. In October 2012, Web 4 Development staff were invited to provide a 'train the trainers' workshop in Bobo Dioulasso, Burkina Faso on the HRWeb for West African Countries. The objectives of the visit were to facilitate a HRWeb workshop at WAHO headquarters to introduce the 15 countries of the West African sub-region to the use of the West Africa Research for Health Platform, powered by HRWeb and hosted by the WAHO website. Workshop participants were also introduced to RHInNO, its complementarity with HRWeb and its potential as a tool for research information management. The workshop was attended by 13 West African countries, with positive and active participation from government officials and their technical staff. Country participants expressed great enthusiasm and the will to follow-up. For example, WAHO is very interested in



www.healthresearchweb.org



making this platform a central reference tool for the sub-region and is working with COHRED to implement the platform in member countries.

HRWeb user statistics. The HRWeb team continues to compile statistics to monitor the use of HRWeb. These statistics show that in 2012, the number of new users jumped to 447 from 131 in 2011, an increase of 241%. There has been a marked increase in new users from different constituencies, including government departments and agencies, private not-for-profit research organisations, private for-profit research organisations, media, research funders, higher education institutions and CSOs. From 2011 to 2012, we can see that we are not only being visited more frequently but also attracting a new and diverse audience (see Table 2).

An indication of the percentage of new versus returning users is shown in Table 3. Currently, we have a significant proportion of new users, but there is considerable growth in the number of returning visitors to HRWeb.

Table 2: New HRWeb users per constituency, 2011 and 2012

	2011	2012	Growth (%)
Government departments and agencies	20	98	390
Private not-for-profit research institutions/ organisations	29	60	107
Private for-profit research institutions/organisations	7	34	386
Media	6	11	83
Research donors/funders/ sponsors	2	24	1100
Universities, teaching hospitals or other higher education institutions	43	99	130
Civil society organisations	2	14	600
Others	19	51	168
Not defined	3	56	1766

Table 3: New and returning HRWeb users, 2011 and 2012

New visitors	Visits	As a %
1 Jan 2012–1 Jan 2013	49,109	81.01
1 Jan 2011–1 Jan 2012	17,194	69.17
Returning visitors	Visits	As a %
1 Jan 2012–1 Jan 2013	11,512	18.99
1 Jan 2011–1 Jan 2012	7,662	30.83



www.wahooas.org

New features of HRWeb. Additional features added in 2012 include an HRWeb 'Highlights' section that creates some shortcuts to countries, a priority-setting module that enables users to manage and search for a country's national priorities and additional social tools for users to start new discussions or events and post documents to these discussions.

The Research for Health and Innovation Organiser (RHInno)

In April 2012, COHRED launched RHInno at Forum 2012 in Cape Town, South Africa. RHInno offers a customised web-based research and innovation module to improve management of research for health in LMICs. The comprehensive organiser improves access to information, and standardisation of relevant research applications, management and review processes. It also generates indicators to demonstrate research for health governance performance, progress and gaps between research conducted and national research priorities.

RHInno is a system that not only manages data, it oversees and automates the entire life cycle of the



<http://rhinno.net>

research process. From registering research institutions to issuing calls for proposals to publishing research results globally in HRWeb, RHInno maintains the whole research governance process, allowing institutions to improve management, avoid misplaced paperwork and speed-up the research management process – making their work more efficient and cost effective. More information can be found at www.rhinno.net.

RHInno currently consists of three modules:

- **RHInno Ethics:** management information system for research ethics review
- **RHInno Research:** management information system for institutions and countries specially designed to optimise the research and innovation for health sectors
- **RHInno Calls:** management information system to optimise information flow in new calls for proposals. It can be used as a stand-alone tool or can link seamlessly into RHInno Research as a 'start' of the research and innovation process.

Plans for developing additional modules, such as M&E, are also being explored.

In 2012, RHInno began implementation in three R4HA countries – Tanzania, Senegal and Mozambique. It was also purchased by a private research ethics committee in South Africa.

COHRED Core – administration, communications and development

Our administration and finance functions were also re-focused and strengthened to scale up fundraising and sales. Now we have a dedicated Development Director function responsible for driving sales, marketing, fund raising and partnership development, and also for eliciting feedback from customers who 'buy' our products. Following the delivery of Forum 2012, our staff numbers, which had doubled in 2011/12, had by late 2012 fallen back by 40%.

Targeted communications efforts – through the media, networking and advocacy – on Forum 2012 helped capture support and interest from a wide range of people including those that were not at the Forum. Traditional links with the media covering health and science – particularly SciDev.Net and the *South African Medical Journal* – are relatively well developed as communication partners and work very well for their constituencies. Current social media – especially Twitter and Facebook – gave extra exposure, but perhaps not to the extent that they could have had this meeting taken place in a high-bandwidth environment. Coverage by more general media, especially radio and newspapers, was good in Africa. Nevertheless, ad hoc investigation of non-attendees in Europe found that many had followed the progress of Forum 2012 – so, in fact, it did reach the inboxes of aid agencies, international organisations and international NGOs.



www.cohred.org

Partners and partnerships

African Union

The African Union invited COHRED to become a member of the Technical Committee of the Pharmaceutical Manufacturing Plan for Africa. COHRED actively participated in the Committee's activities during 2012.

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 the facilitation of a Bellagio meeting on research for health in the new Arab world in February 2013.

Association of Commonwealth Universities (ACU)

The ACU is the coordinator for CAAST-Net Plus, an EU-funded consortium developed to enhance science and technology dialogue between Africa and Europe.

Department of Health, South Africa

The South African Department of Health jointly organised Forum 2012 with COHRED.

Department of Science and Technology, South Africa

The South African Department of Science and Technology jointly organised Forum 2012 with COHRED.

Fundación Española para la Cooperación Internacional Salud y Política Social, Spain (FCSAI)

FCSAI, with MoHEST, Kenya and COHRED, is a co-leader on the health work plan for CAAST-Net Plus, an EU-funded consortium to enhance science and technology dialogue between Africa and Europe.

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 HRWeb.

Instituto Nacional de Salud Pública (INSP), Cuernavaca, Mexico

A MoU exists to undertake the three online courses for the Research for Health Managerial Capacity Building in Latin America (the RIMAIS network); INSP provided the academic orientation, the web-based platforms for the courses and the certificates with academic value.

Ministry of Higher Education, Science and Technology, Kenya (MoHEST)

MoHEST, with FCSAI and COHRED, is co-leader on the health work plan for CAAST-Net Plus, an EU-funded consortium which will enhance science and technology dialogue between Africa and Europe.

New Partnership for Africa's Development (NEPAD) Agency

The NEPAD Agency is COHRED's key partner in the Research for Health Africa programme. A MoA exists to support collaboration on any topic in research for health. The Research for Health Africa (R4HA) programme, funded by Netherlands, is the first implementation of this MoA.

Pan American Health Organization (PAHO)

A PAHO-COHRED MoA exists to support countries in strengthening their research systems for health, provide technical support to the agency as needed and to strengthen HRWeb Americas.

MASCOT

MASCOT is an EU-funded project receiving funding from the Seventh Framework Programme (FP7/2007-2013) under grant agreement No. 282507. The project is coordinated by COHRED.

Partners attached to MASCOT: Euroquality (France), Sociedade Portuguesa de Inovação (Portugal), Fundación Instituto Centroamericano de Salud Internacional (Costa Rica), Instituto Nacional de Salud Pública (Mexico), 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 (United Kingdom), Hôpital Farhat Hached de Sousse (Tunisia).

RIMAIS (The Ibero-American Ministerial Network for Learning and Research)

COHRED 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 in partnership with the Instituto Nacional de Salud Pública in 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 promote the use of 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, by developing an African research ethics pocket textbook.

West African Health Organisation (WAHO)

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

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

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Research & Development Officer
South Africa

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(until June 2012)

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COHRED Africa
Botswana

Dr Gabriela Montorzi
Programme Manager
Argentina

Mr Rafael Sahb
Analyst, Web for Development
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Mr Ludo Schockaert
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(until August 2012)

Dr Erika Silva
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Dr Francisco Songane
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Mozambique
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Mr Emanuel Souvairan
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Ms Laurence Verhagen
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Netherlands
(joined in January 2012)

Ralph Williams
Administrative Assistant (Volunteer)
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(joined in October 2012)

Davila Zélideh
Administrative Assistant, RIMAIS project
support, in Mexico
Mexico
(August to October 2012)

Financial support

Partners and donors that provided financial support to, or contracted with, COHRED during 2012 are:

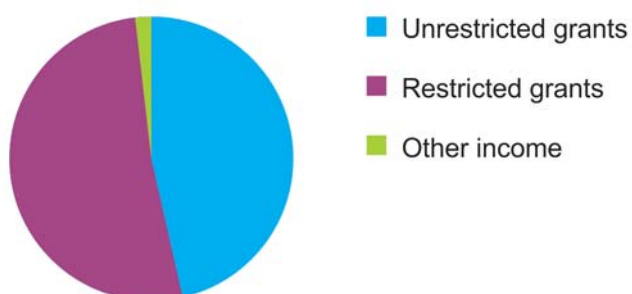
- Carlos Slim Health Institute
- Consortium for National Health Research (CNHR), Kenya
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- Swiss Agency for Development Cooperation (SDC)
- The Ibero-American Ministerial Network for Learning and Research (RIMAIS)
- West African Health Organisation (WAHO)
- World Bank
- World Health Organization

Key financial figures

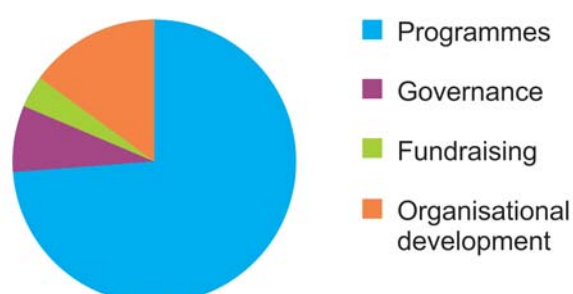
Income	In CHF	As a %
Unrestricted grants	2,333,674	47
Restricted grants	2,616,083	52
Other income	68,253	1
Total	5,018,010	100

Expenditure	In CHF	As a %
Programmes	3,024,046	74
Governance	325,819	8
Fundraising	121,104	3
Organisational development	590,199	15
Total	4,061,168	100

Income



Expenditure



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Supporting research and innovation systems for health, equity and development

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