

The ENHR Handbook



COHRED Document 2000.4



The Council on Health Research for Development

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For copies of this publication and/or further information, please contact

The Council on Health Research for Development (COHRED)

Mailing Address:

c/o UNDP, Palais des Nations, 1211 Geneva 10,
Switzerland

Physical Address:

International Environment House
13-11, Chemin des Anémones
CH-1219, Châtelaine, GE
Switzerland

Ph: +41 22 917 8558

Fax: +41 22 917 8015

Email: cohred@cohred.ch

This document is also available as a PDF at

<http://www.cohred.ch>

Designed by The Press Gang, South Africa +27 31 307 3240 • pressg@iafrica.com

Printed by PCL, Switzerland +41 21 317 5151 • pcl@worldcom.ch

About the Handbook

Why do I need this Handbook?

The ENHR Handbook gives a practical and succinct overview of the information and resources available to successfully coordinate and manage a strategy for health research in your country or organisation. Effective coordination leads to more effective health research, which in turn leads to greater equity in health.

What's in it?

The Handbook is organised into two parts.

Part one introduces the concepts and competencies of effective health research and Essential National Health Research (ENHR):

- **Three basic principles of effective health research** are introduced in the section on '*The ENHR strategy*'. The accent is on ENHR as a systematic approach to more effective health research.
- The section on '*How to make best use of the ENHR strategy*' provides **a brief introduction to the ENHR competencies** and links to the key objectives of effective health research.

Part two of the Handbook provides **practical information for those wishing to know more about the ENHR concept, how to apply it effectively, available resources, contacts etc.**

This part of the Handbook is divided into two sections:

- The first highlights the **role of the Council on Health Research for Development (COHRED) as a global resource centre in promoting ENHR**. This includes an explanation of the Electronic Library and of the kind of resources available.
- The second section, '**ENHR in action: lessons learned**', consists of a series of *learning briefs*. These are short descriptions of lessons learned about particular efforts to implement ENHR that are of value to others about to embark on similar activities. They are organised around a central theme and provide information on recent developments, new tools, and methodologies for the implementation of ENHR at the country level. To keep you abreast of the latest developments in the field of ENHR new learning briefs will be provided on a regular basis.

Who could derive most benefit from the Handbook?

The ENHR Handbook will be helpful for anyone involved in research to promote equity in health. This includes researchers, policy makers, health service providers, NGOs, communities, donor agencies and advocacy groups.

Where can I get a copy?

You can request a hard copy of the Handbook from the COHRED Secretariat, or, alternatively, you may download the document from the COHRED web site (www.cohred.ch). New learning briefs will be distributed regularly, but can also be downloaded from the COHRED web site.



Part One

1. The ENHR strategy

Effective health research must be of high quality, scientifically sound and diligently conducted

As far as the general public is concerned, health research is only effective if it advances knowledge of how to improve health, and if that knowledge is put to good use. Some research addresses existing problems directly and as such, must be timely and responsive, if it is to be effective. Much of the work done on problems specific to individual countries falls into this category. Other health research aims at longer-term targets, such as the global eradication of a disease. It may still be effective even though it does not provide short-term solutions. Yet all effective research brings us a step closer to the goal of better health. Effective health research must be of high quality, scientifically sound and diligently conducted. However, even high quality research often fails to realise its potential for better health. This problem, to which a clear-cut solution has yet to be found, continues to concern researchers, investors and policy makers around the world.

Since 1990 the concept of Essential National Health Research (ENHR) has sought to address this problem by offering a systematic approach to more effective research. It is a strategy for better health, centred on country level action to achieve greater equity.

The three basic principles of ENHR are: put countries first; implement a research strategy for equity in health; make health research an active part of development

The three basic principles of the ENHR approach to effective research are:

- *put countries first*, so that the people in the country derive real benefit from substantial investments in health research.
- *design and implement a research strategy for equity in health* to accelerate country and global development.
- *make health research an active part of development*, and not a detached academic exercise.

A short description of each of these principles is set out below.

1.1 Put countries first

Countries must first ensure that their own people derive real benefit from the substantial investment in health research

No more than ten percent of global spending on health research is devoted to solving the main health problems of the poor. Common diseases in less developed countries, like cholera and malaria, receive relatively little attention. Research and development of pharmaceuticals is largely driven by market demand - that is, by those who are able to pay. Even in countries with a disproportionately high burden of disease, the national research effort may not be directed at pressing problems but may be driven instead by the curiosity of researchers, the profit motives of the private sector, or the particular agendas of donor agencies. As a starting point countries must review their *own* health problems, assess information gaps and existing research efforts, and develop a responsive national agenda. This process is designed to clarify immediate, emerging and future health challenges, and strikes a powerful chord in shaping public efforts to promote health and development.

1.2 Working for equity in health

When health researchers work for equity, they accelerate country and global development

On average, people throughout the world are enjoying better health. However poverty remains a major concern and the health problems of the poor persist. In fact, health and income disparities between rich and poor are growing. The spread of HIV infection across sub-Saharan Africa is a stark illustration of the effect of a disease rampant amongst the poor, devastating national economies and rapidly eroding life expectancy. Inequities exist not only between rich and poor, but also between men, women and children, people of different ethnic origins, and other sub-sectors of the population. **Less developed countries that do not work actively for equity will end up perpetuating good health for the few and poor health for the many.**

Health research can help reduce inequities by identifying and exposing health inequalities, and monitoring efforts to reduce the gaps. Clear indicators for the success of public action to reduce inequity can serve as a valuable instrument for ministries of health, legislatures, community organisations and advocacy groups, thus helping to protect and promote basic human rights.

1.3 Make research an active part of development

Effective health research is an active part of development, not a detached academic exercise

The formation and sharing of knowledge have become major instruments for development and economic growth, as trade barriers come down and new forms of communication emerge. Research and development that allows for constant innovation, adaptation and change have become the driving force behind the new global economy. Developing and developed countries alike that make effective use of new knowledge take great strides towards better health for their people. But many researchers are stuck in methods that fail to make full use of new opportunities to share knowledge, and conventional methods of research management are often unable to keep pace with rapid knowledge development. **Country coordinators of health research can breathe new life into national efforts by stimulating greater interaction among the different users of research.**

Ministries of health can make research a central and dynamic part of policy formulation, planning implementation and programme evaluation. Legislators can commission research to measure progress and guide decision-making. Advocacy groups can use research to bolster arguments and propound clearer solutions. The media are eager for research that makes a good story, and can be a powerful vehicle for conveying messages and provoking debate. Those involved in developing better health technologies need constant interaction with researchers.

1.4 Practical ENHR benefits

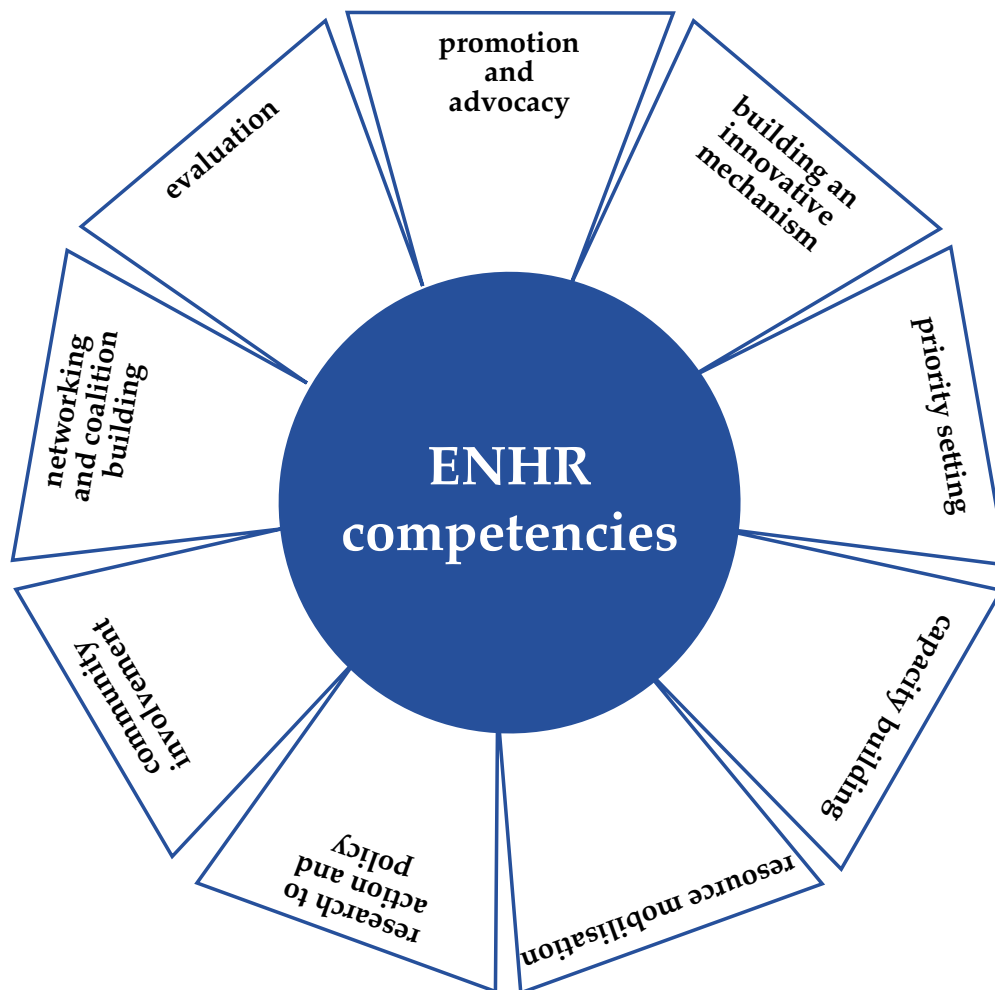
The application of the three basic principles of the ENHR strategy produces a number of practical benefits for those who advocate better health in:

- making health research a valuable tool for decision-making
- setting national and sub-national research priorities
- broadening the diversity of groups that have a say in setting the national agenda
- achieving far greater public involvement
- developing country mechanisms for more effective health research
- building the capacity of researchers, coordinators and users of research
- expanding interaction between researchers and users of research
- promoting communication and networking
- extending networks with researchers in other countries
- mobilising resources for research.

The ENHR strategy is motivated by a commitment to put countries first and to encourage them to learn from each other by sharing knowledge and experience. The Council on Health Research for Development (COHRED) facilitates this exchange in promoting **the creation of an international “coalition of learners”**.

2. How to make best use of the ENHR strategy

This section of the Handbook focuses on the key competencies that, when applied correctly within a country, facilitate the Essential National Health Research process. These competencies assist researchers, research coordinators, decision-makers etc. in the management of research. The competencies required vary from person to person, institute to institute, and even from country to country. It is for each user to determine which competencies are required to discharge their duties as research coordinator, research manager, decision-maker or health research advocate.



2.1 Promotion and advocacy

To be able to advocate a different approach to health research - with better health, more development and less inequity as the central aim - research leaders at the country level must come equipped with strong arguments

Advocates of health research for development often face a barrage of arguments in favour of the status quo. To be able to advocate a different approach to health research - with better health, more development and less inequity as the central aim - research leaders at the country level must come equipped with strong arguments of the kind set out below.

The strongest argument in favour of putting countries first in conducting research is the extraordinary success of countries that have done exactly that. A number of strategies are proposed to this end:

- Setting national priorities through a process that represents a broad cross-section of interests
- Aligning public and donor funding with priorities
- Mobilising additional resources
- Involving the private sector
- Setting country research in the global context

There are compelling arguments for orienting health research towards equity in health, including the assertions that:

- health for all promotes national development
- working for equity results in more efficient health services
- working for equity brings greater research benefits

But the basis for a commitment to equity in health is first and foremost an ethical principle that recognises the worth of every human being.

Health research plays an especially important role in working for equity in health, by:

- identifying disparities in health
- helping to uncover the causes of disparities in health
- helping to shape appropriate responses to reduce inequality
- monitoring trends towards equity



Linking research to action for development can be most effective in improving health.

Many developing countries place far greater emphasis on increasing the 'supply' of researchers (through training, building a 'critical mass' etc.) than on stimulating the 'demand' for research by users. The end result is inefficiency that developing countries can ill afford. Another major cause of research inefficiency in developing countries is poor communications systems among researchers and between them and users of research.

You can find out more about promotion and advocacy of health research in the issues paper: 'Health research: powerful advocate for health and development, based on equity', COHRED document 2000.2.

2.2 Building an innovative mechanism

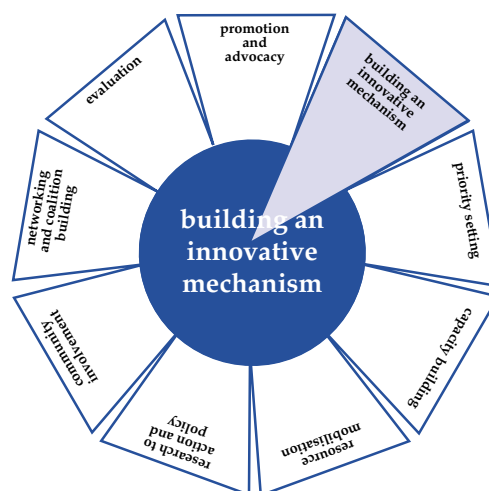
An ENHR mechanism should have built-in features that keep equity uppermost in people's minds

Each country will develop its own mechanism for research coordination with its own particular features. However, there are a number of seemingly essential characteristics to stimulate health research for equity and to link research to action for development.

An ENHR mechanism should have built-in features that keep equity uppermost in people's minds. These include:

- Participation by a broad range of stakeholders in the ENHR process
- An unambiguous definition of 'equity focus' in practice
- An all-inclusive process for setting and reviewing national research priorities
- Integration of ENHR plans into national social development plans
- Creation of 'windows' to view local realities at the national level

If the ENHR mechanism delivers 'more of the same' - more funding, more expertise, more networking, more research outputs - without changing priorities, it favours those who benefit most from the status quo. In other words it may actually reinforce inequities. The ENHR mechanism must be an effective catalyst for change. It must advance knowledge and respond creatively to real problems.



You can learn more about establishing and sustaining an effective ENHR mechanism in the issues paper:

'How to boost the impact of country mechanisms to support ENHR: a peek into the melting pot of country experiences'. COHRED document 99.1 (English version) and COHRED document 99.2 (French version).

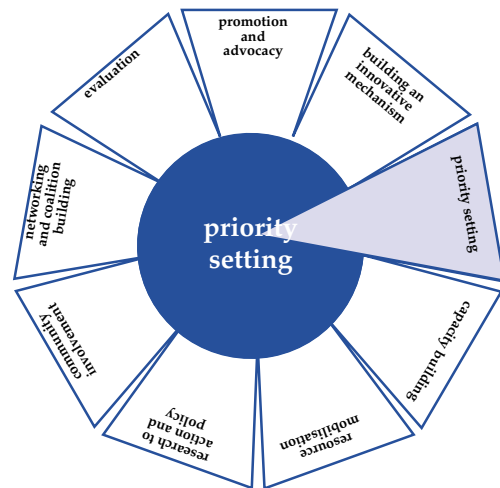
2.3 Priority setting

Priority setting is a challenge for all stakeholders in a country

Research priority setting is one of the key competencies for successful application of the ENHR process.

Research priorities need to be set in order to:

- guide resource allocation (and donor investment in health) to areas of highest priority
- address the issue of equity
- direct attention to the most vulnerable groups of the population
- reinforce the links between research, action and policy



Priority setting using the ENHR concept is characterised by:

- inclusiveness (involvement of researchers, policy-makers, health care providers and community representatives)
- a multi-disciplinary and cross-sectoral approach
- partnership development
- participatory and transparent processes
- systematic analyses of health needs, societal and professional expectations

Priority setting is a challenge for all stakeholders in a country. But it does not stop there. The follow-up activities are as important, if not more so. These may include:

- focusing on specific research questions within broader research areas
- publication and dissemination of the priority research agenda
- identification of resource requirements
- determination of time lines
- identification of potential research groups to carry out the work

You can learn more about priority setting for health research in:

1. The report of COHRED's Working Group on Priority Setting: 'Essential National Health Research and priority setting: lessons learned'. COHRED document 97.3 (English version) and COHRED document 98.3 (French version)
2. 'A manual for research priority setting using ENHR strategies'. COHRED document 2000.3

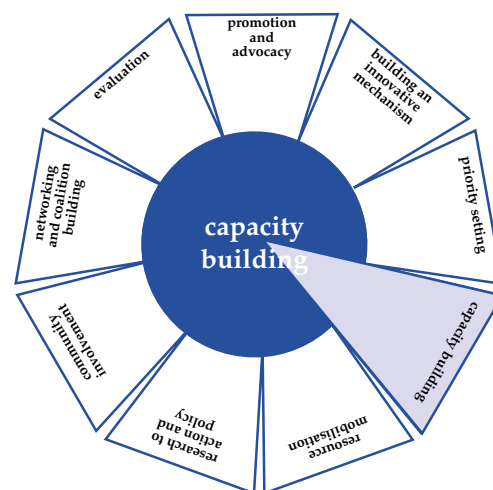
2.4 Capacity building

Only by developing its national capacity can a country analyse its own health problems and needs, set its own research priorities, and design, implement and evaluate research and health programmes

There are inefficiencies in current approaches to capacity building for health research. In this Handbook the focus is not on capacity building for research methodologies, but on how to increase capacity in a country for the application of ENHR and for health research leadership. Only by developing such capacity can a country analyse its own health problems and needs, set its own research priorities, and design, implement and evaluate research and health programmes.

Currently there is a major imbalance between the ‘supply’ and ‘demand’ side of capacity building. The ‘supply’ side offers a wide range of projects and programmes (mainly sponsored by international agencies) to increase the ‘critical mass’ of health researchers in a country. But unless the demand for equity-oriented research is also encouraged, this research capacity will not be put to optimal use. The use made of research will improve if the capacity of key consumers (e.g. ministries, media, health service managers, advocacy and action groups, legislators) both to use and commission research is developed at the same time. The capacity of researchers to respond to the increasing demand for research is of equal importance.

Another major challenge for capacity building in health research is to upgrade the communications infrastructure, especially in developing countries. The development of communications networks among researchers in different disciplines, and between them and the users of research, can cut the high costs of current means of communication. Increasing knowledge will also augment the capacity of the research community.



You can read more about capacity building in:

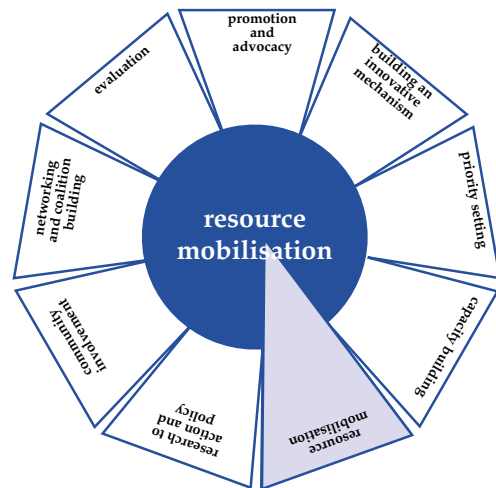
Research Capacity Strengthening for Essential National Health Research (ENHR); Adetokunbo O. Lucas and David Rowe and the Working Group on Research Capacity Strengthening, Task Force on Health Research for Development. COHRED, 1994

2.5 Resource mobilisation

Resource mobilisation must focus on priority areas

The development of effective strategies to increase both national and international funding for health research is a major challenge. Similarly research management capacity must be enhanced in order to coordinate the funding needs of a national ENHR plan. National funding must be progressively increased to ensure the sustainability of national ENHR efforts.

The research priority setting process should make provision for a more efficient allocation of limited national resources. Resource mobilisation must focus on the priority areas.



A COHRED-sponsored multi-country case study on resource flows has resulted in some preliminary material for further reading:

'Resource flows for health research and development; Malaysia, the Philippines and Thailand agendas for health research and development, Phase I, 1999'

2.6 Research to action and policy

Effective health research can only lead to action when researchers stop focusing on producing publications and start translating research results into action

Effective health research leading to action and informed decision-making is only possible if:

- the right and relevant questions are asked about what research is needed
- research and research institutions move away from the 'ivory-tower' and become easily accessible to potential users of research
- researchers do not focus solely on producing publications, but also on translating research results into action
- research is accompanied by a good plan for disseminating research results

Skill in using research must be seen in combination with other key ENHR competencies as follows:

- Capacity building should include both users and producers of research. Accordingly users of research will be in a position to call for essential research and to interpret the research results. For their part the producers of research will be able to respond to an increasing demand.
- Community participation in research can be improved by developing the capacity of the community to call for and use research.
- Effective networking and strategic coalition building will improve the production of research and the dissemination of results, and thereby improve utilisation.



2.7 Community involvement

The community's involvement is of great importance, because it can contribute to the drive for equity and getting research into practice

The community (excluding the research community and the decision-makers), as one of the stakeholders in the ENHR process, tends to be easily forgotten. The community's involvement is of great importance, because it can contribute to the drive for equity and getting research into practice.

Community should be understood not just as a neighbourhood but pragmatically as any collection of people who feel that their interests are at stake in a particular issue. Community participation in ENHR is essentially about the role of people in research – as direct or indirect beneficiaries, users and subjects. The relationship between research and the public can take many forms. If the first step towards equity is to bring the scale of inequity to public attention, it is essential to communicate research findings about health inequities. But what kind of communication is most meaningful to whom? Traditionally, epidemiological surveys are powerful ways of supporting arguments put to politicians; numbers are seen as facts. Yet research, in which elements of community participation are strong, may be equally convincing. Communication incorporating the voices of marginalized or struggling people, especially if they are active agents looking for allies, adds a human dimension to the movement for equity. Journalists are experts in extracting the personal touch of a pitiful case; that is not what we mean. Communication highlighting research on inequity should show the dimensions of the problems as they are experienced by a community of social actors.

Research can be linked to action for development through community participation as follows:

- Community involvement encourages research for action, since communities' prime interest is in research relevant to the problems they experience first hand.
- Education of the public/community can force policy-makers into action. Public opinion is important in democratic, and even undemocratic, societies. Dissemination of research results and raising awareness of health problems, inequities and their possible solutions can contribute to the momentum for change.
- Participation can empower people to act on their own behalf. To the extent that involvement in the community helps people to articulate their problems, to learn, to acquire and practise new competencies and to form alliances, they are more capable of playing an active role and of assuming responsibility. Thus, while communities cannot be expected to solve their own health problems, they are not simply passive recipients of health services and dependent on the knowledge of experts.



You can read more about this topic in:

'Community participation in Essential National Health Research' COHRED Document 2000.5.

2.8 Networking and coalition building

From the outset of the ENHR movement networking has been one of the keys to the success of the ENHR strategy

National, regional, and global dissemination of information and exchange of ideas on all aspects of the ENHR strategy will enable researchers and decision-makers to learn from others' success, and draw the lessons relevant to the local situation.

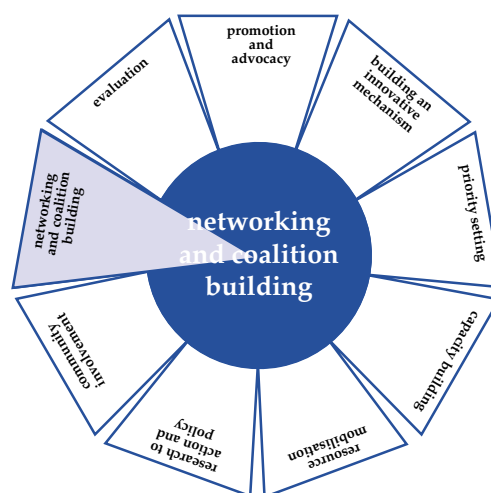
The need for networking is driven by a rapidly changing working environment where people tend to interact more and share concern for common issues. Problems are becoming more complex and require more joint undertakings to resolve them. In the ENHR strategy, networking is important for many of the key competencies. The involvement of all stakeholders throughout the process of priority setting is one of the keys to success. Essential research projects often require multi-disciplinary studies in which many institutes play an active role. The implementation and use of research results will be all the better if a network of interested parties supports the process.

Networking can take many different forms, from assembling directories and databases to a more active exchange of information and ideas, and, at the other end of the scale, to collaborating actively on common problems. Networks can be formal or informal, but in time lead to partnerships, coalitions or strategic alliances on key issues.

The new era of information technology and the new visions for the use of knowledge for development lend a whole new meaning to the word 'networking'. The challenge is to use these new approaches to develop the ENHR concept at the country level, and to set up communication networks among researchers in different disciplines, and between them and the users.

Networking will impel the move towards equity by:

- reducing the fragmentation of research efforts
- involving a wide array of stakeholders, including those who have yet to undertake or use research
- building alliances around equity-oriented initiatives
- creating coalitions and partnerships



2.9 Evaluation

An assessment of the key messages of the ENHR strategy helps to determine whether national and donor investments in health research are being used effectively

An accurate assessment of the success or failure of a country or institution in implementing the ENHR strategy is of great value both to those locally planning the next step and to others elsewhere ready to learn from the experience of others.

To support the application of health research and the ENHR concept, different countries use different mechanisms, but they have two important objectives. Firstly, they need to ensure that health research undertakings respond to national health priorities. Secondly, they must nurture long-term research and development. By evaluating the 'engines' that drive health research in a country it is possible to measure the effectiveness of the country's mechanism for supporting health research and ENHR. Evaluation also serves to pinpoint areas for improvement.

The other major question concerns the effectiveness of a country's use of health research in promoting equity-oriented health and development. An assessment of the key messages of ENHR (put countries first, equity in health, and link research to action for development), will help to determine whether national and donor investments in health research are being used effectively.



There are tools available to assist you with these assessments in:

'Health research: powerful advocate for health and development, based on equity', COHRED document 2000.2.



Part Two

3. COHRED in support of ENHR

The Council on Health Research for Development (COHRED) works with countries to implement Essential National Health Research (ENHR). COHRED was established in 1993 in response to the need expressed by countries for support in implementing the ENHR strategy, and in line with the proposals of the Commission on Health Research for Development¹.

3.1 How COHRED functions

COHRED currently works with countries in Africa, Asia, the Caribbean, Latin America and Eastern Europe.

COHRED:

- ***Offers technical support to countries that are implementing ENHR***

It works with countries to promote health research as a tool for development, establish research priorities, strengthen mechanisms for research support, and build research and user capacity.
- ***Works to develop competencies and enrich the perspectives of leaders in health research***

COHRED facilitates interaction between leaders in health research within and between countries. In this way, countries share experiences and insights into creating a stimulating environment for research that is sharply focused on the goal of better health and greater equity.
- ***Provides an active forum for sharing experiences in the implementation of ENHR***

Through a series of printed and electronic publications, discussion forums and joint initiatives, COHRED enables researchers, health workers, ministries of health, community organisations and others to share experiences and learn from one another. Regional and country level initiatives aim to share information and ideas as widely as possible.
- ***Advocates for the ENHR concept among international investors and other agencies***

COHRED works together with the World Health Organization, Global Forum for Health Research and international investors, promoting **Essential National Health Research** as a country-level strategy to improve health.

This section of the Handbook focuses mainly on COHRED activities in ‘Providing an active forum for sharing experiences in the implementation of ENHR’. One of the tools being developed to enhance this function is the ENHR Electronic Library.

¹ *The Commission on Health Research for Development was an independent international initiative formed in 1987 to find ways of improving the health of people in developing countries. It proposed greater national and international investment in health research as a way of promoting health and development, based on equity. (See **Health Research: Essential Link to Equity in Development**. Oxford University Press, 1990)*

3.2 The ENHR Electronic Library

It is envisaged that the COHRED Electronic Library, currently under construction, will assist individuals, institutions and countries in their effort to adopt and implement ENHR as a strategy for more effective health research. Initially the Library will enable the COHRED secretariat to respond faster and more effectively to requests for specific or customised information from the network. In the longer term it will focus on providing direct access to users through the COHRED web site. Off line accessibility will be increased by producing CD-ROM's of the Electronic Library, and by disseminating a printed library catalogue.

The data and resources available in the Electronic Library are for the time being accessible by channelling requests through the COHRED secretariat.

3.3 How is the Electronic Library organised?

The contents of the library are organised around:

- Key messages
- Competencies
- Tool types

Each resource within the system belongs to one or more of these categories.

The '*key messages*' are:

- Put countries first
- Work for equity in health
- Make research an active part of development

Since many of the resources dealing with ENHR experiences focus on these key messages, the library will only make the best resources available, dealing with one or more of the key messages.

The *essential competencies* for the implementation of the ENHR strategy are:

- Promotion and advocacy
- Building an innovative mechanism
- Priority setting
- Capacity building
- Resource mobilisation
- Research to action and policy
- Community involvement
- Networking and coalition building
- Evaluation

The list of competencies may change over time as new knowledge is generated. This may lead to new ideas as to how research management and coordination issues should be dealt with.

3.4 Tool-type categories

The resources available are currently divided into the following series of *tool-types*:

- *COHRED basic documents*: documents disseminating, and elaborating upon, the fundamental principles and concepts of COHRED and ENHR.
- *Country monographs*: descriptive, analytical discussion papers relating to ENHR and health research management experience in a particular country.
- *Directories*: listings of contact names and addresses of research networks and institutions designed to facilitate networking.
- *Evaluation tools*: materials designed to assist individuals, institutions and countries to assess their progress in implementing ENHR, including the effective use of research carried out.
- *Issues papers*: challenging think pieces designed to provoke the user into reflecting on particular issues, experiences and opportunities.
- *Journal articles*: extracts from professional journals designed to broaden users' knowledge of specific ENHR competencies.
- *Learning briefs*: short papers describing efforts to implement ENHR undertaken by teams, institutes or countries, including a synopsis of lessons learned, designed to serve as a model or learning experience for those in other teams, institutes or countries tackling similar issues.
- *Manuals*: publications describing practical tools for ENHR implementation and capacity building.
- *Newsletter articles*: extracts from newsletters (notably COHRED's own quarterly Newsletter *Research into Action*) relating specifically to ENHR, designed to bring important activities around the world to the attention of users.
- *Pamphlets/brochures*: information publications used to promote and advocate the ENHR concept at the country level.
- *Reports*: a tool-type divided into several sections to increase understanding of the ENHR concept, the various ENHR mechanisms in place and the ENHR competencies. Reports focus on activities and developments at different geographical levels (global, regional, and country).
 - *annual reports*: reports on COHRED's activities in the course of the year.
 - *regional reports*: reports on implementation of ENHR within a region.
 - *country reports*: reports on implementation of ENHR within a country.
 - *case studies*: reports on the implementation of ENHR, ENHR competencies and available capacities at country level.
 - *working group reports*: reports on the proceedings and accomplishments of COHRED's working groups and task forces.
 - *conference/workshop reports*: reports on the proceedings and accomplishments of conferences and workshops devoted to ENHR issues and competencies.
- *Web-based resources*: material located at other web sites with a close link to ENHR competencies and messages.

See Annex 1 for a map of the Electronic Library

4. ENHR in action: lessons learned

A learning brief is a succinct description of lessons learned from efforts to implement ENHR

This section of the Handbook includes the *learning briefs*. Learning briefs are short papers describing efforts to implement ENHR undertaken by teams, institutes or countries, with a synopsis of lessons learned, that are designed to serve as a model or learning experience for other teams or countries tackling similar issues.

Learning briefs are written for a wide audience that includes advocates of the ENHR strategy, those carrying out ENHR activities, and anyone wishing to understand the specifics of the ENHR strategy in action.

The briefs will be disseminated on a regular basis as inserts to the Handbook.

Users with an interesting story to tell about *ENHR in Action*, who would like to contribute a learning brief to the Handbook, will find the guidelines for writing one in Annex 2.



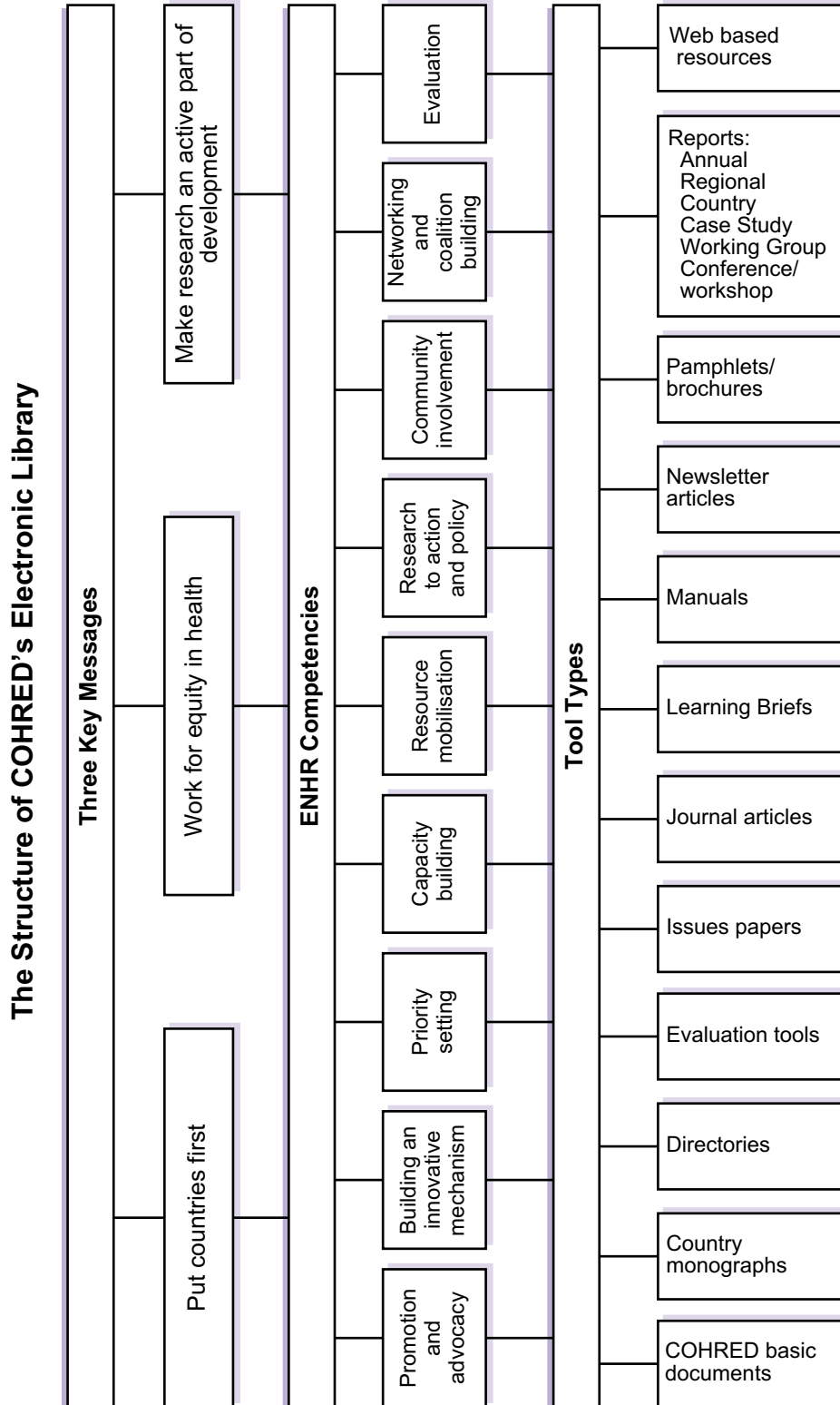
Learning Briefs



Annexes

Annex 1

COHRED's Electronic Library Structure



Annex 2

COHRED Publications

COHRED basic documents:

- Health Research, Essential Link to Equity in Development; Commission on Health Research for Development; Oxford University Press, 1990 (also available in French)
- ENHR - A Strategy for Action in Health and Human Development; Task Force on Health Research for Development, 1991 (also available in French)
- International Conference on Health Research for Development, 8 and 9 March, 1993, Geneva, Switzerland; COHRED, 1993

Country monographs:

- ENHR in Uganda: Progress and Challenges, a Case Study on Experiences in Implementing the ENHR Strategy in Uganda; R. Owor; COHRED document 97.4 (an update of this document will be published by mid 2000)
- ENHR in the Philippines: the First Five Years 1991 - 1996; E. Abaya et al; COHRED document 97.5
- ENHR Development in Thailand; S. Chunharas and C. Chooprapawan; COHRED document 97.6
- ENHR in South Africa; S. Jeenah et al; COHRED Document 97.7
- ENHR in Kenya; the National Health Research and Development Centre; COHRED document 98.2
- Evolution of Health Research Essential for Development in Ghana; S. Adjei and J. Gyapong; COHRED Document 99.3
- Essential National Health Research in Bangladesh, an ENHR country monograph, M. Hossain; COHRED Document 2000.1

Directories:

- ENHR in the African Region: Regional Health Research Organisations, COHRED Document 97.2
- Essential National Health Research – Asian Regional Network; College of Public Health, Chulalongkorn University; Asian Regional ENHR Focal Point (1999-2000), Thailand; May 1999

Evaluation Tools:

- ENHR - A Strategy for Action in Health and Human Development; Task Force on Health Research for Development, 1991; pages 44-47 deal specifically with evaluation (also available in French)

- How Effective is your Country's Strategy for Health Research? Annex of: Health Research: Powerful Advocate for Health and Development, based on Equity; COHRED Working Group on Promotion, Advocacy and the ENHR Mechanism, COHRED document 2000.2

Issues Papers:

- How to Boost the Impact of Country Mechanisms to Support ENHR; A peek into the melting pot of country experiences; COHRED Working Group on Promotion, Advocacy and the ENHR Mechanism, COHRED document 99.1 (French version: COHRED Document 99.2)
- Health Research: Powerful Advocate for Health and Development, based on Equity; COHRED Working Group on Promotion, Advocacy and the ENHR Mechanism, COHRED document 2000.2
- Community Participation in Essential National Health Research; S. Reynolds Whyte for the COHRED Working Group on Community Participation; COHRED Document 2000.5

Manuals:

- A Manual for Research Priority Setting using the ENHR Strategy; D. Okello, P. Chongtrakul and the COHRED Working Group on Priority Setting; COHRED Document 2000.3

Newsletter:

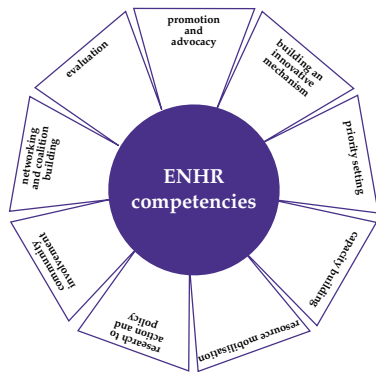
- 'Research into Action' – COHRED's quarterly Newsletter (in English)

Regional Reports:

- Proceedings ENHR Asia, 2nd Regional Meeting; 9-11 December 1997, Vietnam
- Proceedings 3rd Asian Regional Meeting Essential National Health Research; 11-12 December 1998; Lao PDR
- Report of the Fifth African ENHR Network Conference, 5-7 October 1998; Ghana
- African Conference on Health Research for Development: Conference Programme and Country Reports, 19-23 September 1999; Zimbabwe
- Summary Report on the Workshop of the Central and East European Network on Essential National Health Research; 9-14 November 1997; Hungary
- Regional Workshop on Essential National Health Research and Priority Setting in Health Research; 6-8 November 1995; Jamaica

Working Group Reports:

- Research Capacity Strengthening for Essential National Health Research (ENHR); Adetokunbo O. Lucas and David Rowe and the Working Group on Research Capacity Strengthening, Task Force on Health Research for Development. COHRED, 1994
- ENHR and Priority Setting: Lessons Learned; COHRED Working Group on Priority Setting; COHRED document 97.3 (French version: COHRED document 98.3)



Learning Brief

Annex 3

What is a learning brief and how do I write one?

A learning brief is...

A learning brief is a succinct description (1-single spaced page - approximately 4 paragraphs in length) of lessons learned about a particular ENHR activity or project that are of value to others about to embark on similar and comparable activities. It should be written for a wide audience that includes advocates of the ENHR strategy, those undertaking ENHR activities, and anyone wishing to understand the specifics of the ENHR strategy in action.

A short, snappy ‘newspaper article’ style is more appropriate for a learning brief than a formal academic presentation. Emphasis should be on how to convey the message as simply and persuasively as possible.

Learning briefs will be disseminated on a regular basis as inserts to the ENHR Handbook.

How to get started...

In one paragraph, describe the who, what, when, where, and why of the project/activity.

What was the project/activity about?

Who was involved?

Where did it take place?

When was the activity/project carried out?

Why was it important to undertake the activity/project?

This need not be the first paragraph of the learning brief, but the information should be provided somewhere within the page.

In 2-3 paragraphs, the most important lessons learned in carrying out the project/activity should be conveyed. Lessons learned can be about successes and failures.

At the end of the learning brief you should include:

- information on further reading materials
- the name, address and other contact details where the reader can obtain further information.

