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The Newsletter of the Council on Health Research for Development

A Decade of Implementation: COHRED's Impact on Health Research for Development

From Commission to Council

Since 1990, perceptions of health research have changed substantially. Originally viewed as a luxury mostly relevant to the North, it is increasingly considered a necessity for achieving better health and development. This shift in perception - *from luxury to necessity* - was mostly the result of a movement promoting health research for development, born out of the work of the Commission on Health Research for Development (1987-1990) and its report: *Health Research: Essential Link to Equity in Development* (1990).



Commission Report (1990)

The Commission acted as a catalyst. It awakened interest for health research for development (HRfD) and drew international attention to the 'gross mismatch between the

*burden of illness overwhelmingly in the Third World - and investment in health research, which overwhelmingly focused on the health problems of industrialized countries*¹.

Following the Commission, a Task Force on Health Research for Development² further developed the concept of **Essential National Health Research (ENHR)**. It defined seven elements for implementing ENHR and assisted developing countries in applying the ENHR strategy. In response to the needs expressed by countries to promote, facilitate, support and evaluate the ENHR strategy, the Task Force recommended the establishment of the **Council on Health Research for Development (COHRED)**.

The 7 elements of ENHR

1. Promotion and advocacy
2. ENHR mechanism
3. Priority setting
4. Capacity building and strengthening
5. Networking
6. Financing
7. Evaluation

¹ Commission on Health Research for Development (1990). *Health Research: Essential Link to Equity in Development*. New York, Oxford University Press.

² The Task Force (led by a majority of countries from the south) was based on the Commission's recommendation to 'encourage all countries to undertake Essential National Health Research (ENHR)'.

Against the odds: the health research environment in 1993

When COHRED was established (1993), HRfD was an ideal and a means to achieve better health. However, it did not generate a great deal of enthusiasm and support. Health research was seldom seen to directly impact on health. Furthermore, improving people's health was rarely considered a priority for research efforts by researchers and sponsors. Nor was *equity in health* used as a basis for research sponsors to identify worthy proposals. Moreover, contexts in which health interventions operate were rarely considered legitimate topics for mainstream health research.

Did we really need research to tell us that fewer wars, economic growth, less poverty, better health care and food distribution would greatly improve people's health worldwide? Instead of being regarded as an essential tool for equitable development, health research was mostly seen to consume limited country resources without visible benefits to anyone but researchers. Given the type of health research and the mode in which it was conducted at the time, this was probably often the case. Research findings were rarely made available, and when they were, the format was often inappropriate for local use. Even if answers were found, they often came at the wrong time or addressed issues that were not necessarily the priority health needs of countries. A well-known consequence of health research conducted in a traditional framework is that research results were - and often still are - rarely used for health policy and health action.

COHRED's approach

Amidst this general scepticism about the potential of health research for development, COHRED started advocating for the role that health research can play in solving countries' health problems. Based on its values of *equity*, *social justice* as well as *inclusiveness and participation*, COHRED identified three major features of effective health research.

Three features of effective health research

- Put the priorities of countries first
- Design and implement a research strategy that works for equity in health
- Make research an active part of development

COHRED provided a counter-balance to global organisations, by focusing on national health priorities rather than global health problems. COHRED was the only international non-governmental organisation advocating for the strengthening of national health research systems as an essential ingredient of health research for development. COHRED therefore acted as a counterpart to more narrow, vertical and disease-oriented research programmes. While they have an important immediate impact, COHRED was working for longer-term sustainable systems development.

Not only were countries the focus of COHRED's work, they were also the driving force behind its work. The COHRED Board reflects the health research interests of the south as well as the commitment of key northern supporters for COHRED's mission.

Focusing on equity

While people's health status was on average improving worldwide, there remained substantial inequalities within and between countries. By focusing on equity and social justice in health research, COHRED advocated for more *equity-oriented research* from its inception, and continues to do so today.

Broadening partnership

To overcome isolation, fragmentation and duplication of health research efforts, COHRED engaged with a broad range of stakeholders. It promoted the participation of the research-to-action triad - *researchers, decision-makers and communities* - at local, national or international level. COHRED also promoted informed decision-making at all levels, from ministry officials to community

groups. This 'bottom-up' approach in health research created an atmosphere that facilitated collaboration. The inclusion of all partners in the triad is key to more responsive research systems and more rapid implementation of positive results. This approach has also become commonly accepted in research in the North, especially concerning sensitive subjects. After all, it is just good practice.

Using a horizontal system-oriented approach

COHRED advocated for a specific way to carry out research, a way to directly enhance the impact of research findings and fulfil the developmental potential of research. COHRED emphasised the 'missing links' in health research. This was a complementary activity to 'mainstream research and research organisations', as they have sufficient resources to make their own case. The bottom line for COHRED was, and is, that all research generating knowledge that contributes to improved health and development of the most disadvantaged should be at the top of the global research agenda. There is no **COHRED-type research**. Instead, there is a **COHRED-type emphasis on doing research in a way that promotes equity, builds capacity and supports development**.

"The spectrum of Essential National Health Research – research that relates to local health needs – provides the evidence for new insights and strengthens the capacity for leadership in policy, and management of programs and the most effective use of scarce resources."

"No matter how many new technological innovations we have, we still must try to assess what their impact is going to be. This is part of Essential National Health Research – understanding the demand side and looking at how the needs of people can most effectively be met with obvious limits on resources that can be devoted to them, particularly in the developing world."

Dr John Evans, Chairman of the Commission on Health Research for Development
Research into Action, issue 18 (1999), p. 10.

COHRED's major achievements

After a decade of work, ENHR remains an important strategy for organising and managing health research in southern countries. It has optimised their benefits of investments in health research, and strengthened their negotiating power with northern research institutions and sponsors. Over 50 countries have embraced the ENHR strategy - or elements of it - and used it to strengthen their health systems. In some countries, ENHR has been formalised through legislation, whilst in others, programmes and networks have applied the underlying principles of ENHR without explicit reference to the strategy.

1. Research systems and management in low and middle-income countries

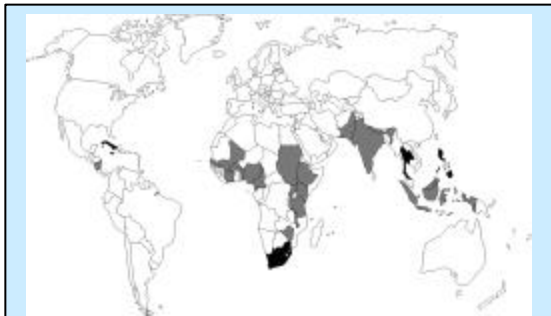
COHRED primarily engages with countries, as they are the 'administrative units' where decisions are taken, budgets allocated and programmes implemented. National level is also a good meeting point for the health, education, science and technology sectors relevant to health research. COHRED also works at regional and global level, when they support national research capacity.

COHRED mainly focused on supporting low and lower-middle income countries' requests to operationalise the concept of ENHR and improve their national health research systems. Initially, COHRED assisted countries in reviewing their health problems, assessing information gaps and existing research efforts as well as developing national agendas in response. Its main country level strategies were:

- Setting priorities for national health research

Amongst the 27 countries where priority setting was supported by COHRED, 81% of them were low-income countries and the remaining 19% were lower-middle income. As part of the priority-setting process, COHRED always promoted the

participation of communities as key stakeholders.



Getting the targeting right: COHRED facilitated priority setting in 22 low-income (in grey) and 5 lower-middle-income (in black) countries.

- **Building capacity for health research management**

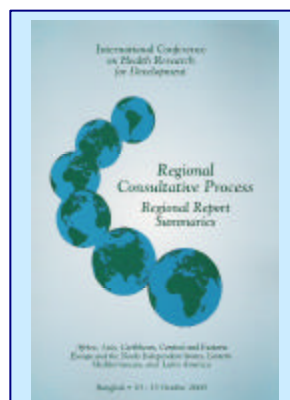
Through workshops, the provision of tools and manuals, as well as support for developing capacity building strategies.

- **Monitoring resource flows for health research**

Support was provided for resource flows studies in 10 countries, including in Burkina Faso, Cameroon, Malaysia, Hungary, Kazakhstan, the Philippines and Thailand.

- **Monitoring and evaluation of national health research systems**

Support was provided for studies to define national health research profiles in over 10 countries; national consultations prior to the International Conference on Health Research for Development (Bangkok, 2000) which included over 60 country teams; and the development and dissemination of tools to assist the monitoring and evaluation of these systems.



Regional Consultation Report (2000)

- **Supporting networking and coalition building as well as strengthening coordination of health research**

An increasing number of national health research fora, such as in Ecuador, Tanzania and the Philippines have been established. These fora have played an important role in improving the coordination of health research and stimulating partnership development.

2. Advocating for Essential National Health Research

COHRED's major contribution is its sustained advocacy for ENHR. It popularised the concept and positioned it in the context of development. COHRED contributed to its acceptance as a national policy in many countries and provided practical tools for use at country level. COHRED also contributed to the acceptance of ENHR and equity in the broader field of health research for development. Aspects of ENHR, especially on priority-setting processes and methodologies, have been incorporated and built upon by a variety of institutions working on health research for development.

3. Analysing and developing concepts

COHRED has worked with countries to describe and analyse their health research systems and develop strategies to strengthen them. Knowledge and skills were identified for each competency, toolkits developed and training provided to national groups. COHRED was a pacesetter in areas like **priority setting**, **research to action** and **resource flows in research**. Many of the outputs were published and broadly disseminated.

4. Making regional and country voices heard

In the world of research, the interests of southern countries are often either forgotten or represented by northern institutions. COHRED believes, however, that **southern countries should be central partners in setting international research agendas**.

Making 'country and regional voices heard' was a specific strategy of COHRED. Its aim was to ensure that national interests in health priorities, research, capacity building and research governance were brought to the forefront. In 1999, COHRED organised and facilitated extensive national and regional consultations to review health research developments since the Commission's report. The International Conference on Health Research for Development (Bangkok 2000) was the culmination of these extensive regional and national efforts as well as a joint effort of COHRED, WHO, World Bank, and the GFHR. The resulting action plan provided a framework for harmonising and enhancing health research development efforts at national and global level.

"I perceive its main achievements as having been a key 'political activist' in spearheading the movement of health research for development. Focusing on the goal of utilising health research to promote health equity, COHRED has effectively mobilised interest and involvement of a number of global constituencies around health research for development strategies such as community participation, national capacity development, participatory mechanisms for setting research priorities and – most importantly – advocating strongly for the application of research to policy and action."

Prof Marian Jacobs
Research into Action, Issue 22 (2000), p. 7.

COHRED could not have achieved its work without the dedication of many people involved in the Commission, Task Force, Council and its Board, who often continue to work for health research and development. Nor could it have conducted the work without the loyal and long-term support certain development agencies and donors, and their staff: especially the SDC, Sida/SAREC, IDRC, the Ministry of Foreign Affairs of the Netherlands (DGIS), NORAD and DANIDA. They understood that research and development require long-term commitment and expressed their understanding through continued support for COHRED - and to other organisations sharing its cause.

Building on the foundations of ENHR

In 2004, 'health research for development' is a concept that is widely known, though less widely accepted, and probably even less widely implemented. Although there have been notable successes and several countries have embraced ENHR as a policy for managing health research, much remains to be done. Wider acceptance, broader geographical coverage and better follow-up are needed. In addition, new developments, such as global research programmes and their massive budgets, private sector research in developing countries and innovation and knowledge management for development, need to be taken into account.

Despite impressive advances – especially in view of the limited resources available to COHRED - there is still a long way to go before the full potential of health research for health, equity in health and development are realised. Many important stakeholders still need to be convinced of the importance of health research.

Today, more than ever, COHRED needs to emphasise the importance of strong national health research systems to make health research more responsive to the south's health needs. COHRED therefore needs to focus on *advocacy, technical support* and *research and development*. Through these functions and by engaging in long-term partnerships, we will create stronger and more sustainable health research systems.

"The sense of awareness that ENHR has created is a particularly important impact. Sensitisation of the governments of developing countries has shown such countries that they must take hold of their own destiny. Developing countries are coming to the realisation that only they can change their future by taking control, and insisting on making their own decisions. ENHR has promoted important processes – stakeholder consultations, priority setting meetings, informal discussions on research - at the national level."

Dr Adnan Hyder
Research into Action, Issue 20 (2000), p. 9.

COHRED's next decade

Making Health Research Work ... for Everyone

*In accordance with its mandate, COHRED has focused on promoting the **Essential National Health Research (ENHR)** strategy over the past decade. In addition to its advocacy for ENHR, COHRED assisted countries in applying the strategy by providing seed funding and technical expertise. The review of COHRED's work (see previous article) illustrates how it increased awareness of ENHR amongst a broad variety of constituencies, and brought the concept of **National Health Research Systems (NHRS)** to the attention of the international community. Furthermore, COHRED advanced the understanding of **Health Research for Development (HRfD)** by conducting and commissioning analytical work that examined key components of HRfD.*

Whilst mostly targeting the poorest countries, COHRED's reach has not been sufficiently widespread. Most of the 152 low and middle-income countries are yet to take their first steps in prioritising health research and in managing their national health research systems. Thus, health research still does not have a sufficiently high profile on the agenda of many developing countries where health and finance ministries do not spend anywhere near the target of 2% of their budgets on research.

At the same time, the global health research environment has substantially changed and expanded since 1993. Most of the growth has occurred in disease-specific / 'vertical' programmes deemed to be of 'global' relevance. Major investments in global health research have been made by bilateral donors, foundations, the World Bank, and others as key funders of 'public' health-related research. Meanwhile, the largest investments in private health research in developing countries probably came from the pharmaceutical industry. All of these contribute to health research capacity development – but mostly in accordance with their specific goals– which may not coincide with research priorities of the countries in which research is conducted.

COHRED, therefore, has many challenges ahead – both new and old - if it wants to help make health research respond to the health needs of the poor. Many

research sponsors still need convincing of the importance of investing in building **sustainable research capacity in developing countries**. COHRED also needs to formulate responses to the opportunities offered by the growing health research environment in developing countries.

These challenges are at the heart of transforming COHRED. Health research for development is, more than ever, essential to address the health needs of the poor. By building on our experience with ENHR, we are repositioning COHRED as an organisation enabling countries to use health research for development ... for the benefit of everyone.

We believe that health research is a public good, and is essential not only for developed countries, but also – and perhaps especially - for countries on the road to economic development. Research can bring a myriad of benefits to developing countries. It strengthens countries' ability to optimise health delivery systems and develops local

expertise in health care and systems. Research may lead to enhanced critical mass in countries. Hence, it is essential to reduce or revert 'brain drain' and to empower people (through various means) by involving them in setting their national research agenda. It highlights

the need for **good governance, equity** and **respect for human rights** to optimise the benefits of advances in health technologies.

COHRED from 2004

COHRED works for a world in which health research is recognised as central to optimising health and reducing inequity and poverty.

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

Research is therefore an essential part of development.

Whilst research leading to patents, pharmaceutical and technological advances is of great importance, it may not always be as potentially effective in contributing to more immediate improvements in health in developing countries. We are interested in stimulating countries' ability to manage and use **all health research** to improve the health and well-being of their populations.

COHRED is looking to increase the scope and intensity of its work to further influence how global research is conducted and financed, with a view of enhancing its impact on health research in countries in the south. In addition to its strong advocacy role, COHRED intends to develop three other main areas of operations. These will be central to fulfilling COHRED's mission by increasing the impact of health research in the south.

What we will do

1. Advocate in and with...

- Countries (*from government to communities*)
- Researchers and research institutions
- Donors and development partners
- International organisations and vertical programmes
- Globally with Global Forum for Health Research and others

... for research prioritisation, ENHR and strong national health research systems: many country experiences demonstrate the value of national health research agendas and systems. They provide countries with better negotiating power to interact with a broad range of stakeholders (e.g. vertical programmes, donors and industry) and can maximise the benefits of collaborating in such efforts. Central to advocating for investments in health research systems, is our belief that *'Good Research takes place in Good Research Systems'*.

... for 'responsible funding: the substantial funding available for health research and interventions threaten to overwhelm countries' capacity to set their own research priorities and act on them. How do countries ask for capacity building as part of international research programmes? How can large foundations be motivated to ensure that part of their funds are spent on useful infrastructure, training, human resources that are part of a national plan and sustainable initiatives?

... for ethical conduct in health research in developing countries, including adherence to core international declarations. Pressures to deliver make developing countries an attractive setting for pharmaceutical companies and large publicly funded programmes to conduct trials for medications and technologies with often little local relevance and involvement. Ethical requirements for conducting health research may be weakened as a result.

2. Provide technical support

In a recent assessment, we found that in spite of COHRED's efforts, only 41 (27%) low and middle-income countries have actively set health research priorities. COHRED supported 66% of these countries in setting their priorities. Although we have been targeting those most in need, we still have a major job ahead of us, more than can be done by a few dedicated staff operating from Geneva! Consequently, COHRED will:

- Assist countries in prioritising their health problems and health research that leads to solutions.
- Assist countries in managing health research for better health, equity in health and overall development.
- Build capacity and support capacity-development for HRfD in countries and institutions.
- Become a partner for global, international and private institutions, foundations and initiatives to ensure optimal utilisation of vertical funding in building sustainable research infrastructure and capacity at country level.

3. Conduct & commission research & development (R&D)

Much of the 'moral and scientific high ground' from which COHRED operated since its inception was the legacy of the **Commission on Health Research for Development's** creative and progressive work. COHRED has strived to respond to continuing challenges in HRfD through working groups, invited publications, consultations and an international conference (Bangkok 2000) in collaboration with other key stakeholders. To stay abreast of advances, COHRED's drive for health, equity and development needs to be matched by relevant knowledge production and sharing. COHRED therefore has to increase its in-house capability and its alliances to ensure that R&D continues to address HRfD. As a result, COHRED intends to develop the capacity to:

- Provide evidence for HRfD and its impact
- Contribute to the global understanding of HRfD
- Generate specific solutions for countries, partners and others with whom we work
- Monitor and evaluate COHRED and its impact
- Be a basis for nurturing future researchers in HRfD, especially from the south

4. Supply small grants and seed funding for HRfD

COHRED has traditionally used some of its resources to help fund meetings, initiatives and activities that support HRfD in countries but which were usually difficult to fund from standard research sources. The ability to fund new initiatives, creative interventions, essential networking and key assessments should be enhanced to great effect. In addition to these functions, this programme will be extended to specifically address:

- Innovations in HRfD
- Being a basis to stimulate the 'next generation' in leadership for HRfD
- Building research capacity
- Having immediate support available to leverage greater assistance

How we will achieve this

The following elements provide some of the key aspects that we consider important to achieve our mission.

Provide a voice for health research for development

Since its inception, COHRED has provided a voice for HRfD as well as for the south. Its Board always consisted of a majority of researchers and research policy-makers from developing countries.

Moreover, no other alliance currently focuses on promoting HRfD at country level. International organisations, donors and programmes often focus on one or more of the following areas: implementing existing knowledge, health systems research, basic and biomedical research and public health research. However, none of these organisations focus on providing a 'voice for the south' in determining the international health research agenda at country level. There is an urgent need to continue filling this gap. Although India, South Africa and Brazil have made significant advances in developing a competitive research infrastructure, most of the other 150 'low and middle income counties' have not. What about them? Who represents their interests and voice? How can links between successful southern countries and those requiring substantial research support be developed, strengthened, and maintained?

With its history, COHRED has the potential to play a more prominent role in providing a focus on HRfD from a southern perspective.

Strengthening COHRED

The growth in scope and intensity of COHRED's future operations will be matched by an increase in highly competent and professional research and advocacy staff. This growth is not intended to take place in Geneva only. Instead, COHRED is looking to grow mostly in the south by adapting its organisational structure to its new functions. For instance, board membership will be more

clearly defined to ensure critical expertise on the board. A new Executive Committee has been established (see Board News) to ensure rapid and responsive decision-making. The 'secretariat' has been re-shaped and a **director** rather than a **coordinator** now heads the organisation. We are leaving the 'Commission model' of having an executive board serviced by a secretariat. Instead, both the Board and the Directorate are key strategic components of COHRED. *This will help COHRED focus on its essence as an international organisation representing both a cause and a constituency.*

Operating through and with partners

COHRED wants to operate in a way that **strengthens southern institutions** interested in working for health research for development (e.g. academic, research, governmental or non-governmental organisations). If there is a serious commitment to health research for development, COHRED will collaborate and develop joint activities or even joint 'units' or 'centres' that can assist in implementing COHRED's mission and activities. COHRED has taken a first step in this direction. It has been examining the feasibility of relocating COHRED's administrative functions to the south. Two other functional proposals are under consideration, and further developments are likely to follow soon.

Expanding R&D expertise

COHRED's specific expertise, and what it will develop through the growth of its R&D function, will put it in a strong position to assist with **capacity building for HRfD**. This will primarily take place through the curricula of under- and post-graduate schools of health sciences, and by interacting through workshops with research organisations, governments and non-governmental organisations.

We will focus on the **next generation of researchers** to make merit – not age – the key determinant for promotion and tenure, and to engage in **long-term relationships**. After all, research capacity building must be conceived in terms of 'generations' rather than 'years'.

COHRED as co-applicant and partner

COHRED will continue its role in seed-funding. However, it will progressively become a **'co-applicant'** with researchers from partner countries for joint funding. A recent example is a workshop on 'principles of good partnerships in public health education'. It was funded by USAID through the Academy for Educational Development. A report (due out soon) will assist in defining good partnerships in capacity building – in this case in public health and public health research – a core function of COHRED.

Entering strategic alliances

COHRED is entering into strategic alliances with organisations with complementary activities. For instance, we are strengthening our relationship with the **Global Forum for Health Research** to create a more coherent and effective form of collaboration (see article on COHRED and the Global Forum). Further alliances are also in the process of being initiated and formalised.

COHRED has been asked to host the **secretariat of the Global Forum for Bioethics in Research**. This grouping consists of research organisations, sponsors and southern institutions interested in promoting research of high ethical standards in developing countries. The terms of reference for the secretariat are being finalised for implementation.

Broadening core values

During our board meeting, COHRED confirmed its commitment to the values of **Equity, Social Justice and Participation and Inclusion** for all stakeholders involved in research. We will also continue working with **countries** to enable them to become centres around which health research capacity can be built.

New core values have been added to guide COHRED's work. These include and put emphasis on **good governance and respect for human rights** (essential to development and health). Another value is to help build the **assertiveness** of the south and southern researchers and research

systems. This will include the need to engage in *capacity building to carry out research in all the work we do*.

Conclusion

The COHRED of tomorrow will build on the achievements of the first 10 years and will grow in several areas of expertise and geographical locations to increase the impact of HRfD. In the coming years, COHRED will have moved away from being a small,

Geneva-based, advocacy body. Instead, it will become an organisation that can make a (bigger) difference to health, health equity and development.

We have made it our business to enable countries – particularly the poorest – to set and meet their health research objectives, especially those aimed at improving equity in health. We welcome your comments, proposals for funding and collaboration, or any other contribution you wish to make to assist and build on what COHRED has achieved so far!

COHRED ...

MAKING HEALTH RESEARCH WORK

... for Everyone

COHRED and Global Forum:

Joining Hands to Promote Health Research for Development

*The Report of the Commission on Health Research for Development (1990) attracted the world's attention to the role of health research in promoting health and development in the south. In response to the Commission's recommendation on **Essential National Health Research (ENHR)**, the **Council on Health Research for Development (COHRED)** was established. Influenced by the Commission's recommendation to 'Establish a Forum for Review and Advocacy', the Ad Hoc Committee on Health Research recommended the creation of the **Global Forum for Health Research (Global Forum)** to **help correct the 10/90 gap**.*

COHRED and Global Forum: complementary action

THE FOUR RECOMMENDATIONS OF THE COMMISSION

1. Promote **Essential National Health Research (ENHR)**
2. Stimulate International Partnerships for Health Research for Development
3. Mobilize Increased Health Research Funding
4. Establish a **Forum for Review and Advocacy**

The two organisations were initiated to address different aspects of health research for development. COHRED focused on

strengthening health research and health research systems at national level by *promoting ENHR*, while Global Forum advocated for *health research for development* and provided *an annual forum to help correct the 10/90 gap* at global level.

Complementarity rather than competition was the intent of the initiators and sponsors of the organisations (many of whom were the same). As COHRED and Global Forum were born out of the same aspiration to use and change health research to address health, equity and development in the poorest countries, the distinction between our respective areas of work has not always been clearly understood. While our goal is the same: make health research work for health and development of the most

disadvantaged, we operate at different levels of influence.

COHRED and Global Forum complement each other in many ways. While Global Forum aims to bring global research and funding more in line with global health priorities (i.e. narrowing the 10/90 Gap), COHRED strives to enable countries to develop the capacity to manage, prioritise and increase health research and make it relevant to their health priorities. Through its forum, Global Forum provides an environment to exchange information and network. Concurrently, COHRED activities at country level generate information and networks which empower people and institutions. The level of synergy of these approaches is substantial, and has the potential to respond to the needs of countries and the global community more effectively. This has motivated us to create a more coherent and structured collaboration between our organisations. In an attempt to optimise our impact, reduce fragmentation as well as strengthen the voice and capacity of countries facing increasing vertical research programmes, we are joining forces in our new framework of 'intensive collaboration'.

Shaping our intensive collaboration

With the appointment of new directors in both organisations (January 2004), there has been a revitalised drive to increase our impact on health, research, equity and development.

At operational level, the strengthening of collaboration has already begun. COHRED contributed to the recently released '10/90 Report' of the Global Forum. It is also an active partner in the planning and preparation of the World Summit on Health Research and the 8th Global Forum on Health Research in Mexico (November 2004). We are preparing joint publications aimed at informing decision-

makers on the relevance of health and health research priority setting, measuring resource flows, public health research capacity building and other initiatives.

“Collaboration between COHRED and Global Forum has emanated from a logical division of labour toward the common goal of promoting health research globally, based on equity and social justice.”

Dr Adetokunbo Lucas (Former Chair of Foundation Council) Research into Action (1998), Issue 14, p.3

At strategic level, COHRED and Global Forum presented their vision for future collaboration to their respective Boards. During the Global Forum's Foundation Council Meeting (March 2004), a proposal for 'intensive collaboration' between the

two organisations was made and accepted. At the COHRED Board Meeting (April 2004), a proposal was made to go one step further – to reach a structural agreement to ensure that the potential benefits from the collaboration materialise. It could go beyond working on common projects and programmes, and touch upon areas like communication and administration. 2004 is therefore about sharing strategic plans and intensifying collaboration. In the future, we expect our strategies to be born out of joint planning. Our aim is to have a framework of collaboration developed and endorsed by both organisations for 2005.

What will this mean for you?

Together, COHRED and Global Forum intend to have more impact, more opportunities for collaboration with institutions, countries and organisations in the

south, and mobilise more resources to help build a global drive for health research for development. Further analytical work will focus on issues such as understanding the 'gaps' that limit the impact of health research in many southern countries and how health research can best support current

drives (e.g. the Millennium Development Goals). We will become more easily accessible and any confusion between us will be reduced. Not only do we hope to have more impact and resources to enable

“For international organisations this might mean that we have to establish more and better collaboration, perhaps in the form of *strategic alliances* to be more effective and efficient as well as of mutual benefit.”

Prof Charas Suwanwela (Former Chair of COHRED Board) Research into Action (2000), Issue 22, p. 6

countries, institutions and individuals to increasingly engage in health research for development, you can also expect a more responsive interaction.

We look forwards to joining our efforts to promote our shared belief that health research can substantially contribute to improving the health of the most disadvantaged. Together we strive to make health research work for everyone.

News from the COHRED Board

COHRED Board Meeting 29-30 April 2004 (Geneva)

The first Board Meeting following the appointment of Carel IJsselmuiden, COHRED's new Director, was marked by the re-elections and departures of Board members and the establishment of an Executive Committee.

Re-election of the Chair of the Board

We have the pleasure to announce that Prof. Marian Jacobs was re-elected as Chair of the COHRED Board for a second 3-year term. Marian Jacobs is the Director of the School of Child and Adolescent Health at the University of Cape Town (South Africa), and has a long history of interest in health, research and equity.

Re-election of Board Member

We are also pleased to announce that Dr. Delia Sánchez was re-elected for a second term as member of the COHRED Board. Delia Sánchez is responsible for the development of clinical guidelines and reviewing clinical trials in the Ministry of Health of Uruguay, and a Senior Researcher at the Grupo de Estudios en Economía, Organización y Políticas Sociales.

Departure of Board Members

Having served the maximum of two terms on the Board, Ms. Mina Mauerstein-Bail and Dr. Mohamed Said Abdullah stepped down as Board members. We would like to thank them for their contribution.

Mina Mauerstein-Bail has been a member of the Board since 1997. As Manager of the HIV and Development Programme and the Health and Development Programme at UNDP, she brought a broad perspective on health and development. By advocating for interdisciplinary approaches to health and development and promoting

partnerships across sectors, she provided COHRED with challenging insights and strategic views that will greatly be missed.

Abdullah Mohamed also served as a member of the Board since 1997. He has been a prime mover for the Essential National Health Research (ENHR) strategy in Kenya and has facilitated many processes and projects in other countries in the region. The Board will miss his experience and knowledge in the field of ENHR and health research for development, as well as his institutional knowledge concerning the history and development of ENHR.

Fortunately, we are pleased that they both confirmed their interest and commitment to continue being involved with COHRED's work!

Establishment of Executive Committee

Having endorsed COHRED's new strategic directions, the Board accepted the need for a new and more dynamic board and decision-making approach to assist COHRED in moving rapidly. We have embarked on a process of re-defining the optimal constitution of the Board (to be completed and implemented by November 2004). In the meantime, an interim Executive Committee was appointed to support the Geneva office and encourage the implementation of key items of COHRED's new strategy. A permanent Executive Committee will be elected once all the vacancies on the Board are filled. The members of the interim Executive Committee are: Marian Jacobs (South Africa), Somsak Chunharas (Thailand), Ernesto Medina (Nicaragua) and Agus Suwandono (Indonesia).

COHRED ...

MAKING HEALTH RESEARCH WORK

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