



Draft Progress Report 1996

ESSENTIAL NATIONAL HEALTH RESEARCH — COUNTRY and REGIONAL DEVELOPMENTS

IN 1996, some forty countries or country groupings were involved in the process of implementing the Essential National Health Research strategy. Some of them are still in an exploratory start-up stage, while others are well on the way to putting ENHR into practice. Dependent on the progress made, these countries have initiated and/or extended activities related to one or more of the seven components which have been identified as strategic elements in the implementation of ENHR : Promotion and Advocacy, ENHR Mechanism, Priority Setting, Capacity Building and Strengthening, Networking, Financing, and Evaluation. Some of these activities have been organised with technical and/or financial support

from COHRED, while others were supported by national resources.

In addition to country-specific activities and developments, four regions—Africa, Asia, Europe and Latin America/Caribbean—pooled available technical and human resources from their countries and initiated and/or strengthened a regional networking process for ENHR.

This Section of the Report provides a selective number of examples and illustrations of how countries have been implementing the ENHR strategy and includes highlights of the networking process within the regions.



Countries — The following countries developed activities to support and/or implement ENHR : Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Egypt, Ethiopia, Ghana, Guinea, Kenya, Malawi, Mali, Mauritius, Mozambique, Nigeria, Senegal, South Africa, Swaziland, Tanzania, Uganda and Zimbabwe.

The cases presented below are illustrative of the way many countries have been addressing key issues or steps in the ENHR Process.

R E S O U R C E M O B I L I S A T I O N

The case of UGANDA

The Uganda National Council for Science and Technology (UNCST) and three international programmes have entered into a cooperative initiative to advance Essential National Health Research (ENHR) in Uganda.

The initiative's first step was a July 1995 workshop, organised by the UNCST, at which Ugandan researchers presented brief concept papers for thirty-nine projects on issues included in the country's ENHR agenda. The papers lay in four broad areas:

- ✧ Maternal and Child Welfare and Nutrition
- ✧ Water and Sanitation
- ✧ Communicable Diseases, including HIV/AIDS

✧ Health Systems and Health Policy

Representatives of the three cooperating international programmes also attended: the Coordinator of the Council on Health Research for Development (COHRED), the Executive Director of the International Clinical Epidemiology Network (INCLIN), and the Director of the International Health Policy Program (IHPP). These representatives agreed to help the Ugandan investigators to develop their proposals further, and to fund or seek funding for the resulting proposals of adequately high quality.

Since then sufficient resources have been mobilised to permit the development of approximately half the concept papers into full proposals. COHRED, INCLIN and the IHPP have all made available modest initial support for this purpose from their own resources, and several additional agencies have provided assistance and/or have expressed interest in assisting once the full proposals are available. These agencies include Carnegie Corporation of New York, the International Development Research Centre of Canada, Swiss Development Cooperation, the United Nations Development Programme, the World Health Organization, and the WHO/ UNDP/ World Bank Tropical Diseases Research Programme. It is clear that, once all concept papers have been transformed into full research protocols, their execution will require a substantial amount of additional fiscal resources, for which the number of supporting donor agencies has to be expanded as

well. The Government of Uganda is expected to institutionalise the ENHR programme and provide further support for it through a new Uganda National Health Research Organisation that is currently under development.

For a detailed account of the above-described developed, see Uganda National Council for Science and Technology, Cooperative Initiative for the Advancement of ENHR in Uganda, Second Progress Report, June 1996.

NATIONAL NETWORKING

The case of KENYA

On behalf of the National Health Research Development Centre (NHRDC), which is the national focal point for ENHR in Kenya, the Nairobi Clinical Epidemiology Unit (CEU) organised in December 1995 a first national Networking Meeting. Besides representatives from NHRDC and CEU, three more national health research networks participated : the Interfaculty Collaboration Programme of the University of Nairobi, Social Science and Medicine Africa Network and the Applied Human Nutrition Program. Participating programmes and institutions introduced their mandate and activities, underscored the value of the networking initiative and invited NHRDC to organise a follow-up meeting.

A second national Networking Meeting was organised in July 1996 and was attended by a broad audience. Seventeen research programmes or institutions briefly introduced their objectives, strategies and activities and made suggestions how networking could enhance the fulfilment of their own mandate. At the end of the Meeting, participants recommended that

- ✧ all programmes should identify themselves with NHRDC and should have a common approach to issues to provide strength;
- ✧ networking activities should be enhanced between the programmes and should include information sharing, e-mail linkages, partnership in research, and collaboration in other fields;
- ✧ The National Council for Science and Technology should be involved in funding of research activities;

- ✧ prioritisation should depend on what is agreed upon locally, rather than on what is dictated by donor agencies.

On behalf of the participating programmes and with the assistance of NHRDC, a committee was appointed to take charge of the networking activities.

For a detailed account of the above-described development, see National Health Research Development Centre, Proceedings of the Second National Health Research Network Meeting, July 1996.

NATIONAL ENHR MECHANISM

The case of SOUTH AFRICA

The National Reconstruction and Development Programme, adopted by the African National Congress (ANC) in 1994, stipulated that '...a programme of Essential National Health Research must be initiated. This should increase consultation with patients, and should help to overcome the isolation and fragmentation of research efforts and to strengthen links between research, policy and action...'.

Subsequently, in March 1995, the Minister of Health appointed a National Technical Committee on ENHR, which had in its mandate '... to develop options for the way ENHR could be coordinated, funded and implemented in South Africa ...'. The National Committee presented its Report to the Minister of Health in November 1995 and, as far as the ENHR mechanism is concerned, made the following recommendations :

- ✧ A Health Research Council should be established which has equal representation from the health services, researchers and the community.
- ✧ The Health Research Council would be responsible to the Minister of Health but would be an autonomous statutory body.
- ✧ Executive functions should be delegated to an agency or agencies (statutory, non-government or private).

✧ The executive functions of the agency would be to develop action plans, allocate funds, add value to the research undertaken through research systems support, co-ordination and networking, liaison with health services and information dissemination, developing interactions with the private sector and providing technical support to the DOH.

These and other recommendations of the National Technical Committee were discussed at a Workshop in February 1996. The Workshop participants defined the purpose of the ENHR mechanism as: a mechanism that would be responsible for formulating policy and structures on ENHR, monitoring and evaluating ENHR, mobilising research expertise, coordinating private and public health efforts in health-related research, facilitating curriculum development and ensuring research decentralisation to the provincial levels, recruiting funding for health research, ensuring inter-disciplinary and multi-sectoral participation, and managing and facilitating private, public and academic partnerships. In contrast to the Report of the National Technical Committee, participants recommended that the ENHR mechanism not be a statutory council but rather a commission or office, fully representative of all stakeholders, complementary to existing institutions, mandated by the government and accountable to all stakeholders.

In his Consolidated Report of the ENHR Committee and Workshop Recommendations, the Chief

Director, Health Information, Evaluation and Research, made the following final recommendations :

- ✧ establish an ENHR Committee that would be representative of service providers, the research community (science councils, universities and NGOs), the various levels of government and government departments, and civil society.
- ✧ that the Committee have the role of consolidating, through consensus, national research priorities and provide a forum for the health priorities to be discussed by the various government levels.
- ✧ that the Committee evaluate the research results and reports of the different stakeholders at an annual Congress in order to determine the priorities for the following year.
- ✧ that the Committee as well as the DOH play an advocacy role together with other stakeholders in promoting the ENHR philosophy.

At the Essential National Health Research Congress (Pretoria, 14–15 November 1996), the process of electing members for the National ENHR Committee was started.

For a detailed account of the above-described development, see Househam, C., Harrison, D., Jeenah, M., Dada, Y., ENHR in South Africa, ENHR Monograph, 1996 (to be published by COHRED).

REGIONAL DEVELOPMENTS

ENHR Networking the Networks Meeting, Victoria Falls, Zimbabwe, January 1996

This first meeting—organised by the ENHR African Network—successfully brought together representatives of ten networks active in Africa. These were: the Commonwealth Regional Health Community; the Joint Project on Health Systems Research; Health Systems Research for Reproductive Health and Health Care Reforms in the Southern African Region; the International Clinical Epidemiology Network—General; the International Clinical Epidemiology Network—Social Sciences; the International Health Policy Program; the Network of African Public Health Institutions; the Social Science and Medicine Africa Network; the University Partnerships Project; and the African Network on Malaria and Vaccine Trials.

The Meeting's objectives were: to exchange information between the invited Networks about their objectives, organisation, ongoing and planned activities, publications, etc.; to explore ways whereby the networks can better complement each other's efforts in this area; to identify constraints and weaknesses in networking activities and to assess what networking the networks can do to overcome existing shortcomings; to discuss the need and potentials for a minimum core agenda for action and to draw up and agree on such an agenda.

After having outlined their networks' activities, strengths and constraints, the participants discussed areas requiring further group work, such as dissemination of research-related information; advocacy for research; training/capacity building; utilisation of research results; resource mobilisation; and setting health-research priorities.

The Meeting concluded (C) and recommended (R) the following:

Information and Dissemination — (C) Networks will link by e-mail through addresses supplied.

(R) At country level, networks should assess their information technology and training needs. More detailed information on the networks is required

and, when compiled, that information should be distributed to participating networks and other relevant groups.

Capacity Building — (C) An assessment of training needs for research management for ENHR is needed. Once the needs are identified, a training agenda to respond to those needs is to be developed. It will be valuable to document experiences of participation in health research by students.

(R) Later to review needs and propose agenda for action.

Networking the Networks at National Level — (C) Networking at national level needed to be enhanced to give added value to regional networking.

Resource Mobilisation — (C) Mobilisation of resources, in particular financial resources, is vital for sustaining networks at country level.

(R) Documentation of country experiences in mobilising resources for ENHR and the sharing of that information could benefit other networks.

Regional Research Agenda — (C) There is need to explore and assess the potential for a regional research agenda.

Setting of Research Priorities — (C) Detailed documentation of country experiences would provide useful lessons to present and potential future members of the networks.

For a detailed account of the above-described development, see Report of the ENHR Networking the Networks Meeting, Victoria Falls, Zimbabwe, January 1996.

Third African ENHR Network Meeting, Kampala, Uganda, October 1996

The Third African ENHR Network Conference differed from its successful predecessors (Mombasa, May 1994, and Harare, August 1995) in that it was organised in conjunction with the first African Meeting of INCLIN (AFRICLEN). This clearly illustrated that ENHR is the responsibility of many actors, operating under different names, but with like concerns and goals. The Conference combined two components: (1) reviewing and planning ENHR activities by countries and networks, and (2) capacity strengthening, with training sessions built around topics such as health research priority-setting, resource mobilisation, linking research with decision-making, and evaluation. The meeting was attended by country teams from Egypt, Ethiopia, Ghana, Kenya, Malawi, Mauritius, Nigeria, South Africa, Swaziland, Tanzania, Uganda and Zimbabwe, together with representatives from other African Health Research Networks.

The Meeting made the following recommendations:

Promotion and advocacy. Facilitate advocacy efforts financially and technically if requested; Promote ENHR in willing countries as opportunities present; Support development of Networking in Francophone countries and encourage linkage between the Anglophone and Francophone Networks.

National Mechanisms for ENHR. Document, analyse and disseminate national experiences within and outside the region; Facilitate direct sharing of experiences between interested countries.

Priority Setting. Document, analyse and distribute country experiences; Facilitate sharing of experiences at national priority-setting conventions.

Capacity Building. Document relevant regional human and material resources, starting at country level using draft standard format; Encourage and facilitate capacity at national level by use of local consultants; Document and disseminate capacity-building strategies used by different countries; Collate and disseminate information on existing training programmes.

Networking. Promote Networking of Networks at national and regional levels; Encourage countries to actively participate in and contribute to AFRONETS.

Evaluation. Evaluate the regional ENHR Network; Promote and support self-evaluation by countries; Disseminate evaluation reports; Evaluate organisational arrangements for ENHR at country and global levels.

Resource Mobilisation. Focal Point to broker for country programmes and promote better understanding of ENHR by donors; Collect and disseminate information on donor profiles; Attempt to influence agenda setting for emerging political and economic groupings in the region to make health research more visible.

Utilisation of research findings. Collect and disseminate research reports; Explore collaboration with Commonwealth Regional Health Secretariat (East Central and Southern Africa) and other related initiatives; Support countries in their efforts to disseminate research results.

For a more detailed account of networking in the African region, see [Report of the Third African ENHR Network Meeting, Kampala, Uganda, October 1996.](#)



asia

Countries — The following countries developed activities to support and/or implement ENHR: Bangladesh, Cambodia, Indonesia, Lao P.D.R., Malaysia, Nepal, Pakistan, Philippines, Thailand and Viet Nam.

The cases presented below are illustrative of the way many countries have been addressing key issues or steps in the ENHR Process.

HEALTH RESEARCH PRIORITY SETTING

The case of THE PHILIPPINES

The vision and purpose that brought the concept of ENHR to the Philippines is that of promoting equity and social justice and embracing a healthy Filipino nation by the closing of the millennium. The approach is simple: to regard health research as the main key in effectively confronting issues, priorities, needs and problems related to health. The strategy is basic: opening up a meaningful dialogue through consultations, round-table discussions and workshops involving people from the Non-Governmental Organisations (NGOs), People's Organisations (POs) and Multisectoral Focus Group Discussions (MSFGDs) in the different regions of the country.

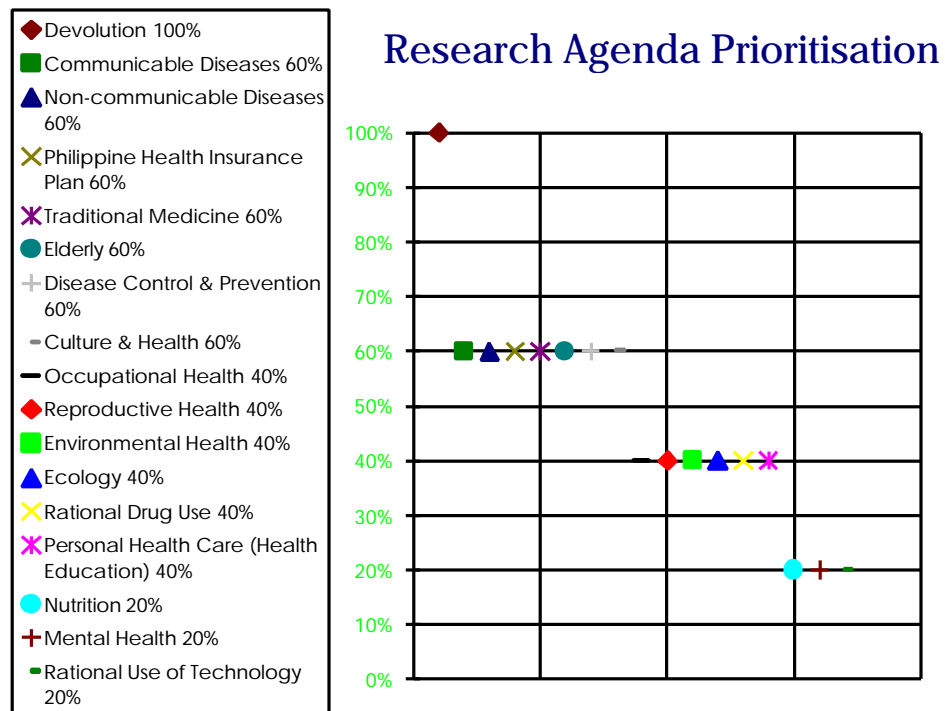
In April 1992, a five-year research agenda was formulated towards concretising the ENHR vision. It is integrated within five main pillars defining the **major areas of health research**, namely: **Health Sector Organisation; Disease Control and Public Health; Personal Health Care; Health Care Financing; and Health Product Development.**

In September 1996, the Essential National Health Research Programme — Department of Health (ENHR-DOH), in collaboration with the Social Sciences and Philosophy Research Foundation (SSPRF) of UP Diliman, organised a workshop which reconfirmed the commitment to the aim of establishing quality research within the health sector. After months of seriously reviewing and critically evaluating ENHR Philippines' research agenda, a consultative workshop finally took place as the culminating activity for the said process. With participants composed of DOH Central Office officials and staff, DOH regional directors, health professionals, health researchers, and representatives from Local Government Units (LGUs), NGOs and POs, the sharing and weaving of insights, perceptions and experiences concerning health-related issues produced meaningful results.

The approach used in the workshop was outlined in a review written jointly by Dr Josefina Natividad (Department of Psychology) and Dr Eufrazio Abaya (Department of Anthropology), both professors of UP Diliman. This is directed towards defining the types of research that can be utilised in handling various health problems besetting the nation. Some of these types of research are: Health Problems Research; Etiology Research; Intervention Research; Operations Research; and

Health Services Research — all of which can very well provide the framework in identifying health needs and health problems. Good quality research must be achieved through what is called a ‘bottom-up’ approach, which means good quality data must start from the local sub-unit of the population before they can be considered indicative or reflective of particular health problems on the national level.

In the one-day seminar workshop held at UP Diliman, the facilitators divided the participants into five groups. The Focus Group Discussion method was used. Each group was given a workshop guide sheet with columns labelled as follows: Health needs and problems; Research questions; Prioritisation; Rank; Justification and the Corresponding Strategy.



Seventeen research areas (see graph above) were identified by the participants. In the Research Agenda Prioritisation, the percentage indicates the number of groups that called attention to each of the health research areas listed. One hundred per cent (100%) means that five groups out of five mentioned the research area in their discussions. Sixty per cent (60%) means three out of five, forty per cent (40%) means two out of five, and twenty per cent (20%) means one out of five groups. The

more specific concerns of the research agenda are outlined in [ENHR Philippines: Defining the Research Agenda for Health \(1996–2000\). Executive Summary, Proceedings of Consensus Workshop, Manila, Philippines, September 1996](#), submitted by the Social Sciences and Philosophy Research Foundation (SSPRF).

REGIONAL DEVELOPMENTS

ENHR Networking in the Asian Region

As reported in 1996, a Regional Workshop on Health Research Management was held in Kanchanaburi, Thailand.

Evaluating the outcome of this workshop at its Planning Meeting in Manila, Philippines, from 31 July to 2 August 1996, the Task Force for the Asian ENHR Network found that eight of the nine countries that attended the Kanchanaburi Workshop had succeeded in obtaining their governments' approval for their work plans.

The Meeting summarised the lessons learnt from the Workshop as follows:

- ✘ Need for documentation to facilitate transfer of work; prepare monographs on country experiences and strategies.
- ✘ Involvement of all stakeholders; there should be flexibility in dealing with all partners.
- ✘ Important role of government participation, especially for funding, decision links and research utilisation.
- ✘ Purpose: sharing of experience and only secondary skills development.
- ✘ Participants should come and work as a team; country visits and socio-political investigation (political mapping and playing the field) prior to country visits and invitations to such workshops; identify key players (multiple).
- ✘ Evaluate strengths and weaknesses of different country mechanisms by evaluation team and also by country/regional networks (international evaluation).
- ✘ Plan a future meeting on strengthening decision links and research utilisation, but balance this with needs of countries; future meetings should be flexible enough.
- ✘ Capability strengthening is important, both at the national and the sub-national level.

An updated status report on ENHR in the region's countries was compiled by Essential National

Health Research, Bangladesh (ENHR,B) — the Region's first focal point (from 1994 to 1996), which task was handed over at the Manila Meeting to ENHR Philippines, and specifically to: The Tuklas Pangkalusugan (ENHR) Foundation, Inc., under the leadership of Dr Corazon M. Raymundo.

In its work plan for 1996–98 adopted at the Meeting, which was attended by ENHR focal points in Bangladesh, the Philippines and Thailand, as well as guests from the African ENHR Network, the Chairperson and the Coordinator of COHRED, and the Evaluation Team. The Asian Regional ENHR Network set itself four objectives: (1) to coordinate country initiatives related to the implementation of the ENHR strategy in the Asian Region and to act as a forum for promoting partnerships at national, regional and international levels; (2) To provide support to interested and active countries in putting the ENHR strategies into practice; (3) To monitor the progress of ENHR activities in the individual countries [of the region]; (4) To conduct collaborative research projects on issues of common regional concern.

The Meeting also reviewed the roles of the Regional Task Force and Focal Point and agreed that the Regional Task Force:

- ✧ will remain as a loose structure within the regional network;
- ✧ will have an open membership;
- ✧ will operate in a flexible and more fluid environment where there are no formal structures;
- ✧ is an advisory or working arm for the focal point to deploy technical assistance on an ad hoc and informal basis.

The Task Force is an informal, collegial, consultative working group which deliberates and re-

sponds to the issues relevant to the concerns of the network.

On the other hand, it was made clear that the Regional Focal Point will:

- ✧ remind the task force about its commitments and tasks;
- ✧ serve as a managerial mechanism to promote the ENHR strategy in the Region;
- ✧ serve as coordinator and be entrusted to facilitate and support activities of the ENHR movement at the country level, in consultation

with the country itself and through joint support of the other countries.

The main functions of the focal point are: communication, initiation, facilitation, and motivation.

For a full account of the development in the region, refer to Proceedings of the Planning Meeting of the Task Force for the Asian ENHR Network, ENHR Philippines, Manila, August 1996.



latin america & caribbean

COUNTRIES —The following countries developed activities to support and/or implement ENHR: Barbados, Brazil, Commonwealth Caribbean, Curaçao, Jamaica, Mexico, Nicaragua and Trinidad & Tobago.

The cases presented below are illustrative of the way many countries have been addressing key issues or steps in the ENHR Process.

PROMOTION AND ADVOCACY

The case of TRINIDAD AND TOBAGO

As a follow-up to the Regional Workshop on Essential National Health Research and Priority Setting in Health Research (Ocho Rios, Jamaica, November 1995), which was attended by country teams from Barbados, Curaçao, Jamaica and Trinidad and Tobago, the Ministry of Health of

Trinidad and Tobago and the Commonwealth Caribbean Medical Research Council sponsored a Workshop (in April 1996) with the following objectives:

- ✧ to familiarise persons from key organisations involved in health research with the concepts of Essential National Health Research
- ✧ to allow a representative group of persons involved in health research to collaborate in the development of a framework for ENHR in Trinidad and Tobago.

Summarising the proceedings of the Workshop, the following priority tasks were identified:

- ✧ development of a research culture
- ✧ determining the shape, form and power base of the coordinating institution for research

- ✧ identification of a mechanism to develop the research agenda
- ✧ identification of the mechanism to locate priorities and funding sources.

It was agreed that a small group should be formed to develop strategies and plans to address these and other tasks that may surface.

For a more detailed description, see Report of the Workshop on Essential National Health Research, sponsored by the Ministry of Health and CCMRC, April 1996.

NATIONAL ENHR MECHANISM

The case of CURAÇAO

The Foundation for Promotion of Research and International Cooperation in Health Care (ISOG 2000) organised, in February 1996, a National Symposium and Workshop entitled 'The Curaçao Health Study : a first step towards Essential National Health Research in the Netherlands Antilles?' At this Symposium, the main outcomes and concrete recommendations of the Curaçao Health Study were presented, and during the subsequent Workshop the participants discussed goals, strategies, activities, players and potential sources of support for ENHR in the Netherlands Antilles. The participants

NOTED that

1. results of health (care) research should be used systematically as a tool for informed decision-making in health (care) policy;
2. at the moment there are many obstacles preventing this, such as fragmentation of research initiatives and lack of research capacity, insufficient knowledge, access to and follow-up of results, and absence of a mechanism for prioritisation in research;
3. in order to create more support for informed decision-making, the ties between research, policy and the community need to be strengthened.

DECIDED that

1. Essential National Health Research is a useful and valuable strategy for Curaçao and the Netherlands Antilles that should be further developed and implemented.

RECOMMENDED that

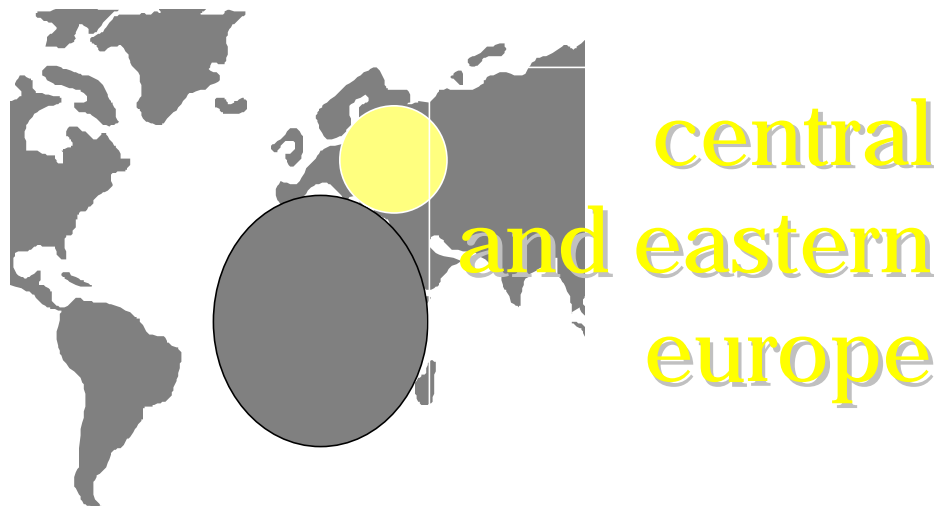
1. ISOG 2000 establish a Task Force with the following objective: Assessing the way in which a long-term ENHR strategy for Curaçao and the Netherlands Antilles can be developed and implemented, overcoming/resolving the above-mentioned statements and obstacles;
2. the Task Force have the following tasks/functions:
 - initiate and organise discussions between relevant groups concerning the development and implementation of an ENHR strategy;
 - formulate a plan of action containing the following elements:
 - * strengthening the ties between policy makers, researchers and community representatives;
 - * the development of research capacity and prioritisation in research;
 - * creating a mechanism for carrying forward ENHR long term.
3. in determining the Task Force membership, a balance be found between, on the one hand, as broad as possible a representation and on the other hand a workable size. Within the Task Force there should be representation of: district organisations, medical professional groups and organisations, social organisations, relevant government agencies and researchers;
4. these representatives in their turn have the responsibility to inform and involve those they represent, and canalise feedback;
5. in November 1996 the Task Force complete these tasks and present them to a wide audience, e.g. during a symposium.

For a more detailed description of the developments in Curaçao, see Foundation for Promotion of Research and International Cooperation in Health Care, *The Curaçao Health Study: a first step towards ENHR in the Netherlands Antilles*, ISOG 2000, 1996.

REGIONAL DEVELOPMENTS

On the occasion of the 41st Meeting of the Caribbean Medical Research Council (Trinidad, April 1996), a Meeting was convened with the four countries which participated in the Regional Workshop on ENHR and Priority Setting

in Health Research (Ocho Rios, Jamaica, November 1995). Representatives of Barbados, Curaçao, Jamaica, and Trinidad and Tobago presented their progress reports and updated their plans of action.



The Hungarian National Institute for Health Promotion, the International Forum for Social Sciences in Health and COHRED jointly organised in Budapest, Hungary (June 1996) a Regional Workshop to launch a Central and East European Network on Essential National Health Research. Participating teams from Croatia, Hungary, Poland, Romania and Slovenia reviewed critically the present state of health research in the region, assessed strengths and weaknesses of social sciences related to health and made recommendations on how strengthening social science research in health could facilitate the introduction and implementation of ENHR within the participating countries and within the region as a whole. At the end of the Workshop participants decided to establish a Central and East European Forum,

consisting of national networks. Immediate steps will be taken to set up networks in each of the countries present at the meeting, and prime movers were nominated to this end. Whilst sustained long term development must await a review in each country of existing capacity and anticipated needs, in the meantime a start will be made at the regional level. Advantage will be taken of an upcoming meeting in Lublyana, Slovenia, (October 1996) to review progress made by the participating countries.

For a detailed description of the developments, see National Institute for Health Promotion, Report of the Regional Workshop to launch a Central and East European Network on ENHR, Budapest, June 1996.

PARTNERSHIP DEVELOPMENT

COLLABORATION WITH UN AGENCIES

United Nations Development Programme, UNDP

Using the Cooperative Initiative for the Advancement of ENHR in Uganda as reference model (see also under Uganda), the Science, Technology and Private Sector Division of UNDP/New York encouraged regional and country UNDP offices to give strong support to ENHR programmes and activities.

Discussions took place with the same Division to explore the potentials of direct or indirect core support to COHRED.

The Board decided to extend the existing Trust Fund Agreement with UNDP for one year.

World Bank

The Chairperson of COHRED met with the Senior Advisor of the Health, Population and Nutrition Division at the World Bank to review the present status and future directions of COHRED/ENHR. In view of the large amount of funds earmarked for research in WB loans to health development projects but not used (or badly used) by countries, the expectation was

formulated that COHRED would cooperate with countries and WB teams to increase the research production within these projects.

Once available, the Evaluation Report of ENHR/COHRED should be introduced and discussed with the appropriate officers at the World Bank.

World Health Organization, WHO

COHRED submitted in August 1995 an application for admission into official relations with WHO. The WHO/Executive Board decided at its Ninety-seventh Session (January 1996) 'to

postpone consideration of the application from the Council on Health Research for Development for a further two years, and requests that working relations be strengthened.'

WHO Headquarters

Office of Research Policy and Strategy Coordination. COHRED participated in the Thirty-fourth session of the Advisory Committee on Health Research (October 1996).

Division of Family and Reproductive Health. COHRED participated as 'Collaborating Programme Scientist' in the Steering Committee Meeting of the Task Force on Research on Introduction and Transfer of Technologies for Fertility Regulation, Special Programme of Research, Development and Research Training in Human Reproduction (March 1996).

COHRED was represented at the Second Meeting of Interested Parties of the Division of Family and Reproductive Health (June 1996).

Special Programme for Research and Training in Tropical Diseases. Regular consultations took place with the Director and staff of TDR. Technical collaboration between TDR and COHRED has been extended in support of priority research in the area of malaria in Uganda.

In June 1996, COHRED attended as an observer the Nineteenth Session of the Joint Coordinating Board of TDR.

Division of Strengthening of Health Services. The Report of the Joint IDRC/WHO/COHRED mission to West Africa (Benin, Burkina Faso, Guinea and Mali), which reviews the present situation of health research, makes an assessment of progress with ENHR and recommends follow-up action, was discussed with the involved national delegations at the World Health Assembly (May 1996). As a result, a COHRED consultant visited Burkina Faso and Guinea (September 1996), and written information has been collected from Benin, Mali and also Senegal and Côte d'Ivoire. An Inter-country ENHR Consultation for these six French-speaking countries has been tentatively planned for the first part of 1997.

The WHO Ad Hoc Health R & D Review. COHRED extended its ongoing collaboration with this committee in 1996 in the following ways :

— through participation by the Chairperson and several Board members in the Meeting on Health

Research and Development, organised by the Swiss Agency for Development and Cooperation (Neuchâtel, March 1996). An informal consultation took place beforehand at the COHRED secretariat;

— a Special Session of the Board has been organised (June 1996) to review the Report of the Committee 'Investing in Health Research and Development' and to decide on a consolidated COHRED input into the Final Meeting of the Ad Hoc Review. All Board members were invited and participated in this Final Meeting (June 1996), which was organised by the Swiss Agency for Development and Cooperation with technical support from the COHRED secretariat.

— the Chairperson and several Board members attended the Preparatory Committee Meeting for the International Forum on Health Research for Development (Geneva, November 1996).

WHO Regional Offices

Information exchange and consultations have been organised with WHO Regional Directors and staff on the occasion of the World Health Assembly (May 1996). In the cases of AFRO, PAHO and SEARO, these consultations resulted in the planning of joint activities.

The Chairperson participated in the Twenty-Second Session of the South-East Asia Advisory Committee on Health Research (Nepal, April 1996) and the Tenth Meeting of the Directors of Medical Research Councils or Analogous Bodies and Concerned Research Foci in the Relevant Ministries (Indonesia, October 1996). On both occasions discussions took place with several country delegations.

COLLABORATION WITH INTERNATIONAL HEALTH (RESEARCH) PROGRAMMES

International Health Policy Program, IHPP

COHRED made an active contribution to the Consultation on a Network or Special Programme for Research and Training in Health Policy, jointly organised by the World Bank and IHPP (Washington, D.C., March 1996).

The Cooperative Initiative for the Advancement of ENHR in Uganda, in which IHPP, INCLEN and COHRED are collaborating with the Uganda National Council for Science and Technology, has been documented in a Second Progress Report (June 1996), which has been introduced to some forty donor agencies.

IHPP facilitated the participation of members of its African programme in the Third African ENHR Networking Meeting (October 1996).

Regular information exchange and consultation took place with the Director of IHPP, particularly aiming at a more effective support for national research and development activities. Within this context, IHPP, UNDP, and COHRED jointly initiated consultations aimed at establishing a facility to mobilise country resources for national health policy research.

International Clinical Epidemiology Network, INCLEN

COHRED participated in the INCLEN XIII Meeting (Zimbabwe, January 1996). On that occasion a first ENHR Networking the Networks Meeting was organised, at which ten African Health Research Networks were represented. The Meeting agreed on a minimum core agenda for the Networks, and responsibility for follow-up action has been taken up by several networks.

The Third African ENHR Networking Meeting was organised in conjunction with the first African Meeting of INCLEN–AFRICLEN

(Uganda, October 1996). ENHR teams attended AFRICLEN sessions and several CEUs (Clinical Epidemiology Units) participated in ENHR deliberations, illustrating in this way that ENHR is the responsibility of many actors, operating under different names, but with like concerns and goals.

A session on ENHR/COHRED is under consideration for the INCLEN XIV Meeting next year in Malaysia.

International Forum for Social Sciences in Health, IFSSH

The International Forum for Social Sciences in Health and COHRED jointly organised a Regional Workshop to launch a Central and East European Network on Essential National Health Research (Hungary, June 1996).

COHRED participated in the Steering Committee Meeting of the Forum (Scotland, September 1996) and also in the discussions about the creation of a Regional ENHR Task Force for Central and East Europe.

Applied Diarrheal Disease Research Project, ADDR

COHRED co-sponsored and participated in the International Workshop on 'Linking Applied Research with Health Policy,' organised by the Applied Diarrheal Disease Research Project (Mexico, February 1996). The Workshop brought

together key individuals in the research-to-policy linkage process and addressed the determinants of, and factors contributing to, the successful establishment of linkages between research results and policies, particularly in developing countries.

Commonwealth Caribbean Medical Research Council, CCMRC

During the 41st Commonwealth Caribbean Medical Research Council Scientific and Council Meetings, CCMRC and COHRED jointly organised a Symposium on ENHR in the Caribbean region (Trinidad, April 1996). On the same occasion, a meeting was convened where repre-

sentatives of the four country teams presented reports on the progress made since the Ocho Rios Workshop on ENHR and Priority Setting in Health Research (November 1995) and they updated their plans of action.

American Sociological Association, ASA

For its 91st Annual Meeting on 'Social Change: Opportunities and Constraints', the American Sociological Association invited COHRED to organise a Symposium and Round Table Discussion

on 'Essential National Health Research : its relevance for developed countries' (New York, August 1996).

Swiss Commission for Research Partnership with Developing Countries

During the International Conference on Scientific Research Partnership for Sustainable Development, organised by the Swiss Commission for Research Partnership with Developing

Countries, COHRED presented its activities and experiences through a Poster Session (Bern, March 1996).

Puebla Group

The Puebla Group is an informal coalition of some 15 health research networks which are supportive of essential national health research.

COHRED facilitated a meeting of representatives of these networks on the occasion of the INCLEN XIII Meeting (Zimbabwe, January 1996).

Special Interest Group on Developing Countries in Technology Assessment, SPIG/DC

The International Society on Technology Assessment in Health Care (ISTAHC) decided, at its Annual Meeting (San Francisco, July 1996) to establish a Special Interest Group on Developing Countries (SPIG), with a view 'to developing means of working with developing countries by promoting the appropriate use of health technology assessment to improve the quality of health care and allocation of resources.' The Group is in

the process of establishing regional networks in Africa, Asia and Latin America. COHRED facilitated and co-sponsored the first planning meeting of the Asian Network (Malaysia, December 1996), where participants from Hong Kong, Indonesia, Korea, Malaysia, the Philippines, Singapore and Thailand reviewed country experiences with technology assessment and developed a plan of work for the coming years.

COLLABORATION WITH DONOR AGENCIES

Information exchange and consultation have been organised on a regular basis with some twenty past, present and potential donor agencies.

The Chairperson and/or Coordinator made working visits to :

International Development Research Centre (Ottawa, March 1996)
The Flemish Government (Brussels, May 1996)
European Commission (Brussels, May 1996)
Swedish International Development Cooperation Agency, Sida (Stockholm, June 1996)
Ministry of Foreign Affairs of the Netherlands (The Hague, June & December 1996)
The World Bank (Washington, D.C., August 1996)
The Rockefeller Foundation (New York, November 1996)
Royal Danish Ministry of Foreign Affairs — DANIDA (Copenhagen, December 1996)
Royal Ministry of Foreign Affairs — NORAD (Oslo, December 1996)

Within the context of the External Evaluation of ENHR/COHRED, members of the Evaluation Team had discussions with representatives of the following donor agencies: World Bank, International Development Research Centre, Swedish International Development Cooperation Agency,

Ministry of Foreign Affairs of the Netherlands, Carnegie Corporation of New York, Rockefeller Foundation, Deutsche Gesellschaft für Technische Zusammenarbeit, British Overseas Development Administration, Swiss Agency for Development and Cooperation.

EVALUATION OF ENHR/COHRED



At its Sixth Session (November 1995), the COHRED Board decided to include an interim evaluation of ENHR/COHRED among the priority activities for 1996.

The following objectives were agreed upon for this evaluation :

- to assess the implementation effectiveness, value and use of the ENHR strategy by countries and to make corresponding recommendations for improvement.
- to assess COHRED's effectiveness in promoting ENHR at country, regional and global levels, indicating specific changes facilitated and the appropriateness of the balance of activities at all three levels. This is to involve an evaluation of all of COHRED's activities and the functioning of the Board, secretariat and working groups/special projects, with corresponding recommendations for improvement.
- in addressing the first two objectives, to elicit the views, experiences and expectations of ENHR stakeholders at the country level (policy-makers, researchers and community members), as well as members of the donor community, and of international health (research) programmes,

concerning the role of COHRED at the country, regional and global levels.

It was made clear that the Evaluation Report should not simply reiterate much of what has been printed in the many reports already available; rather, the aim should be to create a concise, user-friendly, analytical document which incorporates selected case study evidence to support its strategic recommendations and which should help to guide and position COHRED over the next few years.

EVALUATION METHODS

The Evaluation Team agreed on the following approach as a means of gathering the information required to perform an appropriate analysis and generate specific recommendations :

Review of Documents Such review includes a series of background documents, internal working papers, regional materials and also national ENHR documentation, including national ENHR plans, newsletters, reports of national conventions, etc.

It was decided that members of the Evaluation **Country Site Visits** Team should visit two countries in each of the three regions (Africa, Asia and the Americas). Countries were chosen as an example of either a consistently well documented ENHR success story where substantial positive progress has been made, or a relatively unsuccessful ENHR implementation story with documentation suggesting questionable progress. The following countries were chosen for site visits: **Africa:** South Africa and Mozambique; **Asia:** Philippines and Nepal; **Americas:** Commonwealth Caribbean and Nicaragua.

During the evaluation two more countries (Kenya and Uganda) were added to this list.

Members of the Evaluation Team attended as **Participant Observation** servers the Regional ENHR Planning Meetings for Asia (Manila, July 1996) and Africa (Kampala, October 1996).

In addition to the information gathered from **Primary Source Information Gathering** interviews with in-country ENHR stakeholders during country visits, as well as during the Asian and African regional ENHR planning meetings, team members have been interviewing COHRED Board members, representatives of donor agencies (past, present and potential) and international health research programmes, members of the Commission and Task Force, and other parties deemed relevant.

EVALUATION TEAM

The Evaluation Team was composed of:

Prof. Vic Neufeld (team leader), Director, Centre for International Health, McMaster University, Faculty of Health Sciences, Canada;

Dr Tessa Tan-Torres, Clinical Epidemiology Unit, College of Medicine, University of the Philippines, The Philippines;

Dr Qhing Qhing D. Dlamini, Special Advisor, Head of Health Department, Human Resource Development Division, Commonwealth Secretariat, United Kingdom;

Mr Mark Pruzanski, Medical Student, McMaster University, Faculty of Health Sciences, Canada.

EVALUATION REPORT

A Draft Evaluation Report entitled 'The Next Step: An Interim Assessment of COHRED and ENHR' was introduced for review, discussion and decisions at the Seventh Session of the COHRED Board (October 1996). The Board accepted the Report, and took the following general decisions:

- ✧ to maintain the present structure of COHRED while (1) involving more strongly COHRED constituents and related stakeholders, (2) enhancing the regional networks' capacities for monitoring and mentoring ENHR country developments, and (3) increasing the Secretariat's critical mass in order to achieve

a better balance between promotional activities and analytical work;

- ✧ to start a process of capturing available expertise and experience in the seven key elements of the ENHR strategy — methodology of priority setting, facilitating community participation, political mapping, donor coordination, etc.; of identifying possible resources to address these competencies; and of preparing strategies and materials for distributing and using this ENHR technology;
- ✧ to launch an initiative to define markers of success that move beyond the current, almost exclusively activities-oriented, indicators so

as to include qualitative and more rigorously quantitative measures of success, and thus to demonstrate that health research is indeed 'an essential link to equity in development.'

- ✧ to critically review experiences with purpose-specific coalition building—both at country level and globally—in order to explore ways of linking national and global research agendas, and of assessing the potentials of a cooperative initiative for mobilising country-level resources for essential national health research.

The responsibility for putting these decisions into effect and for examining other recommendations made by the Evaluation Team was assigned to a number of special Task Forces which the Board set up for this purpose. These Task Forces are to call upon the expertise of Board Members, Constituents and other ENHR partners, and will report back to the COHRED Board within a short and rigorous time-frame.

DOCUMENTS and PUBLICATIONS

COHRED SECRETARIAT

Newsletter *RESEARCH into ACTION* — (Issues 4, 5 & 6)

Since its first appearance, in March 1995, the newsletter has been able to expand its audience from roughly 1,600 to 2,500 readers worldwide by autumn 1996. Requests for the Newsletter were received for the first time from the following 11 countries: Curaçao, Czech Republic, Estonia, Kiribati, Lebanon, Oman, Republic of Croatia, Romania, Serbia – Yugoslavia, Slovenia, and the West Bank.

ENHR Monographs (in draft) : Bangladesh; Mexico; Philippines; South Africa; Thailand; Uganda.

The Next Step: An Interim Assessment of ENHR and COHRED, COHRED Document 96.1.

REGIONAL DOCUMENTS

AFRICA

Report on the ENHR Networking the Networks Meeting, Victoria Falls, Zimbabwe, January 1996

Proceedings of the Third African ENHR Networking Meeting, Kampala, Uganda, September 1996

Essential National Health Research in the African Region — Networking the Networks, Regional Health Research Organisations, September 1996 (draft)

ASIA

Report of the Regional Workshop on Research Management for ENHR, Kanchanaburi, Thailand, December 1995

Proceedings of the Planning Meeting of the Task Force for the Asian Essential National Health Research (ENHR) Network, held in Manila, the Philippines from 31 July to 2 August 1996, in coordination with ENHR Philippines and the Council on Health Research for Development (COHRED).

Status of the Essential National Health Research (ENHR) in Asian Countries. Report, June 1996.

Update on the ENHR status of various Asian countries, compiled by the Focal Point Asian ENHR Network—ENHR,B—Dhaka, Bangladesh.

LATIN AMERICA/CARIBBEAN

Report of the Regional Workshop on Essential National Health Research and Priority Setting in Health Research, Ocho Rios, Jamaica, November 6–8, 1995, organised jointly by the Commonwealth Caribbean Medical Research Council (CCMRC) and the Council on Health Research for Development (COHRED).

The Report includes the progress reports presented by the participating countries (Barbados, Curaçao, Jamaica, Trinidad and Tobago) at the Follow-up Meeting in Trinidad, 19 April 1996.

EUROPE

Report on the Regional Workshop to Launch a Central and East European Network on Essential National Health Research, held in Budapest, Hungary, June 20–21, 1996, and organised jointly by the National Institute for Health Promotion, Budapest, Hungary, the Council on Health Research for Development (COHRED) and the International Forum for Social Sciences in Health (IFSSH).

COUNTRY DOCUMENTS

BANGLADESH

LAISON — A Link between Producers and Users of Health Research, Newsletter, published by the Essential National Health Research, Bangladesh.

BURKINA FASO

Recherche Nationale Essentielle en Santé au Burkina Faso: document de base pour la préparation d'un symposium national, septembre 1996.

CURAÇAO

The Curaçao Health Study. a first step towards Essential National Health Research (ENHR) in the Netherlands Antilles?, published by ISOG 2000. Proceedings of the Symposium and Workshop held in Curaçao on February 23 & 24, 1996, as a joint effort of the Foundation for Promotion of Research and International Cooperation in Health Care (ISOG), the Council on Health Research for Development (COHRED), Switzerland, the Pan American Health Organization (PAHO), and the Medical and Public Health Service (GGD) of Curaçao.

GUINEA

Recherche Nationale Essentielle en Santé : Bilan et Perspectives, septembre 1996

KENYA

Proceedings of the Second National Health Research Network Meeting, 31 July, 1996, Kenya, published by the National Health Research Centre, Nairobi, Kenya.

Newsletter published by the National Health Research and Development Centre, Kenya.

PHILIPPINES

TUKLASLUNAS — ENHR Newsletter, published quarterly by the Department of Health, Philippines.

TUKIAS LUNAS — *ENHR EXECUTIVE BRIEF*, published quarterly by the Department of Health, Philippines.

SOUTH AFRICA

Report of the National ENHR Workshop, Pretoria, February 1996.

UGANDA

Cooperative Initiative for the Advancement of ENHR in Uganda, Second Progress Report, June 1996.

PUBLICATION ABOUT ENHR/COHRED

The Essential National Health Research (ENHR) Strategy, Dissertation submitted by Monjur Hossain, MD, at the Nuffield Institute for Health, University of Leeds, in partial fulfilment of the requirements for the award of Master of Public Health, September 1996.

COHRED BOARD AND SECRETARIAT

COHRED BOARD

A Special Board Session took place at COHRED's Secretariat in Geneva from 25 to 27 June 1996 to review future directions and to decide on a consolidated COHRED input into the Final Meeting of the Ad Hoc Review, in which all present Board members participated.

As of 1 April 1996, Dr C. Suwanwela (Thailand) and Dr R. Owor took over from Dr J. Sepúlveda (Mexico) and Dr S. Chowdhury (Bangladesh) respectively as Chair and Vice-Chair of the Board. Their term of office is for three years.

The Seventh Session of the COHRED Board took place in Geneva, Switzerland, from 30 October to 1 November 1996.

Drs S. Chowdhury, B. Diallo, L. Freij, M. Kerker and J. Sepúlveda were re-elected for a second term of office of three years, and Professors Wagida A.R. Anwar (Egypt) and Susan Reynolds Whyte (DANIDA) were elected as new Board members.

COHRED SECRETARIAT

During 1996, the Secretariat was composed of :

Yvo Nuyens, Coordinator
Inger Roger, Secretary
Ingrid Rifflet, Administrative Assistant (until 30 September 1996)
Andrea O'Brien, Administrative Assistant (as of 1 October 1996)
Hannelore Polanka, Information Assistant

Dr M. Mugambi (Kenya), Dr T. Nchinda (Cameroon), Dr D. Okello (Uganda), Mr M. Pruzanski (Canada), Mr John H. Bland (France) and Mr A. Groenendijk (Switzerland) worked as short-term consultants with the COHRED secretariat.

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