THE COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT

COHRED

REPORT OF ACTIVITIES 2002

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1. FOREWORD

The past year has been a challenging time for all of those involved with COHRED.

The demands on the organization to sustain its efforts towards strengthening national health research systems, whilst adapting to changes in the external environment, resulted in a combined effort on behalf of the Board and Secretariat in formulating a renewed strategy. While retaining the approaches embodied in Essential National Health Research, the new strategy gives even greater attention to translating equity into practical application for national health research development.

The development of research addressing the health conditions responsible for the high burden of death and disease needs to be complemented by support for an environment in which such research can flourish. This need has been recognised by COHRED. At a time when large global health research initiatives are burgeoning, COHRED's role in strengthening national health research cultures, has become ever more important.

Capacity to conduct research is fundamental. However, to build such research on a solid foundation, and in a well-managed system, requires the efforts of many different parties –state systems of health, science, technology and education, as well as civil society structures and institutions. COHRED is a small player in this field. It is therefore essential for COHRED to forge complementary relationships with other contributors to global health research systems. Moreover, COHRED needs to facilitate collaboration at country level. Following careful consideration, specific strategies and activities have been developed to maximize the impact of the limited resources, therefore ensuring that they are utilized efficiently and effectively.

The revitalization of COHRED's vision and the planning of a renewed strategy were exciting. This went hand in hand with our commitment to maintain support for existing activities at country level. The focus of 2002 was on continuing to support existing country processes, instead of initiating new ones. Our additional involvement in both regional and global dialogues on health research systems placed huge demands on the Secretariat and the Board. Under the leadership of Dr Peter Makara, the new strategic directions were laid out. Since his resignation in November, Ms Sylvia de Haan has acted as co-ordinator, leading COHRED into this new strategy with energy and commitment. The Board extends its appreciation to COHRED's partners at country, regional and global level for the fruitful collaboration and dialogue as well as to the Secretariat for its support.

The year has seen winds of change sweeping across both the global health research landscape and the organization. Throughout this time, the Board has remained steadfast in its commitment to the organization, and I thank this group of volunteers for their invaluable dedication to COHRED's work.

Obviously, none of COHRED's work can be accomplished without human and financial resources. We are wholly dependent on the generosity of our donors and development partners, to whom we are indebted for their acknowledgement of the value and importance of our work.

Marian Jacobs

Chair of the COHRED Board

2. A DECADE OF COHRED: STRENGTHENING HEALTH RESEARCH FOR DEVELOPMENT

2.1 INTRODUCTION

COHRED is looking to build on past experience - including a decade of implementing the ENHR strategy - to move forward in an efficient, effective and cooperative way through renewed objectives and strategies. In 2002, one of COHRED's major activities has been to undertake a strategic planning process. The development of the new strategic direction and framework, based on the organization's values and operating principles, will ensure that the overall vision of COHRED is achieved.

In order to reposition COHRED and its added value in the global health research efforts, the challenges of the new health research environment as well as new and existing players have been systematically screened and investigated. Only by understanding the key developments in these areas is COHRED able to respond to the challenges and opportunities of this new environment and adapt its strategic direction accordingly.

2.2 REPOSITIONING COHRED AND ITS PARTNERSHIPS IN THE GLOBAL RESEARCH DEVELOPMENT EFFORTS

CHALLENGES OF THE GLOBAL ENVIRONMENT

Since COHRED's establishment (1993), significant changes have taken place in the environment in which health research systems operate. Most notable is the prominence of health on the international development agenda. Key world players now recognise that health impacts upon poverty, the world economy and development. For instance, one of the *UN Millennium Development Goals* focuses on combating death and disease and influencing the main determinants of health: extreme poverty and hunger, education and the empowerment of women. Furthermore, other influential bodies such as the *G8 countries* declared their commitment to adopting an African Action Plan in response to the New Partnership for Africa's Development (NEPAD)[1], which plans to invest in health and education by tackling HIV/AIDS, TB and malaria.

PROGRESSION OF EXISTING PLAYERS

The Commission on Health Research for Development (CHRD), and later the Task Force on Health Research for Development and COHRED were all established in response to the perceived gap in the 'health research for development' field. While COHRED focused on ENHR, the *WHO*[2] *Ad Hoc Committee on Health Research Related to Future Intervention Options* brought renewed attention to global health research priorities. The need for increased investment in research on health problems

[1] A proposal put forward by African leaders in 2001 at the Genoa Summit aimed at ending Africa's economic marginalization.
[2] The World Health Organization

(which constitute the greatest burden of disease) led to the creation of an independent international mechanism, the Global Forum for Health Research (GFHR). The latter acts as a global platform and catalyst for the analysis and debate (between a broad range of stakeholders) around correcting the 10/90 gap.

Since 1998, the WHO has established a Department of Research Policy & Cooperation (RPC) and has reformed the Advisory Committee on Health Research (ACHR). In addition, research has increasingly been incorporated into the organization's clusters and cabinet projects. In this changing environment, COHRED, the GFHR and WHO need to develop their complementary roles and strengths in health research. For instance, COHRED's 'countries first' approach brings added value to the global intentions of the WHO. Moreover, with its non-governmental status, COHRED's constituents include a broader range of stakeholders who are involved in national health research systems (NHRSs). Thus ensuring COHRED's flexibility and the inclusion of all stakeholders interested in fostering health research for development.

EMERGENCE OF NEW PLAYERS

New players have emerged in the field of health and health research. They include The Global Fund to Fight AIDS, Tuberculosis & Malaria, the Bill and Melinda Gates Foundation and Médecins Sans Frontières[3]. These players have their own perspectives on health research and health research systems. COHRED is open to the prospect of discussions and possible collaboration with these players, so long as it adheres to its values and objectives. COHRED's focus on the horizontal approach to health research at national level (creating an enabling environment for research) can be of benefit to these new players.

COHRED'S 'ADDED VALUE' TO THE GLOBAL EFFORT

When COHRED was established, its primary role was to advocate for the ENHR strategy and provide technical assistance on the seven strategic elements of ENHR: promotion and advocacy, ENHR mechanism, priority setting, capacity strengthening, networking, financing and evaluation. Over the following years, with technical, and in some cases, financial assistance from COHRED, a number of countries initiated or extended their activities related to one or more of these elements.

By mid 1996, the COHRED Board had commissioned an (external) interim assessment of the strategy and of COHRED's performance. Attention was drawn to the need to capture and share country experiences of 'ENHR competencies'. The latter included the original strategic elements, in addition to two new ones: community participation and research into policy and action. The team suggested that the definition, elaboration, and use of this technology represented COHRED's niche and 'added-value' for global health and development. It was also recommended that a more comprehensive approach to capacity development for ENHR be adopted to include multiple stakeholders. These recommendations were implemented through the establishment of various working groups and task forces that have identified knowledge and skills for each competency, developed toolkits, and provided training for national groups.

[3] 'Stimulating research and development for neglected diseases' is one of the three pillars of the Campaign for Access to Essential Medicines.

An *ad hoc* group of COHRED associates later met (February 1999, Geneva) to conduct an informal and internal review of COHRED's role and performance. The meeting reflected upon the new realities in the global community and the international health research sector, as well as the challenges these realities presented for COHRED. The new realities include: the growing importance of knowledge management and innovative use of communication technologies, the emergence of several new international health research organizations, and the concern that equity had vanished from global and national health research agendas in favour of efficiency-based health reforms. An analysis of the strengths, weaknesses, opportunities and threats (SWOT) resulted in a sharpened sense of COHRED's institutional identity and how it complements the goals of other international health research organizations and initiatives. COHRED captured its niche in three key areas:

- Putting countries first
- Working for equity in health
- Linking research to policy and action

In 1999, COHRED facilitated extensive regional consultations to review health research developments since the Commission. This consultative process provided the regions - and COHRED - with the opportunity to take stock of the role of health research in development. The key issues highlighted by the consultations were incorporated into a discussion paper for the International Conference on Health Research for Development (Bangkok, October 2000). The paper outlined the broad framework for an effective health research system, with its key functions (knowledge production, use and management; capacity strengthening; governance and financing), as well as its underlying values and operating principles. These regional consultations were essential for reinforcing the concern for equity in health and provided a shift in emphasis towards the development of NHRSs.

The Bangkok Conference[4] brought together over 800 stakeholders from the South and North. They agreed on the need *to revitalise health research and research partnerships* with a strong emphasis on social and gender *equity* and on *the development of effective health research systems and coalition building at national, regional and global levels*. The Conference Action Plan called for the creation of mechanisms at national level which would foster the involvement of all stakeholders in health research. The conference resulted in a framework for action that strengthened COHRED's intentions for the next five years. Through the ENHR strategy and the mobilization and support of country and regional networks, COHRED has contributed to the essential building blocks of the health research system. Moreover, by providing a platform for countries and regions to voice their needs, concerns and ideas as equal partners in international fora, COHRED reinforced equity in health research.

[4] The conference was co-organised by COHRED, the GFHR, the WHO and the World Bank

2.3 COHRED'S STRATEGIC FRAMEWORK FOR ACTION

VISION, MISSION AND OPERATING PRINCIPLES

COHRED's *vision* is to attain a system of effective health research as a tool for improved health and development in all countries, based on the values of equity and social justice. According to its vision, all countries – no matter how poor – should have the capacity to identify their priorities, conduct essential research that guides their health policies and practices and manage a system through which the efforts of all players can be harmonized. Special attention must therefore be paid to the most vulnerable countries (i.e. developing countries, and those undergoing economic transition).

COHRED's *mission* is to work for the improvement of health and development by enhancing effective NHRSs, particularly in developing countries, based on the ENHR strategy. COHRED's work will contribute to the development and strengthening of countries' capacity to manage research on priority health problems and use the results to improve the health of their populations.

Central to COHRED's work, is the underlying value of *equity*, as well as the operating principles of 'countries first', 'inclusiveness and participation'.

COHRED's work is driven by the notion that everyone should have the opportunity to attain his or her full health potential and not be disadvantaged in achieving this. COHRED focuses on equity issues within health research systems (e.g. in resource allocation and training opportunities). It also promotes research into equity in health and research which is beneficial to a country's entire population.

Countries' needs and concerns determine COHRED's strategies and operations. They also form the hallmark of its commitment to empower countries to strengthen their priority-driven health research.

Furthermore, COHRED works towards overcoming isolation and fragmentation of health research efforts. This is carried out through promoting the participation of all stakeholders in strengthening and developing effective health research as well as informed and sound decision-making at all levels. Finally, COHRED encourages the inclusion of all types of research to generate knowledge that can contribute to health development.

THE OBJECTIVES OF COHRED'S NEW STRATEGIC DIRECTION

To complement the efforts of other players and avoid duplications, COHRED has identified its specific contribution to the new global health research agenda. In 2002, the organization redefined several of its objectives, taking into account the global changes and unfulfilled needs. In November 2002, the Board approved five main objectives and their corresponding strategies. These are central components of the new strategic framework in which COHRED is planning on operating for the next five years. The following medium term objectives will guide COHRED's work:

Support the development and strengthening of effective and sustainable national health research systems, based on ENHR principles

COHRED will support countries in their continued efforts to characterise their own health research systems, and develop approaches to strengthen the capacity of such

systems to be more effective. COHRED will also promote an exchange of experiences both within and between countries (emphasising 'South-to-South' links). This will be achieved through strategies to strengthen governance, coordination and resourcing of the system, and by monitoring its progress. Special attention will be paid to documenting and sharing experiences related to this objective through a communication process focusing on countries and involving the strengthening of country capacity.

Promote equity in health and health research

COHRED strives to attain equity in health and health research by focusing on equity within health research systems and on promoting health research on equity in health. The latter illustrates the organizational belief that any NHRS, besides coordinating and facilitating health research, has a specific role to play in drawing attention to persisting inequities in health through the promotion of research on these issues. In a context where the equity value has been expressed by a myriad of organizations, strategies and activities, further elaboration of COHRED's interpretation of equity and its orientation is essential.

Amplify the voice and strengthen participation of developing countries and country actors in the global health research context

For the 'countries first' approach to be efficient (by applying the values of equity and inclusiveness), it is crucial to advocate for the voices and opinions of countries to be heard in global discussions and decisions. To this end, COHRED will apply the successes of its advocacy experience and the mandate of support for amplifying country and regional voices (expressed in the "Bangkok" process).

Strengthen cooperation at global and regional levels for health research systems development

Establishing appropriate channels, operating principles and mechanisms for global and regional cooperation is critical to the development of health research in developing countries. COHRED will build on existing partnerships at regional and global level to support the strengthening of NHRSs in countries in greatest need.

Strengthen COHRED's institutional capacity to achieve its objectives

COHRED will continue to focus on supporting and collaborating with partners in countries with economies in transition and developing countries. It aims to ensure effective cooperation with them and promote an inclusive and collective involvement of all stakeholders at country level. Collaboration will be developed with full respect for national ownership and control of the NHRS development efforts. This requires improved advocacy to make the mission, activities and potential role of COHRED widely known. Furthermore, it is necessary to secure sufficient resources and ensure that fair practices govern the organization.

In this 'report of activities', COHRED's country, regional, analytical and communications work will be organised according to their corresponding objectives. By placing the past year's activities in the context of the new strategic direction, therefore highlighting the objectives which are underway and those requiring more attention. Within each objective, there are several strategies, some of which have been implemented in 2002 either as a follow up of previous years or as new initiatives. For the section on activities, only the objectives which have been implemented will be discussed.

3. IMPLEMENTING THE NEW STRATEGIC DIRECTION

3.1 SUPPORT THE STRENGTHENING OF NHRS

By applying the principles and successes of ten years experience (at country level) using the ENHR approach, COHRED supports countries in their continued efforts to further strengthen the effectiveness of health research systems. This can be achieved by strengthening the system's governance, coordination and resourcing and by monitoring progress in its development. Special attention is paid to documenting and sharing experiences related to this objective.

A first strategy under this objective is to *facilitate the analysis of the current status of the national health research system at country level and the tracking of progress with its development/strengthening*. To address these issues, COHRED works with several analytical working groups (WGs).

In 1998, COHRED established a number of working groups and task forces to focus on 'ENHR competencies', such as promotion and advocacy, ENHR mechanisms, priority setting, community participation, research to action and policy, and resource flows monitoring. Over the years, the various WGs have identified knowledge and skills for each competency, developed toolkits, and provided training for national groups.

In 2001 new analytical activities were initiated by COHRED (building on previous work) with due consideration for the recommendations of the 'Bangkok process'. The analytical working groups are on: NHRS, communications and NHRS monitoring.

The activities carried out by the WGs are as follows:

- Describing and analysing the NHRS in various countries
- Identifying appropriate and relevant indicators for monitoring NHRS development
- Refining tools to enable country actors to assess their NHRS
- Identifying appropriate training strategies through which to support countries.

THE WORKING GROUP ON NHRS

The task of the working group on NHRS is to provide links between the various analytical groups, and ensure that all work is focused on improving the health research system at country level. To ensure direct links to country situations, the members of the WG include representatives from country teams and national experts. The working group is expected to produce a framework for the analysis of NHRS as well as tools to ensure 'best practice'. The work undertaken by the WG will also complement efforts of the WHO in its 'health research systems analysis' initiative.

The WG on NHRS works with eight country teams (Brazil, Cuba, Ghana, Indonesia, the Philippines, South Africa, Tanzania and Thailand). Each country team has substantial experience in developing a health research system. The WG also creates links with countries that are in the early stages of developing their NHRS (e.g. Cambodia and Laos PDR). During the first meeting of the WG (June 2002, Bangkok), participants shared their experiences and analysed their NHRS (see boxes 1 and 2). Three key issues were identified for further exploration by the WG:

- Evolution and functioning of research coordinating mechanisms;
- Financial resource flows for health research (both public and private); and
- Research management practices in a NHRS at various levels (e.g. policy, institutional).

A better understanding and improved documentation of these issues will enhance the development of NHRSs and facilitate the process of strengthening existing systems.

BOX 1: BRAZIL'S HEALTH RESEARCH SYSTEMS ANALYSIS

Research in Brazil was previously far removed from the country's social and economic needs, as it was characterized by low adherence to priority health research. Whilst a funding and administrative system existed, it was not sufficiently focused on health problems and health research priorities to benefit the general population. In order to strengthen the Brazilian health research system, it is necessary to focus on the main health problems and to establish an agenda of research priorities.

In a country like Brazil, the issues to be addressed are complex as there is an overlap of first and third world agendas. Consequently, priority health problems cannot be ranked according to level of importance (even when the burden of disease criteria are applied). Instead, a complete agenda of priorities, encompassing all issues and actors (including technological components), is needed. It is therefore essential to have a better articulation of the health research system and the health system as well as promoting an adequate balance between contributing to the advancement of global knowledge and adjusting the research agenda to the health priorities of the country.

BOX 2: SOUTH AFRICA'S HEALTH RESEARCH POLICY TO STRENGTHEN THE NHRS

Following the democratic transition in 1994, the South African Government has moved towards developing and implementing a National Health Research Policy based on the principles of ENHR. The Health Research Policy will be incorporated in the National Health Bill soon to be discussed in the South African Parliament.

The purpose of the policy is to provide an enabling framework for the conduct of research that improves health and well-being in South Africa. Amongst the objectives, they plan to create a framework for a health research system that would improve the quality, impact and efficiency of research; facilitate the integration of research through establishing the setting of research priorities as a cornerstone of the health system; ensuring equity by linking finances to national priorities; building research capacity and developing a communications strategy ensuring that benefits of research are systematically and effectively translated into practice.

THE WORKING GROUP ON COMMUNICATIONS

The work of the current communications WG builds on lessons learnt from COHRED's WGs on 'research to action and policy' and 'community participation'. During its first meeting (Cape Town, February 2002), the communications WG established the following guiding principles:

- Communication is a strategic issue that permeates all aspects of the NHRS. Hence, it should not be considered in isolation.

- In this context, communication and advocacy are inherent to all actors in the NHRS. These actors should, therefore, have the knowledge and skills to send research information in a format and delivery system appropriate to their intended audiences. Moreover, those who receive research information should be able to use it to increase their productivity.

- Communication takes place at all levels of the research process of the NHRS, and it works within a multifaceted and multidimensional framework.

To communicate research means communicating its concepts, as well as linking and coordinating the mechanisms, strategies, processes, activities, outputs, resource flows, environment and actors within and between groups and communities at each stage of the research process. Noting the low visibility (translated to low priority) of research in most developing countries, the need to communicate cannot be overemphasised (see box 3).

BOX 3: FROM RESEARCH TO HEALTH GAINS IN THE PHILIPPINES

The Philippines already has the basic elements of a functioning health research system. The government established a health research council to oversee, coordinate and monitor health research activities and to provide supportive strategies required to develop and nurture the health research environment. These efforts were complemented by other government agencies with health-related concerns. However, the assessment of the health research system illustrated that limited government subsidies, poor private sector investment, weak resource mobilization initiatives, a fluctuating economic situation and changes in political leadership have weakened efforts to enhance and sustain research and development.

Results from various studies on research utilization showed the need to communicate research: its relevance, timeline, validity, quality and quantity and emphasised the need to link researchers and users. Likewise, for the NHRS to be effective, the synergy between researchers and communicators within the system needs to be harnessed. The NHRS subsystems work together in an interdependent and interactive manner. The assessment of the Philippine health research system clearly indicated the need for convergence. The main actors in the Philippines plan to address this need by developing a Philippine health research forum.

THE WORKING GROUP ON NHRS MONITORING

Its specific task is to focus on developing indicators that countries can use to assess their own health research systems. COHRED sees these indicators as tools for internal planning and monitoring. Thus, allowing a country to identify the role and objectives of its own health research system and how to achieve them. These indicators are not supposed to be used for making international comparisons of achievements.

Equity in health research is fundamental to issues like: who is likely to benefit from research; who are the research subjects and researchers; and how they relate to each other. However, equity is an ideal, and each human being and individual society can interpret it differently. Moreover, this multifaceted ideal evolves with time (based on past achievements). When monitoring equity, the focus should be on the process through which a more democratic and just society can be built. Defining indicators for it, is one of the most difficult challenges of the proposed work. A first discussion paper for the WG (which was developed in 2002) will be elaborated in 2003.

3.2 SUPPORT FOR MECHANISMS AND PROCESSES TO STRENGTHEN NHRS

A second main strategy adopted by COHRED to support the development and strengthening of NHRS, is the provision of support to countries to:

- Improve governance and coordination of NHRS
- Strengthen capacity for 'leading' and 'participating' in health research systems
- Set priorities for health research and implement the prioritised agenda.

This strategy focuses on strengthening three of the four key functions of a NHRS: governance, capacity development, and knowledge generation, management and utilization.

GOVERNANCE

This function of the NHRS includes a range of activities intended to ensure that the health research system demonstrates quality leadership, is productive, has strategic direction and operates in a coherent manner rather than as a collection of fragmented and uncoordinated activities. Good governance should aim to create or promote a 'research culture', that recognises the need for evidence-based decision-making and the importance of health research as a vital component of health development. Governance can be divided into a number of distinct sub-functions: strategic vision; overall system design and policy formulation; priority setting; performance and impact assessment; promotion and advocacy; and setting of norms, standards and ethical frameworks for conducting research.

BOX 4: STRENGTHENING THE CUBAN HEALTH RESEARCH SYSTEM

Cuba was one of the first countries to take concrete steps in response to the call for revitalising health research through the development of an effective health research system (as recommended in Bangkok). In a national meeting participants discussed how the functions of the health research system could be improved and developed at all levels.

In 2002, this process was carried forward, starting with an analysis of both the health situation and health research system in Cuba. A consultation process was started, involving a range of stakeholders from municipal, provincial and national level, to discuss needs and priorities. In a national seminar, this analysis and consultation formed the basis for the reformulation of priorities of research programmes financed by the Ministry of Public Health, the Ministry of Science, Technology and Environment, or institutions in the provinces themselves. A call for proposals was published to attract new projects, covering the new objectives of the prioritised programmes, in which the development of joint projects between the various institutions was promoted. Throughout the process priority was given to improve the use of scientific knowledge (this is a problem in Cuba due to the lack of electronic means). A monitoring and evaluation system was set up. It plans to organise a national workshop at the end of 2003 to discuss the results and possible impact of the research programmes.

BOX 5: ESSENTIAL STRATEGY FOR HEALTH RESEARCH IN RISARALDA DISTRICT (COLOMBIA)

Having taken part in the Latin American consultative process prior to the Bangkok Conference, the Colombian institution conducting the analysis (Sisma Mujer) responded to the need to conduct a priority setting process. Sisma Mujer begun to develop an essential strategy for health research for the Department of Risaralda.

After identifying and involving key stakeholders in the project, the permanent Forum for Health Research in Risaralda (Foro Permanente por la Investigacion en Salud en Risaralda) was established. It aimed to facilitate open discussion amongst all stakeholders involved in health research in Risaralda. The Forum facilitated activities to construct a research agenda. They included: the elaboration of situation analysis in health research; description of the health profile of the district; and a debate on the aims of health research. Training seminars (e.g. formulating research projects and utilising research results) were also organised to strengthen the process of developing a research agenda.

Once the research priorities for the district were set, inter-institutional and inter-disciplinary groups of researchers were formed to elaborate proposals for specific research projects within the priority areas. The aim was to specify research problems, identify potential groups capable of conducting research, translate research areas into specific questions, and develop research protocols. The groups also looked at issues such as: resources available for the prioritised area, timetable for conducting research, and strategies for translating results into cost-effective interventions which can guide policy-making.

BOX 6: STRENGTHENING THE IMPACT OF HEALTH RESEARCH IN SENEGAL

Several recent Senegalese studies on the capacities and potential of the health system showed the weak development of health research in the country. The coordination of research and the capacity for conducting research are weak. This is due to insufficient financing, the lack of utilization of research results and the fact that priorities for research have not been identified. To overcome these problems, the Government implemented important initiatives which had an immediate impact on health research. To improve its coordination, a department for research and development (Direction des Etudes, de la Recherche et de la Formation), a national fund for health research, and a national council for health research have been established.

A research policy (Program National de la Recherche en Santé- PNRS) was developed to further support these initiatives and provide strategic guidance. Over a five-year period, it aims to promote a research culture, as well as links between policymakers, researchers and communities. The programme is based on the following principles: the need for evidence-based decision making; adherence to ethical standards, aiming at solving public health issues particularly of the most disadvantaged and vulnerable communities. International research can contribute to national research efforts if it is culturally appropriate, adheres to sub regional priorities and involves partnership development. The resulting strategies for the advancement of health research at all levels of the health system included: strengthen capacities for operational research, develop coordination of research activities, rationalise the utilization of research results and develop research partnerships nationally and internationally.

BOX 7: LAUNCHING ENHR IN UZBEKISTAN

Following the Bangkok Conference, various actors in Uzbekistan joint forces in an 'initiative group' to explore options for the implementation of the ENHR strategy. In accordance with the group's recommendations, the Forum on Health Research for Development (FOHRED) was established (late 2001). FOHRED and the Ministry of Health organised a meeting (May 2002, Tashkent) to launch ENHR. The main task was to create a platform to build consensus amongst different stakeholders to implement ENHR in Uzbekistan. The participants discussed the different mechanisms which could be used to improve national coalition building for health research. Despite being in the early stages of ENHR, this meeting provided Uzbekistan with the possibility to open the dialogue on national health care reforms and health research.

One of the most significant outputs was the open dialogue between the Ministry of Health – once the exclusive decision-maker on health and health research - and the broad-based partners representing NGOs, civil society groups and mass media. An important challenge is how health research could assist national health care reform. Participants highlighted the need to create a link between the production of theoretical knowledge and its practical application.

GENERATION, MANAGEMENT AND UTILIZATION OF KNOWLEDGE

Each country needs to be able to generate knowledge relevant to its own situation. Thus, allowing it to determine its particular health problems, appraise the measures available for dealing with them, and choose the actions likely to produce the greatest improvement in health. This should not be seen as the exclusive role of universities or research councils, but equally of health/public services, NGOs and so on. However, generating new knowledge is only part of the research process. For knowledge to be useful, it should be shared with other researchers and communicated, in suitable format, to the different users/stakeholders. It needs to be translated into policy or action or absorbed into the existing knowledge/technology base. Low-income countries (in particular) need to ensure that health research brings tangible benefits to the health status of their people. This implies a need for strengthened links between researchers, policy makers, health and development workers, NGOs and communities.

BOX 8: IMPROVING RESEARCH COMMUNICATION IN BURKINA FASO

In 1997 the Ministry of Health set up a health research office (Bureau de Recherche en Santé) to reinforce the coordination and guidance of research. The health research office organized the first symposium on ENHR in the country in co-operation with the University, the National Scientific and Technical Research Centre (CNRST) and other ministries and institutes. Building on the work carried out in 1995, when health was one of the four national priorities, the symposium resulted in the setting of priorities within the health sector. It identified 20 vertical (disease) priority areas and 20 horizontal (health system) priorities.

Research has since been accepted as an integral part of the evolution of medical practice and health programmes in the country. This is reflected by the Ministry of Health's adoption of biannual Action Plans for the development of health research and the strengthening of various institutions engaged in health related activities. To further strengthen the research for action and policy cycle, a workshop was organised in 2002. It addressed the following issues: the research process, the policy-making process, the perception of decision-makers towards research, and the dissemination and communication of research findings. Decision makers, researchers as well as representatives from international organizations participated in the discussions. The resulting recommendations were disseminated to many stakeholders.

BOX 9: RESEARCH UTILIZATION IN NEPAL

The Nepal Health Research Council (NHRC) organised a consultative meeting (July 2002) to develop a plan for promoting the application of research findings in health policy development. This meeting (the first of its kind in Nepal) was an attempt to create awareness amongst concerned organizations about how to promote utilization of research findings in health planning and management. The participants included stakeholders from the Ministry of Health, National planning commission to NGO's, media, bi- and multi-lateral cooperating agencies in Nepal. The issues discussed included: opportunities and constraints for utilising health research results for health policy; activities required to increase utilization of research and the mechanism needed to implement this.

The resulting recommendations were to: promote research on priority health problems; involve decision makers in all phases of the research process; make research based recommendations as simple and practical as possible, taking the existing health care system into account; and enhance the capacity of the Ministry of Health and the NHRC to absorb research findings and learn from them. The NHRC was appointed as the leading organization for implementing the recommendations resulting from the consultative forum. It will seek the cooperation and support from all stakeholders involved in the consultative meeting to achieve the goal of increased evidence-based health policy development.

CAPACITY DEVELOPMENT

To address issues like the depth and range of research competencies, gender disparities in education and training, institutional mix and capability, and the fostering of sustained collaborations, a long-term systems approach for the development and maintenance of research capacity is needed. Efforts should focus on the quantity and quality of skills available, not just research techniques. However, a broad range of related areas must be included, such as: research priority setting; management and leadership of multi-disciplinary research; capacity for utilization of research; policy and systems analyses; communication for research; and partnership development.

BOX 10: CAPACITY DEVELOPMENT FOR YOUNG RESEARCHERS IN KAZAKHSTAN

In 2002, one of the key areas of action identified by the Kazakh ENHR team was capacity development. With support from COHRED, the ENHR team implemented a series of activities to strengthen national health research. Special attention was placed on providing support to build the capacity of young health researchers and scientists. The Kazakh ENHR team therefore provided the Association of Young Health Researchers (established in 2001) with financial, logistical and technical support to carry out their activities. In 2002, the association organised conferences which provided young scientists with the opportunity to share their experience and knowledge in health research as well as discuss priorities in this field. As a result, problems were identified and activities proposed to improve the effectiveness of mechanisms of research coordination. Reports were also published relating the outcomes of the conferences.

Support was also provided for the organization of seminars at the Kazakhstan School of Public Health as well as other regional medical academies. The programme included items on global health research priorities, the research planning process, communication in research, problems and research agenda in Kazakhstan and research management. This provided participants with the opportunity to share their experience and receive essential tools (in the local language) for health research such as the ENHR Handbook and other manuals and publications. The success of these various seminars and conferences led to the development of a plan of action for the future.

3.3 PROMOTE THE MOBILIZATION OF NATIONAL, REGIONAL AND INTERNATIONAL RESOURCES TO SUPPORT NHRS

The fourth key function of a NHRS – financing for health research - comes from a number of sources. If the resources available are to be used effectively and efficiently, consistent with research priorities, mechanisms are needed to ensure coordination and to monitor resource flows over time.

RESOURCE FLOWS MONITORING STUDIES

Describing and monitoring national financing systems for health research helps assess the adequacy of such systems in addressing country needs and priorities. Resource flows data can also be used as an advocacy tool at national and international levels. In 2002, COHRED supported country studies in: Brazil, Burkina Faso, Cameroon, Cuba, Hungary, Kazakhstan, and Uzbekistan. Their respective national researchers attended a training workshop (financial support was provided by GFHR and COHRED) where they discussed the methodology and its possible constraints. WHO representatives also participated, providing information concerning the work on resource flows that WHO will carry out within its 'health research system analysis' initiative. The country studies will provide up to date information on available resources for health research. In addition, it will provide an opportunity to test the methodology to ensure that other countries embarking on similar activities can use it.

BOX 11: RESOURCE FLOWS STUDY IN CAMEROON

The Cameroonian study illustrated the difficulties of monitoring resource flows. While attempting to incorporate a wide range of stakeholders in the study (public and private sector institutions, and international agencies), it only obtained a response rate of 38.1%. Nevertheless, general trends indicated that foreign funds still provide the lion's share of funding health R&D projects. The Ministry of Public Health does not have a clearly outlined health research agenda and health research has not been defined as one of the objectives in the National Health Development Plan (1998-2008). This has meant that donor agencies have been forced to allocate resources to areas that they perceived as essential. The resource flows data will be used during a National Priority Setting workshop (to take place in 2003), which may facilitate the (re)directing of resources to essential health research.

COHRED'S BROKERAGE ROLE

As COHRED is not a donor-agency, it has committed itself to act as a broker for countries applying ENHR and working to strengthen their NHRS. One activity to facilitate the access to funding opportunities is the database of development partners in health research. This database is accessible through the COHRED website[5], and includes information on each development partner, such as activities most funded, specified priority regions or countries, and a summary of guidelines for proposals. This database is continuously updated and will be further elaborated.

COHRED has also continued to explore options to facilitate the linkage between country teams and donor agencies. COHRED has been more directly involved in developing (e.g. writing and negotiating) funding proposals. In carrying out its brokerage function, COHRED primarily acts as a facilitator, while the country teams implement the projects.

3.4 STRENGTHEN GLOBAL AND REGIONAL COOPERATION FOR HEALTH RESEARCH SYSTEMS DEVELOPMENT

The development of coalitions and the principle of equal partnerships are central to COHRED's operations. COHRED promotes partnerships at country, regional and global level, between researchers, decision makers, communities, media, NGOs and donors. Partnerships and coalitions are essential for the effective implementation of the ENHR strategy and for a NHRS. They ensure that NHRSs are inclusive and represent the voice and needs of the most vulnerable groups.

REGIONAL COOPERATION

COHRED promotes and supports regional networking and networks as fundamental to the implementation of the ENHR strategy and related work plans at country level. Immediately after COHRED's establishment, significant developments took place at regional level, with Africa and Asia at the forefront of regional networking. In 1994, prime movers from these regions set up the African and Asian ENHR Networks, thus, providing the regions with platforms for countries to share their experiences in implementing the ENHR strategy.

[5] http://www.cohred.ch

These regional networks played an important role in the consultative processes prior to the Bangkok Conference. In Africa and Asia, the ENHR Networks took the lead in organising and guiding the consultations. As a result of the increased visibility of these networks, a regional dimension for health research was acknowledged. In the context of the conference, it was proposed that regional health research forums be established to serve as platforms for cooperation and collective research for development.

The following boxes illustrate how Africa and Asia & Pacific, in accordance with the Bangkok Conference recommendations, set up regional health research forums.

BOX 12: ASIAN AND PACIFIC HEALTH RESEARCH FORUM

As a follow up to the Bangkok Conference, the Asian and Pacific Health Research Forum (APHRF) was established during a regional meeting (Bali 2001). The Forum is envisaged to act as a powerful vehicle for inspiring collaborative efforts to identify, document and apply innovative Asian-Pacific responses to the challenge of ensuring that research serves a critical element in building equity in health for development. The National Institute for Health Research and Development (in the Indonesian Ministry of Health) was appointed regional focal point for the Forum, and was given the mandate to establish an international steering committee. In 2002, the latter was set up and met several times to further develop the strategic directions of the APHRF and its action plan for the coming years.

Whilst the Asian ENHR network only involved countries in Asia, the APHRF has made the conscious decision to actively involve the Pacific region. The Pacific Health Research Council (PHRC) is now an active partner of the APHRF. The PHRC has begun working towards strengthening the current national research committees and national capacity to carry out health research relevant to country-specific health problems. It intends to develop a Pacific model for National Health Research Systems. This will contribute to the development of necessary mechanisms to ensure efficient coordination and management of health research and its translation into appropriate policies and programmes. It will generate a standard prototype relevant to the Pacific and sufficiently flexible to account for the uniqueness of each country (i.e. health problems and priorities). The APHRF will provide a platform for stakeholders to share these experiences, which are important for other actors in the region.

As each region adapts these recommendations to its needs, concerns and priorities, different interpretations of what and how a regional forum should function can be observed. For instance, in Africa the need to maintain a francophone network was deemed necessary to address issues specific to that sub-region.

BOX 13: THE AFRICAN HEALTH RESEARCH FORUM

The first steps towards the establishment of the AfHRF took place in 2001. A steering committee, comprising African experts in the field of health research, was set-up to provide advice and to guide the process towards the launch of the AfHRF. The Secretariat of the AfHRF is based in the Kenya Methodist University (Meru).

The steering committee recognised the need for a forum with a clear mandate to represent Africa and to meet the needs and concerns expressed by Africans. Above all, the AfHRF will provide a platform for discussions and negotiations and will play a strong advocacy role for the recognition of this African voice. It creates an opportunity for regional partners to cooperate and strengthen each other and to link research with development and action.

The AfHRF was officially inaugurated during the 6th Annual meeting of the GFHR (November 2002, Arusha). The AfHRF's three main objectives are to:

- Enhance current mechanisms for strengthening the conduct, collaboration and coordination of health research in Africa;
- Strengthen mechanisms for promoting the utilization of research for development; and
- Reduce the current inter-country and global imbalances in health research

The francophone African countries maintain an active network and exchange information on progress made in essential health research. In anticipation of the launch of the AfHRF, countries from the francophone sub-region explored their opportunities and their roles as a sub-regional network as well as their relationship with the forum. It was felt that close collaboration with the AfHRF should be encouraged to overcome isolation. However, it is necessary to maintain a francophone network as this sub-region has its own specific needs to be addressed at that level.

In Latin America and the Caribbean, there have also been substantial developments to coordinate regional initiatives. However, in this case a more 'loose' and flexible organizational structure was chosen by the stakeholders to address the regional needs.

BOX 14: REGIONAL NETWORKING IN LATIN AMERICA AND THE CARIBBEAN

The Latin American consultative process for the Bangkok Conference identified the need to create an ongoing mechanism to exchange information and experiences regarding health research in the Latin American and Caribbean (LAC) region. One of the Bangkok recommendations was that (sub) regional platforms could be the most suitable mechanisms for furthering international cooperation in health research (thereby emphasizing the principle of subsidiarity). During the 5th annual meeting of the GFHR (2001) a parallel Latin American session was held, where it was agreed to foster regional collaboration and identify horizontal cooperation mechanisms. A greater participation of COHRED and other international agencies was called upon to support the development of regional Health Research Systems.

In 2002, COHRED organised a workshop on Latin American and Caribbean Cooperation in Health Research as part of the CITESA-Havana meeting (Cuba). The workshop participants considered it necessary to have a regional forum for health research for the LAC region. This would provide a stronger representative voice for the region at international level, enhance countries' capacity to develop efficient NHRSs, facilitate the exchange of information and carry out collaborative research when needed. Existing networks should be involved in targeting common research priorities. This would not preclude collaboration at sub regional level, as similar developments, a common history and relative facility of communication justify working at this level.

The view was expressed that the organizational structure of a potential forum should be 'loose' rather than 'formal'. It should be a place for ongoing communication and collaboration amongst the many stakeholders in health research in the region. This would ensure more flexibility and avoid the commitment of substantial funds for the upkeep of a structure. The recommendations from the Cuba workshop are currently being implemented. The situation in this region illustrates how COHRED explores the needs and options for regional collaboration and networking, without imposing a 'ready made' model for all regional collaboration.

Meanwhile, countries in Central Asia are mainly focusing on the national development of health research systems. Options for regional collaboration will be explored in the future.

BOX 15: REGIONAL NETWORKING IN CENTRAL ASIA

Since the Bishkek Declaration (1999), when the Central Asian Republics and Kazakhstan (CARK) committed themselves to the ENHR strategy, various developments have taken place in the region. COHRED has spent the past few years collaborating and supporting these countries with the implementation of the ENHR strategy. In 2002, there was a rapid growth in interest and action supporting national health systems and research development in Central Asia. These countries share common organizational structures, language and institutional frameworks from the Soviet Era. COHRED continues to collaborate with these countries to explore the best options for regional collaboration.

Collaboration between the Regional Fora and COHRED

The development of these new and independent structures and COHRED's new strategic direction, have made it necessary to identify areas of collaboration between the different actors to fulfil their respective objectives. COHRED will therefore continue to strengthen and support regional networks when there is added value to direct country level activities.

The importance of regional fora at all levels of intervention is reflected in the regional dimension of COHRED's work (part of its present strategic direction), where the regional fora (and other health research networks) will:

- Facilitate the support to countries for the strengthening of effective and sustainable health research systems;
- Play a key role in amplifying the voice and strengthening the participation of developing countries in the global health research context; and
- Ensure strengthened cooperation at regional level, involving other regional players, to achieve a better coordinated and focused support of health research at country level.

GLOBAL COOPERATION

The number of organizations and networks with either 'main' or shared responsibility for health and health research is constantly rising. There is also a widely recognised need for more effective and efficient use of resources. This requires improved collaboration and partnership between the various actors at global level.

While building on existing strengths and expanding partnership networks, the emphasis of the cooperation should be geared towards country level. This would facilitate assessments of the added value to be gained by working together rather than separately, i.e. where cooperation would have a strong synergistic effect. During a roundtable meeting organised by COHRED in 2001, participants reached a general consensus that the focus of the collaborative work of COHRED, the GFHR and WHO should take place at country level, to strengthen NHRSs.

Beyond the regular exchange of information between these 'Geneva-based' organizations, two concrete collaborative projects were carried out in 2002. COHRED and the GFHR jointly organised a training workshop on monitoring resource flows for health research. Following this workshop COHRED supported seven country case studies (as illustrated in box 11). WHO has been involved in this project from the start, as it coincides with its work on resource flows for the World Health Report 2004.

The program, "Health Research for Policy, Action and Practice: a Collaborative Training Program (CTP)" is a collaboration between the Alliance for Health Policy and Systems Research, COHRED, the GFHR and the INCLEN Trust. The objective of the collaboration is to increase the impact of health research on policy, programs and practice through training and institutional development. Three interlinked modules were produced with a focus on practical experience and best practices regarding health research priority setting, knowledge management and advocacy and leadership. The modules are currently being used in a number of country and regional training workshops. Based on this experience and the feedback obtained, the four organizations will elaborate modules better tailored to the country needs.

3.5 STRENGTHEN COHRED'S INSTITUTIONAL CAPACITY

To achieve its objectives, COHRED must market its mission, activities and potential roles. The organization has identified three areas that require strengthening: communication and advocacy, country collaboration and COHRED's governance. Each area plays a key role in ensuring that COHRED operates fairly and can secure sufficient resources to meet its objectives.

COHRED'S COMMUNICATION AND ADVOCACY

During the strategic planning process (2002) the SWOT analysis highlighted areas that COHRED could strengthen to reinforce the impact of its communications function. With the assistance of a marketing specialist from South Africa (also a member of the working group on communication) a new communication strategy was developed. This strategy has a broad approach to communication, emphasising the role of communication and advocacy in many of COHRED's activities and functions. Consequently, COHRED's overall Strategic Plan underlines the various communication and advocacy functions of the organization.

Based on the strategic paper on communications, the following priorities for COHRED's communications were identified[6]:

1. The expansion of COHRED's resource centre to facilitate:
   - Fund seeking for health research by providing: models for proposal development; information on funding agencies, their priorities, culture and application procedures; information on training opportunities;
   - Collaboration between countries in the field of health research by developing an inventory/database of experts for NHRS development;
   - Understanding of equity in health and health research by including documentation/literature on equity;
   - Improvement of management capacity for health research in countries by making learning briefs, best practices, and training modules available for various target audiences (e.g. existing COHRED tools, the Collaborative Training Programme, other tools), and continuously improve these tools.
2. Forging links between actors at country, regional and global levels, by:
   - Ensuring information flows between activities supported by COHRED and the people involved at all levels;
   - Providing materials to COHRED's partners (Board members, working groups, experts, national actors) to enable them to raise COHRED's visibility, and promote ENHR/NHRS.
3. The continued production of new products (based on country experiences, outcomes from analytical working groups) and the continuation of existing communication work, such as:
   - Publishing quarterly issues of Research into Action
   - Publishing (quarterly) learning briefs for the ENHR Handbook
   - Translating outputs from working groups into tools and products
   - Maintaining and updating the COHRED website.

[6] Work began on realising these priorities in 2002.

COUNTRY COLLABORATION

For effective collaboration at country level, it is necessary to devise a clear strategy that takes into account with whom to work and under which conditions. Collaboration agreements are made with institutions (recognised and accepted by other main players) with an existing coordinating and facilitating role for health research in a country. Ideally, the institution should be part of a support group of other national stakeholders to ensure broad ownership.

COHRED provides countries with:

- *Technical support* to country teams (e.g. for research priority setting, strengthening mechanisms for research support, building research management and user capacity, and improving networking).
- *Communication support* through a range of printed and electronic publications (newsletters, learning briefs, issues papers, manuals) and through its website. These services are free of charge and are there to provide countries and regions with a platform to facilitate the sharing of knowledge and experiences.
- *Financial 'seed' support* to complement available national resources. Although COHRED is not a funding agency, it provides small seed grants to countries requiring an initial contribution to kick-start the process of strengthening health research for development.

While technical and communication support is provided to various national actors, financial support is only provided to countries most in need. In 2002, COHRED's financial support mainly targeted countries in Central Asia and francophone Africa.

Criteria for support to country level activities

Based on COHRED´s mandate and strategic framework, the criteria for eligibility for financial support are as follows:

- The activity is relevant and essential to the development of the country's health research system;
- Participation of key stakeholders/actors in the NHRS is ensured throughout the process of the activity (e.g. researchers, policymakers, health care providers, representatives of mass organizations and communities and journalists);
- There are guaranteed and, if possible, quantifiable national inputs into the activity in the form of human, financial or other resources;
- The activity has a clear component for strengthening the capacity for health research management in the country; and
- The activity has a clear plan for the dissemination of outcomes and recommendations to ensure optimal follow up/implementation.

COHRED'S GOVERNANCE

COHRED is governed by a Board of 18 members, most of who are from the South (see Annex 5.1). The Board is the policymaking body of COHRED, ensuring that the organization is governed by fair practice. Any COHRED constituent can nominate a candidate for Board membership. The Board elects new members in its annual session, and considers issues such as regional representation, gender, professional background, and current position in this process. Meanwhile, COHRED's activities are coordinated through a small Secretariat based in Geneva.

4. THE WAY FORWARD

In 2002, the challenges of the rapidly expanding health research environment and the emergence of new players incited COHRED to reposition itself and its added value in the global health research efforts. As a result, one of COHRED's main activities was to undertake a strategic planning process, built on a decade of experience and lessons learnt at national, regional and global level. With its new strategic direction and framework, COHRED has the challenging task of making practical sense of its commitment to 'equity' in health research for development. While supporting NHRSs is an important strategy in this area, other approaches are needed. In the coming year, COHRED will be striving to enhance equity in health research.

Over the past year, COHRED continued to support countries in strengthening their health research systems. Due to their particularly high needs, COHRED paid special attention to countries in Central Asia and francophone Africa. In addition, country support was further reinforced by setting up analytical working groups and by strengthening COHRED's communications.

At regional level, COHRED's work has undergone substantial changes due to the development of new regional fora and networks. These new independent regional actors have the potential to become influential partners in their respective regions. However, these developments have made it necessary for COHRED to ensure that any support and/or collaboration with these new initiatives has direct added value for actors at country level.

With the Mexico Ministerial Summit on Health Research coming up (November, 2004), COHRED has another key challenge - to strengthen the voices of country actors in the global health research context. The consultative processes facilitated by COHRED prior to Bangkok illustrated how regions (and their country actors) can be empowered to voice their concerns in the global arena. In order to respond to the challenge of the Mexico Summit, COHRED is consulting with regional networks and fora to ensure optimal preparation and participation in this event. Other opportunities to endorse country input to global events will be explored and followed up if and when appropriate.

One of COHRED's chief concerns is to ensure that sufficient resources (financial and technical) are available to respond to the requests received from countries. This demands greater commitment from the staff and the Board as the climate of diversification of health research efforts and funding has stepped up the competition for resources (especially for core functions). COHRED is in the process of implementing a resource mobilization plan for securing both human and fiscal resources for the longer term. This includes renewing and strengthening contacts with a number of donor agencies.

In order to mark its first decade of operations, an external evaluation of COHRED's work and its corporate structure will be undertaken in 2003. This evaluation will further ensure that the organization remains on track for the next decade, by renewing interest in, and support for its work.

All of these challenges underline COHRED's mission of ensuring that national actors and countries are empowered to improve the health of their populations through health research. During its first decade of operations, COHRED has attracted a large pool of advocates who are committed to working towards its mission. It is only by continuously building and maintaining partnerships at all levels that progress can be made in global health.

5. ANNEXES

5.1 COHRED Board Members

5.2 Donor Contributions to COHRED

5.3 COHRED Publications

5.4 COHRED Secretariat

ANNEX 5.1 COHRED BOARD MEMBERS

The COHRED Board is comprised of 18 members (there is currently a vacancy) – most of who are from developing countries. The members of the COHRED Board in 2002 are listed below.

Chair of the Board

Dr Marian Jacobs (South Africa) is professor of child health at the University of Cape Town, South Africa. She is also member of the WHO Advisory Committee on Health Research and the Council of the Global Forum for Health Research. Her main interest is in the translation of child health policy-related research into action.

Vice Chair of the Board

Dr Agus Suwandono (Indonesia) is trained as a general practitioner, having specialized in community and public health policy. He is the Secretary of the National Institute of Health Research and Development (MOH, Indonesia) as well as the Acting Director of the Center for Research in Disease Control, NIHRD (MOH, Indonesia). He is the regional focal point for the Asian and Pacific Health Research Forum.

Board Members

Dr Mohamed Said Abdullah (Kenya) is a physician specialized in nephrology, based at the Aga Khan Hospital in Nairobi. He is treasurer of the National Health Research and Development Centre (NHRDC), the organization in charge of promoting ENHR in the country. Dr Abdullah is also chair of the National AIDS Council for Kenya.

Dr Gopal Prasad Acharya (Nepal) is Professor and Chairman of the Department of Internal Medicine at the Tribhuvan University Teaching Hospital (Kathmandu). He has a broad experience in clinical and epidemiological research. He held positions as the Dean of the Institute of Medicine and Director of the Medical Education Department of the Tribhuvan University. He is currently the Chairman of the Nepal Health Research Council.

Dr Somsak Chunharas (Thailand) is the Director of the Department of Medical Sciences at the National Institute of Health (in the Ministry of Public Health) as well as being Secretary General of the National Health Foundation. Dr Chunharas chaired COHRED's working group on research to policy and action and is now spearheading COHRED's analytical work on National Health Research Systems.

Dr Richard Feachem (United Kingdom) is the Executive Director of The Global Fund to Fight AIDS, Tuberculosis and Malaria. He was previously Director for Health, Nutrition and Population at the World Bank, and before that, Dean of the London School of Hygiene and Tropical Medicine. Dr. Feachem also chairs the Council of the Global Forum for Health Research.

Dr. Mahmoud Fikri (United Arab Emirates) is the Assistant Undersecretary for Preventive Medicine of the UAE Ministry of Health. In 2000 he became a member of the Faculty of Public Health Medicine, Royal College of Physicians (UK). He is currently managing the National Cancer Control Program. As Member of the Executive Board of the Health Ministers Council for GCC States (representing UAE), he led teams for the Gulf Child & Family Health Surveys.

Dr Izzy Gerstenbluth (The Netherlands Antilles) is Head of the Epidemiology & Research Unit of the Medical & Public Health Service (GGD) of Curaçao. In addition, Dr Gerstenbluth has held the position of national epidemiologist for the Netherlands Antilles as a whole, for the past 6 years. He is cofounder and member of the Advisory Board to the (Netherlands Antilles) Foundation for Promotion of Research and International Cooperation in Health care (ISOG), a constituent of COHRED.

Dr Samia Yousif Idris Habbani (Sudan) was the Director of the Research Directorate in the Federal Ministry of Health in the Republic of Sudan. She is now a National Programme Officer for the WHO in Khartoum.

Dr Maksut Kulzhanov (Kazakhstan) holds a degree in medicine. He is the Dean of the Kazakhstan School of Public Health. Dr Kulzhanov and the ENHR team collaborated with COHRED in implementing an ENHR strategy in Kazakhstan. In 2001, he was elected as member of the WHO Executive Board for three years.

Ms Mina Mauerstein-Bail (United States of America) is the Director of the UN AMICAALL (Alliance of Mayors Initiative for Community Action on AIDS at the Local Level) Partnership Programme. She is a development professional with a particular interest in the links between health and development and the contribution of non-health sectors to the promotion of health and well-being, and has been actively involved in the promotion of interdisciplinary approaches to health and development as well as partnerships across sectors.

Dr Daniel Mäusezahl (Switzerland) holds a degree in biology and a PhD in epidemiology. He has worked as scientist and public health specialist in several African, Asian, South American and European countries. Dr Mäusezahl is a senior advisor for health at the Swiss Agency for Development and Cooperation.

Dr Ernesto Medina (Nicaragua) has a research background in microbiology and chemistry. He has ten years experience in supervising and coordinating scientific activities at the University of Nicaragua. Dr Medina is now rector of the university and has experience in research development and advocates the need for long-term investments in capacity building at national level.

Dr Soumaré Absatou N 'Diaye (Mali) is a medical doctor. She is Head of the Department of Community Health in the Institut National de Recherche en Santé Publique in Bamako, Mali. She is the national focal point for ENHR in Mali, and also coordinates the sub-regional francophone ENHR network.

Dr Tikki Pang (Indonesia) holds a degree in biochemistry and a PhD in microbiology and immunology. After more than 20 years of work experience in microbiology and biomedical sciences at the University of Malaya in Kuala Lumpur (Malaysia), he joined WHO Headquarters in 1999 as Director of Research Policy & Cooperation.

Dr Delia Sanchez (Uruguay) is a medical doctor, having specialised in public health and community medicine. She works for the Ministry of Health, where she is responsible for the development of clinical guidelines and review of clinical trials, as well as being a senior researcher for the Grupo de Estudios en Economía, Organización y Politicas Sociales (GEOPS). She currently chairs COHRED's analytical working group on NHRS monitoring.

Dr Anita Sandstrom (Sweden) has an academic background in epidemiology. In early 2002, she was Head of the Sida-SAREC Division for University Support and National Research Development. Towards the end of the year, she transferred to Lusaka to become Head of the Swedish HIV/AIDS Team for Africa. She chairs COHRED's finance and budget committee.

Board member who completed her term in office in 2002:

Prof Susan Reynolds Whyte (Denmark) – Professor of Anthropology, Institute of Anthropology, University of Copenhagen

ANNEX 5.2 DONOR CONTRIBUTIONS TO COHRED

DONOR CONTRIBUTIONS and PLEDGES to COHRED
2000 – 2003 (in US$)

Donor*	2000	2001	2002	2003 Pledged or pending
Carnegie	100'000	-	-	-
DANIDA	117'425	117'185	132'912	145,000 [1]
DGIS	135'288	122'190	-	-
Sida/SAREC	704'716	430'931	459'975	530,000 [2]
SDC	250'958	486'650	407'914	323,000 [3]
NORAD	177'752	199'170	210'846	
Total Contributions	1'486'139	1'356'126	1'211'647	998'000

***List of Donor Abbreviations:**

CARNEGIE	Carnegie Corporation of New York (USA)
DANIDA	Royal Danish Ministry of Foreign Affairs (Denmark)
DGIS	Ministry of Foreign Affairs (The Netherlands)
Sida/SAREC	Swedish International Development Cooperation Agency, Department for Research Cooperation (Sweden)
SDC	Swiss Agency for Development and Cooperation (Switzerland)
NORAD	Norwegian Agency for Development Cooperation (Norway)

[1] *1 million DKK at 6.90 DKK per US$ (rounded off)*
[2] *4.5 million SEK at 8.49 SEK per US$ (rounded off)*
[3] *450.000 CHF at 1.39 CHF per US$ (rounded off)*

ANNEX 5.3 COHRED PUBLICATIONS

Annual Reports

Report of Activities 1998 – 2000. COHRED document 2000.7

Annual Review 2001. COHRED document 2002.3

Country Monographs

ENHR in the Philippines: the First Five Years 1991 – 1996. E. Abaya et al, COHRED document 97.5

ENHR Development in Thailand. S. Chunharas and C. Chooprapawan, COHRED document 97.6

ENHR in Kenya. The National Health Research and Development Centre, COHRED document 98.2

Evolution of Health Research Essential for Development in Ghana. S. Adjei and J. Gyapong, COHRED document 99.3

Essential National Health Research in Bangladesh, an ENHR country monograph. M. Hossain, COHRED document 2000.1

Essential National Health Research in Uganda. A case study of progress and challenges in implementing the ENHR strategy. Prepared by the Uganda National Health Research Organisation (UNHRO), COHRED document 2000.6

Funding of Health Research, and Development of the National Institutes of Health in Malaysia. A consultancy report by Goran Sterky, COHRED document 2000.8

Essential National Health Research in South Africa. Prepared by the Department of Health South Africa, COHRED document 2001.1

Issues Papers

How to Boost the Impact of Country Mechanisms to Support ENHR; A peek into the melting pot of country experiences. Produced by the COHRED Working Group on Promotion, Advocacy and the ENHR Mechanism (PAM), COHRED document 99.1, February 1999. (French version: COHRED document 99.2)

Health Research: Powerful Advocate for Health and Development, based on Equity. Produced by the COHRED Working Group on Promotion, Advocacy and the ENHR Mechanism (PAM), COHRED document 2000.2, March 2000

Community Participation in Essential National Health Research. S. Reynolds Whyte for the COHRED Working Group on Community Participation, COHRED document 2000.5

Health Research in Tanzania: How Should Public Money be Spent? D Harrison, COHRED document 2000.9

Lessons in Research to Action and Policy: Case studies from seven countries. Produced by the COHRED Working Group on Research to Action and Policy, COHRED document 2000.10

Forging Links for Health Research. Perspectives from the Council on Health Research for Development. Edited by V Neufeld and N Johnson, IDRC, 2001, ISBN 0-88936-935-6

Newsletter

Research into Action (quarterly)

Manuals

A Manual for Research Priority Setting using the ENHR Strategy. D. Okello, P. Chongtrakul and the COHRED Working Group on Priority Setting, COHRED document 2000.3 (French version: COHRED document 2002.1, Spanish version: COHRED document: 2002.2)

The ENHR Handbook: A guide to Essential National Health Research. COHRED Document 2000.4 (Quarterly publication of new learning briefs)

Tracking Country Resource Flows for Health Research and Development (R&D): A comparative report on Malaysia, the Philippines, and Thailand with a Manual on Tracking Country Resource Flows for Health Research and Development. BP Alano and ES Almario, Centre for Economic Policy Research, the Philippines, 2000, ISBN 917-508-082-0

Working Group Reports

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

Essential National Health Research and Priority Setting: Lessons Learned. COHRED Working Group on Priority Setting, COHRED document 97.3 (French version: COHRED document 98.3)

ANNEX 5.4 COHRED SECRETARIAT

The COHRED Secretariat in 2002 was comprised of:

Dr Peter Makara (Coordinator, until November 2002)

Ms Sylvia de Haan (Interim-Coordinator, from November 2002)

Dr Happiness Minja (Research Officer)

Ms Inger Roger (Financial Administrator)

Ms Beverley Rousset (General Administrator)

Part-time staff and consultants closely involved with the work of the Secretariat:

Mr Arie Groenendijk (Financial Advisor)

Ms Lisa Myers, Ms Claudia Nieto and Ms Lucinda Franklin (Communication, Information and Translation Services)

Mr Mathias Schmocker (System Administration)