

COHRED

COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT

Biennial Report 2003–2004



**Making health research work
*...for everyone***

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Contents

I. Foreword	I
1.1 Foreword by the Chairperson of the COHRED Board	1
1.2 Foreword by the COHRED Director	2
2. Introduction	4
2.1 The benefits of national health research	5
3. Making health research work... <i>for everyone</i>	7
3.1 Reinforcing COHRED's strategic direction	7
3.2 Action	9
3.3 Research and Development	18
3.4 Advocacy	21
4. The way forward: Beyond advocacy – COHRED as an enabling organization	25
Annexes	
Annex I: COHRED Board	27
Annex II: COHRED Staff	29
Annex III: Financial and donor information	30
Annex IV: COHRED publications and materials	31

I. Foreword

I.1 Foreword by the Chairperson of the COHRED Board

In the 20th century, we dared to think of health for all people as an attainable goal. Although this Utopia is far from being realized, the hope of making progress in health in the 21st century lies in the broad acceptance of the tenet that health is not just a basic human right, but also a prerequisite for sustainable social and economic development. This recognition is captured in the Millennium Development Goals (MDGs), where three out of eight goals directly concern health conditions. It is also reflected in the burgeoning initiatives and programmes aimed at developing more effective interventions to address global health priorities, to promote access to essential health care and medicines, and to enhance support for research on neglected diseases of the poor. In general, the intention of all these efforts is to mitigate the effects of poverty and promote health equity by transforming health systems and in so doing, to offer a better response to the health needs of the most disadvantaged.

Recognizing that health research is an essential component for forging links between these intentions, their implementation and the impact, COHRED's goal is embodied in our new slogan: "Making health research work – for everyone". Focusing on health research as a core ingredient of the development of the poorest countries, the target of COHRED's strategies is national health research systems, which comprise all the elements of a country's health and development systems, which in turn support the process of identifying, and seeking answers to, the challenges of health and health interventions.



Prof. Marian Jacobs

Our main objectives are to reinforce national health research and health research systems, amplifying the voices of the developing countries in international debates about health and health research, and focusing on equity in health, health research and related partnerships. Through a range of actions that include advocacy, convening, communication and our own research, we support countries in their efforts to identify what research is needed to tackle health problems; what systems and resources are required to do so; and what action must be taken.

For COHRED the past two years since the publication of our last annual report have been a time of review and renewal. Following the resignation of Peter Makara, Sylvia de Haan kept COHRED on track until the appointment of Carel Ijsselmuiden as Director in January 2004, and the Board appreciates the stability maintained by the incumbents during a time of challenge and change.

The appointment of the new Director in 2004 was followed by a review of our strategic framework and an external evaluation. Both processes concluded that COHRED should consolidate and expand its role as an enabler, providing long-term support and commitment to partners in strengthening health research systems, and should pave the way for an alliance of "southern" countries in a partnership with those of the "North". These strategic directions will undoubtedly enhance COHRED's goal and objectives by enabling countries to determine and meet their health research objectives, as well as applying health research to achieving better health.

This biennial report reflects the climate of change, and presents COHRED's revised vision, mission, and organizational structure. It reaffirms our values, operating principles and key strategies, and illustrates how these will be enhanced within a new operational framework. Information is supplied on the activities that have taken place at the country, regional and global levels.

In keeping with our new slogan of 'Making health research work...for everyone', the Board is committed to supporting the Directorate in its continued efforts to intensify health research for development, with special attention to the poorest countries. On the basis of equity, inclusiveness, and trust, we will consolidate our relations with our many partners who share this goal, and will seek new opportunities for creative and innovative partnerships to realize this aspiration.

Prof. Marian Jacobs

Chairperson: COHRED Board

1.2 Foreword by the COHRED Director

The International Conference on Health Research for Development (held in Bangkok in 2000) marked the end of the decade since the report of the Commission on Health Research for Development, and which resulted in the establishment of COHRED. In its first 10 years of operation, COHRED focused on



Prof. Carel IJsselmuiden

the promotion of Essential National Health Research, an integrated strategy for organizing and managing health research aimed at ensuring that the benefits of health and health research are available to promote health and health systems in the poorest countries. Assisting countries to set their national health research priorities through direct technical support or through development of priority-setting methods was a key contribution of COHRED to the ability of low income countries to take greater control of their own health system development. Bringing 'voices of the South' to debates about the global research agenda was another contribution. And defining 'health research' as a social good that is owned not just by researchers but also by decision makers and the public it is intended to serve was yet another COHRED offering.

The Bangkok Conference precipitated a shift in understanding COHRED's work: from promoting a strategy to strengthening the ability of countries to manage their own health research systems in ways that optimize health and health equity within countries. This shift was a response to a world that has changed considerably since the time of the Commission and heralds a new direction for the operations of

COHRED. From our point of view, the most important changes since 1990 have been:

- i) the greatly increased ability of countries in the South to conduct their own health research needed to optimize health and health equity – a result of years of investment in individual and institutional capacity building;
- ii) substantial progress in democratic and accountable government in the poorest countries – a necessary condition for effective health research;
- iii) the entry of massive 'vertical' health programmes and health research programmes around globally defined conditions – large enough, in most countries where they operate, to overwhelm local negotiation and absorption capacity;
- iv) the rapid growth of private (pharmaceutical and health care) budgets for drug research and profit-oriented research into products and health services;
- v) the incredible explosion of knowledge and products, and the tools to disseminate and access them, that have left many countries and their institutions responsible for 'knowledge generation' unable to use even a fraction of it all for their own benefit;
- vi) the growing understanding and importance of the non-governmental sector in all aspects of life, health research included, as a result of shifts in global trust away from governments and corporations towards NGOs; and finally
- vii) the widening income gap in and between countries, where increasing health inequities are both cause and effect of growing poverty, and stand in the way of achieving the Millennium Development Goals and other more comprehensive aims of poverty reduction and development.

Against this background, COHRED is reviewing and redefining its roles, strategies and structure, a process vigorously initiated in 2004 and continuing. We remain firmly focused on countries, on capacity building, on equity in health and on national health research systems as a key entry point for our work. We also remain as committed to appropriate processes as we do to the outputs. And to scale up our work, we are changing track in several directions:

— from 'advocacy' to an 'enabling organization';

- from ‘one-off’ priority-setting support towards ‘follow-through’ and long-term engagements with individuals, institutions, and countries;
- from a ‘reactive’ to a more ‘proactive’ nature of operations;
- from a small ‘secretariat’ in Geneva to a global NGO focussing on health research for development with a presence in the poorest countries – a “southern alliance with key northern partners”; and
- from an individual to a ‘networked’ organization – seeking strategic alliances with others.

We look forward to a highly challenging period in which COHRED can contribute to health, health equity, development and the elimination of poverty through health research. ‘Making Health Research Work ... *for everyone*’.

Prof. Carel IJsselmuiden

Director: COHRED

2. Introduction

“The 20th century will be remembered chiefly, not as an age of political conflicts and technical inventions, but as an age in which human society dared to think of the health of the whole human race as a practical objective.”

Arnold Toynbee

No longer perceived as a cost or a mere by-product of development, health is considered a human right and prerequisite for sustainable development. “The most important conceptual change on the global scene since Bangkok is the growing realization of the centrality of health in development” (Dr Julio Frenk¹). This change is reflected in the Millennium Development Goals (MDGs), where three of the eight goals specifically focus on health.² In line with the changed perception of health as a key component of poverty and development, there has been substantially greater interest in, and funding for, initiatives to improve health globally, including better access to essential medicines, enhanced research for neglected diseases, development of more effective interventions for global health priorities, and a general transformation of health care, health systems and health research to offer a better response to the health needs of the most disadvantaged.

COHRED focuses on an often implicit component of health systems, namely the research and information systems needed to guide these interventions, to monitor and evaluate their implementation and impact, and to ensure that health inequities are identified and addressed in the reform of health systems. Better health research systems at the country level are our contribution to the struggle for global health.

¹ COHRED (2004) *Voices from Bangkok to Mexico. Reflections by participants in the Bangkok Conference 2000 on health research for development*. Geneva, Switzerland

² The three MDGs that focus on health are: Goal 4 – Reduce child mortality; Goal 5 – Improve maternal health; and Goal 6 – Combat HIV/AIDS, malaria and other diseases.

Health research is a powerful tool in reducing the huge and widening disparities in the health status and expectancies of developed and developing countries alike. After all, ‘knowledge saves lives’. At the same time, the bulk of health research is done on diseases that cause the least mortality, on interventions that yield profits, and on globally identified health priorities. We believe that health and health research interventions will have a far greater impact on health, poverty and development if, in addition to this type of research, health research also focuses on country priorities, on an explicit and continuous attention to inequities in health, to monitoring and evaluating the healthcare system for ‘access, quality, and costs’, on the financing of care, and on human resources within the health system. Such research could make a major contribution to ensuring greater equity in health, a better allocation of scarce resources and sounder health policies, particularly in low income countries. No matter how poor it may be, each country should have the capacity to set its own health priorities, the power to negotiate investments in these priorities rather than merely accept investments in globally defined priorities, and in monitoring progress and evaluating the impact of its own and foreign health interventions. National health research systems are crucial to making this happen, and COHRED is crucial to rendering national health research systems explicit, effective and accountable to national needs.

The current developments provide many opportunities and challenges. The opportunities lie in the growing interest, new knowledge and mobilization of resources for health research that responds to the problems at the root of the South’s heavy burden of disease. Never before has health research attracted so much interest and commitment. Yet, in spite of this global interest in health, it remains a major challenge to ensure that the voices and concerns of Southern countries are at the heart of efforts to address their research and health needs. The International Conference on Health Research for Development (Bangkok, 2000) was

successful in enabling many countries to jointly define their needs in health research for development. While the conference was, by design, an inclusive and participatory process, there is a risk that the inclusiveness of debates on health investments at the global level may be pushed aside in the enthusiasm to use new opportunities to make a difference. The ‘South’ often remains a ‘recipient’ rather than a ‘partner’. The renewed commitment to health research for development at the Ministerial Summit on Health Research and the Global Forum for Health Research 8 in Mexico, November 2004 is encouraging in as much as it highlights the growing interest and commitment of the international community and ministries of health. However, for health research to really respond to the health needs of the South, key national stakeholders need to be involved and represented in strengthening health research, a process in which COHRED is active to ensure these voices are heard loud and clear.

2.1 The benefits of national health research

If it is to provide a comprehensive understanding of health needs and an ability to generate effective and lasting solutions, health research should range from the grass-roots to the international level. Each level is alive with insights that are essential for building the full picture of the major problems and their solutions. Yet, the realities of international health research often result in narrow, product- or program-oriented research that does not necessarily address health problems of the countries where the research is done. Ideally, a national coordinating mechanism that can prioritize, communicate and negotiate is necessary to organize research conducted at the different levels by many different individuals and institutions. The country level is the best place to provide such central coordinating points. It is the administrative unit responsible for acting on research findings, and the crossroads where many sectors of health research for development, like health, education, science and technology, meet. It is a level at which key stakeholders, such as community representatives, healthcare professionals, researchers and policy makers can collaborate to address national health problems. Such a coordinating mechanism is a key component of a ‘National Health Research System’ (NHRS) – the collective of all involved in conducting, financing, governing, and acting on health research. Good research takes place in good research systems!

BOX 1

Through health research, countries can:

- Use existing resources and knowledge to improve their health systems
- Simplify effective, but expensive and complex health interventions and make them more affordable
- Identify and assess inequity in health and monitor progress towards its elimination
- Provide evidence to set priorities for equity in health and to enhance its policies
- Focus resources on national health priorities
- Identify wastage and ineffective actions
- Improve the understanding of people’s health needs and address them
- Discover new ways to prevent and treat challenging diseases

The potential impact of health research carried out at the national level is illustrated in Box 1.

Conducting health research at the country level is not new. What is new is the promotion of national health research to contribute to the reduction of the global burden of disease. Such research can help to shift the focus from mere market-driven research to country-level priority health needs. As illustrated in Box 2, national health research has made substantial contributions to addressing national burdens of disease.

These are excellent examples of the importance of assisting countries in the South with their own health research. This not only means that research be carried out in the South but also has major implications for improving the way research partnerships are governed and operated; for developing infrastructure; capacity building; reducing the brain-drain; facilitating co-operation between stakeholders; and ensuring that research is used to instil quality into policies and improve health. For many years COHRED has been an advocate of ‘essential national health research’ (ENHR), of health research priority-setting, for participation and inclusiveness of all stakeholders, not only researchers, in health research with a country focus and making the transition from ‘research into action’. In the wake of the International Conference on Health Research for Development (Bangkok 2000), it has adopted the strengthening of national health research systems as a major strategic direction, and more recently decided in 2004 to expand its role and

BOX 2

Thanks to national health research...

- **Brazil discovered Chagas disease**
In 1909, Carlos Chagas discovered American Trypanosomiasis (Chagas disease).
- **India developed Oral Rehydration Therapy (ORT)**
In 1953, HN Chatterjee published the first human study of ORT.
- **Chile led the development of the copper Intra Uterine Contraceptive Device**
In 1969, Jaime Zipper Abregan and Howard Tatum developed the first copper IUD.
- **China developed Artemisinin for the treatment of malaria**
In 1972, Chinese researchers isolated Artemisinin from a traditional Chinese fever remedy.
- **Cuba developed the first Meningitis B vaccine**
In 1991, VG Sierra and HC Campa published the first randomized controlled trial of their Meningitis B vaccine.
- **Thailand built up the evidence to upgrade its national health reforms**
Health research and good research management played a pivotal role in the reform of the Thai health system. Research is one of eight pillars of the new system and is considered central to efforts to implement, monitor and evaluate further reforms.
- **Sudan altered its malaria treatment protocol**
Using national research on resistance to Chloroquine, Sudanese policy makers altered their national program in 2004 to provide Artemisinin-based combination therapy as first and second line treatments.



structure to go beyond advocacy in assuming the functions of an enabling organization and a 'Southern alliance with key northern partners' able to engage even more effectively with low income countries to 'make health research work ... for everyone'.

3. Making health research work... *for everyone*

3.1 Reinforcing COHRED's strategic direction

In 2004, COHRED took stock of a decade of action in 'Health Research for Development'. Both internal and external evaluations were carried out, and both concluded that COHRED should expand its role from being primarily an 'advocate' and initiator of ENHR to becoming a Southern alliance with key northern

partners that not only 'initiates and facilitates' but can help with follow-through and provide more long-term commitments to countries to strengthen their health research systems. To enable countries, particularly the poorest, to define and meet their health research objectives, COHRED has revised its vision, its mission, its values and principles and adapted its organizational structure accordingly.

COHRED Vision

COHRED works for a world in which health research is recognized as essential to optimizing health and reducing inequity and poverty.

COHRED Mission

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

COHRED's values and working principles

To ensure that health research is used to achieve better health, equity and development, as well as to strengthen health research systems, COHRED operates in conformity with certain fundamental values and working principles. It values human rights, social justice, good governance, sustainability, excellence and relevance, evidence-based action, as well as South-South alliances in health research. Its working principles are as follows:

Country focus Our long-term commitment is to work with countries in pursuit of effective and sustainable health research system and institutions.

Capacity building We ensure that our activities contribute to capacity building in health research

for development at the country level, and we will support and promote capacity building at individual, institutional and systems' levels.

Inclusion and participation We work with decision makers, researchers, healthcare providers and communities, given the fact that research has greater impact on equity if key stakeholders are involved.

Equity We strive for equity in health by making it a central feature of health research systems and by promoting research into equity. Gender equity in health research and in our own operations is a constant focus.

Southern perspective Working both locally and globally, we provide a voice for national health research for development at the global level, especially from the Southern perspective.

Research into action Since research that does not lead to action is not helpful, we assist countries and institutions in seeking ways in which health research findings can be translated into health promoting actions.

COHRED has the following work areas to achieve its mission:

Strategic Objectives

- 1. National Health Research Systems (NHRS):** To support the development and intensification of effective and sustainable national health research systems that can identify and address ill health, especially in vulnerable populations of low income countries (LICs and LMICs).
- 2. Equity:** To promote equity in health through health research.
- 3. Southern ownership:** Paving the way for the South to recognize, utilize and implement health research for development in an equitable relationship with key northern partners; and to provide a louder 'voice for the south's health research interests'.
- 4. Partnerships:** To strengthen co-operation at the global, regional and national levels to develop health research systems.
- 5. Making the case for health research for development:** Continue to obtain and communicate the evidence needed to support health research for development.
- 6. Organization building:** To strengthen COHRED's capacity to achieve these objectives.

Organizational Change

In response to the broadening scope of work, COHRED initiated an organizational change during 2004. Its new structure is divided into five key areas: action, research, advocacy, seed funding, and management (logistics and Directorate). The first four undertake the core of COHRED's operations, whilst the latter provides essential logistics, administration, management and fundraising activities. The structure provides a simple and efficient way of organising COHRED's activities in Geneva and its prospective new collaborative units in the South.

➤ Action

This function includes the activities, programs and projects at the national, regional and global levels, with primary emphasis on the country level.

➤ Research and Development

The four aspects of COHRED's research and development function are:



1. Research that collects evidence and contributes to the global understanding of the need for health research for development. This is achieved either through in-house studies, partnerships or commissioned assignments.
2. Research in support of COHRED projects, including country-profiling of research capability, the development of tools and mechanisms to assess it, and the provision of support for national health research systems.
3. Monitoring and evaluation of COHRED activities.
4. Ongoing professional development of COHRED staff.

➤ Advocacy

The advocacy function focuses on four key areas of work, namely advocacy itself, internal and external communication, marketing and lobbying. In addition to advocacy and communication at the global level, COHRED is extending this function to build advocacy capacity at the country level as one way in which to assist in 'translating research into action'.

➤ Seed Funding

A small, but crucial component of COHRED work is the identification of promising individuals, processes, events and tools that can make a major difference to health research and development.

► Management

Logistics

This function provides support for COHRED's core activities, ensuring financial and administrative processes, executing communication plans and ensuring its institutional memory.

Directorate

The directorate is responsible for organizational development, strategic development and responsiveness to environmental changes, as well as liaison with the Board, general oversight of the organization and fund-raising.

COHRED Governance

The Board consisted traditionally of a maximum of 18 members, the majority of whom come from developing countries. Its constitution reflects the health research interests of the developing world, as well as the commitment of key supporters of COHRED's vision and mission for health research for development. While the Board is responsible for oversight of COHRED's operations, it acts jointly with the Directorate in defining the long-term vision, strategic direction and objectives of the organization. In keeping with the organizational change of COHRED, the Board has also initiated its own transformation.

One of the significant developments was the establishment at the Board's meeting in April 2004 of an Interim Executive Committee.¹ Its role is to assist COHRED responding more rapidly to the challenges in health research for development. The Committee met twice in 2004. Another important development is the ongoing review of the potential roles, functions and composition of the Board, as well as a reappraisal of policies and procedures. Finally, to reinforce communication between the Directorate and the Board, a new monthly e-Newsletter is published, entitled *COHRED in Action*.

3.2 Action

Action is at the heart of COHRED's work, especially at the country level. To fulfil its mission COHRED works with researchers, policy makers and civil society at the country, regional and global level. The major questions we address with our partners include:

1. What are their country's most pressing health problems?
2. How and where can research contribute to tackling these problems?
3. Which institutions can conduct such research and what human and financial resources are available or required to make it happen?
4. How can capacity be strengthened?
5. How can research impact and payback be maximized?
6. How can health research and its systems be monitored and evaluated?

To address these questions, COHRED has developed tools and approaches, building on the 'essential national health research' (ENHR) strategy. The table below matches intended outcomes against its activities.

	EXPECTED OUTCOMES					
ACTIVITIES	Improved awareness of need for research	Greater capacity	Optimized use of existing financial resources	Optimized use of existing human resources	Improved planning and policy making	Improved links between research & utilization
Promotion and advocacy of health research						
Setting health research priorities						
Health research capacity assessment and strengthening						
Managing financial resources for health research						
Strengthening the governance of national health research systems						
Strengthening knowledge and research innovation networks						

Over the years COHRED has assisted 27 countries in setting national health research priorities and agendas. It has also helped to assess and strengthen capacity, to monitor resource flows, facilitate collaboration at the

¹ The Interim Executive Committee consists of Marian Jacobs, Somsak Chunharas, Ernesto Medina, Agus Suwandono, Carel IJsselmuiden and Sylvia de Haan.

national level and to translate research into action and policy. Highlights of 'Action' achievements in 2003 and 2004 are illustrated in this section.

3.2.1 Setting health research priorities

To be able to respond appropriately to the most pressing health issues, it is essential to set health and health research priorities. In point of fact, however, the research agendas of many developing countries are skewed towards the priorities of the international research community. Although such research may improve specific health interventions, it does not provide local health professionals and policy makers with the knowledge they need to address the spectrum of health problems facing them and it leaves even major diseases severely under-researched. Identifying and implementing national health research agendas can help to ensure that national research efforts aimed at countries' needs are on target. Priority setting can also guarantee focus on the most vulnerable groups; stronger links between research, action and policy; and support for decisions about the allocation of internal as well as external resources.

COHRED supports countries in their priority setting process. We provide technical expertise to initiate the process and to raise awareness by helping to identify stakeholders and an institution to plan and guide the process and to collect information by developing criteria for priority setting, as well as helping to set priorities and devise strategies to act upon them. COHRED provides technical support throughout the entire process and furthers international co-operation and networking with countries that have experience of priority setting. Furthermore, it has a range of tools, resources, methods and first-hand experience of priority setting. The following examples highlight recent initiatives which COHRED has taken in Latin America and Africa.

Priority setting in Nicaragua

Nicaragua recently developed a national health plan,¹ which provides a framework within which the health research community can draft a research agenda. The latter will upgrade the importance of research in the health system and enhance the link between research and its application in policy making and planning. COHRED provided seed funding and technical expertise to initiate the first step in the Nicaraguan priority setting process.

The University of León (Universidad Nacional Autónoma de Nicaragua) took the lead in running the

priority setting process and in initiating an inclusive approach to ensure broad acceptance of, and commitment to, the agenda. The Ministry of Health provided support and political back-up for the process, which it saw as an essential step to strengthen the national health research system. The expected outcomes include:

- National health research agenda set and adopted;
- The outline of a strategy for implementing the agenda within the framework of the new national health plan;
- Development of stronger partnerships between national stakeholders;
- A mechanism to review the priorities at regular intervals.

COHRED also helped in the sharing of experiences between Brazil and Nicaragua by assisting the Vice-rector's (University of León) attendance at the Second National Conference on Health Science, Technology and Innovation (Brazil, July 2004). The conference reviewed health research priorities identified in the course of a two-year inclusive process.² The Brazilian Ministry of Health (Department of Science and Technology) continues to provide technical support for the Nicaraguan process. South-to-South linkage is high on COHRED's list of priorities.

Reviewing priorities in Senegal

The Senegal national program for health research defined priority research topics and areas to be reinforced, such as capacity building and financial resources.³ In 2004, a workshop was organized with COHRED's technical and financial support. The workshop aimed to assess progress made in priority areas and to review the advances made. The workshop highlighted the need for substantial improvements in translating research into action and policy. It also underlined the interest and motivation to increase networking among institutions in Senegal. As research capacity is available, the main challenges lie in better coordination and partnership building. A specific recommendation of the workshop was to strengthen the role of the CNRS (the Comité National de Recherche Scientifique), by:

¹ Ministerio de Salud (2004) *Política Nacional de Salud 2004–2015*, Managua, Nicaragua

² See: http://dtr2001.saude.gov.br/sctie/decit/2confereencia_ct/2CNCTISfinal.pdf

³ Ministère de la Santé et de la Prévention (2001) *Programme National de Recherche en Santé (PNRS)*, Direction des Etudes, de la Recherche et de la Formation, Sénégal.



Participants at the workshop in Saly (Senegal), March, 2004

1. Expanding its membership (becoming more inclusive);
2. Increasing its role in communication and information sharing (including information about funding opportunities); and
3. Improving its role in assessing and evaluating research proposals submitted to the research fund of the Ministry of Health.

Following the workshop, a task force was established to ensure the implementation of the recommendations. It will incorporate them into a revised essential national health research plan that will list the revised priorities. This document will be circulated to a wider audience, including organizations absent from the workshop, and will be used to obtain institutional information and feedback on the main health research priority areas. A final report will then be presented to a subsequent workshop.

3.2.2 Capacity assessment and reinforcement

To conduct national health research, basic human, institutional and financial capacities are required. Only by understanding a country's existing capacity is it

possible to decide upon priority areas of investment in capacity building. It is, therefore, necessary to ensure that countries have the domestic capacity to plan, conduct, analyse and make good use of health research in addressing their health needs.

COHRED offers a broad range of technical expertise, both in-house and external, and networks to help strengthen national health research capacity, particularly research with a focus on equity and impact on poverty and development. Its expertise also extends to carrying out situation assessments and using the analysis to develop strategies and plans to address the needs and gaps identified in the analysis. In addition, we can provide access to a network of partners and alliances which can foster capacity building and cross-border co-operation.

Capacity building among young researchers in Kazakhstan

Due to a lack of funding in the health research sector, among other things, many talented young researchers abandon their institutions and countries. In an attempt to reverse this trend, the Kazakhstan School of Public Health (KSPH) initiated the Young Researchers Support Program with the backing of COHRED and other agencies. This capacity building program offers gifted young scientists opportunities for continued training in high-level scientific research.

The program ensures strong links between research and education. The KSPH offers training for MPH and PhD levels and emphasizes the need for a close relationship between research and the country's health problems. It also promotes multidisciplinary solutions to scientific problems by integrating the efforts of specialists in different fields.

In principle, the KSPH promotes 'on the job – on campus' training to reduce the disruption of health services during their course work. Researchers enrolled in the program often continue working in health research institutions and, therefore, contribute



Students of the Young Researchers Program, Kazakhstan

to rebuilding Kazakhstan's scientific tradition. The program is expected to enhance future health research leadership in the country. Although, only a small proportion of researchers are trained through this program, it is hoped that it may trigger other initiatives to bolster the health research sector.

Assessing capacity to support health sector reforms in Tajikistan

In co-operation with the Swiss Agency for Development and Cooperation (SDC), especially the SDC country office in Tajikistan, and national partners, a project has been developed that seeks to upgrade the health research capacity needed to support ongoing health sector reforms in Tajikistan. Initial discussions of the project started in 2002. During the planning phase, Kyrgyzstan and Tajikistan were visited, and it became evident that health research in the region is generally fragmented, rarely addresses priority health needs, and is not sufficiently used for evidence-based decision making. It mostly focuses on biomedical research, with little attention to health systems, services or policy research. Training courses focus on survey skills rather than on capacity to make use of research findings in policy and planning, coordinating and managing research, or on requesting information and evidence. An additional visit to Tajikistan, by a professor from the Kazakhstan School of Public Health (as a COHRED consultant) attending the health sector reform conference in Tajikistan (April 2004) confirmed these findings, and created an opportunity for regional collaboration.

Supported by SDC funding for 2005 and 2006, the project will focus solely on Tajikistan and aims to strengthen the national health research system by raising awareness of the need for evidence and information to give an essential quality to policy making. The project will begin by improving the health and health research profile of Tajikistan. A team of young national researchers will be engaged to carry out this work. The profile will be used to publicize the strengths and weaknesses of the health research system. Following this phase, a follow-up project is intended to address the gaps identified and develop priority research projects as well as research capacity.

3.2.3 Strengthening research coordination and networking

Health research will only be able to ensure the quality of health policy, improve health care and population health if it operates in a well-coordinated health

research system that makes priority-setting processes possible, simplifies communication between researchers, policy makers and communities, and generates informed decisions on investments. COHRED supports initiatives aimed at boosting research coordination, and paves the way for dialogue between partners. Coordination includes networking to encourage the sharing of experiences and lessons learnt within and between countries and regions, focusing on specific topics or generic issues. Networking can give support to national institutions and people in their daily work. With that in view, COHRED assists in developing networks if they contribute to its aim of 'strengthening health research at the country level'. Networking provides the following benefits:

- Exchanging and drawing lessons relevant to local situations;
- Identifying health issues that are better addressed jointly;
- Building capacity to set standards and increase credibility; and
- Increasing the southern voice for health research in and by the South.

Over the past two years, COHRED has focused on strengthening coordination and networking with new and existing partners within countries and regions.

► Strengthening co-operation within countries and regions

Coordinating health research in Sudan

Sudan's health research environment is characterized by small units scattered across the country, usually underfunded and understaffed, with inadequate facilities and scarce resources for research that will impact on healthcare provision. Furthermore, research rarely addresses issues of healthcare provision or management. There is, therefore, a great need for a coordinating mechanism to harmonize and maximize efforts.

In response to this need, a proposal was made to create a Coordinating Forum to ensure that all institutions conducting health research shared their information and experiences. It would give an impulse to the exchange of information, guarantee harmonization of standards, as well as provide a unified approach to elaborate policies and plan health research. The Federal Ministry of Health will provide a secretariat for the Forum to promote its meetings and the collection of research findings and publications and arrange for their

BOX 3

Revitalizing national health research coordination in Uganda

The Uganda ministry of Health's sector strategic plan II, covering the period 2005 – 2010, specifically mentions health research as a critical tool for evidence based policy and decision making. The plan points out that health research activities in Uganda are fragmented and not properly focused.

Many years ago, the Uganda National Health Research Organisation (UNHRO) was conceived as the mechanism through which the Ministry could better coordinate health research in Uganda, could promote Essential National Health Research, and could ensure that research could support policy making more directly.

A small 'interim secretariat' – possibly the future core of UNHRO – was initiated and started operations in 1997 under the supervision of the Ministry of Health. Its mission is to harmonize health research efforts and coordinate research institutions and stakeholders in order to achieve common health and development objectives under the concept of Essential National Health Research (ENHR). Uganda adopted this concept in 1991 to create a sustainable science culture in which research findings would influence policy making and action that would translate into improved health and development of Ugandans, particularly the most disadvantaged.

UNHRO held an extended process of health priority setting that resulted in a set of national priorities for research in 1995. In 2000, UNHRO repeated a mapping exercise on capacity development for ENHR in Uganda with an intention of putting the information into a database. The first exercise was done in 1998. However, the database has not been established because UNHRO lacks staffing and funds, and perhaps because it has not yet gained the status of a legal entity. "Functions of ENHR for UNHRO would depend on resources," says Prof. Raphael Owor, the director of UNHRO. "We can't carry them out without funds. Right now we only get allowances."

Dr Freddie Ssengooba, a researcher at the Makerere University Institute of Public Health says, "The ministry does not budget sufficiently for health research from its own resources."

But Dr Alex Kamugisha, minister of state for primary health care says this is not correct: the ministry has had a research officer for more than 10 years. However, he says, the ministry's ability to allocate more funds to research activities is limited by lack of a law to support it.

Says Dr Kamugisha: "If we have a law in place more resources can be attracted to research. "This way we can make research attractive to researchers by allocating funds from the country's consolidated fund."

A medical sciences committee established under the Uganda National Council of Science and Technology is responsible for setting up a code of conduct for health research in Uganda, and to register and coordinate research projects. Like UNHRO, the medical committee too, has not met regularly because of lack of regular funding.

Both structures could help promote the link between research and policy, and "getting research into action". Dr Ssengooba says the health ministry does not seek findings from health researchers. "We knock on their doors. It should be the other way round," he says. Perhaps a structure that is created by the Ministry will make for better linkage.

Dr Kamugisha says often the ministry bases its decisions on research findings. He says the ministry is serious on research issues and is preparing a Bill to make UNHRO a legal entity. However, he says, the UNHRO Bill has not been passed yet because it has to wait for its turn in the cue.

The UNHRO Bill 2004 that would make it a legal entity is yet to be passed from Cabinet to Parliament for approval. The Bill aims at establishing UNHRO as a forum for policy and ethical guidelines formulation, national coordination and regulation of health research. "If UNHRO attains legal status," Prof. Owor says, "it could recommend to the minister of health the establishment of health research institutes; confer rewards on deserving researchers and supervise any research activity in the country."

By January 2005, UNHRO had developed a five-year strategic plan for health research in Uganda. The plan is designed to increase UNHRO's complementary role in supporting health research efforts of government and other organizations. Uganda has identified its priorities for 2005 to 2010 as: water and sanitation; maternal, child health and nutrition; HIV/AIDS, malaria, tuberculosis, and other communicable diseases such as trypanosomiasis and schistosomiasis. Other priorities include: non communicable diseases such as diabetes, hypertension; health policy and health systems, drug use studies involving issues such as irrational drug use and prescription problems.

(continued)

BOX 3 (CONTINUED)

However, health research organizations even working in these priority areas are not obliged to inform UNHRO of their activities. Often UNHRO receives health research information from abstracts presented at workshops or conferences and articles published in peer review journals. Sometimes, out of goodwill, individuals turn in information on their research.

Even without legal status, UNHRO can still do a lot, says Prof. Carel IJsselmuiden, Director, Council on Health Research for Development (COHRED). It can play an important role by looking at what kind of research has been done, where the gaps are and look for funds to finance the research. "While being a legal entity will help, acting as a forum for national health research can start now and with relatively few resources." "UNHRO should also start communicating with Ugandans through the media," he says. "It can help itself by active lobbying ministers to get ENHR going. There seems surprisingly wide support for an effective national mechanism throughout: among leading researchers, the ministry itself, and international programmes. I think it can and should be rejuvenated, and it will have a great potential to reduce the predictions that there will be 10 million very poor Ugandans by 2014!"

Jennifer Bakyawa

Journalist for *The Monitor*
Kampala, Uganda

(A more extensive review appeared in the East African during March 2005.)

dissemination. The Directorate of Health Research (Ministry of Health) will continue to encourage dialogue among research communities and ensure that the Forum is born out of consensus.

A national consensus workshop, with the financial and technical support of COHRED, provided the opportunity to brainstorm on the concept and on the way forward. The workshop was the setting for various actions, including the establishment of a national committee to reassess the terms of reference for the previous National Health Research Council¹ to determine if the Council could become the 'Coordinating Forum'. The machinery to provide resources will be examined to be sure that the Forum could discharge its duties and provide a sustainable coordinating process.²

Transforming Azerbaijan's Health Research System

After independence, Azerbaijan was unable to maintain its health research sector.³ Previous scientific networks,

partnerships, organizational and financial structures disintegrated. To improve the effectiveness of health research, the Ministry of Health decided to implement the ENHR strategy in collaboration with COHRED. The new health research system should guide priority setting, strengthen leadership and managerial capacities, and contribute to fund raising for research.

In 2002, the Ministry of Health and COHRED devised a plan of activities to develop a sustainable medium-term strategy based on priority needs. Short-term activities included the dissemination of information and consensus-building around health research system development. COHRED documents were translated into Azeri and distributed. ENHR training modules were elaborated for the new National Health Training Centre and plans were made to establish a national ENHR Network.

In August 2003, a three-day National Workshop was held on 'COHRED and ENHR'. Specialists from different organizations discussed problems of health research and identified priorities. Recommendations were made to revitalize and strengthen health research on tuberculosis, malaria and malignant tumours. The institutes responsible for these areas were asked to submit plans of applied research to the Committee on Health Research. The Ministry of Health pledged to fund the projects selected and to open negotiations with international organizations, as well as the private sector to fund health research with a specific focus on capacity building.

Reviewing the health research system in Lao People's Democratic Republic

The Laotian third five-year national health research master plan (2002–2006)⁴ was developed in line with the recommendations of the International Conference on Health Research for Development (Bangkok 2000) focusing on strengthening national health research systems. As part of the implementation of the plan, certain problems of paramount importance need to be addressed. They include the lack of awareness of

¹ The National Health Research Council has members from all the research institutions. It only met once and was otherwise inactive. However, the Council could provide a basis on which to develop the Forum, as it has a broad membership of stakeholders involved in health research.

² Due to the instability of the current situation in Darfur, COHRED has postponed its collaboration with Sudan.

³ This was the case for most sectors, as the old centrally planned hierarchical system could not be maintained and nothing was set up to replace it.

⁴ National Institute of Public Health (2001) *Third Five Year Health Research Master Plan 2002–2006*, Ministry of Health, Lao PDR.

the potential benefits of research; the donor-driven nature of research in Lao PDR; and the insufficient human and financial resources for health research.

COHRED was approached by the Ministry of Health of Lao PDR to review the current health research system and to support the development of a strategic plan to upgrade the system. In 2004, an agreement was reached to plan a consultative visit for 2005, jointly with the University of New South Wales (Australia) and the Thai Health Foundation, to assess in greater detail the priority needs and to draw up a long-term plan for collaboration.

Regional Health Research Fora in Africa and Asia

COHRED has promoted and supported regional networks as fundamental mechanisms to support implementation of ENHR and underpin research systems at the country level. Since its establishment, COHRED's ENHR networks have provided regions with a platform for countries to share experience in implementing the strategy. These networks were also at the forefront of the consultative process in the run-up to the International Conference on Health Research for Development (Bangkok 2000). To strengthen health research for development, the regional consultative process and the Bangkok recommendations emphasized the need to set up regional fora. The Asia and Pacific Health Research Forum (APHRF) was thus established in 2001, followed by the African Health Research Forum (AfHRF) a year later.

Since their creation, the Steering Committees of both fora have developed strategic business plans. COHRED became a partner in their network and continued collaborating with the networks in activities which added value at the country level. Joint projects included:

African Health Research Forum

- An explorative feasibility study was carried out to examine the need for a clearinghouse for health research for development in the region. The study informed the discussion around the development of the AfHRF website, which was launched in 2004.
- Country profiles for 12 African countries were compiled, collating all the available information about progress made since the onset of ENHR and the consultative process for the Bangkok Conference.
- A meeting was organized in April 2004 by the AfHRF to help to devise a strategy for its way forward. COHRED proposed to collaborate with the AfHRF in developing 'networking expertise' that would help



Participants in African Health Research Forum workshop, Kenya, May 2004

it to evolve into a 'network of networks', and to refocus the scope of its operations to better effect. These initiatives will be followed up in 2005.

Asia and Pacific Health Research Forum

- Support has been provided for communication activities, such as the creation of a website, flyer and CD with resource materials.
- Support was provided to develop a strategic plan for the APHRF.

Networking in Central Asia

The Kazakhstan School of Public Health (KSPH) and COHRED organized a training workshop in Almaty, Kazakhstan in June 2003. Health scientists and policy makers from Kazakhstan, Kyrgyzstan, Tajikistan,



Prof. Maksut Kulzhanov, Rector of the Kazakhstan School of Public Health, presenting at Central Asian networking meeting, Kazakhstan, June 2003

Uzbekistan and Azerbaijan attended the workshop. International organizations involved in activities to strengthen the health sectors in the region were also invited to the workshop to provide opportunities for partnership building.

The workshop aimed at a better understanding of the ENHR strategy and of the role of health research in health development, including health sector reform currently under way in certain countries. During the workshop, the needs and opportunities to strengthen health research systems in these countries were identified. The workshop resulted in drawing up plans of action for each country, focusing on issues such as better collaboration among institutions, (re)defining health research agendas and making better use of research in decision making. Country teams decided to implement the plans of action and seek innovative partnerships to achieve them. Since the workshop, COHRED has co-operated with Kazakhstan, Tajikistan and Azerbaijan in response to their specific health research needs.

Developing a Pacific National Health Research Systems Model

In February 2003, the Pacific Health Research Council (PHRC) sought to establish a framework for collaboration between the PHRC and COHRED to develop a Pacific model for National Health Research Systems (NHRS). In the Pacific region attempts at coordinating local research efforts are few and far between, limited in their focus and unable to significantly improve the capacity of health research systems development.

A *Pacific NHRS model* would create a standard prototype appropriate for the Pacific context, while being flexible enough to recognize each country's unique health problems and priorities. The development of the model was initiated through a workshop (Vanuatu, September 2003) which brought together relevant stakeholders who could play a key role in developing a NHRS appropriate for Vanuatu. The activity also aimed to serve as a capacity-building exercise and a promotional tool for health research. During the workshop, a proposed *Pacific NHRS model* was formulated. It was disseminated to the Minister of Health in Vanuatu and to Heads of health ministries and departments throughout the region for perusal and comment. The model will be applied in different settings and COHRED is exploring with the PHRC and the Fiji School of Medicine how it can extend the collaboration into a long-term project.

Networking in general

The developments of the past few years have illustrated that the creation of sustainable regional fora with a substantial impact on health and health equity in countries is difficult and requires focus, time and human and financial resources. COHRED promotes regional level activities provided they show clear potential to support country activities and are based on the principle of 'subsidiarity', i.e. the principle that a central authority should have a subsidiary function performing only those tasks which cannot be performed at a more local level, in other words, adding to country competencies rather than replacing or duplicating them at the regional or global level.

In spite of the difficulties encountered, COHRED will continue to engage with the AfHRF and the APHRF and other networks in those areas that display added value. Networks are important, but there is a need to grasp how to make them work better.

► Strengthening co-operation with international partners

COHRED is a networked organization. While it is increasing its own staff to form the larger core needed to accomplish the shift from 'advocacy' to 'enabling', the attainment of its vision and mission will only be possible if COHRED enters into a series of key alliances. During 2004 the following alliances were initiated or formalized to give expression to this strategy:

The Global Forum for Health Research (Global Forum)

COHRED and the Global Forum carry out complementary activities at the country, regional and global level. While COHRED's primary emphasis is at the country level, the Global Forum focuses its work on global level activities. To increase the impact on health research for development, both organizations have broadened the scope of their respective work and started a process of 'intensive collaboration' while preserving the strategic value of remaining distinct organizations.

A Memorandum of Agreement was approved between the two organizations during the respective board meetings in Mexico, November 2004. A set of concrete actions has been adopted. These include the production of a joint publication series, collaboration in global and regional meetings, joint analytical work, creating economies of scale in logistics, and co-operation with other organizations active in health research for development.

The South African Medical Research Council

COHRED and the South African Medical Research Council (MRC SA) also signed a Memorandum of Agreement, under which a MRC staff member was seconded to the service of COHRED as part of a pilot COHRED unit in the South. COHRED and the MRC SA will mutually benefit from this agreement: the MRC SA hopes that the link with COHRED will serve to increase the significance of health systems research in its portfolio of research, and that it will add to its strategic intention to add an international dimension to its work. This first agreement will provide an opportunity to explore the development of a more substantive collaboration between the two institutions in future.

The World Intellectual Property Organization (WIPO): intellectual property and health research in developing countries – can it make a difference to equity in health?

The project “Research networks and intellectual property: A model for supporting researchers in developing countries in creating, owning and exploiting health research results” brings together a multi-disciplinary team of scholars and practitioners from Central Africa, Latin America and Switzerland around the question of patent protection for, and commercialization of, the results of health research. The project is led by WIPO and COHRED is involved as one of the partners. The objective is to analyze current practices in developing countries and help researchers from these countries to improve their capacity in health research management and benefit more fully from their research results.

The project is situated within the overall focus of health research for development. Many mechanisms and tools can be devised to increase the impact of research on health and policy making. One such tool is provided by the intellectual property (IP) system. However, due to a lack of resources, infrastructure, training, and professional (legal and marketing) services, many research institutions in developing countries find it difficult to own and exploit their research through the IP system. This usually leads to a limitation of the economic return on research investment, which may discourage investment in this field. Without IP ownership, it is also difficult to negotiate technology transfer agreements.

The aim of the project is to develop an IP network, involving institutions from the South (especially French-speaking Central Africa and Colombia) that can provide know-how concerning the legal protection of

research results and the management and licensing of IP, and can look for and negotiate funding for such a network and encourage the development of local manufacturing.¹

AfriHealth: Developing guidelines for good partnerships in Africa

A consultative meeting, jointly organized by AfriHealth,² COHRED and the Academy for Educational Development (AED), on Partnerships for Strengthening Public Health Education Capacity in Africa was held in April 2004 at the School of Health Systems and Public Health of the University of Pretoria (South Africa). The meeting aimed to develop guidelines for good partnerships in advanced public health education. Leading public health experts from Africa and the United States at the meeting identified principles for good partnership in public health education which will be crucial to a new mode of co-operation in public health education on the continent.³

The resulting guidelines were originally intended to be a report for USAID to give essential quality to its policy on funding in this strategic area of Africa. In accordance with the commitment of COHRED and AfriHealth to extend the usefulness of this document, it was circulated to all African public health institutions for comment and possible amendment, thus making it a ‘living’ document for all schools and departments of public health in Africa in negotiating partnership agreements.

The Global Forum on Bioethics in Research (GFBR)

This forum was started by the Fogarty International Center of the National Institutes of Health (NIH) and the WHO to create a forum for debate between researchers and ethicists from North and South. Its first meeting was held in 1999, and there have been annual fora since then. The sponsors have increased and now include not only the NIH and WHO, but also the MRC (UK), Wellcome Trust, INSERM, CDC, as well as the European Commission in 2005. Other partners from the South include the Aga Khan University and MRC (South Africa). COHRED was asked to host the secretariat for the GFBR to offer it greater continuity in November 2003, and agreed to

¹ The project is funded by the Geneva International Academic Network (RUIG-GIAN), for a period of two years (Sept 2004–Sept 2006)

² See for more information on AfriHealth: <http://shsph.up.ac.za/AfriHealth/>

³ The project was funded by USAID.

do so in December of the same year. Since then, however, the lack of funding for this particular purpose has been the reason for non-implementation.

COHRED's focus on health research systems and ENHR forms a logical link with the ethics of health research conducted in low income countries. Our focus will be on issues such as fairness in the distribution of research resources globally, post-trial benefits for communities (rather than for individuals), capacity building requirements of global research, ownership of research and research results, and, in general, on topics usually not considered in the ethical review of individual studies. Even though such topics are of great relevance to our work, this contribution cannot be funded from the core budget at this time. Implementation will depend, therefore, on finding appropriate support.

3.3 Research and Development

Much of COHRED's research and development in this reporting period focused on responding to challenges in health research for development. It did so by convening working groups, producing commissioned publications, engaging in consultations and contributing to international conferences. In addition, it supported studies carried out at the national level, such as the study on capacity building in Pakistan.¹

As part of its organizational restructuring, COHRED is bolstering up its 'research and development' function since this should be the motor that drives continuous organizational change, provides countries with evidence, and generally helps to 'make the case for health research for development'. The specific functions of the R&D group are:

- Research that gathers the evidence and contributes to global understanding of the need for health research for development. COHRED achieves this either through in-house studies, partnerships or commissioned research;
- Research in support of its country and regional activities, as well as for its advocacy efforts; examples include country profiling of research capability and tools to assess it; adopting innovative approaches that may increase the usefulness and impact of health research on poverty and equity;
- Monitoring and evaluating COHRED activities;
- Ensuring ongoing professional development of COHRED staff.



Participants at resource flows monitoring workshop, Geneva, 2002

3.3.1 Examining national resource flows in six countries

In 2002, COHRED commissioned six country studies across three continents to examine national resource flows for health research. Researchers from Cuba, Burkina-Faso, Cameroon, Hungary, Kazakhstan and Uzbekistan conducted research, using the methods developed in three South-East Asia country studies previously commissioned by COHRED.² The studies proved important in advancing knowledge of the complexities of the flow of funds within developing countries and the strengths and weaknesses of the methods available to collect such information. A comparative evaluation of the results was presented at Global Forum 7 (Geneva, 2003).³

¹ Hyder A, Akhter T, Qayyum A (2003) Capacity development for health research in Pakistan: the effects of doctoral training, *Health Policy and Planning*; 18 (3): 338–343.

² Alano B, Almario E (2000) *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.* Center for Economic Policy Research, the Philippines.

³ Alano B & Almario E (2003) Tracking Funds Flow for Health R&D: Comparative Results from Burkina Faso, Cameroon, Cuba, Kazakhstan, Malaysia, Philippines, and Thailand. *Global Forum for Health Research: Forum 7.* Geneva.

This area is severely under-researched. To the best of our knowledge, only two other studies have been conducted to gauge country-level flows of funds for health research. This illustrates the importance of COHRED's contribution to this field and provides a pointer to the direction of future work in this area. To maximize the uptake of these methods and the incorporation of this type of data in the policy decision making process, COHRED's future work will seek to further develop, evaluate and disseminate 'resource kits' that can be used by countries.

COHRED's knowledge and experience in this area was drawn upon by the Global Forum for Health Research for their Resource Flows Technical Workshop (March 2004). These inputs and the results of the country studies were subsequently included in the 2004 update of their report on 'Monitoring Financial Flows for Health Research'. COHRED also provided a discussant for the resource flows session of Global Forum 8. It anticipates that a joint resource-flow, multi-country study will be undertaken in 2005.

3.3.2 The Collaborative Training Program (CTP): Health research for policy, action and practice

This joint project of the Alliance for Health Policy and Systems Research (the Alliance), COHRED, the Global Forum for Health Research and the INCLIN Trust led to the development of resource materials in three areas:

- Improving equity and health development through research;
- Setting priorities for health research, analyzing and comparing various approaches and methods, and providing information on countries, programs and projects that have used these methods;
- Promoting the use of knowledge in policy and practice, including information on communication, advocacy, knowledge networks and electronic tools for managing knowledge.

The resource materials have been tested in a number of regional workshops (organized by the Alliance) and were revised on the basis of inputs received. Following the testing of the first version, a second one was developed and made available in 2004.¹ The resource modules are designed for individual self-learning, including information on the selected topics. They can

¹ It can be found on the websites of all the organizations involved as well as in CD Rom format.

be used as resource materials for planned events, such as workshops or a series of small-group tutorials or seminars. The CTP materials are freely available through COHRED.

3.3.3 Research agendas in developing countries

In 2004, COHRED launched two complementary projects examining research agendas and research outputs of developing countries, as well as characteristics that influence those research agendas. In particular, COHRED is interested in understanding why health priorities and health research activities seldom match at local and at global levels. This is a topic that will continue to be a major focus of COHRED's attention in its near future work.

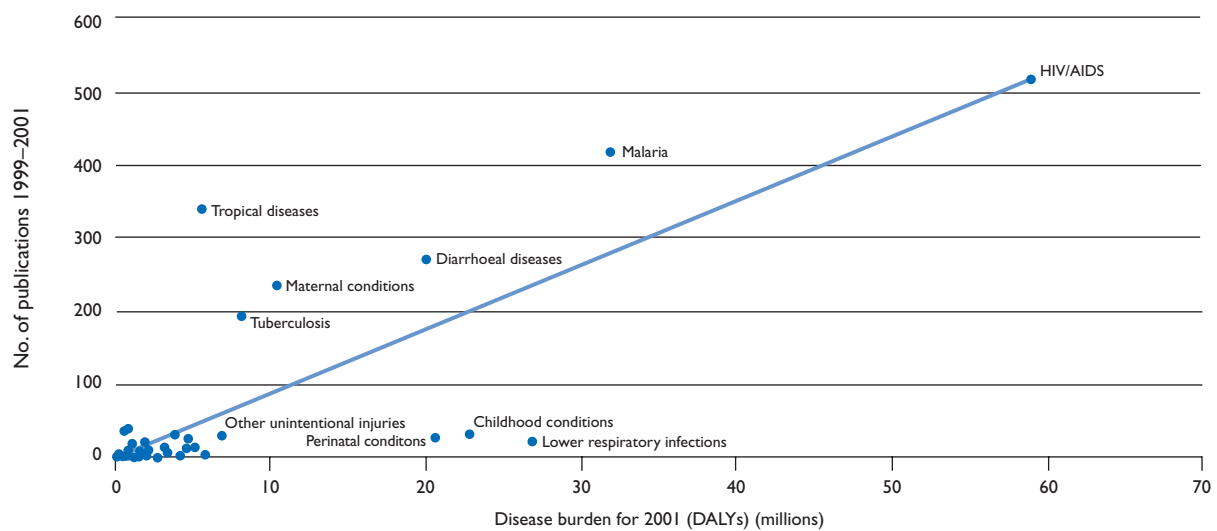
Does the research produced by low income countries address their national health needs?

With the aim of providing better evidence of the extent to which locally conducted research in low income countries addresses national health problems, a bibliometric analysis was made of the research outputs from these countries. The analysis compared the number of research publications issued with the associated disease burden of forty major health conditions. For all but six, each the subject of large-scale international disease-oriented (vertical) programs, little local research was carried out, even though some of these health problems impacted strongly on the health status of countries. These results provide solid evidence to back up COHRED's call for greater attention to be paid to strengthening the national health research system. Countries with well established health research systems that include mechanisms for transparent and accountable priority-setting processes and resource flow monitoring, will be in a better position to channel research funds to the areas where they are most needed and where they can have greatest impact.

The graph on page 20 illustrates the relationship between research outputs and disease burden in low income countries in Africa.

In addition to providing hard evidence of the research activities of low income countries, the project also made a significant contribution to the development of new methodological approaches to analytical work in this area. Articles describing the results and methods have been submitted for journal publication.

To what extent does research output match disease burden for low income countries in Africa?



BOX 4

From Bangkok to Mexico: towards a framework for turning knowledge into action to improve health systems

Pang T, Pablos-Mendez A, IJsselmuiden C (2004) *Bulletin of the World Health Organization*, 82 (10): 720–722

This article was intended to take up the notion of a carry-over from the International Conference on Health Research for Development (Bangkok, 2000) to the Ministerial Summit on Health Research (Mexico, 2004) in more than one sense. Not only was the purpose to understand how the world of health research had moved on in these four years and what new impetus was required to ensure that ‘health research will work ... for everyone’. But it was also an attempt to get at least some of the partners of Bangkok together again. In this case, while the WHO led the organization of the Ministerial Summit in November 2004 and the production of the World Report on ‘Knowledge for Better Health’ that was launched at the same time, and while the Global Forum for Health Research led the parallel 8th Global Forum for Health Research, COHRED supported regional consultations, program development, and sought ways in which collaboration with WHO could intensify both global and country-based efforts. The editorial in the title of this box was one of the outputs of this collaboration.

The main conclusions of this editorial are sufficiently important to re-emphasize:

1. The first, central element of a framework to strengthen health systems is the development of a sound health research and implementation policy at the country level. This must be based on a rational structure that acknowledges the roles played by the entire spectrum of actors along the research axis, which in turn spans the biomedical sciences as well as applied and operational research, and which involves both the producers of research and the end users of knowledge: the policy makers, practitioners, other researchers and people in civil society and communities.

In parallel to global health research priority-setting and resource mobilization, countries should define their own research agendas to ensure that national and international health research is appropriate for the health needs in countries, not just those priorities that are visible at the global level. At the heart of such a structure lies the national health research system, composed of the people and institutions whose primary research purpose is to generate high-quality knowledge that can be used to promote, restore or maintain the health status of populations. It should include the mechanisms adopted to encourage the utilization of research findings.

2. Secondly, in the construction of a framework to strengthen health systems, emphasis must concomitantly be placed on another, complementary axis: the key processes that underpin the success of the research endeavour, namely sustainable financing, capacity building, institutional strengthening, priority-setting, ethical principles, incentives for innovation, a strong equity focus in research, access to knowledge, and knowledge translation and utilization.

Factors influencing research agendas in developing countries

In collaboration with New York University's Wagner Capstone Program, COHRED is conducting a project to assess the factors that influence national health research agendas of developing countries. The Capstone program provides graduate students in public service administration with the opportunity to conduct research projects with organizations in the field. COHRED's role is one of supervision and input to the technical and content-related aspects of the project.

This case study project with the participation of six countries (Cuba, Nicaragua, Cameroon, the Gambia, Laos and the Philippines) has two interlinked aims. Firstly, to assess the extent to which national research outputs address local health problems and research needs, and secondly, to identify the key factors driving research agendas in these countries. The major component of the project is a series of interviews with country-level actors in policy, research and commissioning and international research donors. The project is due for completion in April 2005.

Serving as a site for student capacity building is a potentially important role that COHRED can assume. This particular program was a test case that seemed to be effective for all parties concerned. In future, we will seek to extend this work to include southern universities, although funding will become a growing constraint.

3.4 Advocacy

Promoting and advocating health research for development is a central theme of COHRED's work. Since the Commission on Health Research for Development presented its well-known report,¹ considerable efforts have been made to convince leading stakeholders working in health and development, that health research is important for ensuring the quality of health policy, improving health care and population health. By raising awareness, these stakeholders have begun to recognize more and more the role of health research for development, and summits that attract policy makers rather than just scientists have become a prominent feature, for example, the Mexico Ministerial Summit on Health Research, 2004.

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

Since its inception COHRED has been a strong advocate of health research for development, traditionally focusing its advocacy work on the country level. The emphasis of its regional and global advocacy work has been on promoting health research that responds to national needs, and to introduce "voices from the South". Despite certain successes in advocating health research, current knowledge, practices and policies still do not adequately incorporate health research in their attempts to upgrade health and development. Promotion and advocacy of health research are still necessary wherever research cultures are yet to be developed and where political commitment is not always forthcoming.

The section below highlights the key advocacy and communication activities of the past two years.

3.4.1 Making the case for health research for development

COHRED provides a range of materials for different stakeholders in making the case for health research for development. Over the past two years COHRED has prepared the following information and advocacy materials:

Flyers and posters

Promotional materials developed in the past provide current and prospective partners with information about COHRED and its core values and principles. The latest materials produced also provide hard evidence to support the role of national health research in improving health systems, policies and in finding cures for diseases often endemic in the South.

Policy Briefs

In 2004, a new series of policy briefs entitled 'Making Health Research Work...for everyone' was launched. The series aims to raise essential policy issues for ensuring that health research works for everyone, especially the poor. Through these concise briefs, the key arguments about essential topics in health research for development are presented. They can be used to convince a broad range of stakeholders working in health research or related areas of the need to set priorities, monitor resource flows and so on.





The first two briefs in the series were:

- *Health research: getting the priorities right;*
- *Health research expenditures: essential information for rational decision making.*

NB. All these materials are available free of charge from COHRED or from its website (www.cohred.org)

3.4.2 Amplifying the ‘voice from the South’ in health research

One of the key elements of COHRED’s work in the past decade has been to share countries’ experiences and new developments between countries with the global health research community. COHRED paves the way for communication between different stakeholders by assisting in disseminating essential information about national health research, which would otherwise not reach wider audiences.

Website

One of COHRED’s tools to disseminate countries’ experiences is its website. It provides a rich source of publications and events at the country and regional level of activity. In 2004, COHRED began to construct a new website to improve the dissemination of materials and the exchange of information. In addition to the key functions of the previous website, it will have a system in place that allows key contributors to upload recent publications, news and events from their countries and regions. The new site will be launched in early 2005 at <http://www.cohred.org>

Newsletter: “Research into Action”

To further disseminate countries’ experiences, COHRED produces the ‘Research into Action’ newsletter (four issues were published in 2003–2004). The newsletter is a paper-based publication (also available on the website), which is sent to over 6,000 users around the world. It provides a channel for sharing information, even for those without optimal access to the internet.

Voices from Bangkok to Mexico

In order to forge a link between the International Conference on Health Research for Development (Bangkok, 2000) and the Ministerial Summit on Health Research (Mexico, 2004), COHRED produced a publication entitled *Voices from Bangkok to Mexico: Reflections by participants in the Bangkok Conference 2000 on health research for development*. The publication provided a platform for the voices of a wide range of actors in the field of health research for development. It was an opportunity to share their expectations, concerns and beliefs and to stimulate an open debate on health research that can best contribute to health, equity and development. It was also an attempt to ensure continuity and follow-through from one global conference to the next, and to guarantee that action plans and statements are reviewed and monitored. The contributors touched upon a broad range of topics, including the relevance of the national health research systems approach to health research and development; the narrow disease-oriented research focus versus a broad country-based systems approach, and the need for partnership development and networking.



Translation of key documents

COHRED translates its key manuals and documents from English into French and Spanish as these are two of the principal working languages in the regions in which it operates. This could be expanded to include languages such as Russian due to developments in Central Asia, to make sure that language is not a barrier to sharing essential knowledge with the region. The most recent translation was the publication entitled *Health Research: Powerful Advocate for Health and Development, based on Equity* into Spanish. Depending upon resources translation will be expanded and will also include translation of key pages of COHRED's new website.

The 10/90 Report on Health Research 2003–2004

COHRED contributed to sections of the 4th report on progress in tackling the 10/90 gap in health research, which is produced by the Global Forum for Health Research.¹ Our emphasis is on health research for development in the South, with special focus on priority-setting in health research, monitoring resource flows and strengthening national health research systems.

3.4.3 Facilitate and participate in events

As part of its effort to advocate health research for development and to promote the communication of country experiences, COHRED organizes, prepares the way for, and participates in events at national, regional and international level. Some of these are highlighted below.

National and regional events

- In 2003, COHRED provided support for the second national meeting of the Ecuadorian Forum for Health Research (Ecuador, Ibarra, May 2003). A representative of the Brazilian Ministry of Health (Department of Science and Technology) participated in the event (supported by COHRED) to share experiences of priority-setting in health research.
- As a follow-up to the (COHRED supported) assessment of the Philippines health research system, the Fourth Health Research for Action National Forum was held in Manila, Philippines in August 2003. During the Forum, the result and recommendations of the assessment were presented. One of COHRED's Board members participated in the Forum and presented the key elements of an effective National Health Research System.²



Dr Gemiliano Aligui, Director of the Philippine Council on Health Research for Development, presenting at the national forum meeting, 2003

- As part of the National consultation on health research coordination which took place in Mauritius in September 2003, COHRED and the African Health Research Forum provided technical support in facilitating the discussion of longer-term strategic plans to strengthen the health research system.

International events

The main international event, in which COHRED's helps to amplify 'voices from the South' is the annual meeting of the Global Forum for Health Research. COHRED provided substantive inputs to Global Forum 7 and 8. For Forum 7 (Geneva, 2003), COHRED co-organized a workshop on priority-setting. For Forum 8 (Mexico, 2004), COHRED became actively involved in the Program Committee preparing the agenda for the meeting. COHRED also assumed responsibility for organizing two parallel sessions on the following topics: 'Beyond the MDGs' and 'The next generation of health researchers', and jointly with the Global Forum, organized a very successful session on research capacity building. Finally, COHRED hosted a Special Interest Session on 'The next decade in health research for development and the next decade for COHRED'. The session provided a 'sounding board' for COHRED to get feedback and inputs from a large number of partners on its strategic directions for the next decade.

Other international meetings, in which we actively participated include:

¹ Global Forum for Health Research (2004) *The 10/90 Report on Health Research 2003–2004*, Geneva.

² For more information on health research in the Philippines, go to <http://www.healthresearch.ph>

- Third International Conference of the International Society for Equity in Health, Durban, South Africa, June 2004 (Followed by a meeting of the Global Equity Gauge Alliance)
- Key WHO meetings, including those of the Boards of TDR and HRP, the global and regional ACHR meetings, and the WHO Executive Board meeting
- Canadian Coalition for Global Health: country mapping workshop, October 2004

4. The way forward:

Beyond advocacy – COHRED as an enabling organization

In this rapidly changing world of growing inequalities, **the poorest countries need:**

- a louder voice;
- the capacity to analyze and prioritize their health and health research needs;
- decisions about strategies to respond to these concerns; and
- the ability to negotiate with external research sponsoring agencies.

Now, more than ever, **national governments need to effectively play their role as ‘stewards’ of the health system**, of which a **health research system that can identify inequities in health and monitor action to eliminate it, is an essential component.**

The need for the COHRED focus is now greater than ever, not least of all because the world and its need for health and health research systems has changed substantially since the Commission’s report was published in 1990. Specifically, the large-scale vertical programs, private pharmaceutical research investments in the South, and the growing capacity of countries in the South to determine their own research agendas and to conduct the corresponding research themselves all require a fresh look at COHRED as a ‘southern alliance with key northern partners’.

COHRED’s work is aimed at:

1. **NHRS building:** To support the development and upgrading of effective and sustainable **national health research systems** that can identify and address ill health and conditions predisposing to ill health, especially in vulnerable populations in LICs and LMICs;
2. **Equity in health:** To promote equity in health and health research;

3. **Southern Ownership:** Paving the way for the South to recognize, utilize and implement health research for development in an equitable relationship with key Northern partners; and to provide a louder ‘voice for the South’s health research interests’;
4. **Partnerships:** Intensify co-operation at the global and regional levels for health research systems development;
5. **Making the case for health research for development:** Continue to obtain and communicate the evidence needed to support health research for development and NHRS building;
6. **Organization Building:** Strengthen COHRED’s capacity to achieve these objectives.

COHRED’s key values are:

“**Country focus**”: Our long-term commitment is to work with and in countries to enable the reinforcement of health research systems and institutions. Collaboration with the Global Forum for Health Research provides global advocacy for our drive to empower countries in using health research for development.

BOX 5

Vision:

COHRED works for a world in which health research is recognized as essential to optimizing health and reducing inequity and poverty.

Mission:

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

“Inclusion and participation”: We work with decision makers, researchers, healthcare providers and communities, as research has greater impact if the leading stakeholders are involved.

“Equity-based”: We strive for equity in health by rendering it central to health research systems and by promoting research on equity.

“Southern perspective”: Working both locally and globally, we provide a voice for national health research for development at the global level, especially from the southern perspective. COHRED will take its place as part of a **‘southern alliance with key northern partners’** to ensure that there is a louder voice for the health research interests of the South.

“Research into Action”: In its work with institutions and countries, we focus not only on research capacity building, but also on assisting in capacity building for the translation of research evidence into equity and health promoting action.

“Process oriented”: Capacity building, especially for research, requires long-term commitments and a substantive focus on the way in which research is done to ensure not only primary research outputs, but also sustainable national research capacity.

“Systems building”: Rather than focus on products or programs, COHRED’s special focus is on helping to build systems for research that alleviate poverty and vulnerability.

Finally, in our operations, we will adhere to and practice other values, specifically those that are core to development: *respect for human rights, social justice, good governance, sustainability, excellence and relevance, evidence-based action, empowerment, gender balance, and South-South alliances in health research.* **Capacity building is defined as an output, a strategy and a value, given its crucial importance for any long-term development effort.**

COHRED is in transition and 2005 will witness the consolidation of much of the work done in 2004. We will make the transition:

- from advocacy to the role of an **enabling organization**;
- from a ‘one-off’ intervention to **‘follow-through’** action;
- from a ‘short-term to **long-term’** approach to engaging countries and projects;
- from a small ‘secretariat’ in Geneva to an international **NGO** with a global structure and presence;
- from a ‘single’ to a **‘networked’** organizational mode of action;
- from an ‘adapting activities to the budget’ approach to an **‘obtaining sufficient resources to fulfil its mission’** approach;
- from a ‘core funding’ only operation to a **balance between ‘core/untied aid’ and project funding.**

COHRED lacks, at this juncture, the human and financial resources to scale up its activities to be able to respond adequately to demands from the 153 low and lower-middle income countries that are the prime targets of its work. Even working in just the 64 low income countries is beyond its current capacity. Adding the necessary work at the regional and global level in support of country-based capacity building makes the task even more daunting. A key strategy is to find the right partners, with whom an alliance will produce synergy in achieving our mission. During 2004, COHRED signed a Memorandum of Agreement with the South African Medical Research Council, and finalized another with the Global Forum for Health Research that will be signed in early 2005. The development of our network of alliances will be instrumental in achieving our mission, and will constitute an important part of our work.

COHRED Board

With the appointment of Prof. Carel IJsselmuiden as COHRED's new Director in January 2004, the '2003 Board meeting' was postponed until early 2004 to give the Director time to settle in. The annual Board meeting for 2004 was held in November in conjunction with the Ministerial Summit on Health Research and with Global Forum 8 in Mexico.

To assist COHRED in its response to rapid changes of work and structure, the Board established an Interim Executive Committee consisting of Prof. Marian Jacobs (Chairperson of the Board), Dr Agus Suwandono (Vice-chairperson of the Board), Prof. Ernesto Medina (Chairperson of the Budget and Finance Subcommittee), and Dr Somsak Chunaras (Chairperson of the Project and Program Subcommittee). At the April Board meeting, Prof. Marian Jacobs was re-elected as Chairperson of the COHRED Board for a second term of 3 years, and Dr Delia Sánchez was re-elected for a second 3-year term as member of the Board. During the session, COHRED took leave of Ms Mina Mauerstein-Bail and Dr Mohamed Said Abdullah who completed their second term as members of the Board. Both had been Board members since 1997.

At the November 2004 meeting of the Board, Dr Somsak Chunharas, Dr Daniel Mäeusezahl, Prof. Ernesto Medina and Prof. Maksut Kulzhanov were re-elected for a second term. Dr Agus Suwandono stepped down, having completed two terms as a member of the Board. Over the past two years, Dr Richard Feachem (2003), Dr Anita Sandström (2004) and Dr Tikki Pang (2004) left the board for various reasons. The members that served on the COHRED board in 2003 and 2004 are listed below.

COHRED Board Members during 2003 and 2004 (Current members' names are in bold face)

(in alphabetical order)

Dr Mohamed Said Abdullah
Physician
Kenya

Prof. Gopal Prasad Acharya
Chairman of the Department of Medicine Tribhuvan
University
Nepal

Dr Somsak Chunharas
Member of the Interim Executive Committee
Secretary General of the National Health
Foundation
Thailand

Dr Richard Feachem
Executive Director of the Global Fund to Fight
AIDS, TB & Malaria
Switzerland

Dr Mahmood Fikri
Assistant Undersecretary for Preventive Medicine in
the Ministry of Health
United Arab Emirates

Dr Izzy Gerstenbluth
Head of Epidemiology and Research Unit in the
Medical and Public Health Service (GGD)
Netherlands Antilles

Dr Samia Yousif Idris Habbani
Community Physician
Republic of Sudan

Prof. Carel IJsselmuiden
Director, *ex officio*

Prof. Marian Jacobs

Chair of COHRED Board and member of the Interim Executive Committee

Director of the School of Child and Adolescent Health
South Africa

Prof. Maksut Kulzhanov

Rector of the Kazakhstan School of Public Health
Kazakhstan

Prof. Stephen A. Matlin

Executive Director
Global Forum for Health Research
Switzerland

Dr Daniel Mäeusezahl

Special Adviser for Health and Development in the
Swiss Agency for Development and Cooperation
(SDC)
Switzerland

Ms Mina Mauerstein-Bail

Director, UN AMICAALL Partnership Program,
UNOPS/UNAIDS
Switzerland

Prof. Ernesto Medina

Member of the Interim Executive Committee
Rector of Universidad Nacional Autónoma de
Nicaragua León UNAN-LEON
Nicaragua

Dr Soumaré Absatou N'Diaye

Head of the Department of Community Health in
the National Institute of Research in Public
Health
Mali

Dr Tikki Pang

Director of Research Policy and Cooperation (RPC/
EIP) in the World Health Organization
Switzerland

Dr Delia Sánchez

Grupo de Estudios en Economía Organización y
Políticas Sociales (GEOPS)
Uruguay

Dr Anita Sandström

Head, Swedish HIV/AIDS Team for Africa
Zambia

Dr Agus Suwandono

*Vice-Chairperson of COHRED Board and member of the
Interim Executive Committee*
Director of the Centre for Research and Program
Development on Disease Control
Indonesia

COHRED Staff



The COHRED staff at the beginning of 2005. The picture was taken by Martine Berger (who is not on the photo)

The COHRED Directorate in 2003 and 2004 (including part-time staff) (Current staff names are in bold face):

Dr Martine Berger: Special advisor (part-time, since September 2004)

Ms Amanda Dawood: Senior Administrative Officer (since October 2004 on secondment from the South African Medical Research Council)

Ms Valerie Depensaz: Senior Administrative Officer (since January 2005)

Ms Sylvia de Haan: Acting-Coordinator (2003) and Deputy Director (since 2004)

Prof. Carel IJsselmuiden: Director (since January 2004)

Dr Andrew Kennedy: Scientific Officer (since March 2004)

Dr Happiness Minja: Research Officer (until December 2003)

Ms Lisa Myers: Communication Officer

Ms Claudia Nieto: Administrative Officer

Ms Griet Onsea: (until June 2004)

Ms Inger Roger: Financial Assistant (until December 2004)

Ms Beverley Rousset: Administrative Assistant (until July 2004)

Financial and donor information

During the period 2003–2004, COHRED received core support from DANIDA, NORAD, SDC and Sida/SAREC. Project-related funding was provided by USAID for the African Partnerships Consultation and from South Africa’s Medical Research Council as part of the secondment of Ms Dawood.

Donors	US \$ in 2003	US \$ in 2004
DANIDA	150,980	165,000
NORAD	105,423	—
SDC	330,907	650,000
SDC (project related)	—	67,000
Sida/SAREC	554,352	590,000
USAID	—	69,000
MRC	—	Logistical support
Total	1,141,662	1,474,670

List of Donor Abbreviations:

DANIDA: Royal Danish Ministry of Foreign Affairs (Denmark)

NORAD: Norwegian Agency for Development Cooperation (Norway)

SDC: Swiss Agency for Development and Cooperation (Switzerland)

Sida/SAREC: Swedish International Development Cooperation Agency/Department for Research Cooperation (Sweden)

USAID: U.S. Agency for International Development (U.S.A.)

MRC: Medical Research Council (South Africa)

COHRED publications and materials

Annual report

- COHRED (2003) *Report of Activities 2002*

Flyers

- COHRED (2003) *The Council on Health Research for Development*
- COHRED (2004) *Making health research work...for everyone*

Journal articles

- Sylvia de Haan, Carel Ijsselmuiden, Lisa Myers. *Council on Health Research for Development (COHRED): building research systems for health and development*. In: Global Forum for Health Research. *The 10/90 Report on Health Research 2003–2004*. Chapter 9, Section 15, 264–74. Geneva, Global Forum for Health Research, 2004. (ISBN 2-940286-16-7).
- John J, Oosthuizen R, Webb E, Voyi K, Ijsselmuiden C. Our children in day care: reducing exposure to environmental lead at day care centres. *S Afr Journal Sci* 2004; 100:135–8
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- Slack C, Stobie M, Milford C, Lindegger G, Wassenaar D, Strode A, Ijsselmuiden C. Provision of HIV treatment in HIV preventive vaccine trials: A developing country perspective. *Soc Sci Med*, Dec 2004

Newsletters

- COHRED (2003) *Research into Action Newsletter*, Issues 31–33
- COHRED (2004) *Research into Action Newsletter*, Special Edition

Papers

- Ijsselmuiden C, Duale S & Nchinda TC (2004), *Principles of Good Partnerships for Strengthening Public Health Education Capacity in Africa: Report of a Consultative Meeting*, COHRED publications.
- COHRED (2004) *Voices from Bangkok to Mexico: Reflections by participants in the Bangkok Conference 2000 on health research for development*, COHRED publications.



Policy briefs

- COHRED (2004) *Health research: getting the priorities right*, Policy Brief Series Making Health Research Work...for everyone (No 2004.1).
- COHRED (2004) *Health research expenditures: essential information for rational decision-making*, Policy Brief Series Making Health Research Work...for everyone (No 2004.2).

Posters

- COHRED (2004) *Making health research work...for everyone*
- COHRED (2004) *Thanks to national health research*
- COHRED (2004) *Discrepancies between disease burden and research outputs from low-income countries*

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