

Council on Health Research for Development

COHRED

Supporting national health
research systems in low and
middle income countries



Annual Report 2008

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

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Health research as a development tool.
The way in which health research is done and the questions it addresses makes the difference between health research that is done to deliver technical solutions for those who can afford them; or health research as a central element of alleviating human suffering, improving health and health equity, and contributing to a country's development.

COHRED's vision is a world in which everyone can achieve optimal health

To achieve this vision, we support countries to optimise their health research potential to:

- Improve health and reduce health inequities
- Improve health sector performance
- Link health research with science, technology and innovation
- Promote health sector accountability
- Encourage donor alignment and harmonisation
- Generate economic and social prosperity

In its work, COHRED prioritises the poorest countries, regions and populations



BOARD CHAIR'S COMMENT

Professor Marian Jacobs

10 years at the service of countries and equity

Almost two decades have passed since the report of the Commission on Health Research was presented to the global community, leading to the establishment of the Council on Health Research for Development in 1993.

In the intervening years, there has been a burgeoning of global organisations, partnerships, initiatives and meetings - all focused on strengthening aspects of health research for development across the globe, and each proposing a different route to this end.

There have been three major world conferences on this topic. Against the backdrop of an agreed set of values and principles, the Bangkok conference in 2000 achieved consensus around a plan which focused on strengthening national health systems, through national, regional and global actions. The Mexico summit, held in 2004, recommended strengthening health systems research, as well as the research-policy nexus. And last year, the Bamako conference placed the spotlight back on the recommendations of the 1989 Commission – re-emphasising a focus on countries, with adequate funding from national and global sources.

Throughout this time, what has been COHRED's contribution to the mission of health research for development?

In the years leading up to the turn of the century, and under the leadership of a strong partnership between the Board and a facilitating secretariat, strong values rooted in the principles of social justice and health equity were established as a basis for the direction, the activities and the *modus operandi* of COHRED.

The Board was characterised by a membership derived from civil society, the public health sector and researchers, and most of these were from low- or middle-income countries. The countries concerned included the poorest in the world, in regions from Latin America and the Caribbean, across Africa, to South East Asia, and in each of these, 'focal points' acted as both advocates for, and practitioners of, this new approach.

Working groups representing the triad of 'research-health service-community' grappled with issues such as capacity building, community engagement and priority setting as key competencies to be considered in a strong national health system. By the end of the decade, COHRED's approach was firmly established and recognised widely.

The turn of the century brought new organisational challenges for COHRED, as a diversification of global organisations led to funding uncertainty. But with challenge came the opportunity for building on the strong foundation set by the leadership of the 1990s, and the past decade has been witness to consolidation of our mission and its translation into expanded programmes.

Conceptualising COHRED as a 'southern alliance' with a development perspective on health research, and advocating for country voices to be heard in the global decisions about health research, we have maintained our focus on enabling countries, especially the poorest, to strengthen health research systems as a means to promote good health and reduce inequity. Our current programmes and achievements are documented in this report, and updates are also provided through our website and regular communication.

I have been a member of COHRED's Board for ten years, and my imminent departure from the Board offers an opportunity to pay tribute to those from whom I have learnt over the years of my tenure: my fellow board members, who have come and gone; the staff of the secretariat and later, the directorate; those who were designated as focal points in the early years; and all the members of the COHRED family across the world.

We have been bound by a common view of the world and concern for its disparities; by a belief that health research has a crucial role to play in promoting health equity for all; and by a commitment to social justice.

It has been a privilege to learn from you all, to serve COHRED, and to know that membership of the COHRED family extends into perpetuity.

To Yvo Nuyens and Charas Suwanwela: my appreciation for inviting me to be part of this great movement; to my colleagues on the Board, Carel IJsselmuiden and the staff: thank you for your support and camaraderie. And to my successor as chair of the Board, Cheikh Mbacké – may your tenure as chair be your best experience ever!

Dr. Cheikh Seydil Moctar Mbacké was elected as new Chair of the Board, beginning in 2010.

Dr. Mbacké has held senior research and leadership positions in public health at the service of developing countries for the past 20 years. Much of this time was spent with the Rockefeller Foundation, where he was Senior Vice President, Director for Africa, and Senior Scientist for Population Health, among other management positions.





Bernardo de Niz

DIRECTOR'S NOTE

Professor Carel IJsselmuiden

Winds of change in Africa ... again!

In her radical book *'Dead Aid: why aid is not working and how there is a better way for Africa'*¹, Dambisa Moyo observes that after more than 60 years of aid to Africa, her people are not better off ... so why continue?

"The 1970s were an exciting time to be African. Many of our nations had just achieved independence, and with that came a deep sense of dignity, self-respect and hope for the future".

This trust in own ability is sometimes relived in parts of the continent. South Africa had such a moment in 1994 – having transformed apartheid into democracy, we developed a 'can do' mentality – based on these very same attributes of dignity, self-respect and hope. 'Afri-can'!

Moyo puts much of the blame for loosing dignity, self-respect and hope on 'aid' – the massive bilateral and multilateral financial aid to governments that has kept undemocratic governments in power, allowed inefficient systems to continue where they should have failed, and caused corruption everywhere.

At the same time, she points to African economic successes. Countries we only hear about in the context of disease, poverty, war and disaster have substantial growth rates, increasingly reliable financial mechanisms and growing industries. Logically, she locates her solutions in this domain: eliminating 'aid' and replacing it by free market mechanisms and diversified sources of trade – with a focus on China and India rather than the US and Europe – Africa can begin to take control of its own development – and become "Africa's Africa" rather than a "donors' Africa".

What about research for health?

In the field of research for health a similar dynamic is needed for "Africa's research agenda" to become "Africa's" research agenda. Across the continent, countries are removing restrictive legislation, encouraging the growth of research and innovation sectors both through government stimulation and engaging the private sector. Tunisia, South Africa and Kenya were the top 3 'innovators' in Africa in 2008 and interest in science and technology as a cornerstone of national development is growing – and not just in Africa but in low and middle income countries across the globe.

Moyo's spirit also reflects changing attitudes by African health workers. For example, at a recent conference of Public Health Associations in Turkey in April 2009 – the director-general of health of an African country ended his presentation with a plea for 'more aid to help solve our health problems'. Promptly, a delegate from Nigeria challenged this, expressing his hope that he would live to see the day that Africa would propose its own solutions at conferences like this – rather than continue the quest for external support.

Many years of 'research capacity building' have left many very capable persons on the continent – notwithstanding the brain drain – but not very many capable research institutions! Research remains largely determined by external funding – it can buy the salaries and consumables needed for research projects. Africa's health research expertise is concentrated in only a very limited range of disease-specific topics (HIV/AIDS,

¹ Dambisa Moyo. *Dead Aid. Why aid is not working and how there is a better way for Africa.* London, Allan Lane, 2009

tuberculosis and malaria are the top 3). And within these narrow confines, research focuses mostly on clinical and epidemiological areas, and rarely on discovery, implementation or production. Where, for example, is the research capacity in social determinants, childhood disability, environmental health, health economics, effectiveness of treatment in chronic diseases or in translating any of these into meaningful products – diagnostics, therapeutics or prosthetics, to name but a few?

Many countries – even those that are successful in attracting foreign research funding – spend little, if anything, of their own budgets on research. Few have supportive research policies, priorities or governance structures defined (*'anyway ... it is the donors who decide what the money is spent on ... so why set priorities?'* is a regularly heard statement). And, surveys of the state of Africa's universities, show a shocking absence of even the most basic facilities and equipment in many countries. Yet it is here where the next generation of researchers must come from!

There is also a second message. Research, science and technology and 'innovation' are key to any country's development. Continued reliance on external funding inevitably sets the research agenda and develops human and institutional resources only as far as is needed for 'projects' rather than for national self-reliance in research. This and a continued lack of effective research governance structures – a problem which national authorities can solve rather rapidly – is denying Africa the potential to use research as a catalyst for socio-economic development, equity and health.

Yet there are signs that this message is being heard. Following the 'top 3 innovators', Tanzania's president announced an increase in spending on science and technology from 0.3% to 1% of GNP. Rwanda's president is very outspoken on investment in science and technology as a driver of development. Private investments in pharmaceutical production and biotechnology are growing in east, west, north and south Africa. And in regional economic communities and continental bodies, political and technical efforts to support the momentum towards research for health are growing. Africa can ... also in research!

How is COHRED supporting this increasing self-reliance on research for health?

Over the past five years, COHRED has repositioned itself – from a 'donor-driven' effort, towards a 'southern alliance with key northern partners'. We are now permanently present in Africa, Latin America and Asia – which allows us to contribute 'south-south' collaboration and share lessons that may not be learned if 'research aid' is only 'north-south'. Our work in middle and South America and North Africa grew rapidly in 2008 through institutional partnerships. We have moved beyond 'advocacy' to becoming an enabling organisation – developing the tools, methods, approaches and platforms that countries and institutions can use on their own to strengthen their governance and management of research. We helped evolve the 'essential national health research' strategy into a concept of 'national health research systems' – the system needed to optimize the use of research for health, development and equity. And, finally, our funding is becoming increasingly based on joint applications with southern colleagues – or through direct contracts with southern countries, institutions and individuals – locating accountability where it should be.

We are taking leave from Marian Jacobs as chair of the Board. Although Marian and I worked together as early as 1983 in finding solutions to a rural health and development programme in South Africa, it was in 2004 that we joined forces again – this time to revitalise COHRED – to lead the change towards an enabling southern alliance with key northern partners – and the shift in the role of the Board as an 'advisor to wisely spend donor funds' to one that 'advocates for low and middle income countries to take over the initiative and run the next leg of the development marathon more on their own terms'. This was Marian's great contribution to COHRED and to 'research for health' globally. For me, this has been a great run and I look forward to another one in the future.

Marian's work does not end here. In Cheikh Mbacké we have found another champion for the further transformation of COHRED. In the following years, we will need to change further to appropriately support the increasing capacity of low and middle income countries everywhere – and ensure that health equity remains in focus!

Note on Moyo's book:

This is a great read – even if you are not directly concerned with Africa. Having been at the receiving end of donors and research sponsors for all of my professional life in Africa before joining COHRED, her diagnosis resonates very strongly with me. However, the proposed solution of market mechanisms to replace aid is too simplistic by half. Equity, after all, is not an automatic by-product of free markets ... to the contrary. Yet, as a first step, it offers Africa the opportunity to take charge – and that is crucial!

COHRED's programme

Advocacy

COHRED engages with low and middle income countries, and with global health programmes and organisations to improve the understanding of two questions:

- What steps do countries need to take to have health research and research systems that are effective and focused on national priorities?
- How can global health programmes and organisations better appreciate and focus their activities and resources on countries' specific health and health research needs?

Several COHRED initiatives and partnerships aim to produce evidence to help answer these questions and advocate for change:

- 'AHA' Alignment and HARmonization – examining how the Paris Declaration can work for health research.
- Responsible programming of vertical health initiatives.
- Call for engagement of civil society organisations in health research.
- Health Research Watch – provides a synthesis of international health research mechanisms, and comment on how low - and middle - income countries can become involved in and influence these processes.

Facilitation

COHRED facilitates learning and experience sharing activities throughout the year. These include jointly organised expert consultations, regional meetings and special meetings at country level to examine key issues related to strengthening health research in countries.

These exchanges are typically organised to bring together several countries in joint learning activities and are done in partnership with national health research organisations (ministries, universities, councils, NGOs, etc.) to maximize learning and the exchange of experience.

Technical support

COHRED provides technical support to countries, on request, to enable them to strengthen their health research systems. Activities include support for: health research system mapping, profiling, assessment and

development, policy development, priority setting, research management and contracting and research communication.

Research and development

A core COHRED activity is to produce evidence that makes the case for effective national health research systems. This is done through collaborative research and studies done to improve the understanding of country needs and make the case for strong systems and the skills to support them at national level.

In 2008 COHRED published some 20 technical reports, peer reviewed journal articles and syntheses of learning interactions between countries. Manuals and guides on health research system development, policy development, priority setting, equitable research contracting and research communication are available or in preparation.

Supporting national health research system innovations

In its work with countries, COHRED learns of practical approaches created by countries to improve health research, that can be useful to others. Innovative approaches are identified and supported by COHRED so they can be shared with others. Two recent examples are a tracking tool for a country's peer reviewed publications, developed in Tunisia; and on-line project registry module developed by the Brazil Ministry of Health.

Knowledge sharing

The sharing of knowledge and experience is central to all COHRED's activities. The results of COHRED's work with countries are synthesized in learning materials, publications and information resources of various kinds. These are made widely available as 'global public goods'.

Health Research Web – the global information platform on health research in low - and middle - income countries. This is a continually evolving resource that provides national contacts, policies, priorities. As it develops, it will include donor activities and funding information, clinical trials information, maps and assessment of research capacity in various areas, etc.

Actions and Activities	Country	Regional /Multi-country	Global
1 Advocacy			
2 Facilitation			
3 Technical support			
4 Knowledge Sharing, Advocacy and Communication			
5 R&D			
6 Supporting national research system innovations			
7 Support actions			

Framework for developing a national health research system

Tools and approaches help countries develop strategies for system strengthening

The starting point for strengthening a country's health research system is to have a clear picture of the current state of health research. The National Health Research System (NHRS) Framework, is informed by COHRED's work with many countries. It proposed tools and approaches for countries to start a strategy of system strengthening.



Practical guides: for decision makers to put system strengthening into action

Once the strategy is set, the next challenge for decision makers is how to put it into action. At this stage, accurate information is needed as the basis for decisions and policies. The Framework's practical guides take a step-by-step approach to gather the evidence needed to develop the different components of a health research system. The NHRS Guides distill COHRED's past experience of working with countries to find approaches to how they can best strengthen their health research systems. Current guides cover system Assessment, Profiling and Development, and Policy

Development. Further guides are in preparation for: Priority Setting, Capacity Building, Communicating Research and International Partnerships.

NHRS Assessment Guide

The Assessment Guide helps decision makers gather the evidence needed to plan the development of a National Health Research System.

The NHRS Assessment Guide is a continuous improvement process. It helps policy makers answer critical questions such as:

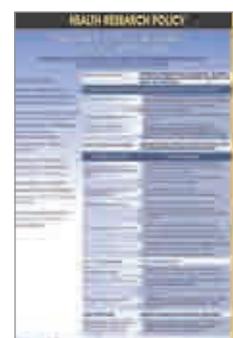
- What are the key institutions?
- Are there gaps in regulatory frameworks?
- What information is needed to build political support for health research?
- What areas need priority action?

NHRS Policy Development Guide

This Guide identifies the measures policy makers can take to establish the legislative and regulatory framework that will guide system development.

The NHRS Policy Development Guide addresses questions such as:

- What level of authority is required for each element of the policy framework - e.g. Act (Legislative); Regulation (President, Prime Minister, Minister); Policy (Ministerial, Provincial, Institutional)?
- What actions are required to authorise the acts, regulations and policies?
- What consultative processes can build ownership to develop and implement the policy framework.
- Are policy development and evaluation based on sound evidence?



Guides in progress

- Priority Setting process for national health research
- Research communication
- Research capacity strengthening
- Health research ethics
- Civil society engagement in research for health

Manuals and resources for countries

- Manual NHRS Strengthening
- Manual Priority Setting
- Guide: strategic communication for Health Research Institutions

Workplan 2008

Progress against targets

Projects & Programmes

Project title	Project description	2008 - Deliverables	2008 - Achievements
Country activities			
Argentina	Work with Argentine Health Research Forum (FISA) and partners on health research profiling.	Support to health research profiling.	Project not taken forward in 2008. The Argentine Forum participated in the 1st Latin American Conference on Research and Innovation for Health; did not request further technical support from COHRED.
China, Shanghai Health research system assessment.	Completed the second stage of National Health Research System strengthening in Shanghai province as a next step in the further system development activities in Shanghai		No contact from local partner in 2008.
Laos Developing health research strategy and providing a platform for exchange	Facilitating development of national five year master plan for research for health and setting up of regular national forum meetings	Continue developing health research forum	Second national health research forum held in September. COHRED provided financial support. Technical support will be provided in developing human resources for health research strategy in 2009.
Cameroon Policy development and priority setting	Setting health research priorities and developing health research policy	Priorities set and draft Research Policy delivered.	Planned activities delayed due to change in Minister of Health and replacement of Director of Research. Activities have focused on building working relationship with new actors.
Guinea Bissau Developing a health research management structure.	Developing health research policy, health research priorities and research management structure.	Health research policy framework developed; health research priority setting process initiated	<ol style="list-style-type: none"> 1. Worked with the Ministry of Health and FIOCRUZ (Brazil) to include health research in the overall health policy of Guinea Bissau. 2. Developed study proposal to prepare an inventory of 30 years of health research in Guinea Bissau and its impact on health and health system development in the country. This inventory (planned for 2009) will help inform the direction and priorities of health research in the country.
Tunisia	Develop health research agenda, institutional development	Follow-up of research priority setting, done in 2007.	Invitation to support research for health through Tunisian Technopolis network - to be activated in 2009.
Exploratory visits and discussions. Taking a proactive approach to new countries.	Exploring opportunities for collaboration: Malawi, Ethiopia, Liberia, Bangladesh.	Effective mechanism established for responding to incoming requests for collaboration and explorations of upcoming opportunities.	<ol style="list-style-type: none"> 1. Discussions with Bangladesh and Vietnam have led to the agreement for a first exploratory workshop in the first half of 2009. 2. Liberian Ministry officials briefed on COHRED's work; Minister of Health has voiced interest in COHRED's expertise in system building. 3. No exploratory visits were held in Malawi, Ethiopia and Liberia.
Regional activities			
Caribbean Promoting National Health Research System (NHRS) thinking in the region and developing regional health research policy.	Jointly with Caribbean Health Research Council (CHRC) promote NHRS in the countries of the region. Development of a regional health research policy and support to implementation at regional and country level.	Support priority setting process. Facilitate NHRS session at CHRC meeting.	Organised and contributed to National Health Research session at the annual meeting of the Caribbean Council on CHRC in Suriname. Reached agreement with CHRC to develop a regional research agenda, using the Delphi method, of which a first draft will be presented and discussed at the 2009 annual CHRC meeting.

Projects & Programmes

Project title	Project description	2008 - Deliverables	2008 - Achievements
Regional activities			
<p>Central Asia Enhancing regional collaboration in research for health. COHRED's work in Central Asia was led by a COHRED collaborator based in Uzbekistan, as part of COHRED's decentralisation strategy.</p>	<p>Working with partners in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan on mapping National Health Research Systems (NHRS) and developing regional programmes to address priority areas for NHRS strengthening (includes COHRED central Asia).</p>	<p>Clear action plan and strategies for COHRED collaboration with partners in the region.</p>	<p>Meetings held throughout the year in Kyrgyzstan and Uzbekistan with key people from the ministries of health, and other stakeholders. The focus of work for both countries is initially around <i>Health Research Web</i> - responding to the need for better access to health research information to better plan further investments in research in both countries.</p>
<p>Latin America meeting</p>	<p>First Latin American Conference on Research and Innovation for Health, Rio de Janeiro, 16-18 April. Organised, jointly with the Ministry of Health Brazil, Pan American Health Organization, the Global Forum for Health Research, NicaSalud and INSALUD Mexico</p>	<p>Meeting held, report from meeting.</p>	<ol style="list-style-type: none"> 1. Conference convened some 120 people from 20 countries. 2. 14 countries gave evidence of National Health Research System (NHRS) assessment papers. A conference report published in English and Spanish. 3. As a result of the meeting, technical support was given to Honduras (linking them to Panama and Costa Rica) for NHRS strengthening. 3. Follow-up meeting planned for 2009 in Cuba, to track developments in NHRS strengthening since 'Rio-meeting'. 4. As a general result two journal articles and one COHRED publication came out, referring to this conference.
<p>Middle East Promoting research for health and equity in the region. COHRED's work in the Middle East is led by a collaborator based in Tunisia; as part of COHRED's decentralisation strategy.</p>	<p>Jointly with WHO Eastern Mediterranean Regional Office COHRED to working on a priority setting process for countries in the region; operationalise decentralisation.</p>	<p>Technical support to priority setting process and key areas of COHRED collaboration with partners in the region defined. Clear action plan and strategies for COHRED collaboration with partners in the region.</p>	<p>Reached agreement with WHO Eastern Mediterranean Regional Office (EMRO) and Research Policy cluster to conduct national health research system analysis in Djibouti, Libya and Syria (extension of 2006 study), followed by research policy development and priority setting in these countries. Country visits to Libya and Syria planned for early 2009. This work provides new country information for <i>Health Research Web</i> for EMRO countries.</p>
Global activities			
<p>Global Ministerial Forum on Research for Health.</p>	<p>Ensuring COHRED's contribution, as one of the six core partners, to the Bamako 2008 conference</p>	<p>Achieve a focus on Research for Health, country leadership, Research Ethics and Sustainable Society Engagement.</p>	<ol style="list-style-type: none"> 1. COHRED provided extensive input into the Bamako process. 2. Contributed to and participated in the regional preparatory meetings in Europe, Asia/Pacific and Africa. 3. Organised two special sessions, jointly with partners, in Bamako: <ul style="list-style-type: none"> * Research for Health and Health System Strengthening in Africa; * The Yaoundé Process strengthening health innovation in Africa: from agendas to action. 4. Spearheaded and co-facilitated a consultation of civil society organisations as input to Bamako; that provided a Statement on Civil Society Engagement in Research for Health, referred to in the Bamako Call to Action and Final Communiqué.

Projects & Programmes

Project title	Project description	2008 - Deliverables	2008 - Achievements
Global activities			
Global Forum on Bioethics in Research	Establishment of Secretariat of GFBR and developing agenda for ethics in research		<p>Secretariat functions developed well.</p> <ol style="list-style-type: none"> 1. Two ethics fellows hosted (from China and the Philippines). 2. Database of information on past eight annual bioethics fora. See: www.gfbronline.com. 3. Secretariat contributed to programme development of the 9th Global Forum for Bioethics in Research (New Zealand, December 2008). 4. The financial sustainability of the Secretariat remains a challenge, and various avenues are being explored to continue Secretariat core functions.
Civil society consultations	Organise civil society consultative process leading to Bamako 2008	Develop action plan based on civil society process work done to date; to strengthen civil society engagement in health research in the south.	<ol style="list-style-type: none"> 1. Organised civil society consultation in Copenhagen, October 2008 - in collaboration with the Centre for Health Research and Development (DBL, Denmark) and the Public Health Research and Development Centre (CIAM, Gambia). Consultation outputs identified strategies for strengthening civil society engagement in health research. 2. A statement from the consultation informed a parallel session on the same topic during the Bamako Forum and was referred to in the Bamako Final Communiqué. The Bamako Call to Action for CSO engagement in Research for Health was ready at the end of the Bamako Forum.
Health Research Web, including Alignment and Harmonization of Health Research initiative (AHA).	Development of Health Research Web.	<ol style="list-style-type: none"> 1. Completion of Alignment and Harmonisation (AHA study). 2. Development of <i>HRWeb</i> as a separate platform. 	<ol style="list-style-type: none"> 1. 'AHA' Study completed - a synthesis report and five country reports (Burkina Faso, Cameroon, Mozambique, Uganda, Zambia). 2. AHA study results have been used to enrich country pages of the five countries in Health Research Web. 3. David Abreu appointed as full-time manager <i>HRWeb</i>. 4. <i>HRWeb</i> has been upgraded as a separate division within COHRED. 5. Health Research Web expanded its information on countries in Eastern Mediterranean, Latin American, and Pacific regions. 6. Consultative meeting held in August with Senegal, Zambia and IDRC to see how <i>Health Research Web</i> can be most useful, visible and up-to-date. This core group remains a sounding board for <i>Health Research Web</i> development in 2009.

Knowledge Sharing, Advocacy and Communications

Project title	Project description	2008 - Deliverables	2008 - Achievements
Country-based communication	<p>Build on Country Communication work of past two years with Makerere University, expand to a regional activity. Develop generic approach to research communication that COHRED can use with other countries.</p> <p>This project is divided into four activities:</p> <ol style="list-style-type: none"> 1. Makerere research communication strategy implementation. 2. Expanding to a regional activity with other centers - most probably in East Africa. 3. Develop COHRED approach to communication. 4. Provide advice and technical assistance on research communication at country level. <p>All activities feed into development of the COHRED communication approach.</p>	<p>Makerere adopts and implements (some) recommendations of the project's framework and action plan.</p> <p>COHRED-Athena Institute (Free University of Amsterdam) Programme developed and progressing with one African Institute - partners providing in-kind or financial investment in project.</p> <p>COHRED-Athena have research in progress on Health Research communication approaches</p> <p>COHRED communications approach for NHRS published as part of NHRS framework.</p> <p>Home institute established for collaborator COHRED and for COHRED's regional research communication work.</p>	<ol style="list-style-type: none"> 1. The Board of Makerere University School of Public Health in Uganda adopted the project's framework and action plan and strongly endorsed it as a way to make the institute a leading player in the country. 2. COHRED-Athena drafted list of activities to pursue for 2008-2009. Two masters students will do a literature review on health research communication (early 2009) and COHRED-Athena will apply for Netherlands government funding for PhD student from East Africa in research communication as part of this project (June 2009). 3. Record Paper draft finalised documenting Makerere work on health research communication; Draft ready of guide to strategic communication of health research for research institutes and programmes. Explicit link to NHRS framework not yet made. 4. Home institute not yet agreed. Three East African institutes have formally requested COHRED's support for capacity building on communication in a regional programme.
Publications	<p>Production, editing and distribution of COHRED publication series, including: Annual Report, Working Papers, Record Papers, National Health Research, Manuals and joint COHRED, Global Forum for Health Research series.</p>	<p>Annual Report 2008</p> <p>Indicative list of 2008 outputs from COHRED programme: two Working Papers three Record Papers three National Health Research one Manual</p>	<p>25 publications completed in 2008, including reports, capacity building and information materials:</p> <ul style="list-style-type: none"> - Four peer reviewed journal articles - Nine COHRED publications (Record Papers) - Two targeted advocacy materials (COHRED Health Research Watch) - Seven technical support and capacity building materials (Guides, manuals, frameworks, special presentations) - Three joint publications with partner organisations. - various information materials and web articles. (see complete publications list on page 50).
COHRED statement	COHRED Statement 2008	COHRED Statement 2008 published - reactions and feedback received	<p>Research, synthesis and drafting completed in 2008. Rethinking of applicability of Alignment and Harmonisation to research for Health has delayed the decision on continuation of this statement.</p>

Knowledge Sharing, Advocacy and Communications

Project title	Project description	2008 - Deliverables	2008 - Achievements
Marketing & Communication	Increase COHRED's visibility among key stakeholders and attract potential new users and partners.	Board Newsletter. Launch of COHRED publications. Contact database improved.	<ol style="list-style-type: none"> 1. four Board Newsletters published. 2. Contacts database fully up-to-date; structure improved. Options for better system explored but not decided. 3. Numerous publications and web resources launched to several thousand users during the year. 4. Bamako 2008. Many meetings, several information sessions and media activities on health research system development, Yaoundé and HRWeb.
Website	Continuous improvement of COHRED's Web presence.	<p>New higher performance website.</p> <p>Improved web architecture and structure. Full content management system allowing staff to add and change content.</p>	<ol style="list-style-type: none"> 1. Staff and user consultations done. 2. Study of information needs and architecture requirements done. 3. Low cost project plan ready, development started. Nov 2008. 4. First version of new site (architecture and content) planned for first quarter 2009.
Learning approaches	Operationalise learning approaches and provide platform for learning exchanges in priority setting and other key COHRED programmes.	<ol style="list-style-type: none"> 1. D-Groups platform (or similar) used for learning interactions for two COHRED programmes (priority setting and one other) and - as useful - other internal team activities of COHRED. 2. Guidelines ready for project leaders to animate learning activities as part of their work (lessons synthesized from priority setting experience). 	<ol style="list-style-type: none"> 1. Decision not to select D-Groups pending other options and developments. 2. Some project leader discussions held, policy and process will start in 2009 with priority setting
Health Research Watch	Expanded web page. Yearly report publication. Briefings publication.	<ol style="list-style-type: none"> 1. Expanded web page created 2. HRW Yearly Report published 3. 4 COHRED Briefings published and promoted 4. Summary of feedback 	<ol style="list-style-type: none"> 1. Two briefings produced. An additional Briefing based on 2008 events (Bamako 2008) is planned. 2. Additional layer of web content ready for January 2009.
Innovation in Africa - Yaoundé process	Meeting and process to build political support for an Africa perspective on pharmaceutical innovation and local production.	<ol style="list-style-type: none"> 1. To conduct a baseline study to prepare a technology framework. 2. Organise a stakeholder meeting in Africa. 	<ol style="list-style-type: none"> 1. Proposals accepted by Netherlands government. 2. Research officer hired. 3. Two studies launched (publication in second quarter 2009): - Yaoundé Baseline: Synthesis of pharma-related initiatives in Africa. - Health Innovation Framework for Africa (joint project with George Institute). 4. Two consultative meetings to gather political support, understand country needs and experiences to date. 5. Gave input to six international health research meetings. The project will be finalised in 2009.

Research and Development

Project title	Project description	2008 - Deliverables	2008 - Achievements
Research contracting	Develop a series of model contracts and a contracting process for southern research institutions and research management bodies.	<ol style="list-style-type: none"> 1. Finalise the proposal with partners. 2. Publish a first article on setting the context for the project. 3. Secure funding. 4. Start the first phase of the project. 	<ol style="list-style-type: none"> 1. Proposal finalised in March 2. First article finalised and submitted to WHO Bulletin (in press). 3. Proposal submitted to the Bill and Melinda Gates Foundation, but rejected. Other funding avenues currently being pursued. 4. COHRED has committed own funds to conduct the pilot phase, now in progress.
NHRS development guide	Develop methods, approaches, process and indicators to provide evidence for managers to inform NHRS improvement efforts (based to NHRS management conceptual framework).	Develop a series of one page 'NHRS Development Guides', targetted at decision makers, highlighting the steps they can take to strengthen their systems.	<p>Three guides completed:</p> <ul style="list-style-type: none"> * NHRS Development Framework * Health Research Policy * NHRS Assessment <p>Plans are ready for the following guides:</p> <ul style="list-style-type: none"> * Paris Declaration on Health Research. * Priority Setting for Health Research. * Research Capacity Strengthening for Health Research. * The role of Civil Society Organisations in Health Research.
Priority setting-developing management process	Develop a management approach towards the process of priority setting in health research	Develop a web-based priority setting approach.	A draft of the proposed web-based approach has been developed, but it has not been completed. To be completed as a priority in 2009.
National Health Research System (NHRS) strengthening in small islands/states	Define 'reasonable' / practical / optimal approach to NHRS operationalisation for these countries.	Publish findings of the 15 pacific country NHRS Mapping study	<ol style="list-style-type: none"> 1. Draft report at editors. 2. Results presentend at Bamako 2008 Ministerial Forum on research for Health.
National Health Research policy	Develop an approach to guide National Health Research Policy development.	<ol style="list-style-type: none"> 1. Publish a record paper summarising the results of the 2007 expert consultation on 'good practices in Health Research Policy Development. 2. Develop a National Health Research System (NHRS) Development Guide on Health Research Policy 	Record paper eight published 'Best practices in health reserch policy development'.
Understanding research to development links	Develop a better understanding of the pathways from research to the different goals of the National Health Research System (NHRS): improved health, more efficient health systems, reduced health inequity, socio-economic development. Use this map as the basis for guiding strategy and further work in this area.	An internal paper summarising the results of an initial review of the field to inform decisions on the next steps required in this work.	Paper completed. Further work on this subject planned for 2009, based on these results.
NHRS mapping meta-analysis.	Conduct a meta-analysis of the 40 NHRS Mapping studies that COHRED has been involved with.	Publish a journal article presenting the results of the meta-analysis	<ol style="list-style-type: none"> 1. Journal article final rounds of drafting before submission. 2. Paper presented at UNESCO Global Research Seminar, Paris (November 2008).
Priorities, Policies and Governance meta-analysis	Conduct a review of Priorities, Policies and Governance bodies for Health Research in Low Income Countries.	Publish a journal article presenting the results of the review.	<ol style="list-style-type: none"> 1 Initial results presented at the UNESCO Global Research Seminar, Paris (November 2008). 2. Publication expected for second half of 2009.

Research and Development

Project title	Project description	2008 - Deliverables	2008 - Achievements
African National Health Research System (NHRS) Initiative	Establish an initiative to catalyse and support NHRS Development in Africa.	Build the partnership necessary to take this initiative forward and secure funding.	1. An agreement with NEPAD-Health to partner with COHRED on the initiative is near conclusion early 2008. 2. An approach to funders will be started shortly.
National Health Research System/National Health Information System	Set out the links between national health research and health information systems.	Paper on this topic, highlighting evidence needs for health system development.	Essay published COHRED in COHRED Annual Report 2007.
Support of innovations in countries. Sousse Software Publications Registry Database	Identify tools, methods, approaches, processes that may help innovate health research systems in Low and Middle Income Countries.	Re-develop the Sousse Database for application in other countries.	Sousse Database will be included on a function in Health Research Web in 2009/2010.

Governance and Management

Project title	Project description	2008 - Deliverables	2008 - Achievements
Finances: advice financial management system	Improve bookkeeping and financial management system.	Attract a Head of Administration.	Post of Head Administration is filled from January 2009.
Human Resources: Staff professional development	Ensure possibilities for professional development of staff.	Sylvia de Haan: received her Masters in Public Health degree from Chulalongkorn University in Thailand, supported by COHRED. Jennifer Bakyawa enrolled in a distance-learning degree course on Knowledge Management with Robert Gordon University, UK, supported by COHRED.	
Board activities: Board meeting	Yearly and regional board meetings	Board meeting.	Held in October 2008.
Fund raising	Developing an ongoing resource mobilisation strategy	1. Longterm Resource Mobilisation Strategy. 2. Increased funding, core and designated.	1. New programme funds received from EDCTP (Health Research Web) and Netherlands (Yaoundé Process). 2. Project funds received for Latin America conference (PAHO) and Civil Society consultation (Wellcome Trust).
Exploring institutional capacity building	Increasing understanding of institutional capacity building and defining COHRED's role in this.	Development of basic Research Capacity Strengthening (RCS) and understanding of COHRED's role in this.	Research Capacity Strengthening framework ready.
Monitoring and Evaluation	Develop a continuous and functional quality control system for all COHRED's work and functions.	Systematic Monitoring and Evaluation Program.	Plans developed for implementation in 2009.
External evaluation	Stakeholder survey on expectations from COHRED.	To be done in 2008 as part of Monitoring and Evaluation.	Lack of staff time stopped a survey; product related feedback is being implemented systematically.

Governance and Management

Project title	Project description	2008 - Deliverables	2008 - Achievements
Decentralisation			
Decentralisation: Latin America	Develop COHRED engagement with Latin America.	Institutional Collaboration Agreement	Agreement signed with INSP (Instituto Nacional de Salud Pública) in Cuernavaca, Mexico.
Decentralisation: North Africa	Develop COHRED engagement with North Africa.	Institutional collaboration agreement joint project with WHO/EMRO on research policy development has started.	No institutional arrangement has been achieved yet.
Decentralisation: Sub Saharan Africa	Develop COHRED engagement with Sub Saharan Africa.	Regional consultations to help position COHRED with the (complex) African landscape.	Lack of staff time to organise an consultation prevented the meeting from taking place in 2008, shifted to 2009.
Decentralisation: Central Asia	Develop COHRED engagement with Central Asia.	Implement Health Research Web in Kyrgystan and Uzbekistan.	Key meetings held.Fundraising initiated for 2009.
Decentralisation: Asia	Develop COHRED engagement in Asia.	Regional consultations to help position COHRED for effective action in South East Asia with the (complex) Asian landscape.	

The year in review

Learning, partnership and capacity building: COHRED's support to countries in 2008

In 2008, COHRED worked with 21 countries to help strengthen their systems for health research.

This work consisted of providing technical support, conducting research and development, providing tools and approaches for system strengthening, and facilitating joint learning activities for groups of countries and experts in health research management and policy who shared experiences on health research system development.

These activities helped improve the understanding of what is needed for countries to organise research and produce evidence for better population health; to attract funds for research on their national priorities and encourage funders to focus their programmes on countries' needs.



How can the Paris Declaration support better health research for countries? COHRED's Statement 2008 is the first such policy document for research for health.

Advocacy in 2008: Making the case for research for health

Key advocacy activities for COHRED in 2008 involved providing input and comment on a number of international health research processes and initiatives.

These included participation as a core partner in the Bamako 2008 Global Ministerial Forum, where COHRED's participation ensured a strong perspective on the importance of health research systems and civil society actors in the health research process (see 'Shaping the agenda on 'research for health': COHRED at Bamako 2008', page 22).

COHRED also provided input and comment to the new research strategy of the World Health Organization – calling for actions such as: a sharper focus on country needs; broad consultation with countries on their needs; for a focus on system strengthening as a key success factor in national health research; and for the WHO to cooperate with specialised regional and international organisations who can ensure the optimal implementation at national level.

Input and comment was provided to the research strategy of the National Institutes of Health/Fogarty International Center.

Health Research Watch entered its third year. 'COHRED Research for Health Briefings' were produced to synthesise and clarify the workings of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property (IGWG) – and the significance of this work for low income countries, and clarified the process of the WHO research strategy's development. Further COHRED Briefings summarised the process of strategy development points of the Algiers preparatory meeting for Bamako 2008 and of the Bamako meeting and its likely outcomes for the future of research for health.

COHRED Statement 2, the organisation's flagship advocacy activity, presents a study and policy recommendations on how the Paris Declaration on aid effectiveness can be applied to improve health research for countries. It is set for publication in early 2009.



How can the WHO Research Strategy best serve countries' needs? COHRED and partners proposed practical inputs – promoting a systems' focus and working with regional and specialist organisations, who are best placed to put the strategy into action.

Resources

www.cohred.org/healthresearchwatch

www.cohred.org/main/COHRED_statement.php



Facilitation: sharing experience and knowledge between countries

COHRED was active in the facilitation of a number of regional and country consultations in 2008.

The first phase of the 'AHA' - Alignment and Harmonisation initiative was completed with five partner countries. An AHA consultation was held in Uganda to support partners in taking stock of their current situation, constraints and challenges, and to discuss an action plan for improving alignment and harmonisation in the country. The meeting brought together some 40 members of the research establishment, academic leaders, ministry of health, donors, research sponsors and the media, to better understand Uganda's current situation and discuss developing an alignment and harmonisation action plan.

At global level, the COHRED-supported secretariat of the Global Forum on Bioethics in Research (GFBR) was a partner in the organisation of Forum 2008 in New Zealand, which covered ethical aspects of research in vulnerable and minority populations – a first on this topic.

Resources

www.gfbronline.org

Health Research Web

As *Health Research Web* enters its third year it is now flourishing and has become a separately managed programme. The team has been expanded with a newly hired manager, and new funding received from two donors – Canada's International Development Research Center, and the Swiss Department for Development and Cooperation. A third partnership with EDCTP allows integration of research ethics capacity mapping on the service (see article page 21). The Initiative to Strengthen Health Research Capacity in Africa (ISHReCA) – a group of 70 African health scientists – has endorsed *HRWeb* a key service for national research system development in the African region.

HRWeb is moving into its second phase of providing dynamic information on health research to countries. As a first step, a project registry module with information on health research activities in both Zambia and Senegal is in progress and nearing completion. This is a pilot for this 'open-source' service available to low and middle income countries to collect and present their health research information – by project, region, disease, funding level and donor, etc. When fully operational, it will be a strategic information tool that will improve the quality and relevance of investments in health research.

Resources

www.cohred.org/HRWeb

COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT (COHRED)

Health Research Web - Africa / Senegal

Health Research Web - Country Page

Zambia

1. Research for health - national priorities

2. Research for health - policies and governance

National Health Strategic Plan (NHSP 2008 - 2011)
Ministry of Health
This document will be available soon

National Health Research Strategic Plan (NHRSPP 2008 - 2013)
drafted

COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT (COHRED)

Health Research Web - Africa / Senegal

Health Research Web - Country Page

Senegal

1. Research for health - national priorities

2. Research for health - policies and governance

Guides Techniques pour la Surveillance Intégrée de la Maladie et la Recherche (GIMRI) du Sénégal
Director de la Prévention Médicale, Ministère de la Santé et du Prévention Médicale, République du Sénégal, 2008

Lei n° 2006-21 du 21 juillet 2004, portant organisation des activités épidémiologiques
Présidence de la République, République du Sénégal

Rapid access to strategic information. COHRED with Zambia, Senegal and Canada's International Development Research Center (IDRC) are developing *HRWeb* as a national Health Research Management Information System.



Priorities, Policies and Governance for health research

Policies, priorities and governance structures are the three basic elements that need to be in place for a country to develop its health research system. This concept is being reviewed and tested in a study by COHRED with the Aga Khan University in Kenya.

The team analysed the current situation in 30 African countries. The study reveals that many of the countries surveyed lack of governance, policies and priorities for health research. It also suggests that the presence of a governance structure for health research can be a catalyst for creation of policies and priorities.

A publication is forthcoming and this thinking is being incorporated into the COHRED Framework for NHRS strengthening, to guide policy makers and research managers in their efforts.

Policies, priorities and governance for health research are the foundations of a strong national research system. Results of a 30 country analysis by COHRED.

Emerging partnerships

At the core of COHRED's approach as an enabling and capacity building organisation is its goal of expanding its work and reach worldwide, through a series of effective partnerships, with like-minded organisations. This list is not exhaustive, but illustrates a number of activities which are emerging through the COHRED programme.

- **Centre for Health Research and Development, Denmark (DBL)** – a university-based global health programme – involving organised civil society in health research; and exploring collaboration around national health research system development in The Gambia and Zambia.
- **Athena Institute at the Free University of Amsterdam** – on 'country-based science communication'.
- **Ministry of Health of Brazil** – for Health Research Web, regional meetings, translations of texts.
- **Fiocruz Institute in Brazil** – for joint work in institutional capacity building in Lusophone countries in Africa.
- **ISHReCA Initiative to Strengthen Health Research Capacity in Africa** – for cooperation on Health Research Web.
- **Tunisia Technopole** – for 'research for health' and institutional capacity building.
- **University of Kwazulu Natal in South Africa** as part of the bioethics partnership with European and Developing Countries Clinical Trials Partnership (EDCTP).
- **Aga Khan University in Kenya**, for mapping of policies, priorities and governance structures across sub-Saharan Africa.
- **Pan-American Health Organization** – PAHO.
- **World Health Organization**, Western Pacific Regional Office.
- **Global Forum for Health Research** – partner in organising the Bamako 2008 Global Ministerial Forum on Research for Health (with WHO, UNESCO, the World Bank and Mali), and organisation of Latin American regional meeting on Research for Health.

COHRED-NEPAD African initiative: national health research system mapping and development

The NEPAD-COHRED African National Health Research System Initiative builds on the 2006 Memorandum of Agreement between the two organisations, which specifies COHRED as a partner to support capacity strengthening of national health research systems and the creation of African centers of excellence in health and health research in the region. This phase is the first step in the development of an Africa-wide NEPAD-COHRED initiative on national health research system mapping and development. In a first phase, this initiative aims are to catalyse and support NHRS development in up to 18 countries.

A clearer picture of ethics review capacity in sub-Saharan Africa

Today there is no comprehensive or updated information on ethical review capacity in Africa. The ethics references that do exist are not accessible in one location and focus primarily on contact and membership information or project activities.



The partnership between COHRED and the European and Developing Countries Clinical Trials Partnership (EDCTP) aims to produce the first picture of ethics review and trial regulatory capacity in sub-Saharan Africa. The initiative was created in 2008 and starts its work in 2009.

Today, health research programmes can spend considerable time to locate national review boards and mechanisms in African countries. Having rapid and simple access to this information helps managers run their clinical trials more effectively. It will give quick links to the right people and an idea of the experience and capacity of the different boards.

This is the first effort of its kind and will be made widely available on the *Health Research Web* service. It is the first step toward a platform for dynamic and continually updated ethics review information.

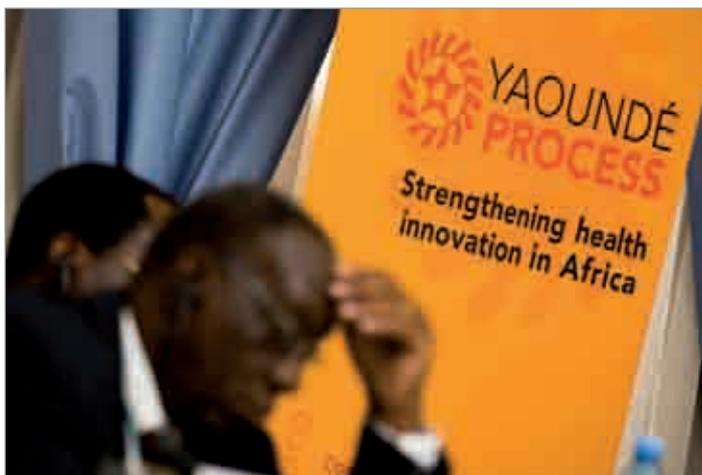
Capacity building in health research. The COHRED-EDCTP partnership is a first step toward south-south learning and cooperation on ethics review capacity. It encourages networking of African regional ethics training initiatives and will map health research and regulatory activities across sub-Saharan Africa.

Yaoundé Process Technology transfer and local medicines production in Africa

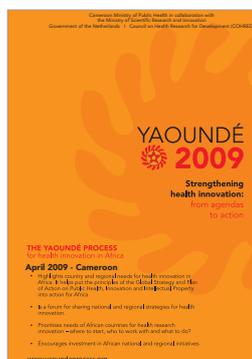
Yaoundé Process is a joint activity of the Government of Cameroon, The Netherlands and COHRED. It was created in late 2006 to bring a stronger country perspective to the debate on medicines production and technology transfer for African countries. Two studies are being completed to improve the understanding of countries needs and how technology transfer can work best in the African context. The Yaoundé Baseline Study will produce the first map of medicines production and related initiatives across Africa. A Framework and tools for developing innovation strategies is being developed by the the George Institute for International Health and COHRED. It will help simplify the complex view of pharmaceutical research and system development, in a format countries can easily use. Both studies will be published in early 2009 and serve as input for the Yaoundé Process countries consultation planned for Cameroon in mid-2009 (see essay page 30).

Resources

www.yaoundeprocess.org



Olivier Asselin



“What does your country need for health innovation and drug production – from other African countries, international partners and global health initiatives?” COHRED facilitated a consultation at the Bamako 2008 meeting to seek country-level engagement and inputs.

'The road from Mexico to Mali', Francisco Becerra-Posada, COHRED's Latin America advisor, speaking at the opening plenary of Bamako 2008.



Shaping the agenda on 'research for health': COHRED at Bamako 2008

For the Bamako 2008 Global Ministerial Forum on Research for Health, in Mali, COHRED was an active and visible partner and one of the six convening organisations, together with the World Bank, UNESCO, World Health Organization, Government of Mali and the Global Forum for Health Research.

COHRED activities and themes featured prominently in the Bamako programme, and in a number of special sessions.

Some highlights:

Keynotes and presentations

- Presence at the Ministerial sessions and comments to drafts – to bring the systems perspective to the text of the *Bamako Call for Action*.
- Keynote presentations in the opening and closing sessions; comments on national health research system issues and country needs in two press conferences.
- Chairing of the panel on 'the paradigm shift from research to health' and participation in several panels, two partner press conferences and keynote remarks to the Bamako closing session.



COHRED's call to action: research based on country priorities and involvement of civil society. COHRED Director Carel IJsselmuiden addresses the Bamako closing session.

Special sessions

Partner in a special session for a *Call to Action for Civil Society Engagement in Research for Health* – a partnership of 11 civil society partners from around the world – cited in the *Bamako Final Communiqué*. (See essay page 32).

Organisation of a special session on 'research for health and health system strengthening in Africa' convened by COHRED, the Swiss Agency for Development and Cooperation (SDC) and the Swiss Tropical Institute (STI).

Yaoundé Process consultation on country needs for health innovation and medicines development in Africa.

Briefings

Media briefings and interviews with COHRED staff; partner briefings on *Health Research Web*.

COHRED Board member, Aissatou Toure meets his Excellency, the President of Mali at Bamako 2008.



Guinea Bissau: A health research policy to support the national health reforms

The partnership with Guinea Bissau continues with the Ministry of Health, where COHRED provides support to the development of the national health research policy – a component of the health policy. Together with the Ministry and Brazilian health research organisation, Fiocruz, COHRED is supporting the creation of the new national public health institute. The partners are exploring how to leverage this experience to benefit other Lusophone countries. Another activity is a review of 30 years of health research done in Guinea Bissau and the impact this has had on health and health system development in the country.



COHRED and Brazil's FIOCRUZ are supporting the creation of the new national public health institute in Guinea-Bissau.

Lao PDR: national health research forum

COHRED provided financial and technical support to the second national health research forum. Together with Laotian partners and Concern Worldwide, COHRED is exploring opportunities to support development of a strategy for 'human resources for health research'.

Central Asia: advocating for health research

Work continued in Uzbekistan for the fourth year, through advice to academic and government partners on research system strengthening. COHRED's regional advisor, based in Tashkent, facilitated the involvement of Uzbekistan and Kyrgyzstan in the European preparatory meeting for the Bamako Ministerial Forum.

A meeting with senior Uzbek and Kyrgyz Ministry of Health representatives, explored options for further collaborative work. Both countries showed an interest in having rapid access to health research produced in the region, and saw *Health Research Web* as a way to achieve this.

First Latin America meeting on research for health

Some 120 participants from 20 Latin American countries attended the First Latin American Conference on Research and Innovation for Health – to which COHRED was a key contributor – providing expert input on health research system development. The meeting was jointly organised by COHRED, the Ministry of Health of Brazil, the Pan American Health Organisation (PAHO), the Global Forum for Health Research, NicaSalud and INSalud Mexico.



The meeting examined the current state of national health research, through 14 country assessment papers provided by partners as input to the discussions. The conference resulted in acknowledgement of the need to focus on health research system strengthening in the region, and for more cross-country and regional collaboration.

A follow-up meeting will be held in Cuba in 2009, where the partners will review developments in their countries since the Rio conference.

A direct result of this meeting for COHRED is the technical support COHRED is providing to Honduras, and linking this to activities in Panama and Costa Rica.



From left to right: Carel IJsselmuiden, Director COHRED, Mirta Roses, Director of PAHO and Reinaldo Guimarães, Secretary of Science, Technology and Strategic Inputs, Ministry of Health, Brazil.

Resources

www.cohred.org/main/healthresearchlatinamerica.php

www.cohred.org/main/Rio_Report_EN.php

Caribbean: support to a regional health research agenda

COHRED contributed to the Caribbean Health Research Council annual meeting in a special session on National Health Research System Strengthening in the region. Other technical support was given in discussions on regional health research priority setting and on processes to follow for developing a regional agenda for health research.

Engaging civil society in a new partnership for health research

The COHRED programme on community engagement in health research was expanded in 2008. A new partnership organised an international consultation to explore this topic from a southern perspective. The group prepared a Call to Action that was presented at the Bamako 2008 Ministerial Forum and mentioned in the Final Communiqué (see essay page 32). This was jointly financed by the Wellcome Trust, DBL-Center for Health Research and Development and COHRED.

This work will be broadened in 2009 as a part of COHRED's work to implement the Bamako Call to Action.

Signatories to the initiative are:

- ANIS, Instituto de Bioética, Direitos Humanos e Gênero, Brazil
- Centre for Public Health and Equity, SOCHARA, India
- Centre for Science and Environment (CSE), India
- CIAM - Public Health Research and Development Centre, The Gambia
- Community Health Sciences, Aga Khan University, Pakistan
- Council on Health Research for Development (COHRED), Switzerland
- DBL - Centre for Health Research and Development, Denmark
- International Centre for Reproductive Health (ICRHK), Kenya
- L'Association Tunisienne de Promotion de la Recherche en Santé (ATUPRES), Tunisia
- Project Africa, Kenya
- Research!America, USA

Resources

www.cohred.org/main/Assests/PDF/Bamako_web.pdf



Civil society engagement in health research asks the question: 'how can communities be actively involved in shaping national health research agendas and priorities – based on people's health needs?' Nelson Sewankambo, Dean of Medical School of Makerere University, Uganda and Sylvia de Haan of COHRED at the Bamako 2008 sessions.

How research communication makes evidence more useful...for policy makers, communities and others in society

COHRED research communication work included activities in East Africa and Asia. In Uganda, work progressed with Makerere University School of Public Health, whose board adopted a framework for strategic communication that was developed in partnership with COHRED. In consultations with other African and Asian partners, COHRED has been asked to provide input and perspectives on the research communication. The team contributed its thinking to the strategies of the Philippine Council on Health Research and Development and the Institute for Health Systems Research in Malaysia.

The Philippine work consisted of a series of focus groups held with different stakeholders in society on the question: what do you need from others to better communicate or use the results of health research? Some 50 people were involved in five different focus groups, including: research, the media, journal editors, research managers and civil society organisations.

In Malaysia, COHRED provided support to the Institute for Health Systems Research and EVIP-Net Asia (Evidence Informed Policy Network), by working with the research teams and institute management to develop a process and templates for 'translating' research results into information that is useful for policy makers. The course started with basic communications concepts and a dialogue between researchers and policy makers. It concluded with seven completed policy briefs and research summaries - ready for sharing with the users defined for each research activity.

COHRED has received requests for similar support from other countries, which will continue in 2009. Its goal with this work is not to become a training specialist, but to provide learning opportunities to southern organisations and networks that can spread these skills to others. The results of these experiences will be published in a strategic communication guide for research managers in 2009.

The perspectives and experience gathered in these activities will feed into a research activity that COHRED has started with the Athena Institute for Science Communication, which will involve partners in Uganda and Tanzania.

Resources

www.cohred.org/main/researchcommunication.php



How can our evidence be made more useful to policy makers? COHRED's Michael Devlin facilitates a consultation between researchers and policy makers, with Dr. Sondi Sararaks of the Malaysian Institute for Health Systems Research (IHSR). Seven research teams defined and produced finished policy briefs during this five-day session. This activity was in support of EVIPNet Asia activities.

Building a better health research system. Andrew Kennedy, senior research officer at COHRED, discusses the COHRED National Health Research and Policy Development frameworks at the Scientific Conference of the Malaysian National Institutes of Health.



Peer review in Malaysia of guides for National Health Research System strengthening

COHRED was invited to participate in the Malaysian National Institutes of Health Scientific Conference. A keynote presentation was given on National Health Research System Development and a second in a session on Translating Research to Policy.

As a part of the conference COHRED organised a peer review session on its National Health Research System Development framework guides for health research policy development, with Ministry of Health officials. The ministry has committed to develop a formal health research system in the current five year national planning cycle — citing the Mexico Statement from 2004 as the influence on this policy commitment.

COHRED studies presented at UNESCO 'Knowledge Systems' conference

The UNESCO Global Research Seminar on 'Sharing Research Agendas on Knowledge Systems' invited COHRED collaborators from Uzbekistan and Kenya to present the results of its National Health Research System meta-analysis of 38 countries and the results of the Policies, Priorities and Governance study of 23 African Low Income countries (see page 28). The COHRED team facilitated a discussion comparing and contrasting different approaches to research system assessment in a special session presenting experiences from work on health research systems.

Essays

New perspectives on health
research system strengthening

Governance structures – the drivers of National Health Research System development

A new study gives evidence – for the first time – of the close relationship between strong national governance structures and the presence of health research policies and priorities, in low and middle income countries.

Over the past three years, COHRED has collaborated in studies that have mapped the research systems of 38 countries. What have we learned from the results of these studies? Meta-analysis of the information collected clearly shows the importance of strong structures for the governance and management of national health research as the engines that drive system development. At the same time, the study shows that many low and middle income countries have yet to establish bodies to fulfil these roles.

The main aim of COHRED's work on National Health Research System (NHRS) mapping has been to describe the governance and policy frameworks for health research in low and middle-income countries. This allows decision makers to assess the current state of their health research system, and to make informed decisions on the best choices that can improve the efficiency and impact of national health

research. An additional benefit of this approach is that it generates a standardised set of data from which more generalisable lessons can be learned. The first of these meta-analyses was conducted this year examining the relationships between three core components of a governance and policy framework - a) governance structures, b) health research policies, and c) health research priorities.

Governance structures

NHRS governance is concerned with the relationships, systems, processes and rules for making decisions within the system. It provides the structure through which the objectives of the system are set, and by which the performance and achievement of these objectives are planned, executed, monitored and evaluated. Countries differ in the models of research system governance that they employ. Structures can take the form of government departments; research councils, committees or commissions; academies of science; or research forums. These structures can focus specifically on health research. They can deal with health research as part of the overall science and technology sector; or can involve a number of structures – each dealing with specific types of health research or health research that is done in different sectors.

Policy Framework

A policy framework for health research can be composed of a series of specific policies, regulations or pieces of legislation. These formal plans or strategies provide national direction for health research and can form part of broader policy directions. The health research policy framework, for example, can be focused on health or be part of the broader research, science and technology, innovation or general national development.

Priorities

Health research priorities identify the research needs of countries to achieve their health goals and, if available, are usually formally stated by the Ministry of Health or another ministry or national research governance body. Health research priorities can form part of general research priorities for a country – as part of national socio-economic development goals, or can be research areas identified as necessary to address nationally determined health priorities.

COHRED's analysis reveals that many low and middle income countries have major gaps in their governance and policy frameworks for health research. Only half of the 38 countries studied had established governance structures for health research; 11 (29%) have put in place a policy framework to guide health research development; and 20 (53%) have identified national health research priorities.

Our study also shows a close relationship between governance structures and the development of policy and priorities for health research. Of countries without a governance structure (n=19), none had a policy for health research, and only three countries had established national health research priorities.

While these findings may seem entirely logical, this is the first study to provide the evidence of this link, and it supports COHRED's approach to NHRS development. It is also essential to convince national decision makers about the relevance of spending effort and time on improving research systems in their countries and pointing towards crucial areas for such improvement.

The analysis demonstrates that NHRS mapping studies provide a useful step on the road to NHRS optimisation and development and provides the evidence to ensure that NHRS development is itself evidence- based.

The scope of COHRED's work in this area to date has been to describe the existence of health research governance and policy frameworks in low and middle income countries. It has not been possible to go further to examine whether these components increase the effectiveness, efficiency and quality of health research outputs, or assess their impact on health and socio-economic development. These questions will start to be addressed in the coming year as information from an additional 44 countries becomes available and we are able to conduct more in-depth analyses.

For further information on COHRED's approach to NHRS development see:
www.cohred.org/NHRSsupport

The team working on NHRS mapping is: Andrew Kennedy, Hassen Ghannem and Carel IJsselmuiden. For further information contact Andrew Kennedy: kennedy@cohred.org

The Yaoundé Process: strengthening health innovation in Africa

The Yaoundé Process is producing new evidence for a clearer picture of African countries' needs for better access to drugs and local medicines production; and practical approaches to support implementation of the Global Strategy on Public Health, Innovation and Intellectual Property.

In today's global context, with the health of populations generally improving, unacceptable inequalities persist between regions and countries – in many cases, influenced by conflicts, economic crisis or natural disasters. Not surprisingly, poor populations are the most vulnerable and affected by ill health, as they have the least access to health care and treatments they greatly need.

Conscious of the urgent need to correct this imbalance, the international health community has intensified its efforts to develop strategies, tools and products to address the health needs of poor and neglected populations¹. The current debate on availability and accessibility of drugs for the diseases that most affect the poorest countries has succeeded in focusing attention and funds on solving this problem, and progress is being made².

In June 2007, participants to the OECD/Netherlands High Level Forum issued the Noordwijk Medicines Agenda. It aimed to '*...enhance the availability of medicines for neglected infectious diseases*'. In December 2007, Cameroon, the Netherlands and COHRED initiated the Yaoundé Process, a complementary activity designed to bring to Noordwijk a stronger African perspective and a clearer picture of specific African countries' needs for health innovation. Its goal is to enable strengthening of health innovation by and for African countries.

In May 2008, the World Health Assembly adopted the Global Strategy on Public Health, Innovation and Intellectual Property³, the successful achievement of a series of long and difficult negotiations.

The Strategy is an important instrument for focusing global health innovation on the specific needs of low income countries. It provides formal political commitment and a useful conceptual framework. But to be truly successful, it still needs to produce concrete results, especially at country

level. This calls for a flexible implementation of the strategy that addresses the more specific needs of regions and countries, through well defined, sustainable and efficient partnerships.

The Yaoundé Process is producing evidence and information that directly supports the practical implementation of the Global Strategy in Africa and provides a clearer picture of African countries' needs. It considers two central questions:

- What is the situation of innovation activities, projects and programmes in Africa today?
- What are the specific needs of African countries; and what technologies and solutions do they need to acquire or produce to improve the health of their populations?

Health innovation is a complex issue that can be addressed by various stakeholders through many entry points at national, regional and global level. Many global initiatives and programmes focus on a few specific steps of medicines research and development and production. They tend to work for low income countries rather than with them.

The Yaoundé Process encourages a broader perspective. One where countries have national health innovation strategies that include: policies, regulation issues, market environment and incentives, financing, local production, human resources, and other health, social, legal and

1 Global Fund to fight AIDS, TB and Malaria, Global Alliance for Vaccines and Immunization (GAVI), Commission on Intellectual Property Rights and the resulting Intergovernmental Working Group (IGWG), Gates Global Challenges

2 Increased interest and financing for neglected diseases: for example: creation of the neglected diseases department in WHO; special meetings on neglected diseases convened by Germany in the past two years; adoption of the Global Strategy and Plan of Action on Public Health, Intellectual Property Rights and Innovation (IGWG process); Gates Foundation's shift of priorities for a broader approach to diseases of poverty and countries needs, including its reorganisation and creation of division for Integrated Health Solutions Development.

3 Resulting from the work of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property (IGWG).

economic aspects. In this light, national strategies need to reflect the reality of the countries' situation. For example, rather than having an end-to-end plan for local development and production, some countries' strategies may specify which elements of the development chain are best done locally, and which can be sourced from other countries in the region.

The research currently being completed by the Yaoundé Process will help countries make the best choices for their needs. Two studies now being published will serve as the basis for a series of consultations and a larger partners meeting in Yaoundé. The meeting will be a working session where African countries will further assess their current situation, define national priorities and strategies and plan future activities and investments needed to progress on health innovation.

Yaoundé Process - complementary initiatives

As an open forum, the Yaoundé process welcomes input and perspectives from all players active in health innovation in Africa, and seeks input from complementary activities, including:

- Study on regulatory systems by Drugs for Neglected Diseases Initiative (DNDi) and the George Institute.
- Study on local pharmaceutical manufacturing capacity by the United Nations Industrial Development Organization (UNIDO)
- Work on discovery research for drugs and diagnostics (WHO-TDR)
- Activities on access to drugs by Antiretroviral Access for Africa (AA4A)
- African Network for Drugs and Diagnostics Innovation (ANDI)

The COHRED team working on the Yaoundé Process is Martine Berger, Julie Murugi and Carel IJsselmuiden. For further information: Martine Berger, berger@cohred.org

Yaoundé Baseline Synthesis on Health Research Innovation in Africa⁴.

This study provides a comprehensive inventory and map of the current landscape of health innovation activities in Africa – with critical review and analysis by African stakeholders.

It confirms that there is no comprehensive synthesised evidence on current status of health innovation in Africa. Evidence gathered points to a complex and fragmented landscape, with multiple actors, engaged at multiple levels and sectors, and addressing diverse components of health innovation. It shows that health innovation initiatives are largely focused on drugs, diagnostics and vaccines for neglected and high-burden diseases occurring in Africa and that most of them focus on specific narrow aspects of health innovation, often without due attention to strengthening broader health innovation building blocks such as regulatory frameworks, research governance, capacity building and incentives for trade and investment.

Framework and tools for countries to plan innovation strategies⁵.

The aim of this joint research with the George Institute for International Health is to develop a framework that countries and health research funders can use to simplify

the complex view of pharmaceutical research activities in Africa – to develop scenarios for local production and technology transfer. Countries will be able to visualise their different levels of innovation, collectively assess their regional and respective national capacities and plan for phasing-in complementary initiatives.

The framework is built on Yaoundé baseline data and uses case studies to illustrate country experiences in moving to different levels of the innovation and production process – or highlighting attempts that have not succeeded.

The areas being explored include: experiences of country pharmaceutical industry development, local manufacturing and access to products; the NEPAD Science, Technology and Innovation Initiative. It also compiles documentation on Pharmaceutical R&D Policies: existing reports, documents, reviews and articles on policies relevant to African pharmaceutical research and development, in the areas of: regulatory, intellectual property, and tariff/tax policy.

This new perspective will help countries develop innovation skills and strategies – in areas such as regulatory and intellectual property systems; industry, tax and tariff policies; ethics boards; governance structures and policies; financing; human resources strategies; and community involvement.

⁴ The Yaoundé Baseline Study on Health Research Innovation in Africa is currently being completed and will be published in the first quarter of 2009. ©Council on Health Research for Development (COHRED), Cameroon Ministry of Public Health, Government of the Netherlands ISBN 92-9226-030-8

⁵ The Framework and tools for countries to plan innovation strategies is currently being completed and will be published in early 2009. © George Institute for International Health and Council on Health Research for Development (COHRED) ISBN 92-9226-031-6

Civil Society Engagement in Research for Health

A number of factors have come together in the past year that bring broad recognition of the added value that civil society organisations can bring to research for health – as a pathway to improved population health for low and middle income countries. The work of a group of civil society actors, each with a stake in research for health, has been recognised by Ministers in the Bamako Call to Action and the final Bamako Communiqué. The challenge now is for civil society organisations to work with others to ensure that engaging the public is a standard practice in the research process.

From its establishment in 1993, COHRED has been vocal about the need to involve civil society organisations (CSOs) in health research and health research management. However, good strategies to operationalise initial commitment were lacking and ‘token involvement’, for example in the priority setting process, was the result.

To learn from good experiences in the South and North, and to develop operational strategies, COHRED organised a first consultative meeting in Mumbai, India, in 2006⁵. This year a follow-up consultation was held in Denmark, organised together with the Public Health Research and Development Centre (CIAM) in The Gambia and the Centre for Health Research and Development (DBL) in Denmark⁶. This consultation resulted in a *Call for Civil Society Engagement in Research for Health* (of which an excerpt is included in this annual report). It defines strategies to strengthen the role of CSOs in research for health, and presents key recommendations to all actors in research for health.

The Global Ministerial Forum on Research for Health (Bamako, November 2008) gave wide recognition to the need to engage civil society organisations in all aspects of the research for health process. This is expressed in the *Bamako Call to Action* and the *Bamako Communiqué*. In addition, the *Call for Civil Society Engagement in Research for Health* was read out during the final plenary session, and it thus became one of the three outputs of the Bamako Forum.

The challenge – for civil society organisations and other partners in research for health – is to act on this recognition of the need for their involvement, and ensure CSO engagement in research for health as standard practice for research, especially in the South. COHRED, with its partners, will continue building the informal

network of CSOs involved in research for health, and will monitor and report on progress made in the years to come.

Excerpt from the Call for Civil Society Engagement in Research for Health

The Call to Action was prepared by:

- ANIS, Instituto de Bioética, Direitos Humanos e Gênero, Brazil
- Centre for Public Health and Equity, SOCHARA, India
- Centre for Science and Environment (CSE), India
- CIAM - Public Health Research and Development Centre, The Gambia
- Community Health Sciences, Aga Khan University, Pakistan
- Council on Health Research for Development (COHRED), Switzerland
- DBL - Centre for Health Research and Development, Denmark
- International Centre for Reproductive Health (ICRHK), Kenya
- L'Association Tunisienne de Promotion de la Recherche en Santé (ATUPRES), Tunisia
- Project Africa, Kenya
- Research!America, USA

The goal of research for health is better health for all. Reaching this goal is possible with the

1 Sylvia de Haan, COHRED.

2 Samuel Anya, CIAM, Public Health Research and Development Centre, The Gambia.

3 Paul Bloch, DBL, Centre for Health Research and Development, Denmark.

4 Ayo Palmer, CIAM, Public Health Research and Development Centre, The Gambia.

5 Can Communities Influence National Health Research Agendas? Record Paper 3, COHRED, 2006. http://www.cohred.org/main/publications/recordpapers/COHRED_RP3Communities.pdf

6 This consultation was co-funded by the Wellcome Trust and the organising partners.

involvement of the stakeholders in health that represent the rich spectrum of sectors and disciplines, including civil society organisations (CSOs).

We define **civil society organisations** as organisations that are not-for-profit, operate between the state and the public, represent or serve population groups, and are guided by the principle of social justice. Our focus is on those organisations with an interest in research for health, and in using research to assess health determinants, influence health policies and improve health outcomes. While acknowledging the diversity of CSOs and the challenges of representativeness, we believe that CSOs represent and build alliances with community based organisations and community groupings, and that their contribution to research for health has a positive impact on the population at large.

Civil society organisations are a missing voice in the successful move from health research to research for health. We - the authors of this Call to Action - are a group of CSOs that, through their work, demonstrate how research leads to action for change. CSOs:

- Drive, participate in and conduct research that embraces health in its broadest sense, including the determinants of health and health-related inequities;
- Can hold all stakeholders accountable for their commitments made towards research for health;
- Can increase skilled local capacity enabling effective responses to national and international priorities and demands;
- Provide missing viewpoints and cultural perspectives to research for health;
- Translate research for health into action for health; and
- Disseminate research findings to a wide audience of stakeholders in health using more accessible formats such as stories and narratives.

We therefore call on all stakeholders in research for health to:

1. Acknowledge the importance of research for improving health for all, and to recognise the **contribution** CSOs can make to support the broad scope of research for health, with a focus on health development and equity.
2. Build and nurture **partnerships** with CSOs around common concerns on national and global priorities in research for health, and to base these partnerships on the principles of mutual respect, fairness, inclusiveness, transparency and trust and with a multi-discipline approach.
3. Create environments at national and global levels in which CSOs can exercise their legitimate roles **in research for health**, through providing financial, infrastructural development and institutional capacity building support to CSOs.
4. Provide **funding** which is long-term and flexible, based on fair-contracting principles, thus strengthening CSOs to engage in participatory processes, build their institutional capacity, and becoming a strong partner in developing and implementing research strategies at local, regional and global levels.
5. Value additional and creative means of **communicating** research, using a variety of channels and languages, and to acknowledge the role CSOs can play in raising awareness of research, in increasing engagement in research, in transforming research findings into action, and in communicating this to the public, thus helping build public trust in research.
6. **Jointly identify indicators** and methodologies for evaluating the impact and contribution of all stakeholders, including CSOs, in research for health.

The COHRED team working on CSO engagement is Sylvia de Haan and Carel IJsselmuiden.

For further information: contact Sylvia de Haan, dehaan@cohred.org

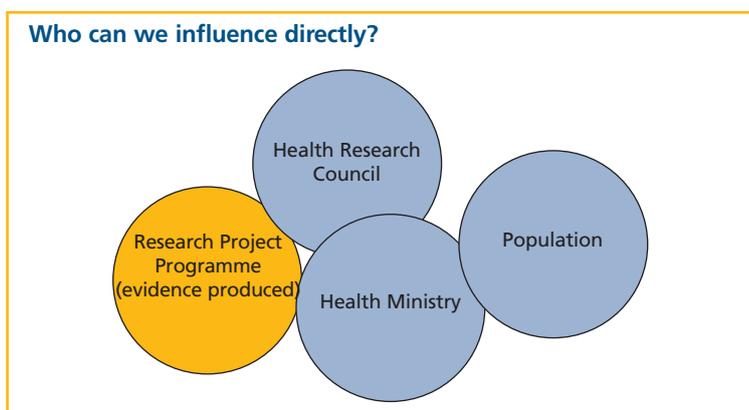
Communicating evidence – to policy and practice

Policy briefings can be useful. But first, research managers should know their users and how the research can benefit them.

The past several years have seen increased interest in how health research evidence can be effectively ‘translated’ to better inform and influence countries’ health policies and practices. Evidence-to-policy communication is important. It is also part of a broader picture of what needs to happen for health research to be useful to society.

Research managers often cite policy briefings as an effective way to link research to decisions. But before launching into the creation of policy briefings as strategy to ‘influence policy’ the research communications approach being investigated by COHRED and its partners advises research managers to take a step back – and better understand who are the potential users of their research and what is the best way to inform and influence them.

In 2008, COHRED designed an approach to strategic communication of health research, and tested it together with the Institute of Health Systems Research (IHSR), of the Ministry of Health in Malaysia. The result was a reflection with a group of 20 researchers working on several research projects. The main objective was to propose a platform for a better understanding of how research based evidence can best inform policy makers and others in society.

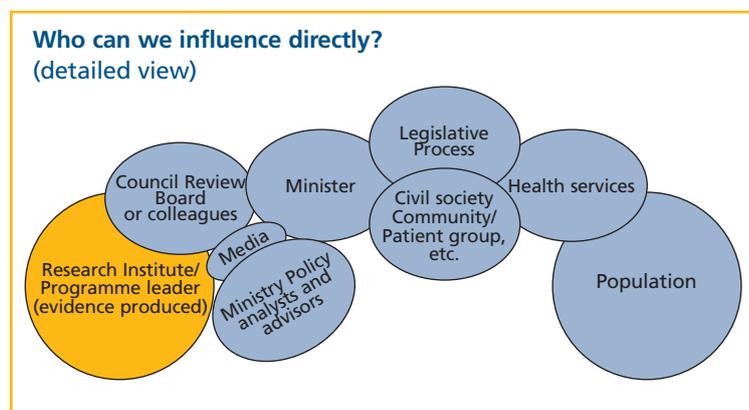


Influence pathway for communicating evidence to decision makers – a summary view.

In a one-week session these research teams were involved in a hands-on practical work designed to link their research with specific user groups.

They started by asking five simple questions:

- *What do we want to happen - what is the ultimate result of successfully communicating your evidence? Who will act differently as a result of it?*
- *Which people and groups can we influence directly?*
- *How are my target users likely to access and use my research evidence?*
- *What are the benefits to the user of the approach I am proposing?*
- *What communication actions do I need to develop to achieve this goal?*



A more detailed analysis reveals who we need to engage directly. And suggests what information and activities are most effective

By answering these questions, and relating them to their research, each research team formed a picture of the potential benefits of their work, who they can influence and what was the best way to achieve this. The week concluded with a series of finished research summaries prepared by each team. Based on these initial products coming from the workshop, IHSR proceeded over the next following months to design a template for the synthesis of all research in progress, in a concise and benefit-oriented way.

Who can make use of my research?

The research teams identified and defined groups that they felt they can influence directly – and mapped the influence pathways needed to reach them. This reflection suggested the kind of information and activities that would most effectively reach these groups. Useful approaches ranged from arranging special meetings, or preparing information for different audiences – decision makers, district health officials, or for the general public.

As an example, one research team concluded that – while the health ministry was the ultimate beneficiary – the specific group they could most effectively influence was a technical committee charged with defining and enforcing quality management standards for food service in the national health system. To influence change in this case, the approach required that specific technical information and personal interactions were developed with this group of experts. This team's strategy was to participate in specific committee meetings and prepare a research summary of the study.

Dialogue between researchers and decision makers

As part of the session, IHSR research teams participated in a roundtable discussion with Ministry of Health and government agency representatives. This conversation centered on the question: *what do you need from health researchers to better do your work?* These interactions revealed that there are different kinds of 'policy and decision' makers, each with different needs.

- A request for a short summary of research findings, with recommendations.
- Request for all the data, details of the methodology and the published research. Their need was to examine and understand the details of the research done and produce conclusions and recommendations. If recommendations are proposed, an accompanying implementation plan that includes cost implications must be attached.

This exchange helped each group better appreciate the needs of the other.

As a result of this work, the IHSR identified the need to develop two types of information:

- Research highlights* - to document work-in-progress in a concise and benefit-oriented way.
- Policy briefs* - where conclusive evidence emerges from a research, a systematic review will be conducted to support and strengthen the research evidences and this will then be followed by the generation of a smaller number of policy briefings to highlight actionable recommendations.

Based on this experience and its work with partners in other countries, COHRED is developing a method that research institutes can use to focus their research and evidence produced on the needs of users.

This strategic communication approach for research producers is one part of how COHRED sees communication, as integral part of a well-functioning health research system.

Communication and advocacy activities should be a part of the research process, and engage all stakeholders in dialogue so that research responds to population health needs. This requires that research activities are done in dialogue between researchers, communities, policy makers, funders and the media – in a word: all those with an interest in improving population health.

The team working on science communication team is Michael Devlin, Jennifer Bakyawa (in Uganda) and Carel Ijsselmuiden. For further information contact Michael Devlin devlin@cohred.org www.cohred.org/researchcommunication

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Recommendations of the First Latin America Conference on Research and Innovation for Health

The strengthening and stewardship of national health research systems – and regional cooperation – are vital to facing challenges in health care and promoting equitable development in Latin America.

Rio de Janeiro, Brazil, was the site for the First Latin America Conference on Research and Innovation for Health held in 2008. It brought together some 120 strategic actors in health research from across the region, including officials and professionals in the fields of health, science and technology; representatives from technical cooperation and development agencies; national, regional and worldwide research networks and organisations².

The group sought practical answers to questions such as: how to ensure that research addresses countries' health priorities and contributes to equitable development in Latin America. The meeting emphasised the creation, development and strengthening of National Health Research Systems (NHRS) and the use of regional cooperation as a means of taking advantage of existing resources and reducing asymmetries.

The conference produced a rich exchange of experience, and reports on the status of health research systems of 14 countries in the region. The final conference report provides a synthesis of the discussions, in Spanish and English.

The results of this consultation were used by governments and regional civil society organisations to agree on an input to the Bamako 2008 Global Ministerial Forum on Research for Health. Conclusions from the meeting will also contribute to designing Pan American Health Organization's research policy, and that of other international agencies concerned with health. A summary of the main recommendations is listed below.

The strengthening and stewardship of NHRS and regional cooperation are vital to facing challenges in health care and promoting equitable development in Latin America. Therefore, health research and the equitable

distribution of its results and benefits must be a top-level priority on national and regional political agendas, done in a democratic environment and with citizen participation.

All discussion groups in the Conference agreed on one strategic vision: NHRS stewardship – including research, development and distribution of technologies – is the State's responsibility and cannot be delegated. This is the only effective way to combine research and innovation with development and public health priorities. To make this vision a reality, it must be linked to a set of updated research priorities in the countries, so it responds to their health system needs and national development objectives. To support this, funds should be allocated to facilitate national researchers to do research focused on the defined priorities.

Research for health needs to develop in an environment based on inclusiveness and that favors research aimed at achieving equitable development. This is best done through an ethical framework and accountability, supported by laws that safeguard ethics in research and establish bodies that monitor activities and guarantee the recording of information. Training of human resources is key for the strengthening of national research. Young researchers should be trained by working on projects linked to NHRS priorities. Evaluation of

1 COHRED Senior Consultant for Latin America based in Mexico City, Mexico.

2 The meeting was organised in a partnership with the Brazilian Ministry of Health, PAHO, the Coordinating Commission for National Institutes of Health and High Specialty Hospitals of Mexico (INSalud), the Council on Health Research for Development (COHRED), the NicaSalud Network Federation and the Global Forum for Health Research (Global Forum). The conference was financed by PAHO, the Brazilian Ministry of Health, the Wellcome Trust (London, UK), COHRED, the Global Forum and the UNICEF/UNDP/ World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR).

researchers' performance is needed and wanted, as a path to excellence.

In regards to financing with national funds, the Conference recommended countries to seek innovative strategies for obtaining funds, such as taxes on industries that increase the incidence of disease and death (tobacco, alcohol and automobiles), or the inclusion of research for health agreements in loans from multilateral banks.

To ensure the highest possible quality, funds should be allocated through open competition to researchers and research institutions. Projects should be subjected to a peer review process.

Regarding innovation, discussions were held on: strengthening drug regulatory agencies; providing transparency in the context of public procurement; promoting public access to

products of social and technological innovation; explicitly incorporating traditional medicines into the innovation cycle, and paying attention to the equitable distribution of the resulting benefits.

The conference called for a common strategic vision for approaches to health research. A number of key factors were highlighted, such as: regional cooperation is vital to supporting national health research systems; the intellectual property needs must be reconciled with public health interests; asymmetries should be reduced between information, funding and technology. To implement this vision, the group specified lines of action that seek to take advantage of countries' existing capabilities. Countries agreed to report back on activities done and progress made at a special meeting in Cuba in 2009.

For more information, please consult the following links:

Country input reports

www.cohred.org/main/publications/background_papers.php

Final report:

Spanish

www.cohred.org/main/publications/Rioreport/Rio_report_ES_low_res.pdf

English

www.cohred.org/main/publications/Rioreport/Rio_report_EN_low_res.pdf

The interactive platform for managing health research in low and middle income countries

The next phase of *Health Research Web*

Now entering its third year of development, the Health Research Web service is evolving to meet needs voiced by increasing stakeholder groups in health research. These include health research managers and policy makers; international development and donor community; research ethics professionals, researchers, civil society organisations and the media. The major change initiated in 2008 was the development of the *HRWeb* platform from a static, centrally controlled database to a more open service – broadly based on interactive global cooperation for better knowledge.

Over the last decade, health research has become progressively more relevant in both international and national development. There has been a major increase in research funding from high-income countries directed at finding global solutions for the health problems of low and middle income countries (LMICs). Also private sector (pharmaceutical) funding in LMICs has grown tremendously since the 1990's.

However, the increased funding does not necessarily mean that the health priorities for improved population health in LMICs are being adequately addressed. On the contrary, some of these global investments have resulted in the weakening of already fragile health research capacity in low and middle income countries by drawing scarce national research expertise into research on globally determined health priorities – *mainly HIV/AIDS, tuberculosis and malaria* – even though many other health problems require similar research investments to find local – *and global* – solutions.

In addition, many LMICs see the development of their own national health research capacity and research systems as a key strategy to address own health priorities, improve their own health systems, reduce health inequities, and, indeed, support development through building a science base. In many low income countries, the overwhelming proportion of research funding (>90%) comes from external sources and is often the only budget available to stimulate the national research, science and technology, and innovation sectors. It is not a surprise, therefore, that many national research managers in LMICs are increasingly interested in having access to

systematically collected, collated and analysed information on international health research involving their own countries. Yet such information is hard to come by.

COHRED has been working intensively with countries, institutions, researchers, media and research donors and sponsors over the past several years – listening to the needs of different health research stakeholder groups. The information needs of these groups are extensive and varying on the one hand – but similar on the other: basic research management information to enable them to improve their impact, synergy, collaboration, and focus. For example:

- **Researchers in both high and low and middle income countries** have expressed the need for a detailed and searchable information on current research projects; institutional and personnel profiles; information on grants or calls for proposals; capacity building activities; networking opportunities and ethical review processes;
- **Research sponsors and donors** require access to countries' ethical review processes, health policies, strategic plans and research agendas and country clearance guidelines (for international researchers wanting to work in a country); also they want to know what others are funding in the same countries or regions;
- **Governments** have expressed the need for statistical information: for example, the percentage of research done on certain topics, external funding sources and levels to research and training activities – globally, by topic or institution; and they want to know if their national health research priorities are being addressed and sufficient capacity is being built;

- **Media** need access to contact details of key players in the national health research systems, health research abstracts and data on disease-focused programmes or financial flows to be able to improve their reporting;
- **Civil society organisations** engaged with health research – from conducting it, to supporting it, to communicating it – need to know whom to contact; want to monitor progress and assess responsiveness of governments and international researchers to the problems of the poor;

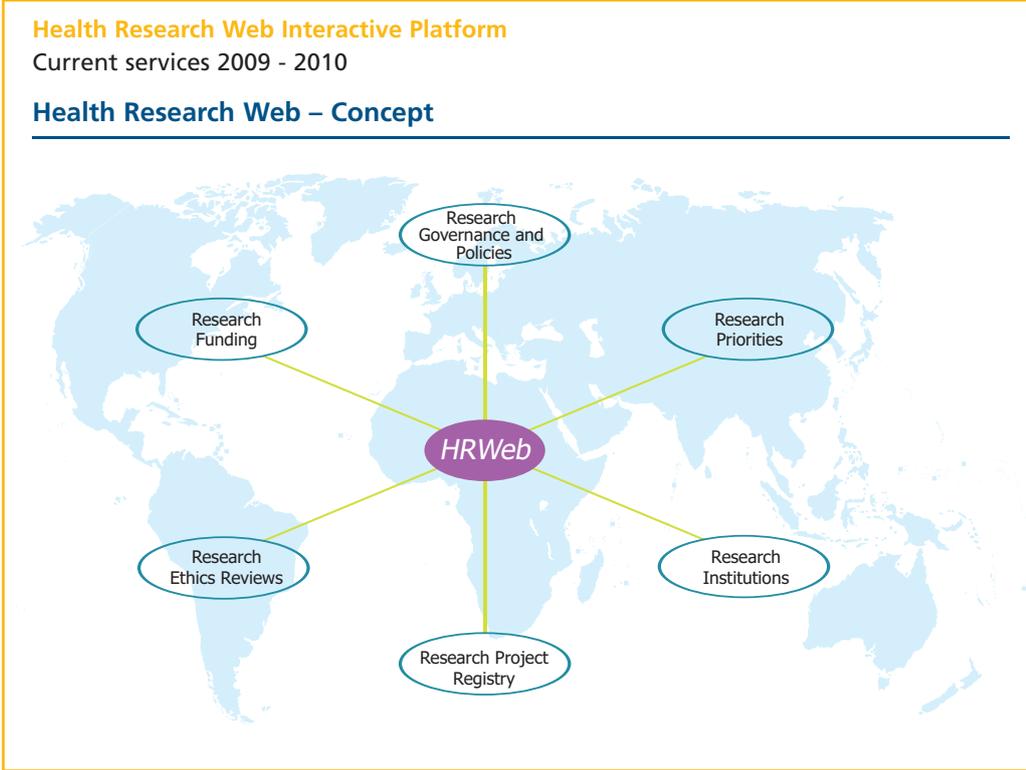
Faced with the absence of quick and reliable access to this kind of information, national authorities have little or no evidence base to support their decisions in designing national health research policies and strategies. This situation also makes it impossible to conduct cross-country comparisons, analyses of national health priorities – to see which research interventions are most effective.

To enable low and middle income countries to use research as a key tool to achieving international health goals, enhance health equity, and support science development through health research, COHRED is further developing the *Health Research Web (HRWeb)* service. As deeper and broader information on countries' health research systems is being progressively added, *HRWeb* is becoming a platform for access and sharing of health research information between all those active in low and middle income countries and interested in 'research for health'.

HRWeb organises information from the perspective of countries – it provides information for 'high level management decisions'. A key feature in *HRWeb* is that it is an attempt to break away from the traditional mode of data collection – 'by a few on the many'. Instead, using advances in technology and global data sharing, *HRWeb* is evolving in a user-driven knowledge sharing platform in which COHRED's main roles focus on platform development, editorial quality and encouraging personalised use of the information. In this way, countries – institutions – researchers (including the 'diaspora') have – for the first time – access to a research management information system that will greatly improve their work and impact of their work.

Major challenges include the use of web-based solutions in low-bandwidth areas, quality control and encouraging use of and contributions to the *HRWeb*.

The wealth of information and flexibility provided will give LMICs more insight in research happening in their countries; will encourage collaboration between donors – for example in supporting complementary activities and homogenising reporting requirements; in supporting researchers in finding colleagues, sources of support and networks that may enhance their own research; and in promoting the quality of ethical review for clinical trials --- all building on the same platform or 'engine'. We are indebted to the Ministry of Health in Brazil for having provided the basis for this platform.



In the past three years *Health Research Web* has evolved into an interactive platform. It will offer a growing range of services, including wiki-style information sharing and synthesis, social networking and data analysis.

Support for this vision and development has come directly from innovative funding sources such as the SDC (IT in developing countries), IDRC (learning how to use web-based solutions in low-bandwidth countries in Africa) and EDCTP (mapping African ethics review and drug regulatory capacity). It has also received enthusiastic endorsement from ISHReCA (Initiative to Strengthen Health Research Capacity in Africa) for whom an initial mapping of African research institutions and institutional capacity is of key importance. And requests for active engagement with *HRWeb* have come from: Senegal, Zambia, Vietnam, Kyrgyzstan, Philippines, etc).

Clearly, *HRWeb* is there to stay and still needs substantial growth and development. This includes new links to sources of information, relevant to 'high level management decisions' such as the Evidence Informed Policy Network (EVIPNET), and others.

We welcome your inputs in whatever way this may be. For information and support, please contact the *HRWeb* team.
<http://www.cohred.org/HealthResearchWeb/>

The team working on HRWeb is: David Abreu, Claudia Nieto, Sylvia de Haan, Carel IJsselmuiden and Bruno Coelho. For further information: contact abreu@cohred.org

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Dr. Jo Ivey Boufford
President,
New York Academy of Medicine
USA
Chair: Budget and Finance
Committee;
Member of the Executive
Committee

Dr. Don De Savigny
Swiss Tropical Institute
Head of Unit
SWITZERLAND
Clinical & Intervention
Epidemiology;
Public Health & Epidemiology
CANADA

Dr. Sambe Duale
Technical Director and Infectious
Disease Advisor,
Africa's Health in 2010 project
D.R. CONGO/USA
Member of Fund raising
Committee; Selection and
Recruitment Committee

Ms. Annalize Fourie
Health & Education Advisor
Irish Aid
SOUTH AFRICA

Prof. Carel IJsselmuiden
Director of COHRED
SOUTH AFRICA/NETHERLANDS
Ex-officio member;
Chair: Fund raising Committee

Dr. Suzanne Jacob Serruya
Director,
Brazilian Ministry of Health
BRAZIL

Prof. Marian Jacobs (Chair)
Dean, Faculty of Health Science
University of Cape Town
SOUTH AFRICA
Chair: COHRED Board; Executive
Committee; Member of the fund
raising Committee

Dr. Daniel Mäusezahl
Senior Health Advisor
Social Development Division
Swiss Agency for Development
and Cooperation (SDC)
SWITZERLAND

Prof. Stephen Matlin
Executive Director
Global Forum for Health Research
UNITED KINGDOM
Ex-officio member of the Board

Dr. Pascoal Mocumbi
High Representative
EDCTP - European and Developing
Countries Clinical Trials Partnership
The Hague
MOZAMBIQUE

Dr. Donald Simeon
Director
Caribbean Health Research Council
TRINIDAD & TOBAGO

Dr. Aissatou Toure
Head, Laboratory of Parasite
Immunology
Institute Pasteur Dakar
SENEGAL

Dr. Pem Namgyal
Medical Officer/Vaccine Preventable
Diseases
WHO/South East Asia Regional
Office
India
BHUTAN

COHRED staff



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Manager HR Web
Brazil
(From November 2008)

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Project Coordinator
Communication and
Research Translation
Uganda

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Senior Consultant Latin
America
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Dr. Martine Berger
Senior Advisor
France

Ms. Teresa Cullen
Executive Assistant
United Kingdom

Dr. Hassen Ghannem
Senior Consultant North
Africa and Middle East
Tunisia

Ms. Sylvia de Haan
Head, Project and Programs
The Netherlands

Mr. Michael Devlin
Head, Knowledge Sharing,
Advocacy and
Communication
United Kingdom

Ms. Selenge Enkhsaikhan
Administrative Officer
Mongolia
(From October 2008)

Ms. Nadia Giacobino
Administrative Officer
Switzerland
(Until October 2008)

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Director
South Africa/Netherlands

Dr. Andrew Kennedy
Senior Research Officer
United Kingdom

Ms. Margo Koulen - van
Kasteren
Communications
Coordinator
The Netherlands
(From April 2008)

Ms. Sandrine Lo Iacono
Research Officer
Belgium/France
(Until May 2008)

Dr. Gabriela Montorzi
Process Officer
Argentina

Dr. Jane Julie Murugi
Research Officer
Kenya
(From February 2008)

Ms. Claudia Nieto
Research Officer
Colombia

Ms. Sandra Realpe
Ethics Officer
Secretariat Global Forum on
Bioethics in Research*
Colombia
(Until November 2008)

Ms. Edlyn Jimenez-Santos
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Secretariat Global Forum on
Bioethics in Research
Philippines

* The Global Forum on Bioethics in
Research Secretariat is hosted by
COHRED

Financial support

European Commission

International Development Research Centre (IDRC), Canada

Irish Aid

The Netherlands

Swedish International Development Cooperation Agency

Department for Research Cooperation (Sida/SAREC)

Swiss Agency for Development and Cooperation (SDC)

Rockefeller Foundation

Other support of organisations or individuals

Mr. Derrick Wong, USA/France

Organisational Development

New York University Wagner Graduate School of Public Service.

Research and Development

IANPHI - International Association of National Public Health Institutes

DBL - Centre for Health Research and Development, Denmark

CIAM - Public Health Research and Development Centre, The Gambia

Philippines Council on Health Research and Development

Malaysia Ministry of Health, Institute of Health Systems Research

DFID, Department for international development (UK), Research for Development Programme

UNICRI – United Nations Interregional Crime and Justice Research Institute

University of California San Francisco, UCSF Global Health Sciences

Aga Khan University Hospital, Nairobi, Kenya

Welcome Trust, UK

International Association of National Public Health Institutes, Atlanta, Georgia, USA

SARETI, South African Research Ethics Training Initiative, South Africa

Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom, London.

Country activities in 2008

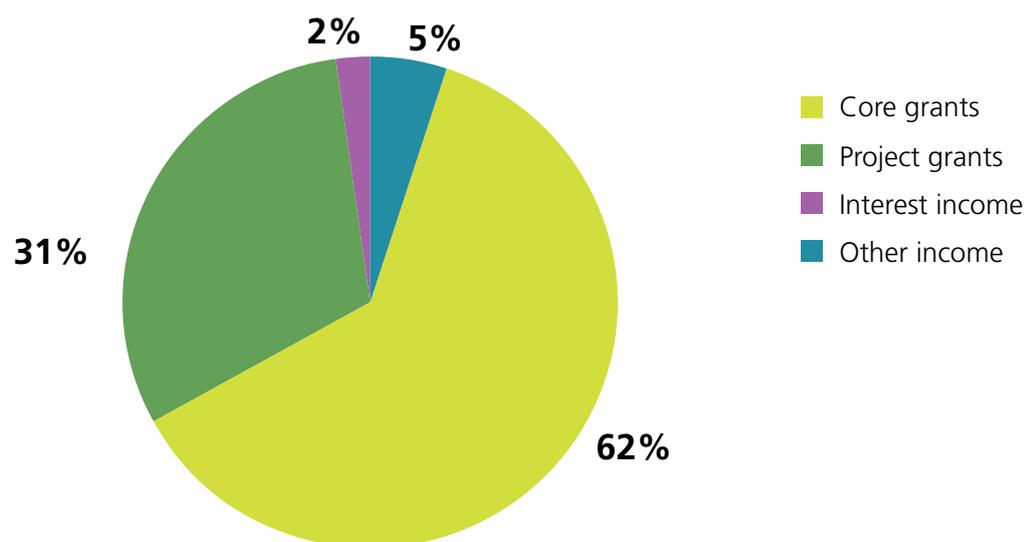
Brazil	Kyrgyzstan	Mozambique	Uganda
Burkina Faso	Lao People's Democratic Republic	Pacific Island countries	Uzbekistan
Cameroon	Malaysia	Philippines	Vietnam
Caribbean	Mexico	South Africa	Zambia
Guinea Bissau	Mongolia	Tanzania	
Honduras		Tunisia	

Key partners in 2008

Aga Khan University, Kenya	The International Centre for Diarrhoeal Disease Research (ICDDR,B), Bangladesh	Public Health Research and Development Centre (CIAM), The Gambia
Athena Institute at the Free University of Amsterdam, the Netherlands	InSalud, Mexico	Parasitological Department of the Clinical Laboratories Hospital Escuela, Honduras
Caribbean Health Research Council (CHRC), Trinidad & Tobago	Initiative to Strengthen Health Research Capacity in Africa (ISHReCA)	The New Partnership for Africa's Development (NEPAD)
Centre for Health Research for Development (DBL), Denmark	John Hopkins University, USA	Technopole Tunisia
EMRO/WHO Eastern Mediterranean Regional Office	Makerere University, Uganda	United Nations Educational, Scientific and Cultural Organization (UNESCO)
European and Developing Countries Clinical Trial Partnership (EDCTP)	Ministry of Health, Brazil	University of Kwa-zulu Natal in South Africa
Evidence-Informed Policy Network for Better Decision Making (EvipNet)	Ministry of Health and Ministry of Science and Technology, Cameroon	World Bank
Fiocruz Institute, Brazil	Ministry of Health, Guinea Bissau	World Health Organization
Global Forum for Health Research	Ministry of Health, Malaysia	
Government of Mali	NicaSalud Network Federation, Nicaragua	
	Pan-American Health Organization (PAHO)	

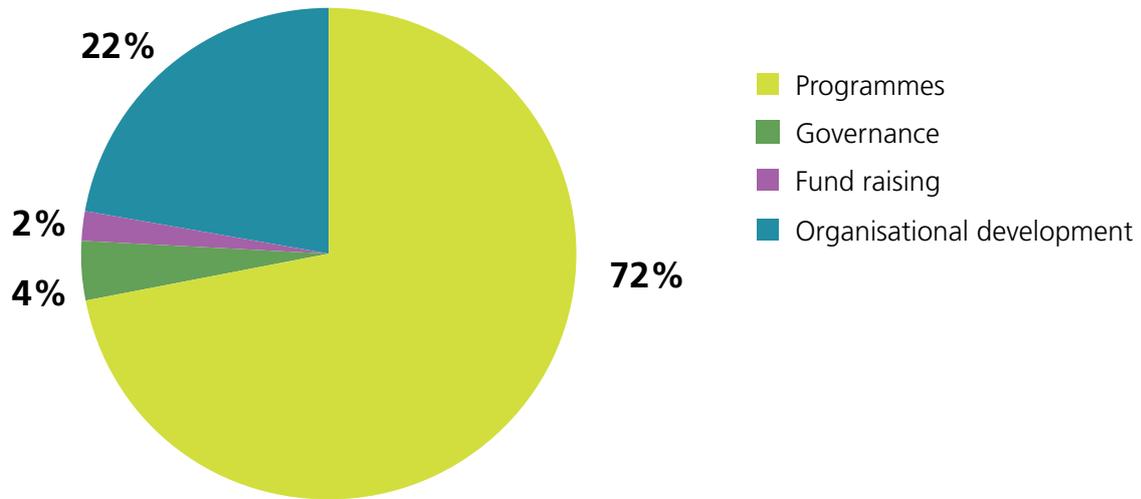
Financial Statement

REVENUE 2008

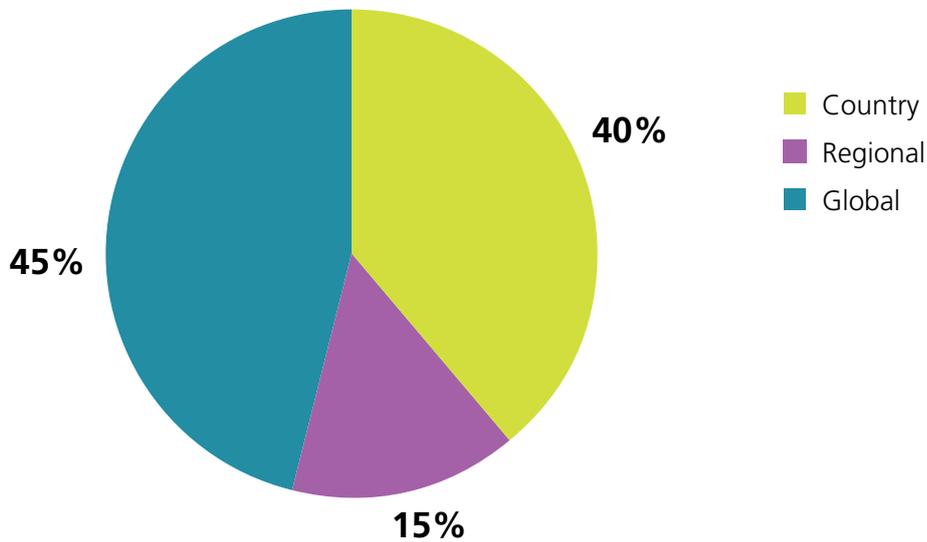


Funding Source	CHF
Core grants	
Ireland - Irish Aid Department of Foreign Affairs	912,060
Switzerland - Swiss Agency for Development and Cooperation	900,000
Canada - International Development Research Centre	155,610
Project grants	
Netherlands - Dutch Ministry of Foreign Affairs	431,983
Europe - Commission of the European Communities	165,589
Switzerland - Swiss Agency for Development and Cooperation	120,000
Netherlands - Netherlands Organisation for Scientific Research	97,272
Canada - International Development Research Centre	91,848
Brazil - Ministry of Health	43,678
USA - Harvard University	18,975
United Kingdom - Wellcome Trust	14,480
Switzerland - World Health Organization	10,415
Interest income	66,361
Other income	151,443
Total	3,179,714

EXPENDITURE 2008



Total Expenditure 2008	CHF
Programmes	1,956,647
Governance	103,241
Fund raising	43,813
Organisational development	602,590
Total	2,706,291



Programme Expenditure 2008	CHF
Country	778,157
Regional	291,532
Global	886,958
Total	1,956,647

Revenue and expenditure based on pre-audited financial statements. For full audit report, kindly contact COHRED.

COHRED 2008: Publications and Key Outputs

COHRED Record Papers

Publication designed for rapid packaging and sharing of COHRED and partners' work in progress
www.cohred.org/publications/record_papers.html

Meeting of African Schools of Public Health

COHRED Record Paper 7

Authors: Carel IJsselmuiden, Thomas Nchinda, Jennifer Bakyawa

Best Practices in health research policy development. Lessons learned from an expert consultation.

COHRED Record Paper 8

Country experiences: Brazil, Mexico, Mongolia, Philippines, South Africa, Tunisia, Uganda, United Kingdom. COHRED Record Paper 8

Authors: Francisco Becerra-Posada, Andrew Kennedy, Carel IJsselmuiden

COHRED Health Research Watch

e-bulletin that provides synthesis and comments on current issues on the international health research agenda.
www.cohred.org/briefing/COHRED_Briefing.htm

Research and development for medicines to be driven by needs of low and middle income countries

Briefing 10

African Ministers call for stronger health research for the region; with focus on country priorities

Briefing 11

Conference Papers

Policies and Priorities for health research in 19 African Low Income Countries

Authors: John Arudo, Ronald Kamau, Desiré Kamanzi and Andrew Kennedy2

<http://portal.unesco.org/education/en/files/58049/12246675435Arudo.pdf/Arudo.pdf>

Governance and policy frameworks for health research in 38 countries

Authors: Mohir Ahmedov, Tashkent Medical Academy, Uzbekistan; Andrew Kennedy and Carel IJsselmuiden

<http://portal.unesco.org/education/en/files/58048/12246671755Ahmedov.pdf/Ahmedov.pdf>

Alignment and Harmonization series

AHA Study - Donor Alignment and Harmonization in relation to National Health Research Priorities 'AHA' study, synthesis report 2008

Authors in collaboration with partners: Carel IJsselmuiden, Sylvia de Haan, Sandrine Lo Iacono
<http://www.cohred.org/main/publications/AHA.php>

AHA study, country report 2008 Uganda

Authors in collaboration with partners: Carel IJsselmuiden, Sylvia de Haan, Sandrine Lo Iacono, Caroline Nyamai Kisia
http://www.cohred.org/AHA/files/resources/Cameroon_web.pdf

AHA study, country report 2008 Burkino Faso

Authors in collaboration with partners: Carel IJsselmuiden, Sylvia de Haan, Sandrine Lo Iacono
http://www.cohred.org/AHA/files/resources/Burkina%20Faso_web.pdf

French version:

http://www.cohred.org/main/publications/AHA/Burkina_Faso_FR_low_res.pdf

AHA study, country report 2008 Cameroon

Authors in collaboration with partners : Carel IJsselmuiden, Sylvia de Haan, Sandrine Lo Iacono
http://www.cohred.org/AHA/files/resources/Cameroon_web.pdf

AHA study, country report 2008 Mozambique

Authors in collaboration with partners: Carel IJsselmuiden, Sylvia de Haan, Sandrine Lo Iacono, Hashim Moomal, Cristiano Matshine
http://www.cohred.org/AHA/files/resources/Cameroon_web.pdf

Portuguese version:

http://www.cohred.org/AHA/files/resources/Cameroon_web.pdf

AHA study, country report 2008 Zambia

In collaboration with partners: Carel IJsselmuiden, Sylvia de Haan, Sandrine Lo Iacono, Caroline Nyamai Kisia
http://www.cohred.org/AHA/files/resources/Zambia_web.pdf

Alignment and Harmonisation in Health Research in Uganda, meeting report jointly organised by Ministry of Health, Uganda, Makerere University Kampala, Uganda and COHRED.

http://www.cohred.org/main/publications/informal_reports.php

Journal articles

National health research system mapping in 10 Eastern Mediterranean countries.

Eastern Mediterranean Health Journal, Vol. 14, No. 3, 2008
Authors: A. Kennedy, T.A.M. Khoja, A.H. Abou-Zeid, H. Ghannen and C.IJsselmuiden on behalf of the WHO-EMRO/COHRED/GCC NHRS Collaborative Group.

Primera Conferencia Latinoamericana sobre Investigación e Innovación para la Salud, Río de Janeiro, Brasil, abril 15 – 18, 2008.

In: Rev. Med. Hondur 2008, 76: 88-93.
Authors: Jackeline Alger, Iván Espinoza Salvadó, Renato Valenzuela, Sylvia de Haan, Luis Gabriel Cuervo, Byron Arana, Xinia Gómez, Luis Tacsan, Mario Tristán

Country ownership and vertical programmes in health, health information and health research

WHO Bulletin, 2008; 86(6): C-D.
Authors: Carel IJsselmuiden, Andrew Kennedy

Improving Research Contracting in International Collaborative Health Research

Authors: Sack DA, Brooks V, Behan M, Cravioto A, Kennedy A, IJsselmuiden C, Sewankambo N.. Submitted for publication WHO bulletin 2009 (in press).

Joint publications with partners

1a Conferencia Latinoamericana sobre Investigación e Innovación para la Salud,

Rio de Janeiro, Brasil, 15 al 18 abril, 2008
Collaborative Paper, Conference Report, under joint authorship of the six organising partners.

Changing Mindsets, Research Capacity Strengthening in Low- and Middle-Income countries. Joint publication of COHRED, Global Forum for Health Research, Special Programme for Research and Training in Tropical Diseases. Authors: Abdul Ghaffar, Carel IJsselmuiden and Fabio Zicker. Final publication ready, publication printed in 2009.

Responding to Global challenges. The role of Europe and of international science and technology cooperation.

Article in Proceedings of European Commission European Research Area Programme meeting. Responding to global challenges: the role of Europe and of international science and technology cooperation. October 2007, EUR 23614 EN
Author: Carel IJsselmuiden
http://ec.europa.eu/research/iscp/pdf/workshop_global_challenges_en.pdf

Manuals, tools, approaches to National Health Research Strengthening

NHRS Framework for developing a national health research system

NHRS Development Guides in English, French, Spanish, Portuguese and Russian.

NHRS Assessment: Strengthening National Health Research System

NHRS Development Guide. Author: Andrew Kennedy

NHRS Policy Framework

NHRS Development Guide. Authors: Andrew Kennedy and Carel IJsselmuiden

Information materials

Yaoundé 2009: Strengthening health innovation: from agendas to action

www.yaoundeprocess.org

Yaoundé 2009: Renforce l'innovation en santé: des agendas à l'action

www.yaoundeprocess.org

Governance, Policies, Priorities: the foundations of a strong national health research system

Research Poster

A Call for Civil Society Engagement in Research for Health, a joint statement and call for action.

http://www.cohred.org/main/Assests/PDF/Bamako_web.pdf

Media and web articles

Perspectives on Research for Health (Web page interviews with leaders in health research).

Male circumcision reduces HIV acquisition by up to 60 per cent.

Interview with David Serwadda, Dean of Makerere University, by Jennifer Bakyawa, published in the Monitor Newspaper, Uganda.

www.monitor.co.ug/artman/publish/features/Male_circumcision_reduces_HIV_acquisition_by_up_to_60_per_cent_76523.shtml

'Circumcision to Prevent HIV' is Giving People False Information

Interview with Dr Francis Mwesigye Runumi, acting Director of Health Policy Planning and Management in the Ministry of Health, by Jennifer Bakyawa, published in the Monitor Newspaper, Uganda.

<http://allafrica.com/stories/200810150710.html>

Perspectives on Research for Health

Special section on COHRED website, presenting views and perspectives of health research leaders in developing countries.

Assessing Viet Nam's National Health Research System

Dr. Le Thi Kim Anh

Deputy Head of Department of Scientific Research, Hanoi School of Public Health, Viet Nam

Key factors for promoting better 'research for health'

Dr. Aissatou Toure

Member of the Board of COHRED; Research Manager, Institute Pasteur, Senegal (Based on keynote speech in opening session of Bamako Ministerial Forum on research for Health)

Understanding, involving communities in an African health research agenda

Dr. Wen Kilama

Founder and Managing Trustee of the African Malaria Network Trust (AMANET).

Strengthening health research capacity for an African evidence base

Eric Buch

Health Adviser, NEPAD - the New Partnership for Africa's Development

A Health Research Agenda for East Africa

Andrew Kitua, Director General, National Institute for Medical Research in Tanzania

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