

Council on  
Health Research for  
Development

# COHRED

## Supporting national health research systems in low and middle income countries



Annual  
Report

07

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.

## OUR VISION

**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



## FROM THE BOARD CHAIR

Professor Marian Jacobs

# COHRED – 2007: New directions for strengthening national health research systems

In the past year, COHRED has been faithful to implementing its mandate and values.

The slogan – “*making health research work for everyone*” – has been realised through a wide range of activities which are documented in this report, and about which more detail can be found on the COHRED website.

The themes which traverse all COHRED’s work are founded on a view of development which emphasises the need to strengthen health research systems for sustainable development; to amplify the collective voices of the low income countries in the ‘south’ in the global discourse on health research through strong alliances; and above all, to promote equity in health and health research.

How have we put these lofty intentions into practice? And have they met their intended objectives?

This report illustrates a number of activities that have been started in 2007 to bring a sharper perspective to the global health community on the needs of low income countries. And conversely, these activities are also intended to bring countries’ perspectives and information to assist them with more effective ways of setting priorities for health research, and – on these terms – to engage with the international donors and research community.

One example is COHRED’s **Health Research Watch** service which focuses on bringing more transparency to global mechanisms that affect countries, but in which they are not sufficiently involved. Its aim is to support countries to have more influence in global level decisions. This project, along with **Health Research Web**, is described in the report and both have received increasing recognition and acknowledgement as platforms for communication and information exchange on aspects of national health research – globally, and between countries.

Yet another example is the *alignment and harmonisation initiative (AHA)*. Initiated by COHRED, AHA has brought together donors and countries – for the first time – to explore how better coordination could benefit countries, donor projects and the overall efforts of global health programmes. The direction of this initiative has been adopted by the global development agencies, and this marks a real breakthrough for health research for development. Based on our values of working with countries; we will continue to take this project forward by promoting on-going dialogue towards improved co-ordination.

In a world where the centrality of strengthening health systems in support of health equity is widely acknowledged, having a conceptual framework which makes explicit the link between health research and health research systems – and health and health systems is crucial to guiding our efforts. The conceptual framework introduced in this report forms the basis of our work in the coming years. It is a starting point for countries in assessing their situations and building strategies for continued system development, and the first step for COHRED’s practical approaches to system strengthening, management and continual learning with partners.

One of the measures of our success and relevance is the response from countries for COHRED’s support. This has grown in the past year and promises to continue in 2008. A further measure is the interest shown in our approaches and initiatives by colleagues in international development organisations. Concepts such as a process and management approach to health research system strengthening; alignment and harmonization; and the idea of human resources for health research (‘HR-HR’), are becoming part of the common thinking and language in research for health.

On behalf of the Board of COHRED, I wish to thank our sponsors, our partners and our allies for their continued contribution to advancing health research for development, at national, regional and global levels.

To the staff – our thanks for your hard work, for going the extra mile, and most of all, for your deep commitment to the cause.

NOTE: In a unanimous request, the COHRED Board asked Prof Marian Jacobs during the December 2007 meeting of the Board to complete her extra-ordinary third term as chair of the Board (2007-2009), which she accepted.



## DIRECTOR'S NOTE

Professor Carel IJsselmuiden

# COHRED – 2007: decentralising and multi-centering the organisation

You may have heard COHRED being described as a *'southern alliance with key northern partners'*. From its inception in 1993, at least two-thirds of the members of COHRED's board have been residents of low and middle income countries. The other members represent donors or are persons with a special interest in promoting COHRED's vision and activities.

Having a Board membership from low and middle income countries is something of a rarity and unlike the majority of global health partnerships which have Boards with a majority membership from high income countries. This places COHRED in a unique position of being able to more directly express views on research for health that reflect potentials, limitations, aspirations – and sometimes frustrations – of researchers, research institutions, citizens and governments in low and middle income countries.

At the same time, COHRED's offices were deliberately located in Geneva, Switzerland, at its inception in 1993. This facilitated interaction with the many organisations that have offices in Geneva, in particular the United Nations Development Programme (UNDP). COHRED was initially hosted there from 1993 to 2000, when it was established as an independent international non-governmental organisation (this UNDP link was innovative for the time, and even today, repositioning health research – and COHRED – as a development tool for countries). And, of course, Geneva is the seat of the World Health Organisation with which we have many collaborative links.

While the Geneva location has many advantages, there are also some drawbacks. Given the limited start-up budget and the requirement to have a 'lean' staff infrastructure, COHRED's staff, including the previous two directors, was recruited mostly from Europe. Until now, the description of COHRED as a 'southern alliance with key northern partners' was not reflected at the organisational level.

This situation has been changing since 2004. The most significant evolution was in 2006 and 2007 and it continues today. We now have staff from Argentina, Columbia, France, Netherlands, United Kingdom, South Africa, Uganda, and interns from China and the Philippines. Starting in January 2008, we will have the part-time appointments of senior people in Mexico, Tunisia and Uzbekistan to help position COHRED in Latin America, North Africa and Central Asia. In-depth consultations to achieve the same for sub-Sahara Africa and South-East Asia are planned for early 2008.

COHRED's activities have grown as well and can now be summarised as *advocacy, technical assistance, research and development, knowledge sharing and communication, supporting innovations in research for health, and acting as a think tank for national health research development*. Many, if not all, of these functions and activities will benefit from being closer to – or even owned by – the countries where we work, with partners in government, academia, research or non-governmental organisations. With each of these partners we share a common vision on research for health, equity and development.

The extension into three major regions and the preparations for a further two extensions is truly exciting. As a very visible result, key parts of COHRED's web-pages are now appearing in Russian, Spanish, Portuguese, and French.

COHRED's approach is to link to institutions and support them to take part in our core work. From country-based science communication in Uganda and East Africa, to supporting the development of tools to illustrate national research capacity to decision makers in Tunisia, to be used in Central Asia, ultimately, all our support should result in increased capacity at country level. A few years from now, COHRED will operate as a network of expertise in low, middle and high income countries ... a true *'southern alliance with key northern partners'*.

## Are international health research programmes doing enough to develop research systems and skills in poor countries?

Global programmes are uniquely placed to help countries develop their health research systems.



COHRED Statements highlight important issues in health research for development. They examine and emphasise what is needed to make health research work better for the needs of countries.

Participate in the debate and share your experiences on responsible vertical programming:

[rvp@cohred.org](mailto:rvp@cohred.org)

[www.cohred.org/main/COHRED\\_statement.php](http://www.cohred.org/main/COHRED_statement.php)

Global health research programmes working in the world's poorest countries have the potential to make an important additional contribution to national development – by supporting the growth of these countries' health research systems.

This is the conclusion of the COHRED Statement 2007, the first report of its kind to explore the effect of global disease-specific health research programmes on health research systems in low and middle income countries. It advises that these 'vertical' programmes can become catalysts for improving health research capacity in poor countries over the long term – if programmes agree to also invest in research system development.

In the world's wealthier nations, a system for defining research that responds to the health needs of their population is the basis of national health policies and services. The picture of health research in low income countries is quite different. The report shows that national health research priorities in the south are largely set, and funding provided, by development donors and programmes that focus on solving specific problems – such as TB, Malaria, HIV/AIDS, child health, vaccine development and reproductive health.

### Benefits of vertical health research

Vertical health research programmes bring significant benefits to countries by reducing health risks for specific conditions. But most programmes do not contribute to building national systems for health research – and many actually bypass them.

The question is not that the global programmes – or the multitude of donor health research projects active in the world's poorest countries – do not contribute to improved health. But rather, that programmes can have a longer-term impact by having strategies to build the health research systems of their partner countries.

The report indicates that most of the money in health research in the poorest countries is in vertical (disease-specific) programmes, which provide funds – and define the research agenda for most of a country's work. "This creates a situation where national research production in many countries addresses only a few high-profile health conditions – those for which funding is available. It neglects other major national priorities that can also benefit from research," says Carel IJsselmuiden, Director of COHRED.

A respondent in the report, Dr. Pascoal Mocumbi, former Prime Minister and former Minister of Health of Mozambique, offers a perspective experienced by senior policy makers in many low income countries: "When I was appointed a health minister in Mozambique, I thought I would be minister of health; instead I was minister of health projects – funded by donor countries," he says.

### Benefits of investing in national health research systems

There is an ongoing debate in development and donor circles on issues such as: how to scale-up health research interventions at national level?; how to evaluate the impact of health research programmes?; or how to make health research in countries more sustainable and less dependent on long-term donor funding?

"An effective national system for health research responds to countries needs and health needs and priorities," explains IJsselmuiden. "And global health research programmes are an ideal partner to invest in building national systems. These investments support countries' development and make the long-term work of the global research even more effective."

## Representation from low and middle income countries on governance bodies of selected vertical programmes

Programme	Number of board members from LMICs / Total number of board members
Aeras, Global TB Vaccine Foundation	2/11
Africa Malaria Partnership - AMP	-/-*
Alliance for Microbicide Development	0/7
Drugs for Neglected Diseases Initiative - DNDi	5/11
European Malaria Vaccine Initiative - EMVI	1/8
Foundation for Innovative New Diagnostics - FIND	0/4
Global Alliance for TB drug development - GATB	3/13
Institute for OneWorld Health	1/7
International Aids Vaccine Initiative - IAVI	2/12
International Centre for Diarrhoeal Disease Research Bangladesh - ICDDR,B	9/17
International Partnership for Microbicides	4/10
Malaria Vaccine Initiative - MVI	-/-**
Medicines for Malaria Venture - MMV	2/8
Microbicide Development Programme	7/16
Pediatric Dengue Vaccine Initiative - PDVI	4/12
UNDP-UNFPA-WHO-World Bank Special Programme of Research Development and Research Training in Human Reproduction - HRP	18/33
UNICEF, UNDP, World Bank, WHO Special Programme on Research and Training in Tropical Diseases - TDR	17/34

\* The AMP is an initiative of GlaxoSmithKline and has no specified governance body independent of the company.

\*\* MVI is a project funded by the Bill and Melinda Gates Foundation and does not have a specified governance body. The board of directors of its host organisation PATH has six, of eleven, members from LMICs

Source: COHRED Statement 2007

## The health research situation today in low income countries, some examples.

- In **Cameroon**, 25% of all health research in 1999 was contracted directly to individual researchers, bypassing government and institutional systems of governance.
- In **Zambia**, only 12 health research projects were registered with the National Council of Science and Technology in 2006, a fraction of the existing research in the country.
- **South Africa** does not have a national register of externally funded research. Where information is available, it often covers clinical trials only.
- **Uganda** does not provide national project funding for health research, while income from externally funded health research projects totals some \$24 million.



## FRAMEWORK FOR DEVELOPING A NATIONAL HEALTH RESEARCH SYSTEM

### Using health research to improve population health and health equity

From its work with countries, COHRED has synthesized the key elements of a health research system into a framework. Using this as a starting point, countries can craft a strategy of system strengthening.

As its country work progresses, COHRED is developing more detailed guides (worksheets) on different elements of system development.

- Assessment of national health research systems
- Policy development for national health research
- Priority setting
- Donor alignment and responsible programming of vertical health research
- Research communication
- Involving communities and civil society
- Research capacity strengthening

When fully developed, this framework will provide practices, tools and practical experiences – a continually updated resource that countries can use to strengthen their national health research systems.

[www.cohred.org/nhrs](http://www.cohred.org/nhrs) support



# Progress against targets

WORKPLAN 2007



## Projects & Programmes

Project code	Project title	Project description	Deliverables 2007	Achievements 2007
<b>Building National Health Research Systems (NHRS)</b>				
P0502	<b>Kazakhstan</b> - Developing capacity of next generation in Central Asia, through the Kazakhstan School of Public Health (KSP)	Finalize work from 2006; continued collaboration with Kazakhstan in 2007 within context of Central Asian collaboration.	Project closed.	Draft module on research for development made; to be developed further in 2008.
P0505	<b>Tajikistan</b> - Promoting evidence-based decision making in health sector reform	Strengthening the NHRS by: - assessment of health research in the country - raise awareness of the need for information to support evidence-based decisions; - stimulate networking with other Central Asian countries; - build health research management capacity.	Record Paper on health research system in Tajikistan.	Paper not done; there is a need for a stronger political support in Tajikistan to continue with the project. For the time being, COHRED and its donor, Swiss Agency for Development and Cooperation, decided not to continue the project in 2008.
P0701	<b>Trinidad and Tobago</b> - Health research system assessment	Assessment of the health research system.	NHRS report.	A policy brief synthesizing recommendations is in preparation (2008).
P0702	<b>China-Shanghai</b> - Health research system assessment	Conduct the first stage of a NHRS assessment in Shanghai province as a first step in the further NHRS development activities in Shanghai.	NHRSa report for Shanghai. Presentation at Global Forum for Health Research, Beijing.	Study completed and presented at Global Forum; continuation for expansion into several provinces in China to be proposed to Ministry of Health.
P0602	<b>Central Asia</b> - Enhancing regional collaboration in research for health	Working with partners in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan to map NHRS; develop regional programme to address priority areas for NHRS strengthening (nucleus of COHRED Central Asia).	COHRED Working Paper: <i>Strengthening Health Research Systems in Central Asia</i> .	Mapping completed and paper published. Agreement for part-time person in Uzbekistan to develop the regional work has been concluded; will start in 2008.
P0603	<b>Exploratory visits and discussions</b>	Exploring of opportunities for collaboration and discussion of project closures.		Exploratory visits to Argentina and Panama, both for priority setting for health research. For both countries follow up work planned for 2008.
P0503	<b>Laos</b> - Developing health research strategy and providing a platform for exchange	Facilitating development of national 5 year plan for research for health and setting regular national forum meetings.	Reports of first national health research forum.  National 5 year plan.	First National Health Research Forum held in Lao PDR in September. COHRED provided financial + technical support.
P0507	<b>Cameroon</b> - Policy development and priority setting	Setting health research priorities and developing health research policy.	Draft health research policy framework developed. Memorandum of Agreement signed by COHRED and Minister of Public Health.	Policy framework to be adopted in 2008; after which priority setting work will start. A change in Minister of Health slowed the process.

## Projects & Programmes

Project code	Project title	Project description	Deliverables 2007	Achievements 2007
<b>Building National Health Research Systems (NHRS)</b>				
P0703	<b>Guinea Bissau</b> - Developing a health research management structure	Developing a health research policy, research priorities and a research management structure.		Visit to Guinea Bissau; since then national working groups created to inform the national health plan. National conference to be held to discuss the national health plan, and health research. Expected in 2007, but rescheduled for early 2008.
P0516	<b>Caribbean region</b> - Promote NHRS in the region, develop regional health research policy	<p>Work with Caribbean Health Research Council promoting NHRS in the region.</p> <p>Develop regional health research policy, support implementation at regional and country level.</p>	Survey on health research policies and priorities in the region.	<p>COHRED input:</p> <ul style="list-style-type: none"> <li>- Participated in annual CHRC Council and Scientific meetings – input on approaches and need for regional priority setting.</li> <li>- Technical advice for regional health research policy; now in its final stage.</li> </ul> <p>For 2008 a special session (jointly with CHRC and PAHO) on national health research systems is scheduled during the CHRC annual meeting.</p> <p>Call for abstracts issued for countries in the region to contribute to the session.</p>
P0514	<b>Middle East</b> - Promoting research for health and equity in Middle East	Work towards health research policy, agenda setting and research management with selected Low and Middle Income Countries in the region.	Journal article on national health research systems assessment in the region (done in 2006).	<p>Article accepted for publication in Eastern Mediterranean Health Journal.</p> <p>Discussions held on continuing work in the region, focusing on priority setting in 2008.</p>
P0605	<b>Global Forum for Health Research</b> - Forum 11	COHRED input to Forum 11. Marketing plan for Forum 11 to support COHRED strategy.		<p>Four COHRED sessions at Forum 11: National health research:</p> <ul style="list-style-type: none"> <li>- policy framework</li> <li>- innovative communication</li> <li>- addressing equity</li> <li>- Research systems in Western Pacific.</li> <li>- AHA consultation - alignment and harmonization special meeting; of 5 African countries and 8 donors on better coordination of health research to benefit countries.</li> </ul>
P0704	<b>Bamako 2008 on Research for Health</b>	Ensuring COHRED's contribution, as one of four core partners of 2008 World Conference on Research for Health.		COHRED is member of Bamako 2008 Steering Committee, and other committees related to Bamako (communications, programme); and provides preparation and strategic thinking for Bamako 2008.
P0705	<b>Latin America</b>	Establish collaboration with key partners in the region and organise regional forum.	COHRED Record Paper: Health research systems development in Latin America.	<p>Paper published. Work on organising a Latin American Conference on Research and Innovation for Health.</p> <p>COHRED is on Executive Committee with Brazil and Mexico Ministries of Health, PAHO, Global Forum for Health Research and NicaSalud.</p> <p>Meeting scheduled for April 2008, hosting 80+ participants.</p>

## Projects & Programmes

Project code	Project title	Project description	Deliverables 2007	Achievements 2007
P0706	Tunisia	Develop health research agenda.		Three meetings facilitated: - Advocacy for key national stakeholders in the priority setting process. - Managing the priority setting process. Deciding on who should be involved, and methods to apply. - Full stakeholder meeting decided the health research agenda for the next 2 years.
P0707	Health Research Web	Health Research Web activities cover 2 main areas: - AHA Study. Donor alignment and harmonisation study - five African countries (Burkina Faso, Cameroon, Mozambique, Uganda, Zambia) and eight donor countries (Canada, Denmark, Ireland, Netherlands, Norway, Sweden, Switzerland, UK). - Development of Health Research Web information service.	Country reports - Burkina Faso, Cameroon, Mozambique, Uganda and Zambia on donor alignment and harmonisation.  Draft synthesis report on donor alignment and harmonisation.  Beginning of making 'AHA' an interactive initiative.	- Reports drafted - Special consultation on donor alignment and harmonisation at Forum 11, Beijing. - Health Research Web added 50 country profiles, updated all to new format, and started phase 2 – interactivity.
P0513	AfriHealth - Developing health research capacity through African Schools of Public Health.	Developing a programme for training in health research for development through African Schools of Public Health.	AfriHealth meeting report.	- AfriHealth meeting held in Arusha (Tanzania) - Report completed for dissemination in 2008. - Attempts to interest donors in continuing the initiative ongoing.
P0708	Next Generation - Health Research for Development (HRfD) Module.	Development of a HRfD module.		This project rescheduled to 2008.
P0606	Human Resources for Health Research workshop (Africa, 2006)	High level, multi-disciplinary think tank on HR-HR.	A peer reviewed book on HR-HR expected for 2008.	Drafting in progress, publisher identified.
P0523	Global Forum for Bioethics in Research (GFBR)	Secretariat of GFBR.	Establishment of Secretariat of GFBR hosted by COHRED, develops agenda for ethics in research.  8th Global Forum for Bioethics, Lithuania and conference report.	- Secretariat of Global Forum for Bioethics in Research established; first ethics fellow recruited from China - 8th Global Forum meeting was successfully held in Lithuania.

## Research and Development

Project code	Project title	Project description	Deliverables 2007	Achievements 2007
<b>Building National Health Research Systems (NHRS)</b>				
R0605	NHRS assessment framework	Based on NHRS management conceptual framework, develop methods and indicators to provide evidence for managers to inform NHRS improvement efforts.	Working Paper COHRED Approach to NHRS analysis, a how to guide.	NHRS development manual drafted and under expert review.
R0701	NHRS assessment	Finalise and further develop (into equity) of COHRED's approach to NHRS assessment and strengthening.	Appendix to Working Paper on how to incorporate equity into NHRS analysis.	'Equity module' developed for NHRS Mapping approach and included in manual.

## Research and Development

Project code	Project title	Project description	Deliverables 2007	Achievements 2007
<b>Building National Health Research Systems (NHRS)</b>				
R0702	NHRS in Small Islands/States	What is a practical and optimal approach to NHRS for these countries?	COHRED working paper on the components of a minimum health research system.	NHRS Mapping in 15 Pacific Island Countries; back-ground paper drafted with Health Research Council of the Pacific and input to regional consultation on research capacity development. Will be jointly published with WHO-WPRO and Health Research Council of the Pacific.
R0511	NHRS - practical framework for use in country-based work	Develop a framework for structuring COHRED NHRS management activities.	COHRED Working Paper on NHRS development.	Included in NHRS development manual.
R0703	COHRED approach to National Health Research Policy Development	Develop an approach to guide countries through the process of health research policy development and implementation.	COHRED Working paper on Template and Development process.	Template and development process drafted. Session with DGs of research from several countries held at Forum 11. Meeting report to be published April 2008.
R0622	COHRED approach to priority setting in health research	Development of a new approach towards the process of priority setting in health research.	A manual for priority setting.	Web-based version under development.
R0603	Improving research contracting	Develop a set of model research contracts for use by southern research institutions and responsible contracting guidelines for northern research commissioners.	Research contract template and paper.	Proposal finalised, fund raising to be started in January 2008.
R0623	Community engagement in health research	COHRED position paper on community engagement in research for health.		Literature review completed and synthesized as part of Masters of Public Health thesis. Global NGO consultation planned for 2008.
R0602	Innovative funding for health research	Review of innovative strategies to increase health research funds available for developing country researchers. For 2007: 1. Capstone study. 2. Project examining how World Bank Health Projects use the 0.7% budget allocation set aside for research.	COHRED Working Paper on World Bank study.	Study completed; report submitted; first draft policy brief completed.
R0624	Research Capacity Strengthening (RCS) a view from the south	Work with WHO-Tropical Disease Research and Global Forum for Health Research to operationalise capacity strengthening for research for health.	Peer reviewed paper: RCS - a perspective from the south.	Completed; to be published with Global Forum for Health Research and WHO/TDR.
R0705	RCS - understanding networks for health research	Working with INDEPTH to identify the factors influencing the success of research networks.		This was dependent on obtaining external funding; on hold pending funds.
R0604	Making capacity building work	Development of a framework to guide national health research capacity strengthening activities.		Draft framework presented in November; to be printed in 2008.
R0706	Next Generation	Initiative to encourage early-career researchers to become involved in health research.	Mapping of RCS opportunities for early-career researchers in developing countries; review of evidence on mentoring, leadership skill and team-working.	Review completed, report undergoing revision, mapping study not done; no funding obtained; will not be continued.

## Research and Development

Project code	Project title	Project description	Deliverables 2007	Achievements 2007
<b>Southern Ownership of Research for Health</b>				
R0707	Health Research Web	Analyses based on the data collected from HR Web.	Peer review paper on NHRS Policy frameworks of LICs.	Study started with Aga Khan Univ Nairobi; publication expected mid 2008.

### Making the case for 'Research for Health'

R0708	Making the case for research for health	What is the impact of health research?		Began mapping link between research and health as core framework; to be continued in 2008.
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## Knowledge Sharing - Advocacy & Communication

Project code	Project title	Project description	Deliverables 2007	Achievements 2007
<b>Building National Health Research (NHRS) Systems</b>				
K0601	Country-based health research communication and translation	Continue Makerere University partnership and pilot project into Year 2 on research communication; capture and share lessons and expand country work to other interested institute. Raise funds through broader proposal.	<ol style="list-style-type: none"> <li>1. Makerere IPH Comms department created.</li> <li>2. Expanded to 1-3 countries/institutes.</li> <li>3. Meetings addressed.</li> <li>4. Funds raised.</li> <li>5. Peer group of communicators active in several countries.</li> <li>6. Formal partnership with AMREF and 1-2 other organisations [e.g. Healthlink, Imperial, Research Matters].</li> <li>7. Working paper describing project and lessons learned.</li> </ol>	<ol style="list-style-type: none"> <li>1. Communication strategy and action plan for Makerere University School of Public Health completed in consultative process. Has been adopted by Makerere Board, which agrees to invest in professional communication activities.</li> <li>2. 3 institutes (Kenya, Tanzania and Uganda) expressed interest – partnerships to be pursued in 2008.</li> <li>3. COHRED approach to health research communication presented at 4 Africa regional meetings.</li> <li>4. Proposals prepared, 8 donors contacted, no new funds yet.</li> <li>5. COHRED is in proposal with Healthlink and UK partners.</li> <li>6. Agreement reached with Free University of Amsterdam's Athena Institute as academic and research partner.</li> <li>7. Paper rescheduled to 2008.</li> </ol>
K0701	Building the Communication Capacity of Southern Researchers	Partnership of COHRED, HealthLink, NRI's Research Into Use programme, ODI, the International Institute for Environment and Development (all in UK) and the European Center on Policy and Management (NL), to develop a proposal for DfID to create this initiative.		Proposal prepared with partners; proposal with DfID and discussions in progress.
K0608	Developing COHRED approach to communication	<ol style="list-style-type: none"> <li>1. Develop approach to health research communication based on work in 2006, esp. country-based.</li> <li>2. Provide advice and have influence of COHRED thinking on other players in the field.</li> </ol>	<ol style="list-style-type: none"> <li>1. Research communications approach prepared and circulated.</li> <li>2. Working paper/peer reviewed paper published.</li> </ol>	Background work completed for Makerere Communication Framework (see K-0601). Paper to be finalised in early 2008.
K0608	Cataloguing of past COHRED publications	Cataloguing with support from Makerere library staff.	Producing "harvestable" catalogue to be available in XML on COHRED website and registered with relevant "harvesters".	Not pursued due to lack of funds. Uganda consultant declined proposed work due to lack of expertise.

## Knowledge Sharing - Advocacy & Communication

Project code	Project title	Project description	Deliverables 2007	Achievements 2007
<b>Building National Health Research (NHRS) Systems</b>				
K0608	COHRED Website	<ol style="list-style-type: none"> <li>1. Evolve COHRED website to next phase.</li> <li>2. Provide support to projects to develop their information.</li> <li>3. Ensure good service levels through clear plan and defined service levels with supplier and relevant colleagues.</li> <li>4. Produce and place regular updates and feature material on site.</li> </ol>	<ol style="list-style-type: none"> <li>1. Revamped website.</li> <li>2. Menu of services and cost on learning and collaborative activities.</li> <li>3. Content management system in new sections.</li> <li>4. Writing/arranging of web features and interviews: 5-8 per year.</li> </ol>	<ol style="list-style-type: none"> <li>1. New-look website completed.</li> <li>2. Review done and D-groups identified and tested as good alternative.</li> <li>3. Drupal content management active on all new areas of site.</li> <li>4. 8 interviews completed 4 posted.</li> </ol>
K0608	COHRED Publications	Providing printed and electronic dissemination of COHRED work and approaches, to a variety of audiences.		17 new COHRED publications in 2007, including 1 Working Paper, 1 Record Paper, AHA study reports, several peer reviewed journal articles and NHRS manual (see publications list page 44).
K0608	National Health Research	Preparing briefings to influence local, regional and international policy in health research for development - based on COHRED work or reviews of other work.	2 issues.	See publications list, page 46.
K0608	COHRED Record Papers	Providing rapid dissemination and reporting on COHRED work and events. Collectively peer reviewed.	4 issues.	See publications list, page 46.
K0608	COHRED Working Papers	Providing peer-reviewed, high quality information on COHRED work, experiences, methods and approaches, as technical information to users in countries, research institutions, and NGOs.	3-4 issues.	See publications list, page 46.
K0608	Joint Policy Series with Global Forum	Publication series that highlights policy issues for research for health, from the country and global perspectives: advocacy oriented.		No joint publication in 2007.
K0702	COHRED Annual Statement	Production of an authoritative statement by COHRED on key issues pertaining to 'research for health': 2007 is on Responsible Vertical Programming.		COHRED Statement published on Responsible Vertical Programming.
K0608	Board Newsletter	Update to the board of recent activities and achievements.		2 issues completed.
K0609	Annual Report	Review of 2006 activities and presentation of COHRED strategy and projects to external parties.	Published March, 2007.	Completed.

## Knowledge Sharing - Advocacy & Communication

Project code	Project title	Project description	Deliverables 2007	Achievements 2007
<b>Building National Health Research (NHRS) Systems</b>				
K0703	Translation of COHRED materials	Translating COHRED publication.		<ul style="list-style-type: none"> <li>- Health Research System worksheets translated in to French, Spanish, Portuguese, Arabic and Russian;</li> <li>- Joint publication with Global Forum translated to Portuguese (thanks to Ministry of Health, Brazil).</li> </ul>
K0704	General communication & Marketing			Several information materials prepared, including: <ul style="list-style-type: none"> <li>- Brochure Health Research Web</li> <li>- Brochure Health Research Watch</li> <li>- Brochure Latin America Meeting.</li> </ul>
K0705	Learning approaches	Support COHRED staff and programmes in operationalising learning approaches as part of their work.	1. First learning spiral in place and working for Priority Setting. 2. Process documented as lesson for other COHRED learning activities.	1. Consultation and work with Priority Setting team during the year. 2. Process discussed and agreed. Pilot started with Priority Setting project. 3. Learning Spiral strategy paper prepared and adopted. 4. D-Group collaborative workspace open for pilot - March 2007.
<b>Making the case for 'Research for Health'</b>				
K0706	Health Research Watch	Synthesis and comments on important developments in health research; evolving critical analysis of health research at local, regional and international levels, focusing on users in developing countries. Primary product is 'COHRED Briefing' and one annual more formal report.	1. 3-6 issues of COHRED Briefing. 2. Participation in Global Health Watch. 3. Concept and info products defined for Health Research Watch, fed by COHRED programmes and work with others.	1. 7 issues completed and distributed worldwide. Two further drafts in research and planned. 2. Global Health Watch Chapter completed – 'Political developments in health research for development'. 3. User Survey done to verify appeal and relevance of concept. Proposal and overall concept were peer reviewed.
<b>Organisational Development</b>				
K0698	Monitoring and Evaluation of COHRED Publications	Ensure continuous quality improvement in COHRED's publication and communication function.	Systematic quality control defined and started.	Started with statistics of Web-based materials, external reviews of Health Research Watch; to be expanded in 2008.
K0698	COHRED Contacts database	Develop and maintain a database necessary for all COHRED's communication functions.	1. Fully functional database in place for purpose of e-mail and info dissemination. 2. Systematic updating mechanism active and quality controlled.	1. Database completed. 2. Processes defined. Need to be operationalised in 2008.



## Governance & Management

Project code	Project title	Project description	Deliverables 2007	Achievements 2007
<b>Strategy 2: Southern ownership of Research for Health</b>				
D0701	COHRED Latin America	COHRED decentralisation.	Initiation of decentralisation.	Agreement reached to start in January 2008 in Mexico.
D0613	COHRED Africa - Developing a COHRED regional hub for health research	COHRED decentralisation: Setting up a regional hub with the capacity to prepare situation analysis of research for health in African countries, and for working with national partners to develop strategies to strengthen health research (management) capacity.	COHRED regional hub set-up and resourced; First set of national health research profiles available.	Agreement to start a COHRED North Africa in January 2008; consultative meeting for sub Sahara Africa planned for mid 2008.
<b>Strategy 3: Partnership</b>				
<b>Specific Alliances to be maintained / developed</b>				
D0703	Global Forum for Health Research		Intensified collaboration.	Collaboration on country presence at the annual Global Forum meeting is greatly enhanced (see COHRED sessions at Forum 11, page 19).
D0704	African Medical and Research Foundation (AMREF)		Explore partnering in countries where AMREF works.	Still on the agenda; staff changes caused postponement
D0705	Health Metrics Network		Exploring collaboration.	Shifted to 2008.
D0708	NEPAD		Increased collaboration.	Nominated COHRED board members; one study completed.
	Free University of Amsterdam, Athena Institute for Science Communication.			Agreement to collaborate on joint science communication programme.
<b>Strategy 5: Organisational Development</b>				
<b>Organisational Management</b>				
D0603	COHRED Conditions of Service	Design of Conditions of Service, in line with Swiss law, NGO Status, and Performance management.	Implementation of new conditions of service.	Final conditions of service to be implemented in 2008.
<b>Organisational Development</b>				
D0603	Design Conditions of Service for use in multi-centre organisation	New Conditions of Service, in line with multi-centre NGO Status, Performance management, fairness, and 'locally competitive' standard.	Implementation of functional human resource management system.	In development.

## Governance & Management

Project code	Project title	Project description	Deliverables 2007	Achievements 2007
<b>Board activities</b>				
D0616	Board Meeting 1	'End of year' Board Meeting.	Enable Board to meet physically at end of 2007.	18th session of the Board held in Dublin, 12 to 14 December.
D0617	Board Meeting 2	Special Board Meeting March 2007 (with Global Forum's Foundation Council).	Enable meeting in March 2007.	Board strategic meeting held in Geneva from 23 to 24 April.
D0618	Exco Meetings	Normal meetings of the Executive Committee.	Ensure 2 physical and 2 virtual meetings of the Exco.	Only one virtual Exco meeting was needed.
D0619	Standing Committee Meetings	Normal activities of Finance, Development, Human Resources and Fund Raising committees.	Ensure that each standing committee can communicate (virtual, mail, courier, telephone) and operate.	Decided to only have one standing committee: the Budget & Finance Committee; for other issues, ad hoc committees will be called when needed.
D0715	General COHRED fundraising: JPOs, interns and volunteers	Increase support to COHRED through increasing human resource availability.	System in place for regular recruitment of 1-3 funded young professionals and volunteers, incl evaluation done of first year.	Detailed plan on interns and JPO possibilities gathered; one intern, one volunteer appointed; to be pursued in 2008.
D0714	Organisational studies:	Stakeholder survey on expectations from COHRED.	Working Paper on results of user survey.	Detailed survey done for HRWatch.

## Think Tanks

Project code	Project title	Project description	Deliverables 2007	Achievements 2007
<b>Building National Health Research Systems (NHRS)</b>				
T0602	Health Research, Ethics and Human Rights: a global consultation	High level, multi-disciplinary process aimed at focussing on community and group rights related to international health research.	1. Second global consultation; 2. Global survey and related publication.	Project has been stopped due to lack of funding.
T0701	Responsible Vertical Programming			First COHRED Statement produced on responsible Vertical Programming (see page 4).

## Innovation Fund

Project code	Project title	Project description	Deliverables 2007	Achievements 2007
<b>Building National Health Research Systems (NHRS)</b>				
I0601	Making Dissertations work ... <i>for everyone</i>	Increasing impact of student research in health, social and medical sciences on health equity - in countries and globally: study of paper and meeting.	1. Global workshop; 2. Listing and distribution of best practices and innovations; 3. Peer reviewed publication; 4. Dissemination.	Not pursued due to lack of funding; will remain on agenda.

# Year in review

In 2007 COHRED worked with some 30 countries on national health research system strengthening. Activities included: advice and input to national plans; policy development; guiding assessment of national health research systems; priority setting processes; facilitating regional consultations for learning between countries; bringing countries and donors together to encourage better coordination of health research ... for country needs.

## Health Research System Development

### Mapping of National Health Research Systems

COHRED has supported a number of countries to map and better understand the components of their national systems for health research, as a first step toward system development. Mapping was done with Tajikistan, Uzbekistan, Kazakhstan, Kyrgyzstan, China (Shanghai), Trinidad and Tobago. Preliminary and exploratory activities were made in other countries. Next steps will be to further work with some countries on developing health research system areas of their choice. To date some 40 countries have mapped their health research systems with COHRED's support.

#### Resources

A manager's guide to developing and managing effective health research systems

[www.cohred.org/NHRSupport/](http://www.cohred.org/NHRSupport/)

Strengthening Health Research Systems in Central Asia

(COHRED Working Paper 2)

[www.cohred.org/main/publications/workingpapers/COHREDWP2CentralAsia.pdf](http://www.cohred.org/main/publications/workingpapers/COHREDWP2CentralAsia.pdf)



**Merlita Opeña**, Division Chief, Philippine Council for Health Research and Development, presents the country health research system analysis work at a consultation in Beijing.

### Processes for Priority Setting

Since 2006, COHRED has worked with a number of countries to develop a process for setting national priorities for health research and managing their performance. This approach is currently being refined. A manual is being prepared from this learning. It will guide countries in the design and organisation of a process for setting priorities.

In 2007, it was tested in two consultations in Latin America – in **Argentina** and **Panama** – with health research professionals and policy makers and will be further refined based on this input. Based on this work, joint activities will be developed with Argentina in 2008 on priority setting and profiling of the country's health research system.

A further regional consultation involved ten countries in North Africa and the **Middle East**. **Tunisia** started its priority setting process this year with COHRED's support which facilitated three meetings. The first meeting of a small planning group focused on the format and scope of priority setting, on preparing an inclusive list of stakeholders, and

How can we move from priorities to action? Some 70 stakeholders of health research in Argentina held a special learning session on health research priority setting, facilitated by COHRED.



setting the schedule and communication needed to engage all stakeholders in the priority setting process. The second meeting, involving a much larger group focused on how best to manage the process of priority setting. This group decided who else should be involved, what methods and tools to apply and considered the currently available data needed to set priorities. This steering

committee became the driver of the process in Tunisia. A third, larger, meeting (including government, researchers and non-governmental organisations) moved toward identifying research priorities and approving a research agenda. This first research agenda is a starting point for a managed process of national health research priorities. Realising that the process may leave room for error, the initial set of health research priorities will be reviewed in two years. After this a longer time span will be more appropriate. Over the years the process will be regularly revised and updated, involving more concerned groups in Tunisian society. (See essay page 28).

### Resources

Priority setting for health research (web resource learning area and manual; in development)

[www.cohred.org/main/prioritysetting.php](http://www.cohred.org/main/prioritysetting.php)

Priority Setting for Health Research: Toward a management process for low and middle income countries. Country experiences and advice (COHRED Working Paper 1)

[www.cohred.org/main/publications/workingpapers/COHREDWP1PrioritySetting.pdf](http://www.cohred.org/main/publications/workingpapers/COHREDWP1PrioritySetting.pdf)

## Approaches for better managing health research

Advice and consultations on improving the management of health research were pursued by COHRED with **Cameroon, Guinea Bissau, Lao PDR, Caribbean and Latin American countries**. This included development of health research policies and the strengthening of management structures for health research.

At the request of the Minister of Public Health of **Cameroon**, COHRED provided advice to develop the country's first health research policy framework. A draft framework is completed and being validated in a national consultative process. It is expected to be adopted in 2008.

The **Guinea Bissau** Ministry of Health requested COHRED's support for its health research policy and priority setting processes. This consultation resulted in the creation of national working groups on human resources for health and evidence for health, to provide input on these issues in the national health plan. After a situation analysis, the next step is a national conference to discuss the national health plan. COHRED will provide advice on how best to integrate health research into the national plan. COHRED provided financial and technical support to the first national health research forum of **Lao PDR** (Dr. Somsak Chunharas, COHRED Board member, provided technical support); and advocated for a more inclusive approach and a focus on research system strengthening. The forum was well attended and encouraged interactions between different groups in the population on the country's needs for health research. Regional meetings were held in North Africa, the Middle East, the Caribbean and Latin America. The results of the national health research systems assessments completed in 2006 in North Africa and the Middle East will be published in the Eastern Mediterranean Health Journal.

COHRED participated in the annual council and scientific meetings of the Caribbean Health Research Council in **Jamaica** in April. This contribution to the Council meeting focused on the issue of regional priority setting. A small survey conducted among CHRC member states informed this contribution. COHRED also provided technical advice for a regional strategy. This new CHRC regional strategy for health research is now in its final

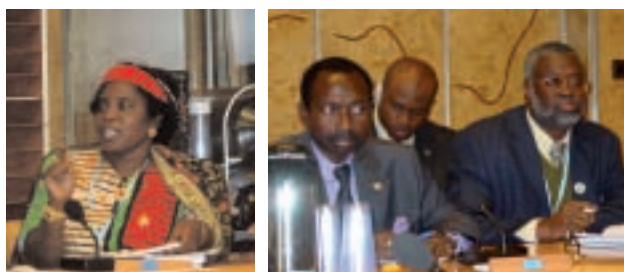
development stage, and discussions have started on how to move forward to have regional agenda setting. One result is that the 2008 CHRC meeting in Surinam will – for the first time – have a special session on national health research systems in the Caribbean, jointly sponsored by CHRC, PAHO and COHRED. A call for abstracts has been issued to solicit input from the countries in the region to contribute to this session.

Activities in the **Latin American** region evolved from the 2006 regional meeting facilitated by COHRED, which recommended a larger regional Latin American consultation on national health research system strengthening, innovation and south-south collaboration. This meeting was planned for September 2007 but delays in obtaining financial support resulted in rescheduling to April 2008. This first meeting of 23 countries is hosted by the Ministry of Health of Brazil. It is a collaboration between the Ministry of Health of Brazil, COHRED, PAHO, the Global Forum for Health Research, NicaSalud and the Ministry of Health of Mexico.

### Resources

COHRED Record Paper 6: Health research systems development in Latin America

<http://www.cohred.org/main/healthresearchlatinamerica.php>



The joint COHRED-Cameroon special ministerial consultation on health research systems at the World Health Assembly in Geneva. The meeting was attended by health ministers from Cameroon, Central African Republic, Malawi, Guinea Bissau and Equatorial Guinea.

The session concluded with signing of a Memorandum of Understanding between Cameroon and COHRED for support in health research systems strengthening.

**On left:** Health Minister of Malawi, Hon. Majorie Ngaunje; **on right:** Health Minister of Equatorial Guinea, Hon. Antonio Martín Ndong Nchuchuma and Guinea-Bissau Coordinator, Department of Planning and Cooperation, Ministry of Health, Dr. Augusto Paolo Silva.

## Country voices and perspectives at Forum 11

The voices, needs and experiences of low and middle income countries had a strong presence at the Forum 11 meeting in Beijing, through a series of interactions and consultations convened by COHRED with health research leaders from some 17 countries.

- The session *Developing a Health Research Policy Framework*, attracted more than 100 participants to discuss best practices with senior policy makers leading these efforts in their countries. Proceedings of the meeting will be available in early 2008.
- *Addressing Equity in National Health Research*, presented case studies of approaches for embedding national equity objectives in health research policy and practice.
- *Innovative research communication* dialogue to building trust and communication between research users and beneficiaries as a part of the research process.
- At the session *Assessing Health Research Systems in the Western Pacific Region*, researchers presented methods, approaches and results of national health research system analysis in China (Shanghai), Mongolia, the Philippines, and Vietnam.
- The special 'AHA' session on *Donor Alignment and Harmonisation in Health Research* presented and debated the results of a COHRED study on donor behaviour in health research among eight donors in five African countries (see article page 21).

Countries represented: Brazil, Burkina Faso, Cameroon, Costa Rica, Malaysia, Mexico, Mongolia, Mozambique, People's Republic of China, Philippines, South Africa, Tunisia, Uganda, Vietnam, Zambia, Zimbabwe.



COHRED Director, Carel IJsselmuiden, chairs the closing debate at Global Forum 11 in Beijing.



## BAMAKO 2008 Global Ministerial Summit on Research for Health

COHRED is one of the partners convening the Bamako 2008 Summit – together with the Global Forum for Health Research, the Government of Mali, World Bank, WHO and UNESCO. The specific contribution of COHRED to Bamako 2008 is a strong focus on civil society and the specific needs of low income countries. COHRED also sparks thinking on the importance of capacity building for health research systems and institutions. During 2008, a number of studies and activities in the COHRED programme will feed into the preparatory process and debates at the summit.

### Resources

[www.cohred.org/main/bamako2008](http://www.cohred.org/main/bamako2008)

[www.bamako2008.org/](http://www.bamako2008.org/)

## Information services for improved health research

### Health Research Web

Two COHRED information services – *Health Research Web* and *Health Research Watch* – received continued investment and development.



*Health Research Web (HRWeb)* was further expanded with new information on health research in low and middle income countries. New countries were added, and information was enriched, where available, with policies and publications produced in countries. It is rapidly moving from 'phase 1' – static, database-like information to 'phase 2' – an interactive format allowing countries to enter and analyse data. The key characteristic that distinguishes *HRWeb* from other web-based health research resources is that its organising principle is the national health research system. It offers ministries, researchers and civil society in low and middle income countries information that allows them to manage their research and research investments better.

*HRWeb*, and its plan to evolve into an interactive platform, were presented at a number of international meetings. It attracted the attention of low and middle income countries, their institutions and a number of donor and development agencies, interested in using it for information such as: clinical trials activities by country, alignment and harmonisation of health research with country priorities (such as tracking Paris Declaration compliance), and as an area for health research donors to exchange information on their activities. Specific support for *HRWeb* was received from Switzerland (SDC) while others have indicated interest in providing support in 2008. In 2008, COHRED will start its first meta-analyses of data on Health Research Web.

(for more information see: [www.cohred.ch/healthresearchweb](http://www.cohred.ch/healthresearchweb) )



## Health Research Watch

The COHRED *Research for Health Briefing* series, started in 2006, was expanded in 2007 with a significantly increased investment by COHRED. The concept was broadened to become *Health Research Watch*, a service with the goal of bringing practical information from across the globe to those responsible for the governance and management of health research in low and middle income countries. A specific focus is to report on the workings of international decision making processes for health research that affect low income countries, but about which countries are usually not informed. For countries, the added value of *HRWatch* is its comments, syntheses and suggestions on how they can influence global decisions. It also explains the implications of global developments for countries' national health research situations.

In 2007, *HRWatch* reported on five processes. Several aimed to bring more transparency to the WHO's process of developing a research strategy; others looked at WHO Special Programmes and the OECD high-level forum on medicines for neglected and emerging diseases. Starting in 2008, *HRWatch* will review key developments of relevance to health research management in low and middle income countries. Web-based services will also start in 2008.



**What do the Health Ministers think?**  
Documenting key discussion points of COHRED Ministerial consultation at the World Health Assembly.

## 'AHA': better evidence for decisions on donor support of health research

The 'AHA' initiative – for donor Alignment and HARmonization – led by COHRED, examines health research funding practices, and the interaction between donor agencies and countries. It looks at the activities of eight development donors supporting health research in five African countries. This first study that helped launch the AHA initiative received financial support from Sweden's development cooperation agency, Sida-SAREC.

This is the first attempt to quantify the alignment and harmonization aspects of health research in a number of low income countries. It is also a first step toward having real evidence as a basis for donors and their partner countries to develop shared health research agendas.



There has been much discussion in global health circles of how health research investments can be better focused on the needs of recipient countries, but little data is available on the strategies and impact in the health research domain. The AHA initiative hopes to improve our understanding of the potentials and limitations of 'harmonizing' and 'aligning' the external support by donors, development agencies and research sponsoring institutions.

To share the results of the AHA study and discuss possible implications, COHRED, jointly with Sida, convened a special consultation with representatives from the eight donor countries, two research sponsoring organisations (National Institutes of Health and Wellcome Trust) and the five African countries (both from government and research institutions). A synthesis report and five country reports are being finalised for publication in May 2008.

**Join the AHA Dialogue on alignment on and harmonization of health research.**

This resource on donor alignment and harmonization presents the AHA Study, links to other activities and invites comment and sharing of experiences on how to improve donor coordination of health research - to benefit countries.  
[www.cohred.org/AHA/](http://www.cohred.org/AHA/)

The 'AHA initiative' – in contrast to the AHA study - is intended to continue to create better understanding of the application of alignment and harmonisation in the field of health research and a platform for ongoing debate, for collection of evidence, and – where possible - for defining best practice.

### Resources

AHA reports - Donor alignment and harmonisation in health research. Synthesis report. Country reports: Burkina Faso, Cameroon, Mozambique, Uganda and Zambia

[www.cohred.org/AHA](http://www.cohred.org/AHA)

## AHA Study

### An evidence base on investments in health research.

The COHRED 'AHA' study – the first analysis of alignment and harmonisation of health research investments, looking at Burkina Faso, Cameroon, Mozambique, Uganda and Zambia and development cooperation agencies of Canada, Denmark, Ireland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom.



### Western Pacific: a learning forum on assessing health research systems

COHRED's collaboration with Malaysia's Institute for Health Systems Research and the WHO Western Pacific regional office progressed into its second year with assessments of the national health research systems of China-Shanghai, Mongolia, Philippines and Vietnam. COHRED and partners facilitated this second consultation in two years, where participants reviewed methods, process and results of the studies, and discussed action they can take, based on the evidence produced.

### Assessing national health research systems

Researchers, ministry officials, WHO and COHRED colleagues from the Asia Pacific Region (China, Malaysia, Mongolia, Vietnam).

For countries, this interaction provides a unique opportunity to share experiences of their self-assessments and learn from the experience of others. For COHRED, the learning from this process feeds into building the body of knowledge on research system strengthening and will be translated into useable learning and resource materials for wider use.

### The special case of NHRS in small islands & small states

Small islands and small states face a particular set of issues in defining and building health research systems. What are the 'must have' core research skills and activities for their national systems? What components can be shared with other states? What is best done regionally? And, in this light, what will a research system for a small island look like?

COHRED has been involved in these questions for several years, and in 2007, with 15 Pacific island states, WHO WPRO, the Health Research Council of the Pacific decided to think through the needs of health research in the various islands. This involved Mapping study of the national health research system. A report and publication in a peer reviewed journal are in progress.

## A managers' guide to health research system development

The first version of COHRED's manual – *a practical approach to national health research system development* – was completed in 2007. It is the synthesis of several years of learning, with countries. The result is an overview of problem solving tools and advice that managers need to develop a strong system for health research. This manual is designed as a 'living' document, continually updated with new learning, based on current country experiences. A Beta version was produced in 2007 and peer reviewed international experts. Based on the success of the 'systematic NHRS framework' approach, (i.e. short, practical approaches to improving key aspects of national health research capacity), the 'manual' will become a collection of useful tools and worksheets. Version 1 will be released in late 2008.

### Resources

A manager's guide to developing and managing effective health research systems

[www.cohred.org/nhrssupport](http://www.cohred.org/nhrssupport)

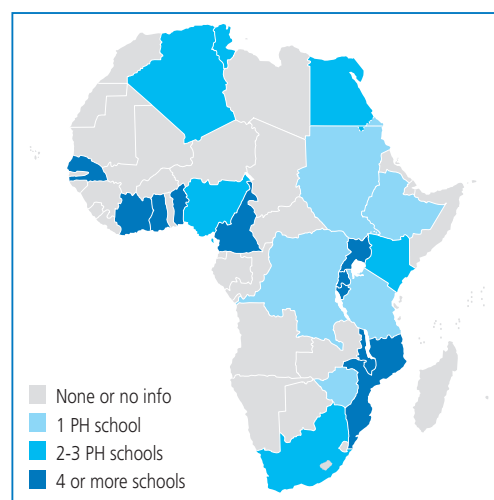
NHRS Framework [www.cohred.org/NHRSsupport/](http://www.cohred.org/NHRSsupport/)

## Mapping African Schools of Public Health

Representatives of African Schools of Public Health from several African countries met in Tanzania with interested donors and technical support staff in a meeting to review the recently completed AfriHealth study by COHRED and Makerere University School of Public Health on the capacity education and research capacity of Schools of Public Health across Africa. The programmes of 82 schools across the continent were reviewed. The study, published in WHO Bulletin, and the meeting discussions concluded that Africa urgently needs a plan for developing its public health education capacity.

Africa only has 500 full-time academic staff for 900 million people, the minority of which have a doctoral degree (i.e. have substantive research experience). Over half (55%) of countries, especially in Lusophone and Francophone countries, do not have post-graduate public health programmes, while the units offering graduate public health programmes are small:

81% have less than 20 staff and 62% less than 10. The link between graduate public health education and research for (public) health is very limited. This is where future COHRED activities can make meaningful inputs. The detailed information is available from the AfriHealth and project websites (see links below).



Mapping the capacity of Africa's advanced public health education - the AfriHealth project

### Resources

Database of Africa Schools of Public Health:

[www.cohred.org/main/register\\_AfricaSPH.php](http://www.cohred.org/main/register_AfricaSPH.php)

Mapping Africa's advanced public health education capacity:

[www.who.int/bulletin/volumes/85/12/07-045526/en/index.html](http://www.who.int/bulletin/volumes/85/12/07-045526/en/index.html)

Principles of Good Partnerships for Strengthening Public Health Education Capacity in Africa

[www.cohred.org/main/CommonCategories/content/783.pdf](http://www.cohred.org/main/CommonCategories/content/783.pdf)

## Global Forum on Bioethics in Research



COHRED hosts the Secretariat for the Global Forum for Bioethics in Research (GFBR), which started its new programme in 2007. Activities included the hiring of the first GFBR fellow, Dr. Xuiqin Wang from

Nanjing, China; participation in the 8th meeting of the Global Forum on Bioethics in Research organised by Vilnius University and hosted in Lithuania; beginning the building of a permanent secretariat; and preparations for the 9th meeting in New Zealand in December 2008. Two new partners joined the GFBR this year – the European and Developing Countries Clinical Trials Partnership (EDCTP) and the Canadian Institutes of Health Research / Instituts de recherche en santé du Canada (CIHR - IRSC).

## Cameroon-COHRED agreement for policy, priorities and evidence base

The Republic of Cameroon signed a Memorandum of Agreement with COHRED requesting technical support and advice to the government and its national research partners. Activities cover several areas: finalising the national health research policy through a participative process; advice on the national health research priorities as input to Cameroon's updated health sector strategy paper; and work on compiling and analysis of evidence from national research to create a monitoring and management system for the country.

# Innovative funding for health research

## How does the World Bank include health research in its health programme design?

The third COHRED – New York University Wagner School of Public Service 'capstone programme collaboration' focused on innovative funding for health research. It addressed the issue of how major vertical health projects build research into their programme designs. The research team reviewed all World Bank health projects from 1998 to 2005 and reviewed the health research content. The study identified considerable amounts of health research in these projects, mostly described as 'surveillance' and 'monitoring and evaluation' but found that the management and use of this research was not well integrated into project planning.

## Health innovation

NEPAD's Science and Technology desk invited COHRED to co-author a paper on resourcing of health research by governments in Africa. Dr Clifford Muteru from NEPAD is the lead investigator with COHRED's Andrew Kennedy and Carel IJsselmuiden focusing on analysis of COHRED's country-based information. A publication is expected in early 2008.

# Essays

NEW PERSPECTIVES ON HEALTH RESEARCH SYSTEM STRENGTHENING

ESSAY

# Optimising health system performance ... what role for information and research?

Health information systems or 'health management information systems' are recognised as essential components of a health system, needed for measuring its effectiveness. National health research systems should have the same level of recognition. They produce the evidence needed to guide health sector policies, strategies and decisions.

The *World Health Organisation's World Health Report* (WHR) published in 2000 was dedicated to improving health system performance<sup>3</sup>. It recognised that improving health is crucially dependent on the system that delivers health care and set out to define systems, design benchmarks for performance and conducted ratings of national health systems. The report provided an impressive amount of data to make its case and was one of the more outstanding Annual Health Reports, leading to both action and controversy.

The report defined a health system as "*all the activities whose primary purpose is to promote, restore or maintain health*"<sup>4</sup> and went on to identify four major functions of health systems. These are **Stewardship** (which provides the governance, regulation and oversight of the system); **Resources** (which deals with creating and allocating resources – human, financial and physical); **Financing** (for the collection, pooling and purchasing); and the **Organisation and Provision of Services**. The report went on to link these functions with what it defined as the three key objectives of any health system, namely to improve health and health equity through responsiveness and fair financial contribution. (See figure 1).

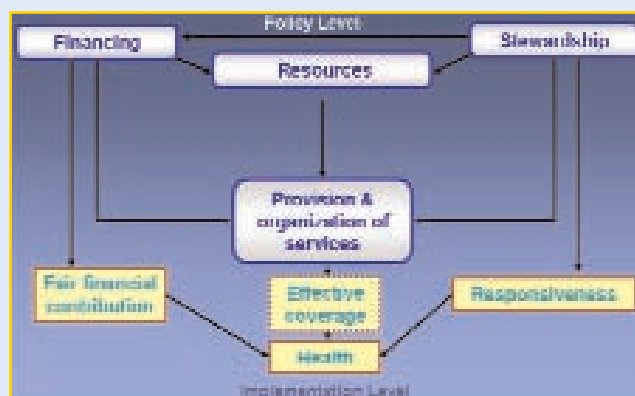
From the WHR 2000 report, it is not immediately obvious where the evidence needed to guide and influence the various functions and to measure the impact on the health system objectives fits in. The report refers only briefly to the need for very selected information to allow the 'stewardship' function of the health system to take its course but it does not comment on the information needs of all other components of the system. It

expresses the observation that "*most health systems collect huge amounts of information that can clog the works*"<sup>5</sup>. It also states that "*not all of the intelligence gathering, or sharing, will be best done by the ministry [of health]. Research institutes, university departments, non-governmental organisations and local or international consulting firms may be able to undertake inventory and survey work more speedily and accurately*"<sup>6</sup>.

Presumably because neither a 'research' nor 'information' system is identified as needed to ensure well-performing health systems, neither health information nor health research is explicitly defined, resourced or strategised. For example, in the *World Health Report* of 2006<sup>7</sup> which is devoted to 'human resources for health' there is no mention at all of the human resources needed to deal with the core of the system: its intelligence function.

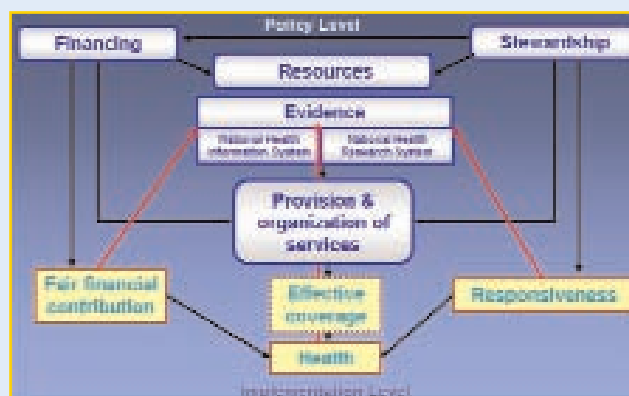
Health information systems (HIS) or 'health management information systems' (HMIS) are now recognized as components of health systems that are essential to measuring efficiency and – to some extent – the effectiveness of health systems. The glaring absence of good sources of routine health information in many low and middle income countries has been recognised, and perhaps most clearly so with the establishment of the Health Metrics Network which aims "*to increase the availability and use of timely and accurate health information by catalysing the joint funding and development of core country health information systems*"<sup>8</sup>. In the latest version of WHO's view of Health Systems we are pleased to see that Information has been added<sup>9</sup>.

**FIGURE 1**  
Functions (blue) and objectives (yellow) of health systems



Source: Modified from WHO World Health Report, 2000

**FIGURE 2**  
Putting evidence at the centre of health system functions



Source: Modified from WHO World Health Report, 2000

COHRED focuses on building strong national health research systems (NHRS) that enable governments, health care providers, communities, media and others to obtain the type of information needed for health and health system improvements – and that is not available elsewhere.

Even if there is a well-functioning health information system, it is obvious that not all data needed to optimise health system performance can be available through routine data collection, collation and analysis.

For example: evaluation of interventions or improvements in care provision; dealing with rare events; establishing cause of disease or health; obtaining information on conditions that carry social stigma; requiring higher quality information that is available in routine systems; providing information on urgent issues; or achieving an understanding of more qualitative aspects of health care (including patient expectations, perceptions, reasons for use or non-use of services, etc.). All of these aspects require specific research projects as support to health system performance enhancement.

Information and Research are two complementary sides of the same coin, that produce the evidence-base needed to guide health sector transformation. In redrawing the graphic representation of the health system, we propose to put evidence at the centre and indicate how it informs all major functions of the system, and documents the outcomes.

Recognition of the crucial role of health information and research – timely, focused, specific and reliable – for all of the functions and achievement of objectives is obvious. Jointly, they form the evidence base needed to identify problems and solutions and measure impact.

Adequate attention to the understanding and building of systems for information and research is needed. Synergy can be achieved as many of the skills, competencies, outlooks and methods can be shared and because information and research evidence often present new challenges to the complementary system.

Beyond doubt, however, a forward looking plan to develop human resources and the operational framework in which they will operate for the 'evidence-hub' of health systems is something that all countries urgently need to invest in. And, in the case of low and middle income countries, for which donors need to provide support.

- 1 Carel IJsselmuiden is Director of COHRED.
- 2 Don de Savigny is Professor and Head of the Health Systems Interventions Unit in the Department of Public Health and Epidemiology at the Swiss Tropical Institute, University of Basel; and a member of the COHRED Board.
- 3 The World Health Report 2000. Health Systems: improving performance.
- 4 The World Health Report 2000, p 125
- 5 The World Health Report 2000, p 129
- 6 The World Health Report 2000, p 130
- 7 The World Health Report 2006. Working together for health.
- 8 <http://www.who.int/healthmetrics/en/>
- 9 World Health Organisation 2007. Everybody's business: Strengthening health systems to improve health outcomes. WHO's framework for action.



# Strengthening capacity for health research in Tunisia

## ESSAY

### The case for investing in research and development

Tunisia's approach to the organisation and performance measurement of its health research provides practical examples of what other countries in the region can do to improve their management and governance and move toward the creation of systems to support relevant and high quality national health research.

#### Investing in human capital for health research

The performance of scientific research is the major determinant of the wealth of the nations that is not a function of the level of natural resources or available national funds. It is an indicator of a new kind of wealth: a country's human capital, its knowledge and educational expertise.

For countries, health research is a strategic national scientific concern, for a number of reasons:

- Scientific – it encourages the production and sharing of new knowledge focused on solving health problems.
- Economic – it establishes close cooperation with the socio-economic forces in both the private and public sectors.
- Political – it realizes the objectives of decision makers for health care access and delivery.
- Educational – it transforms knowledge and expertise into practical concepts that can be taught to the new generation of researchers.
- Cultural – it promotes the use of research results that respect the country's cultural context and needs of its communities.

A strategy for building human capacity for research is a long-term investment that a country makes in creating its scientific base. This is also a direct investment in building nation's wealth, which Tunisia has been pursuing since 1999. For example, training of researchers in research methodology is an efficient way to guarantee the country's capacity to produce high quality health research system that is able to overcome and solve the health problems of its communities. And to do this with no extra funds.

Tunisia has made the political commitment that research is a strong indicator of its level of development. This was translated into substantial financial resources dedicated to research and development, reaching 1% of GDP in 2004 and targeting 1.25% for 2009 (see figure 1).

#### Measuring health research performance in Tunisia

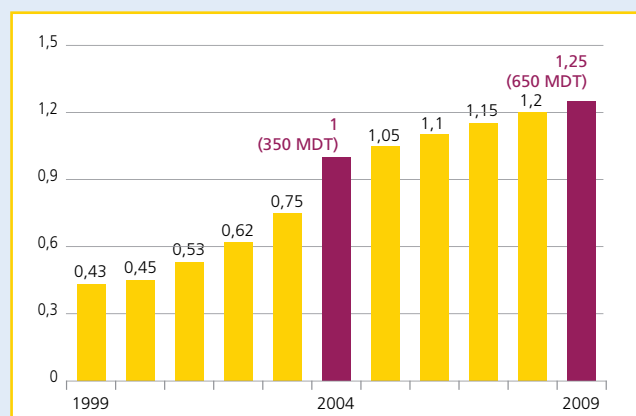
The current situation of health research in Tunisia was assessed, based on an analysis of:

- Inputs – what resources and structures of research in health system are in place?
- Process – current methodology, training needed for validity, ethics review capacity.
- Output – measuring scientific publications, and the productivity of health research.
- Outcome – the impact of research in terms of social relevance, its ability to solve public health problems and ensure equity of access to better health for all categories of the population.

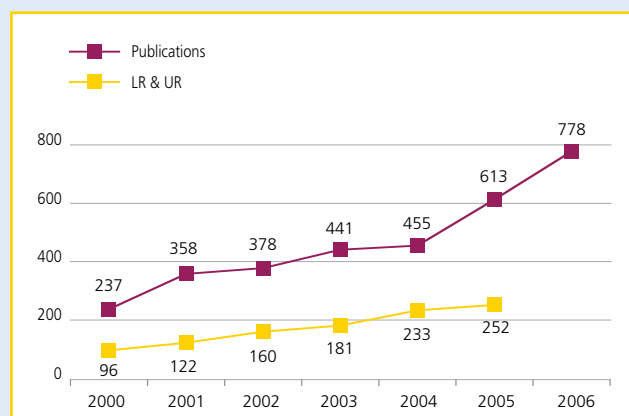
Tunisia has put in place processes to track and measure the progress of its health research activity. They are managed by a Research Unit financed by the Ministry of Health.

All resources and structures of health research in Tunisia are identified, in terms of Research Units and Research Laboratories. The process assesses the association between the increasing number of research structures and scientific production, looking at indexed publications in Pubmed.

**FIGURE 1**  
Financial resources for R&D ratio to GNP in Tunisia



**FIGURE 2**  
Evolution of publications and research structures 2000-2006



The production of health professionals is measured in terms of indexed publications during the last seven years (2000-2006). Analysis of these results reveals gaps and barriers to a more sustainable health research system, from the perspective of factors related to health care systems, health-care providers and community needs. Difficulties identified include a lack of training in research methodology and scientific communication.

Tunisia also assesses the social relevance of health research activities and the contribution it makes to solving the main public health problems currently facing the country. To assess the correlation between the health problems and the issues under investigation by health researchers, research themes are matched with national distribution of health problems and causes of mortality.

### Results and lessons from Tunisia's approach

There is a strong correlation of the scientific production and the research resources in Tunisia. The country's investment in creating a national health research system has been done by developing health research structures. These are research units and research laboratories with a management structure (Direction of medical research) based in the Ministry of Public Health. The evolution of the research structures and the corresponding evolution of indexed medical publications are presented in Figure 2.

The Tunisian case illustrates well how investing in Research and Development can enhance the scientific production and increase the social relevance of research. It offers a number of practical lessons to other North African and Middle Eastern countries on how they can improve population health using health research. This case also illustrates how health research can meet the ultimate goal of empowering people and institutions to achieve better health, through better access to health care, and supported by an efficient health research system. Helping countries create this context is a key element of COHRED's work with countries.

1 Hassen Ghannem is a medical doctor, member of Service of Epidemiology, University Hospital Farhat Hached, in Sousse, Tunisia; he coordinates COHRED's health research system strengthening activities in North Africa and the Middle East.  
2 Nouredine Bouzouaia is Director General of Health, Ministry of Health, Tunisia

# National health research system mapping – a strategic approach for managers

## ESSAY

The COHRED mapping approach gives a clear picture of how a health research system functions, looking at the policy and governance environment that needs to be in place to have quality research done on national priorities. This approach is specifically designed for decision makers to gather strategic information about health research – and to take action to improve their national system.

A structured approach to collecting relevant evidence as a basis for decisions is at the heart of COHRED's approach to National Health Research System (NHRS) development. A number of papers by COHRED give a broad overview of COHRED's approach to collecting this evidence<sup>2</sup>. This process is called *NHRS Assessment*.

The underlying principles of this approach are that it should be incremental, action-oriented and process driven. There is a risk that NHRS Assessment can become an academic exercise, which never actually progresses from research to implementation. With an action-oriented approach to NHRS improvement, where evidence is collected to inform development decisions, implementation starts at an early stage. This approach sends a clear message to stakeholders that there is commitment and rigour behind the effort. It reinforces convictions that their continued involvement is worthwhile.

The first or basic level of NHRS assessment is 'NHRS Mapping'. For many countries it is the initial step to take towards system development. The resulting NHRS 'map' provides the core information necessary to decide on development actions to establish or complete the foundations of the NHRS. The primary focus of mapping is to provide the information necessary to describe the health research system's governance and management framework, the institutions that commission, conduct and use research, the key actors in the system and the policy environment within which it operates. The 'NHRS map' provides a "picture" of the NHRS and identifies gaps in its foundations. Mapping information is a vital input to building the foundations of a formal system,<sup>3</sup> and directing further NHRS development. This can take the form of 'interventions', for example policy development or priority setting, that address identified gaps in the system, or additional NHRS assessment to provide more detailed information to guide improvement efforts.

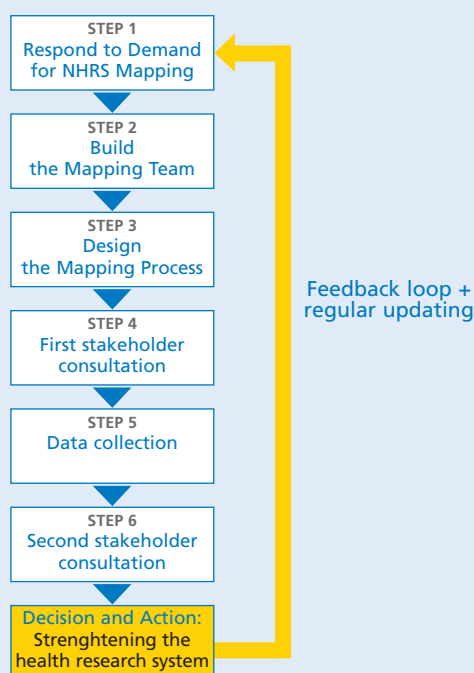
### Four levels NHRS Assessment:

1. **NHRS Mapping** – describing the research system
2. **NHRS Profiling** – measuring the capabilities of the research system
3. **NHRS Analysis** – analysing the performance of the research system
4. **Intervention evaluation** – evaluating interventions to improve the research system

Information can be collected through desk research, document review and interviews with key stakeholders. Interviews are particularly effective. In addition to providing information, interviews can stimulate dialogue to sensitise stakeholders to the benefits of NHRS development, can lead to insights on the main challenges facing the NHRS and deliver information on power and political relations within the system none of which are likely to be obtained through more quantitative or structured methods. Additional components of NHRS mapping may include approaches to collecting information on how the research system deals with specific issues such as donor alignment and harmonisation, health inequities or health systems research.

### System Mapping is a discovery and learning process for countries.

The mapping of a country's health research system gives decision makers essential information to build their health research strategy. Rather than an administrative task, mapping with the COHRED framework is a discovery and learning process for the team that will put a country's system strengthening into action.



Together with its partners, COHRED has used this NHRS Mapping approach in more than 30 countries<sup>4</sup>, many of which are now in the process of implementing actions based on the evidence gathered. The experience gained with this large collection of research system mapping shows that there are three scenarios that seem to characterise health research systems in low and middle income countries:

#### Scenario 1 – countries lacking the foundations of a ‘formal’ NHRS

In this situation, NHRS development needs to start with implementing a governance and management framework for the NHRS. The typical basis for a NHRS has three components to it: there needs to be a governance and management structure, a health research policy framework and ‘credibly set and regularly updated’ national health research priorities. Making this work requires high-level support from government and influential decision makers.

#### Scenario 2 – countries with a fragmented governance and management framework

Many countries have a complex governance and management framework in which tasks, functions and structures are split between different bodies and even different sectors. A lack of coordination between these decision-making bodies and competing priorities create a lack of focus and clarity on national development and research needs. In these countries, further consultation and assessment will be required to inform

decisions on how to rationalise the governance and management framework and how to prioritise research demands.

#### Scenario 3 – countries with an NHRS infrastructure, but with a lack of evidence on whether the system generates and uses relevant research effectively

In this case, key questions need to focus on the performance of the NHRS, to determine whether it is funding, generating and using research to improve health and achieve other system goals. Further NHRS assessment at the Profile or Analysis levels is needed to answer these questions.

For further information on COHRED's approach to NHRS development see:  
[www.cohred.org/NHRsupport](http://www.cohred.org/NHRsupport)

*The NHRS mapping team is Andrew Kennedy, Mohir Ahmedov, Sylvia de Haan, Hassen Ghannem, Sandrine Lo Iacono and Carel Ijsselmuiden.*

1 Andrew Kennedy is Senior Research Officer at COHRED.

2 **Health research policy:** The keystone of an effective national health research system. Kennedy, Ijsselmuiden, COHRED Annual Report, 2006. **Why support national health research system development?** Good research requires good research systems. Kennedy, Ijsselmuiden, COHRED Annual Report 2005.

3 COHRED defines these foundations as: 1) Governance and Management infrastructure; 2) Health Research Policy; 3) Health Research Priorities.

4 **Africa** Burkina Faso, Cameroon, Mozambique, Uganda, Zambia **Caribbean** Trinidad & Tobago **Central Asia** Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan **East Asia** China (Shanghai), Laos, Mongolia, Philippines, Vietnam **Middle East** Bahrain, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Tunisia, UA Emirates, Yemen **Pacific islands** Cook Islands, Fiji Kiribati, Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, American Samoa.

# Improving alignment and harmonization of health research funding

## ESSAY

### COHRED's AHA study starts an evidence base that helps donors and countries work together

An estimated \$4 billion is spent annually on health research in developing countries; but very little of this investment is guided by the health and development priorities of these countries. To better understand this situation and what can be done to improve it, COHRED studied the alignment and harmonization of donor funding of health research in a number of low and middle income countries. This is the first step in creating an evidence base on funding practices and trends in health research. It highlights areas where both donors and partners in countries can work more effectively – for the overall benefit of population health.

The Paris Declaration on Aid Effectiveness<sup>3</sup> brings an important new perspective to how development aid can be most effective for countries. Alignment and harmonization in the allocation of funds are cited as the new guiding principles for aid in development. 'Alignment' is the extent to which donor funds match priorities set by countries. 'Harmonisation' is a call for donors to coordinate programmes and policies to engaging with countries in the most productive way. The COHRED AHA initiative assesses these principles in the area of health research support, in a pilot study<sup>4</sup> involving five African countries<sup>5</sup> and eight health research funders<sup>6</sup>.

The AHA study aims to provide the beginning of an evidence base on donor alignment and harmonization for health research. Its goal is to provide a better understanding on how health research is currently funded and to encourage countries and donors to produce and exchange information regularly, to ensure more sustainable and better targeted funding for health research at country level.

The adverse effects that ill-coordinated donor health research efforts can have on countries and the fact that many programmes do not acknowledge countries' priorities, is known and much discussed in the international development community.

The study reveals that, despite political willingness from health research funders and partner countries to implement the Paris Declaration, little real action has been taken to date, to implement alignment and harmonization for health research support. Health research tends to be aligned with donors' priorities and channelled through mechanisms that favour northern institutions.

In the partner countries surveyed, the absence of well-coordinated national health research systems and clear national health research policies and agendas contributes to this situation. The study also finds that donor countries have little knowledge of other donors' funding models, policies and priorities – a further obstacle to proper harmonization of health research support. The AHA suggests practical steps to work toward more sustainable and better-targeted funding for health research (see *box*).

### **Action for countries – move from donorship to ownership:**

- Facilitate dialogue between donors and countries, who can more strongly voice their research needs.
- Develop national health research policies, national priorities and strengthen the overall governance of their system for health research. Technical support, and exchange between countries, would facilitate this process. With the basic structures in place, negotiation with external funding agencies will be easier.

### **Action for health research donors – link with country priorities**

- Take note of national priorities and policies and state explicitly whether they will respond to these priorities
- Delegate more responsibility to embassies, to maintain a balance between the local context and headquarters-level development strategy.
- Develop systematic approaches to record support. No useable data and information exists on funding of health research in low and middle income countries. Neither partner countries nor donors have data that is useful to better guide and measure alignment and harmonisation.
- Complementary and harmonized actions between research sponsoring agencies and development agencies should also be explored. Non-governmental health research sponsors – such as Wellcome Trust and NIH/Fogarty International Center – are interested in exploring closer links with bilateral funding and development agencies in support of national health research system development. This could focus on institutional capacity strengthening and on joint learning on how to go beyond training, to develop the capacity of institutions.

Despite the clear idea of what needs to happen to improve the situation for health research, the implementation of the Paris Declaration remains complex. Partner countries do not want a situation where harmonization between donors unifies them to the extent that country ownership of health development processes is decreased. And donor countries – while supportive of improved harmonization – also have a need for flexibility to fund their own priority areas.

Neither 'harmonization', 'coordination' nor 'flexibility' in the field of health research support have been adequately defined, and governments, researchers and donors likely all have a different understanding of what they imply. There is a need to reach a common vision of the purpose, limitations, potentials of alignment and harmonisation and how to operationalise it in the context of health research. Equally, new funding models need to be explored to find ways for financial resources for health research to become sustainable, long-term and targeted towards health problems of the poor.

A tool that will help guide further discussion is **Health Research Web**. This platform provides essential information and resources on national health research systems in low and middle

income countries. As it evolves, it will include country level information on research funding and details of national research priorities. This will allow further analysis on links between funding and national health problems, and will facilitate alignment, as donors will be able to easily refer to agreed country agendas. At the same time, a donor platform operating through Health Research Web will encourage donors to further engage in the discussion on harmonising their resources in support of country priorities.

A full report of the AHA study will be available from COHRED in mid-2008 and posted on the COHRED website: [www.cohred.org](http://www.cohred.org)

*The AHA team is Sylvia de Haan,  
Sandrine Lo Iacono and Carel IJsselmuiden*

- 1 Sandrine Lo Iacono is Research Officer at COHRED.
- 2 Sylvia de Haan is Head of Projects and Programmes at COHRED.
- 3 The Paris Declaration, endorsed on 2 March 2005, is an international agreement to which over 100 Ministers, Heads of Agencies and other Senior Officials adhered and committed their countries and organisations to continue to increase efforts in harmonisation, alignment and managing aid for results with a set of monitorable actions and indicators <http://www.oecd.org/dataoecd/11/41/34428351.pdf>
- 4 The COHRED Alignment and HArmonization (AHA) study was financially supported by Sida/SAREC. Preliminary findings were discussed in a special consultation of donors and recipient countries in Beijing in October 2007 in conjunction with the Global Forum for Health Research meeting, jointly with the partners from the African and donor countries.
- 5 Burkina Faso, Cameroon, Mozambique, Uganda, Zambia, Canada, Denmark, Ireland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom
- 6 Canada, Denmark, Ireland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom

# Effective health research communication is a dialogue between all actors

## ESSAY

To improve science communication, there is much talk about building the skills of researchers to be better communicators and communicating to policy makers. This is one part of the picture. Real gains in effectiveness of health research communication can be achieved by encouraging dialogue between all players in the research process, and identifying where capacity can be built to make these interactions more effective.

Conventional thinking on what is required for the effective communication of science is usually centered on the targeting of decision makers with key messages<sup>4</sup>, or the organisation of campaigns (media and other) – in the hope that the results of research will find their way into the thinking and decisions of government policy makers.

Using communication to achieve *research-into-use* and *evidence-informed policies* are important requirements for health research. But these are only two parts of a larger picture. If the ultimate goal of health research is to put research into use, then a user perspective is a key requirement of this process. Why, then, do communication functions that support health research pay so little attention to involving users and other key actors in the health research process?

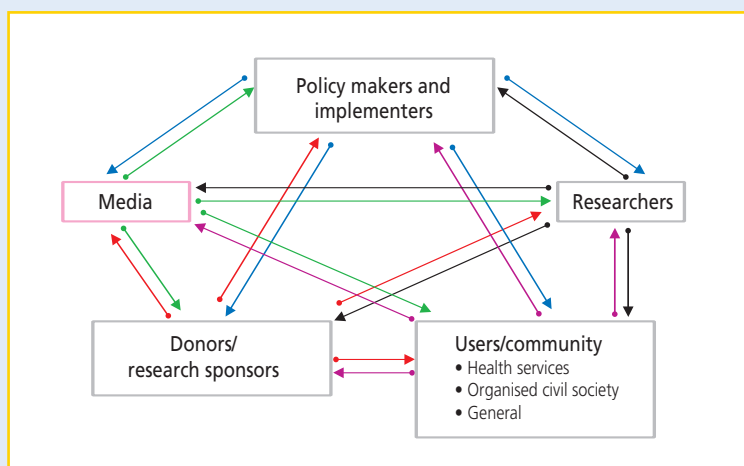
Seen from this perspective, the effective communication of health research is best achieved as a *dialogue* – that is animated between all participants and beneficiaries in health research. This dialogue is part of the process of defining, planning and delivering health research. Those that need to be involved include user groups of health research and communities (often represented by civil society), members of the media (as partners and targets), policy makers, other researchers and the funders of health research.

This approach to health research communication is being designed by COHRED, the Athena Institute for Research on Innovation and Communication of the University of Amsterdam, with research practitioners in several low and middle income countries.<sup>5</sup>

FIGURE 1

### Research to action

Effective health research communication is a dialogue between all actors in society. What capacity building activities are needed to make these interactions work?



Source: C. IJsselmuiden, presentation to partners at Makerere University, Uganda.

### Building communication capacity:

#### Yes, but which capacity?

When considering why health research communication does not achieve all that it should, or how it can be improved, the need for developing new skills is immediately mentioned. There is an ongoing discussion on who should do what to improve the communication of health research. Common needs voiced are that: *researchers should be trained to write for a general audience and to interact with the media; communication staff should be hired and tasked with preparing syntheses and summaries of research results, and policy briefs.* These interventions will help improve communication at one level, but this is only a part of what is needed for a real dialogue process to happen.



For a dialogue approach to health research communication to work effectively, capacity building needs to be considered at a more strategic level, and not only from the perspective of the research producer. Managers of health research need to consider what skills and roles are needed to achieve better interaction and partnership between the different players in the research process: *What will help policy makers better understand the needs of researchers and what kinds of interactions will bring out the policy perspective early in the research process?; How should media organisations be involved in the planning stages of research and what do they need from researchers? Which organisations should be involved?; How can the role of NGOs be better focused on getting user needs on the health research agenda, and engaging communities and civil society organisations as members, or advisors, of a research team?*

#### **Making a dialogue approach work**

- More thought should be given to how to build dialogue and discussion between researchers and user groups in society. Open participation helps focus research on people's needs, guarantees access to early results and provides opportunities for policy-makers to understand health needs in different segments of the population.<sup>3</sup>
- Policy makers can turn the question around, by asking researchers to provide evidence, for example identifying which policies are most effective and how they can best be implemented in different contexts.
- Government requires staff that can analyse policy situations accurately and use these opportunities strategically. However, organisational systems and processes that will facilitate – not hamper – these activities must be in place.<sup>6</sup>

- Donors and research funders need to be drawn out of their research commissioning role and become engaged as a partner in the research, so that they are helping decide on the country's needs – rather than deciding on their personal research agenda.

In the design of a dialogue approach, the strategic communication issue is to define and build skills that encourage better interaction for all actors in a dialogue process. Probably the most fundamental change needed is in the mindset of health researchers and managers, to open '*...the monopoly on health research by researchers...*' and involve other users groups.

Given the general response of resistance to fundamental change, this will pose a real challenge. Conducting dialogue processes and making the results of these processes visible are key in bringing about change.

*The science communication team is Michael Devlin, Jennifer Bakyawa, Sylvia de Haan, and Carel IJsselmuiden (COHRED) and Jacqueline Broerse (Athena Institute, University of Amsterdam).*

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1-2-3 Jennifer Bakyawa is coordinator of the COHRED health research communication initiative, based in Kampala, Uganda. Jacqueline Broerse is Head of the Science Communication department at Athena Institute, University of Amsterdam. Michael Devlin is Head of Knowledge Sharing and Advocacy at COHRED.

4 The Lancet Publishing Group; Reorienting health research communication (Comment) [www.accessmylibrary.com/coms2/summary\\_0286-11380603](http://www.accessmylibrary.com/coms2/summary_0286-11380603)

5 Makerere University School of Public Health-COHRED (strategic communication framework 2007); focus group Consultations with Philippines Council on Health Research for Development; planned policy communication interactions with Malaysia Ministry of Health (2008); new East Africa health research partners planned for 2008.

6 Julius Court & John Young, Bridging Research and Policy: Insights from 50 Case Studies, August 2003, Overseas Development Institute, ISBN 0 85003 663 1.

7 Participant comments - COHRED expert consultation on Human Resources for Health Research, Nairobi 2006. [www.cohred.org/main/publications/informalreports/HR-HR\\_reportFINAL.pdf](http://www.cohred.org/main/publications/informalreports/HR-HR_reportFINAL.pdf)

# Research ethics: priorities and best practices for low and middle income countries

## ESSAY

### Issues from the 8th Global Forum on Bioethics in Research

While it is accepted that ethical review of health research is needed to protect the rights and well-being of human participants in research trials, there remains concern about the effectiveness of ethical oversight, especially in developing countries. This was one of the themes of the 8th Global Forum on Bioethics in Research. The meeting brought together experts from around the world in Lithuania<sup>1</sup> to examine the current state of ethics in health research, with a special focus on the needs of transition and developing countries.

#### Operationalising health research ethics

In response to a history of medical trials that have violated people's rights and damaged their welfare, a series of guidelines have been elaborated by international organisations. But guidelines alone will not solve the problem. Ethical health research needs to be supported by effective national regulations, and Ethics Review Committees need support – both political and financial. These outcomes are crucial for the creation of competent and independent review in countries. Participants highlighted a number of key challenges to be addressed to improve research ethics:

- Ethical review systems must be adapted to national and local needs.
- The role of research ethics committees needs to be enhanced – at the administrative, academic and policy levels.
  - The independence of ethics committees needs to be guaranteed.
  - Strong communication links are needed between Research Ethics Committee members and between the committee and other key players in society.

Health research covers a diverse range of topics – from paper records investigation and social science research, to observational studies and high-risk clinical trials. Determining which of these types of studies should submit for ethical review remains a point of discussion among legislators and research professionals.

A further consideration is how to improve the quality and effectiveness of ethical reviews, especially when ethics committees face a lack of expertise in specific areas, such as evaluation of insurance issues or financial contracting. Recommendations from Forum participants are that:

- Ethical review should cover studies on healthy and sick volunteers, clinical audit, social science, and student research.
- A fast-track review process is needed for low-risk research activities.
- Ethical oversight is needed to ensure continuous protection of research participants.
- Conflicts of interest are not entirely unavoidable, but can be managed by increasing the transparency in research.

#### Capacity building approaches for research ethics

The meeting highlighted diverse approaches to research ethics training, with marketplace presentations from 17 different countries and regions. Activities and innovations presented included innovations in training module development and training techniques. A number of challenges to improve the quality of training were identified:

- The infrastructure for ethical research needs to be developed.
- A variety of training courses is needed to meet different needs of researchers.
- Research Ethics Committee members, high-level trainees.
- More trainers are needed.
- Post-training follow-up will improve the impact and relevance of training activities and make programmes more sustainable.

### Ethics of Mental Health Research

According to the World Health Organization, mental health problems account for 13% of the global burden of disease (WHO, 2005). Research on mental health disorders requires a new set of ethical approaches that are different from standard ethics issues.

People suffering from these disorders are often more vulnerable due to a lack of objective criteria for diagnosis and efficacy evaluation of mental problems, and patients' impaired capacity to understand and offer consent.

Meeting participants identified several areas where attention is needed to improve the effectiveness of ethics reviews in mental health research.

Specifically, it was found that the social value of this research needs to be better emphasised to guard against studies that are biased, due to difficulties in defining and diagnosing mental illness and on 'invented disorders' that can turn a normal condition into a psychiatric illness.

Participants called for:

- More scrutiny of research protocols to ensure participants' best interest, especially on the issue of capacity to consent.
- Special attention to issues of mental health research in developing countries. These include undue inducement, insufficient resources for standard care, and disregard for cultural factors.

### Resources

- Policy Briefing  
[www.gfbronline.com/PDFs/20071220%20GFBR8Policybriefing.pdf](http://www.gfbronline.com/PDFs/20071220%20GFBR8Policybriefing.pdf)
  - Report of Eighth Global Forum on Bioethics in Research Meeting  
[www.gfbronline.com/PDFs/GFBR8REPORT.doc](http://www.gfbronline.com/PDFs/GFBR8REPORT.doc)
  - Plos: Guest Blog [www.plos.org/cms/node/311](http://www.plos.org/cms/node/311)
- Sandra Realpe is Ethics Officer of the Secretariat of the Global Forum on Bioethics in Research; Xiuqin Wang, is a doctor specialised in traditional Chinese medicine from Nanjing, China, and a doctoral student. She was a Fellow at the Global Forum on Bioethics in Research in 2007.*

*The Global Forum on Bioethics in research is hosted by COHRED.*

*Partners in this initiative are: Aga Khan University, Canadian Institutes of Health Research/Instituts de recherche en santé du Canada (CIHR - IRSC), Council on Health Research for Development (COHRED), European and Developing Countries Clinical Trials Partnership (EDCTP), Facultad Latinoamericana de Ciencias Sociales (FLACSO), Health Research Council of New Zealand, Institut National de la Santé et de la Recherche Médicale (INSERM), Medical Research Council-United Kingdom (MRC UK), National Institutes of Health-Fogarty International Center (NIH-FIC), Vilnius University, Lithuania, Wellcome, Trust World Health Organisation*

*The research ethics team is Sandra Realpe, Xuqin Wang and Carel IJsselmuiden.*

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<sup>1</sup> The Eighth Global Forum meeting on Bioethics in Research was organised by Vilnius University. Lithuania and Union Graduate College Bioethics Program, New York, USA.

# National Health Research Systems development in Latin America

## ESSAY

Latin America has a long-standing research tradition in many fields, including health. Development of institutions in Latin America has been a long process with significant differences between countries in the region. A number of Latin American institutions today follow the path of the National Health Research System (NHRS).

The support, financing and articulation for scientific development in health research has many differences. For some countries it is linked to socio-economic progress. In others, governance and stewardship roles, have not yet been assumed by governmental institutions.

The new trend in health research discussions is the importance of the system that coordinates, supports and finances the related health research activities. Some, if not all, of these components are present in many countries. What is missing is the coordinating entity responsible for stewardship and governance. In some cases these components are missing. In others they exist but are not operating.

National Health Research Systems in Latin American are diverse and at various stages of maturity. Few countries have a fully coordinated system, in which each player exercises its functions and with a clear coordinating entity to focus resources on achieving the best results possible. Most countries do not have integrated systems. This, results in slower development of health research in the country, duplication of activities, less than optimal use of resources, and a lower impact of the expected research results.

An uncoordinated NHRS brings risks. With no clear leader in the country, any entity can assume leadership and – rather than pushing forward national priorities – may encourage institutional or commercial priorities that are not necessarily linked to solving key health issues in the country.

Information on the region's NHRS is currently sparse and scattered, but there are efforts to form a clearer picture of the situation. The Pan-American Health Organisation (PAHO), COHRED, and most recently, the Ibero-American Ministerial

Network on Health Learning and Research (RIMAIS in Spanish), are trying to integrate information on health research systems into a comprehensive framework that gives a better understanding of NHRS development in the region. These efforts aim to improve systems that are less developed. There is also a need for closer cooperation between the different components of a national health research system, to avoid duplication.

The Latin American region will have a unique opportunity to explore these topics in detail and set a vision of cooperation for NHRS development and strengthening at the First Latin American Conference on Health Research and Innovation, in Rio de Janeiro, this year. The conference is a big step forward for promoting regional cooperation in health research and a better understanding of the components and needs of a coordinated NHRS, to enhance health research activities in the region.

The inter-country cooperation that the conference promotes will bring benefits to participating countries and the entire region. Researchers, authorities, financing bodies and interested parties will learn from successful experiences of other countries.

On the other hand, the collaboration and coordination of the different organisations working around the NHRS topic in the Latin American region should facilitate the exchange between countries seeking successful experiences and wanting to learn from the positive results obtained through innovative strategies. Specific technical cooperation strategies should be developed in order to make the best out of the regional good experiences.

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<sup>1</sup> Francisco Becerra is Joint Director-General Federal Hospitals at the Ministry of Health in Mexico, he coordinates COHRED's health research system strengthening activities in Latin America.

# Corporate and financial information

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Diseases  
WHO/South East Asia Regional Office  
India  
BHUTAN

\* Denotes members whose term on the Board  
has concluded in December 2007.

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Translation  
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France

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Ethics Fellow  
Secretariat - Global Forum on  
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China

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





# Financial support

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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

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## Other Support

Organisational Development

Mr. Derek Wong, USA/France

Research and Development

New York University Wagner Graduate School of Public Service.

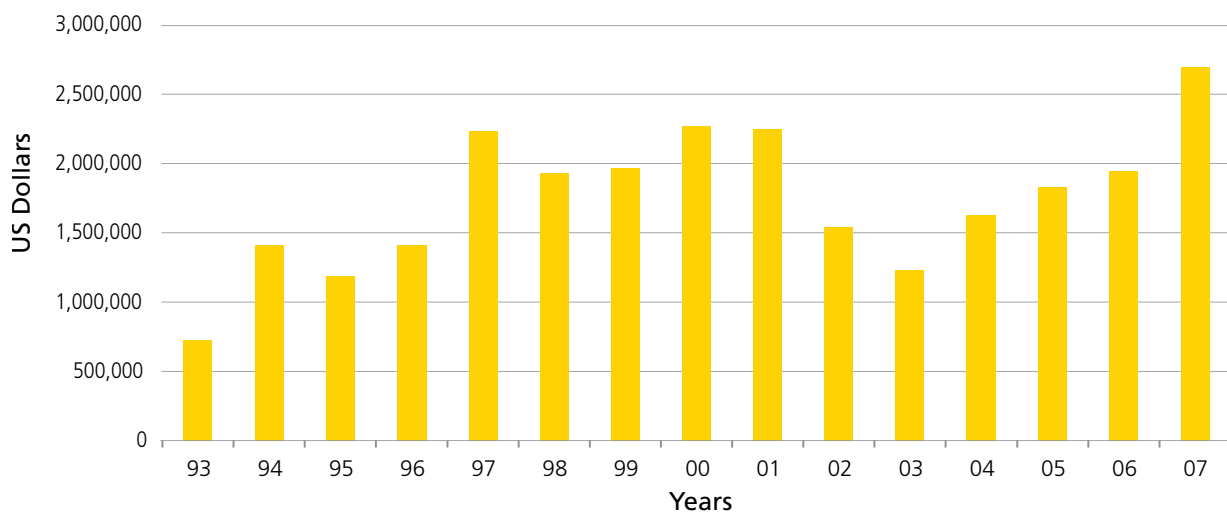
# COHRED country activities in 2007

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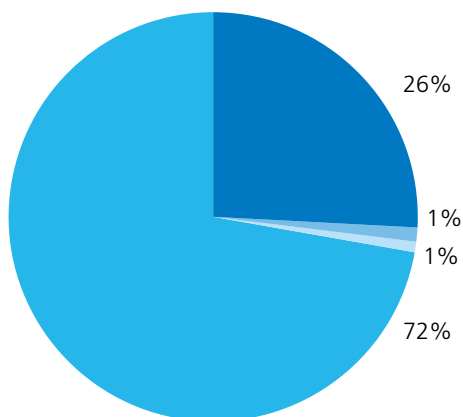
Argentina	Guinea Bissau	Mexico	South Africa
Brazil	Kazakhstan	Mongolia	Tajikistan
Burkina Faso	Kyrgyzstan	Mozambique	Tunisia
Cambodia	Lao People's Democratic	Nicaragua	Uganda
Cameroon	Republic	Panama	Uzbekistan
Caribbean	Lithuania	Pacific Island countries	Vietnam
China (Shanghai)	Malaysia	Philippines	Zambia

# Financial Statement

## REVENUE 1993 TO 2007



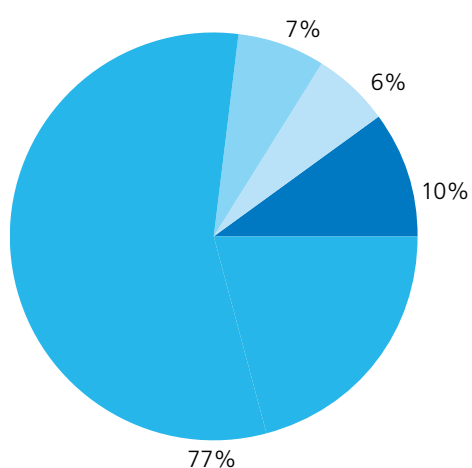
## REVENUE 2007



■ Core grants
 ■ Project grants
 ■ Interest income
 ■ Other income

Funding source	USD	%
Core grants	1,945,481	72
Project grants	697,698	26
Interest income	38,133	1
Other income	19,079	1
<b>Total</b>	<b>2,700,392</b>	<b>100</b>

## EXPENDITURE 2007



■ Programmes
 ■ Fund raising  
■ Governance
 ■ Organisational building

Item	USD	%
Programmes	1,504,645	77
Governance	142,518	7
Fundraising	110,805	6
Organisational building	198,155	10
<b>Total Expenditure</b>	<b>1,956,123</b>	<b>100</b>

Governance: Includes only costs specifically associated to strategic, as opposed to day to day, management of the organisation.

## REVENUE 2007

Funding source	USD
<b>Core grants</b>	<b>1,945,481</b>
Canada - International Development Research Center	132,733
Ireland - Irish Aid Department of Foreign Affairs	1,105,162
Switzerland - Swiss Agency for Development and Cooperation	707,587
<b>Project grants</b>	<b>697,698</b>
Netherlands - Dutch Ministry of Foreign Affairs	147,355
Switzerland - Swiss Agency for Development and Cooperation	26,651
Sweden - Sida/SAREC	480,483
United Kingdom - Wellcome Trust	43,209
<b>Interest income</b>	<b>38,133</b>
<b>Other income</b>	<b>19,079</b>
<b>Total</b>	<b>2,700,392</b>

## PROGRAMME EXPENDITURE

Item	USD
Countries	645,973
Global	583,687
Conceptual	274,985
<b>Total Programme Expenditure</b>	<b>1,504,645</b>

Countries include single and multi-country activities

Examples of countries and areas where COHRED works are:

Cameroon, China, Guinea Bissau, Kazakhstan, Laos, Tajikistan, Tunisia, Uganda, Central Asia, Middle East, Latin America

# COHRED 2007: Publications and Key Outputs

## COHRED Working Papers

Peer reviewed series

[www.cohred.org/publications/working\\_papers.html](http://www.cohred.org/publications/working_papers.html)

### Strengthening Health Research Systems in Central Asia.

Working Paper 2

Authors: Mohir Ahmedov, M; de Haan, S. Sarymsakova, B.

**Укрепление систем медицинской науки в Центральной Азии**

(Russian version)

[www.cohred.org/main/publications/workingpapers/COHREDWP2\\_CentralAsiaRU.pdf](http://www.cohred.org/main/publications/workingpapers/COHREDWP2_CentralAsiaRU.pdf)

ISBN 92-9226-015-4

### Priority Setting for Health Research: Toward a management process for low and middle income countries.

Working Paper 1

La definición de prioridades de investigación en salud: Hacia un proceso de gestión para los países de bajos y medios ingresos (Spanish version published in 2007).

[www.cohred.org/main/publications/workingpapers/COHRED\\_WP1PrioritySettingES.pdf](http://www.cohred.org/main/publications/workingpapers/COHRED_WP1PrioritySettingES.pdf)

ISBN 92 – 9226-008-1

## COHRED Record Papers

Publication designed for rapid packaging and sharing of COHRED and partners' work in progress

[www.cohred.org/publications/record\\_papers.html](http://www.cohred.org/publications/record_papers.html)

### Health research systems development in Latin America.

Record Paper 6

Collaborative paper authored by 15 experts from 11 countries (authors listed in publication).

[www.cohred.org/main/publications/recordpapers/COHREDRP6\\_Health\\_Reserach\\_Systems\\_Developemnt\\_in\\_Latin\\_America.pdf](http://www.cohred.org/main/publications/recordpapers/COHREDRP6_Health_Reserach_Systems_Developemnt_in_Latin_America.pdf)

### Apoyando el desarrollo de sistemas de investigación en salud en Latinoamérica. (Spanish version)

[www.cohred.org/main/publications/recordpapers/COHREDRP6\\_LatinAmericaES.pdf](http://www.cohred.org/main/publications/recordpapers/COHREDRP6_LatinAmericaES.pdf)

ISBN 2-9226-013-8

## COHRED Research for Health Briefing (Health Research Watch)

An e-bulletin for synthesis and comment on current issues on the international health research agenda.

[www.cohred.org/briefing/COHRED\\_Briefing.html](http://www.cohred.org/briefing/COHRED_Briefing.html)

**OECD High Level Forum.** Strengthening policies to improve availability of medicines for neglected and emerging infectious diseases.

Briefing 8

**Board meeting of 'TDR' - Special Programme for Research and Training in Tropical Diseases.**

Briefing 7

**Research for Health at the 60th World Health Assembly of the World Health Organization**

Briefing 6

**African Regional Health Report: a health research perspective**

Briefing 5

**WHO's role in health research; debate on intellectual property rights.**

Briefing 4

## COHRED Statement 2007

Are international health research programmes doing enough to develop research systems and skills in low and middle income countries? Responsible Vertical Programming of global health initiatives.

COHRED Statement

Collaborative effort of COHRED staff and Board.

Drafted by Carel IJsselmuiden and Andrew Kennedy with significant inputs from Sylvia de Haan, Martine Berger, Michael Devlin and the work of Sandrine Lo Iacono.

[www.cohred.org/main/COHRED\\_statement.php](http://www.cohred.org/main/COHRED_statement.php)

## AHA Study - Donor Alignment and Harmonization in relation to National Health Research Priorities.

Sandrine Lo Iacono; Sylvia de Haan; Carel IJsselmuiden: Country surveys conducted (in collaboration with partners) by – Sandrine Lo Iacono (Burkina Faso and Cameroon), Caroline Nyamai Kisia (Uganda and Zambia), Hashim Moomal (Mozambique). National are partners listed in annex to each report.

[www.cohred.org/AHA/](http://www.cohred.org/AHA/)

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**Donor Alignment and Harmonization in relation to National Health Research Priorities.**

COHRED 'AHA' Study.

Synthesis Paper

**Donor Alignment and Harmonization in relation to National Health Research Priorities.**

COHRED 'AHA' Study.

Country report: Burkina Faso

[www.cohred.org/AHA/files/resources/BurkinaFasoAHASTudy.pdf](http://www.cohred.org/AHA/files/resources/BurkinaFasoAHASTudy.pdf)

**Donor Alignment and Harmonization in relation to National Health Research Priorities.**

COHRED 'AHA' Study.

Country report: Cameroon

[www.cohred.org/AHA/files/resources/CameroonAHASTudy.pdf](http://www.cohred.org/AHA/files/resources/CameroonAHASTudy.pdf)

**Donor Alignment and Harmonization in relation to National Health Research Priorities.**

COHRED 'AHA' Study.

Country report: Mozambique

[www.cohred.org/AHA/files/resources/MozambiqueAHASTudy.pdf](http://www.cohred.org/AHA/files/resources/MozambiqueAHASTudy.pdf)

**Donor Alignment and Harmonization in relation to National Health Research Priorities.**

COHRED 'AHA' Study.

Country report: Uganda

[www.cohred.org/AHA/files/resources/UgandaAHASTudy.pdf](http://www.cohred.org/AHA/files/resources/UgandaAHASTudy.pdf)

**Donor Alignment and Harmonization in relation to National Health Research Priorities.**

COHRED 'AHA' Study.

Country report: Zambia

[www.cohred.org/AHA/files/resources/ZambiaAHASTudy.pdf](http://www.cohred.org/AHA/files/resources/ZambiaAHASTudy.pdf)

**Journal articles**

**Human Resources for Health Research: the key to successful sustainable health system improvements.**

Medicus Mundi Schweiz Bulletin 104, May 2007.

Ijsselmuiden, C.

**Mapping Africa's advanced public health education capacity – the AfriHealth project.**

WHO Bulletin, Dec. 2007; 85: 914-922

Ijsselmuiden, C.; Nchinda, T.C.; Duale, S.; Tumwesigye, N.M.; Serwadda, D.

**Toward a Global Agenda for Research in Environmental Epidemiology**

Colin L. Soskolne, Colin D. Butler, Carel Ijsselmuiden, Leslie London, and Yasmin von Schirnding

*Epidemiology* • Volume 18, Number 1, January 2007; (*Epidemiology* 2007;18: 162–166)

**Commentary 19.2: Was the N-9 trial ethical? Questions and Lessons.**

In: Lavery JV, Grady C, Wahl ER, Emanuel EJ, eds. *Ethical Issues in International Biomedical Research. A casebook.* New York, Oxford University Press, 2007.

Wassenaar D, Ijsselmuiden C.

**National Health Research System Mapping in 10 eastern Mediterranean countries.**

*Eastern Mediterranean Health Journal.*

Kennedy, A.; Khoja, T.; Abou-Zeid, A.; Ghannem, H.; Ijsselmuiden, C. (Accepted for publication, May 2008)

**Manuals, Tools, Approaches to National Health Research Strengthening**

**A manager's guide to developing and managing effective national health research systems.**

Manual [www.cohred.org/main/register\\_manual.php](http://www.cohred.org/main/register_manual.php)

**Priority Setting for Health Research**

Draft Manual [www.cohred.org/main/prioritysetting.php](http://www.cohred.org/main/prioritysetting.php)

**Web Resources**

**National Health Research System Support**

[www.cohred.org/NHRSupport/](http://www.cohred.org/NHRSupport/)

**Priority Setting for Health Research**

[www.cohred.org/main/prioritysetting.php](http://www.cohred.org/main/prioritysetting.php)

**Mapping National Health Research Systems in the Eastern Mediterranean**

[www.cohred.org/NHRSupport/em2006/?q=node/16](http://www.cohred.org/NHRSupport/em2006/?q=node/16)

**Good governance in health sector development projects**

[www.cohred.org/goodgoverance/](http://www.cohred.org/goodgoverance/)

## African Schools of Public Health

Resource page

[www.cohred.org/main/AfricaSPH.php](http://www.cohred.org/main/AfricaSPH.php)

Database of Africa Schools of Public Health

[www.cohred.org/main/register\\_AfricaSPH.php](http://www.cohred.org/main/register_AfricaSPH.php)

## Posters

- Framework for developing a national health research system
- Cadre pour le développement d'un système national de recherche en santé (FR)
- Quadro para o desenvolvimento de um sistema Nacional de investigação em saúde (PT)
- Marco parra desarrollar un sistema nacional de investigacion en materia de salud (ES)
- КОНЦЕПЦИЯ РАЗВИТИЯ НАЦИОНАЛЬНОЙ СИСТЕМЫ ИССЛЕДОВАНИЙ В ОБЛАСТИ ЗДРАВООХРАНЕНИЯ

Down load posters from [www.cohred.org/NHRSupport/](http://www.cohred.org/NHRSupport/)

## Information reports and publications

Consultation on National Health Research Systems

Analysis in the Western Pacific Region.

Report co-authored with World Health Organization Regional Office for the Western Pacific (WHO-WPRO). WHO Report Series number: RS/2006/GE/46(MAA).

Fostering Research Ethics Infrastructure in the Developing World and Transition Societies. Report of Global Forum on Bioethics.

Realpe, S.; Wang, X.; Millum, J.; Edwards, D.; Research 8, ISBN 92-9226-023-5.

## Contributions to publications

International, Regional and Country developments in Health Research.

Paper for Global Health Watch 2.

[http://www.ghwatch.org/GHW2007\\_8.php](http://www.ghwatch.org/GHW2007_8.php)

## Perspectives on Research for Health

Interviews with health research leaders from the south, published on [www.cohred.org](http://www.cohred.org)

Strengthening health research capacity for an African evidence base

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

<http://www.cohred.org/main/>

Issues and priorities for Health Research in The Philippines

Dr. Jaime Montoya, Executive Director, Philippine Council for Health Research and Development

[http://www.cohred.org/main/jaime\\_montoya\\_interview.php](http://www.cohred.org/main/jaime_montoya_interview.php)

How can health research be more effective?

Miriam Were, Chair of the Kenya National AIDS Control Council; Chair of the African Medical and Research Foundation (AMREF).

[http://www.cohred.org/main/miriam\\_were\\_interview.php](http://www.cohred.org/main/miriam_were_interview.php)

A Health Research Agenda for East Africa

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

[http://www.cohred.org/main/andrew\\_kitua\\_interview.php](http://www.cohred.org/main/andrew_kitua_interview.php)

Health research: providing services and credible evidence to the national health system

Urbain Olanguen Awono, former Minister of Public Health, Cameroon

<http://www.cohred.org/main/Interview.php>

## Publications at [www.cohred.org](http://www.cohred.org)

All COHRED publications can be accessed at [www.cohred.org/publications/](http://www.cohred.org/publications/)

The COHRED Open Archive is the institutional archive of pre-publication versions of externally-published papers and the full Commission Report on Health Research for Development.

The Library and Archive section of [www.cohred.org](http://www.cohred.org) contains all past COHRED publications - some 400 documents and reports on Essential National Health Research and health research in developing countries.





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