

Council on Health Research for Development (COHRED)

Supporting national health  
research systems in low and  
middle income countries



**COHRED**

ANNUAL REPORT 2006

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

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# 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.



## COHRED: a critical role in moving health research for development forward

**A commitment to social justice; advocacy for the crucial link between research, policy and practice; a passionate and dedicated team.**

In the late 1990s, I first engaged with COHRED through participation in an evaluation process. Since that time, I have been involved in several internal and external reviews of COHRED, each of which has yielded the same message: COHRED has a critical role to play in health research for development, and is unique in its practice towards fulfillment of that mandate.

What, then, has sustained my dedication to COHRED through all its challenges and successes over the last decade?

Firstly, my attraction to COHRED's commitment to social justice. Working with countries and regions of the world where the poorest of the poor live and die, COHRED has maintained its reputation as an advocate for health equity as a fundamental component of human rights. Recognising the importance of human and institutional capacity for long-term sustainability, focusing on broad-based community participation, and supporting countries to identify priorities to be addressed in order to promote the well-being of all, the goals of essential health research parallel those of the struggles of societies affected by disparities of race, class, culture and other forms of inequality. That commitment continues to guide COHRED's future plans as a 'southern' alliance for health research for development – an important strategy for global health equity.

Secondly, COHRED's indomitable advocacy for securing the crucial link between research, policy and practice, and between researchers, health policy-makers and practitioners, and the communities involved. This has been a strong motivational force for institutional development across the globe, with COHRED publications, workshops and meetings from the early 1990s attesting to the promotion of this concept. In the last few years, the importance of this link has found favour with the broader international community, and COHRED's advocacy efforts have paid off. While the challenge of moving from talk to on the ground action looms large, there are several examples of good practice that augur well for success.

And finally, I have been inspired by the people I have met – and learned from – through my association with COHRED. For over the past decade, I have crossed paths with a wide range of people from all walks of life, linked by our common alignment with COHRED's mission. The knowledge, experience and passion of these colleagues and friends encourages me that COHRED's approach to health research for development will be sustained, as I know that in many parts of the world there are people – be they Ministers of Health or political activists; medical scientists or village health workers; laboratory, clinical or public health researchers; global funders or community development workers – who share our belief that good health is a fundamental human right to which every person is entitled, and that health research for development and health equity have a crucial role to play in the struggle for that right.

My very best wishes to COHRED for the years ahead.

*Prof. Marian Jacobs is stepping down as chair of the COHRED Board at the end of 2007, completing her second three-year term.*



Building national health research systems is a good investment. It is also a long term commitment.

### Development partners and countries should act on this.

Why invest in health research, or in national health research systems, in the face of extreme poverty? This question is serious, well meant and difficult to answer. Indeed, what does one do when faced with an averse political, social, economic and physical environment in which mortality is exceedingly high? Is 'research for health' a priority, and does it lead to development?

World Bank President, Paul Wolfowitz, when asked to address this question at a recent World Bank meeting on Science, Technology and Innovation in Development, gave four reasons why investment in Science Technology and Innovation (STI) is crucial:

- 1) The major ingredient in poverty reduction, growth and – implicitly – health gains, comes from investments in education including up to tertiary level. The success of several Asian countries illustrates this fact<sup>1</sup>;
- 2) Applied science is a key enabler for low and middle income countries to address their problems and capitalise on potentials that are left out by 'global priorities';
- 3) Investments in research and innovation allow countries to 'leapfrog' into the future; and
- 4) Successful science, technology and innovation are a magnet for talent, helping reverse the 'brain drain'.

In planning COHRED's development, we clearly differentiate between 'raising funds for the cause' (i.e. increasing the flow of donor and development programme funds to research on problems of low income countries) and 'funding for COHRED's organisational progress'. The case for investing in health research and health research systems in low income countries is being made with increasing force of conviction, and – for purposes of this annual report – will take it as a given. What I do want to address here is the question 'why funding COHRED' is a good strategy to help countries achieve the benefits of health research for development'.

Firstly, COHRED is the only and oldest organisation dedicated to supporting low and middle income countries in building their national health research systems. We have built up an expertise that is unique and growing.

Secondly, referring to the essay on health research systems in Latin America – further on in this annual report – it is obvious that much work remains to be done.

Contrary to most global health partnerships, the membership of COHRED's Board is a mandatory 2/3 from developing countries; and 50% of our staff is from low and middle income countries. This puts COHRED in the position of a unique 'southern alliance with key northern partners' able to amplify the voice of the low and middle income countries in global health research.

As an international NGO, COHRED is well positioned to facilitate communication and learning across countries, regions, and continents – creating positive pressure for change, and providing support for individuals and institutions who are engaged in making research systems work in their own country.

Lastly, one of the most difficult aspects of development is the need for a long-term commitment. While often 'sympathetic' to this perspective, donors and research sponsors can -in practice – usually not guarantee a long term commitment, due to internal economic and political changes - and factors such as 'donor fatigue'. Funding an 'enabling organisation' such as COHRED, with a clear long-term view gives donors a mechanism to indirectly commit to a longer term development agenda.

Similarly, the increasing pressure on staffing and delivering on goals in donor agencies means that they cannot be equipped with specialists in each specific sector and for country they support. A specialist organisation such as COHRED helps provide insight and continuity to support these investments over the long term.

While fast action and urgent interventions are essential to solve some problems, it is equally important to have a balanced view of development needs and to develop the ability to pursue long-term development objectives. Supporting COHRED in its work to support low and middle income countries that are intent on developing their research and innovation capacity, should be an essential consideration for any agency that shares the vision that 'research for health' is a core ingredient of sustainable development – even while the effects will emerge progressively over the years.

<sup>1</sup> In South Korea, 89% of this generation has tertiary education, and the country has transformed itself into a major economic (and health) success story in the past 30 years

# Progress against targets Workplan 2006



## Projects & Programs

Project code	Project title	Project description	Deliverables 2006	Achievements 2006
<b>National Health Research System building</b>				
P0503	<b>Laos</b> -Developing health research strategy.	Facilitating development of national 5 year master plan for research for health and development of health research management capacity	Priorities for next 5 year master plan defined (06-07); Regular national meetings with key stakeholders	Consultative meeting held with 30 participants to define priorities for health research and health research system strengthening. Led by the National Institute of Public Health (MoH) also involving civil society organisations, Univ of New South Wales and media. Media coverage in Vientiane Times citing COHRED: 'Health Ministry Adopts new Master Plan'.
P0505	<b>Tajikistan</b> - Promoting evidence-based decision making in health sector reform	Strengthening the national health research system by: - raising awareness of the need for information to support evidence-based decisions; - document lessons on the reform process and use of information; - stimulate networking and exchange with other Central Asian countries; - build health research management capacity.	1. Working paper on lessons learned in evidence-based decision making in Tajikistan and other Central Asian countries; 2. Health research profile Tajikistan 3. Contribution to international conferences; Peer reviewed article; 4. Document lessons learned from project, focusing on partnerships; 5. Closure of first phase project; Funding proposal for 2nd phase project.	1. COHRED Record Paper published 'Research for Health in Tajikistan – Strengthening the National Health Research System' (ISBN 92-9226-007-3). 2. Organised wide consultation to ensure the content of the Record Paper reflects reality. 3. Project results presented by Tajik team at the European Public Health Association Conference, Switzerland, November 2006. 4. Project has been extended to end 2007 – pending agreement with MoH how to complete the first phase 5. With these tasks completed, Ministry of Health has taken over leadership of the activity.
P0502	<b>Kazakhstan</b> - Developing capacity of next generation of health researchers in Central Asia, through the Kazakhstan School of Public Health (KSPH)	Work with the Kazakhstan School of Public Health in developing training in health research for development for Kazakhstan and other Central Asian countries.	1, Student publication on health research and public health in Kazakhstan; 2. KSPH workshop on strengthening KSPH training with research for health focus; 3. Peer reviewed article in Central Asian journal on health services research	1. Workshop organised by the Kazakhstan School of Public Health (March 2006), with 30 people including a range of national partners. Discussions focused on strengthening the capacity of the School in health research for development. 2. The results of this project will be included in a Working Paper on Health Research Systems in Central Asia in the 2006 COHRED catalogue.

Projects & Programs

Project code	Project title	Project description	Deliverables 2006	Achievements 2006
P0601	<b>Kazakhstan</b> - Developing research ethics capacity	Developing capacity for research ethics with and through the Kazakhstan School of Public Health	1. Proposal for Fogarty ethics grant	<ol style="list-style-type: none"> <li>1. COHRED continues to provide its advisory service to the development of research ethics capacity in Kazakhstan, in several ways including in an ethics seminar during the annual public health conference, October 2006 in Almaty.</li> <li>2. The proposal submitted to Fogarty International Center; has not been accepted in this round.</li> <li>3. First planning workshop for ethics review capacity building will be staged in June with UNESCO and others.</li> </ol>
P0602	<b>Central Asia</b> - Enhancing regional collaboration in research for health	Working with partners in Kazakhstan, Kyrgyzstan and Tajikistan to assess and strengthen institutional capacity for research for health	<ol style="list-style-type: none"> <li>1. Funding proposals submitted and accepted;</li> <li>2. Meeting with all partners to develop detailed plan and budget</li> </ol>	<ol style="list-style-type: none"> <li>1. A regional consultation, involving teams from Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan, organised in Almaty (October 2006), also involving the COHRED Board. The consultation was informed by national health research system maps developed by regional partners.</li> <li>2. COHRED Working Paper (peer reviewed) in preparation in COHRED 2006 catalogue.</li> <li>3. Funding proposals submitted in early 2006 have not been accepted.</li> </ol>
P0516	<b>Caribbean</b> - Develop and implement regional health research agenda	Support to development of a regional health research agenda; support to implement agenda at regional and country level.	<ol style="list-style-type: none"> <li>1. Planning workshop with key regional and national partners;</li> <li>2. Agreement with partners on process and scope of priority setting;</li> <li>3. Proposal for development of regional research agenda &amp; process to be followed; Working Paper on current health and health research situation Caribbean.</li> </ol>	<ol style="list-style-type: none"> <li>1. Work focused on national health research assessment in Trinidad and Tobago (jointly supported by PAHO and COHRED).</li> <li>2. Agreement reached with Caribbean Health Research Council (CHRC) to organise a session on National Health Research Systems during the 2008 annual meeting or the Caribbean Health research Council (also jointly with PAHO).</li> <li>3. COHRED is part of the steering committee on a consultancy to developing a health research policy and research-to-policy toolkit for the English-speaking Caribbean.</li> </ol>
P0507	<b>Cameroon</b>	Support long-term NHRS management;	<ol style="list-style-type: none"> <li>1. National stakeholders' meeting;</li> <li>2. draft health research policy;</li> <li>3. initial set of health research priorities</li> </ol>	<ol style="list-style-type: none"> <li>1. Responding to request by Minister of Health, provided technical support for priority setting and health research policy development.</li> <li>2. Draft health research policy ready.</li> <li>3. A rapid priority setting effort defined the priorities for the short term. More inclusive priority setting process to follow in 2007.</li> </ol>
P0514	<b>Middle East</b> - Promoting research for health and equity in Middle East	Develop strategic partnership EMRO/COHRED /GCC to promote & strengthen research for health in the region	<ol style="list-style-type: none"> <li>1. Questionnaire on health research system assessment and equity issues;</li> <li>2. Working Paper presenting current status of health research in the Middle East, including questionnaire results;</li> <li>3. Pre-Forum 10: meeting with countries from the Middle East to serve as input to Forum 10;</li> <li>4. End 06: Workplan for collaboration with EMRO and GCC.</li> </ol>	<ol style="list-style-type: none"> <li>1. Ten countries did NHRS assessment: Jordan, Lebanon, Tunisia, Oman, Yemen, Saudi Arabia, United Arab Emirates, Kuwait, Bahrain, Qatar.</li> <li>2. Questionnaire developed by the partners during a workshop in 2006 in Oman.</li> <li>3. Assessment results and next steps presented and discussed in a special session at Forum 10.</li> <li>4. Project results presented in a draft journal article.</li> </ol>

<b>Project code</b>	<b>Project title</b>	<b>Project description</b>	<b>Deliverables 2006</b>	<b>Achievements 2006</b>
P0514	<b>Gulf Coop. Council States</b> NHRS self -assessment	Develop a brief NHRS self-assessment tool that GCC countries can use to provide a basic data set on their NHRS	1. Self-assessment tool developed. 2. Report of results from application in GCC countries.	See above
P0513	<b>Africa</b> AfriHealth - African Schools of Public Health	Developing a program for training in health research for development through African Schools of Public Health.	Consultation with African Schools of Public Health on human resources for public health and health research.	2006 focus was to complete data on the Schools of Public Health in Africa. The Makerere University Institute of Public Health in Kampala is doing this, jointly with COHRED. Results will feed into a regional consultation in 2007.
P0523	<b>Global Forum for Bioethics in Research</b>	Establishment of Secretariat of GFBR.	Establishment of Secretariat;	1. EU funding received in November, project leader for secretariat recruited. 2. Call for proposals for the 2007 and 2008 forums issued by COHRED and partners. 2007 Forum hosted by the University of Vilnius in Lithuania; 2008 Forum to be hosted by the New Zealand Health Research Council.
P0603	<b>Exploratory visits and discussions</b>	Explore opportunities for collaboration and/or discussion of project closures	Decisions made on new and outstanding country requests	
	<b>Bhutan</b>	Explore opportunities for collaboration	Decision on further engagement with partners in Bhutan	Not pursued.
	<b>Nigeria</b>	Explore opportunities for collaboration	Decision on further engagement with partners in Nigeria	Discussions with Nigerian partners continue. Further clarity is still needed on the expectations towards COHRED. Staff changes in the Nigerian Ministry of Health have put this work on hold.
	<b>Tunisia</b>	Explore opportunities for collaboration	Decision on further engagement with partners in Tunisia	1. Following work on EMRO/GCC/COHRED project (see project P-0514) further discussions have taken place with Tunisia. The collaboration in 2007 will focus specifically on developing an agenda for health research in the country. 2. Visit planned by Director in Jan 2007 at invitation of Director General of Health; for presentation and discussion on priority setting with health research officials from ministry of health and universities.
	<b>China/ Shanghai</b>	Explore opportunities for collaboration	Decision on further engagement with partners in Shanghai	1. MoA signed between the Key Lab of Health Technology Assessment (Fudan University, Shanghai) and COHRED with a specific focus on equity component of health research system assessment in Shanghai. 2. Results of this work will be available at the Global Forum for Health Research meeting in Beijing in 2007.
	<b>Timor Leste</b>	Explore opportunities for collaboration	Link to NHRS Malaysia meeting and discussion with Timor Leste participants. Decision on further engagement.	Has not yet resulted in concrete action. No Timor Leste participation in Malaysia Workshop on NHRS. Joint proposal with Univ of New South Wales under consideration.

Projects & Programs

Project code	Project title	Project description	Deliverables 2006	Achievements 2006
	<b>Cambodia</b>	Explore opportunities for collaboration	Link to NHRS meeting in Malaysia – and discussion with Cambodia participants. Decision on further engagement	Has not yet resulted in concrete action.
	<b>Nicaragua</b>	Continued collaboration	Assessment of current project progress; decision to continue or close	Further collaboration with Nicaragua will not be pursued at this time. Change of government may result in new demand for collaboration.
	<b>Small island states</b>	Explore opportunities for NHRS support	Paper on research for health in small island states	The small (island) states initiative will be further developed in 2007.
	<b>OtherCountry/regional activities</b> – to arise during the year			<ol style="list-style-type: none"> <li>1. Latin America consultative meeting held in Guatemala to consider regional needs and role for COHRED in future.</li> <li>2. Guinea Bissau: agreed to start collaboration around health research system management</li> </ol>
P0606	<b>Human Resources for Health Research workshop</b> (Africa, 2006)	COHRED to support final proposal, lead development of content component in 2 of 4 themes and communications activities. Partners: AMREF, Global Forum, ACOSHED, AfHRE, COHRED, Equinet, IDRC.	<ol style="list-style-type: none"> <li>1. Complete proposal and secure funding;</li> <li>2. Themes established</li> <li>3. Communications plan developed transmit results co-leadership of one theme</li> </ol>	<ol style="list-style-type: none"> <li>1. Proposal completed and accepted.</li> <li>2. COHRED led two themes – Networking and Communication.</li> <li>3. COHRED led and facilitated communications component, including, creation of young professionals team for minutes; led publishing of final proceedings. Developed web page and related resources and in-kind contributions to the project.</li> </ol>
		Multi-disciplinary consultative meeting.	<ol style="list-style-type: none"> <li>1. Conference,</li> <li>2. Peer review publication (book),</li> <li>3. Inclusion of HR-HR in global documents</li> </ol>	Theme paper drafts in progress in 4th quarter 2006. Final drafts expected from Themes in first quarter 2007. Final publication expected for August 2007.
P0608	<b>Africa Regional Activities</b>			COHRED participated in two African ministerial level meetings in Abuja, Nigeria (March) and Accra, Ghana (June). In Abuja, COHRED was represented by Dr Gamaniel from Nigeria. The meetings were supported by WHO and TDR. The resulting communiqué – to which COHRED provided input and perspectives on national health research system strengthening – provides political support for health research and development in the continent.

Southern Ownership of HRfD

P0604	<b>Country-based forum</b>	A annual/biennial consultation with project partners to enhance knowledge sharing around HRfD issues	Proposal for first country-based forum developed & key focus area of first forum defined (possibly combined with Middle East meeting pre-Forum 10); Resources for country-based forum secured	Available resources did not permit the organisation of a country-based forum in 2006. Instead a number of country-based sessions were organised at the Global Forum for Health Research Forum 10 in Cairo (see below).
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Project code	Project title	Project description	Deliverables 2006	Achievements 2006
<b>Partnership</b>				
<b>Alliances to be maintained/developed</b>				
P0583	<b>Develop new partnerships</b>	Continuous exploration of opportunities for new partnerships.	Collaboration established with 3 new partners.	Several partnerships developed. See individual projects, specifically: <ul style="list-style-type: none"> <li>- Cameroon Min of Health Memorandum of Agreement</li> <li>- PAHO</li> <li>- Fudan University, Shanghai (Memorandum of Agreement)</li> <li>- Guinea Bissau – Ministry of Health - New project in preparation</li> </ul>

### Making the case for Health research for Development

P0605	<b>Forum 10 - Global Forum for Health Research</b>	Promoting national health research in the global health research debate.	Plan in place, outcomes and info products agreed. <ul style="list-style-type: none"> <li>- Middle East meeting</li> <li>- Country based forum</li> <li>- Central Asian session/ input</li> </ul>	COHRED organised: <ol style="list-style-type: none"> <li>1. Three parallel sessions: National health research system development; priority setting; and research communication.</li> <li>2. A session to report on and discuss the EMRO/GCC/COHRED collaboration (see project P-0514).</li> <li>3. A session to discuss a study on Poverty Reduction Strategy Papers and their possible use in increasing funding for health research in countries.</li> <li>4. A joint session with the Global Forum, COHRED on the 'next generation' of health researchers.</li> </ol> <p>All sessions were well attended (an average of 30 people per session) and have provided additional information to inform papers to be prepared on the topics presented, or have already resulted in papers that were distributed at the Forum meeting.</p>
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### Research & Development

Project code	Project title	Project description	Deliverables 2006	Achievements 2006
<b>National Health Research System building</b>				
<b>Research Management</b>				
R0601	<b>Operationalising research management</b>	Develop a framework for supporting research management at national level	<ol style="list-style-type: none"> <li>1. Initial review of the field.</li> <li>2. Produce background paper on findings</li> <li>3. Convene expert group to plan future work</li> <li>4. Publication &amp; launch of framework</li> </ol>	An initial review of the research and conceptual literature on research management has been conducted as an input to the development of this area of work. Efforts to engage with partners and agree a collaborative project to take this forward are postponed to 2007.

Research & Development

Project code	Project title	Project description	Deliverables 2006	Achievements 2006
R0602	<b>Innovative funding for health research</b>	Review of innovative strategies to increase health research funds available for developing country researchers	<ol style="list-style-type: none"> <li>3 policy briefings on: access to World Bank and Global Fund funding for operational research, use of the PRSP mechanism to generate health research funds</li> <li>Journal article on findings of Global Fund research funding opportunities.</li> <li>Potential journal article on World Bank provisions and PRSP mechanism.</li> <li>A further three Policy Briefs selected from two themes 'available funds not being accessed' for selected funders, or strategies that could be used by national decision makers</li> <li>Dataset and final report summarising PRSP consideration of health research for 49 LICs.</li> <li>Dataset and final report summarising operational research requests and actual allocations for 72 Global Fund applications</li> </ol>	<ol style="list-style-type: none"> <li>In 2nd year of collaboration with New York University's Capstone programme, student team conducted a review of the health research content of 49 Poverty Reduction Strategy Papers (mechanism used by World Bank, the IMF and bilateral donors to coordinate donor aid with national development plans). - Final project report; draft policy brief as input to a session at the Forum-10 in Cairo. - Revised policy brief to be published in the COHRED National Health Research series (2006 COHRED catalogue); COHRED Working Paper (2006 COHRED catalogue) which include comments from the Forum 10 session.</li> <li>A third Capstone programme study started in 2006 examines how countries have used the 0.7% of World Bank health programme grants reserved to fund research. Further interviews with World Bank staff done; issue of COHRED's National Health Research in preparation (COHRED 2006 catalogue)</li> <li>Global Fund work was cancelled following change in Global Fund policy on operational research in its projects</li> </ol>
R0603	<b>Improving research contracting</b>	Develop model research contracts for use by southern institutions and countries and responsible contracting guidelines for northern research commissioners	<ol style="list-style-type: none"> <li>Conduct &amp; report survey of institutions &amp; donors.</li> <li>Hold working group meeting</li> <li>Journal article in preparation</li> <li>Discussion paper</li> </ol>	Proposed joint work led by International Diarrhoeal Disease Research Centre, Bangladesh, London School of Hygiene and Tropical Medicine and Makerere University Faculty of Medicine not yet established. Proposal at advanced stage; funding to be raised. Implementation during 2007.
R0622	<b>Developing a new approach to priority setting in health research</b>	Development of a new approach towards the process of priority setting in health research	<ol style="list-style-type: none"> <li>Working paper on priority setting processes;</li> <li>Consultative meeting held.</li> <li>Resource kit on priority setting processes (including overview of methods, case studies and resources).</li> </ol>	<ol style="list-style-type: none"> <li>Meeting held (February 2006) with 10 participants from a range of organisations and several developing countries.</li> <li>COHRED Working Paper (peer reviewed) published: <i>'Priority Setting for Health Research: Toward a management process for low and middle income countries'</i> (ISBN 92-9226-0008-1).</li> <li>Approach to priority setting further discussed in a consultation at Forum 10 in COHRED special session.</li> </ol>
R0623	<b>Community engagement in health research</b>	Developing a COHRED position on community engagement in research for health.	<ol style="list-style-type: none"> <li>Working paper on community engagement in health research (from Mumbai consultative meeting) - 2005;</li> <li>Development of platform/ 'Learning community' to further discuss issues raised in think tank;</li> <li>Position paper on community engagement in research for health;</li> <li>Proposal for collaboration with Bolivian NGO, Procosi (documenting role of community in defining research priorities);</li> <li>Identification of other country partners - documentation of experiences and lessons;</li> <li>Input to Forum 10</li> </ol>	<ol style="list-style-type: none"> <li>COHRED Record Paper published: <i>'Can Communities influence National Health Research Agendas – a learning process leading to a framework for community engagement in shaping health research policy'</i> (ISBN 92-9226-005-7)</li> <li>Input and active member of the Theme 3 'communities' group for the Human Resources for Health Research consultation, Nairobi, 2006.</li> <li>Literature review to obtain better understanding of issues.</li> <li>Work on position paper moved to 2007.</li> </ol>

Project code	Project title	Project description	Deliverables 2006	Achievements 2006
	<b>Health Research Policy formulation</b>	Develop a 'template' and approach to supporting countries in developing long-term (health) research policy frameworks	<ol style="list-style-type: none"> <li>1. Support Cameroon in developing a health research policy;</li> <li>2. Produce template (approach and policy) for COHRED's use and for independent use by countries preferring to do so</li> </ol>	<ol style="list-style-type: none"> <li>1. South African consultant commissioned to help create template and paper;</li> <li>2. First draft of template policy and policy development process created based on a review of existing policies</li> <li>3. Policy development workshop held in Cameroon jointly with the Ministry of Public Health.</li> <li>4. First draft of national health research Policy was written in collaboration with Cameroon. To be finalised in 2007.</li> </ol>
<b>Research Capacity Strengthening</b>				
R0624	<b>Operationalise research capacity strengthening</b>	Collaborate with WHO/TDR and Global Forum to operationalise capacity strengthening for research for health	Consultative meeting with global players; Report on research capacity strengthening	Draft report of consultative meeting that was held in 2005 was sent to printers – expected early 2007; several papers were commissioned on aspects of RCS – for delivery by mid 2007; TDR to organise a follow-up global consultation.
R0604	<b>Making capacity building work</b>	Development of a framework to guide national health research capacity strengthening activities		Internal COHRED discussion document prepared.
<b>Responsible Vertical Programming</b>				
R0545	<b>Multi-country study on responsible vertical programming</b>	Develop strategies to ensure that vertical programme activities at the country level also strengthen NHRS	<ol style="list-style-type: none"> <li>1. Define the concept of Responsible Vertical Programming and do case studies in 4 countries in Africa.</li> <li>2. Proposal to extend the project to Latin America and Asia</li> </ol>	A joint three – country study with WHO-TDR to understand how TDR funding interacts with the national health research system was to be done jointly; the TDR external evaluation caused delays; may be restarted in 2007.
R0524	<b>Annual Statement</b>	Produce an Annual Statement on a priority topic in NHRS strengthening	Conduct research required for 2006 Statement (Responsible Vertical Programming or Human Resources for Health Research)	It was decided that there will be no Annual Statement from COHRED for 2006 due to lack of lead time. COHRED will produce a first 'annual statement' in 2007 on the topic of Responsible Vertical Programming
<b>National Health Research System Assessment (NHRS)</b>				
R0511	<b>NHRS conceptual framework</b>	Develop a framework for our activities in NHRS strengthening	Publication & launch of framework; If possible link to COHRED Projects & Programmes work in 1-2 countries (e.g. Laos, China)	Development of COHRED NHRS conceptual framework was integrated into activities reported below.
R0605	<b>NHRS assessment framework</b>	Based on NHRS framework, develop methods and indicators to provide evidence for managers to inform NHRS improvement efforts	Hold workshop in Malaysia; If possible link to Projects & Programmes work in 1-2 countries (e.g. Laos, China)	<ol style="list-style-type: none"> <li>1. Draft framework developed in late 2005.</li> <li>2. Several consultations held in early 2006 to seek input from different groups on the usefulness and relevance of the concept.</li> <li>3. Two consultative meetings held in February, one with technical experts on research and research system evaluation, another with national and regional research managers.</li> <li>4. Framework and a generic NHRS Mapping questionnaire used in the design of a 4-country (Cambodia, Mongolia, the Philippines and Viet Nam) National Health Research System analysis – a collaboration with WHO-WPRO and the Institute for Health systems Research in Malaysia. (see 'Year in review' section)</li> </ol>

Research & Development

Project code	Project title	Project description	Deliverables 2006	Achievements 2006
				<ol style="list-style-type: none"> <li>5. Input gathered at COHRED/WHO-WPRO joint workshop from professionals with similar experience from Laos and Shanghai.</li> <li>6. Framework, mapping questionnaire and generic NHRS Profiling questionnaires were inputs to projects with 10 Middle East countries - Bahrain, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Tunisia, United Arab Emirates and Yemen. A joint COHRED project with the Gulf Cooperation Council and WHO-EMRO. A similar effort was done with Trinidad and Tobago and WHO PAHO.</li> <li>7. Concept and framework used in a Central Asian study mapping and assessing development priorities for national health research systems in Kazakhstan, Kyrgyzstan and Uzbekistan.</li> <li>8. Lessons learned from this and other NHRS assessments presented and discussed at COHRED special sessions at Global Forum 10 in Cairo.</li> <li>9. A journal article presenting the results of the Middle Eastern work is in production (COHRED 2006 catalogue)</li> </ol>
R0607	<b>Building equity into the NHRS assessment framework</b>	Explore the extent to which the COHRED NHRS framework can provide evidence to address health equity in research	Discussion paper on revised framework; Pilot study in 3 or more countries	<ol style="list-style-type: none"> <li>1. Discussions with potential partners at American University in Cairo were not successful. Plans to include the equity issue in the GCC/EMRO project (P0514) were not taken up in the final project design.</li> <li>2. Basic approach to examining equity in NHRS activities agreed with Fudan University, Shanghai for collaboration to conduct NHRS assessment in the province.</li> </ol>

Partnership

Specific Alliances to be maintained / developed

R0608	<b>Partnership building for Research Management review</b>	Assess possibilities for long-term partnership on Research management	Explore possibilities for partnership with the Thai Foundation on Health Research.	Partnership not established.
R0609	<b>Partnership building for Innovative Funding policy briefing series</b>	Identify and evaluate potential partners in commissioning planned research activity on Innovative Funding policy briefings	Explore possibilities for partnership	Successful Partnership with New York University Capstone programme extended.

Project code	Project title	Project description	Deliverables 2006	Achievements 2006
R0610	<b>Partnership building for NHRS frameworks</b>	Assess possibilities for long-term partnerships on NHRS frameworks with Institute for Health Systems Research, Malaysia and Brunel University	Explore possibilities for partnership	1. Links to Brunel University (UK) and Institute for Health Services Research (Malaysia) to be maintained; 2. Several promising partnerships emerging, including Caribbean Health Research Council, WHO-EMRO, WHO-PAHO and WHO-WPRO, Gulf Cooperation Council, NIOPH Laos, Philippines Council on Health Research and Development, Tashkent Medical Academy Uzbekistan, and the Ha Noi School of Public Health Viet Nam. Opportunities for extending these partnerships are being explored.
R0611	<b>Partnership building for Research Capacity Strengthening</b>	Assess possibilities for long-term partnerships relating to work on Research Capacity Strengthening with SDC & World Bank	Explore possibilities for partnership	Through a special mechanism of Trust Funds, COHRED sought to engage in a multi-year assessment and intervention programme with World Bank and Swiss Development and Cooperation; the mechanism has proven very complex. A final decision is expected in 2007.
R0612	<b>Partnership building for Responsible Vertical Programming</b>	Assess possibilities for long-term partnerships relating to work on Responsible Vertical Programming with WHO-TDR	Explore possibilities for partnership with TDR and others.	Three country study with TDR will (hopefully) be restarted in 2007; proposal for 'Health Research Web' submitted to Sida/SAREC which will support a donor alignment assessment: programme to be activated in 2007.

### Making the case for Health Research for Development

R0541	<b>Health Research Web</b>	A web-based information service presenting information on health research systems, by country.	Commission study providing this evidence for priority countries. Evidence base for use in presentations and other outputs	1. This work considerably expanded in 2006. Mapping activities redesigned into national health research profiles. Pilot site created covering 33 African countries, expanded weekly to other regions and currently under evaluation. <a href="http://www.cohred.org/HealthResearchWeb/">http://www.cohred.org/HealthResearchWeb/</a> 2. Profiles site expanded into Health Research Web, an information service providing detailed information on country health research systems. 3. Health Research Web concept presented to several donors who showed interest. Proposal developed and negotiations with NIOPH Laos and PAHO for collaboration are in progress. 4. Funding proposal requested by Sida-SAREC in late 2006.
R0613	<b>Making the case for HRfD</b>	Hold a brainstorm on potential projects/ideas that can 'Make the case for health research for development'	Develop an outline programme of work on Making the case for HRfD	Progress has been made in developing COHRED's approach: we need to 'make the case' in several ways: i) to low income countries (why invest in health research), ii) to donors / aid agencies (why HR is a key aspect of development), and iii) why health research?
R0504	<b>Global Health Watch</b>	Plan input to Global Health Watch 2007	Identification of topic and initial research activity	Several discussions held with Global Health Watch team on COHRED chapter on Health Research Watch in the Global Health Watch book 2007; COHRED is interested in pursuing this as a separate function as well.
R0698	<b>Monitoring &amp; Evaluation, Quality Control, Reporting</b>	Have routine quality processes to establish COHRED as a learning organisation		The basis for an updated M&E system was laid through an internal concept paper and project discussion; implementation will begin in 2007.

**Knowledge Sharing, Advocacy & Communication**

Project code	Project title	Project description	Deliverables 2006	Achievements 2006
<b>National Health Research System building</b>				
K0601	<b>Country-based Science communication</b>	<p>1. Development of active science communication between health researchers, policy makers, donors, research sponsors and organised civil society. Phase 1 target countries: 2-3 African countries; - Central Asia; Lao PDR.</p> <p>2. Start as a joint initiative with Makerere University Institute of Public Health (MUIPH), Uganda.</p> <p>3. Develop partnership with MUIPH and joint appointment.</p>	<p>1. Core team of 3-5 country partners identified, recruited and created.</p> <p>2. Proposal prepared for expansion of project, donor identified, submitted.</p> <p>3. At least 1 face-to-face team meeting to set agenda, write proposal and build team.</p> <p>4. Preliminary country activities started.</p> <p>5. Country-level outputs to be defined by the team.</p> <p>6. Specific COHRED outputs: - Discussion paper, written up as country guidelines and experiences. - Electronic workspace to share experiences between team and with others, beginning of a community of practice on communication and research translation. - Links and common approach with other similar initiatives.</p>	<p>1. Potential core team members contacted and engaged via mail and phone: CERVE - Brazzaville and CNRFP - Burkina, Makerere University Uganda. Directors officially invited to propose candidates identified. No response to follow-up with CERVE and CNRFP. Makerere is active and reliable partner (see below).</p> <p>2. Two teams of communicators, policy makers and media formed: A group of 12 people for HR-HR - Human Resources for Health Research communications theme, input to COHRED communications approach article. Second group of 5 communicators, researchers and policy experts were in COHRED special session at Forum 10 Cairo.</p> <p>3. Draft communications approach written and reviewed for conference, Nairobi; to be published in 2007.</p> <p>4. Four case study papers written by partners and internally reviewed for Forum 10, to be published in 2007.</p> <p>5. To early for e-workspace. Blog created in Feb 2006 for consultation on communications approaches for HR-HR paper.</p> <p>6. Relationship developed with Exchange/Healthlink. Resulted in agreement to work on common initiative with 6 organisations to build capacity of southern researchers. Partners meeting held December 2006, concept note drafted and discussed in December 2006. Dfid to be approached for funding by the group in February 2007.</p> <p>7. MOA agreed with Makerere University Institute of Public Health and hiring of Jennifer Bakyawa from March 2006.</p> <p>8. National advisory group formed to raise awareness of health research in Uganda. Consists of policy makers, media, researchers and donor representative. Community member to be invited in 2007.</p> <p>9. Article published in national press on human resources needs and solutions for health research in Uganda: Reversing the Brain Drain Can be Easy – if research institutions start to reward talent not seniority (<i>Sunday Monitor, June 26, 2006</i>).</p> <p>10. Internal advisory group formed at Makerere University Institute of Public Health. Launch of communications initiative, ongoing interaction and focus groups with research teams, management and some external research users. Draft strategy and action plan for MUIPH created.</p>

Project code	Project title	Project description	Deliverables 2006	Achievements 2006
<b>Partnership</b>				
<b>Specific Alliances to be maintained / developed</b>				
K0603	<b>Southern partnerships to be developed.</b>	Explore and define high potential partner organisations to support science communication activities.	Organisations identified and engaged. Agreement in principle or practice to work on common agenda	See potential partners list below.
	1. HealthLink	Explore partnership possibilities		COHRED is core partner with Healthlink and five UK organisations in an initiative for <i>Building Southern Research Communication Capacity</i> . Pre-proposal prepared in December 2006. To be presented to DfID Feb 2007.
	2. Communication Network	Explore partnership possibilities		No action taken
	3. SciDevNet	Explore partnership possibilities		Two meetings help to explore cooperation. Concept for joint work has been proposed to be discussion further in 2007.
	4. CABI Publishing	Explore partnership possibilities		No action taken.
	5. Global Health Watch	Develop partnership and discuss potential activities.		COHRED is developing a Health Research Watch function; is willing to share with GHW; contribution to GHW 2007 in process of negotiation
<b>Making the case for HRfD</b>				
K0606	<b>Marketing communication and publications</b>	Develop new strategy	New strategy ready.	Not finalised in 2006 due to schedule of current activities – planned for 2007.
K0606	<b>Corporate image</b>		Arrange design competition for logo.	Logo competition held in November 2006. Two proposals to be considered in early 2007.
K0607	<b>COHRED web and information services.</b>	Develop COHRED's use of the Web as a strategic resource for communication and knowledge sharing.	Contract and monthly tasks agreed.	<ol style="list-style-type: none"> <li>1. Supplier and workplan agreed. (Sri Lanka), following COHRED philosophy to preferentially contract in the South.</li> <li>2. Web content has grown steadily in 2006, with additions of new areas - publications and learning, COHRED briefings, Health Research Web, and posting of numerous reports and publications.</li> <li>3. Web statistics show tripling of usage (Oct 2005-Oct 2006) and increasing downloads of COHRED documents.</li> <li>4. New main page and revised structure to be done in first quarter 2007.</li> <li>5. Basic tracking of web traffic and usage started. 12 monthly statistics available.</li> </ol>

Knowledge Sharing, Advocacy & Communication

Project code	Project title	Project description	Deliverables 2006	Achievements 2006
K0608	<b>Publications</b>	COHRED Publications policy and yearly plan	Policy ready Jan 06 1. Open archive policy and archive created and registered with e-library 'harvesters' 2. Back catalogue registered in ISBN	1. Draft Policy completed and discussed. Not yet adopted. 2. Open archive created in publications area of COHRED website. Registration with harvesters not yet possible (need new library catalogue).
	<b>Past publications management</b>	Cataloguing all past COHRED pubs in ISBN Scanning of outstanding paper publications	First half 2006	Proposal received for cataloguing and registration of past publications. Not pursued due to lack of funds.
	<b>National Health Research</b>	New policy brief publication series	4 long versions (6 page) and 6 summary versions (1-2 pgs) in 2006 including special funding series	Issue 1 published in July: <i>What factors influence health research agenda in developing countries?</i> (ISBN92-9226009-X) <i>Two further drafts produced (Innovative Funding – World Bank; and Poverty reduction strategies as a catalyst to encourage health research investment)</i> - to be published in COHRED 2006 catalogue.
	<b>COHRED Record/Working Paper series</b>	New COHRED publication series	Several issues published in 2006	5 COHRED Record Papers produced (see publications list); 3 others in preparation for 2006 publication catalogue. 1 COHRED Working Paper produced.
	<b>Fund for co-publishing peer reviewed publications</b>	Reserve fund for co-publishing of 1-2 books per year with academic/scientific publisher.	2006 planning phase target preparation of one book	No funds allocated to this activity.
	<b>Research for Health Policy Briefings</b>	New COHRED - Global Forum for Health Research joint publication series.	First issue ready to open series	Issue 1 produced for Forum 10, Cairo Why Health Research? ISBN 92-9226011-1
	<b>Annual COHRED Statement</b>	Provide substantive statement on key issues in health research for development.	Concept and approach to be developed.	First topic decided: responsible vertical programming. Research and preparation done in 2006; will progress in 2007.
	<b>Director's letter to stakeholders</b>	Quarterly letter from Director to stakeholder.	To be issued 4 times yearly	Not taken forward in 2006 and pending market research.
K0609	<b>Annual Report</b>	Review of 2005 activities; presentation of COHRED strategy and projects	Electronic and paper version ready for distribution end March	Published and distributed, June 2006
K0611	<b>Campaigns</b>	Specific information activities targeted to change in thinking in Research for Health.	In 2006, the approach to be tested with 2 project outputs.	Responsible Vertical Programming targeted as a key issue. To be tested in 2007 due to lack of funds in 2006.

## Governance & Management

Project code	Project title	Project description	Deliverables 2006	Achievements 2006
<b>National Health Research System building Southern Ownership of HRfD</b>				
D0602	<b>Multi-centering COHRED</b>	COHRED decentralisation	<ol style="list-style-type: none"> <li>1. First decentralised unit by end 2006;</li> <li>2. '2 Deep' in at least one pillar, others to follow;</li> <li>3. Arrangements for 'Africa office' advanced</li> </ol>	<ol style="list-style-type: none"> <li>1. Uganda upgraded from 'project' to 'programme';</li> <li>2. Latin American consultation held in Guatemala – 15 experts from 8 countries, review of current health research situation per country; exchange on opportunities for increases bilateral, regional and international cooperation and role for COHRED;</li> <li>3. COHRED Record Paper on Latin America in preparation (2006 catalogue)</li> </ol>

### Organisational Management

D0603	<b>Design Conditions of Service for use in multi-centre organisations</b>		New "locally competitive" conditions of service.	Partly completed
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### Organisational Development

D0606	<b>New financial management system</b>	Ensure adequate implementation of new financial management system.	New financial management system ready.	First phase completed. Not yet able to present all outputs as needed.
D0607	<b>Southern Auditors</b>	Relocate annual financial audits to the south	<ol style="list-style-type: none"> <li>1. List of possible organisations;</li> <li>2. Selection by Board finance committee / Board</li> </ol>	Awaiting completion of financial management system (see D-0606).
D0703	<b>Synergy with Global Forum for Health Research</b>	Explore and increase collaboration with Global Forum.	Consultants appointed; work started.	Consultants appointed, work to start in 2007 due to technical reasons. Support from four donors obtained to fund consultancy and potential follow-on actions.

Governance & Management

Project code	Project title	Project description	Deliverables 2006	Achievements 2006
D0609	<b>Staff Strategic planning</b>	Ensure an annual review of strategic and operational planning with all staff	Completed and accepted annual work plans	Done
D0610	<b>Technical advisors &amp; consultants</b>	Enable the Director to obtain expert inputs related to COHRED operations	1. Identification of key inputs and consultants; 2. Achievement of goals through expert input	Appointed Derrick Wong for COHRED support; Royal Tropical Institute, Amsterdam for Global Forum/COHRED consultancy
D0613	<b>Africa - working with NEPAD in developing a COHRED regional hub for health research</b>	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  Build capacity for health research for development in Africa.	MoU with NEPAD signed; Working paper on decentralisation; First exploratory discussions with centres that could host the COHRED regional hub	Memorandum of Understanding signed

Board Activities

D0617	<b>Board Meeting 1</b>	'End of year' Board Meeting	Enable Board to meet physically at end of 2006	Successful board meeting, in parallel with Central Asia workshop, attended by senior staff from Tajikistan, Uzbekistan and Kyrgyzstan, including Deputy Minister from Kyrgyzstan.
D0617	<b>Board Meeting 2</b>	Special Board Meeting March 2006 (with Global Forum's Foundation Council)	Enable (full / part) meeting in March 2006	Became an Exco / Stratec meeting between COHRED and Global Forum; resulted in better understanding of possible areas for collaboration
D0618	<b>Exco Meetings</b>	Normal meetings of the Executive Committee	Ensure 2 physical and 2 virtual meetings of the Exco	3 Meetings held - 1 face to face, 2 virtual.
D0621	<b>Board Rules, Regulations, Guidelines, Code of Conduct and Procedures</b>	Improving organisational governance.	Ensure an optimal set of rules, regulations, and procedures to enhance transparency, efficiency and impact	Ethical guidelines agreed, signed
	<b>Induction of new Board members</b>	Ensure that new board members obtain adequate information to become effective board members in the shortest possible time	1. Review need for 2006; 2. Inclusively design, adapt, adopt an appropriate set	Done.
	<b>Board communication</b>	Ensure optimal communication between all board members, and between board members and organisation	1. Board members' intra-net; 2. Bi-monthly newsletter; 5 issues completed and circulated.	Done.

Project code	Project title	Project description	Deliverables 2006	Achievements 2006
<b>Fund Raising</b>				
D0622	<b>Fund raising strategy</b>	Develop and maintain an effective fund raising strategy	<ol style="list-style-type: none"> <li>1. Working strategy in place;</li> <li>2. Fundraising Committee active;</li> <li>3. Increase Core Donors from 4 to 5;</li> <li>4. Obtain matching funding for all operational funds;</li> <li>5. Engage all staff in raising funds;</li> <li>6. Increase Board impact on fund raising;</li> <li>7. Develop joint fund raising strategy with GFHR;</li> <li>8. Explore strategies for 2007</li> </ol>	Fund raising strategy taking shape; activities increased; funding environment is difficult for 'system-based' programmes, but this is changing; inputs from board into fund raising is increasing; core donors remain at 3, but overall donors increasing;

### Monitoring & Evaluation, Quality Control, Reporting

D0698	<b>Establish routine quality control, M&amp;E system for COHRED</b>	Development of a continuous and functional quality control system for all COHRED's work and functions	Beginning of system in place and operating	Framework in place, for gradual implementation starting 2007
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## Think Tank - Changing Views and Thinking on Health Research for Development

### National Health Research System building

T0602	<b>Health Research, Ethics and Human Rights: a global consultation</b>	Multi-disciplinary process aimed at focusing on community and group rights related to international health research	<ol style="list-style-type: none"> <li>1. Outline of Scope, Participants, and Process;</li> <li>2. First consultative meeting;</li> <li>3. Paper reviewing status of community rights and health research</li> </ol>	first paper on human rights and ethics to be produced for June 2007.
T0603	<b>Health Research Priority Setting: another look</b>	Multi-disciplinary process aimed at reviewing the process and practice of priority setting, for use by COHRED	<ol style="list-style-type: none"> <li>1. Think Tank in February;</li> <li>2. Operational guidelines by end of the year</li> </ol>	Think Tank meeting and expert consultation held, COHRED Work Paper published, see project R0622

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

T0605	<b>How to make the case for 'research for health' ?</b>	Internal think tank on how best to 'make the case'	<p>Core issues for 'making the case': short and medium term focus;</p> <ol style="list-style-type: none"> <li>1. working paper;</li> <li>2. web-based action;</li> <li>3. other actions depending on outcomes</li> </ol>	In process; not completed; key issue remains: this case needs to be made to countries, donors, research sponsors, development agencies and informed public.
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**Innovation Fund - Supporting Innovation in Health Research for Development**

<b>Project code</b>	<b>Project title</b>	<b>Project description</b>	<b>Deliverables 2006</b>	<b>Achievements 2006</b>
<b>National Health Research System building</b>				
I0601	<b>Making Dissertations work ... for everyone</b>	Increasing impact of student research (M and D) in health, social and medical sciences on health equity - in countries and globally	<ol style="list-style-type: none"> <li>1. Feasibility Study &amp; Project plan for 2007;</li> <li>2. Consultative meeting;</li> <li>3. Donor approach / funding obtained</li> </ol>	Interest generated with one possible partner (Univ Kwazulu Natal) and one potential donor
I0602	<b>IP and Research for Health</b>	Limitations and potentials of IP in health research for equity & poverty reduction	<ol style="list-style-type: none"> <li>1. Scoping of area, partners, issues, people;</li> <li>2. Draft plan of action</li> </ol>	Postponed to 2007 due to lack of staff time.
I0603	<b>Linking Health and S&amp;T sectors</b>	Understanding the potentials of linking health sector and S&T sectors in research for health	<ol style="list-style-type: none"> <li>1. Scoping of area, partners, issues, people;</li> <li>2. Draft plan of action</li> </ol>	Major input into Bamako 2008 meeting; we put this on the agenda
<b>Making the case for 'Research for Health'</b>				
I0604	<b>Next Generation of leaders in 'Research for Health'</b>	Engaging current health and related science students to encourage a career in 'research for health'	<ol style="list-style-type: none"> <li>1. Agreement with Student Organisations on TORs;</li> <li>2. Scope and continuity of collaboration;</li> <li>3. Presentations to student audiences;</li> <li>4. Funds raised</li> </ol>	Special consultation with countries, development agencies and research funders at Global Forum 10, to gather input on proposal to improve opportunities for career development of young researchers.

## Organisation building

***A part of the COHRED workplan is allocated to organisation building. These activities prepare COHRED for its planned growth in staff and geographic locations, for the efficient management of activities and tracking of the outcome and impact of our programmes.***

### **Staff development**

Each staff member has a personal development component in their workplan. Agreements with interns and volunteers also have a capacity building component describing what skills the colleague can expect to acquire through their work with COHRED.

Formal staff development activities progressed slowly in 2006 due to a lack of funds. One staff member continued toward an MPH degree with the School of Public Health, Chulalongkorn University, Thailand.

Several journal club meetings were held. They will evolve in 2007 into a seminar format, where staff members will present work in progress, recent findings or emerging concepts for discussion and debate.

### **New Staff**

A new administrative officer, Nadia Giacobino, joined COHRED.

See staff profiles on <http://cohred.org/cohred/RenderPage.action?CategoryId=9>

A COHRED Interns and Volunteers programme was developed in September and launched in October. Some 100 responses were received and 14 candidates were shortlisted. Of these, 8 candidates – with experience in international relations, law, journalism, business, and economics – were interviewed. 3-4 new colleagues are expected to start work for COHRED in 2007.

### **Operations**

In September, COHRED moved to its new offices in the Ecumenical Center complex in Geneva. This location facilitates contact with a number of international organizations that are nearby (WHO, ILO, UN, International Office for Migration, UNHCR and others) and with the Global Forum, whose offices are in the same building.

The insurance portfolio was reviewed and updated, in the areas of employee coverage for travel, accident and repatriation.

### **Organisational management**

A performance management and development system for staff was created, adopted and put in place.

A contacts database was developed and delivered.

Work has started on ways to embed monitoring and evaluation into COHRED programmers and projects on a continuous basis. This will be progressively expanded in future.

### **Finance Management**

The pilot phase of the new financial management system was completed. Implementation will start in 2007. Accounting services are hired from a South African firm, Douglas & Velchich, with support of accounting staff of Global Forum for Health Research to deal with specific Swiss accounting issues.

### **Fund Raising**

Strategy development. A strategy and approaches to fund raising for COHRED are being developed. An input paper was prepared to stimulate management discussion and a draft framework was developed.

Engaging and communicating with donors. A number of new relationships were built and personal visits made to donor representatives in 2006. This included a series of briefings to donors at Forum 10 on the new COHRED programme and activities.

Development of grant proposals. Encouraging staff to become personally involved in fund raising is a change in culture for the organisation. Several grant applications for programme funding were prepared and some submitted this year. Projects and Programmes submitted a proposal for capacity building in Central Asia. Research and Development participated in a proposal on improving research contracting in southern institutions (ICDDR, B, London School of Hygiene and Tropical Medicine and Makerere University Faculty of Medicine), and submitted proposals for National Health Research Systems Mapping (Malawi and Kenya), National Health Research System Strengthening and for Health Research Web.

### **COHRED Board**

Seven new board members were elected at the October 2006 Board meeting. They bring a new depth of regional and professional experience to the organisation.

A bi-monthly board newsletter was circulated to keep board members updated on the progress of the workplan and details of evolving activities.

The 2006 Board meeting in Kazakhstan included a parallel Central Asia regional consultation on health research, bringing together health research leaders and advocates from four countries to exchange on issues and needs. Board members participated in these discussions and in the plenary session of the Fifth Annual International Conference on Contemporary Issues in Public Health, in Almaty.

Ethical guidelines for Board members were developed, adopted and signed by all.

A private Board space on the website was used to provide information for Board development and definition of roles and responsibilities, and to share documents and perspectives on strategic alliances, in preparation for discussions with the Global Forum for Health Research.

### **Multi-centering COHRED**

Consultations were held to inform the process of decentralizing COHRED. Two consultation meetings were held to elicit regional perspectives on how COHRED can best establish a presence in countries and regions – with and through partners - one in Geneva in February and in Guatemala in August. Informal consultations in countries and with COHRED contacts gave perspectives on engaging in Africa and developing our collaboration with NEPAD.

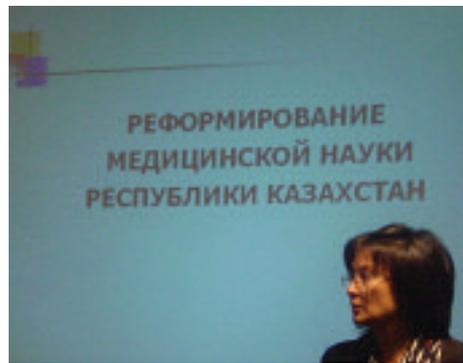
### **Partnerships**

The partnership between COHRED and the Global Forum for Health Research evolved from its initial Memorandum of Agreement into an exploration of areas for joint venture activities. A joint board-level meeting was held in April 2006, which called for a consultancy to study areas for cooperation. The two organisations held a joint staff retreat in September. The consultancy results will be presented and discussed at a further joint Board meeting in April 2007.

Interaction is on-going with NEPAD – the New Partnership for Africa's Development – to put into action the Memorandum of Agreement between the two organisations. It specifies NEPAD support for COHRED center(s) in Africa and for COHRED support in providing input and analysis on questions of health research system building – to inform thinking on Africa's health research agenda and policies.

# Year in review





### 'Reforming of Medical Science in Kazakhstan'

Dr. Altynai Smailova of the Kazakh Ministry of Health presents to the plenary of the Fifth Annual International Conference of Contemporary Issues in Public Health. COHRED Board and senior staff participated in these discussions

## Supporting creation of Cameroon's health research policy

Responding to a request from the Minister of Health of Cameroon, COHRED assisted the Ministry in the development of a draft national health research policy.

COHRED's support to this process started with a consultation with key officials in government and the Cameroon health research community. A broader policy development workshop was held jointly with the Ministry of Public Health, to produce a first draft National Health Research Policy. This work included a review of existing policies in the country, and a rapid priority setting effort to guide short term governance. A unique aspect of this effort was the involvement of Professor Mohamed Jeenah to share South Africa's own policy development experience.

Based on this experience, COHRED is identifying the 'generic elements' of health research policy frameworks and the processes needed to get these formulated and established. The aim of this is to help us in work of similar nature in other countries, and to provide a resource to countries wishing to establish or update their health research policies without involving COHRED staff.

In 2007, once a working health research policy has been proclaimed and research priorities have been formulated, COHRED will work with Cameroon's Ministry of Public Health to support the strengthening of the entire health research system of Cameroon.

## Strengthening Health Research Systems in Central Asia

In Kazakhstan, a joint project with a team of young researchers and lecturers from the Kazakhstan School of Public Health (KSPH) focused on strengthening capacity at the school to use health research to improve population health.

### Building skills of young researchers: Kazakhstan School of Public Health

In Kazakhstan, a joint project with a team of young researchers and lecturers of the Kazakhstan School of Public Health (KSPH) focused on strengthening capacity at the School to use health research to improve population health. Results of this project were presented during a KSPH workshop in March and documented as part of a COHRED Working Paper. This work resulted in a recommendation to develop training opportunities for Health Research for Development (HRfD) in the School. The KSPH and COHRED have developed a proposal for an HRfD training module. This is the first step in creating a generic training module, with a number of partners, that can be adapted to the needs of the Kazakhstan Schools and others. In Tajikistan, the project funded by the Swiss Agency for Development and Cooperation produced a first map of institutions active in health research. These results were presented in a COHRED Record Paper that was the basis for consultation with all national partners in 2006. This was also discussed during a meeting of Central Asian public health professionals who were supported by SDC to attend the European Public Health Association meeting in Montreux.

Two teams of African young professionals provided synthesis of the HR-HR meeting, pictured here, Christine Misiko (Kenya) and Zuhura Maksud (Tanzania).

See the young professionals' profiles and comments for improving health and health research at <http://www.cohred.org/HR-HR/HRHR-Africa/africanYoung.htm>



Karataev Madamin Musaevich  
Deputy-Minister of Health, Kyrgyz  
Republic, leads a discussion on  
health research system mapping at  
the COHRED convened Central  
Asia consultation.

### Dialogue on regional health research needs

The 2006 work in Central Asia culminated with a regional consultation in Almaty. This meeting, facilitated by COHRED - jointly with an expert team from the region<sup>1</sup> - brought together researchers, government officials and policy makers from four countries, with a group of international experts from Latin America, Africa, Asia, Europe and the US. As input to the discussion, the first maps of the national health research systems of Kyrgyzstan, Kazakhstan, Tajikistan and Uzbekistan were presented. Further dialogue centered around areas where COHRED can provide support in the coming year, notably: to support health policy development in Kazakhstan; to advice on developing ethics capacity in the region; to providing advice to the national Tajik health science meeting and to the Kyrgyz Centre for Health System Development. Some of these activities will be put into action in 2007. NHRS mapping results and regional consultation conclusions are presented in a COHRED Working Paper.

#### Resources:

##### COHRED Record Paper 4

Research for Health in Tajikistan:  
Strengthening the National Health  
Research System ISBN 92-9226-007-3  
Health Research in Central Asia  
[www.cohred.org/centralasia/](http://www.cohred.org/centralasia/)

COHRED Working Paper: Central Asia regional mapping and regional consultation (in preparation).

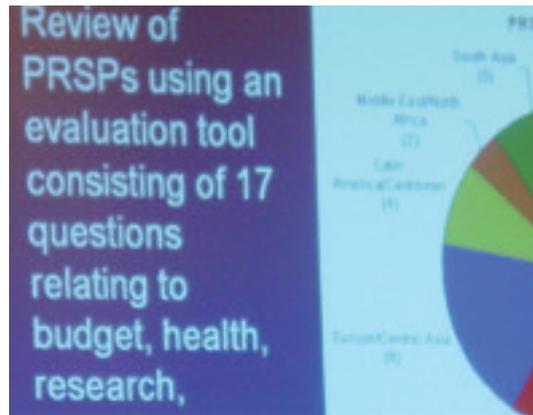
### Lao PDR: Strengthening National Research Management

At the request of the National Institute of Public Health (NIOPH), COHRED provided support to Lao PDR in its efforts to build its national health research system. This effort involves developing a new set of five-year priorities – the third such national plan – and a long-term strategic plan for strengthening national health research.

This partnership builds on a COHRED-facilitated workshop in 2005, involving some 50 participants from national institutions in various sectors. The 2006 meeting was a smaller 'think tank' of 30 professionals that worked to define priorities for health research for the coming five years and identify key issues for further developing the national health research system in the country. In this effort, COHRED cooperated with several international facilitators: University of New South Wales (Australia), Thai Health Foundation and Concern Worldwide, an NGO active in supporting health research to benefit the poor.

The meeting received good political and media support. Among the agreed action points are a COHRED-supported multi-sectoral annual health research

<sup>1</sup> Dr. Mohir Ahmedov (Uzbekistan) and Dr. Bakhyt Sarymsakova (Kazakhstan)



The COHRED Special session at Forum 10 explored how countries can use Poverty Reduction Strategy Papers to include health research in development policies.

forum and other actions support in consolidating health research and science and technology policies. Other specific plans include a donor mapping effort and the involvement of the National Institute of Public Health in COHRED's Health Research Web as hub for South East Asia. A memorandum of agreement with the NIOPH was signed in 2006.

### Trinidad & Tobago: National Health Research Systems analysis (NHRSa)

In collaboration with the Essential National Health Research Council of Trinidad and Tobago, COHRED provided technical assistance based on its new approach to National Health Research Systems Assessment (NHRSa). This study was sponsored by the Pan American Health Organization.

COHRED has proposed a framework for health research system assessment (mapping profiling, and analysis/evaluation) adapted with stakeholders to meet local needs. This NHRSa has been extended to provide evidence needed for the Ministry of Health to redefine its role in NHRS governance. A draft map of the research system of Trinidad and Tobago has been completed and interviews with key stakeholders were held. Results were presented at the national stakeholder meeting in October 2006. Follow-up activities are yet to be defined.

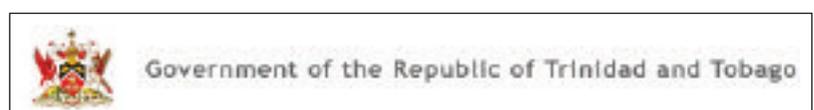
### Priority setting: Developing practical approaches; learning with countries

A priority for COHRED this year was to animate a number of learning activities with country partners on practical approaches to priority setting that can support them.

A first COHRED think tank session was held in early 2006 with experts from Brazil, the Philippines, South Africa, the Netherlands, PAHO, and the Global Forum for Health Research. The outcome of this meeting emphasised that priority setting should look beyond tools, methods and once-off prioritisation exercises. It should be seen as a continuous activity that requires regular revision and updating. It illustrated the need to focus on action and implementation of the agenda – even if it is initially in a limited number of areas.

The COHRED priority setting team took this work forward in a further international consultation at Global Forum 10, with experts from six countries.

In 2007, consultations on priority setting will be expanded into a 'learning spiral'. This format will engage a widening group of priority setting professionals to exchange on practical approaches to health research priority setting. Interaction will be held in specific face-to-face think tanks and an ongoing exchange on the



COHRED priority setting web page. This will result in practical information resources that guide countries in how they can make priority setting work. The 'learning spiral' initiative will be pilot tested in this programme.

**Resources:**

[www.cohred.org/prioritysetting/](http://www.cohred.org/prioritysetting/)  
**COHRED Working Paper 1: Priority Setting for Health Research: Toward a management process for low and middle income countries. Country experiences and advice** ISBN 92-9226-008-1

Secretariat will start its work in early 2007. Its core functions will be to  
i) provide continuity between meetings,  
ii) run a fellowship programme,  
iii) prepare at least one critical paper a year, and iv) raise funds.

**Resources:** [www.gfbronline.com](http://www.gfbronline.com)  
<http://cohred.org/cohred/RenderDocument.action?DocumentId=4137&CategoryId=57>

## 'HR-HR' - Human Resources for Health Research

A COHRED initiative attempting to highlight the need to increase the number, quality and diversity of human resources in health research - 'HR-HR- Human Resources for Health Research' - has moved forward in several areas in the past year.

### 'African Perspective' regional conference

The conference 'HR-HR' Human Resources for Health Research: an African Perspective' grew out of a COHRED proposal to Global Forum for Health Research to cooperate on a series of regional meetings. This grew into a wider partnership with 7 organisations intent on raising awareness of the issue of human resources in Africa's health research sector - COHRED, the Global Forum for Health Research, AMREF, ACOSHED, EQUINET, the African Health Research Forum, and the Canadian IDRC.

## Global Forum on Bioethics in Research

The Global Forum on Bioethics in Research secretariat, to be hosted by COHRED<sup>2</sup>, received approval for funding from the 'science and society' programme of the European Union in late 2006.

Activities for 2007 include the launch of a fellowship programme and preparations for the annual Forum's global conference, hosted by the University of Vilnius in Lithuania in June 2007, addressing health research ethics review and capacity building in transitional countries. The meeting for 2008 will concentrate on the on ethical aspects of research in minority and vulnerable populations - hosted by the New Zealand Medical Research Council.

The Forum partners' kick-off meeting was held in November. Recruitment of a project officer is in progress and the



<sup>2</sup> COHRED hosts the secretariat of the Forum on behalf of Aga Khan University (AKU), Council on Health Research for Development (COHRED), Facultad Latinoamericana de Ciencias Sociales (FLACSO), Institut National de la Santé et de la Recherche Médicale (INSERM), Medical Research Council-United Kingdom (MRC UK), National Institute of Health (NIH), The Wellcome Trust (WT), World Health Organization (WHO).



#### NHRS building – 5-Country Western Asia Consultation

Jamie Montoya, Executive Director of the Philippine Council for Health Research and Development, discusses National Health Research System strengthening - with Dr. Azman Abu Bakar of the Institute for Health Systems Research, Ministry of Health, Malaysia. The meeting, facilitated by COHRED brought together colleagues from Cambodia, Mongolia, Malaysia, the Philippines, Viet Nam and the WHO WPRO regional office. A synthesis report is published as a joint WHO-COHRED report.

#### Resources:

[www.cohred.org/publications/informal\\_reports.html](http://www.cohred.org/publications/informal_reports.html)

The HR-HR Africa conference was unique in several ways: it was the first conference on the topic - in Africa and worldwide; it looked beyond the traditionally raised issues of the 'brain drain' and 'conditions of service of researchers' to examine topics not yet considered in this realm; and it initiated a several months consultation on these issues culminating in an international expert meeting on the topic in Africa.

HR-HR Africa themes: Theme 1 – The general health research human resources environment in Africa; Theme 2 – Networking and how it contributes to increasing research capacity across the region; Theme 3 - The role of communities in influencing health research; Theme 4: Communication skills and pathways to improve the effectiveness of health research in Africa. Several peer reviewed outputs from these exchanges are in preparation.

#### HR-HR Advocacy on WHO World Health Report

As part of its role in tracking key issues in the global health research agenda, COHRED issued a synthesis and comment on the lack of attention paid to 'HR-HR' in the 2006 World Health Report. This was published in an issue of COHRED Research for Health Briefing, under the theme. *Human Resources for Health Research: a neglected area of Human Resources for Health in the 2006 World Health Report?*

#### COHRED HR/HR initiative

A further comment was published in The Monitor in Uganda and on the COHRED website on how good management practice can help reduce brain drain and encourage young talent to remain in their home countries. Encouraged by feedback from partners and donors, COHRED plans further actions in 2007 to raise awareness and propose solutions to the HR-HR.

#### Resources:

[www.cohred.org/HR-HR/HRHR-Africa/default.htm](http://www.cohred.org/HR-HR/HRHR-Africa/default.htm)

[www.cohred.org/HR-HR/Home.htm](http://www.cohred.org/HR-HR/Home.htm)

From 'Brain Drain' to 'Brain Gain' – modern management practice and a strong human resources strategy can make a real difference

[www.cohred.org/HR-HR/Interview.htm](http://www.cohred.org/HR-HR/Interview.htm)

Human Resources for Health Research: a neglected area of HRH?

[www.cohred.org/HR-HR/neglected\\_area\\_of\\_HRH.htm](http://www.cohred.org/HR-HR/neglected_area_of_HRH.htm)

'HR-HR' Final report of expert consultation.

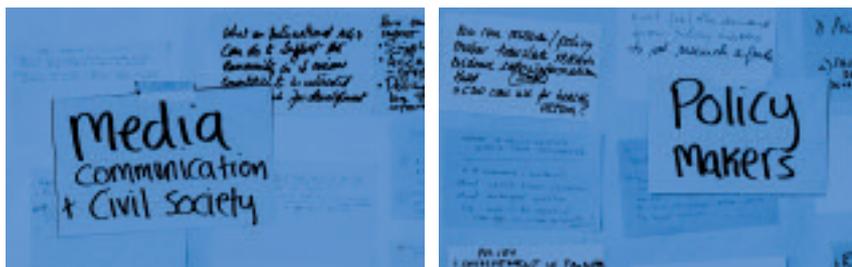
Human Resources for Health.

Research: an African Perspective

[www.cohred.org/publications/informalreports/HR-HR\\_reportFINAL.pdf](http://www.cohred.org/publications/informalreports/HR-HR_reportFINAL.pdf)

#### Supporting the 'Next Generation'

The 'Next Generation' initiative is a partnership between COHRED, the International Federation of Medical Students' Associations and International Pharmaceutical Students' Federation.



“What do you need from me?”

The COHRED-facilitated HR-HR research communications session in Nairobi kicked off with a group brainstorming between policy makers, civil society representatives, media and researchers/research managers.

The intent of this developing programme is to promote the ideas and talents of recent graduates or researchers - from north and south who are interested in a career in health research for development. The initiative was cautiously launched during Global Forum 10 this year – it builds on COHRED’s work in this field started in 2003. It intends broadening its participation to other organised student bodies with an interest in ‘research for health’.

### COHRED Research for Health Briefings: Tracking the International Health Research Agenda

COHRED piloted a ‘Health Research Watch’ in 2006 as a service that tracks key discussions on the international health research agenda – initially focused on WHO, to be expanded to cover other organisations’ relevant meetings and discussions.

This year, the Briefing tracked discussions at the Executive Board of the WHO and the World Health Assembly and reviewed the World Health Report. It will also comment on the WHO African Health Report and the Executive Board meeting in January 2007, the first for incoming Director General, Margaret Chan.

Comments received from readers, and the increased access to Briefings on the COHRED website, indicate a demand for

syntheses of these important policy sessions. In 2007, COHRED will develop the concept further, tracking health research in more activities on the WHO official agenda and possibly broadening the scope of the Briefing to cover other key events on the international institutional calendar. An end-of-year report is planned to provide overall comment on the state of research for health over the past year.

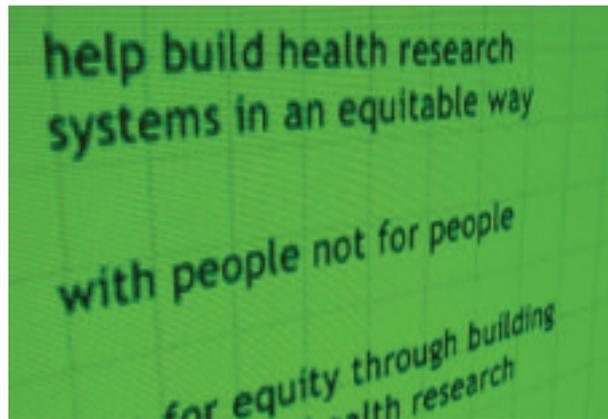
**Resources:**

COHRED Research for Health Briefing - [www.cohred.org/briefing/](http://www.cohred.org/briefing/)  
COHRED\_Briefing.htm

### Bamako 2008 The Global Ministerial Forum on Research for Health

Bamako 2008, the Global Ministerial Forum on Research for Health, is hosted jointly by the Global Forum for Health Research, the WHO, the World Bank, COHRED, UNESCO and the government of Mali.

This is the next milestone in international meetings on health research, after Bangkok 2000 and Mexico 2004. But it differs from the preceding meetings in several ways. Bamako is a partnership of three international institutions, two civil society organisations and one national government, which increased the likelihood of balance in relation to representation for all stakeholders in health research. The focus on the needs and perspectives of low and middle



income countries is the rationale for and goal of COHRED's presence. The inclusion of the science and technology sector and its ministers is a significant change from the previous two health research ministerial meetings. This perspective – **research for health**; as opposed to **health research** – and the inclusion of UNESCO as a core partner, were specific proposals made by COHRED and the Global Forum.

Consultations and preparatory meetings for Bamako are in progress on four themes: Research for innovation in health; research for more effective and equitable decision-making and problem-solving in health; knowledge translation - harvesting the formal and tacit knowledge for health; and strengthening capacity for research and partnerships.

**Resources:** <http://www.bamako2008.org/>

### Making the case for research for health

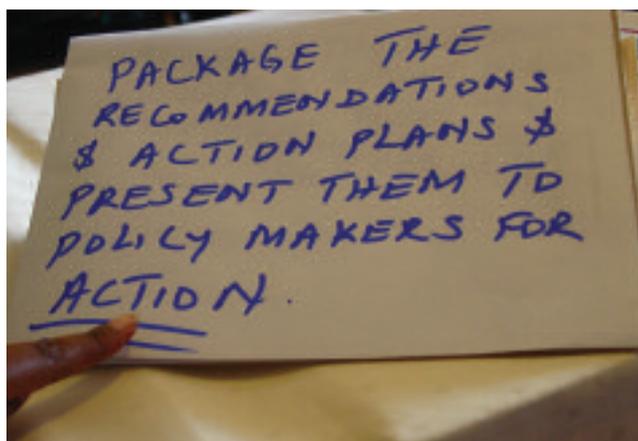
Staff and close partners of COHRED have represented the organisation at a number of key meetings in 2006:

- Africa ministerial meetings on health research in Nigeria and Ghana – participation and input to working group sessions and the final communiqué. In Nigeria, COHRED was represented by Karniyus Gamaniel of Nigeria.
- Global Forum for Health Research 10 in Cairo – general participation.

- Irish Forum for Global Health. Plenary presentations on Health Research Communication (COHRED Geneva and Uganda).
- Involve Conference – Participation and exchange of experience on the UK around consumer and public involvement in health research.
- Ethics meetings: Presentations and panel member in Pakistan, South Africa, France and Senegal, aimed at strengthening the partnership with the Global Forum on Bioethics in Research.
- Netherlands government foreign affairs meeting on health and health research.

### Latin and Central America Consultation

A special consultation in Guatemala brought together health research professionals and stakeholders from government, research and civil society organisations in Latin America. These experts informed COHRED's decentralisation strategy, giving regional and national needs and ideas on how COHRED can provide support. An important component of the exchanges consisted of presentations by partners from Costa Rica, Guatemala, Nicaragua, El Salvador, Bolivia, Chile, Brazil, and Mexico. Key outcomes of this meeting are a request for COHRED's input in a larger regional health research meeting in 2007 - hosted by Brazil, and jointly



organised with the Ministry of Health of Brazil with other national and regional partners – and a first step toward COHRED's planned decentralisation to Latin America. Ernesto Medina (Nicaragua) and Francisco Becerra (Mexico) were key in the organisation and success of this meeting.

**Resources:** COHRED Record Paper 6 – Supporting Health Research Systems Development in Latin America ISBN 92-9226-005-7. Collaborative paper authored by 16 experts from 9 countries.

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

7 GCC countries. COHRED's role in this work was the facilitation of a design workshop<sup>4</sup> for countries to conduct rapid self-assessments and the analysis and synthesis of data gathered on behalf of partners. Follow-up action is being defined.

**Resources:** Paper in preparation by Tunisia Gulf Cooperation Council and countries of the Eastern Mediterranean region (EMRO), will be published jointly by the WHO EMRO journal in 2007.

### Arab countries: Research system mapping

The results of basic mapping of the health research systems of Jordan, Lebanon, Tunisia, Oman, Yemen, Saudi Arabia, United Arab Emirates, Kuwait, Bahrain and Qatar were presented in a special session at Global Forum 10. This is the latest stage of a partnership with Gulf States and countries of the Middle East that started in 2005, and followed an agreement between WHO/EMRO<sup>3</sup> and COHRED to focus on the ability of National Health Research Systems in five EMRO countries to identify and address equity issues. The Gulf Cooperation Council (GCC), Dr. Tawfik Khoja, approached COHRED and three EMRO with a view of potential extension of the project to the

<sup>3</sup> Organised with Dr. Abdur Rab who was succeeded by Dr. Alaa Abouzeid.

<sup>4</sup> Facilitating support to the meeting was provided by Prof. Hassen Ghannem of Sousse University, Tunisia.

## Learning resources and publications

A new learning publications area was launched on the COHRED website this year. It presents outputs of the COHRED programme and introduces the 'learning spiral' concept that is currently under development.

Under this learning approach, publications are one step along the path that includes activities such as think tanks, consultations and other interactions with countries and partners – all aiming to support countries to strengthen their national health research systems.

Several categories of publications, created in 2005, have progressed this year:

### Books, and formal publications

Published in international journals and by external publishers

### Working Papers

Working papers frame new thinking and approaches to building health research systems in developing countries. These are the result of COHRED work with country partners. They are subject to formal external peer review.

### National Health Research

Synthesis of analysis or research.

Practical and policy recommendations for countries in a 6-page and 2-page summary format. Each issue is reviewed internally by COHRED staff and the partners included. After publication, the series is subjected to periodic external comment and review.

### Record Papers

COHRED Record Papers document the work of COHRED initiatives and work with partners and are prepared for rapid dissemination of information, of potential interest to others working in research for health.

### Research for Health policy briefing

Joint publication series of COHRED and Global Forum for Health Research

### Informal reports

Papers by COHRED and partners posted for information and comment.

### Library and archives

Some 400 COHRED publications and resources.  
10,000 pages of country profiles, and technical reports.

### Open Archive

COHRED papers published internationally.  
Including the Commission report on Health Research for Development.



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

# Strengthening national health research systems:

## **A flexible approach**

In developing a pragmatic approach to national health research system assessment (NHRSa) that is both relevant to the needs of individual countries and to their ability to do such assessments on their own and in an action-oriented format, COHRED is working with partners to strike a balance between 'what works for countries' and the need for international comparative information on health research systems.

No two countries have the same national health research system. There are common features, but the structure, power relations and priorities for development differ considerably. The colonial heritage of low and middle income countries is often a key determinant of the structure of health systems and health research systems in countries, with great differences between anglophone and francophone countries in Africa, for example.

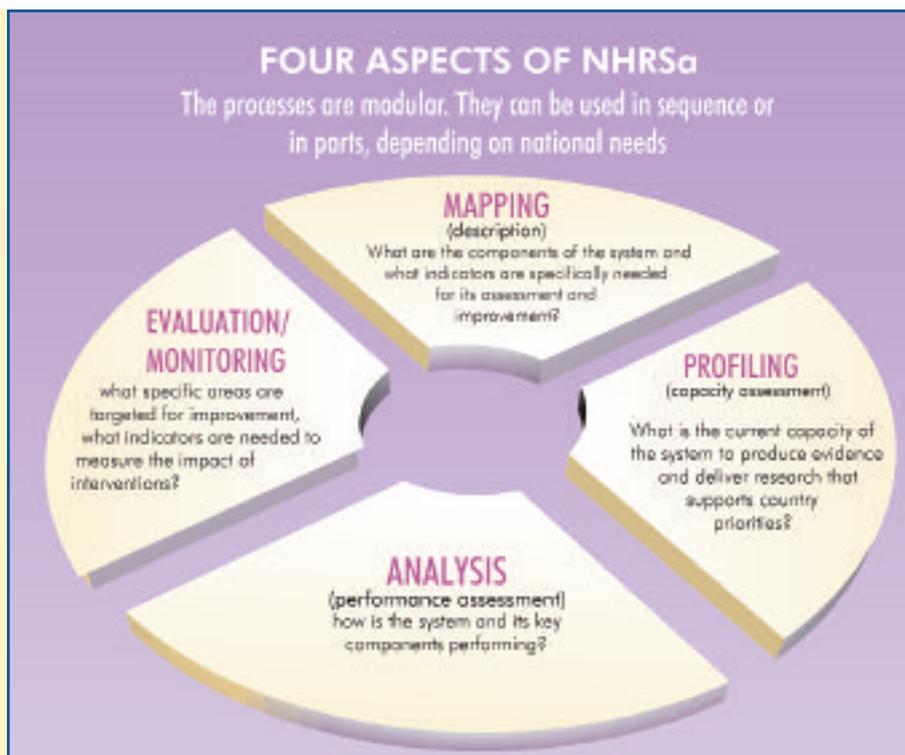
Therefore, there cannot be a viable 'one-size-fits-all' assessment format and process – or set of indicators that national decision makers can take 'off the shelf'. Such would possibly satisfy the need for comparative information but is often only marginally relevant to national health research system development and management. At the same time, this does not mean that every country needs to create its own unique assessment indicators and process.

The COHRED approach is being tested with several country partners. It gives decision makers and research managers a rapid overview of the current state of their system, helping them define priority areas for targeted improvements.

With NHRSa, decision makers select from a set of indicators, approaches and processes, and design an analysis framework that is specific to their needs and national situation. Data collected in a generic part of this assessment is useful for international comparison and sharing with other countries or international bodies.

We distinguish between NHRS 'mapping' (a description of research, research institutes, research environment, legislation), 'profiling' (evaluation of the performance of the system), and 'analysis or evaluation' (evaluation of the performance of the system in terms of producing health research or in terms of other development goals such as equity or socio-economic development). These different aspects of NHRSa can be done separately, sequentially, or, if resources are sufficient, in parallel.

A practical COHRED guide that countries can use to make national health research system development work for them will be in preparation in 2007.



## Key facts

The COHRED National Health Research systems improvement approach:

- **Practical information for decision makers.** It provides them with information they need to improve their health research system to deliver national goals.
- **Step-by-step NHRS improvement.** It builds a long-term process of incremental NHRS improvement – not merely technical data collection.
- **Quick action and early improvements.** It provides decision makers data needed to improve their health research system at an early stage.
- **Consensus on evidence and data gathering approaches.** It encourages players in national health research to build a common vision of requirements. In this process they agree on evidence needs, facilitate data collection, interpret findings and plan and implement solutions to identified problems.

## Testing and validating NHRSa

The NHRSa concept was developed in a series of partner consultations in 2005 and early 2006. Validation and review with countries has been progressing in 2006:

- WHO Regional Office for the Eastern Pacific (WPRO), the Institute for Health Systems Research in Malaysia, Cambodia, Mongolia, the Philippines, Lao PDR, Shanghai/China and Viet Nam – a multi-country consultation and review.
- Cameroon and Tajikistan - use of NHRSa as part of national NHRS strengthening processes.
- Gulf Cooperation Council and WHO Regional Office for the Eastern Mediterranean (EMRO), involving 10 Middle Eastern countries – use in a regional consultation and country self-assessment exercise of NHRS.
- Trinidad & Tobago - use in NHRS strengthening processes.
- Central Asia - use for planning the regional central Asian mapping initiative.

## NHRS Indicators

**What countries really need: specifically-tailored information**

In a four-country consultation facilitated by COHRED on needs for NHRS assessment... representatives of Viet Nam, Mongolia, Philippines and Cambodia reviewed a basket of more than 300 indicators used for health in research system assessments by WHO:

Only **19%** of indicators were highlighted as useful by all countries.

**100%** of indicators were chosen by at least 1 country.

Countries voiced a need for NHRS improvement activities that meet their specific national situations.

<sup>1</sup> Results of a consultation on National Health Research Systems Analysis in the WHO Western Pacific Region Penang, Malaysia 9–11 May 2006.

# Improving health research communication:

## A capacity building approach for research users and producers

In 2006, COHRED consulted with a range of health research stakeholders to better understand what is required to make research communication work better for them.

An approach is emerging that goes well beyond the 'traditional' assessment of improving 'communication' from producers of health research (institutes and universities) to policy makers (one group of 'research users'). Our, more comprehensive approach, asks the questions: how can all those concerned with health research better communicate with one another and participate in – or influence – the research process? How can this be done better in view of the ultimate outcome: changed policies, improved social contracts, decreasing inequities? This approach specifically targets five key constituencies in 'making health research communication work', namely i) researchers ('research producers'), ii) policy makers, iii) the media, iv) organised civil society (including various professional councils and societies interested in health and health research), and in countries dependent on foreign funding – v) the donors / research sponsors, as fifth constituency.

These concepts are being developed and tested in a partnership with Makerere University's Institute of Public Health (MUIPH) and various groups involved with and benefitting from health research in Uganda. Beginning 2007, the learning from this initiative will be used to extend this project to other health research players in East Africa and other countries.

### Issues and action points for improving research communication<sup>2</sup>

<p>Policy makers</p> <p>Research questions do not address policy needs. Limited access to researchers by policy/decision makers.</p> <p><b>Action</b></p> <p>Create research-policy coordination/brokerage mechanism, unit or service as part of the national health research system.</p>	<p>Media</p> <p>Infrequent and superficial coverage of health research ensures little influence on health policy. Media often receive poorly prepared information.</p> <p><b>Action</b></p> <p>Media: create health desk, appoint trained 'health or science &amp; technology writers'.</p> <p>Researchers/policy makers: Involve journalists in the research process early on.</p>	<p>Organised civil society / health research interest groups</p> <p>Limited community participation in research process, caused by a monopoly on research by researchers. 'Communities' not recognised for their ability to provide perspectives that can improve research, to actually conduct certain types of research, and to increase implementation of results.</p>
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<sup>2</sup> These concepts and communication approach were developed as part of an ongoing learning initiative on improving research communication of COHRED and Makerere University Institute of Public Health; with input from an expert consultation on research communication from Ghana Health Service; University for Women, Sudan; Development Bank of South Africa; Health Research Army Center, Cameroon; East African Standard, Kenya; Global Forum for Health Research; Afri-Afiya, Kenya; Straight Talk Foundation, Uganda; IDRC Connectivity Africa; Users Perspectives with Agricultural Research and Development, Philippines; Ministry of Health Cameroon. COHRED Record Paper in preparation.



## Key facts

### Capacity building for participants in the research process

Results of COHRED expert consultations:

- Beneficiaries of research and ‘policy shapers’ should be a part of the research process – not just targets of health research information and results.
- There is a need to build the capacity of all actors in the research process for it to have optimal impact.
- Research institutes play a key-role, and need to invest in professionalising research communication and better understanding what is required in terms of information and communication by all different constituencies.

#### **Action**

Create mechanisms to involve communities, interest groups, professional associations and others in the research process, and motivate researchers to do this. Rural development/agricultural research provide useful working models.

#### Research Organisations

Would like to translate research into action but often lack of ability to do so. Failure of management to invest in communication.

#### **Action**

Invest in communication: no communication – no action! Develop strategy - define desired outcomes. Map constituents. Select tools and activities. Framework for organising and managing all research project information.

#### Research Management

General lack of interaction between health researchers and beneficiaries.

#### **Action**

Encourage change in research culture to value research beneficiaries as part of the process, and create mechanisms to make this happen.

# Priority setting for health research:

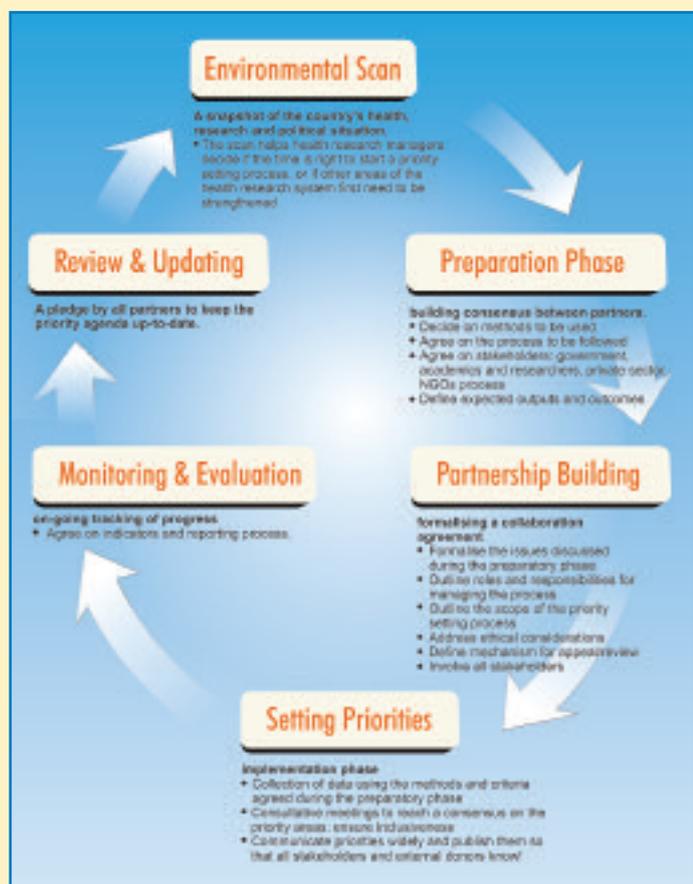
## A management process for countries

COHRED is working with a number of country partners to refine the process for setting health research priorities – one that evolves with the reality of a country's national and political context.

Current practices are to 'review' and 'set' national health research priorities, producing a plan that reflects the situation at one point in time. The COHRED approach proposes a dynamic process that countries can use to better manage, measure and update their national health research priorities.

This concept for a management process was defined in a consultation facilitated by COHRED, with health research managers and specialists from The Philippines, South Africa, Brazil, The Netherlands, the Pan American Health Organization (PAHO), the Global Forum for Health Research and a member of the private sector.

This is the beginning of a learning process that COHRED will take forward with managers from a growing number of countries, to increase the sharing of experience and learning. To participate, see [www.cohred.org/prioritysetting](http://www.cohred.org/prioritysetting)



### Key facts

**Priority setting is not an event it is a process, that:**

- Involves a growing number of health research actors over time.
- Develops increasingly accurate data as it progresses.
- Sets a foundation for action.
- Allows changes of course as warranted by circumstances.
- Is a normal part of accountability of the health (research) sector.

COHRED Working Paper 1: Priority Setting for Health Research: Toward a management process for low and middle income countries; jointly authored by Antonia Angulo, Lennart Freij, Sylvia de Haan, Rebecca de los Rios, Abdul Ghaffar, Carel IJsselmuiden, Marijke Janssens, Mohamed Jeenah, Anaf Masood, Gabriela Montorzi, Jaime Montoya  
 ISBN 92 – 9226-008-1



### Innovative funding approaches

## Tapping World Bank health sector loans for national health research

An estimated \$46<sup>3</sup> million is potentially available to developing countries for health research – in current World Bank loans and financing mechanisms for health sector country programmes – according to the organisation’s rule of thumb that 0.7% of its health sector programmes may be earmarked for research.

Looking back over the past 16 years since the recommendations of the Commission on Health Research for Development, if its’ ‘5% recommendation’ were applied to all World Bank health sector programmes – this would have produced more than US\$1 billion for health research for development.

Today, most funds that could flow to health research through World Bank health programmes in countries remain unused. This is largely due to a lack of knowledge by health research leaders and managers in developing countries of how to tap health sector grants and loans of research. There is also a low appreciation by World Bank country representatives that assist countries with loan and grant preparations, that health research can be included. Perhaps there is also a hesitancy to use loans to fund research.

This review by COHRED draws from desk research and from interviews with a senior World Bank health sector specialist to clarify the practical steps that can be taken to use World Bank funds for increased investments in national health research.

## Action Points

### Countries

- Consider investing in health research systems. Not in specific projects but in research and development programmes, from loans and grants obtained from the World Bank. If financing of education is done through loans, research should also be. Science, technology and innovation are vital to any nation's development. And health research is a key aspect of this.

### World Bank Headquarters and Country Representatives

- Ensure that information on the inclusion of health research and health research system building is included in loan documents and that country-partners make explicit choices on whether or not to include this.

### COHRED

- Continue making the case for health research for development, and ensuring that all parties are aware of the availability of funding and understand the mechanisms to obtain them.

### Constraints to research funding for World Bank health sector projects

The World Bank mechanisms allow for health sector loans to fund research. However anecdotal evidence gathered from interactions with developing country health sector officials and World Bank staff<sup>3</sup> suggests that little research is currently being funded through any existing health sector programmes. There are several reasons for this:

- The term 'research' is not explicitly specified in the World Bank loan contracts and project documents, giving the impression that assessment and preparatory work is not funded under a sector programme.
- Health research leaders in countries are often not included in the higher level political discussions of their colleagues in the ministries of health, finance or planning – where the negotiations with the World Bank take place. Consequently, there is no official 'voice of health research' at the negotiating table, to call for specific budget allocations for research to add value to the health sector programme.
- The World Bank staff responsible for managing health sector loans have backgrounds in economics and sometimes health economics, but rarely in public health or health research. With their complex responsibilities, these managers have little time to focus on the detail of health research within negotiations and how it can be integrated in the loan package.
- Even where health research is encouraged as a part of a World Bank health sector loan, there is little demand for health research to be included in these programmes, despite the fact that research budget lines are allocated. This is due in part to low visibility of the potential of health research to contribute to development and equity – other than (through globally funded) product development for specific conditions.

The trend for health sector funding is moving from project to budget support – where donors provide a basket of funds that supports a negotiated strategy rather than a project proposal. Health research managers and research opinion leaders need to make their place at the table during the loan negotiating process. Health sector decision makers need to be more aware of the importance of including research in the strategy to ensure that service development is evidence based; and to advocate for a portion of funds to be allocated for research.

<sup>3</sup> This figure is based on an overview by COHRED of the value of all current health sector projects and programmes (as at December 2006), and a calculation of 0.7% of this total

<sup>4</sup> Information gathered from conversations with a senior World Bank health official and in a consultation between the World Bank, and health research stakeholders from Kenya, China and Nicaragua. COHRED special session on innovative funding for health research at the Global Forum annual meeting. Publication currently in preparation for the COHRED National Health Research series.

# Poverty Reduction Strategy Papers: An opportunity to embed health research into national development plans

The Poverty Reduction Strategy Paper (PRSPs) and its related consultative processes are mechanisms that have significant potential to build support for the importance of health research in the world's low and middle income countries. Strategy papers can also encourage national and donor investment in health research systems and for activities that focus on national health research priorities.

But today, the advantages of PRSPs – as a mechanism to assist countries and their development partners to align efforts in health research – are largely unrecognised, according to a study by the Council on Health Research for Development (COHRED)<sup>5</sup>.

The study reviewed all of the 49 existing PRSPs and complemented this by interviewing 10 experts from international organisations, academia and the NGO sector.

The study addressed the question: What role can PRSPs play in strengthening the use of health evidence to reduce poverty? It explored whether Poverty Reduction Strategy Papers include health research as a strategy for improving economic growth, reducing poverty, and improving health in developing countries.

The study showed that only 14 of the 49 existing PRSP countries include research as a health sector priority – indicating that those in charge of preparing PRSP documents do not sufficiently recognise the importance of the role that health research can play in improving health and health systems, and in reducing poverty. It also shows that there seems to be little recognition among researchers, research institutions and/or national research managers of the potential of the PRSP to be a path to 'mainstream' health research as part of a country's national development and poverty reduction plans.

Comments gathered from interviews showed that the value of health research as an important tool for poverty reduction is not fully accepted nor understood by those drafting PRSPs – particularly as a support for data interpretation and policy development. Also, it is possible that those concerned with health research in low and middle income countries are either not interested in PRSPs as a mechanism – as it makes research that will be funded subject to national priorities – or, more likely, that health researchers are not part of PRSP-negotiating teams which are usually located in ministries of Finance.

As a consequence, an important opportunity for funding health research that can directly link to national health, equity and development goals is missed. Relatively simple steps can remedy this.

## Action Points

### Countries

- Prioritise research in the health sector to ensure that necessary evidence is produced
- Develop and implement health sector plans that complement the PRSP with practical policies and programmes
- Use available donor resources to fund health research and research systems
- Include national health and health research leaders in the PRSP development process

### International Donors and Health Programmes

- Align funding and programmes with country priorities and ensure that support is based on sound evidence
- Make it clear how funds available to countries to fund health research and strengthen health research systems can be accessed
- Support global initiatives that promote strengthening of health research and information systems in developing countries

<sup>5</sup> This paper summarises the results of the study: Assessing the Efficacy of Health Research as a Development Strategy in Poverty Reduction Strategy Papers (PRSPs), by COHRED and the Capstone Programme of the New York University Robert F. Wagner Graduate School of Service. Jennifer Keane, Gvantsa Kvinikadze, Jennifer O'Hara, Sunita Palekar of New York University and Andrew Kennedy and Carel Jsselmuiden of the Council on Health Research for Development (COHRED). Input to the COHRED Special Session on Innovative Funding at the Forum 10, Cairo; publication in preparation - COHRED National Health Research, Issue 2 ISBN 92 9226-012-X, 2006.

# Health research policy: The keystone of an effective national health research system

***Whatever the level of development of its health research system, every country will benefit from having a strong health research policy. A well-designed health policy framework is an enabler and a driver for the national health research effort to have a positive impact on national development – whether in health, health services performance, health equity, or for more general social and economic development.***

Andrew Kennedy and Carel IJsselmuiden

## **Background**

A number of countries have recognised the important role that a research policy framework can play in pulling together the often diffuse components of their National Health Research System (NHRS) and in focusing the national research effort on national goals – be these in addressing health priorities, health system priorities, equity or in socio-economic development.

In many countries, the NHRS functions almost in an ‘ad hoc’ manner. Many of its components operate in isolation – often not even realising they are part of a research system – rather than working towards common national objectives in research and development. Health research is very often commissioned and conducted with little, if any, coordination or consultation with the range of users that might act on the findings to improve health, increase the effectiveness of health systems, reduce inequity or stimulate economic growth. In this context, making the transition from an ‘informal’ NHRS to a coordinated national system can help to maximise the benefits that can be achieved from health research. A solid health research policy framework is a cornerstone of the NHRS.

## **NHRS Development**

COHRED’s approach to strengthening national health research systems emphasises the establishment or improvement of three essential components that – collectively – form the basis from which a country’s system of health research can make this transition from an ‘ad hoc’ to a ‘managed’ system.

Under this ‘trinity’, every country needs:

- A structure for the governance and management of research – there needs to be a body or bodies that can effect, impact, evaluate, coordinate, finance, guide, build capacity, negotiate and mediate.
- A credibly established and updated set of national health research priorities without which a meaningful focus is possible, neither by countries nor external research sponsors and institutions.
- A health research policy framework.

## **National Health Research Policy Framework**

A health research policy – or rather a policy framework – provides the formal platform from which to define the goals of the national research effort and identify the structures and means of achieving such goals. Policies in ministries of Health, Science

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and Technology, Education – and others involved with research – regulate the establishment of research councils, the relationship between applied and basic science, strategic plans for increasing capacity, for ethics review committees, for communication of research results, and for international liaison.

A good policy framework will define the extent of original research that is needed to address nationally relevant priorities in relation to ‘translation’ of research done elsewhere. It will also locate ‘research for health’ as a national endeavour, bridging the traditional divisions between health and other sectors. Ultimately, the policy framework becomes both an enabler and a driver for the national health research effort to deliver to maximum potential towards national development – whether in health, health services performance, health equity, or more general social and economic development.

### **National Health Research Policy Development**

Despite great disparities in income and development between nations, the questions that countries face in research for health are remarkably similar. National research policies will differ in their ability to respond comprehensively to challenges and will vary depending on the national context within which the NHRS operates. The core issues that need to be addressed are similar for all. For example, the linkage of health research to the broader Science and Technology sector is an issue in every country. Capacity building in the education sector needs to be in line with the needs in the research and development sector. In addition, protection of intellectual property, and the use of research results to pursue health equity and reduce poverty across the population is an issue of relevance to all countries.

To assist countries to develop rational health research policies or policy frameworks, COHRED has developed a process and technical support to assist countries in adapting existing health research policies and policy templates to fit their own particular conditions.

### **Global support for NHRS development**

‘Bamako 2008’, the Global Ministerial Forum on Research for Health planned for November 2008 in Mali, provides an excellent opportunity to focus on providing good health policy frameworks for all countries – no matter how poor – so that health research can take its proper place as a keystone for development. The Global Ministerial Forum is a joint initiative of WHO, World Bank, Global Forum for Health Research, UNESCO.

# Changing views and needs for health research communication in low and middle income countries

***The research communication programme of COHRED and Makerere University Institute of Public Health is a joint learning activity. It aims to better understand the needs and challenges for health research communication in developing countries and use this understanding to enhance the impact of research on health, equity and development.***

Jennifer Bakyawa and Michael Devlin

The way researchers and managers of research programmes view communication has gradually evolved over the past decades. Until recently, researchers saw little value in investing in communicating the findings of their research to different audiences. What really mattered, they said, is to have recognition of peers through journals and conferences. While many researchers are still of this opinion, a growing number of them – especially those working in development – recognise that if they do not engage more actively with the potential users of their research, little, if any, of their thinking will create real change. The idea of ‘communication’ is also evolving from that of publication and promotion, to partnership, engagement and mutual learning – between researcher and ultimate beneficiary of research. There is an increasing recognition of the value of ‘brokers’ to transfer communication between health researchers and potential research users. Interdisciplinary collaborations could profitably extend to the theory, design, and evaluation – not only of research – but also of health research communication strategies.<sup>1,2</sup>

Another driver for change in science and health research communication is increased public awareness and effectiveness of civil society organisations in demanding research and early reporting, and the impact they have on research budget allocations and ethical aspects of research done. This has happened especially in the United States, less so in Europe, and to and even lesser extent in developing countries. Although in some of the ‘innovative developing countries’, NGOs are increasingly becoming a player – both in producing communication and demanding it.

Advances in communication of research, policy analysis and scientific studies offer an extensive range of theoretical and empirical perspectives to draw on. But there are no reports of successful communication strategies in the health research sector in Uganda.<sup>3</sup> “There are few communication avenues in Uganda for health research. Few researchers are confident enough to disseminate their findings,” says Dr. Christine Ziraabamuzale, Head of the Department of Community Health and Behavioral Sciences at Makerere University Institute of Public Health (MUIPH). Perhaps, the REACH initiative in East Africa is a first deliberate attempt to create communication on health and health research between researchers and policy makers. Beyond this, there is very little work done on using research communication ... *to make research work for everyone.*

The Council on Health Research for Development (COHRED) and the Makerere University Institute of Public Health MUIPH are piloting a health research communication activity that aims to understand and optimise research communication as the catalyst in health research for development. The project intends linking the core actors in the research process to create a ‘feedback loop’ – from question, to research, to action, to evaluation, to new question. The project, which will be upgraded to a programme in 2007, given its early successes, brings the

1 The Lancet Publishing Group; Reorienting health research communication (Comment) [www.accessmylibrary.com/coms2/summary/0286-11380603](http://www.accessmylibrary.com/coms2/summary/0286-11380603)

2 Rose S; Challenges and strategies in getting evidence-based practice into primary health care—what role the information professional; [www.pubmed.gov](http://www.pubmed.gov)

3 Information gathered from interviews and consultations in 2006 and a scan of communications activities in Makerere University Institute of Public Health and Medical School, and a number of researchers and one civil society organisation in Uganda.

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research process closer to policy makers, communities (a term which includes various user and interest groups), the media and other researchers.

This is a joint learning activity between COHRED and Makerere. It aims to better understand the communications needs and challenges for developing country health research institutes – and to promote opportunities for learning and capacity building between them. A Ugandan coordinator is attached to the MUIPH to facilitate the process of problem solving and communication strategy development for the Institute. The process is guided by a cross-departmental advisory group.

In its start-up phase this year, the MUIPH investigated how the Institute communicates research internally and externally. It highlights ways in which it can evolve from today's loosely coordinated and irregular activity to become a core strategic priority for the institute.

The strategy and action plan process is informed by interviews with key informants – research programme leaders, managers, external stakeholders – and several focus groups. The groups brought together research project teams and researchers on topics, including: how the Institute can better manage its information and harvest the knowledge it generates; how to better link with users of the research as a part of the project cycle; and what kinds of information products and services can best inform and influence potential users of the research. Members of the media, communities<sup>4</sup> and policy makers were also engaged to better understand how they can be linked to Makerere's research process.

These investigations reveal a number of important issues<sup>5</sup>:

- Researchers, media and communities are trying to reach each other but these efforts are ill coordinated.
- There is a strong desire among the researchers and managers in the Institute to understand how the different parties receive and pass on information to other groups.
- The media is a powerful ally that public health professionals are not using.
- Members of a community can be active participants in health research. If properly prepared they can support researchers, for example, by looking critically at the local situation and questioning why certain things are (or are not) happening.

The real proof of the enthusiasm for this project will be in its implementation and the degree to which the Institute's management is prepared to invest in new approaches that these consultations are highlighting. As it moves forward in 2007, the project team is synthesising results of the first year's investigation and engaging with other institutes interested in learning from this experience.

The 'upgrading' from project to programme means that the learning done with MIUPH can be transferred to other institutes and countries – initially in East Africa. From there, we expect to grow a 'community of practice' to provide professionals with direct access to others' experiences, to improve research communication as a key competency of national health research systems, and a crucial component of health research for development.

4 A community is seen as any group of people with a common need in health or health research (e.g. mothers, members of a profession, workers in a specific sector, etc.).

5 COHRED Record Paper on research communication in preparation documents these experiences.

# Health Research Web

***Health Research Web is a new knowledge platform initiated by COHRED in 2006 to provide essential information on health research systems at country level. It is intended to evolve into an authoritative resource on health research for low and middle income countries that is used, owned and enhanced by its users. It is a tool for development agencies to engage more responsibly and effectively with health research in low- and middle-income countries; and one for health researchers to increase their accountability and relevance to health priorities.***

Carel IJsselmuiden

## **The vision: COHRED facilitated – user owned**

Health Research Web is a new service that aims to provide access to detailed information on health research systems in low and middle income countries. It is a response to needs expressed to COHRED – by country partners, health research professionals and donor agencies – for more, better and updated information on health research systems and management at the regional and country level.

Today there is no organised access to information on health research in low and middle income countries – that can be used by the government, research sector, and other potential users – to learn from own experiences in developing their health research systems, policies or programmes. Likewise, development and donor agencies lack an overview of others' funding activities to improve the quality and focus of their health research activities in low income countries. Northern researchers, looking for research partners in low and middle income countries, usually work with a small number of institutions, as there is no systematic source of research capacity in developing countries that exists for the developed world. And, 'organised civil society' – including NGOs involved in research, science academies, research councils, or professional organisations – has no way of holding government accountable for progress in developing national research systems, institutions, and policies.

Currently in its pilot phase, Health Research Web contains basic health research information from countries across Africa and Asia. This includes key contacts in ministries, universities and medical research councils. It also posts papers and studies on national health research – many from the COHRED archives of past work on Essential National Health Research in these countries. This is a starting point – made with minimal resources to help COHRED better understand how to build this platform, and how to best increase ownership of the data by countries – and other users whose information appears in Health Research Web.

For this small beginning, Health Research Web is now ready to be scaled up. As it grows the platform will expand its services and the depth of information offered. As more information is added, it will allow for critical comparative analyses that assist countries to: see how they perform; document 'best practices' and create specialised areas of knowledge – for example, on 'managing' national health research systems, or on measuring health research system performance.

## **Review and quality assurance**

COHRED's concept for Health Research Web is to offer the technical platform and manage the editorial process, collaboratively with users. The content remains a global public good that is owned by those who contribute and use it. The design of Health

Visit Health Research Web on  
[www.cohred.org/HealthResearchWeb/](http://www.cohred.org/HealthResearchWeb/)

All comments, opinions,  
contributions, and offers of support  
and partnership are welcome.

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Research Web is inspired by 'Wikipedia' which demonstrates the incredible capacity of the web to enhance global learning – provided there is a platform and a solid and transparent editorial system.

Part of the quality of Health Research Web will be assured by engaging national individuals and institutions in the provision, validation and verification of the information contained. As country pages grow, it is expected that they will retain a common core of information, but also bring specific local content about a country's current health research situation.

The first stage of country partnerships is planned for 2007. We have an agreement with the National Institute of Public Health in Vientiane, Lao PDR, to help kick-start data collection in Southeast Asia. The COHRED-NEPAD memorandum of agreement will be used to work with African countries. For 2007 an in-depth country-based information is being activated, focusing on at least five sub-Saharan countries and possibly more. Collaboration with WHO-AFRO and PAHO is also being negotiated.

### **Health Research Web: donor mapping – example of a tool for activating the Paris Declaration in relation to health research.**

Health Research Web is created primarily as a resource for and by countries. At the same time, the international donor community is also an important group that can benefit directly from higher quality information about health research policies and systems at country level. Health Research Web aims to provide information that encourages better coordination and increased effectiveness of donor programmes – and the opportunity for better alignment of donor programmes with local health research needs and national priorities. Sida/SAREC is the first donor agency interested in funding this part of Health Research Web. A 5-country- 8 donor project is expected to start in 2007.

In a next phase, with much more data available on health research systems, Health Research Web will evolve into an analytical and policy shaping tool. It will provide inputs for real-time meta-analysis – across-regions and countries. Some analysis will be done by COHRED. But the core information will be available as an international public good to all who need to use it.

These comprehensive services – and more – are not yet available today. Six months into the life of Health Research Web, it is still a 'static' website. But, do not judge it on what you see but on its potential. If the growth of the Wikipedia is anything to go by, the extent and utility of Health Research Web will increase exponentially – becoming a unique resource to let health research work for development!

Wikipedia is the global  
encyclopedia that can be accessed  
at [www.wikipedia.org](http://www.wikipedia.org)

# Responsible Vertical Programming

Ways for donors and global health initiatives to comply with the Paris Declaration on Aid Effectiveness – in the context of research for health.

***Global health initiatives and vertical research programmes seldom consider countries' specific research needs. With a slight change in perspective, they can bring lasting improvements to national health research systems, and still achieve their original goals.***

Carel IJsselmuiden

Health research in low and middle income countries is dependent on financial and technical support from high income countries. Without this support, the available national resources hardly pay for salaries and are often insufficient to maintain the infrastructure needed to purchase equipment and consumables.

Northern support for health and medical research is often tied to narrow product and technology goals, prioritised by research donors or by the research institution that obtained the grant from a research sponsor. More often than not, this funding is provided with tight time constraints. While this research may focus on the host country's health priorities, chances are that it is more closely linked to global priorities, with a poor correlation to national health research needs. In addition, research support provided through developed country research institutions is usually limited to research for 'knowledge generation' – which usually does not sufficiently address policy relevant or implementation research.

Consequently, while research support provided by the North is essential for research in developing countries, it is not well matched with the research and research system needs of recipient countries, and has little appeal to health policy and decision makers in these countries.

Another way of examining this problem is not to study the focus, magnitude and limitations of northern sponsored research in developing countries, but to reflect on which studies are not done because of an absent or weak national health research system (NHRS) and on which fields of study have scarce international funding? Here are some examples of the research that was probably not sufficiently done in 2006:

- How to improve the availability and functionality of prostheses for disabled children?
- What human resources are needed to optimally develop health research in the poorest countries?
- What are the health impacts of environmental pollution in large peri-urban areas in Africa?
- How do salary levels paid by UN agencies or externally funded research programmes draw scarce human resources out of research systems in developing countries?
- To what extent do vertical research programmes encourage local scientists to remain in their countries of origin and their fields of specialisation?
- What investments do governments of low income countries need to make in 'research for health' before they start seeing benefits?
- Have the externally funded research programmes contributed to increased health equity in a country?



Generally speaking, funding is only available for so-called 'global priorities' and donor countries' areas of interest. This leaves major gaps in areas of study, including social science, health services research, environmental health research, and research – not leading to drug development – but to other interventions that are essential for appropriate health care provision.

Donor funding is essential for research to happen in developing countries, But it also has the potential to fragment and remove scarce resources available in these fragile research systems, instead allocating these funds to globally determined 'priority' research. One major cause of this phenomenon is that donors and research sponsoring organisations rarely consult each other adequately – and if they do, they remain tied to the more narrow objectives of their own funders.

The second party in the international research enterprise is the government and its academic, parastatal and non-governmental organisations involved in health research. In many low-income countries – judging by the evidence used for policy change – government departments focus on international (often WHO endorsed) evidence and not necessarily on local evidence. As a result, governments do not create an environment in which research for health can flourish: one example is the very low number of countries that provide a minimum of internal resources (e.g. 2% of core health programming budget, for example) to establish at least a core of a research infrastructure.

On their side, few countries make it easy for outside research sponsoring agencies to explicitly align with national health priorities. Few countries have the core components of a 'national health research system' in place. This core includes: 1) credibly and inclusively prepared **health research priorities**, that are regularly updated and aligned with national health priorities; 2) a **health research policy framework** – within health or jointly with the science and technology sectors – that addresses the basic issues of funding, focus, accountability, and capacity building; and 3) a mechanism or structure to **'manage' the health research done by and in countries** so that it is relevant, excellent and locally sustainable.

The essence of COHRED's **'Responsible Vertical Programming'** initiative is to bring together these two sides of the same problem. This will enhance donors' and research sponsors' ability to align with national health research priorities. It also allows countries to optimise the use of research to produce not only products and technologies, but also health equity, increases in research system capacity, and socio-economic development.

'Responsible Vertical Programming' can be seen as a way to put in to practice the **Paris Declaration on Aid Effectiveness** of 2005 in the context of health research. In its work in this area, COHRED develops methods and approaches with partners to help understand how global health initiatives and 'vertical research programmes' can – with minor modifications – optimise the capacity of the national health research systems with which they interface. In this way, a 'vertical' programme that is put in place 'responsibly' can achieve its goals and strengthen the counterpart national health research system at the same time. And achieve this – without necessarily increasing the cost to deliver on their primary focus: disease or condition-specific product and technology development.

This is the challenge for all partners involved in health research. It is not only the product but also the developmental potential of health research that is core to development.

# Priority setting for health research – accumulating global knowledge through a ‘learning spiral’ approach

***The key to effective health research priority setting is not so much the tool but the ongoing process of managing action and measuring progress. COHRED is starting a ‘learning spiral’ that will encourage global learning in this field by all involved in health research priority setting – especially in low and middle income countries.***

Sylvia de Haan, Michael Devlin, Gabriela Montorzi

Priority setting for health research remains a key strategy to ensure that research investments focus on countries’ priority health concerns. But despite general acknowledgement of the need for countries to set clear research priorities that support national public health goals, there are few documented success stories.

Most literature focuses on methods and tools used to set institutional or national priorities. But priority setting can only become an effective catalyst for change if the focus shifts from methods and tools to defining a process for managing and measuring the progress of national health research directions.

Given the absence of a structured ‘body of knowledge’ on health research priority setting, health research managers can tap experiential knowledge gained elsewhere to better understand how they can best set, implement, update and keep alive a health research agenda in their own countries. A great source is the experience of colleagues in other developing countries – or in high income countries, for that matter – that have put in action approaches that fit their national realities. To succeed, these professionals require practical knowledge in areas, including: how to deal with inequity in resource allocation in situations where available resources cover only part of the priority agenda; ways of avoiding inequity in the priority setting process; and how to find a balance between priorities arising from social demand (communities, media), from scientific evidence and of ‘unheard voices’; and how to have a good interface between national and international agendas. The problem is, there is no place in the world where this experience is convened to become useful to others.

In 2007, COHRED will attempt to mobilise access to experience and knowledge between countries by testing a *learning spiral* approach for priority setting. The goal is to help health research managers fill knowledge gaps by connecting them to the expertise of counterparts in other locations.

This approach includes structured discussions (on-line or face-to-face) between experts and practitioners. Interactions are ‘validated’ – or reviewed – in an agreed process to ensure that the information presented is objective and of a high standard of reflection. The learning process will actively engage experts in a structured discussion. These experts can be anyone who has actively managed a priority setting process in his or her institution or country. The goal of this mutual learning is to produce information that is balanced and useful. It does not seek to reach consensus, although this may arise.

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The key aspects of the learning spiral currently being explored are:

- How to best engage partners in learning and sharing of experience; and what can be practically achieved in a mix of electronic and face-to-face interactions and consultations?
- What formats for learning, sharing and synthesis of information are most effective?
- What skills do COHRED project leaders need to maximise learning with partners in their work?
- What process should be employed to ensure that information resulting from learning exchanges is of a high standard? This includes mechanisms for reviewing summarised information by expert groups; through an internal peer review; posting and commenting on summarised information in a web area or using the editorial processes inspired by 'Wikipedia' to support an objective focus.

The validated information generated through these interactions will take various forms, to be prepared at appropriate learning points in a spiral. Some outputs will be experiences posted in a web learning space. Others will be discussion papers, peer reviewed articles or practical materials such as manuals or guidelines.

But the real added value of this approach lies beyond published outputs. It is the new relationships built between a widening group of experts as they examine new aspects of priority setting and seek experience from one another.

As one country expert commented in a recent COHRED-facilitated learning session on priority setting: *'Setting priorities is about power, willingness, leadership and money'*. COHRED believes that access to validated experiential knowledge will help to better understand power relations, people's interests and strategies for resource allocation. This will result in a credible resource of good practice that provides leaders with ammunition they need to gain broad commitment for priority setting processes – to improve health and well-being in their countries.

In line with its character as an 'enabling' organisation, COHRED will offer the platform for this global learning to happen, and will facilitate the quality control process. The content and body of knowledge will be a shared public good, belonging to all those contributing in this field, worldwide.

# Research for health in Latin America

***Health research has not been considered a priority in the health reform plans of most Latin American countries and investment in the sector is generally lower than it should be. Recent political developments and the emergence of regional leaders in the sector are an opportunity for health research to gain momentum in the region.***

Suzanne Jacob Serruya, Ernesto Medina, Sylvia de Haan

In the report on the State of Science presented by the Iberoamerican Network on Science and Technology Indicators in 2006<sup>1</sup>, the investment of Latin American and Caribbean countries to Science and Technology (S&T) is estimated at 1.3% of the world's S&T investment. This figure for 2003 showed a decrease compared to 1.6% in 1994. Four countries in the region – Argentina, Brazil, Chile and Mexico – contribute 90% of total S&T investment of the region. The study results also indicate a positive relationship between the S&T investment (as a percentage of GDP) and the Human Development Index of the country as elaborated by UNDP. Countries such as Honduras, Bolivia and Nicaragua find themselves at the negative end of this correlation.

It is expected that the investments in health research follow a similar trend to S&T. This illustrates the limited contribution, in terms of financial investment, of the region to global S&T, but also shows the big disparities between countries within the region. To date, in most countries of the region, health research has not been considered a priority in the reform plans of the health sector. The recent political move to the left in many Latin American countries (Argentina, Bolivia, Venezuela, Nicaragua and Uruguay) show governments with a stronger commitment for investment in social sectors, including health and education. This opens a new opportunity to raise awareness of the importance of health research for the development of sustainable health systems, focused on priority health issues and on the need to increase national investment in the research systems.

In addition to the political commitment needed to advance research for health, it is important that countries 'manage' their health research portfolio – just as they manage other resources for equity and development. A well managed research system supports the development of national health research policies; it guides an inclusive priority setting process and ensures that human and financial resources are available to address the agenda. In shaping a national research for health agenda, flexibility is also needed to address economic, political, social and cultural differences between countries. Effective research communication is yet another facet of a well managed national health research system.

<sup>1</sup> RICYT, See:  
<http://www.ricyt.edu.ar/>

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Brazil is a good example of a government that has initiated many activities to better manage its health research system. Until 2003, there was no national policy for science and technology in health, and no priority health research agenda. The choice of health research topics was left mostly to scientists. Consequently, the Ministry of Health rarely influenced major decisions in health research investments and priorities despite the fact that the resources for health research were predominantly provided by the public sector. In 2003, health policymakers decided to give more importance to health research and transform the old scenario.

A Department of Science and Technology was established within the Ministry of Health. National policies for Science, Technology and Innovation in Health were developed, based on the principles of health equity and ethics. A national agenda for health research was also developed to engage policy-makers from different sectors (health, education and Science and Technology), researchers and members of the community. These reforms have placed the Brazilian Ministry of Health at the center of health research in the country. Its role now extends from identifying research priorities to developing approaches for encouraging use of research-based information. A key challenge for Brazil is to ensure that this new approach remains the accepted practice for defining and managing nation health research.

As part of its commitment to regional development, Brazil's expertise and experience benefits other countries in Latin America, and even in lusophone Africa, for example by collaborating on reviews of areas where changes and improvements can be made and in generating joint action following the review. 'South-to-south collaboration' in the region is a strategy that can advance research for health in the entire region. Likewise the current political changes in Latin America can provide additional impetus to advocate and work towards increased investments in research for health, both from national, international and regional sources.

# Organisational information



## COHRED Board

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Tribhuvan University Teaching Hospital  
NEPAL  
*Programme Development Committee*

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Senior Social Scientist  
Head, Poverty and Health Programme  
& Social and Behavioural Sciences Unit  
Public Health Sciences Division  
International Diarrhoeal Disease  
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Bangladesh (ICDDR,B);  
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SWITZERLAND  
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Clinical & Intervention Epidemiology ;  
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Technical Director and Infectious  
Disease Advisor,  
Africa's Health in 2010 project  
DEMOCRATIC REPUBLIC OF CONGO/  
USA  
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*Fundraising Committee; Selection and*  
*Recruitment Committee*

**Annalize Fourie\***  
Health & Education Advisor  
Irish Aid  
SOUTH AFRICA

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Director of COHRED  
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*Ex-officio member of the Board;*  
*member of all Standing Committees;*  
*Chair: Fundraising Committee*

**Dr. Suzanne Jacob Serruya\***  
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Science, Technology and Strategic  
Inputs Secretariat  
Brazilian Ministry of Health  
BRAZIL

**Prof. Marian Jacobs (Chair)**  
Dean: Faculty of Health Science  
University of Cape Town  
SOUTH AFRICA  
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*Committee*

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Rector of Kazakhstan School  
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REPUBLIC OF KAZAKHSTAN  
*Human Resources Committee*

**Dr. Daniel Mäusezahl**  
Senior Health Advisor  
Social Development Division  
Swiss Agency for Development &  
Cooperation (SDC)  
SWITZERLAND  
*Human Resources Committee*

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

**Prof. Ernesto Medina**  
Center for Infectious Diseases  
Faculty of Medicine  
National Autonomous University of  
Nicaragua  
NICARAGUA  
*Vice Chairperson of COHRED Board;*  
*Chair: Budget and Finance Committee;*  
*Member of the Executive Committee*

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High Representative  
EDCTP - European and Developing  
Countries Clinical Trials Partnership  
The Hague  
MOZAMBIQUE

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Grupo de Estudios en Economía  
Organización y Políticas Sociales  
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**Dr. Donald Simeon\***  
Director  
Caribbean Health Research Council  
TRINIDAD & TOBAGO

**Dr. Aissatou Toure Balde\***  
Head, Laboratory of Parasite  
Immunology  
Institut Pasteur Dakar  
SENEGAL

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

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\* Denotes new members elected to the Board  
at the October 2006 Board meeting.

### COHRED staff in 2006

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**Prof Carel IJsselmuiden**  
Director  
South Africa/Netherlands

**Dr Martine Berger**  
Senior Advisor  
France

**Ms Valérie Depensaz**  
Senior Administrative Officer  
Switzerland  
(until June 2006)

**Dr Andrew Kennedy**  
Senior Research Officer  
United Kingdom

**Ms Jennifer Bakyawa**  
Project Coordinator  
Communication and  
Research  
Translation  
Uganda

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

**Ms Nadia Giacobino**  
Administrative Officer  
Switzerland  
(since March 2006)

**Dr Gabriela Montorzi**  
Process Officer  
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**Mr Michael Devlin**  
Head, Knowledge Sharing,  
Advocacy and  
Communication  
United Kingdom

**Dr Zarina Iskhakova**  
Project Coordinator Tajikistan  
Tajikistan  
(until 31 December 2006)

**Ms Claudia Nieto**  
Research Officer  
Colombia

### COHRED 2006: Publications and Key Outputs

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#### 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)

**Record Paper 2** - Positioning COHRED for another relevant decade; Summary of Strategy Think Tank ISBN 92-9266-004-9

**Record Paper 3** - Can communities influence national health research agendas?  
ISBN 92-9226-005-7

Author: Collaborative paper authored by 16 experts from 12 countries (authors listed in publication).

**Record Paper 4** - Research for Health in Tajikistan: Strengthening the National Health Research System.  
ISBN 92-9226-007-3

Author: de Haan, S; Iskhakova, Z.

**Record Paper 5** - What factors influence national health research agendas in developing countries?  
ISBN 92-9226-005-7

Author: Ali, N.; Hill, C.; Kennedy A.; IJsselmuiden C.

**Record Paper 6** - Supporting Health Research Systems Development in Latin America  
ISBN 92-9226-005-7

Author: Collaborative paper authored by 16 experts from 9 countries (authors listed in publication).

#### COHRED Working Papers

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

**Working Paper 1** - Priority Setting for Health Research: Toward a management process for low and middle income countries; country experiences and advice.  
ISBN 92-9226-008-1

Author: Collaborative paper authored by 11 experts from 9 countries (authors listed in publication)

#### National Health Research

Briefings that synthesize action points, from studies and research, on improving research for health in countries.  
[www.cohred.org/publications/national\\_health\\_research.html](http://www.cohred.org/publications/national_health_research.html)

**Issue 1** - What factors influence health research agendas in developing countries?  
ISBN 92-9226009-X

**Issue 2** - How can health research be better integrated in poverty reduction strategies?  
ISBN 9292226-012-X (in preparation)

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### **COHRED Research for Health Briefing**

e-bulletin that provides synthesis and comment on current issues on the international health research agenda. [www.cohred.org/briefing/COHRED\\_Briefing.htm](http://www.cohred.org/briefing/COHRED_Briefing.htm)

**Briefing 1** -A call to action: Clarifying the World Health Organization's role in research for health. Summary of two items discussed at the WHO Executive Board

**Briefing 2** - WHO World Health Report 'HR-HR' – Human Resources for Health Research - a neglected area of Human Resources for Health?

**Briefing 3** - Debate on Health Research at the 59th World Health Assembly.

### **Joint COHRED Global Forum for Health Research policy series**

**Why health research?**

ISBN 92-9226011-1

IJsselmuiden, C.; Matlin, S.

Research for health policy briefing.

### **Informal publications and reports**

**Informal consultation on National Health Research Systems Analysis in the Western Pacific Region**

Consultation on National Health Research System analysis – Cambodia, Mongolia, Philippines, Viet Nam  
Joint COHRED/WHO publication: WHO Report Series number RS/2006/GE/46/(MAA)

**HR-HR' Human Resources for Health Research Final report of expert consultation Human Resources for Health Research: An African Perspective.**

Joint report of COHRED, Global Forum for Health Research, African Medical and Research Foundation (AMREF), EQUINET, ACOSHED, African Health Research Forum, IDRC. Report compiled by COHRED and AMREF.

### **COHRED Sessions at Global Forum 10, Cairo**

PAPERS

**National Health Research Mapping Study**

Bahrain, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Tunisia, United Arab Emirates, Yemen.

**Review of the 49 existing Poverty Reduction Strategy Papers from a health research perspective** - Keane, J.; Kvinikadze, G; O'Hara, J; Palekar, S; Kennedy, A; IJsselmuiden, C.

**National Health Research Systems Development**

Perspectives from Cameroon, Central Asia, China, Gulf Cooperation Council States, Laos, Trinidad and Tobago, Viet Nam

Ongolo Zogo, P.; Ahmedov, M.; Chen, J.; Choja, T.; Kounnavong, S.; Simeon, D.; Vu Anh, L.; Montoya, J.

**Improving Health Research Communication: a capacity building approach for researchers, media and policy makers**  
Bakyawa, J; Cofie, P.; Devlin, M.; Gasa, N. ; Mbondji Ebongue, P.; Varsheny, V.

POSTERS

**How can health research be better integrated in poverty reduction strategies?**

**Priority setting for health research:**

A management process for countries

**Strengthening national health research systems:**  
a flexible approach for countries

**Improving Health Research Communication:**  
a capacity building approach for researchers, media and policy makers

### **Publications in preparation from 2006 workplan**

**Central Asia health research system mapping and regional consultation**

COHRED Working Paper

**Innovative approaches to funding health research, the case of the World Bank**

National Health Research

An approach for improving research communication.

COHRED Record Paper

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

The COHRED Open Archive contains 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 the COHRED Learning and Publications area contains all past COHRED publications - some 400 documents and reports on Essential National Health Research and health research in developing countries.

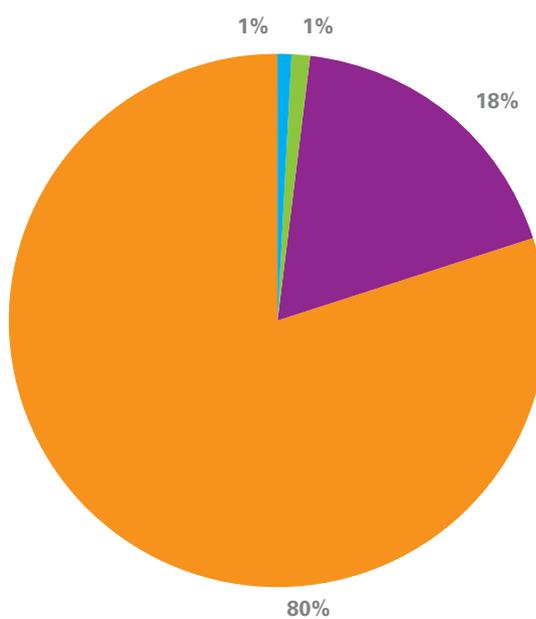
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Financial Statement

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Income

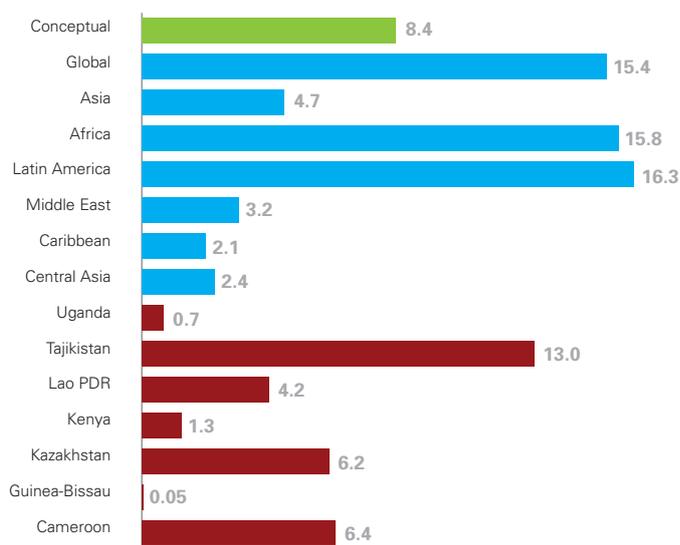
Donor	USD	%
Core grants	1 380,725	80
Project grants	311,482	18
Interest income	15,990	1
Other income	17,426	1
<b>Total</b>	<b>1 725,624</b>	<b>100</b>



Difference between income and expenditure amounts (on facing page) relates to delays in implementing two major projects which will be completed in 2007.

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## Expenditure by country

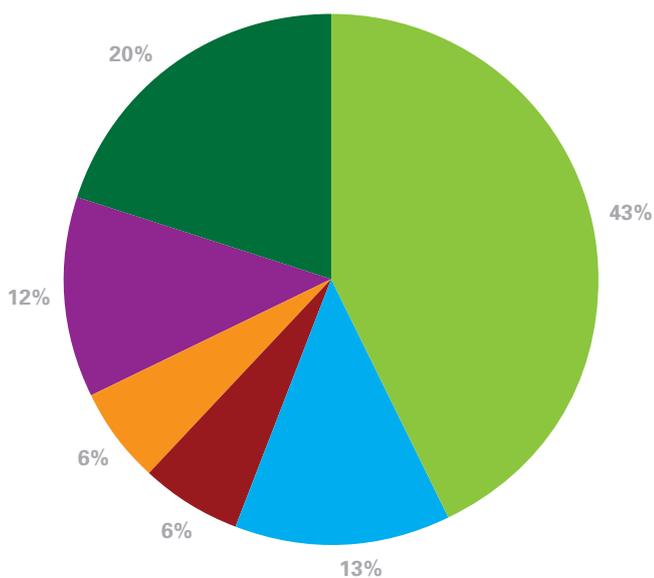


Direct costs: Salaries are not included. In 2007 COHRED financial system will allow to calculate percentage of salaries per country/region

## Expenditure by Strategic Objective

1 January to 31 December 2006

Strategic objectives	USD	%
National Health Research Systems	599,843	43
Making the case for HRFD	190,934	13
Southern Ownership	90,518	6
Partnerships	91,609	6
Other	175,175	12
Organisational maintenance	289,045	20
<b>Total</b>	<b>1 437,124</b>	<b>100</b>



## Abbreviations used

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ACOSHED	African Council for Sustainable Health Development
AfHRF	African Health Research Forum
AMREF	African Medical Research and Education Foundation
CERVE	Centre d'Etudes sur les Ressources Vegetales (Congo Brazzaville)
CHRC	Caribbean Health Research Council
CNRFP	Centre National de Recherche et de Formation sur le Paludisme (Burkina Faso)
COHRED	Council on Health Research for Development
DfID	Department for International Development (of the UK)
EMRO	Eastern Mediterranean Regional Office (of the WHO)
GCC	Gulf Cooperation Council
Global Forum	Global Forum for Health Research
GHW	Global Health Watch
HRfD	Health Research for Development
HR-HR	Human Resources for Health Research
IDRC	International Development Research Centre (Canada)
ILO	International Labour Organisation
KSPH	Kazakhstan School of Public Health
Lao PDR	People's Democratic Republic of Laos
LIC	Low Income Country
MOA	Memorandum of Agreement
MoH	Ministry of Health
MOU	Memorandum of Understanding
MUIPH	Makerere University Institute of Public Health
M&E	Monitoring and Evaluation
NGO	Non Governmental Organisation
NEPAD	New Partnership for Africa's Development
NHRS	National Health Research System
NHRsA	National Health Research System assessment
NIOPH	National Institute of Public Health (Laos)
PAHO	Pan American Health Organization
PRSP	Poverty Reduction Strategy Paper
RCS	Research Capacity Strengthening
REACH	Regional Capacity for Evidence-based Health Policy in East Africa
SDC	Swiss agency for Development and Cooperation
Sida/SAREC	Swedish International Development Agency
STI	Science, Technology and Innovation
S&T	Science and Technology
TDR	WHO Tropical Diseases Research programme
UK	United Kingdom
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization ...
UNHCR	United Nations High Commission for Refugees
WHO	World Health Organisation
WPRO	Western Pacific Regional Office (of the WHO)

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