Council on Health Research for Development (COHRED)

Annual Report 2005

Supporting national health research systems in low and middle income countries

New approaches and fresh thinking

- Why research management is important for health
- Beyond tools: strengthening the processes of health research system building
- Country-based research communication as an integral part of research system support

Making health research work... *for everyone*

www.HealthResearchForDevelopment.org

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
- to generate economic and social prosperity
- We prioritise the poorest countries, regions and populations

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1. Introduction

From the Board Chair

COHRED: promoting ownership and conditions for health research to flourish in low-income countries

Sixteen years after the publication of the report of the Commission on Health Research for Development, the recommendations of that commission remain unfulfilled.

In the intervening years, many conferences, workshops and fora on the matter have generated important charters and plans, some of which have been taken up by national, regional and global agencies. Yet in 2006, in most of the poorest countries of the world where the burden of death and disease is highest and health systems are least responsive, there are still almost no indigenous health researchers, nor is there significant health research capacity or culture.

This same period has been witness to three major phases in the progress of the Council on Health Research for Development (COHRED). In the first decade, COHRED played a vital role as an advocate for one of the commission's recommendations on essential national health research. Elaborating this philosophy of equity in health research, COHRED facilitated a global network of developing countries with nodes of advocacy for ENHR. It also strengthened components of national health research development, in particular, building capacity, promoting community participation in health research, setting priorities for research and identifying obstacles to financial resource mobilisation.

While these strategies, characterised as the "tools" of ENHR, were applied widely, instances of completing the cycle from advocacy, through tools, to the establishment of strong national health research systems was sporadic.

At the end the first decade, COHRED entered a phase of review, consultation, environmental scanning, and most importantly, of looking at national health research achievements, especially in low-income countries. This process resulted in reaffirming our belief that country-level interventions are crucial to promote health research for development; and that investment in the conduct of health research by nationals needs to be complemented by the strengthening of national systems able to govern, promote, manage and apply such research. This phase of review also gave strength to our conviction that building effective health research in poor countries needs the support of global agencies able to redirect resources, promote collaborations, advocate for fair research management policies and provide opportunities for discussion and monitoring of progress.

On a foundation of thirteen years of privilege of working in this field, based on all the available evidence, and mandated through wide-ranging national and regional discussions, COHRED has entered its third phase, in which our major contribution to health research for development is clearer than ever before. It is to promote conduct and ownership of indigenous health research in low income countries, and to support the related elements of national health research systems which provide an environment in which such research can flourish and be relevant to health, science and to overall human, social and economic development.

A few important strategies through which this can be achieved are already high on COHRED's agenda of action. Focusing on the country level remains paramount, and despite paucity of organisational resources, the partnership with several low-income countries is yielding real action, which is outcome and impact oriented. While advocacy remains an important element, the process has been extended far beyond use of 'tools' to include comprehensive systems support.

COHRED has also embarked on an exploration of national opportunities for undertaking and supporting health research through existing development initiatives. Calling on agencies concerned with (among others) development programmes related to vaccine development and distribution, priority diseases and poverty reduction to link these to research needs, COHRED has made good progress in initiating interest and also conducting preliminary research to determine potential

National health research development is the core, but facilitating an alliance of the most-affected countries with one another is crucial, not only for strength in numbers, but also for strength in the voice of the development 'south' in the portals of global power. Linking low-income countries with middle-income countries in the 'south' has strong potential for empowerment and COHRED is playing a role in facilitating this alliance, as well as the further link with supportive global institutions.

Professor Marian Jacobs
Board Chair

Ensuring such a seamless connection between efforts at country level, with those at regional and global levels remains an essential component of the broader global movement of health research for development, and COHRED and the Global Forum for Health Research are primary partners in this endeavour. The past two years have been witness to systematically building a strong portfolio of strategic collaborations between us, and discussions towards securing and sealing this partnership are well under way

Beyond COHRED and the Global Forum, there are other regional and global agencies which also have important complementary roles to play in this arena, and long-term impact will rely on securing such links. Reaching consensus on the form and scale of the global architecture in which health research for development can be sustained is therefore not only a challenge for defining the bonds between COHRED and the Global Forum, but a challenge for us all.

Marian Jacobs

Director's Comment

Prof. Carel IJsselmuiden
Director

COHRED : a southern alliance with key northern partners

The re-design of the work of COHRED over the last two years resulted – of course – in new activities and a fresh look at how we could best serve the cause of 'research for development'. This annual report shows not only that our budget is increasing substantially, but that the number and diversity of activities is growing; as are the initiatives and partnerships through which we can further country-based support for research for health.

One of the key realisations in redesigning how COHRED will operate resulted from reflection on who we are actually representing as an 'international non-governmental organisation'. The history of COHRED's establishment shows a very collaborative effort between 'northern sponsors / donors / development partners' on the one hand, and key researchers and policy makers from the developing world. From the Task Force on Health Research for Development to COHRED, an organisation was established with a Board of which at least two-thirds of members came from developing countries.

During this year, we added momentum to this. Not only do we want to have a board with a majority membership from developing countries, we also want to ensure that the way in which COHRED operates shows that it is low- and middle-income countries that are our real constituencies. As a result, COHRED in a few years' time will work as a 'decentralised' organisation mostly through partnering with and strengthening organisations in the south with which we share vision, values and strategic objectives. In 2005, we considered how to do this 'in general'.

In 2006 we will take this forward to specific proposals for Africa, Latin America, Central Asia, and, hopefully, South-east Asia, jointly developed with partners from these regions.

Of all the 'global health partnerships' examined in a study commissioned by the Antwerp-based Prince Leopold Institute in 2005, only 2 out of 40 have a board with a majority membership from developing countries. This fell to only 1 of 40 following the change of status of one of these organisations to be integrated into the World Health Organization.

COHRED is therefore the only organisation that focuses on health research for development that is 'controlled' by the south. The question is : does it matter? We believe it does. We believe that it is important for the south to have a separate and clear voice in how global and local research for health is used to impact on health, equity and development. For example, we think that the south is more interested in long-term research system building than short-term product development – or at least to do both at the same time; that capacity building, technology transfer, and use of intellectual property rights are considered from a very different angle – one that focuses on economic and other development potential for the 'south'; and that the ways in which research funds are employed reflect too much individual donor or research sponsor interests and too little the health research priorities in low and middle-income countries.

Yet, it is clear that a mutually respectful partnership of south and north is needed, one that allows sufficient interplay between the interests of each. The 'key northern partners' are those that understand the delicate balance between northern capital and expertise and southern need for self-determination and development. This is the COHRED that started developing this year and that will continue to grow in the future together with key partners – south and north.

Carel IJsselmuiden MD, MPH, FFCH
Director, COHRED

COHRED Supports National Health Research Systems

The Council on Health Research for Development (COHRED) is an international NGO and a global partnership of national and regional actors in research for health. It is dedicated to supporting low and middle income countries in strengthening their health research systems. COHRED is the only international NGO in the health research environment with a statutory requirement that a majority of board members come from developing countries. We are a 'southern alliance with key northern partners'.

Core services and activities

The Council on Health Research for Development (COHRED) provides support for building and strengthening national health research systems, and for creating the conditions conducive to excellent and relevant research for health. We are active at several levels:

- **At country level,** which is our core focus, COHRED provides technical support, learning opportunities, facilitation, some funding, knowledge brokering, technical support and connecting resources to support country-based actions. We work at the request of partners - all those who have a role to play in making national health research work: government, research institutions, organised civil society, and donors / development partners / research sponsors. Although we concentrate on the health sector, we try to ensure that research for health is linked to the education, development, and science and technology sectors as appropriate. COHRED's approaches to health research system building are developed, validated and updated, together with country specialists and global expertise. *(See description of activities page 5).*

- **At the regional and global level,** COHRED provides advice, facilitates the sharing of experience between countries and professionals through communities of practice, formal training, networking and 'think tanks' and engages in advocacy to promote a sharper focus on health research and health research systems as a key route towards better and sustainable health and health equity. Global advocacy is done jointly with the Global Forum for Health Research and with other partners listed in this section.

The end result of these interactions is the creation of an environment that facilitates the definition, building, managing and implementation of health research systems in countries that can deliver the research support needed to speed up health, poverty reduction, specific disease control, and health equity. ■

Overall Achievement in 2005

In 2005, COHRED managed some 70 projects of different size and scope. Roughly 50 are involved in the core COHRED activity of supporting countries or working with partners to improve research for health. The other projects focus on repositioning COHRED to take on its new, extended role: development of policies, monitoring and evaluation, organisational learning and governance. Most projects progressed as planned. Details are given in the table starting on page 6. Some planned activities have not worked out for various reasons, and are also listed below. We have also initiated actions in 2005 that will only start delivering results in 2006 and beyond. These relate to Research Priority Setting, Responsible Vertical Programming, National Health Research System Assessment and Country-based Research Communication. Details are given in Section 3: *"Investments in the future"*. ■

COHRED: supporting national health research systems

COHRED provides a complex range of support activities to countries: governments, researchers and research institutions, communities and NGOs, and to research sponsors. The following is a schematic representation of what we have to offer:

Country-level actions

1. Support to government and governmental institutions
   - Developing or improving a national health research policy
   - Assessing national health research systems:
     - 'Mapping' (system description).
     - 'Profiling' (capacity measurement).
     - 'Analysis' (evaluation performance and gap analysis).
     - Monitoring & Evaluation of specific interventions, improvements & actions.
   - NHRS Management and Development
     - Research management (at national level vs project level).
     - Research financing (measuring resource flows).
     - Evaluation and Balancing Public-private / for-profit not-for-profit / local international health research in countries.
     - Comprehensive national health research system development plans.
   - Supporting essential functions of the National Health Research System
     - Priority setting (tools, processes, and systems).
     - Research communication (national, multi-stakeholder).
     - Managing externally sponsored research (research contracting, donor negotiation).
   - Additional support actions
     - Ethics review capacity strengthening (through partners).
     - Research capacity assessment and strengthening(with and through partners).
     - Health research leadership development (to be developed).
     - Support for 'next generation' of researchers focusing on research for health.
     - Supporting national health research fora to address health research systems and priority health research issues.
     - Making available information.

2. Donor / Research sponsor support
   - Responsible vertical programming.
   - Providing information on-line on national health research.
   - Compliance with 2005 Paris Declaration on Aid Effectiveness (in health research).
   - Technical and networking information.

3. Support to researchers
   - NHRS / research for health module for integration in training curricula.
   - Supporting the interest of the 'next generation' of health researchers in research for health.

4. Support to communities / organised civil society
   - Increase understanding of how communities can influence local or national health research agendas, and developing appropriate dissemination approaches.
   - Research communication.

Regional actions

- Networking.
- 'Think-tanking'.

Global and cross-cutting issues

- Advocacy; Global Health Research watch, 'WHO watch', critical learning papers.
- Working with the Global Forum for Health Research and the WHO, and developing alliances with others, to continue 'making the case' for research for health.

We don't do this alone, and we try to use or develop 'best practices' that can benefit anyone who wants to use them. ■

Progress against targets

Council on Health Research for Development (COHRED) Workplan 2005

1. Projects and Programmes

1.1 Countries

Project	Description	Planned deliverables 2005	Achievements 2005
Bolivia	Developing links to community-based NGOs as tool to improving health research for development. Partners: PROCOSI and the Canadian Coalition for Global Health Research (CCGHR).	Map of Canadian assistance in Bolivia; collaboration plan with PROCOSI ready.	Provided advice and input on how communities can engage in health research decision making - during a meeting with country NGOs and other stakeholders. **Participants: 15 NGO, Ministry of Health, several universities, international agencies; total 50 participants.** Awaiting action from local partner to follow-up on workshop recommendations.
Kazakhstan	Strengthen capacity of young researchers and the Kazakhstan School of Public Health, with special focus on improving health systems research and health research management.	Workshop to assess capacity building requirements. Project proposal developed based on outcomes of workshop for implementation in 2006.	1. KSPH graduates mapped district health research system in two districts as part of their masters training; 2. A consultation with **30 participants from 10 institutions** was held **(publication with lessons for regional experience, expected, June 2006).** 3. Proposal on health research for development training module being developed as a joint project with Aga Khan University (Pakistan), Chulalongkorn University (Thailand), the Kazakhstan School of Public Health, and COHRED. Implementation in 2006.
Lao PDR	Assessment of health research system needs and revising national health research priorities for 2007. Partners: National Institute of Public Health (NIOPH) of the Ministry of Health, National Health Foundation (Thailand), the University of New South Wales (Australia), and Concern Worldwide (Lao branch).	National workshop to assess priorities for health research and for strengthening the health research system. This is meant as preparatory for action in 2006.	National workshop organised with NIOPH. **Report prepared available from COHRED. Participants: 60+** Next step: focus on priority setting and defining priority areas for health research system strengthening. Consultation planned for 2006. Started collaboration in this with the Francophone institute for public health.
Nicaragua	Support further development of the national health research agenda. Partners: University UNAN-Léon, Ministry of Health (Nicaragua) and Ministry of Health (Brazil).	Health research agenda defined through several consultative workshops and reports available. Proposal for implementation phase developed.	Health research agenda defined, last workshop December 2005 with **80 participants including partners from Costa Rica**, specifically focusing on NGO and civil society involvement. Plan for implementation still needs to be developed. Core possible areas: research financing and research communication.

Project	Description	Planned deliverables 2005	Achievements 2005
Tajikistan	Strengthening the health research system to support ongoing health sector transformation.	Established study team and study protocol; data collection started; regular meetings set up; participation of study team at international meetings; operational definition of National Health Research System agreed and indicators selected.	Project coordinator appointed and organisational arrangements clarified; **first consultative meeting held with 25 participants**, from Ministry of Health, University, international agencies and with representatives from Uzbekistan, Kyrgyzstan and Kazakhstan; first health research map of Tajikistan developed.
Uganda	Revitalising national health research coordination in Uganda.	Preparation for first national meeting started; Uganda National Health Research organisation (UNHRO) or similar mechanism on road to formalisation.	Consultative meeting held with steering committee of UNHRO, has not resulted in concrete follow up activities yet. Parliamentary elections and competing activities inhibited progress. May be taken over to 2006 if there is an expression of interest.
Future country activities	Develop and update list of priority interventions for COHRED at country level for medium term.	Active list created.	List of priority countries and interventions prepared and the mechanism whereby COHRED can prioritise its work in future.
1.2 Regional			
Profiling National Health Research Systems in sub-Sahara Africa	Strengthening country capacity to engage in Essential National Health Research, integrate it into National Health - and S&T - Research Systems, and start using research to its fullest potential.	MoA with NEPAD signed; proposals for funding written and submitted to donors; staff identified; nucleus for 'COHRED Africa' identified.	Memorandum of Understanding with NEPAD signed; plans to activate collaboration for 2006 in development.
Africa: Networking for Research for Health	Attempting to generate sustainable capacity for annual regional meetings on Research for Health, and related networking activities.	Agreement on plan of action, and identified key partners.	'HR-HR' Human Resources for Health Research conference agenda developed with African NGOs, ACOSHED, AMREF, EQUINET, with African Health Research Forum, IDRC, Global Forum for Health Research with two goals: i) address the neglected area of human resources for health research (HR-HR), and ii) build sustainable partnerships to create an effective African platform for exchange on research for health in the process of developing this conference. Meeting is scheduled for 2-5 July 2006. *(See page18).*
AfriHealth / Mapping Public Health Education in Africa	Complete the AfriHealth map; link African public health education to health research programs; influence curricula to take up Essential National Health Research / Research for Health module.	Partner with African Public Health Institutions in a Pan-African public health conference, in which health research and education are main topics.	Funding secured for this event; meeting rescheduled to take place in 2006, jointly hosted by COHRED and Makerere University Institute of Public Health, Uganda.
Middle Eastern region	Define opportunities for developing a program of activities with Middle Eastern countries.	Consultation with key actors to explore opportunities and areas for collaboration; report of workshop available; proposal developed for continued collaboration.	Joint consultation organised with WHO/EMRO, COHRED and the Council of Health Ministers for Gulf Cooperation (GCC) in November 2005 in Riyadh, Saudi Arabia. **Participants: 15.** Decision by participating countries to do rapid national health research system assessments, advised by COHRED and WHO EMRO. Results to be presented and discussed at Global Forum 10 in 2006.

Project	Description	Planned deliverables 2005	Achievements 2005
Asian & Pacific Health Research Forum (APHRF)	Reviewing support for research networking in Asia, through the APHRF, focusing on promotion of health research management capacity.	Workshop on health research management and report available.	Activity did not take place; network management seems to be the core concern at this time. Can reconsider in future if demand is clear.
Caribbean	Establishing a regional priority agenda for health research. Understand local vs regional needs better, and define programme based on this.	Use April Caribbean Health Research Council (CHRC) meeting to develop proposal and outline time table.	Activity postponed to 2006; the 2006 CHRC meeting will have an added session on 'research for health' which COHRED will co-sponsor with PAHO. In addition, plans were set in motion to support a priority setting exercise in Trinidad & Tobago jointly with PAHO. All activities will take place in 2006.
Pacific Islands & small island states	Assessment of National Health Research Systems, and identification of gaps in the health research system.	Workshop including few countries (of which 1-2 Low Income Countries); project proposal for longer term collaboration developed.	Activity cancelled due to personnel changes at the level of country partners; proposal for funding was submitted but not successful. Partnership with Danish Bilharzia Laboratory started on work in small islands/states.
Future regional activities	Develop and update list of possible priority interventions for COHRED at regional level.	Active list created.	On-going.
	Develop Regional Centre/Unit/ Activities - focus in Africa and Latin America.	Decentralising COHRED activities to the regions.	Background scoping and consultation done in preparation for a Think Tank in early 2006. Logistical services (bookkeeping and website maintenance have already been 'decentralised' to South African and Sri Lanka, respectively.
1.3 Global and cross cutting activities			
Global Forum for Health Research 9, Mumbai	Follow-up on sessions organised in 2004 'Next Generation Researchers' , 'beyond the MDGs'. New theme: innovative ways of funding national health research and research systems.	Three sessions that make a difference; enhanced visibility of country perspectives at the Forum.	Parallel session on health research in Central Asia **(25 participants)**; 1 satellite meeting on community engagement in health research **(15 participants, from 10 countries)**, 1 special event on innovative funding of health research **(30 participants)** and 1 plenary session on research capacity strengthening **(50 participants)** organised; active contribution to marketplace and in program development.
Intellectual Property in support of developing countries	Development of teaching module on intellectual property rights aimed at developing country researchers; WIPO is lead partner in this initiative. Swiss Tropical Institute (STI) is other partner.	Situation analysis done; module ready; training started in Columbia and Cameroon; COHRED's contribution in health research management training included.	Participation in activity reduced due to different modus operandi from WIPO; interest in 'research for health' insufficient to warrant continued participation at this time. STI has drawn same conclusion. COHRED will identify other ways of making a meaningful contribution to IP, for example, through engaging in partnership with MIHR.
Secretariat: Global Forum on Bioethics in Research	Hosting the Secretariat for GFBR.	Funding obtained.	Proposal submitted and accepted by European Commission, funding will be allocated in 2006. In addition to the Secretariat role, COHRED will host ethics fellows from developing countries in the Secretariat, and will produce one substantive paper a year in this field.

Project	Description	Planned deliverables 2005	Achievements 2005
Future global activities	Develop and update list of priority interventions for COHRED at global level.	Active list; specific plan of collaboration with Global Forum.	On-going.
1.4 Development			
Community-based Research to improve Research for Health	Develop community based research projects on key priority issues in Senegal and other francophone African countries, and to develop community-university partnerships to implement this.	Proposal developed and resourced; National partners identified.	Original focus on francophone Africa did not materialise. Instead, Think Tank consultation organised during Forum 9 with 14 experts from Australia, Bolivia, Denmark, Kenya, India, Pakistan, Tajikistan, UK, USA, and Zimbabwe. Working Paper available. Plan to develop COHRED approach to how Communities can influence national health research agendas in 2006.
Practical Methodologies	Further development of 'COHRED work packages' that will form the basis for collaboration with partners; including old and new methods.	Core COHRED packages developed and available; team of advisors / workshop / or electronic mailing in support of this started.	Scoping and consultation done, groundwork set to develop approaches to Priority Setting and National Health Research Assessments. Expert country consultations planned for early 2006.
Key Alliances	Exploring opportunities for new strategic partnerships within the context of existing or new projects.	New partners identified and actively involved in COHRED's work; specific plan of collaboration with Global Forum for Health Research.	Collaboration agreement discussed or prepared with WHO-EMRO, Gulf Cooperation Council; Memorandum of Understanding signed with NEPAD and with Global Forum for Health Research, Kazakhstan School of Public Health Global Health Watch, and Makerere University, Uganda.
Exploratory Actions	Explore options for collaboration with partners and countries: Netherlands Development Assistance Research Council .	New projects developed if they fit in COHRED's mission.	Cameroon *(see project 2.2.)* Tunisia involved in COHRED-WHO-EMRO-GCC Middle East consultation. Philippines- involved in developing approach to priority setting. Liberia- preparatory discussions ongoing. RAWOO contacted, collaboration not pursued. Sudan- not pursued because of political instability.
1.5 Other support activities			
Publication & dissemination	Reports and publications from all activities available and disseminated, in time, to relevant audiences.	Have at least 1 joint publication with Global Forum; have 1 peer reviewed article submitted; have one public presentation.	1. Contributed article to Research for Health Update of Global Forum; 2. COHRED ENHR chapter for Global Health Watch. 3. 2 peer reviewed articles authored by COHRED staff in Social Science and Medicine; Scandinavian Journal of Public Health. 4. COHRED publications: 1 COHRED Working Paper and 3 COHRED Record Papers prepared/in preparation from 2005 workplan. 5. Publications and Learning Policy drafted and discussed with staff; new COHRED Working paper, Record paper and policy brief series - National Health Research agreed; 6. 2 policy brief summaries produced and piloted at Global Forum 9.

Project	Description	Planned deliverables 2005	Achievements 2005
Technical advisors for projects & programmes	Identify mechanism for obtaining support concept development and evaluation.	1-2 technical advisors for 'COHRED action' identified and consulted regularly for further development of our projects and programmes.	Ongoing; advisors involved in think tanks on specific topics.

2. Research & Development

2.1 Building the Evidence

Project	Description	Planned deliverables 2005	Achievements 2005
Bibliometric database to asses national health research outputs	Construct and maintain a bibliometric database of research outputs from Low Income Countries and selected other countries to inform COHRED country-based activities.	Research outputs for currently active countries to be accessible: for 40 conditions for the period 1999-2003.	Database built in cooperation with WHO library. Served as input for bibliometric analysis of health research in the Caribbean and input into COHRED study on factors influencing national health research agendas. Not succeeded in making it an easily useable tool for national research managers.
Factors influencing Health Research funding	An assessment of the factors influencing research agendas in six countries and with several major international development agencies; case study approach. Partner: New York University (graduate students in Public Administration).	COHRED discussion paper; feeds into policy brief and peer reviewed article, and advocacy activities.	1. Study completed. 2. Policy summary prepared. 3. Report available. 4. COHRED Working Paper and policy brief in preparation. 5. Poster presentation at Global Forum 9.
Global Health Watch chapter	Substantive Input to the 'alternative' world health report.	One chapter focusing on 'research for health watch'.	Chapter authored by COHRED staff and invited outsiders on progress and issues in achieving adequate national health research for equity and development.
'Making the case' for Health Research for Development	Increasing the evidence base underpinning interventions for Health Research for Development (HRfD).	i) Poster; ii) collecting cases of HRfD; iii) consider convening a workshop on how to proceed; iv) link up with Canada; v) prepare 1 policy brief.	Poster presentation at Global Forum 9; meeting held with Canadian Coalition for Global Health Research and others: collaboration with 'Research Matters' is possible outcome.
Methods in National Health Research System Support	Developing an in-depth understanding of NHRS, its functions, structures, variability by country, stakeholders, performance, and evaluation, and develop tools, processes and approaches whereby COHRED can better support health research systems.	COHRED Discussion paper, setting out the current evidence base and highlighting evidence gaps and research priorities into NHRS; consider convening a workshop on this.	Preliminary scoping consultation completed. Think Tank and approach paper planned for 2006.

2.2 Country support

Project	Description	Planned deliverables 2005	Achievements 2005
NHRS Assessment: Pilot Study	Country-based studies to validate COHRED's new approach to assessing national health research systems (NHRS).	Preparations for pilot study in 2006 in Cameroon.	1. Meeting with Cameroon Minister of Health, who invited COHRED to advise and conduct consultations on improving health research and development of policy. 2. Mission and consultation planned for 2006.
NHRS Assessment: development of a 'user-friendly self- assessment tool'	Development of set of basic indicators and process for use by research institutions and NHRS. Partners are WHO/WPRO and Institute for Health Systems Research (Malaysia).	First version of self-evaluation tool; preparations for testing completed; workshop planned in two regions.	Consultation and preparation meetings held with partners: 1. WHO-WPRO and Institute for Health Systems Research, Malaysia. First step in 2006 consultation with China, Laos, Cambodia, Viet-Nam, Mongolia, Philippines. 2. Consultation with WHO-PAHO leading to work with Trinidad & Tobago during 2006.
Resource Flows study - Part I, II, III	1. Development of resource flows data collection, analytical, and training materials. 2. Hold workshops in Brazil, India and South Africa. 3. Do resource flow utilisation studies in three (other) countries. Global Forum for Health Research is lead partner in this project.	COHRED's interest is to develop 'resource flow studies' as management tools in national health research systems. A management approach to using resource flows in practice is aimed for.	1. Data collection and analysis materials developed. 2. Workshops held in Brazil, India, South Africa. 3. Implementation after workshops was insufficient for project to progress. However, the practical use of resource flow tracking in national health research systems remains valid, and, given resources, will be pursued even if the main study does not, in 2006.

2.3 Regional support

Project	Description	Planned deliverables 2005	Achievements 2005
Country health research system profiling (Africa)	A profile of the health research activity, capacity, infrastructure and policy for each country in Africa.	Finalised project proposal and assembly of project team; fund raising. Looking for partners, including WHO.	Planning phase. Country profiles website and services planned for first-half 2006. Memorandum of Understanding signed with NEPAD (2005).

2.4 COHRED Organisational Development

Project	Description	Planned deliverables 2005	Achievements 2005
Monitoring and Evaluation System development	A system of M&E that allows continuous assessment of the impact and efficiency of COHRED's activities.	Proposal for processes, indicators, and overall plan; begin implementation; develop budget.	Review of relevant methods and approaches done, framework drafted and discussed with staff. Decision to include outcome mapping in framework. Comprehensive M&E approach to be concluded in 2006.

2.5 Other Initiative Development

Project	Description	Planned deliverables 2005	Achievements 2005
Responsible Vertical Programming: Integrating 'vertical' health research programmes into 'horizontal' NHRS strengthening	Develop understanding of how vertical health research programmes can be effectively integrated into national health and health research systems without compromising their primary outputs.	Strategy paper developed; approach made to WHO/TDR and one private foundation to explore a joint learning project/programme.	Discussion with TDR started; resulting in multi-country project in 2006.

Project	Description	Planned deliverables 2005	Achievements 2005
Innovation and Affordability	Assessment of innovative health technologies are sufficiently cost-effective for use in LICs/LMICs.	Project proposal; possible internship.	Reviewed, decided not to take action.
Innovative Funding for research for health	Looking at new and existing funding sources for 'health research for development' to assist countries to finance their essential national health research.	Map different funding modes; Project proposal ready to pursue at least one; possible internship arrangement to provide more personnel.	1. Special session held at Global Forum 9 (Using existing World Bank funding to substantially increase funds for priority-based health research. 2. Input to ongoing COHRED programme on innovative funding. Prepare for publication in 2006.
Estimating the 'payback' from investments in health research	A project proposal is prepared and an agreement reached with collaborators: Caribbean Health Research Council and Brunell University, UK.	Funded project, with clear 'pay-back' information: this would help to motivate low income countries to invest in health research.	Discussed with Caribbean Health Research Council: Decision not to pursue for the time being.

3. Knowledge Sharing, Advocacy and Communication

3.1 COHRED core work

Project	Description	Planned deliverables 2005	Achievements 2005
Advocacy materials	Develop and update appropriate materials to advocate for Research for Health and for COHRED.	New flyer Up-dated core presentation Up-dated advocacy and policy packs.	Capabilities brochure and new web resources developed.
New corporate image	Develop COHRED brand, 'corporate image'; enhance visibility.	New logo; Visual guidelines; link to efforts of GFHR - discuss optimal collaboration.	Staff consultation on identity and decision on direction. Delay reshaping of corporate image until our new work direction is clearer: to be done in 2006.
Bring out regular Board newsletter	Produce regular newsletter for Board members to increase participation in COHRED; adapt to Board preferences.	6 issues pa; all to include contributions by Board members.	Six issues sent.
Increase COHRED Publications	1. Biennial report 2003-2004. 2. Annual report 2005. 3. Posters 2 & 3. 4. Policy brief 1 & 2. 5. Joint COHRED-Global Forum for Health Research series, Issue1	1. Ready by end March 2005. 2. Ready by end March 2006. 3. Ready for presentation at Global Forum in Mumbai. 4. Text to be ready; audience and editorial guidelines to be developed.	1. Done. 2. Preparations underway. 3. Posters developed: 1. factors influencing country research agendas; 2. How Communities can influence national research agendas; 3: Health Research in Central Asia; 4. Innovative ways of funding national health research. Done. 1. 'Global Fund Operational Research' policy brief summary produced for Forum 9. 2. 'Factors influencing health research agendas' policy brief summary produced for Forum 9. 5. Text draft prepared. Other issues outstanding.

Project	Description	Planned deliverables 2005	Achievements 2005
Schedule activities for optimal advocacy, marketing, lobbying, and communication	Prepare and implement an events & opportunity register that can be used to advocate for COHRED or research for health.	Identify core meetings where COHRED should be present; prepare information and materials packs for meetings; develop reminder system and feedback loops.	Done and in development. Cooperation with Global Forum for Health Research on joint calendar of events.
COHRED Website	Content of website up-to-date. Pilot test: 1 contributor from a region.	Updated website and regular input from 5 contributors from 5 regions.	Regular news posted, summaries of publications and latest COHRED/research for Health thinking posted, Central Asia Resource area created. No external contributions materialised. Partnership started with web team in Sri Lanka for all future web development.
3.2 Country and Project Support			
Project communication	Optimise global, regional, and country-based communication around COHRED operations and projects.	Materials for projects. Edit and publish project reports. Investigate and initiate basic media coverage.	Project summary formats planned, some media reports circulated in Africa.
3.3 Development of New Initiatives			
Advocacy Strategy Paper	Strategy for advocacy (lobbying, networking, advocating, marketing).	Comprehensive COHRED strategy paper.	Not yet done: need to await completion of COHRED's repositioning.
Communication: Country Capacity Building project	Review of availability of communication support and opportunities. Pilot study: assessment of country needs for communication support.	Depending on country needs, develop a strategy to strengthen communication support capacity . Create a list of existing opportunities for strengthening communication (especially initiatives that provide free services).	Project concept developed for country based communication. Partnership agreement for pilot with Makerere University Institute of Public Health for joint-appointed science communicator in development. Some scoping progress on this looking at web based services such as SciDevNet, Comminit, Drumbeat, Research Matters.
Position papers	Produce position paper on key issues of relevance to COHRED's Advocacy function.	Paper on COHRED Advocacy support to strengthen countries' communication and advocacy capacity on HRfD.	Not done for lack of time: delayed until second half of 2006.
Key Alliances	Establish a network of people and institutions, south and north, to assist with COHRED's Advocacy function.	Network with key organisations in Geneva and in countries of operations.	Linked into network of health communicators, a formal member of Geneva knowledge sharing professionals and knowledge management for development international community. Partnerships with Research Matters (IDRC/SDC) discussed in detail; Agreement to cooperate on science and policy communication activities with Makerere University, African Medical and Research Foundation, and Imperial College, London Science Communication Programme. Ad hoc communications progressed; strategy paper still to be written.

Project	Description	Planned deliverables 2005	Achievements 2005
Fund raising	Develop a comprehensive donor communication strategy.	Have both strategies ready in working format, and have implementation started.	Ad hoc communications progressed; strategy paper still to be written.
COHRED Contact Database	Produce current database of COHRED contacts for use in dissemination of information.	Updated database by mid 2005; discuss collaboration with Global Forum.	Discussion with Global Forum held, but systems may not be compatible; Basic e-mail communication list to be ready for mid-2006.
'Friends of COHRED'	Formalise the wish of many 'ex-COHRED' collaborator and board members to remain involved.	Have a plan and budget in place.	Principle decision to activate this group was taken and small budget allocated for 2006.

4. COHRED : Building the organisation

4.1 Key Organisational Transformation Issues

Introduce Performance management system (PMS)	Ensure that all staff has updated job descriptions and performance management is effectively implemented.	Implementation of first year. All staff on PMS.	Scoping and background review done. Collective agreement achieved. Full implementation in 2006.
Staff Development	Ensure appropriate and continuous staff development .	All staff to have specific development activities.	Partly achieved; will be part of 2006 work plan and deliverables of all staff.
Develop long term Human Resources strategy	Develop a long term staff growth and recruitment plan (based on long-term COHRED plans).	Have a framework ready for use; have recruitment policy and methods ready.	In development.
Policy on global conditions of service	To ensure fairness and 'locally competitiveness' of COHRED salaries across different centres and countries that will be established in future.	Outline of plan; get board support.	Principle of 'locally competitive payments accepted; decentralisation 'think tank' planned for 2006; development of full paper to be ready for 2006.
Appointment of Communication & Advocacy Officer	Development of Advocacy and Communication as a main pillar of COHRED's work.	Appointment as soon as possible.	Done.
Immediate expansion of COHRED staff	Ensure sustainability, reduction of vulnerability, increase in personnel for more output, and start 'decentralised work units'.	2-deep' in at least one pillar, others to follow; arrangements for 'Africa office' advanced.	Done for Projects and Programmes (staff in Tajikistan, and temporary staff in Geneva) and agreement started for Communications in 2006 (Journalist in Uganda).

4.2 Information and Communication Development

Project	Description	Planned deliverables 2005	Achievements 2005
IT Hardware	Ensure updated system able to handle global information traffic and international 'roaming; access; change contractors to larger company.	System in place, and maintenance adequately contracted.	Done.
Software	Ensure policies and training on standardised software.	Decision on basic package taken.	Decided to standardise on MS Office and Mind Manager as basic software to be used by all.
Communication	Develop effective and cost-effective telephone and video communication.	Board and Executive Committee + subcommittee meetings should be held 'virtually' at least once.	Held one video conference; 2 teleconferences of the Board in addition to normal meeting. Successful, in that we can have meetings across the globe spanning 12-hour time difference, for very low cost by using WHO/World Bank facilities.

4.3 Logistics and Administration improvements

Project	Description	Planned deliverables 2005	Achievements 2005
Rationalise logistics and administration	Develop plan to work with GFHR and others to create increased efficiencies.	Position paper on collaboration with GFHR.	On-going; regular management meeting in place; have collaborated on attending meetings; otherwise, physical distance between offices is limiting; exploration to move to World Council of Churches building.
Decentralised Logistics	Ensure that decentralisation of COHRED works well.	Report on experiences; lessons for improvement .	
Revise Contracting	Improve contracts and contracting.	Redesign contracts; establish contract management 'best practice'.	Done.

4.4 Financial Management

Project	Description	Planned deliverables 2005	Achievements 2005
Contract with southern companies	Preferential contracting of COHRED work with southern companies.	Have more sophisticated financial management system that can cope with future decentralised operations.	COHRED signed contract with a South African accounting firm to takeover bookkeeping: full implementation in 2006.
Financial Management System	Develop financial management system to manage rather than control finances.	Have basic financial procedure manual; system and coding in place.	Done; full implementation in 2006.
Annual external audit	Change to southern auditor.	Have one recommendation and one option.	Available; implementation delayed until end 2006.

Project	Description	Planned deliverables 2005	Achievements 2005
Fund raising	1. Fund raising strategy.	Develop a comprehensive strategy, and implement components; include private sector, other donors, and project funding; includes an ethical guideline for COHRED's internal use.	Plan in place, strategy in development.
	2. Fund Raising Committee established.	Committee established.	Regular meetings held; strategy still outstanding.
	3. Joint fund raising with Global Forum extended.	Submitted joint proposals.	Successful approach to Irish Aid.
Rebuild financial reserves	Ensure that COHRED has 1.5-2 years of operational expenditure in reserves.	Add $100.000 to reserves.	Done; current reserves cover 5 months of operating expenditure.
4.5 Support for Board Activities			
Board Communication	Improve communication infrastructure : allow for regular virtual meetings.	First video-conferencing meeting, at least of Executive Committee of the Board.	Several teleconferences held.
Council Statement	Enhance COHRED's 'paradigm shifting' role in Research for Health globally.	COHRED Council Statement No 1.	No statement issued in 2005; development for 2006 considered.
Subcommittees, task forces, teams, individuals of the Board	Ensure optimal Board involvement with COHRED Executive.	Establish Fund Raising Committee; re-invigorate Budget and Finance Committee; have task team on staff policies and procedures.	Various active standing committees established; board members.
Recruit new board members	Maintain a relevant and visible board.	Appoint at least 3 new members during 2005.	Done.
4.6 Development Activities & Networking			
Scout for innovations	Identification of small / innovative projects that could further research for health with relatively low investments.	Report on at least 1 project; have an approach developed.	Not initiated 2005; will be started next year.
Develop 'Innovation fund'	Add funding to innovation fund.		Small grant available in budget for 2006.
Strategic alliances	Identification and nurturing of key alliances.	List and report.	Several discussions started on formal partnerships NEPAD, Global Health Watch, Kazakhstan School of Public Health, Makerere University, Uganda, WHO-WPRO, WHO-PAHO, Institute for Health Systems Research, Malaysia, New York University.

Project	Description	Planned deliverables 2005	Achievements 2005
Global Forum for Health Research	Increase intensive collaboration.	Joint publication; joint plan for administrative integration; joint funds raised; joint global action.	Memorandum of Agreement signed in 2005, joint fund raising ongoing; joint management meetings held regularly; joint projects implemented; plan for joint board meeting in 2006 finalised.
South African Medical Research Council	Exploration of substantive collaboration in Health Systems Research, or other area.	Report on plans and possible actions.	MOA was signed in 2004; was not renewed partly due to leadership change in SA; will be pursued at a later stage again.
COHRED as a southern alliance & networked organisation	Development of a core set of productive relationships that allow COHRED to function better, create southern ownership.	Report on plans; increase the network.	Ongoing.
4.7 Technical Support and Development			
Staff strategic planning	Arrange for annual meeting of all staff to consider implications of Year Plan and Board Meeting.	Key operational measures to implement plans; team work improvement.	Done.
Technical advisors	Increasing the 'critical mass' available to COHRED staff to optimise work, set plans, etc.	Advisors available for each staff member and a team for the directorate.	in development; several persons agreed to work with COHRED in specific areas; further alliances sought.
Consultants	Identify specific expertise and experts that can add value to COHRED's vision and mission on a temporary basis.	List available, some contracts engaged, evaluation of effectiveness done.	in development; some short term staff hired for communication, writing, and work in Africa project.
Strategic planning	Positioning of COHRED in relation to external developments.	Preparation of annual review for Board; hosting workshop; acting on external review.	Started during Board meeting; ongoing.

2005 the year in review - Highlights of programme activities

• COHRED partnerships to shape new approaches to enhance the impact of 'research for health'

Gulf States regional meeting on health research :

Country self-assessments

A joint consultation organised by WHO/EMRO, the Council of Health Ministers for Gulf Cooperation and COHRED, in November 2005 in Riyadh, has resulted in a new initiative on health research strengthening in the region. The health and health equity situation in Yemen is of special interest to COHRED, but an increase in evidence-based policy making and promotion of health research in the region is the ultimate aim. An important outcome of this meeting was the decision by participating countries to do a series of national health research system assessments, advised by COHRED and EMRO. The results of this consultation will be discussed in a Gulf States Regional Forum, to be held just before Forum 10 in Cairo. Recommendations will be featured as a new country perspective at Forum 10, in 2006.

Global Health Watch :

COHRED provides 'health research watch'

COHRED is a partner in the Global Health Watch initiative as a part of its role in tracking global health research developments. COHRED was responsible for the chapter on health research, and this was the only contribution to give the southern perspective on health research and health research systems. However, the scope of the chapter was limited, and COHRED has offered to take a more significant role in the process now underway for the 2008 Global Health Watch, coordinating a global health research watch rather than authoring it. It will provide more substantial input and analysis, with southern partners on key controversial issues and fulfillment of responsibilities by global research sponsors and organisations.

The first 'Global Health Watch' was published in 2005, with input from a broad range of health sector actors, ranging from countries to regional and international NGOs to leading academic players, including: Institute of Population Health, University of Ottawa; Harvard University; Indian Institute of Management; Calcutta University of Western Cape; London School of Hygiene and Tropical Medicine; University of Cape Town; Institute of Development Studies, Sussex University; University of Maputo, Mozambique, COHRED, and many others.

See www.ghwatch.org

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

an African perspective

HRHR
Human Resources for Health Research: An African Perspective

Human Resources for Health is a topic of growing importance in the international development community, and the theme of the WHO World Report for 2006. But little attention is given to the skills needed to improve the health research sector. COHRED initiated the concept of human resources for health research (HR-HR) and convened a partnership of organizations for the HR-HR initiative. These are: Global Forum for Health Research, the African Health Research Forum, African Council on Sustainable Health Development (ACOSHED), African Medical and Research Foundation (AMREF), EQUINET and the International Development Research Centre (IDRC). The HR-HR process intends to provide an 'action-oriented' and holistic look at human resources needs in a health research context. A first meeting to be held in Nairobi in July 2006 will consider facets of human resources that are generally not considered, and that deal with the support to make research more likely to result in impact: i) general human resources aspects, ii) how communities can influence health research agendas at local and at national levels, to focus on health priorities, iii) explore how 'networking' can strengthen health research, and iv) what competencies are needed in health research systems to optimise the use of communication and knowledge sharing.

www.cohred.org/HR-HR

■ ESSAY

Why support National Health Research System development?

Good research requires good research systems.

Years after the recognition by the international health community of the importance of a well functioning health research system - as a catalyst to reducing poverty and improving to heath equity in developing countries - the subject of how improvements can be practically achieved is back on the table. 'Systems' thinking – allied with practical approaches that decision makers can use to assess, improve and measure national health research – brings real opportunities for advancement.

Andrew Kennedy and Carel IJsselmuiden

The concept of a National Health Research System (NHRS) appeared on the international agenda from preparatory work for the International Conference on Health Research for Development in Bangkok in 2000 (IOC 2001). Ten years after report of the Commission on Health Research for Development, it became clear that for countries to implement Essential National Health Research and improve health systems using the 'essential' evidence generated, that a more comprehensive framework was necessary to understand how research was coordinated, produced, translated and put into practice. The NHRS concept emerged during a period of intense debate on the functioning and evaluation of health systems and in an environment where 'systems' and 're-engineering' theories were being transferred into the health sector from the quality improvement field.

The role of evidence

A good NHRS model should define the system's underlying values, its primary aims and the key functions necessary for it to achieve these aims. It should emphasise the complex nature of the health research system in which many of the key actors and institutions do not consider themselves to be part of the health research system, but rather part of the wider health system, or of the science & technology or development sectors, or as part of international or private research systems.

In this light, decision makers within an NHRS often have little direct authority over the range of stakeholders that need to act if system reform is to result in sustainable health gains and reduced health inequity. Governance and management processes in this context are therefore more reliant than ever on good quality information and on transparent and inclusive evidence-based decision-making.

Approaches to research system evaluation

The growing recognition of the role that 'Research and Development' plays as a catalyst for socio-economic development has led to an increased investment in and demand for monitoring and evaluation of research and innovation systems. These efforts tend to focus on macro level indicators of inputs, specifically on financial and human inputs, and indicators of outputs usually research papers and patents (King 2004). Other efforts have sought to evaluate the research conducted in specific sectors of the economy, for example, the Research Assessment Exercise conducted within the UK public higher education sector (HEFCE 2006), and more detailed analyses have examined research sponsored by individual funders (Hanney 2004, Gaillard 2003, Coccia 2001).

Within the health sector there are two main streams of work that seek to provide decision makers with evidence to assess the effectiveness of sponsored research and research systems. The first is the "Payback" model of Buxton and Hanney (Hanney 2004) which has been used by a number of funders (including, the UK NHS R&D program, Wellcome Trust, Canadian Institutes of Health Research) to assess the range of benefits generated from their investments in health research.

The second stream of work, done by the World Health Organisation and based on the 'Functional Model' of NHRS (IOC 2001), has developed an extensive set of indicators for 'international benchmarking' of health research systems (Pang 2003). This model has been used in WHO Health Research Assessment work with 13 low and middle-income countries (WHO 2006).

Other work in the health sector seeks to provide evidence on the performance of specific components of the research system, with a particular concentration on the use of research results by decision makers, practitioners and the public to change behavior and hence improve health outcomes (Invaer 2002, Grimshaw 2002, O'Connor 2003).

What is required?

The development of methods and tools for assessing systems and their impact on health has provided a considerable body of information that can help policy makers make evidence-based decisions on improving health, health research and the health research system. Yet, the link between this information and actual evidence-informed policy is still often vague and indirect. In our view, the practical steps needed to connect research/information with impact include the following:

'Process vs tools'
As in setting national priorities, it is arguably the process of NHRS assessment that is more important than the tools, instruments or methods'. Multi-stakeholder involvement, transparency, regular review, and an opportunity to 'appeal' or 'lobby' are key to a credible assessment that can lead to a shared sense of ownership and, therefore, concerted action. Ownership of the process and results is a sine qua non for action.

'National vs Global focus'
No two countries will have the same NHRS. There will, of course, be common features, but the precise structure of the system, the power relations within it, the priorities for its development and the potential solutions to its underlying problems and gaps will differ considerably between countries.

This means that there cannot be a viable 'one size fits all' set of 'indicators' for NHRS assessment that national decision makers can 'take off the shelf'. On the other hand, there is no need for every country to develop an entirely new approach. Instead, COHRED will assist in developing an approach that allows decision makers to understand what is available, and, subsequently, to select a design that will provide them with the information they need to improve national systems. In this way, a fair balance between indicators needed for international comparisons and for regional advocacy, and indicators useful for local health research managers is achieved, a balance we believe that is essential for NHRS assessment to become a 'living' part of health research systems.

Explicit goals of the NHRS
We can 'map' (describe research situation, actors, and institutions), and 'profile' (measure capacity) and 'analyse' (evaluate performance) of a national system, but without understanding exactly what a country wants to achieve with its NHRS makes assessments 'a shot in the dark'. Explicit goals can include: achieving health equity; improving health system access or quality; achieving specific disease control; or contributing to scientific or economic development.

For example, recent work from the World Bank demonstrates that unless health programs are explicitly designed to target the poor, investments in health frequently bypasses those in most need (Gwatkin 2005). Similarly, unless the NHRS is designed to produce evidence that can be used to reduce health inequities, then this evidence is difficult to produce. In our view, NHRS assessment without an explicit framework for evaluation in this case health equity and poverty reduction is not meaningful, risks becoming 'encyclopedical', and is unlikely to result in action.

'Communication'
A core feature of a successful health research system is its capacity to communicate. It is generally acknowledged that 'researchers need to communicate to policymakers'. In reality, the context is far more complicated. Communication also needs to happen between policymakers and researchers, communities and policymakers, communities and researchers, and in fact between all 'four' constituents (i.e. i) government, ii) researchers, iii) community organised civil society, and iv) research sponsors). Specifically, in developing countries, a substantial interaction is required between these players and international sponsors and implementers of health research.

Conclusion: the need for 'evidence for policy'
There is considerable demand for the development of NHRS to move to the next stage. Building on the work of Bangkok 2000, of WHO and of World Bank, there is now a major opportunity for this work to deliver on its early promise and help national decision makers to make significant and sustainable steps in NHRS development. COHRED can assist countries to achieve a maximum from their health research investments.

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For more information and learning resources about using the NHRSa process to improve health research system effectiveness and performance, see www.cohred.org/NHRSsupport ■

• COHRED partnerships... (contd.)

COHRED to host secretariat of Global Forum for Bioethics in Research

COHRED is preparing to host the secretariat for the Global Forum for Bioethics in Research network. The proposal to the European Union received a top rating by reviewers and a final decision on funding will be available around June 2006.

Current partners in the Forum are WHO, Fogarty International Center/NIH (US), Facultad Latinoamericana de Ciencias Sociales, Medical Research Council (UK), Wellcome Trust (UK), Aga Khan Foundation (Pakistan), INSERM (France), COHRED and the European Commission. See http://www.gfbronline.com

There are two core reasons why COHRED has accepted the invitation to host this Forum's secretariat:

1. Health research ethics review capacity should be a core competency of any national health research system, specifically in developing countries – given the tremendous increase in research, especially drug research, over the last decade, and 2. Questions of fairness of distribution of research benefits and research results, technology transfer, intellectual property, relevance of research to health priorities and to the health problems of the poor, and the extension of bioethics to include a human rights framework, are often not considered in international bioethics debates. COHRED feels that hosting the secretariat will also give it an excellent position to enter these questions in the international research ethics domain.

Ministerial Summit on Health Research 2008

COHRED is a member of the four-partner organising committee of the 2008 Ministerial Meeting on Health and Health Research, together with the World Bank, Global Forum for Health Research and the World Health Organization, which is the lead partner. This is a follow-up to the Ministerial Summit in November 2004 in Mexico, and to the acceptance of a resolution on health systems research by the World Health Assembly.

COHRED brings to this group a specific focus on country needs and priorities for health research, health research systems strengthening and responsible vertical programming, and its country based network of researchers and research institutions, including NGOs. In addition, COHRED's partnership in Global Health Watch 2 (planned for 2008) will ensure that a broad range of stakeholder views and analyses are brought to the debate on countries' needs for health research.

COHRED-NEPAD Memorandum of Agreement

The New Partnership for Africa's Development (NEPAD) is a key instrument developed by Africa for socio-economic development in Africa. Its pillars are good governance, through internal peer-review, matched by increasing donor funding that can have a higher impact in an environment that is more effective and transparent.

NEPAD's core mandate of economic development is supported by a number of strategies, among them a substantial health sector programme. As an advisory body, NEPAD relies on partners to put these strategies into action. A special goal of all its activities is to African institutions that can advance social-economic and health development on the continent.

In this context and in view of COHRED's future networked structure that a Memorandum of Understanding between NEPAD and COHRED was signed in 2005. During 2006, this will lead to concrete action to enhance COHRED's ability to have more impact in Africa.

'AfriHealth' : building capacity and leadership for schools of public health

Supporting schools of public health to improve their research and leadership capacities is an emerging focus area for COHRED. A number of current activities and relationships with schools are likely to grow into a larger initiative.

Current work includes partnerships with the Kazakhstan School of Public Health, Makerere University Institute of Public Health in Uganda; and the invitation to join a team to visit Uganda, Tanzania, and South Africa (Pretoria and Western Cape Universities) to assess the kind of support needed under the USAID public health leadership activities. A grant from Rockefeller Foundation to New York University and COHRED - as part of its Joint Learning Initiative will support the completion of the AfriHealth database on African schools of public health in 2006.

A conference on public health, public health research and leadership building is planned for 2006, co-hosted with the Institute of Public Health at Makerere University (Uganda). The conference is the logical venue to disseminate and discuss the completed AfriHealth database of advanced public health education in Africa. It is hoped that this will result in the creation of a stronger and African voice for public health issues and developments in Africa.

• Country Partnerships and Activities

New requests from countries

By early 2006, COHRED had received requests for advice and technical assistance from a number of countries. **Ecuador** and **Cuba**: to participate in and support the national health research forum; **Philippines:** to provide an advisory role in health research forum and discussions around health research system strengthening; **South Africa:** technical support to health research priority setting; **Nigeria:** technical support to health system transformation, including the health research sector; **Liberia:** to assist in rebuilding the health research system after years of civil war; **Brazil:** invitation to participate in the health research priority setting review; and **Guinea Bissau** to help with rationalising the health research infrastructure. This is in addition to the 16 requests outstanding at the beginning of the year. Clearly, staffing and funding are the bottlenecks for more meaningful action.

Cameroon: setting priorities and defining a national health research agenda

Following a request from Cameroon and a consultation with the minister of health during a visit by him and his team to Geneva, COHRED is working to come to an agreement with stakeholders in the country on the nature of future collaborative NHRS activities. The minister offered to host and chair a consultation between COHRED and key stakeholders to discuss opportunities for moving the health research agenda forward.

In recent years, Cameroon has conducted a number of studies on its National Health Research System. Its recently formed Division of Health Operations Research, in the Ministry of Public Health, is developing a National Health Research plan to complement its National Health and Development plans. The focus for short-term work will be on:

1. Establishing a health research policy, and
2. Defining core, short-term, health research priorities. A longer-term cooperation will focus on establishing a comprehensive health research system development plan. All this will be activated in 2006.

Caribbean

COHRED is working with the Caribbean Health Research Council (CHRC) and the Pan-American Health organisation (PAHO) to strengthen health research systems in the region. An assessment of the health research system in Trinidad and Tobago is being prepared for 2006. This experience will feed into a consultation on health research system strengthening during the 2007 annual scientific and council meetings of the CHRC.

COHRED, PAHO and CHRC agreed that it would add value to ensure that during the annual CHRC conferences there will be a substantive session on the system aspects of health research in the Caribbean a departure from the past where the annual meeting focused mostly on 'traditional' communication of research results. The first jointly sponsored meeting of this nature will be in 2007.

COHRED's 'multi-access' approach to country partnerships

Countries are complex, and sustainable research system change requires the recognition of this complexity. Clearly, government is a key player, but so are others. COHRED aims to work with at least 5 partners in countries concurrently:

- Government: Ministry of Health, and where possible, Education, Science & Technology; Finance ministries may be included as well.
- Health Research organisations, including dedicated research institutions and academia;
- Communities, usually through organisations, NGOs and CBOs, interested in research; and
- Development partners and research sponsors.
- The fifth group consists of media and other channels of communication that facilitate the interaction between these four, and other, stakeholders. ■

• Country Partnerships... (contd.)

Laos: strengthening national research management

For more than a decade, research and particularly health research has been a major focus in Lao PDR. Examples of this include: three consecutive five-year National Health Research Master Plans, the First National Health Survey, results of the implementation of ENHR in the country and the Health Research System Analysis which were presented at a WHO meeting in New Delhi in 2004. The National Institute of Public Health requested COHRED's assistance in establishing health research priorities for the next 5 years, and to assist in build a national health research development plan.

A consultation jointly organised by the National Institute of Public Health (Ministry of Health), a locally operating international NGO (CWW: Concern Worldwide) and COHRED brought together some 50 participants from national institutions in various sectors. In line with our philosophy of brokering links especially south-south links that are likely to make change sustainable, COHRED invited experts from the University of New South Wales (Australia) and from the Thai Health Foundation to co-facilitate the workshop and follow-up process. Once available, the priorities set at this workshop will lead to a more in-depth and smaller meeting that will decide on what actions to take to strengthen the research system in Lao PDR in both short- and long-terms.

Health research in Central Asia

Central Asia is becoming an important focus region for COHRED work, driven by great poverty and inequity, and by a growing number of requests from these countries and from development partners operating there already. A Central Asia Health Research Meeting convened by COHRED and the Swiss Tropical Institute at Global Forum 9 in Mumbai presented a lively exchange of experiences between these countries … for the first time! This generated ideas for increased cooperation between institutes and researchers in the region, which COHRED will help take forward during 2006.
See http://www.cohred.org/centralasia/

Kyrgyz World Bank representative presents health sector reform approach at a consultation convened by Tajikistan Ministry of Health and COHRED.

- **Tajikistan**

In this partnership, COHRED is supporting the mapping of the health research system and the research-to-policy interactions in the country. Through this process, research partners in several Tajik institutions working on health research have identified the lack of research coordination as an area for priority improvement. This project is also testing COHRED's 'rapid assessment' approach for improving national health research systems.

- **Kazakhstan**

An assessment of the health and health research situation in two oblasts, by staff and students of the Kazakhstan School of Public Health, revealed the need for further training in health research for development. Development of training materials is being discussed with the Kazakhstan School; Aga Khan University, Karachi; and Chulalongkorn University, Bangkok.
This public health link in Kazakhstan adds to the work already underway in Africa: strengthening public health research capacity in Africa through schools of public health. In addition, it is part of our 'next generation' initiative. →

COHRED's Core Values

Southern alliance with key Northern partners

COHRED is evolving into a southern-owned organisation a 'voice of the south' to inform and influence the global research for health agenda. Required composition of the COHRED Board is a minimum ⅔ representation from lower and middle income countries. This will be further enhanced by growing COHRED outside Geneva. Only 2 of 40 so-called 'global health partnerships' have a board where developing countries have the majority membership !

Enabling, country-driven organisation

All COHRED work is done in partnership. Enabling national partners and building the capacity of partner organisations and colleagues is both the way we work and the ultimate goal of COHRED activities. COHRED tries to elicit national health and development priorities and will only work with countries if requested to do so.

Prioritising lowest income countries

All COHRED's work should have a meaningful impact on health in low income countries. Even if research is done elsewhere, it is benefit to low income countries or low income populations in such countries that is decisive in prioritising our own work.

Learning organisation

COHRED places a high priority on learning with partners and in projects and documenting and sharing experiences. Learning is a continuous process and integral part of our work. The concept of a 'learning spiral' using technology next to tried and tested practices such as publications and meetings will be systematically introduced in 2006 to speed up learning in the south and the north around concepts needed for 'research for health'. →

• Country Partnerships... (contd.)

Other activities in the Central Asia region include work on research ethics, where COHRED provides advice on the national ethics committee that is being established. These projects collectively are activating regional networking activities, notably the sharing of experience with colleagues in Kyrgyzstan and Uzbekistan.

• Building the organisation

Project management

A project management framework has been put in place to guide the tracking of outputs and project milestones throughout the year. All COHRED projects are being transferred to an integrated project management software package that can link to monitoring and evaluation, learning, and financing. It will also be capable of accommodating activities from a multi-centre approach in future.

Monitoring and evaluation

Outputs lead to outcomes which hopefully contribute to increased impact on improved health and equity. We are in the process of creating M&E and impact assessment routines. Process methods like 'outcome mapping' and other methods are included to ensure continued learning of our experiences by all involved.

Publications and learning policy

A new publications policy guides the COHRED approach to producing, compiling, reviewing and synthesising information based on COHRED work, giving credit to partners, and the overall quality and relevance of published outputs. This feeds into the COHRED Learning Spiral *(see separate article)*: COHRED's new strategy to increase the effectiveness of learning in health research. During 2006, three trial 'spirals' will be started: one on priority setting, one on community ability to change research agendas, and one on country-based communication.
As part of quality control, all publications that COHRED will issue will be externally ('peer') reviewed.

Knowledge sharing, advocacy and communication

Knowledge sharing and communication activities were significantly expanded in 2005 to support COHRED's goal of being a decentralised, knowledge-based organisation. To support COHRED's vision of enabling partners through learning opportunities, products and services, the website and other electronic resources will evolve into collaborative spaces for the exchange of practical information, for the delivery of services and information to the needs of health sectors users worldwide.

Core Values... (Contd.)

Innovation

COHRED aims to be an innovator and to stimulate innovation in research for health for developing countries.

We identify areas where new attention and analysis are needed. 'Innovation' is not merely in the products that are developed or the policies employed, but also relate to new and better ways of conducting research that impacts on population health and health equity.

Performance driven and Results-based

COHRED is committed to defining and measuring objectives and outcomes (changes in action and behaviour) through its projects, programs and partnerships. All work is guided by outcomes framed in the question: what do we want to happen? And is evaluated on the basis of outcomes and deliverables.

'Research to impact'

Ultimately, research for health should lead to health equity for people. But getting from research for health to equity and impact is difficult to achieve and the responsibility for it is fragmented. COHRED takes a holistic view and is developing the capacity to support countries in 'closing the loop' between idea generation and achieving health improvements.

Improved health, health equity, and development are our ultimate aims. Work needs to relate to this. ■

• **Organisation...** (contd.)

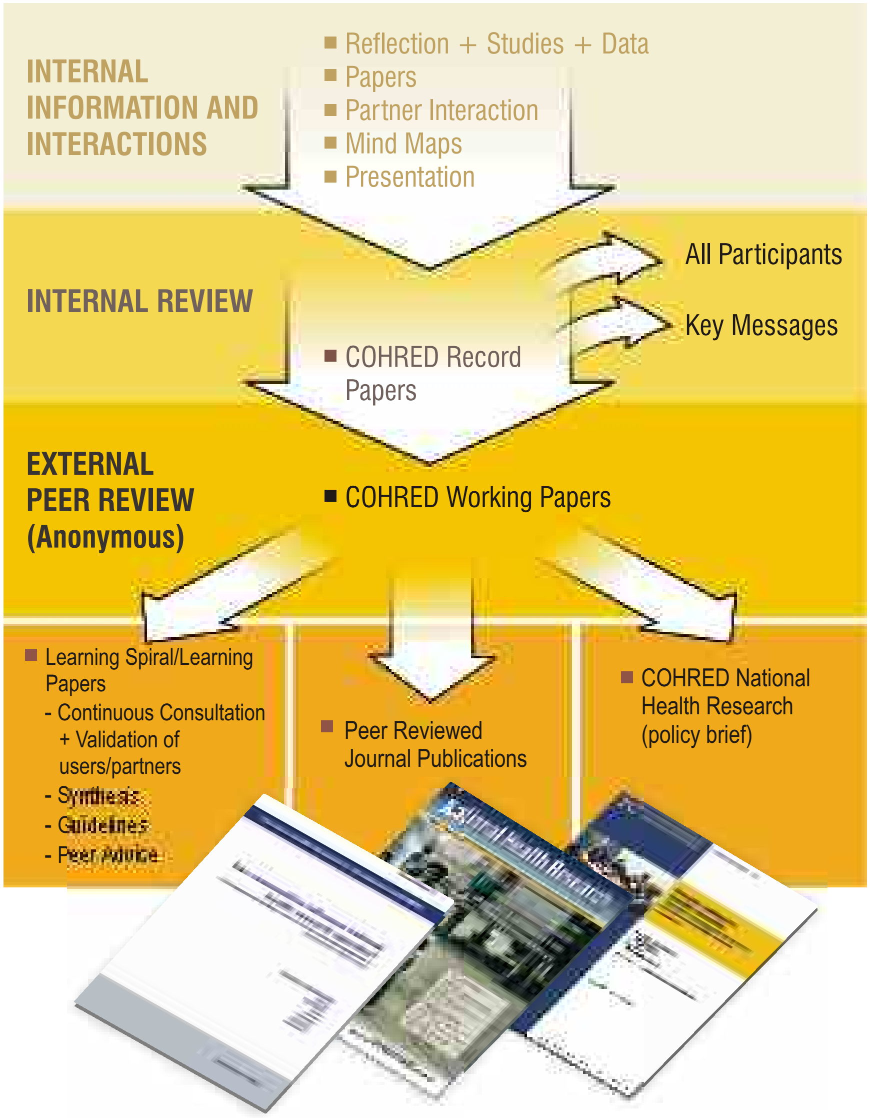
New Publications Series

'National Health Research'
presents practical recommendations for countries and policy makers, based on country experiences.
www.cohred.org/publications

COHRED Working Papers
These externally reviewed reports and papers charting the work of COHRED initiatives and work with partners, are 'snapshots' in our learning spirals: the working papers become true 'learning papers' through continued additions and revisions by those interested in the field.
www.cohred.org/publications

Record Paper Series
These represent edited records of meetings and events, to bring knowledge quicker to all who are interested. These papers can be written by COHRED or by partners or both, and are posted on the web for information and comment. They are not 'consensus' papers, but rather reflections of those participating in specific events and meetings. Because Record Papers intend to bring news out quickly, external review is done on the collective series, once a year, to ensure progressive quality improvement in the series rather than in individual numbers.
www.cohred.org/publications

COHRED information and learning process



Managing information, web and learning interactions

The relationship established in July 2006 with Sri Lankan partner Four Corners Lanka gives COHRED a talented team providing web development and programming, graphics, database development and editorial and content support on a daily basis. Having these skills and a team organised for rapid response is vital to support the services and products that COHRED will deliver in the coming three years. These include web-based information exchange, electronic documents, printing on demand by users in our regions and countries, database driven tools and services.

Four Corners Web Development Team
Front L-R : Sushena - Director, Shanelle - Project Co-ordinator
Back L-R: Dushantha, Ravi, Surendra, Chathuranga, Susantha - Web Developers

Health Research Systems Profiles

COHRED has operated in many countries since its inception in 1993, but the collective experience usually produced in papers is of limited use and rarely updated. For that reason and now that we have access to an expert web team in Sri Lanka we have started a process whereby we will produce a progressively growing database of information on health research and health research systems in countries. The outline has been prepared, the basic data collected, and we expect that the site will go live towards June/July 2006. It will have various innovations, including in the way we will construct partnerships to keep these sites updated, of high quality, and to ensure that they become a resource used by all involved in research for health in countries.

3. Investments In The Future *This section gives a brief overview of the key investments COHRED is making to ensure continued relevance in optimising 'research for health and equity'. These are mid- to long-term activities and developments that are crucial to our future work.*

The Council on Health Research for Development (COHRED) in 2006

The repositioning of COHRED has resulted in an organisation that supports countries in developing their national health research systems that are able to i) identify health research priorities, ii) conduct research or get evidence from elsewhere, iii) decide on own capacity development and/or on the research partnerships that will address these research questions, and iv) communicate and act on the evidence obtained to effect health improvements, equity promotion and poverty reduction.

While we acknowledge the great gains that are made or may be made in the future through global health research partnerships, it is clear that the health (research) interventions resulting from these partnerships are increasingly 'system-intensive'. Therefore, as virtually the only international non-governmental organisation with this mandate, COHRED supports low and middle income countries to develop their health research systems to make the most of global research opportunities and to address health, equity, development and local health research priorities at the same time.

This is the logical extension to promoting Essential National Health Research (ENHR) for so many years. To develop the tools, methodology, processes, and expertise needed to be able to deliver the highest quality health research system support, we have started several new programmes and efforts aimed at learning with partner countries how best to achieve high quality, relevant and sustainable systems of health research. The challenge to achieve this in low and middle income countries is substantial, but we believe that the investments listed below will allow the building of a body of expertise that can be used towards development and health equity.

In addition to programmatic investments in the future, we are also working on organisational changes that will make it possible to achieve these aims. ■

COHRED: Supporting Health Research Systems

■ Programme and Activity Developments

1. Supporting National Health Research Systems

a. The goal: support to countries in developing operation and management of health research systems.

b. The outcomes: - In five years, half of all low income countries and at least 25 middle income countries will have a meaningful health research system in place that optimise the use of research for health and health equity, in a process that is a direct result of work with COHRED. A total of 50 countries have built, improved or started to build health research systems as an indirect result of COHRED's activities.

c. Current COHRED investment: - developing the framework, methodologies, and processes to respond to country-requirement in developing national health research systems. First in our work are to make priority-setting, national health research systems assessment, and resource flows studies meaningful, action oriented and feasible at all levels of economic development. Collaboration with countries, and WHO Regional Offices (especially AFRO, EMRO, WPRO, SEARO and PAHO).

Action Examples:

1. **Practical approaches to National Health Research Systems Assessment - from assessing to improving.**

A number of countries are involved in profiling their national health research system, and doing detailed analyses of all aspects of their national health sectors. In working with its country partners COHRED has understood national health research managers' need for a framework to identify strengths and weaknesses in the system and design action plans for improvement at the component or system level. This national approach complements global efforts such as the WHO NHRS initiative.
To move this thinking and learning forward, COHRED will convene, in early 2006, a first consultation with health research managers from the Pan-American Health organisation (PAHO), Brazil, the Philippines, Canada, and specialists from the UK-NHS, Brunel University, who were involved in designing the WHO's National Health Research Assessment System. Interactions will center around the question: What do countries need to do to rapidly assess the state of their health research system, and to create actions plans for incremental improvement?

From this starting point, we will engage a larger group of national and international specialists in learning interactions to test and refine the concept. The end result will be an approach and process that research managers can use to monitor and improve health research.

Outcomes:

- A rapid assessment approach and process are created in 2006 and validated by national health research managers from several countries.
- Several countries will put the approach to use.
- A learning community of country specialists emerges to solve problems and share lessons.
- Practical examples are synthesised, by COHRED and partners, shared widely and used by countries.

2. **Setting national priorities for research for health from strategy to action.**

Health research priority setting is not an event, it is a process. A number of priority setting tools and models exist, and many countries have set priorities and defined national strategies for health research. COHRED, the Global Forum for Health Research and many others have been actively involved in moving the priority setting agenda forward in past years.

Responding to countries' concerns about the difficulty of moving from planning to action, COHRED sees a need to look beyond tools, methods, and priority setting lists to better understand and design with national partners processes to create health research priorities that have broad national support and that will be used for health action. This COHRED initiative engages with countries to better understand what has worked or not and look at practical steps forward.

A COHRED problem solving consultation, in early 2006, of priority setting specialists from the Pan-American Health organisation (PAHO), Brazil, the Netherlands, the Philippines, South Africa, with participation from the Global Forum for Health Research, will set the scene for a more detailed learning process. Key questions for this analysis are: which countries have set priorities and how; once priorities are set, how can they be followed through to implementation? How can we 'make priorities work … for everyone', and importantly how can health research priorities remain permanently updated ?. This activity is a learning process between countries which will expand to share experiences and input to an increasingly broad group of countries.

Outcomes:

- An approach and guidelines is developed, in 2006, that countries can use to better understand and put their priority setting plans into practice.
- Several countries renew their efforts and implement processes to move priority setting forward.
- A learning community of country specialists emerges to solve problems and share lessons.
- Practical examples are synthesised by COHRED and partners and used by countries.

2. "Responsible Vertical Programming"

a. The goal: providing the evidence and support to both countries and research sponsors that product and deliverable-based 'narrow' health research will benefit from investing in the structure and strength of health research systems without compromising the primary goal of 'vertical' health research programmes. This activity is in direct support of the Paris 2005 Aid Effectiveness agenda.

b. The outcomes: In five years, international health research programmes will have mechanisms to engage with the research priorities of the countries in which they operate, and have an active capacity building component for health research systems. Similarly, international sponsor and executors of research will have policies in place to ensure that international health research will support to the maximum extent possible (i.e. without compromising on their primary mission) the research system capacity of host-countries; and, host countries and institutions will have mechanisms in place to monitor and influence 'vertical' research programming. COHRED is recognised as a catalyst of this new perspective.

c. Current COHRED investment: developing the understanding of how 'vertical' research programmes can best interact with 'horizontal health research systems' to the mutual benefit of both. We have started negotiations with WHO/TDR to develop a collaborative project to help us define the framework and methodologies for 'responsible vertical programming'.

3. "Research Capacity Strengthening (RCS)"

a. The goal: sustainability, timeliness, excellence and relevance of health research all depend on the capacities of the research systems. Usually, 'research capacity' is seen at the level of individual researchers, and, sometimes, at the level of institutions. Rarely is there mention of 'system' strengthening, let alone of 'strengthening' the environment surrounding health research. COHRED's contribution is meant to address especially the last three issues, as these are the most neglected and at least as important as the focus on individuals. Creating the conditions or climate for good health research and research utilisation is what we are after.

b. The outcomes: - In five years, COHRED will have contributed to global thinking about RCS at least 4 levels i)the individual, ii) institutional, iii) system, and iv) environment, and will have developed substantive approaches that are both effective and acceptable to governments, institutions, and research partners. To achieve this, COHRED has teamed up with WHO/TDR and the Global Forum for Health Research, and this partnership will be recognised for its innovative approaches to research capacity strengthening. It has helped 15 countries put in place active policies for strengthening of research capacity.

c. Current COHRED investment: developing an in-depth understanding of the key success factors in strengthening research capacity at the four different levels, and how research sponsor support can be obtained to strengthen capacity at all levels, not just at the individual or institutional levels. A workshop was hosted jointly by the Global Forum for Health Research, WHO/TDR and COHRED in 2005, and much more work is due for 2006.

4. "Research Communication"

A. The goal: a core component of the 'know-do' gap is that those who need to know do not have the right information at the right time. In recent years, the focus of interventions has been on i) training researchers to communicate to policy makers, and ii) global advocacy, almost exclusively aimed at political decision makers. We believe that the communication and knowledge sharing environment is far more complex, and, in the context of low income countries, the effective communication needs not just to focus on communication from research to policy makers, but also the other way around; and from community (i.e. 'organised civil society') to policy makers who should be their representative; and vice versa; and from community (i.e. 'organised civil society') to researchers and

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What is 'Responsible Vertical Programming'?

The international vertical health sector programmes often called Global Health Partnerships or Initiatives (GHPs, GHIs)[1] are making an unprecedented positive contribution to improving global health.

COHRED believes that they can also create a lasting positive effect on building sustained health research talent and the capacity of national research systems, without detracting from their primary purpose. Today, the larger programmes can distort national research activities and priorities due to their size and influence at country level. Collectively, international initiatives distort national research systems by their sheer number and variety of focus areas, fragmenting already fragile national health and health research systems. A deliberate focus on building national systems creates a win-win situation for both programme and host country.

In its first year of Responsible Vertical Programming activity, COHRED is in a learning phase. It aims to test the hypothesis that more structured management of international or 'vertical' research programmes can strengthen NHRS more substantially and meet programme goals. And do this without reducing the impact of the programme and its products. This will require a solid understanding of how interaction happens, and what tools, methodologies, approaches, and policies will be needed to achieve results. ■

1. Such as TDR, Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunisation, Roll Back Malaria, the International AIDS Vaccine Initiative and many more

■ ESSAY

Priority setting for health research: Toward a management process for low and middle income countries

Well-defined management and performance processes help bring national plans to life

Sylvia de Haan and Gabriela Montorzi

The setting of priorities to guide countries' health research agendas was already highlighted by the Commission on Health Research in 1990 as an action point within the Essential National Health Research (ENHR) strategy. Since then, many developing countries have set priorities, held workshops and consultations and developed lists to define the directions their health research agendas should take. Today there is a realisation among many research managers that more effort is needed so that research priorities can move into policy and impact. Ideally, the initial priority setting should not be seen as an event, but an ongoing process – one that is owned and valued by all players in the research system.

The definition and setting of priorities to support a national health research strategy is a key function of a country's health research system. In addition to having a research agenda, the health research priorities and the consultation processes needed to generate a credible set of priorities have several other positive effects: agreeing on priorities builds consensus and links between local, regional and national levels; it is an excellent problem solving and strategy setting mechanism; and it helps focus agendas of donors and international health funders on what the country considers as its most important national health research issues.

To date, priority setting activities for health research have been conducted in many developing countries. The Council on Health Research for Development (COHRED) has worked on priority setting with over 25 countries since 1993.

But a closer look shows that the majority of developing countries that have set priorities have progressed only to the first phase – situation analysis, identification of major health problems and development of a list of research priorities to address these problems. It is rare that the effort has been put into action with a funded implementation plan supported by a process for managing the performance and integration of health research priorities into the health research system.

There are numerous publications in the health, health research, science and technology and other sectors describing and testing methods and tools for priority setting for health interventions and health research. But very little information and analysis is available on processes that create successful action following the establishment of national health research priorities.

The main message emerging from consultations between COHRED and research managers in a number of developing countries is that *priority setting can ONLY become an effective and relevant catalyst for shaping policy, if the focus shifts from methods and tools to defining the process to arrive at research priorities.* There is a fair chance that if the research manager can 'get the process right' the rest will fall into place. The actual 'tool' is of less importance.

To 'get the process right', we need to ask six questions:

1. *Is 'health research priority setting' the most appropriate intervention at this moment in time for this country?*

A scan of the country's health, research and political situation will help health research managers decide whether the time is right to start a priority setting process, or whether other areas of the health research system first need to be strengthened. It will also reveal the level of awareness of a need for research to inform health and health care decisions. The key question to be answered: Is priority setting at this moment the most appropriate strategy to help promote equity in health and development through research, or are there other strategies that are more pertinent in strengthening the country's health research system?

2. *Where are the main resources available for health research and who should be involved in setting priorities ?*

Involvement of multiple stakeholders is a key success factor in any health research priority setting process. Partners to be involved include policy-makers, communities, scientists, private sector representatives, international research collaborators, the international donor and development community, and the country's media. In this process, room should be left for 'curiosity-driven' research as this will allow the continued involvement of the country's research community in the process, acknowledges scientific freedom, and will support the development of research that may not be seen as a priority area at the moment of priority setting.

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8. Commission on Health Research for Development (1990). Health Research: Essential Link to Equity in Development. Oxford University Press

3. *How to do priority setting: what methods, tools and criteria?*
Rather than thinking 'which method?' research managers should be encouraged to first reflect on the process and key relationships needed for national priority setting work. Tools and techniques for problem identification and solving are needed to support this process. There are many tools and methods that countries can use to assess their situations. As country settings vary considerably, there is no general recommendation on the choice of 'tools'. COHRED will work with research managers to select what is best suited to the country's needs in its current context.

4. *Starting small…what can be done now?*
Priority setting builds on nationwide data and analysis, and can be made into a very broad-based review. This may initially not be possible in low-resource environments. It is probably better to start 'action-oriented': consider starting small, focusing on a region, community or on specific topics or institutions (i.e. national research councils). Small studies from multiple entry points are a good option. Lessons and experiences from this first study can become the building blocks of a broad national agenda. Focus on actionable issues and include health research system and research capacity strengthening as part of what needs to be prioritised.

5. *How to make priority setting a sustainable process?*
Priority setting should be flexible, mapped out over the short, medium and long term, and subjected to regular review and reflection. When putting priority setting into action, we need to take a practical and realistic approach: while the overall view needs to be long term, there will also have to be 'quick wins' shorter practical steps along the way, to keep and enhance the motivation of all participants. Addressing crises and political imperatives will require specific short-term objectives. Medium and longer term goals and useful milestones should be defined as a part of the plan.
Taking a process perspective puts the emphasis on delivering a plan for implementation, with financial and human resources mapped out (or gaps identified), and including an ongoing performance evaluation component, capacity building and quality improvement.

6. *How to make priority setting a credible process?*
Finally, even in optimal preparation, the use of suitable tools, and involvement of multiple stakeholders, it is likely that i) some partners are not in agreement, or ii) that priorities change over time, sometimes at relatively short notice (e.g. new infectious diseases or newly defined health problems). Experience shows that if the priority-setting process has a window for negotiation and 'appeal', it is much more likely to become a truly national agenda, one in which a much larger proportion of stakeholders can find themselves.

COHRED and Priority Setting

Priority setting is a key function of every national health research system, and we believe that all countries need to have a list of top priorities for health research that has been established by a credible process and is updated sufficiently frequently to reflect current realities in health. Our aim is to support partners at country level to make priority setting work. As part of our new approach, we will continue the learning process around priority setting for national health research in a process designed to bring together an increasing number of practitioners to exchange experiences - in an on-line learning space and in learning interactions throughout the coming years. It is expected that useful country experiences, guidelines and stories of processes that have worked or have not worked will emerge from this learning system over the coming two years. These lessons will further inform our approach to priority setting, and the way in which we support national health research priority setting processes.

Sylvia de Haan is a health scientist and Head of Projects and Programmes at COHRED; Gabriela Montorzi is a biologist and Process Officer at COHRED, working on monitoring and evaluation and on bioethics in research.

This essay is an excerpt from the COHRED Working Paper - Priority setting for health research: Toward a management process for low and middle income countries.
It summarises the first stage in a learning process on priority setting, done initially with health research managers from Brazil, South Africa, The Netherlands, and The Philippines, representatives from the private sector, the Pan American Health Organisation (PAHO) and the Global Forum for Health Research. During 2006 research managers from more countries will be consulted to share experiences. This process will develop and validate approaches to a health research priority setting process.

COHRED Learning on Priority Setting

For more information and learning resources about priority setting in health research see:
www.cohred.org/prioritysetting ■

research sponsors, and more. The goal is to describe in greater clarity the 'web of communication', to understand which strands in the web are least developed, and finding innovative ways of strengthening such communication.

b. The outcomes: - In five years, COHRED will have made substantial inroads into closing the gap between research and impact, through better communication. We will focus on understanding the system, and on working at country level. To achieve impact through communication at the global level, the partnership with the Global Forum for Health Research and the Global Health Watch are further developed, and new ones established with specific technical programmes and institutions (IDRC, SDC, Research Matters, WHO, and others). COHRED will have established several programmes jointly with partner institutions in low and middle income countries to pursue country-based communication. A vibrant peer group of health research communications professionals exists, encouraged by COHRED and partners. Guidelines, approaches and practical examples of how to make research communication work for communities, policy makers and research organisations are captured for these interactions and used widely. And, finally, good evidence that communities can influence national health research agendas in ways that promote research for development.

c. Current COHRED investment: - analysing and describing the key components in communication needed to get 'research to impact'. Development of linkages with key partners (academic, national, and non-governmental) to establish larger capacity for analysis, experimentation and implementation. Development of specific fund raising to enlarge the projects, and training of staff in partner countries.

Action Examples:

1. Communities Matter! How communities can influence national health research agendas.

There are many movements and approaches in developing countries that focus on mobilising communities. Through its work with partners, COHRED has identified the need to have a better understanding of how communities can shape and influence national health research policy and agendas.

Taking the example of the significant increases and shifts in health research investments in the US and other high income countries in areas such as breast cancer which were specifically due to the influence of community groups we see an opportunity to better understand how communities in the developing world can take their place in defining priorities where health research is needed and actually doing health research in certain areas. This initiative started in 2005 with a consultation of experts from Aga Khan University, Pakistan; Institute of Anthropology, Copenhagen University, Denmark; PROCOSI, Bolivia; Ministry of Health, Bolivia; Chitra Tirunal Institute for Medical Sciences and Technology, India; Centre for Science and Environment, India; Community Working Group on Health, Zimbabwe; Monash University, Australia; Afri-Afiya, Kenya; National University of Ireland; Exchange, UK; Harvard University, USA; and Swiss Agency for Development and Cooperation, Tajikistan.

A learning exchange is in progress with a group of specialists and practitioners with a community perspective. With these partners, in 2006, COHRED will develop an approach and examples to guide communities, community based organisations, development professionals and government officials.

Outcomes:

- An approach and guidelines is developed, in 2006, that countries can use to better understand and put their priority setting plans into practice.
- Several countries renew their efforts and implement processes to move priority setting forward.
- A learning community of country specialists emerges to solve problems and share lessons.
- Practical examples are synthesised by COHRED and partners and used by countries.

Who influences countries' health research agendas?

What are the key factors that influence health research agendas in Low and Middle Income Countries? Not surprisingly, there is an undue influence from donors and international health programmes on national research agendas often to the neglect of other local health research priorities.

This is the key finding of a COHRED-New York University study of six countries[1] and nine organisations or health programmes. It analysed the practices of six developing country Health Ministries and research communities; and 11 international health programs and donor agencies[2].

The study suggests a number of changes and improvements that are needed, both at country level and for donors and international health programmes to ensure that country research priorities are, in fact, their own. The study flags three primary areas for improvement: (1) a chronic lack of funds for national health research systems; (2) insufficient attention paid by

1. Cameroon, Cuba, the Gambia, Laos, Nicaragua and the Philippines.
2. Bill and Melinda Gates Foundation, World Bank, World Health organisation, Population Council, Swedish International Development Agency Department for Research Cooperation (Sida-Sarec), Wellcome Trust and Rockefeller Foundation. Input was also received on the Global Forum for Health Research and Tropical Disease Research Special Programme of WHO, World Bank, and UNDP.

2. Country-based science Communication: towards effective knowledge translation for research for health

This multi-country programme on research communication will link NGOs, research communicators and institutes and government actors across several countries. The core activity started in late 2005 as a partnership between COHRED and Makerere University Institute of Public Health in Uganda, with a jointly-appointed African professional based in Uganda to build a regional programme.

This programme aims to go beyond the typical view of translating research to examine:

- Communication strategies, policies and mechanisms needed by research organisations.
- Skills needed by research managers, researchers and leaders of research organisations to excel in communicating research.
- How communities can be enabled to understand how they can influence national health research agendas to take account of their health priorities.
- How to engage with policy makers to communicate health research needs to health researchers.

In its pilot phase during 2005 and 2006, project leaders working in research organisations in 2-3 countries will form an advisory group of different health research stakeholders, map researchers in the country and design and execute an information campaign to promote the importance of national investments in health research. Country project leaders will work as a peer group to advise each other, review results and share experiences. A similar activity is being developed in Central Asia. The lessons and advice from this experience will be used to expand the project. Over 2-5 years, project leaders will advise peers to tackle these issues in other developing countries.

An additional component of this activity is an evaluation of the need of course material for science communicators and research managers, a joint activity of COHRED, the African Medical and Research Foundation (AMREF), Makerere University and the Imperial College London Science Communication Masters Programme is under discussion.

Outcomes:

- Research institute: Increased skill level of health research institute staff member and effectiveness of institute in translating research. Development of a communications strategy and human resources criteria for research communication.
- Country: New relationships between health researchers, community, media/civil society and government. Raised awareness of health research activities and needs among decision makers.
- Region: Lasting community of communications professionals created. Sharing of lessons and learning between countries continues.

5. "HR-HR" Improving Human Resources for Health Research"

a. The goal: Strengthening Human Resources for Health Research in low and middle income countries. Human Resources for Health (HRH) focusing on national health systems, care and service delivery is a well developed theme in the health and development sector, and will be the theme chosen by the WHO for its 2006 Annual Report. In contrast to general HRH, the human resources needs for health research is neglected by the report and by many other health workforce initiatives. If research for health is to play its full role in development, then a specific focus on HR-HR is needed.

COHRED initiated a dialogue with the Global Forum for Health Research in exploring HR-HR as a theme for the first regional health research forum. Africa was chosen as first priority, and a partnership has now developed comprising the African Council of Sustainable Health Development (ACOSHED), the African Health Research Forum (AfHRF), the African Medical Research and Education →

Research agendas... (Contd.)

international health programmes to the health research priorities of host countries; and (3) countries' lack of strong research agendas. This creates a tendency for some donor projects and international health programmes to distort national health research agendas and erode the capacity of countries' researchers and research systems. This creates fragmentation and encourages 'musical chairs' where researchers hop from one short-term research project to another.

Action Points for Countries

- **Set national health research priorities** for a strong and accountable national structure and have a process for engaging with donors and health programmes around your health research agenda.
- **Develop a capacity strengthening strategy for research and research management** in the national research agenda. Build targets into negotiation with donors and health programmes.
- **Build fund raising skills** in key members of your research community. Develop knowledge of innovative funding approaches by other countries.
- **Create a communication channel to government leaders** that reinforces the message: *"improved research = improved health"* ■

ESSAY

Managing research for health

All other sectors of the national economy have cultures and systems of professional management. Why not health research systems?

Carel IJsselmuiden

The Commission on Health Research for Development was grounded in the belief that research is an important tool in its own right to help societies move toward development and equity. In a far-sighted set of recommendations, countries were asked to invest at least 2% of their health sector budgets in health research, and donors were asked to invest an additional 5%. Countries across the developing world were encouraged to engage in 'essential national health research' (ENHR) to help focus these research investments on achieving health equity and development (now called 'poverty reduction').

Country-based activities were to be complemented and supported by global action: a platform to gauge progress the Global Forum for Health Research and to mobilise resources and global partnerships. Today there are over 100 Global Health Initiatives and Partnerships (GHI/GHPs).

Yet, despite the achievements there remain major inequities in health, and global activities overshadow and may be even paralysing strong country-driven systems and solutions. It is perhaps the difficulty in rolling out Anti-Retroviral Therapy that made us realise that the success of global activities depends critically on the strength, flexibility and overall capacity of national systems. In the context of health research, the key challenge to the effectiveness and long-term sustainability of national health research systems may be their ability to deal with the multitude of GHPs, donors and other sponsors in a way that builds rather than fragments the system.

The need for short-term product development, misperceptions about capacity in the south and the lack of interest by research sponsors to help build capacity as part of the research investment means that southern organisations often remain the 'junior partner' in health research in their country. This situation also creates 'internal brain-drain' of local talent toward new, externally-sponsored research projects. This brings little, if any, correlation or aligning of research programs to build a nation's capacity to manage its own health research system. Conversely, internal factors such as lack of merit-based employment systems in health research, absent incentives in remuneration, and lack of facilities, spur the loss of good people to health research and serve to discredit research as a career for the 'next generation'.

At the same time, many developing countries do not 'manage' their national health research as a national asset that can be directed to produce more health, more equitably in a more efficient manner. In the developed countries, there are various models, usually focusing on public sector research funding, sometimes including private health funding, and with increasing frequency linking health research to the science and technology sector. And, even in high income countries are there systematic attempts to link research to measurable implementation.

The situation is worse in developing countries, yet the Ministerial Summit in Health Research, in Mexico 2004, gave health research a boost. A group calling themselves 'innovative developing countries' is now taking measures to prioritise, fund, select partners, and accept some help while refusing other donor support that does not fit the defined national health research agenda. But even in this group, few, if any, attempt to evaluate the impact of health research on health in their own population. In other words, there is no attempt to ensure that health research becomes 'research for health'.

COHRED believes that tools and methods are important to assess systems, evaluate projects and assist policymakers, researchers and communities to focus research. We also strongly believe that the people responsible for steering national health research and for optimising its impact on a country's entire population the 'research managers' are even more important. Yet, for them, there are few resources, few places to learn, to meet, to exchange, to get mentorship. It is surprising that this core area of health research systems seems to be missing in 2006, the year of human resources for health and, indeed, in COHRED's own work in the past.

For this reason, 2006 will start with a think tank to promote learning between 'national research managers'. It will continue with a learning platform focusing on both explicit and experiential learning of those in positions and institutions tasked with developing health research to the level that it can legitimately be called 'research for health'. In 2005, we laid the basis for this understanding next year we will start acting on it and, from there, we hope it will become a global learning mechanism that will enable countries across the globe to better manage health research as a public good.

Carel IJsselmuiden is Director of COHRED. He is a public health physician and epidemiologist, and has worked for over 20 years in rural and urban health care, environmental health services in Africa, and ethical aspect of international health research. He has published extensively in several aspects of public health. Prior to his coming to COHRED, he was the founding director of the University of Pretoria, School of Health Systems and Public Health. ■

Foundation (AMREF), EQUINET, and the IDRC/GEH.

b. The outcomes: - Already, the note on human resources for health research has been taken up by others, including the WHO. Understanding of the processes needed to optimise HR-HR is the key outcome now, and, of course, action based on this understanding later.

c. Current COHRED investment: - From 2-5 July 2006, a workshop on HR-HR specifically looking at innovative ways of supporting research for health will be arranged in Nairobi. The key themes of the meeting include i) general human resources, ii) networking, iii) communication and iv) community involvement (i.e. 'organised civil society') in shaping research agendas. Based on findings of this workshop, a further agenda for work will be determined. The process and Africa expert meeting may be the first holistic look at human resources needs in the health research for development context. This initiative looks at and goes beyond the needs of 'high level researcher capabilities' to better understand all human resource needs required to 'make health research work ... for equity and development in Africa'. The emphasis will be on translating research into action and specifically how networks can help achieve this. ■

■ Organisational Developments

COHRED 2006-2010 Strategic directions and performance targets

IIn 2005, the COHRED team completed a round of reflection and organisation-building to prepare for the coming decade. Our goal is to build the organisation as a positive force and partner to *enabling research for health in the developing world.* COHRED will be more clearly configured to represent the fact that it is one of a few (less than 1/40) of global health partnerships that is 'majority-controlled' by developing country health research stakeholders. We define COHRED now as a 'southern alliance with key northern partners', as two-thirds of the COHRED Board members come from developing countries. To achieve its increasing responsibilities, COHRED targets growth and the creation of a multi-country, networked structure - most of which will be outside Geneva in negotiated partnerships with developing country institutions. In this manner, we will become a networked organisation that reflects ownership by developing countries also at operational levels.

The 'easy parts' of this concern the logistics of our programmes, and during 2005 we have taken our website development and maintenance to Sri Lanka, and our financial management system is being set up to be operated from South Africa towards the end of 2006. To do this, we have had a substantial internal management transformation work over the last two years to enable us to be better placed as a results-based organisation.

Our agreement with the Medical Research Council of South Africa under which administrative support for COHRED programme activities in Africa could be provided from Cape Town rather than from Geneva was not extended: while we learned a lot about decentralised operations, it was a case of 'too much too soon' and we could not provide sufficient support for this initiative to grow into a unit in the short term. ■

Defining the comparative advantage: results of strategy session at the COHRED staff retreat

Other partners

It is clear that the major increase in activities and demand for specific inputs rather than for generic promotion of ENHR requires us to think carefully about staff implications and strategic alliances. Careful identification of our partners will become a key success factor in the near future, and spending adequate time on nurturing potentially productive partnerships has become core to the work of all staff.

Several partners have been mentioned throughout the text, but we want to highlight specifically our collaboration with the Global Forum for Health Research. COHRED and the Global Forum for Health Research are taking a further step in exploring the opportunities for collaboration between the two organisations. This process had started in 2004 through an informal but purposeful agreement between the directors of the two institutions. In March 2005, this initiative resulted in the signing of a Memorandum of Agreement by the chairs of the governing bodies and the two directors aimed at institutionalising the programme of joint activities. In March 2006, the governing bodies of the Global Forum and COHRED will review progress to date and encourage the two organisations to consider further options for working together.

We believe that a strong partnership linking the global and local levels will benefit the role that health research can play in developing low income countries. At the same time, we believe that there are key organisations in each of the continents with whom COHRED can and should engage to enhance country-based support for health research systems. During 2005, initial connections were made with several organisations, and 2006 will hopefully see some early partnerships come to fruition. ■

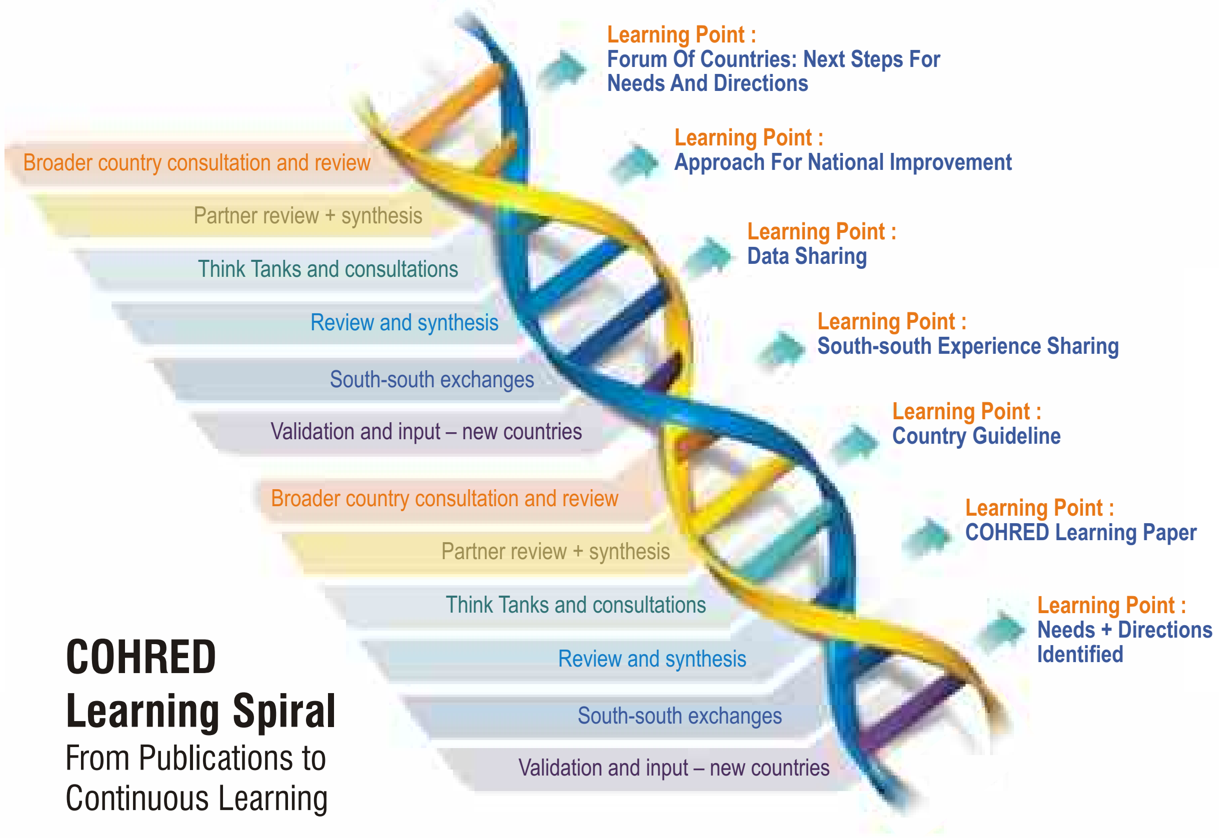
Exploring new learning approaches

Publishing, information products and meetings of professionals are important avenues to improve national health research systems and change thinking on health research. But none of these realises the full potential of health research professionals or policy makers to share experiences and practical approaches across regions and countries. New learning approaches are required.

COHRED Learning Framework
COHRED is committed to improving the quality of learning and sharing for improved research for health. Starting 2006, COHRED is exploring new approaches, aimed at speeding the cycle of learning on health research approaches, between developing countries, their institutes and with northern partners.

Technology supported
While technology helps to make information quickly available, it also 'democratises knowledge', no longer is it the domain of the affluent. Anyone with access to a computer can access substantive knowledge (raw or translated) needed to improve the health of themselves or their families. COHRED, as a 'southern alliance with key northern partners' encourages the open access to information as a key to development.

COHRED Learning Spiral
To increase learning among partners, COHRED has started a learning spiral approach, where interested partners are invited to interact on issues of improving research for health at country level. The spiral is a continuous consultation among interested people (both on-line and face-to- face). At specific points learning papers, articles, guidelines, and recommendations are synthesised and published. The learning spiral continues, bringing in a growing number of country partners to learn from the experience of others. Think Tanks and publications are an integral part of the learning spiral, as milestones not isolated events.



COHRED Learning Spiral
From Publications to Continuous Learning

Two COHRED learning activities will begin with partners and on the COHRED website in 2006:

- Practical approaches to National Health Research Systems assessment;
- Setting national priorities for 'research for health'.

COHRED Think Tanks listen and learn with partners.
To better inform our thinking on progress in research for health in developing countries, COHRED convenes Think Tanks as a part of its yearly work program. These consultations bring together groups of experts to discuss problems and share experiences on country needs and approaches to research for health. These interactions serve to validate the latest thinking on and keep COHRED and country partners in touch with the latest issues on research for health *(see Program and Activity developments, Start of Section 3)*

COHRED has convened think tanks on:

- A Reflection on COHRED organisational strategy.
- Communities Matter!.
- Priority Setting in Research for Health.
- Practical approaches to National Health Research System analysis.
- Positioning COHRED for another relevant decade.

■ ESSAY

Communication skills and pathways to improve the effectiveness of health research

The ability to translate health research for various users is vital for research organisations. But equally important for communicators are skills in engaging research policy shapers and the public to involve them and prepare them to be able to absorb the results of health research.

Michael Devlin and Jennifer Bakyawa

In the past decade, the communication of science and research results to inform and influence different beneficiaries in society politicians, students, implementers of projects, development NGOs or local communities, for example has emerged as a profession in its own right. Today's trend in the profession is that translating 'repackaging' - technical or scientific information into a more user-friendly format will increase the uptake of this research. Clearly, translating and summarising research for use by policy makers, implementing NGOs or local communities, will increase the value and usefulness of health research.

Translation is but one of three important aspects of research communication. The other two involve engaging directly with potential users of health research to understand their needs and to bring their perspectives into the research cycle.

This paper provides the rationale for a linked approach in research communication between the following three activities:

- A process for target-group driven translation of health research
- The creation of a two-way dialogue between researchers and policy makers as part of the research process
- And, building links with policy-shapers: the intermediaries between researchers and policy makers communities, NGOs, special interest groups, and the media.

Research translation

While there is general agreement on the importance of 'research translation', there is also a lack of clarity on what it entails, and, especially, whose domain or responsibility is it, and what skills and *behaviour* are required for a research organisation to excel at it ?

From a practical point of view, the answer is that research communication and knowledge translation are the business of everyone in the organisation. Different communication roles must be defined and skills developed by research organisations.

Communication roles - ideal behaviour we would like to see

Directors

The director needs to provide political backing and funds for communication within the institute. The behaviour that a director should display is to put communication and translation of results at the same level of importance as research, and ensure that it is funded by research projects or activities[4]. Often the synthesis and translation of research is a separate, less funded, activity.

The list of constituents that the organisation needs to reach and influence to be successful is often not explicit and even if available is often biased towards the Director's networks and probably out of date. It is crucial that the constituents' list be made explicit, ideally in an interaction with research programme leaders and communications specialists. Answering the key questions of *'whom to communicate to?', 'what to communicate?'*; and *'what is the desired change that should result from the communication'* will guide the establishment of a robust communication approach.

Research programme leaders

Research programme leaders need to ensure that a communication focus is integrated into the research programme by doing three things:

- **Include an explicit communications component and budget in every research project** that they manage. Communications specialists will use a technical report or peer reviewed output as a starting point for translating this 'finished' work into material useful for other audiences. This work needs to be planned and funded as a part of research.
- **Establish a routine for summarising and reporting on progress in individual research projects.** This information can be linked to the monitoring and evaluation or project management system, and should be managed and updated by the individual researcher or project leader. Summaries should guide researchers' thinking on questions such as: what is unique about this work?; who can benefit from it?; what is the most recent development in the project?; how do you see it being used to improve people's health? Having this information handy allows management and communicators to harvest information on the research programme at any time in the research process.
- **Work with communications colleagues** to develop and maintain a system that works for you one that produces practical and useful information for the organisation in spite of resource constraints.

Researchers

In executing their work, researchers should be helped to understand and operate as a part of the institution's communication system. They should be encouraged to think about their project in terms of who might use the results of their work or who it will benefit and how. Research programme leaders provide oversight and make clear the requirement for researchers to consider and define the ultimate aim of their work in terms of benefits to a specific user group. Communications colleagues provide encouragement and advice to this process, and harvest the research information for various practical purposes.

We believe that the goal of an effective institutional communications approach is to allow researchers to concentrate on delivering good research, while providing information, explanations and →

4. A useful guideline is the DFID recommendation for research it supports in all sectors, calling for 10 percent of the project budget to be allocated to communicating the results.

context that help the organisation track, harvest and communicate its benefits.

Communicators

Communications specialists, acting with full support (and budget!) from management will bring alive the practical aspects of communication in the institute. In addition to packaging information and producing the information products (general information, policy syntheses, user materials, etc.) that make the organisation known, they will provide advice and support to research colleagues to support their participation in communicating research.

> **Good research is relevant research**
> - If it has been communicated effectively to those who need to act on it,
> - In a format that they can understand,
> - In a time frame that allows corrective action to be taken.

Neglected areas of research communication:

1. Dialogue with and capacity building for 'policy-shapers'

Being better at translating, summarising or packaging research is imperative. But this is only part of the picture. Emerging thinking on 'research-to-impact' shows the benefits of involving policy makers and government officials in the planning and execution of the research process[5]. The research community, supported by research communicators, should engage in dialogue and capacity building with *policy makers* government officials, and *policy shapers* intermediaries with the potential to inform their thinking, including the media, NGOs and others. These groups need to be invited to participate in parts of the health research process in their country.

Policy 'shapers' and Policy 'makers'

Seen in this way, research communication is less about one-off 'publish-summarise-disseminate' events than about focused preparation of decision makers and those who can influence them to appreciate and use the products of national research systems. From this perspective, research communications activities and research communicators are 'enablers' of dialogue with research constituencies.

This approach is not about 'training government officials' but about preparing everyone involved research for health including media, community representatives, NGOs, civil society, development partners, research sponsors, and individuals.

In Uganda, the Makerere University Institute of Public Health will be testing this approach in 2006 in a number of 'discourses' (round table interactions) on research for health, which bring together various stakeholders to exchange on a specific topic such as the theme of a current research programme, neglected areas that need to be researched, national priorities, usage of research in the national system to actual application to fight disease in the country, and other areas. When well executed, these exchanges will have multiple effects: they will build trust and new links, educate participants on the importance of the work being done; inform them of the research programme; present results of completed work and make a call to action, and, hopefully, re-align the institutional research agenda more with national health research priorities.

2) Dialogue with and capacity building for communities

How communities can influence the research agenda[6]

Building links with communities presents another opportunity to improve the effectiveness of research through communication. Typically, the 'community focus' of health research is involving it in data collection, participation in projects, trials, with possibly a communications aspect by the researcher or organisation to feedback to the community at the end of a study.

In the development paradigm, most peoples' perception of community is that of villages, or rural or urban neighbourhoods. In practice, in the health research context, a community is much broader than geographical proximity: it should be seen as any group of people with a common interest or characteristic that has the potential to inform the health research process. They could be pregnant mothers, the homeless, drivers, those suffering from or susceptible to a specific disease, health workers, and so on.

As important clients of health care services and systems, the general public should become a more active player in defining needs and sharing national research agendas. Examples from developed countries are patient organisations, NGOs and quasi-government bodies that run national mechanisms for gathering input and reaching consensus between all health stakeholders in society (e.g. health researchers, health professionals, patients/consumers and the general public). In their most developed form[7] - these groups and processes influence definition of the national health research agenda, and on the output side are involved in translating research for use by beneficiaries.

While this approach is really a new way of engaging all stakeholders in the research process, it also presents a significant opportunity for research communicators to provide support 'to make health research work ... *for everyone'*. Their efforts can include: informing community members on progress of the research project; receiving and commenting on findings with communities; starting dialogue on the design of research and discussing the relevance of results and how they can best be translated for use by the community, and, of course, on how to relate the research findings to everyday living so that it becomes 'active knowledge'.

Michael Devlin is head of COHRED's knowledge sharing, communication and advocacy programme; Jennifer Bakyawa is a science journalist and project leader of the Uganda research communication programme, a joint activity of COHRED and Makerere University Institute of Public Health, Uganda. Both are running the COHRED country based- research communication and knowledge sharing program which promotes sharing of experience between science communicators across several developing countries. See www.cohred.org/research communication ■

5. Lavis JN. Research, public policymaking, and knowledge-translation processes: Canadian efforts to build bridges. The Journal of Continuing Education in the Health Professions. 2006; 26(1):37-45.
6. The COHRED work programme has a theme and is working with partners to develop this topic see www.cohred.org/communities
7. ZonMw, The Netherlands Organisation for Health Research and Development (Zon-Mw www.zonmw.nl.) has highly developed processes for involving diverse opinion in the shaping and translating of national health research. Another example is how patient groups and a people's voice have impacted investments breast cancer research in the US.

COHRED Board 2005

During 2005, the following developments took place in the composition and internal organisation of the Board:

Board composition: Four members stepped down at the end of their second three-year term: Dr. Samia Habbani (Sudan), Dr. Soumaré Absatou N'Diaye (Mali) and Dr. Izzy Gerstenbluth (Curaçao) completed their second term and Dr Mahmoud Fikri (United Arab Emirates) completed his first term and was not available for a second term. In August 2005, Prof. Abbas Bhuiya (Bangladesh), Prof. Jo Ivey Boufford (United States) and Dr. Sambe Duale (United States and Democratic Republic of Congo) were elected as new members of the COHRED Board.

Internal organisational changes:

- At its annual meeting held in Nicaragua, the Board elected Prof. Ernesto Medina as Vice-Chair of the Board.

- To provide better support to the Director and organisational oversight, the Board decided during the same meeting to establish several Standing Committees and allocate themselves to these for an initial period of one year. The Director (or his designate) will be a member of all committees. The Standing Committees are: the Program Development Committee, Budget and Finance Committee, Fund raising Committee, Human Resources Committee, and a temporary Board Member Selection and Recruitment Committee. In addition, it was reconfirmed that the chairs of the permanent committees together with the chair and vice-chair of the Board and the director of COHRED constitute the Executive Committee of the Board.

COHRED Board Members during 2005

The list below shows the Board members and the Standing Committees on which they serve. *(In alphabetical order: current members' names are printed in bold face).*

Prof. Gopal Acharya
Department of Medicine
Tribhuvan University,
Institute of Medicine
Nepal
Programme Development Committee

Prof. Abbas Bhuiya
Senior Scientist
Head, Poverty and Health Programme &
Social and Behavioural Sciences Unit,
Public Health Sciences Division,
ICDDR,B: Centre for Health
And Population Research
Bangladesh
Programme Development Committee;
Selection and Recruitment Committee

Prof. Jo Boufford
Professor: Public Administration
New York University
United States of America
Chair: Human Resources Committee;
Member of the Executive Committee

Dr. Somsak Chunharas
Secretary General
National Health Foundation
Thailand
Chair: Programme Development Committee;
member of the Executive Committee

Dr. Sambe Duale
Infectious Diseases Specialist
Tulane University, New Orleans
United States of America
Programme Development Committee; Fund
Raising Committee; Selection and
Recruitment Committee

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

Dr. Izzy Gerstenbluth
Head of Epidemiology and Research Unit
Medical and Public Health Service
Curaçao, Netherlands Antillles

Dr. Samia Habbani
Private Consultant
Republic of Sudan

Prof. Carel IJsselmuiden
Director, COHRED
Switzerland / South Africa
ex-officio member of the Board; member of
all Standing Committees; Chair: Fund Raising
Committee

Prof. Marian Jacobs
Dean: Faculty of Health Sciences
University of Cape Town
South Africa
Chair: COHRED Board; Chair: Executive
Committee; member of Fund Raising
Committee

Prof. Maksut Kulzhanov
Rector
Kazakhstan School of Public Health
Kazakhstan
Human Resources Committee

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

COHRED Board Members during 2005

Prof. Stephen Matlin
Executive Director
Global Forum for Health Research
ex-officio member of the Board
Switzerland/United Kingdom

Prof. Ernesto Medina Sandina
Rector: Universidad Nacional Autónoma de Nicaragua - León (UNAN)
Nicaragua
Vice-Chairperson of COHRED Board;
Chair: Budget and Finance Committee;
Member of the Executive Committee

Dr. Soumaré Absatou N'Diaye
Head: Department of Community Health
National Institute of Research in Public Health
Mali

Dr. Delia Sánchez
Grupo de Estudios en Economía Organisación y Políticas Sociales (GEOPS)
Uruguay
Chair: Selection and Recruitment Committee

COHRED Staff
COHRED Directorate in 2005

(In alphabetical order the names of current staff members are printed in bold face)

Ms Jennifer Bakyawa
Project Coordinator
Communication and research translation
Uganda
(started as short term consultant in April 2005)

Dr Martine Berger:
Special advisor,
France
(Part-time)

Ms Amanda Dawood:
Senior Administrative Officer
South Africa
(On secondment from the South African Medical Research Council; until December 2005)

Ms Sylvia de Haan:
Head: Projects and Programmes
The Netherlands

Mr Michael Devlin:
Head: Knowledge Sharing,
Advocacy and Communication
United Kingdom
(from July 2005)

Ms Valérie Depensaz:
Senior Administrative Officer
Switzerland
(from January 2005)

Prof Carel IJsselmuiden:
Director,
South Africa

Dr. Zarina Iskhakova:
Project Coordinator Tajikistan
Tajikistan
(from May 2005)

Dr Andrew Kennedy:
Scientific Officer,
United Kingdom

Dr Gabriela Montorzi:
Process Officer,
Argentina
(from October 2005)

Ms Lisa Myers:
Communication Officer,
Switzerland
(until March 2005)

Ms Claudia Nieto:
Research Officer,
Colombia
(was administrative staff to March 2005, since then, Research Officer)

New Faces

2005 saw the arrival of four new members of the COHRED team:

Dr. Zarina Iskhakova
Project Coordinator Tajikistan.

Professional background:
Medical doctor, specialised in gynecology and obstetrics. Experience in medical practice and community health in Tajikistan.

COHRED responsibilities:
Coordinator of Tajikistan project: mapping research and research-to-policy interactions. It is linked to a larger Swiss Agency for Development and Cooperation-supported activity on strengthening health research capacities in support of health sector reform. She is based in Dushanbe and employed 50% by COHRED.

Michael Devlin
Head, Knowledge Sharing,
Advocacy and Communication.

Professional background:
Specialist in science and policy communication and knowledge sharing. Six years as Chief Knowledge Officer for the International Water Management Institute (CGIAR agricultural research system) in Sri Lanka, working in Asia and Africa. Past experience in corporate public affairs; communications consultant, designing information strategies and campaigns; managing large websites and publications; led synthesis of several research and policy studies for European Union programmes. Degree in Journalism.

COHRED responsibilities:
Manages COHRED's knowledge sharing, communications and advocacy activities, in particular the programme on country based knowledge sharing and communication. He is based in Geneva and employed full-time.

Publications and Key Outputs

1. Papers

Slack C, Stobie M, Milford C, Lindegger G, Wassenaar DM, Strode A, IJsselmuiden C.
Provision of HIV treatment in HIV preventive vaccine trials: A developing country perspective.
Soc Sci Med 2005; 60:1197-208

IJsselmuiden C, Jacobs M.
Health Research for Development: Making Health Research Work….For Everyone
Scand J Publ Health 2005; 33: 329-33

IJsselmuiden C, de Haan S, Kennedy A **Essential Health Research. In: Global Health Watch 2005-2006. An alternative world health report.**
McCoy D, Rowson, M, Eds. Chapter E7. London Zed Books, 2005; 339-350

de Haan S, Wyss K, Kulzhanov M.
Health Research in Central Asia
Global Forum Update on Research for Health Volume 2, 2005; 154-157

2. Other publications and information

National Health Research
(Policy summaries as prototype for new COHRED publication launched at Forum 9 Mumbai).

- Lack of Cooperation on Country Needs Makes Research for Health Less Effective.
- How Can Countries Assess Global Fund resources for Operational Research?
- Communities Matter! How communities can shape and influence national health research agendas
- Health Research in Central Asia. Progress and obstacles to reform: Lessons learned from 15 years of transition.
- Innovative ways of funding national health research: Could these examples work for you?
- What are the factors influencing national health research agendas?

A study based on inputs form Ministries of Health, national research communities, international foundations, bilateral and multilateral agencies Cameroon, Cuba, The Gambia, Laos, Nicaragua, the Philippines.

What activities and strategic partnerships are needed to bring new skills to schools of public health?
(Statement circulated at Forum 9, Mumbai)

Web Resource Area - Health Research in Central Asia
(Overview of the health research and reform situation; links to key policy documents and actors.)

Posters - For COHRED sessions at Forum 9 Mumbai and other key meetings.

3. Publications currently in preparation from 2005 workplan

Factors Influencing National Health Research Agendas
National Health Research (Policy Briefing)

Priority setting for health research: toward a management process for low and middle income countries
COHRED Working Paper

Factors Influencing National Health Research Agendas
COHRED Record Paper

How Communities can Influence National Health Research Agendas: Concepts and Approaches
COHRED Record Paper

Think Tank on preparing COHRED for the next ten years
COHRED Record Paper

External Review of the Council on Health research for Development
COHRED Record Paper ■

New Faces... (contd.)

Dr. Gabriela Montorzi
Process Officer.

Professional background:
World Health Organization Fellow in Ethics and Health Department and in the Research Ethics Review Committee, evaluating and analysing ethics review processes for human research. Cardiovascular research scientist at the Swiss Federal Institute of Technology. Degrees in Biology, Bioethics and Law; PhD in Life Science.

COHRED responsibilities:
Creating and managing workflow processes, monitoring and evaluation. Member of Priority Setting project team, working with country partners to strengthen national health research. She is based in Geneva and employed 80%.

Jennifer Bakyawa
Project coordinator, communication and research translation Uganda.

Professional background:
10 years in journalism in Uganda covering health, health research and development. Regular articles published in (national) The New Vision, The Monitor and the Weekly Observer; East African (regional) and Panos news agency, Women's eNews, Interpress Services, Bundeszentrale fur Politische Bildung und Kultur Austausch (international).

COHRED responsibilities:
Leads activities on communication and research translation in Uganda - a joint activity of Makerere University Institute of Public Health; member of the COHRED multi-country initiative which builds knowledge translation skills of researchers and institutes, link with communities, and builds the capacity of policy makers in communicating to researchers. She will be based in Kampala and employed 50%. ■

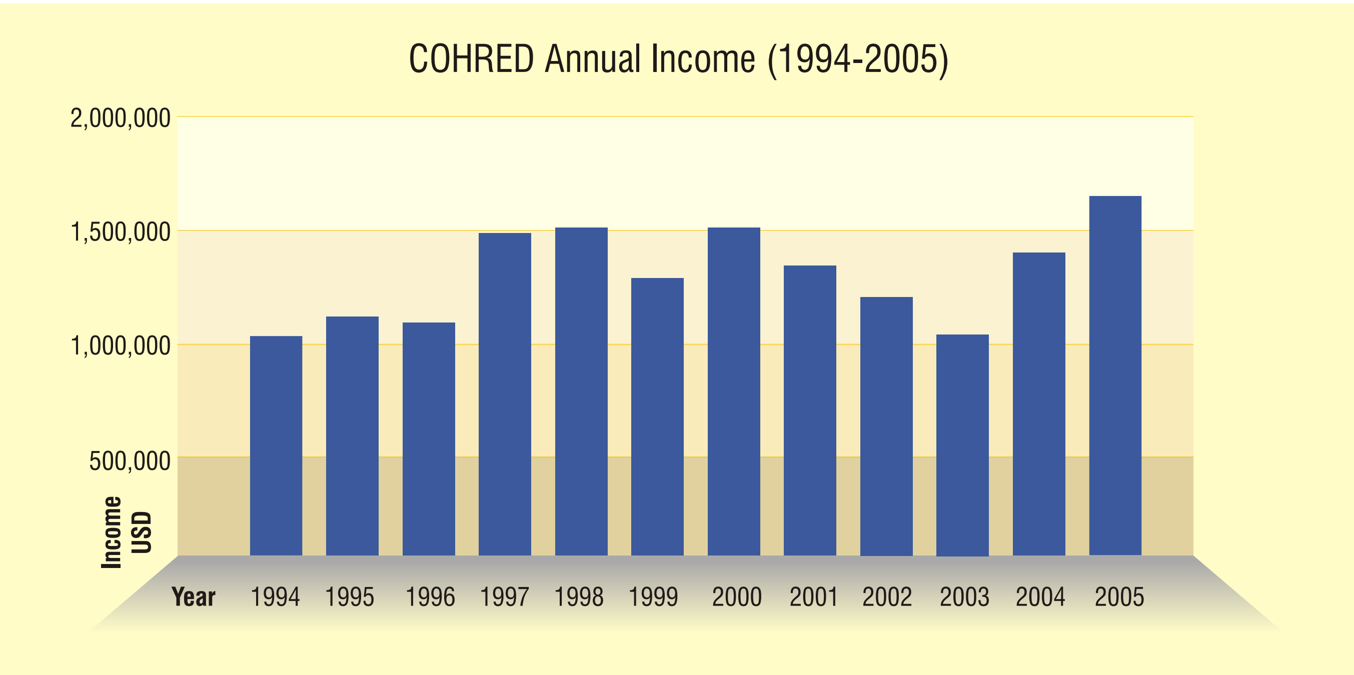
Financial Statements

Year ended 31 December 2005

Contributor or source of funds	Country	Received 2004 USD	Received 2005 USD
Royal Danish Ministry of Foreign Affairs	Denmark	165,191	-
Swedish International Development Cooperation Agency, Department for Research Cooperation, SAREC	Sweden	597,866	548,485
Swiss Agency for Development and Cooperation	Switzerland[1]	728,090	707,194
Academy for Educational Development	USA	68,920	-
Swiss Agency for Development and Cooperation Tajikistan Contributions	Switzerland	-	38,646
Development Cooperation Ireland	Ireland	-	146,813
International Development Research Center	Canada	-	75,383
	Total contributions	**1,560,067**	**1,516,521**

Note:

1. Included in USD 707,194 received contribution is USD 11,569 reimbursement of expenses on the external evaluation project. In addition, out of USD 687,700 confirmed pledges USD 4,795 relates to the external evaluation project.



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