

Networking to address global health challenges

*Translating policy to action
to improve health systems*

The COHRED Group



Carel IJsselmuiden, Francisco Becerra Posada

7th IANPHI Annual Meeting
Mexico City, 2 October 2012



HEALTH RESEARCH

ESSENTIAL
LINK TO
EQUITY IN
DEVELOPMENT



◆
Commission
on
Health Research
for
Development
◆

1990

Findings:

“10/90 Gap”

Recommendations:

- 1. ENHR***
- 2. Increased
Global Funding**
- 3. Research
Partnerships***
- 4. Global Platform**



Support research and innovation systems

... for health, equity and development

Fair Research Contracting

Fair Research Contracting Meeting at the Bellagio Centre, 22-26 October 2012
www.cohred.org/bellagio-meeting

Health Research Web

The interactive, qualitative website for everyone involved in research for health to interact, share data and experiences and ideas.
www.healthresearchweb.org



Your research management process at your fingertips
www.rhinno.net

Director's Corner

'COHRED joins consortium for supporting EU-Africa research...'
[Click here to see.](#)

News, Events and Useful Resources



'Research and innovation for health Latin America' – conference report
September 25, 2012, 11:05 am

Publications: [2011 COHRED Annual Report](#)

Bringing together changemakers for health research and innovation



COHRED

We aim to improve health, equity and development by supporting countries to develop strong research and innovation systems. We work globally, but prioritise low and middle income countries.

We have **two primary goals**:

- to support countries to optimize their research and innovation capacity for the improvement of health, equity and socio-economic progress
- to engage outside agencies whose actions impact on the research and innovation capacity of low and middle income countries – with the aim of ensuring that their actions are system-supportive.

COHRED – *organisational footprint*



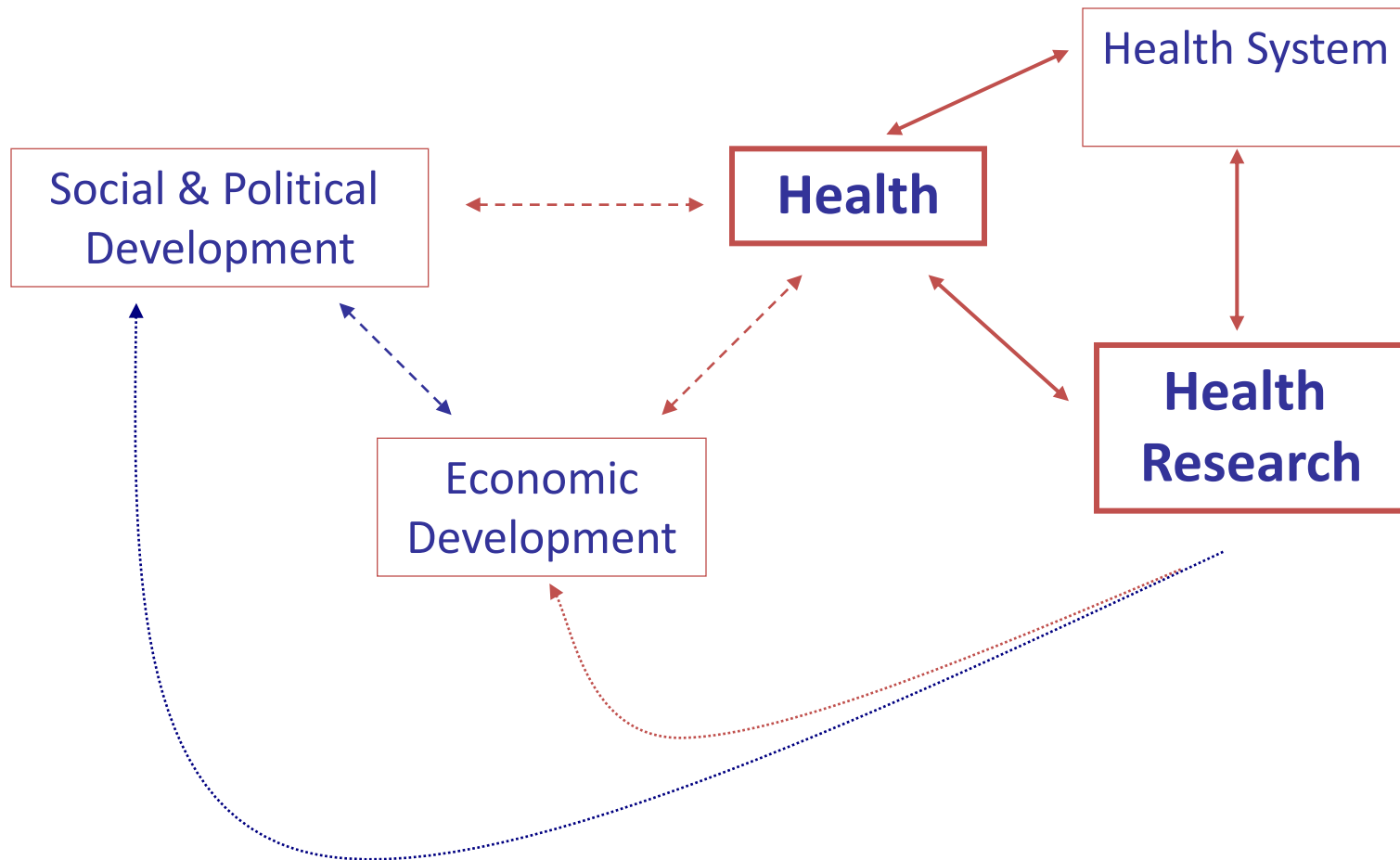
IANPHI

- The International Association of National Public Health Institutes – IANPHI – is a global initiative that aims to develop stronger and more coordinated public health systems through the development and support of national public health institutes – or NPHIs.

IANPHI is also a professional association for NPHI directors, providing a platform for advocacy and collective action in addressing public health challenges and opportunities.

- <http://www.ianphi.org/who-we-are/>

health research vs research for health



- **Research** = generating knowledge
- **Development** (as in 'R&D') = translating knowledge into useful products, technologies, methods and tools
 - (also 'technology' as in 'S&T')
- **Innovation** = scaling up – so the products become available to all who need it anywhere

- ***Innovation*** = scaling up – so the products become available to all who need it anywhere
 - Technical
 - Social

KNOWLEDGE CENTER | **IHI OFFERINGS** | **USER COMMUNITIES** | **EXPLORE BY INTEREST**



[Learn More ^](#)

Shared Decision Making

In a two-part interview, the Mayo Clinic's Victor Montori explains the concept of shared decision making, describes some free innovative tools, and tells a touching story about an elderly patient.

▶ 1 2 3 4 5



Out of the Blocks: Where Does Health Care Go from Here?

November 8 | Washington, DC
 Join Senators Tom Daschle and Bill Frist, Dr. Nancy Snyderman, Dr. Donald Berwick, Dr. Gary Kaplan, more...

Next on WIHI: IHI's Free Audio Program



Navigating the Elections with a Clear-Eyed View
 Friday, October 12 | 1:00-2:00 PM ET
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- A feature-length file, *Escape Fire: The Fight to Rescue American Healthcare*, premieres October 5; read more on [IHI's Leadership blog](#)
- [New hope for mothers and newborns in Africa](#): Read the *Huffington Post* blog post by IHI SVP Dr. Pierre Barker

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- [IHI Open School](#)

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This Week at IHI

Upcoming IHI Offerings



Healthy Employees, Lower Premiums: How to Get the Health You Pay For

October 23-24 | Boston, Massachusetts
 Reduce health care costs while maintaining high-quality care



Reducing Avoidable Readmissions by Improving Transitions in Care

October 18-19 | Boston, Massachusetts
 New dates added!



24th Annual National Forum on Quality Improvement in Health Care

December 9-12 | Orlando, Florida
 Enroll by October 1 and save \$100

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- [Take an online course](#)
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The Quality Champion's Improvement Toolkit

how to get policy into action x

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www.healthpolicyinitiative.com
Moving from **Policy** to **Action**
They must be put **into** practice

[PDF] [Turning Policy into Action](https://www.det.nsw.edu.au)
<https://www.det.nsw.edu.au>
File Format: PDF/Adobe Acrobat
7 Aug 2009 – Step 2: Reflecting on
Aboriginal education and training

[PDF] [Putting the Policy into Action](http://www.oecd.org/investment/)
www.oecd.org/investment/
File Format: PDF/Adobe Acrobat
by R Newfarmer - 2005
Action: Next Steps. Richard Newfarmer
Investment ... different strategies

how to get policy into action x

← → ↻ 🏠 https://www.google.fr/webhp?source=search_app#hl=en&output=search&sclient=psy-ab

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[Translating Words into Action – USAID's Gender ... - USAID Impact](http://blog.usaid.gov/.../translating-words-into-action-usaids-gender-...)
blog.usaid.gov/.../translating-words-into-action-usaids-gender-...
2 Mar 2012 – USAID **Impact** Photo Credit: Nancy Leahy/USAID. Where to? ... Still, as we all know, **policies** must be translated **into action** and then practice. ... And, we will **become** a more effective development agency in the process.

[The Policy Action > Network | a research/policy nexus](http://www.pan.org.za/)
www.pan.org.za/
P>AN supports the **policy** community by sourcing information on social **policy** with ... and 'how-to' info on **getting** research into **policy**, and **getting policy into action**. ... Finally, it examined the results of a number of attempts to model the **impact** of ...

[Baltic Climate | Policy makers > Getting into action > Assess ...](http://toolkit.balticclimate.org/.../policy-makers/getting-into-action/a...)
toolkit.balticclimate.org/.../policy-makers/getting-into-action/a...
However, you are **in** luck as planners already **have** experience **in** the integration of ... You as a **policy** maker **have** the possibility to reduce the **impacts** on and ...

A gender perspective contributes to a better understanding of the epidemiological trends, social marketing strategies, economic policies, and international actions relating to women and the tobacco epidemic. Evidence is provided in this article for the negative impact of tobacco use by women and of passive smoking on the health of women and children. Use of tobacco by women is increasing and this is related to the tobacco industry's aggressive advertising, sponsorship and promotion strategies.

Policy directions are proposed in this article. At all levels, a multi-pronged strategy — including changes in legislation and fiscal policies, improvements in gender-sensitive health services, and cessation programmes — should be considered. Much more gender-specific research on tobacco use is needed, particularly in developing countries. Women's empowerment and leadership should be at the centre of all tobacco control efforts and are essential for the success of national programmes and the recently introduced Framework Convention on Tobacco Control.

Keywords: smoking, epidemiology; tobacco, adverse effects; tobacco industry, economics; tobacco smoke pollution, adverse effects; women's health; women's rights.



Australian Government
 Department of the
 Prime Minister and Cabinet



Implementation of Programme and Policy Initiatives

Making implementation matter



Better Practice Guide

October 2006



USAID | HEALTH POLICY INITIATIVE
FROM THE AMERICAN PEOPLE



USAID | HEALTH POLICY INITIATIVE
FROM THE AMERICAN PEOPLE

THE ART OF MOVING
POLICY TO ACTION

LESSONS LEARNED FROM THE USAID | HEALTH POLICY INITIATIVE

TAKING THE PULSE OF POLICY:
THE POLICY IMPLEMENTATION ASSESSMENT TOOL

Moving Policy to Action



DELIVERY AGREEMENT

FOR OUTCOME 2: A Long and Healthy Life for All South Africans

More broadly, Government has gone a step further by taking practical measures to ensure that by 2014 the Department of Health would have contributed positively to improving the status of all South Africans. In the government programme of action, health and education are given particular importance. To this end, the government has identified four strategic outputs which the health sector must achieve. These are:

- **Output 1:** Increasing Life Expectancy
- **Output 2:** Decreasing Maternal and Child mortality
- **Output 3:** Combating HIV and AIDS and decreasing the burden of disease
Tuberculosis
- **Output 4:** Strengthening Health System Effectiveness



About NICE

Who we are

Structure of NICE

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Guidance Executive

Partners Council

Policies and procedures

About the HDA

HDA publications

Evidence Base

NPHL Thesaurus

Decision-making processes for effective policy implementation

Hunter, D.J. and Marks, L.: 2002

This background paper is concerned with the implementation of policy and with how decisions do, or do not, get made. The government insists that the policy framework is clear and unambiguous and that what is required is effective implementation. 'Delivery, delivery, delivery' is the mantra, not lack of sound policy. A first question, therefore, is how far national policy aspirations (including the two national inequalities targets) translate into clear policy guidelines which are meaningful at a local level. This provides the context in which local decision-making takes place.



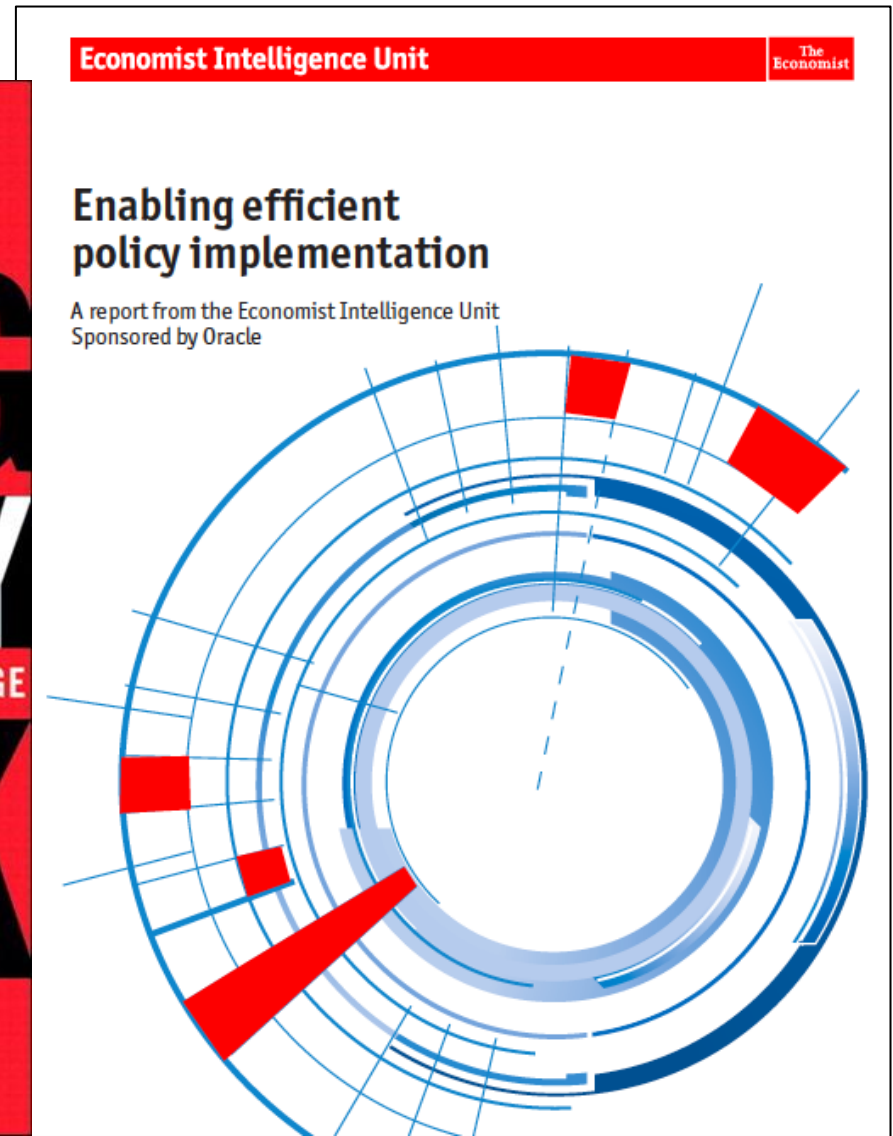
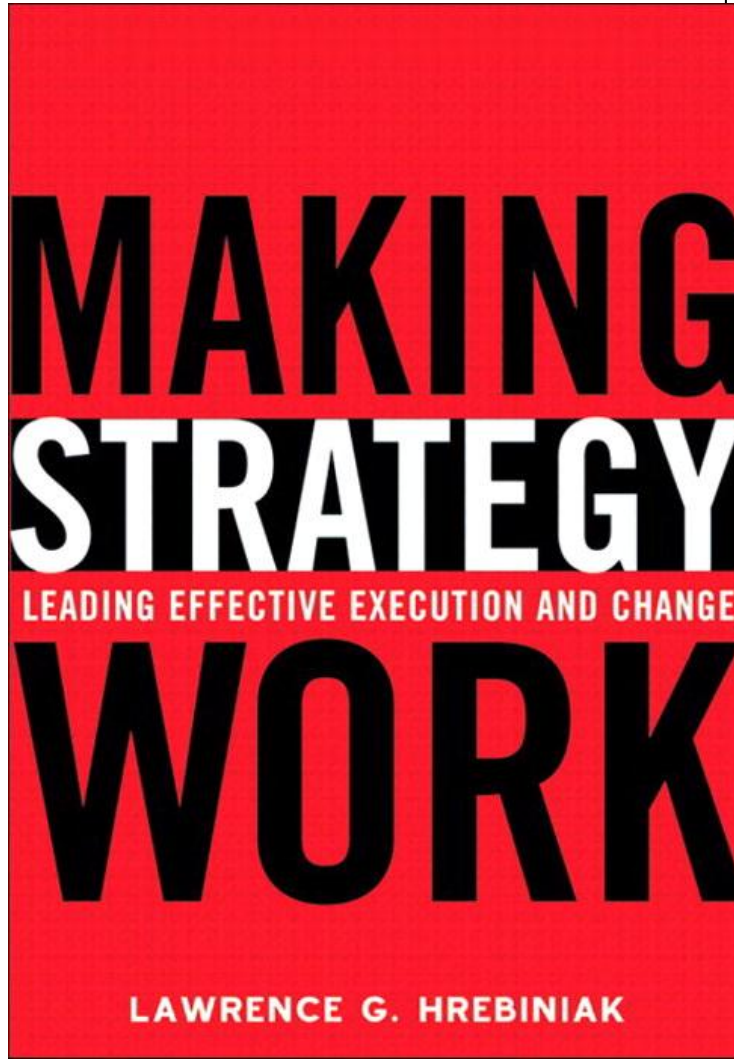
Decision-making processes for effective policy implementation

(160.1Kb 01min 56sec @ 28.8Kbps)



Adobe Acrobat reader required.

Example in business : execution is everything



Research > Policy > Action > Impact

- Narrower problem is easier to do – but impact may be less
- No agreed process : it is messy – but will benefit from clarity of objectives
- Strategize – identify and involve all players
- Leadership : to act across institutional mandates
 - Pick the battles/issues you want to win
- Has to be country-specific, industry specific, problem-specific
- Need to be a strong learning & sharing component

development of health systems thinking

- mid 1960's - Alma Ata: linking health systems to social action
- Early 1970's - Prioritising the 'Possible': selective primary health care
- The 1990's - globalisation, marketization, the rise of AIDS and the reconceptualisation of health systems
- From 2000 onwards: systems performance, new actors and engaging complexity

Van Olmen J, Marchal B, Van Damme W, Kegels G, Hill PS. Health systems frameworks in their political context: framing divergent agendas. BMC Public Health 2012, 12:774 doi:10.1186/1471-2458-12-774

System complexity

Obes Rev. 2009 Jan;10(1):76-86. Epub 2008 Aug 26.

Obesity Policy Action framework and analysis grids for a comprehensive policy approach to reducing obesity.

Sacks G, Swinburn B, Lawrence M.

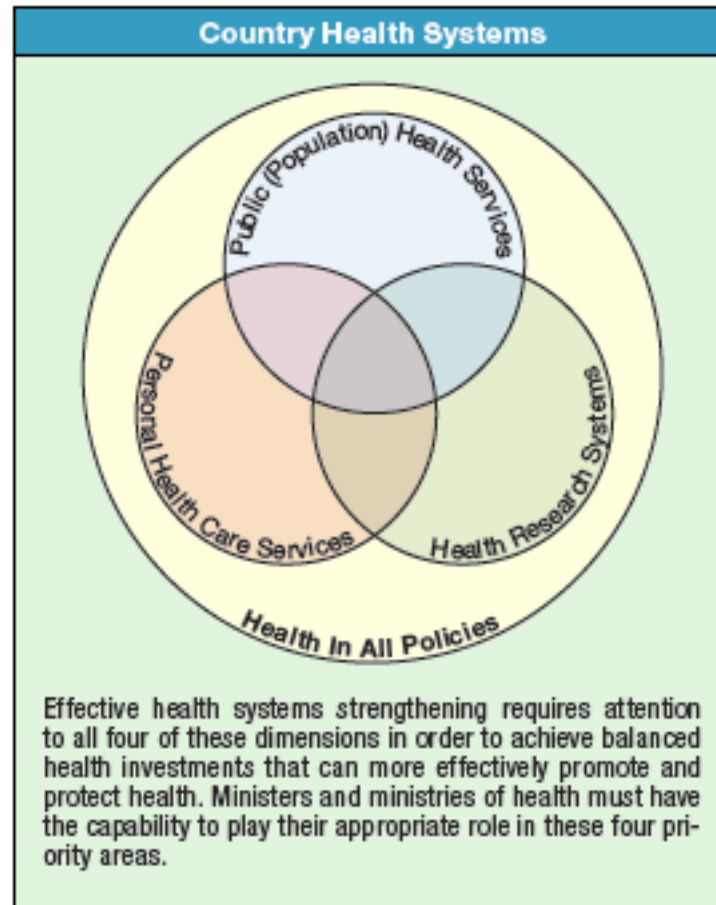
School of Exercise and Nutrition Sciences, Deakin University, Melbourne, Australia. gary.sacks@deakin.edu.au

Abstract

A comprehensive policy approach is needed to control the growing obesity epidemic. This paper proposes the Obesity Policy Action (OPA) framework, modified from the World Health Organization framework for the implementation of the Global Strategy on Diet, Physical Activity and Health, to provide specific guidance for governments to systematically identify areas for obesity policy action. The proposed framework incorporates three different public health approaches to addressing obesity: (i) 'upstream' policies influence either the broad social and economic conditions of society (e.g. taxation, education, social security) or the food and physical activity environments to make healthy eating and physical activity choices easier; (ii) 'midstream' policies are aimed at directly influencing population behaviours; and (iii) 'downstream' policies support health services and clinical interventions. A set of grids for analysing potential policies to support obesity prevention and management is presented. The general pattern that emerges from populating the analysis grids as they relate to the Australian context is that all sectors and levels of government, non-governmental organizations and private businesses have multiple opportunities to contribute to reducing obesity. The proposed framework and analysis grids provide a comprehensive approach to mapping the policy environment related to obesity, and a tool for identifying policy gaps, barriers and opportunities.

PMID: 18761640 [PubMed - indexed for MEDLINE]

- A health system is defined for the purposes of this report as consisting of four core elements:
 - personal health care services
 - public or population health services
 - health research systems
 - health in all policies.
- Effective health systems strengthening requires attention to all four of these elements.



STRATEGIES for SYSTEMS

Health Systems Strengthening

Health
(CHEST)

medicine

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Academy of
Medicine



ACHEST

A systems science perspective and transdisciplinary models for food and nutrition security

Ross A. I
 aCenter of
 Economic
 Edited by F
 We argue
 benefit fr
 transdisci
 complexity

for Health and
 2011)
 in this area would
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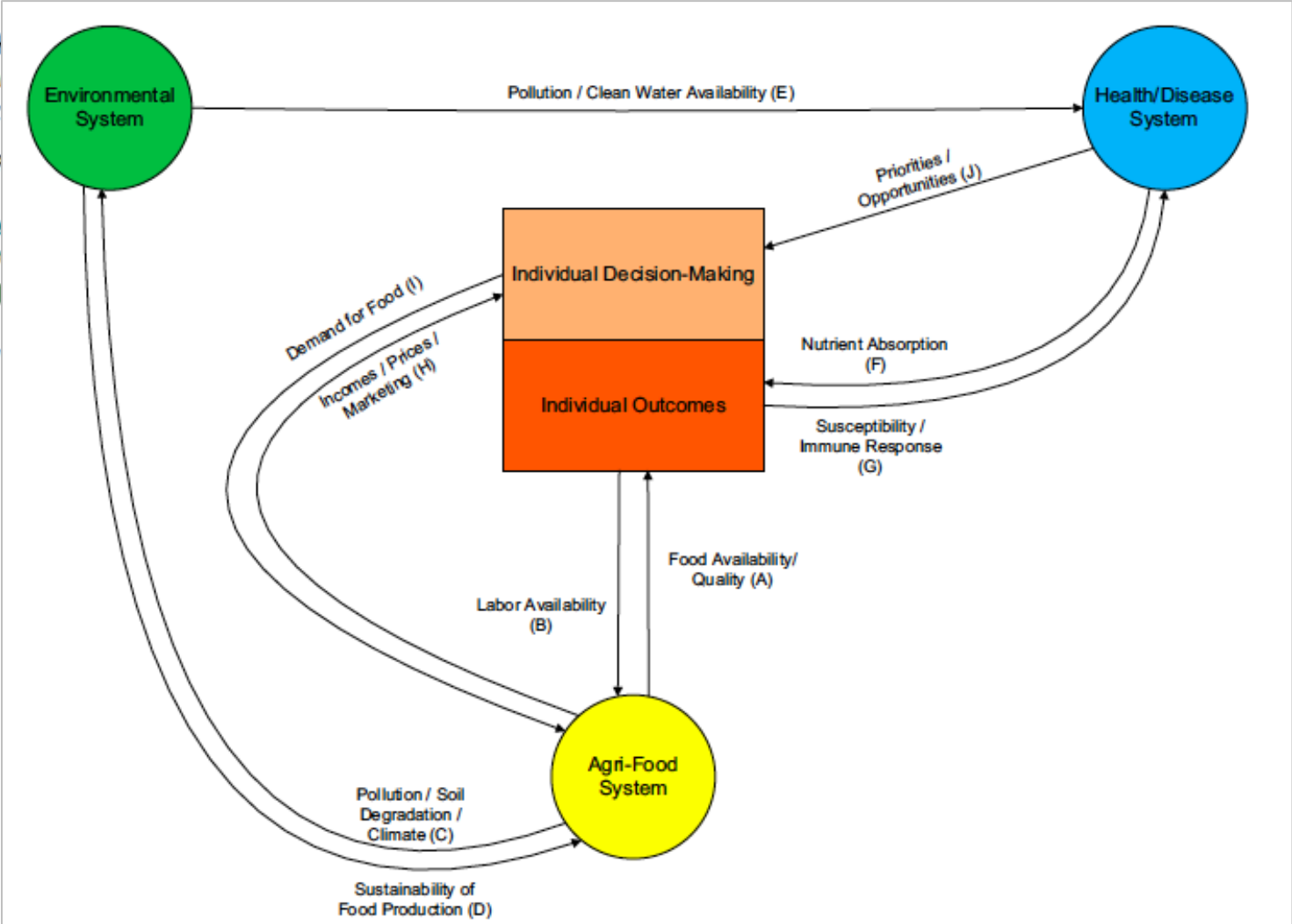


Fig. 1. A systems framework for food and nutrition security.

Mandates of NPHI members of IANPHI

	public health	management	health systems	policy support	social development	training	research	surveillance	advocacy development	outbreak control	reference labs	public education	Quality control	product development	information communic	care services	social programs
Afghanistan	1	1	1	0	0	1	1	1	1		0	0	0	0	0	0	0
Albania	1	0	0	0	0	1	1	1	1		0	1	0	0	0	0	0
Angola																	
Argentina	1	0	0	0	0	0	1	0	0	1	1	0	0	1	0	0	0
Bangladesh	1	0	0	0	0	1	1	1	0	1	0	0	0	0	0	0	0
Belgium	0	0	0	1	0	0	1	1	0	0	0	0	1	0	0	0	0
Brasil	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1




Science and Innovation for Development

by Gordon Conway and Jeff Waage



example: High Income Countries

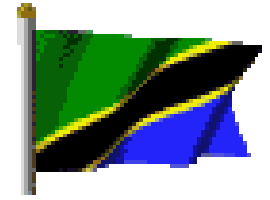
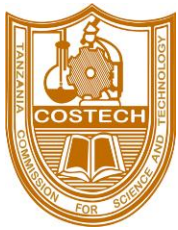


Economic Impact of the Human Genome Project

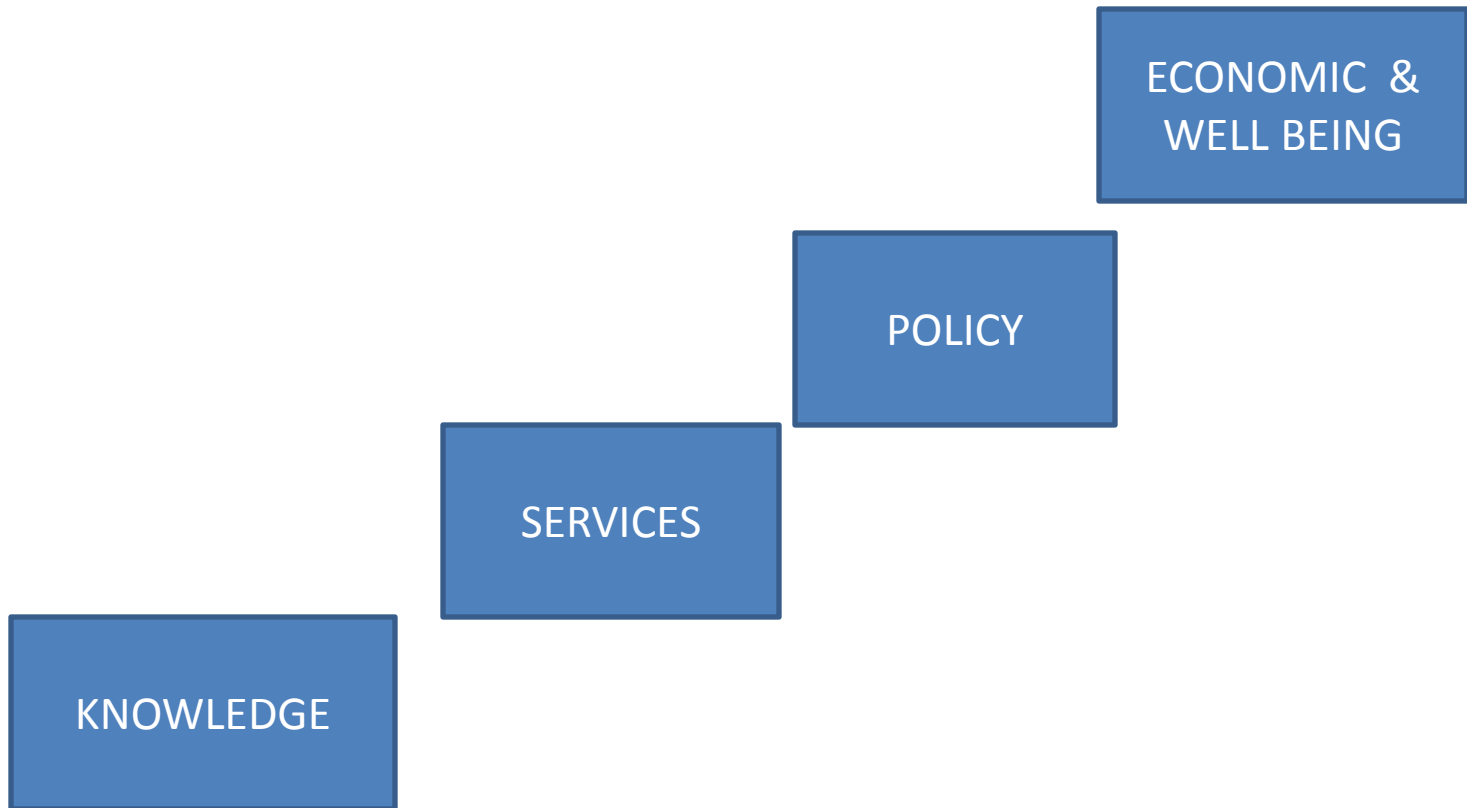
*How a \$3.8 billion investment drove \$796 billion in economic impact,
created 310,000 jobs and launched the genomic revolution*

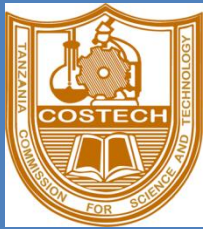
Prepared by Battelle Technology Partnership Practice
May 2011



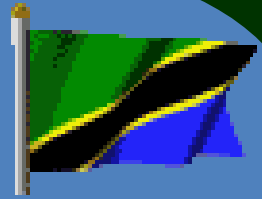


IMPACT OF RESEARCH ON ECONOMIC GROWTH AND WELLBEING





Health: products



- Insecticide-treated nets made in Tanzania exported to other African countries.
- 30,000,000 olyset nets (50% of the worlds production) made by A - Z company Tanzania
- Tanzania's worth of export of nets have increased from Tsh 65bn in 2008 to 105bn in 2010
- 7000 people employed in the industry



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NEWS & ANNOUNCEMENTS

November 2, 2011

Bill Gates lists Dr. Cyrus Poonawalla as one of the seven most Influential Vaccine Heroes. [more....](#)

August 5, 2011

Serum & Merck Announce Collaboration to Develop and Expand Global Access to Pneumococcal Conjugate Vaccine. [more....](#)

July 11, 2011

WHO lauds Serum Institute's efforts at BRICS meeting in China. [more....](#)

One out of every two children immunized in the **WORLD** is vaccinated by one of **Serum Institute's Vaccine**

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Designed and Developed by [Tripmidia](#)

Table 3.1. Leading Indian vaccine manufacturers

	Revenue 2010–11 (US\$ millions)*	Selected licensed vaccines (bold if WHO PQ)**	Selected vaccines in pipeline (bold if in trials)***	Ownership
Serum Institute of India	226	BCG, DTP, MMR, Penta, Men. A conj., H1N1 Flu	Rota, Pneumo, Seasonal Flu, Rabies, Acellular Pertussis, HPV	Private
Panacea Biotech	201	Hep B, Penta, OPV, IPV	Dengue, anthrax, JE, Flu	Publicly traded
Bharat Biotech	65	Hep B, Penta, OPV, rabies, H1N1 flu, Typhoid	Rota, JE, Typhoid conj., malaria, HPV, Chikungunya	Private
Indian Immunologicals	62	Rabies, MMR, Hep B	HPV, Chikungunya, JE	State-owned
Shantha Biotech	59	Hep B, Tetanus, Cholera	Rota, Penta, Hexavalent with IPV, HPV, Typhoid conj.,	MNC -owned
Biological E	55	Penta, Tetanus, DTP, IPV, JE	Men. conj., IPV combinations	Private

Sources: *Biospectrum/ABLE 2011 Survey except Biological E: Mahima Datta, Senior Vice President, personal communication to PW

**Company websites, WHO prequalification list

***Company websites, interviews, press reports, and Ganguly, N. K., Mukhopadhyay, B., Gupta, S. S., & Bharti, K. (2010). Mapping of Health Products R&D Landscape for Infectious Tropical Diseases in India. (National Institute of Immunology, New Delhi, India).

Notes: PQ: prequalified; DTP: diphtheria-tetanus-pertussis combination; MMR: measles-mumps-rubella combination; Penta: pentavalent; Men. A conj.: Meningitis A conjugate; Flu: influenza; Rota: rotavirus; Pneumo: pneumonia; OPV: oral polio vaccine; IPV: inactivated polio vaccine; JE: Japanese encephalitis; HPV: human papillomavirus; MNC: multinational corporation

Expanding the Boundaries of Nutrition

NESTLÉ INSTITUTE FOR HEALTH SCIENCES VISION

"To create a world-leading scientific base for health science nutrition"

We create and deliver world class excellence in biomedical research to better understand chronic human diseases and ageing as influenced by metabolism, genetics and environment.

A molecular understanding of health and disease processes will allow us to devise personalised nutritional strategies as a means

to help people to stay healthy rather than to manage disease.

We follow a multidisciplinary, integrated systems approach to investigate genetic predisposition and metabolic progression of human diseases. This knowledge is then translated into nutritional strategies and medical applications to improve and maintain overall health. We will perform and leverage fundamental biomedical research to find new routes to nutrition-based disease prevention and, possibly also medical disease treatment.



COMMENTARY

Health systems, systems thinking and innovation

Rifat Atun

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Accepted 17 August 2012

Keywords Health systems, dynamic complexity, systems thinking, innovation

IANPHI in support of NPHIs

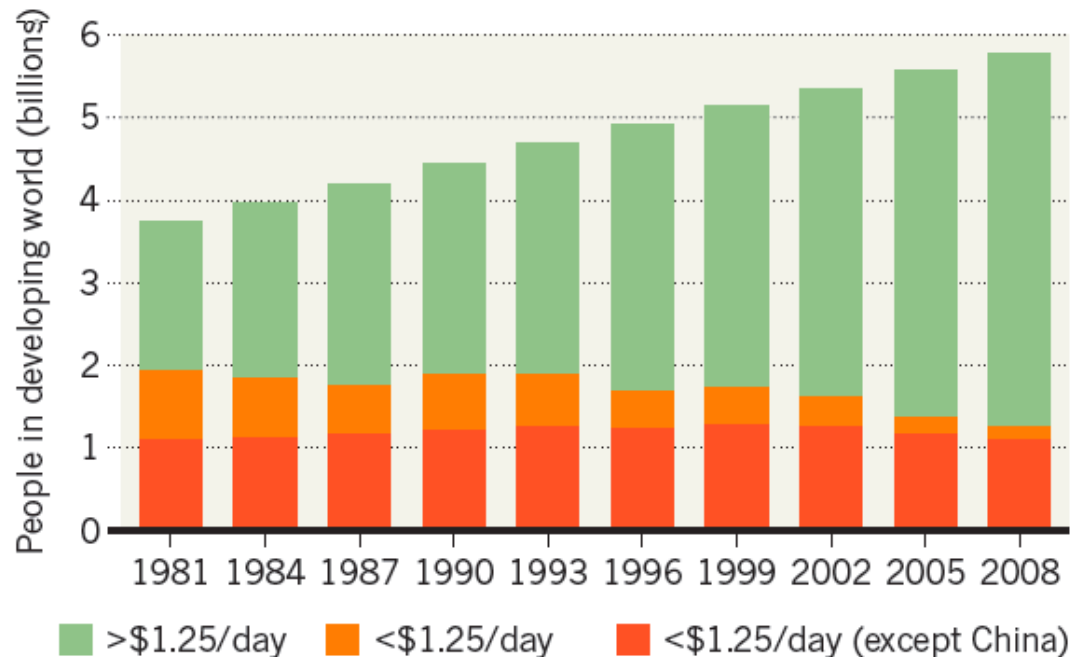
- Focus on health equity
- Priority setting : making sure local problems make it to global relevance *and* vice versa
- Communication / sharing / learning

TREND WATCH

The developing world has met the United Nations' first Millennium Development Goal, to halve extreme poverty from 1990 levels by 2015, the World Bank said on 29 February on the basis of preliminary 2010 data. By 2008, some 1.3 billion people (22% of the developing world's population) were living on less than \$1.25 per day, down from nearly 2 billion (43%) in 1990, said the organization, in Washington DC. The trend has continued to 2010, although much of the fall is due to China's growing wealth.

THE DECLINE OF EXTREME POVERTY

The proportion of people living in extreme poverty (less than \$1.25 per day) in developing countries has fallen since 1990.



*\$1.25 marker is calculated in 2005 purchasing power parity dollars.

'Developing world' as defined by 1990 United Nations Millennium Development Goal.

Social progress in Latin America

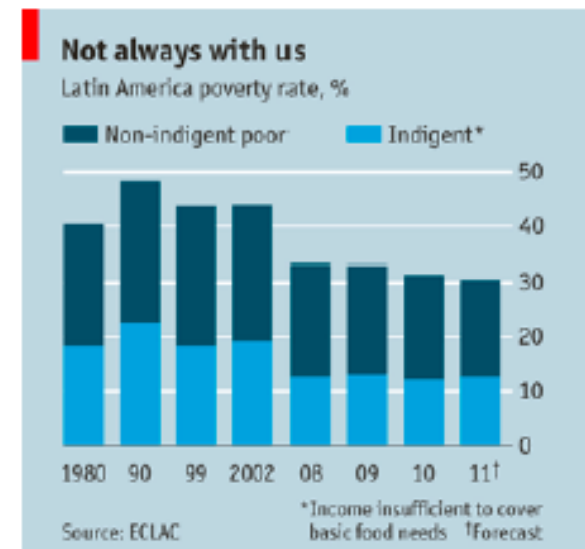
Good tidings from the south

Less poor, and less unequal

Dec 3rd 2011 | from the print edition

POVERTY may be rising in Europe and the United States, places that thought they had conquered it, but in Latin America it continues to fall. In its annual estimate released this week, the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) reckons that 30.4% of the region's population is living below national poverty lines. This not only maintains a steady fall (from a peak of 48.4% in 1990), but is the lowest figure since more or less reliable statistics began to be collected in the 1970s—and probably ever (see chart).

True, population growth means that in absolute terms the numbers in poverty have not fallen as far: 174m in 2011, down from 225m in 2002 but up from 136m in 1980. But ECLAC also confirms another positive trend detected by other researchers: although Latin American remains the world's most unequal place, income inequality in the region has begun to decline, too. Of the 18 countries for which there are data, only in the Dominican Republic (DR) and (especially) Guatemala did inequality widen between 2002 and 2008; since 2008, only in the DR, Ecuador and Paraguay has it done so.





Print edition

May 13th, 2000

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Print edition

Dec 3rd, 2011

The world this week

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[Business this week](#)  (1)

[KAL's cartoon](#)  (49)

Leaders

[The hopeful continent](#)

[Africa rising](#)  (289)

Technology

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[Spotting the](#)

CMH critique – president AfDB

- Alongside this positive legacy of the CMH report, it might, however, have put too much emphasis on the global story at the expense of country-specific circumstances.
- More aid could have contributed to less ownership and less accountability from recipient governments.
- Africa's economic emergence will transform the way we think about global health. Tomorrow's agenda will be domestic.

The Lancet v 378 December 3, 2011, 1904-5

IANPHI in support of NPHIs

- Focus on health equity
- Priority setting : making sure local problems make it to global relevance *and* vice versa
- Communication / sharing / learning

Health Research Priority Setting

Disease	2007 (US\$)	2008 (US\$)^	2009 (US\$)^	2010 (US\$)^	2010 Nominal (US\$)^	2007%	2008%	2009%	2010%
HIV/AIDS ^A	1,083,018,193	1,164,882,551	1,138,511,159	1,073,033,520	1,119,699,939	42.3	39.4	35.9	35.0
Tuberculosis ^A	410,428,697	445,927,582	550,853,747	575,361,902	602,741,600	16.0	15.1	17.4	18.8
Malaria ^A	468,449,438	541,746,356	593,860,744	547,042,394	547,199,115	18.3	18.3	18.7	17.9
Dengue	82,013,895	126,752,203	165,812,311	177,643,516	187,384,693	3.2	4.3	5.2	5.8
Diarrhoeal diseases	113,889,118	132,198,981	180,426,679	158,918,128	166,319,515	4.4	4.5	5.7	5.2
Kinetoplastids	125,122,839	139,207,962	162,258,968	147,867,513	150,150,863	4.9	4.7	5.1	4.8
Bacterial pneumonia & meningitis	32,517,311	90,844,284	68,988,629	92,866,038	97,595,712	1.3	3.1	2.2	3.0
Helminths (worms & flukes)	51,591,838	66,837,827	79,414,264	73,685,406	77,070,413	2.0	2.3	2.5	2.4
Salmonella infections	9,117,212	39,486,243	39,378,570	43,982,149	45,417,899	0.4	1.3	1.2	1.4
Leprosy	5,619,475	9,769,250	10,984,756	8,840,532	9,781,822	0.2	0.3	0.3	0.3
Buruli ulcer	2,412,950	1,954,465	1,793,718	5,456,026	5,708,115	0.1	0.1	0.1	0.2
Trachoma	1,679,711	2,073,659	1,798,463	4,507,718	4,740,142	0.1	0.1	0.1	0.1
Rheumatic Fever	1,670,089	2,179,609	3,009,737	1,736,877	1,963,080	0.1	0.1	0.1	0.1
Platform technologies	9,997,190	16,298,026	22,086,907	27,358,501	28,731,884	0.4	0.6	0.7	0.9
<i>General diagnostic platforms</i>	4,791,152	5,253,880	8,612,816	9,374,424	9,943,959	0.2	0.2	0.3	0.3
<i>Adjuvants and immunomodulators</i>	2,685,148	2,215,853	5,587,607	9,168,639	9,651,302	0.1	0.1	0.2	0.3
<i>Delivery technologies and devices</i>	2,520,889	8,828,293	7,886,484	8,815,438	9,136,623	0.1	0.3	0.2	0.3
Core funding of a multi-disease R&D organisation	110,921,673	101,097,348	74,094,564	76,884,279	76,807,824	4.3	3.4	2.3	2.5
Unspecified disease ^A	51,619,120	74,707,997	75,667,744	47,485,474	51,441,520	2.0	2.5	2.4	1.6
Disease total^A	2,560,068,749	2,955,964,344	3,168,940,958	3,062,669,973	3,172,754,136	100.0	100.0	100.0	100.0

OPEN 8

Essay

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India's Role in Global Health R&D

Paul Wilson and Aarthi Rao



RESULTS FOR DEVELOPMENT
INSTITUTE

SHIFTING PARADIGM



How the **BRICS** Are
Reshaping Global Health
and Development

Priority Setting

RESEARCH FOR HEALTH

WWW.COURED.ORG

A MANAGEMENT PROCESS FOR COUNTRIES

- Understand the environment in which priority setting takes place
- Define the focus and scope of the priority setting process
- Use methods best suited to local context and needs
- Develop a management framework to ensure best use of resources
- Implement the plan of work
- Ensure action after priority setting, and continuous review of progress

The COURED Group



Supporting research and innovation systems for health, equity and development

The COURED Group



Supporting research and innovation systems for health, equity and development

IANPHI in support of NPHIs

- Focus on health equity
- Priority setting : making sure local problems make it to global relevance *and* vice versa
- Communication / sharing / learning

examples badly needed

- feedback yesterday's sessions
- complexity and locality of action



VTV 2010 *Van gezond naar beter*

[Home](#) [Kernrapport](#) [Deelrapporten](#) [Eerdere edities](#) [English editions](#)

Volksgezondheid Toekomst Verkenning 2010

'Van Gezond naar Beter'

Kernrapport:



Van gezond naar beter

Deelrapporten:



Tijd en toekomst



Gezondheid en determinanten



Effecten van preventie

The development community is full of experiences as learning opportunities



No more. This site is an open space for development one that's repeated, for those who are within the community and a resource, created to be used in the development sector. [Read more.](#)

Browse Failures

Most Recent

Most Comments

READER REACTIONS

- Insightful
- Courageous
- Widely applicable
- Funny
- Informative
- Persuasive
- Fascinating
- Surprising
- Bold
- Complex
- Reflective
- Intelligent
- Dignified

SECTOR

- Agriculture
- Business Development
- Community Infrastructure
- Disaster Relief
- Education and Youth
- Energy
- Environment
- Governance
- Health and Safety
- Water and Sanitation
- Other

PROFESSIONAL DESIGNATION

- Academia
- Donor
- Local NGO
- Government
- NGO
- Personal Endeavor
- Social Enterprise



Finding Room for Error



Why a small business that started so well, ended so quickly



Short on Funding



Change Management: Failing to Assess Organisational Readiness



Leadership Transitions in the Malawi Water Sector



Detecting and learning from failure



A small failure and some absolutely vital readings



Lessons Learned in Building a Custom Community Platform



Failing to Learn from Failure



Cotton Industry



POWERED BY COHRED
BETA

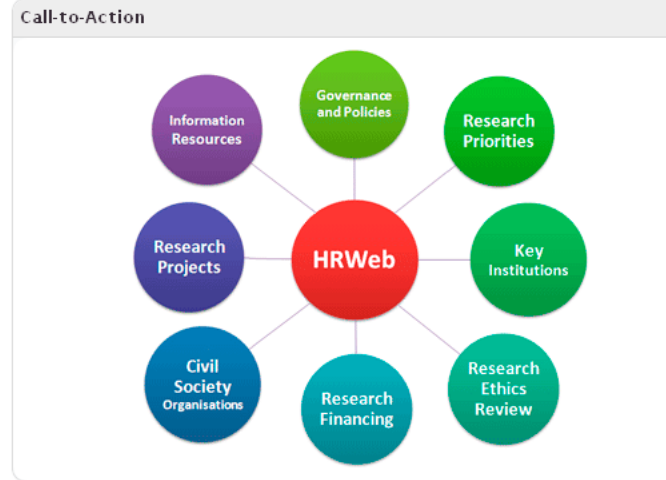
Main Page

- Content
 - Governance & Policies
 - National Priorities
 - Key Institutions
 - Regulation and Ethics
 - Financing & Partnership
 - Project Registry
 - CSO
 - Information Resources
- Regions
 - Afghanistan
- About HRWeb
- Who we are
- Partners
- Supporters
- Help
- Users of this site
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 - English
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 - Français
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Research for Health in the World

Click on the region of interest or select from the dropdown menu:

Choose an option



HRWeb Latest Updates

- (change) Zimbabwe - Institutions by ROSEMARY MUSESENGWA - 1 week ago
- (change) Zimbabwe - Institutions by ROSEMARY MUSESENGWA - 1 week ago
- (add) Gambia - Institutions by Mary Kasule - 1 week ago
- (change) Mozambique - Institutions by Mary Kasule - 1 week ago
- (change) Mozambique - Institutions by Mary Kasule - 1 week ago

HRWeb in the news

- SARPAM and HRWeb collaboration: First steps to regional community of researchers
- HRWeb ethics get a great mention in the Report of the Presidential Bioethics Commission to President Obama
- Colombia se ha vinculado a la plataforma virtual de salud: Health Research Web
- Sistema nacional de investigación en salud
- Paraguay crea el sistema nacional de Investigación en Salud

HRWeb on Twitter

- New HRWEB features: Key institutions, CSOs and Ethics committees chart analysis.
- Global Forum and COHRED merging: COHRED and Global Forum for Health Research agree to organizational

Blackboard/Announcements/Discussions

- Are researchers obliged to take responsibilities for all for
- How far do researchers' and sponsors' obligation extend?

HRWeb on Facebook

Council on Health Research for Development (COHRED) on Facebook

196 people like Council on Health Research for Development (COHRED).

Tammy Cimes Gemma Dave

Facebook social plugin

Idea Box

HRWeb is just beginning! There is no time to wait

Senegal

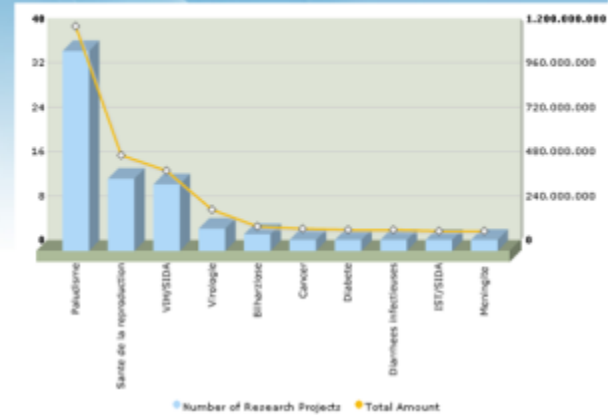
- » Governance and Policies
- » National Priorities for Health Research
- » Key Institutions / Networks
- » Ethics Review of Health Research
- » Research Financing and Partnerships
- » [Health Research Projects and Publications](#)
- » Information Resources

RSS - Senegal | What is RSS?



Field of Study/Number of Research Projects (Top 10)

You searched for "Region: Africa, Country: Senegal"



Health Research Projects and Publications -

Find research projects that have...

all these words:

this exact wording or phrase:

one or more of these words:

Need more filters?

Regions:

Countries:

Year:

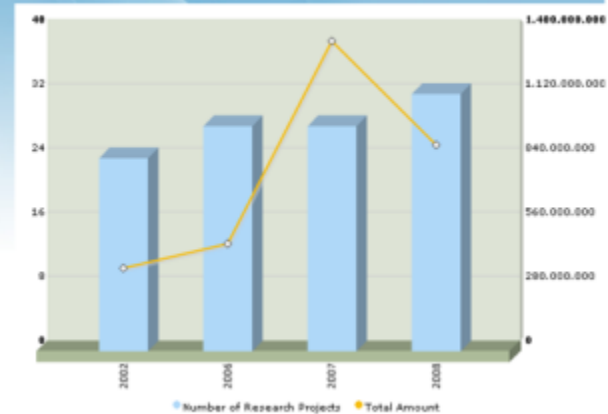
Table:

Information provided by:

Search

Year/Number of Research Projects

You searched for "Region: Africa, Country: Senegal"





Division des Etudes et de la Recherche

République du Sénégal - Ministère de la Santé et de l'Action Sociale - Direction de la Planification, de la Recherche et des Statistiques(DPRS)



Senegal



★ Capital City ★ Regional Capital City
● Significant City ● Important City - Town
□ Attraction - Landmark □ River ▲ Highest Point

Sections

- › Gouvernance et politiques
- › Priorités nationales en matière de recherche sur la santé
- › Institutions / Réseaux clés
- › Revue d'éthique de Health Research
- › Réglementation en matière de recherche
- › Financement et partenariat de la recherche
- › Civil Society Organisations
- › Projets de recherche sur la santé et publications
- › Ressources d'information
- › Country Report

RSS - Senegal | Qu'est-ce que le RSS?

* Regional pages of relevance for your country: Africa

Regional pages of relevance for your country: [Africa](#)

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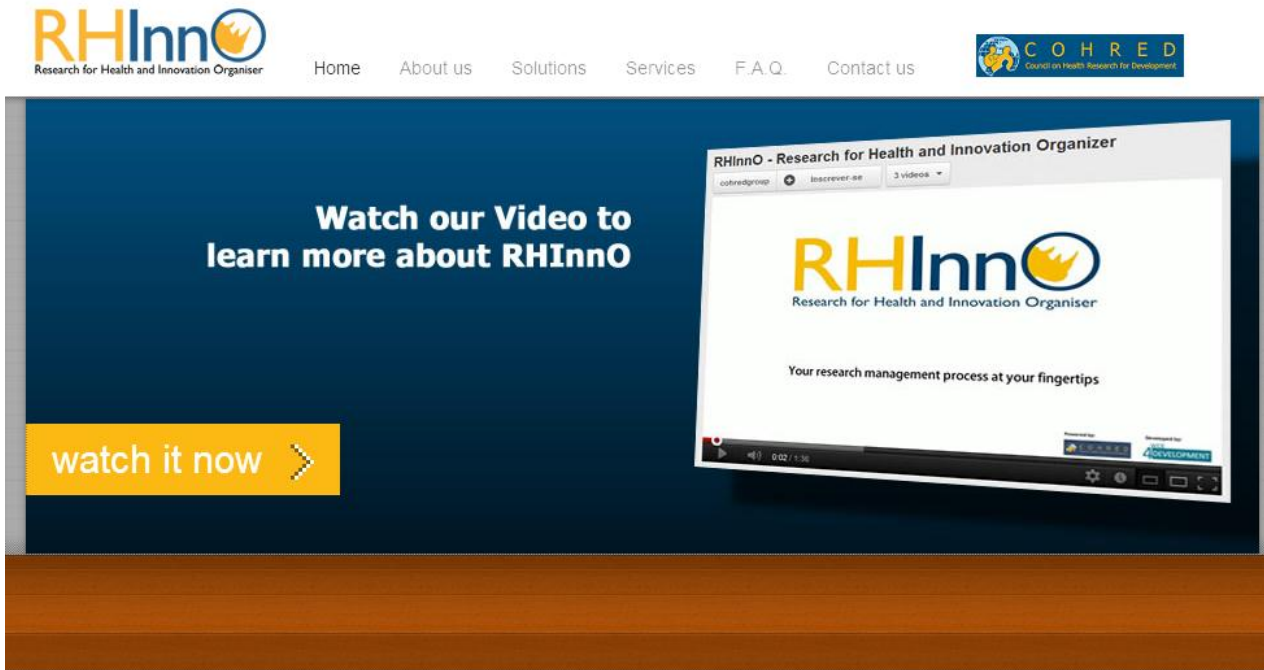
MORAL SCIENCE
Protecting Participants in
Human Subjects Research

Presidential Commission
for the Study of Bioethical Issues

December 2011



Other notable efforts to enhance accountability and access to information about human subjects research are also underway. For example, “[Health Research Web](#)”, initiated by the Council on Health Research for Development, an international nongovernmental organization whose primary objective is to strengthen research for health and innovation, compiles information on studies taking place around the world, as well as information about IRBs and research ethics committees, countries’ governance policies, and other useful data. P49-50



The banner features the RHInno logo at the top left, with the text "Research for Health and Innovation Organiser". Navigation links include Home, About us, Solutions, Services, F.A.Q., and Contact us. A COHRED logo is on the top right. The main content area has a dark blue background with the text "Watch our Video to learn more about RHInno" and a yellow "watch it now" button with a right-pointing arrow. To the right is a video player showing a screenshot of the RHInno web application interface, which includes the logo and the text "Your research management process at your fingertips".

Research for Health and Innovation Organiser

The overall objective of the RhinnO is to provide research ethics committees, governments, researchers and medicines regulatory authorities with a web-based information and management system that makes available quick and reliable 'near real-time' data, tables and graphs which can be used to monitor, evaluate and communicate.

Intuitive admin tools

For research management, research submissions and ethics review processes.

Access it from anywhere

Web-based information and management system.


Build your own indicators

Readily available analysis, data and tools to promote evidence-based decision making.




RHInnO Research embedded in the COSTECH's website

YOU ARE HERE: HOME > RESEARCH A+ A A- | SEARCH




COSTECH

Tanzania Commission for Science and Technology




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Tanzania's pageES | FR | BRLog in



Tanzania






★ Capital City **★ Regional Capital City**
● Significant City **● Important City - Town**
■ Attraction - Landmark **▬ River** **▲ Highest Point**


Sections

- › Governance and Policies
- › National Priorities for Research
- › Key Institutions / Networks
- › Research Ethics Review
- › Medicines Regulation
- › Research Financing and Partnerships
- › Civil Society Organisations
- › Research Projects and Publications
- › Information Resources
- › Country Report

 [RSS - Tanzania](#) | [What is RSS?](#)

* Regional pages of relevance for your country: [Africa](#)

Regional pages of relevance for your country: [Africa](#)

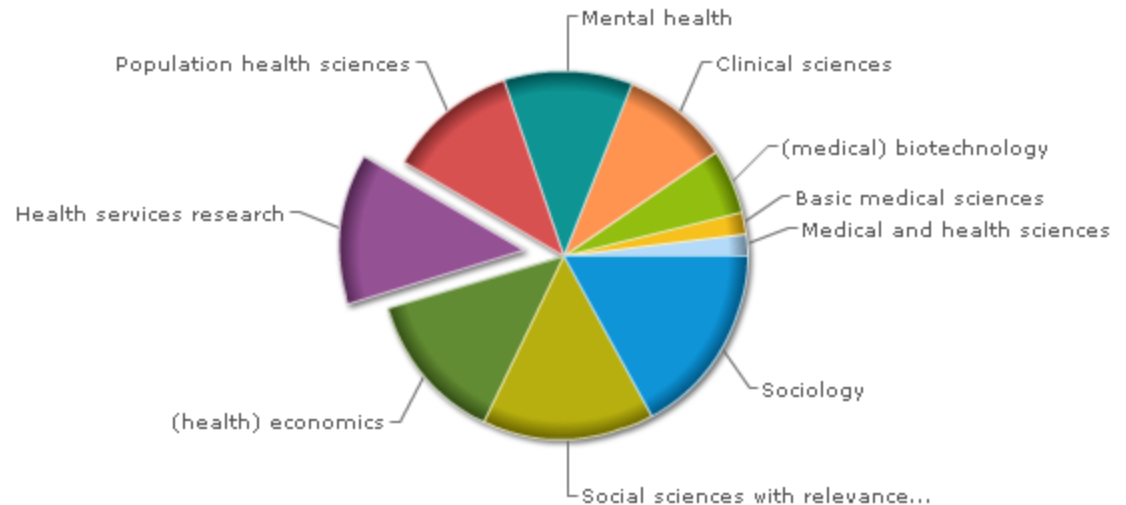
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RHInnO Research embedded in the COSTECH's website

Research

- Summary
- Research projects per status
- Research projects per field of science
- Research projects per research topic
- Research projects per year
- Research projects per PI institution
- Research projects per principal investigator

Research projects per field of science - Top 10



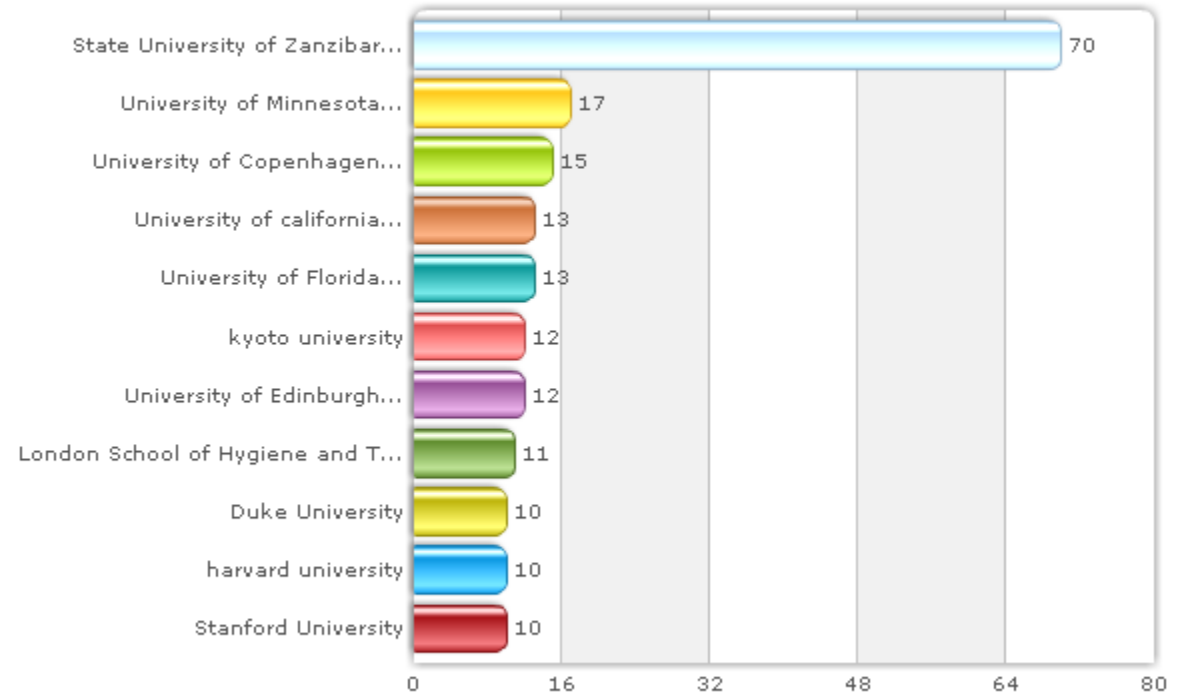
Disclaimer: 1547 out of 1547 projects answered this question

RHInnO Research embedded in the COSTECH's website

Research

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- Research projects per principal investigator

Research projects per PI institution - Top 10



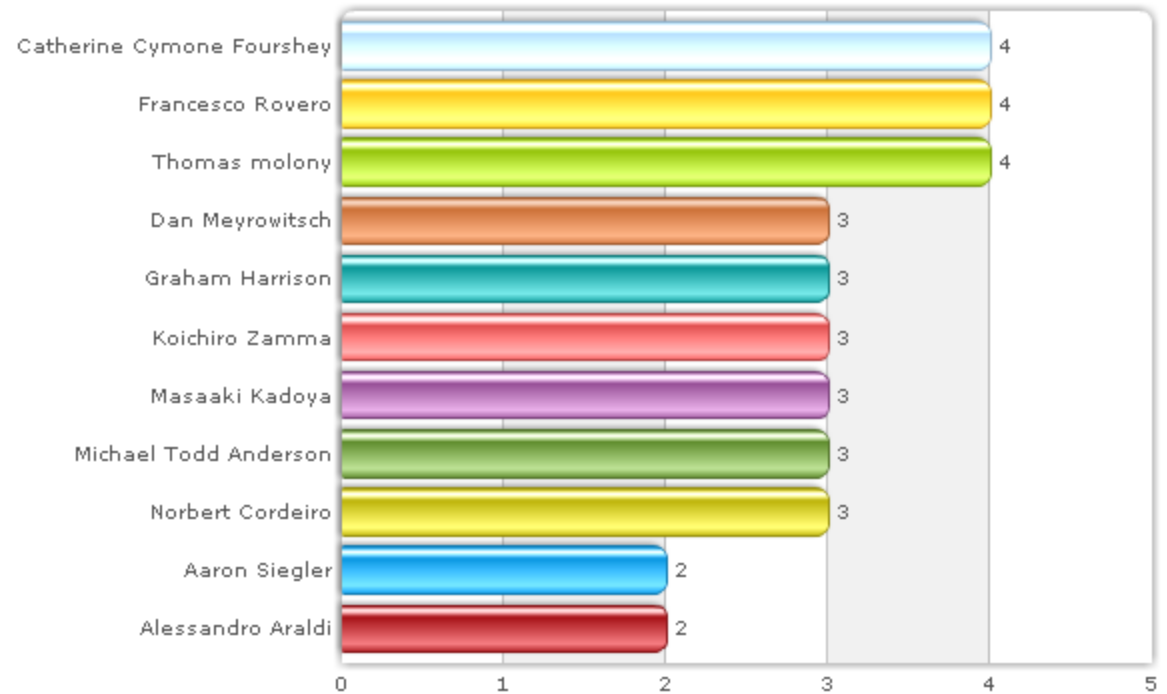
Disclaimer: 1501 out of 1547 projects answered this question

RHInnO Research embedded in the COSTECH's website

Research

- Summary
- Research projects per status
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- Research projects per research topic
- Research projects per year
- Research projects per PI institution
- Research projects per principal investigator

Research projects per principal investigator - Top 10

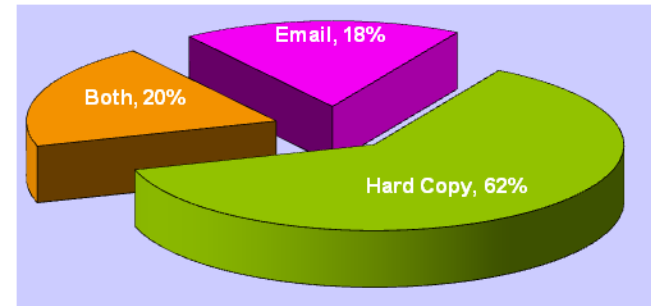


Disclaimer: 1543 out of 1547 projects answered this question

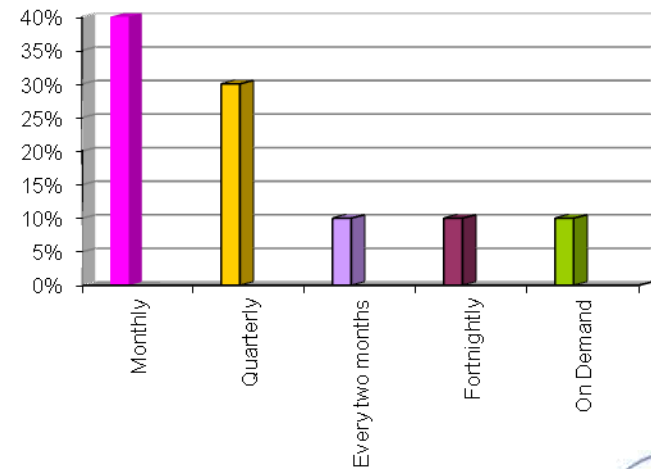
RHInnO Ethics



1. Preferred manner to receive protocols



2. How often a REC convenes to review protocols



Control Panel for administrators



NATIONAL INSTITUTE FOR MEDICAL RESEARCH
NIMR Tanzania



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Manage Ethics Review Proposals

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- [Proposal attachment checklist](#)

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WAHO

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- Programs
- Member states
- Organizational chart
- Focal points
- Today
- Surveillance épidémiologique
- Documentation Center

Data Base

- Technical and financial partners
- Integrated Health Information Management System (SIGIS)

Africa



Click on country of interest

Sections

- > Governance and Policies
- > Regional Priorities for Research
- > Key Institutions / Networks
- > Research Ethics Review
- > Research Regulation
- > Research Financing and Partnerships
- > Civil Society Organisations
- > Research Projects and Publications
- > Information Resources
- > Country Report

RSS - Africa | What is RSS?

INDEPTH Network



BETTER HEALTH INFORMATION FOR BETTER HEALTH POLICY

- Home
- About Us
- HDSSs
- Secretariat
- Publications
- Large Projects
- Activities
- Events
- Products
- Data Sharing
- FAQs
- Contacts



HRWeb/INDEPTH Network

This is a web-based management system that links INDEPTH members to the Secretariat. It provides a real-time multi-centre analysis and stimulates interactions between/among INDEPTH members.



Click on the country of interest or select from the dropdown menu on the right-hand side:

Select a country Go

INDEPTH Member Centres

INDEPTH currently has 36 member Centres running 43 Health & Demographic Surveillance Systems (HDSSs) in 20 countries in Africa, Asia and Oceania. 30 HDSSs in Africa, 12 in Asia and 1 in Oceania.

The data provided in this platform are updated annually in July.

INDEPTH Member Centre Audit (Entry Form)

The purpose of this audit is to create a detailed database of INDEPTH member centre information.

User manual: [Low Bandwidth](#) | [High Bandwidth](#)

Cross-Centre Analysis & Indicators

Select an INDEPTH member

Select an indicator

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The COHRED Group

The COHRED Group and COHRED Tech

The COHRED Group focuses on strengthening the governance and management of systems of low and middle-income countries (LMICs) in their efforts to use research, science and technology and innovation to improve



COHRED Tech

The COHRED Group and Web4Development

The COHRED Group focuses on strengthening the governance and management of systems of low and middle-income countries (LMICs) in their efforts to use research, science and technology and innovation to improve health, equity and development. As such, the Group partners with LMICs in providing technical support on research and innovation systems for health. The Group works to share its experiences from the LMICs with high-income countries and their institutions, business and citizens – for the purposes of creating real health change in the LMICs. The Group is also proactive in connecting, advocating and monitoring progress towards health, equity and development through research and innovation at the national, regional and global levels.

It is in this regard that W4D provides web-based tools and information



COHRED Web4Development

The COHRED Group and COHRED Connect

The COHRED Group focuses on strengthening the governance and management of systems of low and middle-income countries (LMICs) in their efforts to use research, science and technology and innovation to improve health, equity and development. As such, the Group partners with LMICs in providing technical support on research and innovation systems for health. The Group works to share its experiences from the LMICs with high-income countries and their institutions, business and citizens - for the purposes of creating real health change in the LMICs. The Group is also proactive in connecting, advocating and monitoring progress towards health, equity and development through research and innovation at the national, regional and global levels.

COHRED Connect supports these processes by bringing people and institutions together for the purposes of setting up genuine partnerships and knowledge networks that can support research and innovation for health.



COHRED Connect

The COHRED Group and COHRED Think

The COHRED Group focuses on strengthening the governance and management of systems of low and middle-income countries (LMICs) in their efforts to use research, science and technology and innovation to improve health, equity and development. As such, the Group partners with LMICs in providing technical support on research and innovation systems for health. The Group works to share its experiences from the LMICs with high-income countries and their institutions, business and citizens - for the purposes of creating real health change in the LMICs. The Group is also proactive in connecting, advocating and monitoring progress towards health, equity and development through research and innovation at the national, regional and global levels.

COHRED Think supports the work of the Group by conducting original research and organising think tanks at differing levels and with various partners. The Unit generates papers and reports based on current relevant empirical research and also translates evidence into formats that enable action whilst also facilitating advocacy on a number of research topics.



COHRED Think

If you are interested in the activities of COHRED Think, please contact:
 South Africa Debbie Marais, marais@cohed.org
 Switzerland Sylvia de Haan, dehaan@cohed.org

