

Council on Health Research for Development Global Forum for Health Research

Consultancy to develop partnership and joint ventures

CONSULTANCY BRIEF and TERMS OF REFERENCE

Part 1: BRIEFING ON CONSULTANCY

Overall objectives

Exploring the development of joint ventures¹:

- 1) Examine the feasibility and alternative formats for most effective joint ventures between COHRED and the Global Forum for Health Research – to promote health research for development;
- 2) Present alternative models for this joint ventures;
- 3) Potentially, facilitate implementation of the selected alternative.

Background

Following a period of intensive investigation into global health research in the late 1980s, the Commission on Health Research for Development published its findings and recommendations in 1990. Its Report, titled, “Health Research: Essential Link to Equity in Development” made the observation that health research was significantly skewed towards diseases that affected the developed world. The Commission estimated that only 5% of global spending on health research in 1986 was devoted to health problems in developing countries, where 93% of the world's burden of ‘preventable mortality’ occurred. Several years later, the term ‘10/90 gap’ began to be used to symbolise this imbalance.

The Commission made four recommendations to reduce this mismatch: 1) promotion of Essential National Health Research (ENHR) – in which all countries, no matter how poor, should invest at least some resources in understanding how their scarce health funding could best be used – and in the long-term building and sustaining of research capacity; 2) national efforts in developing countries and in developed countries should be joined to form productive research partnerships; 3) larger and more sustained financial resources should be made available internationally, and 4)

¹ **Definitions and Abbreviations**

Board	Governing body of COHRED
COHRED	Council on Health Research for Development
Foundation Council	Governing body of the Global Forum
Global Forum	Global Forum for Health Research

an international mechanism should be established to monitor progress and promote financial and technical support for research on health problems of developing countries.

This process was sponsored by a variety of donors and development partners interested in health research, some of which have since continued to fund in this field.

Following the publication of this report, a Task Force on Health Research for Development was created in 1990 with the purpose of starting to implement (some of) the recommendations of the Commission. This resulted in 1993 in the establishment of COHRED, with the specific aim of working at country-level to promote the production and use of Essential National Health Research.

In 1994 an Ad Hoc Committee on Health Research Relating to Future Intervention Options was created under the auspices of WHO, and reported in 1996. It asserted a continuing conviction that R&D was needed to play a vital role in the prevention and treatment of health problems and that the whole spectrum from biomedical to health policy sciences research was required. It highlighted that a new set of threats to health had joined the familiar problems of infection and malnutrition in developing countries and predicted that noncommunicable diseases would become the leading causes of disability and premature death within 25 years while, at the same time, HIV/AIDS and drug-resistant strains of major pathogens were becoming global challenges. The Committee recommended that a 'Forum for Investors in International Health R&D' should be formed to provide a mechanism for the review of needs and opportunities for global health R&D – making use of analytical data on disease burden, R&D opportunities and the level of ongoing efforts – to help focus resources more sharply on the highest priorities.

Subsequently a meeting of parties interested in health research, including many of the same donors, development agencies and professionals that had backed the creation of COHRED, met at a forum in 1997 and launched the Global Forum for Health Research. The Secretariat began formal operations in January 1998, with registration as a foundation under Swiss law taking place during that year. The overall objective of the Global Forum, as set out in its Statutes, is to help focus research efforts on the health problems of the poor through an improvement in the allocation of research funds, support of better priority setting processes and methodologies, promotion of relevant research, support for concerted efforts in health research and dissemination of the research findings.

Independently from either COHRED or the Global Forum, but often with involvement of both to varying degrees, the global research community had started acting on various key recommendations of the Commission: the formation of global research partnerships in priority conditions and the international mobilization of resources to address these health problems through research.

In the 1990s, the 'landscape' was relatively simple, with few international organizations working in health research, and virtually no private sector funded research in developing countries. Now, there are many more players in the field, including philanthropic foundations and public-private partnerships addressing some areas such as products for neglected diseases. In some developing countries, the public sector has begun to make significant investments in diverse areas of health research, ranging from pharmaceuticals and basic research to health policy and systems research, social sciences and operational research. However, the private sector (pharmaceutical companies) is probably the single largest investor in health research in many developing countries through its funding of clinical trials (although

this is not primarily directed at closing the '10/90 gap'). Since 2004, pressured by donors, WHO has become a more prominent player in this field than it was for many years.

Focus:

While COHRED focused its work on promotion of ENHR, and later on the promotion of the concept of national health research system building, the Global Forum focused initially on analysing and promoting the closing of the '10/90 gap'; on holding an annual conference to explore progress and challenges and direct attention to health research needs in and for developing countries; and to generating and incubating initiatives and networks to address a number of neglected areas. In addition, each organization worked on overlapping areas of activity, such as promotion of research for development, developing 'tools' for – for example – health research priority setting, and in advocacy globally, such as the Bangkok Conference in 2000, which was initiated by COHRED as a collaborative effort between COHRED, the Global Forum, WHO and World Bank – to review the status of health research 10 years after the report of the Commission.

Partnership:

COHRED and the Global Forum have had an informal partnership over the years, sometimes good, sometimes more competitive. Since January 2004, there has been a personal commitment by the two directors to look at ways of increasing partnership, reduce fragmentation in this (already small) field and increase efficiency. This was translated into an institutional commitment with the signing by two governing bodies of a Memorandum of Agreement in March 2005. The additional partnership resulting from these activities has led to some joint projects and publications, joint specialized workshops, and promoting the involvement of more country-based experiences in sessions at the annual Forums. In September 2006, COHRED will relocate its offices to the same building that houses the Global Forum and further opportunities for partnership will result from this closer proximity.

Organization:

While focused on country-level activities, COHRED has maintained a relatively modest organization and budget over the years. Due to various resignations, a leadership vacuum between 2000 and 2004 caused a reduction in activities, visibility, budget and future strategy development – all of which are being reversed at this time.

The Global Forum cautiously built up its funding and reserves during its first six years of operations and there was a relatively smooth transition when the first Executive Secretary retired and a new Executive Director was appointed. The continuity in funding, operations and visibility has enabled some further growth in funding and personnel.

Funding:

Core support for the Global Forum in 2006 is being provided by the World Bank, World Health Organization, Rockefeller Foundation and the governments of Canada, India, Ireland, Mexico, Norway, Sweden and Switzerland, while that for COHRED is being provided by the governments of Canada, Ireland, Sweden and Switzerland. Core funding in 2005 was US\$ 3.9 million for the Global Forum and US\$ 1.5 million for COHRED. The picture is changing with time – for example, Denmark ceased funding both organizations in 2005 and Sweden will do so at the end of 2006, while Ireland is a new donor which, in response to a joint submission, has now made a commitment to a further three years funding for both organizations. While core funding is being increasingly sought on a joint basis, both organizations are also actively seeking designated funding for specific activities. For example, the Global Forum holds a US\$ 1 million World Bank grant for a project examining how to finance

malaria drug development and is currently negotiating a project for US\$ 1 million over three years to host a Coordinator for a group of donors supporting public-private partnerships for health product development. Similarly, COHRED was asked to host the Global Forum for Bioethics and there is much interest in project-based funding for COHRED's country work and its operations in health research system strengthening. The annual audited statements of each organization give further details of developments in their funding and work programmes over recent years.

The joint donors precipitated this specific consultancy, by expressing the wish to explore how the Global Forum and COHRED could collaborate more effectively to assist in using the potential of research for health to reduce inequity and eliminate poverty.

Overall purpose of the consultancy:

The key to this consultancy is to propose structures for a relationship between these two organizations in such a way that their joint impact on health research for development is achieved more effectively and efficiently – in the context of other potential partnerships and collaborative arrangements that may enhance this impact.

Part 2: TERMS OF REFERENCE

1. This consultancy seeks to explore opportunities for joint ventures between COHRED and the Global Forum to achieve greater impact – both globally and at country level – on research for health, health equity and health development.
2. Within this broader framework, this consultancy should be informed by:
 - 2.1. A clear outline of the mandate, mission and values, core functions, activities of each organization – at country and global levels and at the interface between the two - to be provided by each Director;
 - 2.2. Structured interviews with staff and board members of the respective organizations;
 - 2.3. Structured interviews with other interested parties;
A list of persons and organizations will be prepared for interview by the Directors and Chairs. The following constituencies could be considered:
 - 2.3.1. Project partners in developing countries;
 - 2.3.2. Donors and development partners;
 - 2.3.3. Board/Foundation Council members – current or past;
 - 2.3.4. Other organizations with which the two organizations maintain strategic partnerships;
 - 2.3.5. WHO (HQ and Regional Offices);
 - 2.3.6. Other – as will be determined
 - 2.4. Documents to be considered
The Consultants have full access to any and all documentation of both organizations but, as a minimum, the consultant(s) will consult the following documents:
 - 2.4.1. Mission statements
 - 2.4.2. Annual Reports
 - 2.4.3. Annual Workplans And Budgets
 - 2.4.4. Strategic documents
 - 2.4.5. Current and past organizational evaluations
 - 2.4.6. Financial records & audited statements
 - 2.4.7. Publications – in a broad sense – by and about the organizations
 - 2.4.8. Other documents as deemed relevant by chairs and directors
 - 2.4.9. Financial flows to each organization, including source (i.e. donor lists)
 - 2.4.10. Organization, organizational structure, organizational culture, including the Board/Foundation Council
 - 2.4.11. Developments in each organization under their new leadership since January 2004:

For COHRED, to include:

- 'decentralisation' and 'decentralised management'
- 'southern alliance with key northern partners'
- 'prioritisation of lowest income countries'
- 'country-perspective' in health research
- 'project-based' funding

For Global Forum, to include:

- annual Forums, including location, format, theme, development of programme, reporting and outputs;
- communication tools, strategies, outreach mechanisms
- programme themes, content and working approaches

2.5. The potential programmes and operational models for joint ventures between COHRED and the Global Forum, according to the comparative advantage of each organization, should be proposed along with a risk-benefit analysis and financial implications of each, in the following areas:

2.5.1. opportunities for joint programming, including new and creative ideas

2.5.2. potential for administrative sharing

2.5.3. overlapping / interlocking governance

THE CONSULTANCY PROCESS

3. The Consultant's expertise must be in the specific areas of strategic restructuring and organizational development. A track record of *successful facilitation of collaborative organizational models* should be available;

Expertise or experience with donors, developing countries, and sensitivity to development is required;

Experience with fund raising and research for health and familiarity with global and national health (research) environments would be an advantage;

The Consultant may comprise an individual or a team, if this will increase the compliance with the above requirements.

4. The Consultant will be overseen by the chairs and directors of each organization, with feedback from the Board / Foundation Council. Additional opinion can be sought as required.

DELIVERABLES

5. Project Implementation Plan

5.1. The Consultant selected for this engagement will submit a work plan and timetable for the Project – to the chairs and directors – within 1 month of signing the agreement to conduct this consultancy;

5.2. The chairs and directors will have two weeks in which to respond to and modify the plan;

5.3. A final implementation plan will be tabled, for final approval by the chairs and directors, within two weeks.

6. Monitoring of progress

- 6.1. A regular communication between the Consultant and the Directors is an essential part of the implementation plan. A written progress report is due every month.
- 6.2. Any significant deviation from the plan and/or time-table needs to be communicated at the earliest possible stage, including reasons for such changes or possible delays, and suggestions how to reduce the impact of changes or delays; the chairs and directors are responsible to reply within 2 weeks;

6.3. Progress report: October 2006

- 6.3.1. A first progress report is due by 15 October 2006; this report is an outline of the full report, with any data as available at the time.
- 6.3.2. The purpose of this report is to have a fixed moment in which the entire Board/Foundation Council has an opportunity to view progress to date, and – where appropriate – provide advice for adjustment. Where the Consultant deems it necessary to make recommendations for changing the report or the work in the remainder of the consultancy, this is the right time to make such recommendation/ request.

6.4. Draft Final Report: 15 March 2007

- 6.4.1. The draft Final Report is due by 15 March 2007;
- 6.4.2. The Board/Foundation Council will consider the report and the recommendations for change at the earliest possible time – but not later than 27 April 2007;
- 6.4.3. Depending on the status of the report, the organizations may ask for (some) additional work to be done by the consultant, or accept the report as is;
- 6.4.4. In either case, the report will be formally ‘accepted’ no later than 10 May 2007.

6.5. Support for implementation: 1 June 2007 onwards

- 6.5.1. The organizations will need to agree on the road forward following the tabling and acceptance of the report.
- 6.5.2. The Consultant who accepts this contract and agrees to be available after the final report will be given preference for a second phase consultancy to support the process of implementation.