# **COHRED** Associates

"Tanzania wants to be a middle income country by 2025, and science and technology is going to help us achieve that". Prof Makame Mbarawa, Minister of Communication, Science and Technology, Tanzania. During Global Forum for Health Research, Cape Town, 2012.

And, speaking about the next Forum 2015 in Manila : "*The strong participation of institutions from the North will signal a shift in the North-South relationship from donor to partner, made possible by the growing and maturing R&D capacity in the region and in the Philippines, blurring the borders that previously existed between North and South research institutions. I anticipate an exceptional meeting and many new scientific relationships developing as a result, both North-South and South-South, in support of their common goals to improve health, equity and development in low and middle income countries through the creation of strong national research and innovation systems." Dr Gerald Keusch, co-chair of the COHRED Board.* 

## Why are we creating the "COHRED Associates" group ?

- 1) to increase the expertise, ideas, geographical reach, creativity and resource mobilisation available to us *in brief, to help us go to scale worldwide, increase our impact, reduce our environmental footprint*
- 2) to provide opportunities to you who believes in our vision to work with a great team to make the vision happen and have a something to offer to achieve this

# Who should consider becoming a COHRED Associate ?

- people who believe in our cause
- are experts and innovators in areas of relevance to our work
- subscribe to our organisational values and operating principles
- are willing to offer their time and expertise to support on-going and new COHRED activities
- and have a track record and willingness to find funding for implementing their work
  - **O** this could apply to students, retired professionals, academic staff, people looking for a part-time and meaningful engagement, and others ...
  - **O** this could also apply to organised groups as in academic units or corporations –wanting to attach more value to their normal academic or for-profit work in research and innovation.

## How it works

- Send an expression of interest to become a COHRED Associate to us at 'associates@cohred.org'; this should include
  - **0** *Include your curriculum vitae in sufficient detail for us to get to know you well, provide the names of 3 referees including at least one member of COHRED's staff, board or another Associate.*
  - O Make a clear case of how you can add value to our work provide a plan of action for work <u>and</u> for obtaining funding to enable implementation. At this time, funding does not have to be actual, but your vision on how to get it should be realistic.
- Associates are appointed through an entire team decision of COHRED based on your expression of interest, your track record, the value you propose to bring to our cause and organisation, and the conditions under which you intend to provide this value.

# Benefits of being a COHRED Associate

- Most importantly as an Associate you can contribute to research and innovation for health, equity and development worldwide finding a great cause, an expanding network of likeminded people, and the potential to make a real and sustainable contribution to global health and development everywhere in ways that are as creative as you can be in support of our work
- Other benefits:
  - **O** As an Associate, you will be listed on the COHRED Website, under 'our Team'
  - **0** You can use being a "COHRED Associate" in your work, curriculum vitae under certain conditions
  - **O** COHRED organises either a Colloquium or a Forum meeting or both every year. This is a great place for you to network. Financial support for attendance is not guaranteed, but in funded projects provision should be made for attendance
  - **O** Associates will be the first to be contacted when COHRED requires additional expertise on a temporary or permanent basis from time to time, and will give preference to those on our Associates list
  - **O** Receive regular updates on our work
  - **O** A growing, web-based community of practice
  - **0** Allows individuals to develop funded contracts and work because of operating under the COHRED umbrella
  - 0 Offering a new avenue for engagement with global health
  - **O** *Can provide travel opportunity, meeting new cultures and people in a way that contributes to global health*

## Remuneration

- <u>Most Associates begin as volunteers</u>. In this phase, you will work up a joint proposal with COHRED staff or another Associate, and begin exploring funding sources. Some work will continue as volunteer efforts in which case, COHRED will cover agreed operational costs.
- In some cases, funding is available and required and Associates can be paid for work done with us. Normally, the Associate themselves will develop proposals jointly with a key member of COHRED staff or another Associate and is able to find funding internally or externally.
  - **O** <u>External funding has to be contracted by COHRED with a funder or client directly</u> it can not be done through an Associate. COHRED never endorses work that is not contracted through our offices, and Associates can not use their Associate status with COHRED to engage in contracts in our name.
  - **O** <u>Remuneration of Associates can never be more than our remuneration framework allows</u> which is 'locally competitive but not of such high level that it provides unfair competition with local research and innovation system institutions'.
- Note : do not apply for a job in this way. COHRED Associates are expected to bring much more to the table than their CV. Simple applications for employment will not be considered. From time to time, we have vacancies that are posted at 'jobs@cohred' if there is such a call, feel free to apply then and for the specific position.

## There are some exclusions -

- We reserve the right to decline any application for Associate status, if we feel that such application is not in line with our mission, values or organisation. We do not have to give any reasons to the applicant, but will often do so.
- We also reserve the right to withdraw Associate status of an Associate whose behaviour is contrary to our mission, values or organisational reputation.
- Associate status is automatically terminated if there has not been substantive engagement with COHRED activities for a period of 2 years.
- Becoming a COHRED Associate does not imply in any way that COHRED will provide remuneration, social or health benefits, insurance, travel nor the Associate will be entitled to any other financial or contractual benefit unless explicitly detailed in an individually-specific employment or consultancy contract.

# The countries most affected by disease and poverty do the least research and get the least benefit of research and innovation

The **distribution of researchers** across the globe is skewed disproportionately towards wealthier countries. This lack of human resources for health research prevents low and middle income countries from contributing effectively to their own health, equity and development solutions and to those that are needed globally. As a result, the geographical distributions of health R&D investments, clinical trial research, and health research publications are heavily skewed towards high-income countries (The Lancet, 2013) and there is little correlation between the burden of disease attributable to a particular health condition or problem and the amount of clinical trial research being conducted on that health problem (World Health Bulletin, 2013). (<u>http://www.uis.unesco.org/ScienceTechnology/Pages/default.aspx</u>)





There are 33 'low income' countries (per capita income of \$1,035 or less), 46 'lower-middle income' countries (\$1,036 – 4.085) and 50 'upper-middle income' countries (\$4,086 - \$12,615), per World Bank ranking in July 2013.

(http://data.worldbank.org/news/new-country-classific ations). Although accurate data on public and private spending in research and innovation for health is hard to get buy, the Global Forum for Health Research estimated that over 90% of the \$130 billion spent on health research in 2009 was spent on diseases that cause only 10% of the world's mortality. This is the **"10/90 Gap"**.