COHRED Colloquium 4 2015
Wellcome Trust, London 16 – 17 April 2015

COHRED Fairness Index™

First global, multi-stakeholder consultation

Meeting Report

8 May 2015 / A

www.cohred.org

Executive Summary

COHRED Colloquia aim to advance global health through intense, focused and multi-sector interactions of key people and institutions that can shape research and innovation. COHRED Colloquia present current challenges in a new light, create opportunities to form new partnerships and encourage finding new solutions.

As an independent, non-profit organisation with a global footprint, COHRED contributes to global health, equity and development in a unique manner: by enabling the growth of science, technology and innovation systems – especially in low and middle-income countries (LMICs).

Hosted at the Wellcome Trust in London from 16-17 April, Colloquium 4 convened 80 high-level representatives from governments and government institutions, research and innovation centres, for-profit businesses, philanthropies, non-profits, research and innovation sponsors, large research programmes, and scientific media to discuss the scope, content and implementation of the COHRED Fairness Index (CFI).

Colloquium 4 generated a high-level and intense dialogue around the need for and impact of the CFI on the research partnerships in health, and on the steps to be taken to achieve wide, global acceptance.

The meeting was presented with the results of 8 months of multi-stakeholder consultations as the basis for discussion. The CFI was proposed as an actively managed global certification system that will help encourage adherence to and further development of best practices in research and innovation collaborations for health. The goal is to increase 'fairness' in research and innovation partnerships, and in this way improve research and innovation capacity that will improve health, reduce inequity and stimulate socio-economic development, particularly of low income populations and countries.

There was a broad agreement on the need for the CFI to begin providing guidance in a major area of global societal endeavour and expense where little norms for 'fairness' exist. The design of the meeting generated creative and inclusive debate that provided both guidance and caution in the following areas:

- The key 'domains' that should be included in the CFI to deliver value to all stakeholders in research and innovation for health
- Definition of the indicators that will be used to assess each 'domain' – as a priority action
- Setting boundaries on the scope of the CFI – minimizing added administrative burden
- Operationalization and sustainable funding models for the CFI – including creating demonstration projects

This meeting constituted the first global consultative meeting on the CFI, building on the work of the COHRED Core Writing team; a 32-member, globally representative Technical Working Group; a global, internet-based consultation, and various smaller preparatory meetings.

Following this meeting, a new report will be produced by the Core Writing Team, and a new Technical Working Group, followed by another global consultation and by demonstration events are planned with projects, institutions and government agencies who volunteered to host these. The launch of the first version of the COHRED Fairness Index is envisaged by end October 2015.

Acknowledgements

COHRED would like to thank the delegates of the organisations and institutions who attended this colloquium, supported the CFI and demonstrated interest in the development and implementation agenda of the COHRED Fairness Index (CFI). We are also indebted to the Technical Working Group who volunteered the time and expertise that generated the first version of the CFI within a minimum time.

We thank the South African Medical Research Council for making available a day-long video conferencing system that enabled some people to participate at a distance. In addition, we acknowledge that absence of sufficient financial means meant that several highly interested people who would have been able to make substantive contributions, made their participation in the Colloquium impossible.

The COHRED Fairness Index Group would also like to thank Pfizer, Celgene, Sanofi and COHRED Africa for their support of the COHRED Colloquium 4 as well as the Wellcome Trust for offering substantial organisational support and the use of their main venue in London.

We are also grateful for a large and early expression of confidence and trust in the concept of the CFI and its mode of open, inclusive and global development. Individuals and institutions have made explicit expressions of endorsement prior to this meeting, and provided great insights into why the CFI is needed, how it can work, and what it means to them. All comments have helped shape the CFI and will continue to refine it further. Details of all endorsement can be found in Appendix B and on the CFI website.

COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT (COHRED)

COHRED, the Council on Health Research for Development, is a global, non-profit organisation whose goal is to maximize the potential of research and innovation to deliver sustainable solutions that promote health, equity and development people living in low and middle-income countries. We design ***practical tools*** – that address key bottlenecks in research and innovation for health – provide ***technical support*** – and engage in ***global action***.

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Suggested Referencing:
COHRED/COHRED Colloquium 4 Report/8 May 2015

COHRED Colloquium 4 was supported by:

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Abbreviations Used

COHRED	Council on Health Research for Development
CFI	COHRED Fairness Index
HIC	High-income country
LMIC	Low- and middle-income country
PI	Principal Investigator
TWG	Technical Working Group

Background

The COHRED Fairness Index (CFI) is an actively managed certification system that optimizes the ability for individuals and institutions to engage in and sustain fair research and innovation partnerships within the field of health.

Asymmetry between partners conducting health research and innovation exists in access to resources, benefits, and other necessary aspects for institutional independence. This frequent lack of independence and symmetry in global health partnerships limits the possibilities of low- and middle-income countries (LMICs) to produce and personally benefit from health research and innovation. Though short-term solutions are often made available to communities that are in greatest need for access to medicines through better accessibility and affordability by the health industry and international aid, long-term solutions – such as socio-economic advancement – are frequently lost in communication channels and abrupt ceases in funding (especially for LMICs).

The CFI proposes to help resolve the issue of asymmetry in fair research and innovation partnerships as a neutral intermediary by assessing the extent to which objectives and domains facilitating fair partnerships are globally achieved at project-, institutional- and state-level. The CFI will certify fair partners irrespective of the sector or income of the individual or institution producing research and innovation for health development.

COHRED has assigned a Technical Working Group (TWG), composing of various stakeholders to help in the development and implementation stages of the CFI. The input from these members will determine the use of the Index for all sectors, levels and nations. The creation of this diverse TWG also defines the objectivity of the CFI and its neutrality in certifying institutions around the world.

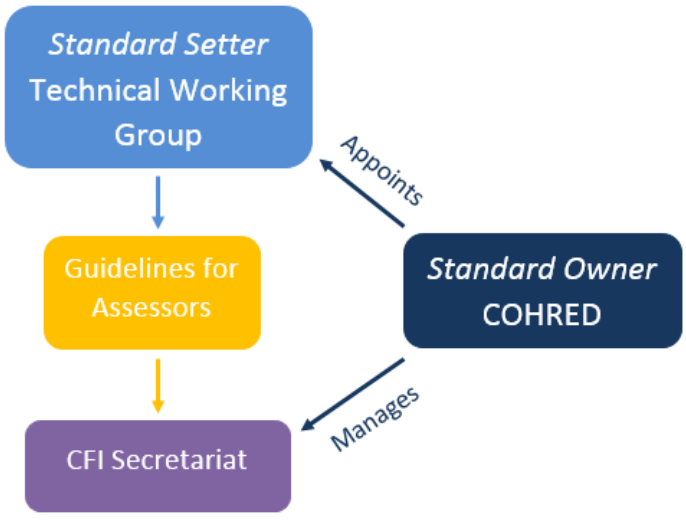


FIGURE 1. The proposed governance structure of the CFI.

Process

The design of the CFI was steered by the TWG, where multi-stakeholders engaged in an interactive, bi-weekly consultation process from September to November 2014.

A first Global Consultation Document explaining the proposed structure and objectives of the CFI was made available for wide global distribution and consultation for the period: 22 January – 27 March 2015. A second version of the document (including updates from comments by individuals and institutions – such as IAVI, Fiocruz and KEMRI) was prepared for the Global Consultation II, where 81 key representatives of different stakeholder groups have come together for COHRED's Colloquium 4 on April 2015 at the Wellcome Trust in London.

The purpose of the Colloquium 4 and this Meeting Report is to seek consultation from multi-stakeholders and verify that their statements at the conference are taken into account for the production of the third Global Consultation Document. The current stage in the development of the CFI is the creation of Global Consultation Document III by COHRED's core writing group – with feedback from a new TWG – for another round of global consultations. The new TWG will gather in focus groups for more specialised development in the later stages of the Index. Proposals by stakeholders of hosting CFI workshops around the world have already been made.

Finally, it is expected that the CFI will be launched in October 2015. Pilots are planned to take place in Kenya and the Philippines for the first implementation phases of the Index.

FIGURE 2. Timeline of CFI phases of development

Key References on COHRED Fairness Index

There have been a few CFI-related publications prior to and after the COHRED Colloquium 4. These publications are based upon interviews of COHRED staff, amongst other sources.

The Lancet published an article on the CFI; it illustrates the objectives of the Index and the reasons why the solution it proposes is important for partnerships in the field of health. The article can be found on The Lancet Journal online at the following link:
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60680-8/fulltext

SciDev.Net published a podcast after the Colloquium in London that highlights significant points made by Martin Sepúlveda (COHRED Board Member and Vice President of Health Industries Research for the IBM Corporation) in his interview with Kaz Janowski, Editor of SciDev.Net. The podcast is available on the official CFI website home page: www.cfi.cohred.org

A report featuring insights from the Colloquium was produced by Research Professional:
http://www.researchresearch.com/index.php?option=com_news&template=rr_2col&view=article&articleId=1351493

The most recent publication on the CFI is by Nature, entitled 'Research: Africa's fight for equality.' A significant mention of the Index in the article demonstrate the CFI's potential role in aiding funders and researchers for health in finding reliable individuals and institutions as partners in research and innovation for the field. The article is accessible online:
http://www.nature.com/news/research-africa-s-fight-for-equality-1.17486

All open presentations can be downloaded on the CFI website: http://cfi.cohred.org/colloquium-4/presentations/

Day 1: 16 April 2015, Morning Session

Dr. Jeremy Farrar, Director of the Wellcome Trust, opened the meeting with an unambiguous statement of support for the development of a globally applicable index that would help increase the fairness and impact of research and innovation partnerships for global health. He was followed by Dr. Gerald Keusch, Chair of the COHRED Board who reflected on the relevance of the CFI and what it could have meant during his own lifelong efforts to increase health research capacity for health problems in low and middle income countries.

Prof. Carel IJsselmuiden, Executive Director of COHRED, presented the context of and need for the development of the COHRED Fairness Index, and made the case why COHRED provides the neutral platform on which to construct such a global mechanism.

Taken together, these three short opening statements showed how the COHRED Fairness Index can be a major instrument in the international arena to improve research partnerships, and how this, in turn, is essential to increase and sustain global health – enabling low and middle income countries and populations to be active partners in defining the global health research and innovation agenda, and in becoming an increasingly active partner in designing solutions.

Furthermore, the interest shown by key businesses and their active participation at this early phase of CFI development was welcomed because of their own impact and influence on global health research, innovation and partnership creation.

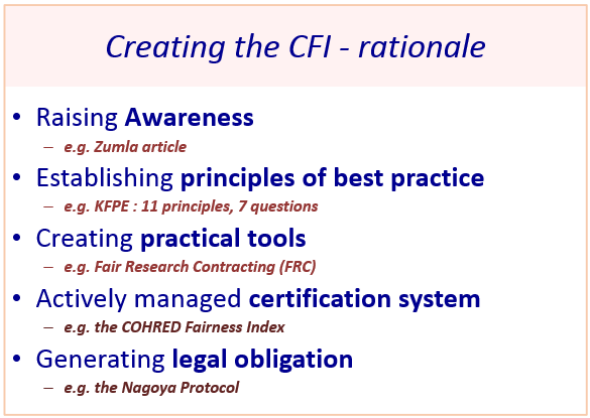


FIGURE 3. 'Stimulating adherence to best practices – in order of increasing impact'

Panel I: The Need for and Impact of the COHRED Fairness Index

Panel Question: How do you think the implementation of the CFI by your institution or government will have an effect on capacity for health research and innovation?

Panellist 1, Government Institution: Research and development resources are limited, especially for LMICs, as experienced for example in the Philippines. Partnerships are complex, and must be maximised. Recent partnership experiences in the field of science and technology have taken several years to get started, as current standards give limited direction. Facilitated collaborations are relevant at government level, but the principle of the CFI is applicable for implementation at any levels, including institutions, large projects, private companies and governments.

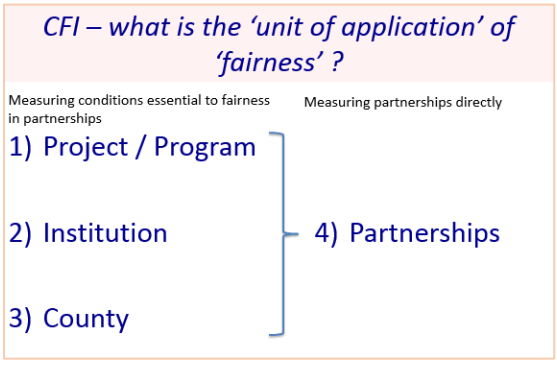


FIGURE 4. 'Application of the CFI – measuring partnerships directly, and measuring conditions conducive to fair research and innovation partnerships'

Panellist 2, Pharmaceutical Company: Equitable research partnerships are crucial. Research in resource-limited settings can be very complex, requires partnerships, and often requires prolonged and extensive partnership negotiations. There are both expectations and suspicions of the private sector, and pharmaceutical companies are aware of the potentially vulnerable position in which this places them. Such companies need to be key actors of change and development, and must actively participate in developing systems such as the CFI. However, the CFI should avoid redundancy - i.e. not duplicate already existing certification and performance measurement methods. The Index must ensure accuracy and progress.

Panellist 3, Private Company: Companies acknowledge that they will be users of the CFI, in addition to supporting the development process of the Index. Such indices are most effective when they are part of the routine management process of the institution, business or government – and not an external 'add-on'. This enables sustained action for continuing improvement. There are three key principles that should guide the development of a successful CFI: 1) The CFI needs to be fair for all parties involved, 2) it should not be too onerous and reduce speed of research and innovation, and 3) the CFI has to be sensitive to the various contexts in which it may be applied and used. The Index's adaptability will determine its success.

Panellist 4, Government Institution: Funding of research is relevant also to train the next generation of scientists. There are large power differentials between research implementers, funders and collaborating scientists, which makes partnerships inherently difficult. Only locally-based partners will understand the true needs and priorities of particular regions; therefore, the local partner must be in a position to have power and be able to engage expertly in the partnership process. LMICs only feel that they have such power when there is independence and when they also provide own funding for their own research and innovation for health. There is a need for LMICs to have adequate research budgets to set their own research agendas. Until this is achieved, unequal partnerships will remain a problem.

Panellist 5, Research Institution: The CFI should not delay research and innovation collaborations, but taking time to create partnerships is acceptable in the interest of fairness and long-term sustainability of these partnerships – which, in turn, is a determinant of effectiveness and efficiency of research. Taking sufficient time for partnership design and development applies particularly to collaborations between partners coming from countries with very different economic development status.

Panellist 6, Government Institution: Existing asymmetries in research partnerships – such as research funders directly negotiating with researchers, rather than with their institutions – can damage collaborations. These asymmetries occur rather frequently in LMICs such as Panama, especially for clinical trials. A system like the CFI will, 'facilitate engagement, research projects, better selection of partners and research results.' Implementing such an index will solve issues like the lack of research funding control. However, the CFI would require a wide consensus for its adoption.

Panellist 7, Research Institution: Having neutral intermediaries like COHRED that can work toward fairness in partnerships as facilitators will advance a 'movement for improvement.' Partnerships between high-income countries (HICs) and LMICs must improve their relationships, and transparency is very important for this to take effect.

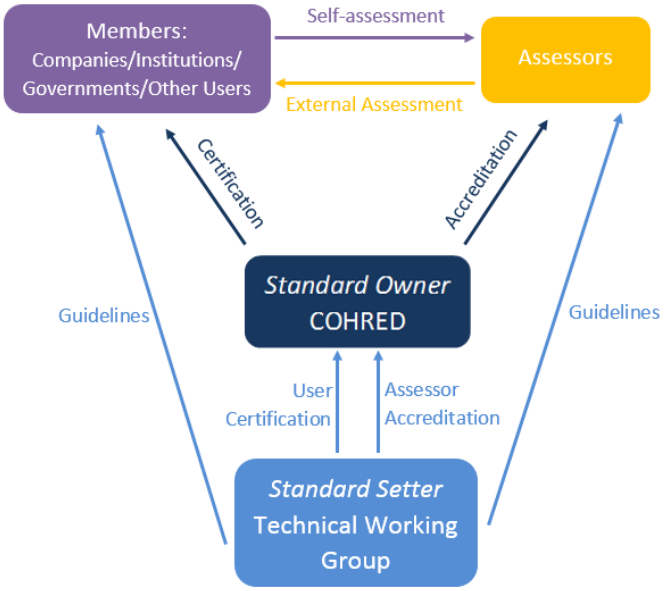


FIGURE 5. Operation process of the CFI: COHRED as a neutral intermediary

Panel I highlights:

- The CFI should be applied both at national and at institutional level to help facilitate fair research partnerships, at least as a start
- Research partnerships should be equitable, and benefits should accrue 'fairly' to both or all partners
- The CFI should not be onerous nor impede speed and innovation
- The index should be adaptive
- Power differentials exist between partners and the CFI should take into account the importance of regional locality
- The CFI can solve LMIC's lack of control of research funds
- Having neutral intermediaries is important for fair partnerships
- Consider having 'more than one CFI' – as it is difficult to see how the same tool can be applied at different levels, in different sectors

Panel I Discussion: Domains to be included in the COHRED Fairness Index

The need for and the timeliness of the CFI was echoed throughout this first open session. At the same time, discussants emphasized the need for and urgency of a better definition of the domains that the CFI should measure and some stressed that it was essential for them to have an overview of the indicators to measure these domains before they could become early adopters of the CFI. While there was general agreement on more 'fairness' in research and innovation partnerships, it was clear that further clarification and concrete examples were now required to convince companies and institutions to adopt the CFI as an additional index on top of other indices already being used.

More detailed descriptions of '**who will benefit from the CFI and how'** are crucial now, both to show how the CFI can add value to all stakeholders in research and innovation, and to guide the decision on domains and development of indicators. The positive impact of fair partnerships need to be outlined for greater understanding by all involved before adoption: one LMICs representative expressed concern that adopting the CFI by a LMIC institution could reduce funding as research sponsors may take their support elsewhere – where no demands of 'fairness' were made.

A second substantive discussion focused on the level at which the CFI is best used. In principle, the CFI can be used *to assess the quality of partnerships indirectly by measuring conditions that are conducive to fairness in partnerships* at the **national**, **institutional** and **project**-levels, and/or it can be constructed *to measure characteristics of partnerships directly*. (See also Figure 4 above).

Indirectly measuring the fairness of partnerships is more feasible than measuring partnerships directly – especially since a valid assessment of the actual quality of partnerships require that all partners be involved in the assessment, and that grossly different opinions of partners cannot simply be 'averaged'.

There was divergence of opinion on the level of application of the CFI – both from a feasibility and an impact point of view.

- Some felt that measuring individual projects and programmes should be the start of the CFI – 'because that is where the real partnership actions occur'
- Others felt that national application is most relevant and simple, as – for example – certification of appropriate and enforceable policies conducive to good financial management in institutions is simple, will encourage other governments to follow suit, and certifying this will create an environment conducive to 'fairness and transparency' in the domain of research and innovation financing.

A concern was expressed that early application of the CFI at institutional level could be too onerous for LMIC institutions or that this could create a situation institutions that are already successful can further extend their access to partnerships and financing. However, the other side of this same argument was also highlighted – by creating a tool that allows institutions to demonstrate commitment to fair and transparent partnerships, the CFI offers a way for institutions that struggle to get partnerships and financing to become more visible and more attractive to research partners and funders.

An effective CFI should be able to result in balancing the power of purchasers and organisations that give researchers their resources – which will be a key benefit as the power differentials between those providing financing and those conducting research are extra-ordinary in partnerships. The particular case of the tremendous growth in inequity in Panama was mentioned in relation to such power imbalance.

A strong case was made to include the **quality of research ethics review and Fair Research Contracting practices** as a domain in the CFI, as funders and researchers from high-income countries still often disregard the local requirements for such reviews. An opportunity presents itself to align the CFI with the current drive in the European Union for research integrity and prevention of export of unethical practices. In this context, it was emphasized that the CFI needs to unify the already available frameworks used by researchers and institutions and not just create a new, parallel system.

The CFI should avoid becoming an exclusivity tool: It should not be constructed in a way that it would stop funding to reach institutions and researchers who are not fully 'CFI compliant' – instead the CFI should aid the process of identifying capacity-building opportunities and knowledge gaps in partnerships.

The CFI should be impartial, and fair to all stakeholders: it should explain clearly how it will be applied to different stakeholders to promote an impartial adoption of the Index. It has to find common denominators for all partners, with similar interests in domains and indicators. It would support its adoption, if the CFI can demonstrate to solve health research problems in general – *for example, how would the CFI have changed the dynamics of the current research response to the Ebola epidemic* – in addition to addressing other, more complex and long-term occurrences. The CFI should lay out how it proposes to correct unfairness at the national level. A reporting system would be particularly useful for keeping track of levels on which issues are being addressed and how they can be improved.

"The CFI is long overdue. Currently, there is a disproportionate distribution of research benefits among partners; with the "junior" partner receiving a "token" of the benefits of research. The CFI which seeks to promote fair practices, transparency and accountability, will ensure that due recognition is accorded each partner's contribution for equitable access to research benefits."

Prof. Oyewale Tomori

President, The Nigerian Academy of Science http://www.nas.org.ng

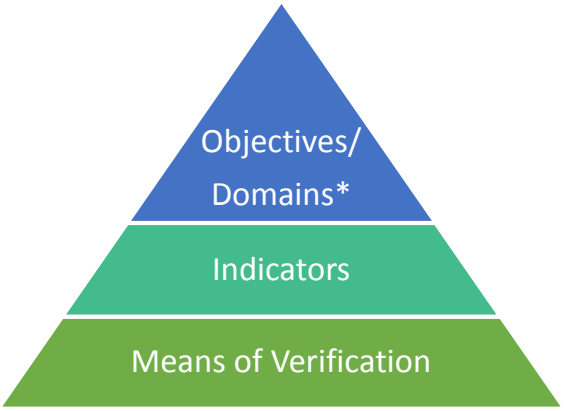
Day 1: 16 April 2015, Afternoon Session

Moving Towards Practice: Going Global

At the start of Panel II, Dr. Najia Musolino, who heads COHRED's CFI team, gave a brief presentation that concentrated on detailing added value of the CFI to different users – in particular to researchers and research institutions in high and in low income settings, research funders, grant recipients, governments departments of health and of science & technology in low & middle income countries, pharmaceutical companies, research councils in LMICs and international organisations, tax-payers in high income countries and non-profit organisations engaged in research and innovation for global health.

The presentation also summarized the 7 domains that should be included in the CFI. This set of domains resulted from the Technical Working Group report and subsequent 2-month global consultation prior to this meeting. The domains proposed for discussion are:

1. **Harmonising relationships and aligning the different interests** of different stakeholders in research and innovation
2. **Creating balance in** research and innovation **contracting**
3. **Valuing different contributions from different partners** – *for example, 'equal partnerships' should not necessarily imply 'equal financial contributions'*
4. **Set reasonable criteria for responsibility for post-research action**
5. **Minimize reputational risk** of all parties involved
6. **Increase accountability, transparency, shared decision-making and trust**
7. **Prevent 'collateral damage'** of research and innovation programmes – *for example, through monopolizing the working time of essential health care personnel with research tasks*



*Several objectives/domains need to be discussed.

FIGURE 6. The building blocks of the CFI.

Panel II: The COHRED Fairness Index in Practice

Institutional perspectives - How will the CFI add value?

Panellist 1, Private Company: The CFI could have added an additional layer of administrative hurdles or delayed the process and production of a vaccine at the time when the company was initiating the works on the pipeline – had it been in existence at the time of the case presented. The CFI, while clearly beneficial in many cases, needs to be very clear about added value and time & expenses needed for implementation.

Panellist 2, Government Institution: There is a 4-stage lifecycle of a contract for the development of drugs and vaccines: 1) *Negotiation*: the first decision should concern relevance to national and institutional priorities; 2) *'Buy-in'*: as many relevant people as possible should sign the contract to secure wide sense of ownership of the contract; 3) *Execution*: the conditions set must be correct in terms of the dynamics of the partnership; and 4) *Critical analysis for long-term collaboration*: analysing existing and future contracts is necessary for the creation of a roster of partners that can be trusted and of those that should rather be avoided, and to obtain an overall understanding of the level of expertise that can be expected to be delivered by partners. There should be an early involvement of regulatory institutions and civil society organisations in the drug development process. The CFI should be constructed to address these issues. At the same time, governments would want to be sure the CFI itself has impact – so it is important to track the performance of the CFI itself as well.

Panellist 3, Non-profit Foundation: The CFI needs to be realistic and to define its targets and goals. The CFI can avoid bureaucratic burdens by being 'flexible, well-defined, relevant and non-redundant to existing standards.' Stakeholders should start applying the CFI rather than simply endorsing it. One or more pilot studies / demonstration projects could be more appropriate than a launch of the CFI.

Panellist 4, Government Research Institution: A clarification on the implementation of the CFI in LMICs is necessary. Institutions in HICs can replace their funding sources 'without major problems'. Organisations in LMICs, on the other hand, often 'depend on a limited set of sources accessible to them, and cannot carry out research without the resources provided by funders and collaborators – should these decide to stop providing these resources as a result of LMIC demands for them to begin using the CFI'. It would be most practical to start applying the CFI to smaller, institutional levels and gain more assessment experience before moving on to evaluate national levels.

Panellist 5, International Organisation: The CFI is bringing together the public and private sectors for the first time in this area, for this field. International organisations are very interested in the development of knowledge and of actions that have scalable solutions. A main point for the CFI would be to encourage research and innovation that address key health priorities of countries, and to encourage LMICs – *which often do not have an explicit agenda for health research and innovation* – to set clear priorities and communicate these. The CFI can also be structured to encourage production of delivery solutions ['post-research actions'] and increase in employment opportunities in research and innovation in LMICs.

As an 'actively managed certification system', the CFI should collect, analyse and disseminate information through annual or bi-annual reviews. If done well, this would serve to operationalize the CFI's own transparency, illustrate some of the key inflection points and highlight the general incentives for stakeholders to participate in and implement the CFI.

Panellist 6, Pharmaceutical Company: The CFI is a certificate, not an [ranking] index. Such a certificate would be beneficial for the selection of partners. Pharmaceutical companies can be convinced of the value of the CFI, but the industry is involved with many groups. The CFI would be very attractive if the 'certification' applies to a much greater range of partners than pharmaceutical industry alone, and if it can contribute in this manner to support the aims of pharmaceutical industry to be transparent and be perceived as an equal partner in global health research and innovation.

Panel II highlights:

- It is acceptable for the CFI to delay the processes for research and drug production in the interest of building fairness but within reasonable limits only
- The performances of the CFI should be tracked – *perhaps with an annual and bi-annual review system*
- The CFI needs to define its targets and goals more clearly
- The CFI should not create redundancy to standards that are already set in place – but where there are gaps, it should design new standards through an inclusive consultation process
- Pilots or demonstration projects to be considered before or instead of a launch
- The proposal of a COHRED Fairness Certificate (CFC) rather than a COHRED Fairness Index (CFI) should be discussed in the next phase
- A greater range of partners should be able to access and adopt the CFI
- Fears expressed by LMICs that donors/sponsors/partners will withdraw funding if asked by LMIC institutions or governments to become CFI compliant are real

Panel II Discussion: Implementation of the COHRED Fairness Index

Bringing together the different perspectives on the CFI because of the participation of the variety of backgrounds of participants showed that the practical development of the CFI will prove to be challenging – if it is conceived as 'one system to fit all stakeholders'. COHRED should probably consider designing 'an appropriate CFI for each constituency' as a better road forward. Reflections on the exact role of funders and government institutions was a necessary discussion to have for the implementation of the CFI.

Research funders will be able to provide useful information for the construction of the CFI because they share information amongst themselves to discover financial capability gaps. Funders can set criteria for good financial grant management based upon which funding allocation decisions are made. Linking to the CFI could add value to this – by shifting from a check-list approach to an ongoing institutional improvement approach in the context of wider institutional and national capacity building for research and innovation through a certification process. This is likely to result in grant recipients having more time for other processes. It was also pointed out that "25%" of funders engaged in global health research are already adapting their conduct in line with expectations of grant-receiving organisations. What is often lacking is a clear institutional or national research priority listing. Therefore, the CFI can make a major contribution – from a funders' perspective – if it includes "Having an explicit Research Agenda" as another domain. Without such priorities, it is often research funders whose priorities prevail – having clear national priorities would enable partners to better assess the 'fairness' of funder participation in research partnerships.

Government institutions in LMICs, on the other hand, have expectations that adopting the CFI would help ensure that government expenditure in research and innovation has higher return on investment for the country concerned. Although much research in LMICs is externally funded, such projects and programmes make extensive use of local staff and institutions and, since recently, also increasingly require co-payments. If the CFI can show that it can substantively improve the fair distribution of benefits of research and innovation, governments will be eager to adopt it as a key strategic tool to develop their own research and innovation systems. An added advantage was noted: the information that the CFI requires for measurement and certification can fill crucial

information gaps that currently exist in LMIC research and innovation systems, and – ideally – would also help to increase relevance of research to 'those at the end of the health research pipeline'. It was recommended to include patient groups as key stakeholders in the design of the CFI. It was also emphasized that the CFI should be constructed to be 'appealing' or 'speaking to' Ministers of Finance, who are ultimately responsible for budget allocations.

The COHRED Fairness Index Model

Following the above reflection on different expectations of what the CFI should be able to do by funders and governments [*a reflection that can and should be had for differences between all stakeholders*], the discussion became more focused on practical improvements to the CFI model that was proposed to this meeting.

- The current model of the CFI illustrates that there is a need for greater diversity in stakeholders within the new Technical Working Group. This supports a comment made by Panellist 6 in Panel II on expanding accessibility in the participation and adoption of the CFI.
- Providing case-studies or mapping examples of the application of the CFI in different domains should be done soon after this meeting to help clarify the possible achievements and impacts we are looking for, which, in turn, is crucial to guide the structure of the Index system.

As a first concrete outcome of this meeting, the afternoon session was presented with a succinct summary of 'domains' that are essential to be included in the CFI. There was general agreement that these five areas are key, and constitute a good start.

An effective CFI will need to include measures of fairness in the following 5 domains:

1. **Capacity-building** – *individual, institutional, system, even national*
2. **Financial and Human Resources** – *management, distribution, transparency*
3. **Benefit-sharing** – *but also 'burden' and 'risk'-sharing*
4. **Intellectual Property** – *and the capacity to use it for health and development*
5. **Ethics review** – *quality and respect for local review*

The discussion facilitator then guided the debate through these topics:

For almost everyone present, the **capacity building** of partners in LMICs is one of the most important aspects that should be achieved by the Index. The main goals of the CFI should be to provide LMICs with more power through independence. However, the issue that the CFI may not be recognised in some areas of LMICs – due to their dependency on aid – was again emphasized. **Capacity building in *research* is not the only part that must be considered – capacity building for *research and institutional management should be included as well***. The latter may even be more important than the former if the aim is to create LMICs with strong and sustainable research and innovation systems.

Particular attention should be given to areas like financial management, reporting and audit, and on indicators that encourage institutions, funders and other stakeholders in the research process to address such deficiencies.

If the CFI is successful, it should result in greater research management capacity, increase contracting efficiency, and improve trust in research and innovation relationships. The CFI cannot

avoid having stakeholders at different levels, so it should be prepared to assess these varying levels through different indicators and even different domains relevant for each.[1] Though capacity building is clearly a major factor in determining the CFI model, **capacity distracting** can be a direct consequence. Building capacities in one area may negatively affect another department as a result. This limitation suggests that the CFI should assess capacity building with caution.

Financial and Human resources is another major aspect that will determine the success of the CFI. 'Local' [LMIC] funding for research and innovation is essential as a means of addressing research partnership inequities. The CFI should measure that. A cautionary note was raised here: especially in limited-resource settings, allocation and prioritisation of research funding by governments is often weak and subject to short-term goals. External funders may then feel obliged to follow new sets of priorities, resulting in interruptions of existing plans and damaging long-term system building. Perhaps the design of the CFI could also include indicators of 'consistency' and 'long-term partnerships and funding'. In brief, funding and human resources are important factors for the CFI to consider but it will face great complexities in the evaluation of fairness in both areas.

Intellectual property is a complex aspect of the CFI that required further discussion. The variety of stakeholders involved in research and innovation – along with the fact that the ability to use intellectual property for health and development constitutes also a capacity challenge – makes IP especially difficult for implementation as part of the CFI. In addition, finding valuable management material for measuring 'fairness' in intellectual property distribution is problematic, as agreements are often made outside the public eye. Existing regulations need to be taken into account in the implementation, since some protections are already mandated. Therefore, the countries and institutions that are not familiar with these regulations should be trained on these matters. This development in comprehension of regulations in the light of intellectual property is particularly essential for the principles of **access and affordability**. The CFI will face a major challenge in designing a metrics that can deal with the complexity of IP.

Benefit-sharing was a topic that raised particular concern due to a lack in understanding of the methods available to 'split' benefits of research fairly and, consequently, difficulty in measuring fairness in benefit-sharing. In addition, the identification of beneficiaries poses another challenge to measuring 'fairness' in research benefit-sharing. There are different concepts of benefit-sharing that must be considered. An example of this is the recently activated Nagoya protocol which refers only to products that are used and developed by the owning country, and does not consider situations where products are developed in one country (e.g. an HIC) and are tested and adopted in another state (e.g. an LMIC). In addition, as equivalent to 'benefit-sharing, any examination of the fairness of research and innovation collaborations should also consider measures of **risk-sharing** and **responsibility-sharing**. These two latter aspects are likely to affect partnerships negatively if they are not allocated correctly from the start.

Ethics was considered by some to be the over-arching topic of this list because all partners need to be mindful of actions made whilst in a partnership. The distribution of burdens as well as benefits must be addressed with fairness. A **framework of fairness** is necessary to design the CFI.

Moreover, *ethics* and *fairness* often depend on context. Therefore, COHRED was urged to ensure that the CFI is 'tested' in and 'adaptable' to different regions and settings. If it can adequately

[1] There was a specific request by one stakeholder for the inclusion of a domain on the advancement of women in research and innovation for health.

address local issues, then the CFI is likely to be more easily accepted as a global certification system in the interest of all stakeholders for fair partnerships.

The discussion also stressed the importance of raising the awareness of the CFI through workshops that could be hosted by different stakeholders present at the meeting – and many offered to host such workshops around the world and in different constituencies. Some went further, and urged those present (and those who are engaged but could not attend the meeting) to endorse the CFI, even at this early stage, to facilitate its development and implementation later in the year.

Two other aspects of the 'ethics' domain that were highlighted were: i) the CFI should not engage in redesign of ethical guidelines for research, as there are many already, but ii) that there is a real need for the CFI to include in its certification process an assessment of the adequacy of applying existing guidelines and operational procedures.

In conclusion, this session resulted in a strong recommendation to the CFI team to consider the five domains listed above as key elements for CFI implementation. The next step is to identify pragmatic indicators to begin measuring performance in each of these domains – by different stakeholders – taking cultural differences in the concept of fairness into account.

Essential CFI Domains	Possible Indicators (work to be done from here)
1. **Capacity-building –** *individual, institutional, system, even national*	
2. **Financial and Human Resources –** *management, distribution, transparency*	
3. **Benefit-sharing –** *but also 'burden' and 'risk'-sharing*	
4. **Intellectual Property –** *and the capacity to use it for health and development*	
5. **Ethics review –** *quality and respect for local review*	

FIGURE 7. 'Core Domains of the COHRED Fairness Index – proposed by this meeting'

Day 2: 17 April 2015 Morning Session

Panel III: Launching the COHRED Fairness Index

What are the steps that need to be taken for a successful launch of the CFI?

Panellist 1, Government Institution: Policy-makers need to reaffirm their commitment to the CFI to increase the success of the confirmed launch of the Index.

Panellist 2, International Non-profit Organisation: There is a need to 'fill the vessel' with more clarity. Articulating domains and specifying indicators will help with greater definition of the CFI. Pinpointing the benefits that the system offers will also allow for the identification and improvement of gaps in the Index. The pilot / demonstration project should have concrete domains that will lead to a more effective assessment of product lines. There is also a cost of adopting a system like the CFI, where the burden of that cost affects different areas of the research and innovation process, and this costs needs to be understood better (and minimized).

Panellist 3, Government Institution: The discussion on how to progress from the CFI's launch is necessary, but the focus needs to be on implementation. It is great that the Philippines and Kenya offered to host CFI pilot / demonstration projects. It is right that the CFI should first be applied in the public sector. The indicators can be developed in the context of the public sector to then expand/advance into the context of private institutions. This process would be in the interest of the private sector as stakeholders of this sector will have the opportunity to witness a test of the CFI before making the decision of adopting the Index.

Panellist 4, Intergovernmental Organisation: There is a requirement for greater monitoring of partnerships conducting research in order to solve the issue of financial management in LMICs. The CFI team should consider detailing this crucial domain (financial management) better, possibly with help of some institutions present.

Panellist 5, International Non-profit Organisation: Partnerships are the heart of the work of many international organisations. The spirit of mutual benefit of the CFI can provide a framework that would help partnerships, which need to be sustainable in every way. The fine print in contracts only becomes an issue when a partnership is in trouble or is not balanced. The CFI will aid in the development of balancing relationships, create long-term trust, which will support research and innovation efficiency and enhance outputs.

Panellist 6, Intergovernmental Institution: The debate on whether the CFI should be a certification system or and index system has concerned some stakeholders because of the responsibility that falls on the certifying body. Certification implies a lot more than the allocation of legal responsibilities, as the certifying body is the party that will be questioned or blamed for potential negative consequences. It may even be legally challenged. The CFI Team will need to seriously consider whether to 'index' or 'certify' for this reason. In implementing, caution also needs to be taken to ensure that the CFI is not empowering only those institutions already at the top (in HICs but also successful institutions in LMICs) at the disadvantage of emerging institutions and countries. The concept of fairness should be clarified to help prevent such a scenario from occurring.

Panel III Highlights:

- The CFI offers a spirit of mutual benefits that will aid in the development of trust and long-term partnerships – reducing potential for conflict
- The cost burden of the CFI needs to be better understood and, if possible, quantified. As costs may affect the research and innovation for which the partnership was started in the first place, it needs to be justified against any impact on these primary outputs
- It should be considered to test the CFI first in the public sector; irrespective of this decision, it is key to test parts of the CFI or the whole in pilot / demonstration projects. Testing domains and indicators can also be done faster by using participants in the meeting as the CFI develops
- It is highly unlikely that there will be 'one unified CFI' – the CFI team needs to consider urgently to create domains and indicators relevant to different stakeholders
- The difference between the CFI as an 'index' vs a 'certification' system – should be carefully considered
- Care needs to be taken to make the CFI 'progressively implementable' as an 'all or none' certification may discourage organisations from adopting it overall – particularly countries and institutions that are not yet 'at the top'

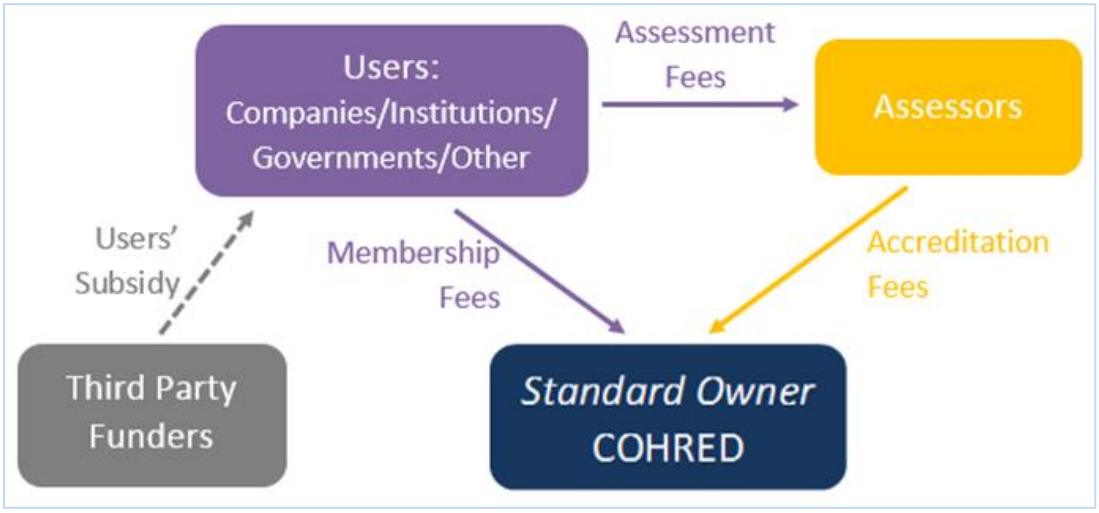


FIGURE 8. Financing the implementation of the CFI

Panel III Discussion: Implementing the CFI

The discussion that followed resulted in several other important insights:

1. On maximizing (early) adoption of the CFI: Placing stakeholders under early public scrutiny may discourage participation with the CFI. Defining a framework for 'going public' must be considered with a possibility for early stage confidential participation. The private sector should be involved at an early stage, though not in a public manner.
2. Communication around the CFI: "Ranking" should not be part of the CFI as there are too many negatives of comparative ranking, including a focus on methodological flaws rather than the outcome. There was general support for the CFI as a tool that can be included in management systems, and encourages users to become better at improving performance in the CFI domains.
3. Certification: With few exceptions, it seems that certification is the preferred mode of communication. Institutions can then display the certification-seal at their own choice. In the process, COHRED should separate certification from the assessment system, as is currently suggested. Certification may be an end result, but starting with it may create more issues than solve problems.
4. Pilots: while 'pilots' are important, testing can quickly become a never-ending process. The CFI should not be halted at the pilot phase, and should proceed in its implementation once the phase is over. The CFI is created to be implemented in the short-term. It is better to work in 'design approach' mode – with early implementation and rapid improvements, rather than risk endless testing. For this reason, we should use the term 'demonstration projects' rather than 'pilots'.
5. Expansion outside 'research for health': although the field of 'research for health' is very wide already, there is no principle reason why the CFI would only apply to this field. Any other research and innovation collaborations can greatly benefit from this index system as well.

Conclusions and Way Forward

This was a great meeting – bringing 80 key people in global health research and innovation into one venue for a day-and-a-half to focus on the early phase product design of the CFI. It demonstrated the wide, global and multi-sectoral interest in the potential of the COHRED Fairness Index to create a powerful incentive to implement existing and new best-practice standards for fair and better partnerships in research and innovation for health, equity and development. Having access to the facilities of the Wellcome Trust backed by a strong statement of support for the development of the CFI as a key tool by the Trust's new Director, Dr Jeremy Farrar, created the background for a lively interaction on how to get the most out of the CFI in the shortest possible time. This was not a meeting about 'whether or not a CFI' – it was a meeting about 'how to get the CFI up and running'.

COHRED notes that invitations for this meeting were widely disseminated, and that no funding was provided for any of the participants (other than two part support) to prevent any potential selection bias or conflict of interest. In spite of this, we had substantive participation from Low and Middle Income Countries. At the same time, we realise that we fell short in representation in both geographical and sectoral sense. This should be corrected in the further development of the CFI, possibly through regional workshops hosted by some of those present.

Areas of Agreement

- The establishment of the CFI is timely and appropriate – beginning to bring structure in a huge domain of human endeavour, and focusing it on maximizing global good.
- The proposed structure that separates 'standard adoption and formulation' from 'independent verification' and final 'certification' was widely agreed as a constructive and cost-effective way to begin the CFI.
- Financial sustainability of the CFI through a user-funded system is the right option, while realising that it will take time to start up.
- Create demonstration projects on parts of the whole of the CFI in the short term – to test, to show adoption, and to 'get going'.
- The wide consultation and open process followed to get the CFI to this level in just under 8 months was seen as very positive – and the next phases should expand on this to get even greater coverage and representation.
- The CFI should start early, in a simple way, covering only some key aspects of research and innovation partnerships. Almost everyone thought that application at institutional and national level should go first, followed by project level and direct measures of partnership quality – both of which are far more complex.
- The CFI should be designed to be included into institutional / national management systems, and should not be (too) onerous to implement and maintain.
- COHRED's position as an independent, non-profit, global organisation is suited to be the 'standard owner' or 'certifying organisation' – especially because there is a widely representative Technical Working Group that sets the standard, and an independent verification mechanism is proposed.
- The CFI should consider existing best practice guidelines and conventions and take from these what would be relevant to partnerships – before designing new standards. Given that the CFI breaks new ground, it is anticipated that some new best practice development will have to take place.
- The CFI should include a system of tracking its own impact – from the start.

Areas of Caution and Action

- This meeting created more clarity in the 'domains' that are to be included in the CFI, but the team needs to go further in the very short term.
- The absence of 'indicators' to measure these 'domains' was noted – the meeting could not focus on 'indicators' if we do not agree on what aspects of partnerships should be measured. At the same time, without the details of 'indicators' and what this would mean in terms of costs of implementation, there will be great hesitance in adopting the CFI. Therefore, designing a clear framework of domains and indicators is an immediate task for the CFI Team.
- COHRED's budget estimate for the first three years of starting up, as presented in the global consultation document, was seen as unrealistically modest.
- It would help some make decision on implementation if the cost to (categories of) users in applying the CFI is quantified.
- Need to work out a clear communication strategy. While it was generally accepted that 'naming and shaming' and 'ranking' are NOT the way forward, it was less clear what communication was actually envisaged.
- Reflect carefully on implementation – the CFI should not perpetuate already successful institutions, business and countries as well as not create even higher obstacles for emerging ones.
- Partnership asymmetry is 'normal' and should not, in itself, mean that research outputs are less valuable or that one partner benefits more than another. The CFI should be constructed to reduce asymmetry for the creation of 'fairness' as a fundamental aspect of partnerships.
- The CFI should be adaptive – to specific contexts, sectors, and cultures.
- The team should include more specifically the ultimate beneficiaries of global health research and innovation. Perhaps indicators of 'affordability' should be included.
- See if linking CFI to ORCID (register of individual researchers) or similar platforms can add value.

Areas of Widely Divergent Opinion

There were only two opinions that were so widely different that it is not useful to present a 'consensus':

- The CFI as a 'certification' system vs an 'index' system only (without certification), where the latter was a minority opinion.
- Beginning the CFI application at institutional and national level, vs at project level, where the latter was a minority opinion.

Offers of Support for the Next Phase

(offers that we can make public at this time)

- **The governments of Kenya and the Philippines** offered to host early testing / demonstration of the CFI in their ministries and recent international partnership agreements. The Secretary for Science & Technology of the Philippines intends also to bring the CFI concept into the next ASEAN meeting on Science & Technology harmonization.
- **Mundo Sano** offered to support for creating a realistic business plan, marketing strategy, and regional (Latin American) consultations.
- The **Government of Panama** is willing to support regional inputs into the CFI, and possibly host a meeting.
- **Several people** offered to be willing to join the new Technical Working Group, to disseminate this report and other CFI materials in their networks, and remain personally engaged while motivating their institutions to become institutionally engaged.
- **African Research Network for Neglected Tropical Diseases (ARNTD)** is willing to have its members endorse and adopt the CFI, and work with us in the further design of the CFI.
- **CAASTNetPlus** is keen to promote the CFI in CAASTNetPlus membership, and, through this, into the European Community policy environment.
- The **West African Health Organisation (WAHO)** is keen to promote the CFI in West Africa, and can introduce COHRED to countries and projects to test the CFI.
- **Médecins Sans Frontières (MSF)** is keen to join the next phase of development in any capacity useful to the CFI team.
- **World Intellectual Property Organization (WIPO)** is willing to help create the right indicators for Intellectual Property domain, and, if relevant, contribute to capacity building for this.
- **Pfizer, Sanofi, and Merck Serono Germany** are willing to continue to provide expert inputs to the CFI development process, and activate their companies and networks for early pilot/demonstration projects in the private sector. In particular, the Pharmaceutical Associations can be helpful. Also, are willing to host sector-specific workshop to support CFI construction.
- **Steve Biko Centre of the University of the Witwatersrand** (South Africa) and the **University Medical Centre Utrecht** (the Netherlands) are keen to offer support for indicator development in the 'ethics' domain.
- **Mr. Hommy Khosrowpanah**, Project Officer of **Medicor Foundation** offered to get the CFI team invited to the May meeting of the European Foundation Centre in Milan.
- **Dr. Samia Saad, Bill & Melinda Gates Foundation, UK** is willing to call a sector specific meeting of research funders to consider the CFI.
- **Kenya Medical Research Institute (KEMRI)** is keen to help improve the messaging of the CFI towards LMIC research institutions.
- **SciDev.Net** will be hosting blogs, articles and audio-interviews with several participants to reflect the many views on the CFI.
- The **Asian Pacific Association of Medical Journal Editors (APAMJE)** is willing to disseminate the CFI in the Asian Pacific region.
- The **Oswaldo Cruz Foundation (Fiocruz)** is keen to remain involved with the Technical Working Group, and is willing to host/co-host a Brazilian meeting on the CFI.
- The **Thailand National Science and Technology Development Agency (NSTDA)** will disseminate the CFI information in Thailand, request NSTDA to host pilots/demonstration projects for the CFI.

- The **Lisbon University's Institute of Hygiene and Tropical Medicine** is willing to become involved in the Technical Working Group, host a pilot/demonstration project, and offer its health policy research expertise if this will help the CFI construction, implementation or evaluation.
- **Ok Pannenborg** will connect with the Dutch Science Organisation NWO to see how CFI could support their mission.

NB We expect this list to grow following dissemination of this report – as many of those who could not attend the meeting personally expressed great interest in receiving this report and in remaining involved.

Immediate Steps Forward

Preparation and circulation of this document

- for finalisation by mid-May – after which it will be posted on the CFI website.

Preparation of a next version of the Global Consultation document – version 3

- reflecting the inputs of the London meeting (1st global consultation meeting) – to be ready by mid-June.

Conduct the 2nd Global consultation through the internet

- June – August

Prepare a strategy to increase endorsement and early adoption

Reconstitute a new Technical Working Group

- to guide the next phase of the CFI towards implementation. The new TWG will include key contributors from the first phase who are willing to continue working with us. It is envisaged to create small teams - each dealing with one 'domain'.

Define and implement a financing strategy

- to ensure that the first 3 years of the CFI are covered – in the expectation that it will be user-funded after this period.

Activate the generous offers of support made during the meeting

- and in person to members of the CFI Team, including pilot / demonstration projects.

Plan a timetable of regional workshops

- and ask participants to host such meetings with us or for us – to widen geographical input and participation.

Prepare for pre-launch

- during the Global Forum for Research and Innovation for Health in Manila, 24-27 August 2015.

LAUNCH

- **October 2015**

Appendix A - Participants

In total, 81 participants contributed to Colloquium 4, of whom approximately 40% were senior leaders from low and middle-income country institutions. While we had reasonably balanced representation of the most important stakeholders, there were also notable deficiencies – mostly in geographical representation and research financing organisations. As the Colloquium itself is only one 'milestone event' in the creation of the COHRED Fairness Index, the Team will ensure these gaps are compensated for in future consultations and meetings.

The graphic below shows the breakdown of our participant characteristics in four ways.

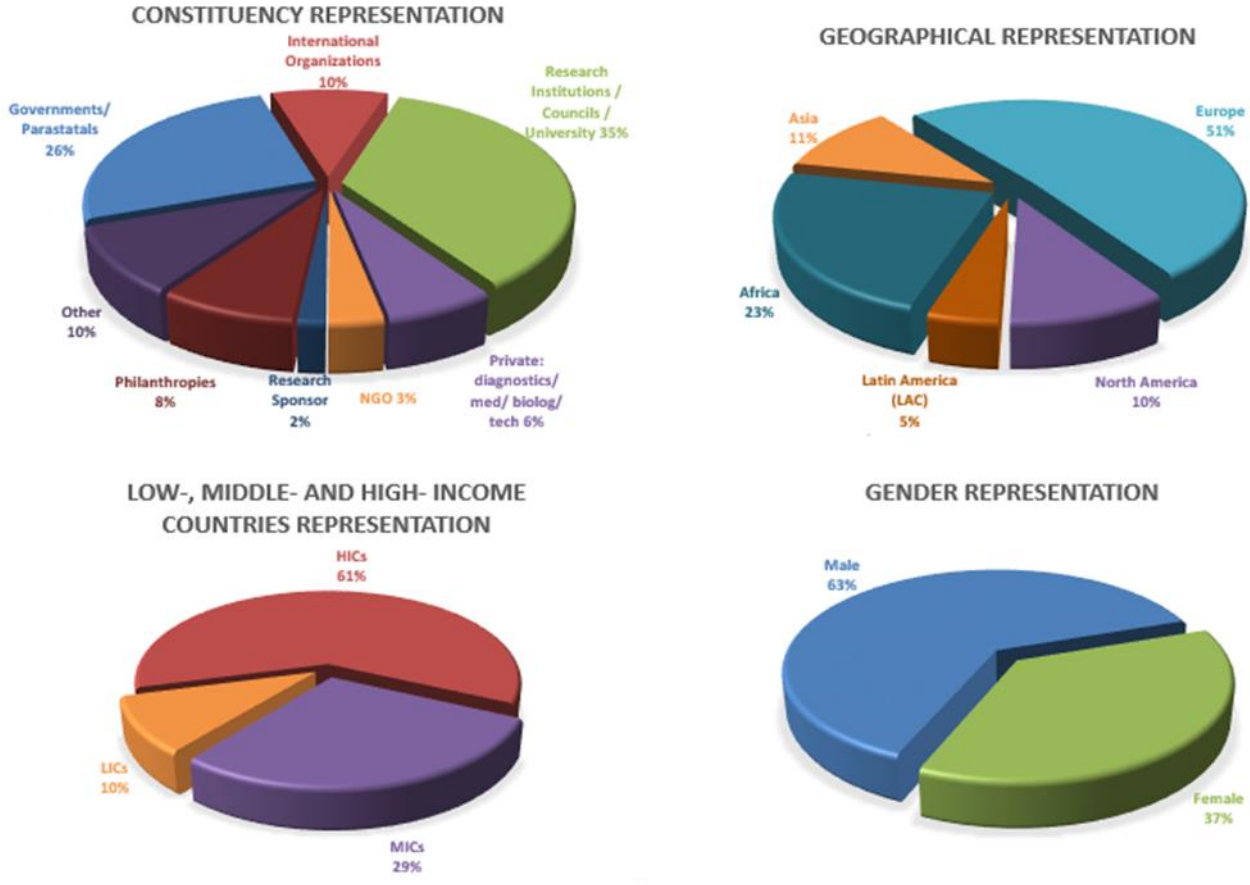


FIGURE 9. COHRED Colloquium 4 Invitee Representation

List of Participants

Title	Last Name	First Name	Position	Organisation Affiliation	Country
Mr.	Abboud	Labeeb	Head of Strategy, Legal and Business Development	International AIDS Vaccine Initiative (IAVI)	Kenya
Ms.	Adedokun	Lola	Program Director for Child Well-being and Director for the African Health Initiative	Doris Duke Charitable Foundation	USA
Dr.	Amuasi	John H.	African Research Network for Neglected Tropical Diseases (ARNTD)	Executive Director	Ghana
Prof.	Arora	Narendra	Executive Director	International Clinical Epidemiology Network (INCLEN)	India
Dr.	Aslanyan	Garry	Manager, Partnerships and Governance	World Health Organisation Tropical Disease Research Programme (WHO/TDR)	Switzerland
Dr.	Assogba	Laurent	Deputy Director General	West African Health Organisation (WAHO)	Burkina Faso
Dr.	Athersuch	Katy	Medical Innovation and Access Policy Advisor	MSF	Switzerland
Ms.	Ba	Marième	Managing Director	Pharmalys	Senegal / United Kingdom
Dr.	Bombelles	Thomas	Head of Global Health	World Intellectual Property Organisation (WIPO)	Switzerland
Dr.	Bompart	François	Medical Director, Sanofi Access to Medicines and Chairperson of the EFPÏA Global Health Initiative	Sanofi	France
Ms.	Byrne	Elaine	Research Programme Coordinator	RCSI Department of Epidemiology and Public Health Medicine Royal College of Surgeons	Ireland
Ms.	Ceschia	Audrey	Senior Editor	The Lancet	United Kingdom
Dr.	Cheema	Tariq H.	Convener President	Global Donors Forum World Congress of Muslim Philanthropist	USA
Prof.	Chen	Wen	Dean of the School of Public Health	Fudan University	China
Dr.	Cherry	Andy	Senior Science Officer	Association of Commonwealth Universities (ACU)	United Kingdom
Ms.	Das	Pamela	Senior Executive Editor	The Lancet	United Kingdom
Mr.	Delachaux	Thierry	Director of Operations	COHRED	Switzerland
Prof.	Dhai	Ames	Director	Steve Biko Ethics Centre, University of the Witwatersrand	South Africa
Dr.	Eiss	Robert	Senior Advisor to Fogarty Director	Fogarty International Center	USA
Ms.	Ewals	Barbara	Director of Partnerships	COHRED	Philippines
Dr.	Farrar	Jeremy	Director	Wellcome Trust	Europe
Dr.	Gachuhi	Kimani	Director	Centre for Biotechnology Research & Development, KEMRI	Nairobi
Dr.	Garner	Cathy	Innovation Advisor Director	University of Lancaster Elect the Work Foundation	United Kingdom
Dr.	Gray	Glenda	President	Medical Research Council South Africa (SA MRC)	South Africa
Dr.	Guevara	Amelia P.	Undersecretary for Research and Development	Department of Science and Technology	Philippines
Dr.	Hafeez	Assad	DG Health	MoH Pakistan	Asia
Dr.	Hinricher	Jens	Head of Legal Services	London School of Hygiene and Tropical Medicine (LSHTM)	United Kingdom

Prof.	IJsselmuiden	Carel	Executive Director	COHRED	South Africa, The Netherlands
Dr.	Jadhav	Suresh	Executive Director	Serum Institute India	India
Mr.	James	Enoch	Research and Policy Analyst	UKCDS	UK
Mr.	Janowski	Kaz	Editor	SciDev.Net	United Kingdom
Dr.	Kambou	Sansan	Director of Research and Health Information System	WAHO	Africa
Dr.	Kaslow	David C.	VP of Product Development	PATH	USA
Prof.	Keusch	Gerald	Associate Director of the National Emerging Infectious Diseases Laboratory	Chair of COHRED Board	USA
Dr.	Khelef	Nadia	Senior Advisor for Global Affairs	Institut Pasteur	France
Mr.	Khosrowpanah	Hommy	Project Officer	Medicor Foundation	Liechtenstein
Dr.	Kiarie	James N.	Coordinator for the Human Reproduction Team	World Health Organisation (WHO)	Switzerland
Dr.	Kilpatrick	Michaeal	Operations Director	Medical Research Council	UK
Prof.	Kinderlerer	Julian	President Emeritus Professor of Intellectual Property Law Former Professor of Biotechnology & Society Former Professor of Biotechnology Law	European Group on Ethics (EGE) Cape Town University University of Technology, Delft, The Netherlands Sheffield University	United Kingdom
Ms.	Kuss	Katharina	Project manager	FCSAI - Spanish Foundation for International Cooperation, Health and Social Affairs	Spain
Prof.	Lapeña	Jose Florencio	Professor of Otorhinolaryngology University Scientist III Editor President	UP College of Medicine University of Philippines Philipp J Otolaryngol Head Neck Surg Philippine Association of Medical Journal Editors (PAMJE) Asia Pacific Association of Medical Journal Editors (APAME)	Philippines
Prof.	Lavery	Jim	Centre for ESC Risk-Li Ka Shing Knowledge Institute- St. Michael's Hospital	Managing Director	Canada
Dr.	Lazdins	Janis	Physcian and Biomedical Scientist in drug R&D	COHRED Associate	United Kingdom
Mrs	Littler	Katherine	Senior Policy Adviser	Wellcome Trust	United Kingdom
Dr.	Loots	Glaudina	Director of Health Innovation	Department of Science and Technology	South Africa
Dr.	Marsh	Kevin	Director of the Wellcome/KEMRI/Oxford Collaborative Research Programme	African Academy of Sciences Oxford University	Kenya/United Kingdom
Prof. Dame	Mills	Anne	Vice Director and Professor of Health Economics and Policy	London School of Hygiene and Tropical Medicine	United Kingdom
Ms.	Mokgatla-Moipolai	Boitumelo	Head, COHRED Africa	COHRED	South Africa
Hon.	Montejo	Mario G.	Secretary	Department of Science and Technology	Philippines
Dr.	Morel	Carlos	Director of the Center for Technological Development and Health	Oswaldo Cruz Foundation (Fiocruz)	Brazil

Dr.	Motta	Jorge A.	Minister of Science Technology & Innovation	Secretaría Nacional de Ciencia, Tecnología e Innovación (SENACYT)	Panama
Dr.	Musolino	Najia	Senior Specialist, Global Action	COHRED	Switzerland
Dr.	Mwangi	Eric	Deputy Director In charge of Science and Technology Collaboration	Ministry of Health Education Science and Technology (MoHEST)	Kenya
Dr.	Naraghi	Sara	Candidate - Science journalism	City University and SciDev.Net	United Kingdom
Mr.	Nguyen	Anthony	Forum Programme Manager	COHRED	Switzerland
Dr.	Nikolic	Irina	Senior Health Specialist, Global Health Practice of the World Bank Group	The World Bank	USA
Dr.	Nyirenda	Thomas	South-South Networking and Capacity Development Manager	European & Developing Countries Clinical Trials Partnerships (EDCTP)	South Africa
Ms.	Opeña	Merlita	Chief, Research Information, Communication and Utilization Division	Philippine Council for Health Research and Development (PCHRD), Department of Science and Technology (DOST)	Philippines
Mr.	Paganini	Marcelo	Executive Director	Mundo Sano	Argentina
Dr.	Pannenborg	Ok	Emeritus Chief Health Advisor	World Bank	USA
Dr.	Phanraksa	Orakanoke	Technology Licensing Office, Technology Management Center	Thailand National Science and Technology Development Agency (NSTDA)	Thailand
Dr.	Reinhard-Rupp	Jutta	Head of Translational Innovation Platform Global Health	Merck Serono	Switzerland
Dr.	Saad	Samia	Senior Program Officer, Global Health Research & Development Advocacy - Global Policy & Advocacy	Bill and Melinda Gates Foundation	United Kingdom
Dr.	Sankoh	Osman	CEO	INDEPTH	Africa
Prof.	Schroeder	Doris	Director of Centre for Professional Ethics	UCLAN School of Health	UK
Dr.	Sepúlveda	Martin	IBM Fellow, Vice President Health Systems and Policy Research	IBM Corporation	USA
Prof.	Shuchman	Miriam	Physician-journalist and Assoc. Professor of Psychiatry	University of Toronto	Canada
Dr.	Silveira	Henrique	Deputy Director IHMT	Institute Hygiene and Tropical Medicine, Lisboa	Portugal
Dr.	Sombie	Issaka	Professional Officer in Charge of Research	WAHO	Burkina Faso
Prof.	Tanner	Marcel	Director	Swiss Tropical and Public Health Institute (Swiss TPH)	Switzerland
Dr.	Terry	Robert	Manager, Knowledge Management	World Health Organisation Tropical Disease Research Programme (WHO/TDR)	Switzerland
Mr.	Thornton	Ian	Interim Director	UKCDS	UK
Dr.	Tomas	Joan Vives	Director Of Operations	Medical Research Council	Gambia
Ms.	Toohey	Jacintha	Policy Project Adviser	COHRED Africa	South Africa
Dr.	van der Graaf	Rieke	Assistant Professor Secretary-ethicist Secretary	University Medical Center Utrecht, Julius Center for Health Sciences and Primary Care UMC Utrecht's Hospital Ethics Committee Working Group on the Revision of the CIOMS Guidelines	The Netherlands
Ms.	Vesper	Inga	News Editor	SciDev.Net	United Kingdom
Dr.	Volmink	Jimmy	Dean Health Sciences	University of Stellenbosch, RSA	South Africa

Dr.	Walraven	Gijs	Health Director	Aga Khan Development Network	Switzerland
Dr.	Watters	Jack T.	VP External Medical Affairs	Pfizer, Inc.	USA
Dr.	Whitworth	Jimmy	Head of International Activities	Wellcome Trust	Europe
Dr.	Zumla	Alimuddin	Professor of infectious diseases and international health AND Strategic Advisory Board of EDCTP	University College London Medical School	United Kingdom

Organising Team

Title	Last Name	First Name	Position	Organisation Affiliation	Country
Ms.	Botti	Lauranne	CFI Intern	COHRED	Switzerland
Mrs.	D'Amora	Arianna	Office Manager	COHRED	Switzerland
Ms.	Mathias	Sinead	PA and Departmental Coordinator of Population Health, Science	Wellcome Trust	United Kingdom

Appendix B – Endorsements and Testimonials

Individual Endorsements

1. **Dr. Kathy Athersuch:** Medical Innovation and Access Policy Advisor for Doctors without Borders (MSF).
2. **Dr. Thomas Bombelles:** Head of Global Health for the Global Challenges Division at the World Intellectual Property Organisation (WIPO).
3. **Ms. Elaine Byrne:** Research Programme Coordinator for the Department of Epidemiology and Public Health Medicine at the Royal College of Surgeons in Ireland (RCSI).
4. **Prof. Wen Chen:** Dean of the School of Public Health at Fudan University and a COHRED Board Member.
5. **Dr. Andrew Cherry:** CAAST-Net Plus Project Coordinator.
6. **Prof. Ames Dhai:** Director of Steve Biko Ethics Centre at the University of the Witwatersrand.
7. **Dr. Kimani Gachuhi:** Director of the Centre for Biotechnology Research and Development, Kenya Medical Research Institute (KEMRI).
8. **Dr. Cathy Garner:** Innovation Expert and Consultant at Lancaster University and a COHRED Board Member.
9. **Dr. Kausar S. Khan:** Senior Lecturer and Head Division of Behavioural and Social Sciences, Community Health Sciences Dept., Aga Khan University.
10. **Dr. Nadia Khelef:** Senior Advisor for Global Affairs at Pasteur Institute, France.
11. **Prof. Jim Lavery:** Managing Director for the Centre for ESC Risk, Li Ka Shing Knowledge Institute of St. Michael's Hospital.
12. **Dr. Masuma Mamdani:** Chief Research Scientist, Deputy Policy Delivery Thematic Group, Ifakara Health Institute, Dar es Salaam.
13. **Dr. Jorge Motta:** National Secretary of Science, Technology and Innovation for the Secretaría Nacional de Ciencia, Tecnología e Innovación (SENACYT).
14. **Ms. Rosemary Musesengwa:** PhD Candidate, University of KwaZulu Natal.
15. **Dr. Eric Mwangi:** Ministry of Higher Education, Science and Technology (MoHEST), Kenya, Deputy Director in charge of S&T Collaboration.
16. **Dr. Orakanoke Phanraksa:** Technical Officer (IP Law) at Thailand National Science and Technology Development Agency (NSTDA).
17. **Dr. Martin Sepúlveda:** Vice President of Health Industries Research for the IBM Corporation and IBM Fellow.
18. **Dr. Robert Terry:** Manager, Knowledge Management of the WHO/TDR.
19. **Prof. Oyewale Tomori:** President, The Nigerian Academy of Science.
20. **Dr. Alimuddin Zumla:** Professor of Infectious Diseases and International Health, University College London.

Institutional Endorsements

21. **African Research Network for Neglected Tropical Diseases:** Dr. John H. Amuasi, Executive Director.
22. **Asia Pacific Association of Medical Journal Editors (APAME):** Dr. Jose Florencio F. Lapeña, Jr., President.
23. **Department of Science and Technology (DOST), Philippines:** Amelia Guevara, Undersecretary for Research and Development.
24. **Department of Science and Technology (DOST), Philippines:** Hon. Mario G. Montejo, Secretary.
25. **Fiocruz:** Dr. Carlos Morel, Director of the Center for Technological Development and Health, Brazil.
26. **Forum for Medical Ethics Society (FMES), India:** Rakhi Ghoshal, Member–Secretary.
27. **INDEPTH:** Osman Sankoh, CEO.
28. **Institute of Tropical Medicine and Hygiene:** Henrique Silveira, Deputy Director.
29. **Kenya Medical Research Institute (KEMRI):** Director.
30. **The Nigerian Academy of Science:** Prof. Oyewale Tomori, President.
31. **TÜBA-the Turkish Academy of Sciences:** TÜBA International Relations.
32. **Union of the German Academies of Sciences and Humanities:** Prof. Otmar Schober Delegate of the Union of the German Academies of Sciences and Humanities for IAMP.
33. A. **University of the Philippines System (comprising component universities from Baguio to Mindanao, including the University of the Philippines Manila):** Alfredo E. Pascual, President.
    B. **University of the Philippines Manila, the Health Sciences Campus of the University of the Philippines System:** The Chancellor of the University of the Philippines Manila.

Testimonials

34. **Prof. Aggrey Ambali:** NEPAD, Programme Implementation and Coordination Directorate.
35. **Dr. Garry Aslanyan:** Coordinator, ESSENCE on Health Research initiative Secretariat and Manager, Partnerships and Governance, TDR, the Special Programme for Research and Training in Tropical Diseases.
36. **Dr. Suresh Jadhav:** Executive Director, Serum Institute of India Ltd.
37. **Mr. Jens Hinricher:** Head of Legal Services, London School of Hygiene & Tropical Medicine.
38. **Ms. Katharina Kuss:** EU Project Manager at the Foundation for International Cooperation, Health and Social Affairs (FCSAI).
39. **Dr. Thomas Nyirenda:** South-South Networking and Capacity Development Manager, European & Developing Countries Clinical Trials Partnership (EDCTP).
40. **Dr. Jackie Olang, MPPM:** Programmes Director, Network of African Science Academies (NASAC).
41. **Dr. Orakanoke Phanraksa:** Intellectual Property Policy Manager, Technology Licensing Office, National Science and Technology Development Agency (NSTDA), Thailand.
42. **Dr. Konji Sebati:** Chief Executive Officer, Innovative Pharmaceutical Association of South Africa (IPASA).
43. **Dr. Robert Terry:** Knowledge Manager-TDR, the Special Programme for Research and Training in Tropical Diseases is sponsored by UNICEF, UNDP, the World Bank and WHO.
44. **Prof. Oyewale Tomori:** President, The Nigerian Academy of Science.
45. **Dr. Rieke van der Graaf:** Assistant Professor on Research Ethics, University Medical Center Utrecht, Netherlands.
46. **Dr. Harry van Schooten:** European Vaccine Development Institutional Support (EUVADIS), the Netherlands
47. **Dr. Gijs Walraven:** Director for Health, Aga Khan Development Network.