NOTES from the Annual Meeting of Members – Virtual
Tuesday, 17 May 2022
14:00 – 16:00 (time indicated at Central European time (UTC/GMT +2:00))

Meeting objectives: This was the annual meeting of ESSENCE members which allowed members to provide an update on the activities of the different working groups (WGs) and have an early reflection on the challenges and opportunities of exploring new models of collaboration between high and low-and middle-income countries (LMICs), as well as obtain valuable feedback into ongoing projects.

Facilitators: Linda Kupfer, Co-Chair ESSENCE, Senior Scientist, Fogarty International Center, U.S.- National Institutes of Health (FIC/NIH); Thabi Maitin, Co-Chair ESSENCE, Division Manager, Research Capacity Development, South African Medical Research Council (SAMRC); Garry Aslanyan, Head of Secretariat, ESSENCE (WHO/TDR).

The detailed agenda, list of participants and photo de famille are available in Annexes 1, 4, and 5.

1. Welcome and Introduction – Linda Kupfer; Thabi Maitin; Garry Aslanyan.

   The co-chairs briefly introduced themselves and welcomed the participants to the meeting including those joining for the first time. Thabi Maitin gave a brief explanation of each agenda item and invited the participants to have an active and engaged discussion while identifying priority areas for future work within the space of research capacity strengthening (RCS).

   This was followed by a review of the actions from the mini virtual meeting that took place in October 2021. It was underlined that despite the difficulties of the last few years, the Steering Committee continuously made attempts to engage the broader members and keep them informed of the actions that had been taken related to the different WGs or membership in the WGs.


   • Activities reported in detail in the one pagers for all ESSENCE WGs were only mentioned briefly, with reference to priority areas, resources or publications, dissemination efforts, and follow up questions requesting participants to provide feedback on WG activities and future areas for ESSENCE. The one-pagers are enclosed to these minutes.
   • In her remarks, Linda Kupfer encouraged participants who are interested in joining any of the WGs or providing support to their ongoing work to contact aslanyang@who.int.
   • The update on the current work of WGRI generated a lot of discussion. The main task of the WG involves development of the concept of ESSENCE enabled country-specific coordination mechanisms, and an overview of what has been done over the past nine months was presented.

Highlights from WGRI’s update:
- Priority of the WG is to understand how to design collaboration mechanisms that work in countries, i.e. how to ensure that there is a strong in-country mechanism that works at the national level which would enable ESSENCE members and funders of research to collaborate better.
- Have identified some models that could work and countries in which ESSENCE could model them in a very practical way. This has led to some engagement in two selected countries, Senegal and Bangladesh based on very early discussions with stakeholders on the ground in both countries.
- Informed that the outcome of all the engagements have been summarized in the one pager while encouraging participants at this meeting to provide email feedback on the concepts or the logic of how ESSENCE will drive in-country collaboration mechanisms as laid out in the one pager.

- In principle, colleagues working with IDRC\(^1\) and Sida\(^2\) in Bangladesh would be keen to provide feedback to the briefing note to ESSENCE members circulated to all registered participants in advance.

- Participants who are interested in taking things forward practically in both countries and/or in providing feedback should reach out to kupferl@mail.nih.gov and martin.eigbike@outlook.com.

3. **Collaboration models between funders and country/regional institution(s) to support LMIC research priorities** – **Branwen Hennig, Acting Head International Operations, Wellcome; María-Teresa Bejarano, Senior Research Adviser, Department for Partnership and Innovations, Sida.**

This session focused on the initial reflections around the changing global health research priorities and approaches that have led to a shift in health research collaborations in the last 5-10 years, and the different collaborative models that exist. The aim of this session was to gauge interest in this area as a topic for the members’ in-person meeting in the fall of 2022 where the group could further explore this issue, share common areas of what to focus on, and how to interact in getting voices from those organizations on the ground.

a. **Branwen Hennig** in her presentation, briefly touched on a few changes in terms of the increasingly multi/trans-disciplinary problem/challenge solving approaches to research, newer global challenges such as the Covid-19 pandemic, antimicrobial resistance, climate change, as well as increased research capacity and expertise in LMICs whether at the government, institution or individual level. She gave an overview (from a Wellcome perspective) of different models of engagement with organizations in low-resource settings highlighting advantages and disadvantages throughout:

- ‘Fund the funder’ - e.g. the **India Alliance** initiative set up in 2008 between the Government of India and Wellcome to promote biomedical research in India through funding research; and support the wider ecosystem through public engagement or leadership courses or mobility schemes. This counts as an example of ‘shifting the center of gravity’, i.e. moving the leadership of funding, agenda setting and management of health research capacity to LMIC institutions and out of offices in London, Washington or Geneva.

- ‘Fund centers of research excellence’ - e.g. **Wellcome Africa and Asia Programmes**, noting these are a classic example of funding scientific research that can provide long term stability to the programmes and infrastructure capacity strengthening.

- ‘Funders coalition’ - e.g. **ESSENCE, UKCDR, SGCI, IRDFF** etc. that can catalyze shared values and common goals such as working groups/reports on research equity, research management and RCS, leading to a wider reach.

- ‘Co-production’ - e.g. the **African Population Cohort Consortium** a joint collaboration with BMGF and the research community towards the joint design and delivery of large initiatives.

b. **Maria-Teresa Bejarano** in turn focused on a few examples from Sida’s collaborative models in order to create a platform for further discussion.

- She presented on the bilateral research cooperation with state universities and/or coalition of universities (**CARTA**) through which Sida offers support to train at PhD and postdoctoral levels, as well as support the research environment.

- Her presentation also focused on the models of funding large or global research programmes or networks jointly like **TDR, HRP/SRH, CGIAR**, as well as funding joint initiatives like **EDCTP** and **JPAMR**.

- Emphasized that many institutions are increasingly working with local communities and government, while the research culture has improved in the last 20 years with more focus on capacity reaching LMICs.

- She however expressed concerns on some of the increasing problems related to the way funders provide funding to LMICs and the issue of sustainability, citing the example of **The Grand Challenges Africa (GC Africa)** and the problem of disbursing funds to some African institutions. The ideal situation requires a diversity of institutions in Africa that can receive, manage and disburse grants to other institutions.

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\(^1\) IDRC - International Development Research Centre

\(^2\) Sida - Swedish International Development Cooperation Agency
The questions on whether the existing models with all of the paradigm shift are fit for purpose, and what the challenges or opportunities are of exploring new models were raised in the discussion by both speakers. The presentation slides are enclosed to these minutes.

***For inputs from participants, please see Annex 2.

- Key highlights from the discussion:
  - Following the in-person meeting later in 2022, an output of this work could be a summary of the advantages and disadvantages of the different models that exist highlighting areas of reciprocal learning.
  - A note was made by DHSC to consider having a session on the topic for those interested in both ESSENCE and GloPID-R considering the work might provide an opportunity for funders to explore new models of engagement from the good examples that would be identified.
  - Emphasis should be placed on means for engaging governments, management capacity aspects in research institutions, as well as the level of flexibility in funding and otherwise which is key for successful collaborations.
  - The members opted to take this work forward, noting ESSENCE has a long history of exploring such cross-cutting issues and is well placed to build on that.
  - Based on the discussion of this meeting, the ad-hoc group will put together themes to develop a proposal of what kind of session to have in Berlin in October.
  - The proposal will be duly circulated to the broader members for comments to provide the basis for further discussion at the members’ face to face meeting.

4. **Draft of good practice document:** Equitable partnership good practice document (GPD) jointly developed by UKCDR and ESSENCE – Alice Chadwick El-Alli, Senior Research and Policy Officer, UK Collaborative on Development Research (UKCDR).

- A rapid run through of the aim of the “Equitable partnership (EP): moving from principles to practice” project and the GPD that discusses the four approaches to supporting equitable research partnerships were made.
- The overview also focused on one of the key outputs of the international Task Force of research funders – the Resource Hub launched in March 2021 with more than 40 hub resources currently hosted on UKCDR website.
- Informed of the progress made in creating the document currently with an editor with plans to produce the finished product by summer of 2022, noting the edited version will be shared with ESSENCE membership prior to publication.
- Highlighted that the fourth approach related to the procedure and processes that sustain and guide partnerships might be of particular relevance to the ESSENCE group in terms of its focus on RCS.
- The questions on whether the document will have model partnership agreements and what the dissemination approach would be were raised. It was noted that the document will be officially launched to help the Task Force reach out to both UKCDR and ESSENCE members, as well as other development research funders groups.
- On dissemination strategy, the WG might build on similar strategies adopted for ESSENCE publications, in terms of organizing a series of webinars in a certain region on certain aspects of the document, or with funders in certain countries to bring together and organize such an opportunity.

5. **New document development:** Funders’ handbook on research capacity strengthening in LMICs jointly developed by ESSENCE and LSTM - Neele Wilten-Georgi, Center for Capacity Research, Liverpool School of Tropical Medicine (LSTM); Garry Aslanyan.

- The idea of the handbook is to complement the ESSENCE Seven principles for strengthening research capacity in LMIC GPD published in 2014, aiming to bring together evidence about how to do RCS and practice, as well as target at first instance funders.
- A working group has been established by ESSENCE to advise on the title, content and format. The small group’s monthly meetings will be supplemented later with one on one conversations, and in principle, supported by Wellcome Trust.
This is an important activity for both ESSENCE and LSTM especially in thinking about how to describe and share what funders have learned considering that most members have been involved with capacity strengthening for a long time.

The document could potentially be developed for researchers and other audiences as well, although priority is to complete and disseminate this version by November 2022 as a useful tool for those already supporting capacity building.

Informed that the engagement of ESSENCE members in this process is critically important to assure that the final product is in a shape and form that is called correctly, easily identifiable and user friendly in terms of its potential use.

Participates interested in joining the WG or have an idea for the title and format, and/or for more on the work of LSTMed and how the WG is driving the effort, should contact aslyang@who.int and lmelda.bates@lstmed.ac.uk

6. Updates from agencies – roundtable (Please see Annex 3).

7. Confirming next face to face meeting during the World Health Summit in Berlin, Germany (16-18 October 2022).

   - The members were informed about potential face to face meeting around 16-18 October in Berlin at the side of the World Health Summit, noting the Steering Committee (SC) will explore the possibility of a hybrid format to allow for those who are not attending in-person to participate.
   - Following no dissenting thoughts from the members present, it was agreed that the SC will further discuss the points related to the planning and preparation, as well as fix the date of the meeting of the members.
   - The Secretariat will consequently circulate information about the arrangements and logistics to the broader members.


   The co-chairs extended a heartfelt thanks to all the 41 participants for their active participation and significant contribution in setting a roadmap on scoping collaborative models for how funders could work better together to support LMIC research priorities in precise and clear terms. They look forward to welcoming everyone in-person in the fall of 2022 and for further exchanges on how different funders work in different ways, and how through the proposed future work area, ESSENCE members’ could bring their voices to the table.
# Agenda

## TUESDAY, 17 MAY 2022

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>13:55</td>
<td><em>Participants should connect at least 5 minutes in advance</em></td>
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<tr>
<td>14:00</td>
<td><strong>Welcome and introductions:</strong> &lt;br&gt; Linda Kupfer, Co-Chair, ESSENCE SC, (FIC/NIH); Thabi Maitin, Co-Chair, ESSENCE SC, (SAMRC)</td>
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<tr>
<td>14:05</td>
<td><strong>Review minutes of the 21 October 2021 virtual meeting at the side of 10th EDCTP forum:</strong> &lt;br&gt; Garry Aslanyan, Head of ESSENCE Secretariat, (WHO/TDR)</td>
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<td>14:10</td>
<td><strong>Update on activities of ESSENCE Working Groups:</strong> &lt;br&gt; Implementation Research (IR), Research Management (RM), Working Group on Review of Investments (WGRI) &lt;br&gt; - Written reports for each working group shared in advance of the meeting. &lt;br&gt; - Q&amp;A – 5 mins for each working group. &lt;br&gt; Linda Kupfer, Thabi Maitin/Peter Kilmarx (FIC/NIH); Kathleen Victoir (Institut Pasteur); Garry Aslanyan</td>
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<td>14:25</td>
<td><strong>Collaboration models between funders and country/regional institution(s) to support LMIC research priorities:</strong> &lt;br&gt; - Presentation of the issue – 10 mins &lt;br&gt; - Discussion and gathering perspectives/experiences – 20 mins &lt;br&gt; - Next steps – 15 mins</td>
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<td>15:10</td>
<td><strong>Photo de famille and short break</strong></td>
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<td>15:20</td>
<td><strong>Draft of good practice document:</strong> Equitable partnership good practice document jointly developed by UKCDR and ESSENCE &lt;br&gt; - Presentation – 5 mins followed by discussion &lt;br&gt; - Alice Chadwick El-Ali (UKCDR) / Garry Aslanyan (ESSENCE)</td>
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<td>15:25</td>
<td><strong>New document development:</strong> Funders’ handbook on research capacity strengthening in LMICs jointly developed by ESSENCE and LSTM &lt;br&gt; - Presentation – 5 mins followed by discussion &lt;br&gt; - Sue Kinn (FCDO/UK) / Imelda Bates (LSTM)</td>
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<td>15:40</td>
<td>Updates from agencies – roundtable &lt;br&gt; Confirming next face to face meeting during the World Health Summit in Berlin, Germany (16-18 October 2022) – all</td>
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<td>15:55</td>
<td><strong>Wrap up / Final remarks Co-Chairs ESSENCE</strong></td>
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<td>16:00</td>
<td>Meeting ends</td>
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### Annex 2: Session on Collaboration Models - Inputs from Participants

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<th>Agency</th>
<th>Comments/feedback</th>
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| DHSC- Department of Health and Social Care (Val Snewin) | - There is a lot of interest in this area stemming from the emergence of interest in pandemic preparedness and several ESSENCE members currently working together on possible collaborative models to fund clinical trials capacity which could pivot to pandemics.  
- The questions on whether there is a synergy between this work and GloPID-R’s work that is ongoing, something more concrete that the small group has as an aim apart from the shared learning and experience, and/or having just a library of models or some type of value judgement on it were raised.  
- Mentioned that GloPID-R members are the same organizations as EDCTP and ESSENCE members, whose funders are interested in clinical trials capacity in LMICs. |
| GloPID-R - Global Research Collaboration for Infectious Disease Preparedness (Hans-Eckhardt Hagen) | - Gave examples of GloPID-R collaboration and discussed the joint programme of work with UK DHSC, WHO and other stakeholders in joining forces to explore ways to improve the coordination and efficiency of funding clinical trials. More info available [online](#).  
- As a global alliance of funders, are currently getting much more concrete in terms of looking at real mechanisms instead of being just an exchange platform between funders.  
- The alliance’s current move to develop regional hubs with its regional secretariats could certainly increase its membership in LMICs, and perhaps help facilitate interactions with governments at regional level.  
- Funders need to pay more attention to career development and employment opportunities or employability of people benefitting from capacity strengthening programmes.  
- There should be a need for spillover effects from research training into the private R&D sector as this would underpin the development of the capacity to develop diagnostic tools and vaccines (not just manufacture but IP) in LMICs.  
- ESSENCE proposed area of work is a major interest even as the alliance members plan for their assembly meeting at the side of the World Health Summit (WHS) in Berlin around the time where ESSENCE members are planning to meet.  
- Options are still being explored for convening a joint session with ESSENCE and collaborating together on capacity strengthening and on middle income countries. |
| IP - Institut Pasteur (Kathleen Victoir) | - It is useful to think about the model of shifting to more flexible funding because of the pandemic, how that has changed the situation and environment, and what the benefits are of having such models.  
- Commented on the open access taken forward by GISAID which was made mandatory in epidemic situations, noting this should be considered for other situations, and its benefit to LMICs. |
| EDCTP – European and Developing Countries Clinical Trials Partnerships (Lara Pandya) | - Would be happy to contribute to the discussion to provide examples of how as an organization, they have collaborated with others to fund research in Africa, and share some experiences around partnerships with the government at the highest decision making level.  
- Are seeing the importance of funding not just the research and capacity development, but the need to also strengthen the governance and management of African research institutions, in particular, financial and human resources management. |
- Critical to ensure that institutions and research organizations are involved in higher level strategic decisions, and African researchers bringing African perspectives into evaluation of grants.
- EDCTP works with two high representatives to engage regional entities and governments, in Africa and Europe, in health research initiatives.
- Training and equipment are necessary so that the level and quality of governance and management systems matches the level of the scientific work produced.

NIH/FIC – Fogarty International Center, U.S National Institutes Of Health (Peter Kilmarx & Linda Kupfer)

- Underlined the importance of LMIC government and private sector investment in research and capacity research.
- Discussed an example of a $10 million health research fund recently started in Uganda where the minister of science was instrumental to that, and the president of Senegal starting a biotechnology research park, as well as Zimbabwe where the investments in research are not taxed.
- Tracking and identifying these activities as best practices and sharing such information would be valuable to funders of health research.
- Have included in the new NIH research program applications for Data science and innovation in Africa that NIH would encourage and be more likely to make an award if there was a government partner not necessarily a funding amount, in order to encourage government and private sector engagement in the partnership.
- A key goal of attempting to model the ESSENCE mechanism in countries is to bring together the country ministries, those in charge of research, researchers and funders to discuss how to better work together to address priorities in that country.
Annex 3: Virtual roundtable - update from members

- The African Academy of Sciences (AAS) – Lydia Manoti

  - AAS, African Union, and African Champions (Dangote) are currently working on developing partnership models that are aimed at prioritising domestic research areas including science, health. The project has been ongoing and should allow for investments from African philanthropists.
  - Currently also working closely with national governments aiming to include more key players from sub-Saharan African countries to promote nationally driven priorities and ensure their recognition at the continental level, using platforms like the first Africa Science Festival.
  - AAS in principle, is interested in contributing to the development of the RCS handbook and is open to one on one meetings with ESSENCE.

- The European and Developing Countries Clinical Trials Partnership (EDCTP) – Lara Pandya

  - The EDCTP2 successor programme, Global Health EDCTP3 Joint Undertaking (GH EDCTP3 JU) has been launched and it is expected to run from 2022-2023. It is a 10-year programme currently being funded under the European Union’s Horizon Europe programme.
  - It published its work programme 2022 and launched its first calls for proposals on 11 May 2022 with a deadline of 30 August 2022. More information available online.
  - There is a call for expression of interest for the selection of the members of stakeholders group to provide input on the scientific, strategic and the technological priorities. Participants were encouraged to share the calls widely with their networks.
  - The five initial calls from the programme for 2022 are focused on:
    - implementation of adaptive platform trials;
    - creating a sustainable clinical trials network for infectious diseases in sub-Saharan Africa;
    - promoting implementation of research results into policy and practice;
    - genomic epidemiology for surveillance and control of poverty related diseases, and emerging and re-emerging infections in sub-Saharan Africa;
    - strengthening regulatory capacity for supporting conduct of clinical trials.

- Fogarty International Center, U.S National Institutes Of Health (FIC/NIH) – Peter Kilmarx

  - The NIH director, Francis Collins who was very supportive of global health, research and LMIC stepped down at the end of 2021. As at the time of this meeting, his successor is yet to be named, noting the organization witnessed a great increase in global collaboration and research in LMIC during his 10 year.
  - The NIH World Report that captures the funding activities of most funders will be upgraded this year to include more capabilities.
  - The $74.5 million five year Data Science for Health Discovery and Innovation in Africa (DS-I Africa) programme led by NIH Common Fund program supported by 11 other NIH institutes, Centers and offices recently issued seven research training awards focused on ethics, legal and social implications of data science research.
  - A lot of interest and plans for research on climate change and health that will have a strong global component including in LMICs.
  - Launched in 2021 funding supplements with its HIV funds for academic institutions to strengthen their programmes and policies on combating sexual harassment in LMIC research institutions.
  - Will be launching a request for information on Promoting Equity in Global Health Research NOT-TW-22-00

- UK Department of Health and Social Care (DHSC) – Charlotte Seeley-Musgrave

  - At DHSC we are developing the next phase of the Global Health Research Portfolio and our strategic priorities to address the shifting global burden of disease, health systems strengthening and building resilience to tackle future global health threats with RCS and community engagement and involvement at the heart of everything we do.
• In terms of specific activities we currently have a call open in climate and health, focusing on strengthening health service delivery and resilience in LMICs in the context of extreme weather events. More information on the call available online.
  – Swedish international Development Cooperation Agency (Sida) – Marie-Teresa Bejarano

• Sweden was unfortunately now withholding 40% of the aid budget to cover expenses associated with Ukrainian refugees. New projects are expected to be most affected to ensure that ongoing agreements are honoured.
• SIDA is also focused on climate change and health, and biodiversity and health.
  – United States Agency for International Development (USAID) - Margaret McCluskey

• Once new funding opportunities related to research that will be public, the agency will share with the broader ESSENCE group.
• Are aligned with the notion that capacity strengthening must be broader than the scientific aspects.
  – Swiss Agency for Development and Cooperation (SDC) – Simone Heri-Terrence

• The organization continues to support health research with focus on global research programmes and product development partnerships for neglected diseases.
  – Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) – Karen Gosch

• GIZ and DLR-PT are preparing the second round of funding from BMBF, the German Ministry of Education of research which will fund seven research networks for health innovations in sub-Saharan Africa from 2023-2027.
• The networks will consist of up to seven African research institutions and up to two German research institutions, with an African institution leading a network respectively.
• The organization explicitly asked in the award to suggest proposals for RCS, networking and policy engagement, as well as research transfer.
• Are preparing the year-end evaluation for the second half of this year together with LSTM.
### Annex 4: List of Participants

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<thead>
<tr>
<th>ESSENCE Steering Committee</th>
<th>Email Address</th>
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<tbody>
<tr>
<td><strong>Linda Kupfer</strong>&lt;br&gt;Co-Chair ESSENCE&lt;br&gt;Fogarty International Center, U.S National Institutes Of Health (FIC/NIH)&lt;br&gt;USA</td>
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<td><strong>Thabi Maitin</strong>&lt;br&gt;Co-Chair ESSENCE&lt;br&gt;South African Medical Research Council&lt;br&gt;South Africa</td>
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<tr>
<td><strong>Lara Pandya</strong>&lt;br&gt;European and Developing Countries Clinical Trials Partnerships (EDCTP)&lt;br&gt;The Netherlands</td>
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<td><strong>Maria-Teresa Bejarano</strong>&lt;br&gt;Swedish International Development Cooperation Agency (Sida)&lt;br&gt;Sweden</td>
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<td><strong>Val Snewin</strong>&lt;br&gt;Department of Health and Social Care&lt;br&gt;UK</td>
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<td><strong>ESSENCE Secretariat</strong></td>
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<td><strong>Garry Aslanyan</strong>&lt;br&gt;WHO TDR, ESSENCE on Health Research Secretariat&lt;br&gt;Switzerland</td>
<td><a href="mailto:aslanyang@who.int">aslanyang@who.int</a></td>
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<tr>
<td>Amen-Patrick Nwosu</td>
<td>WHO TDR, ESSENCE on Health Research Secretariat Switzerland</td>
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<tr>
<td>Kemi Oladapo</td>
<td>WHO TDR, ESSENCE on Health Research Secretariat Switzerland</td>
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<tr>
<td>Alice Chadwick El-Ali</td>
<td>UK Collaborative on Development Research (UKCDR) UK</td>
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<tr>
<td>Anne Harmer</td>
<td>Enhancing Learning &amp; Research for Humanitarian Assistance</td>
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<tr>
<td>Bianca DSouza</td>
<td>UK Department of Health and Social Care (DHSC) UK</td>
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<td>Charlotte Seeley-Musgrave</td>
<td>UK Department of Health and Social Care UK</td>
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<td>Divya Shah</td>
<td>Wellcome UK</td>
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<td>Elisabetta Dessi</td>
<td>WHO TDR Switzerland</td>
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<td>Eva Kagiri-Kalanzi</td>
<td>Association for Research Managers and Administrators UK</td>
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<td>Gerrie Tuitert</td>
<td>The Netherlands Organization for Scientific</td>
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<td><strong>Research/Science for Global Development (NWO)</strong></td>
<td>The Netherlands</td>
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<td><strong>Hans-Eckhardt Hagen</strong></td>
<td>Global Research Collaboration for Infectious Disease Preparedness (GloPID-R/Fondation Mérieux) France</td>
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<td><strong>Irini Pantelidou</strong></td>
<td>Wellcome UK</td>
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<td><strong>Janelle Cruz</strong></td>
<td>Fogarty International Center, U.S National Institutes of Health (FIC/NIH) USA</td>
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<td><strong>Jill Jones</strong></td>
<td>Medical Research Council - UKRI UK</td>
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<td><strong>Kathleen Victoir</strong></td>
<td>Institut Pasteur (IP) France</td>
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<td><strong>Karen Gosch</strong></td>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) Germany</td>
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<td><strong>Kyra Hermanns</strong></td>
<td>DLR Project Management Agency Germany</td>
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<td>The African Academy of Sciences (AAS)</td>
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<td><strong>Maggy Heintz</strong></td>
<td>UK Collaborative on Development Research (UKCDR) UK</td>
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<tr>
<td>Margaret M. McCluskey</td>
<td>United States Agency for International Development (USAID) USA</td>
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<tr>
<td>Mariam Otmani</td>
<td>WHO TDR Switzerland</td>
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<tr>
<td>Mark Whittaker</td>
<td>Wellcome UK</td>
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<tr>
<td>Martin Eigbike</td>
<td>Gawani Africa Strategy/Policy Consulting Firm Nigeria</td>
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<tr>
<td>Marc Cohen</td>
<td>Canadian Institutes of Health Research (CIHR) Canada</td>
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<tr>
<td>Moses Bockarie</td>
<td>European and Developing Countries Clinical Trials Partnerships (EDCTP) The Netherlands</td>
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<tr>
<td>Neele Wiltgen-Georgi</td>
<td>Liverpool School of Tropical Medicine UK</td>
</tr>
<tr>
<td>Nneka Onyejepu</td>
<td>The Nigerian Institute of Medical Research (NIMR) Nigeria</td>
</tr>
<tr>
<td>Pascal Launois</td>
<td>WHO TDR Switzerland</td>
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<tr>
<td>Paulo O. Ochanga</td>
<td>Tanzania Commission for Science and Technology Tanzania</td>
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<td>Name</td>
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<tr>
<td>Peter Kilmarx</td>
<td>Fogarty International Center, U.S National Institutes Of Health (FIC/NIH) USA</td>
</tr>
<tr>
<td>Simone Heri-Terrence</td>
<td>Swiss Agency for Development and Cooperation (SDC) Switzerland</td>
</tr>
<tr>
<td>Sue Kinn</td>
<td>Foreign, Commonwealth and Development Office (FCDO) UK</td>
</tr>
<tr>
<td>Thomas Nyirenda</td>
<td>European and Developing Countries Clinical Trials Partnerships (EDCTP) The Netherlands</td>
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</table>
Annex 5: Photo de Famille
ESSENCE Working Group on Implementation Research (IRWG) – One Pager Report

- **Background**: The IRWG members consist of representations from member agencies with different expertise to contribute to thematic dialogue on improving the ways funders invest in IR and build capacity in LMICs. More background info [Online].

- **Resource/Publications**: Seven approaches to investing in implementation research in low- and middle-income countries attempts to respond to questions raised by funders and researchers about how to seed and sustain IR in low-and middle-income countries (LMICs); Funders’ Perspectives on Supporting Implementation Research in Low- and Middle-Income Countries.

- **Priority topics for future ESSENCE IR projects**: ESSENCE conducted a survey of its members in 2021 to determine future focus areas. Survey results:(1) Support needed for engaging with government and key stakeholders; (2) Address disconnect between clinical trials and implementation; (3) IR mentorship opportunities; (4) Coordinating efforts around short term trainings.

- **Dissemination Efforts (Webinars and workshops; Papers and Presentations for 2022)**: Use of ESSENCE website to provide a list of downloadable ESSENCE publications; encourage members to use existing communication channels of their agencies to disseminate ESSENCE pubs; dissemination through social media; papers presented at D&I conference & EC Congress on tropical medicine and international health; and publication in Global Health: Science and Practice (see above).

- **Working Group Member**:

  Kupfer Linda (FIC/NIH), Co-chair IRWG; Morven Roberts (GACD), Co-chair IRWG; Weinberg Ana Lúcia (Edctp); Montasser Kamal (IDRC); ZACHARIAH, Rony (WHO TDR); Sturke Rachel (FIC/NIH); Marie-Gloriose Ingabire (IDRC); Elena Netsi (Wellcome); Jennifer Gunning (CIHR); Caroline Harris (MRC UKRI); Val Snewin (DHSC); Tlpena Loez-Pea Ordoez (isciii); Dr Kathleen Victoir (Institut Pasteur); Maria-Teresa Bejarano (Sida); Isobel Bandurek (GACD); Elena Netsi (Wellcome); FABIO ZICKER (Fiocruz); Marc Cohen (CIHR); Garry Aslanyan & Kemi Oladapo (ESSENCE Secretariat/WHO TDR)

- **Follow up questions for meeting participants** (To be discussed at the meeting):
  - Can you think of other focus areas for ESSENCE to consider?
  - Are there other platforms we should consider for dissemination?
  - Are you interested in joining our WG?
ESSENCE Working Group on Research Management (RMWG) – One Pager Report

**Background:** The RMWG members consist of representations from member agencies with different expertise to contribute to thematic dialogue on RCS. More info [online](#).

**Resource/Publications:** The [Five Keys to improving Research Costing in LMICs](#) good practice document (GPD) published in English, French, Spanish and Portuguese; and [Case studies on grants management and research costing](#).

**Priority areas or topics:** Benchmarking consultation with LMICs recipients to assess the development across different areas of research management, developing training materials to support the presentation of the GPD in a way that allow others to take it forward, and delivering the GPD as training.

**Dissemination Efforts (Webinars, Workshops, Papers and Presentations):** Use of ESSENCE website to provide a list of downloadable ESSENCE publications, existing communication channels of member agencies, publication in major news, and organization of webinar series tailored for regional context to promote the GPD.

**Working Group Members:**

- Dr Kathleen Victoir (Institut Pasteur), Co-chair, RMWG; Charlotte Seeley-Musgrave (DHSC), Co-chair, RMWG; Linda Kupfer (FIC/NIH); Meriel Flint-O’Kane (ACU); Montasser Kamal (IDRC); Marie-Gloriose Ingabire (IDRC); Bruce Butrumb (FIC/NIH); Samantha Ingram (DHSC); Teresa Soop (Sida); Jonathan Underwood (Wellcome), Pauline Beattie (Edctp); Allen Mukhwana (RemPRO); Maggy Heintz (UKCDR); Paulo Ochanga (Costech); Garry Aslanyan, Amen-Patrick Nwosu & Kemi Oladapo (ESSENCE/WHO TDR).

**Follow up questions for meeting participants** (To be discussed at the meeting):

- Do members have advice for additional channels or methods of disseminating the five keys GPD particularly to those closer to the local research context?
ESSENCE Working Group on Review of Investments (WGRI) - One Pager Report

**Background:** The WGRI was convened in 2018 following recommendations from the World Bank that ESSENCE should articulate a mechanism to review investment in health research capacity building.

DOI: [http://doi.org/10.5334/aogh.2941](http://doi.org/10.5334/aogh.2941)
- Health research capacity strengthening in LMICs: current situation and opportunities to leverage data for better coordination and greater impact (2020).
  [https://tdr.who.int/docs/librariesprovider10/essence/final-meeting-notes-min.pdf?sfvrsn=9af23dfb_5](https://tdr.who.int/docs/librariesprovider10/essence/final-meeting-notes-min.pdf?sfvrsn=9af23dfb_5)

**Priority areas or topics:**
- Increasing coordination and collaboration in capacity strengthening.
- Development and use of metrics and data on health research capacity.
- Increasing effectiveness and equity in capacity strengthening efforts.

**Dissemination Efforts** (Consultations, Papers and Presentations): See above.

**Working Group Members:**
- Peter Kilmarx (FIC/NIH), Co-chair; Thabi Maitin (SAMRC), Co-chair; Kathleen Victoir (Institut Pasteur); Yaso Kunaratnam (UKCDR); Thy Pham (BMGF); Margaret McCluskey (USAID); Linda Kupfer (NIH/FIC); ADAM Taghreed WHO; Jajkowicz, Dominika (Edctp); Aylin Tuerer (GIZ); Michael Cheetham (NIH/OD); Rodrigo Correa-Oliveira (Fiocruz); Irini Pantelidou (Wellcome); Natalie Schmitz (GIZ); Cruz Janelle Lynn (NIH/FIC); Thomas Nyirenda (Edctp); Kyra Hermanns (BMBF/DLR); Karen Gosch (GIZ); Hans-Eckhardt Hagen (GloPID-R/Fondation Merieux); Anna Altenschmidt (GIZ); Garry Aslanyan & Kemi Oladapo (ESSENCE/WHO TDR), and Martin Eigbike (Consultant).

**Follow up questions for meeting participants** (To be discussed at the meeting):
Attached below is a Briefing Note to ESSENCE Members on the prospects of ESSENCE-enabled country-specific coordination mechanisms in Senegal & Bangladesh. We are seeking feedback on the proposed logic model for ESSENCE enabled in-country collaboration mechanisms – please see last slide of the notes.
Modelling the ESSENCE Mechanism for improving coordination and collaboration in LMIC research capacity strengthening

Briefing Note to ESSENCE Members on the prospects of ESSENCE-enabled country-specific coordination mechanisms in Senegal & Bangladesh

May 2022
Outline

01 Background & Context

02 Key Findings & Implications for ESSENCE Mechanism

03 Action Required from ESSENCE Members by 17 May 2022
The WGRI task team has been developing the concept of ESSENCE-enabled country-specific coordination mechanisms

- As part of the 2020 – 2023 ESSENCE WGRI work program, the Coordination and Collaboration task team is working to facilitate the emergence of effective national mechanisms for ensuring synergy amongst multiple funders and stakeholders with respect to health research capacity strengthening in low- and lower middle-income countries (LMICs).

- The envisaged country-specific mechanisms are expected to ensure that the activities of multiple funders and stakeholders on health research in each country are synergistic, well aligned to country needs, and translate to stronger national health research systems.

- Since June 2021, the team has worked on assessing how effective national mechanisms for multi-funder and multi-stakeholder collaboration on health research capacity strengthening can be successfully implemented at country level.

- The outcome of these efforts are aimed at establishing a replicable model for designing national-level mechanisms for optimizing collaboration between funders and national health authorities in LMICs.

- This assessment has entailed identifying specific countries where such mechanisms can be effectively explored and engaging persons with deep knowledge and experience in these countries to advice on their design and implementation. This document provides the outcome of these efforts to date.
The team has followed a structured process to identify potential countries to model enhanced country-level coordination for RSC

**Initial analysis to inform country focus**
- Analysed 146 LMICs to understand:
  - Degree of ESSENCE Member/Affiliate activity
  - Country research capacity relative to disease burden as an indicator of need for research capacity strengthening
  - Level of relative feasibility of establishing a national-level coordination mechanism

**Identification of potential priority countries**
- Developed a criteria for defining potential priority LMICs based on:
  - High level of concentration of funder activity
  - Low level of research capacity relative to disease burden
  - High potential feasibility of implementing a mechanism
  - Identified 16 potential priority LMICs

**Identification of countries for initial engagement**
- Undertook desk research to develop detailed profiles of the 16 LMICs to understand:
  - Landscape for health research and research capacity strengthening
  - Key national priorities and areas of need for research capacity strengthening
  - Conducted a survey of ESSENCE members to assess countries of near term interest.
  - Decided on Senegal & Bangladesh for initial outreach

**Additional research and initial informal engagement**
- Identified key persons with deep knowledge and experience in the national health research systems in Senegal & Bangladesh
- Conducted informal discussions with identified persons to obtain insights on the health research landscape in-country and the prospects of a country-led mechanism for collaboration in health research capacity strengthening.
Outline

01 Background & Context

02 Key Findings & Implications for ESSENCE Mechanism

03 Action Required from ESSENCE Members by 17 May 2022
Valuable knowledge of the landscape was obtained from semi-formal KII's in Senegal & Bangladesh

<table>
<thead>
<tr>
<th>Landscape for health research/research capacity strengthening</th>
<th>Coordination framework for research capacity strengthening</th>
<th>Indicators of active interest in strengthening research capacity</th>
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<tbody>
<tr>
<td>Senegal</td>
<td></td>
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<tr>
<td>Centralized with two organisations (MSAS(1) &amp; MESRI(2)) playing roles at two governance levels.</td>
<td>Largely non-functional with specific weaknesses in terms of aligning resourcing for capacity strengthening to the existing national priorities as defined in the strategic plan; deriving policy implications from research activity; and using research evidence to inform investments in RCS.</td>
<td>Recent provision of dedicated public funding for research (including health research) by the Government of Senegal via the 5% initiative managed by MESRI</td>
</tr>
<tr>
<td>4 bodies provide regulation for health research through the platform of Ethics Committee for Health Research for Senegal (CNERS(3)).</td>
<td>RCS is funded and resourced from within larger health programs where they do not attract priority attention.</td>
<td>Government funding of the Science Granting Council to support researchers’ capability development and investment in infrastructure to conduct local research.</td>
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<tr>
<td>Core of strong research institutions (UCAD(4) &amp; Institut Pasteur, complemented by others such as IRESSEF(5).</td>
<td></td>
<td>Have a national Strategic Plan for Research for Health 2020-2023</td>
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<tr>
<th>Bangladesh</th>
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<tr>
<td>Governance is centralized under the Ministry of Health and Family Welfare.</td>
<td>Highly dysfunctional with a largely silo-based system with no systematic approach to building research capacity</td>
<td>The accession of Bangladesh to the International Vaccine Institute (IVI)</td>
</tr>
<tr>
<td>Regulation is similarly centralized with BMRC(6), an autonomous organisation under the Ministry of Health and Family Welfare being the nodal agency.</td>
<td>No national policy on health research/research capacity strengthening. Policies emerge on need-basis.</td>
<td>Recent positive strides in terms of country public health management widely acknowledged, triggering demand for implementation research</td>
</tr>
<tr>
<td>One large international research organization (ICDDR,B(7)) in contrast to a limited set of local research institutes.</td>
<td>Weak delivery infrastructure for training with high level of brain drain and differences in quality of PhD training.</td>
<td>Recent government provision of significant public funding for domestic research.</td>
</tr>
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GAWANI

(1) The Ministry of Health and Social Action (2) The Ministry of Higher Education Research and Innovation (3) Ethics Committee for Health Research of Senegal (4) University of Cheikh Anta Diop (5) Institute for Health Research, Epidemiological Surveillance and Training (6) The Bangladesh medical Research Council (7) The International Center for Diarrheal Disease Research, Bangladesh
Findings from KII in Senegal & Bangladesh (cont’d)

| Key priorities in health research and research capacity strengthening |
| Senegal |
| ▪ Key research focus areas: Malaria and COVID-19, Tuberculosis, Neglected Tropical Diseases, Medicines, Fight against epidemics & HIV |
| ▪ Key experts highlight capacity strengthening for researchers in the area of grant writing, grant management and fund-raising for scientific research as the current priorities of the research community |

| Opportunities for strengthening in-country collaboration on capacity strengthening |
| Senegal |
| ▪ Knowledge management on research for development, to elevate the knowledge of the research community on ongoing research activities and emerging evidence |
| ▪ Coordination and information sharing on in-country training aimed at capacity strengthening |
| ▪ Sustaining in-country fora for dedicated multi-stakeholder engagement on research capacity |

| Achieving sustainability of in-country collaboration mechanisms |
| Senegal |
| ▪ Some concurrence on the need for the Research Department at MSAS(1) to anchor such a mechanism but doubts about their capacity prevail |
| ▪ Aligning the goals of the mechanism to cross-sectoral goals such as SDG research related targets seen as key to sustained participation |
| ▪ Starting with disease-specific coordination mechanisms for research seen as an important success factor. |

| Bangladesh |
| ▪ No recent documentation on key research focus areas nor on priorities for research capacity strengthening |
| ▪ ICDDR,B defines its own strategic priorities for research and executes independent of Government of Bangladesh |
| ▪ Key experts indicate implementation research, engaging younger scientists, and developing a structured roadmap for capacity building for research as local priorities. |

| Knowledge management, data collection and analysis for decision making based on research evidence. |
| Training of researchers and linking them to policy makers for utilization of research output. |
| Creating a forum for dialogue and data sharing on research/research capacity as currently exists for COVID-19 research. |

| ICDDR, B should play a leadership role and made to partner with other institutions for systematic training. |
| Elevating research capacity to an issue of focus for the Prime Minister's office possibly through the A2I(2) initiative. |
| Involvement of all development organisations active in-country and dedicated training of the public sector on research. |

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(1) The Ministry of Health and Social Action (2) Access to Information.
Based on the KIIIs, important insights that should inform the approach to shaping the mechanisms are emerging

4 key findings

- **Presence of country-led collaboration mechanisms:** Findings from both countries are yet to confirm the existence of potentially functional and/or effective mechanisms for in-country collaboration on health research and health research capacity strengthening, hence validating the importance of advocating for better, localized mechanisms that can be sustained.

- **Different countries, similar critical gaps:** Data and insights from the interviews across both countries indicate similar type of gaps with respect to coordination for research capacity strengthening – alignment of policy to resourcing; results to policy, and policy feedback to priority setting across both countries were weak.

- **Coordination/collaboration of health research activity is a stretch goal:** Health research capacity strengthening activities across both countries reflect the complexities with the structure of health research funding, hence, they are largely siloed, and program embedded. This implies that focus should be on sub-elements of collaboration, such as data/information sharing, rather than joint implementation of programs.

- **Anchor organisation dilemma:** For both countries, there is little clarity on the most appropriate anchor organisation for such a mechanism, as the obvious organisations have limitations that impinge on their ability to drive such a mechanism on a sustained basis.
Analysis of the findings indicate three key areas where an ESSENCE supported LMIC in-country mechanism could be transformative

**Impact**
Progress towards relevant SDG goals (3.11; 3.12; 3.13) and better pandemic preparedness

**Outcome**
Reduced in-country duplication of research efforts and better alignment with research needs and increased capacity for research

**Interim Outcomes**
- Greater data availability to inform resource allocation
- Improved research effectiveness
- Improved alignment between research and local needs
- Enhanced local skills and research competencies
- Better in-country dissemination of research outputs/evidence
- More effective utilization of training resources
- Reduced training duplication & redundancy

**Outputs**
1. Data transparency on in-country research activity
2. In-country results-to-policy engagement fora for translation
3. Research training coordination, delivery and optimisation

**Strategic Actions**

**Inputs**
Resources to support data generation, strategic coalition building, advocacy, policy analysis/research, and stakeholder engagement
Reduced in-country duplication of research efforts, better alignment with research needs and increased capacity for research.
Outline

01 Background & Context

02 Key Findings & Implications for ESSENCE Mechanism

03 Action Required from ESSENCE Members by 17 May 2022
Next Steps for ESSENCE Members

01 Provide written feedback on the proposed logic model for ESSENCE enabled in-country collaboration mechanisms – are the focus areas (offerings) of the proposed mechanism(s) a fit for ESSENCE to provide leadership and drive impactful work?

02 Confirm intention or potential of your organization to participate in further practical actions to facilitate the emergence of the mechanisms in Senegal and/or Bangladesh including:

- Participating in detailed concept note development and further engagement with specific stakeholders in Senegal & Bangladesh to refine the value proposition and roadmap for the in-country mechanism.
- Participating in efforts to identify specific initial step or set of steps to start off the process of actualizing the in-country mechanisms in Senegal and/or Bangladesh