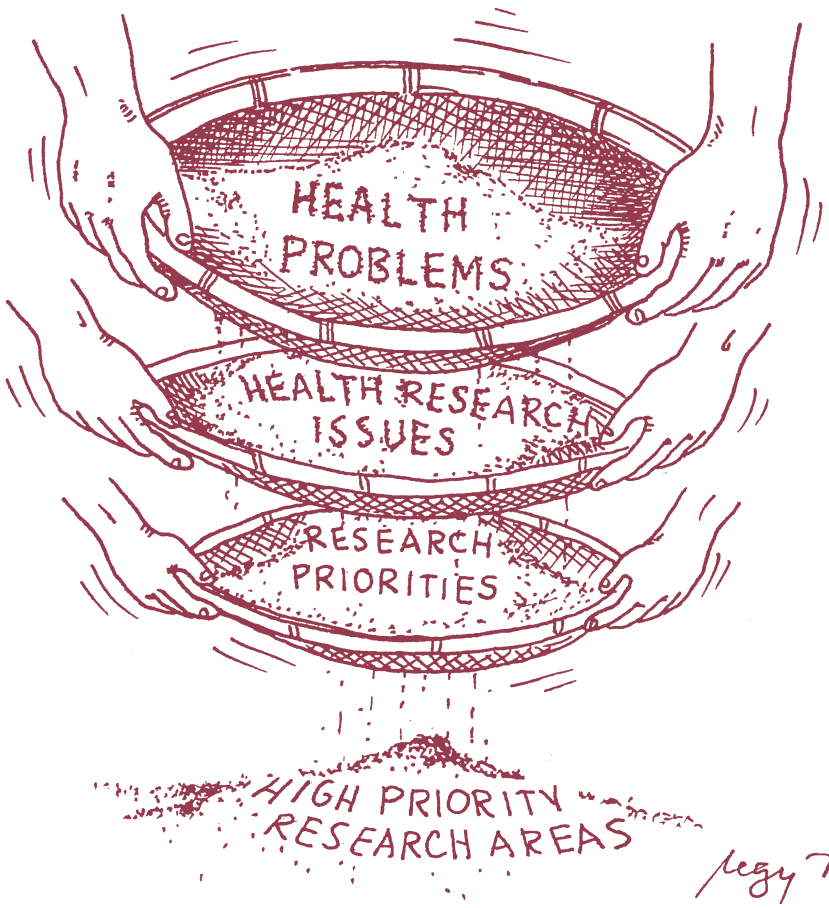
A Manual for
Research Priority Setting using the ENHR Strategy



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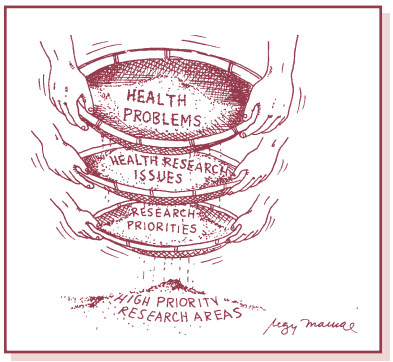


Section 1

Introduction

In 1990 the Commission on Health Research for Development advanced the concept of Essential National Health Research (ENHR) as a strategy for promoting health and development on the basis of equity and social justice[1]. The Commission envisaged ENHR as a mechanism:

- to provide and update the scientific knowledge base required for decision-making in the field of health and for priority setting;
- to ensure the best use of available resources; and
- to promote research into difficult and unresolved problems especially where existing techniques were considered inadequate even to reduce the problems to manageable proportions.

Based on the Commission's recommendations the Council on Health Research for Development (COHRED) was established in 1993 to advance and promote the ENHR strategy. To make research more effective, its work is based upon the following three principles.[2]

- Put country priorities first;
- Work for equity in health; and
- Link research to action for development

To implement the ENHR strategy several competencies have been identified, as follows:[3,4]

- Promotion and advocacy
- Building an innovative mechanism
- Priority setting
- Capacity building
- Resource mobilisation
- Research into action and policy
- Community involvement
- Networking and coalition building
- Evaluation

This manual is a guide to one of those competencies, namely research priority setting using the ENHR strategy. It covers the following specific aspects of priority setting:

1. Preparatory work by the team convening the priority setting exercise;
2. Elements of priority setting;
3. Criteria for priority setting;
4. Follow-up activities after identifying broad priority areas;
5. Implementation.

Throughout the manual the core principles of putting local/country concerns first, working towards equity, and linking research to action are emphasised as a basis for priority setting.

Why set research priorities?

- to channel resource allocation, as well as donor investment in health, to areas of highest priority;
- to address the issue of equity;
- to attend to the needs of the most vulnerable groups of the population (e.g., women, children, the poor)
- to reinforce the links between research, action and policy;
- because the research priorities we set today determine the health agenda, practices and technologies of tomorrow[5].

What is unique about research priority setting using the ENHR strategy?

It is a systematic approach to identifying research priorities characterised by:

- inclusiveness;
- involvement of a broad range of stakeholders, such as researchers, health care providers and representatives of the community;
- multidisciplinary and cross-sectoral approach;
- partnership development;
- participatory and transparent processes; and
- systematic analyses of health needs, societal and professional expectations.

The underlying values of the ENHR strategy for priority setting follow the three basic principles of ENHR: putting country priorities first; working for equity in development; and linking research to action for development.

Why is this learning module needed?

To systematise the process of research priority setting on the basis of the COHRED document 97.3: *Essential National Health Research and Priority Setting: lessons learned* [6].

Who is this learning module prepared for?

Instructors or facilitators running a research priority setting workshop using the ENHR strategy.

What does this learning module actually do?

It provides instructors or facilitators with a step by step guide for participants in a research priority setting workshop, leading to the successful completion of the process.

What does this learning module not do?

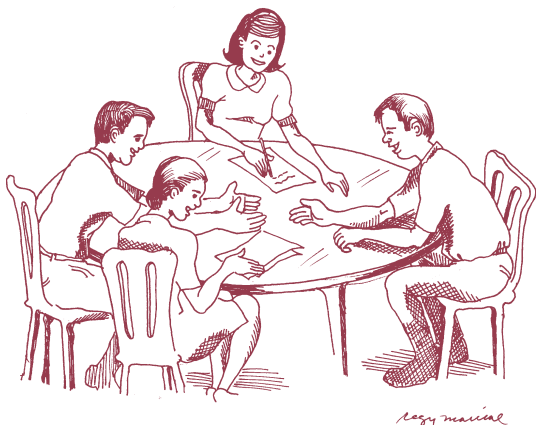
It does not impose on the facilitators or participants any particular method or criteria for research priority setting. It is vital that participants take decisions by consensus at each step of the process.

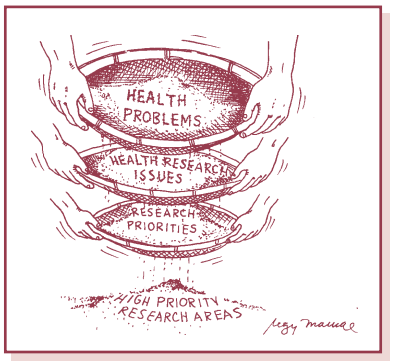
Who is expected to participate in an ENHR priority setting workshop?

The participants represent ENHR stakeholders, i.e. researchers, decision-makers at various levels, health service providers and communities. Private sector participants are equally important (for example, professional associations or the pharmaceutical industry), as well as parliamentarians, potential donors and international agencies.

What sort of information is used during the workshop?

Priority setting in any situation, no matter how well resourced or otherwise, must “start with what you have”. The objective is to combine effectively descriptive, analytical and evaluative information with the ideas, perceptions and emphases of ENHR stakeholder groups, including the public at large.





Section 2

Preparatory work by the team convening the priority setting exercise

Before embarking on the exercise of priority setting it is important for the convenor to recognise that priority setting itself is a component of the ENHR process as a whole. In other words priority setting cannot be undertaken in isolation from the other elements of the ENHR process. It is equally important to understand that there is no one simple meaning of the *priority* concept. The real question is priority *for whom*? The health needs of humanity are holistic and legion, as too are research opportunities. Every government, people and institution has its own notion of "priority", serving its own purposes, within its sense of mandate, capacity, culture and resources. The scientific community is motivated by the pursuit of intellectual opportunity, but it can be enticed to mobilise and direct its efforts and energies, if it is made aware of the needs and priorities of others [7]. Furthermore, priority setting should not be seen as a one-off event. It is an iterative and interactive process, in which each step is influenced by results from those that precede it.

2.1. Steps involved in the preparatory work

2.1.1. Leadership Creation

Leadership is needed to harness the potential of other prospective partners. At the country level, the authorities might designate a focal point to provide leadership for ENHR, but other national arrangements are possible (for details, see: *How to boost the impact of country mechanisms to support ENHR: a peek into the melting pot of country experiences*: COHRED document 99.1[8]). At the local level the convenor may need to identify suitable leadership. For the process to succeed it is important that the leadership be:

- acceptable to all major stakeholders;
- a motivating factor with firm conviction;
- committed to ENHR;
- knowledgeable as to how and where to access information and resources; and
- able to develop a grasp of existing stakeholder groups and civil leadership at different levels.

2.1.2. Awareness raising

The following steps need to be taken:

- Conduct open meetings with various groups and stakeholders to develop an understanding of what ENHR is all about. (A primer on ENHR is found in COHRED document 2000.2: *Health research: powerful advocate for health and development, based on equity*[2].)

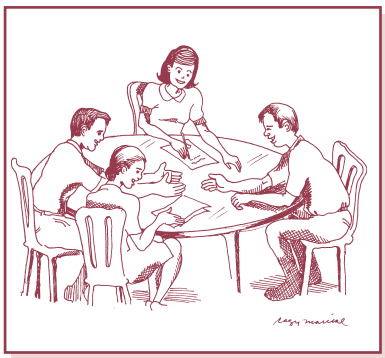
- Discuss the concept of essential health research and how it can be used to solve existing health problems. The aim at this stage is to create a demand for research.
- Hold informal discussions with important institutions and groups to understand why they exist, whom they represent, what activities they organise and how they operate.
- Discuss with leaders of different levels (civil society, NGOs and professionals) how research could be of value to their work.
- Visit domestic/local health service agencies and NGOs to ascertain the available secondary information on health, some of which will be used later. The main purpose at this stage is to identify sources of information.

2.1.3. Reaching agreement with stakeholders

- Determine areas and modalities of cooperation with various stakeholders and groups.
- Draw-up a work-plan/time frame with group leaders for the process of research priority setting.
- Facilitate the formation of new groups where appropriate, especially among marginalised sectors of society.
- Facilitate the formation of a Working Group from a cross-section of stakeholders to deal with research priority setting
- Facilitate meetings of the Working Group to assume roles and responsibilities, and reach agreement on a workplan for research priority setting.

2.1.4. Planning for priority setting

- Stage planning meetings with the Working Group to formulate objectives and tasks to be accomplished.
- Work out the methods to be used in defining the research agenda/priorities.
- Solicit the resources needed for the exercise.
- Submit proposals to funding agencies (government, NGOs, others).
- Develop linkages with competent government departments.
- Present the plans to the authorities and enlist their support and endorsement.



2.2. Practical suggestions

The process of preparing a country for a priority setting exercise can be extremely complex and adequate time should, therefore, be allowed. The preparatory stage may take up to 3 – 6 months. The priority-setting exercise is certainly not a one-day, hurriedly organised national workshop. All kinds of problems may occur in practice, such as:

- It may not be easy to identify and involve all the important stakeholders. It is essential to cooperate with people or institutions like NGOs and government bodies that have already established particularly good contacts with the community. In some cases, church groups and

fieldworkers would also be important (see Box 1). It is always a good idea to keep political decision-makers and/or government bodies well informed about what you are doing, and discuss with them ways of mobilising the community.

Box 1: Using field workers to penetrate the community

In Senegal, regional, district, and health centre personnel participated in the design of a community nutrition intervention to improve infant feeding practices in the Fatick Region. Discussions with these field workers helped to identify personnel and groups in the community as the best potential educators. The operations research design was then built around field-workers' sense of which interventions would be most suitable for them to try out and later replicate.

Adapted from: Porter RW & Prysor-Jones S, 1997[9]

- It may not be easy to identify the most appropriate agencies to represent the interests of the lay community, and the best method of approaching the community and sustaining its interest. A solution to this problem may lie in understanding the nine basic principles for community involvement [10]:
  - Participation by all, including marginalised groups
  - Voluntary involvement
  - Democratic practices
  - Transparency
  - Learning from reflection
  - Flexibility
  - Organised groups
  - Partnership between the people, NGOs and government representatives

  A number of approaches to elicit community inputs are contained in Box 2.

Box 2: Approaches to obtaining community inputs

	Informed	**Uninformed**
Deliberated	User consultation Panels	Focus Group Discussions (FGDs)
Extempore	Questionnaire surveys Written information	Opinion surveys of standing panels

From: Jordan J et al., *1998*[11]

Checklist: Preparatory work by the team convening the priority setting exercise

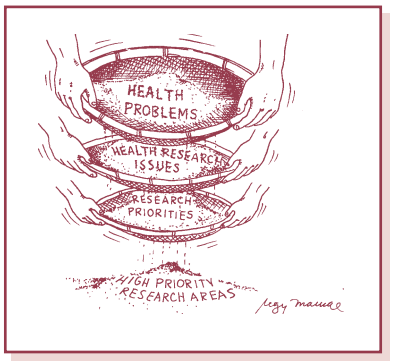
1. Is the country/state/district ready for priority setting? Is the entire ENHR strategy and process adequately understood? Has the need for priority setting been explicitly stated?

- if so, what is the evidence?
- If not, why not?

2. Have the key groups and constituencies been identified and contacted? Particular care should be taken to ensure that vulnerable groups and the lay community are represented.
3. Is there enough support from political decision-makers, government bodies and NGOs?

- If so, in what form? What is the evidence?

4. Do the groups represented understand the key elements of the ENHR strategy? These elements are: inclusiveness and partnership; focus on equity in research; transparency; consultative processes.
5. Are there enough background documents on health statistics, socio-economic profile and prior research information?
6. Is there credible leadership?



Section 3

Elements of priority setting

3.1. Identification of stakeholders

Groups of stakeholders who should be involved in setting research priorities, besides researchers themselves, are potential users and the people affected by the research results. Countries that have had experience in priority setting using the ENHR strategy have generally identified four categories of participants:

- researchers;
- decision-makers at various levels;
- health service providers; and
- communities.

It is important to appreciate the fact that each interested group - researchers, health policy makers, health care providers, and the population at large - has a different perspective on issues that need the most urgent attention.

- Researchers tend to focus on their disciplinary interest and may often base the choice of subjects on research trends in developed countries.
- Health care providers frequently face practical problems, some of which demand urgent solutions.
- The public at large often has little information on which to base sound judgement. A small but noisy elite that disregards the wishes of the poor and other marginalised groups may dominate it.

The convenor must ensure that the perspectives of the various groups are reconciled.

3.1.1. Practical suggestions

The involvement of a broad range of stakeholders in ENHR is a key element of the priority-setting exercise. The essential points to bear in mind are:

- Know the participants: who and where they are, their needs and interests, their expectations, their relative strengths and weaknesses, and supportive and obstructive forces around them. This is where the convenor could use information from the early dialogues among the groups at the preparatory stage.
- Allow adequate time for the above-mentioned preparatory stage in order to understand the population dynamics, and eventually to identify the key groups and institutions to be included in the priority-setting exercise. It is important to remember that the process of identifying the partners is very time-consuming.

- Avoid falling into the trap of limiting the choice of stakeholders to those in the capital city, in centrally located institutions, and in the headquarters of the Ministry of Health.
- Every effort must be made to tap the resources of stakeholders from the countryside as well.
- In most developing countries it is just not possible to ignore the role of donors and international agencies, both in setting health policy priorities and in the implementation of major health programmes. Equally important in influencing public policy is the growing role of the private sector, as well as parliamentarians. They must all be brought on board.

Checklist: Identification of Stakeholders

1. Are the interests of all partners represented?
2. Among the researchers are various disciplines represented, e.g., biomedical sciences, economics, other social sciences, education, public health?
3. Are the policy makers adequately represented?
   - If so, what level of representation?
   - Are you happy with the quality of representation? Usually the top decision-makers are too busy. They may choose to send people who are too junior for effective decision-making.
   - If not, what mechanism do you have to ensure credible representation from the top?
4. Are the private sector and NGOs adequately represented? It may be necessary to obtain a listing of all private health care providers and NGOs working in health to ensure adequate representation.
5. Is there sufficient community representation? Avoid the trap of accrediting an elite minority that ignores the needs of the poor, illiterate, women, children and other disadvantaged groups.

3.2. Situation analysis

Situation analysis/stocktaking broadens the understanding of all participants, and provides a picture of the current state of affairs, which may differ from that of the stakeholders. Situation analysis must be systematic and scientific, involving the assessment of:

- health status
- health systems
- health research systems
- userfelt needs (wants)
- user demands (expressed needs) and values

The assessment must take equity as its overriding concern.

3.2.1. Practical suggestions

Information from situation analysis often lays the foundation for rational decision-making on priorities. It is important to bear in mind that:

- not all health problems are disease-focused. Consider also risk factors.
- not all important health problems are leading causes of morbidity and mortality.
- emphasis must be put on health problems of marginalised groups.
- some problems might have a serious impact on health in the future.

Box 3 outlines the major issues that must be covered in conducting a situation analysis.

Box 3: Issues to be considered in situation analysis

Health status

- What is the country's state of health? (Selected impact indicators)
- What are the main health problems? (Morbidity /mortality statistics, national prevalence surveys, disability-adjusted life years, quality-adjusted life years, databases and systematic reviews of health research)

Health care system

- What are the main health problems? (health personnel? health programme planning? programme implementation/management? health facilities/ infrastructure? health care supplies?)
- What is the National/District Health Plan? (Primary health programmes at the national/district level? How was the health plan developed, and by whom?)

Health research system

- What research has been done or is currently undertaken? (What areas of research are being addressed; who is doing the work; where is the work being done?)
- What are the sources of funding (Who funds the research; how much money is granted to different kinds of research; who takes the decisions?)

3.3. Identification of research areas

The aim at this stage is to draw up initial lists of research areas that emerge from situation analysis and inputs from various stakeholders. Building consensus on the criteria to be used and a system

of scoring for items that figure on the list is usually the best way to start. Techniques for consensus building include:

- brainstorming sessions
- multi-voting
- nominal group technique
- roundtable discussions
- prioritisation matrices

Details and examples of these techniques can be found in COHRED Document 97.3[1] and in *The Memory Jogger* by Brassard & Ritter [12].

Checklist: Issues to be considered in siuation analysis

1. Is there information on vital statistics? (infant mortality rate, child mortality rate, crude death rate, maternal mortality rate, immunisation coverage, etc.)
2. What are the common health problems affecting the population?
3. Is there a national or district health plan that addresses major health problems?
4. Has any health research been done here before?

- If so, on what and what did it show?
- What is the current research gap?

5. How is the health care system organised?
6. What are the major problems affecting the health care system?
7. Which are the main vulnerable and disadvantaged groups in the population? And what are their health concerns?
8. Does the proposed problem require health action or research?

- Is there sufficient knowledge to address the problem?
- What are the research gaps?
- What types of research are needed? (strategic and basic research; clinical research; behavioural and social science research; cost-effectiveness analysis; health technology assessment; health policy and systems research. See COHRED Document 97.3 [6])
- What particular research areas can be identified?

Section 4

Criteria for priority setting

Once a broad list of research areas has been agreed upon, many further rounds will be necessary to reduce it to a manageable list of priorities. The first consensus-building exercise might result in a provisional list of priority health problems or broad research issues, which needs to be channelled into clearly defined areas of research. This section gives an overview of possible criteria for priority setting and an option for a relatively simple method of scoring or weighting them. The choice of criteria and the scoring system may differ, depending on the level or stage of priority setting. There are other more complicated methods, such as prioritisation matrices, some of which require the use of formulae and grids. (see COHRED Document 97.3 [6])

4.1. Create the list of criteria

✓ Brainstorm on the list of criteria or review available documents or guidelines. (See Box 4.1)

Tip: Use the focus group discussion technique, round-table discussions or the nominal group technique, as described in Section 5 of the COHRED document 97.3 for the brainstorming process.

✓ Eliminate duplicates from the list.

✓ Clearly define / clarify the meaning of each criterion.

Tip: The clarifying statement should be written in a format that can be quantitatively scored at the next stage. (See Box 4.2)

4.2. Group the selected criteria into representative categories

✓ Name the categories to represent themes addressed in the priority setting process.

Tip: Descriptions should clarify the scope of each of the criteria. Box 4.3 can be taken as an example.

✓ Assign all the selected criteria to the appropriate categories.

Tip: Use Box 4.4 as an example.

Box 4.1. Examples of criteria used in health research priority setting

1. Adequacy and usefulness of the current knowledge base (avoiding duplication)
2. Applicability of the research outcome
3. Availability of cost-effective interventions
4. Capacity of the system to carry out the research
5. Community concern/demand
6. Economic impact
7. Environmental health and socio-political effects
8. Equity focus
9. Ethical and moral issues
10. Feasibility
11. Funding support
12. Human rights issues
13. Impact on health
14. Impact on development
15. Justification of the cost/investment
16. Justification of time
17. Legal aspects
18. Magnitude of the problem
19. Obligation and professional responsibility
20. Operational effectiveness
21. Partnership building
22. Persistence of the problem
23. Political will/ acceptability/ commitment
24. Relevance
25. Responsiveness to the National Health Policy or national goals
26. Research capacity building
27. Research utilisation
28. Urgency

Box 4.2. Examples of a clarifying statement for each of the criteria

1. **Adequacy and usefulness of the current knowledge base (avoiding duplication)**

➤ How adequate and useful is any available research-based information on this topic?

2. **Applicability of the research outcome**

➤ What is the probability that the expected research outcome can be applied to informed decision-making?

3. **Availability of cost-effective interventions**

➤ How available are the existing cost-effective interventions to address the health problem?

4. **Capacity of the system to undertake the research**

➤ How adequate is the capacity of the system to undertake the research in terms of competency, infrastructure, support system, mechanisms and resources?

5. **Community concern/demand**

➤ How much does the research topic respond to community concern or demand?

6. **Economic impact**

‰ Will the planned research topic provide significantly more cost-effective interventions compared to the existing ones?

7. **Environmental health and socio-political effects**

➤ What are the negative implications for environmental health or socio-political effects?

8. **Equity focus**

➤ How much does research in this area contribute to greater equity in health in socio-demographic terms, economic status, health service access/delivery, gender, etc.?

9. **Ethical and moral issues**

➤ Is the planned research ethically and morally acceptable?

10. **Feasibility**

➤ How feasible is the planned research, considering available resources?

11. **Funding support**

➤ How likely is it that the project will receive funding?

12. **Human rights issues**

➤ Is there a possibility that this research topic violates any human rights issue?

13. **Impact on health**

➤ What impact will this research have on the health of the population?

Box 4.2. (cont.) Examples of a clarifying statement for each of the criteria

14. Impact on development

➤ What impact will this have on the overall development of the country?

15. Justification of the cost/investment

➤ How justifiable is the cost of running this research project?

16. Justification of time

➤ How justifiable is it to spend this amount of time on this research project?

17. Legal aspects

➤ Is there a chance that a component of the research topic is illegal in the country?

18. Magnitude of the problem

➤ What is the size of the problem? Many indicators can be used, such as prevalence, incidence, severity, disability, mortality, morbidity, years of potential life lost, disability-adjusted life years, healthy days of life lost, quality-adjusted life years, trends in disease profile, biophysical burden, economic burden and social burden.

19. Obligation and professional responsibility

➤ Are there any societal obligations and professional responsibilities for this problem?

20. Operational effectiveness

➤ How workable is the planned operation/management of the research?

21. Partnership building

➤ What is the probability that partners from various disciplines or sectors will collaborate to undertake the research?

22. Persistence of the problem

➤ How persistent is the burden of the disease in question?

23. Political will/ acceptability/ commitment

➤ What is the likelihood that the research topic will be endorsed, approved and supported by the competent policy makers?

24. Relevance

➤ How relevant is the research topic to the health needs of the community?

25. Responsiveness to the National Health Policy or national goals

➤ To what extent does the research question respond to the National Health Policy or national goals?

26. Research capacity development

➤ How much does research in this area contribute to building, strengthening or sustaining research capacity in the country or sub-national and district levels?

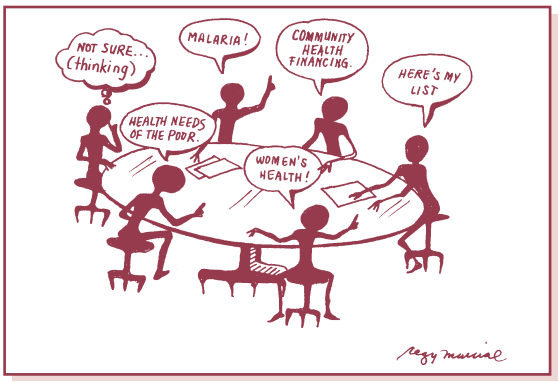
Box 4.2. (cont.) Examples of a clarifying statement for each of the criteria

27. Research utilisation

➤ What are the chances of the outcome recommendations being implemented and the project being sustained?

28. Urgency

➤ How urgent are the data needed for decision making?



Box 4.3. Examples of categories for grouping selected criteria by theme

Category 1: Appropriateness - *Should we do it?*

➤ The theme of this category is whether the proposed research is well suited to the target society and whether it does not duplicate past studies.

➤ The key question for this category is "Should we do it?"

Category 2: Relevancy - *Why should we do it?*

➤ The theme is to ensure that the proposed research is the right kind for the right people, and that it is pertinent to the health problems of the community, without disregarding equity issues.

➤ The key question is "Why should we do it?"

Category 3: The Chance of success - *Can we do it?*

➤ The theme is to assess the strength and resources of the research team

➤ The key question is "Can we do it?"

Category 4: Impact of the research outcome - *What will the stakeholders get out of it?*

➤ The theme is to estimate the benefit of using or implementing the research results, and evaluate the merit and usefulness of the research outcome.

➤ The key question is "What will the stakeholders get out of it?"

Box 4.4. Examples of criteria that can be grouped by theme

Category 1: Appropriateness - *Should we do it?*

- The theme of this category is whether the proposed research is well suited to the target society and whether it duplicates past studies.
- The key question for this category is "Should we do it?"
- Criteria that can be grouped into this category are: ethical and moral issues, human rights issues, legal aspects, political acceptability and commitment of the responsible policy-makers, adequacy and usefulness of the current knowledge base.

Category 2: Relevancy - *Why should we do it?*

- The theme is to ensure that the proposed research is the right kind for the right people, and that it is pertinent to the health problems of the community, without disregarding equity issues.
- The key question is "Why should we do it?"
- Criteria that can be grouped into this category are: community concern/ demand, magnitude of the problem, severity of the problem, trends of the problem, responsiveness to the national health policy or national goals and with heavy emphasis on equity as the basis of ENHR strategy.

Category 3: The chance of success - *Can we do it?*

- The theme is to assess the strength and resources of the research team
- The key question is "Can we do it?"
- Criteria that can be grouped under this category are: capacity of the system to undertake the research, cost justification, time justification and funding support.

Category 4: Impact of the research outcome - *What do the stakeholders get out of it?*

- The theme is to estimate the benefit of using or implementing the research results, and evaluate the merit and usefulness of the research outcome.
- The key question is "What will the stakeholders get out of it?"
- Criteria that can be grouped under this category are: research utilisation, health impact or the public health significance, economic impact and development impact.

4.3. Assign score choices to all the criteria

✓ **Assign the number of score choices to each of the criteria.**

Tip: The number of score choices ranges normally from two to five. Taking the criterion of *Economic impact* as an example: *Will the planned research topic provide significantly more cost-effective interventions compared to existing ones?*

Economic impact (with 2 score choices)
- ❏ Low impact
- ❏ High impact

Economic impact (with 3 score choices)
- ❏ Low impact
- ❏ Medium impact
- ❏ High impact

Economic impact (with 4 score choices)
- ❏ Very low impact
- ❏ Low impact
- ❏ High impact
- ❏ Very high impact

Economic impact (with 5 score choices)
- ❏ Very low impact
- ❏ Low impact
- ❏ Moderate impact
- ❏ High impact
- ❏ Very high impact

✓ **Assign a point score to each choice.**

Tip: Beginning with one point for the first choice, each following choice usually scores one point more than the preceding choice. The scores can be a positive or negative number.

Positive scores with an increment of 1 point per item.

Economic impact (with 2 score choices)
1 Low impact
2 High impact

Economic impact (with 3 score choices)
1 Low impact
2 Medium impact
3 High impact

Economic impact (with 4 score choices)
1 Very low impact
2 Low impact
3 High impact
4 Very high impact

Economic impact (with 5 score choices)
1 Very low impact
2 Low impact
3 Moderate impact
4 High impact
5 Very high impact

Positive and negative scores with an increment of 1 point per item.	
Economic impact (with 2 score choices) -1 Low impact +1 High impact *Economic impact* (with 3 score choices) -1 Low impact 0 Medium impact +1 High impact	*Economic impact* (with 4 score choices) -2 Very low impact -1 Low impact +1 High impact +2 Very high impact *Economic impact* (with 5 score choices) -2 Very low impact -1 Low impact 0 Moderate impact +1 High impact +2 Very high impact

✓ **Decide if any of the criteria should be used as screening criteria in order to discard some of the proposed research areas from the list.**

Tip: Criteria such as adequacy and usefulness of the current knowledge base, ethical and moral issues, human rights issues and legal aspects may be considered screening criteria. Using the criterion of *Ethical and moral issues* as an example: *Is the planned research ethically and morally acceptable?*

Ethical and moral issues
0 Unacceptable 1 Debatable, Equivocal 2 Sensitive issue 3 No foreseeable problem *If a research topic scores zero for this criterion, it should be dropped from the list*

✓ **Decide if any of the criteria should be divided into subsets.**

Tip: Some of the criteria have more than one aspect to consider. For example, the criterion *Research utilisation*, which has been defined as *What is the probability that the research outcome/recommendations will be implemented and the project sustained?* This has two aspects for consideration, e.g. the implementation of the recommendations and sustainability of the project. Ideally, this criterion should have two subsets for scoring. (See the following example.)

Research utilisation - What is the probability that the research recommendations will be implemented and the project sustained? There are two subsets in this criterion:	
❏ Probability of implementation	❏ Sustainability of the project
3 High	3 Likely
2 Fair, Moderate	2 Difficult to predict
1 Low or None	1 Unlikely

4.4. Assign a scoring system

✓ **Decide if all criteria should have equal or different weighting.**

Tip: There are several methods of weighting[12,13], hence there must be consensus within the group on how to weight the criteria.

✓ **Decide if the score for a criterion with subsets should be the average or total of the subset scores.**

Tip: If it is agreed to use the total instead of the average score for criteria with subsets, these criteria are assigned greater weight than criteria without subsets. In the example below the average system is used and the score for the criterion of *Research utilisation* is three or less.

Research utilisation - What is the probability that the research recommendations will be implemented and the project sustained? (There are two subsets in this criterion. The score for this criterion is the average of the subsets shown to one decimal point.)

❏ Probability of implementation	❏ Sustainability of the project
3 High	3 Likely
2 Fair, Moderate	2 Difficult to predict
1 Low or None	1 Unlikely

✓ **Choose between addition or multiplication for the scoring system**[14-15].

Tip: In the addition system scores for all of the criteria are added up and the total is used for ranking the research topics. The higher the score, the higher the priority. In the multiplication system the total score is arrived at by multiplying the scores together. The multiplication scoring system should not be used with negative number choices. Zero number scores can be used in the multiplication scoring system only if the criteria with a zero number score are designated as screening criteria.

4.5. Test the module

✓ **Produce a first draft of the prioritisation module.**

Tip: You may wish to use Annex 1, *Comprehensive Module: an example of using criteria for research priority setting.*

✓ **Test the module on one or two research topics, with participants working as a group or individually.**

Tip: Record the average time taken to finish the module for one research topic. Multiply the average time by the number of research topics to be prioritised to get a rough estimate of the total time needed to complete the process. Record the difficulties and discrepancies among participants in applying each criterion and score choice to the research topic. Let the group decide if the module produced is suitable for the task, or needs to be modified.

✓ **Compare the weighting for each category.**

Tip: Use the total score for each category for comparison. Point out to the group that categories with a higher score receive greater weighting.

4.6. Modify the module

✓ **Weighting each category.**

Tip: Let the group decide if each category should be given equal or different weighting. If the consensus is for equal weighting then the total score for each category must be the same. Use the category with a minimal total score as the baseline for other categories.

✓ **Discard less important criteria.**

Tip: Let the group decide on what the total score should be and then ask which criteria and categories should be discarded.

✓ **Produce a final draft of the prioritisation module.**

Tip: You may wish to use Annex 2, Abbreviated Module: an example of using criteria for research priority setting.

4.7. Double check the module

✓ **Test the final draft module with the same one or two research topics, with all participants working as a group or individually.**

Tip: Record the average time used to finish the module for one research topic. Multiply the average time by the number of research topics to be prioritised to get a rough estimate of the total time needed to complete the process. Record too the difficulties and discrepancies among participants in the process of applying each criterion and score choice to the research topic. Let the group decide if the module produced is suitable for the task or if it needs to be modified.

4.8. Produce a working module

✓ **Produce a working module for the prioritisation process.**

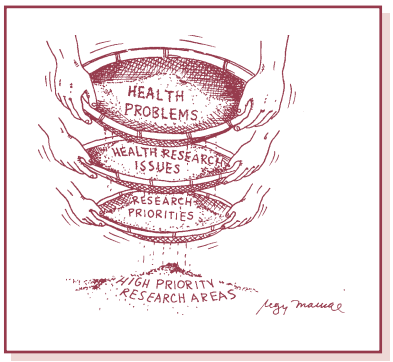
Tip: This working module is a miniature of the final draft module. For ease of use, the module is meant to occupy no more than one page. See Annex 3, Miniature Module: an example of using criteria for research priority setting.

4.9. Finish the process of research prioritisation

✓ **Score each research topic using the working module.**

✓ **Write down all the scores**

✓ **Rank the research topics by their scores.**



Section 5

Follow-up to the identification of broad research priority areas

There are three major reasons why there must be follow-up action after identifying the broad priority areas:

- Experience elsewhere shows that the priority setting exercise, however well organised, will initially only produce broad areas of research priority.
- Priority setting will raise a lot of expectations, especially among researchers, who expect funds to be made immediately available so that the ideas included in the research agenda might materialize.
- Some people will very often be disappointed by the feeling that their ideas have not been accommodated, or that they were not fully involved in the exercise.

The follow-up activities include:

- Research problem specification – carried out primarily by a core group and/or task force designated for that purpose.
- Translation of research areas into specific research questions. One approach to this task is to invite researchers to prepare 'concept papers', which describe proposed research projects for specific priority problem areas agreed upon by consensus among the stakeholders. If this approach is followed, it is best to prepare guidelines for the concept papers. For a given problem area the research projects should be specified in terms of objectives, methods of addressing the problem, and the resources needed.
- Publication and dissemination of the priority research agenda. Priority ideas discussed at the priority-setting meeting should be published and every effort must be made to disseminate the information as soon as it is practicable. It may be necessary to convene a national workshop to circulate the information gathered and to elicit additional inputs that could be used to amend the research agenda.
- Identify resource requirements (government, donors, NGOs, etc).
- Determine time lines.
- Identify potential research groups for implementation.

Checklist: Follow-up to the identification of broad research priority areas

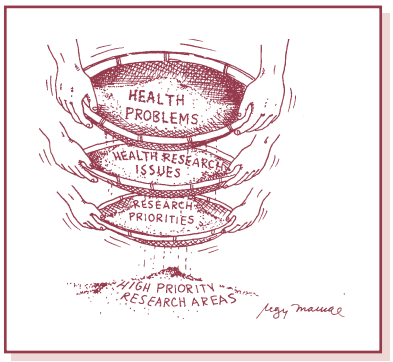
1. Was the analysis for identifying and prioritising research objective?
2. How many people/groups were involved?

- What were their contributions?
- Who were not involved?

3. Is the research agenda specific enough to guide donors and researchers?
4. Does the research agenda address equity in health?

- What percentage/number of projects address health problems of vulnerable groups or the poor?
- Will the agenda divert resource flows towards equity-targeted programmes?

5. What mechanisms have been put in place to disseminate the research agenda itself? An organised dissemination mechanism will usually serve as a powerful advocacy tool. The distribution of resources and effort across the spectrum of health problems appears to reflect uneven advocacy and special pleading, rather than national and co-ordinated response to need[16].
6. How much interest has the agenda generated among stakeholders (donors, government and researchers)?



Section 6

Implementation

In considering the implementation of the research agenda the following issues must be addressed:

- **Building and facilitating interdisciplinary and multi-stakeholder teams.** One of the key features of ENHR is to promote interdisciplinary and cross-sectoral research. The planning team should synthesise the ideas generated from the concept papers and work towards bringing researchers in different fields together as a team to work on related research areas.
- **Identification of resources by priority area**. Identifying resources to implement the research agenda can be frustrating. Various countries have tried different approaches, such as organising a donors' conference to sell the research agenda; encouraging government support for the research agenda (by creating a research budget in the MOH); and by encouraging seasoned researchers to focus their efforts on priority areas.
- **Research protocol development**. Poor "grantsmanship" is a common problem in most developing countries. It would be worthwhile to organise help for researchers to develop their ideas to qualify for research grants. The planning team should be able to solicit the necessary technical support for this purpose.
- **Establishment of a peer-review process and a forum for revision**. Leave room for critical review of the priority-setting process and flexibility in updating the research agenda. Acute health problems and issues may emerge; new research findings may suggest new approaches to health problems; or new health or economic trends may dictate new research needs and opportunities. The research agenda must be dynamic and responsive to changing times and circumstances.
- **A mechanism for monitoring and evaluation of research work.** Our concern here is not just to monitor and evaluate the process of implementing the research agenda, but also to review the impact of health research. The primary goal of monitoring is to serve as an early-warning system, to indicate whether the combined effect of research is producing policies that will promote equity in health. Monitoring should raise questions for further investigation into ways of achieving equity in health; and should ideally be an ongoing assessment of how different social groups are faring in absolute terms as well as the order of magnitude of the gap between groups. It should be remembered that setting priorities is value-intensive; stakeholders in the process must guard against hidden agendas and motives that run counter to the ENHR principle of giving country priorities and equity paramount consideration.
- **Dissemination of research findings**. This could be through workshops, publications in peer-reviewed journals, policy briefs and other appropriate types of research reports. In addition, researchers should be careful to provide information and feedback to patients or the communities involved in their research.

- **Utilisation of research results.** To ensure that research results are put to good use it is important to:
  - facilitate dialogue between researchers and policy/decision makers;
  - translate research results into policy briefs;
  - disseminate research results to a wide public through mass media.

  For details and other approaches, see COHRED Document 99.1: *How to boost the impact of country mechanisms to support ENHR: a peek into the melting pot of country experiences* [8].

6.1. Practical suggestions

The main task is to identify indicators. They must be selected through a process that involves the appropriate range of participants. A range of indicators is needed to reflect important aspects of health and its major determinants. This will include indicators of health status, as well as health care indicators (which must reflect key aspects of health care, e.g., indicators of health care financing, allocation of health care resources, utilisation of health services, and quality of health services). Multiple indicators should ideally be examined to explore the way in which conclusions about equity vary according to different indicators.

6.1.1. Indicators

- Does the research agenda address equity in health?
  - percentage/number of projects addressing problems of vulnerable groups or the poor.
  - diversion of resource flows towards equity-targeted programmes.
  - diversion of resource flows towards research agenda/priorities, etc.
- Utilisation: how much interest has the agenda generated among stakeholders (donors, government agencies, and researchers)?
- Input from multiple stakeholders: how many people/groups were involved – who were not involved?
- Is there a forum for stakeholders to share information and evaluate the process?

References and Reading Materials

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ANNEX 1

The Full Module

How to use criteria for research priority setting

Category 1
Appropriateness:
Should we do it?

Category 2
Relevancy:
Why should we do it?

Category 3
The chance of success:
Can we do it?

Category 4
Impact of the research outcome:
What do the stakeholders get out of it?

Category 1: Appropriateness

inappropriate ❑ total score ❑/ 15

This category addresses the crucial screening criteria that participants should agree on as a way of excluding certain research topics from priority listing. The purpose of the category is to determine if the proposed research is well suited to the target society and if it duplicates past studies. **The key question is "Should we do it?**"

Instructions: Enter the score for each criterion in the box provided. If a criterion has subsets, each should be scored separately and the average used for the criterion as a whole. The scores for each criterion are then added up and put in the total score box at the beginning of the category. The number to the right of the box indicates the maximum possible score for the category.

The research topic should be discarded if any of the criteria in the category gets a zero score. The box labelled "inappropriate" should be ticked and the total score ignored.

❑ Ethical and moral issues

3 No foreseeable problem
2 Sensitive issue
1 Debatable, Equivocal
0 Unacceptable

Is the planned research ethically and morally acceptable?

❑ Human rights issues

3 Respects
2 Satisfies
1 Infringes
0 Violates

Is there a possibility that this research topic violates any human rights issue?

❑ Legal aspects

3 Lawful
2 Justifiable
1 Improper
0 Wrongful

Is there a chance that a component of the research topic is illegal in the country?

❑ Political acceptability and commitment of the competent policy-makers

3 Likely to be endorsed
2 Neutral
1 Uncertain
0 Unlikely to be supported

What is the likelihood that the research topic will be endorsed, approved and supported by the competent policy makers

❑ Adequacy and usefulness of the current knowledge base — How adequate and useful is any available research-based information on this topic?

(The score for this criterion is the average of the scores below carried to one decimal place. An average of less than 1 counts as 0. The criterion has 3 subsets.)

❑ Availability of pre-existing data

3 None in existence
2 Scarce, Inadequate
1 Fair, Moderate
0 Abundance

❑ Validity of pre-existing data

3 Unusable for target population
2 Unlikely to be applicable
1 Sound
0 Very convincing

❑ Reliability of pre-existing data

3 Inaccurate, Misleading
2 Weak, Suspicious
1 Strong

Example of the outcome of this exercise is: Should we do it?

We should not, because it is ethically unacceptable or it violates human rights issues, or is legally wrongful, or not likely to be supported by the Ministry of Public Health. It is also a waste of human and financial resources because there is an abundance of valid and reliable existing data to be used.

N. B. There is no zero score item in any of the criteria used in the remaining categories, because the research topics have already been judged worth considering in the screening criteria of Category 1. They can thus only be discarded through the ranking process

Category 2: Relevancy

total score ❑/ 21

The purpose of this category is to make sure the proposed research is the right kind for the right people, and is pertinent to the health problem of the community without ignoring equity issues. **The key question is "Why should we do it?"**

Instructions: Enter the score for each criterion in the box provided. If the criterion has subsets, each should be scored separately and the average used for the criterion. The scores for each criterion are then added up and put in the total score box at the beginning of the category.

❑ Community concern/ demand

3 High
2 Moderate
1 Low or None

How much does the research topic serve the community concern or demand?

❑ Commonality/prevalence/ incidence

3 High
2 Moderate
1 Low or None

How common is the problem in terms of prevalence and incidence?

❑ Severity of the problem

3 High
2 Moderate
1 Low or None

How severe is the problem to the health of the community in terms of morbidity and mortality?

❑ Trends of the problem

3 Rising
2 Stable
1 Falling

How are the trends of the problem?

❑ Responsiveness to the national health policy or national goals

3 High
2 Moderate
1 Low or None

How much does the research question respond to the National Health Policy or national goals?

❑ Urgency

3 Very urgent
2 Urgent
1 Not urgent

How urgently is the data needed for decision making?

❑ Equity focus

3 High
2 Moderate
1 Low or None

How much does the research in this area contribute to greater equity in health in terms of socio-demographic, economic, health service access/ delivery and gender etc.?

Example of the outcome of this exercise: Why should we do it?

We should do it, because the community is very concerned and demands a solution. We already know that the problem causes high morbidity, and that future trends suggest an increase. Although the problem has been addressed in the National Health Policy, it persists. Because of the high mortality rate, research to help identify solutions is urgently needed. Moreover, because it is in the common interest of all stakeholders, it contributes to equity in health development.

Category 3: The chance of success

total score ❑/ 12

The purpose of this category is to evaluate the strength and resources of the prospective research team. **The key question is "Can we do it?"**

Instructions: Enter the score for each of the criteria in the box provided. If the criterion has subsets, each should be scored separately and the average used for the criterion. The scores for each criterion are then added up and put in the total score box at the top of the page.

❑ Capacity of the system to undertake the research

How adequate is the capacity of the system to undertake the research in terms of competency, infrastructure, support system, mechanisms and resources?

(The score for this criterion is the average of the scores below carried to one decimal place. The criterion has 4 subsets.)

❑ Competency

3 Excellent
2 Good
1 Fair or Poor

❑ Infrastructure

3 Excellent
2 Good
1 Fair or Poor

❑ Support system and mechanisms

3 Excellent
2 Good
1 Fair or Poor

❑ Resources

3 Excellent
2 Good
1 Fair or Poor

❑ Cost justification

3 Exceptional
2 Good
1 Fair or Poor

How justifiable is the cost of running this research project?

❑ Time justification

3 Very Appropriate
2 Acceptable
1 Unclear, Uncertain

How justifiable is the amount of time to be used in implementing this research project?

❑ Funding support

3 Very likely
2 Possible
1 Doubtful

How likely is it that the project will receive funding?

Example of the outcome from this exercise: Can we do it?

The research can definitely be done because there are competent research teams available; the institutions have adequate infrastructure; the support systems and mechanisms to fulfil the tasks are excellent; and other resources are readily available. The estimated cost of the project is justifiable and the time frame to carry out the research is appropriate. Several funding agencies have shown interest in supporting the project.

Category 4: Impact of the research outcome

total score ❑/ 12

The purpose of this category is to estimate the benefit of using or implementing the research results, and assessing their merit and usefulness. The key question is "What do the stakeholders get out of it?"

Instructions: Enter the score for each of the criteria in the box provided. If the criterion has subsets, each should be scored separately and the average used for the criterion. The scores for each criterion are then added up and put in the total score box at the beginning of the category.

❑ Research utilization

What are the chances of the recommendations being implemented and the project being sustained?

(The score for this criterion is the average of the scores below carried to one decimal place. The criterion has 2 subsets.)

❑ Chances of implementation

3 High
2 Fair, Moderate
1 Low or None

❑ Sustainability of the project

3 Likely
2 Difficult to predict
1 Unlikely

❑ Health impact or the public health significance — How much impact will this research have on health of the population?

(The score for this criterion is the average of the scores below carried to one decimal place. The criterion has 4 subsets)

❑ Coverage of the target population

3 High
2 Fair, Moderate
1 Poor or None

❑ Overall reduction of the burden

3 High
2 Fair, Moderate
1 Poor or None

❑ Future health impacts

3 High
2 Fair, Moderate
1 Poor or None

***Special Instruction:* Score only one of the following 3 items**.

❑ Problem-solving perspective

3 High
2 Fair, Moderate
1 Poor or None

❑ Preventability of the problem

3 High
2 Fair, Moderate
1 Poor or None

❑ Quality aspects (products/ technology/ systems/ resources)

3 High
2 Fair, Moderate
1 Poor or None

** Most research projects address only one issue. A problem-solving project might not look into prevention and quality aspects.* ***To score all three together and use the average score would not be appropriate.***

❑ Economic impact

(The score for this criterion is the average of the scores below carried to one decimal place. The criterion has 2 subsets.)

❑ Cost savings of the intervention compared to existing ones

3 High
2 Fair, Moderate
1 Poor or None

❑ National expenditure savings if the research is fully implemented

Will the planned research topic provide significantly more cost-effective interventions compared to existing ones?

3 High
2 Fair, Moderate
1 Poor or None

❑ Development impact

How much impact will this research have on research capacity building?

(The score for this criterion is the average of the scores below carried to one decimal place. The criterion has 2 subsets.)

❑ Partnership building

(probability that interdisciplinary partners may collaborate to undertake the research)

3 High
2 Fair
1 Poor or None

❑ Research capacity building

(researchers/ health managers/ health staff/ community members)

3 High
2 Fair
1 Poor or None

Example of the outcome of this exercise: "What do the stakeholders get out of it?"

The outcome of the project has a good chance of being implemented and is likely to be sustainable. This is because the research has focused on the preventability of the problem. It offers a high coverage of the target population and can thus reduce a sizeable amount of the burden, although it may only moderately address future health impacts of this condition. The recommendation will make significant savings for the public and at the same time strengthen research capacity and team development.

The Full Module

Summary Sheet

Research Topic _____

Category 1: Appropriateness

inappropriate ❑ total score ❑/ 15

If the research topic is inappropriate, the priority setting exercise for this topic is discontinued. Otherwise, the total score for each category should be entered below.

Category 2: Relevancy total score ❑/ 21

Category 3: The chances of success total score ❑/ 12

Category 4: Impact of the research outcome total score ❑/ 12

Aggregate Score ❑/ 60

ANNEX 2

The Short Module

How to use criteria for research priority setting

Category 1

Appropriateness:
Should we do it?

Category 2

Relevancy:
Why should we do it?

Category 3

The chance of success:
Can we do it?

Category 4

Impact of the research outcome:
What do the stakeholders get out of it?

Category 1: Appropriateness

inappropriate ❑ total score ❑ / 6

This category addresses the crucial screening criteria that participants should agree on as a way of excluding certain research topics from priority listing. The purpose of the category is to determine if the proposed research is well suited to the target society and if it duplicates past studies.The key question is “Should we do it?”

Instructions: Enter the score for each of the criteria in the box provided. The scores for each criterion are then added up and put in the total score box at the top of the page. The research topic should be discarded if any of the criteria in this category gets a zero score. The box labelled “inappropriate” should be ticked and the total score ignored.

❑ Ethical and moral issues

Is the planned research ethically and morally acceptable?

3 No foreseeable problem
2 Sensitive issue
1 Debatable, Equivocal
0 Unacceptable

❑ Availability of pre-existing data

How adequate is any available research-based information on this topic?

3 None in existence
2 Scarce, Inadequate
1 Fair, Moderate
0 Abundance

N. B. There is no zero score item in any of the criteria used in the remaining categories, because the research topics have already been judged worth considering in the screening criteria of Category 1. They can thus only be discarded through the ranking process

Category 2: Relevancy

total score ❑/ 6

The purpose of this category is to make sure that the proposed research is the right kind for the right people, and is pertinent to the health problem of the community without ignoring equity issues. The key question is “Why should we do it?”

Instructions: Enter the score for each of the criteria in the box provided. The scores for each criterion are then added up and put in the total score box at the beginning of the category.

❑ Equity focus and community concern/ demand 3 High 2 Moderate 1 Low or None	How much does research in this area contribute to better equity in health and serve the community concern or demand?
❑ The burden of illness 3 High 2 Moderate 1 Low or None	What is the size and severity of the problem?

Category 3: The chance of success

total score ❑/ 6

The purpose of this category is to evaluate the strength and resources of the prospective research team. The key question is “Can we do it?”

Instructions: Enter the score for each of the criteria in the box provided. The scores for each criterion are then added up and put in the total score box at the beginning of the category.

❑ Capacity of the system to undertake the research

3 Excellent
2 Good
1 Fair or Poor

How adequate is the capacity of the system to undertake the research in terms of competency, infrastructure, support system, mechanisms and resources?

❑ Cost justification

3 Exceptional
2 Good
1 Fair or Poor

How justifiable is the cost of running this research project?

Category 4: Impact of the research outcome

total score ❑/ 6

The purpose of this category is to estimate the benefit of using or implementing the research results, and assessing their merit and usefulness. The key question is "What do the stakeholders get out of it?"

Instructions: Enter the score for each of the criteria in the box provided. The scores for each criterion are then added up and put in the total score box at the beginning of the category.

❑ Chances of implementation

3 High
2 Fair, Moderate
1 Low or None

What are the chances of the recommendations being implemented?

❑ Overall reduction of the burden including cost

3 High
2 Fair, Moderate
1 Poor or None

How much impact will this research have on health of the population?

The Short Module

Summary Sheet

Research Topic

Category 1: Appropriateness

inappropriate ❑ total score ❑/ 6

If the research topic is inappropriate, the priority setting exercise for this topic is discontinued. Otherwise, the total score for each category should be entered below.

Category 2: Relevancy total score ❑/ 6

Category 3: The chances of success total score ❑/ 6

Category 4: Impact of the research outcome total score ❑/ 6

Aggregate Score ❑/ 24

ANNEX 3

Mini-module

How to use criteria for research priority setting

Instructions: For each of the criteria below, enter the appropriate score for the research topic in the box to the left of the title. Add up all the scores and write the total in the aggregate score box at the bottom of the page.

Category 1: Appropriateness. *Should we do it?*

❑ Ethical and moral issues

3 No foreseeable problem
2 Sensitive issue
1 Debatable, Equivocal
0 Unacceptable (If this item is chosen, the research topic should be discarded)

❑ Availability of pre-existing data

3 None in existence
2 Scarce, Inadequate
1 Fair, Moderate
0 Abundance (If this item is chosen, the research topic should be discarded)

Category 2: Relevancy. *Why should we do it?*

❑ Equity focus and community concern/ demand

3 High
2 Moderate
1 Low or None

❑ The burden of illness

3 High
2 Moderate
1 Low or None

Category 3: The chance of success. *Can we do it?*

❑ Capacity of the system to undertake the research

3 Excellent
2 Good
1 Fair or Poor

❑ Cost justification

3 Exceptional
2 Good
1 Fair or Poor

Category 4: Impact of the research outcome. *What do the stakeholders get out of it?*

❑ Chances of implementation

3 High
2 Fair, Moderate
1 Low or None

❑ Overall reduction of the burden, including cost

3 High
2 Fair, Moderate
1 Poor or None

Aggregate score ❑/24