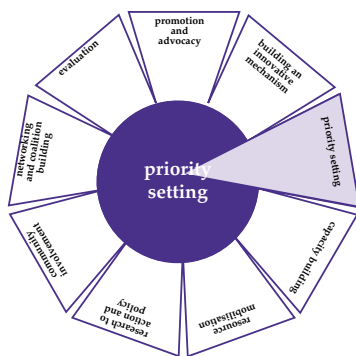


Learning Brief

Health Research Priority Setting Lessons Learned



Background

Learning briefs are “...short descriptions of lessons learned...and provide information on recent developments, new tools, and methodologies for the implementation of ENHR at country level...”. Priority setting for health research has been identified as one of the key competencies for implementing ENHR. It is therefore hardly surprising that several learning briefs presenting and reviewing specific country experiences in priority setting for health research have been published by COHRED in recent years. This particular learning brief aims to analyse and synthesise lessons learned from an increasing number of countries with experiences from the last five to ten years with national health research priority setting.

Why set health research priorities?

- To focus scarce resources on research that will optimise health benefits and lead to equity. This is particularly important given the commitment of the ENHR strategy to address the needs of the most vulnerable groups in society.
- To identify the human and fiscal resources required for health research in the face of competing and overwhelming demands.
- To strengthen the link between research, action and policy, so that health policy and related actions are firmly based on the best available scientific evidence.

Context for priority setting

Health research priority setting can be and is being undertaken at several levels:

Global

In recent years, organisations such as the Global Forum for Health Research and the World Health Organization have been determining research priorities related to global diseases and conditions of particular concern.

National

An increasing number of countries have organised national health research priority setting processes.

Sub-national

A limited number of countries have undertaken sub-national priority setting activities (province, region, district levels).

Institutional

Institutions such as academic departments, research institutes, research units within government departments or NGOs can link their priorities with national (and sub-national) research agendas and global priorities.

Disciplines

Researchers within a given scientific discipline sometimes engage in priority setting exercises.

Problems

The WHO-based Special Programmes on Tropical Disease Research (TDR) and Human Reproduction Research (HRP), as

well as UNAIDS are offering examples of health research priority setting within a specific problem area.

The remaining sections of this learning brief will focus on experiences with priority setting at national level. Three essential stages can be distinguished:

- planning the priority setting process;
- setting the priorities;
- implementing the priorities.

Planning the priority setting process

Priority setting should not be seen as a “one off” event; most countries have initiated a priority setting process either as part of the planning and implementation of the ENHR strategy and/or as part of the research agenda setting for the national health plan of the country.

Planning for such events involves elements such as the following:

Leadership

In most, but not all cases, leadership for the priority setting process comes from the central government, such as the Ministry of Health and/or Science & Technology, or from a body officially assigned by the government to coordinate health research in the country, such as the Medical Research Council. In a typical planning scenario, the process starts with a working group, task force or (ENHR) committee; members of such a group will collectively know how and where to obtain the necessary information.

Identifying and involving stakeholders

In most cases, countries have identified and involved four major categories of stakeholders: decision makers (at various levels), researchers, health service providers and communities. Various methods such as round table discussions,

the Delphi method, and the nominal group technique are being used to involve stakeholders.¹

Information for setting priorities (situation analysis)

Since decisions on priorities should be made based on the best available information, an evidence-based situation analysis is an essential part of this process. Three broad categories of information are being gathered and analysed: the health status (main health problems, common diseases, determinants or risk factors), the health care system (current status, deficiencies and problems) and the health research system (availability of human, fiscal and institutional resources for research).

Setting the priorities

The outcome of the situation analysis is in most cases discussed by the stakeholders during some kind of national event. It is here that the information collected is transformed into a manageable list of priority health (system) problems and related research areas/issues. Magic? Certainly not. Simply a step-by-step process of a group of stakeholders determining the criteria for selecting the priorities, and a method for weighting the priorities accordingly.

There are several choices to be made at this event:

Selecting an organising principle

The information collected during the situation analysis can be presented according to their various organising principles. They include health problems (e.g. burden of disease), health problems in combination with health system problems (e.g. risk factors and equity),

¹ COHRED (1997) *Essential National Health Research and Priority Setting: Lessons Learned*. Geneva, COHRED Document 97.3

technical or policy areas (e.g. primary health care components) and discipline (e.g. bio-medical and social research).

Selecting criteria for setting priorities

Although the choice of criteria varies from country to country, most of the criteria can be grouped in one of the following categories: appropriateness (should we do it?), relevance (why should we do it?), feasibility (can we do it?) and impact (what do the stakeholders get out of it?). The selection of criteria will depend upon the level of the priority setting initiative, the availability of information related to the specific criterion and the ability to define and measure the criteria in a common framework.

Selecting the end product

At the very least, the priority setting process will end with a broad list of priority health (system) problems, for which a specific research agenda remains to be developed. At best, the outcome of the process will be a detailed list of priority research questions, for which the research type has been identified as well.

Implementing the priorities

Either way, in implementing the end product of the priority setting process, the following issues should be considered:

From research priority areas to research portfolio

The broad list of research priority areas has to be refined and transformed into a research portfolio with specific research questions. This can be done for instance through a public call for concept papers, in combination with the establishment of interdisciplinary and multi-sectoral teams, which can provide assistance in the development of research protocols.

From meeting report to policy decision

In order to have the health research priorities accepted and implemented by the research community at large, some formal political backing is essential. This can happen by integrating the priorities into an appropriate governmental plan, agenda or policy.

Research priorities and a changing environment

Acute health problems may emerge; new research findings may suggest new approaches to health problems; new health and economic trends may dictate new research needs and opportunities. Research priorities have therefore to be critically reviewed, flexible, updated and responsive to changing circumstances.

Investing in research priorities

Considering that research efforts “follow the money”, allocation or re-allocation of resources to fill investment gaps are an essential condition for the implementation of the priorities.

Lessons Learned

Significant progress has been made over the last decade in health research priority setting, both in the process as well as the development of methodologies, tools and approaches.

Some lessons learned:

Priority setting as a country-specific activity

Although there are some general lessons to be learned from the various country experiences as well as some generic issues to be addressed in any priority setting initiative, every country has to find its own way, and to some extent, to identify its own methodology for setting health research priorities.

Priority setting as an evidence-based activity

Lack of data and the poor quality of available information, particularly regarding the health system and the health research system, represent serious obstacles to evidence-based priority setting, leading to problems of reliability and credibility.

Priority setting as a multi-stakeholder activity

Despite consensus about the necessity of involving all stakeholders in the different phases of the priority setting process, community involvement remains a critical and, in most cases, unresolved issue. Future priority setting initiatives should make more explicit efforts to experiment with and document this aspect of the process.

Priority setting as a value-driven activity

The ultimate goal of any health research priority setting activity is to define an investment portfolio of health R&D, with the greatest possible impact on the health of the majority of the population, in particular its poorer sections. While equity is included in most lists of possible criteria for priority setting, it is certainly not used effectively. Questions such as how to operationalise equity as a criterion for priority setting, what information to collect, and how to establish the political will towards equity deserve urgent attention and action.

Further reading

1. COHRED (1997) *Essential National Health Research and Priority Setting: Lessons Learned*. Geneva, COHRED Document 97.3
2. Working Group on Priority Setting (COHRED) 2000. *Priority Setting for Health Research: Lessons from developing countries*. Health Policy and Planning 15 (2): 130-136
3. COHRED (2000) *A Manual for Research Priority Setting Using the ENHR Strategy*. Geneva, COHRED Document No 2000.3
4. The Collaborative Training Program (2002) *Health Research for Policy, Action and Practice. Training Modules*. The Collaborative Training Program for Health Research for Policy, Action and Practice, Version 1, 2002 (<http://www.cohred.ch>)
5. COHRED Learning Briefs 2000/3, 2000/4, 2000/5

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