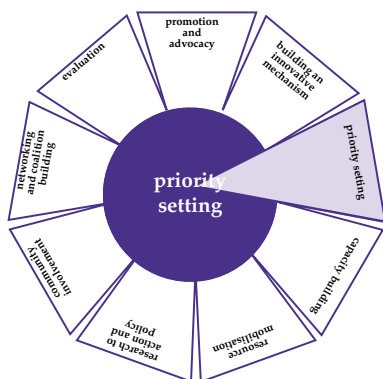


Learning Brief



Negotiations for national research: making priorities matter

One of the major ENHR competencies promoted by COHRED is the setting of national research priorities. This is a critical step in national health research agenda setting. However, implementation of this agenda and work on national priorities must follow to make this a reality. This learning brief deals with the difficulties encountered when national priorities are not in line with global priorities.

Setting research agendas can be difficult despite the presence of mechanisms for priority setting. Conflicts may arise between national and supra-national (global, regional) priorities and these conflicts may have the potential to negatively influence national research plans. As a result, such potential conflicts need to be explored, and responses to these conflicts need to be planned. Such pro-active and anticipatory research plans will have a higher chance of successful implementation.

The following schematic illustration (see figure 1) depicting a generic developing country and research priorities may help think through this issue:

It is easy to see in this scheme that the disease in box A, using the example of TB, is a global priority and also a major concern at country level. Similarly, conditions in box D are, for the moment, not of immediate concern to either. It is in boxes B and C where priorities need further reflection. Historically, conditions in Box B have been allocated resources out of proportion to

their impact on the national population. This situation has been driven by global agendas that are too strong for governments and national authorities to resist. Priorities in Box C have been largely ignored since the international community and their donations have largely driven national research agendas. These conflicts over the last few decades have led to the current situation where global resource flows for research are such that less than 10% are spent on issues relevant to 90% of the world's population.

Negotiation skills need to be applied by countries as they deal with implementing research priorities in boxes B and C. Re-evaluation of the conditions, reaffirmation that they are indeed national priorities, and a national commitment to work on those issues, may need to be demonstrated. Allocation of national funds, no matter how small the amount, is one of the best indicators that a country is seriously backing up their priorities. National priorities must be negotiated into aid agreements and international funding, so as to channel these international resources into the country's explicit areas of focus.

This situation needs to be addressed such that national priorities, even those in conflict with supra-national priorities, receive support. Mechanisms to enhance the power of national governments to affect donor support and funding therefore need to be developed and implemented.

Figure 1

Schematic categorisation of research priorities		National priority in a developing country	
		High	Low
Global priority	High	A (e.g. TB)	B (e.g. Cancer)
	Low	C (e.g. Road injuries)	D (e.g. Turner's Syndrome)

Algorithms and flow charts that follow figure 1 can be developed for each specific national situation. It is also recognised that there may be conditions or priorities that are somewhat flexible within the 'high' and 'low' priority areas. However, the general principle remains – priorities that are established within countries by countries using credible processes – should be the priorities that are funded and implemented.

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Further reading:

1. *Health Research: Essential Link to Equity in Development*, Commission on Health Research for Development, 1990, Oxford University Press, UK
2. *Investing in Health Research and Development*, Ad Hoc Committee, WHO, 1996, Geneva, Switzerland
3. *The 10/90 Report on Health Research*, Global Forum for Health Research, 1999, Geneva, Switzerland
4. Program on Negotiation at Harvard Law School, web site: <http://www.pon.org>

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