■ **ESSAY**

Priority setting for health research: Toward a management process for low and middle income countries

Well-defined management and performance processes help bring national plans to life

Sylvia de Haan and Gabriela Montorzi

The setting of priorities to guide countries' health research agendas was already highlighted by the Commission on Health Research in 1990 as an action point within the Essential National Health Research (ENHR) strategy. Since then, many developing countries have set priorities, held workshops and consultations and developed lists to define the directions their health research agendas should take. Today there is a realisation among many research managers that more effort is needed so that research priorities can move into policy and impact. Ideally, the initial priority setting should not be seen as an event, but an ongoing process – one that is owned and valued by all players in the research system.

The definition and setting of priorities to support a national health research strategy is a key function of a country's health research system. In addition to having a research agenda, the health research priorities and the consultation processes needed to generate a credible set of priorities have several other positive effects: agreeing on priorities builds consensus and links between local, regional and national levels; it is an excellent problem solving and strategy setting mechanism; and it helps focus agendas of donors and international health funders on what the country considers as its most important national health research issues.

To date, priority setting activities for health research have been conducted in many developing countries. The Council on Health Research for Development (COHRED) has worked on priority setting with over 25 countries since 1993.

But a closer look shows that the majority of developing countries that have set priorities have progressed only to the first phase – situation analysis, identification of major health problems and development of a list of research priorities to address these problems. It is rare that the effort has been put into action with a funded implementation plan supported by a process for managing the performance and integration of health research priorities into the health research system.

There are numerous publications in the health, health research, science and technology and other sectors describing and testing methods and tools for priority setting for health interventions and health research. But very little information and analysis is available on processes that create successful action following the establishment of national health research priorities.

The main message emerging from consultations between COHRED and research managers in a number of developing countries is that *priority setting can ONLY become an effective and relevant catalyst for shaping policy, if the focus shifts from methods and tools to defining the process to arrive at research priorities.* There is a fair chance that if the research manager can 'get the process right' the rest will fall into place. The actual 'tool' is of less importance.

To 'get the process right', we need to ask six questions:

1. *Is 'health research priority setting' the most appropriate intervention at this moment in time for this country ?*

A scan of the country's health, research and political situation will help health research managers decide whether the time is right to start a priority setting process, or whether other areas of the health research system first need to be strengthened. It will also reveal the level of awareness of a need for research to inform health and health care decisions. The key question to be answered: Is priority setting at this moment the most appropriate strategy to help promote equity in health and development through research, or are there other strategies that are more pertinent in strengthening the country's health research system?

2. *Where are the main resources available for health research and who should be involved in setting priorities ?*
Involvement of multiple stakeholders is a key success factor in any health research priority setting process. Partners to be involved include policy-makers, communities, scientists, private sector representatives, international research collaborators, the international donor and development community, and the country's media. In this process, room should be left for 'curiosity-driven' research as this will allow the continued involvement of the country's research community in the process, acknowledges scientific freedom, and will support the development of research that may not be seen as a priority area at the moment of priority setting.

→

8. Commission on Health Research for Development (1990). Health Research: Essential Link to Equity in Development. Oxford University Press

3. *How to do priority setting: what methods, tools and criteria?*
Rather than thinking 'which method?' research managers should be encouraged to first reflect on the process and key relationships needed for national priority setting work. Tools and techniques for problem identification and solving are needed to support this process. There are many tools and methods that countries can use to assess their situations. As country settings vary considerably, there is no general recommendation on the choice of 'tools'. COHRED will work with research managers to select what is best suited to the country's needs in its current context.

4. *Starting small…what can be done now?*
Priority setting builds on nationwide data and analysis, and can be made into a very broad-based review. This may initially not be possible in low-resource environments. It is probably better to start 'action-oriented': consider starting small, focusing on a region, community or on specific topics or institutions (i.e. national research councils). Small studies from multiple entry points are a good option. Lessons and experiences from this first study can become the building blocks of a broad national agenda. Focus on actionable issues and include health research system and research capacity strengthening as part of what needs to be prioritised.

5. *How to make priority setting a sustainable process?*
Priority setting should be flexible, mapped out over the short, medium and long term, and subjected to regular review and reflection. When putting priority setting into action, we need to take a practical and realistic approach: while the overall view needs to be long term, there will also have to be 'quick wins' shorter practical

steps along the way, to keep and enhance the motivation of all participants. Addressing crises and political imperatives will require specific short-term objectives. Medium and longer term goals and useful milestones should be defined as a part of the plan.
Taking a process perspective puts the emphasis on delivering a plan for implementation, with financial and human resources mapped out (or gaps identified), and including an ongoing performance evaluation component, capacity building and quality improvement.

6. *How to make priority setting a credible process?*
Finally, even in optimal preparation, the use of suitable tools, and involvement of multiple stakeholders, it is likely that i) some partners are not in agreement, or ii) that priorities change over time, sometimes at relatively short notice (e.g. new infectious diseases or newly defined health problems). Experience shows that if the priority-setting process has a window for negotiation and 'appeal', it is much more likely to become a truly national agenda, one in which a much larger proportion of stakeholders can find themselves.

COHRED and Priority Setting
Priority setting is a key function of every national health research system, and we believe that all countries need to have a list of top priorities for health research that has been established by a credible process and is updated sufficiently frequently to reflect current realities in health. Our aim is to support partners at country level to make priority setting work. As part of our new approach, we will continue the learning process around priority setting for national health research in a process designed to bring together an increasing number of practitioners to exchange experiences - in an

on-line learning space and in learning interactions throughout the coming years. It is expected that useful country experiences, guidelines and stories of processes that have worked or have not worked will emerge from this learning system over the coming two years. These lessons will further inform our approach to priority setting, and the way in which we support national health research priority setting processes.

Sylvia de Haan is a health scientist and Head of Projects and Programmes at COHRED; Gabriela Montorzi is a biologist and Process Officer at COHRED, working on monitoring and evaluation and on bioethics in research.

This essay is an excerpt from the COHRED Working Paper - Priority setting for health research: Toward a management process for low and middle income countries.
It summarises the first stage in a learning process on priority setting, done initially with health research managers from Brazil, South Africa, The Netherlands, and The Philippines, representatives from the private sector, the Pan American Health Organisation (PAHO) and the Global Forum for Health Research. During 2006 research managers from more countries will be consulted to share experiences. This process will develop and validate approaches to a health research priority setting process.

COHRED Learning on Priority Setting
For more information and learning resources about priority setting in health research see:
www.cohred.org/prioritysetting ■