Setting Priorities for Health Research Overview

Background

The work of the Commission on Health Research for Development, more than ten years ago, stimulated renewed interest in the challenge of setting health research priorities. As an example, one of the background papers prepared for the Commission (Feachem et al 1989) addressed the issue of priority setting directly. The paper described the need for distinguishing among several types of research, in particular "health problem research" – that is, research to define more precisely the magnitude, distribution and costs of health problems. In its recommendation about essential national health research (ENHR), the Commission explicitly stated that "each developing country will need . . .to set national priorities for research, for using both domestic and external resources" (CHRD 1990) Following the release of the Commission report, priority setting was identified as one of the seven elements of the ENHR strategy (TFHRD 1991).

The "Ad Hoc Committee" report of 1996 reinforced the importance of setting health research priorities. In the introduction, the committee stated that the intention of the report was "to contribute to an agenda for international action in which individual nations' agendas inform global priorities and global needs and experience influence national agendas". Urging a systematic approach to the allocation of health research funds, the report outlined a five-step strategy. Applying this strategy, four "best buys" or key investments were identified. These health research challenges represented "the unfinished agenda": maternal and child health; continually changing microbial threats, non-communicable illnesses and injuries, and health policy and systems.

A number of models and methods for setting health research priorities have since emerged. These, along with the experience of countries and organizations in using them, will be addressed in more detail in the units that comprise this module. Consideration is given not only to setting priorities, but implementing these priorities in actual programs and projects.

In the last several years, some groups have drawn attention to the importance of fairness and procedural justice in setting priorities. This emphasis underlines the principle that the process of priority setting is as important as the product. Careful attention to the process of consensus building leads to an increased likelihood of compliance and legitimacy of the result.

Why Set Health Research Priorities?

At one level, thinking about priorities should make us pause to simply ask the question "What is really important in my work – or in the work of my institution / program / network"? For those of us involved in health research in the context of human development, the question then could be "how is my work, as a health researcher, contributing to human development?"

Several other reasons for setting priorities can be offered:

- To ensure that the best use is made of available resources: This is particularly important given a commitment to address the needs of the most vulnerable groups in any society. In other words, a health research system based on the "value" of equity needs to employ a systematic approach to setting priorities.

- To identify the human and financial resources required, in the face of competing and overwhelming demands. The term "10/90 disequilibrium" illustrates the immense need for global health research.

- To reinforce and strengthen the links between research, action, policy and practice, so that health policy, practice and action is firmly based on the best available scientific evidence.

Engaging in a priority setting process, has a number of “spin-off’ benefits. It encourages "systems thinking" within an institutional or national health research system. As well, it disciplines the system and the actors in it to closely monitor the contribution of research to the health of populations and the performance of the health system, to carefully evaluate programs and interventions, to be explicit about values and the criteria by which decisions are made, and ultimately to be more accountable to stakeholders.

Contexts for Priority Setting

As suggested in the background section, health research priority setting can be undertaken at several levels.

Global: The report of the "Ad Hoc Committee" (1996) is perhaps the most outstanding example of an attempt to identify health research priorities at a global level. Further deliberations about these global priorities took place during the October 2000 International Conference on Health Research for Development (International Organizing Committee 2001). Over the last several years, the Global Forum on Health Research (GFHR) has continued the work of the Ad Hoc Committee. Its periodic "10/90 Reports" describe progress regarding the setting of global health research priorities (See Unit 6 in this module).

National: Since its creation in 1993, the Council on Health Research for Development (COHRED) has championed the setting of national health research priorities. Considerable experience is now available, with regard to both setting and implementing health research priorities at a national level (See Unit 5 in this module).

Sub-national: The experience with health research priority setting at a sub-national level is more limited. This includes provinces or states, as well as districts. Unit 5 will make some reference to setting health research priorities at a district level.

Institutional: Various kinds of health research institutions engage, either systematically or more informally, in the process of setting health research priorities. These institutions include university-based departments or other entities (units, centres, institutes), free-standing research institutes, and other organizational entities. In fact, priority setting becomes a basic tool in the larger process of strategic planning.

Agencies: Most bilateral agencies engage in priority setting exercises from time to time. These include the health sector, and sometimes health research *per se*. Some health research agencies in high-income countries have undertaken systematic priority setting reviews. Similarly, large foundations that support global health research (e.g. the Bill and Melinda Gates Foundation, the Wellcome Trust, the Rockefeller Foundation, and so on), conduct and review their priorities from time to time.

Disciplines: Researchers within a given discipline sometimes engage in priority setting. Unit 3 explores the process of priority setting for research within the discipline of health policy and systems research.

Problems: There are some examples where research groups focused on a specific problem area have attempted to set priorities for their work. As an example, at the October 2001 Forum 5 meeting in Geneva, a paper was presented by the tuberculosis research group within the Tropical Disease Research (TDR) programme. The presentation described the experience of this group in applying "Global Forum Matrix" – one of the approaches being used to establish health research priorities (Nunn et al 2001).

An Introduction to Module Topics

This module consists of six units. Below is a brief summary of the content of each of these units.

Unit 1: Approaches to Priority Setting

Several approaches to setting health research priorities have been developed and used over the past several years. This unit describes three of these and discusses the lessons learning in using them. It also compares and contrasts the approaches.

Unit 2: The Priority Setting Process: Practical Steps

In this unit, the process of health research priority setting is examined in more detail. Included is a discussion on the questions: who should set health research priorities and how can various “stakeholders” engage in this process in a mutually satisfying manner? The importance of preparing a detailed “health situation analysis” is presented. The unit also includes a section on how criteria for priority setting can be identified and used.

Unit 3: Health Policy and Systems Research Priority Setting and Utilization

This unit looks at priority setting and utilization specifically for health policy and systems research (HPSR). It attempts to answer questions such as: Is HPSR more context-specific than other areas of health research? What kind of research will be most useful to "change agents"? How can HPSR research be linked to relevant research in sectors other than health? How can a satisfactory "trade-off" be achieved between research related to more immediate needs and strategies, and longer-term options for improving health system performance?

Unit 4: Priority Setting at the Institutional Level

Often the research priorities of institutional groups and research teams seem to be determined simply by the interests of individual researchers, or by the availability of designated research funds. Included in this unit is a discussion of how an institution or research team can link its priorities with national or sub-national research priorities, and with global priorities.

Unit 5: Priority Setting at the National Level

Drawing upon the considerable experience of the Council on Health Research for Development (COHRED), this unit focuses on priority setting at a national level. Particular attention is given to the lessons learned from country experiences in

priority setting. From this analysis, nine complementary achievements and challenges are identified along with issues for consideration.

Unit 6: Priority Setting at a Global Level: Lessons and Challenges

As a result of increased attention to global health research priorities over the past ten years, there now is considerable experience with this challenge. This experience is introduced in this unit, identifying some lessons learned and challenges for the global health research community. In particular, the application of the Combined Approach Matrix, developed from earlier priority setting frameworks by the Global Forum for Health Research (GFHR) and its important contributions to setting health research priorities at a global level are described in detail.

How to Use this Module

The three modules in this series are similar in format. Each module consists of five or six units. Each unit includes: practical and learning objectives, a topic note, an annotated bibliography, tools and resources, exercises, and some case studies. The intent is for the modules to be a ready source of information, tools and ideas. They are available in both paper and electronic (on-line and CD-ROM) formats.

The modules are designed so that they can be used for individual ("distance") learning – with or without mentors / guides. They can also be used in planned events, such as workshops or a series of small group "tutorials" or seminars. At the same time, we hope that the modules (or certain units within a given module) will be of interest to users who are not necessarily involved in a self-study program, or in a structured training program.

Of course, module users will have their own reasons (or objectives) for reading and using these materials. These objectives might include one or more of the following:

1. To become more informed about the topics in the various units.
2. To develop new skills and competencies by using the various tools and resources, and trying the suggested exercises and activities.
3. To apply the newly acquired information and skills to actual situations (problems, challenges) in which readers are involved. We wish to emphasize this objective in particular, and urge readers to consider a "learning while doing" strategy, focused on everyday "real life" situations in which they are involved.

We also hope that participation in module-related activities will stimulate further learning beyond the scope of the modules. Finally, in the spirit of this "collaborative" project, we invite feedback from module users about how the modules can be improved. In particular, we welcome descriptions about how the various tools and resources were actually useful in a specific situation.

We look forward to hearing from many of you.

References

Ad Hoc Committee (Ad Hoc Committee on Health Research Relating to Future Intervention Options). 1996. *Investing in Health Research and Development*. Geneva: World Health Organizaiton. TDR/Gen/96.1

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Feachem, R.G., Graham, W.J., Timaeus, I.M. 1989. Identifying health problems and health research priorities in developing countries. *Journal of Tropical Medicine and Hygiene* 92:133-191.

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