

Health research prioritization: global and regional perspectives

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The Eastern Mediterranean Region (EMR) is confronting unprecedented health challenges, exacerbated by demographic and epidemiologic changes, large burden of communicable and noncommunicable diseases, increasing health care costs, as well as the effects of contracted emergencies, social conflicts and massive population movements (1-3). These challenges have significantly impacted the delivery of health care services, but they have also affected the capacity of the Region to conduct health research. In order to improve the health status in the EMR, evidence-based policies are critical. In October 2019, the Eastern Mediterranean Regional Committee endorsed a resolution supporting the improvement of national institutional capacity for evidence-informed policy-making for health in all Member States (4-5). Research that focuses on the regional and national health priorities is essential to develop the evidence needed for region- and country-specific solutions (6-7).

The World Health Organization (WHO) has identified four pillars as part of a comprehensive strategy that addresses research for health: 1) capacity building; 2) standards and governance; 3) translation of research to policy and practice; and 4) research priority setting (8). Priority setting helps to identify the resources needed for research, in particular as available resources are limited and waste cannot be afforded (9). Setting priorities for research can be a complex and tedious process. While different approaches to research prioritization exist, there is no clear consensus on what constitutes best practice (10-12).

Regardless of the approach followed, there are minimum criteria to be considered and followed in setting research priorities. When setting research priorities, countries and large institutions (including academic and research institutions) should follow approaches that take into consideration their needs and context (10). Furthermore, countries need to be aware of potential barriers to priority setting (e.g., linkage to identified national health priorities, involvement of stakeholders in the process, time and resources required for priority setting, and selection of appropriate priority setting approaches including reaching consensus among stakeholders). This includes barriers to implementing

the identified priorities (e.g., proper dissemination of priorities to researchers and academic institutions, availability of human, logistic, and financial resources for research) (13).

There are different examples of research priority setting in the EMR (14-20). Despite these examples, a study of 10 Arab countries reflected various levels of development and resources in their national health research systems, while only three countries reported setting national health research priorities (21). While there may be a need for further national level action on identification of research priorities (21-22), there are questions on whether previous priority settings have resulted in affirmative action on guiding health research.

A systematic review of health research priority settings in the Islamic Republic of Iran identified 36 studies, of which only one in four included an implementation plan (23). A recent study involving over 200 institutions in the EMR indicated that only half reported conducting research priority-setting exercises, of which only 40% followed a standardized approach and involved policy-makers and stakeholders in setting such priorities. In addition, only a quarter of institutions reported that they examine the extent to which health policy-makers utilize research results, and a similar number reported measuring the impact of their health research (22,24). Hence, there is still a misalignment between national health research priorities and actual research production and use (5). Examples of good practice, however, are abundant, including in emergency situations. While the world is coming to term on how to address the current COVID-19 pandemic (25), WHO has already rolled-out a global solidarity randomized controlled trial to find effective treatments for the disease. Similarly, a collective approach toward research priorities related to MERS-CoV was helpful in addressing some of the challenges caused by this regional and global concern (26-27).

Since 2016, the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) conducts in-house health research prioritization exercises every two years, following a two-round priority identification exercise, and uses the Nominal Group Technique for consensus development. Outcomes of such workshops are used to develop the Calls for Proposals for Research in Priority

Areas of Public Health (RPPH) small grants and the Tropical Disease Research - Small Grant Scheme (TDR-SGS). The current calls for proposals are now available on the WHO/EMRO website (<http://www.emro.who.int/index.html>).

From WHO standpoint, research priority setting is a key action for enhancing research for health in the EMR in order to cover the gaps observed through research mapping activities (22,28-30). For example, while the region is disproportionately affected by emergencies, a bibliometric analysis of health research production in the EMR showed scarcity of published research on emergencies (30). WHO is keen to assist countries in

strengthening their health research capacity and priority setting (8). In conclusion, health research priority setting assists researchers and policy-makers in conduct of research that has the greatest potential public health benefit and maximizes health equity. Priority setting should involve different stakeholders, including policy-makers, which would increase the likelihood of the utilization of research evidence by different partners. Research priorities could also inform efforts beyond the health sector to better align research activities and funding with the evidence needs of decision-makers to achieve universal health coverage and health-related Sustainable Development Goals.

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