

Guest Editorial

Setting Institutional Research Priorities and Need for Strengthening Institutional Research Capacity

The goal of undertaking high quality research is basically for finding the truth and to create and disseminate the human knowledge, thereby contributing to a society, where humanity can live in peace and dignity. Though there are many theories to substantiate, to undertake the research, the theory of naturality stands distinct in that, it circles around the truth.^[1]

Creation of knowledge networks forms an essential approach for knowledge sharing for inclusive growth. More specifically, to achieve an inclusivity at the university set up, bringing together a collaborative and mutually stimulating mix of academic fields, is very essential and of utmost priority. The aim is to honour the wisdom of the world, to formulate the locally adaptable strategies, to critically appraise the current research agendas and to frame future agendas with the strong accountability and capability to contribute to humanity in the local context, yet connecting with the Global agenda to achieve the developmental Goals.

Health research forms an important component of building up strong societies, which is an essential component of development agenda of any country. Hence there is a need to getting connected to the country level priorities in the health sector, though we are working at the institutional level, to meet the Global needs. Unfortunately, thinking of setting up research agenda, always forms a secondment to our primary commitment to educate our undergraduates and postgraduates as per the regulatory authorities.

It is very certain, that new reforms at the institutional level should happen in the research domain, so as to link the rapidly advancing science of epidemiology, in setting up research priorities. The knowledge of setting research priorities is evolving in faster phase, while most of the times institutions fail to keep in tune with this rapid advancement. Hence it is very essential for us to get timely and updated information and to keep track about the research process, policies and priorities.

There is a need to set priorities in health research investments in a fair and transparent way. A process of priority setting is always a complicated task and is a value driven activity by values of wide range of stakeholders, with varied competing interests. This process always occurs in a highly specific context (e.g. agreed policies and targets in terms of disease burden reduction and time limit, defined geographic space, population and specific health problems). This forms the strong rationale for this brief write up, to understand the evolution, scope and implications of research prioritization process in the health domain.

Evolution of Health Research prioritization process

The research prioritization dates back to many years. Two large global health research priority setting exercises have been initiated by WHO in the past. The 1996 report of the ad hoc committee on health research relating to future intervention options, investing in health research and development, discusses methods and process for research priority setting.^[2] The committee considered potential investments in health research and development and categorized the disease burden into (a) the burden currently averted, (b) the burden that could be averted cost-effectively with more efficient use of currently available preventive methods, (c) the burden that could be averted, but not cost-effectively, with currently available methods, and (d) the burden that we do not yet have methods to avert.^[3] The second large global health research priority setting exercise was the 1998 Research policy agenda for science and technology to support global health and development by the Advisory Committee on Health Research. The Council on Health Research for Development (COHRED) was created in March 1993 as a long-term mechanism for carrying on the work of the commission and its successor, the Task Force on Health Research for Development. Although some literature on priority setting exists, the frequent complaint of developing country users is that the current priority-setting tools lack practicality in its application.

Essential National Health Research (ENHR) strategy helps to strengthen the capacity for priority setting in developing countries by assisting the countries to organise and manage health research in the light of the limited resources and the fragmentation, duplication and information asymmetry in health research today, informs resource allocation at the sub-national and national levels, identifies areas for research capacity strengthening, promotes social accountability, ownership and shared responsibility in implementing the research agenda, enhances the national contribution to global research priority setting and action, helps to correct imbalances in North-South partnerships and interactions. Indeed much of global health action occurs at the national level, and the key to stronger international health leadership from the South is the strengthening of essential health research capacity at the national and sub-national levels.^[4]

The ENHR strategy emphasizes to make research more effective, its work is based upon the following three principles. Put country priorities first; Work for equity in health; and Link research to action for development To implement the ENHR strategy several competencies have been identified, as follows, Promotion and advocacy, Building an innovative mechanism, Priority setting , Capacity building, Resource mobilisation, Research into action and policy , Community involvement, Networking and coalition building and Evaluation.^[5]

Child Health and Nutrition Research Initiative

Child health nutrition research initiative approach has emerged as a novel approach and has witnessed a new change in the research domain by prioritising the health research investments in a fair, transparent, and systematic way. In 2005, Child Health and Nutrition Research Initiative, an initiative of the Global Forum for Health Research, launched a project to develop a systematic method for setting priorities in health research investments and to apply it to global child health.

Priority setting is a process that occurs within complex circumstances of the real world. The decisions will, therefore, strongly depend on the context in which the prioritisation process takes place. This process also depends on risk preferences of the funding agencies. There is a large number of independent criteria that can be used to discriminate between any two competing "health research investment options," giving preference over the other.

The central challenge is that the decisions on investment priorities are based on different cri-

teria's which will conflict each other. Child health and nutrition research initiative considers certain criteria and the mile stones, while making the research investments. Competing research options are expected to initially generate new knowledge, which then needs to be translated into health intervention. The implementation of that intervention will eventually reduce disease burden, which is the ultimate aim of any health research investment. The criteria that assess the likelihood of the progress through this simple framework are: (i) answerability, (ii) effectiveness, (iii) deliverability, (iv) maximum potential for disease burden reduction, and (v) the effect on equity.

CHNRI recommends these five criteria to be used in almost all contexts. Some of them may even be merged – e. g. "effectiveness" and "deliverability" criteria could be merged in some contexts into a more general criterion called "usefulness." Also, "maximum potential for disease burden reduction" and "effect on equity" criteria can be merged into a more general criterion called "impact."

Frame work of CHNRI

The frame work of CHNRI is as follows

Mile stone	Criteria
Research option	Answerable, ethical?
New knowledge	Effective, feasible
Translation & implementation	Deliverable & affordable
Disease burden reduction	Maximum potential & equitable

Institutional Research priority setting and current challenges

The greatest drawback in health research in academic institutions is undertaking academic research with little practical relevance to real life issues that the research is intended to address, as mentioned in the frame work above. There is a need to build an institutional frame work, pertaining to the context of where the institution has its operations. There is a need for a central research administration, grant management system, and skilled work force for conceptualizing and implementing new research initiatives. There is also a need to invest in people, nurture the ideas and receptive to the various disciplines to foster the research culture in the academic platform. Research stewardship is needed to partner, innovate and lead the entire process of the research, to compete with the Global funds.

Conclusion

The institutional frame work can be drafted periodically, by using the existing and novel research priority tools, to get in tune with the rapidly advancing science of health research to prioritize the research interests, options and research investments. Though this writing has limitation in highlighting the new knowledge base on priority setting, it is intended to sensitize, to think further in this direction to nurture the research culture, of global standards often working in the local context, turning every academic institutions in to a Global **"Think Tanks"**, addressing the burning issues, of humanitarian crisis.

References

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