Short communication

Health research priority setting in developing countries of the Eastern Mediterranean Region: partnering with The Cochrane Collaboration

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تحديد أولويات البحوث الصحية في البلدان النامية في إقليم شرق المتوسط: الشراكة مع مؤسسة كوكرَن

زبش فيدوروفيتش، إليـزابيث ووتـرز، بيتـر تاغويل، منى ناصر

الخلاصــة: تتَّصف بحوث الرعاية الصحية في إقليم شرق المتوسط بالتشتُّت، وفي أحيان كثيرة، بالضَعْف، مما يُظهـر الحاجة إلى تبنِّي أسلوب مُنَسَّق لتعزيز الجهود وتـركيزها في هذا المجال. ففـي ضـوء انخفـاض المـوارد، يـأتي تحديـد الأولويات كعنصر أساسي. وينبغي دعم سياسات وبرامج الرعاية الصحية في إقليم شرق المتوسـط ببيِّنـات موثوقـة حول «ماذا يَصْلُحُ لـمَنْ، ولماذا؟»، مع إيلاء اهتمام خاص للاحتياجات الصحية للفئات المحرومة. ويُعَدُّ التعاون مـع منظمات البحوث الصحية الدولية، مثل مؤسسة كوكرَن، أمراً أساسياً، إذْ أن من شـأنه أن يتيح الفرصة لفحص البيِّنات، وتحديد الأولويات في ما يتعلَّق بمجالات المعرفة، والتعرُّف على الثغرات الموجودة في الأبحاث.

ABSTRACT Healthcare research in the Eastern Mediterranean Region (EMR) is fragmented and often weak. A coordinated approach is required to strengthen and focus efforts. Given the low resource base, priority-setting is an essential component. Healthcare policy and programmes in the EMR should be underpinned by reliable evidence of "what works for whom and why", with special attention to the health needs of the disadvantaged. Collaboration with international health research organizations, such as The Cochrane Collaboration, is essential and would provide an opportunity to examine evidence, prioritize knowledge areas, and identify research gaps.

Définition des priorités de la recherche en santé dans les pays en développement de la Région de la Méditerranée orientale : le partenariat avec *The Cochrane Collaboration*
RÉSUMÉ Dans la Région de la Méditerranée orientale, la recherche en santé est fragmentée et le plus souvent indigente. Une stratégie coordonnée s'avère indispensable pour concentrer et dynamiser les efforts. Compte tenu de la faiblesse des ressources disponibles, une définition des priorités s'impose. Dans la Région de la Méditerranée orientale, les politiques et programmes de santé doivent impérativement reposer sur une base solide et fiable que l'on peut résumer ainsi : "ce qui marche réellement, pour qui et pourquoi", en accordant une attention toute particulière aux besoins de santé des groupes défavorisés. La collaboration avec des organismes internationaux de recherche en santé, comme *The Cochrane Collaboration*, est cruciale et devrait fournir l'occasion d'évaluer les faits, de privilégier certains domaines de connaissance et d'identifier les lacunes de la recherche.

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Introduction

Setting appropriate priorities for healthcare research should be an integral component of planning in developed and developing countries alike. However, other priorities all too often take precedence over this, especially in developing countries. Coupled with this, the generally lower levels of funding for healthcare research in developing countries may necessitate a more creative use of existing resources, including as wide a range of collaborative coalitions as possible. This paper makes recommendations for knowledge generation and knowledge application partnerships between developing countries in the Eastern Mediterranean Region (EMR), research organizations elsewhere and, in particular, The Cochrane Collaboration.

Research priority setting in EMR: What do we know already?

The development of healthcare research capacity in the EMR is constrained by factors that have been clearly articulated in the past: "inadequate political commitment; an unfavourable research environment; lack of leadership, and weak management and coordination of research; near absence of linkages and networking among scientists; poorly developed research capacity and inadequate resources" [1].

A recent analysis by the World Health Organization (WHO) of 5 developing countries in the EMR confirmed the fragmented and poorly coordinated status of their national health research systems and the wide variation in research priority setting among them [2]. The final report recommended that "the development of national health re-

search systems will need to look beyond the Ministry of Health and/or the Department of Medical Research or Medical Research Council in terms of priorities or an agenda for action".

Methods and criteria that could be or are being used to prioritize research

A range of models has been designed for setting priorities for the allocation of health resources and the conduct of research. These have incorporated qualitative and quantitative methods, quantitative formulations, and prioritization matrices but not all have found wide acceptance in developing countries [3,4].

Decisions on priorities need to take account of the best available information, including an evidence-based situation analysis or context analysis, to help inform the process. Information needs to be gathered on population health status or burden of disease and contextual data regarding the healthcare system and health research system.

Developing capacity

If countries within the EMR wish to develop research capacity, build sustainable institutions and identify solutions to key national health problems, the research conducted must be grounded on robust scientific data on population morbidity and mortality, as well as the crucial evidence of what works, for whom, and why. Moreover, if the development of indigenous capacity for research in developing countries within the EMR ran in tandem with policies ensuring that research funding is allocated to addressing

local priorities (specifically the most important determinants of health), this might ensure that the limited expertise within these countries and the new expertise that will be created, is used to maximum benefit locally, In this way, priority setting would not only crystallize the immediate health goals but would also serve to empower, energize, retain and attract researchers.

Partnering with The Cochrane Collaboration to identify priorities for research and practice

The Ministerial Summit on Health Research in Mexico City in 2004, convened by the WHO, called for action by national governments to, "promote access to reliable, relevant, and up-to-date evidence on the effects of interventions, based on systematic reviews of the totality of available research findings" [5].

The Cochrane Collaboration is well placed to work with national governments to achieve this goal. The Collaboration is an international organization dedicated to improving health care for the world's population by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions. These high quality Cochrane reviews are available online in The Cochrane Library, and are being used increasingly by policy-makers in the developing world not only to make decisions about service provision but also to help set research priorities.

Systematic reviews allow one to examine what research has been done, where, and to what effect. They can underpin decision-making about healthcare interventions and research because they summarize large amounts of information, identify beneficial, harmful or unproven interventions, and highlight gaps in research.

Recent initiatives within The Cochrane Collaboration are of increasing relevance to developing countries; for example the Developing Country Network and the Cochrane Health Equity Field & Campbell Equity Methods Group whose mandate is to ensure that reviews relevant to lower- and middle-income countries, including EMR countries, apply an "equity lens" that ensures the results relate to the disadvantaged. These entities are developing further methods of examining equity in evidence on the effects of interventions, in addition to ways of integrating differing methods, thereby answering the "for whom and why" elements of what works [6]. This builds on the Collaboration's commitment to engage with the generators and users of research in developing countries, and now is an ideal time to combine this work with the establishment of a priority-driven approach to health research in the EMR.

Therefore, given the limited resources currently available to prepare and maintain systematic reviews, there is an urgent need to identify the priorities for this form of research. These reviews will clarify the benefits and harms of interventions studied in randomized trials, and identify the gaps and priorities for further trials in the EMR.

We believe that priorities for future health research should be based on the most important gaps in current knowledge in the relevant part of the world. We propose that the following approach be integrated into regional planning.

1. Analysis of the relevant health burden, using the burden of disease approach, in the context of equity and health inequalities.

2. Systematic reviews of the evidence on the effects of interventions, relevant to the health outcomes sought in the region, with special attention to the disadvantaged.

3. Consultation on a process of identifying the matches and gaps, with the aim of undertaking a priority setting exercise to:
   • identify priority topics for Cochrane systematic reviews
   • examine processes within the agency and among agencies for funding relevant new research.

4. Undertaking of a process of knowledge translation for dissemination to, and engagement with, users and key stakeholders, with a strategy to update this at least every 5 years.

Conclusion

We contend that this approach has the potential to make a meaningful difference to people in the EMR, whilst allowing the countries of this Region to develop and retain the capacity to set their own research priorities.

Acknowledgement

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