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Editorial

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The Eastern Mediterranean Region (EMR) confronts unprecedented health challenges, exacerbated by demographic and epidemiologic changes, triple burden of disease, increasing healthcare costs, as well as the effects of contracted emergencies, social conflicts and massive population movements (3-1). Such challenges have repercussions on health care delivery and health research systems. Research for health is essential for developing solutions that

contribute to health improvements(4). Investment in research for health contributes to health, economic growth and equity (5).

Well-structured, coordinated and sustainable national research systems are needed to foster development of relevant research for health. Research prioritization is one the four pillars of WHO's strategy on research for health (6). Other pillars include capacity building, standards and governance, and translation of evidence to policy and practice (7). Research priority setting is essential as it helps identifying the resources needed for research, as well as guiding limited available resources towards issues that matter to maximize the impact of research on population health. This is also key given that there is strong evidence of substantial waste in conduct of research, including conducting research that is not needed, or repeating studies that are not needed anymore (8).

Setting priorities for research can be a complex and tedious process. While different approaches to research prioritization exist, we are not aware of agreement on what might constitute best practice (9-11). Regardless of the variety of approaches followed in the listed experiences, there are minimum criteria to be considered and followed in setting research priorities. As such, countries and large institutions should follow research priority setting approaches that are in tune with their needs, and in line with the expected research plans and funding available for research. They should also be aware of potential barriers to priority setting, and barriers to the implementation of the identified priorities (12).

Studies related to priority setting have been undertaken in a number of low- and middle-income countries (LMIC), using a variety of methods as summarized in a systematic review (13). Others have noted research priorities in the Eastern Mediterranean Region (EMR) in areas related to health systems and policies (14-18). Notably, a study of 10 Arab national health research systems reflected various levels of development and resources, while only 3 reported setting national health research priorities (19). In fact, it is possible that there are more efforts in this area than what meets the eye through published papers, as many priority setting exercises are used for institutional uses (especially those conducted by academic institutions) or are used to announce the call for proposals.

While there may be a need for further national level action on identification of research priorities (19-20), there are also questions on whether such 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 (21). Calling for research priority setting should always be part of a system approach to conduct needed research for health. A recent study involving over 200 institutions

in EMR, indicated that only half reported conduct¬ing research priority-setting exercises, of which only 40% followed a standardized approach and involved policy-makers and stakeholders in setting such priorities. Only a quarter of institutions reported that they examine the extent to which health policy-makers utilize their research results, and a similar number reported measuring the impact of their health research (20,22). Hence, there is still misalignment between national health research priorities and actual research production and use (7).

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.(20,22-25) As an 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 (25).

Since 2016, The World Health Organization Regional Office for the Eastern Mediterranean (WHO/EMRO) conducts in-house health research prioritization exercises every two years (26), following a two round priority identification exercise, using 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).

In conclusion, health research priority setting assists researchers and policy-makers, in effectively targeting research that has the greatest potential public health benefit, and is increasingly recognized as essential for directing finite resources to support research that 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. Findings of such exercises could inform efforts within and beyond the health sector to better align research objectives and funding, along with the evidence needs of decision-makers contending with questions about how best to achieve universal health coverage (UHC) and health-related Sustainable Development Goals 2030.

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