

Chapter 2.7 Audio Podcast Script – monologue format

Hello, my name is Mona Nasser from the Dental School at University of Plymouth in Plymouth, UK and I am one of the authors of chapter 2.7 about the prioritization of research in *The WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management*.

Every research organisation needs to make decisions about how to use their available resources to conduct research. These decisions define the research that will be done and what will not be done. The prioritization of research in Health EDRM is particularly important because it will help ensure that research that is most needed gets conducted and allow for the efficient use of resources that might otherwise be used for implementing interventions.

Several approaches have been used to set priorities for health research to cope with the range of different contexts for which these priorities are needed. The approach to adopt depends on the objective of the prioritization exercise, underlying principles, ethical frameworks, and social, political and contextual issues. There is also a variety of ways to categorize the purpose of the prioritization exercise. For example, it might be categorized as identifying current uncertainties or be more future oriented, seeking to address issues that will arise in the future.

Our chapter outlines key factors in preparing, developing and evaluating research prioritisation. We also provide a reflection on issues that are useful for researchers or decision makers to consider. We discuss the methods of prioritisation in three levels: preparing, designing and monitoring.

As part of the preparation phase for a research prioritisation exercise, organisations need to establish a team and have a good understanding of the context in which the prioritisation process is done. This involves being clear about the reasons for conducting a prioritisation exercise, who needs to be involved and who will benefit from it. They need to collect adequate high-quality data to ensure that the prioritisation process is evidence based and the individuals involved need to be aware of the level of uncertainty around those data.

It is important to critically reflect on the best way to engage with each stakeholder and, in the chapter, we provide an equity lens to help researchers or project managers think about this across the different steps of the prioritisation process. We break down these steps and discuss the involvement of stakeholders for each step – for example whether the criteria predefined for the prioritisation process consider differences in the value that different stakeholder groups might place on the impact of the health condition and the acceptability of interventions because of their ethnicity or socioeconomic status.

Research prioritisation exercises that involve a range of stakeholders can compare and contrast the priorities of the different groups and explore how this affect the results. As an example, a research prioritisation exercise for mental health and psychosocial support in humanitarian settings that was conducted in Peru, Uganda and Nepal showed a disparity between academics and aid workers. Academics gave more priority to the improvement of

methods and processes and the obtaining of long-term results, while aid workers were more interested in projects that are interpreted quickly and give immediate results.

Thank you very much for listening to this podcast, which I'd like to finish with one message: we need more people and organisations to report, evaluate and publish their research priority setting processes. These reports should include adequate details and follow the available reporting guideline in order to provide better quality and richer data that will help us to develop the evidence base for future research priority setting exercises.