THE SETTING OF HEALTH RESEARCH PRIORITIES
IN SOUTH AFRICA

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ABSTRACT

The health and development of a nation are linked. Health research is a vital element helps bring about improved health and has the potential to serve as an impetus for equitable development. Generally it is necessary to prioritise needs in order to optimise the use of scarce resources for development.

The overall aim of this thesis is an analysis of the setting of health research priorities, with specific reference to South Africa. Other objectives include describing the technical approaches used for priority setting and developing a suitable framework for analysing and classifying health research. Two other objectives concern measurement for priority setting: Specifically, how burden of disease quantification fits into the process of priority setting and a thorough critique of the Disability Adjusted Life Expectancy (DALY). Another objective was to examine priority setting and Essential National Health Research (ENHR) in the South African context. A further important objective is the development of a framework for guiding the analysis of health research priorities. This framework is part of model for health research priority setting that incorporates ENHR strategy and burden of disease methodology.

The methods used ranged from an extensive literature review to statistical analysis. The literature review included grey literature and draws on multiple disciplines such as economics, public health policy and economics.

At the global level there is gross mis-allocation of research funding. Less than 10% of global health research spending is devoted to 90% of the global burden disease. In response to this distortion, the global initiative to promote Essential National Health Research (ENHR) in developing countries calls for the setting of national health research priorities.

Prioritisation can be examined from a health problem, a target group, a broad intervention or a systems perspective. These approaches, however, merely generate lists of health
research needs and do not prioritise them. The literature suggests various criteria that can be used for ranking which include equity, efficiency and sustainability. These criteria represent the values held by the decision makers in a multi-level process. Increasingly, these criteria are being made explicit.

The framework that is provided for the classification and analysis of health research is invaluable for the prioritisation process. It serves as a basis for an audit of ongoing health research and to help specify priorities for future research.

The Ad Hoc Committee of the World Health Organisation was formed to address priorities for health research and development. The burden of disease was analysed in order to assess research needs. The Ad Hoc Committee recently used both a health problem framework and a health systems approach in the review of global research priorities for developing countries. When applying the health problem approach to setting priorities, chosen criteria were combined in a systematic, stepwise manner, thereby making the prioritisation process more transparent, with explicit utilisation of information. A systematic consultation and review process was used to prioritise health policy and health systems research. The criteria for ranking were listed but the weighting of these criteria was not explicit.

A fundamental part of the process of prioritisation involves the choice of the measures to be used to aid decisions on what health research should receive priority ranking. Summary measures of health have not been comprehensively documented. Consequently, a highly relevant contribution for health research prioritisation is the provision of a synopsis of summary health measures and the applicability of these measures for priority setting. These composite measures of mortality and non-fatal health outcomes provide a comprehensive reflection the health status of a population.

The focus in this regard will be to explore the role of the Disability-Adjusted Life Year (DALY) and other associated measures of the burden of disease in prioritising for health
research and development. A detailed critique of the DALY and an examination of the DALY compared with mortality as measures of the burden of disease is presented. The DALE and Life Expectancy are also compared in order to examine the relevance of including non-fatal outcome measures, such as disability, in order to guide the choice of appropriate health research. There is a high correlation between Life Expectancy and the DALE. This indicates that the measure of life expectancy is adequate for describing health status. However, when looking at the burden or health gap, disability is an important component that must be included in order to determine priority health research.

There is a detailed critique of the DALY in terms of the values underlying the measure and the implications of these values for priority setting. The extensive debate over technical and conceptual issues concerning the DALY is used for an applied critique of the DALY and woman’s health. In a separate analysis it is shown that the DALY measure does not differentiate the needs of the poor. It is suggested that the DALY can be used to mitigate inequality in health by stratifying data.

An additional important contribution from the thesis is the analysis of the South African situation concerning health research priority setting. South Africa as a fledgling democracy in Africa provides a unique set of circumstances for ascertaining how equity and social justice will be incorporated into all spheres of development.

Until recently there was no national process of prioritisation for health research in South Africa. South Africa is developing an Essential National Health Research Program and a Prioritisation Congress involving all the stakeholders was held in 1996. Influenced by the approach of the Ad Hoc Committee, the congress rapidly assessed the priorities using both a health problem and a health systems approach. The health challenges were identified on the basis of the burden of disease as well as the perceptions of the stakeholders. These are similar to those identified by the Ad Hoc Committee for developing countries. A preliminary list of health research priorities was generated which will serve to
guide health research prioritisation in South Africa. However, substantive analysis and consultation is necessary to distill a specific list of research priorities.

The thesis provides important recommendations for the process of setting health research priorities in South Africa.

There is a need for an urgent and detailed audit of both public and private health research in the country. The audit must include information on both expenditure and a breakdown on the type of research currently being carried out.

Future analysis of health research priorities for South Africa should follow the framework of the Ad Hoc Committee. This framework includes the 5 step approach to identify priority research for health problems and the 3 steps of the health systems approach. It is part of a developing, indigenous model that incorporates burden of disease methodology and ENHR.

It is recommended that a national burden of disease exercise, using a composite measure such as the DALY, be undertaken in South Africa. However, in order to meet the criteria of equity and social justice for priority setting the burden needs to be estimated at sub-population level.

As far as ENHR is concerned, the prioritisation process is unlikely to achieve a meaningful reform of the health research agenda unless accompanied by the implementation of the other elements of ENHR. The South African ENHR Committee should serve to coordinate the elements of ENHR.