**Select the theme that your submission is most relevant to:**

**Theme 7:** The role of research institutions and donors in building capacity in health economics

*including for example, advocacy for broader consideration of economic principles by policymakers, skills required for economic assessments in Africa, gaps not addressed by current university programs, and the importance of collaboration for skills sharing.*

**Title**

Setting priorities in health: who requires which capacities, and why? A framework for low and middle-income countries.

Ms. Laura Morris; NICE International, National Institute for Health and Care Excellence, 10 Spring Gardens, London SW1A 2BU; [laura.morris@nice.org.uk](mailto:laura.morris@nice.org.uk)

**Names and Institutional Affiliations of Co-authors (Title, First Name, Surname, Institutional Affiliation, E-mail Address, Postal Address) –**

(1) Prof. Anthony Culyer; Centre for Health Economics, University of York, Heslington, York YO10 5DD, UK; [tony.culyer@york.ac.uk](mailto:tony.culyer@york.ac.uk)

(2) Dr. Ryan Li; NICE International, National Institute for Health and Care Excellence, 10 Spring Gardens, London SW1A 2BU; [ryan.li@nice.org.uk](mailto:ryan.li@nice.org.uk)

(3) Mr. Francis Ruiz; NICE International, National Institute for Health and Care Excellence, 10 Spring Gardens, London SW1A 2BU; [francis.ruiz@nice.org.uk](mailto:francis.ruiz@nice.org.uk)

(4) Dr. Kalipso Chalkidou; NICE International, National Institute for Health and Care Excellence, 10 Spring Gardens, London SW1A 2BU; [kalipso.chalkidou@gmail.com](mailto:kalipso.chalkidou@gmail.com)

**Abstract (Plain Text) - Maximum words allowed: 400**

***Context:***

Setting robust priorities in health is demanding and fraught with challenges. One can be caught out by getting them right, when influential interests are threatened; and one can be caught out by getting them wrong, when the country’s resources are wasted by not having the biggest impact possible on the people’s health.

This paper focuses on types of capacity that are needed to support decision-makers when setting health priorities, where these can be found, and how best they can be created. These categories each have distinctive characteristics, require different approaches to building capacity to support universal health coverage, and will involve different segments of the population. There are many types of “capacity” with which one must deal – not only capacity to “do” research.

The recommendations in this paper draw on experiences and literature from South Africa, and a range of low and middle-income country (LMIC) countries and institutions participating in the International Decision Support Initiative. The authors aim to set out a framework for understanding key elements of capacity-building, how existing development activities fit into this framework, and finally to identify priorities for research and practice.

***Recommendations****:*

Researchers in healthcare often regard capacity development for LMICs in terms of acquisition by individuals of research skills – for example, health economics and public health postgraduate programmes offered by major centres in HICs - and to measure success in terms of the training provided and publications produced. However, international experience suggests equal importance of skills in local research communities to engage with policy and professional end-users, discern their decision-related needs for evidence, and to articulate those needs as research projects and programmes that can be implemented locally.

We have identified a number of required capacities by “target group” (for example in-country policy-makers, health service managers, the wider public, and so on) and developed research recommendations focused on these target groups. Given the focus on targeting different stakeholders, we recommend that a tool for mapping relevant stakeholder groups be developed and used across priority-setting networks. The end goal is to build capacity of the broader policy environment.

Of particular relevance in resource-constrained contexts where capacities on both demand- and supply-sides may be sparse, it is strategic to focus capacity-building efforts on existing agencies or groups of individuals who have some formal linkage between the research and decision-making circles (for example, technical units within ministries of health).