Chapter 2.7 Prioritization for research

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Learning objectives

To understand the key factors to consider when preparing, developing and evaluating a research prioritization exercise in health emergency and disaster risk management (Health EDRM), including:

- 1. The importance of careful selection of priorities for research.
- 2. Practical steps in setting priorities.

What is Research Prioritization?

Research prioritization can be defined as an interpersonal activity that leads to the selection of the topics to be studied and the methods to be used in research. The results inform decisions made by policy makers and leaders.

Steps in research prioritization

Preparing for a priority setting exercise

Shaping the priority setting exercise

Acting on the outcomes of the priority setting exercise

Preparing for a research priority setting exercise



Leadership team

- Identifying people with relevant skills:
 - ✓ Technical skills, such as information management, visualisation of data, economic evaluation.
 - ✓ Interpersonal skills, such as effective communication, building relationships with stakeholders, coordinating and chairing sessions.
 - ✓ Ability to analyse political situations to decide on appropriate strategies and tactics.
- Identifying necessary resources.

Understanding context

Context:

- What resources are available?
- What is the focus of the priority setting exercise?
- What are the values of those involved in the exercise?
- What is the underpinning health, research and political environment?

Five questions to guide identification of stakeholders



Who will benefit or use the results of the prioritized research?



Who has knowledge and oversight of the major issues that are likely to have influence and impact?



Who has direct knowledge of what happens in the field or in routine practice?



Who would have a key role in supporting or implementing the research?



Who would have a key role in moving the results of the research into policy and practice?

Case Study 2.7.1: Values and preferences of different stakeholders: Research priorities for mental health and psychosocial support in humanitarian settings (1)

A research prioritization exercise for mental health and psychosocial support in humanitarian settings was conducted in the Peru, Uganda and Nepal, with 114 participants, including policy makers, academic researchers and humanitarian aid workers from a range of disciplines (psychiatry, psychology, social work, child protection, and medical anthropology) and organizations (governments, universities, non-governmental organizations and UN agencies).

The team conducted focus groups with each stakeholder group separately, to identify their priorities, before comparing and contrasting these priorities.

Some priorities for research were similar between the groups but there were areas of disparity.

Case Study 2.7.1: Values and preferences of different stakeholders: Research priorities for mental health and psychosocial support in humanitarian settings (2)

For example, academics gave more priority to research about improving methods and processes and obtaining long-term results, while aid workers and policy makers were more interested in projects that could be interpreted quickly and would have immediate results. Some aid workers even raised concerns that research could be a waste of time.

This suggests that it may be important to identify and prioritize research questions that include both the long-term impact of Health EDRM and short-term results in order to increase engagement with field and aid workers.

Collecting background data and information

Examples include:

- Using relevant routinely collect data and existing studies.
- Using interviews, case study materials or surveys.
- Gathering information from stakeholders.
- Identifying and collecting missing key data and information.
- Systematic searching to see whether research questions are indeed research gaps.
- Identifying current sources of research funding and research capacity for specific topic and settings.

Key challenge

To identify and collect 'real time' information from field workers on what helped or hindered them during responses.

Shaping a research priority setting exercise



There is no consensus on the best approach to conduct research priority setting exercises.

Identifying research options

- Use the information from the preparation stage of the priority setting exercise.
- Use a thorough literature review to identify research options or questions (e.g. from research gaps in noted in systematic reviews or consultations with stakeholders).

Deciding on use of criteria

Criteria

Well-selected criteria can help to differentiate and rank topics.

Criteria in the process

Criteria can be pre-defined or obtained by asking individuals to record their criteria during the ranking process.

Examples of criteria

Disease burden, economic impact, ethical implications, legal implications and variation in rates of use of the intervention.

Single vs multiple

If multiple criteria are used, a performance matrix might be integrated in the process.

Ranking and prioritizing the research topics

A variety of approaches can be used to rank topics. It can be data-driven (e.g. in an economic evaluation) or driven by stakeholders' views and values in a process (e.g. via a survey, consensus methods or meetings).

If it involves stakeholders, carefully consider issues that affect dynamics between stakeholders, such as power relations and skills of the chair/facilitator.

Access to financial and non-financial resources.

After a research priority setting exercise

A Conduct the prioritized research projects.

Implement the findings of the research projects.

Evaluate the impact of research findings.

Report and publish the priority setting exercise.

Evaluate the process and outcome of the exercise.

Use the findings to revise future exercises.

Key messages (1)

- Prioritization of research will help ensure that the research that is most needed gets conducted and that efficient use is made of resources that might otherwise be used for implementing interventions.
- Those undertaking prioritization exercises should use an evidence-based approach and ensure that key stakeholders are involved.

Key messages (2)

Reports of prioritization exercises should be clear about the outcomes, the methods used in the exercise, the underlying assumptions made, and how the various sources of information were used, in order to allow those who might act on the priorities to judge the quality and relevance of the exercise that led to them.

Further readings

Nasser M, et al. Ensuring relevance for Cochrane reviews: evaluating processes and methods for prioritizing topics for Cochrane reviews, 2013.

For deciding which topics in Health EDRM would benefit from a systematic review.

Tol WA, et al. Relevance or excellence? Setting research priorities for mental health and psychosocial support in humanitarian settings, 2012.

For setting priorities for research into mental health and psychosocial support in the context of Health EDRM.

Tong A, et al. Reporting guideline for priority setting of health research (REPRISE), 2019.

For clearly reporting work on research priority setting exercises in the context of Health EDRM.

Viergever RF, et al. A checklist for health research priority setting: nine common themes of good practice, 2010.

For targeting research to those areas with the greatest potential to address challenges in Health EDRM.

A systematic approach for undertaking a research priority-setting exercise: guidance for WHO staff, 2020.

https://apps.who.int/iris/handle/10665/334408

This WHO guidance is intended for WHO staff trying to set research priorities but should help others doing this in the context of Health FDRM.

References

This chapter

Nasser M, Viergever RF, Martin J. Chapter 2.7: Setting priorities for disaster risk research

Case Study 2.7.1: Values and preferences of different stakeholders: research priorities for mental health and psychosocial support in humanitarian settings

Tol WA, et al. Relevance or excellence? Setting research priorities for mental health and psychosocial support in humanitarian settings. Harvard Review of Psychiatry. 2012: 20(1): 25-36.

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