

## Chapter 2.7 Prioritization of research

**Authors:** Nasser M, Viergever RF, Martin J.

### Further reading

1. Nasser M, Welch V, Tugwell P, Ueffing E, Doyle J, Waters E. Ensuring relevance for Cochrane reviews: evaluating processes and methods for prioritizing topics for Cochrane reviews. *Journal of Clinical Epidemiology*. 2013; 66(5): 474-82.

**Summary of this document:** This journal article might help researchers who are trying to decide which topics in Health EDRM would benefit from a systematic review.

In this article, the authors describe systems for prioritizing topics for Cochrane review and explore methods for improving these systems. They surveyed groups of Cochrane authors about their use of priority-setting processes and evaluated the effectiveness against existing frameworks for prioritization and using additional feedback from Cochrane workshops. The article ends with recommendations for inclusivity and transparency in research prioritization and the authors conclude that these recommendations, such as involving funding agencies of all sizes, can increase the relevance of future Cochrane reviews.

2. Tol WA, Patel V, Tomlinson M, Baingana F, Galappatti A, Silove D, 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.

**Summary of this document:** This journal article might help researchers trying to set priorities for research into mental health and psychosocial support in the context of Health EDRM.

In this article, the authors describe a study aiming to document local stakeholders' perspectives on mental health and psychosocial support (MHPSS) research priorities in humanitarian settings. They found that, despite a lack of consensus-based research agendas, field researchers tend to prioritize research as follows: (1) prevalence and burden of mental health issues during disasters, (2) MHPSS implementation improvements, (3) intervention evaluations, (4) determinants of mental health, and (5) improvements to research methods. The authors conclude that specific research gaps in these five areas might be closed further by engaging practitioners and researchers in programmes of collaborative research.

3. Tong A, Synnot A, Crowe S, Hill S, Matus A, Scholes-Robertson N, et al. Reporting guideline for priority setting of health research (REPRISE). *BMC Medical Research Methodology*. 2019;19(1):243.

**Summary of this document:** This journal article might help people to clearly report their work on research priority setting exercises in the context of Health EDRM.

In this article, the authors describe REPRISE, which is a guideline for the reporting of research priority setting exercises. They detail the guideline's 10 domains and 31 reporting items, with a specific emphasis on stakeholder participation. The authors highlight that the use of REPRISE has the

potential to improve transparency in reporting research priority setting studies by increasing stakeholder input to, and accountability in the priority-setting process.

4. Viergever RF, Olifson S, Ghaffar A, Terry RF. A checklist for health research priority setting: nine common themes of good practice. *Health Research Policy and Systems*. 2010; 8: 36.

**Summary of this document:** This journal article might help researchers to target their research to those areas with the greatest potential to address challenges in Health EDRM.

In this article, the authors introduce a checklist for health research prioritization. The checklist covers the preparatory, decision, and post-decision stages of prioritization and is intended to help with planning a high-quality health research priority setting exercise whether at national, regional or global level. The authors argue that while a one-size-fits-all approach to research prioritization is not feasible, abiding by generally accepted good practices can improve the quality of prioritization exercises. They highlight that good organization and transparency remain key goals in health research prioritization. The checklist includes nine items under three key domains. The first domain is preparatory work: deciding which contextual factors underpin the process, use of an appropriate comprehensive approach, deciding who should be involved in setting the priorities, choosing which information to gather to inform the exercise, and planning for implementation. The second domain covers deciding on priorities: selecting relevant criteria to focus discussion on setting priorities and choosing methods for deciding on priorities. The final domain relates to actions after the priorities have been set: evaluation of the established priorities and writing a clear report that discusses the approach.

5. A systematic approach for undertaking a research priority-setting exercise: guidance for WHO staff. World Health Organization. 2020. <https://apps.who.int/iris/handle/10665/334408>

**Summary of this document:** This WHO guidance is intended for WHO staff who are trying to set priorities for research but is also likely to help others who are doing this in the context of Health EDRM.

In this WHO guidance, the authors provide guidance to people who need to plan, implement and manage a research priority-setting exercise. It is based on a collection of good practice examples and methodologies drawn from across WHO and more widely and sets out a systematic approach to help people to Plan, Implement, Publish and Evaluate (PIPE) their research priority-setting process. The document guides the reader through a series of steps where decisions need to be taken and includes a template for designing a priority-setting exercise. It was developed to enable a flexible approach, suited to all types of research priority-setting, including those focused on single diseases, national approaches or global roadmaps, and those that might involve a small group of experts working quickly during an emergency or require a global consultation over several months.