Author's response to reviews

Title: Research for better health: the Panamanian priority-setting experience and the need for a new process

Authors:

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Author's response to reviews: see over
July 20, 2014

Dr. Miguel A. González Block
Editor-in-Chief
Health Research Policy and Systems Journal
National Institute of Public Health
Mexico City, Mexico

Re: Manuscript reference MS: 1790050172119931

Dear Dr. González Block,

Please find attached a revised version of our manuscript, “Research for better health: the Panamanian priority-setting experience and the need for a new process” by Luz I. Romero and Cristiane Quental, which we would like to resubmit for publication as a Research Article in the Health Research Policy and Systems Journal.

Your comments and those of the reviewers were highly insightful and enabled us to greatly improve the quality of our manuscript. In the following pages are our point-by-point responses to each of the reviewers’ comments as well as your comments. In the revised manuscript, changes are shown using yellow highlighted text for additions and strikethrough font for deletions. Additionally, highlighted in light gray, you will find a few other edits that were made to improve consistency throughout the manuscript and understanding of the text.

We hope that the revisions to the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in the Health Research Policy and Systems Journal. We look forward to hearing from you at your earliest convenience.

Yours sincerely,

[Signature]

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Re: Manuscript reference MS: 1790050172119931 by LI Romero and C Quental

Responses to Reviewer #1’s comments

Reviewer’s report:

Major Compulsory Revisions

Reviewer comment 1) Objective of the study. It was stated in somehow different content in different sections of the article: Abstract, Introduction, Discussion. Please, review to see they are aligned. See if what was stated as Objective at the end of the first paragraph of Discussion, is a goal of the study.

Author response: The authors agree that there are differences in the objectives stated in the Abstract, Introduction and Discussion. The text in the abstract and discussion sections was changed in order to be consistent with the objectives stated in the introduction:

Page 2, second paragraph (Abstract section)
The original text reads, “Objective: To review Panama’s experience in establishing a Health Research Agenda in comparison with international tendencies and methodologists.”

The new text reads, “Objective: To review Panama’s experience in health research priority setting by analyzing the fairness of previous prioritization processes in order to promote an agreed upon national agenda aligned with public health needs.”

Page 4, end of first paragraph (Introduction section)
The original text reads, “Thus, the objective of this study was to examine relevant aspects of health research priority setting to analyze Panama’s experience from a process perspective”

The new text reads, “Thus, the objective of this study was to examine Panama’s experience in setting a National Health Research Agenda from a process perspective in order to improve this practice and generate agreement and fairness in future prioritization exercises.”

Page 16, second paragraph (Discussion section)
The original text reads, “Based on these levels of complexity and responsibility, the objective of the present analysis is to promote critical evaluation and a rethinking of strategies to optimize decision making in order to form an agreed upon an operative health research agenda for Panama.”

The new text reads, “Based on these levels of complexity and responsibility, the objective of the present analysis is to promote critical evaluation of the health research priority-setting experience in Panama to optimize decision making in order to form an agreed upon health research agenda in accordance with public health needs.”
Reviewer comment 2) Review the following references whose links do not take to the document: 8,12,16

Author Response: The authors have confirmed the links for references 8, 12 and 16. The respective documents can be accessed by using the URL without the brackets “[]”.

Reviewer Minor Essential Revision 1) Abstract / Results: when stating that there was not discussion with the scientific community it should also include there was no discussion with other stakeholders (as was clearly stated within the paper and in the abstract conclusion)

Author response: The authors agree that the fact that there was no discussion with the scientific community or other stakeholders should be clarified. The following sentence has been edited:

Page 2, end of fourth paragraph, Abstract section
The original text reads, “None of the three analyzed events featured an open discussion process with the scientific community in order to reach consensus.”

The new text reads, “None of the three analyzed events featured an open discussion process with the scientific community, health care providers or civil society, in order to reach consensus.”

Reviewer Minor Essential Revision 2) Keywords: "priority-setting" is not a DECS term (http://decs.bvs.br/). Consider these: Health Research Policy; Resources for research

Page 3, line 7, Keywords
Author response: The authors acknowledge the Reviewer’s observations that the keyword "priority-setting" is not a DECS term. The recommended DECS terms (“Health research policy” and “Resources for research”) are now included in the text.

Reviewer Minor Essential Revision 3): Introduction, 2nd Paragraph: It seems a comma is needed in this part: ....... embraced by the Health Ministry (MINSA), the country’s governing health institution, has not been developed.

Author response: The authors acknowledge the Reviewer’s observation that a comma is needed in the sentence. A comma has been added and the sentence has been edited.
Page 4, first paragraph, lines 1-3
The new text reads, “The health research prioritization experience in Panama is recent; a National Health Research Agenda acknowledged and embraced by the Health Ministry (MINSA), the country’s governing health institution, has not been developed.”

Reviewer Minor Essential Revision 4): Discussion, end of the first paragraph, the word health is misspelled.

Author response: The authors acknowledge the Reviewer’s observations that the word health is misspelled at the end of the first paragraph of the Discussion section. The spelling has been corrected. In addition, the sentence has been improved in response to Reviewer comment 1.

Page 16, end of second paragraph (Discussion section)
The original text reads, “Based on these levels of complexity and responsibility, the objective of the present analysis is to promote critical evaluation and a rethinking of strategies to optimize decision making in order to form an agreed upon an operative heath research agenda for Panama.”

The new text reads, “Based on these levels of complexity and responsibility, the objective of the present analysis is to promote critical evaluation of the health research priority-setting experience in Panama to optimize decision making in order to form an agreed upon health research agenda in accordance with public health needs.”

Reviewer Minor Essential Revision 5): Discussion, paragraph before Conclusion. Review the statement that equiparates priorization with NHRS. Although priorization is an important element of the NHRS, there are other elements such as policies and governance bodies.

Author response: The authors acknowledge the incorrect usage of prioritization as equivalent to NHRS. The sentence has been corrected, and “HRS” has been replaced by “public health plans” to improve comprehension.

Page 18, third paragraph
The original text reads, “Among the risks encountered when prioritization processes lack consultation and consensus by a wide group of actors is that the prioritization results are not in accordance with the NHRS that the country needs.”

The new text reads, “Among the risks encountered when prioritization processes lack consultation and consensus by a wide group of actors is that the prioritization results are not in accordance with the public health plans that the country needs.”
Responses to Reviewer # 2’s comments

Reviewer's report:

Specific remark 1) It would be better to avoid subtitles such as “Local context” and to integrate the text as much as possible under general headings.

Author response: The authors agree with the Reviewer’s recommendation to integrate subtitles, such as “Local context”, into the text. The following changes have been made.

Page 4, second paragraph
The original text reads, “Local context (as subtitle) Panama, a Central American country of 3.8 million inhabitants, is considered the most promising economy in the region;”

The new text reads, “Panama is a Central American country of 3.8 million inhabitants and is considered the most promising economy in the region;”

Page 7, second paragraph
The original text reads, “Conceptual framework (as subtitle) According to the World Health Organization, a health research prioritization process is defined as a scheme to build consensus on a set of research issues that require urgent attention (17).”

The new text reads, “According to the World Health Organization, a health research prioritization process is defined as a scheme to build consensus on a set of research issues that require urgent attention (20).”

Page 8, second paragraph
The subtitle “Prioritization objectives and challenges” has been eliminated as its meaning is already incorporated within the following text: “The principal objective of establishing research priorities for health at the domestic or international level is to align investments with the population’s health needs in an efficient way to improve health and quality of life. However, prioritization represents one of the greatest challenges faced by decision makers...”

Page 9, second paragraph
The subtitle “Country experiences” has been eliminated as its meaning is already incorporated within the following text: “Systematic prioritization process experiences of low- and middle-income countries in Africa, Asia and Latin America have been documented (2, 5, 6).”

Specific remark 2) Provide more context on the NHRS pre-1990s, especially for Gorgas, as well as the responsibilities of SENACYT, so the international audience is better informed.
Author response: The authors agree that more information should be provided regarding the NHRS pre-1990s and its relation to the Gorgas Memorial Laboratory, as well as SENACYT’s responsibilities, to inform the journal’s international audience.

Page 5, second paragraph (text related to NHRS pre-1990s for Gorgas)
The original text reads, “Panama does not have a structured National Health Research System (NHRS) as recently discussed in previous research (14). The sustainability of this system depended in large part on the United States (US) until the 1990s (15), when the process of returning the administration and territory of the Panama Canal from US to Panamanian control began. Incorporation of the Gorgas Commemorative Institute of Health Studies (ICGES) into the National Health System in 1990 began the structuring of the local NHRS.”

The new text reads, “As recently discussed in previous research (14), Panama does not have a structured National Health Research System (NHRS). This is related to historical factors, such as the Panama Canal construction by the United States (US) government at the beginning of 20th century. The vector control for transmissible diseases, such as yellow fever and malaria, by William C. Gorgas in 1904, marked a success for the Panama Canal construction and the establishment of health research in the Panamanian isthmus (15). In 1921, the Panamanian government established the Gorgas Memorial Laboratory (GML), which, under US administration, succeeded as an active tropical disease research institute. For over six decades, the GML was the only research institution in the country, and its sustainability depended in large part on the US until the 1990s (15), when the process of returning the administration and territory of the Panama Canal to Panamanian control began. The incorporation of the GML, now “Gorgas Commemorative Institute of Health Studies (ICGES)”, into the National Health System in 1990 began the structuring of the local NHRS.”

Page 6, second paragraph, line 8 (text related to SENACYT and health research funding)
The original text reads, “However, neither MINSA nor ICGES has dictated an agenda of national priorities for health. Instead, the Plans of the National Secretariat for Science, Technology and Innovation (SENACYT) prevail. This short trajectory for the NHRS explains the system’s limited experience in making priority setting decisions.”

The new text reads, “SENACYT, which is the key institution for promoting research activities, innovation and human resources training for all knowledge areas in the country, was founded in 1992 as a joint organization of the Panamanian Presidency (17). The institution had jurisdiction over policies and resources to accomplish its function until 2005 (17), when the strategic plan for science, technology and innovation (PENCYT) became the means to execute research priorities, including the health research agenda. However, the implementation of PENCYT agendas has been compromised by the low level of local public
investment in science, technology and innovation (ST&I) activities, including the intermission of research funds during the last two years. According to recent data (18), Panama invested 0.19% of its GDP in research and development in 2010, which is four times below the average for Latin American and Caribbean countries, estimated at 0.78% of GDP. Official data indicate that Panama’s cumulative public investment in research and development, awarded through competitive grants from SENACYT between 2004 and 2012, was $18.6 million dollars. These funds have been assigned to 340 research projects in all knowledge areas, of which 63 (18.5%) correspond to health sciences. The ICGES and the Institute for Scientific Research and Technology Services (INDICASAT) are the leading research institutions in the country and are the main recipients of these research funds, as indicated in Table 1.

Table 1. Distribution of public funds for health research, during years 2004-2012.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Project (n)</th>
<th>Investment (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICGES</td>
<td>26</td>
<td>38.0</td>
</tr>
<tr>
<td>INDICASAT</td>
<td>20</td>
<td>39.9</td>
</tr>
<tr>
<td>University of Panama (UP)</td>
<td>6</td>
<td>9.3</td>
</tr>
<tr>
<td>Health Ministry (MINSA)</td>
<td>2</td>
<td>6.2</td>
</tr>
<tr>
<td>Social Security (CSS)</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>3.8</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>100</td>
</tr>
</tbody>
</table>

Elaborated from official data from SENACYT (19)

Specific remark 3) Provide more context on the current health research funding process and funding levels. How many researchers or projects are being funded, and in what Areas?

Author response: The authors agree with the request to provide health research funding information. The new text included in response to specific remark 2 (Page 6, second paragraph (text related to SENACYT and health research funding) provides this information.

Specific remark 4) It is not clear what is the relevance of the country experiences cited. If Brazil is posited as an ideal type or an alternative case to illustrate the AR model, this Should be made explicit and the methods section should identify the priority setting principles that are derived therefrom. However, the model.
Author response: The authors agree to explain the relevance of using the case of Brazil by adding the text below.

**Page 10, first paragraph**
The new text reads, "Thus, if evaluated with the AR principles in mind, the described country experience illustrates the establishment of a comprehensive national agenda with a high level of legitimacy based on deliberative practices for consensus building and transparency."

Specific remark 5) The outline of the conceptual framework derived from selected peer-reviewed publications should be identified, if different to the AR.

Author response: The authors agree with the Reviewer’s comment to clarify the conceptual framework used for the analysis.

**Page 10, second paragraph (Materials and Methods section)**
The original text reads, “A conceptual framework was constructed from selected peer-reviewed literature on current health research priority-setting methods available from PubMed. The analysis of this study is based on the four "accountability for reasonableness (AR)" principles of "relevance", "publicity", "revision" and "enforcement" (20, 21). Table 1 provides a summary of this methodology and its application to this study.”

The new text reads, “The conceptual framework for this analysis was based on the four "accountability for reasonableness (AR)" principles of "relevance", "publicity", "revision" and "enforcement" (22-24). Table 2 provides a summary of this methodology and its application to this study.

Specific remark 6) In the discussion, the limitations of priority-setting exercise could be extended to a single focus on health conditions, thus excluding or side-lining health systems research. This is to an extent addressed in the last lines of the discussion, but is worth amplifying, especially given the major inequality and health system issues that are highlighted in the introduction.

Author response: The authors agree with Reviewer 2 to extend the discussion of priority setting for health research related to health problems and inequality in order to be consistent with points made in the introduction.

**Page 19, third paragraph (end of Discussion section)**
The new text reads, “Therefore, establishing a national agenda using public health and equity lenses to address the problems most affecting the Panamanian population, such as non-communicable diseases, population aging and deaths due to accidents and violence, as well as health promotion and disease prevention, remains the objective for the next prioritization exercise. Ensuring fairness of the priority-setting process by including a wide range of stakeholders and an open discussion is the means by which a comprehensive plan that is recognized by different interest groups can be formed. Last but not least, a unified vision of health and science and technology government institutions that prioritizes and guarantees investment in health research is the overarching goal that will assure implementation of a national health research agenda.”

Specific remark 7) It has been argued that separate priority-setting exercises should be undertaken for each area, given difficulties in ranking problems from the two areas. See: González-Block MA. Health policy and systems research agendas in developing countries. Health Research Policy and Systems, 2:6 2004.

Author response: The authors gratefully acknowledge the citation of Gonzalez-Block MA, 2004 as it provides a conceptual framework for understanding the dynamics between agenda and portfolio construction at the national or international level. Including these concepts will enrich our paper’s discussion on regards of object of study and research topics. The paper is cited on Discussion, page 19, reference 39.

Specific remark 8) The Sectoral Commission’s 13 actors could be characterized to understand the level of participation.

Author response: The authors agree with the characterization of the Sectoral Commission actors.

Page 14, end of second paragraph
The new text reads, “The group of stakeholders from the Sectoral Commission with a decision-making function was composed mostly of researchers representing public research institutions (n=3), health care facilities (n=1), academia (n=2), non-governmental organizations (n=1) and a non-Panamanian research institution (n=1). Minor stakeholder representation corresponded to policy makers from health (n=4), science and technology (n=1) governmental institutions.”

Specific remark 9) A key function of priority setting is to help identify the country’s strengths to address nationally important health issues. This function could be addressed in the discussion. Priority setting can therefore help mobilize financial resources for innovation and technology transfer, with a possible off-shoot for economic development.
Author response: The authors agree with Reviewer 2’s request to discuss the importance of priority setting to address health issues.

Page 19, second paragraph
The new text reads, “These factors represent an obstacle to the basic function of priority setting, which is to identify important health issues and mobilize the resources needed to address them. In the ideal case, the agenda represents agreed upon topics or health problems resulting from a prioritization process and becomes the policy instrument that mobilizes the health research system through specific calls for proposals and resource allocations (39). Consequently, a national research portfolio aligned with population health needs to generate evidence for health improvement and country development is the overall objective of health research.”

Responses to Reviewer # 3’s comments
Reviewer's 3 report:
The objective of the study is the assessment of the processes by which health research priorities are established in Panama. This is done by a qualitative study based on documentary revision as the research technique and the application of the “Accountability for Reasonableness (AR) principles” model.
The study is of particular relevance in this field because it demonstrates the need of a new strategy in health research in Panama. Nevertheless, the manuscript needs to be revised and improved previous its publication.

Reviewer 3 Major Compulsory Revision 1)
1- Results section includes a description of the processes, apparently in the same fashion as they are described in the revised documents. Only a small paragraph mentions the non-or partial compliance of the AR principles applied in the processes evaluated. Results must be structured in one section in which every prioritization process carried on in Panama is analyzed according to the parameters of the AR.

Author response: The authors agree with Reviewer 3’s observation and have reworked the text in order to describe each prioritization process according to the AR parameters. The new text analyzing each individual priority-setting exercise using the AR criteria has been included as follows:

Page 11, last paragraph (Results section for Priority-setting I)
The new text reads, “During the same year, PENCYT 2006-2010 underwent an external mid-term review process. This review recognized that a systematic prioritization exercise was needed for health research to complement the Priority-setting I process.”

Page 12, second paragraph (Results section for Priority-setting I)
The new text reads, “According to the AR framework, Priority-setting I met the “relevance” principle as epidemiological evidence was analyzed to determine the relevance of problems to be discussed, but the process failed to satisfy the “publicity” criterion when PENCYT 2006-2010 was approved without community consultation. The “revision” principle was also met as the plan was submitted to external evaluation; however, the process failed to meet the “enforcement” criterion, which requires leadership engagement to meet the three previous conditions.”

Page 13, second paragraph (Results section for Priority-setting II)
The new text reads, “When evaluated according to the AR criteria, Priority-setting II met the “relevance” principle because epidemiological evidence was reviewed prior to the discussion. In addition, a well-defined, systematic prioritization method with clear selection criteria was applied and its strategy was explicit. However, with regards to “publicity”, this criterion was not met; despite efforts to ensure plurality of the decision-making group to promote agreement in the absence of public consultation, an imbalance in representation was observed. For instance, the Social Security System (CSS) institution, which provides public health care services to over 60% of the population, was underrepresented with only one participant (1/65), compared to 26 (26/65) participants from the Health Ministry (MINSA) (32). Another important actor institution that was not represented was the National Oncologic Institute (ION); this institution provides health services to all Panamanian patients with cancer and malignancies, which are the second leading cause of death in the country (36). As there was no “revision” of decisions in light of new evidence documented at the time, and “enforcement” of all the principles was not observed, these criteria were not met in Priority-setting II.”

Page 15, second paragraph (Results section for Priority-setting III)
The new text reads, “According to the AR approach, Priority-setting III met the “relevance” principle as health evidence was widely analyzed before the prioritization exercise. The “revision” criterion was partially met; the implementation of the plan but not the selection of themes during the prioritization process was reviewed by an external commission. On the other hand, the “publicity” principle was not satisfied as decisions were made in a closed event by a small committee without public discussion. This lack of open participation also had a negative impact on the principle of “enforcement”, which reassures that the three previous principles are met.”

2- Discussion section should be more extensive in analyzing the impact on the
PENCYT of the inadequate priority setting.
It is suggested that it includes important research lines that were not considered in the priorities, particularly in the current priority-setting, such as:
- Health problems (e.g., non-communicable diseases) more affecting the Panamanian population.
- Epidemiological studies.
- Evaluation of health services.
- Evaluation of health preventive actions.

Author response: The authors agree with the observation of Reviewer 3’s request to extend the analysis on 1) PENCYT’s impact on priority setting and 2) relevant health problems not considered in the priority-setting exercises analyzed here.

Page 6, second paragraph (PENCYT impact on priority setting)
Author response: The request to discuss the impact of PENCYT on priority setting was previously addressed for Reviewer 2, and the new text reads, “SENACYT, which is the key institution...strategic plan for science, technology and innovation (PENCYT) became the means to execute research priorities, including the health research agenda. However, the implementation of PENCYT agendas has been compromised by the low level of local public investment in research and development (R&D) activities, including the intermission of research funds during the last two years...”

Page 19, third paragraph of Discussion section (relevant health problems not considered in the priority setting exercises)
Author response: A discussion on relevant health problems not considered in the priority-setting exercises was previously included in the response to Reviewer 2’s Specific remark 6, and the new text reads as follows:
“Therefore, establishing a national agenda using public health and equity lenses to address the problems most affecting the Panamanian population, such as non-communicable diseases, population aging and deaths due to accidents and violence, as well as health promotion and disease prevention, remains the objective for the next prioritization exercise. Ensuring fairness of the priority-setting process by including a wide range of stakeholders and an open discussion is the means by which a comprehensive plan that is recognized by different interest groups can be formed. Last but not least, a unified vision of health and science and technology government institutions that prioritizes and guarantees investment in health research is the overarching goal that will assure implementation of a national health research agenda.”
Other comments from the author

Bibliographic references 18, 19, 36 and 39 were added in order to respond to Reviewer’s requests, therefore, references were renumbered.

All links for references were confirmed and URL accesses were dated.

The Competing Interest Declaration, as well as the Authors’ Contribution and Information are provided in pages 20 and 21.