Author's response to reviews

Title: Improving the use of research evidence in guideline development: 2. Priority setting

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Author's response to reviews: see over
Improving the Use of Research Evidence in Guideline Development: 2. Priority Setting

Responses to referees’ comments

Reviewer: Alicia Granados

- Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached.

A) Although it is stated that these are not systematic, neither exhaustive reviews, to be “reasonable systematic and transparent”, is crucial for the credibility of the reports and because it give the readers the opportunity to see the degree of subjectivity of this series of advices (see part B). The methods used to prepare the series of reviews are described in the introduction to this series. This is the weakest part of this review and consequently there are strong limitations in advices and suggestions given to WHO that should be put in writing as a disclaimer and be seen more explicitly, both in the abstract and in the text about it. Alternatively you could make changes in methods section. If you decide this option I recommend to describe:

1. Search inclusion and exclusion criteria. Including lenguaje
2. Bibliographic date base used and why.
3. Organizations contacted and criteria to choose organizations and locations. How are being contacted? Survey to whom, why.
4. Grey literature (which one?)
5. Flowchart of the process to obtain the data and formation

Response
We have reiterated that this is not a systematic review in the abstract and the methods section of this and each of the papers in this series. We have also noted the lack of empirical evidence and the basis for our recommendations in the abstract. We have noted under ‘Further work’ that “A more comprehensive and systematic survey of this experience could inform decisions about processes WHO should use to set priorities for recommendations. Because there is uncertainty about the best ways to set priorities, the processes that are used should be evaluated. When feasible and relevant, alternative processes should be directly compared with respect to the priorities that are generated and the resources that are used.”

B) SEE some important commentaries in red in the attached WORD version of your review (in track changes).

A brief mention to the type of evidence and information used to make suggestions and define criteria for WHO use, is crucial

Response
Done. We have added the following to the abstract:

Methods
We searched PubMed and three databases of methodological studies for existing systematic reviews and relevant methodological research. We did not conduct systematic reviews ourselves. Our conclusions are based on the available evidence, consideration of what WHO and other organisations are doing and logical arguments.

Key questions and answers
There is little empirical evidence to guide the choice of criteria and processes for establishing priorities, but there are broad similarities in the criteria that are used by various organisations and practical arguments for setting priorities explicitly rather than implicitly, in low and middle-income countries, high barriers to change, difficult to overcome, are related to corruption, low investment in health and inefficiency as well as cultural barriers such as the culture of hierarchy. This barriers are precisely in need to be overcome with, among others tools, strong recommendations from WHO. I DO NOT THINK WE SHOULD RECOMMEND WHO NOT TO DO BECAUSE IT IS SO DIFFICULT!! This is an example of the limitation of the method used in this review, recommendations are based in authors value of judgement not in the evidence... then the limitations must be stressed

Response
We agree that there is not a strong empirical basis for our suggestions and believe that it is clear that these represent our opinions based on what is reported in the text. We have not suggested that WHO should not develop recommendations because implementation is difficult. Application of this and other guidelines require judgement. The advantage of explicit criteria is that they make these judgements transparent and ensure that the criteria are addressed. There is no clear line between what is feasible and what is not feasible, but this judgement is an important consideration both for WHO’s use of resources and those of its member states. Making it explicitly is not likely to be interpreted as a suggestion not to take on difficult challenges by the people making these judgements.

We have added the following text to the discussion to clarify the basis for our suggestions, as well as the text we added to the abstract, as noted above.

We did not find an empirical basis for deciding how best to set priorities. However, the use of explicit criteria and systematic processes are more likely than implicit criteria and non-systematic processes to ensure open and defensible priority setting. Based on the experience of other organisations, logic and the aims and strategic advantages of WHO we suggest that the following criteria should be used to set priorities:

- Problems associated with a high burden of illness in low and middle-income countries, or new and emerging diseases.
- No existing recommendations of good quality.
- The feasibility of developing recommendations that will improve health outcomes, reduce inequities or reduce unnecessary costs if they are implemented.
- Implementation is feasible, will not exhaustively use available resources, and barriers to change are not likely to be so high that they cannot be overcome.
- Additional priorities for WHO include interventions that will likely require systemic changes and interventions where there might be a conflict in choices between individual and societal perspectives.

The application of these criteria requires judgements. Appropriate processes are needed, in addition to explicit criteria, to ensure that these judgements are made openly, that they are taken account of in how WHO uses its resources, and that they reflect the priorities of WHO’s member states, particularly those of low and middle-income countries. We suggest that the following processes be used for these reasons:

- The allocation of resources to the development of recommendations should be part of the routine budgeting process rather than a separate exercise.
Criteria for establishing priorities should be applied using a systematic and transparent process. Because data to inform judgements are often lacking, unmeasured factors should also be considered - explicitly and transparently. The process should include consultation with potential end users and other stakeholders, including the public, using well-constructed questions, and possibly using Delphi-like procedures. Groups that include stakeholders and people with relevant types of expertise should make decisions. Group processes should ensure full participation by all members of the group. The process used to select topics should be documented and open to inspection.

Both centralised and decentralised processes should be used to take account of different strengths, limitations and needs within WHO across headquarters, regions and countries; and across different technical areas. Drawing on the suggestion of the IOM for having different tracks for considering issues for specific populations, conditions or concerns, we suggest:

- Both centralised and decentralised processes should be used. Decentralised processes can be considered as separate “tracks”.
- Separate tracks should be used for considering issues for specific areas, populations, conditions or concerns. The rationales for designating special tracks should be defined clearly; i.e. why they warrant special consideration.
- Updating of guidelines could also be considered as a separate “track”, taking account of issues such as the need for corrections and the availability of new evidence.

**Extend this part or mention limitations**

**Response**
We have added the following text to the methods section:

The methods used to prepare this review are described in the introduction to this series [5]. Briefly, the key questions addressed in this paper were vetted amongst the authors and the ACHR Subcommittee on the Use of Research Evidence (SURE). We did not conduct a full systematic review. We searched PubMed and three databases of methodological studies (the Cochrane Methodology Register [6], the US National Guideline Clearinghouse [7], and the Guidelines International Network [8]) for existing systematic reviews and relevant methodological research that address these questions. We did not conduct systematic reviews ourselves. The answers to the questions are our conclusions based on the available evidence, consideration of what WHO and other organisations are doing, and logical arguments.

This is a good place to comment the limitations of the research methods used and the findings. Also what is the relation between the findings and the available knowledge about the effectiveness of one formula vs another to set priorities. In this section it should be stressed that one approach is better than another and the importance of organizational values, composition of committees and context as a major influential elements to set priorities of any kind.
- Minor Essential Revisions

See also my suggestions in the text attached using the track changes tool.

Reduction of cost is not by itself a good element to be recommend to low and middle income countries as it could lead to worsening outcomes and increase inequalities.

Response
We agree and feel that this is implicitly understood, but have changed ‘reduce costs’ to ‘reduce unnecessary costs’ since ‘improving efficiency’ has different meanings and may be more likely to be misunderstood.

Priority setting for the establishment of recommendations for policy and practices is a very context dependent activity. Europe is a heterogeneous context both in socioeconomic and cultural terms. Then flexibility should be added to the criteria of transparency.

Response
We don’t understand what this means.

During the short-term contract as Acting regional adviser for HEN I did recommend this approach, Nevertheless I am not sure about its implementation. You can ask Nata Menabde DCS and Regional Director Deputy. She was stating that this process or something similar was to be applied by the whole European Office but I can’t tell you more.

We have quoted this directly from the reference that is provided.