Author's response to reviews

Title: A checklist for health research priority setting: nine common themes of good practice

Authors:

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Author's response to reviews: see over
Dear Editor,

We thank the reviewers for their precise consideration of our manuscript, and their suggested amendments. Here below, we describe in detail which changes we have made to the manuscript.

**Reviewer #1 report (Sandy Campbell):**
I found this paper a good overview of the field of priority setting (PS), outlining a logical, generic checklist for PS exercises with few gaps. The lit review is sound and in itself a valuable resource. My comments fall under “discretionary revisions”:

1. for a generic checklist, there needs to be increased attention paid in the “context” section to an analysis of who sets priorities in health and health research. Particularly at the national level for low- and middle-income countries, this is the domain of high-ranking individuals at the Ministry of Health (if not the Minister herself), and any exercise that purports to do this job runs a high risk of conflict or outright failure. Not only should an exercise review and assess previous priority-setting attempts and mechanisms (as the authors do briefly mention), it should clearly assess and analyze the very domain of setting priorities. Who has previously set priorities? Who “owns” the ability to set priorities, etc… This domain of setting priorities (for lack of a better term) could be a fourth “practical consideration” for the context, alongside available resources, the focus of the exercise, and the values of stakeholders.

   **Reply:**
   We thank the reviewer for her suggestion. Although we had previously mentioned under Checklist item nr 4 Information gathering that “For country-level exercises scanning the health, research and political environment of the country is of particular importance”; we agree that this issue deserves a more prominent place in our review, and is more suitable in the Context section. We have therefore moved this sentence to the Context section, have elaborated on it, and have made it a fourth consideration for context, as the reviewer suggests.

2. given these concerns, I think the article and any guideline need to pay much more attention to “Methods for deciding on priorities”. This step in the process - who comes together to discuss what and how - is absolutely crucial and, in my opinion, not given sufficient consideration here. For instance, there is a significant body of literature on deliberative dialogues, which would be a sound addition here to the methodology of consensus-based exercises. Given the fact that all stakeholders are typically not equal, understanding and leveling these intra-stakeholder dynamics is an essential method and step in the PS process.

   **Reply:**
   We agree that this section is crucial. The three steps that the reviewer describes, are however in part described elsewhere in our review. “Who comes together” is extensively discussed in our Inclusiveness section. “To discuss what” is discussed in our Context section. The Methods for deciding on priorities section is only meant to provide options for “how”. We also feel the need to emphasize that for reasons of brevity, it is impossible to give a comprehensive overview of different methods for deciding on priorities under this section. We have attempted to provide an oversight of the highest level possibilities here, and have referenced documents providing more detail (e.g. ref [28]).

   **Despite this, we agree with the reviewer that readers of this document could benefit from more information on methods to take into account diverging viewpoints and values between different stakeholders (such as the deliberative dialogues method). We have therefore elaborated on these methods where consensus based approaches are discussed, as the reviewer suggests. We added a reference to a book on research integration methods (research integration is the process of improving the understanding of real-world problems by synthesizing relevant knowledge from diverse disciplines and stakeholders).**

3. is there a valuable distinction to be made between “setting” and “identifying” priorities? This may be a semantic niggle, but I feel that very few of the PS exercises have success in actually “setting” priorities - identifying, implementing, managing, enforcing - but great success in identifying, systematically, what needs to be done. Identifying priorities casts a very different light on the process,
and may get around issues of ownership (e.g. the Ministry has the right to set priorities, but the wider polity has the ability to identify, rank and weigh those priorities to influence Ministry decisions).

Reply:
The reviewer raises an interesting point. We would argue that there is even a third valuable distinctive category: “deciding on” priorities. This term is even more narrow than the terms “setting” or “identifying” priorities. It regards, in our view, the process by which convened stakeholders actually decide on priorities, via consensus, or pooled individual ranking, or any other method.

Although we agree that a distinction as the reviewer suggests would be clarifying, we are bound by the existing use of terminology in this field. The process by which priorities are identified (in the definition of the reviewer), are usually referred to in the literature as health research priority setting processes, and not health research priority identification processes. Tools that aid in the identification of priorities are most often called heath research priority setting tools. A different use of terminologies in this article, although theoretically perhaps more accurate, might be confusing to many readers. We therefore prefer to adhere to the terms as we have used them in our initial submission.

4. adding precise examples from the WHO’s experience here (e.g. what specific exercises contributed to the broader thinking about PS processes) would greatly improve the paper. Generic checklist assistance only goes so far: identifying and promoting “promising practice” or lessons learned from concrete experience can have a much greater influence. There is no gold standard, but there assuredly are sound exercises (e.g. the CHNRI work) from which we can all learn. Moreover, there are strong and compelling differences in PS processes for LICs, MICs, and HICs, and this should probably be discussed - I doubt there is something “generic” that appeals in equal measures to countries in drastically socio-economic situations.

Reply:
We have woven in “lessons learned” from several WHO exercises into our paper. As an example, the checklist was used as part of the WHO Research Agenda for Radiofrequency Fields exercise (http://whqlibdoc.who.int/publications/2010/9789241599948_eng.pdf), which taught us the possibility of doing wider stakeholder surveys as preparatory work, and showed us the possibility of analysing impact. Similarly, the exercise that set priorities for research on foodborne diseases (http://www.who.int/foodsafety/publications/foodborne_disease/FERG_Nov07.pdf) taught us the importance of appropriate leadership for sustainability of an exercise, and showed us the interesting option of engaging media in the exercise to improve coverage. Lessons that we have learned from WHO exercises in our article are accompanied by a reference to the exercise itself. We feel it is outside the scope of this paper to discuss the actual exercises in more detail than that. Most often, these exercises are published separately, including a discussion on the lessons learned by those who performed the exercise (e.g. http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673609619103.pdf?id=3d35b1b5aa0ec416-354f4a0f01266a8521f66e9126563626 and http://www.who.int/bulletin/volumes/87/6/08-054353/en/index.html).

Concerning the reviewer’s second point, we agree that research priority setting processes differ greatly depending on the context (LIC, MIC or HIC). However, we feel strongly that the nine common themes of good practice do indeed apply to all priority setting exercises, whether at global, regional or national level, and for different socio-economic situations. The reason for this is that only rarely under one of the nine themes, particular guidance is provided. Instead, we have intended to provide an overview of different options, so that researchers, depending on the context of the exercise, can make a well-informed choice on the best approach for their individual exercise.

Reviewer #2 report (Yvo Nuyens):

Referring to the Guidance for Reviewers and more in particular the points to be considered in reviewing the article, the conclusion of my assessment is that:

- the article is addressing an important and relevant policy issue, for which an increasing number of countries and international organizations have to make difficult choices and decisions
the authors managed to develop a systematic analysis of initiatives and approaches in a field that over the last decade is characterized by chaotic developments, both from a conceptual and a methodological point of view, and by a lack of a critical and comprehensive synthesis.

- the structure of the article is very clear and written in an accessible, non-jargon-type language.

Some minor essential and discretionary revisions, however, could be recommended. These include:

- **re introduction**: the –correct- statement that a golden standard is difficult in the area of health research priority setting, is argued by the authors by referring to “different contexts for which priorities can be set” and further to “approaches differ on important aspects of the process”. However, further in the text context is brought up as one of the nine common themes of good practice. It is therefore advisable to rethink both arguments by rephrasing/rewording the present text;

  **Reply:**
  In our view, there is no confusion between the two times we have referred to “context” (in the introduction and under common theme #1). These are not two different meanings of the word context for which we use the same word, instead “Context” means the same thing both times we have used it! The reason that a gold standard has proven impossible to achieve is due to different contexts: differences in focus, resources, values (and environment), as explained under common theme #1. In our view, explaining that context is part of the problem in achieving consensus on a golden standard and consequently elaborating on this context under common theme #1, both provides depth to our argument that context is the reason for difficulties with achieving consensus and highlights the importance of clarifying context as part of a research priority setting exercise.

- **re methodology**: since the review has been done by using a “structured interview” and this “with staff in WHO and a selection of international research organizations”, both interview and list of people interviewed should be included in annex;

  **Reply:**
  Because of issues related to confidentiality, we cannot provide the names of the persons we interviewed. It is also not relevant: this paper should be viewed as our view (the authors) on research prioritization processes. The fact that we used interviews in addition to critical analysis of previous exercises and existing literature on this topic, does not change that fact. The people that we interviewed cannot be held accountable for what we have written in this article; their names should therefore not be included.

- **re values and principles**: the authors argue correctly that underlying values and principles of various stakeholders should be clarified at an early stage in the process. Equally important, however, is to identify who those involved stakeholders are (policy makers, researchers, donors, public at large, some specific target groups…), which values and principles they bring into the process and how divergent and possibly conflicting values should be dealt with;

  **Reply:**
  The reviewer raises two important points. First, that it should be clarified who the involved stakeholders in a research prioritization process are (or should be). We believe that we address this point extensively in common theme #3: inclusiveness. Second, that it should be addressed how divergent values should be dealt with. We agree that in the context section, under values and principles, we have addressed this only very briefly: “Diverging principles or values between different stakeholders or disciplines are likely and should be resolved in a fair and legitimate manner [21,34].” Reviewer #1 also suggested further elaboration on diverging values among stakeholders. Based on the suggestion of both reviewers, we revised the section on consensus-based approaches, in common theme #7 Methods for deciding on priorities, elaborating further on research integration methods.

- **re comprehensive approach**: it would be advisable to include in the text a clearer and more operational definition of what the authors understand by the notion of comprehensiveness. This could be done by developing a matrix in which the four –presently as comprehensive defined– approaches will be compared on a number of essential (sub)components of such a comprehensive approach;

  **Reply:**
An operational definition of the notion comprehensiveness is provided in the first paragraph of this section, where it is stated that: “These approaches are comprehensive because they provide structured, detailed, step-by-step guidance for the entire priority setting process, covering many of the points on this checklist. They assist in the preparatory work of an exercise, in deciding on priorities, and in what to do after priorities have been set.”

We agree that a matrix as the reviewer suggests would be clarifying. Even more so, such a matrix already exists. It was developed as part of a WHO meeting on methods for research prioritization, and is referenced in our article (ref#20). We however agree that providing such a matrix as part of this article would contribute to our review of existing comprehensive approaches. We have therefore added the Matrix that followed from the WHO meeting as an Additional File to our revised submission.

- re inclusiveness: this section does not present a proper balance between all possible advantages of an inclusive approach and the many bottlenecks, booby traps and potential conflicting situations in such an inclusive approach and how to address them;

Reply: We agree that there is much more that can be written about inclusiveness and stakeholder involvement in research prioritization processes. However, in our view the intention of this paper is to be a signpost, rather than a comprehensive guide in itself. For every point on our checklist, much more information could (and should!) be compiled. As we suggest in our discussion: “… the generic framework that the checklist offers provides a useful template for future collection of more detailed information on good practices in health research prioritization. In this paper key references are provided under the respective sections, but this information is not exhaustive. More detailed guidance should be collected and compiled in one place as part of the resources available to support countries in organizing health research”. The difficulties, bottlenecks, booby traps and conflicting situations that the reviewer hints at, justify a study in themselves. It is beyond the scope of this article to discuss these matters. What we have aimed to do is to provide an oversight over 1. which elements are key in a priority setting process for health research (the nine common themes) and 2. why so. This is precisely what the section on inclusiveness describes.

Nevertheless, we do believe that we now address in more detail one of the most important bottlenecks in inclusive, broad stakeholder involvement, that of addressing the different values, viewpoints and expertises during the phase of the process when priorities are decided upon. As suggested by both reviewers, this is now more elaborately described under common theme #7, under consensus-based approaches.

- re information gathering: the present text does not specify enough that information (in health research priority setting) can refer to objective and hard data (e.g. prevalence of diseases), to more subjective information (e.g. opinion about health insurance) or to both, that this information can refer to health status (e.g. mortality, morbidity), to health system (e.g. resource flows, equity), to health behavior (e.g. smoking, medical consumption), to opinions (e.g. evaluation of interventions) or to all of them, and finally that different (information) gathering methods will be required dependent on the type of information one is trying to gather;

Reply: We agree. We have revised this section to include more examples mentioned by the reviewer. Although we feel that the classifications the reviewer presents (hard vs. subjective and health status/health system/health behaviour/opinions) might be a valuable addition to the information presented by us, again we feel that such a classification, as well as methods required to gather the information, justify a separate study, and are beyond the scope of this paper.

- re planning implementation: the authors could be invited to give more emphasis to the importance of mapping out which institutional infrastructure and (inter)disciplinarian critical mass would be required for a feasible and sustainable implementation of the (outcomes of) the process;

Reply: Although we feel that we have discussed this important point already under Inclusiveness and have also elaborated on it under Implementation by stating that “It is important to decide who the priorities are being set for, and what that target group need”, we do also agree that stressing the need for mapping out stakeholders that play a key role in the implementation of priorities (the critical mass)
is of added value. We have therefore added a sentence to our Implementation section stating what the reviewer suggests.

- re conclusion: in its present formulation the conclusion does not bring anything new and only repeats what is already included in the abstract. It could therefore be deleted.

Reply: We agree that the conclusion brings no new information. However, given the current length of our review, and the numerous concepts that are introduced, we feel that it is of added value to take a step back at the end of the article, and recapitulate the purpose of this work. We would therefore prefer to keep the conclusion as it is.

We would like to extend our gratitude once more to both reviewers for the very detailed manner in which they reviewed our submission. We hope that our revisions, and clarifications in this cover letter, are to your satisfaction.

Yours sincerely,

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Adbul Ghaffar
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