

Summary report on the

National workshop for health research priority setting in Pakistan

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1. Introduction

To foster the goal of focusing research on health priority needs, WHO published in 2020 a guidebook entitled *A systematic approach for undertaking a research priority-setting exercise: Guidance for WHO staff*. The approach suggests four phases for prioritization exercises: plan, implement, publish and evaluate (PIPE). In line with its National Health Vision 2016–2025, Pakistan was one of the two first countries in the WHO Eastern Mediterranean Region to conduct a national health research priority-setting exercise using this WHO guidance. WHO supported the Ministry of National Health Services Regulation and Coordination (MNHSRC) to undertake the research priority-setting exercise, with five main thematic research domains chosen according to national strategies and prioritized action plans: communicable diseases; noncommunicable diseases (NCDs) and injuries; reproductive, maternal, newborn, child and adolescent health (RMNCAH); health systems and services; and mental health.

As part of this exercise, a priority-setting workshop was held on 24 March 2021 in Islamabad, attended by 30 in-person and 43 virtual participants, with representation from different stakeholders, including federal and provincial health authorities. The aim of the workshop was to strengthen research for health and evidence-informed health policy-making in Pakistan. Its specific objectives were to:

- facilitate dialogue among major stakeholders on public health research priorities;
- implement the health research priority-setting exercise as planned by the Technical Working Group (TWG) for Pakistan; and
- build consensus on a “shortlist” of national health research priorities in five thematic research domains and share the recommendations thereof.

The Child Health and Nutrition Research Initiative (CHNRI) methodology was adopted for the exercise. The CHNRI method encompasses five steps: building a management team for the exercise; choosing a set of criteria and developing the means to assess health research options based on each criterion; preparing a long list of research statements and scoring them using the chosen criteria; weighting criteria and calculating overall priority scores to assign ranks to research options; and linking priorities with investment decisions, feedback and revision.

Based on discussion and feedback from TWG members, five criteria were agreed upon: feasibility, public health importance, sustainability, equity, and community involvement. More than 80 research experts were requested to propose research statements based on the gaps identified in national health programmes and services in the five thematic research domains. The experts proposed 272 research statements. After removing duplications and merging similar items, a compiled longlist of 155 research statements was prepared in the five domains (with numbers of statements in brackets): communicable diseases (34), NCDs and injuries (28), RMNCAH (36), health systems and services (33), and mental health (24). Before the workshop, workshop participants gave their scores to the longlists of research statements. The research statements were then ranked and discussed in groups during the workshop.

2. Summary of discussions

Plenary discussion

The workshop was opened by Dr Baqar Jafri (WHO Pakistan country office), on behalf of Dr Palitha Mahipala, WHO Representative in Pakistan, who emphasized the importance of research for health and expressed his appreciation for the active contribution of participants in

proposing research statements and scoring the compiled list. Dr Naveed Asghar (WHO Pakistan country office) then presented the objectives of the workshop and reviewed the process of the research priority-setting exercise over the previous months. Dr Ahmed Mandil (Coordinator, Research and Innovation, WHO Regional Office for the Eastern Mediterranean), on behalf of Dr Arash Rashidian (Director, Science, Information and Dissemination, WHO Regional Office for the Eastern Mediterranean), described the structure and functions of the Science, Information and Dissemination department in support of research and innovation, especially in priority-setting, capacity-building, standards and translation of evidence to practice. He commended the work done by the Government of Pakistan and WHO country office in undertaking the national health research priority-setting exercise.

Dr Sabeen Afzal (MNHSRC), on behalf of Dr Rana Muhammad Safdar (Director-General of Health, MNHSRC), stressed the need for local research for evidence-based policy-making and thanked WHO for supporting the national health research priority-setting exercise in Pakistan as one of the first countries in the Region, using the recent guidebook published by WHO.

Dr Ahmed Mandil then reviewed the experience of WHO in health research priority-setting at global and regional levels and described nine common themes of good practice in health research prioritization. He explained how to identify research domains based on the recognized gaps and challenges in technical programmes. Dr Seyed Abbas Motevalian (WHO Consultant on Health Research Priority-Setting) summarized the four phases of health research prioritization described in the WHO guidance and outlined the implementation of the planning phase before the workshop. He described the CHNRI methodology, the five criteria for scoring the research statements and the group work process for each of the five parallel working groups.

Dr Abdul Ghaffar (Executive Director, Alliance for Health Policy & Systems Research, WHO headquarters) delivered a presentation on the importance of health research priority-setting at country level and expressed his appreciation for the MNHSRC and WHO for taking a lead in this. He expressed his hope that the process would be taken forward and that all stakeholders would support the promotion of research in the prioritized areas/topics to help policy-makers in evidenced-based decision-making. He said that the Alliance would continue to provide support for such activities in Pakistan.

Dr Sabeen Afzal then presented the preliminary list of the top 10 research statements in each of the five thematic research domains, based on the scores received by participants of the workshop.

Group work

The participants were divided into five working groups, including two in-person and three virtual groups. Four of the groups discussed research priorities, respectively, for communicable diseases, health systems and services, NCDs, injuries and mental health, and RMNCAH, while a stakeholder group discussed the weighting of criteria.

Workshop outcomes

The preliminary top 10 research priorities in the five thematic research domains, selected through the group work, were presented at the end of the workshop by Dr Sabeen Afzal. It was agreed by participants that the new scorings received during and after the workshop would be included in the final calculations, as per the revised weighting, to ensure the maximum contribution of experts in the prioritization of research statements (see Tables 1–5).

Table 1. Top 10 research priorities in communicable diseases

Rank	Research statement	Feasibility (0.25)	Public health importance (0.333)	Sustainability (0.233)	Equity (0.083)	Community involvement (0.117)	Average
1	Developing local guidelines/systems to strengthen preparedness for and response to disease outbreaks	1.93	1.87	1.80	1.80	1.73	1.88
2	Assessment of TB/multidrug resistance control programmes	1.87	1.93	1.67	1.73	1.80	1.85
3	Practical challenges and solutions to TB control in Pakistan	1.80	1.87	1.80	1.80	1.67	1.84
4	Antibiotics resistance: approaches, issues and challenges	1.88	1.94	1.63	1.63	1.50	1.80
5	Strengthening TB case detection at primary health care (e.g. via community/lady health worker engagement; primary health care staff training)	1.86	1.79	1.71	1.64	1.71	1.80
6	Strategies to control irrational drug use for managing multidrug resistant typhoid fever	1.81	1.88	1.69	1.44	1.69	1.79
7	Evaluation of HBV vaccination programme in Pakistan	1.80	1.80	1.53	1.47	1.60	1.72
8	Empowering and assessing community engagement for trust building in immunization activities	1.67	1.73	1.53	1.60	1.73	1.69
9	Facilitators and barriers of harm reduction strategies (needle syringe programmes and opioid substitution therapy) for preventing HIV and HCV transmission in people who inject drugs	1.73	1.80	1.53	1.40	1.53	1.69
10	Integration of vertical programmes with the health system in support of continuity of care (including laboratory and clinical care services)	1.60	1.73	1.60	1.47	1.47	1.64

Table 2. Top 10 research priorities in NCDs and injuries

Rank	Research statement	Feasibility (0.25)	Public health importance (0.333)	Sustainability (0.233)	Equity (0.083)	Community involvement (0.117)	Average
1	Improving access to NCD screening, diagnosis and management	2.00	2.00	1.63	1.88	2.00	1.93
2	Strengthening screening programmes for early detection of common cancers in Pakistan (breast cancer, cervical cancer, etc)	1.78	2.00	1.89	1.89	1.78	1.92
3	Breast cancer in Pakistan: screening and opportunities for improving survival	1.78	2.00	1.78	1.89	1.89	1.90
4	Mechanisms for lifestyle modification for prevention, early detection and management of diabetes and hypertension	1.67	1.89	1.33	1.56	1.78	1.69
5	Establishment of national population-based cancer registry of Pakistan linked with subnational cancer registries	1.56	1.89	1.67	1.44	1.22	1.67
6	Assessing impact of community health worker (CHW) programmes on NCD prevention and control	1.63	1.63	1.50	1.63	2.00	1.67
7	Evaluation of pre-hospital (e.g. 1122) and hospital care of injuries in Pakistan	1.67	1.78	1.44	1.33	1.56	1.64
8	Causes of delayed diagnosis and management of cancers and haematological malignancies in Pakistan	1.67	1.67	1.44	1.56	1.56	1.62
9	Prevention and management of NCDs during COVID-19 pandemic	1.50	1.63	1.50	1.50	1.50	1.57
10	Interventions at household level to reduce risk of injuries among children	1.33	1.78	1.33	1.44	1.67	1.55

Table 3. Top 10 research priorities in RMNCAH

Rank	Research statement	Feasibility (0.25)	Public health importance (0.333)	Sustainability (0.233)	Equity (0.083)	Community involvement (0.117)	Average
1	Designing and assessing interventions to improve quality of care provided to pregnant women at all levels (including preconception, antenatal and obstetric care)	2.00	2.00	1.60	1.90	2.00	1.93
2	Developing, implementing and assessing interventions to reduce stunting in children less than five years of age	1.80	1.90	1.80	1.70	1.70	1.84
3	Identifying determinants of high neonatal mortality and effective interventions to reduce it (to meet SDGs 2030)	1.80	2.00	1.60	1.80	1.70	1.84
4	Sustainable interventions to improve maternal nutrition status during pregnancy (to improve maternal and foetal health)	1.80	1.90	1.60	1.80	1.90	1.83
5	Developing and evaluating interventions to improve provision of and access to community family planning and post-abortion care services (e.g. emergency obstetric and newborn care)	1.70	1.90	1.70	1.70	1.90	1.82
6	Developing, utilizing and assessing mhealth interventions to enhance awareness among mothers (for growth and development of newborns)	1.90	1.90	1.30	1.70	1.60	1.74
7	Best mechanisms for promotion of family planning services (e.g. training of health care workers, supplies management at public and private facilities)	1.80	1.70	1.60	1.80	1.70	1.74

Rank	Research statement	Feasibility (0.25)	Public health importance (0.333)	Sustainability (0.233)	Equity (0.083)	Community involvement (0.117)	Average
8	Developing and assessing interventions to address social determinants of maternal mortality and poor MNCH care (e.g. stigmatization, marital disharmony, domestic violence, cast, religion, teenage pregnancy, cultural practices)	1.70	1.90	1.50	1.80	1.50	1.73
9	Assessing capacity of neonatal care and development (personnel: neonatologists, midwives, outreach workers; equipment, etc.)	1.60	2.00	1.60	1.50	1.40	1.73
10	KAP study on risk factors for maternal mortality (by mothers)	1.88	1.78	1.33	1.56	1.78	1.71

Table 4. Top 10 research priorities in health systems and services

Rank	Research statement	Feasibility (0.25)	Public health importance (0.333)	Sustainability (0.233)	Equity (0.083)	Community involvement (0.117)	Average
1	Developing postgraduate courses on: emergency medicine for health workforce (especially physicians and nurses)	1.60	2.00	1.90	1.67	1.50	1.82
2	Upgrading national health information systems and health workforce in Pakistan (technologically, quality, etc.)	2.00	2.00	1.60	1.40	1.30	1.81

Rank	Research statement	Feasibility (0.25)	Public health importance (0.333)	Sustainability (0.233)	Equity (0.083)	Community involvement (0.117)	Average
3	Developing health disaster management courses for undergraduate education	1.70	1.80	1.80	1.80	1.70	1.79
4	Needs assessment, strengthening and evaluating contributions of lady health workers to health care (e.g. for TB referrals/contact-tracing; immunization and MCH services)	1.70	1.90	1.60	1.70	1.80	1.78
5	Supply vs demand factors/barriers for effective health service delivery in rural settings	1.90	2.00	1.30	1.78	1.50	1.77
6	Establishment and strengthening of human resources for health unit for stewardship	1.80	1.90	1.70	1.50	1.30	1.76
7	Mechanisms for retention of primary health care personnel (including training, incentives, etc.)	1.90	1.90	1.50	1.60	1.40	1.75
8	Mechanisms for integration and capacity-building of traditional healers in rural health care systems (e.g. midwives, lady health visitors, lady health workers, nurse practitioners)	1.70	1.60	1.70	1.70	1.80	1.71
9	Strategies to expand nursing workforce (capacity-building, incentives, etc.)	1.70	1.80	1.70	1.44	1.30	1.69
10	Strategies to expand/maintain nursing workforce in rural settings (capacity-building, incentives, etc.)	1.70	1.90	1.40	1.80	1.30	1.69

Table 5. Top 10 research priorities in mental health

Rank	Research statement	Feasibility (0.25)	Public health importance (0.333)	Sustainability (0.233)	Equity (0.083)	Community involvement (0.117)	Average
1	Developing and assessing interventions to improve early detection and management of common mental health problems (including anxiety and depression) in Pakistan	2.00	1.86	1.86	1.57	1.86	1.90
2	KAP study in the community regarding child abuse and neglect (risk factors and consequences)	1.86	1.86	1.86	1.86	1.86	1.89
3	Adolescent mental health and behaviour issues: situation analysis, challenges and proposed solutions	1.86	1.86	1.71	1.71	1.86	1.84
4	Developing and assessing strategies for early detection and management of adolescent mental health problems in school settings (for teachers and counsellors)	1.86	1.86	1.71	1.71	1.86	1.84
5	Epidemiology of youth suicide and suicidal behaviour	1.86	1.86	1.86	1.57	1.50	1.82
6	Developing and assessing school-based interventions effective in building mental health resilience in children and young adults	1.71	1.86	1.43	1.57	1.86	1.73
7	Epidemiology and prevention of dementia in Pakistan	1.57	1.86	1.57	1.71	1.43	1.69
8	Workplace harassment among female workers working in Pakistan: epidemiology and preventive interventions	1.86	1.43	1.86	1.71	1.43	1.68
9	Promoting mental well-being and help-seeking behaviour among population at risk	1.43	1.86	1.57	1.57	1.43	1.64
10	Epidemiology and prevention of post-partum depression in Pakistani communities	1.57	1.71	1.57	1.57	1.43	1.63

3. The way forward

The day after the workshop, a TWG meeting was held and the workshop outcomes were endorsed, including the weighting of the criteria proposed by the stakeholders' group for ranking research statements. The next phases of the research priority-setting exercise (publishing, dissemination and evaluation) will be overseen by the TWG, supported by the MNHSRC.



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