

'Decentralized priorities for central schemes': experience of Department of Health Research's prioritization exercise for the Model Rural Health Research Units across India

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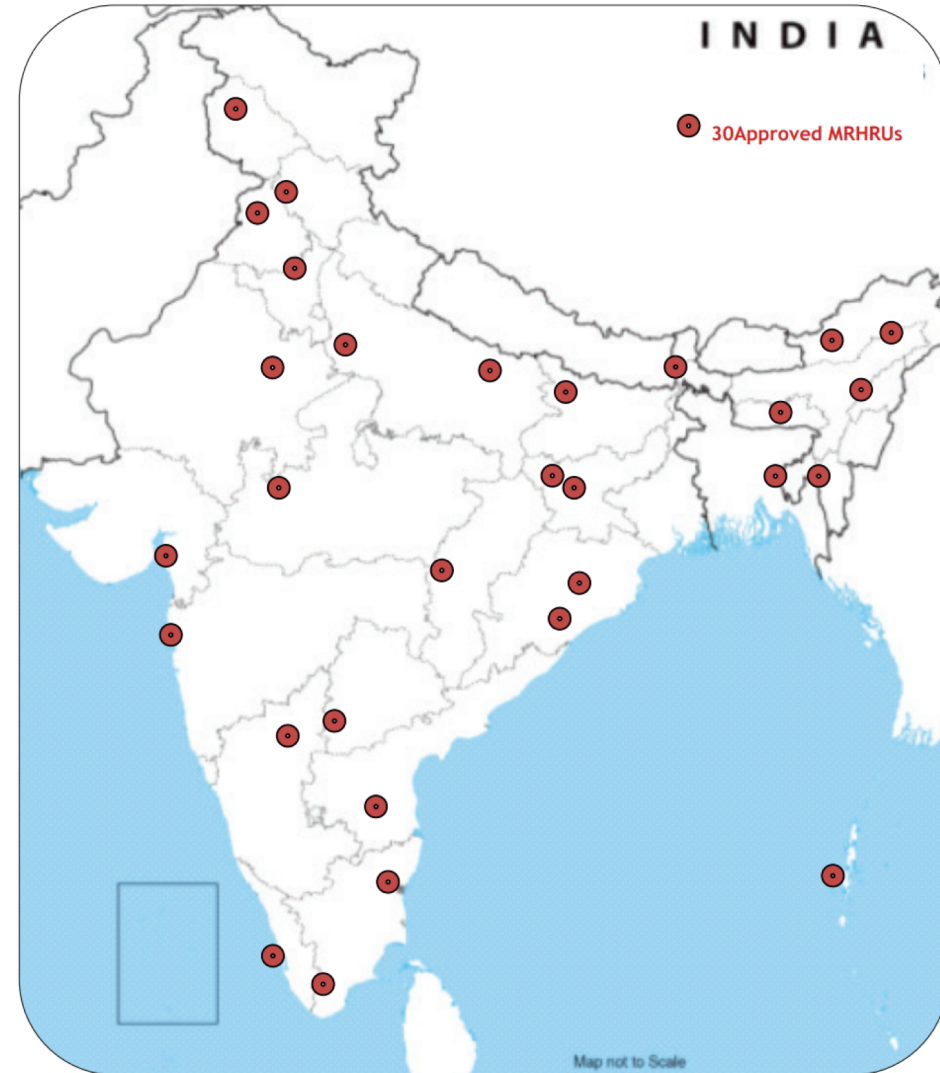


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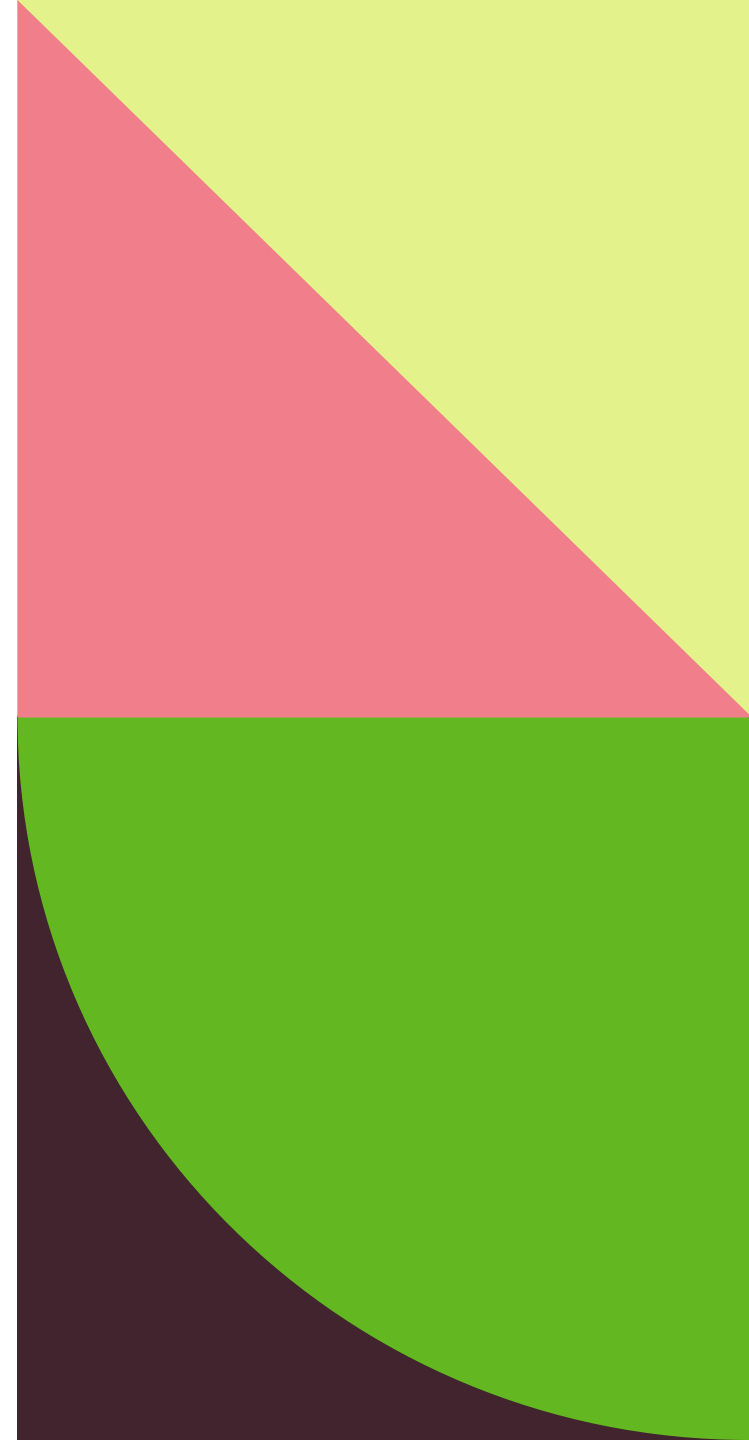
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Context

- Importance of healthcare of rural populations in LMICs
- The Model Rural Health Research Unit (MRHRU) scheme
 - ✓ **Aims**
 - ✓ **Scope**
 - ✓ **Structure- location, HR**
 - ✓ **Function**
 - ✓ **Outcomes expected**



- Central funding calls → need to identify key research questions from relevant domains of
 - ✓ **Public health**
 - ✓ **Clinical research**
 - ✓ **Health systems and implementation research**
- A research priority setting exercise was conducted to guide research agenda and funding decisions
- Partnerships → researchers, policymakers, community members, and practitioners
- Outcomes → not necessarily always a consensus
- Methods → a modified version of JLA-PSP



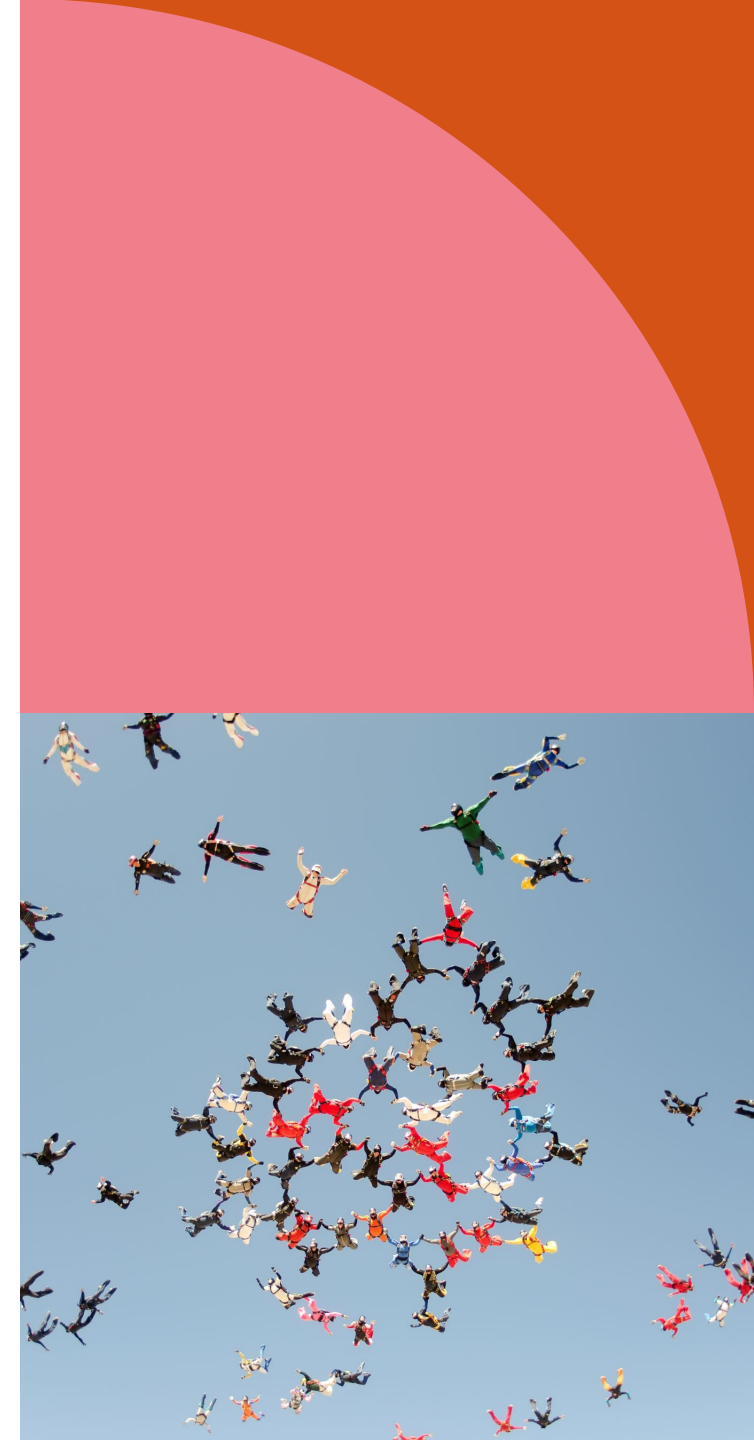
Leaderships and Partnerships

- Steering committee → policy makers, funders, rural health researchers, methods experts, clinicians, and community representatives
- Ethical Issues: proportion of members from each domain, justification for their role, values of members
- Survey → Diversity of opinion in the initial stages
- Ethical issues: crucial indicator to a more acceptable outcome of the exercise → wider range of opinions were documented
- Attempt to give voice to the community representatives
- Ethical Issues: expertise, understanding and language, had an impact on participation in technical discussions
- The broad scope → relatively lesser points of agreement among the stakeholders



Ivory towers and decolonization

- Important to ensure transparency and rigor in the prioritization methodology
- Needed members in the steering committee with expertise and experience in similar exercises.
- However, a few national institutes, mostly in metropolitan cities, historically have had a disproportionate say in health research policy.
- A conscious effort was made to avoid members in leadership roles from such legacy ivory towers within urban India
- Included most members from rural settings and none from outside India
- The entire exercise was carried out by, for and among Indians.



Setting the boundaries

- Challenge: scope of the national scheme with local priorities.
- Broad mandate → important to define & create subcategories
- Research Priorities categorized into: '**Description**', '**Development**' and '**Delivery**', while avoiding 'Discovery' research
- Descriptive research → epidemiological questions ; which diseases and populations groups (and for what reasons)
- Development research → Type of interventions (Pharmacological / Public Health / Health system / community based)
- Delivery research → Health System and policy research, Implementation science, Health economics and Programme evaluation
- Cross cutting considerations: MRHRU platform → feasibility, resources available and time



Fixed resources-Diverse priorities

- National scheme with a predefined scope and a fixed purse
→ research priorities elicited were diverse
- Broad themes were identifiable → need for a more localized approach to rank the specific research questions
- The MRHRU scheme → major emphasis on capacity building at the rural setup
- Needed defining the scope of the trainings that would be required
- Involvement of the managers the scheme (national and local)



Disagreements

- Wide range of divergence in priorities between researchers, clinicians and patients
- The dichotomy between what the patients want and what researchers wish
- Those with a national outlook had evidently differing priorities, even within the same health issue
- Moderation of the process in an intensive way + continuous curation → allowing for items where consensus was more likely to proceed ahead
- The survey was conducted nationally, among all the stakeholder groups identified
- Silos in rural health priorities were rarely possible → more broader priorities



Conclusions and Recommendations

- It is a complex task to identify health research priorities for national schemes that receive funding centrally
- Funding calls → are usually at the national level
- Scheme funding → allows for local decision making on a proportion of the funding allocated to each MRHRU.
- Identify a broader set of national/regional priorities → localized set of specific research questions
- Identify what is NOT a priority by factoring in patient's needs and feasibility and scope of specific programs or schemes.

Thank You

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Scheme website:

<https://www.rmrcbbsr.gov.in/model-rural-health-research-units-mrhru/>

