

Case study

**The priority setting exercise  
for health research in Perú,  
2014-2018**

Ramón Ponce Testino & Sarah Carracedo

# Aim

- Discuss ethical issues that we identify in our case study.

# Aim

- Discuss ethical issues that we identify in our case study
  1. Some background
  2. Case study: Perú's second nationwide priority setting exercise (2014-2018)
  3. Ethical issues: identification and recommendations

# 1. Background

- Attempts to develop priority-setting exercises for health research in Perú can be traced back to the late 1970s.
- Not until the late 90s or early 2000s, that the institutional capacity to be able to carry them out in concert at the national level became apparent.

# 1. Background

- Through MINSA, INS and OGITT, two priority-setting processes for health research have been carried out:
  - 1st, 2009-2010. Priorities for 2010-2014.
  - 2nd, 2014-2018. Priorities for 2019-2023.

# 1. Background

- Through MINSA, INS and OGITT, two priority-setting processes for health research have been carried out:

- 1st, 2009-2010. Priorities for 2010-2014.

- 2nd, 2014-2018. Priorities for 2019-2023.

## 2. Priority setting exercise (2014-2018)

- Three stages with different goals and methods:
  1. Stage 1. Identify health research priorities in Perú's 24 regions
  2. Stage 2. Prioritize regional health problems
  3. Stage 3. Consolidate a final list of prioritized problems for the whole nation

# Stage 1. Identify health research priorities in 24 regions (2014-15)

- Method: **Workshops in each region**
- Plural representation
- Three steps:
  1. Analysis of regional health situation (OGITT). Result: list of health priorities associated w/ strategic objectives
  2. Roundtables deliberate on research needs (considering 5 types of research). Result: List of research needs.
  3. Ranking of health research needs based on a complex score (5 criteria for prioritization, & numerical values). Result: list of health research priorities.



## Stage 2. Prioritize regional health problems (2015)

- Method: **Virtual consultation to experts**
- 174 experts + autonomous consolidation by OGITT
- Two steps:
  1. OGITT asked 65 MINSA officials & 109 public health professionals to rank regional health problems. Result: 174 rankings of health problems.
  2. OGITT consolidated those results into a basic national list. Result: 21 health national problems.

## **Stage 3.** Consolidate health problems into list of national research priorities (2018)

- **Method:** **Workshop at the national level**
- 118 participants divided in 10 working groups
- Process of deliberation & decision:
  1. 3 criteria for prioritization: knowledge gap, feasibility, & consequences.
  2. Assign scores (1 to 5) to each health problem, following the 3 criteria
  3. Result: a list of 58 national research priorities that respond to 10 health problems.

## 3. Ethical issues

- We raise three ethical concerns about this exercise
  1. Governance
  2. Inclusion & fairness
  3. Transparency

### 3. Ethical issue: Governance

- Peru's recent efforts to have an established process to identify health research priorities to improve its population's health and allocate scarce research resources in the best possible way need to be recognized.
- However, some ethical concerns are raised in order to propose how research priority setting could be carried out (more) ethically in the country.

### 3. Ethical issue: Governance

- If priority is time-relative, what should be the most suitable relationship of the exercise with time?
  - Exercise time-frame: 4 years (previous: 1 year)
  - Application time-frame: 4 years.
  - In between both exercises: a vacuum period of research priorities.

### 3. Ethical issue: Governance

- What is the aim of the priority setting exercise if time is so loosely managed?
- This leads us to inquire how independent is the exercise with respect to contextual pitfalls (like political pressures or institutional weaknesses).
- Considering the stakes, we believe that this is a paramount ethical problem.

### 3. Ethical issue: Fairness & inclusion

- Even though the process to set research priorities at the regional level is driven by a participatory approach aimed at reaching consensus, we raise some concerns about how fair is this involvement.

### 3. Ethical issue: Fairness & inclusion

- How does the exercise preserve the integrity of the regional participatory consultation of Stage 1 with the independent work of OGITT and the technical input of public health experts from Stages 2 & 3?
  - Why is it that most of the people involved (in different stages of the process) were MINSA officials and subject experts?
  - The selection criteria to decide who attends the national workshop of Stage 3 are obscure.



### 3. Ethical issue: Transparency

- The goal of OGITT to lead a transparent process of priority setting in health research is evident.
- OGITT has developed guidelines for each stage of the process, which are publicly available through its website.
- However, we raise some concerns about transparency.

### 3. Ethical issue: Transparency

- There is not enough transparency about how the priorities are to be set (the coherence of the procedure with the methods and criteria it uses in their different stages).
  - Transparency concerning this is paramount for publicity reasons and for credibility. Because the priority setting exercise aims at public reasoning to some important extent, the process should be publicly accountable to those involved.
  - It should be as transparent as it could if it aims at being effective: if the health research priorities list is not trustworthy for stakeholders, it is unlikely that researchers would adopt it.
  - This is even more relevant considering the low credibility of public institutions in the country.