Health Research Priority Settings: What India Might Learn from It?

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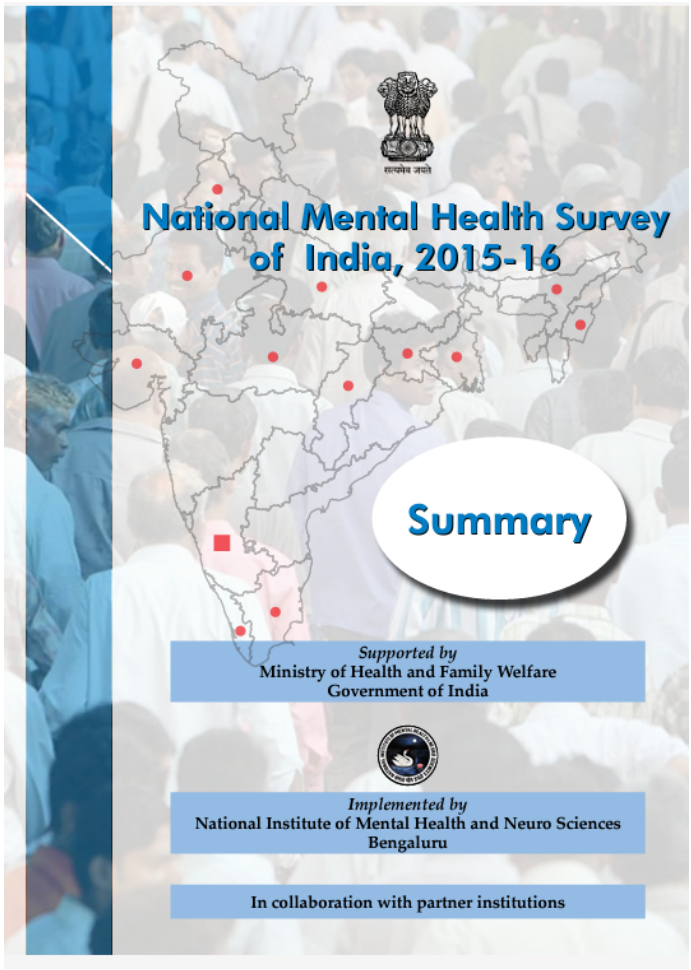
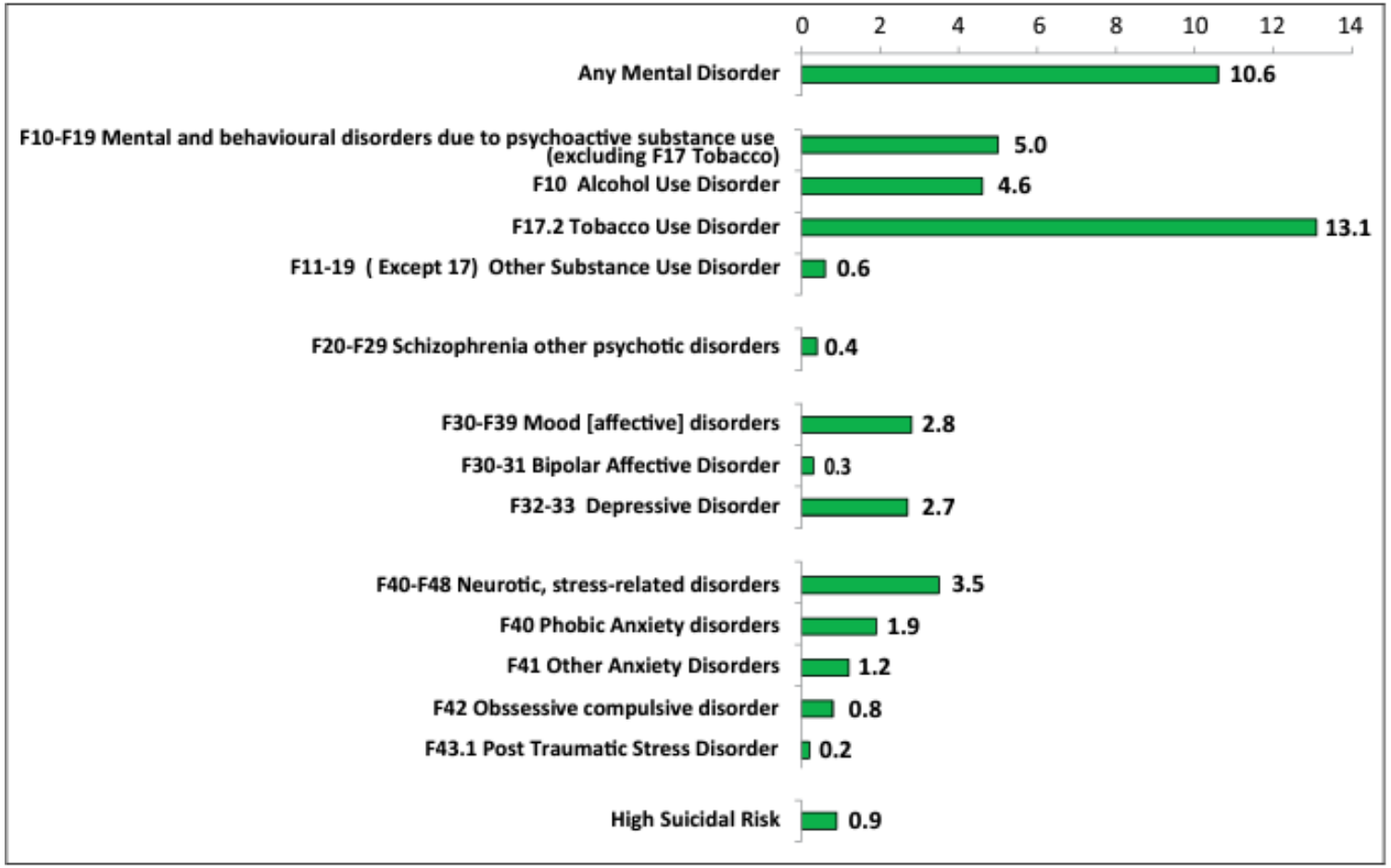
Context: Mental Health Burden





Treatment Gap= 70-92%

Context: Mental Health Burden

Articles

The burden of mental disorders across the states of In the Global Burden of Disease Study 1990–2017

*India State-Level Disease Burden Initiative Mental Disorders Collaborators**

Lancet Psychiatry 2020; 7: 148-61

Published Online December 23, 2019 https://doi.org/10.1016/S2215-0366(19)30475-4

See Comment page 111

*Collaborators listed at the end of the Article

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Summary

Background Mental disorders
understanding of their preval
this report, we describe the p
to 2017.

Methods We used all accessib
with disability (YLDs), and di
from 1990 to 2017, as part o
heterogeneity and time trend
Socio-demographic Index (SI
rate in women younger than 2
We calculated 95% uncertaint

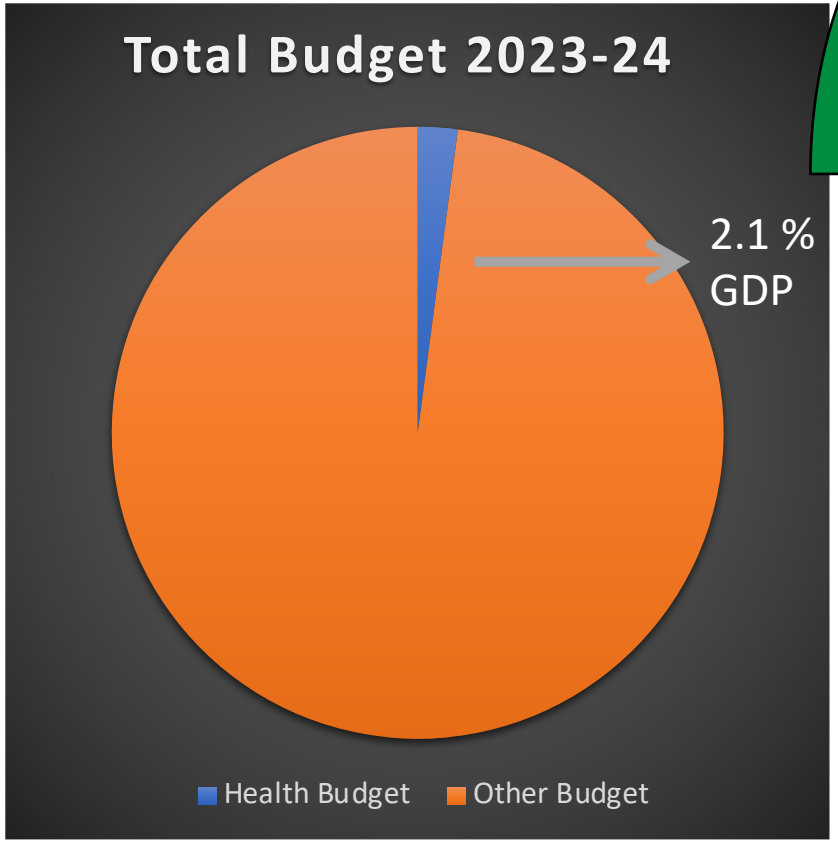
lers, years lived
states of India
We assessed the
he basis of their
on, and fertility
suicide deaths.

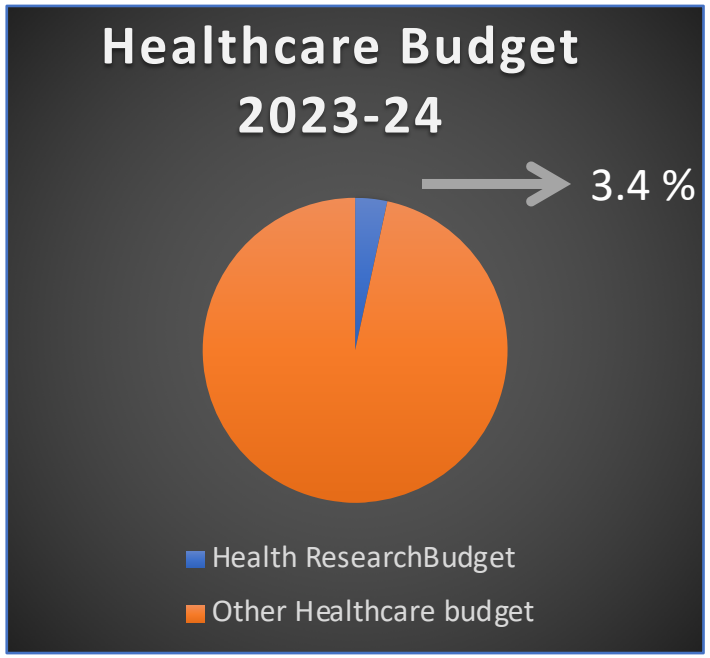
- Estimated number of people with ANY mental disorder ~197 million
- DALY attributed to mental illness ~4%
- Doubled in the last decade

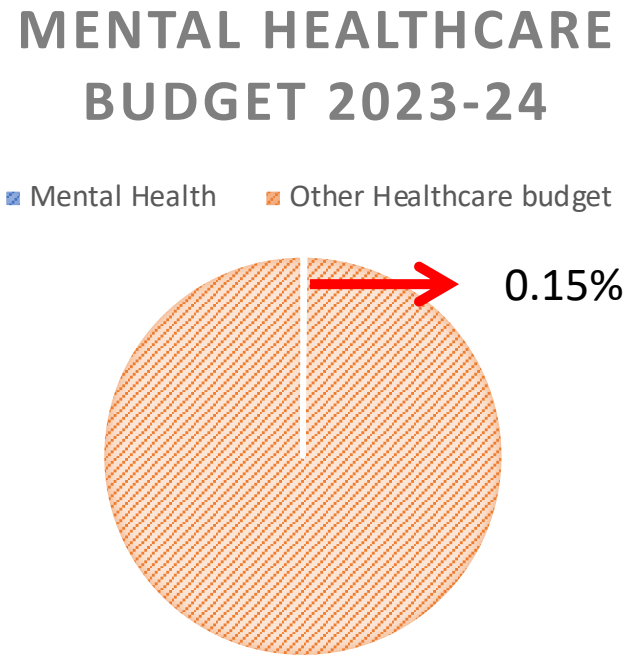
	Both sexes	Males	Females
All mental disorders	14·3% (12·9–15·7)	14·2% (12·8–15·6)	14·4% (13·1–15·8)
Idiopathic developmental intellectual disability	4·5% (3·0–6·0)	4·7% (3·1–6·3)	4·3% (2·9–5·7)
Depressive disorders	3·3% (3·1–3·6)	2·7% (2·5–3·0)	3·9% (3·6–4·3)
Anxiety disorders	3·3% (3·0–3·5)	2·7% (2·4–2·9)	3·9% (3·6–4·3)
Conduct disorder	0·8% (0·6–1·0)	1·0% (0·8–1·3)	0·6% (0·4–0·7)
Bipolar disorder	0·6% (0·5–0·7)	0·6% (0·5–0·7)	0·6% (0·5–0·7)
Attention-deficit hyperactivity disorder	0·4% (0·3–0·5)	0·6% (0·5–0·7)	0·2% (0·2–0·3)
Autism spectrum disorders	0·4% (0·3–0·4)	0·5% (0·5–0·6)	0·2% (0·2–0·2)
Schizophrenia	0·3% (0·2–0·3)	0·3% (0·2–0·3)	0·2% (0·2–0·3)
Eating disorders	0·2% (0·1–0·2)	0·1% (0·9–1·4)	0·3% (0·2–0·3)
Other mental disorders	1·8% (1·5–2·0)	2·1% (1·8–2·4)	1·4% (1·2–1·7)

Data are percentage, with 95% uncertainty interval in parentheses.

Context: Budget

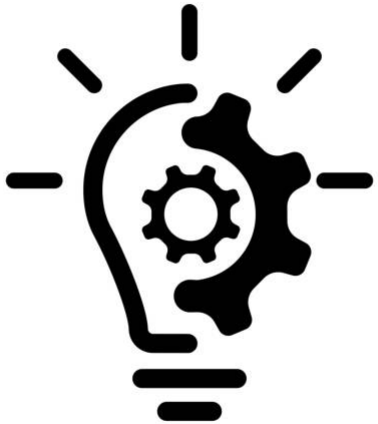






Research Priority Setting

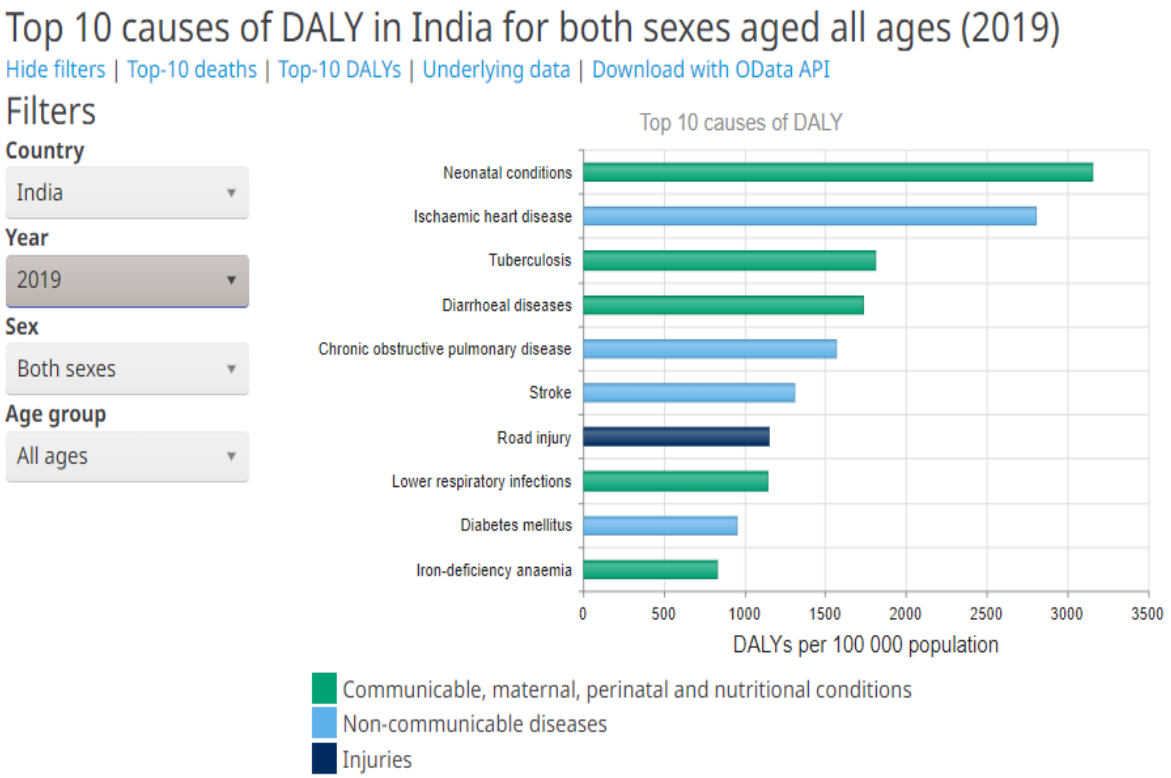
Constrained resources-
Mental health > healthcare research > healthcare > total GDP



Healthcare service burden
Service vs. Research
Research prioritization

Enormous burden of mental illness
Service vs. Research
Research prioritization

Research Priority Setting



Constrained resources → Several competing interests →

How to estimate the “ideal” size of the Pie for mental health research vs. others

Within the mental health research- what should be prioritized?

Ethics in Priority Settings: 1

Is the priority settings process public?
What is done to enhance its availability and access to the public?

Transparency

Ethics in Priority Settings: 2

Inclusiveness

Who is involved?
How are they involved?
What is the level of engagement?

Ethics in Priority Settings: 1 & 2

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कल्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

No.: BMI/ePMS/121273 **Date: 01/03/2023**

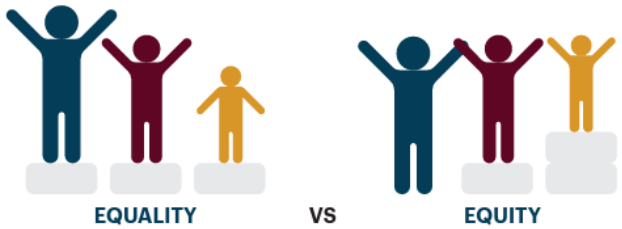
CALL FOR INVESTIGATOR-INITIATED RESEARCH PROPOSALS* FOR SMALL EXTRAMURAL GRANTS

Who?
How?
Why?

Table-1: Priority Diseases and conditions

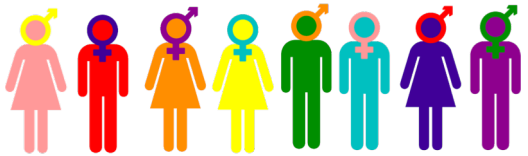
Communicable Diseases	Non-Communicable Diseases	Reproductive, Maternal and Child Health, Nutrition
One-health	Cancer – breast, cervix, oral, lung	Preconception care
Tuberculosis	Diabetes	Hypertensive disorders of pregnancy
Antimicrobial resistance	Cardio-vascular disease	Gestational diabetes
Malaria	COPD	Intrapartum care
HIV, Sexually Transmitted Infections	Stroke	Postnatal care
Influenza and other Respiratory infections	Epilepsy	Stillbirths
Gastrointestinal infections	Dementia / Alzheimer's disease	Polycystic Ovary Syndrome
Viral Hepatitis	Rheumatic Heart Disease	Endometriosis
Sepsis	Trauma and Burns	Neonatal sepsis
Meningitis/encephalitis	Chronic GE/Liver disease	Perinatal asphyxia
Urinary infections		Preterm birth / low birth weight
Lymphatic Filariasis	Depression, anxiety	Early child development
Kala-azar/Leishmaniasis	Psychosis	Childhood pneumonia, diarrhea, fever
Dengue	Substance Use Disorders	Breastfeeding and Complementary Feeding
Helminth Infestation	Oral health	Childhood malnutrition
Measles, Rubella	NCD risk factors – diet, activity, alcohol, tobacco	Anaemia in women and children
Rickettsia infections (including scrub typhus and non-scrub typhus rickettsia)	Sickle Cell Disease / Thalassemia	Adolescent nutrition
COVID-19	Clotting disorders	Nutrition in acute/chronic disease

Ethics in Priority Settings: 3



Research Equity

Reduce healthcare disparity
Target social determinants of health



Gender and Sexuality

Economic
Social status

Housing
Neighborhood

Ethics in Priority Settings: 3

Research Equity

More important in mental health research

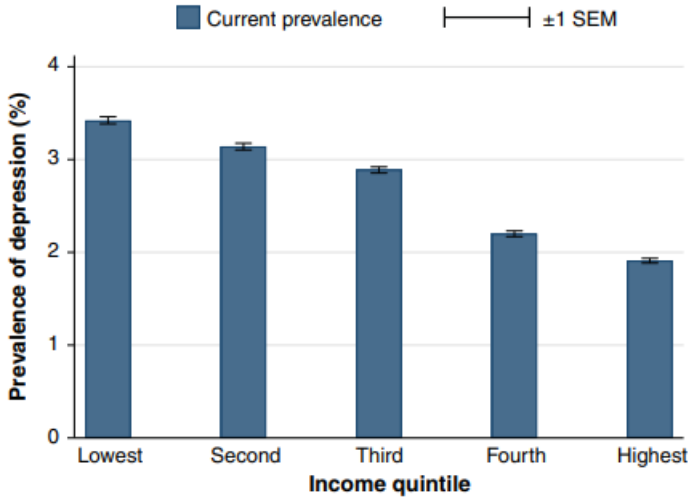
Vulnerability, Stigma, social consequences

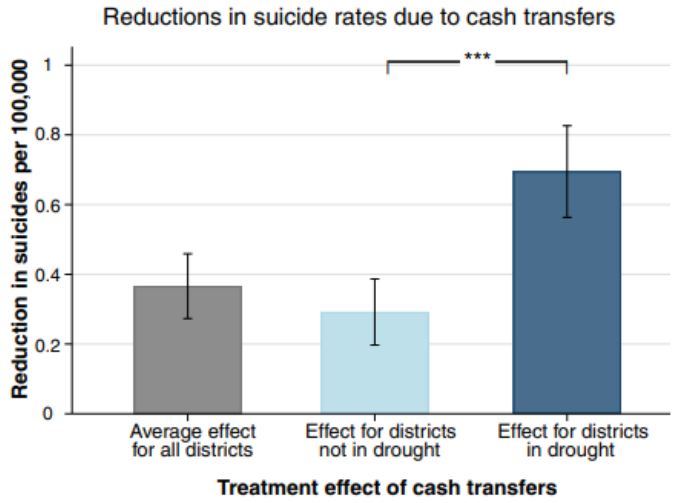
REVIEW SUMMARY

ECONOMICS

Poverty, depression, and anxiety: Causal evidence and mechanisms

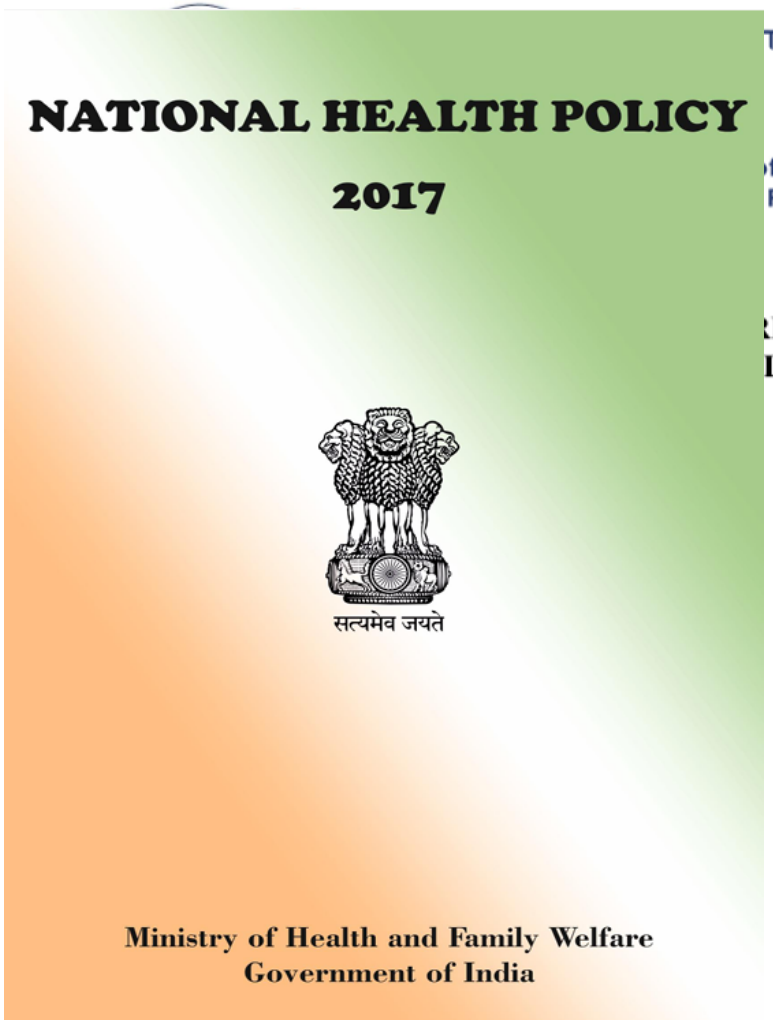
Matthew Ridley, Gautam Rao, Frank Schilbach*, Vikram Patel





g. 3. Cash transfers, suicide rates, and droughts. The estimated effect of the cash transfer roll-out on strict suicide rates, for all districts and separately by whether or not they were experiencing a drought ottom 20% of the rainfall distribution) when the cash transfers reached them. Error bars show ±1 SEM. terisks denote a significant difference between effects: ***$P < 0.01$.

Ethics in Priority Settings: 3



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Health Research, Ministry of Health
Family Welfare, Government of India

Date: 01/03/2023

RESEARCH PROPOSALS* FOR
L GRANTS

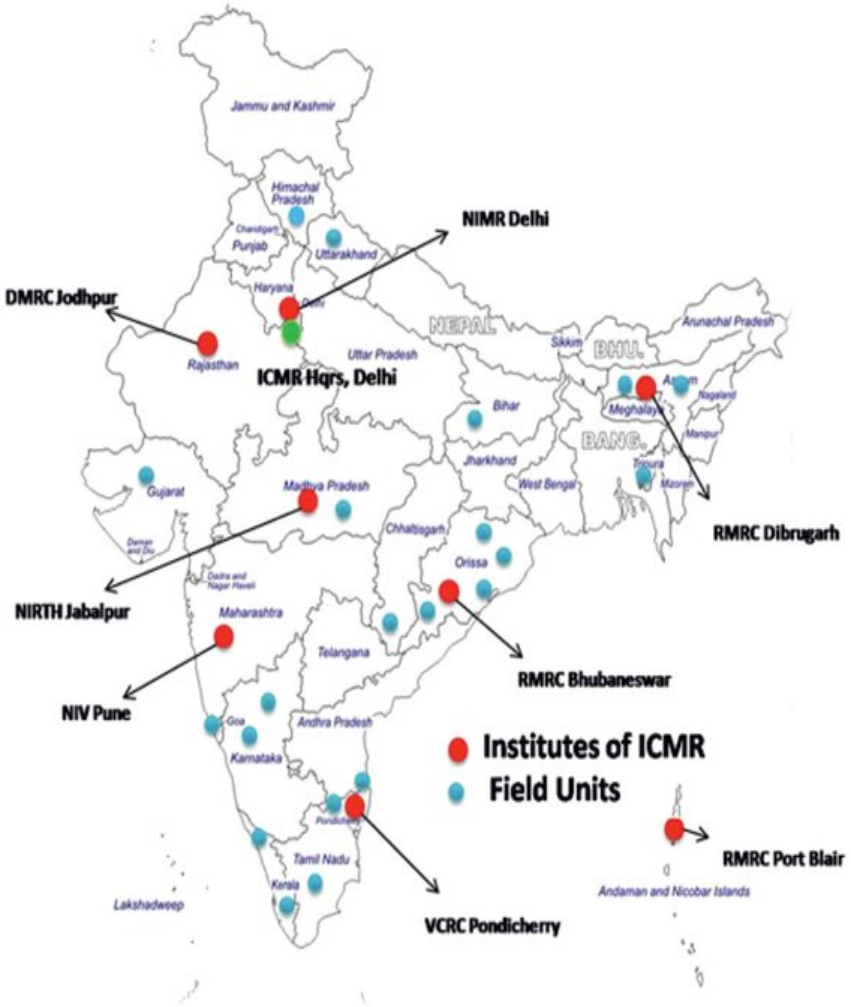
Missing "Equity" as an evaluation criteria

"…. universal access to good quality healthcare services without anyone having to face financial hardship as a consequence."

oring criteria are as

	20
	20
	20
ves?	20
5. Implementation strategy – is the study feasible in a timely manner?	20

Recommendation 1



- Diversity- geography, demography, practices, healthcare systems

Suicide rates high in southern states

Opioid use high in Northern states

Tobacco use in women high in NE states

- Region-wise research priority settings
- Bottom-up, inclusive (PLE, Family members/carers), transparent

Recommendation 2

Electronic supplementary material:
The online version of this article contains supplementary material.

journal of global health

PAPERS

Setting research priorities for maternal, newborn, child health and nutrition in India by engaging experts from 256 indigenous institutions contributing over 4000 research ideas: a CHNRI exercise by ICMR and INCLEN

Narendra K Arora[1], Archisman Mohapatra[1], Hema S Gopalan[1], Kerri Wazny[2], Vasantha Thavaraj[3], Reeta Rasaily[3], Manoj K Das[1], Meenu Maheshwari[1], Rajiv Bahl[4], Shamim A Qazi[4], Robert E Black[5], Igor Rudan[2]

[1] The INCLEN Trust International, New Delhi, India
[2] Centre for Global Health Research, Usher Institute for Population Health Sciences and Informatics, University of Edinburgh, Scotland, UK
[3] The Indian Council of Medical Research, New Delhi, India
[4] World Health Organization, Geneva, Switzerland
[5] Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA

Background Health research in low– and middle– income countries (LMICs) is often driven by donor priorities rather than by the needs of the countries where the research takes place. This lack of alignment of donor's priorities with local research need may be one of the reasons why countries fail to achieve set goals for population health and nutrition. India has a high burden of morbidity and mortality in women, children and infants. In order to look forward toward the Sustainable Development Goals, the Indian Council of Medical Research (ICMR) and the INCLEN Trust International (INCLEN) employed the Child Health and Nutrition Research Initiative's (CHNRI) research priority setting method for maternal, neonatal, child health and nutrition with the timeline of 2016–2025. The exercise was the largest to–date use of the CHNRI methodology, both in terms of participants and ideas generated and also expanded on the methodology.

Methods CHNRI is a crowdsourcing–based exercise that involves using the collective intelligence of a group of stakeholders, usually researchers, to generate and score research options against a set of criteria. This paper reports on a large umbrella CHNRI that was divided into four theme–specific CHNRIs (maternal, newborn, child health and nutrition). A National Steering Group oversaw the exercise and four theme–

- Amendment of the proposal evaluation criteria- add "equity"
- Ensuring "equity" in mental health research priority settings
- Decide the "weightage" given to "equity"

Key Points

Problem-Resource mismatch

Mismatch is disproportionately high for mental health

A case for ethical health research priority settings

Indian Council of Medical Research must take the lead

Transparent

Inclusive

Equitable