

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

Arora et al. (2017)
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For which topic were research priorities identified?

maternal, newborn, child health and nutrition

In which location was the research priority setting conducted?

Asia - India

Why was it conducted at all?

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.

What was the objective?

to identify research priorities at national and sub-national (regional) levels with a 10-year reference time period (2016-2025) and through inclusion of a large number of stakeholders for representativeness

What was the outcome?

a ranking list of 86 research topics

How long did the research prioritization take?

2012 - 2014

Which methods were used to identify research priorities?

CHNRI approach

How were the priorities for research identified exactly?

Step 1: literature review: to identify areas of concern under the four themes: maternal, newborn, child health and nutrition. Step 2: survey: participants were asked to solicit research ideas, 4003 ideas submitted. Step 3: data processing: research ideas consolidated into 373 research options. Step 4: finalizing criteria for scoring: participants were asked to distribute a hypothetical amount of 100 Indian Rupees across the five criteria giving the maximum amount to the criteria they felt to be the most important and the minimum to the least important. Step 5: scoring of questions: participants were asked to score each research option along five criteria, relative criteria weights were then assigned to scoring criteria to finalize list of research priorities

Which stakeholders took part?

Faculty/researchers from departments directly or indirectly engaged in work pertaining to MNCHN (e.g., obstetrics & gynecology, pediatrics, neonatology, community medicine, biochemistry, physiology, pathology, microbiology, midwifery, public health nutrition and home sciences, social sciences, statistics and demography, and agriculture), national and zonal office-bearers of major professional associations in MNCHN (the Indian Academy of Pediatrics, the National Neonatology Forum, the Federation of Obstetrics and Gynecological Societies of India, the Indian Association of Preventive and Social Medicine, the Indian Public Health Association, the Nutrition Society of India, and the Indian Dietetic Association), technical experts (subject experts, basic scientists and public health specialists), social scientists, program specialists (health, and woman and child development), and donor agency representatives. 498 participants

How were stakeholders recruited?

Experts were identified through a literature search and networks.

Were stakeholders actively involved or did they just participate?

Stakeholders not only participated but were also actively involved in the research prioritization process. They were part of a steering group. The steering group consisted of key officials from the Ministry of Health & Family Welfare, Ministry of Women and Child Development, and Ministry of Science and Technology, subject experts, representatives of national and international donors, multilateral agencies. Members oversaw the process.



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