

Neonatal Survival in Complex Humanitarian Emergencies: Setting an Evidence-Based Research Agenda

Morof et al. (2014)

<https://doi.org/10.1186/1752-1505-8-8>

For which topic were research priorities identified?

neonatal health in complex humanitarian emergencies

In which location was the research priority setting conducted?

international

Why was it conducted at all?

Over 40% of all deaths among children under 5 are neonatal deaths (0-28 days), and this proportion is increasing. In 2012, 2.9 million newborns died, with 99% occurring in low- and middle-income countries. Many of the countries with the highest neonatal mortality rates globally are currently or have recently been affected by complex humanitarian emergencies. Despite the global burden of neonatal morbidity and mortality and risks inherent in complex emergency situations, research investments are not commensurate to burden and little is known about the epidemiology or best practices for neonatal survival in these settings

What was the objective?

to prioritize neonatal health research most likely to reduce newborn related mortality in the unique setting of complex humanitarian emergencies

What was the outcome?

a ranking list of 35 research questions

How long did the research prioritization take?

October 2011 - December 2011

Which methods were used to identify research priorities?

CHNRI approach

How were the priorities for research identified exactly?

Step 1: defining research context, questions, and criteria. Step 2: experts compiled list of 97 research questions, research questions reviewed by experts, duplicates removed, final list of 35 questions compiled. Step 3: experts were asked to score each of the 35 questions

Which stakeholders took part?

UNHCR, UNICEF, UNFPA, Save the Children, US government, CDC, European Union Humanitarian Aid and Civil Protection (ECHO), 3 academic institutions, 9 non-governmental international organizations. 28 participants.

How were stakeholders recruited?

Participation was widely solicited from persons with subject matter expertise (neonatal, child health, reproductive health and complex humanitarian emergencies).

Were stakeholders actively involved or did they just participate?

Stakeholders were mere participants of the research prioritization process; they were not actively involved in the process.