

# Priorities for Research into the Impact of Canine Surgical Sterilisation Programmes for Free-Roaming Dogs: An International Priority Setting Partnership

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## For which topic were research priorities identified?

canine surgical sterilisation programmes for free-roaming dogs

## In which location was the research priority setting conducted?

international

## Why was it conducted at all?

Surgical sterilisation is a core activity of free-roaming dog population management (DPM) programmes globally. However, there is limited published evidence on its impact at the population level. To support evidence-based decision making in this field, it is important that research conducted is relevant to those involved in working with free-roaming dogs and implementing such programmes.

## What was the objective?

to engage individuals with experience working in DPM (dog population management) to identify their top ten research priorities related to the impact of sterilisation programmes for free-roaming dog populations

## What was the outcome?

a ranking list of 10 research questions

## How long did the research prioritization take?

February 2019 - April 2020

## Which methods were used to identify research priorities?

JLA method

## How were the priorities for research identified exactly?

Step 1: collecting research priorities: international stakeholders with experience working in DPM were asked in online survey what unanswered questions they had regarding the impact of sterilisation programmes: What questions do you have about the impact of surgical sterilisation programmes on a population of free-roaming dogs? What questions do you have about using surgical sterilisation as part of a canine rabies control programme?, 664 questions were submitted. Step 2: data analysis: thematic analysis of survey responses was used to develop a long list of collated indicative research questions (CIRQs), 476 questions were in scope, 9 themes were identified, 47 CIRQs were formulated, literature review was performed to identify questions that were true uncertainties. Step 3: interim ranking: list of 47 CIRQs, to have a manageable number in the final process, participants were asked to read all of the questions and select (by drag and drop) up to 25 questions that they thought were most important for research (they were not asked to rank the questions), all indicative questions that were moved to the prioritise column were ranked based on the frequency with which they were chosen by all participants and by demographic subgroup. Step 4: final prioritization: via 2 rounds of Delphi: in the first Delphi round participants were asked to rank all of the shortlisted questions, list of 26 CIRQs for final prioritisation round 1, individual rankings were combined to give an aggregate ranking for each question, in the second Delphi round each participant was emailed a document with the aggregate ranking and their previous individual ranking for each of the questions, list of 15 CIRQs for round 2, participants were asked to re-rank their top 10 questions, individual rankings were combined to form an overall aggregate rank for each question with the highest scoring questions comprising the top 10

## Which stakeholders took part?

A total of 152 participants from 62 different countries completed one or more stages: majority from NGOs (n=111, 73%). Interim ranking: 107 participants. Final prioritization: 44 round 1 participants, 36 completed both rounds. Participants' roles: vets, vet nurses/technicians, program managers, community-based animal health workers, animal health technicians, researchers. Participants' organizations: NGOs, inter-governmental organization, government, academic/research institute.

## How were stakeholders recruited?

Participants were recruited via email and social media using convenience, purposive and snowball sampling in line with the JLA's inclusive approach. Steering group members promoted the survey through personal and professional



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## 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 people with varied experiences of working with FRDs from different geographical and institutional settings, including programme managers of DPM interventions, researchers