

# Ethics of health research priority setting

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## Ethical challenges and improvement pathways: a case study on health research priority setting in the Philippines

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### Brief description of case study context

The Philippine Department of Health and Department of Science and Technology (DOST) led the creation of the Philippine National Health Research System (PNHRS) in 2013.<sup>1</sup> The PNHRS is the integrated framework for health research in the Philippines to ensure that research contributes to health policymaking. Under the PNHRS, the Research Agenda Management Committee (RAMC) offers guidance on shaping the country's health research agenda, aligning with societal goals across various sectors.<sup>2</sup> The Philippine Council for Health Research and Development (PCHRD) is the secretariat of the PNHRS and RAMC.<sup>3</sup>

The PNHRS anchors itself to the Essential National Health Research strategy, which applies a supply-demand approach to research priority setting (RPS) and enshrines equity, efficiency and effectiveness as guiding values.<sup>4,5</sup> The framework asserts that identification of health needs and targeting research towards those needs will lead to increased utilization of evidence in effective policies. The PNHRS first published a National Unified Health Research Agenda (NUHRA) in 2006.<sup>6</sup> The NUHRA is an advocacy document to guide health research activity, generate research support and funding, and promote research translation. It is developed every 6 years and implemented over a period concurrent with the Presidential term of office.

Since 2017, the Alliance for Improving Health Outcomes (AIHO) has been providing technical assistance to the PNHRS and RAMC in the conduct of RPS workshops, and development and evaluation of research agendas. This includes the NUHRA 2017-2022, research agenda for the Virology Institute of the Philippines, research agenda for the Philippine Liver Research Network, and the NUHRA 2023-2028.<sup>7-9</sup> These RPS processes applied a combination of principles and RPS frameworks such as the James Lind Alliance framework, PNHRS Guidelines for Health Research Prioritization, bottom-up with top-down inputs approach, multi-criteria decision analysis, nominal group technique, and consensus-building in participatory stakeholder consultations.<sup>10</sup>

### Ethical issues

#### 1. Weak research agenda stewardship

As a Philippine policy, any new long-term DOST-funded research initiative or institution is required to produce a research agenda prior to receiving funds.<sup>11</sup> In our RPS work, the challenge that this has posed is the lack of clear strategic direction, values, and commitment to the research agenda. At the point that RPS is conducted, participants are unaware of the scope of work, capacity, and resources that will be available to the research initiative. At its core, ranking research priorities is about making choices and those choices should be based on defined context, scope, and values enshrined within a transparent process.<sup>12</sup> Inadequate RPS stewardship has led to poor decision-making in value trade-offs, which may not represent the future implementer's values. In the instance of RPS for the Virology Institute of the Philippines and the Philippine Liver Research Network, the research agendas were developed without the benefit of a previously defined research network organizational structure and funding commitment.<sup>8,9</sup> In this case, critical decisions are often left to AIHO or the RPS funder (often PCHRD themselves).

RPS is also almost always outsourced to contractors, which we think demonstrates a chronic underappreciation for PCHRD capacitating itself on research agenda development. While the RAMC is supposed to give advice on research agenda formulation, the outsourcing of RPS has led to an increased technical capacity of contractors. Contractors provide the methodological lens to RPS, with RAMC consulted to give approval on these methods. Effective stewardship is curbed by information asymmetry between contractors and RAMC on a methodological and inclusive RPS process. This is manifested in the ability of the RAMC to revise NUHRA themes even after the recommended and approved RPS protocol has been implemented. This risks the removal of themes which were crafted through a rigorous method and identified by stakeholders to be significant in their locality. Although revising the NUHRA is within their mandate, RAMC composition needs to work towards meaningful participation from regions outside the capital to ensure equitable and continued representation of their research needs. In addition, weak stewardship is demonstrated by the non-inclusion of implementation and monitoring & evaluation plans during the RPS process. If a research agenda is seen only as a prerequisite for funding or institutional growth, its significance within a national health research system remains undervalued. This hinders progress towards an effective and efficient national health research system.

## **2. Support for monitoring and evaluation to address inefficient policy tools**

The PNHRS was designed to integrate diverse health research actors in the Philippines into a singular framework, among its objectives being the promotion of good governance in health research *“through efficient, effective, transparent and ethical health research management systems.”*<sup>4</sup> However, the processes that can support the PNHRS in these functions are insufficient. One important deficiency was an ill-defined monitoring and evaluation (M&E) mechanism.

Common in our approaches to RPS and following best practices, we conduct a rapid situational analysis of the health and research context relevant to our specific RPS exercises and disseminate results to stakeholders. However, current health research M&E data collected is not fit-for-purpose and of low utility in health research decision-making.

Bottom-up RPS requires substantial resources, but without a relevant and effective M&E system, assessing the returns on these investments remains uncertain. In fact, we may also be perpetuating inefficiencies that remain unseen and unaddressed.<sup>13</sup> While AIHO exerts due diligence in contextualization during the preparatory phases of RPS, we are always wary of the possibility of neglected research areas or duplication of research efforts. These inefficiencies in the national health research system introduce inefficiencies in the use of public research funds.

## **3. Adhering to general good practices within available resources for priority-setting**

There is a tendency for short termism when it comes to RPS contracts. We are often requested to complete research agenda development in 3 months, and sometimes even in 1 month. Despite these constraints, there continues to be an expectation that we can adhere to RPS good practices. To accommodate this, we have implemented innovative solutions in the RPS process, especially during the COVID-19 pandemic. This includes the maximum use of online tools and platforms for consensus-building.<sup>8</sup>

While resource constraints enabled us to find creative solutions to RPS in the Philippines, there were notable trade offs observed, particularly in stakeholder engagement. In the political economy of priority-setting,<sup>14</sup> the interest group model suggests that well-structured groups with a common objective sustain lower costs in organizing themselves. This eases their participation in the process and results in effective lobbying. In contrast, less organized groups are harder to identify and compel to participate. With severe time constraints, we were unable to diversify the participants in RPS to include civil society and marginalized population advocacy groups. Their inputs and insights into the RPS process could have contributed to a more equitable research agenda.

## Conclusions

In conclusion, our case study highlights several ethical challenges in the health RPS process in the Philippines. **Weak stewardship** leads to unclear strategic direction and values, resulting in misaligned decisions that may not represent the values of future implementers. The prevalent **outsourcing of RPS also suggests an underappreciation for internal capacity building** on research agenda development. Despite resource constraints, adherence to good practices remains a key focus, though these constraints have necessitated creative solutions and unfortunately limited stakeholder engagement. Additionally, the **absence of robust M&E mechanisms** hinders the efficient utilization of resources and obscures potential areas of neglect or duplication. Addressing these issues will be crucial in advancing the ethical integrity and effectiveness of the RPS process, thereby enhancing the impact of health research initiatives in the country.

## Recommendations

To address the ethical challenges in health research priority setting (RPS), we recommend the following steps:

1. **Strengthen stewardship:** Enhance strategic direction and commitment to research agenda by fostering capacity development within PCHRD and relevant institutions, ensuring transparency and stakeholder alignment, and expansion and integration of research agenda management activities throughout the research cycle. Diversify and ensure meaningful participation of all members in the RAMC.
2. **Shift mindsets on the purpose of a research agendas:** Information on available capacity and funding should also inform research agenda development, rather than the research agenda primarily being utilized as a tool to direct institutional development, funding commitment, and resource mobilization.
3. **Prioritize internal capacity building:** Steer away from outsourcing RPS to contractors towards knowledge and skills acquisition from contractors, in order to improve internal expertise and resources for research agenda development.
4. **Extend RPS timelines:** Allocate sufficient time for thorough RPS processes, allowing for diverse stakeholder engagement and thoughtful decision-making.
5. **Develop an appreciation for monitoring and evaluation:** Encourage a culture that values M&E as integral parts of the research process. Ensure M&E is not an afterthought, but a core component in research management. More immediate are the 1) identification of minimum viable M&E indicators for health research and 2) identifying roles and responsibilities of all stakeholders in M&E.

## References

1. Philippine National Health Research System. About PNHRs. *PNHRs* <https://www.healthresearch.ph/index.php/about-pnhrs>.
2. Philippine Council for Health Research and Development. 2023 COMMITTEES. *PNHRs* <https://www.healthresearch.ph/index.php/committees>.
3. Philippine Council for Health Research and Development. Who We Are. *PCHRD* <https://www.pchrd.dost.gov.ph/about-pchrd/>.
4. Implementing Rules and Regulations of RA 10532. Preprint at <https://www.healthresearch.ph/index.php/about-pnhrs/downloads/category/162-irr#> (2014).
5. Council on Health Research for Development. Essential National Health Research and Priority Setting : Lessons Learned. 75 (1997).
6. Philippine National Health Research System. *National Unified Health Research Agenda 2006-2010*. <https://www.pchrd.dost.gov.ph/wp-content/uploads/2022/03/National-Agenda.pdf> (2006).
7. Philippine National Health Research System. National Unified Health Research Agenda 2017-2022. Preprint at (2017).
8. Sales, R. K., Oraño, J., Estanislao, R. D., Ballesteros, A. J. & Gomez, M. I. F. Research priority-setting for human, plant, and animal virology: an online experience for the Virology Institute of the Philippines. *Health Res. Policy Syst.* **19**, 70 (2021).

9. Philippine Council for Health Research and Development. 2020 Annual Report. *PCHRD* <https://www.pchrd.dost.gov.ph/publications/pchrd-2020-annual-report/> (2020).
10. Philippine National Health Research System. *National Guidelines for Health Research Prioritization: How to Set a Research Agenda*. (2016).
11. Executive Order No. 784, s. 1982. *Official Gazette of the Republic of the Philippines* <https://www.officialgazette.gov.ph/1982/03/17/executive-order-no-784-s-1982/>.
12. Viergever, R. F., Olifson, S., Ghaffar, A. & Terry, R. F. A checklist for health research priority setting: Nine common themes of good practice. *Health Res. Policy Syst.* **8**, 36 (2010).
13. Kusek, J. Z. & Rist, R. C. *Ten Steps to a Results Based M&E System*. 96–117, 120, 139 (World Bank, 2004).
14. Hauck, K. & Smith, P. C. The Politics of Priority Setting in Health: A Political Economy Perspective. (2015) doi:10.2139/ssrn.2671571.

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