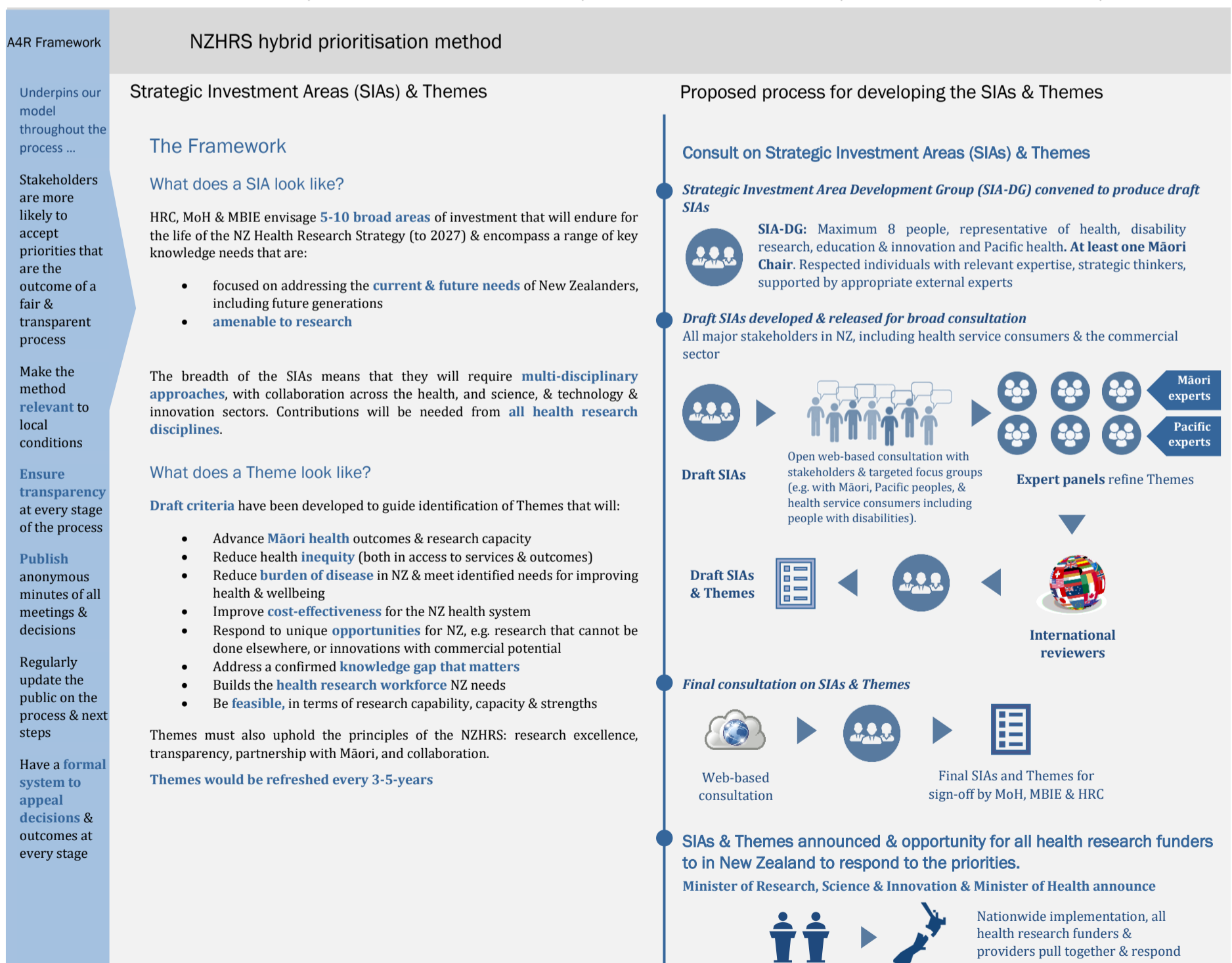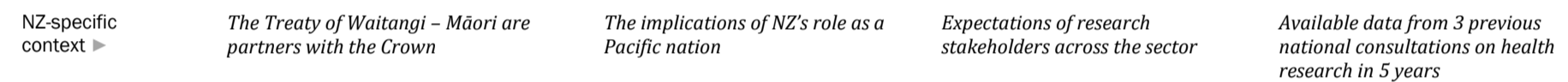# The prioritisation process and how it was developed

Seven established models that have been used for health research prioritisation internationally were assessed for suitability (plus the Accountability for Reasonableness Framework, A4R). Each was measured against 28 criteria, derived from the NZHRS guiding principles; Action 1 purpose statement and outcomes sought, A4R transparency framework & available resources[1]

No one method met all the criteria...

The method ▶	Burden of Disease (BoD)	Essential National Health Research (ENHR)	3D Combined Matrix (3D CAM)	Child Health & Nutrition Research Initiative (CHNRI)	James Lind Alliance (JLA)	Delphi & other foresight techniques (DF)	Evidence Gap Maps (EGM)
Description ▶	Evidence-based approach, relating research to burden of disease, determinants & cost-effectiveness. Requires sophisticated health information systems & statistical expertise.	Working groups of stakeholders determine priorities. Consider areas which are amenable to research, research already underway, & links to existing strategies	Creates systematic framework of information, along 3 dimensions, public health, institutional & equity. Identifies gaps in knowledge, facilitates comparisons between sectors	Research ideas identified by stakeholders & ranked against: answerability; equity; impact on burden; deliverability; effectiveness	Identifies questions & uncertainties most important to patients, their carers & clinicians. Intensive data gathering & analysis to develop very specific questions	Covers a number of tools, all focused on forecasting, scenario creation & 'visioning' by experts	Maps systematic reviews & impact evaluations. Focused on quality of existing evidence for policy-makers & practitioners. Highlight absolute gaps & synthesis gaps
What does not fit the criteria? ▶	Purely data driven. No feasibility criteria. No stakeholder involvement. No way to incorporate opportunities, innovation or Māori or Pacific issues or frameworks	Working groups as sole input, too resource intensive & limits inclusivity of consultation	Very detailed – suited to narrow areas of interest. Logistically difficult & time-consuming. No repeatable or systematic component to identify & score research priorities	Solely an 'investments-based' philosophy, no face-to-face meetings – not appropriate for Māori & Pacific input	Suitable for detailed analyses within specific diseases – not broad areas. Unclear criteria for selection, mix of participants may skew information base. Resource intensive to identify & verify uncertainties	Looks only at possible future scenarios, not current issues, opportunities or burden of disease. Relies solely on expert opinion	New & unproven method. Too risky to use this approach for a national-level prioritisation exercise
What fits the NZHRS prioritisation model ▶	Evidence-based approach – relating research to burden of disease, determinants, & cost-effectiveness	Working groups to enhance reach of internet consultation; supported by additional advisors in areas where specific expertise is needed	Identify gaps in knowledge, involve a broad range of stakeholders, & include equity as a lens across all areas. Compare input across sectors	Inclusion of specific criteria to review research options against, rather than simply creating a list	A focus on knowledge gaps rather than priorities. Provision of data to support expert decision-making. Ranking of priorities	Future scanning for emerging threats, potential risks & opportunities. Involving of national & international experts	Use of synthesised data (systematic reviews) where possible. Identification of areas where systematic reviews are needed

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We took the best of each, in light of our New Zealand context, & applied the framework of 'accountability for reasonableness', for our new method...

NZ-specific context ▶	*The Treaty of Waitangi – Māori are partners with the Crown*	*The implications of NZ's role as a Pacific nation*	*Expectations of research stakeholders across the sector*	*Available data from 3 previous national consultations on health research in 5 years*

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A4R Framework

NZHRS hybrid prioritisation method

Underpins our model throughout the process …

Stakeholders are more likely to accept priorities that are the outcome of a fair & transparent process

Make the method **relevant** to local conditions

Ensure transparency at every stage of the process

Publish anonymous minutes of all meetings & decisions

Regularly update the public on the process & next steps

Have a **formal system to appeal decisions** & outcomes at every stage

Strategic Investment Areas (SIAs) & Themes

The Framework

What does a SIA look like?

HRC, MoH & MBIE envisage **5-10 broad areas** of investment that will endure for the life of the NZ Health Research Strategy (to 2027) & encompass a range of key knowledge needs that are:

- focused on addressing the **current & future needs** of New Zealanders, including future generations
- **amenable to research**

The breadth of the SIAs means that they will require **multi-disciplinary approaches**, with collaboration across the health, and science, & technology & innovation sectors. Contributions will be needed from **all health research disciplines**.

What does a Theme look like?

Draft criteria have been developed to guide identification of Themes that will:

- Advance **Māori health** outcomes & research capacity
- Reduce health **inequity** (both in access to services & outcomes)
- Reduce **burden of disease** in NZ & meet identified needs for improving health & wellbeing
- Improve **cost-effectiveness** for the NZ health system
- Respond to unique **opportunities** for NZ, e.g. research that cannot be done elsewhere, or innovations with commercial potential
- Address a confirmed **knowledge gap that matters**
- Builds the **health research workforce** NZ needs
- Be **feasible**, in terms of research capability, capacity & strengths

Themes must also uphold the principles of the NZHRS: research excellence, transparency, partnership with Māori, and collaboration.

Themes would be refreshed every 3-5-years

Proposed process for developing the SIAs & Themes

Consult on Strategic Investment Areas (SIAs) & Themes

Strategic Investment Area Development Group (SIA-DG) convened to produce draft SIAs

SIA-DG: Maximum 8 people, representative of health, disability research, education & innovation and Pacific health. **At least one Māori Chair**. Respected individuals with relevant expertise, strategic thinkers, supported by appropriate external experts

Draft SIAs developed & released for broad consultation
All major stakeholders in NZ, including health service consumers & the commercial sector

Draft SIAs

Open web-based consultation with stakeholders & targeted focus groups (e.g. Māori, Pacific peoples, & health service consumers including people with disabilities).

Māori experts **Pacific experts**

Expert panels refine Themes

Draft SIAs & Themes

International reviewers

Final consultation on SIAs & Themes

Web-based consultation

Final SIAs and Themes for sign-off by MoH, MBIE & HRC

SIAs & Themes announced & opportunity for all health research funders to in New Zealand to respond to the priorities.

Minister of Research, Science & Innovation & Minister of Health announce

Nationwide implementation, all health research funders & providers pull together & respond

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[1] *Please see full background paper – 'Health Research Priority-Setting for New Zealand: A review of priority-setting approaches and proposed method for targeted consultation'*
- for full details of the options analysis, the 28 criteria used to rank each method and the rank of each method against each criterion.