

2.4 Examples of approaches to prioritizing challenges to address

Many approaches can be used to prioritize societal challenges. They can vary by the breadth of challenges and the time frame they address, and by the degree to which they can inform priority setting. Priority setting may be for evidence-related global public goods (which we return to in chapter 6) or for the strategies used by evidence intermediaries (which we return to in chapter 5 and again in chapter 6). Below we outline five of the general approaches that can be used to prioritize action on societal challenges. The first considers all possible sectors and the remaining four are drawn from the health sector. For each example, we suggest some of the pros and cons of the approach.

Focus	Examples	Pros	Cons
Broad societal challenges operating over the long term	Global Priorities Institute approach to setting a research agenda (6)	Attention to the very long term, including the many generations that will come after us, and to existential risk, such as the extinction of the human species	Focus on the 'buckets' where evidence is needed, without also focusing on the specific questions to be answered or the forms of evidence to answer them within each bucket
Mid-range challenges operating over the short term	Approaches to allocating resources, such as program budgeting and marginal analysis, technology assessment, and multiple-criteria value assessment*(7)	Attention to how financial and human resources can best be allocated within a sector to achieve the greatest value for money	Same as for the rows above and below, as well as the tendency to do these episodically and not as living processes
Specific research questions where new primary research is needed now	James Lind Alliance approach to engaging patients, caregivers and professionals in prioritizing the top 10 unanswered questions (or evidence uncertainties) on a specific topic	Research priorities being set by those who need to use the resulting evidence and with a check that best evidence doesn't already exist for each potential priority	Tendency to focus on products and services, without also focusing on how to get the right mix of many different products and services to those who need them
Specific research questions where a synthesis of the best evidence globally is needed now	SPARK tool for engaging government policymakers and stakeholders in prioritizing questions for evidence syntheses about the health-system arrangements and implementation strategies needed to get the right mix of products and services to those who need them (8)	Same as for the row above, as well as the focus on evidence synthesis to complement primary research	Lack of anticipation of future needs, which can include both issues that tend to recur with political and economic cycles and issues for which preparedness will be essential
Specific decisions where locally contextualized evidence is needed now, typically on very short timelines	COVID-END approach to prioritizing urgent requests from national and sub-national policymakers for rapid evidence syntheses to be prepared in one-to-10 days and funded out of a common pool over a one-year period	Use of proxy indicators for likelihood of impact (high-level request and interest from multiple jurisdictions), a check that best evidence doesn't already exist or isn't already being synthesized, and checks that the work can be completed in the timeline requested and within bi-monthly spending targets	Potential for duplication in the production of new global public goods and for such goods to be of lower quality than if a living evidence synthesis had been prepared by methodologically strong teams that anticipated a future need and made available updates in ways that can be easily contextualized

* An alternative to MCVA is the incremental cost-effectiveness ratio based on quality-adjusted life years, which is a single-criterion value assessment