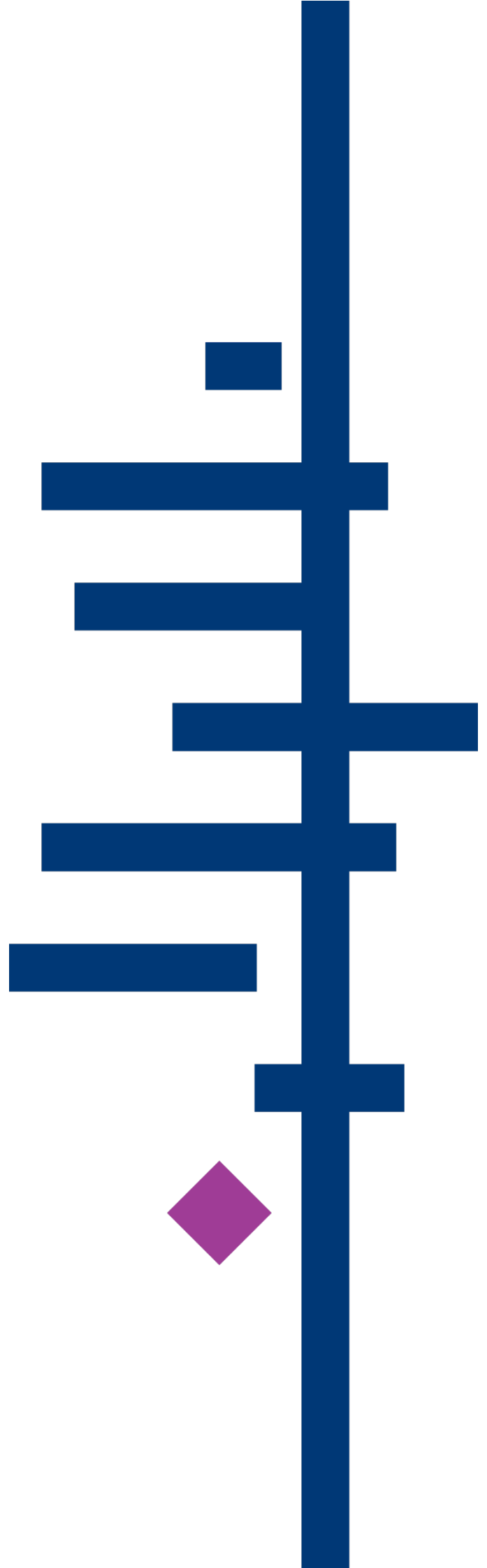


Guidance note for Cochrane Groups to define systematic review priorities

Developed by the Knowledge
Translation Working Group on
Embedding Prioritization
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Version Control

Version Number	Date	Modifications made
1	July 2018	New version published
2	October 2018	<ul style="list-style-type: none">• Information about how to contact the Working Group to review a prioritisation plan.• Clarified information about disseminating plans for prioritisation• Included information about inclusion of equities in priority setting process• Included considerations for Groups with large scopes.• Added list of Working Group members
3	September 2019	<ul style="list-style-type: none">• Clarified information about the use of existing priority setting processes conducted by other organisations.

Introduction

Setting systematic review priorities is essential to ensure that Cochrane produces the right reviews. It can also be the foundation for knowledge translation, allowing those who use Cochrane reviews (consumers, healthcare professionals, policy makers) to engage with Cochrane Groups at the earliest possible stage in the review production process.

This guidance note has been developed by the Knowledge Translation Working Group on Priority Setting (KT Working Group), see ‘Members of the Working Group’ section. This KT Working Group aims to provide practical guidance to Cochrane Review Groups and Networks, Geographically-oriented Groups, and Fields on priority setting. In developing this guidance, the working group draws on priority-setting research undertaken by the Cochrane Priority Setting Methods Group (CPSMG) and refers to the wide range of resources available on the [CPSMG website](#). We also draw on the considerable experience of the working group members, who have been engaged in priority-setting activities themselves. The KT Working Group does not conduct methodological research nor seek to develop new priority-setting methods. It does however aim to ensure that all Cochrane priority setting processes are clearly documented. The work that the CPSMG does in advancing priority-setting methods and translating them in recommendations, is both essential and complementary to the mission of the KT Working Group. It is possible that practices in the field of priority-setting methods may change, as a result of research carried by CPSMG and others, therefore any resources developed by the working group may also evolve over time.

This guidance note has been developed to provide practical guidance to Cochrane Review Groups, Geographically-oriented Groups (collectively: Groups), Networks and Fields embarking on a process to define systematic review priorities of relevance to their thematic or geographic area. It aims to support teams in deciding on the approach to use in their situation. As the title of the document says, this is a guidance document. It does not recommend a standardized approach for all Cochrane Groups to use, instead it aims to help them determine the best approach for their work according to their specific goals and resource constraints.

While the approach towards priority setting described in this guidance note is flexible, the KT Working Group has defined a set of mandatory (‘must do’) standards that Groups, Networks and Fields need to comply with when seeking to add a review title to the [Cochrane Priority Review List](#). In addition, also following the highly desirable (‘should do’) standards, will make a priority setting process more robust. These mandatory standards and highly desirable standards are described in the next section.

The centrally-managed [Cochrane Priority Review list](#) will, going forward, only include priority reviews that have resulted from a process following, as a minimum, the mandatory standards. However, we recognize that priorities may emerge in between formal priority setting cycles (for example because of an emerging health issue, or at the specific request from guideline developers or funders). Clearly, Groups should undertake these reviews as a matter of priority, even if they are not included in the Cochrane Priority Review List. We encourage Groups to justify and document the priority of these reviews.

The remainder of this document outlines five steps that will help in defining the scope, methods, and implementation process for priority setting. Where appropriate, the standards are repeated in each section.

We welcome any questions and/or feedback on the guidance and encourage you to share your experiences of prioritization work so that we can further improve this guidance note. Feedback can be send to: Karen (khead@cochrane.org), Knowledge Translation Project Manager, Cochrane.

Mandatory and highly desirable standards

While the approach to priority setting is flexible, the KT Working Group has defined a set of mandatory ('must do') standards that Groups, Networks and Fields need to comply with when proposing a review title for the Cochrane Priority Reviews List. Following highly desirable ('should do') standards in addition to the mandatory standards, accords with best practice in priority setting, and will make the priority setting process more robust. We acknowledge that priority-setting activities may be undertaken by Cochrane Review Groups and Networks, Geographically-oriented Groups or Fields and therefore these standards are intended for broad use.

If you would like further support to ensure your prioritization process meets the mandatory standards set out below, you are welcome to contact the KT Working Group who will aim to answer any questions and provide advice. If you would like to talk to a member of the Working Group, please contact Karen Head, KT Project Manager (khead@cochrane.org).

Mandatory standards

Governance:

- Establish a team to lead the priority setting process. As a minimum, this steering group could be drawn from the Group, Network or Field membership and will help define and refine the scope of the exercise.

Stakeholder engagement:

- Engage with at least *one* stakeholder group, e.g. guideline developer, funder, consumer organization, professional society, etc. Stakeholder engagement must extend beyond the Group, Network or Field membership and/or editorial boards.
- Publish, through relevant Cochrane channels, the intention to conduct a priority setting process, to give external and internal stakeholders (Groups, Networks and Fields) an opportunity to be involved (for example by facilitating connections to external stakeholders in other geographic areas, or in a specific thematic area).

Documentation and dissemination:

- Document the priority setting plan, detailing stakeholder engagement, methods and criteria that will be used for the priority setting process.
- Document the implementation of the priority-setting process and make it available on the individual Group, Network or Field website. In the case of Cochrane Review Groups this should also include a link to the relevant network portal. The documentation must include a summary of the exercise undertaken, and contain enough information for stakeholders to get a clear idea of the process used.
- Publish a list of priority topics (in the form of new or existing review titles or placeholder titles where the precise question is yet to be determined) on the individual group or field website where appropriate.
- Ensure that priority reviews are promoted on publication using the [KT dissemination brief](#).
- Provide formal feedback on the results of the priority setting process to the stakeholders that were involved in it.

Currency/timeframe:

- The priority-setting exercise should be repeated at regular intervals, according to emerging treatment and intervention options within the Group, Network or Field scope and changing stakeholder needs. At a minimum, the exercise should be repeated within five (5) years.

Highly desirable standards include:**Governance**

- Include external stakeholders in the priority setting steering group.

Stakeholder engagement:

- Engagement with *multiple* stakeholder groups, e.g. guideline developers, funders, consumer organisations, professional societies.

Documentation & dissemination:

- Publish a more detailed report of the priority-setting exercise in a relevant academic journal.
- Publish a more detailed report of the priority-setting exercise on the individual Group, Network or Field website.
- Notify stakeholders when the priority reviews have been conducted.
- Develop a plan for how the priority reviews will be delivered, including any potential shift in resource allocation for the Group and communicate this to author teams and other key editorial team members.
- Evaluate priority setting process and outcomes

Currency/Timeframe:

- The priority-setting exercise should be current, i.e. repeated within three (3) years

Step 1: Picking a scenario that best reflects your situation

Below you will find five scenarios that describe common situations for Cochrane Groups considering priority setting. Please decide which one fits your situation best. While there are many other possible scenarios, by identifying one of the five scenarios it will be easier to decide on your scope and methods for priority setting. If you do not wish to pick a scenario, you can go directly to step 2, and start scoping your priority setting process.

Scenario 1: Documenting an existing priority setting process to adhere to the mandatory standards. You recently (within the last five years) conducted a priority setting process that meets the mandatory standards in terms of governance and stakeholder engagement, but you have not yet documented the process. In this scenario, there is no need for an additional process. However, step 4 and 5 of this guidance note may provide useful suggestions for documenting, implementing and evaluating your priority setting process.

Scenario 2: Quick update and prioritization of existing review questions: You want to update and prioritize among your existing review questions, while allowing additional questions to be added if evidence gaps are identified. You have some human resources but no financial resources, and are working with a short timeframe. You aim to engage existing stakeholders, realizing that you may not have the time to build new connections.

Scenario 3: Thorough update and revision of existing review questions: You want to update and prioritize among your existing review questions, while allowing additional questions to be added if evidence gaps are identified. You have some human and financial resources available and can implement the process over a longer timeframe, allowing you to engage new external stakeholders. You are interested in taking a broad perspective throughout the process – for example through the engagement of more global level stakeholders.

Scenario 4: Quick development of new systematic review questions: You have no systematic review production agenda yet, have some human but no financial resources, and are working with a short timeframe. You aim to engage existing stakeholders, realizing that you may not have the time to build additional connections.

Scenario 5: Thorough development of new systematic review questions: You have no systematic review production agenda yet, have some human and financial resources, and can implement the process over a longer timeframe, allowing you to engage new external stakeholders. You are interested in taking a broad perspective throughout the process – for example through the engagement of more global level stakeholders.

Step 2: Scoping a priority setting process

Purpose

Describe the purpose of the priority setting process. For example, the purpose could be:

- To generate a list of five priority topics of interest to your stakeholders;
- To generate a list of priority topics of interest to your funder which will help you build closer connections;
- To generate a list of priority topics of interest to your main stakeholders, and, through the priority setting process, build and strengthen these connections (for example with policy makers);
- To prioritize existing reviews for updating;
- To generate a list of national review priorities (especially relevant for Geographically- oriented Groups).

When defining the purpose, the capacity of your Group, Network or Field to deliver the priority reviews needs to be kept in mind. If the review production agenda that you develop is beyond the current capacity, alternatives can be explored: such as raising additional funds; or working with the Cochrane Networks or Cochrane Response in producing the reviews that the Group cannot do on their own.

It is acknowledged that the scope for some Groups includes both conditions which are common and have a high global disease burden, as well as other rarer conditions which are associated with a large impact on quality of life and possibly high individual cost. In Groups with a wide scope, there needs to be a consideration of whether the prioritization process will include the entire scope, or whether to conduct separate prioritization processes over a period of time. If the entire scope is covered, this may impact the range of stakeholders included. It is acceptable to restrict the priority setting to a specific area of the scope, providing this is justified and documented. Groups could identify the number of priority review titles that it intends to derive from each priority setting process.

Intersection with existing review titles

Clarify if you want to:

- Update and prioritize an existing portfolio of review questions;
- Generate new systematic review questions (starting from a clean slate);
- Both: Update and prioritize an existing portfolio, consider gaps in that portfolio and add new review questions.

Governance, Team, Funding, Timeframe

Establishing a team to lead the priority setting process is one of the mandatory standards for a Cochrane priority setting process. As a minimum, this steering group could be drawn from the existing editorial base and will help define and refine the scope of the exercise. Including external stakeholders in the priority setting steering group, in addition to the editorial base, is a highly desirable standard, and should be considered.

Key questions to consider: Who will be leading the prioritization process? Describe the team and project leader(s), describe the characteristics of this team: which stakeholder groups, organizations and skills are represented; is there someone with priority setting experience or do you feel you need to recruit that skill? If the latter, consider engaging someone from a Group, Network or Field that has recently conducted a priority setting process so that experiences can be shared.

Do you have human and financial resources to support the priority setting process? The available resources will largely dictate the methods for implementing the priority setting process: i.e. some human resources sufficient to do an online survey (which may take 4-6 weeks and needs capacity to develop the survey; share it throughout the network, using social media and other channels; and needs to be analyzed) versus a larger amount of human and financial resources that would also allow one or more face-to-face workshops to be organized. If there is value to conduct a more comprehensive priority setting process (for example because it provides an opportunity to engage stakeholders that you want to build relations with), you could consider raising the necessary funds to do a more comprehensive priority setting process in the future (in a year or two) and go for a 'quick and pragmatic' process in the meantime.

How much time do you have to define your review production agenda? Do you have a request (for example from a funder) to define your agenda within a certain timeframe? Or can you spend a whole year on the process?

Stakeholders

The mandatory standards for stakeholder engagement are to:

- Engage with at least *one* stakeholder group, e.g. guideline developer, funder, consumer organization, professional society, etc. Stakeholder engagement must extend beyond the Group, Network or Field membership and/or editorial boards.
- Publish, through relevant Cochrane channels, the intention to conduct a priority setting process, to give external and internal stakeholders (Groups, Networks and Fields) an opportunity to be involved (for example by facilitating connections to external stakeholders in other geographic areas, or in a specific thematic area).

The highly desirable standard is to engage with *multiple* stakeholders, e.g. guideline developers, funders, consumer organizations, professional societies. Again, this engagement should be underpinned by a clear plan including the explicit methods employed and must be documented.

There are good stakeholder mapping tools (see [Tools and Resources](#)) available to facilitate this part of the scoping work.

When publishing the intention to conduct a priority setting process the term 'relevant Cochrane channels' relates to more than posting the information on the individual Group or Network website. The information should be included in both the '[Reviews and Methods Digest](#)' and the '[Centre and Fields Digest](#)'. In addition, it can also be sent to the Knowledge Translation department (khead@cochrane.org) to be included in the '[Comms Network Digest](#)'.

Some external stakeholders may have defined their own priorities and may have engaged their own stakeholders in turn. Documenting this 'indirect' stakeholder engagement is important, and may provide strength and credibility to the priority setting process. There may also be opportunities to partner with external stakeholders in developing a review production agenda that would be used by a number of

different stakeholders afterwards (beyond solely by your Group, Network or Field), such as clinical trials networks. You would thus be able to share the costs and workload, increase the reach, and increase the likelihood that priorities will be actioned/funded by whatever type of research is most appropriate.

Many Groups, Networks and Fields have existing connections and links with stakeholders, who can be approached relatively easily. It is useful to think beyond your usual partners and consider which other stakeholders will be essential to involve, not only to develop a robust review production agenda, but also to increase the use of the priority reviews once published. Some thought may need to be given to equity issues when considering which stakeholders to include, particularly if there are stakeholder views which may have been under-valued or groups which are difficult to access. It may be beneficial to spend time building these key connections, that will be beneficial beyond the priority setting process. Cochrane has developed guidance for Cochrane groups who wish to build partnerships with stakeholders. This is available from the [Cochrane Knowledge Translation website](#).

Geographic and thematic scope

While Cochrane's scope is global, it may not always be feasible nor relevant (thinking about the Geographically-oriented Groups) to develop a global level systematic review agenda. Groups may therefore opt to define priorities at a national, institutional or health service level.

If a global focus is not feasible (for example because of resource constraints) it is important to consider the implications of a more limited scope (i.e. the resulting review questions may be less relevant for other settings) and how important these limitations are in your thematic area (i.e. the incidence of conditions in these other settings). If the limitations are important, there are a couple of options to expand the scope without expanding the scope of priority setting too much:

- Conduct a global literature search which will help in identifying global research priorities (which can inform the review priorities);
- Engage a few key global stakeholders that can help reflect on the relevance of the resulting review production agenda in a global setting.
- Inform Cochrane's Geographically-oriented Groups and Fields about your priority setting process and use their existing channels for engaging external stakeholders (see also the mandatory standard under stakeholder engagement).

If you are starting from a clean slate, consider the work needed to collect research topics and questions. What technical data (burden of disease, incidence), systematic reviews, reports and documents should be collected to inform the priority setting process. Who will do that? Do you have an information specialist who can help? If not, can you define the minimum amount of information needed to inform the process?

Step 3: Developing a plan for the priority setting process and deciding on methods for prioritization

This step describes the activities common to most priority setting approaches – starting with developing a broad list of topics and questions and then narrowing this down to a priority list. Depending on the scenario you may be able to skip some of these activities, or devote less attention to them.

Collecting all research topics or questions

First, an overview needs to be generated of the research field of relevance to your Group, Network or Field and/or your existing systematic review portfolio.

Steps to be followed for scenario 2 and 3:

- Produce list of existing review questions of your Group, Network or Field.
- Collect quantitative data about your existing review portfolio: number of review downloads; Altmetrics; citations; usage of reviews in guidelines; usage elsewhere?

For scenarios 4 and 5 (if time allows, some of the points below can also be considered for scenario 2 and 3: Collect additional existing information aiming to develop a broad list of topics:

- Document existing research and research synthesis priorities. Have others working in your area conducted a priority setting exercise? How were these priorities set (i.e. were stakeholder perspectives included adequately, what methods were used, what was the scope of the process)? While building on an existing, well conducted, external priority setting processes may be helpful, the use of such external exercises to replace a process specific to your Cochrane Group is not encouraged. Developing a tailored priority setting process has additional benefits in developing or strengthening relations with external stakeholders for your Cochrane Group, and allows for a critical review and reflection on your current systematic review portfolio.
- Burden of disease data;
- Incidence data;
- Systematic reviews (including non-Cochrane reviews) – which reviews are already done and do these reviews identify any gaps?
- Guidelines – what research needs are identified?
- Reports – from key stakeholders; key (global) policy documents – what research needs are identified?
- RCTs – what RCTs are expected to be published; will this need a new review or update of an existing review? This horizon scanning work may already be done by information specialists and can be directly integrated into priority setting processes. The Group's information specialist can use the CRS to identify topics where sufficient RCT evidence exists but no systematic review has been done.

Cleaning the data

Especially relevant for scenarios 4 and 5: Now that a list of topics and questions has been pulled together, it is time to refine this list by removing some topics or questions. Reasons for removal can be:

- high quality, current systematic reviews already exist and new trials are unlikely;
- topics are beyond scope;

- topics are unclear or ill defined; or
- there are duplications in the list of topics and questions collected.

It is important to be transparent and clearly document the process of topic and question removal.

Prioritization of topics

There are several methods available for prioritization and for reaching consensus among the list of topics and questions pulled together so far. To facilitate this prioritization, it is useful to first aggregate topics and questions.

Available methods for prioritizing/achieving consensus include:

- Delphi method
- Nominal Group Technique
- Workshops, focus groups, roundtables
- Surveys or questionnaires

Please refer to the tools and resources listed for Step 3 for suggested reading on methods, and for information on in which circumstances each method is best applied.

In addition to the selection of the method, consideration should be given to the criteria that will guide the identification of the priorities. Criteria could include relevance, appropriateness, feasibility, health equity, but there are also many other possible criteria. The tools and resources listed for Step 3 gives reference to checklists and tools which can be used to help decide on the criteria to use.

The new edition of *The Cochrane Handbook for Systematic Reviews of Interventions* devotes a chapter to equity considerations in the systematic review process. While not explicitly focusing on priority setting, this chapter emphasizes the need to already consider health equity issues at the review question formulation stage, and highlights key issues to consider.

Prioritization is a key step in each of the scenarios. Depending on your scenario you may opt for methods that are more, or less, time and resource intensive.

Devising answerable and feasible systematic review questions

The topics generated in priority-setting activities are often too broad to be answered in a single systematic review. In addition, there are other factors that impact on inclusion of a topic in the review production agenda, such as the capacity of the review team, the availability of primary studies for inclusion in the review, or the feasibility of conducting the review in a given timeframe. This final step in prioritization involves the priority setting steering group reviewing the appropriateness and feasibility of the proposed topics. The [SPARK tool](#) identifies questions that can guide this part of the prioritization process.

Once the priority list of systematic review topics has been developed the steering group guiding the process may decide to rank the priority topics. A reason for ranking could be the limited resources available to conduct reviews. However, careful consideration should be given to the message a ranked list gives to potential review authors but also to funders interested in supporting reviews.

Implementation

Once the priority review areas and questions have been defined, Cochrane Groups (and especially CRGs) should consider how the priority topics impact their plan of work, and consider how this may shift resource allocation:

- How will a balance be found between conducting reviews that respond to priority topics and reviews not addressing a priority topic?
 - How is a review addressing a priority topic different from a review not addressing a priority topic? Will it be conducted faster? How will dissemination be ensured?
 - If a CRG is calling for new review titles, reflecting the priority topics, will new titles on non-priority topics still be accepted? There may be a need for flexibility, as new priorities may emerge after a priority setting process. How would you deal with this? You could request for any title proposed that is not the result of your priority setting process, a clear justification for why the review is needed – for example a review that may be urgently needed to support clinical guideline development.
- How will issues relevant to all reviews be integrated in editorial policies. For example, if a stakeholder asks for a focus on equity, should this result in an equity lens for all reviews? What impact would that have on editorial policies?
- What will you do with the priority topics and questions your Group cannot address, either because you do not have the capacity or because they are beyond the scope of the Group? What role is there for the Networks; Cochrane Response; other Review Groups?

Step 4: Documenting the priority setting process and sharing the results with relevant stakeholders

During steps 1-3 the protocol for the priority setting process was defined. Step 4 is the implementation phase – in this phase the entire process will be documented and shared through the relevant channels.

The mandatory standards for documentation and dissemination are:

- Document the priority setting plan, detailing stakeholder engagement, methods and criteria that will be used for the priority setting process.
- Document the implementation of the priority-setting process and make it available on the individual Group, Network or Field website. In the case of Cochrane Review Groups this should also include a link to the relevant network portal. The documentation must include a summary of the exercise undertaken, and contain enough information for stakeholders to get a clear idea of the process used.
- Publish a list of priority topics (in the form of new or existing review titles or placeholder titles where the precise question is yet to be determined) on the individual group or field website where appropriate.
- Ensure that priority reviews are promoted on publication using the [KT dissemination brief](#).
- Provide formal feedback on the results of the priority setting process to the stakeholders that were involved in it.

The highly desirable standards include:

- Publish a more detailed report of the priority-setting exercise in a relevant academic journal.
- Publish a more detailed report of the priority-setting exercise on the individual Group, Network or Field website.
- Notify stakeholders when the priority reviews have been conducted.
- Develop a plan for how the priority reviews will be delivered, including any potential shift in resource allocation for the Group and communicate this to author teams and other key editorial team members.

Step 5: Evaluating the process, monitoring implementation and deciding when priorities need to be revisited

Priorities change over time, and therefore need to be revisited periodically. Certain health fields evolve faster than others, and the periodicity may therefore vary between Groups, Networks and Fields. Cochrane's mandatory standard is that the exercise should be repeated within five (5) years. The highly desirable standard is to repeat the process every three (3) years.

Evaluating the priority setting process will strengthen the process over time. The evaluation can simply focus on whether the mandatory standards were adhered to, and in how far the highly desirable standards were met. While the standards are very objective (i.e. has the priority process been documented and published on the Group's website), there are other areas of the process which are more subjective (i.e. quality of stakeholder engagement), and it might be useful to get perspectives from the stakeholders involved in order to judge the level of engagement and their experiences of the process to consider how to strengthen this over time. Good evaluation should help improve the process, and increase the acceptance by internal and external stakeholders of the process.

In addition to evaluating the priority setting process, the following three monitoring issues should be considered:

1. Monitoring the implementation of the prioritized reviews:
 - a. Listing which prioritized reviews have been conducted (or are being conducted) by your Group; by other Cochrane Groups/ Networks if your Group did not have the capacity to conduct the reviews; or by external partners if Cochrane did not have the capacity to conduct the review.
 - b. Documenting the KT efforts surrounding production, publication and use of these priority reviews. These KT activities are at times beyond the direct responsibility of the Cochrane Group, and the evaluation may involve a coordinated approach between Groups and the central Cochrane team.
 - c. Documenting other developments initiated by the priority setting process: i.e. increased funding for priority reviews; increased demand from partners for reviews; other?
2. Monitoring and evaluation of outcomes – follow through of published reviews: How are they used? Have they impacted on policy and practice? Have they impacted on new research being initiated based in the 'implications for research' section?
3. Monitoring the research field – keeping an eye on major developments (reviews published; RCTs ongoing and published; global health reports and developments; etc), thus making the subsequent priority process easier to carry out (as baseline data is available), as well as alerting to the need to reconsider (and redefine) priorities in response to major developments.

Based on the monitoring, the Group, Network or Field can decide when is the appropriate time to redo the priority setting process, following the same process, or adjusting it based on the evaluation results.

Tools and Resources:

Resources for Step 2: Stakeholder mapping tools:

- MEASURE Evaluation (2011). [Stakeholder Engagement Tool](#). North Chapel, NC: MEASURE Evaluation, USAID. (see chapter 3 for a template stakeholder analysis matrix)
(This resource is available from: the [National Collaborating Centre for Methods and Tools](#))
- From Tools4Development: [Stakeholder analysis matrix template](#)
- Vic Health, [The Partnership Analysis Tool](#). See especially [the checklist](#), providing key questions for choosing partners.
- Australian Government, Department of Social Services, [Partnering tools](#): Tool 2: Finding the Right Partner Checklist.
- Tennyson, R. (2011). [The Partnering Toolbook: An Essential Guide to Cross-Sector Partnering](#). London, UK: The Partnering Initiative. Chapter 2: Building Partnerships; Tool 1: Partner Assessment Form and Tool 2: Stakeholder mapping
- Manafo E., Petermann L., Vandall-Walker V. et al (2018) Patient and public engagement in priority setting: A systematic rapid review of the literature. PLOS One 13 (3)
<https://doi.org/10.1371/journal.pone.0193579>
- See also the Cochrane Priority Setting Methods Group website for a series of articles on stakeholder engagement in priority setting:
<http://methods.cochrane.org/prioritysetting/resources>

Resources for Step 3: Developing a plan and choosing methods

Providing an overview of advantages and disadvantages of various priority setting methods, as well as approaches to ranking and criteria used to develop a research agenda:

- Bryant J. et al (2014) [Health research priority setting in selected high income countries: a narrative review of methods used and recommendations for future practice](#). *Cost effectiveness and Resource Allocation* 12:23
- COHRED (2010) [Priority setting for research for health. A management process for countries](#). Step 3: Choosing the best method
- Akl E., Fadlallah R., Ghandour E. et al. [The SPARK Tool to prioritise questions for systematic reviews in health policy and systems research: development and initial validation](#). *Health Research Policy and Systems* (2017) 15: 77
- [Viergever \(2010\) A checklist for health research priority setting: nine common themes of good practice](#). *Health Res Pol & Sys* 8:36
- Tong A., Sautenet B., Chapman JR., Appraisal checklist used in a systematic review of priority setting partnerships in health research (Currently being reworked as a priority setting reporting checklist and will be renamed REPRISE Checklist).
- Nasser M, Ueffing E, Welch V, Tugwell P. An equity lens can ensure an equity-oriented approach to agenda setting and priority setting of Cochrane Reviews. *J Clin Epidemiol* (2013); 66(5):511-21.
- Welch V, Petkovic J, Jull J, Hartling L, Klassen T, Kristjansson E, Pardo Pardo J, Petticrew M, Stott DJ, Thomson D, Ueffing E, Williams K, Young C, Tugwell P. Chapter 16: Equity and specific populations. Draft version (13 September 2018) for inclusion in: Higgins JPT, Thomas J, Chandler J, Cumpston MS, Li T, Page MJ, Welch V (editors). *Cochrane Handbook for Systematic Reviews of Interventions*. London: Cochrane.

Resources for Step 4:

Selected examples of Cochrane Groups reporting on their priority setting exercises:

[Cochrane Consumers and Communication](#)

[Cochrane Tobacco Addiction](#)

Other Cochrane Group examples: [Prioritization work by Cochrane Groups](#)

Resources for Step 5: Evaluate the process, monitor implementation and decide when priorities need to be revisited:

- [Sibbald \(2009\) Priority setting: what constitutes success? A conceptual framework for successful priority setting. BMC Health Serv Res 9:43](#)
- Barasa EW, Molyneux S, English M et al (2015). [Setting healthcare priorities at the macro and meso levels: A framework for evaluation](#). Int J Health Policy Manag 2015, 4 (11), 719-732
- Caron-Flinterman JF, Broerse JEW, Teerling J et al (2006). [Stakeholder participation in health research agenda setting: the case of asthma and COPD research in the Netherlands](#). Science and Public Policy, Volume 33, number 4, 291-304

Generic resources:

- The Cochrane Priority Setting Methods Group maintains a list of key resources relevant to priority setting: <http://methods.cochrane.org/prioritysetting/resources>

List of Working Group Members

The following members of the Cochrane Knowledge Translation Working Group on Embedding Prioritisation:

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