Cochrane

Cochrane Review Group Networks' Health Equity Priority Setting Pilot

First created 5th Oct 2020
Last updated 24th Mar 2021

Trusted evidence.
Informed decisions.
Better health.

Contents

1 Introduction 3
1.1 Background to Priority Setting in Cochrane 3
1.2 Rationale for a CRG Network-level Priority Setting Process 3
1.3 Rationale for Pilot Topic 3
2 Objectives 4
3 Methodology 4
3.1 Step 1. Map Cochrane reviews assessing mortality to the 44 chosen health conditions, including conditions from the Universal Health Coverage measurement framework 6
3.1.1 Table 1: Health conditions being considered in this priority setting process, mapped to their primary Cochrane Review Group 6
3.2 Step 2. Reduce the list of Cochrane reviews by exploring the effectiveness of interventions 7
3.3 Step 3. Work with key stakeholders and partners to prioritise 10 Cochrane reviews for update 8
4 Project team 8
5 Project timeline 8
6 Proposed implementation plan 9
7 Documentation and dissemination 9
8 Evaluation 9
8.1.1 Table 2: Evaluation plan 9
9 References 10
10 Appendices 11
10.1 Factors to consider in Stakeholder Identification 11
10.2 Modified SPARK Tool for Priority Setting 12

Trusted evidence.
Informed decisions.
Better health.

1 Introduction

1.1 Background to Priority Setting in Cochrane

The Cochrane Priority Reviews List, launched in 2015, is a 'living' record highlighting Cochrane systematic reviews that have been prioritised by Cochrane partners and stakeholders and that are most likely to significantly impact world health. Over the past 5 years, Cochrane Review Groups (CRGs) have made progress in setting priorities for reviews (Presley et al, 2019). Cochrane has improved transparency by Cochrane Review Groups posting priority setting processes online via CRG websites. These are collated on Cochrane's 'Current Cochrane Group Priority Setting Projects' web page. CRGs may submit titles to the Cochrane Priority Review List if their process adheres to the mandatory standards outlined in the Knowledge Translation (KT) Priority Setting Working Group's practical guidance. Each CRG can have up to 10 titles on the list and titles can remain on the list for thirty months. The list is updated in real time by staff at the Cochrane Editorial and Methods Department (EMD).

1.2 Rationale for a CRG Network-level Priority Setting Process

Despite improvements in priority setting, Cochrane's partners and stakeholders continue to identify important topics that are not captured using the current approach whereby CRGs are the only avenue for title submission. The Covid-19 pandemic illustrates how Cochrane must efficiently respond to important health care questions outside the current process. We propose that a prioritisation process engaging all CRG Networks could help strengthen Cochrane's ability to meet stakeholder needs. The CRG Networks' prioritisation process will complement that of the individual CRGs by taking a broad perspective to ensure that gaps in coverage are minimized, especially those topics that may have fallen outside of the remit of any one CRG, yet identified as important by partners and external stakeholders. The priority setting process will focus on a global health theme, selected by the CRG Network Priority Setting Working Group, in consultation with the Editor-in-Chief and Deputy Editor-in-Chief.

The priority setting process will add titles to the Priority Review List which will continue to be used when allocating limited resources such as funding opportunities or investment in knowledge translation efforts. Individual CRGs may deliver reviews when it has been agreed that the stakeholder need is high priority, however the process has not been designed specifically to commission reviews. How high level priority-setting can be linked to review production and other issues will be explored as part of this pilot exercise.

1.3 Rationale for Pilot Topic

This project aims to test the idea of an overarching prioritisation project that is led by CRG Network Senior Editors and which focuses on a single theme. In consultation with the Editor-in-Chief and the Deputy Editor-in-Chief, the CRG Network Priority Setting Working Group selected health equity as the theme for the pilot. Given the increased public attention to Equity, Diversity and Inclusion, we have decided on this topic for this pilot to demonstrate that Cochrane is responsive to the increasing focus on Equity, Diversity and Inclusion within and between Lower, Middle and High Income Countries.

As defined in chapter sixteen of the Cochrane Handbook, health equity is defined as the absence of avoidable and unfair differences in health (Welch et al, 2020). There is a pressing need to tackle global health inequities, as they worsen both within and between countries. Systematic reviews have been criticized for failing to address effects on health equity (Petticrew et al, 2004; Lavis, Davies & Gruen, 2006). Indeed, a few Cochrane Reviews have focused on equity-focused issues or included some equity aspects, but most have not. This is entirely understandable since the methods for addressing this in systematic reviews have only recently be formalised sufficiently. In 2020, an Equity Chapter was included for the first time in the Cochrane Handbook version 6.1 (Welch et al, 2020) and a series of Equity training modules were added to Cochrane online interactive learning.

We recognise that as Cochrane works to make its evidence accessible and useful to everybody, everywhere in the world, it is important that health equity is considered by systematic review authors. Approaches for this include assessing the effects of interventions on disadvantaged populations, assessing the effects of interventions in the general population but considering characteristics for potential disadvantage and assessing the effects of interventions aimed at reducing social gradients (Welch et al, 2020). Specific factors of possible health inequity can be considered in systematic reviews using PROGRESS-Plus, an acronym developed by the Campbell and Cochrane Equity Methods Group (O'Neill et al, 2013). In this acronym, 'PROGRESS' refers to place of residence, race/ ethnicity/ culture/ language, occupation, gender/ sex, religion, education, socio-economic status and social capital. Whilst 'plus' denotes additional factors such as age, sexual orientation and disability (O'Neill et al, 2013). Being transparent about implications for equity by considering these characteristics where feasible will help to prevent 'unintentional intervention-generated inequities' (Lorenc, Petticrew, Welch & Tugwell, 2013) and ensure Cochrane evidence is relevant to decision makers worldwide.

With the additional support of the Cochrane and Campbell Equity Methods Group, the aforementioned Cochrane equity resources will provide the needed expertise and back-up to ensure that updates/replication of the selected pilot systematic reviews include a policy-relevant/practice- relevant analysis of Equity.

2 Objectives

- To pilot a priority setting exercise on the theme of health equity across CRG Networks, adhering to the standards outlined in the Knowledge Translation Priority Setting Guidance Note.
- To involve representatives from CRG Networks (a representative from each CRG Network – usually the Senior Editor), up to 2 Cochrane Fields, up to 2 Cochrane Geographic Groups, and key external stakeholders.
- To identify 10 priority Cochrane reviews to update with a 'health equity lens'.

3 Methodology

To ensure that this pilot is conducted in a timely manner with the resources available, the CRG Network Priority Setting Working Group has agreed to focus on identifying 10 existing Cochrane reviews of high priority for being updated with a health equity lens, rather than seeking new review titles. As mentioned, Cochrane reviews to date have rarely adopted a health equity lens and therefore this is a good starting point to improve the reach and relevancy of existing research. Furthermore, there is published consensus guidance on when and how to update and/or replicate systematic reviews that can be used to support the process (Garner et al, 2016; Tugwell et al, 2020). Guidance on updating and replicating reviews both suggest that when assessing the need to update a review, it is important to consider 'whether the review addresses a current question, uses valid methods, is well conducted and whether there are new studies, new relevant methods or new information on existing included studies'. Replication of systematic reviews can include conceptual replication by purposeful broadening or narrowing of the research question in existing reviews. This is relevant to the present project in which priority reviews will be broadened to include a focus on health equity.

The pilot will be based on the Equity Effectiveness Loop, developed by the Cochrane and Campbell Equity Methods Group (Tugwell et al, 2006), shown in Figure 1. This aims to highlight equity issues present in appraising health needs, effectiveness, and cost effectiveness of interventions, and the development and evaluation of evidence based health policy. It posits a method to calculate the "equity effectiveness ratio,"

which assesses the impact of various factors on the gap in the effectiveness of interventions across socioeconomic gradients.

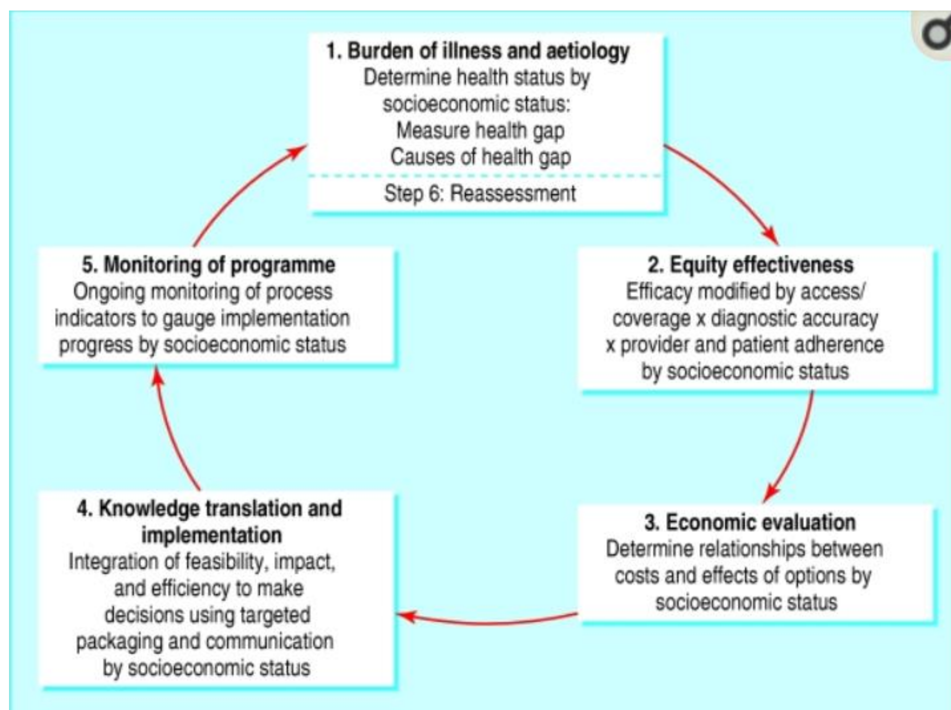

Figure 1: The Equity Effectiveness Loop (Tugwell et al, 2006).

The Equity Effectiveness loop begins with consideration of the burden of illness. The CRG Network Priority Setting Working Group considered the World Health Organisation's (WHO) 2019 Global Burden of Disease (GBD) project data and the Universal Health Coverage measurement framework as starting points to focus the project (Murray et al, 2020; Lozano et al, 2020). The CRG Network Priority Setting Working Group decided to use the Universal Health Coverage measurement framework by Lozano et al (2020) to guide the process. Universal Health Coverage will be achieved when all people receive the health services they need without financial hardship (Lozano et al, 2020). Global interest in progressing towards Universal Health Coverage is growing. WHO state that 'at the heart of Universal Health Coverage is a commitment to equity' (Boerma et al, 2014). The Universal Health Coverage measurement framework builds on the 2014 WHO and World Bank Framework for Universal Health Coverage service coverage and it is informed by GBD 2019 project data.

The Universal Health Coverage measurement framework outlines needed health services across the life course, while accounting for potential health gains delivered to populations. 'Effective coverage' is thought of as the proportion of people who receive the services they need, of sufficient quality, to obtain potential health gains. Lozano et al have mapped 23 effective coverage indicators, based on estimates from GBD 2019, across health service types and population age groups for 204 countries and territories from 1990 to 2019. Specifically, effective coverage indicators were mapped against five health service domains (promotion, prevention, treatment, rehabilitation and palliation), five population age groups (reproductive and new-born, children <5 years, children and adolescents aged 5–19 years, adults aged 20–64 years, adults aged >65 years) and two treatment groups (communicable diseases/maternal, new born and child health and non-communicable diseases). Four of the effective coverage indicators are measures of intervention coverage and 19 are mortality-based measures to approximate access to quality of care. Lozano et al weighted each effective coverage indicator on the basis of potential health gains deliverable

to health systems, as approximated by the disability-adjusted life-years associated with each effective coverage indicator, and aggregated them to produce the Universal Health Coverage effective coverage index.

The present project will focus on the 23 effective coverage indicators from the Universal Health Coverage measurement framework, in addition to malaria and neglected tropical diseases (NTDs, as specified by WHO, 2020). The included conditions are shown in Table 1. Malaria and NTDs were not included in the Universal Health Coverage Framework, with the authors citing the reasoning that 'high potential health gains could only be achieved in select locations because of local exposures' (Lozano et al, 2020). Despite this, the project team felt it vital to include these conditions in the present priority setting exercise focusing on health equity. At least 149 countries are thought to require interventions against NTDs (WHO, 2020), with NTDs prevailing among the world's most marginalised populations (Engels, 2017; Engels, 2016). The decision to include malaria and NTDs is further supported by target 3.3 of the Sustainable Development Goals, 'ensure healthy lives and promote wellbeing for all', which has extended the Millennium Development Goals beyond HIV, TB and malaria to 'end the epidemic' of NTDs by 2030 (Fitzpatrick & Engels, 2016).

This pilot will focus on mortality as the primary outcome to identify reviews with a high impact. The CRG Network Priority Setting Working Group understand the importance of exploring morbidity, however, in order to complete the pilot with the available resources, the project team decided to focus on mortality in the first instance.

Details regarding the specific steps for the project are outlined below. The first step is to identify which Cochrane reviews address the 44 health conditions outlined in Table 1. Reviews will then be prioritised to create a list of 10 Cochrane Reviews for update with a health equity lens.

3.1 Step 1. Map Cochrane reviews assessing mortality to the 44 chosen health conditions, including conditions from the Universal Health Coverage measurement framework

In step one, we will assess the representation of the 44 chosen conditions (see Table 1) in the Cochrane Database of Systematic Reviews (CDSR). We will use Archie, Cochrane's Editorial Management System, to obtain a list of active Cochrane systematic reviews that have assessed mortality and include at least one Summary of Findings (SoF) table. Only active systematic reviews will be considered, not protocols or inactive reviews. We will generate a spreadsheet containing Cochrane reviews for each condition, including the following information: review title, CRG name, DOI, review authors, date searched, abstract, included studies and studies awaiting classification. This will provide a picture of the representation of the 44 conditions in Cochrane reviews.

3.1.1 Table 1: Health conditions being considered in this priority setting process, mapped to their primary Cochrane Review Group

23 Effective Coverage Indicators from the Universal Health Coverage Measurement Framework	Primary Cochrane Review Group
1. Tuberculosis treatment	Infectious Diseases Group
2. Acute lymphoid leukaemia treatment	Haematology Group
3. Breast cancer treatment	Breast Cancer Group
4. Cervical cancer treatment	Gynaecological, Neuro-oncology and Orphan Cancers Group
5. Uterine cancer treatment	Gynaecological, Neuro-oncology and Orphan Cancers Group
6. Colon and rectum cancer treatment	Colorectal Group
7. Ischaemic heart disease treatment	Heart Group

8. Stroke treatment	Stroke Group
9. Diabetes treatment	Metabolic and Endocrine Group
10. Chronic kidney disease treatment	Kidney and Transplant Group
11. Chronic obstructive pulmonary disease treatment	Airways Group
12. Asthma treatment	Airways Group
13. Epilepsy treatment	Epilepsy Group
14. Diarrhoea treatment	Infectious Diseases Group
15. Lower respiratory infections treatment	Acute Respiratory Infections Group
16. Appendicitis treatment	Colorectal Group
17. Paralytic ileus and intestinal obstruction treatment	Colorectal Group
18. Antiretroviral therapy coverage	Infectious Diseases Group / HIV AIDS Group
19. Met need for family planning with modern contraception	Pregnancy and Childbirth Group/ Fertility Regulation Group
20. Antenatal, peripartum, and postnatal care for newborn babies	Pregnancy and Childbirth Group/ Neonatal Group
21. Antenatal, postpartum, and postnatal care for mothers	Pregnancy and Childbirth Group/ Neonatal Group
22. Measles-containing-vaccine coverage, 1 dose	Acute Respiratory Infections Group
23. Diphtheria-tetanus-pertussis vaccine coverage, 3 doses	Acute Respiratory Infections Group
21 Additional Conditions	**Primary Cochrane Review Group**
24. Malaria	Infectious Diseases Group
25. Buruli ulcer	Infectious Diseases Group
26. Chagas disease	Infectious Diseases Group
27. Dengue and Chikungunya	Infectious Diseases Group
28. Dracunculiasis (guinea-worm disease)	Infectious Diseases Group
29. Echinococcosis	Infectious Diseases Group
30. Foodborne trematodiases	Infectious Diseases Group
31. Human African trypanosomiasis (sleeping sickness)	Infectious Diseases Group
32. Leishmaniasis	Infectious Diseases Group
33. Leprosy (Hansen's disease)	Infectious Diseases Group
34. Lymphatic filariasis	Infectious Diseases Group
35. Mycetoma, chromoblastomycosis and other deep mycoses	Infectious Diseases Group
36. Onchocerciasis (river blindness)	Infectious Diseases Group
37. Rabies	Infectious Diseases Group
38. Scabies and other ectoparasites	Infectious Diseases Group
39. Schistosomiasis	Infectious Diseases Group
40. Soil-transmitted helminthiases	Infectious Diseases Group
41. Snakebite envenoming	Infectious Diseases Group
42. Taeniasis/Cysticercosis	Infectious Diseases Group
43. Trachoma	Infectious Diseases Group
44. Yaws (Endemic treponematoses)	Infectious Diseases Group

3.2 Step 2. Reduce the list of Cochrane reviews by exploring the effectiveness of interventions

In step two, we will explore the effectiveness of the interventions by extracting mortality effect sizes from the SoF tables of each review we have previously identified. We will extract mortality effect sizes that are below 0.67 or above 1.5 and add these to the spreadsheet in a new 'effect size' column. The team chose this threshold as showing a meaningful effect over a large population. If reviews have more than one mortality effect size, we will select the largest effect size to represent the review in the spreadsheet.

We will then reduce the list of reviews to contain only reviews showing a clinically important reduction of mortality. We will do this by reading the abstract of each review to find a definitive statement about mortality and if it is not clear, we will assess the SoF table. We will aim to have a list of under 30 reviews to take forward to step 3 in the priority setting process.

3.3 Step 3. Work with key stakeholders and partners to prioritise 10 Cochrane reviews for update

In step three, the CRG Network Priority Setting Working Group will work with key stakeholders and partners to prioritise among the list of reviews to identify 10 priority reviews for update with a 'health equity lens'.

We will invite the following groups to take part in the priority setting process:

- Cochrane CRG Network Senior Editors.
- Cochrane Fields – we will seek representation from up to 2 Fields.
- Cochrane Geographic Groups – we will seek representation from up to 2 Geographic Groups, favouring low-middle income countries, as relevant to the theme of health equity.
- Cochrane partners – we will involve the Pan American Health Organisation, Evidence Aid and the Campbell Collaboration.
- Health equity experts– we will seek representation from up to 3 people with expertise in health equity, informed by links with the Campbell and Cochrane Equity Methods Group.

To identify individual stakeholders to engage in the project, we will consider factors such as the individual's topic area experience and/or expertise, their values and representativeness. See appendices section 10.1 for further factors to be considered in the identification of stakeholders.

We will conduct a survey and consensus building process to rank order the reviews. The proposed process is as follows:

- Invite stakeholders to an online introductory session to explain the priority setting process.
- Ask stakeholders to independently rank their priorities from the list of reviews on a spreadsheet including review title, review update status, number of included studies in the review and effect size and confidence intervals. Ask stakeholders to consider the items included in a modified version of the SPARK tool for priority setting (Akl et al, 2017), shown in the appendices, section 10.2.
- Data cleaning/collation of responses.
- Discuss feasibility of review completion within the CRG Network Priority Setting Working Group / Senior Editors to arrive at a final list of 10 reviews to be updated. The CRG Network Priority Setting Working Group will consider guidance regarding review updates (Garner et al, 2016) and replication (Tugwell et al, 2020) when appraising reviews at this point in the priority setting process.

4 Project team

Eve Tomlinson, Ruth Foxlee, Nicole Skoetz, Michael Brown, Jordi Pardo Pardo, Robert Dellavalle, Mindy Szeto, Torunn Sivesind, Melissa Laughter, Vivian Welch, Jennifer Petkovic, George Wells, Peter Tugwell.

5 Project timeline

Trusted evidence.
Informed decisions.
Better health.

November 2020-August 2021

6 Proposed implementation plan

We will add the 10 priority reviews identified through this pilot exercise to the Cochrane Priority Review List. To support the production of the ten priority reviews, we will explore funding opportunities and opportunities to work with the Cochrane and Campbell Equity Methods Group. To support the editorial process for the reviews, we will consider using Cochrane's Centralised Editorial Service and we will explore resources available within the CRG Network teams.

7 Documentation and dissemination

We will document and disseminate this project in adherence to the standards outlined in Cochrane's Priority Setting Guidance Note. This includes: documenting the plan for the project, documenting the implementation of the project including a summary of the exercise undertaken, publishing a list of priority topics online and giving feedback on the results of the project to the stakeholders involved in the process.

8 Evaluation

We will evaluate this pilot to inform future CRG Networks' priority setting exercises. Within the project team we will evaluate whether we have met our overall objectives. Table 2 details our evaluation plan for this project, adapted from tools provided by Cochrane's Knowledge Translation team.

8.1.1 Table 2: Evaluation plan

What do you want to achieve from this project?	How will you know whether you have succeeded?	What methods will you use to measure your successes?	Timeframe
To have completed a priority setting exercise on the theme of health equity across Cochrane Networks, adhering to the standards outlined in Cochrane's Priority Setting Guidance Note.	We will assess the extent to which we have met the standards outlined in Cochrane's Priority Setting Guidance Note.	How many of the standards in Cochrane's Priority Setting Guidance Note we have achieved. We will complete a check-list table containing the standards from the guidance. Discussion within the project team regarding the process and lessons learned.	We will refer to the Guidance Note throughout the project and finalise the table at the end of the project (estimated July 2021).
To have involved Cochrane partners, key external stakeholders, CRG Networks (a representative from each CRG Network – usually the Senior Editor) and with representation from up to 2 Cochrane	We will have involved at least 2 partners/ external stakeholders, a representative from each Network, at least one Cochrane	We will count the number of stakeholders, CRG Networks, Fields and Geographic Groups involved. We also aim to send a short survey (using Survey	We aim to have surveyed stakeholders within six weeks of finishing the priority setting process (estimated August 2021).

Fields relevant to theme and up to 2 Geographic Groups.	Field and one Cochrane Geographic Group.	Monkey) to stakeholders to ask about their experience of being involved in the project (e.g. was the process clear, did they understand their role, would they participate in a future exercise). We will analyse their responses.	
To have identified 10 priority Cochrane reviews to update with a 'health equity lens'.	We will have a final list of 10 prioritised reviews.	We will count the number of reviews identified.	By July 2021.

9 References

Presley, C., Rundle, C. W., Kolodziejczyk, T., Andrews, S., Shumaker, P., Anand, P., ... & Boyle, R. J. (2019). Prioritization of Cochrane Systematic Reviews. *British Journal of Dermatology*, *181*(6), 1303-1304.

Welch VA, 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. In: Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ, Welch VA (editors). *Cochrane Handbook for Systematic Reviews of Interventions* version 6.1 (updated September 2020). Cochrane, 2020. Available from www.training.cochrane.org/handbook.

Welch, V., Tugwell, P., Petticrew, M., de Montigny, J., Ueffing, E., Kristjansson, B., McGowan, J., Benkhalti Jandu, M., Wells, G. A., Brand, K., & Smylie, J. (2010). How effects on health equity are assessed in systematic reviews of interventions. *The Cochrane database of systematic reviews*, *2010*(12), MR000028. https://doi.org/10.1002/14651858.MR000028.pub2

Petticrew M, Whitehead M, Macintye SJ, Graham H, Egan M (2004) Evidence for public health policy on inequalities: 1: the reality according to policymakers. J Epidemiol Community Health 58: 811–816. 11.

Lavis JN, Davies HTO, Gruen RL (2006) Working within and beyond the Cochrane Collaboration to make systematic reviews more useful to healthcare managers and policy makers. Healthcare Policy 1: 21–33.

O'Neill J, Tabish H, Welch V, Petticrew M, Pottie K, Clarke M, Evans T, Pardo Pardo J, Waters E, White H, Tugwell P. Applying an Equity Lens to interventions: Using PROGRESS to ensure consideration of socially stratifying factors to illuminate inequities in health. *Journal of Clinical Epidemiology* 2013; 67: 56-64.

Lorenc T, Petticrew M, Welch V, Tugwell P. What types of interventions generate inequalities? Evidence from systematic reviews. *Journal of Epidemiology and Community Health* 2013; 67: 190-193.

Murray, C. J., Abbafati, C., Abbas, K. M., Abbasi, M., Abbasi-Kangevari, M., Abd-Allah, F., ... & Aboyans, V. (2020). Five insights from the global burden of disease study 2019. *The Lancet*, *396*(10258), 1135-1159.

Lozano, R., Fullman, N., Mumford, J. E., Knight, M., Barthelemy, C. M., Abbafati, C., ... & Abolhassani, H. (2020). Measuring universal health coverage based on an index of effective coverage of health services in

204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet*.

Boerma, T., Eozenou, P., Evans, D., Evans, T., Kieny, M. P., & Wagstaff, A. (2014). Monitoring progress towards universal health coverage at country and global levels. *PLoS Med*, *11*(9), e1001731.

Control of Neglected Tropical Diseases. World Health Organisation. Accessed 11/11/2020 from: https://www.who.int/neglected_diseases/diseases/en/

Engels, D. (2017). Neglected tropical diseases: A proxy for equitable development and shared prosperity. *PLoS neglected tropical diseases*, *11*(4), e0005419.

Engels, D. (2016). Neglected tropical diseases in the Sustainable Development Goals. *The Lancet*, *387*(10015), 223-224.

Fitzpatrick, C., & Engels, D. (2016). Leaving no one behind: a neglected tropical disease indicator and tracers for the Sustainable Development Goals. *International health*, *8*(suppl_1), i15-i18.

Akl, E. A., Fadlallah, R., Ghandour, L., Kdouh, O., Langlois, E., Lavis, J. N., ... & El-Jardali, F. (2017). The SPARK Tool to prioritise questions for systematic reviews in health policy and systems research: development and initial validation. Health research policy and systems, 15(1), 1-7.

Tugwell, P., Welch, V. A., Karunananthan, S., Maxwell, L. J., Akl, E. A., Avey, M. T., ... & White, H. (2020). When to replicate systematic reviews of interventions: consensus checklist. *bmj*, *370*.

Garner, P., Hopewell, S., Chandler, J., MacLehose, H., Akl, E. A., Beyene, J., ... & Schünemann, H. J. (2016). When and how to update systematic reviews: consensus and checklist. *bmj*, *354*.

Tugwell, P., de Savigny, D., Hawker, G., & Robinson, V. (2006). Applying clinical epidemiological methods to health equity: the equity effectiveness loop. *Bmj*, *332*(7537), 358-361.

10 Appendices

10.1 Factors to consider in Stakeholder Identification

Factors to be considered when identifying stakeholders for inclusion in the project:

1. **Expertise, experience, and influence** – Does the stakeholder have expertise, experience, and/or influence in the topic area or activity you are interested in? Does the stakeholder have a social media presence?
2. **Values and perspective** – Do you and the stakeholder share the same values? Do they have a different perspective that will be beneficial to the work?
3. **Previous engagement and trust** – Have you worked with the stakeholder before, or are you working with them currently? If so, could the impact of this work be maximised or different work undertaken, or is it more appropriate to seek input from new stakeholders? Is there trust between you and the stakeholder?

4. **Communication skills and power sharing –** Does the stakeholder possess good communication skills? Consider the practicalities of communication such as geographical location, time zone, and whether specialist equipment will be needed for those with different modes of communication (e.g. sign language). Consider whether stakeholders will be willing to share power with others in the group.
5. **Capacity, motivation, and training –** Does the stakeholder have capacity (e.g. time and resources) to engage? Are they motivated to collaborate with you and other stakeholders? Consider the amount of training and support required from you and whether you have capacity to provide this.
6. **Equity, diversity, and representativeness –** Have you sought representation from a diverse and equitable group of stakeholders? Do the stakeholders have the ability to think beyond their personal experience to represent their stakeholder group?
7. **Funding and conflict of interest** – Consider whether funding is appropriate or feasible. Funding for stakeholders may be important for large projects but less so for short partnerships e.g. sharing priority setting surveys. Consider financial and non-financial conflicts of interest and ensure these are managed appropriately.

These factors have been developed by Eve Tomlinson and Roses Parker, NIHR Network Support Fellows for Cochrane, as part of wider guidance for stakeholder engagement (in development).

10.2 Modified SPARK Tool for Priority Setting

In this priority setting pilot we are considering existing Cochrane reviews for update with a health equity focus. For each question, indicate your degree of agreement with each of the following statements by circling the appropriate box.

1. Addressing this question responds to a problem that is of ***large burden.***

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5
Signaling questions: - What is the prevalence / incidence of the problem? - What is the associated morbidity and mortality? - What is the associated cost to the healthcare system and/or society at large?				

2. Addressing this question responds to a problem that is ***persistent.***

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5
Signaling questions: Does the problem pose a continued or recurrent challenge to the healthcare system?				

3. Addressing this question responds to the ***needs of the population***.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5

Signaling questions:
Does this question align with public expectations?

4. Addressing this question responds to the ***needs of decision-makers.***

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5

Signaling questions:
Does this question align with decision-makers' expectations?

5. Addressing this question responds to ***global health priorities.***

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5

Signaling questions:
- Does this question align with health policies set at a national (or other relevant) level?
- Does this question align with existing strategies and plans at a national (or other relevant) level?

6. Addressing this question is a ***moral obligation***.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5

Signaling questions:
- Is the problem being addressed by the question related to human rights?
- What are the consequences (e.g., opportunity costs) to the population/society for not addressing this question?

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5

Signaling questions:
- What is the expected number of potential beneficiaries from addressing this question?
- Is addressing this question expected to improve population outcomes (e.g., life expectancy, health status, and survival)?
- Is addressing this question expected to increase or improve access to services?

7. Addressing this question is expected to positively ***impact health equity***.

8. Addressing this question is expected to positively ***impact population health.***

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5
Signaling questions: - To what extent does addressing this question contribute to horizontal equity (i.e. provision of equal services for people with equal health needs)? - To what extent does addressing this question contribute to vertical equity (i.e. giving priority to disadvantaged groups)?				

9. Addressing this question is expected to positively ***impact patient experience of care.***

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5
Signaling questions: - Is addressing this question expected to positively impact patient's expectations of quality of care or services? - Is addressing this question expected to enhance people's dignity and autonomy, their preferences, and the confidentiality of information?				

10. Addressing this question is expected to positively ***impact health care expenditures.***

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5
Signaling questions: - Is addressing this question expected to protect people against catastrophic health expenditure? - Is addressing this question expected to decrease unit costs (i.e., total costs per patient from a health systems perspective), and budget impact on health plan? - Is addressing this question expected to decrease financial impact on government?				

11. Using the research evidence for this question ***is critical to inform decision-making***.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5
Signaling questions: - Would the research evidence make a difference to the decision-making process? - Can a decision be made without the research evidence?				

12. Using the research evidence for this question is expected to be ***supported by political actors***.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5

Signaling questions:
- How committed are policymakers and stakeholders to use the research evidence to inform decision-making?
- What are the chances of the research evidence being implemented?

Reference for the original SPARK tool, developed by the team at the Center for Systematic Reviews on Health Policy and Systems Research (SPARK) at the American University of Beirut (AUB):

Akl, E. A., Fadlallah, R., Ghandour, L., Kdouh, O., Langlois, E., Lavis, J. N., ... & El-Jardali, F. (2017). The SPARK Tool to prioritise questions for systematic reviews in health policy and systems research: development and initial validation. Health research policy and systems, 15(1), 1-7.

Trusted evidence.
Informed decisions.
Better health.