

WASH Working Group

Optimization of WASH and Cholera Research



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unicef  | for every child

BACKGROUND

- Wellcome Trust and DFID hosted research meeting in July 2018
- Identification of six priority areas in September 2018
- 80 day consultancy with EpiLinks (June – November 2019)
- Funded by the CDC



RESEARCH PRIORITIES

Priority 1: Commonly-implemented, severely under-researched (CISUR)

Priority 2: Community Outreach Response Teams (CORTS) (formerly RRTs and CATI)

Priority 3: Minimum WASH Package for response

Priority 4: OCV and WASH synergy

Priority 5: Behaviour practices motivators and barriers

Priority 6: programmatic learning for integrated response for control and elimination

OVERVIEW

OBJECTIVE: Elaborate a harmonized research plan to guide and prioritize WASH and cholera research and support advocacy and resource mobilization efforts

ACTIVITIES:

- Mapping of existing, on-going and/or planned research
- Identification and prioritization of knowledge gaps for research
- Develop funding and advocacy plan
- Develop monitoring and accountability framework

PRIORITY SETTING/KEY PRINCIPLES: Consultative, Iterative, Transparent and Inclusive

MAPPING AND IDENTIFICATION OF GAPS

Methodology	Mapping exercise	Research gaps
<ul style="list-style-type: none">Literature review: 62 publications were included (51 from PubMed; 3 OFDA; 5 Prospero; and 3 Clinical Trials)Key Informant Interviews (KIs): 19 interviews and 5 written feedback (out of 35)	<ul style="list-style-type: none">72 existing, on-going and/or planned research (P1: 21; P2: 12; P3: 10; P4: 5; P5: 15 and P6: 9)	<ul style="list-style-type: none">101 research gaps (42 from literature review and 59 from KIs)39 knowledge gaps emerged for all seven priority areas

CONCLUSION AND NEXT STEPS



- Finalize research questions
- Integration with the broader GTFCC research agenda
- Prioritization of research questions or topics



Cholera Roadmap Research Agenda (CRA) using the Child Health and Nutrition Research Initiative (CHNRI) Methodology

Thomas Cherian
Melissa Ko
Shamim Qazi

Outline

01

Overview

02

CHNRI Method

03

Results



Overview of Cholera Research Agenda (CRA)



What role can research play?

- Despite evidence that zinc is beneficial in managing and preventing acute diarrhea
- Kenyan CHWs were not allowed to dispense zinc to children with diarrhea
- Implementation research trained and supplied CHWs with zinc ultimately demonstrating impact in a large population (Homa Bay, Kenya)
- Resulted in a change of national policy that permits CHWs to dispense zinc



Overview – Cholera Research Agenda (CRA)

Why?

- Most **impactful research should be prioritised** to help countries meet the Roadmap 2030 goals
 - Competing priorities
 - Optimize donor funding

What?

- Act as a **strategic guide** to researchers, donors and decision-makers
- Outline a **“to-do”** list of research priorities as well as dependencies between research priorities
- Communicate how addressing research priorities will **address the needs of people working in the field**



Child Health and Nutrition Research Initiative (CHNRI) Methodology




CHNRI Methodology Development 2005-2007

- Setting priorities in global child health research investments: assessment of principles and practice
- Setting priorities in global health research investments: Addressing values of stakeholders
- Setting priorities in global health research investments: Universal challenges and conceptual framework
- Setting priorities in global child health research investments: Guidelines for implementation of CHNRI method
- Setting health research priorities using the CHNRI method: I. Involving funders
- Setting health research priorities using the CHNRI method: II. Involving researchers
- Setting health research priorities using the CHNRI method: III. Involving stakeholders
- Setting health research priorities using the CHNRI method: IV. Key conceptual advances
- Setting health research priorities using the CHNRI method: V. Quantitative properties of human collective knowledge
- Setting health research priorities using the CHNRI method: VI. Quantitative properties of human collective opinion
- Setting health research priorities using the CHNRI method: VII. A review of the first 50 applications of the CHNRI method

**Since then,
over 50
exercises
have been
conducted,
resulting in
funding of
highest
priorities**

Prevention of child wasting: Results of a Child Health & Nutrition Research Initiative (CHNRI) prioritisation exercise

Global research priorities to accelerate programming to improve early childhood development in the sustainable development era: a CHNRI exercise

Childhood pneumonia and diarrhoea: setting our priorities right 

Setting Research Priorities to Reduce Almost One Million Deaths from Birth Asphyxia by 2015

Primary health care: making Alma-Ata a reality

Setting Global Research Priorities in Pediatric and Adolescent HIV Using the Child Health and Nutrition Research Initiative (CHNRI) Methodology

Setting Priorities in Child Health Research Investments for South Africa

Setting Implementation Research Priorities to Reduce Preterm Births and Stillbirths at the Community Level

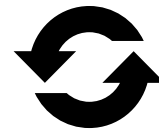
Setting priorities in child health research in India for 2016-2025: a CHNRI exercise undertaken by the Indian Council for Medical Research and INCLEN Trust

Advantages of CHNRI methodology



Consultative

- Involvement of all stakeholders throughout the process
- Democratic process using **crowd sourcing**



Replicable

- Progress can be monitored
- Exercise can be repeated



Transparent

- Clearly defined context and prioritisation criteria
- Strengths and weaknesses of each idea can be clearly communicated
- Outcome is simple, intuitive, and quantitative

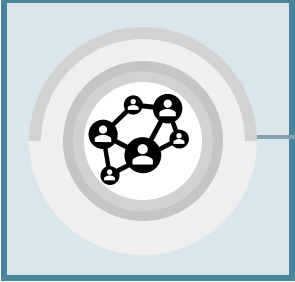


Comprehensive

- All types of research are included and evaluated within the same framework

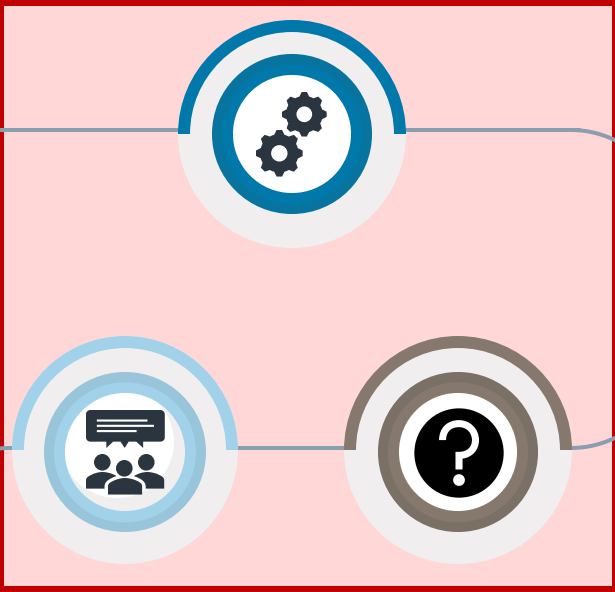
Overview of CHNRI process

Identify & involve stakeholders



Interviews & surveys completed in Apr

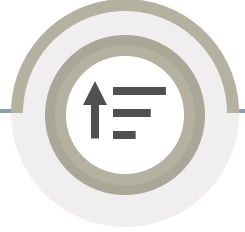
Define context



Currently finalizing these steps - June

Identify criteria and weighting

Develop a comprehensive list of questions



Prioritise Jul-Aug



Analyze Sep-Oct



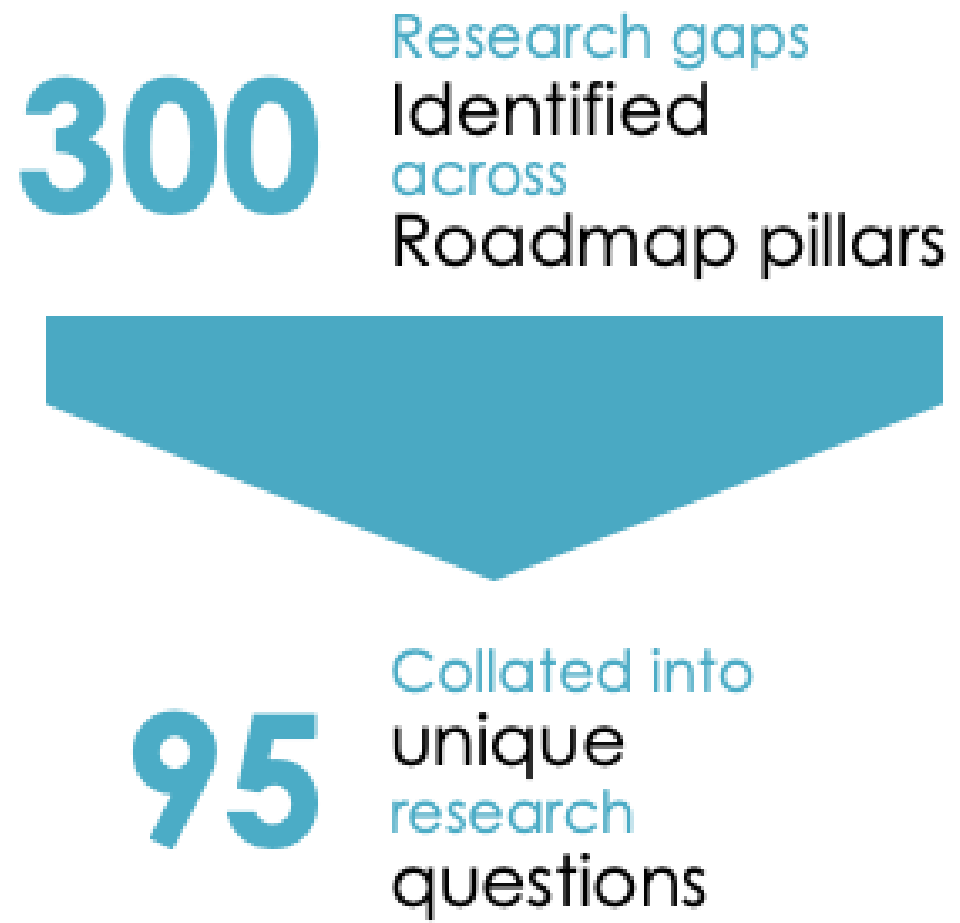
Launch in early 2021



Results of consultation



What were the main outcomes?



Criteria ranked by importance*

- 1 Relevancy
- 2 Impact
- 3 Implementability
- 4 Answerability
- 5 Sustainability
- 6 Affordability
- 7 Equity
- 8 Fundability

*Weighting to be determined



THANK YOU!

Approach to develop the Cholera Roadmap Research Agenda using CHNRI methodology

Research Steering Committee guides and governs the process



01 COLLECT

- Conduct **interviews, surveys, and in-person discussions** to collect input and feedback on the barriers to Roadmap implementation and potential research prioritization criteria
- Compile all identified research questions (RQ), remove duplicates and standardize and categorize RQs



02 DEVELOP

- Using data from Step 1, conduct **stakeholder meeting** to develop a prioritization methodology, including agreement on defined criteria, weighting, and considering different Roadmap perspectives



03 PRIORITIZE

- Get RQs **scored** using pre-agreed **criteria** from a large group of stakeholders to prioritise RQs¹
- Analyze responses and identify prioritized RQs for Cholera Roadmap

1: Rudan I. Setting health research priorities using the CHNRI method: IV. Key conceptual advances. *J Glob Health*. 2016;6(1). doi:10.7189/jogh.06.010501

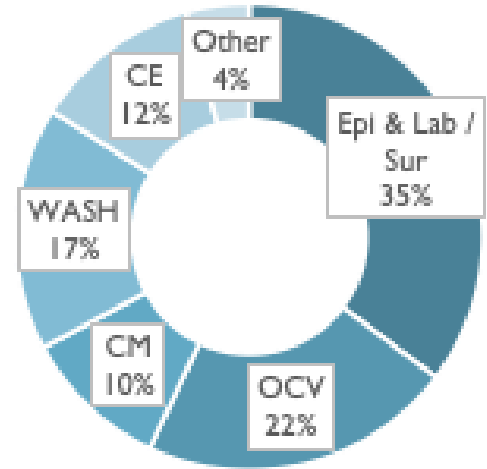
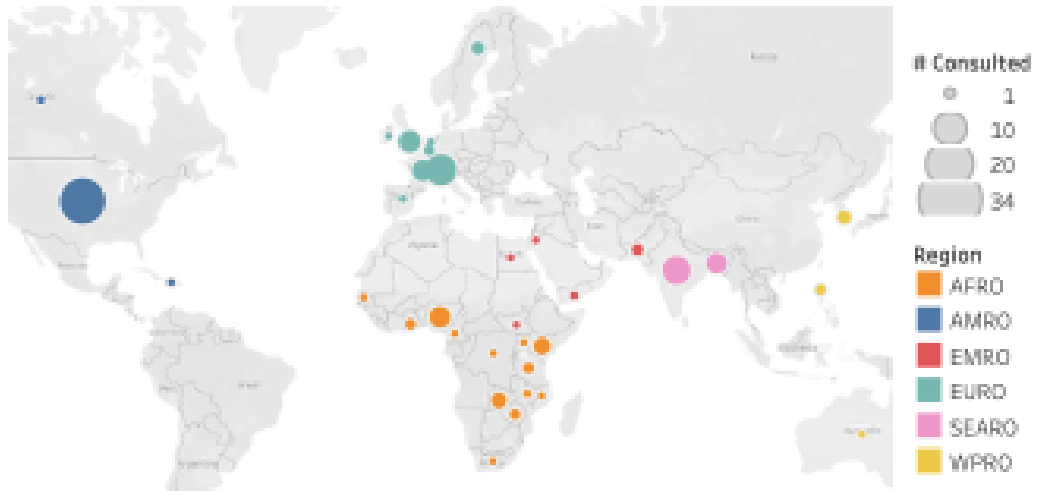
Guiding Principle of CHNRI

“

To **expose the potential** of many competing health research ideas to reduce disease burden and inequities that exist in the population in a **feasible and cost-effective** way.

”

Who participated in the consultation?



32 Countries represented

138 Experts consulted

10% Donor

25% Policy / decision or implementer

30% Implementing partner

35% Researchers