

PROSPERO International prospective register of systematic reviews

A review of primary research papers on the use of priority setting in health care delivery in low and middle income countries towards health service improvement

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Review question(s)

To describe and classify the approaches to health care prioritization used in low and middle income countries.

To identify the facilitators and barriers to health care prioritization.

To identify outcomes or impacts from priority setting exercises.

Searches

The following databases will be searched for articles: MEDLINE, EMBASE, ECONLIT, HMIC, Web of Knowledge, Scopus, Bioline International, Google Scholar, Microsoft Academic Research, Open Grey Repository, Grey Net Collection of Conference Preprints, ProQuest, OpenThesis, and British library EThOS.

These databases will be searched from October 2015 to December 2015. Furthermore, bibliographic search will be done from primary papers and related review papers.

Only papers published in English and papers with English translations will be used. Studies published between 1946 to the commencement of database search. The searches will be updated just before publication.

Types of study to be included

Inclusion criteria:

Any primary research study describing or reporting on the use of priority setting in the health systems of low and middle income countries, irrespective of the study design or level of application, will be included.

Exclusion criteria:

Studies on the use of prioritization methods in selecting the best intervention for a disease, studies on research priority setting will be excluded as well as health technology assessment studies. Opinion pieces and response to publications will also be excluded.

Condition or domain being studied

Priority settings

Health care settings in Low and Middle Income Countries

Participants/ population

Studies on health care prioritization in low or middle income countries (LMICS), as defined by the World Bank will be included. Low and middle income economies; using the World Bank classification, are countries with a GNI of \$12,735 or less.

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middle income countries, irrespective of the study design or level of application, will be included. Studies on the use of prioritization methods in selecting the best intervention for a disease, studies on research priority setting will be excluded as well as health technology assessment studies.

Intervention(s), exposure(s)

Any priority setting method in any level of health care provision in a low or middle income country with an aim of improving health service, developing policy or allocating health resource. Priority setting would be identified using this definition “a more or less systematic approach to distributing the available resources among demands to fashion the best health care system possible, given the constraints” (Hauck, Smith and Goddard, 2004 p.1). This would not be restricted to clearly defined explicit methods, such as multi-criteria decision analysis or programme budgeting and marginal analysis, other less defined approaches such as multidisciplinary approach, business case, cost effectiveness approach, combined normative empirical approach, diamond model, balance sheet approach and lives saved tools (LiST).

Comparator(s)/ control

Not applicable.

Context

LMICs, are a group of countries predominantly in Africa and Asia with an average Gross National Income (GNI) per capita of \$12 735.00 or less (World Bank, 2014). This classification is being used as a proxy for the level of development in such countries since it is closely related to quality of life, infant mortality and other well-being measures (World Bank, 2014). There have been limited studies on the process of prioritization and no systematic review on these studies, aimed at identifying what methods of prioritization are used in these sub group of countries, the identifiable outcomes from the process and how the use of the priority setting impacts on its health system (long term outcomes).

Outcome(s)

Primary outcomes

The primary outcomes to be considered are:

- The impact and impact drivers
- The barriers and facilitators

Secondary outcomes

The process outcomes identified from studies, such as level of stakeholders involvement and institutionalization of the process as well as the outcome of the process, such as resource allocation or reallocation, ranking or creating a list of health system priorities and development of health policy or decision making tool.

Data extraction, (selection and coding)

Data will then be extracted from eligible papers on a prepared template which will be piloted and revised. The data to be extracted would be in two parts – a general study description and specific information on the outcomes to be analysed.

From the population eligible study, studies with no information on barriers, facilitators or impact will be excluded from further data extractions.

All data extraction will be done for all papers by two authors. W.A will extract for all articles and equal portions of the articles will be given to the other authors to extract so that there are two independent data extractors for each article.

Risk of bias (quality) assessment

The full text of the selected articles will then be obtained would be critically appraised by W.A, using the Qualitative Research and Review Instrument (QARI) critical appraisal tool from the Joanna Briggs Institute. The other authors will independently appraise equal portions of all the selected articles.

Any disagreement will be resolved by discussion. The JBI QARI critical appraisal tool is a standard critical appraisal check list, which has 10 questions. If at the end of the appraisal, the overall result of the appraisal from the two independent reviews of the a paper is to include, it is included. any other outcome will be excluded, except more information can be gotten on the particular study.

Strategy for data synthesis

A descriptive approach will be used in synthesizing the context and general characteristics information. For the data on the methods of priority setting used and the impact, a narrative method of synthesis would be employed while an aggregative or interpretative synthesis would be used in analysing the barriers and facilitators.

Analysis of subgroups or subsets

None planned

Dissemination plans

the review will be published and presented at relevant conferences.

Contact details for further information

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Organisational affiliation of the review

None

Review team

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Conflicts of interest

None known

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English

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England

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Delivery of Health Care; Health Services; Humans; Income; Research

Stage of review

Ongoing

Date of registration in PROSPERO

26 November 2015

Date of publication of this revision

23 March 2016

Stage of review at time of this submission	Started	Completed
Preliminary searches	Yes	Yes
Piloting of the study selection process	Yes	Yes
Formal screening of search results against eligibility criteria	Yes	No
Data extraction	Yes	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

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