



Ministry of Health



Health Research Priorities 2022 - 2025

| Southern Governorates - Gaza Strip |



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Introduction

Making the most of investments in health research requires setting priorities, which is especially important in situations with limited resources. The Health Research Priorities document helps scientists and decision-makers focus on the areas of study that have the greatest potential to improve clinical and public health. Therefore, the Palestinian Health Information Unit (PHIU), Ministry of Health, Palestine, developed and coordinated exercises to establish health research priorities in order to accomplish the following goals:

1. Determining the priorities of scientific research in the health sector for the next three years.
2. Encouraging the scientific method and health research in general.
3. Contribute to creating a research policy for the health field in Palestine.
4. Directing health research to serve urgent issues.
5. Linking health research to planning and policy development.
6. Providing financial and logistical support for health research.
7. Providing a database of urgent research areas for researchers and graduate students.
8. Encouraging research institutions to adopt research priorities by participating in their preparation.

To complete the preparation of this guide, a methodology somewhat similar to the Delphi methodology has been applied, which depends on extrapolating the opinion of experts and those concerned as individuals, departments, units, or institutions in the field of health research priorities, through:

- The beginning was by conducting field visits (more than 30 visits to the Ministry of Health sectors) to inform the target audience about the importance of setting health research priorities and how we could do that.

- Addressing Nongovernmental Organizations (NGOs) through the Department of Coordination with NGOs in the Ministry of Health.
- Agreeing to form special committees for each department or unit from the Ministry of Health and others to work on setting priorities.
- Agreeing with health sectors representatives that these priorities should be in accordance with the gaps and problems in order to work on solving them.
- Formulate the gaps and problems that have been monitored by the various departments and units (that the health sector face) in a unified way in an attempt to identify research titles and/or topics.
- Writing research topics and titles in their initial form, and in this stage, the total number of research titles was 520.
- The priorities in this form were resent to the various departments and units in the Ministry of Health.
- Further, priorities were sent to a group of experts to express their opinion.
- After that, the priorities were presented to the Central Governance Committee members to express their opinion and agree on a mechanism for revising and classifying them according to the degree of importance. So, a scale to classify priorities into three levels was prepared. This scale was established based on the role of health research priorities in assessing or reducing the mortality or morbidity rate, their ability to carry out the necessary intervention based on the research recommendations, their link with the strategic directions of the Ministry of Health, their contributions in the identification and evaluation of health indicators, their effect on the development of the health system, and/or their ability to strengthen the cost-effectiveness strategy.
- At that point, the research titles were merged to be 260 and classified into three levels (A, B, C) based on importance.
- Then, the first workshop was held (Inside the Ministry of Health), which aimed to:

- a. Continue revising priorities by the representatives of different units and departments based on intersecting paths between disciplines (e.g. the General Directorate of Primary Health Care and the General Directorate of Mental Health).
 - b. Merging and reclassifying the health priorities according to the most important (from 1 to 10) based on the Ministry of Health representatives' point of view (the total number of health research priorities became 180).
- In cooperation with the Palestinian National Institute of Public Health the second workshop was held. Many experts and universities representatives were invited to this workshop in order to:
- a. Check the first draft of health research priorities which was prepared by the Health Research Department of the Health Information Unit.
 - b. Add new research titles/topics.
 - c. Get recommendations about how to utilize these priorities.
- Finally, a meeting was held with the Advisory Committee of the Ministry of Health, which was represented by Dr. Yahya Abed, Dr. Bassam Abu Hamad, Dr. Abdel Raouf Al-Manama, Dr. Khamis Al-Assy, Dr. Ahmed Shatat, Engineer Osama Qassem, and the General Director of Health Information Unit Mr. Hani Al-Wahidi, and a representative of the UNRWA Dr. Emad Alawoor and the committee members recommended the following:
- a. Studying the research titles that were approved in the last workshop.
 - b. Converting the research titles that were agreed upon in that workshop into research tracks from which a number of research titles/keywords emerge (themes and sub-themes).
 - c. limiting descriptive studies and adding studies related to alternative medicine.

- d. Forming a quadripartite committee to formulate the final version of the research priorities in the health sector, based on the outputs of the last workshop and the recommendations of the advisory committee that were mentioned.

In order to achieve the goal of increased utilization for health research, we hope that this document can be used at various levels, both national and sub-national, by a variety of stakeholders, including national health leaders, researchers, funding agencies, development agencies, and civil society stakeholders. We believe that this document will contribute to a larger context of health research coordination to help influence financing and policy-making in a sustainable way. Health research implementation and evaluation require attention and coordinated action to boost adoption. Additionally, this document can be used as a roadmap to help determine the top national priorities for research. Additionally, the general structure presented in this publication serves as a helpful model for the future collection of more in-depth data on best practices in health research prioritization.

Core Team Members

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|----------------------------|--|
| 1. Mr. Hani Al-whaidy | “Health Information Unit, Ministry of Health” |
| 2. Mr. Jehad Okasha | “Health Research Department, Ministry of Health” |
| 3. Dr. Ali Albelbeisi | “Health Research Department, Ministry of Health” |
| 4. Dr. Abdelraouf Elmanama | “Islamic University Gaza” |
| 5. Dr. Khaled Abu Saman | “Palestinian National Institute for Public Health” |

Advisory Committee Members

- | | |
|------------------------------|--|
| 1. Mr. Osama Qasem | “Assistant Deputy Minister, Ministry of Health” |
| 2. Prof. Dr. Yehia Awad Abed | “Alquds Unversity” |
| 3. Dr. Bassam Abu Hamad | “Alquds Unversity” |
| 4. Dr. Ahmed Shatat | “Planning and Quality Unit, Ministry of Health” |
| 6. Dr. Khamis Alhesi | “Islamic University Gaza” |
| 5. Dr. Emad Alawoor | “UNRWA” |
| 6. Dr. Salwa Masaad | “Palestinian National Institute for Public Health” |

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- All directors and experts from the Palestinian Ministry of Health and all contributors from the Palestinian Universities and NGOs who have given their inputs in the preparation of this document.
- All core team members who documented the whole process.

TABLE 1: INDICATIVE AREAS FOR PRIORITY RESEARCH IN THE HEALTH SYSTEM

Research Domain	Research Areas	Indicative Priorities for Research
Health System	Healthcare financing	<ul style="list-style-type: none"> - Affordability - Costing (cost-benefit analysis and cost-effectiveness) - Optimizing external fund use.
	Human resources (Human and facilities)	<ul style="list-style-type: none"> - Safety - Risk management - Performance according to standards (International accreditation requirements). - Staffing approach - Training programs (Quality and competency). - Clinical nutritionist (role on disease prognosis).
	Innovation and technology in health	<ul style="list-style-type: none"> - Health information management - Computerizing health care services (Barriers, challenges, and opportunities).
	Service delivery	<ul style="list-style-type: none"> - Health existing practices (e.g. prevent and control communicable and non-communicable diseases in PHC). - Optimization of primary and secondary health care services. - Health family team services. - Quality. - Adverse events and Patient Safety. - Pain management. - Unmet health needs.
	Public – public integration	<ul style="list-style-type: none"> - Barriers and challenges of the integration. - Integration of health data and services.
	Public-private integration	<ul style="list-style-type: none"> - Barriers and challenges of the integration. - Integration of health data and services.
	Equity	<ul style="list-style-type: none"> - Availability of essential medications. - Health needs and clients' expectations. - Internal control role

TABLE 2: INDICATIVE AREAS FOR PRIORITY RESEARCH IN THE WOMEN AND CHILD HEALTH

Research Domain	Research Areas	Indicative Priorities for Research
WOMEN AND CHILD HEALTH	Preconception and Perinatal care	<ul style="list-style-type: none"> - Health Awareness - Quality assessment - High-risk Pregnancy (policy and procedures used in management). - Near miss (incidence, Risk factors, control, and management). - Maternal and perinatal mortality - Maternal and perinatal morbidity - Post-delivery care (home visits). - Urine incontinence.
	Neonates and toddlers care	<ul style="list-style-type: none"> - Growth Pattern (Causes, time of Growth faltering). - Micronutrients supplementation programs - Quality of health practices in neonatal intensive care units. - Genetic and chronic illness.
	Primary school	<ul style="list-style-type: none"> - Oral, Auditory and visual impairment - Health interventions in treating the discovered disabilities. - Nutritional Status.

TABLE 3: INDICATIVE AREAS FOR PRIORITY RESEARCH IN THE NON-COMMUNICABLE DISEASES

Research Domain	Research Areas	Indicative Priorities for Research
NON-Communicable Diseases	Endocrine and metabolic diseases	<ul style="list-style-type: none"> - Prevention - Early detection - Risk factors - Commitment to treatment regimens (Diabetic patients). - Holistic approach for diabetic patients (challenges and barriers that face implementation). - Effectiveness of screening programs.
	Cardiovascular diseases	<ul style="list-style-type: none"> - Compliance to treatment regimens (Hypertensive patients). - Prevention - Early detection - Risk/preventive factors. - Effectiveness of screening programs.
	Cancer	<ul style="list-style-type: none"> - Prevention - Early detection and diagnosis - Risk factors - Palliative care services (Evaluation)

TABLE 4: INDICATIVE AREAS FOR PRIORITY RESEARCH IN THE COMMUNICABLE DISEASES

Research Domain	Research Areas	Indicative Priorities for Research
COMMUNICABLE DISEASES	Antimicrobials and antimicrobial resistance	<ul style="list-style-type: none"> - Surveillance studies (continuous measurement of the problem). - Investigating alternatives (phages, medicinal plants, nanomaterials etc...). - Antimicrobial stewardship studies - KAP studies.
	Medical mycology research	<ul style="list-style-type: none"> - Prevalence in the health care setting and the community. - Etiology and Resistance.
	Infection prevention and control (IPC)	<ul style="list-style-type: none"> - Intervention studies. - Adherence studies. - Evaluation of potential sources (HCWs, environment, materials, equipment/tools etc...).
	Healthcare-associated infections (HAI)	<ul style="list-style-type: none"> - Measuring/evaluating/managing/reducing. - KAP studies.
	Vaccine research	<ul style="list-style-type: none"> - Vaccination program efficacy evaluation. - Adoption of new vaccines/abandoning old vaccines. - Vaccination of elderly. - Vaccination of vulnerable groups.
	Communicable diseases Data mining/artificial intelligence	<ul style="list-style-type: none"> - Analysing incidence data. - Analysing resistance data.
	Emerging and re-emerging diseases	<ul style="list-style-type: none"> - Research to investigate ongoing outbreaks. - Research to investigate potential pathogens/vectors/behaviour/sources.
	Food safety	<ul style="list-style-type: none"> - Hospital food quality evaluation (microbiological) including infant formula. - Food quality in general especially ready to eat food.
	Vector-borne diseases	<ul style="list-style-type: none"> - Investigating disease vectors (insects, rodents) in Gaza strip. - Improved diagnosis.
	One health approach	<ul style="list-style-type: none"> - Implementation of one health approach (case studies). - Networking communicable disease among stakeholder.

TABLE 5: INDICATIVE AREAS FOR PRIORITY RESEARCH IN THE NUTRITION

Research Domain	Research Areas	Indicative Priorities for Research
NUTRITION	Maternal and young child nutrition	<ul style="list-style-type: none"> - Nutritional status and its effect on mother's health and child growth and development. - Malnutrition - Anemia - Evaluation of current policies/programs
	National food and nutrition situation	<ul style="list-style-type: none"> - Regular national surveys for monitoring nutrition indicators.
	Life course approach to food intake and dietary practices	<ul style="list-style-type: none"> - Breakfast intake and its relation with daily activities and academic achievement of adolescents.
	Nutritional deficiencies and excesses	<ul style="list-style-type: none"> - Vitamin D deficiency (prevalence, risk factors, and its relation with cardiovascular diseases among the elderly).
	Overweight and obesity	<ul style="list-style-type: none"> - Prevalence and risk factors among adolescents.
	Diet-related non-communicable diseases	<ul style="list-style-type: none"> - Prevention and control
	Food safety status and health risks	<ul style="list-style-type: none"> - Foodborne illness - Sustainability of food safety system.

TABLE 6: INDICATIVE AREAS FOR PRIORITY RESEARCH IN THE ENVIRONMENTAL HEALTH

Research Domain	Research Areas	Indicative Priorities for Research
ENVIRONMENTAL HEALTH	Environmental health and safety	<ul style="list-style-type: none"> - Access to safe drinking water. - Drinking water quality (contamination with parasites) and health. - Quality of treated wastewater (microbiological/viral/chemical, heavy metals, its use in agriculture). - Evaluation of the water system in health settings. - Occupational Health Hazards. - Medical waste and sewage management. - Air conditions assessment. - Evaluation of architectural design of government service facilities.

TABLE 7: INDICATIVE AREAS FOR PRIORITY RESEARCH IN THE EMERGENCY AND PREPAREDNESS

Research Domain	Research Areas	Indicative Priorities for Research
EMERGENCY AND PREPAREDNESS	Emergency plans and preparedness	<ul style="list-style-type: none"> - Evaluation - Inter-sectorial coordination during emergencies among the different service providers. - Detection and risk assessment. - Mitigation strategies. - Strengthening response systems - Public Health Emergency Preparedness in the Setting of Mother/Child Care. - Sustainable preparedness and response systems. - Criteria and metrics to measure the effectiveness and efficiency of response. - Information management and related to decision-making during emergencies. - Evacuation. - Public engagement in health emergency planning. - Public Health Emergency Preparedness Exercises. - Toolkit for assessing health-system capacity for crisis management
	Emergency services	<ul style="list-style-type: none"> - At primary health care centers - Ambulance and emergency services (evaluation). - Human and training needs for ambulance and emergency services. - Role of exercises and drills in emergency response. - Public health emergency operation centers: status, gaps and areas for improvement. - Telemedicine implementation during emergencies.

TABLE 8: INDICATIVE AREAS FOR PRIORITY RESEARCH IN THE MENTAL HEALTH

Research Domain	Research Areas	Indicative Priorities for Research
MENTAL HEALTH	Psychosocial supportive programs/services	<ul style="list-style-type: none"> - Evaluation (MH gap) - Evaluation of psychological support programs (provided to cancer and non-communicable diseases). - Utilization of Mental Health Services. - Evaluation of mental health services integration within primary care centers and hospitals.
	Addiction	<ul style="list-style-type: none"> - Conducting follow-ups of recovered addicted patients to measure and reduce relapse rates. - Addiction to social networking sites on adolescent health.
	Depression, suicide, and other psychiatric disorder	<ul style="list-style-type: none"> - Prevalence/risk factors (postpartum depression) - Prevalence/risk factor of post-traumatic stress disorder, anxiety, and depression (among health care providers, elderly, adult, and adolescents). - Effectiveness of electroconvulsive therapy (ECT) - Psychotropic medications (side effects, and patient adherence). - Menopause. - Media programs that promote awareness and combat the societal stigma of mental disorders.
	Violence (Adult)	<ul style="list-style-type: none"> - Psychological services provided to Gender-based violence (Evaluation). - Evaluation of counselling and treatment programs.
	Physical injuries	<ul style="list-style-type: none"> - Self-harm

The End