

Summary of a priority-setting process worksheet Ethiopia

Date:

Country: Ethiopia

Who was responsible for the priority-setting process?

The Evidence-Informed Policy Network (EVIPNet), Ethiopia; and the Technology Transfer & Research Translation Directorate at the Ethiopian Health & Nutrition Research Institute (EHNRI).

What criteria were used to set the priorities?

Explicit criteria were not used.

Who was consulted about the potential priorities after they were identified?

The Minister of Health after the potential priorities were generated during an earlier consultation.

What, if any, additional information was collected to inform decisions about priorities and how?

Members of the SURE resource group were consulted.

Who made the final decision regarding priorities?

The Technology Transfer & Research Translation Directorate, EHNRI.

What potential priorities were considered?

Misoprostol for postpartum haemorrhage.

How were they ranked and what was the basis for this ranking?

Other topics were not considered.

Advantages of the process that was used

The process was efficient. Input was given from the top level of the Ministry of Health (the Health Minister) who then decided on the priority. There was a window of opportunity as well a champion (the Minister) who was interested in the topic.

Disadvantages of the process that was used

There was little or no input from other policymakers and stakeholders. Whether a selected topic is seen as appropriate is largely dependent on the Minister being well-informed. A window of opportunity may close quickly and it may not be practical to prepare a policy brief and organise a policy dialogue quickly enough. This approach may create expectations that are difficult to meet. It may not help to build capacity and develop a culture of evidence-informed health policymaking within the Ministry or among other stakeholders if they are not engaged in the process.