

Mismatch between health priorities and publicly funded clinical research: The Chilean case

Mapping Chilean clinical research: a protocol for a scoping review and multiple evidence gap maps



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Background

- Publicly funded research must be aligned with locally prioritised health topics, aiming to inform clinical practice guidelines (CPGs).
- In Chile, 85 health problems have been prioritised mainly based on the burden of disease (and other governance considerations), and the Chilean Ministry of Health is committed to developing CPGs for each of them.
- It is unclear whether the clinical research conducted in Chile addresses locally prioritised health topics.

Objectives

- To comprehensively identify and characterise the Chilean clinical research published from 2000 onwards.
- To estimate the proportion of publicly funded research on the 10 most burdensome locally prioritised conditions.

Methods

- We conducted a scoping review.
- We searched MEDLINE, Embase, PsycINFO, CINAHL, LILACS, and WoS, and performed hand searches aiming to retrieve all studies conducted in Chile or by authors whose affiliations were based in Chile.
- We included those studies focused on a clinical health topic describing, measuring or exploring a health-related outcome in humans (both primary studies and systematic reviews). We excluded narrative reviews, opinion pieces, protocols, etc.

Results

- After deduplication, we screened 56,232 studies by title and abstract. To date, among 19,515 eligible studies we have included a total of 12,045 studies.
- So far, we have performed data extraction and analysis on **7,937** included studies.
- 2305 studies received public funding, among which 311 (13.49%) were randomised clinical trials, 575 (24.94%) cohort studies, 61 (2.64%) quasi-experimental studies, and 236 (10.24%) corresponded to systematic reviews.
- 86.16% of the publicly funded clinical research in Chile does not address none of the 10 most burdensome locally prioritised health conditions (**Table 1**).

Table 1: Publicly funded clinical studies in Chile according to local priority.

(N = 2305)	Prioritised health conditions	Non prioritised health conditions
Publicly funded clinical studies	319 (13.83%)	1986 (86.16%)

Future challenges

- We will elaborate evidence matrices for each condition selected from those defined under GES criteria.
- To elaborate the evidence gap maps, we will consider prioritised interventions and core outcome sets (COS).

