
The future of paediatric clinical trials – setting research priorities for child health

Technical report



World Health
Organization

The future of paediatric clinical trials – setting research priorities for child health

Technical report

The future of paediatric clinical trials – setting research priorities for child health: technical report

ISBN 978-92-4-011659-7 (electronic version)

ISBN 978-92-4-011660-3 (print version)

© World Health Organization 2025

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. The future of paediatric clinical trials – setting research priorities for child health: technical report. Geneva: World Health Organization; 2025. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <https://iris.who.int/>.

Sales, rights and licensing. To purchase WHO publications, see <https://www.who.int/publications/book-orders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/copyright>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Cover photo credits: © WHO / Loan Tran

Design and layout by 400 Communications Limited.

Contents

Acknowledgements	iv
1. Background	1
2. What is the goal of this research agenda?	3
3. What is the scope of this research agenda?	4
4. How was this research agenda developed?	5
5. Top research priorities overall and by thematic area	8
6. Implementation: a call to action	13
Our shared path forward	16
References	17
Annex 1. Stakeholder consultation panellists and list of participants	18
Annex 2. Ranked list of research questions	22

Acknowledgements

The research priority-setting process and stakeholder consultation on clinical trial priorities for children were co-convened by the WHO Department of Research for Health (Science Division) and Department of Maternal, Newborn, Child and Adolescent Health and Ageing. This technical report was drafted by Cadi Irvine (WHO consultant), with contributions and oversight from Martina Penazzato and Yasir Bin Nisar (WHO).

WHO gratefully acknowledges the members of the external steering group for their support in designing and implementing the priority-setting exercise as follows: Tahmeed Ahmed (International Centre for Diarrhoeal Disease Research, Bangladesh), Guillermo Luis Chantada (Hospital Sant Joan de Déu, Spain), Rebecca Grais (Pasteur Network, France), Fyezah Jehan (Aga Khan University, Pakistan), Rakesh Lodha (All India Institute of Medical Sciences, India), Grace Ndeezi (Makerere University College of Health Sciences, Uganda), Shane Norris (University of the

Witwatersrand, South Africa), Igor Rudan (University of Edinburgh, United Kingdom), Fiona Russell (University of Melbourne, Australia), Judd Walson (Johns Hopkins University, United States of America) and Jun Zhang (Shanghai Jiao Tong University School of Public Health, China).

WHO extends thanks to everyone who submitted research ideas and the members of the scoring group, who reviewed and assessed the final list. Special thanks go to Igor Rudan (Centre for Global Health, University of Edinburgh, United Kingdom) and Peige Song (School of Public Health, Zhejiang University School of Medicine, China) for analytical support, Cécile Claire Trottet (University of Zurich, Switzerland) for support with developing the artificial intelligence-driven clustering dashboard and to all speakers and participants who contributed to the stakeholder consultation.



1. Background

Significant progress has been made in child and infant health over recent decades. Since 2000, the global mortality rate among children younger than five years has declined by 52% (1). However, progress is slowing (Fig. 1) – especially in low- and middle-income countries, where preventable illnesses such as pneumonia, diarrhoea and malaria still cause most child deaths. In 2023 alone, an estimated 4.8 million children died before the age of five years, including 2.3 million newborns.

High-quality clinical trials are critical for generating the evidence needed to inform health policies, guidelines and frontline practice, as suggested by several WHO guidelines on managing childhood illnesses (2). Nevertheless, children remain significantly underrepresented in this research likely due to a range of constraints including, but not limited to, smaller markets for medicines, commercial incentive and ethical and regulatory complexities. Between 2000 and 2023, only 10% of trials registered globally included children; among those, just 9% were conducted in lower-middle-income countries and 1% in low-income countries. Few trials focus on only the highest-risk period – birth through early infancy (3).

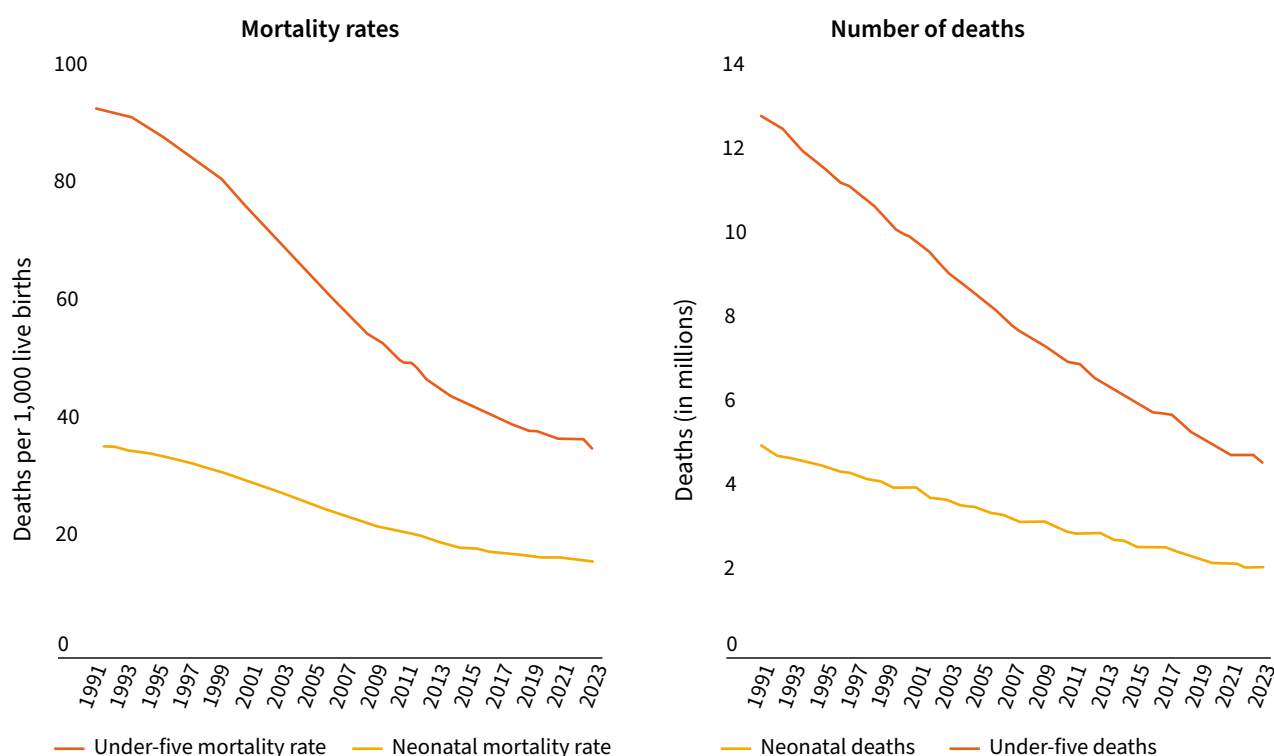
The disconnect between the burden of disease and research activity among children underscores the urgency of setting clear research priorities. Gaps persist around the safety and effectiveness of commonly used interventions – such as antibiotics, fluids, nutritional supplements, oxygen and vaccines – and around treatment strategies for conditions such as sickle cell disease and cancer. Without focused research, child survival, growth and development will continue to be compromised. Investment in early childhood is widely recognized as providing high returns, reinforcing the need to give priority to research that supports evidence-informed interventions for this age group (Fig. 2) (4).

In November 2023, WHO convened the first Global Clinical Trials Forum in Geneva (5) in response to a World Health Assembly resolution (6). The Forum brought together more than 100 stakeholders – governments, researchers, funders, regulators and communities – who collectively recognized that the current clinical research environment is not delivering timely, high-quality evidence aligned with public health priorities. Notably, the Forum highlighted the systemic neglect of paediatric research, especially in low-resource settings.

To address these gaps, the Research for Health Department in WHO's Science Division and WHO's Department of Maternal, Newborn, Child and Adolescent Health and Ageing led a global research priority-setting effort using an adapted Child Health and Nutrition Research Initiative method (7). The objective was to identify the most critical research questions in infant and child health to guide future studies, inform funding decisions and ultimately improve health outcomes where the needs are greatest.

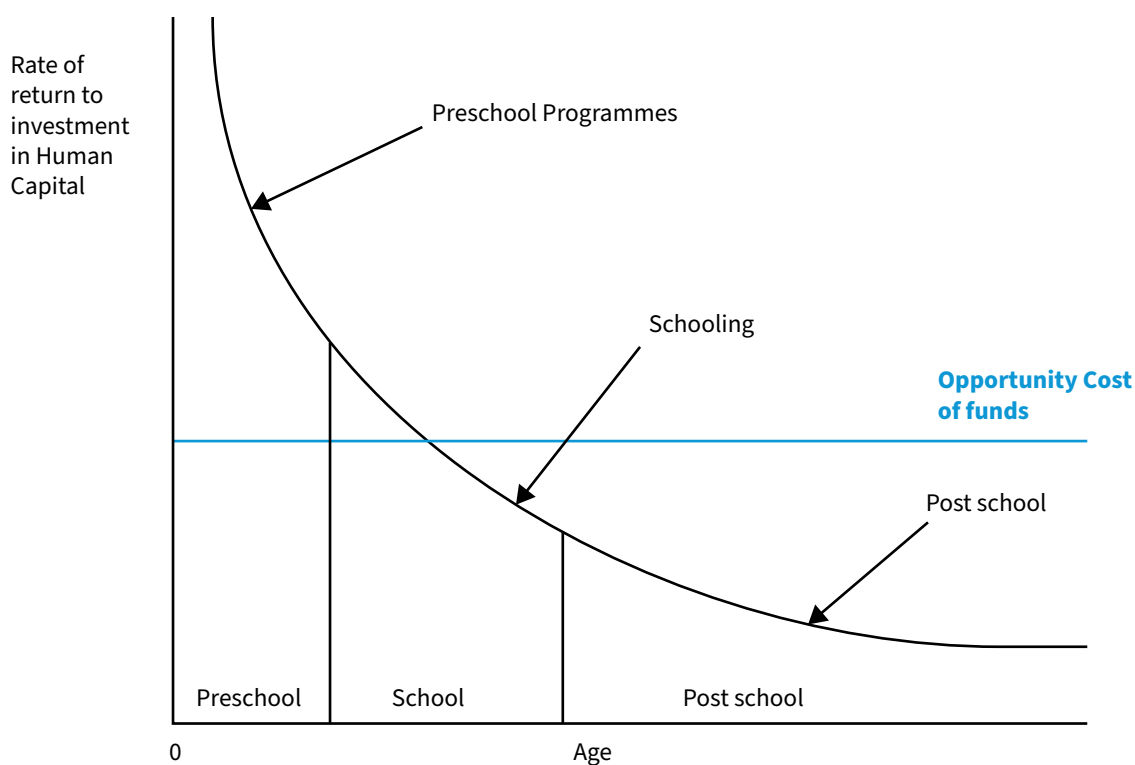


Fig. 1. Trends in global neonatal mortality and mortality of children younger than five years, 1990–2023



Sources: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME 2025) (8).

Fig. 2. Rates of return to human capital investment initially setting investments to be equal and across all ages



Rates of Return to Human Capital Investment Initially
Setting Investments to be Equal Across all Ages

2. What is the goal of this research agenda?

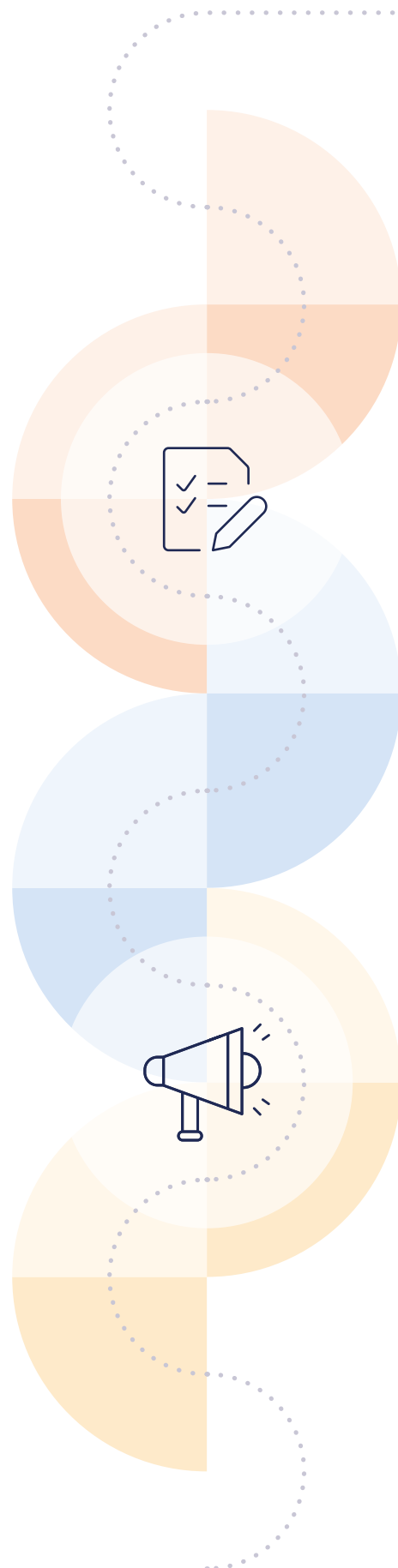
.....

The goal of this research agenda is to identify a clear set of priority questions in child health that can be addressed through high-quality, timely clinical research. It is designed to guide future studies, align research investment and generate actionable evidence to improve child survival and well-being.

The agenda focuses on questions that:

- can be answered through well-designed intervention trials;
- are feasible to complete within a 5–6 years;
- deliver results with sufficient precision to guide policy and programmes;
- address the most pressing health needs in low- and lower-middle-income countries; and
- support national priorities and advance progress toward achieving the Sustainable Development Goals.

By defining a shared set of priorities, this agenda provides a practical tool for researchers, funders and policy-makers to focus efforts where they are most urgently needed and likely to have the greatest impact.



3. What is the scope of this research agenda?

.....
This research agenda focuses exclusively on interventional research questions i.e., testing whether specific interventions improve outcomes compared with a defined comparator (such as usual care or another strategy) that address priority health issues for children 0–9 years old. There are no restrictions on the type of intervention as long as the question is relevant to improving child health. Respondents were asked to describe their research questions clearly and

without abbreviations, including details on the target population (such as age group, setting and pre-existing morbidity or disability), the specific intervention or package of interventions, the intended primary outcome and the time frame for measuring results. Submissions were then categorized by population group and health area (such as nutrition, infectious diseases, noncommunicable diseases, early childhood development and newborn health).



4. How was this research agenda developed?

.....

This research agenda was developed using an adapted Child Health and Nutrition Research Initiative method (7) – an internationally recognized, structured process for setting health research priorities – and guided by WHO guidance on setting research priorities (9). The process was conducted in close collaboration with a multidisciplinary steering group of child health experts, primarily drawn from the WHO Clinical Forum Paediatric Working Group and supplemented with additional experts to ensure geographical diversity and gender balance (see acknowledgements). All external contributors submitted declarations of interest, which were reviewed by WHO technical staff. The approach combined expert input, stakeholder engagement, and artificial intelligence–supported synthesis to generate a practical and actionable global research agenda. Fig. 3 outlines the key steps in the process.

.....

Consolidation of submitted research questions

The research question consolidation process involved a structured, three-step approach combining artificial intelligence with expert oversight. To support this process, an artificial intelligence–driven clustering dashboard was developed using Dash (10), designed to facilitate the clustering and selection of research questions. All code was written in Python 3.8.10. The Python library langdetect (11) was used to detect the language of each submitted research question, prompting GPT-4o-mini (12) to translate non-English entries (about 10%). GPT-4o-mini was prompted and used to generate an artificial intelligence–summarized research question integrating the research questions from the cluster into a single summary question. Users could edit and save these artificial intelligence–generated questions for download and human review.

Initially, 653 submissions were processed through the artificial intelligence–driven clustering, which included back-translation of non-English responses and removal of incomplete and/or out-of-scope entries. Using a correlation threshold of 0.85, the artificial intelligence model computed semantic similarity scores between questions and grouped questions into 263 clusters, providing an artificial intelligence–generated summary question that reflected each of

the clustered groups. WHO then conducted manual verification of the artificial intelligence output using the interactive dashboard, excluding questions not aligned with the defined scope (such as observational studies and population older than nine years of age), reviewing for balance and inclusivity and categorizing the remaining 221 questions into five thematic areas: infectious diseases, noncommunicable diseases, nutrition, early childhood development and newborn health. In the final step, the external expert steering group independently reviewed questions within their assigned thematic area assessing scientific value, refining questions for clarity and further ensuring alignment with scope. This resulted in a finalized list of 172 priority questions for scoring.

.....

Stakeholder engagement and analysis of scoring results

Stakeholder engagement was a central part of the research priority-setting process. A multidisciplinary external steering group of 11 members provided guidance on defining the scope, reviewing research questions and supporting dissemination. Efforts were made to ensure diversity in expertise, geography and gender. The external steering group completed declaration of interest forms, and all potential conflicts of interest were assessed and managed in accordance with WHO's policies to ensure transparency and safeguard the integrity of the process.

WHO disseminated the first survey globally (Fig. 3), inviting a wide range of stakeholders – including researchers, programme implementers, relevant staff from health ministries and community organizations – to submit their research priorities in child health. Scoring participants represented a diverse group, including child health practitioners (37%), researchers (35%), national health authorities and programme managers (20%) and community advocates (7%). Of the 99 individuals invited, 54 participated (55% response rate; 57% female). Participants came from across WHO regions, with the Americas (24%), Europe (22%), South-East Asia (22%), Africa (15%), Western Pacific (13%) and Eastern Mediterranean (4%) represented.

Fig. 3. Key steps in the process

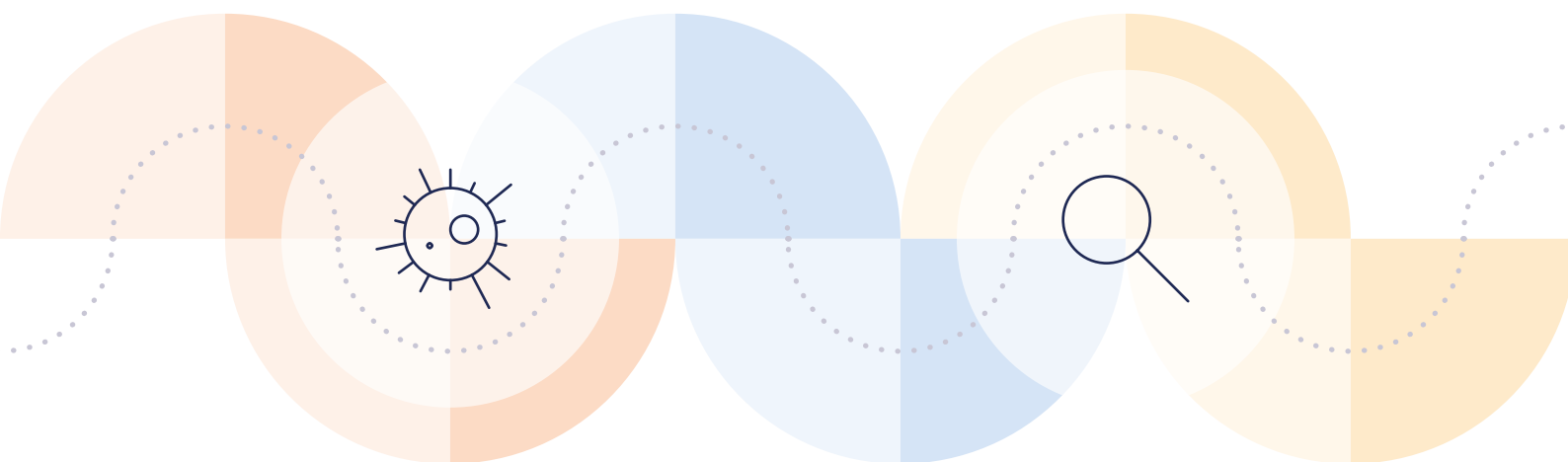
NOVEMBER–DECEMBER 2024	PHASE 1 Survey 1: Call for research questions	• The survey was disseminated globally through the WHO website, targeted outreach to first and senior authors of the top 100 child health publications, the Clinical Trials Forum Paediatric Working Group, WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing and Global Accelerator for Paediatric Formulations Network listservs, focal points at global networks (Penta, International Maternal Pediatric Adolescent AIDS Clinical Trials Group, International Society of Paediatric Oncology and Child Healthcare Information for All), WHO headquarters and regional colleagues and through social media (LinkedIn and X) • More than 380 stakeholders submitted between one and three research ideas	653 questions included for artificial intelligence clustering
JANUARY–FEBRUARY 2025	2 Consolidation of research lists	• Artificial intelligence consolidation: removed incomplete, out-of-scope and duplicate questions • Clustering: grouped similar questions into 263 clusters using a correlation threshold of 0.85 • WHO review: Verified artificial intelligence outputs and excluded questions outside scope (such as observational and population level) • Expert review: assigned thematic areas; experts independently reviewed about 40–50 questions for clarity, wording and alignment with the scope	172 questions identified for scoring
FEBRUARY–MARCH 2025	3 Survey 2: Scoring of research questions	• Survey sent to 99 stakeholders within the field of child health • Scoring criteria: impact, equity, answerability, feasibility, scalability and scientific value	54 scorers’ responses eligible for analysis
MARCH–JUNE 2025	4 Analysis of scoring	• Research priority scores and average expert agreement calculated • Research evaluated within thematic areas: - Newborn health - Early childhood development - Infectious diseases - Nutrition - Noncommunicable diseases	5 thematic areas delineated the priority areas
27 MARCH 2025	5 Stakeholder consultation	• More than 60 participants from international organizations, academia, health ministries, nongovernmental organizations and community groups convened to: - Review preliminary findings to inform decision-making - Identify cross-cutting challenges, gaps and opportunities - Discuss practical steps for implementing priorities - Define actions to drive collaboration and impact	>60 global stakeholders met to review the research priorities
JULY 2025	6 Incorporation of final inputs	• Final feedback and inputs provided by expert steering group	WHO global child health research agenda finalized

Following the scoring phase, submitted data were analysed using the Child Health and Nutrition Research Initiative method to generate two key metrics: the research priority score, calculated as the average score across all criteria, and the average expert agreement, which measures the proportion of scorers who selected the most common response for each criterion. These metrics provided a transparent and systematic basis for ranking research questions.

Finally, in March 2025, WHO convened a stakeholder consultation with participants from international organizations, health ministries, community groups, nongovernmental organizations, academic institutes and funding agencies (see Annex 1). The objective of this was to present and review preliminary findings to inform decision-making, identify challenges, gaps and opportunities, discuss practical steps for implementing priorities and define actions to drive collaboration and impact. In accordance with WHO procedures, all participants completed declaration of interest forms, which were reviewed by the WHO technical team.

Limitations

The research priority-setting process was designed to be inclusive, transparent and methodologically rigorous. However, limitations should be acknowledged. The Child Health and Nutrition Research Initiative method, although widely used, tends to favour research questions that are feasible, measurable and deliverable within short time frames – potentially underrepresenting complex or long-term issues. Although more than 380 individuals submitted research ideas and all regions were represented, the geographical distribution was uneven, with some regions and stakeholder groups contributing fewer submissions than others. In addition, while artificial intelligence-assisted clustering enhanced efficiency, it may have oversimplified the nuance of some submissions. These limitations underscore the importance of ongoing review, contextual adaptation and inclusive engagement as the agenda is implemented. This is especially important in the current environment of limited resources, competing priorities and the need to invest in the research that is most likely to translate into tangible public health benefits.



5. Top research priorities overall and by thematic area

The following tables present the top-ranked research priorities overall and within each thematic area: infectious diseases, noncommunicable diseases,

nutrition, early childhood development and newborn health. Annex 2 presents the full set of ranked research questions.

Table 1. Top five research priorities overall

Average research priority score rank	Research question	Average research priority score	Average expert agreement – enhanced score
1	What is the most effective and safest fluid management approach for children with wasting, presenting with severe dehydration and/or shock comparing slow intravenous rehydration to standard care? What is the associated impact on mortality at 24 hours, 28 days and 6 months?	0.94	0.74
2	For children younger than five years with sickle cell disease, does implementing malaria vaccination reduce mortality in the following 12 months?	0.92	0.67
3	Can a simplified treatment protocol based on mid-upper arm circumference for admitting children to treatment and prescribing ready-to-use therapeutic food according to mid-upper arm circumference be safely used to treat all children with acute malnutrition?	0.92	0.66
4	What is the effectiveness of new antiretroviral drug formulations, including long-acting injectables, on viral suppression and drug resistance selection among children living with HIV?	0.91	0.68
5	What is the effectiveness of combined seasonal malaria chemoprevention and mass drug administration with piperazine + dihydroartemisinin and ivermectin on malaria transmission and incidence among children?	0.91	0.68

Table 2. Top five research priorities by thematic area

Thematic area	Research question	Average research priority score	Average expert agreement – enhanced score	Average research priority score rank overall
 Early childhood development	1. What is the effect of parenting education and support interventions on the cognitive, socio-emotional, and physical development of children aged 0–3 years in low-resource settings?	0.86	0.59	30
	2. What is the impact of a package of tailored antenatal care and postnatal care interventions for pregnant adolescent girls for improving maternal and infant birth outcomes and offspring growth and development?	0.86	0.57	34
	3. What is the effect of an integrated package of interventions (health, nutrition, child play and stimulation) delivered to children in the post 1000 days on growth, development and metabolic health?	0.84	0.55	43
	4. How can training early childhood educators and collaboration among allied health practitioners, community workers and parents enhance early screening, intervention and support for neurodevelopmental disorders among children 0–5 years old, especially in low-resource settings, to improve long-term outcomes?	0.83	0.57	57
	5. What is the impact of mental health support or psychosocial support for mothers on early childhood development outcomes in areas of high postnatal depression or humanitarian crisis settings?	0.81	0.54	72
 Infectious diseases	1. What is the most effective and safest fluid management approach for children with wasting, presenting with severe dehydration and/or shock, comparing slow intravenous rehydration with standard care? What is the associated impact on mortality at 24 hours, 28 days and 6 months?	0.94	0.74	1
	2. What is the effectiveness of new antiretroviral drug formulations, including long-acting injectables, on viral suppression and drug resistance selection among children living with HIV?	0.91	0.68	4

Table 2 (continued). Top five research priorities by thematic area

Thematic area	Research question	Average research priority score	Average expert agreement – enhanced score	Average research priority score rank overall
 Infectious diseases	3. What is the effectiveness of combined seasonal malaria chemoprevention and mass drug administration with piperazine + dihydroartemisinin and ivermectin on malaria transmission and incidence among children?	0.91	0.68	5
	4. What is the effectiveness of shorter tuberculosis (TB) preventive treatment such as one month of daily isoniazid + rifapentine on uptake and completion of TB preventive treatment among children younger than five years in TB endemic settings?	0.89	0.61	7
	5. Among neonates presenting to health centres and hospitals with possible serious bacterial infection, what is the impact of clinical risk and bedside biomarker-based strategies to inform antibiotic use on 28-day mortality?	0.89	0.61	8
 Newborn health	1. What is the impact of community-based follow-up strategies on the mortality, morbidity and neurodevelopmental outcomes of newborns and infants at risk because of low birthweight, prematurity or other perinatal complications after hospital discharge?	0.89	0.66	9
	2. What is the impact and cost-effectiveness of point-of-care bilirubin screening on prevention and management of hyperbilirubinaemia among neonates?	0.89	0.66	11
	3. For preterm and low-birthweight newborns, does discharging home after achieving weight gain exceeding 2 kg improve one-year survival compared with usual care discharge at 1.4–1.8 kg?	0.88	0.62	14
	4. Among preterm infants, what is the impact of early stimulation programmes –starting in the neonatal intensive care unit or hospital and delivered by parents or practitioners on neurodevelopment outcomes by 12 months?	0.87	0.59	26
	5. What is the impact of a package of interventions for pregnant women, starting in the first trimester, including nutrition, health care, water, sanitation and hygiene and social protection on preventing preterm birth and low birthweight?	0.87	0.63	29

Table 2 (continued). Top five research priorities by thematic area

Thematic area	Research question	Average research priority score	Average expert agreement – enhanced score	Average research priority score rank overall
 Noncommunicable diseases	1. For children younger than five years with sickle cell disease, does implementing malaria vaccination reduce mortality in the following 12 months?	0.92	0.67	2
	2. What is the impact of a community-based neonatal resuscitation and care programme by skilled health-care professionals on infant mortality, morbidity and neurodevelopmental outcomes in low- and middle-income countries?	0.87	0.59	19
	3. For children younger than five years with sickle cell disease, does fixed, low-dose hydroxyurea, without the need for laboratory follow-up, reduce the number of crises in the first year of treatment?	0.87	0.58	21
	4. What is the impact on hospital mortality of implementing a paediatric emergency care bundle including training, evidence-based protocols and basic supplies?	0.87	0.57	25
	5. What are scalable delivery models that can be implemented in primary care to effectively identify and manage developmental disabilities among children younger than five years (focusing on sensitivity, specificity, feasibility and challenges) in low-resource settings?	0.85	0.57	40

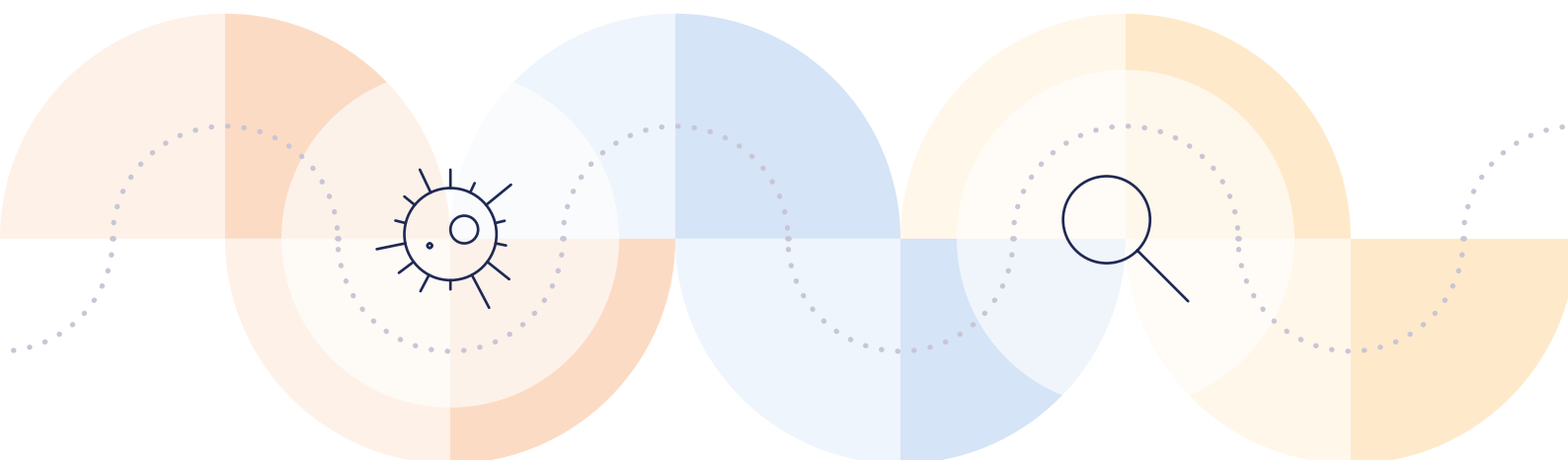


Table 2 (continued). Top five research priorities by thematic area

Thematic area	Research question	Average research priority score	Average expert agreement – enhanced score	Average research priority score rank overall
 Nutrition	1. Can a simplified treatment protocol based on mid-upper arm circumference for admitting children to treatment and prescribing ready-to-use therapeutic food according to mid-upper arm circumference be safely used to treat all children with acute malnutrition?	0.92	0.66	3
	2. What is the impact of school-based micronutrient fortification programmes (such as fortified meals or snacks) on anaemia prevalence and cognitive performance among children aged 5–9 years in low-resource settings over a two-year period?	0.89	0.62	6
	3. What is the effectiveness of nutrient-dense food supplements for children aged 1–5 years with moderate malnutrition on cognitive development and school readiness outcomes over a two-year period?	0.89	0.60	12
	4. Does a structured educational programme for mothers on safe newborn care practices, delivered by community health workers, reduce neonatal infections and improve survival rates among newborns in rural areas?	0.88	0.62	15
	5. What is the impact of improved maternal nutrition and adequate breastfeeding practices on the prevention and management of severe acute malnutrition and moderate acute malnutrition on infants younger than six months and young children in low- and middle-income countries?	0.88	0.67	18

6. Implementation: a call to action

The WHO-led stakeholder meeting held in March 2025 aimed to review the outcomes of the priority-setting process, reflect on key messages and identify actions needed to support implementation of the child health research agenda. Participants were asked to reflect on the challenges, opportunities and short- and long-term actions needed to implement the child health research agenda, and worked collaboratively to define roles, responsibilities and next steps to ensure that the identified priorities translate into meaningful, real-world impact.

Programme stakeholders reflected on how to strengthen the translatability of research to country contexts, align national policies and integrate research with service delivery in resource-limited settings. Community representatives considered how to engage caregivers, parents and local organizations and how communities can actively support dissemination and implementation. Researchers examined study design innovations, ethical barriers to child inclusion and strategies to strengthen collaboration with national authorities. Funders explored how to better align investments with public health priorities and identified funding models to support implementation-focused research. The stakeholder groups discussed and proposed actions to support implementation of the research agenda and create an enabling environment for child health research (Table 3).

Table 3. Actions identified by stakeholder groups at the stakeholder meeting

	Programmes
• Mobilize resources to support priority research and scale up proven, evidence-based interventions. • Engage health ministries in research design and implementation to ensure national relevance and ownership. • Promote parental awareness and participation to strengthen community engagement and uptake. • Foster intersectoral collaboration at the national level to create enabling environments for research. • Strengthen technological capacity, including the responsible use of artificial intelligence, to enhance research and implementation efficiency. • Expand focus beyond survival, capturing outcomes related to development, disability prevention and long-term well-being. • Invest in institutional capacity-building to ensure sustained local leadership in research. • Disseminate findings effectively to reach those who deliver and influence care – programme managers, providers and policy-makers. • Build political commitment to advance and sustain implementation research. • Encourage clarity and specificity in research questions to maximize usability and policy relevance. • Ensure equitable post-trial access to health products resulting from research.	

Table 3. (continued) Actions identified by stakeholder groups at the stakeholder meeting



Community

- Promote research on community-delivered interventions that reflect real-world settings and needs.
- Support faster pathways to implementation by aligning research with local systems and capacity.
- Leverage the community health system for delivery and uptake of evidence-based practices.
- Address cultural barriers through inclusive communication and making science accessible to the public.
- Ensure meaningful parental engagement throughout the research process – from design to dissemination.
- Rebuild trust in research by acknowledging past gaps and ensuring transparency and accountability.
- Champion community ownership of the research agenda to ensure that it reflects lived experiences and priorities.
- Encourage public–private partnerships with flexible financing and inclusive governance to avoid siloed efforts.
- Empower community health workers and civil society coalitions to help co-design, implement and communicate research.
- Use trusted local channels, such as community radio, to foster awareness and engagement.
- Advocate for research grant proposals to include clear plans for community involvement, co-design and knowledge sharing.
- Promote open access to research findings so communities can advocate for change and policy action.

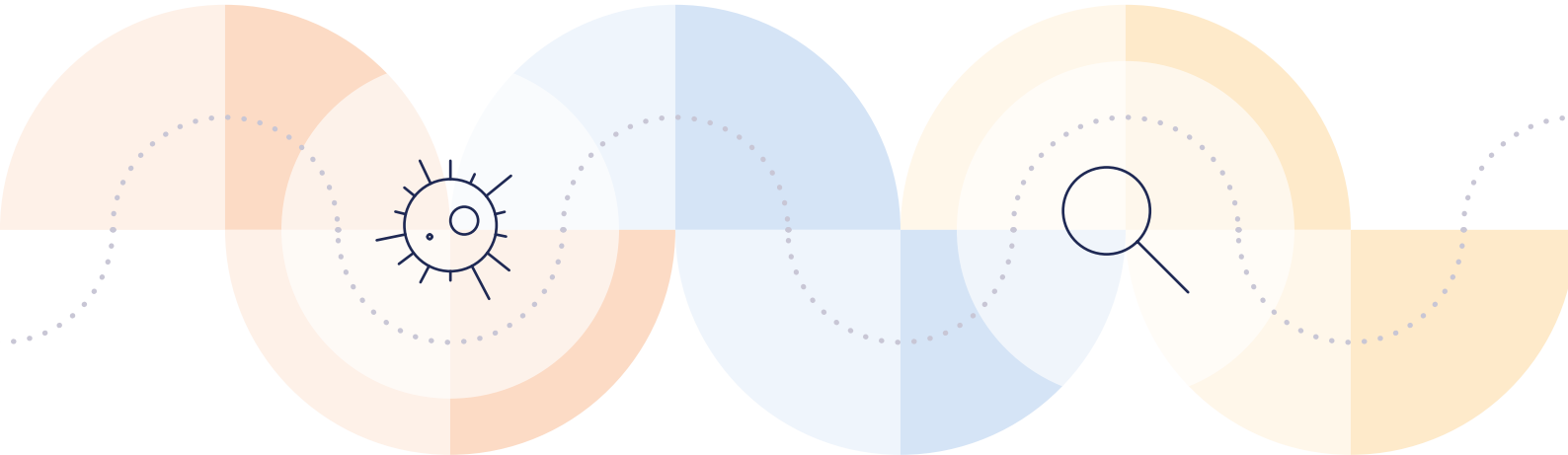


Researchers

- Establish regional research consortiums with seed funding to foster collaboration and shared learning.
- Promote integration and reliance in ethical review processes to streamline approvals across institutions and countries.
- Embed research within health systems to ensure relevance, sustainability and alignment with service delivery.
- Use return-on-investment and value-of-information metrics to build a strong economic case for research investment.
- Synthesize evidence to support technical advocacy and inform policies and guidelines.
- Mobilize dedicated research funding through strategic partnerships and advocacy.
- Invest in capacity strengthening, especially in underresourced institutions and regions.
- Give priority to implementation science to bridge the gap between knowledge and practice.
- Create and use data-sharing platforms to increase transparency and accelerate discovery.
- Engage trial design experts to select optimal context-sensitive study designs that support both rigour and scalability.
- Promote adaptive trial designs to improve efficiency and responsiveness.
- Share training resources and curricula to reduce duplication and improve access to high-quality capacity-building.
- Support a coordinating mechanism to align efforts, avoid fragmentation and track collective progress.

Table 3. (continued) Actions identified by stakeholder groups at the stakeholder meeting

 Funders
• Expand support for consortium models, enabling both bottom-up innovation and top-down coordination. • Adopt portfolio management approaches to strategically allocate resources across priority areas. • Align funding with disease programmes and known evidence gaps to amplify impact and avoid duplication. • Replicate effective models of donor coordination to enhance synergy and efficiency. • Leverage existing implementation platforms to accelerate the translation of research into practice. • Provide flexible seed funding to spark innovation, idea generation and early-stage consortium formation. • Integrate community engagement into grant development and decision-making processes to ensure relevance and equity. • Ensure alignment with national priorities through consultation and validation with country stakeholders. • Include ethicists and regulators early in funding processes to support streamlined, ethically sound research.



Our shared path forward

The child health research agenda offers a focused roadmap to guide investment in child health research where it is most needed. Developed through a rigorous and inclusive process, it has identified priority research questions that have the potential to inform practical, high-impact interventions – especially in low-resource settings. In today’s constrained global health landscape, strategic alignment is essential. Identifying priorities is only the beginning. Turning them into improved outcomes for children will require bold implementation, strong partnerships and shared accountability. WHO encourages governments and partners to use this agenda to guide national research planning, strengthen coordination and make the most of limited resources. Immediate next steps include sharing the results through relevant conferences and platforms, fostering regional collaboration and country-level adaptation and mobilizing targeted funding for priority areas. WHO remains committed to facilitating this process and ensuring that research translates into better outcomes for children everywhere.

This agenda charts a course toward evidence-driven improvements in child health. However, identifying priorities is only the beginning. Turning them into improved outcomes for children will require bold implementation, strong partnerships and shared accountability.



Call to action

WHO calls on governments, researchers, communities, funders and implementing partners to join forces in mobilizing resources, aligning efforts and strengthening the systems and capacities needed to deliver on this agenda. Realizing the full impact of the child health research agenda requires a shared commitment – across disciplines, sectors and borders – to generate evidence that is timely, trusted and transformative.

Now is the time to act. Together, we can transform research into results and ensure that all children not only survive but thrive.

References¹

1. United Nations Inter-agency Group for Child Mortality Estimation. Levels and trends in child mortality: report 2024. New York: United Nations Children's Fund; 2024 (<https://data.unicef.org/resources/levels-and-trends-in-child-mortality-2024>).
2. Guideline on management of pneumonia and diarrhoea in children up to 10 years of age. Geneva: World Health Organization; 2024 (<https://iris.who.int/handle/10665/380059>). Licence: CC BY-NC-SA 3.0 IGO.
3. Berkley JA, Walson JL, Gray G, Russell F, Bhutta Z, Ashorn P et al. Strengthening the paediatric clinical trial ecosystem to better inform policy and programmes. *Lancet Glob Health*. 2025;13(4):e732–9 ([https://doi.org/10.1016/S2214-109X\(24\)00511-4](https://doi.org/10.1016/S2214-109X(24)00511-4)).
4. Heckman JJ. The economics of inequality: the value of early childhood education. *Am Educ*. 2011;35(1):31–47.
5. First WHO Global Clinical Trials Forum puts forward a global vision for sustainable clinical research infrastructure. Geneva: World Health Organization; 2023 (<https://www.who.int/news/item/29-11-2023-first-who-global-clinical-trials-forum-puts-forward-a-global-vision-for-sustainable-clinical-research-infrastructure>).
6. Strengthening clinical trials [website]. Geneva: World Health Organization; 2025 (<https://www.who.int/our-work/science-division/research-for-health/implementation-of-the-resolution-on-clinical-trials>).
7. Rudan I, Gibson JL, Ameratunga S, El Arifeen S, Bhutta ZA, Black M et al. Setting priorities in global child health research investments: guidelines for implementation of CHNRI method. *Croat Med J*. 2008;49(6):720–33 (<https://doi.org/10.3325/cmj.2008.49.720>).
8. United Nations Inter-agency Group for Child Mortality Estimation. Levels and trends in child mortality: report 2022. New York: United Nations Children's Fund; 2023 (<https://childmortality.org/wp-content/uploads/2023/01/UN-IGME-Child-Mortality-Report-2022.pdf>).
9. A systematic approach for undertaking a research priority-setting exercise: guidance for WHO staff. Geneva: World Health Organization; 2020 (<https://iris.who.int/handle/10665/334408>). Licence: CC BY-NC-SA 3.0 IGO.
10. Dash Enterprise [website]. Montreal: Plotly Technologies Inc.; 2025 (<https://plotly.com/dash>).
11. Nakatani S. Langdetect 1.0.9: language detection library ported from Google's language-detection. Wilmington (DE): Python Software Foundation; 2021 (<https://pypi.org/project/langdetect>).
12. GPT-4o technical report. San Francisco: OpenAI; 2024 (<https://openai.com/research/gpt-4o>).

¹ All references accessed on 20 August 2025.

Annex 1. Stakeholder consultation panellists and list of participants

Panel on Priorities in Context

Zulfi Bhutta (Hospital for Sick Children, Pakistan), **Fyezah Jehan** (Aga Khan University, Pakistan), **Judd Walson** (Johns Hopkins University, United States of America) and **Jun Zhang** Shanghai Jiao Tong University School of Medicine, China).

Programmes Panel

Cecília Elias (Child and Adolescent Health Division, Directorate-General of Health, Portugal), **Shobhna Gupta** (Ministry of Health and Family Welfare, India), **Humphreys Nsona** (Ministry of Health, Malawi) and **Siti Hafizah binti Zulkipli** (Institute for Public Health, National Institutes of Health, Malaysia).

Community Panel

Nisar Ahmad (Envisions Institute of Development), **Liza Ali** (Malaysian Children's Welfare Council and Malaysian Social Welfare and Community Development Council), **Bahati Thomas Haule** (AfroCAB), **Imelda Mahaka** (Pangaea Zimbabwe AIDS Trust) and **Dillon Mann** (Mothers2Mothers).

Researchers Panel

Jay Berkley (Kenya Medical Research Institute), **Rakesh Lodha** (All India Institute of Medical Sciences), **Fiona Russell** (University of Melbourne) and **Isadora Cristina de Siqueira** (Instituto Gonçalo Moniz – Fiocruz).

Funders Panel

Cicely Fadel (Gates Foundation) and **Michael Makanga** (Global Health EDCTP3).

Stakeholder consultation: list of participants

Name	Affiliation	Country
Nisar Ahmad	Envisions Institute of Development	India
Salahuddin Ahmed	Projahnmo Research Foundation	Bangladesh
Tahmeed Ahmed	International Centre for Diarrhoeal Disease Research	Bangladesh
Roslizawati Md Ali	Malaysian Children's Welfare Council and Malaysian Social Welfare and Community Development Council	Malaysia
Omokore Oluseyi Amos	Federal Ministry of Health	Nigeria
Yvonne Arivalagan	Fondation Botnar	Switzerland
Shally Awasthi	King George's Medical University, Department of Paediatrics	India
Sudha Basnet	Paediatrician, HOD paediatric department, Tribhuvan University Institute of Medicine	Nepal

Stakeholder consultation: list of participants (continued)

Name	Affiliation	Country
Jay Berkley	Kenya Medical Research Institute	Kenya
Nita Bhandari	Society for Applied Studies, New Delhi	India
Zulfiqar Bhutta	Aga Khan University; Hospital for Sick Children (SickKids)	Pakistan
Luis Castaneda	Centro de Excelencia para Niños con Inmunodeficiencias (CENID), Hospital Nacional de Niños Benjamín Bloom	El Salvador
Varsha Chanda	Envisions	India
Guillermo Luis Chantada	Hospital Sant Joan de Déu	Spain
Isadora Cristina de Siqueira	Instituto Gonçalo Moniz-Fiocruz	Brazil
Shams El Arifeen	International Centre for Diarrhoeal Disease Research and WHO Collaborating Centre	Bangladesh
Cecília Elias	Médica de Saúde Pública Public Health Consultant Divisão de Saúde Sexual, Reprodutiva, Infantil e Juvenil Sexual, Reproductive, Infant and Child Health Division	Portugal
Cicely Fadel	Gates Foundation	United States of America
Patricia Fassinau	Elizabeth Glaser Pediatric AIDS Foundation	Côte d'Ivoire
Albert Faye	French National Agency for Research on AIDS and Viral Hepatitis (ANRS)	France
Shobhna Gupta	Ministry of Health and Family Welfare	India
Jean-Marie Vianney Habarugira	Global Health EDCTP3	Belgium
Bahati Thomas Haule	AfroCAB	United Republic of Tanzania
Shubhada Hooli	Texas Children's Hospital/Baylor College of Medicine	United States of America
Fyezah Jehan	Aga Khan University	Pakistan
Karin Källander	UNICEF	Kenya
Edward Kija	Muhimbili University of Health and Allied Sciences	United Republic of Tanzania
Aarti Kumar	Community Empowerment Lab, Lucknow	India
Vishwajeet Kumar	Community Empowerment Lab, Lucknow	India
Rakesh Lodha	All India Institute of Medical Sciences	India
Imelda Mahaka	Pangaea Zimbabwe AIDS Trust	Zimbabwe

Stakeholder consultation: list of participants (continued)

Name	Affiliation	Country
Michael Makanga	Global Health EDCTP-3	Belgium
Dillon Mann	Mothers2Mothers	South Africa
Tiziana Masini	Consultant in public health and access to medicines	Switzerland
Eric McCollum	Johns Hopkins University	United States of America
Philippa Musoke	Makerere University	Uganda
Harish Nair	University of Edinburgh	United Kingdom
Grace Ndeezi	Makerere University College of Health Sciences	Uganda
Mark Neuman	Boston Children Hospital	United States of America
Humphreys Nsona	Ministry of Health	Malawi
Kerry-Ann F. O'Grady	Australian Centre for Health Services Innovation, Queensland University of Technology	Australia
Lara Pandya	Global Health EDCTP-3	Netherlands (Kingdom of the)
Christopher Rees	Director of the Global Health Office of Pediatrics at Emory	United States of America
James Reid	Helmsley Charitable Trust	United States of America
Gail Rodgers	Gates Foundation	United States of America
Nigel Rollins	Queen's University Belfast	United Kingdom
Igor Rudan	University of Edinburgh	United Kingdom
Fiona Russell	University of Melbourne	Australia
Cécile Claire Trottet	University of Zurich	Switzerland
Clara van Gulik	Médecins Sans Frontières	Netherlands (Kingdom of the)
Judd Walson	Johns Hopkins University	United States of America
Robinson Wammanda	Ahmadu Bello University Teaching Hospital	Nigeria
Joanne Wincentak	Canadian Institutes of Health Research	Canada
Jun Zhang	Shanghai Jiao Tong University School of Public Health	China
Siti Hafizah binti Zulkipli	Centre for Family Health Research and Institute for Public Health, National Institutes of Health	Malaysia

Stakeholder consultation: WHO staff

Name	Role
Affoué Constance Assouhou-Luty	SCI Focal Point, MNCAAH Cluster, WHO Regional Office for Africa
Anshu Banerjee	Director, Department of Maternal, Newborn, Child and Adolescent Health and Ageing
Sarah Charnaud	Technical Officer, Research for Health, Science Division
Jeremy Farrar	Chief Scientist, Science Division
Ameena Goga	Technical Officer, Department of Maternal, Newborn, Child and Adolescent Health and Ageing
Laragh Gollooly	Editor-in-Chief, WHO Bulletin
Cadi Irvine	Independent Consultant, Department of Maternal, Newborn, Child and Adolescent Health and Ageing
Avinash Kanchar	Technical Officer, Global Tuberculosis Programme, UCN Division
Janet Kayita	Team Lead, Department of Maternal, Newborn, Child and Adolescent Health and Ageing, WHO Regional Office for the Western Pacific
Yasir Bin Nisar	Medical Officer, Department of Maternal, Newborn, Child and Adolescent Health and Ageing
Peter Olumese	Medical Officer, Immunization, Vaccines and Biologicals Department
Dilek Ozturk	Administrative Officer, Department of Maternal, Newborn, Child and Adolescent Health and Ageing
Martina Penazzato	Lead, Global Accelerator for Paediatric Formulations, Science Division
John Reeder	Director, Special Programme for Research and Training in Tropical Diseases
Ludovic Reveiz	Regional Advisor, Evidence and Intelligence for Action in Health, Pan American Health Organization
Vaseeharan Sathiyamoorthy	Technical Officer, Research for Health, Office of the Chief Scientist
Khalid Siddeeg	Regional Advisor, Child and Adolescent Health, WHO Regional Office for the Eastern mediterranean
Nandita Sugandhi	Technical Officer, Global HIV, Hepatitis and STIs Programmes
Sabine Verkuijl	Technical Officer, TB Prevention and Care, Global Tuberculosis Programme
Kerri Viney	Technical Officer, Monitoring and Evaluation, Global Tuberculosis Programme
Wilson Were	Unit Head, Child Health and Development, Department of Maternal, Newborn, Child and Adolescent Health and Ageing
Wei Zhang	Technical Officer, Research for Health, Science Division

Annex 2.

Ranked list of research questions

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
What is the most effective and safest fluid management approach in children with wasting, presenting with severe dehydration and/or shock, when comparing slow intravenous rehydration to standard care? What is the associated impact on mortality at 24 hours, 28 days and 6 months?	Infectious diseases	0.94	0.91–0.96	1
For children younger than 5 years with sickle cell disease, does implementing malaria vaccination reduce mortality in the following 12 months?	Noncommunicable diseases	0.92	0.88–0.94	2
Can a simplified treatment protocol based on mid-upper arm circumference for admitting children to treatment and prescribing ready-to-use therapeutic food according to mid-upper arm circumference be safely used to treat all children with acute malnutrition?	Nutrition	0.92	0.88–0.94	3
What is the effectiveness of new antiretroviral drug formulations, including long-acting injectables, on viral suppression and drug resistance selection among children living with HIV?	Infectious diseases	0.91	0.88–0.94	4
What is the effectiveness of combined seasonal malaria chemoprevention and mass drug administration with piperazine + dihydroartemisinin and ivermectin on malaria transmission and incidence among children?	Infectious diseases	0.91	0.88–0.94	5
What is the impact of school-based micronutrient fortification programs (such as fortified meals or snacks) on anaemia prevalence and cognitive performance among children aged 5–9 years in low-resource settings over a two-year period?	Nutrition	0.89	0.86–0.92	6

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
What is the effectiveness of shorter TB preventive treatment such as one month of daily isoniazid + rifapentine on uptake and completion of TB preventive treatment among children younger than five years in TB-endemic settings?	Infectious diseases	0.89	0.86–0.93	7
Among neonates presenting to health centres and hospitals with possible serious bacterial infection, what is the impact of clinical risk and bedside biomarker-based strategies to inform antibiotic use on 28-day mortality?	Infectious diseases	0.89	0.86–0.92	8
What is the impact of community-based follow-up strategies on the mortality, morbidity and neurodevelopmental outcomes of newborns and infants at risk because of low birthweight, prematurity or other perinatal complications after hospital discharge?	Newborn health	0.89	0.85–0.92	9
How effective is a package of interventions (such as regular TB screenings, nutritional support and caregiver education) in reducing TB incidence, improving treatment adherence and enhancing health outcomes in children aged 0–9 years diagnosed with or at high risk for TB over a 12-month period?	Infectious diseases	0.89	0.86–0.92	10
What is the impact and cost-effectiveness of point-of-care bilirubin screening on prevention and management of hyperbilirubinaemia among neonates?	Newborn health	0.89	0.85–0.92	11
What is the effectiveness of nutrient-dense food supplements for children aged 1–5 years with moderate malnutrition on cognitive development and school readiness outcomes over a two-year period?	Nutrition	0.89	0.85–0.92	12
What is the effectiveness and impact of immunization strategies against respiratory syncytial virus among pregnant women and/or infants and children in low-resource settings, including maternal vaccination, passive immunization (monoclonals), and their clinical outcomes (such as mortality, hospitalization etc.)?	Infectious diseases	0.88	0.85–0.92	13
For preterm and low-birthweight newborns, does discharging home after achieving a weight gain of more than 2 kg improve one-year survival compared with usual care discharge at 1.4–1.8 kg?	Newborn health	0.88	0.85–0.92	14

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
Does a structured educational programme for mothers on safe newborn care practices, delivered by community health workers, reduce neonatal infections and improve survival rates among newborns in rural areas?	Nutrition	0.88	0.85–0.91	15
Does routine assessment of blood oxygen saturation and/or haemoglobin (using a non-invasive device) for all children younger than five years presenting with fever in malaria-endemic settings improve outcomes (such as 30-day mortality and malaria and pneumonia diagnosis and management etc.)?	Infectious diseases	0.88	0.84–0.92	16
Is a risk-based approach using novel treatment (long-acting injectable antiretroviral drugs) effective, scalable and cost-effective for reducing HIV vertical transmission among pregnant women and mothers in high-burden areas?	Infectious diseases	0.88	0.85–0.91	17
What is the impact of improved maternal nutrition and adequate breastfeeding practices on the prevention and management of severe acute malnutrition and moderate acute malnutrition on infants younger than six months and young children in low- and middle-income countries?	Nutrition	0.88	0.84–0.91	18
What is the impact of a community-based neonatal resuscitation and care programme by skilled health-care professionals on infant mortality, morbidity and neurodevelopmental outcomes in low- and middle-income countries?	Noncommunicable diseases	0.87	0.83–0.91	19
How feasible and effective is an integrated care pathway (such as management of at-risk mothers and infants under six months, a care pathway) within health-care facilities for risk-differentiated care for infants younger than six months and their mothers?	Infectious diseases	0.87	0.83–0.90	20
In children younger than five years with sickle cell disease, does fixed, low-dose hydroxyurea, without the need for laboratory follow-up, reduce the number of crises in the first year of treatment?	Noncommunicable diseases	0.87	0.83–0.91	21
What is the optimal timing for administering iron supplementation to children with TB and anaemia in low-resource settings, and how does this impact anaemia recovery, growth and treatment outcomes over six months of anti-TB therapy?	Infectious diseases	0.87	0.83–0.91	22

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
What is the appropriate threshold for initiating oxygen supplementation for children with hypoxaemia (by age and altitude) to improve outcomes and decrease mortality?	Infectious diseases	0.87	0.84–0.90	23
What novel rapid diagnostic tests are effective in determining whether a child's infection is caused by a bacterial, viral (respiratory syncytial virus, measles and rubella) or malaria infection to improve child mortality and antibiotic use and/or resistance?	Infectious diseases	0.87	0.83–0.90	24
What is the impact on hospital mortality of implementing a paediatric emergency care bundle including training, evidence-based protocols and basic supplies?	Noncommunicable diseases	0.87	0.83–0.90	25
Among preterm infants, what is the impact of early stimulation programmes – starting in the neonatal intensive care unit or hospital and delivered by parents or practitioners – on neurodevelopment outcomes by 12 months?	Newborn health	0.87	0.83–0.90	26
What is the effectiveness and cost-effectiveness of a locally available food intervention (nutritious, acceptable and feasible local recipes) in managing children with severe wasting?	Nutrition	0.87	0.83–0.90	27
Among children receiving acute care in hospitals, does a risk-differentiated approach to post-discharge care, including an improved discharge process (such as malaria chemoprevention in areas of high endemicity, regular follow up visits etc.) and digital linkage to community-based care reduce post-discharge mortality and hospital readmissions within six months?	Infectious diseases	0.87	0.83–0.90	28
What is the impact of a package of interventions for pregnant women, starting in the first trimester, including nutrition, health care, water, sanitation and hygiene and social protection, on the prevention of preterm birth and low birthweight?	Newborn health	0.87	0.83–0.90	29
What is the effect of parenting education and support interventions on cognitive, socio-emotional and physical development among children 0–3 years old in low-resource settings?	Early childhood development	0.86	0.83–0.90	30

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
What is the effectiveness and cost-effectiveness of risk stratification approaches and tools (such as pulse oximetry, rapid diagnostic tests etc.) to guide referral from community care settings in improving health outcomes of common childhood infections?	Infectious diseases	0.86	0.83–0.90	31
What is the efficacy of ready-to-use therapeutic food formulations – enriched with omega-3 fatty acids and different dosages – in improving weight-for-age and neurodevelopmental outcomes among malnourished children aged 5–9 years?	Nutrition	0.86	0.83–0.89	32
What strategies (including mobile health) can effectively improve vaccine coverage for infants and young children in low- and middle-income settings (including evaluating the health impact)?	Infectious diseases	0.86	0.82–0.90	33
What is the impact of a package of tailored antenatal care and postnatal care interventions for pregnant adolescent girls for improving maternal and infant birth outcomes and offspring growth and development?	Early childhood development	0.86	0.82–0.89	34
What are the most effective methods (such as clinical algorithms, biomarkers etc.) for identifying serious bacterial infections among children – with and without fever – to improve early intervention and reduce unnecessary investigation and treatments?	Infectious diseases	0.86	0.82–0.89	35
What implementation strategies are effective to introduce immediate kangaroo mother care in different contexts?	Newborn health	0.86	0.81 –0.89	36
What is the impact of antenatal multiple micronutrient supplementation on the cognitive and nutritional status of children younger than two years born in low- and middle-income countries?	Nutrition	0.85	0.81 –0.89	37
What are cost-effective interventions to prevent relapse to acute malnutrition among children 6–59 months old discharged from acute malnutrition care?	Nutrition	0.85	0.81–0.89	38
Does implementation of management of infants under six months at nutritional risk and their mothers) reduce the prevalence of severe acute malnutrition among children aged 6–59 months?	Nutrition	0.85	0.81–0.89	39

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
What are scalable delivery models that can be implemented in primary care to effectively identify and manage developmental disabilities in children younger than five years (focusing on sensitivity, specificity, feasibility and challenges) in low-resource settings?	Noncommunicable diseases	0.85	0.81–0.88	40
How can artificial intelligence and ultrasound improve the diagnosis of paediatric pneumonia or TB in low- and middle-income countries compared with standard of care (such as clinical diagnosis, laboratory and radiology)?	Infectious diseases	0.85	0.81–0.88	41
Can community health workers effectively deliver treatment for acute malnutrition to children 6–59 months old?	Nutrition	0.84	0.80–0.88	42
What is the effect of an integrated package of interventions (health, nutrition, child play and stimulation) delivered to children in the post 1000 days on growth, development and metabolic health?	Early childhood development	0.84	0.80–0.88	43
What are the pharmacokinetics and safety of long-acting antiretroviral drugs among neonates exposed to HIV for preventing the acquisition of HIV?	Infectious diseases	0.84	0.79–0.88	44
What is the effectiveness of vaccination (such as against influenza, pertussis, respiratory syncytial virus and COVID-19) among pregnant women to prevent infection by pathogens in infants younger than six months?	Infectious diseases	0.84	0.80–0.88	45
Does a home-based asthma management programme reduce asthma exacerbations in school-age children (older than five years) with moderate to severe asthma in low- and middle-income countries?	Noncommunicable diseases	0.84	0.80–0.88	46
What is the impact of a specified and specially equipped transfer service for infants born in rural and urban facilities requiring emergency care on infant mortality and short-term outcomes in low-resource settings within the first seven days of life?	Noncommunicable diseases	0.84	0.80–0.87	47
Can point-of-care biomarkers and clinical severity algorithms be used in the outpatient and inpatient settings to reduce antimicrobial prescription rates among children (in case of pneumonia) or to inform duration of treatment?	Infectious diseases	0.84	0.80–0.88	48

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
Does the use of high-flow cannulas and automated oxygen titration improve outcomes among newborns with respiratory distress, particularly in preterm neonates, without increasing disability at 1–2 years of age?	Newborn health	0.84	0.79–0.88	49
What is the impact of donor human milk or breast-milk fortifiers as supplements to maternal breast-milk on growth among small and vulnerable newborns in low-resource settings?	Newborn health	0.84	0.79–0.87	50
In young infants with herpes simplex virus disease, is oral valaciclovir equivalent to intravenous aciclovir for treatment (following initial assessment and stabilization for 48–72 hours) in terms of outcome at discharge and six months (survival, herpes simplex virus recurrence and neurodisability)?	Infectious diseases	0.84	0.79–0.88	51
What is the effectiveness, dose and duration of oral caffeine citrate treatment among preterm and low-birthweight newborns compared with standard care and how does it impact survival and neurodevelopment by 24 months in low- and middle-income countries?	Newborn health	0.84	0.80–0.88	52
What is the impact of an integrated nurture and nourish intervention package on cognitive development, nutritional status and infectious disease burden among children aged 6–59 months in rural, food-insecure regions?	Nutrition	0.83	0.79–0.87	53
What are the most effective diagnostic approaches and new technologies (such as sputum- and non-sputum-based) to identify children with TB closer to the point of care?	Infectious diseases	0.83	0.79–0.87	54
How can the WHO postnatal care model be effectively implemented in resource-constrained settings to address neonatal vulnerabilities, including deaths, morbidity, nutrition and developmental status among newborns?	Newborn health	0.83	0.79–0.87	55
What is the impact of antenatal visits, community breastfeeding programmes and peer support on breastfeeding outcomes and infant health in low-income populations?	Nutrition	0.83	0.79–0.87	56

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
How can training early childhood educators and collaboration among allied health practitioners, community workers and parents enhance early screening, intervention and support for neurodevelopmental disorders among children 0–5 years old, particularly in low-resource settings, to improve long-term outcomes?	Early childhood development	0.83	0.79–0.87	57
What are the most effective service delivery models to decentralize detection, treatment and prevention of TB among infants and children at community, primary and secondary levels?	Infectious diseases	0.83	0.79–0.87	58
What is the effectiveness of school-based mental health care models in improving emotional and behavioural health outcomes among children aged 5–9 years in low-resource settings?	Noncommunicable diseases	0.83	0.79–0.87	59
What is the impact of day-stay (short-stay observations in outpatient clinics) management, versus referral, versus home treatment for children with signs of moderate and acute illness on child survival and hospitalization rates?	Infectious diseases	0.83	0.79–0.87	60
What is the most effective approach for early screening and treatment optimization for sickle cell disease among infants and children aged 0–9 years?	Noncommunicable diseases	0.83	0.78–0.88	61
What are effective and feasible interventions (preventive measures such as education, immunization etc.) that can reduce the risk of respiratory infections among children (5–9 years old) in educational facilities?	Infectious diseases	0.83	0.79–0.87	62
Could the implementation of a package of measures (such as preventive measures for health care-associated or intrahospital infections) reduce infections caused by multidrug-resistant gram-negative bacilli among children 0–9 years of age admitted to paediatric intensive care units?	Infectious diseases	0.83	0.79–0.87	63
What would be the impact of a package of interventions for pregnant women including food supplements, azithromycin and malaria prophylaxis on preterm birth and neonatal mortality?	Newborn health	0.83	0.78–0.86	64

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
How can the Integrated Management of Neonatal and Childhood Illness chartbook and training be improved (such as diagnostics, clinical mentorship and risk stratification) to guide the management of common upper respiratory tract infections and reduce antibiotic prescribing rates in busy health-care facilities?	Infectious diseases	0.83	0.78–0.87	65
How to improve antibiotic stewardship (including population-based antibiogram study) to provide effective antibiotics for childhood pneumonia and sepsis in primary care settings and to reduce antibiotic resistance	Infectious diseases	0.82	0.78–0.86	66
What is the impact of routine distribution of small-quantity lipid-based nutrients (such as with vaccination appointments) in settings where young children are at risk of malnutrition, stunting and wasting?	Nutrition	0.82	0.78–0.86	67
What training strategies (such as videos, clinical mentorship, periodic refreshers etc.) for health workers and community workers to be better able to assess, recognize danger signs, refer and treat acute respiratory infections, including differentiating from viral illness in children and to reduce mortality?	Infectious diseases	0.82	0.78–0.86	68
Which vaccine is more effective than Bacillus Calmette-Guérin (BCG) in preventing TB among children, regardless of HIV status, based on head-to-head comparisons over five years?	Infectious diseases	0.82	0.78–0.86	69
What is the effect of mother-centred interventions (of lactating women) – including support for mental health – on infant child nutritional status?	Nutrition	0.82	0.78–0.86	70
Can school-based interventions – such as nutrition education and physical activity – reduce childhood obesity?	Noncommunicable diseases	0.81	0.77–0.86	71
What is the impact of mental health or psychosocial support for mothers on early childhood development outcomes in areas of high postnatal depression or humanitarian crisis settings?	Early childhood development	0.81	0.77–0.86	72
Can digitalized, behavioural, school-based interventions (such as MindNutriGPT) reduce obesity rates among children aged 6–9 years?	Noncommunicable diseases	0.81	0.77–0.85	73

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
Can early identification and referral of jaundice among infants by health visitors impact the prevention of acute bilirubin encephalopathy and reduce the risk of kernicterus?	Newborn health	0.81	0.77–0.86	74
For children with severe acute malnutrition, does systematic chest X-ray screening improve time to diagnosis and case notification rates for TB disease?	Nutrition	0.81	0.77–0.86	75
What is the effect of telemedicine on improving health outcomes (such as mortality, quality of care etc.) for children younger than five years in rural communities and low-resource settings?	Infectious diseases	0.81	0.77–0.85	76
What are the management strategies (such as kangaroo mother care, nutrition, infection prevention and control etc.) and cost-effective care options that improve health outcomes for preterm babies in hospitals?	Newborn health	0.81	0.77–0.85	77
What are effective delivery models for implementing mobile well-baby clinics to improve health outcomes among children 0–5 years old in low-resource settings?	Early childhood development	0.81	0.77–0.85	78
What is the impact of diets rich in biofortified iron and zinc beans on anaemia and other health outcomes among malnourished children?	Nutrition	0.81	0.77–0.85	79
What is the impact of implementing routine community-based neurodevelopmental screening for children from birth to five years of age who have survived sepsis on improving early identification and management of developmental delays in low-resource settings?	Early childhood development	0.81	0.76–0.85	80
What are the best clinical management strategies for children infected with dengue by age group to improve clinical outcomes (such as mortality and hospitalization)?	Infectious diseases	0.80	0.76–0.85	81
What is the effectiveness of a community-based supportive care programme (including, for example, pain management and nutritional support and palliative care) on the quality of life and treatment adherence of children with cancer, or cancer survivors, in low- and middle-income countries?	Noncommunicable diseases	0.80	0.76–0.84	82

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
Can mobile health interventions be used to enhance parent knowledge about risk factors for poor health outcomes among newborns and infants?	Newborn health	0.80	0.76–0.84	83
How can mobile phones, data science and digital health improve the performance of community health workers in delivering integrated management of childhood illness?	Noncommunicable diseases	0.80	0.76–0.84	84
What are the effects of probiotic and zinc supplementation on health outcomes (including undernutrition, diarrhoeal disease, recurrent wheeze, cognitive development and incidence of infections) among infants and young children?	Nutrition	0.80	0.76–0.84	85
Among children presenting with sepsis (for example, dysentery) what antibiotic strategies, such as intravenous to stepdown oral antibiotics, result in comparable mortality and fewer adverse events?	Infectious diseases	0.80	0.76–0.84	86
How can clinicians accurately (and precisely) identify young children at risk for mortality during hospitalization using clinical parameters at the time of evaluation?	Infectious diseases	0.80	0.76–0.84	87
In low- and middle-income countries, can psychoeducational support programmes and simple advice for families of children with disabilities improve health and quality of life for both children and their caregivers over time?	Noncommunicable diseases	0.80	0.76–0.84	88
What are the best screening and management strategies to prevent and treat hospital-acquired neonatal sepsis including methicillin-resistant <i>Staphylococcus aureus</i> in low-resource settings?	Infectious diseases	0.80	0.75–0.84	89
What are optimal treatment approaches (including novel chemical entities, combination regimes and host-directed, adjunctive generic or repurposed therapies) for children with TB to improve outcomes?	Infectious diseases	0.79	0.75–0.84	90
For children younger than three months old presenting with fever how do we identify those with serious and/or invasive bacterial infection to reduce overtreatment with antibiotics?	Newborn health	0.79	0.76–0.83	91

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
What is the impact of mobile health technology in improving the diagnosis, referral and treatment processes for children younger than five years with illness at the facility level?	Infectious diseases	0.79	0.75–0.84	92
What is the operational effectiveness of delivering immunization through microarray patches to increase immunization coverage for common childhood vaccines?	Infectious diseases	0.79	0.75–0.84	93
Is the efficacy and safety of benznidazole 5 mg/kg/day in 15- and 30-day regimens non-inferior to the 60-day standard of care in children aged 5–9 years with chronic Chagas disease?	Infectious diseases	0.79	0.74–0.85	94
For preschool-aged and primary school-aged children, what effective and feasible interventions (such as programmes on physical activity, healthy diet, health education etc.) work to decrease obesity risk?	Nutrition	0.79	0.75–0.83	95
What is the impact of early identification and intervention for oral-motor challenges among newborns from low-resource settings on breastfeeding outcomes and weight gain during the first three months of life?	Newborn health	0.79	0.74–0.83	96
Can attendance at well-child visits and immunization coverage for children younger than two years be enhanced by providing nutritional incentives for attendance (such as preventive nutritional supplements)?	Early childhood development	0.79	0.74–0.83	97
What is the effectiveness of delivering novel vaccines through new delivery technologies to neonates and infants (intranasal respiratory syncytial virus) in reducing transmission?	Infectious diseases	0.79	0.74–0.83	98
Does weekly weighing of newborns aged 0–6 weeks reduce infant mortality?	Newborn health	0.78	0.74–0.83	99
Does a risk-differentiated home-based care strategy implemented among infants born in health-care facilities reduce all-cause infant mortality?	Infectious diseases	0.78	0.74–0.83	100
Do interventions such as magnesium sulfate and comprehensive prenatal care prevent long-term neurodevelopment deficits among newborns with severe perinatal asphyxia?	Early childhood development	0.78	0.73–0.83	101

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
Among children with severe acute malnutrition with no complications and managed in the community, what is the impact of routine oral antibiotics versus placebo on mortality?	Nutrition	0.78	0.74–0.82	102
Can verbal and social autopsy be integrated into health systems in low- and middle-income countries to inform data-driven interventions and reduce childhood mortality among children younger than five years?	Noncommunicable diseases	0.78	0.73–0.82	103
What is the impact on child health outcomes of using fortified home-grown foods as supplements for use in children during the weaning period in low- and middle-income countries?	Nutrition	0.78	0.73–0.82	104
For neonates and infants in low- and middle-income countries undergoing surgery for congenital heart disease, does a targeted prehabilitation and postsurgical nutritional assessment and intervention delivered at the community level compared with standard of care improve clinical outcomes (including weight gain and eating or feeding behaviour) at six months after surgery?	Noncommunicable diseases	0.77	0.72–0.82	105
What is the optimal and appropriate use of cefiderocol and other recently established antibiotics for treating hospitalized neonates and children with sepsis and serious bacterial infections caused by WHO priority pathogens?	Infectious diseases	0.77	0.72–0.82	106
What is the impact of a support system on treatment compliance and the mental and physical health of children with diabetes mellitus in low-resource settings?	Noncommunicable diseases	0.77	0.73–0.81	107
What is the impact of a multistrain probiotic supplementation for preventing neonatal sepsis among 0- to 2-month-old low-birthweight infants?	Infectious diseases	0.77	0.72–0.82	108
What are the most effective strategies (such as breastfeeding, prevention of infections, maternal nutrition, immunization etc.) to reverse growth faltering among infants younger than six months?	Nutrition	0.77	0.72–0.81	109
What are the most effective models of delivery for community-based interventions (such as mobile services, community health worker services etc.) to reduce all-cause mortality among infants and children in low-resource settings?	Early childhood development	0.77	0.72–0.81	110

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
For children with Japanese encephalitis virus, does a combination of antiviral and immunomodulators reduce the risk of death and neurodisability at discharge and 12 months following infection?	Infectious diseases	0.76	0.71–0.81	111
For children 1–9 years old who survive a period of critical illness (population) does a structured (age-appropriate) physical, cognitive and psychosocial follow-up programme (intervention) compared with usual care (no follow-up programme) affect quality of life, educational attainment and mental recovery (outcomes) at two years after critical illness?	Noncommunicable diseases	0.76	0.71–0.80	112
What is the impact of an antenatal and postnatal obesity prevention strategy among high-risk women or families on child weight, growth and development outcomes?	Early childhood development	0.76	0.71–0.80	113
Can ethnic fermented foods improve gut health (measured faecal microbiota diversity, inflammatory markers and gut permeability markers), nutritional status and growth (measured by anthropometric measures such as weight-for-height, height-for-age, and weight-for-age z-scores) among malnourished children from low-income countries over two years?	Nutrition	0.76	0.71–0.80	114
What is the most effective mode and frequency of digital communication with parents to promote positive caregiving practices and improve early childhood development outcomes in low-resource settings?	Early childhood development	0.75	0.71–0.80	115
What are the cause-based, individualized catch-up growth strategies for small-for-gestational-age infants to have optimal long-term outcomes (such as more than one year)?	Nutrition	0.75	0.71–0.79	116
What are the safest and most effective anaesthesia and sedation methods for neonates and young children undergoing surgical procedures, especially in low-resource settings?	Newborn health	0.75	0.69–0.80	117
Can community-based interventions aimed at reducing air pollution lead to improved respiratory outcomes among children younger than five years?	Noncommunicable diseases	0.74	0.70–0.78	118

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
What is the most effective delivery model to scale up tailored physical activity interventions for children with motor disabilities to support inclusion and reduce health disparities?	Noncommunicable diseases	0.74	0.69–0.78	119
Can digital technologies be integrated into health programmes to effectively detect and prevent acute malnutrition among children younger than five years?	Nutrition	0.74	0.69–0.78	120
For children aged 5–9 years with sickle cell anaemia, does the use of long-term montelukast therapy, compared with placebo, reduce the incidence of respiratory exacerbations requiring hospitalization over a nine-month period?	Noncommunicable diseases	0.74	0.68–0.79	121
What package of interventions is effective in mitigating the effects of climate change (especially heat exposure) on neonate and infant health outcomes (such as mortality and hospitalization)?	Noncommunicable diseases	0.74	0.69–0.77	122
What is the impact of a multi-component physical activity intervention on the physical fitness and social skills of children with developmental delays?	Noncommunicable diseases	0.73	0.69–0.78	123
What is the impact of controlled screentime on cognitive and emotional development in early childhood?	Early childhood development	0.73	0.69–0.78	124
What are the effects of tailored physical activity interventions on motor development and functional outcomes among children with motor disabilities?	Noncommunicable diseases	0.73	0.68–0.78	125
How to improve outcomes and implement patient monitoring (such as early warning systems) in paediatric critical care in low-resource settings	Noncommunicable diseases	0.73	0.68–0.78	126
What interventions (such as education, awareness campaigns etc.) are effective at preventing smoking initiation among children?	Noncommunicable diseases	0.73	0.68–0.77	127
What is the impact of a comprehensive birth defect surveillance programme on early identification and management of congenital anomalies in newborns (including neuromuscular diseases, fragile X and genetic hypercholesterolaemia) in lower-middle-income countries?	Noncommunicable diseases	0.72	0.68–0.77	128

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
What is the most effective and sustainable method of implementing coaching and supportive supervision for health workers at the subnational and community levels for the high-quality delivery of child health services?	Noncommunicable diseases	0.72	0.67–0.77	129
What combination of evidence-based interventions can effectively improve health, development and motor skills among children with cerebral palsy and other neuromotor disabilities from birth to age nine years, with a focus on long-term outcomes?	Noncommunicable diseases	0.72	0.67–0.77	130
What are the most effective and safe novel treatments for visceral leishmaniasis among children and neonates?	Infectious diseases	0.71	0.66–0.77	131
What is the impact of literacy-oriented interventions that support recognition and management of trauma for parents of children (5–9 years old) in low- and middle-income countries to improve mental health outcomes?	Noncommunicable diseases	0.71	0.66–0.76	132
What is the impact of community-led, early childhood water safety and water competence training programmes for children 1–4 years old (and secondarily for children 5–9 years old) on drowning rates?	Noncommunicable diseases	0.71	0.66–0.76	133
Would a comprehensive paediatric congenital heart disease health service be cost effective in low- and middle-income countries?	Noncommunicable diseases	0.71	0.66–0.76	134
What is the efficacy of a package of interventions (including cash transfers, transport provision, nutritional support and/or prophylactic azithromycin) in preventing mortality and rehospitalization and improving growth among children younger than five years during the six months following hospitalization for non-traumatic conditions in low-resource settings?	Infectious diseases	0.71	0.65–0.76	135
In un-electrified, resource-constrained settings, can access to safe lighting for new mothers improve health care and health and safety outcomes for neonates?	Newborn health	0.70	0.65–0.75	136
What is the impact of a train-the-trainer model for parents on teaching swimming and water safety skills to children aged 1–4 years in reducing drowning risk over five years?	Noncommunicable diseases	0.70	0.65–0.75	137

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
How to improve the recognition of child abuse by health-care providers in an intervention emergency settings in lower-middle-income countries	Noncommunicable diseases	0.69	0.64–0.74	138
For children with enterovirus encephalitis, does intravenous immunoglobulin reduce the risk of death and neurodisability at discharge and 12 months?	Infectious diseases	0.69	0.63–0.74	139
Could screening (including use of mobile phone photographic and artificial intelligence linked to immunization schedules) and awareness programmes improve diagnosis and outcomes for children with retinoblastoma in low-income settings?	Noncommunicable diseases	0.68	0.63–0.74	140
What are the most effective strategies to prevent, screen and timely diagnose cerebral palsy among children in low- and middle-income countries?	Noncommunicable diseases	0.68	0.63–0.73	141
What is the impact of implementing a health care facility-based intervention targeting the first 1000 days of life on reducing infant morbidity and mortality and mitigating the risk of long-term metabolic and cardiovascular diseases, particularly in low-resource settings?	Early childhood development	0.68	0.63–0.72	142
For children aged 5–9 years with fetal alcohol spectrum disorder, what is the effectiveness of stimulant versus non-stimulant medications versus placebo for managing attention-deficit/hyperactivity disorder symptoms such as attention and hyperactivity?	Noncommunicable diseases	0.67	0.61–0.73	143
Does the use of first-line immunomodulatory treatment such as tumour necrosis factor inhibitors, in conjunction with TB preventive treatment, decrease mortality and long-term disability among children with TB meningitis and disseminated TB over a 12-month follow-up period?	Infectious diseases	0.67	0.61–0.72	144
How does supplementation with infant formula affect child health outcomes and long-term child morbidity?	Newborn health	0.67	0.61–0.72	145
What affordable and practical inflammatory biomarkers can effectively monitor gut health improvements and measure the success of interventions using fermented foods for malnourished children from low-income countries?	Nutrition	0.67	0.61–0.73	146

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
What is the effectiveness of education and awareness programmes related to consanguineous marriage and thalassaemia carriers to reduce the prevalence of congenital abnormalities and conditions?	Noncommunicable diseases	0.66	0.60–0.72	147
What are effective strategies for reducing screen time and increasing outdoor active play among children aged 0–9 years, and what are the associated mental, physical and socio-emotional impacts of these interventions?	Noncommunicable diseases	0.66	0.60–0.71	148
Do nutritional supplements or interventions influence treatment outcomes for cancer among children in low- and middle-income countries, considering the impact of malnutrition and environmental toxins?	Noncommunicable diseases	0.66	0.60–0.71	149
What is the impact of a 24/7 dedicated phone line, staffed by health professionals, on blood glucose control and complications (looking at outcomes such as haemoglobin A1c levels, urine albuminuria and retinopathy screening) among children aged 5–9 years with type 1 diabetes over a period of 2–4 years?	Noncommunicable diseases	0.65	0.60–0.71	150
What novel interventions can be used to improve morbidity and mortality among children with sickle cell disease?	Noncommunicable diseases	0.65	0.60–0.71	151
What is the best preoperative blood management strategy to minimize transfusions among neonates undergoing major surgery?	Noncommunicable diseases	0.65	0.59–0.70	152
What is the impact of a culturally responsive health literacy program tailored towards children aged 5–9 years on risk awareness and preventive measures for malaria in sub-Saharan Africa?	Infectious diseases	0.65	0.59–0.70	153
What is the effectiveness and cost-effectiveness of amblyopia screening among newborns to identify children needing genetic testing for children with retinal blindness?	Newborn health	0.64	0.58–0.71	154
Can artificial intelligence-based technologies improve the prevention and/or diagnosis of mental health disorders among children aged 6–9 years?	Noncommunicable diseases	0.64	0.59–0.69	155

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
What is the impact of simple age-appropriate play intervention during immunization visits on early childhood development at two and three years of age?	Early childhood development	0.63	0.58–0.69	156
What are the best clinical management strategies for children with hepatitis B to improve short- and long-term outcomes?	Infectious diseases	0.63	0.58–0.69	157
What interventions (such as multisectoral approaches) are effective at reducing child exposure to second-hand tobacco smoke and vape emissions from adults in public areas?	Noncommunicable diseases	0.63	0.57–0.69	158
What screening strategies should be implemented to diagnose coeliac disease among children younger than five years in low- and middle-income countries?	Noncommunicable diseases	0.62	0.57–0.68	159
Does the use of a treatment regimen including immunotherapy with bi-specific antibodies and reduced toxicity chemotherapy improve three-year event-free and overall survival among children with acute lymphoblastic leukaemia in low- and middle-income countries?	Noncommunicable diseases	0.62	0.56–0.69	160
What is the most effective strategy to screen and diagnose familial hypercholesterolaemia among children aged 2–8 years to initiate early statin treatment and prevent future cardiovascular complications?	Noncommunicable diseases	0.62	0.56–0.68	161
For children with severe acute malnutrition, does systematic chest X-ray screening improve time to diagnosis and case notification rates for congenital heart disease?	Nutrition	0.61	0.56–0.67	162
What is the impact of green space interventions to improve early childhood development and mental health?	Noncommunicable diseases	0.61	0.56–0.67	163
What are the omics techniques that can be used in different environments (such as blood serum, urine, stool etc.) to improve diagnosis of a physiological state of type 2 nutrient deficiency among children aged 6–59 months experiencing severe acute malnutrition?	Nutrition	0.61	0.55–0.67	164
Does treatment of CD19+ B-ALL childhood leukaemia with antibody-based drugs improve accessibility and survival?	Noncommunicable diseases	0.61	0.55–0.67	165

*95% confidence interval

Research question	Thematic area	Average research priority score	Average research priority score*	Average research priority score rank
Among families with a child with fetal alcohol spectrum disorder, what is the impact of adding social prescribing (linking patients to the health, social and education services they need) to usual clinical care compared with providing a resource pack on available social and health services?	Noncommunicable diseases	0.59	0.54–0.65	166
Can mobile technology (mobile functional near-infrared spectroscopy) serve as an effective and accessible tool for early screening of mental health disorders among children aged 3–9 years in remote and underserved areas?	Noncommunicable diseases	0.58	0.51–0.64	167
What is the impact of screening for prenatal alcohol exposure and neurodevelopmental problems among children (5–9 years old) in foster care compared with no screening on enabling early assessment, diagnosis and management of fetal alcohol spectrum disorder to improve health outcomes?	Noncommunicable diseases	0.56	0.50–0.62	168
In children with constipation, what is the impact of a nurse-led model of care with frequent contact on symptom resolution and bowel movement regularity?	Noncommunicable diseases	0.55	0.50–0.61	169
Do multidisciplinary teams in low-income referral centres enhance the diagnosis and treatment outcomes of low-grade gliomas?	Noncommunicable diseases	0.55	0.48–0.61	170
What strategies (such as diet-based, parent-mediated behavioural modification or air quality-based interventions etc.) can reduce childhood concentrations of endocrine-disrupting chemicals and their related health effects?	Noncommunicable diseases	0.51	0.45–0.58	171
What is the effectiveness of advanced therapy medicinal products, particularly cell and gene therapies (such as sickle cell disease, rare diseases etc.), among children in low- and middle-income countries?	Noncommunicable diseases	0.49	0.43–0.55	172

*95% confidence interval

Department title here

World Health Organization
20 Avenue Appia
1211 Geneva 27
Switzerland

www.who.int