

# Landscape for evidence-informed policy-making in Malawi health sector

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This map is part of a series of maps on the evidence-informed decision-making (EIDM) landscapes in different countries in Africa. The series comprises 25 maps and is available from the Africa Evidence Network. This is map 14 in the series. Maps were produced as part of the bursary conditions for attendance at Evidence 2016 (<http://evidenceconference.org.za/>). Bursaries were provided as part of the UJ-BCURE programme, funded by the UK's Department for International Development (DFID).

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## **LANDSCAPE FOR EVIDENCE INFORMED POLICY MAKING IN MALAWI HEALTH SECTOR**

Policy and decision making in public health is a complex undertaking, as health policies developed and implemented by Ministry of Health (MoH) affect large populations. Low-income countries such as Malawi have scarce resources to address their health system challenges and need high-quality evidence to use available resources efficiently. If health sector managers and policymakers overlook evidence on the root causes of problems or effective potential solutions to address these problems in different contexts, they risk wasting precious resources on inadequately designed programmes and policies.

The MoH utilized lessons learned from regional knowledge translation platforms (KTP), based in Uganda, Zambia and Cameroon, as such an initial rapid stakeholder mapping exercise has been undertaken to understand how various institutions, from civil society to government ministries, use, demand and absorb research, the nature of researcher-policymaker interactions and opportunities that exist for linking research and policy processes.

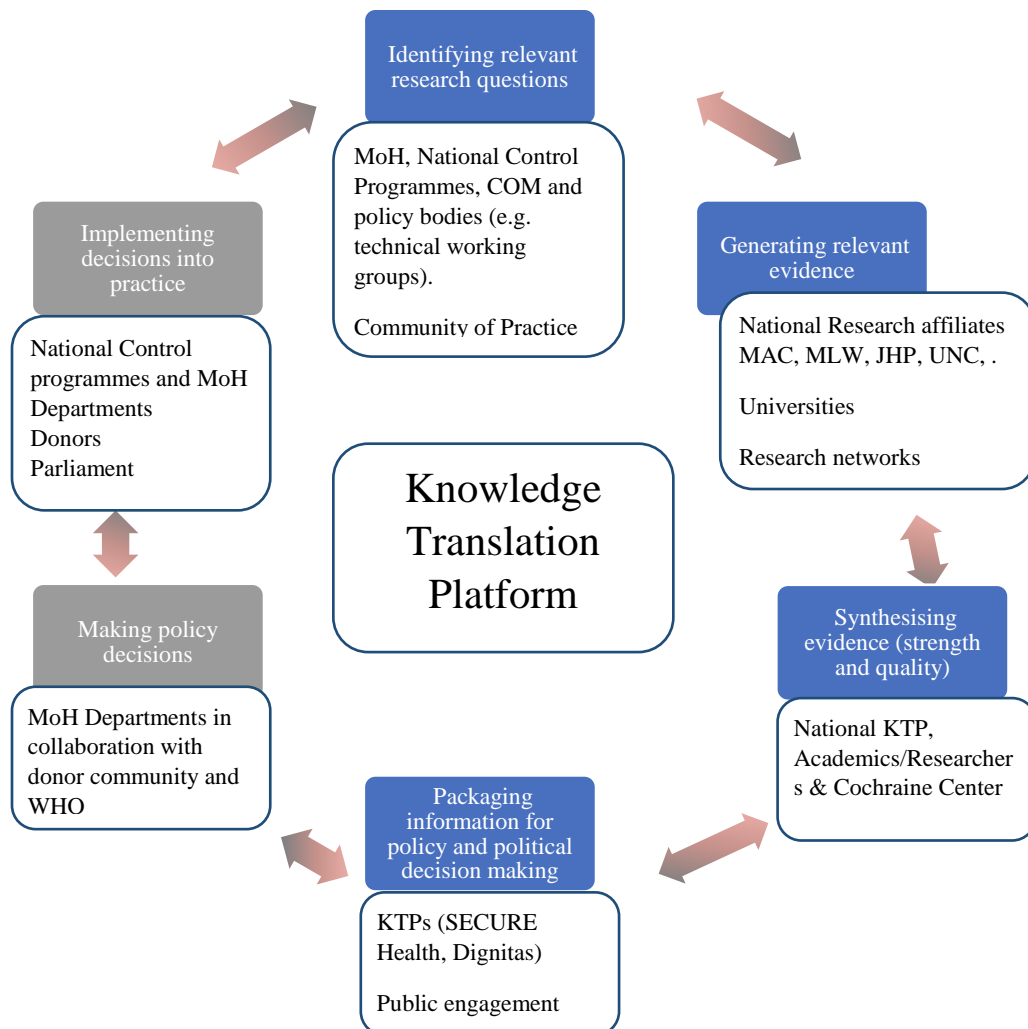
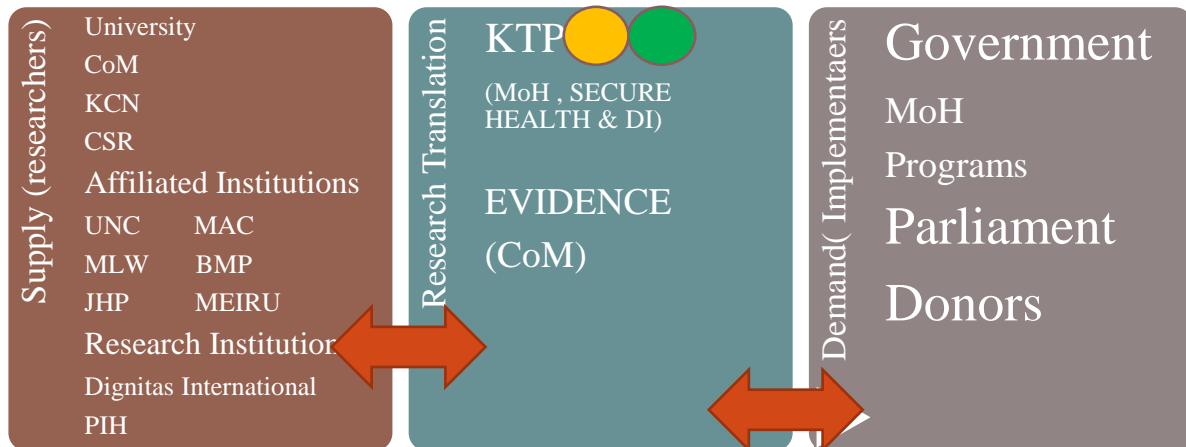
The KTP Malawi articulates a conceptual framework for the complex chain of inter-linked steps that make up the process of evidence-informed policy making (EIPM) from the Malawian perspective. The objective of the initiative is to engage national-level policymakers, implementers, researchers and civil society members in a coordinated approach to generate and utilize more effectively health-sector research. In addition the initiative also support strengthening of capacity needed to stimulate demand and use of research evidence in decision-making in MoH and Parliament. This is implemented with support from Dignitas International and a SECURE programme, a consortium comprised of African Institute for Development Policy (AFIDEP), College of Medicine (CoM), ECSA-Health Community and FHI 360.

While research can provide the required data, the complex process around EIPM depends on the actions and motivations from the supply and demand side. The supply side produces research that respond to national priorities and easily accessible and understood by decision makers. The demand side requires capacity and motivation/incentives to use evidence and relevant research findings. Engagement between researchers and decision makers at different stages of the research cycle is thus key to accelerate the production of relevant research and uptake of the findings of which KTP acts as the middle man. The CoM has also established the Evidence informed decision making network (EVIDENT) for Health policy and practice to support the MoH through the KTP initiative.

Research is usually produced by academic institutions and their affiliated institutions such as CoM, Kamuzu College of Nursing (KCN), Centre for Social Research (CSR), University of North Carolina (UNC), John Hopkins Project (JHP), Malawi-Liverpool Wellcome Trust (MLW), Blantyre Malaria Project (BMP), Malaria Alert Centre (MAC) and Malawi Epidemiological Intervention Research Unit (MEIRU); non-governmental organization such as Dignitas International (DI) and Partners in Health (PIH) and donors. The demand side include government departments, Parliament, implementing partners and donors. Regardless of the several initiatives

that exist in Malawi, there are still challenges in EIPM such as limited research synthesis capacity, career development opportunities. Inadequate funding and limited coordination.

### DIAGRAMATIC PRESENTATION OF EIPM IN MALAWI HEALTH SECTOR



## **Conclusion**

Globally and within Malawi, there is disconnect between the work of policymakers, researchers, and frontline clinicians. Without institutionalized exchange and collaboration, researchers are often unable to meet the needs of policymakers, who in turn miss key opportunities to utilize research evidence and incorporate best practices into health policies. Knowledge translation (KT) provides a solution to this systemic problem by engaging EIPM supply side (Researchers) and Demand side (Policy makers). Through the KTP, the stakeholders are **engaged** in policy formulation, policy makers are made to **understand** the available evidence and the **impact** of EIPM.