

# Electronic rapid landscape review map – Ethiopian Evidence Based Health Care Center

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2016

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 15 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).

*Suggested citation:* Morankar, S. 2016. Electronic rapid landscape review map – Ethiopian Evidence Based Health Care Center. AEN EIDM Landscape Mapping Series No 15. Johannesburg: Africa Evidence Network (AEN) <https://www.africaevidencenetwork.org/resources/landscape-maps/>



Strengthening Evidence-Informed Decision-Making in Africa

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# Electronic Rapid Landscape Review Map

## Ethiopian Evidence Based Health Care Center

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**Sector:** This work relates to Health Sector in Ethiopia

**Role Players:**

1. **Evidence Producer:** University and national level research organizations produce research evidence.
2. **Evidence users:** Federal Ministry of Health (FMOH), multi-lateral organizations, International NGOs, and professional bodies e.g. Ethiopian Public Health Association (EPHA), Ethiopian Medical Association (EMA), Ethiopian Obstetrics and Gynecological Association, and many other users.
3. **Intermediaries research users:** Government organizations, ministries, donor/funding organizations, professional networks, etc.

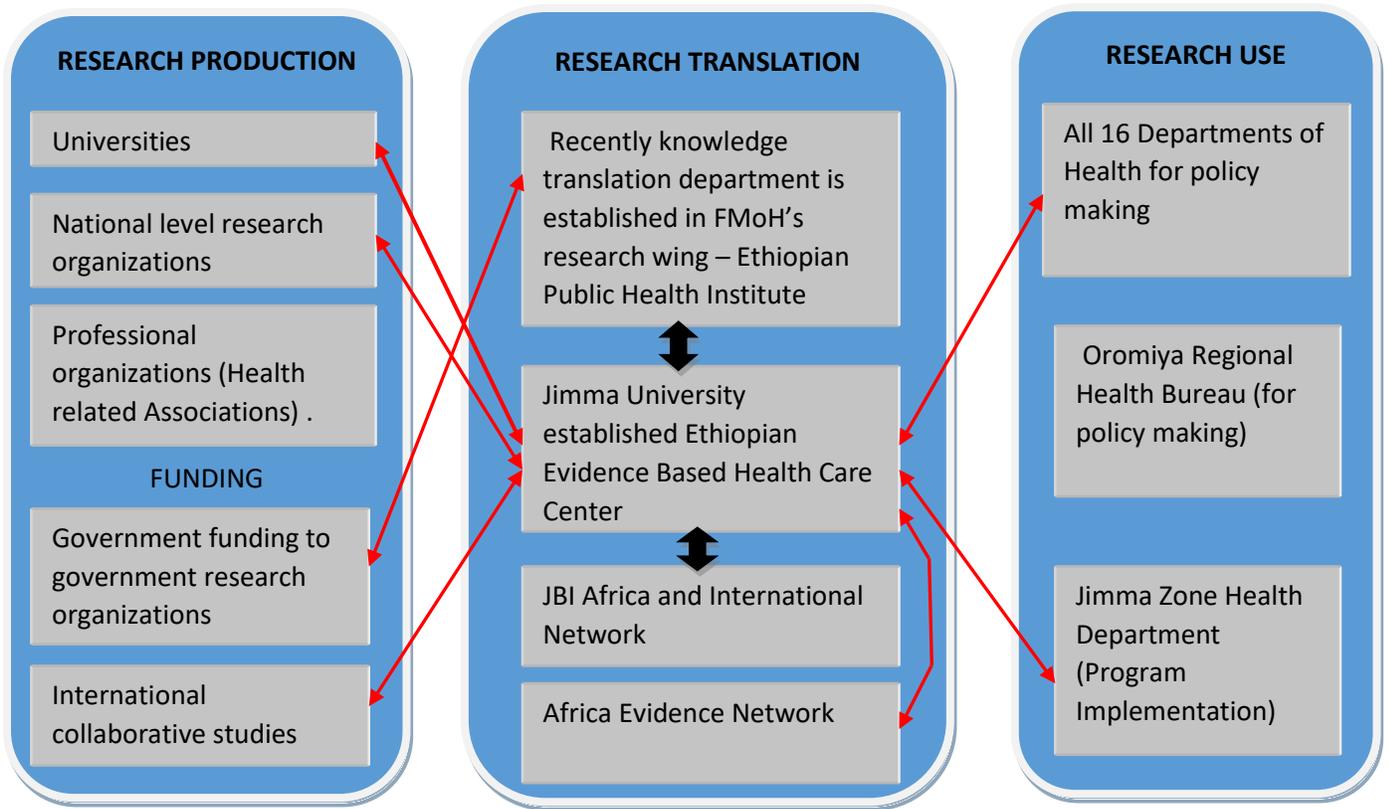
**Gaps/Bottlenecks:**

1. Currently every organization as per their need conduct primary research several times duplication the efforts without searching available evidence.
2. No concerted efforts to bring together all these stakeholders as well as put together the evidence.
3. No institutional culture checking best evidence.
4. Staff lack accessing evidence quality, skills to extract relevant information.
5. Interruptions to internet services.

**Research use relationship:**

Best relationship currently is between research producer (Jimma University) and Federal Ministry of Health and Zonal Health Department. FMOH uses services from various organizations for their specific purposes and expert utilization or consultations.

**Section – II Rapid Landscape**



### Section 3: Conclusion

- **Interventions/support:**
  1. Evidence translation and evidence utilization face to face training benefits most.
  2. Mentor – mentee program for on-going work of policy making by technical personnel (mentee) in health ministry and experts from research organization/ university/ specialized field as mentor worked very effectively.
  3. Mentors/facilitators created a Google group of Evidence translation and utilization trained experts in FMOH and supported knowledge sharing with uploading web-based resources, relevant published papers, documents, policy briefs, systematic reviews and systematic review summaries.
- **Road Map: Relationship with Conference themes**
  1. **Engage:** Research producers, research translators and research users were engaged very effectively.
  2. **Understand:** Above stakeholders when brought together they understood every stakeholders expertise used in interrelatively. This was experienced in policy dialogue sessions.
  3. **Impact:** Our VAKA YIKO training and mentor – mentee program impacted using research evidence for policy making at Federal Ministry of Health and identifying implementation research needs at program implementation at Zonal, District and Health Post level.
- **Future work:**
  1. Target and focus support on what staff need.
  2. Need for specialized training and knowledge translational tools for researchers within ministry, Ethiopian Public Health Institute, University teaching and research staff and students.
  3. Figure out how to improve access to information
  4. Concerted efforts to create a national level institute/organization who will gather, update evidence and provide needed evidence to fulfill demand of various stakeholders.
- **Creative metaphor:**

These future work activities will guide or pave the way to research to policy highway from current sea of evidence knowledge.