

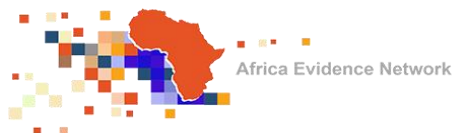
Rapid landscape review map: A navigation guide to the R2P jungle in Uganda

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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 22 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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Rapid Landscape Review Map: A navigation guide to the R2P jungle in Uganda

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Background: This rapid landscape review map describes country level efforts for evidence informed decision-making in the Ugandan health sector. The **research producers** include students and faculty in **universities** in Makerere, Mbarara, Gulu, Busitema, Mukono, Nkozi, Namuwongo and Ishaka. These institutions exist independently or in networks for research & capacity building such as Training Health Researchers into Vocational Excellence in East Africa (THRiVE) and the Medical Education Partnership Initiative (MEPI). The **semi-autonomous research institutes** are the Uganda Cancer Institute (UCI), Infectious Diseases Institute (IDI), Uganda Virus Research Institute (UVRI), Medical Research Council (MRC) and Joint Clinical Research Centre (JCRC). The **think-tanks** that complement these efforts are the African Centre Health & Social Transformation (ACHEST), & Institute for Public Policy Research (IPPR).

There are several players in **research translation** process including government agencies; the Uganda National Health Research Organization, (UNRO), ideally coordinate research to policy efforts in health; the National Council for Science and Technology (UNCST) and the AIDS Commission (UAC), which have knowledge management departments. **Non-state actors** include ACHEST, IPPR and the Uganda Evaluators Association (UEA). University entities are commonly part of **larger networks** such as Regional Policy East African Health Policy Initiative (REACH-PI)/Evidence Informed Policy Network (EVIPNet) at the School of Medicine, Knowledge Translation Network Africa (KNET) & Supporting Policy Engagement for Evidence-based Decisions (SPEED) at the School of Public Health. The African Centre for Systematic Reviews & Knowledge Translation is part of the REACH-PI initiative. This **African Centre** is involved in capacity building for nationals in Rwanda, Ethiopia, Botswana, Southern Sudan, Tanzania, Kenya, Cameroon and Ghana. The **collaborators** at this Centre are the Cochrane Editorial Unit, Ministry of Health Kenya, UJ-BCURE in University of Johannesburg and the South Africa Cochrane Centre.

The **research users** for EIDM are civil society and the media including Uganda Science Journalists Association (USJA), consumer representatives such as the Uganda National Health Consumers Organization (UNACOH),

Coalition for Health Promotion and Social Development (HEPS) and the NGO Forum who use research to advocate for betterment in health services. The Office of the Prime Minister (OPM) coordinates all government programmes including health initiatives, and emphasizes use of research evidence. The OPM reviews performance, whilst the Ministry of Finance uses evidence on economic impact of policy. The Health Policy Advisory Committee (HPAC) is the key decision making body at the Ministry of Health and demands for research evidence.

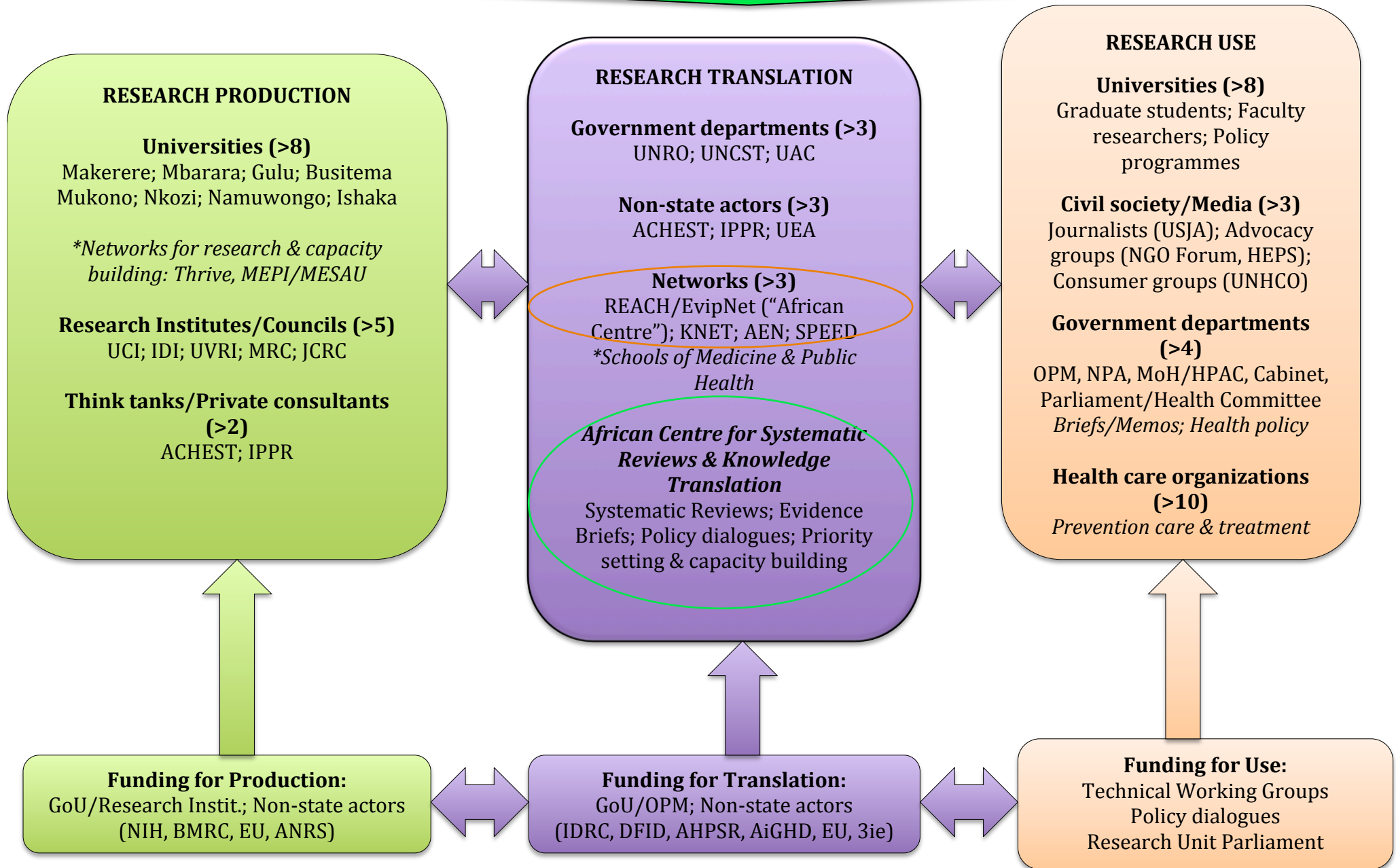
The mechanisms at play¹ include “**Push efforts**” led by research producers and the translators the research users are unaware that they should be considering a particular message. “**User-pull efforts**” (e.g. OPM, HPAC) denote research users “reaching in” to the research world to extract information for a decision that they face. Researchers and intermediary groups provide timely, optimally packaged, high quality and relevant research. “**Exchange efforts**” involve a partnership with a group who uses research. “**Integrated efforts**” are through large-scale knowledge translation platforms, includes elements of the push, pull and exchange approaches (e.g. REACH-PI).

The **general climate**¹ provides for the interplay of interests within actors including funding agencies. The different interests are supporting excellence in research (e.g. Universities, United States National Institutes of Health, NIH; British Medical Research Council, MRC); efforts to link research to action (e.g. the Canadian International Development Research Centre, IDRC; the European Union, EU) & research users (including funders) placing value on EIDM for their own organizations or for state governments (e.g. Department For International Development, DFID).

Key **bottlenecks** are the **lack of a skilled critical mass** in research translation to provide palatable evidence briefs for policy. University programmes emphasize primary research with less value for syntheses, evidence briefs and hardly any opportunities for engagement with decision makers. Secondly, existing efforts even within same institutions commonly **work in silos** (institutional structural arrangements or external funding lines), sometimes by individual efforts. Third is **low awareness of policy windows** that require EIDM. Lastly the absence of vibrant national platforms **beyond donor projects** (sustainability) denotes the **poor local funding**.

¹ Lavis JN, Lomas J, Hamid M, Sewankambo NK. Assessing country-level efforts to link research to action. Bull World Health Organ. 2006 Aug;84(8):620-8.

Efforts: Push or Pull or Exchange or Integrated



Conclusions:

- The current landscape in Uganda depicts a **research to policy jungle** that requires further finer mapping and navigation. There are **numerous players** influencing the policy process including **lobbyists who may by pass the use of evidence**. Further the idea of EIDM may not have trickled down to sub-national levels such as health districts.
- However, **there are promising initiatives** with the potential for scale up. The good practice of using evidence to select interventions plus the coordination, monitoring and evaluating performance of ministries including health at the OPM; as well as efforts to engage the HPAC and Parliament committee on health by knowledge researchers and translators **could be replicated at district level**.
- The existing opportunity, low hanging fruit, would be for the UNRO to activate a **vibrant national platform for EIDM** where all key players (research translators) interact and complement their efforts. Such a platform to **engage graduate students and faculty to interact with decision makers** would raise awareness; **improve understanding** and **bridge the know-do gap for impact**.