An overview of role players facilitating Health evidence-informed decision-making in Eswatini: a landscape review of Health Research

1. **Section 1: Main role players**

**The Health Research Department**
The Health Research Department within the Ministry of Health facilitates through the National Health Research Policy 2014-2023, coordinate, guide, monitor and enthuse over health research. It provides a basis for promoting multidisciplinary research and this strategic plan is the vehicle through which the policy will be implemented.

**National Health Research Review Board (NHRRB)**
To protect the self-esteem, rights, safety and wellbeing of human subjects, the National Health Research Policy 2014-2023 dictated the establishment of the semi-autonomous National Health Research Review Board (NHRRB) as the final authority for approval of health research. The NHRRB receives and reviews all health research protocols for research studies done in the country including traditional and alternative medicine.

**Central Statistics office (CSO)**
The CSO is responsible for the collection, storing and compilation of a wide range of economic, social and population statistics, develop standards, promote best practices and coordinate the National Statistical System to ensure that better statistics are produced for better planning, policy formulation, decision-making, monitoring and evaluation of development policies and initiatives.

**National Emergency Response Council on HIV and AIDS (NERCHA)**
NERCHA acting as the conduit for monies received from Government and the U.N. Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. They work with organizational and community partners across all sectors to coordinate the response to HIV and AIDS. The also ensure availability of latest HIV/AIDS data.

**The Swaziland AIDS Research Network**
It is a consortium of local and international researchers, as well as advocates, community partners, and government officials who are dedicated to conducting and sharing their research to inform national policy, refine HIV prevention and support efforts, and improve the lives of all those living in Swaziland whose lives are touched in some way by HIV.

**Universities**
The universities in the country have their own local scientific and ethics committees who assist students and other researchers within the institutions to carry out their research. They also link with NHRRB so make sure all research carried out in the country is regulated.

**Non-governmental Organizations**
Non-governmental Organizations comprising of both local and international organizations have their role in health research. Health Research is supported by a number of partners locally, regional and international.
2. **What gaps exist in the evidence ecosystem (i.e. what type of organisations/initiatives are currently missing)?**

There is a lack of think tank initiatives to inform research agenda. The universities have despite having their own research councils, are supposed to lead research initiatives in the country, however, they remain weak. A number of civil society and non-governmental organization do not have sufficient resources to carry out their research for evidence based decision making. Furthermore, the communities where research is carried out are often excluded at planning for research, for example scientific and ethic boards to ensure representation of all stakeholders.

3. **Are there bottlenecks or organisational silos that impede the flow of evidence through the system?**

The National Research Council has been inactive for some time. The current legal environment of Swaziland does not provide a framework for research. This creates silos such that individual institutions do they research without any link to research agenda.

4. **What best characterises the relationship between research producers and users in your country/the sector you are describing (e.g. distinct groups; co-producers of knowledge; etc.)?**

**National Health research conference**- Health research provides new knowledge into individual diseases and health systems structures, effectiveness, efficiencies and can be used to inform policies. Healthcare professionals including nurses, doctors, programmers, scientists, development workers and policy makers from Swaziland, the African Region and abroad participates. At the end of the first conference, documents progress, highlights, challenges and presents solutions to Swaziland’s pressing health care issues.

**Post International Conference Seminars**- Given the need for concerted efforts and multi-sectoral partnership for profound health and economic gains in the fight against the HIV epidemic-the Ministry of Health saw a need for a platform to share new evidence and knowledge from International conferences with local stakeholders involved in HIV prevention and treatment. The platform is meant to influence policies and health service delivery.

**Health Research Training Program (HRTP)**- Swaziland has an expanding portfolio of health research activities which address questions of great relevance to the health of the population, yet there is a need to enhance research capacity within the country. The Health Research Training Program (HRTP) is a yearlong research capacity building initiative to mentor health workers in critical areas of the public health sector. Mid-career professionals working with key government institutions are selected through a competitive process and training. Fellows maintain their regular employment while engaged in research training on topics such as protocol development, research ethics, and orientation to study implementation and data analysis. Training methods include didactic sessions, written assignments, practical tasks, journal clubs, webinars and one-on-one meetings with assigned mentors.
Section 2: Eswatini Evidence Map

Section 3: Conclusion:

- What type of intervention/support would the system most benefit from?
  - It would be a firstly an assessment of the state of evidence ecosystem in the country.
  - Having established that many institution have established evidence ecosystems, however could not be sustained. Capacity building on resource mobilization would help.

- Comment on how your map relates to the three themes of the Evidence 2018 conference: engage, understand, impact.
  - EVIDENCE 2018 brings together participants comprising of students, academics and researchers, practitioners and policy-makers from universities, NGOs, government and the private sector from across Africa.
  - My map constitute of the above cadre from different institutions who engage together to produce, translate and use research for evidence based decision making.

- Do you think that there are aspects of the engagement described in your map that work well and have potential to be up-scaled?
  Yes there are, especially the presence of health research training program has greatly improved capacity of different cadres to improve their research capacity. Furthermore, the
health research conferences that are held every two years assist in providing space for sharing and learning for evidence based decision making.

- Is there a creative metaphor to describe the overall evidence ecosystem (e.g. evidence jungle; research to policy highway etc.)?

  *Grind tomorrow; research to policy highway*

  *Cart and horse; research to policy highway*