GENERAL OVERVIEW OF THE RESEARCH AND EVIDENCE-INFORMED DECISION-MAKING LANDSCAPE FOR MANAGING MALARIA IN CAMEROON

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Country: Cameroon; Area of work: Malaria

An overview of who the main role players are in the evidence ecosystem

The main role players in the management of malaria in Cameroon can be grouped into governmental and non-governmental institutes. The ministry of health (MINSANTE) oversees the development of policies and adoption of guidelines that are used at the level of the hospitals. They are supposed to be the primary users of research evidence and making use of this evidence generated in formulating policies. The NMCP acts a malaria research component of the ministry and play a key role in the implementation of national malaria strategies. There are also state owned universities that are active in malaria research. We also have both local and international NGOs that are active in evidence generation, evidence synthesis and evidence translation. The WHO also plays a key role of developing guidelines for the treatment of malaria that are currently included in the national strategy for the fight against malaria

Some of the acronyms used

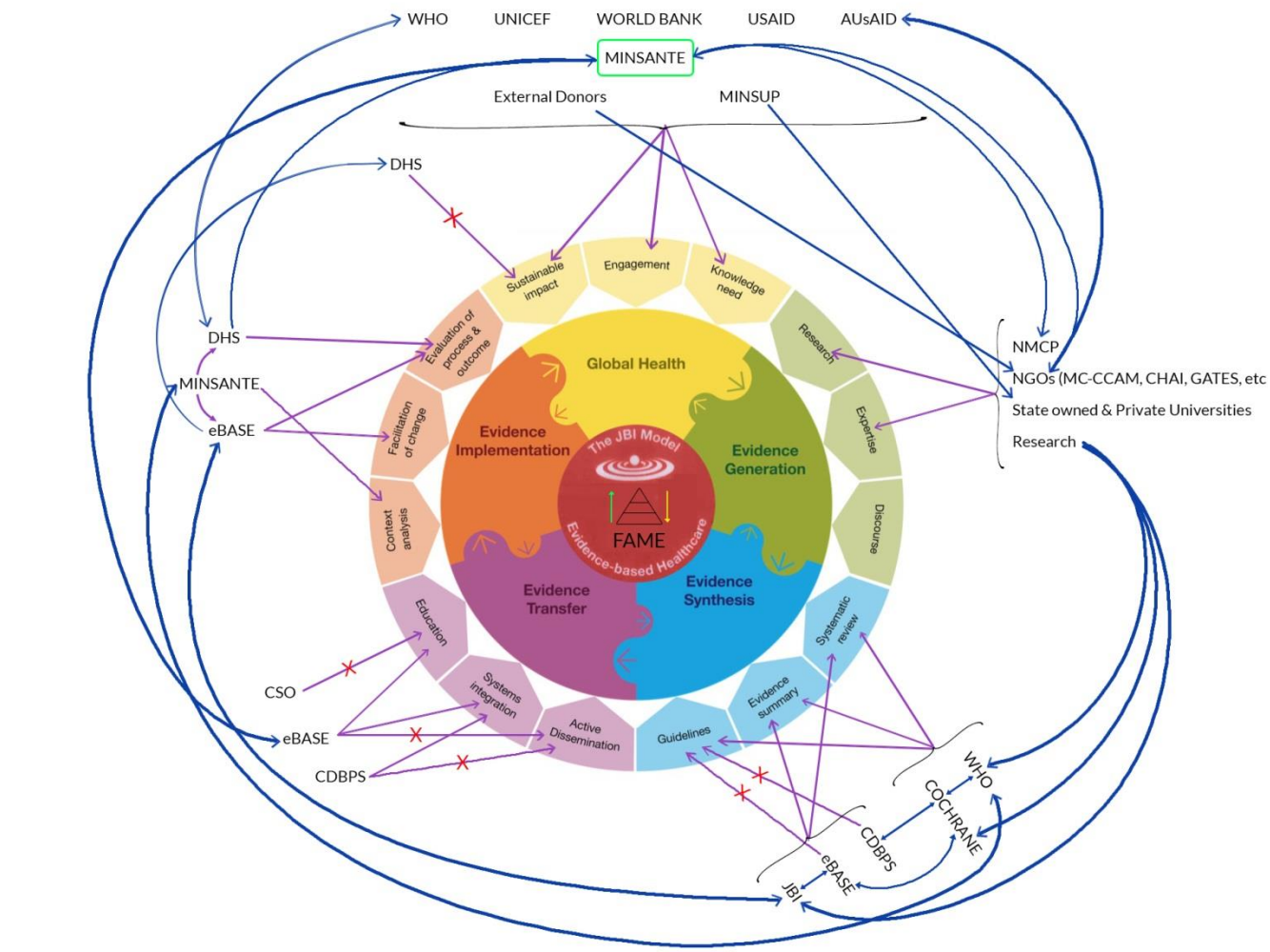
NMCP: National Malaria Control Program	eBASE: Effective Basic Services
WHO: World Health Organization	CDBPS-H: Centre for the Development of Best Practices in Health
MC-CCAM: Malaria consortium Cameroon coalition against Malaria	CHAI: Clinton Health Initiative
MINSANTE: Ministry of public Health	CSO: Civil society organizations
JBI: Joanna Briggs Institute	DHS: District Health Service

What gaps exist in the evidence ecosystem (i.e. what types of organisations/initiatives are currently missing)?

- There are very few organizations involved in evidence synthesis, evidence transfer and evidence implementation making the uptake of research evidence weak.
- There is a weak link between policy makers with researchers and research institutes to enable further enrichment of policy through adoption of latest research findings.
- Lack of consumer groups that facilitate understanding and uptake of evidence by patients

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

- Limited capacities for policy makers to access, appraise, synthesize and use the available evidence. Also limited capacity at the level of synthesizing evidence relevant to our context.
- Lack of autonomy at the level of DHS to take decisions on policy
- Lack of access to evidence databases by organizations active promoting the use of evidence.
- Lack available evidence in French. Given that 80% of Cameroon is French speaking, most of the available evidence comes in English, making it difficult for French policy makers and clinicians to access it.



Indicates a two way feedback relationship between research stakeholders

Indicates a break in the evidence ecosystem

Government Ministry responsible for evidence informed decision making.

What type of intervention/support would the system most benefit from?

CAPACITY BUILDING: There is a huge gap with respect to capacity when it comes to research evidence synthesis, evidence transfer, evidence implementation and use of evidence by policy makers. The system will therefore benefit from core capacity building programs.

Comment on how your map relates to the three themes of the Evidence 2018 conference: engage, understand, impact.

The map highlights all the actors that actively engage in evidence generation and synthesis. These actors aid in making sure that decisions on healthcare are taken from the best available research evidence. There are also actors who translate these evidence to the consumers language. The map also highlights actors that through their actions, they thrive to have a sustainable impact on global health.

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 aspects of engagement within the map that have worked well with potential for scale-up. Engaging the use of evidence at the district level using the audit and feedback tool has the potential of having a rippling effect on the health system. Introducing the implementation at district level is helpful for systematisation, ownership, sustainability and opportunities to exploit existing structures like lay health workers and existing programs like performance-based financing or community mutual health schemes.

Metaphor for overall evidence ecosystem

‘Web on Wheel’