

Evidence ecosystem for knowledge translation in Nigeria:

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This ecosystem involves researchers such as producers of systematic reviews, healthcare providers, guideline producers, policymakers and consumer representatives, the mass media and patients in Nigeria.

The main participants in this ecosystem are researchers from Cochrane Nigeria and other Cochrane contributors, health care professionals, guideline developers, policymakers, media organization, consumer networks and patients.

Researchers from Cochrane Nigeria initiate priority setting of systematic reviews of interventions for communicable and non-communicable diseases to identify priority health topics. The process involved key informants such as academics, researchers, program managers to identify priority health topics in the country by applying certain criteria. The identified health topics will be circulated to stakeholders like healthcare providers, policymakers, consumer representatives and patients via emails for them to rank in order of importance based on stipulated criteria. Key informants, researchers from the University of Calabar, Cochrane contributors, policymakers, healthcare providers, patients and consumer representatives will be asked to nominate systematic review questions for these priority topics. A scoping study of priority review questions will be conducted to identify existing systematic reviews and existing evidence gap.

Identified systematic reviews will be disseminated by Cochrane Nigeria to healthcare professionals, guideline developers, media, and consumers through publications, newsletters and stakeholders engagement. Systematic reviews will be produced to address evidence gaps identified. These groups, in turn, will disseminate or use evidence for the public and patients for practice guidelines and knowledge translations

Existing Gaps and bottlenecks:

There is a gap between the producers of evidence and policymakers. The missing link is the pull for evidence on the part of policymakers. There are still quite some bottlenecks that hinder evidence uptake in Nigeria. This is because evidence-based policy decision making is not a national goal at the moment. In addition to this is lack of financial support from the government.

The relationship between researchers and users are intertwined in Nigeria. This is because; most producers are academics working in the university and healthcare professionals who happen to be users of evidence products and also give health care to the end users (patients). Most evidence users such as policymakers like the minister of health, commissioners, directors of health and guideline developers are healthcare providers who are most times researchers in the university before they were appointed but may not necessarily have produced systematic reviews.

Ecosystem Map

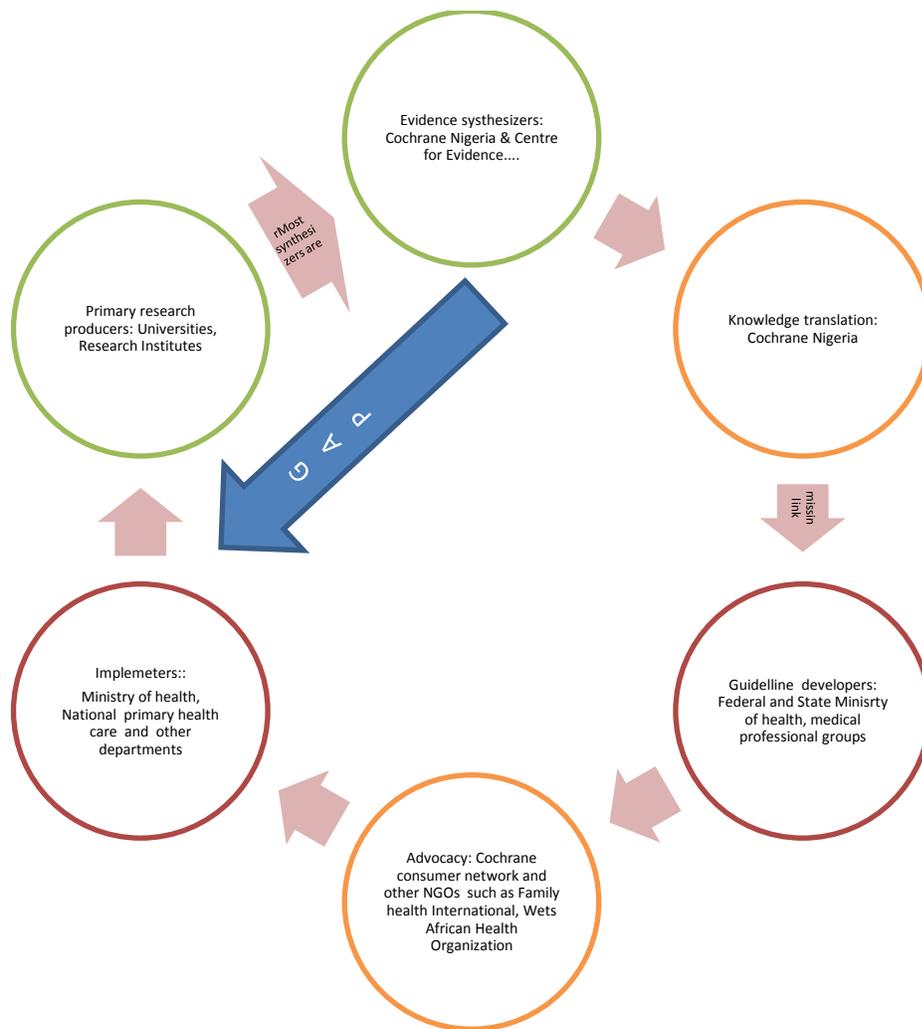


Figure 1 Evidence Ecosystem in Nigeria

Conclusion

Recently, there has been an effort on the part of Cochrane Nigeria to engage professional groups so that they can appreciate and use systematic reviews for practice guideline development. We have organized training workshops in this regard and also audited some guidelines produced by some professional groups. What happened after the audit was that awareness was created on the importance of evidence-based practice guidelines. Some groups such as the Society for Gynecology and Obstetrics Association of Nigeria have contacted Cochrane Nigeria for technical support for their guidelines. This has opened new opportunity at the national level for Cochrane Nigeria. Recently, Cochrane Nigeria was invited to provide technical support to the National diabetic guideline committee.

We also collaborate with the West African Health Organization who has the platforms that can link us with policy makers at the National level.

Knowledge translation is a new area for us however we are making progress in this regard. Our area of strength is in evidence synthesis and capacity building. We not only initiate training workshops on the production of systematic reviews, professional groups and Institutions now make formal requests for capacity building in evidence synthesis. This can be scaled up to other West African countries. We also need to continue to engage other professional groups and different departments of the Ministry of Health on the need to have evidence-based practice guidelines.

I could describe my evidence ecosystem as 'research to policy roadmap'