

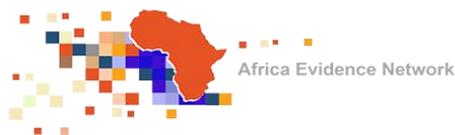
Mapping out evidence-informed decision-making landscape for health research in Malawi

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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 13 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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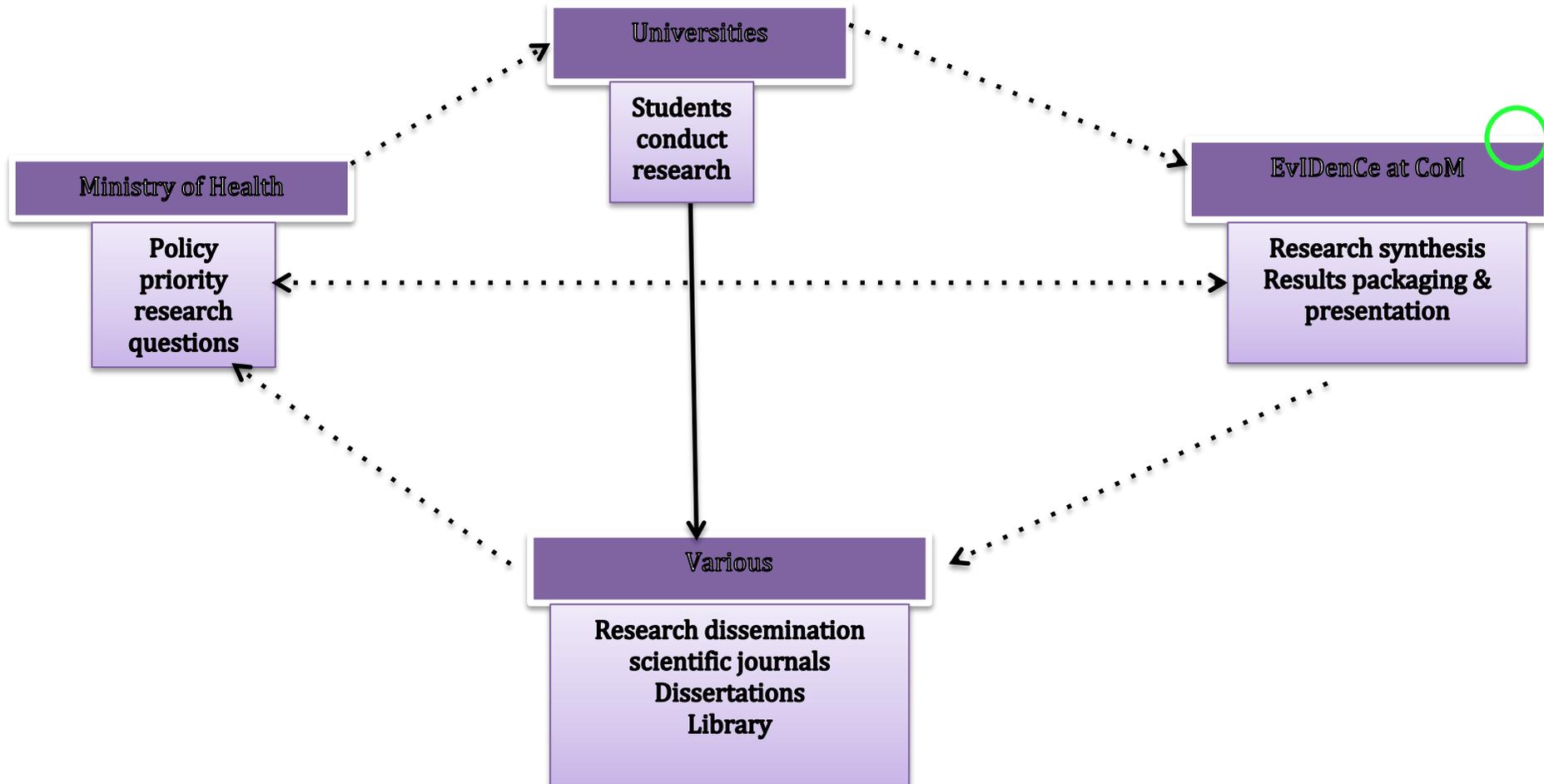
Part 1: Introduction

Students in tertiary institutions conduct a lot of research in Malawi but the process of moving the findings into policy and practice is not clear. Although a few students present their research findings at various research dissemination conferences the extent to which these findings are used for policy and practice is not yet known. The Evidence Informed Decision making Centre (EviDenCe) at the College of Medicine (CoM) is a newly established centre responsible for synthesizing research evidence, packaging and presenting results in such forms as policy briefs. Currently, there are no existing linkages between students and EviDenCe but also the Ministry of Health. Building such linkages would not only allow students carry out policy priority research, but also package and present their findings for decision making.

The evidence map presented below is for Malawi with focus on post-graduate student research in health. The interest is on how student research could be packaged and effectively communicated for use in policy formulation as well as practice. Currently there are no established linkages but the dotted arrows indicate opportunities for linkages such as with EviDenCe to allow evidence synthesis and proper packaging of research results for decision-making. Once this can be achieved, the linkage with the Ministry of Health is possible through existing linkages between EviDenCe and the Ministry of Health.

Bottlenecks such as lack of funding for capacity building of research synthesis personnel, funds for running the EviDenCe centre and lack of established relationships between students and users of research findings strongly impede the flow of evidence in the system. With funding the centre could arrange targeted research dissemination meetings with policy makers to inform decision-making. Although some students are able to disseminate their research findings at the annual research dissemination conferences, they are presented in scientific language that could affect uptake by policy makers who often do not attend these meetings. With its existing links with the Ministry of health, the EviDenCe centre is better placed to facilitate linkages between students and policy makers.

Part 2: Map of the landscape for student health research in Malawi



Part 3: Conclusion

The current system requires well-formalised linkages that would allow students conduct policy priority research, appropriately package their findings and present to local decision makers. For this to happen, there is need for support with capacity building of the EvIDenCe centre which is key in making this a reality as well as financial support to help the centre in its day to day running. The map presented above shows huge gaps on how various sectors engage and understand each other's roles and responsibilities. As a result, in most instances, research produced by students has no impact in local decision-making. Research dissemination is one aspect of the engagement that currently works better than other aspects. However, there is need to improve on it if student research is to make impact in decision making. For example, targeted or disease specific research dissemination meetings of well-packaged findings would allow helpful dialogue between researchers (students) and decision makers.