

Electronic Rapid Landscape Review Map

Ethiopian Evidence Based Health Care Center

By

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Sector: This work relates to Health Sector in Ethiopia

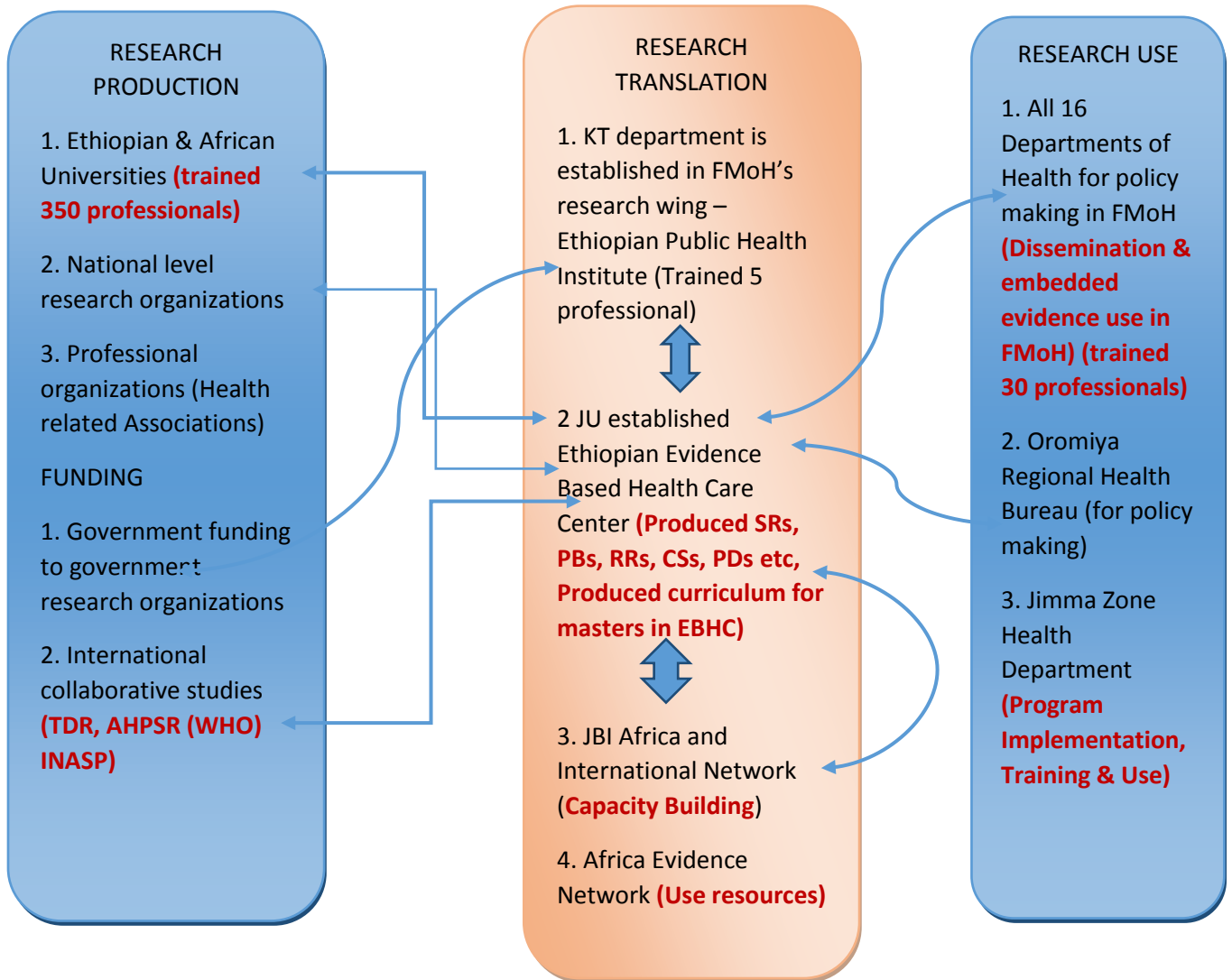
Role Players:

1. **Evidence Producer:** University and national level research organizations such as Ethiopian Public Health Institute (EPHI), produce research evidence.
2. **Evidence users:** Federal Ministry of Health (FMoH), multi-lateral organizations, International NGOs, and professional bodies e.g. Ethiopian Public Health Association (EPHA), Ethiopian Medical Association (EMA), Ethiopian Obstetrics and Gynecological Association, and many other users.
3. **Intermediaries research users:** Government organizations, ministries, donor/funding organizations, professional networks, NGOs etc.

Gaps/Bottlenecks:

1. Currently every organization as per their need conduct primary research several times duplication of the efforts without searching available evidence. Bringing together research conducted by these organizations is big challenge. Many international and national NGOs have a good data from their projects and program but it is also in isolation and being used properly for knowledge translation and policy making. 2. No concerted efforts to bring together all these stakeholders as well as put together the evidence. 3. No institutional culture checking best evidence. 4. Staff lack accessing evidence quality, skills to extract relevant information. Interruptions to internet services.
2. **Research use relationship:**
Best relationship currently is between research producer (Jimma University) and Federal Ministry of Health and Jimma Zonal Health Department (JZHD). FMoH uses services from various organizations for their specific purposes and expert utilization or consultations. Similar relationship we want to develop between Regional Health Bureaus and major university in that region as future plan. SRs = Systematic Reviews, PBs = Policy Briefs, RRs = Rapid Reviews, CSs = Clinical Summaries, PDs = Policy Dialogs, KT = Knowledge Translation, TDR = Tropical Diseases Research, AHPSR = Alliance for Health Policy and Systems Research, WHO = World Health Organization. INASP = International Network for availability of Scientific Publications.

Proposed ecosystem map with partial achievements in red (Training, SRs, PBs, RRs, CSs, PDs)



Section 3: Conclusion

- **Interventions/support:**
 1. Evidence translation and evidence utilization face to face training benefits most.
 2. Mentor – mentee program for on-going work of policy making by technical personnel (mentee) in health ministry and experts from research organization/ university/ specialized field as mentor worked very effectively.
 3. Mentors/facilitators created a Google group of Evidence translation and utilization trained experts in FMOH and supported knowledge sharing with uploading web-based resources, relevant published papers, documents, policy briefs, systematic reviews and systematic review summaries.
 4. Established National Advisory Committee for Evidence Based Health Care with important stakeholders as members.
 5. Established Rapid Response System for Evidence Based Health Care utilization between FMOH as demand creator for evidence based policy making and EEBHCC/Jimma University as supplier of evidence based products – Systematic Reviews, Rapid Reviews, Policy Briefs, Clinical Summaries, policy summaries, policy dialogues, etc. Piloted rapid response system producing 5 Rapid Reviews to the questions raised by FMOH involving the policy makers in all stages of production of RRs.
- **Road Map: Relationship with Conference themes**
 1. **Engage:** Research producers, research translators and research users were engaged very effectively.
 2. **Understand:** Above stakeholders when brought together they understood every stakeholders expertise used in interrelatively. This was experienced in policy dialogue sessions.
 3. **Impact:** Our training and mentor – mentee program, rapid reviews dissemination impacted using research evidence for policy making at Federal Ministry of Health and identifying implementation research needs at program implementation at Zonal, District and Health Post level. FMOH also used it for their professional trainings and included some in their regular training programs.
- **Future work:**
 1. Target and focus support on what staff need.
 2. Need for specialized training and knowledge translational tools for researchers within ministry, Ethiopian Public Health Institute, University teaching and research staff and students.
 3. Figure out how to improve access to information
 4. Figure out how to bring together the national level research conducted by various national and international research organizations in the country, all universities, various NGOs etc. These national level research should also be utilized with evidence based health care approaches and methods.
 5. Concerted efforts to create a national level institute/organization who will gather, update evidence and provide needed evidence to fulfill demand of various stakeholders.
- **Creative metaphor:**

These future work activities will guide or pave the way to research to policy highway from current sea of evidence knowledge.