

1. Nigeria Evidence Ecosystem Map for the Health Sector

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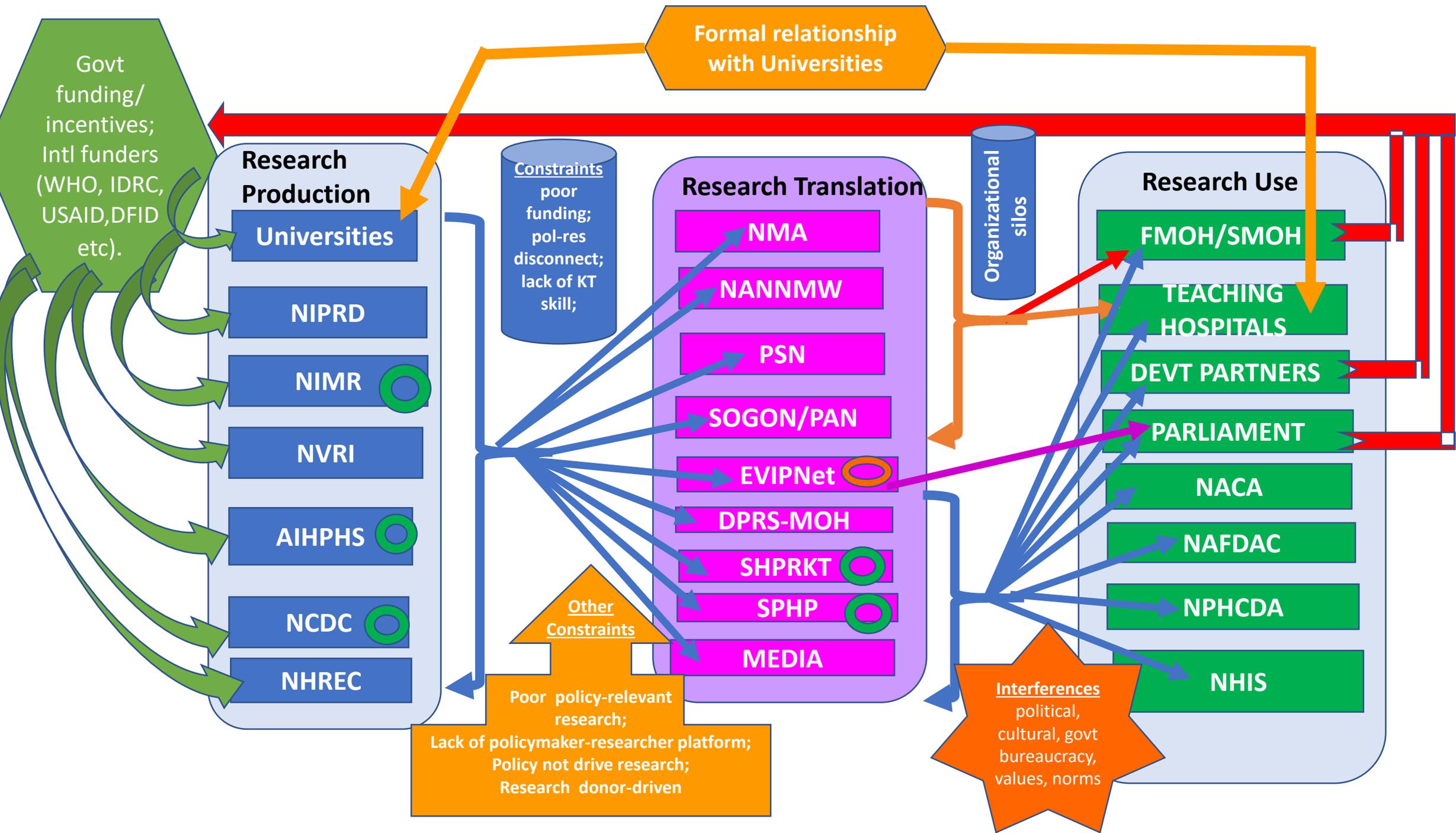
2. An overview of who the main role players are in the evidence ecosystem

Research Production	Research Translation	Research Use
Universities	NMA: Nigeria Medical Association	FMOH/SMOH: Federal & State Ministries of Health
NIPRD: National Pharmaceutical Research Institute	NANNMW: National Association of Nigeria Nurses & Midwives	Teaching Hospitals
NIMR: National Institute for Medical Research	PSN: Pharmaceutical Association of Nigeria	Development Partners
NVRI: National Veterinary Research Institute	SOGON/PSN: Society of Gynecology & Obstetrics of Nigeria/Paediatric Association of Nigeria	Parliament
AIHPHS: African Institute for Health Policy & Health Systems	EVIPNet: Evidence to Policy Network	NACA: National Agency for Control of AIDs
NCDC: Nigeria Centre for Disease Prevention & Control	DPRS-MOH: Department of Planning, Research & Statistics, Ministry of Health	NAFDAC: National Agency for Foods & Drug Administration
NHREC: National Health Research & Ethics Committee	SHPRKT: Society for Health Policy Research & Knowledge Translation	NPHCDA: National Primary Health Care Development Agency
	Society for Public Health Practitioners	NHIS: National Health Insurance Scheme

3. What gaps exist in the evidence ecosystem (i.e. what type of organizations/initiatives are currently missing)? : The gaps include: poor funding; policy-research disconnect; lack of knowledge translation skill; lack of policymaker-researcher platforms; policy not drive research; research driven by donors.

4. Are there bottlenecks or organizational silos that impede the flow of evidence through the system? : Yes there are organizational silos and capacity constraints that impede the flow of evidence

5. What best characterizes the relationship between research producers and users in your country/the sector you are describing (e.g. distinct groups; co-producers of knowledge; etc.)? Most are distinct groups but a few operate as co-producers of knowledge



Formal relationship with Universities

Govt funding/ incentives; Intl funders (WHO, IDRC, USAID, DFID etc.).

Research Production

Universities

NIPRD

NIMR

NVRI

AIHPHS

NCDC

NHREC

Constraints
poor funding; pol-res disconnect; lack of KT skill;

Research Translation

NMA

NANNMW

PSN

SOGON/PAN

EVIPNet

DPRS-MOH

SHPRKT

SPHP

MEDIA

Organizational silos

Research Use

FMOH/SMOH

TEACHING HOSPITALS

DEVT PARTNERS

PARLIAMENT

NACA

NAFDAC

NPHCDA

NHIS

Other Constraints

Poor policy-relevant research;
Lack of policymaker-researcher platform;
Policy not drive research;
Research donor-driven

Interferences
political, cultural, govt bureaucracy, values, norms

Conclusion

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

- (i). Increased funding/investment into evidence-policy research
- (ii). Establishment of policymakers'-researchers' platforms
- (iii). Involving policymakers in the planning and execution of researches and involving researchers in the planning and execution of ministry programmes.
- (iv). Commissioning of research in government ministries
- (v). Promoting staff exchange between research institutions and government ministries

Comment on how your map relates to the three themes of the Evidence 2018 conference: engage, understand, impact. The map indicates the need for stakeholders to engage one another constantly to discuss issues around research-policy interface in order to have a common understanding of each other and work together to achieve the desired improved health outcomes.

Do you think that there are aspects of the engagement described in your map that work well and have potential to be up-scaled? Promotion of policymakers'-researchers' platforms and sufficient engagement of the media can be scaled up.

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