

National policy development for cotrimoxazole prophylaxis in Malawi, Uganda and Zambia: the relationship between Context, Evidence and Links

Summary

This study highlighted the ways in which national political, social and healthcare context impacted upon the interpretation and take up of efficacy, feasibility and cost-effectiveness evidence on cotrimoxazole preventive therapy by national policy makers in Malawi, Uganda and Zambia. In particular, it identified the ways in which the take up or rejection of research evidence is mediated by national healthcare context and the nature of the networks of and links between researchers and policy makers.

The findings have been fed back to the research participants in all countries, through meetings and dissemination via e-mail. Several

peer reviewed articles have been submitted to international journals, regional and national African journals.

Methods

A comparative analysis was conducted in Malawi, Uganda and Zambia, utilising the ODI's RAPID framework for policy analysis. Published and unpublished documentation was supplemented with in-depth interviews with 47 policy makers (15 in Malawi, 15 in Uganda and 17 in Zambia). The sampling was both purposive and used snowball techniques.

Findings

The application of the RAPID framework provided a broad range of data and in all three countries

Cotrimoxazole preventive therapy is an efficacious, cost-effective, simple to implement intervention which dramatically reduces both mortality and morbidity in both adults and children with HIV/AIDS in Africa. Yet, it has not been effectively scaled-up across Africa, and remains unavailable to many of those whom it could support.

the local context, interpretation of the evidence and the nature of the links between policy makers and researchers were seen to either drive or stall the policy process.

Interpretation

A favourable healthcare context is central to the adoption of research into policy: even when a sound evidence base upon which policy can be constructed is in existence, an unfavourable policy context makes it difficult for policy to develop. There appears to be a critical point in policy development when research evidence is contested but a powerfully placed individual, supported by researchers and policy makers can play a particularly important role to drive policy forward. This

“Individuals closely linked to researchers but working within government (rather than outside) play critical roles in effecting policy change and getting research evidence to be taken up.”



appears to have been most effective (i.e. policy change occurred most quickly) when this powerful individual was positioned within the government.

What is the impact of this?

The potential is to provide a basis upon which health researchers in resource poor settings can begin to map strategies to influence policy. Each of our partner organisations in Malawi, Uganda and Zambia have a clear and concise report on the ways in which a significant piece of National Health Policy was constructed.

The actual impact is to highlight the complexity of policy making in resource poor settings, and show that to get policy made attention has to be paid to the context, nature of the links between researchers and policy makers alongside the evidence itself.

How is this research novel?

Rigorous, comparative health policy analyses in resource poor settings are rare. Few policy analyses have also looked specifically at the uptake of research evidence in multiple countries in a comparative way.

What made the research successful?

The support of the Evidence for Action partners, with a range of expertise, interest and involvement with cotrimoxazole preventive therapy: from researchers in the clinical trials on CPT (i.e. MRC CTU/ MRC UVRI), to those implementing it (i.e. the Lighthouse Trust/ MRC UVRI).

Who has been involved?

This research was a collaboration between:

- LSHTM (UK)
- MRC CTU (UK)
- MRC/UVRI (Uganda)
- Lighthouse Trust (Malawi)
- ZAMBART (Zambia)

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Evidence For Action



on HIV treatment and care systems

About Evidence for Action

Evidence for Action is an international research consortium with partners in India, Malawi, Uganda, UK and Zambia, examining issues surrounding HIV treatment and care systems.

The research is organised in four key themes:

1. What “package” of HIV treatment and care services should be provided in different settings?
2. What delivery systems should be used in different contexts?
3. How best should HIV treatment and care be integrated into existing health and social systems?
4. How can new knowledge related to the first three questions be rapidly translated into improved policy and programming?

Partners:

International HIV/AIDS Alliance, UK

Lighthouse Trust, Malawi

London School of Hygiene and Tropical Medicine, UK

Medical Research Council Uganda Research Unit on AIDS, Uganda

Medical Research Council Clinical Trials Unit / University College London, UK

National AIDS Research Institute, India

ZAMBART, Zambia

This document is an output from a project funded by DFID for the benefit of developing countries. The views expressed are not necessarily those of DFID.