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 Published and unpublished documentation was supplemented with in-depth interviews with 47 policy makers (15 in Malawi, 15 in Uganda and 17 in Zambia).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 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.”
Evidence for Action Case Study No. 10, August 2010

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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