# Evidence-informed decision-making landscape at Makerere University, College of Health Sciences, Uganda

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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 19 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).

Africa Evidence Network

**Strengthening Evidence-Informed Decision-Making in Africa**

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**Evidence informed decision making landscape at Makerere University, College of Health Sciences, Uganda**

Makerere University is Uganda's largest and oldest institution of higher learning. It is comprised of many colleges, among which is the College of Health Sciences.

Makerere University College of Health Sciences (MakCHS) builds capacity of researchers through rigorous training programs in order to produce high quality research evidence, that has potential to influence policy and day to day health decision making.

The key role payers in Evidence Informed Decision Making (EIDM) at MakCHS include the following:

- Research producers: These include PHD fellows, other academic researchers and research institutions within the college. There are various funding bodies that facilitate research production, and in existence are research regulatory bodies that ensure research ethics and guidelines are being adhered to.
- Research Users: There are various role players involved in research use. These include, but not limited to: Policy makers, health professionals, NGOs and the general public.
- Intermediaries: At MakCHS, the intermediaries in EIDM include the Innovations and Knowledge Translations Office ( IKT) and the School of Public Health.
  The IKT office organizes strategic platforms where research scientists share and discuss their innovations and research findings with knowledge users (policy makers, practitioners and the public). These platforms, discussions and strategic engagements are aimed at accelerating the adoption of proven innovations and research outputs into new and existing health policies in order to maximise research outputs, reduce research waste, increase the use of interventions of proven effectiveness and optimise the use of available resources in improving livelihoods. Various strategies are used in engaging the research users ranging from writing rapid summaries to policy briefs and conducting policy dialogues. Plain language summaries are also utilised when engaging the mass media for dissemination of research evidence.

Gaps that exist in the EIDM landscape review are:
1. Lack of a functional national research governing bodies like Uganda National Health Research Organisation that can oversee knowledge translations activities in Uganda.
2. Lack of an institutional knowledge translation framework at Makerere University that can act as a common platform for promoting uptake of research evidence into policy and practice.
3. Lack of institutional funding for knowledge translation platforms. These are currently being funded by donor aid, which is not sustainable.

The bottlenecks that impede the flow of evidence in the system include:

1. Lack of knowledge translation skills among researchers, that can enable them synthesize and communicate their findings in a consumer friendly way and also engage the policy makers, practitioners and the public to understand science and use research evidence in day-to-day decision making.

2. Lack of appreciation of the importance of reporting scientific research evidence among journalists.

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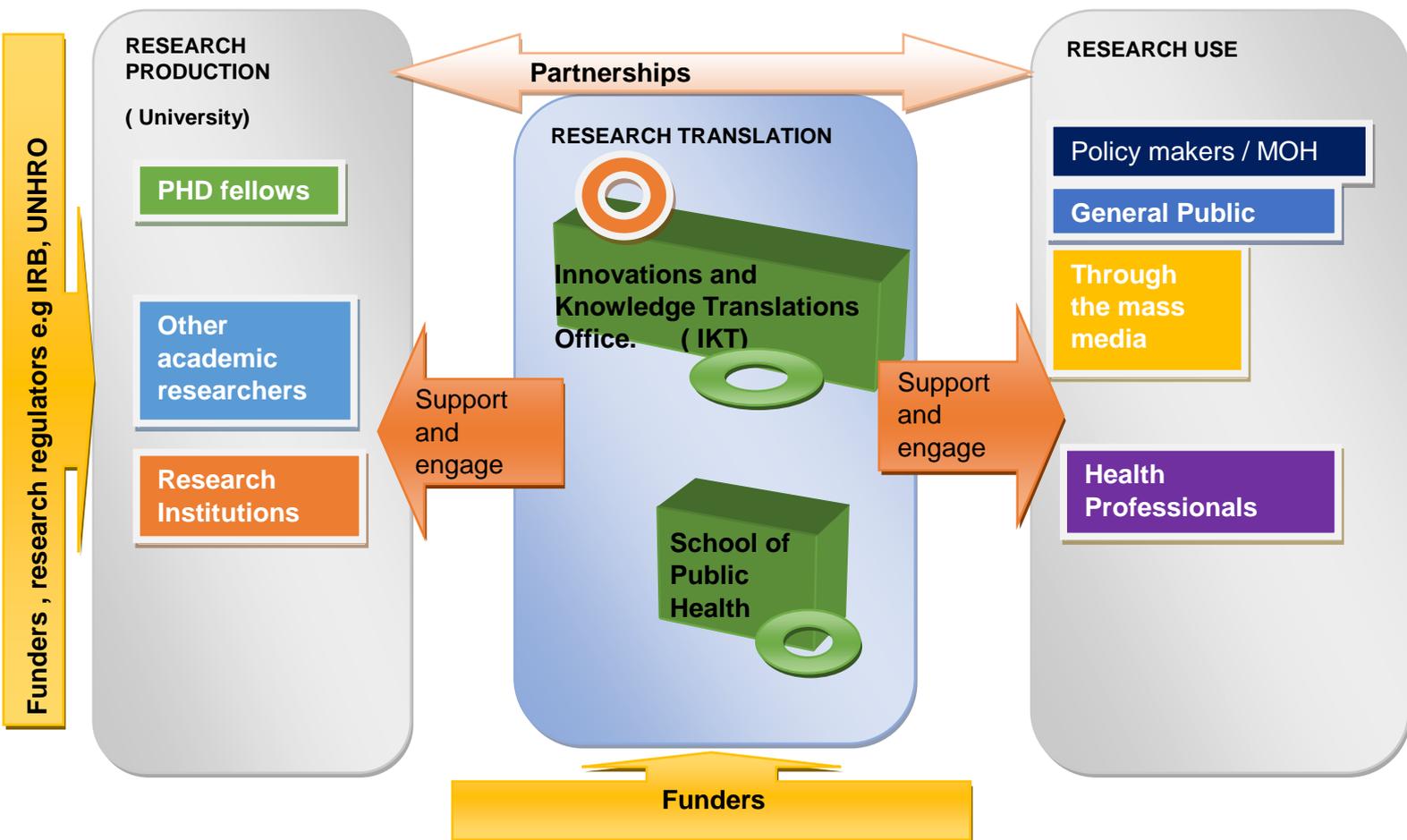


IRB.................Institutional Review Board

UNHRO..........Uganda National Health Research Organisation

**What type of intervention would the system most benefit from?**

From the landscape review on page 2, having an institutional knowledge translations framework would be the most beneficial intervention, as this will streamline evidence informed decision making activities.( From research production to its uptake)

**How the map relates to the evidence 2016 themes.**

The landscape review shows the network involved in production and use of research evidence. This is largely dependent on the knowledge brokers ( IKT office and School of Public Health), who engage and guide the research producers on how to synthesize and contextualise their research evidence and package it in a format that is easily understood by the research users.

Most research users in turn understand the importance of using research evidence in their decision making. As such, they request for the evidence through the knowledge brokers, who then avail it to them through rapid summaries, policy briefs or plain language summaries, so as to have an impact on the targeted end user.

**Aspects of engagement described in the map that works well and has potential to be up scaled.**

Engagement of the mass media with research evidence is one aspect that should be up scaled. Currently, The IKT office has a working relationship with some of the media houses in Uganda. The IKT office provides research evidence using plain language summaries to the media, which then disseminates to the general public to aid in their day-to-day decision making. Motivating and training journalists in communicating evidence based research findings is key for this to be effective.

A creative metaphor to describe the overall EIDM system could be **'Evidence to policy and public engagement highway'**