

Tuberculosis control in Uganda: What are the strategies to optimize research evidence for programmatic decisions?

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This rapid response was prepared by the Uganda country node of the Regional East African Community Health (REACH) Policy Initiative.

Key messages

This paper synthesises evidence from systematic reviews and individual studies on the strategies, barriers and facilitators for evidence based programmatic decision making.

→ The promising activities that increase research to policy uptake are:

- **Interaction** between researchers and decision takers/policy makers.
- Building research to policy **partnership** networks and **trust**
- General climate: timing and **timeliness** of research evidence

→ Barriers to research to policy uptake include:

- **Negative attitude** towards use of research evidence by decision takers/policy makers.
- **Lack of relevant skills** by decision takers/policy makers to find, read, appraise and interpret research evidence.
- **Lack of perceived relevance of the research** by decision takers/policy makers.
- **Use of jargon** in research evidence brief write ups.
- **Power and budget** struggles among decision takers/policy makers.



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Who requested this rapid response?

This document was prepared in response to a specific question from a decision maker at the Ministry of Health, Kampala, Uganda.

! This rapid response includes:

- Key findings from research
- Considerations about the relevance of this research for health system decisions in planning for Tuberculosis control.

X Not included:

- Recommendations
- Detailed descriptions

What is SURE Rapid Response?

SURE Rapid Responses address the needs of policymakers and managers for research evidence that has been appraised and contextualised in a matter of hours or days, if it is going to be of value to them. The Responses address questions about arrangements for organising, financing and governing health systems, and strategies for implementing changes.

What is SURE?

SURE – Supporting the Use of Research Evidence (SURE) for policy in African health systems – is a collaborative project that builds on and supports the Evidence-Informed Policy Network (EVIPNet) in Africa and the Regional East African Community Health (REACH) Policy Initiative (see back page). SURE is funded by the European Commission's 7th Framework Programme.

www.evipnet.org/sure

Glossary

of terms used in this report:

www.evipnet.org/sure/rr/glossary

Background

Despite continued production of research, decision takers and policy makers may or may not use research evidence [1]. The use of research evidence is emphasised in the draft 2012 – 2015 strategic plan for the National Tuberculosis and Leprosy Programme (NTLP). However, it is not clear which strategies can be applied to promote the use of research evidence for programmatic decisions.

This paper therefore qualitatively synthesizes existing evidence from systematic reviews and well designed individual studies on the strategies, facilitators and barriers of using evidence for programmatic decision making

What we found

1. Facilitators of research use by decision takers:

- **Interaction between researchers and policymakers** increases the likelihood of research being used by policymakers[2,3,4,5]
 - **Climate: Good timing and timely research** increase (and poor timing or lack of timeliness decrease) the likelihood of research being used by policymakers.
 - **Policy networks and trust** in researchers increase the likelihood of research being used by policymakers

2. Barriers of research use by decision takers: [2,3,4]

- When decision takers have **negative attitudes** towards research evidence, the likelihood of research being used by them decreases
- When decision takers **lack relevant skills and expertise**, the likelihood of research being used by them decreases
- A **lack of perceived relevance of the research, the use of jargon**, and the production of **publications aimed at a scholarly audience, power and budget struggles** are all factors that decrease the likelihood of research being used by decision takers.

How this Response was prepared

After clarifying the question being asked, we searched for systematic reviews, local or national evidence, and other relevant research. The methods used by the SURE Rapid Response Service to find, select and assess research evidence are described here:

www.evipnet.org/sure/rr/methods

What the quality of evidence (GRADE) means

The quality of the evidence is a judgement about the extent to which we can be confident that the findings of the research are correct. These judgements are made using the GRADE framework, and are provided for each outcome. The judgements are based on the type of study design (randomised trials versus observational studies), the risk of bias, the consistency of the results across studies, and the precision of the overall findings across studies. For each outcome, the quality of the evidence is rated as high, moderate, low or very low using the definitions below.

⊕⊕⊕⊕

High: We are confident that the true effect lies close to what was found in the research.

⊕⊕⊕○

Moderate: The true effect is likely to be close to what was found, but there is a possibility that it is substantially different.

⊕⊕○○

Low: The true effect may be substantially different from what was found.

⊕○○○

Very low: We are very uncertain about the effect.

For more information about GRADE:

www.evipnet.org/sure

3. Options for increasing research use by decision takers

→ ***Increasing interaction between researchers and decision takers or policymakers can be done through:***

- **Personal contact** between individual researchers and decision takers or policy makers to provide synthesized evidence. NTLP officials and TB control implementing partners could contact individual researchers requesting for research evidence (**user pull efforts**) or vice versa (**push efforts**). In one survey of 308 researchers in 10 countries including Uganda, only 43% established or maintained long-term partnerships related to their topic with representatives of the target audience [4]. However, personal contact may promote **selective use of evidence**.

- Establishing **formal platforms for shared learning/exchange** between researchers and decision makers [5] for example regular **research to decision making/policy forums, policy dialogues**, and or an **annual National Conference on TB Control clearly linked to decision making**. This approach facilitated the uptake of the PMTCT policy in Uganda [5]. Existing initiatives e.g. the **Uganda Stop TB Partnership quarterly meetings** can be optimized to disseminate research evidence. Additionally, researchers can be invited to the **NTLP quarterly performance review meetings** to provide critical analysis and interpretation of the findings from the field or to join **technical working groups developing or adopting guidelines and or policies or strategic plans** for TB control e.g. the TB/HIV National Coordination Committee.

→ ***Building capacity of decision makers to use evidence and researchers to provide palatable evidence formats:***

- Training in **finding, appraising and applying synthesized evidence** for decision takers and policy makers: In a recent outcomes survey in Uganda decision takers and policy makers were rarely exposed to systematic reviews as a source of evidence [6]. In another qualitative study, 21 participants from 6 countries had a poor understanding of what a systematic review was and they expected information not found in the systematic reviews [7].

- Training in **evidence synthesis for actionable messages by researchers**: In one multicounty survey including Uganda, only 27% of researchers provided synthesized evidence in form of systematic review evidence to their target audience [4]. Evidence of moderate to low quality showed that decision takers and policy makers preferred a **graded entry format** (short summaries with key messages up front) of evidence brief write ups, and in clear **jargon-free** “plain language” [7].

→ **Priority setting for research relevant to Uganda's needs:**

- Interventions are needed to bridge the gap between the national health research priorities and the research agenda set at regional and global levels. Priority setting would involve **rank ordering alternative TB control interventions** for implementation research considerations. A survey of 1499 participants, showed that health workers were **more likely to use research evidence if it was produced in the country** [8].

- A review of 58 active research grants at Makerere University College of Health Sciences, Uganda showed that these were aligned to the Millennium Development Goal health priorities. 11% of these were about Tuberculosis. In the same analysis, of 837 publications between 2005 and 2009, 43 (5.1%) focused on TB. This generated knowledge can be optimized for decision making at the NTLP [9].

- Although there is limited evidence on the effectiveness of priority setting, the following are important considerations [10]: involvement of **key stakeholders** including the **community of those infected or affected by TB/frontline health workers**; using a **systematic process** and **clearly defined criteria** e.g. a) **importance of the problem** through review of NTLP performance/support supervision reports; b) availability of **feasible options**; and c) **opportunity for change** e.g. timing, available funding, motivated health workers etc. [11]

- Research priority setting should focus on **those interventions that are likely to have maximum impact whilst minimizing start up financial investment**. For example, two systematic reviews and one recent study in Uganda showed that Intensified Case Finding (ICF) using a symptom screening rule is simple and effective in increasing TB case detection [12,13,14]. Although Uganda adopted World Health Organization recommendations to scale up ICF, its uptake has been low resulting in missed TB diagnosis opportunities. It may be crucial to investigate why the ICF strategy has a low uptake and how best ICF can be delivered and sustained in peripheral health facilities.

- A case study of the Malawi describes the success of embedding operations research in the NTLP, using routine programme data [15]. Here research priority setting, conduct and uptake for policy were done in conjunction with the NTLP. A similar approach for the Malawi AIDS control programme cost between US\$450 & US\$1500 per study which were done during routine supervisory visits making this feasible.

4. Resources for decision makers to facilitate evidence based decisions:

→ SUPPORT tools for evidence informed were written for decision makers in health policies and programmers. Topics covered include: **a)** how organisations can improve evidence informed decision making; **b)** priority setting; **c)** using research evidence to clarify a problem et cetera.

- Visit www.support-collaboration.org/supporttool.htm for more details

→ A Toolkit for Progressive Policymakers in Developing Countries is also available at: www.odi.org.uk/resources

Relevance of the research to the question being asked

→ Findings

▷ Interpretation*

APPLICABILITY

→ **The synthesized research includes findings from low and middle income countries (LMICs)**

▷ Among decision makers, low awareness on where to find evidence, and among researchers knowledge and skills gaps in synthesizing and appraising evidence remains a challenge in LMICs.

▷ A critical mass of researchers and policy makers with interest and competence are required to move forward the research to policy agenda. Training is inevitable in LMICs.

EQUITY

→ **The evidence suggests equity considerations in research priority setting**

▷ The priority setting exercise should address research questions of critical importance to the community affected by Tuberculosis.

▷ Stakeholder involvement: researchers, decision/policy makers, TB control implementing partners. Careful engagement to avoid scholarly research agenda.

ECONOMIC CONSIDERATIONS

→ **The evidence did provide some costs due to research to policy initiatives, particularly for operations research.**

▷ There are financial costs to facilitate operations research for local context data; to sustain hosting research to policy exchange forums, a national TB conference, priority setting exercises, training decision takers and researchers on finding, reading, appraising and synthesising evidence.

MONITORING & EVALUATION

→ **The evidence proposes further research on the impact of priority setting, research forums and other research to policy initiatives in Uganda and other LMICs.**

▷ Research to policy initiatives between research institutions and the National TB Programme, implementing partners as well as the affected community should be systematically evaluated for impact on decision taking and policy formulation

About the research underlying this Response

Types of	What we searched for	What we found
Interventions	Knowledge translation, transfer, exchange dissemination, priority setting	Knowledge translation, transfer, exchange dissemination, priority setting
Participants	Policy makers, decision takers	Policy/decision makers, health workers
Settings	Low and Middle Income Countries	Low, Middle and High Income Countries
Outcomes	Evidence based decision making, barriers, facilitators	Evidence based decision making, barriers, facilitators
Research	Systematic Reviews, RCTs, Observational, Qualitative	Systematic Reviews (3), surveys (4), qualitative interviews (1), RCTs (0),

Date of most recent search: October, 2012

Limitations: We included evidence from high income settings where resources may facilitate research to policy. Evidence was largely qualitative and from observational studies hence of moderate to low quality.

*Judgements made by the authors of this response based on the findings of the research and consultation with others (see acknowledgements). For additional details about how these judgements were made see:

www.evipnet.org/sure

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Conflicts of interest:

None known

SURE collaborators:



The Evidence-Informed Policy Network (EVIPNet) promotes the use of health research in policymaking. Focusing on low and middle-income countries, EVIPNet promotes partnerships at the country level between policymakers, researchers and civil society in order to facilitate policy development and implementation through the use of the best scientific evidence available. www.evipnet.org

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