Knowledge Translation Platform Malawi (KTPMalawi)

Inaugural Steering Committee Meeting Report

Bridging the Gap: Strengthening Malawi's Knowledge Translation Platform for Improved Health Policy and Practice

June 17th, 2013
Kamuzu Central Hospital, Lilongwe, Malawi
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Executive Summary

Within Malawi’s health sector, there is often a disconnect between the work of policymakers, researchers, and frontline clinicians. Without institutionalized exchange and collaboration, researchers are often unable to meet the needs of policymakers, who in turn miss key opportunities to utilize research evidence and incorporate best practices into evidence-informed health policies.

Through the Malawi Ministry of Health (MoH) and with support from Dignitas International, Malawi has established an innovative Knowledge Translation Platform (KTPMalawi) to engage national-level policymakers, researchers and implementers in a coordinated approach to generate and utilize more effectively health-sector research in Malawi. KTPMalawi has received official endorsement from the MoH’s Senior Management Team.

On June 17th, 2013 the inaugural KTPMalawi Steering Committee Meeting was held at Kamuzu Central Hospital, Lilongwe with 17 policymakers, health research leaders and civil society members. The purpose of the KTP Steering Committee is to engage Malawi’s policy and research leaders in providing overall strategic direction and expertise to KTPMalawi to ensure its success in significantly improving the use of evidence and research in health policy.

During this meeting, this high-level group, led by Dr. Damson Kathyola, MoH Director of Research, reviewed planned KTPMalawi objectives and activities, considered several distinctive KTPMalawi structural models, fed into the KTPMalawi steering committee terms of reference (ToR) and prioritized the development of two Communities of Practice (CoPs):

1. Supply chain management
2. The integration of non-communicable diseases with communicable diseases

These CoPs will report to the steering committee and will bring together policymakers, researchers and program implementers who are focused on these specific content areas. Each CoP’s purpose will be to produce policy-relevant documents, such as graded policy and implementation briefs, based on emerging research within these content areas in close collaboration with the relevant MoH stakeholders and technical work group (TWG) partners.

Over the coming months key stakeholders will be engaged to join these CoPs and participate in other KTPMalawi activities that are detailed within this report, as we work together to advance the use of evidence in health policy in Malawi.
Knowledge Translation Platform Background

Knowledge Translation Overview

Globally and within Malawi, there is often a disconnect between the work of policymakers, researchers and frontline clinicians. Without institutionalized exchange and collaboration, researchers are often unable to meet the needs of policymakers, who in turn miss key opportunities to utilize research evidence in policy discussions and incorporate best practices. Effective knowledge translation (KT) processes is one method for improving the interactions between these stakeholders with the ultimate aim of strengthening health policy and practice.

KTPMalawi is utilizing the Canadian Institutes of Health Research KT definition:

“A dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve health, provide more effective health services and products and strengthen the health care system. This process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user”

More information on knowledge translation theory and implementation can be found here. This diagram illustrates the interactive and iterative KT process.

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1 [http://www.chr-irsc.gc.ca/e/39033.html](http://www.chr-irsc.gc.ca/e/39033.html)
In early 2012 through seed funding from the WHO-Evidence-Informed Policymaking Network (EVIPNet), KTPMalawi completed an in-depth context analysis of current KT stakeholders (policymakers, health researchers and practitioners) and systems. This analysis led to two highly successful capacity building workshops that improved Malawi-based researchers’ and policymakers’ ability to develop and evaluate systematic reviews and evidence-informed policy briefs. Through these workshops stakeholders provided future directions, objectives and activities of Malawi’s KTP – setting the stage for further development.

Also in 2012, working with an emerging community of national KTPs in Africa, KTPMalawi representatives attended two International KT Forums: the EVIPNet International Forum and the EVIPNet Africa Forum. These fora have provided KTPMalawi with opportunities to strategically link with other regional and international KTPs. Lessons learned have been shared across platforms.

In late 2012, Dignitas International, the MoH, the Malawi College of Medicine and the Li Ka Shing Knowledge Translation Program in Canada partnered in two joint submissions to the Canadian International Development Research Centre and the Health Research Capacity Strengthening Initiative (HRCSI) at the National Commission for Science & Technology to support the next steps in the evolution of KTPMalawi. In early 2013, we received word that both of these proposals had been accepted in principle by the funders. In addition, KTPMalawi has partnered with the Zambian Forum for Health Research (ZAMFOHR).

These funds will allow KTPMalawi to carry-out the following planned activities between June 2013 and December 2014 which were formulated during the aforementioned capacity building sessions and through additional meetings with key stakeholders:

1. **Create the Malawi KTP Steering Committee and Communities of Practice**

   To-date, MalawiKTP has been advanced through a DI-MoH partnership under the leadership of the Director of Research at the MoH. As the KTP continues to grow, ownership of the strategic direction will involve a larger group of stakeholders. The KTP Steering Committee (KTPSC) will be comprised of high-level MoH policymakers, multi-disciplinary researchers from academic institutions and health sector organizations, and other community and sector stakeholders. The KTPSC will provide guidance to the platform and engage KTP members through Communities of Practice (CoPs).

   The CoPs, reporting to the KTPSC, will bring together policymakers, researchers and program implementers who are focused on specific technical areas. Each CoP’s purpose will be to produce policy-relevant documents, such as graded policy and implementation briefs, based on emerging research within a specific, prioritized content area.
2. **Establish a Malawi KTP Coordinator Role**
Initially, to support the KTPSC and the CoPs, a KTP Coordinator will be established within the MoH Department of Research to coordinate and administer routine KTPMalawi activities. The Coordinator will report to the KTPSC through the MoH Director of Research.

3. **Strengthen the KT Function of the National Health Science Research Committee**
The National Health Science Research Committee (NHSRC) is the main ethical clearinghouse to review health research in Malawi. As such, the NHSRC plays a role in the promotion of KT in the health sector. For example, the NHSRC mandates study reports be submitted to it following completion of approved studies. In practice, study results are often not shared with stakeholders proactively or systematically. Taking best practices from research ethics boards throughout Southern Africa, Malawi’s KTP will build the capacity of the NHSRC to support appropriate KT activities for research studies. Following an international trend to include KT questions in applications, Malawi-based researchers will be urged to include specific KT activities and budget lines for appropriate dissemination and possible implementation of research outcomes. Strengthening the KT function of the College of Medicine’s ethics board will also be explored.

4. **Develop a KTPMalawi Website**
The partnership will develop a KTPMalawi website to be a repository of CoP outputs, external resources and serve as a platform for KT discussions. The KTPMalawi website will advertise upcoming KT activities, trainings, announcements (new research, conferences, calls for papers, meetings, etc.) and opportunities. The website will link to other regional and international KT websites and local research institutions including the National Commission for Science and Technology.

5. **Develop a Policy Brief and Dialogue**
The KTPs first deliverable will be a rigorously developed evidence-informed policy brief on a selected health issue, produced by a CoP. This policy brief will draw on relevant global and local evidence to inform and generate a policy dialogue.

   Resulting from the policy brief, a policy dialogue will be convened between MoH policymakers and appropriate health researchers and healthcare workers. This structured discussion will maximize the value of the policy brief, allowing all parties to discuss priorities and advance a policy decision, while developing a shared understanding.

6. **Collaborate with ZAMFOHR**
KTPMalawi will enhance the developing partnership with the Zambian KTP to share KT best practices and lessons learned in specific areas such as: platform development, database creation and the use of regulatory frameworks to promote KT.

7. **Convene an International KT Forum in Malawi**
With the support of EVIPNet-WHO, KTPMalawi is applying to host an international KTP capacity building workshop. This workshop will bring together other EVIPNet KTP members as we continue to share best practices and implementation challenges. This workshop is planned for Q2 2013.
In 2005 the World Health Organization formed EVIPNet to assist country teams in the formation of knowledge translation platforms. In 2007 the EVIPNet Africa steering group was formed with membership from growing KTPs in Burkina Faso, Cameroon, Central African Republic, Ethiopia, Mozambique and Zambia. Since 2007, EVIPNet has been holding annual international KT conferences to bring together country teams to share experiences and lessons learned. In 2012, leadership from the Malawi KTP attended both the international conference held in Addis Ababa, Ethiopia and the regional African EVIPNet conference held in Brazzaville, Congo. At the African regional conference members of the Malawi KTP were approached by EVIPNet to host the next annual international KT conference, given Malawi’s initial KTP progress. This conference is funded and organized by WHO-EVIPNet.

8. **Hold a Pre-Service KT Workshop**

Building capacity among future researchers and policymakers in Malawi is vital to the long-term success of this initiative. KTPMalawi will hold a KT introduction workshop at the Malawi College of Medicine for students from various health disciplines. This workshop will ground students in KT theory through practical examples and promote future KT involvement professionally.
KTPMalawi Steering Committee Meeting Report

Meetings Aim

The aim of this initial KTP Steering Committee meeting was three-fold:

1. To engage high-level KT stakeholders in the development of KTPMalawi and to shape its direction moving forward.
2. To review and adopt a ToR for the steering committee that would lay out the committee’s purpose and working parameters and
3. To prioritize the development of one or two CoPs

Session 1: Opening Remarks

In his opening remarks, Dr. Kathyola, MoH Director of Research, welcomed committee members and thanked them for their participation in this important initiative. He also warmly acknowledged our guest, Lonia Mwape from ZAMFOHR who funded this inaugural KTPMalawi Steering Committee meeting.

He highlighted the consultative manner that this initiative has taken to date and stressed its continued importance moving forward. Dr. Kathyola commented on the commitment of the MoH to this initiative, highlighting the full endorsement that KTPMalawi received earlier in the day after a presentation to the full MoH Senior Management Team. Finally, Dr. Kathyola noted that he welcomed the full participation of the steering committee as this initiative would only be what we jointly made of it. With these remarks Dr. Kathyola officially opened the meeting.

Session 2: Overview of Knowledge Translation and the Knowledge Translation Platform

Joshua Berman, Principal Investigator from Dignitas International led this session that reviewed knowledge translation theory and the aforementioned KTPMalawi activities. The overall feedback from the steering committee on the planned activities was very positive with several committee members noting that some additional KT capacity building sessions with the steering committee and the CoPs would be well received and vital if this committee is going to be efficient in their KTP oversight responsibilities.

Session 3: Knowledge Translation Platform Structural Models

This session was introduced by Emmay, Mah, Dignitas’s Policy & Governance Director. Emmay briefly discussed the different models that KTPs internationally have adopted in positioning themselves within country institutions. For instance KTPs in Burkina Faso and Ethiopia have been developed within Government institutions while Uganda and Mozambique have placed KTPs within research and academic institutions. She then
introduced a special guest and sponsor of the meeting, Dr. Lonia Mwape, a knowledge translation officer from the Zambian KTP, Zambian Forum for Health Research (ZAMFOHR). Dr. Mwape was invited to discuss the Zambian experience in forming a KTP and its structure as a separate NGO. Dr. Mwape outlined the pros and cons of NGO vs. Government-housed models, highlighting several important areas for consideration as the committee discusses KTPMalawi structural models. As a separate NGO:

1. ZAMFOHR has consistently had difficulty securing external funding to continue its operations.
2. Multiple stakeholders have commented that they value ZAMFOHR’s perceived objectivity.
3. ZAMFOHR has faced some challenges in getting the full cooperation of organizations in sharing information on their research activities (whereas the MoH has greater authority to request this)

A very constructive discussion by all committee members followed Dr. Mwape’s presentation. Several different scenarios were discussed including housing KTPMalawi within a newly planned Public Health Institute. Committee members concluded that over the short-term KTPMalawi would continue to be housed within the Department of Research under the leadership of Dr. Kathyola, but that at a subsequent meeting when its work had progressed further, the committee would review where best to house KTPMalawi.

Session 4: Knowledge Translation Platform Steering Committee Terms of Reference

During this session, facilitated by Emmay Mah, the committee reviewed and discussed a draft steering committee terms of reference (ToR). Several changes were discussed and made to this document. A revised ToR is attached as ANNEX 3 for review and finalization by steering committee members.

Session 5: Development of Communities of Practice, prioritization exercise and discussion

Joshua Berman reviewed and facilitated discussion on the purpose and role of communities of practice (CoPs) – see above in the outline of planned KTP activities for more detail. A structured prioritization was undertaken with the committee to select one or two CoPs for development:

1. A brainstorming session was held with all committee members where members were free to simply shout out a content area that was then listed down on large flip chart paper. Joshua discussed that these content areas should be broad at this stage and that the CoPs would narrow the content area once they were formed. The focusing of these content areas by the CoP would draw on the content area expertise of the CoP’s members. Committee members listed 10 content areas during the brainstorming session.
2. Once all committee members had given their input, the content areas were discussed and six were chosen for a more rigorous assessment using pre-formulated criteria. Each individual member of the steering committee assessed each of the six content areas in a written raking exercise against the following five criteria:

1. Are the current policies in this content area evidence-based?
2. Is there new or emerging evidence in this area that warrants new policy inputs?
3. Is there policymaker demand for research in this area?
4. Are the potential impacts on health or health systems large?
5. Do we have or have access to the needed expertise?

Each criteria’s raking system was set-up so that a higher score indicated that a CoP might be useful in that specific content area. For instance, question one, shown below, asks a committee member to assess if the content area’s current policies are evidence-based. If the content area’s policies are already evidence-based the committee member would circle a low score. A blank Prioritization Criteria Input Sheet is attached as ANNEX 4.

Are the current polices in this content area evidence-based?

1 ---------------------- 2---------------------- 3---------------------- 4---------------------- 5
The majority of polices are evidence-based

The majority of policies are not evidence-based

3. Following the individual ranking of the six content areas by each member of the committee, the results were immediately tallied. An average score across all five criteria for each content area was calculated and then discussed with the steering committee.

Two CoPs were clearly ranked above others by steering committee members:

1. Supply chain management and
2. The integration of non-communicable diseases with communicable diseases such as HIV.

Steering Committee members agreed that KTPMalawi would prioritize the formation of CoPs in these two content areas.
Session 6: Closing Remarks

Dr. Kathyola thanked all steering committee members for their involvement and noted the strong participation of all members in this inaugural steering committee meeting. He noted that he looked forward to working with all committee member over the coming months in realizing the potential of KTPMalawi to assist in shaping a national policy environment that encourages evidence-informed health policy in Malawi.

KTPMalawi Immediate Next Steps

The KTPMalawi Steering Committee meeting produced some clear and agreed upon immediate next steps as this initiative moves forward:

1. Steering Committee members will review and if necessary revise the ToR included in this report before finally adopting the ToR.

2. Two Communities of Practice will be formed in the coming weeks in the following content areas:
   a. Supply chain management and
   b. The integration of non-communicable diseases with communicable diseases such as HIV.

Formation of these CoPs will include a policy brief development training and an initial meeting of CoP members.

3. Two presentations outlining KTPMalawi will be made at upcoming NHSRC and COMREC meetings in accordance with activity 3 detailed above.
## Annex 1: Steering Committee Members

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Organization</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. Damson Kathyola</td>
<td>MoH Director of Research</td>
<td>(+265) 0888344443</td>
<td><a href="mailto:dkathyola@gmail.com">dkathyola@gmail.com</a></td>
</tr>
<tr>
<td>2</td>
<td>Dr. Austin Mnthambala</td>
<td>MoH Deputy Director - HIV</td>
<td>(+265) 0884393938</td>
<td><a href="mailto:atmnthambala@gmail.com">atmnthambala@gmail.com</a></td>
</tr>
<tr>
<td>3</td>
<td>Dr. Anne Phoya</td>
<td>MoH Director of Swap</td>
<td>(+265) 0888-837-857</td>
<td><a href="mailto:Phoyaann@yahoo.com">Phoyaann@yahoo.com</a></td>
</tr>
<tr>
<td>4</td>
<td>S. Khan</td>
<td>UNC Research Coordinator</td>
<td>(+265) 0999-760776</td>
<td><a href="mailto:skhani@unclilongwe.org">skhani@unclilongwe.org</a></td>
</tr>
<tr>
<td>5</td>
<td>Dr. Newton I. Kumwenda</td>
<td>Field Director John Hopkins</td>
<td>(+265) 01874363</td>
<td><a href="mailto:nikumwenda@jhu.medcol.mw">nikumwenda@jhu.medcol.mw</a></td>
</tr>
<tr>
<td>6</td>
<td>Dr. Don Mathanga</td>
<td>Director of Malaria Alert Centre</td>
<td>(+265) 0888578934</td>
<td><a href="mailto:dmathang@mac.medcol.mw">dmathang@mac.medcol.mw</a></td>
</tr>
<tr>
<td>7</td>
<td>Dr. Ireen Namakhoma</td>
<td>Director of Reach Trust</td>
<td>+2651751359</td>
<td><a href="mailto:ireen@reachtrust.org">ireen@reachtrust.org</a></td>
</tr>
<tr>
<td>8</td>
<td>Hastings Banda</td>
<td>Research Director - Reach Trust</td>
<td>(+265) 088853976</td>
<td><a href="mailto:mayingira@yahoo.com">mayingira@yahoo.com</a></td>
</tr>
<tr>
<td>9</td>
<td>Dr Olivier Koole</td>
<td>Karonga Prevention Study</td>
<td></td>
<td><a href="mailto:Olivier.Koole@lshtm.ac.uk">Olivier.Koole@lshtm.ac.uk</a></td>
</tr>
<tr>
<td>10</td>
<td>Dr. Adamson Muula</td>
<td>Associate Professor, COM</td>
<td>(+265) 0884233486/</td>
<td><a href="mailto:amuula@medcol.mw">amuula@medcol.mw</a></td>
</tr>
<tr>
<td>11</td>
<td>Ken Phiri (For Joep van Oosterhout, DI’s Medical and Research Director)</td>
<td>Dignitas International Research Manager</td>
<td>(+265) 0999 981 408</td>
<td><a href="mailto:k.phiri@dignitasinternational.org">k.phiri@dignitasinternational.org</a></td>
</tr>
<tr>
<td>12</td>
<td>Mathildah T. Chithila-Munthali</td>
<td>Health Research Capacity Strengthening Initiative (HRCSI) Program Manager</td>
<td>(+265) 0881049706</td>
<td><a href="mailto:mchithila@ncst.mw">mchithila@ncst.mw</a></td>
</tr>
<tr>
<td>13</td>
<td>Dr. Bertha Simwaka</td>
<td>Director Baobab Health</td>
<td>(+265) 0999943053</td>
<td><a href="mailto:Bmlalazi75@gmail.com">Bmlalazi75@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Position/Contact Details</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Martha Kwataine</td>
<td>Executive Director; Malawi Health Equity Network (+265) 0888892434 <a href="mailto:mkwataine@mhen.org">mkwataine@mhen.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Mr. Innocent Chitosi</td>
<td>Acting Editor of Malawi News (+265) 0888861096 <a href="mailto:l.chitosi@rocketmail.com">l.chitosi@rocketmail.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Dr. Lonia Mwape</td>
<td>KTP Zambia (+260 0964863425 <a href="mailto:loniamagolo@yahoo.com">loniamagolo@yahoo.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Kennedy Ngwize</td>
<td>Chancellor College (+265) 0999943053 <a href="mailto:knqwira@cc.ac.mw">knqwira@cc.ac.mw</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Dr George Chinthope-Mwale</td>
<td>MoH Director of Clinical Services (+265) 0888554884 <a href="mailto:gcmwale@yahoo.co.uk">gcmwale@yahoo.co.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Sheila Bandazi – Regrets</td>
<td>MoH Director of Nursing services (+265) 0888554884 <a href="mailto:bandazi411@yahoo.co.uk">bandazi411@yahoo.co.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Mr. Hetherwick Njati – Regrets</td>
<td>MoH Director of Planning and Policy Development <a href="mailto:hrznjati@gmail.com">hrznjati@gmail.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>James Mpunga – Regrets</td>
<td>MoH Programme Manager - TB (+265) 0888-837-857 <a href="mailto:mpungajay@gmail.com">mpungajay@gmail.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Mrs D. Ali – Regrets</td>
<td>MoH Programme Manager - Malaria (+265) 0888 374043 <a href="mailto:alidoreen@yahoo.com">alidoreen@yahoo.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Dr Frank Taulo – Regrets</td>
<td>MoH Director Reproductive Health Unit (+265) 0999515304 <a href="mailto:ftaulo@yahoo.com">ftaulo@yahoo.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Dr. Ben Chilima – Regrets</td>
<td>MoH Head of Community Health Services Unit 0999 775 520 <a href="mailto:bchilima2@yahoo.com">bchilima2@yahoo.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Mrs. Debbie Shomberg – Regrets</td>
<td>Director of Catholic Relief Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Facilitators**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joshua Berman</td>
<td>Principal Investigator – KTPMalawi, Program Manager – Dignitas <a href="mailto:j.berman@dignitasinternational.org">j.berman@dignitasinternational.org</a></td>
</tr>
<tr>
<td>Emmay Mah</td>
<td>Co-Investigator, KTPMalawi, Director of Policy &amp; Governance, <a href="mailto:e.mah@dignitasinternational.org">e.mah@dignitasinternational.org</a></td>
</tr>
</tbody>
</table>
Annex 2: Steering Committee Terms of Reference

Terms of Reference
Malawi Knowledge Translation Platform Steering Committee

Background
KTPMalawi, developed through a Malawi Ministry of Health (MoH)-Dignitas International partnership, was launched in 2012 with a context analysis and two capacity building workshops for policymakers and researchers.

The purpose of the initiative is to establish a coordinated forum wherein policymakers, researchers and other key health sector stakeholders can discuss essential research findings and local and international scientific evidence in relation to Malawi health policies, and increase the relevance and contribution of research to high-priority policy issues in Malawi. As this initiative continues to develop under the leadership of the MoH’s Director of Research, there is desire to convene a body composed of representatives from key health sector institutions and organizations to develop and guide the strategic direction of the Malawi KTP.

Purpose
The overall purpose of the KTP Steering Committee is to engage Malawi’s policy and research leaders in providing overall strategic direction and expertise to the KTP to promote the integration of evidence into health policy.

Specific Objectives
In order to fulfill its overall purpose, the Steering Committee will pursue the following specific objectives in relation to supporting the work of the KTP:

• Identify high-impact policy issues in relation to established national priorities (as articulated in the National Health Research Agenda and Health Sector Strategic Plan), as well as other emerging health issues, for which primary research and other evidence-based inputs are needed
• Coordinate efforts to use timely local and international evidence in policymaking, through policy dialogues and policy inputs (e.g. policy briefs, reviews, publications, reports)
• Initiate and facilitate opportunities for policymakers, researchers and other health sector stakeholders to build their capacity to use evidence in policymaking
• Establish and guide Communities of Practice (CoPs) in high-priority policy areas that will harness Malawi’s in-country policy, research and implementation expertise to
produce policy inputs and contribute technical expertise to policy dialogues in specific content areas

• Provide technical expertise and guidance to the establishment of institutional infrastructure to support Malawi’s KTP, including a MoH KTP Coordinator to coordinate and administer the activities of the KTP

Membership
The KTP Steering Committee will be comprised of MoH policymakers, multi-disciplinary researchers from academic institutions and health sector organizations, and other key health sector stakeholders, which may include representatives from health worker cadres and civil society (including women and other equity-seeking groups), international and multilateral health organizations / donor bodies with a Malawian presence, and the media. The initial proposed membership is by invitation of the MoH Director of Research, and once convened, the Steering Committee will nominate and include other members (by consensus or voting), to a maximum membership of 20.

Relationship to MoH
The KT Steering Committee is an independent body that will provide autonomous guidance and technical expertise to the MoH through its strategic engagement with the KTP and the KTP Coordinator, and through collaboration with other MoH stakeholders and structures (including relevant departments and technical working groups). The primary relationship-holder will be the MoH Director of Research, who will oversee the KTP Coordinator. This structure will be housed within the MoH Department of Research, pending further review by the KT Steering Committee and Director of Research after it has been operational for 12 months.

Meeting Coordination & Frequency
Convener: Department of Research, MoH
Chair: Rotating (period to be decided by the Steering Committee)
Meeting: Quarterly (based on annual schedule set by the Steering Committee)
Annex 3: Prioritization Criteria Input Sheet

Community of Practice Prioritization Exercise

Proposed Content Area – ______________________

Please circle the number that best describes your perception regarding this content area.

Are you a: Government official or NGO/academic stakeholder

1. Are the current policies in this content area evidence-based?

1 2 3 4 5
The majority of policies are evidence-based
The majority of policies are not evidence-based

2. Is there new or emerging evidence in this area that warrants new policy inputs?

1 2 3 4 5
No new evidence
A lot of new evidence is available

3. Is there policymaker demand for research in this area?

1 2 3 4 5
Little policymaker demand for research
Policymakers are eager to receive evidence

4. Are the potential impacts on health or health systems large for Malawi?

1 2 3 4 5
Negligible health impacts likely
Large health impacts likely

5. Do we have or have access to the needed expertise in Malawi?

1 2 3 4 5
Negligible access to needed expertise available
Access to expertise readily available