



**Knowledge Translation Platform Malawi
(KTPMalawi)**

**3rd National Knowledge Translation Platform Steering Committee
Meeting Report**

10th February, 2016

Bridge View Hotel – Conference Room



Background

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.

Since the KTPMalawi Steering Committee Meeting that was held on September 2015 KTPMalawi had made significant progress. In fulfilling its governance role, KTPMalawi's Steering Committee met on 10th February, 2016 at Bridge View Hotel in Lilongwe.

Meeting Agenda

The agenda of this 3rd National Steering Committee meeting was as follows:

- a) To update and discuss knowledge translation platform progress
- b) Development of additional Communities of Practices (CoPs) through a structured prioritization exercise

Opening Remarks

The opening remarks were made by Dr. Damson Kathyola, Director of Research at the Ministry of Health. In his remarks, he welcomed all the participants from different stakeholder groups to the meeting. He appreciated the role of KTP players in contributing to research work in filling the gaps between researchers and policymakers. He also emphasized the importance of advocating for research evidence that is of high quality. He further encouraged participants to bring efforts together to support implementation of KTP activities and think of possible ways to sustain it.

Session 1: KTPMalawi Progress Update

Dr. Mitambo briefly presented the KTPMalawi's background and its overall objective:

Background and definition: A dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Malawians, provide more effective health services and products and strengthen the health care system. (Adapted from Canadian Institute for Health Research). The KTPMalawi was formed under the initiative of Evidence Informed Policy Network (EVIPNet). It was formed in 2012 and formally endorsed by the Ministry of Health Senior Management Team. The KTPMalawi is composed of the secretariat, steering committee and Communities of Practice (CoP).

Objective: To establish an innovative Knowledge Translation Platform (KTPMalawi) to engage national-level policymakers, researchers, implementers and civil society members



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in a coordinated approach to the generation and utilization of health-sector research in Malawi.

The Committee was then updated on the activities KTPMalawi has undertaken to-date:

- Performed Baseline Political Context Analysis (2012)
- Built KT Capacity in Policymakers, Medical Practitioners & Researchers (2012)
- Convened National KTP Steering Committee meetings – June, 2013, March 2014 & Sept 2015
- Briefed KTPMalawi to WHO-Malawi (March, 2014 and February, 2016) to give an update and also discuss funding opportunities
- Formation of 2 CoP (Supply Chain Management and HIV-NCD)
- Trained 36 middle level managers from both Parliament and Ministry of Health on EIPM through AFIDEP (May 2015)
- Conducted 4 Science Cafés on Health Financing (July, 2014): Sexual Reproductive Health in adolescents (Feb, 2015), Disease Surveillance (July, 2015) and Evidence-Informed Health Policy (Nov 2015)
- Pre-Service KT Workshop at College of Medicine (Nov 2014)
- Finalized evidence brief for policy on improving the screening and treatment of hypertension in people living with HIV
- Held national policy dialogue utilizing HTN-HIV brief, now coordinating the four pilot initiatives
- Published commentary on KTPMalawi in Health Research Policy and Systems <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC26646212/>

Presented papers on KTPMalawi:

- Global Health Symposium on Health System Research-Cape Town (Sept, 2014)
- African Evidence Network Symposium, RSA (Nov, 2014)
- CoM-NAC Dissemination, Lilongwe (Nov, 2014) African EVIPNet meeting. Addis Ababa (Oct, 2015).

Dr. Collins highlighted next steps in KTP as follows;

- Finalize the remaining evidence brief on *Improving supply chain management data utilization* followed by a policy dialogue
- Additional Communities of Practice to be formed
- Solidify and build funding
- Establish a rapid response team (RRT).

Dr. Collins also discussed the challenges encountered in KTPMalawi, in particular development of policy briefs. Challenges were

1. Limited staff time to run KTPMalawi activities
2. Lack of protected time among policy brief authors



Session 2: Discussion and feedback from the steering committee to mitigate challenges

- Explore a mechanism to identify key players from the MoH or other organizations who are professional in writing policy briefs to be permanent authors for Communities of Practice (CoP)
- Formal communication with Organizations on selected potential writers to write policy briefs
- Capacity building to identified key people and invest in training on expected contents from different CoPs
- Increase KTP visibility
- Steering Committee members voiced that KTPMalawi should have a goal of producing evidence briefs within 6 months of the formation of CoPs

Session 3: CoP development and prioritization process

Joshua Berman then took participants through the CoP development and prioritization process. Participants brainstormed the following potential CoP content areas:

1. Malaria
2. PMTCT
3. Contraceptive behavior
4. Prematurity and neonatal care
5. Health financing
6. Human resources for health
7. Neglected Tropical Diseases
8. NCDs (mental health, diabetes)
9. Prematurity and neonatal care
10. Traditional healers
11. Elderly

Following a group discussion the Steering Committee members initially prioritized the first six above for further conversation.

The next step following this brainstorm was ranking the above six against pre-developed criteria that aimed to prioritize CoPs where they would be most helpful to the country and health system. This ranking exercise was completed individually and then tallied to include all Steering Committee members. Shown below are the average rankings for each of the six potential CoP content areas:

1. PMTCT 4.11 out of 5
2. Health financing 4.1 out of 5
3. Malaria 3.83 out of 5



4. Contraceptive 3.78 out of 5
5. Human resource 3.72 out of 5
6. Prematurity 3.54 out of 5

A discussion followed this ranking with the top four above selected and confirmed by Steering Committee members for CoP formation. Steering Committee members then discussed each of the newly formed CoPs and brought forward potential names and contact information under each CoP.

Next Step of KTPMalawi

1. Finalize initial CoP invitees and convene initial CoP meetings
2. Narrow content scopes within each of the four CoPs and select evidence brief authors – done within the initial CoP meeting
3. Develop evidence briefs within each CoP within 6 months
4. Convene policy dialogues utilizing evidence briefs
5. Continue policy engagement activities

Closing Remarks

Dr Kathyola thanked all steering committee members for their active participation during the meeting. He emphasized that he is looking forward to collaborative efforts, commitment and passion towards KTPMalawi.



Annex: Participants for Steering Committee Members

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|-------------------|--|--|
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