



MINISTRY OF HEALTH AND POPULATION

NATIONAL HEALTH RESEARCH POLICY

**STRENGTHENING HEALTH RESEARCH TO
IMPROVE NATIONAL HEALTH SECURITY**

DECEMBER 2019

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Foreword

Research is central for the realisation of national goals. In the health sector, the National Health Research Agenda has informed the conduct of health research that is responsive to the country's priorities. Despite this positivity, there was a need for a broader vigilant action which necessitated the development of a National Health Research Policy. For many years, research in Malawi has been conducted without proper governance, financing and without adequate utilization of research study results. This policy will ensure regulation and offer guidelines for coordination in the conduct and translation of research.

The Malawi government aims at strengthening capacity in health research and health information system management for evidence-informed policy making as outlined in the National Health Policy. Health information and research are important in supporting evidence-informed decision-making at all levels of the health care system. The government is therefore committed to strengthen local capacity to carry out policy relevant health research, to enforce adherence to national health research framework and agenda and to strengthen mechanisms for approving and monitoring of health research.

The Ministry of Health and Population will support and ensure implementation of the policy. In consideration that this is the first health research policy, the government will strengthen and ensure that research is conducted according to the thematic areas outlined in the policy. Ultimately the government will achieve good research conduct and protection of its citizen from exploitation.

I hope that this policy will benefit all health research stakeholders and that the nation will positively change its conduct of research and maximize the utilization of research findings in policy development.



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Preface

For the first time in Malawian history, the government has now developed a national health research policy, which will guide the conduct of health research in the country. Health research is vital because it generates evidence in health and ensures that the nation nurtures evidence-informed practice. The health research policy will provide guidance in research governance, capacity building, knowledge management and financing.

The policy development involved review of various documents including the guidelines for the development of national policies issued by the Office of the President and Cabinet (OPC), the Malawi Growth and Development Strategy (MGDS) III 2017-2022, the National Health Policy, and the Health Sector Strategic Plan (HSSP) II. The development of the policy has been successful because of the collaborative efforts from the OPC, the National Commission for Science and Technology (NCST), the Directorate of Research, with the MoH&P and other public and private stakeholders.

A drafting team was identified at the first national consultative meeting. The development of the policy involved a desk review of literature, drafting of the document, and a series of consultative and validation meetings. The document was then endorsed by Senior Management Team of MoH&P. The drafting team has worked tirelessly to finalize the policy. In this regard, let me thank the chairperson of the team Prof Alister Munthali (Chancellor College) and all team members; Dr Cecilia Maliwichi (College of Medicine), Mr Mike Kachedwa (National Commission for Science and Technology), Dr Damson Kathyola (Former Director of Research), Dr Collins Mitambo (MoH&P) , Dr Dzinkambani Kambalame (MoH&P), Dr Clara Sambani (MoH&P), Mr Billy Nyambalo (MoH&P), Ms Glory Kambwiri (MoH&P) and Dr Stella Lungu (MoH&P). The development of the policy was funded solely by the MoH&P.

I sincerely hope that the policy will be adhered to by all stakeholders doing health research in Malawi. May all stakeholders continue their support in health research and the provision of research data.



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Abbreviations

AFIDEP	African Institute for Development Policy
AIDS	Acquired Immunodeficiency Syndrome
CIOMS	Council for International Organisation of Medical Sciences
COHRED	Council for Health Research and Development
COMREC	College of Medicine Research and Ethics Committee
CTRC	Clinical Trials Review Committee
DFID	Department for International Development
DHIS	District Health Information System
DHO	District Health Office
DoR	Directorate of Research
DPPD	Department of Planning and Policy Development
EHP	Essential health package
ENHR	Essential National Health Research
GDP	Gross Domestic Product
GoM	Government of Malawi
HIV	Human Immunodeficiency Virus
HRCSI	Health Research Capacity Strengthening Initiative
HSSP	Health Sector Strategic Plan
IHR	International Health Regulations
IP	Intellectual Property
KTP	Knowledge Translation Platform
LMIC	Low- and Medium-Income Countries
MEAL	Monitoring, Evaluation, Accountability and Learning
MDG	Millennium Development Goals
MGDS	Malawi Growth and Development Strategy
MoH&P	Ministry of Health and Population
MoU	Memorandum of Understanding
NCDs	Non-Communicable Diseases
NCRSH	National Committee for Research in the Social Sciences and Humanities
NCST	National Commission for Science and technology
NHRA	National Health Research Agenda
NHRP	National Health Research Policy
NHRS	National Health Research System
NHSRC	National health Sciences Research Committee
NGO	Non-Governmental organisation
OPC	Office of The President and Cabinet
PACTR	Pan African Clinical Trials Register
PHIM	Public Health Institute of Malawi
PMPB	Pharmacy, Medicine and Poisons Board
REC	Research Ethics Committee
S&T	Science and Technology
SDG	Sustainable Development Goals
SoPs	Standard Operating procedures
TWG	Technical Working Group

A microscopic view of numerous blue, rod-shaped bacteria, likely Bacillus subtilis, scattered across a light blue background. The bacteria are shown in various orientations and focus, creating a sense of depth. A solid black vertical bar is positioned on the left side of the image. A red rectangular box is centered horizontally and vertically, containing the word 'INTRODUCTION' in white, bold, uppercase letters.

INTRODUCTION

1. Introduction

The National Health Research Policy prioritizes the activities around health research to ensure coordinated conduct of health research. The policy is developed in line with the National Health Policy to provide guidance in research governance, capacity building, knowledge management and financing. The policy has also been developed in line with the Malawi Growth and Development Strategy (MGDS) III 2017-2022, the Health Sector Strategic Plan (HSSP II 2018-2022) and various study reports.

Health research is important in health systems by provision of evidence that can be used for policy making, development of clinical guidelines and planning of health related programs. Health research create solutions to disease burden trends in a country and establish effective strategies in addressing health challenges as such providing an opportunity to achieve Universal Health Coverage. For Malawi, there are pertinent diseases that continuously require health research outcomes to maintain the significant improvement in the provision of health services for citizens. This is aimed at minimizing the mortality and morbidity of diseases. The country has experienced a significant reduction in infant mortality and under-five mortality rates from 112 and 66 deaths per 1,000 live births, respectively, to 63 and 42 deaths per 1,000 live births, respectively. Malawi is one of the few countries in Africa that achieved Millennium Development Goal (MDG) 4 on child mortality. There has also been a steady decrease in maternal mortality ratio from 675 deaths per 100,000 live births in 2010 to 439 deaths per 100,000 live births in 2016. Malawi suffers from a double burden of communicable and non-communicable diseases (NCDs) with the former remaining the leading cause of death in Malawi. NCDs constitute an important public health problem in Malawi as well as other developing countries mainly due to lifestyle transformations. HIV/AIDS remains the leading cause of deaths followed by neonatal, cardiovascular and lower respiratory conditions, diarrhoeal diseases and malaria. There is a need for evidence that can inform the development of relevant policies and interventions to significantly reduce the prevalence of diseases to improve the health and wellbeing of Malawians. Whilst there is need for evidence generation, health research funding is still inadequate.

1.1. Background

Recognising the potential of health research in improving health and addressing health inequalities, in 1990 the Commission for Health Research and Development (COHRED) developed the concept of National Health Research System (NHRS), which describes the health research and health research capacity on which developing countries should concentrate. The NHRS highlights the need for developing countries to conduct research on country specific health problems in order to inform policies and programmes. The 67th World Health Assembly held in Geneva in Switzerland in July 2014 emphasised the need for continued support for research and development in order to achieve equitable and sustainable development, particularly that services are accessible for populations in most need. This report further highlights the need for international and multi-sectoral collaboration and developing and implementing policies, incentives and sustainable financing mechanisms that fully support research and development of interventions for diseases and conditions that mostly affect LMICs and/or marginalized populations.

As a response to the global initiatives such as COHRED/NHRS, Malawi developed the National Health Research Agenda (NHRA) for the period 2012 to 2016. This NHRA was formulated to ensure that research activities are focussed on addressing the important diseases and conditions in the Essential Health Package (EHP). The NHRA aids in guiding priority research areas in health and related research to inform the development of interventions and policies for effective implementation of the HSSP II.

While studies that are currently being conducted are supposed to inform policy and programming, some studies are still being implemented in Malawi but not in alignment with the NHRA nor the HSSP II; hence, not addressing the priority health needs among Malawians. The general absence of legal and policy frameworks to regulate the conduct of health research in Malawi significantly contributes to the status quo. This Policy will guide researchers and ensure that their research is in line with the NHRA as well as the HSSP II.

The Directorate of Research (DoR) in the Ministry of Health and Population (MoH&P) has the overall responsibility of coordinating research within the health sector including among the different departments and units in the MoH&P. One challenge being experienced is the limited coordination of research on health and related areas being undertaken and that monitoring of such research is weak mainly due to the gross shortage of dedicated human resources for health research especially within the DoR in the MoH&P. This situation renders the current health research environment to exploitation and abuse by some unscrupulous researchers. To overcome this weakness, the NCST has produced a number of policy guidelines to strengthen the coordination and regulation of research in line with the International Scientific and Ethical Standards and Guidance documents, such as Helsinki Declaration, Council for International Organizations of Medical Sciences (CIOMS) and the Nuremberg Code. The National Health Sciences Research Committee (NHSRC), the College of Medicine Research and Ethics Committee (COMREC), and the National Committee for Research in the Social Science and Humanities (NCRSH) have the legal mandate derived from the Science and Technology Act (2003) to enforce adherence to these standards.

¹National Statistical Office and ICF Macro. (2017). Malawi demographic and health survey 2015/2016. Zomba: National Statistical Office & Calverton: ICF Macro.

²WHO. (2018).

³Ministry of Health. (2017). Health sector strategic plan II 2017-2022. Lilongwe: Ministry of Health.

⁴COHRED

⁵WHO. (2014) World Health Assembly. Geneva: WHO

The background of the image features several overlapping petri dishes containing bacterial cultures. The cultures are visible as various patterns of pink and red growth on a dark agar surface, including streaks, colonies, and dense patches. The lighting is dramatic, highlighting the metallic rims of the dishes and the vibrant colors of the bacterial growth.

Rationale for the Development of the National Health Research Policy

2. Rationale for the Development of the National Health Research Policy

There is an urgent need to conduct high quality health research in Malawi in order to generate evidence required to effectively inform the development of health and related policies and interventions. The effective implementation of relevant evidence-informed policies and interventions will result in improved health systems performance and peoples' health and general well-being. Malawi has been recognised as one of the countries with high research output per GDP, according to Thomson Reuters Global Research Report: Africa 2010. The challenge, however, is that current health research efforts in Malawi are highly fragmented, underfunded and characterised by a lot of duplication. Over the years, there have been efforts promoted by the National Commission for Science and Technology (NCST), the MoH&P and institutions of higher learning advocating for multisectoral collaboration in research. However, many researchers in health and related fields continue working in isolation.

Most health related studies being conducted in Malawi do not contribute towards addressing national health priorities as defined in the HSSP II 2018-2022 as well as in the NHRA; hence, very little research findings tend to inform policy and programming. The current research environment is characterised by the haphazard implementation of health research mainly due to lack of a policy. This National Health Research Policy has been developed in order to provide guidance on the conduct and translation of health research in Malawi. In addition, this policy contributes towards the creation of a conducive environment for conducting and promoting health research.

Situation Analysis



3. Situation Analysis

This situation analysis covers the management of research especially health and related research and the challenges being experienced in the conduct and translation of health research in Malawi.

3.1 Governance of Health Research

3.1.1 National Commission for Science and Technology (NCST)

The NCST was established by the Science and Technology Act No.16 of 2003 and it has the overall governance and oversight role in matters of research, science and technology. The NCST mandate is to promote, support, co-ordinate and regulate the development and application of research, science and technology. Through the execution of its mandate, the NCST establishes, registers and accredits Research Ethics Committees (RECs), which are delegated powers by the Commission to approve and inspect all research involving human subjects and animals. The operations of the RECs are governed by their Standard Operating Procedures (SOPs) and Guidelines that are regulatorily approved by the Commission. Complementing the role of the RECs, the Pharmacy, Medicines and Poisons Board (PMPB) also reviews clinical trials of drugs, vaccine products and other applicable interventions after ethical approval from a REC. This is a second level review that is only conducted for clinical trials. The NCST keeps a register of all the NCST registered and accredited RECs, researchers, research institutions and the studies that have been conducted. The challenge, however, is that these are not updated on a regular basis.

The MoH&P and other Government of Malawi (GoM) ministries and departments, academic and research institutions and both national and international NGOs are conducting health and related research in Malawi. These research efforts are being supported by the GoM, various UN agencies and other funding agencies. All the health research being conducted in Malawi are supposed to be approved by an appropriate REC. After approval to conduct the studies, the research coordinating committees in various institutions provide oversight monitoring and evaluation on how the research is being conducted at the facility.

3.1.2 Directorate of Research - MoH&P

The DoR is the custodian for this National Health Research Policy and is mandated to coordinate and promote the conduct of health research in Malawi. In this regard, the Directorate established three sections which are Research Science, Human Subject Protection, and Knowledge Management, which also houses ICT/Monitoring and Evaluation. The Director for Research oversees all the sections, each of which is headed by Deputy Directors. The Research Science is mandated to coordinate and participate in inception, implementation and dissemination of all health research being done by the MoH&P. Human Subject Protection coordinates the review of study protocols to ensure that studies are ethically and scientifically sound. The section also ensures that studies are inspected and monitored to protect the participants. The Knowledge Management section ensures that there is development of evidence-informed policies.

3.2 Challenges In The Implementation Of Health Research

One of the main challenges in health research is limited funding available for supporting the research generation and translation. For example, the Ministry's National Health Accounts in 2007 showed that the spending on research was less than 0.01% of the GDP. The recent National Health Accounts 2015 report has no indicator on funding for research in Malawi. Recognising that funding for health research in Malawi is limited, the NCST implemented a 5-year Health Research Capacity Strengthening Initiative (HRC SI) over the period of 2010-2015 funded by DFID and the Wellcome Trust. Researchers and institutions had an opportunity to access funding to undertake health research. The HRC SI further trained Malawians at Masters as well as at PhD levels

This programme helped to build research capacity in health and related areas. There has also been limited multidisciplinary research and this is due to poor collaboration amongst different research institutions in Malawi. The HRC SI further contributed to addressing this problem by actively encouraging various institutions and researchers to work collaboratively and submit multi-disciplinary research proposals for funding.

Another challenge facing health research is limited dissemination of research results. While NCST, the College of Medicine (CoM) and other stakeholders organize research dissemination conferences, there are no or limited mechanisms on how to systematically synthesize and repackage research findings so that they are translated into policy and practice. There have been efforts by the DoR in the MoH&P in collaboration with partners to set up a Knowledge Translation Platform (KTP). The purpose of the KTP is to facilitate research translation to ensure that policies and interventions formulated are "evidence-informed. In addition to this, some work has also been done by the MoH with support from the African Institute for Development Policy (AFIDEP) and CoM to build individual and institutional capacity of Malawi Parliament and MoH&P in use of research evidence in health policy. The Ministry also developed the National Guidelines on Evidence-Informed Policy Making, which were adopted by Senior Management Team and launched. However, although middle level managers were trained on how to use these guidelines, there has been low utilization of the guidelines during development of policy documents within the health sector.

Another challenge is the weak research capacity including in ability to develop competitive research proposals and design and implement quality research. It has been observed that for the MoH&P, there is limited capacity especially in district and central hospitals to develop research proposals and implement research once such proposals are funded. The MoH&P's Directorate of Research has periodically conducted workshops on Research Proposal Development for District Health Management Teams and Disease Control Programme Managers. However, this has been at a very small scale depending on availability of financial resources within the MoH&P. Such efforts, however, need to be strengthened.

Another challenge is limited career opportunities in health research within the MoH&P. In addition, for those who are well qualified, it is difficult for Malawi to retain them resulting in brain drain. This has resulted in low motivation among health workers to pursue a career in research due to lack of incentives and career progression. Lastly, while Malawi has legislation on intellectual property (IP) rights, there is generally weak enforcement at country level and low awareness among researchers and other staff in research institutions.



**Guiding Principles for
the National Health
Research Policy**

4. Guiding Principles for the National Health Research Policy

The following principles shall guide the implementation of the NHRP:

- Alignment with national health priorities: All health research conducted in Malawi shall be aligned with national health research priorities as detailed in the MGDS III, HSSP II, NHRA and other national policies and strategies.
- Ethical and scientific soundness: Health and related research shall adhere to the national ethics guidelines as developed and approved by the NCST, which are in line with international standards. The research shall also be of high scientific quality.
- Collaboration and coordination: This policy shall promote collaborative research conducted by researchers from different disciplines, from various sectors as well as by both local and external collaborators. The policy will also ensure that there is proper coordination among researchers in health and other sectors in order to avoid fragmentation and reduce duplication of research efforts.
- Translation to policy and programming: The results of health and related research shall be widely disseminated and efforts shall be made to ensure that these results inform policy and programming.
- Equity: The policy advocates commitment to addressing the problems of the vulnerable population groups and ensures that the benefits accruing from research are accessible to them irrespective of age, sex, residence, disability and religion.
- Decentralisation: Districts and lower level facilities shall be encouraged to conduct research to inform programming.

Broad Policy Directions



5. Broad Policy Directions

The overall goal of the National Health Research Policy is to ensure that there is coordinated conduct and translation of health research in Malawi. It is expected that this coordination will facilitate the development of evidence-informed policies, programmes and interventions in health.

5.1.1. Policy Outcomes by 2030

1. Increased proportion of health research conducted in alignment with the National Health Research Agenda to 100%.
2. Improved functionality of the research ethics committees to promote ethical and scientific health research and protection of human subjects.
3. Improved advocacy about health research rights according to national and international standards.
4. Strengthened capacity building in health research through improved curricula and trainings for upcoming researchers.
5. Improved collaborations with national and international partners in promoting health research.
6. Increased number of functional research infrastructure within the health system.
7. Improved utilization of research data into evidence-informed policy, programmes and interventions.
8. Increased funding for health research conducted in alignment with the national priorities.

5.2. Objectives of the National Health Research Policy

1. Promote the conduct of health research that is in line with the national health research agenda and health related SDGs.
2. Promote and support the adherence to the highest ethical and regulatory standards in the conduct of health research in Malawi.
3. Strengthen the generation and mobilisation of financial resources for health research and health research capacity strengthening.
4. Strengthen individual and institutional capacity for conducting health research and utilising the research results for policy and programming.
5. Strengthen inter-sectoral coordination and collaboration in health research, ensuring that the public, private and the academia are actively involved.
6. Promote the use of evidence to inform policy and programming by establishing appropriate mechanisms for dissemination of research results and systematic review of research evidence.

CONSULTATION ROOM

Policy Areas

6. Policy Areas

This policy addresses four key policy areas, namely: (i) Research leadership and governance, (ii) capacity building, (iii) knowledge generation, translation and utilisation, and (iv) financing of health research activities. These policy areas were identified by employing the national health research system approach.

6.1 Research Leadership and Governance

Introduction

Health research system is a complex set-up and contains multiple interests and goals. The setting up and implementation of such goals requires robust leadership and governance mechanisms at all levels of the health research system. Thus, leadership and governance in the context of national health research policy ensure that strategic policy framework exists and is combined with effective oversight, coalition-building, regulation, attention to system design and accountability. However, in the pursuit of the cause of national health research, there are a number of challenges in leadership and governance. For example, there is lack of a dedicated policy framework for health research, limited multi-disciplinary research, and inadequate capacity to conduct and provide oversight for health research.

Policy Statements

- a. Government shall ensure that there are effective leadership, governance and accountability structures at all levels of the health care system to guide the conduct of health research.

Strategies

- i. Strengthen health research governance structures at national and subnational levels.
 - ii. Periodically update the NHRA which outlines the national health research priorities to ensure that all approved research studies are aligned with the priorities.
 - iii. Ensure that all health research activities are coordinated by the Directorate of Research and that the Directorate is involved from inception to publication of health research conducted within the Health Sector.
 - iv. Strengthen regulation of conduct of health research in order to protect the dignity, safety and wellbeing of study participants.
 - v. Promote capacity for regulation and co-ordination of health research at all levels.
 - vi. Strengthen accountability and transparency mechanisms in health research.
- b. Government shall ensure that the conduct of health research is well coordinated, ethically sound and of high quality.

Strategies

- i. Strengthen and promote accountability mechanisms for the operations of all the registered and accredited RECs.
- ii. Establish mechanisms and frameworks for conflict of interest's management in health research.
- iii. Promote public awareness on the rights of research participants and provide protection in line with relevant international and national biomedical ethics guiding principles.
- iv. Ensure adequate compensation of health research participants.
- v. Promote awareness and adherence of ethical standards and guidelines on the conduct of health research.

- C. Government shall ensure meaningful partnership, collaboration and networking in health research.

Strategies

- i. Promote implementation and monitoring of meaningful memoranda of understanding (MOU)/agreements and contracts for collaborative research between and among institutions and on the exploitation of IP products originating from any collaborative/partnership research and stipulate jurisdiction and choice of law provisions.
- ii. Strengthen south-south and south-north health research collaboration.
- iii. Strengthen awareness of intellectual property (IP) rights and its relevance to health and implementation of the associated legislation and policy.

6.2 Capacity Building

The Directorate of Research is responsible for coordinating health research in the health sector. There are different academic and research institutions in Malawi that conduct research on health and related areas. The MoH&P, academic and research institutions in Malawi also collaborate with other institutions from outside Malawi. While many studies are conducted in Malawi, there are some capacity development issues that need to be urgently addressed including the prevailing weak culture of research; inadequate requisite research skills base; limited research infrastructure and the general lack of defined career opportunities/career path for health researchers. It is, thus, fundamental to harness efforts for capacity building for health research and development in Malawi in order to improve individuals' and institutions' capacity to conduct research and also promote the demand for research.

Policy statement

- a) The Government shall ensure that there is sustainable research capacity to conduct, synthesize and translate health research in line with the national health research agenda.

Strategies

At National Level

- i. Assess the individual and institutional capacity to conduct health research in Malawi and develop capacity development plans.
- ii. Promote health research capacity building through training in public, private, research and academic institutions at masters and PhD levels as well as continuous professional development.
- iii. Promote and support delivery of curricula that incorporate health research education and training in higher education institutions in Malawi.
- iv. Strengthen public and private partnerships, networks and collaborations that aim at promoting health research education and training at both national and international level.
- v. Reinforce incorporation of capacity building elements for local researchers working in government and or research institutions as a prerequisite to get IRB approval for international individuals and institutions that apply to conduct health or related research in Malawi.
- vi. At Institutional Levels
- vii. Ensure the creation and implementation of institutional capacity strengthening grants for the research infrastructure including laboratory equipment, office space, etc.

- viii. Promote the existence of laboratory and other infrastructure at health facility level to accommodate research delivery services so as to effectively complement health care delivery.
- ix. Strengthen research ventures under clear MOUs/ Agreements that aim at fostering the establishment of critical research infrastructure between the parties.
- x. Strengthen the adherence of collaborative research with international partners to ensure capacity building component and elements for local personnel and affiliating institutions during implementation of health research in Malawi.
- xi. Support introduction of pre-service training programs in universities in research synthesis and translation, including training courses in systematic reviews, rapid evidence reviews, and research communication.
- xii. At Individual Level.
- xiii. Strengthen the establishment of formal research co-ordination offices within the organisational structure at central and district hospital level.
- xiv. Promote the creation and maintenance of conducive working environment in health research to inspire individuals to participate in health research.
- xv. Institutionalise programmes that stimulate research interests among upcoming researchers in health research.

6.3 Knowledge Management

The Directorate of Research is responsible for overall coordination of the research in the MoH&P. However, its coordination function is not well developed and this explains why in some cases other Departments within the Ministry conduct health research without actively involving the Directorate of Research. There is also a high level of duplication of research activities and some priority research areas, identified in the NHRA, are not well covered. Health research is also conducted and managed by a wide range of institutions, both nationally and internationally, with very limited coordination with the MoH&P. In addition, some researchers do not adhere to the research priorities set in the NHRA whose aim is to promote the conduct of research on priority diseases and conditions. There is a great need, therefore, to strengthen the coordination role of the Directorate of Research in order to address these prevailing challenges and ensure that all research conducted is in line with the NHRA.

The MoH&P through the research directorate established a Knowledge Translation Platform Malawi (KTPM), an evidence informed policy making body, with the main aim of generating, translating, disseminating and utilizing health research findings and routinely collected data for decision-making. In addition, MoH&P in collaboration with different partners developed the Guidelines for Evidence-Informed Decision-Making (EIDM) to facilitate utilisation of evidence in decision-making. Furthermore, some platforms have also been developed by other stakeholders to compliment government efforts such as the evident Network, the Health Economics and Policy Unit (HEPU), etc. To support evidence use in decision-making, there is the need to clarify the issues of research data ownership with regards to data availability. While there are research findings dissemination fora organised by the NCST and academic institutions, the MoH&P does not yet have an established institutional mechanism for dissemination of research results.

There is need to strengthen and sustain the established KTP to strengthen mechanisms for dissemination of results; and to promote systematic review of the research being to inform specific policy and program decisions

Policy statement

The MoH&P in conjunction with other stakeholders including the NCST and academic institutions shall establish mechanisms for knowledge generation, dissemination, translation and utilization of research findings.

Strategies

Knowledge Generation

- i. Promote the analysis of routinely collected data through DHIS, other information systems, and surveys.
- ii. Ensure availability of disease and events surveillance data to support detection of outbreaks and implementation of International Health Regulations (IHR).
- iii. Strengthen government data ownership mechanisms for all data generated from health research conducted in Malawi.
- iv. Ensure the establishment and maintenance of bio-bank.
- v. Strengthen the conduct and coordination of pragmatic clinical trials and implementation science research.

Knowledge Translation

- i. Strengthen the Knowledge Translation Platform.
- ii. Institute evidence synthesis mechanisms within the health sector.

Knowledge Sharing

- i. Strengthen dissemination of Health Research including organizing National Health Research Dissemination Conferences and producing regular newsletters for research advocacy.
- ii. Promote deliberative forums such as monthly seminars, policy dialogues and cafes, journal clubs to facilitate sustained interaction between researchers and policymakers while disseminating data and research findings as well as to improve knowledge sharing and utilization.
- iii. Strengthen documentation and learning centres for knowledge sharing and exchange including developing health research registry and observatory for completed and ongoing research.

Knowledge Utilization

- i. Reinforce usage of evidence in the formulation of policies and interventions.
- ii. Promote the involvement of policy makers and programme implementors in the research process right from the beginning to ensure that the research is relevant to policy and programming.

6.4 Health Research Financing

Currently health research is severely underfunded. Consequently, the health research that is done in the country largely relies on external funding. For Malawi to implement its own health research agenda, it needs to commit to financing health research at national and institutional levels. Currently, although the NCST is a National Granting Council, there is no sufficient funding to support health research in the country. In addition, the funding given to run the Directorate of Research in the MoH&P is barely enough to cover the day-to-day running of the office. As a result, there is absolutely nothing allocated to the commission research needed for policy and programme decisions by the MoH&P. Public universities are not able to fund research because the approved budgets also barely cover other expenses such as salaries and other operational costs. Therefore, there is a need of exploring new funding models to mobilize financial resources for health research. These models need to be sustainable, long-term and targeted towards health problems of the poor as espoused in the EHP.

Policy Statements

- a) Government shall ensure that there is adequate funding to finance health research in Malawi.

Strategies:

- i. Promote establishment of health research fund such as National Health Research Fund for research that is in line with the NHRA.
- ii. Ensure adherence of funding models within MoH&P such as allocating 2% of the national health expenditure to health research in line with international recommendations, allocating at least 2% of the national budget to adequately fund the NCST as a Science Granting Council, and collection of protocol fees for human subject protection.
- iii. Strengthen the collaboration with DPPD and programmes to ensure the 5% of project and programme aid in the health sector is allocated to research capacity strengthening.
- iv. Develop income generating activities to support knowledge generation, synthesis and utilization of research.

- b) Government shall devise mechanism for monitoring its expenditure on health research (target 2% of programme budgets) and foreign aid expenditure on health research (target 5% of programme budgets)

Strategies:

- I. Strengthen financial accountability to track sources of funding for health research (public, private, foreign and local) by conducting periodic surveys such as through National Health Accounts and to track expenditure on health research annually.



**Implementation
Arrangements**

4. Implementation Arrangements

This policy will be implemented by a wide range of stakeholders including ministries, departments and agencies, the academia, research and development institutions, the private sector and development partners. The MoH&P through the Directorate of Research in conjunction with the NCST shall coordinate the implementation of this policy. The implementation plan, monitoring and evaluation framework will be developed in order to guide the implementation of this Policy.

Figure 1. Institution arrangement at national level

The following institutions that are direct research system actors will play a key role in the implementation of this Policy.

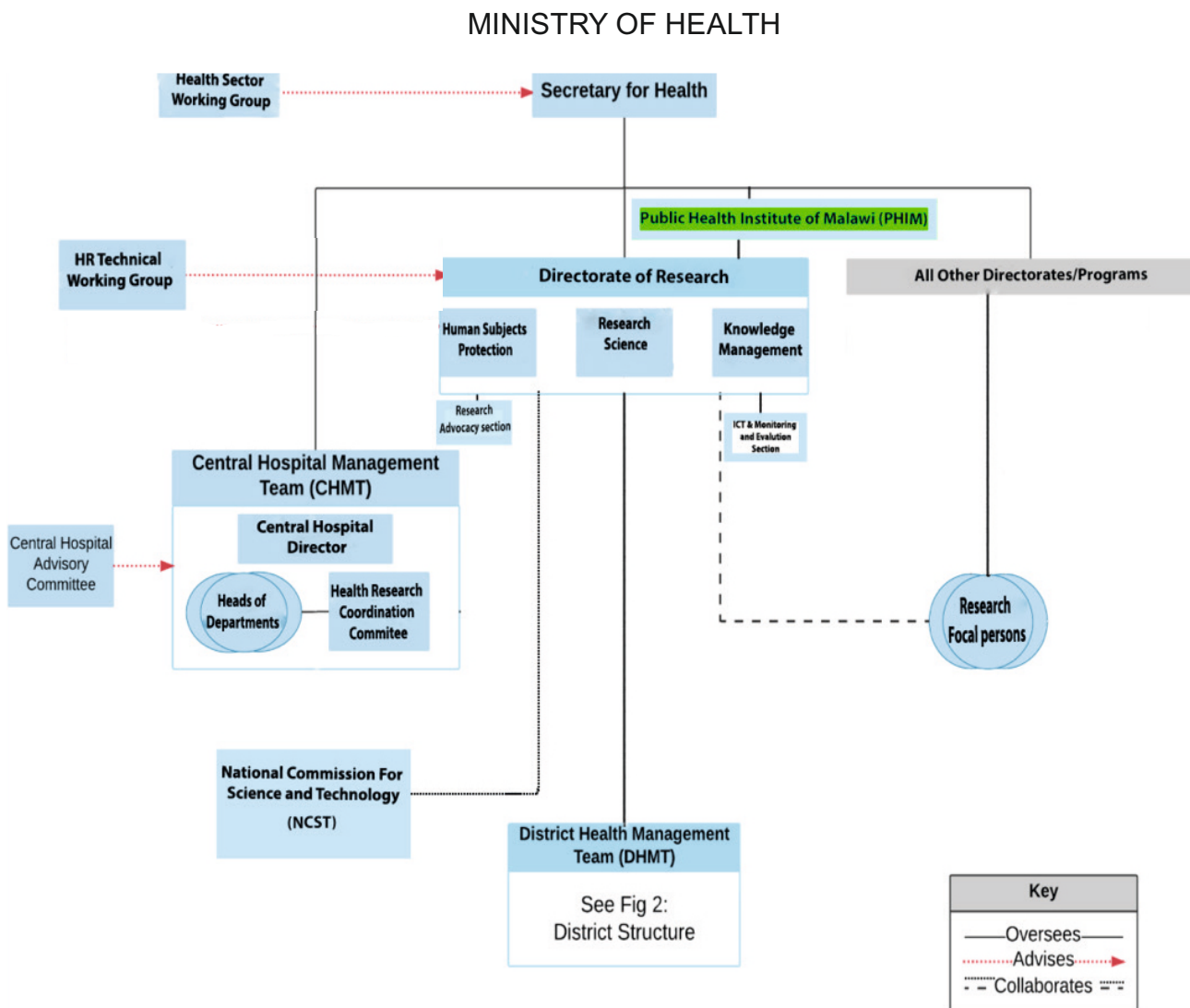
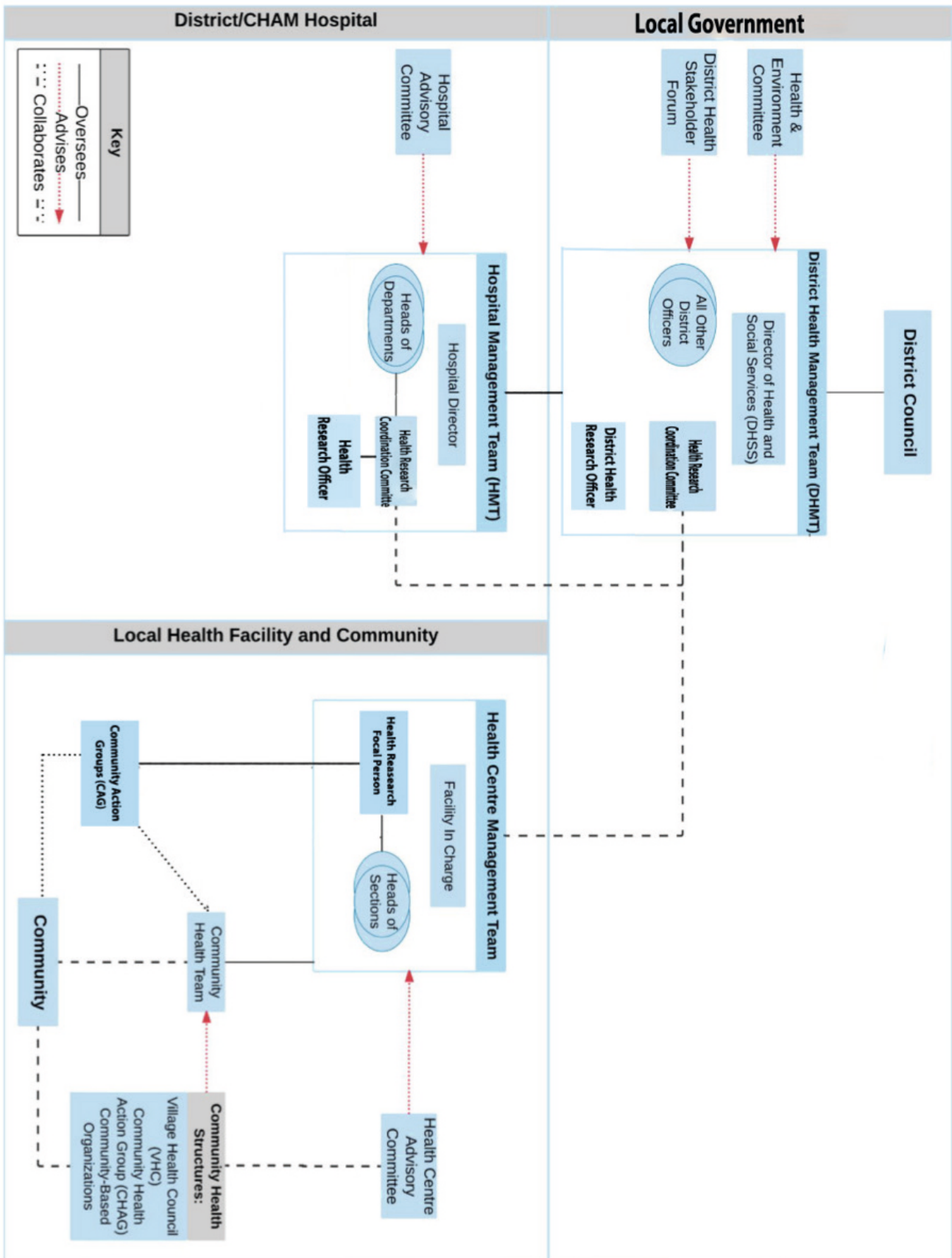


Figure 2. Institution arrangements at Local Government level.



(i) Parliamentary Committee on Health

The Parliamentary Committee on Health shall lobby for the allocation of resources to finance health research in Malawi.

(ii) Ministry of Health and Population

The National Health Research Policy will be implemented using established government structures at each level of the health system. There shall be designated Research Directorate structures at the National, District, and the local/community levels. The Health Sector Working Group shall be the highest level multi-sectoral steering committee responsible for providing oversight in the implementation of the Policy at national level. The Directorate of Research in the MoH&P shall oversee and provide day-to-day coordination and secretarial functions for smooth implementation of the Policy and shall report to the Secretary for Health and Population who co-chairs the Health Sector Working Group.

At the national level, the Health Research Technical Working Group (HR TWG) shall be the highest advisory mechanism for the Directorate of Health Research and shall comprise of all Directors in the MoH&P, Directors of Central Hospitals, Director General of NCST, Commissioner for Statistics, Registrar of Pharmacy Medicine and Poisons Board, Secretary for Justice, Director of Health and Social Services for Lilongwe DHO, Director of National AIDS Commission (NAC), Principals/Representatives of academic institutions Directors/Representatives of research institutions, the representatives of the community, civil society and the private sector and others which may be deemed fit from time to time.

The Director of the Directorate of Research shall chair the TWG and the Directorate of Research shall be the Secretariat to the TWG.

The Directorate of Research

The Director of Research shall oversee three divisions, each headed by a Deputy Director: Human Subject Protection, Knowledge Management, and Research Science. The ICT & Monitoring and Evaluation section will be headed by a Chief Research Officer: ICT/M&E who will be supervised by Deputy Director for Knowledge Management.

Human Subject Protection Division will be the Secretariat for the NHSRC and will be responsible for ensuring that health research conducted in Malawi is of good quality and ethically sound. In coordination with NCST, this division will audit the operations of all the registered and accredited RECs, establish mechanisms and frameworks for conflict of interests' management in health research, promote public awareness on the rights of research participants and provide protection in line with relevant international and national biomedical ethics guiding principles and sensitize the public and stakeholders on ethical standards and guidelines on the conduct of health research.

The Knowledge Management Division will be responsible for the development, review, and adherence of MoH&P sector Knowledge management strategy. The strategy will facilitate the generation, storage, sharing, translation, and utilization of knowledge within the health sector. Furthermore, this division will be responsible for increasing uptake of evidence in decision-making with the entire health sectors and will also support the evaluation of various MoH&P initiatives as well as surveillance systems by closely monitoring the performance data. The division will be responsible for ensuring that health research is being conducted in line with the national priorities.

Research Science Division will be responsible for overall coordination of health research within the health sector. This division will strive to strengthen local and international public and private partnerships, networks alongside south-south and south-north health research collaboration to strengthen research capacity in the health sector. In addition, the division will take part in assessing the capacity of both institutions and individuals to conduct health research in Malawi, provide capacity development plans and identification of health research priorities/agenda. The division will also work hand-in-hand with NCST to provide research grants for undergraduate and postgraduate students and lead the involvement of the Department in health research within the ministry.

At national level, the Directorate of Research will have the ICT & Monitoring and Evaluation section that will be responsible for assessing the impact of Directorate of Research initiatives, serving as a consolidated source of information on progress on the Directorate's initiatives to allow stakeholders to learn about the efforts of the Ministry in relation to health research.

At national level, Research Advocacy Officer will be responsible for lobbying stakeholders, both government and private to conduct meaningful research and utilize research in decision making. The functions of this office are cross-cutting and shall be responsible to all the divisions of the Directorate.

All MoH&P departments and programmes will have a Health Research focal person to coordinate research activities within their technical domains to ensure alignment with this National Health Research Policy and National Health Research Agenda for the health sector in Malawi.

Central Hospitals

At Central Hospital level, there shall be a designated Institution Health Research Committee. The committee will oversee and coordinate research activities across the hospital and report to the Hospital Director. The committee will be headed by a full-time officer, Research Officer who will be responsible for coordinating Health Research activities at the hospital. Each hospital shall have a designated full-time librarian who will be responsible for the smooth running of institutional libraries and the documentation centers. Each hospital shall have a full time Knowledge Translation Officer who will ensure that the evidence is packaged in a format that can be easily utilized by the practitioners.

Local Government

District & CHAM Hospitals

At the district and CHAM Hospital level, there shall be a Health Research Coordinating Committee, which coordinates health research activities across the District. This committee shall be headed by a Research Coordinator who will be employed on a full-time basis. The coordinator and the committee shall provide technical support to the health centers. The Research Coordinator will report to the head of the hospital.

Local Health Facility and Community

At Health Centre level, there shall be a Health Research Focal Person who

coordinates health research activities at the health centre and in the community, and reports to the officer in charge of the facility. At community level, a Community Advisory Group (CAG) will be co-established by the District Health Research Coordination Committee and the Research Team in communities where research is being conducted. It will play an advisory role to the study team. (iii) National Commission for Science and Technology

As a national body that is responsible for the promotion, support, co-ordination and regulation of the development and application of research, science, technology and innovation in Malawi, NCST will play the critical role of developing and reviewing overall regulatory guidance in order to effectively promote, support, co-ordinate and regulate the development and application of health research in Malawi. In executing its role, the NCST will also be responsible for supporting the MoH&P in the mobilisation of resources to support health research capacity strengthening including the development and implementation of effective health research grant scheme. The Commission shall work closely with the MoH&P and other stakeholders in facilitating the development, implementation and review of the national health research priorities and national health research agenda.

(iv) Research Ethics Committees and the Drug Regulatory Authority

The NCST duly registered and designated research ethics committees shall be responsible for promoting the safety, rights and well-being of the health research participants through high quality ethical review and inspection of approved health research studies under the regulatory audit and oversight of NCST. Similarly, the Pharmacy, Medicines and Poisons Board shall complement the RECs in reviewing clinical trials.

(v) Academic and Research Institutions

Both public and private research and academic institutions will be responsible for ensuring that their research activities are conducted in line with the national health research policy and set regulatory requirements, procedures and guidelines that govern health research in Malawi. They will ensure that they conduct research that is of international standards, but of national relevance and priority. Thus, all research to be conducted shall be in line with the national health research policy. Research institutions and individual researchers shall take part in the dissemination of their research findings to inform programming and policy.

(vi) Development partners

Development partners that support the health sector shall have a cause to assist in financing the activities aimed at implementing this policy. They shall also ensure that any research that they undertake to inform health programmes is in line with the letter and spirit of this health research policy.

7.2 Implementation Plan

The Policy Priority Areas will be implemented in tandem with the Implementation Plan. The Implementation Plan (Annex 1), among others, shall highlight policy objectives, strategy, responsibility and time frame.



**Monitoring, Evaluation,
Accountability and
Learning**

8. Monitoring, Evaluation, Accountability and Learning

The Directorate of Research in the MoH&P in conjunction with the Ministry's Department of Planning and Policy Development shall, on regular basis, monitor progress of the implementation of the Policy by key stakeholders. The Directorate will also conduct periodic evaluations to measure the progress in the implementation of the policy. In this regard, a Monitoring, Evaluation, Accountability And Learning (MEAL) plan (Annex 2) shall be developed as part of this policy. The MoH&P in co-operation with NCST will ensure that the Policy evolves to address the changing needs in a dynamic world. However, the policy will be subjected to review after every ten (10) years.

Annexes

Annex 1: Implementation Plan

Policy Area 1: Research Governance and Leadership			
Policy Statement: <i>Government shall ensure that there are effective leadership, governance and accountability structures at all levels of the health care system to guide the conduct of health research.</i>			
Objective	Strategy	Responsibility/Stakeholders	Time-frame
To ensure that there are regulated and effective structures to guide the conduct of health research	Strengthen governance structures of Health Research at national and subnational levels.	Directorate of Research, NCST, MoH&P, Research institutions	2019-2030
	Periodically update the NHRA which will outline the national health research priorities to ensure that all approved research studies are aligned with the priorities.	Directorate of Research, NCST, MoH&P, RECs, Research institutions	2019-2030
	Promote involvement of Directorate of Research in all Health Research conducted within the Health Sector.	Directorate of Research, NCST, MoH&P, RECs, Research institutions	2019-2030
	Strengthen regulation of conduct of Health Research in order to protect the dignity, safety and wellbeing of study participants.	Directorate of Research, NCST, MoH&P, Research institutions	2019-2030
	Strengthen capacity for regulation and co-ordination of health research at all levels.	Directorate of Research, NCST, MoH&P, Research institutions	2019-2030
	Strengthen accountability and transparency mechanisms in health research.	Directorate of Research, NCST, MoH&P, Research institutions	2019-2030
Policy Statement: <i>Government shall ensure that the conduct of health research is well coordinated, ethically sound and of high quality.</i>			
To ensure that there are adequate mechanisms for human subject protection in health research	Strengthen and promote accountability mechanisms for the operations of all the registered and accredited RECs.	NCST, RECs and their Secretariat, Directorate of research	2019-2030
	Establish mechanisms and frameworks for conflict of interest's management in health research.	NCST, RECs and their Secretariat, Directorate of research	2019-2030
	Promote public awareness on the rights of research participants and provide protection in line with relevant international and national biomedical ethics guiding principles.	NCST, RECs and their Secretariat, Directorate of research, research institutions	2019-2030
	Ensure adequate compensation of health research participants.	NCST, RECs and their Secretariat, Directorate of research	2019-2030

	Promote awareness and adherence of ethical standards and guidelines on the conduct of health research.	NCST, RECs and their Secretariat, Directorate of research, research institutions	2019-2030
Policy Statement: <i>Government shall ensure meaningful partnership, collaboration and networking in health research</i>			
To ensure development and implementation of MOUs with various stakeholders in health research	Promote implementation and monitoring of meaningful memoranda of understanding/ agreements and contracts for collaborative research between and among institutions and on the exploitation of IP products originating from any collaborative/partnership research and stipulate jurisdiction and choice of law provisions.	Directorate of Research, NCST, MoH&P, Research institutions	2019-2030
	Strengthen south-south and south-north health research collaboration.	Directorate of Research, NCST, MoH&P, Research institutions	2019-2030
	Strengthen awareness of IP and its relevance to Health and implementation of the legislation and policy on IP rights.	Directorate of Research, NCST, MoH&P, Research institutions	2019-2030
Policy Area 2: Capacity building			
Policy Statement: <i>The Government of Malawi shall ensure that there is sustainable research capacity and knowledge to conduct health research in line with the national health research agenda.</i>			
To provide training in health and related research	institutional capacity to conduct health research in Malawi and develop capacity development plans.	Directorate of Research, NCST, MoH&P, Research and academic institutions	2019-2030
	Promote health research capacity building through training in public, private, research and academic institutions at masters and PhD level as well as continuous professional development.	Directorate of Research, NCST, MoH&P, Research and academic institutions	2019-2030
	Promote and support delivery of curriculum that incorporates health research education and training in higher education institutions in Malawi.	Directorate of Research, NCST, Research institutions, MoH&P	2019-2030
	Strengthen public and private partnerships, networks and collaborations that aim at promoting health research education and training at both national and international level.	Directorate of Research, NCST, ,MoH&P Research and academic institutions	2019-2030

	Reinforce incorporation of capacity building elements for local researchers working in government and or research institutions as a prerequisite to get IRB approval for international individuals and institutions that apply to conduct health/related research in Malawi.	Directorate of Research, NCST, MoH&P, Research and academic institutions	2019-2030
To provide requisite health research infrastructure at institutional levels	Ensure the Creation and implementation of institutional capacity strengthening grants for the research infrastructure including laboratory equipment office space and equipment etc.	Directorate of Research, NCST, MoH&P, Research institutions	2019-2030
	Promote the existence of laboratory and other infrastructure at health facility level to accommodate research delivery services so as to effectively complement health care delivery.	Directorate of Research, NCST, MoH&P, Research and academic institutions	2019-2030
	Strengthen research ventures under clear MOUs/Agreements that aim at fostering the establishment of critical research infrastructure between the parties.	Directorate of Research, PHIM, NCST, MoH&P, Research and academic institutions	2019-2030
	Strengthen the adherence of collaborative research with international partners to ensure capacity building component and elements for local personnel and affiliating institutions during implementation of health research in Malawi.	Directorate of Research, PHIM, NCST, MoH&P, Research and academic institutions	2019-2030
To define career opportunities and progression in health research	Strengthen the establishment of formal research co-ordination offices within the organisational structure at central and district hospital level.	Directorate of Research, NCST, MoH&P, Research and academic institutions	2019-2030
	Promote the creation and maintenance of conducive working environment in health research to inspire individuals to participate in health research Institutionalise programmes that stimulate research interests among upcoming researchers in health research	Directorate of Research, NCST, MoH&P, Research institution, academic institutions	2019-2030

Policy Area 3: Knowledge generation, translation and utilisation			
Policy Statement: <i>The MoH&P in conjunction with other stakeholders including the NCST and academic institutions shall establish mechanisms for knowledge generation, dissemination, translation and utilization of research findings.</i>			
Objective	Knowledge Generation Strategy	Responsibility/Stakeholders	Time-frame
To establish mechanisms for knowledge generation and to strengthen the coordination of health research	Promote analysis of routinely collected data through DHIS, other information systems, and surveys.	Directorate of Research, NCST, RECs, Research institutions	2019-2030
	Ensure availability of disease and events surveillance data to support detection of outbreaks and implementation of International Health Regulations (IHR).	Directorate of Research, NCST, RECs, Research institutions	2019-2030
	Strengthen government data ownership mechanisms for all data generated from health research conducted in Malawi.	Directorate of Research, NCST, RECs, Research institutions	2019-2030
	Ensure the establishment and maintenance of bio-bank.	Directorate of Research, PHIM	2019- 2030
	Strengthen the conduct and coordination of pragmatic clinical trials and implementation science research.	Directorate of Research, PHIM, Research institutions	2019-2030
To establish mechanisms for knowledge translation in research	Strengthen the Knowledge Translation Platform	Directorate of Research, Research institutions	
	Institute evidence synthesis mechanisms within the health sector.	Directorate of Research, MoH&P, Research institutions	
To establish mechanisms for knowledge sharing in research	Strengthen dissemination of Health Research including organizing National Health Research Dissemination Conferences and producing regular newsletters for research advocacy.	Directorate of Research, PHIM, MoH&P, Research and academic institutions	2019-2030
	Promote deliberative forums such as monthly seminars, policy dialogues and cafes, journal clubs to facilitate the interaction between researchers and policy makers while disseminating data and research findings as well as to improve knowledge sharing and utilization.	Directorate of Research, PHIM, MoH&P, Research and academic institutions	2019-2030

	Strengthen documentation and learning centres for knowledge sharing and exchange including developing health research registry and observatory for completed and ongoing research.	Directorate of Research, PHIM MoH&P, Research and academic institutions	2019-2030
To establish mechanisms for knowledge utilization in research	Reinforce usage of evidence in the formulation of policies and interventions.	Directorate of Research, PHIM, MoH&P, Research and academic institutions, TWGs	2019-2030
	Promote the involvement of policy makers and programme implementors in the research process right from the beginning to ensure that the research is relevant to policy and programming	Directorate of Research, PHIM, MoH&P, Research and academic institutions	2019-2030
Policy Area 4: Health financing			
Policy Statement: <i>Government shall ensure that there is adequate funding to finance health research in Malawi.</i>			
Objective	Strategies	Responsibility/Stakeholders	Time-frame
To ensure there are adequate funds to finance health research in Malawi	Promote establishment of health research funds such as National Health Research Fund for research that is in line with the NHRA.	Directorate of Research, PHIM, NCST, MoH&P, Development partners	2019-2030
	Ensure adherence of funding models within MoH&P such as allocating 2% of the national health expenditure to health research in line with international recommendations, allocating at least 2% of the national budget to adequately fund the NCST as a Science Granting Council and collection of protocols fees for human subject protection.	NCST, Directorate of Research	2019-2030
	Strengthen the collaboration with DPPD and programs to ensure the 5% the project and programme aid in the health sector is aligned to research capacity strengthening.	Ministry of Finance, Directorate of Research, DPPD, PHIM, MoH&P, NCST	2019-2030
	Develop income generating activities to support knowledge generation, synthesizing and utilization of research.	Ministry of Finance, Directorate of Research, DPPD, PHIM, MoH&P, NCST	2019-2030

Policy Statement: Government shall devise mechanism for monitoring government expenditure on health research (target 2% of programme budgets) and foreign aid expenditure on health research (target 5% of programme budgets).

To ensure adequate monitoring on expenditures for all research funds	Strengthen financial accountability to track sources of funding for health research (public, private, foreign and local) by conducting periodic surveys such as through National Health Accounts and to track expenditure on health research annually.	Directorate of Research, MoH&, NCST	2019-2030
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Annex 2: Monitoring and evaluation plan

POLICY PRIORITY AREA 1: RESEARCH GOVERNANCE AND LEADERSHIP						
Objective(s)	Output(s)	Performance Indicator(s)	Baseline	Target	Source(s) of Verification	Assumptions/Risks
To ensure that health research is conducted according to national priorities and that there are adequate measures and guidelines in managing all research	Governance structures of health research strengthened	Number of TWG meetings conducted	0	40	DoR annual report	Availability of resources, Sustainability of good institutional governance
		Number of functional REC established	4	-	NCST reports	Availability of adequate resources
		Number of Research Coordination Committee meetings conducted	-	3960	Institutional reports, DoR reports	Availability of resources, Sustainability of good institutional governance
	NHRA periodically updated	Number of studies conducted in line with NHRA	-	100%	NCST reports, DoR reports	Reinforcement of functional review, Availability of adequate resources
		Number of NHRA produced	0	3	MoH&P and NCST report	Sustainability of good institutional governance
	Director of Research involvement in research is strengthened	% of research studies conducted with DoR involvement	0%	100%	NCST reports, DoR reports	Reinforcement of functional review, Sustainability of good institutional governance
	Accountability mechanisms for the operations of all the registered and accredited RECs are strengthened	Proportion of RECs audited	0%	100%	DoR reports, NCST reports	Sustainability of good institutional governance
		Proportion of audits done				
	Public awareness on the rights of research participants and provide protection in line with relevant international and national biomedical ethics guiding principles is promoted.	Number of awareness campaigns done	-	40	DoR reports, NCST reports	Reinforcement of functional review, Availability of adequate resources

POLICY PRIORITY AREA 2: CAPACITY BUILDING						
Objective(s)	Output(s)	Performance Indicator(s)	Baseline	Target	Source(s) of Verification	Assumptions/Risks
To ensure that there are adequate measures for strengthening research capacity building within public, private, research and academic institutions	Health research capacity building through training in public, private, research and academic institutions at masters and PhD level as well as continuous professional development is promoted	Number of staff trained in health research and ethics	-	300	MoH&P, PHIM reports, Institutional reports, NCST reports	Availability of adequate resources, Reinforcement of functional reviews
	Delivery of curriculum that incorporates health research education and training in higher education institutions in Malawi is promoted	Proportion of Institutions of higher learning whose curricular incorporates health research is enhanced	-	100%	Institutional reports, NCST reports, DoR reports	Reinforcement of functional reviews
	Public and private partnerships, networks and collaborations that aim at promoting health research education and training at both national and international level	Number of partnerships that aim at promoting health research education and training established	-	-	Institutional reports, NCST reports, DoR reports	Sustainability of good institutional governance, Reinforcement of functional reviews
	Programs that stimulate research interests among upcoming researchers in health research are institutionalized	Number of programs established	-	10	Institutional reports, NCST reports, DoR reports	Sustainability of good institutional governance, availability of adequate funding

To ensure that there is essential health research infrastructure at institutional levels and measurable research leadership career and progression	The existence of laboratory and other infrastructure at health facility level to accommodate research delivery services so as to effectively complement health care delivery is promoted.	proportion of health research infrastructure installed	-	60%	Institutional reports, DoR reports	Availability of adequate resources, Sustainability of good institutional governance
	Formal research co-ordination offices within the organisational structure at central and district hospital level is strengthened are strengthened.					
POLICY PRIORITY AREA 3: KNOWLEDGE GENERATION, TRANSLATION AND UTILIZATION						
Objective(s)	Output(s)	Performance indicator(s)	Baseline	Target	Source(s)	Assumptions/Risks
To achieve the development of evidence-based policies in health through intensification of knowledge generation, translation and utilization of research study results	Analysis of routinely collected data through DHIS, other information systems, and surveys is promoted	Availability of functional database	0	1	Health sector annual report, PHIM annual report, DoR report	Sustainability of relevant institutional governance
		Number of data analysis reports	0	40		
	Disease and events surveillance data to support detection of outbreaks and implementation of International Health Regulations (IHR) is made available	Number of functional electronic surveillance systems	0	1	PHIM annual report, DoR report	Sustainability of relevant institutional governance
	Government data ownership mechanisms for all data generated from health research conducted in Malawi.	Proportion of investigators submitting data to DoR	-	100%	DoR reports, NCST reports	Sustainability of relevant institutional governance
	Biobank is established.	Biobank available	0	1	DoR reports, NCST reports	Availability of adequate funds, Sustainability of relevant institutional governance

Coordination of pragmatic clinical trials and implementation science research	Clinical trial registry	0	1	DoR reports, NCST reports	Availability of adequate funds, Sustainability of relevant institutional governance
	Proportion of clinical trials registered with DoR	0	100%	DoR reports, NCST reports	
	Proportion of Implementation Research registered with DoR	0	100%	DoR reports, NCST reports	
Knowledge Translation Platform Malawi is strengthened	Number of Steering Committee Meetings	0	40	DoR reports, PHIM	Availability of adequate funds, Sustainability of relevant institutional governance
	Number of Policy briefs developed	0	-		
	Number of Policy Dialogues held	0	40		
Evidence synthesis mechanisms within the health sector is Instituted	Evidence synthesis unit	0	1	DoR reports, PHIM, NCST reports	
Dissemination of Health Research strengthened	Number of national disseminations	1	10	DoR reports	Availability of adequate resources
	Number of Scientific meetings	1	120	DoR reports	
Deliberative forums are promoted	Number of journal club meetings	0	120	DoR reports	Availability of adequate resources
	Number of monthly seminars	0	120	DoR reports	
Documentation and learning centres are Strengthened	Proportion of functional Documentation Centres/ Libraries	-	100%	DoR reports, NCST reports	Sustainability of relevant institutional governance

	Usage of evidence in the formulation of policies and interventions is reinforced.	Proportion of MoH&P policies adhering to Evidence Based Decision Making Guidelines.	-	100%	DoR reports, NCST reports, PHIM	Sustainability of relevant institutional governance, Reinforcement of functional reviews
	Involvement of policy makers and programme implementors in the research process right from the beginning to ensure that the research is relevant to policy and programming is promoted.	Proportion of policy makers/ program implementers who are involved in the whole process of research	-	100%	DoR reports, NCST reports,	Sustainability of relevant institutional governance, Reinforcement of functional reviews

POLICY PRIORITY AREA 4: HEALTH RESEARCH FINANCING

Objective(s)	Output(s)	Performance indicator(s)	Baseline	Target	Source(s)	Assumptions/ Risks
To ensure that portals for research funding are accessed and that there are adequate funds to finance health research in Malawi	National health research fund established	National Health Research Fund	0	1	NHA reports, national budget, NCST and DoR reports	Sustainability of good institutional governance and reinforcement of functional reviews
	Health research funding models within MoH&P are adhered to	% national health expenditure allocated to health research	-	2%	NHA reports, national budget, NCST and DoR reports	Sustainability of good institutional governance and reinforcement of functional reviews
		% project and programme aid allocated to Health Research and Research Capacity Strengthening	-	5%		

		% of the national budget to fund the NCST research granting scheme	-	2%	NHA reports, national budget, NCST and DoR reports	Sustainability of good institutional governance and reinforcement of functional reviews
	Collaboration with DPPD and programs to ensure the 5% the project and programme aid in the health sector is aligned to research capacity is Strengthened	Number of income generating activities	-	-	DoR reports, NCST reports	Sustainability of good institutional governance and reinforcement of functional reviews
	Income generating activities to support knowledge generation, synthesizing and utilization of research are developed	Number of income generating activities	1	10	DoR reports, NCST reports	Sustainability of good institutional governance
	Financial accountability to track sources of funding for health research is strengthened	Reports on financial audits/tracking mechanisms	1	2	Audit reports	Sustainability of good institutional governance

The background of the page is a stylized graphic with a light beige upper section and a dark blue lower section. A red triangle is located in the top right corner. A diagonal line separates the beige and blue areas, with a thin purple band between them.

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