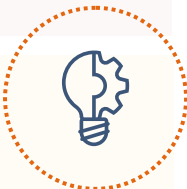




WHAT WAS THE PROGRAMME?

01

- The Evidence-Informed Decision-Making (EIDM) Training of Trainers (ToT) programme, developed by the LIGHT Consortium, aimed to enhance the technical capacity of mid-level policymakers and technical staff from Kenya, Malawi, Nigeria, and Uganda to integrate research evidence into public health decision-making. While the programme was centred on tuberculosis (TB) management, it extended to broader health system challenges.



WHAT DID WE DO?

02

We conducted a five-day in-person workshop, providing participants with a blend of theoretical and practical knowledge on EIDM. The ToT focused on equipping participants with the skills to access, appraise, interpret, synthesize, and apply research evidence in policymaking. Prior to the training, only 28.6% of participants had prior experience with EIDM. By the end, 63.6% reported increased confidence in their EIDM skills, moving from limited experience to good or expert levels.

Following the training, participants engaged in a structured nine-month mentorship programme designed to help them apply their new skills and sustain progress. Each country team was assigned a mentor who offered tailored support through regular virtual meetings. Mentors provided accountability and ongoing guidance, ensuring participants could effectively apply EIDM principles to their national health systems.



WHAT WERE THE OUTPUTS?



- Each country produced policy briefs, which were disseminated at various national, including Technical Working Groups (TWGs), ministry meetings, with some expected to be presented at international platforms such as the World Union Conference on Lung Health.
- The country teams employed various strategies in cascading the EIDM knowledge and skills in their institutions to infuse an evidence use culture at the institutional level. EIDM sensitization meetings was one of the strategies that aimed to build awareness among health officials and embed EIDM principles into national health systems.
- Following the training, participants engaged in a structured nine-month mentorship programme designed to help them apply their new skills and sustain progress. Each country team was assigned a mentor who offered tailored support through regular virtual meetings. Mentors provided accountability and ongoing guidance, ensuring participants could effectively apply EIDM principles to their national health systems.

03



WHAT IMPACT DID WE REALISE?

04



**Kenya:** The Research Uptake Taskforce was established within the NTP Monitoring and Evaluation Committee, formalising a system to integrate evidence-based practices into day-to-day operations. This taskforce is set to play a critical role in promoting research uptake and institutionalising EIDM principles.



**Uganda:** Through stakeholder engagement forum, the team advocated for policy recommendations that informed the programme activity and budget. The NTLP team plans to pilot based on the recommendations in a selected high burden region as per the 2024–2025 workplan and budget.



**Nigeria:** The National TB Operational Research Taskforce incorporated EIDM principles into their research strategy, influencing TB management efforts at a national level. This resulted in improved alignment of local evidence with policy and donor-funded interventions, especially regarding food provision for TB patients.



**Malawi:** The integration of the EIDM approach into the Ministry of Health’s quarterly meetings indicates significant progress in evidence-based health management.

CONTACTS

 [Leyla.abdullahi@afidep.org](mailto:Leyla.abdullahi@afidep.org)

SCAN TO VIEW

