

National research priority dialogue for priority setting for systematic reviews on sexual and reproductive health in Nigeria

Background

In Nigeria and other low- and middle-income countries (LMICs), significant global health disparities exist despite a growing amount of research evidence. This 'know-do' gap cuts across all aspects of health. Attempts have been made to increase knowledge uptake and ensure that health decisions/policies are evidence-based. Cochrane Nigeria has been involved with the preparation, update and dissemination of systematic reviews of effectiveness of health interventions since 2006. While several high-quality systematic reviews have been produced, their use in health policy and practice has been suboptimal. The success stories have largely been because of PUSH efforts. We hypothesized that demand-driven evidence syntheses in sexual and reproductive health (SRH) that are contextualized in Research Priority Dialogues (RPD), and supported by locally specific translation-into-action strategies, will improve both policies and service delivery in key areas of SRH.

Objective

to involve stakeholders in SRH in identifying priority questions and the needs for research evidence on SRH in Nigeria.

Methods

- we identified the national policy aims and documents on SRH, studied population data and identified inequities in SRH in Nigeria using the PROGRESS framework.
- we then conducted a National Stakeholder mapping/analysis and a desk review of the SRH situation in Nigeria.

Two outputs from the processes listed above, viz a Stakeholder Engagement Plan and an Evidence Brief on SRH in Nigeria. We shared the Evidence Brief with the stakeholders and invited them to a one-day RPD.

The National RPD was a combination of

- plenary sessions and
- World Café-type group discussions.

Before the RPD commenced, we distributed a questionnaire intended to take the 'temperature' of the stakeholders on research use and uptake. The stakeholders were also asked to rank the 10 inequities identified using the PROGRESS framework in order of importance. The stakeholders also repeated this activity at the end of the dialogue following the deliberations.

Results

Following the post-RPD ranking of inequities, we identified priority themes and questions for systematic reviews. We also found that there is paucity of current evidence on policy implementation and programme activities in adolescent SRH. Evidence for SRH service provision to internally-displaced populations is needed, given the widespread nature of ongoing internal conflicts in Nigeria.

Conclusions

The utilisation of research evidence in SRH in Nigeria is low, based on responses from the stakeholders. Efforts at use of evidence in policy decisions and programme implementation appears to happen at organization level, and evidence-based decision making in SRH is yet to be institutionalized.

Patient or healthcare consumer involvement: the stakeholders engaged were enthusiastic and expressed a desire that such participatory approaches to priority setting for health issues be sustained.

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