

# **The politics of research evidence uptake for health policy: a case study of male circumcision for HIV prevention in Malawi**

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# Research question



## **Aim**

- To understand how evidence influences health policy in Malawi.

## **Objectives**

- To map the policy environment and identify policy actors.
- To investigate how research evidence is understood and applied in the policy process.

# Case Study: Male Circumcision

- Using scientific evidence....

*(Global HIV Prevention Report Card 2010).*

- The scientific evidence for MC is exceptionally strong *(Auvert et al., 2005; Gray et al., 2006; Bailey et al. 2007).*
- Malawi has not instituted an MC program.
- How has MC played out in the policy arena?

# **Political Context: Malawi' cultural values and the political transition**

- Multi-ethnicity society- core values religion and ethnicity.
- 2004 political transition perceived by Christians as 'Islamizing' the country.
- The publication of MC evidence thus coincided with Christian-Muslim tension.

# Religion and Ethnicity



## **Percent distribution of MC and HIV prevalence by region, ethnicity and religion aged 12-50**

| <b>Background Characteristics</b> | <b>%<br/>religion</b> | <b>%<br/>circumcised</b> | <b>HIV<br/>Prevalence</b> |
|-----------------------------------|-----------------------|--------------------------|---------------------------|
| North/Tumbuka/Christians          | 96                    | 5                        | 8.1                       |
| Centre/Chewa/Christians           | 83                    | 12.2                     | 6.1                       |
| South/Yao/Muslims                 | 73                    | 33.1                     | 17.6                      |

*Source: 2004 Malawi Demographic and Health Survey*

# **Rationale for choice of case study and setting**

- MC highly politicized.
- Ongoing debates in the policy arena in Malawi provide an excellent opportunity to study the use of evidence during the policy making process.

# Donors' reaction to MC evidence

MALAWI'S PREMIER DAILY  
**The Daily Times**

Established in 1895

For News You Can Trust

URL: www.bntimes.com

Friday, February 19, 2010 K100

## Donors demand circumcision

BY MIKE CHIPALASA

**D**ONORS in the HIV and Aids sector want organisations dealing in the fight against the pandemic to push more on circumcision as a prerequisite to aid inflow, research findings of Aid for Aids project have revealed.

The Research For Equity and Community Health (Reach) Trust conducted research in Nkhosakota and Lilongwe between June and September last year where they discovered that donors were pushing for circumcision to make the fight more meaningful.

The findings were unveiled

yesterday in Lilongwe to further consult with key stakeholders to develop useful recommendations for policy change.

Participants to meeting included leaders from National Association of People Living with HIV/Aids (Naphaw), Malawi Health Equity Network (MHEIN) and the Malawi Interfaith Aids Association (MIAA), among other stakeholders.

However, Principal Secretary for HIV/Aids and Nutrition in the Office of the President and Cabinet (CPC) Mary Shawa dismissed the idea, saying circumcision had failed to work as a preventive measure in HIV and Aids in country.

Shawa argued Malawi was not a

circumcision practising society and it was difficult to implement the practice as it could contradict religious and cultural norms.

"Malawi is not a circumcised society; that cannot work. We have also discovered that HIV in Malawi is high in districts that practice circumcision," said Shawa, when asked to react to the observation by donors.

The Principal Secretary, who was guest of honour at the function, said circumcision in the country was only practised on religious and medical purposes where one cuts the foreskin following pains in the urinary track.

In her presentation of findings, Reach Trust Executive Director Ireen

Namakhoma confirmed donors were pressing for circumcision in HIV /Aids prevention strategies.

She, however, said the research showed donor coordination and government leadership in donor HIV funding to local communities was impressive across the country.

The country's HIV rate stands at 12 percent out of 13.1 million people, which means about 1 million people, are considered living with the virus.

The trend shows that Lakeshore districts of Mangochi, Nkhosakota, Salima and Zomba where circumcision is practised have a higher HIV prevalence rate mostly among the Muslim Yao communities during initiations.



SHAWA—Dismissed circumcision

The research findings also revealed that donors are pressing for more concentration on prevention of mother to child transmission and multiple concurrent partnerships.

The results also show that most stakeholders felt that HIV prevention should be more of a government priority than it has been in the past.

A similar study by Reach Trust was done in Kenya and Zambia to explore how community groups experience the new aid architecture for Aids.

The research also looked at how sovereignty and the politics of knowledge at local level are influenced by major global or international health funding relationships.

# **Chronology of Malawi's reaction to MC evidence**

- 2008 commissioned MC situational analysis acceptability & feasibility.
- 2006 MC acceptability & feasibility findings available
- MC issue is particularly striking in contrasts to GoM response to:
  - 2001 adopted nevirapine PMTCT
  - 2007 adopted Acyclovir STIs
- What drives GoM decisions and choices of evidence?

# Literature review

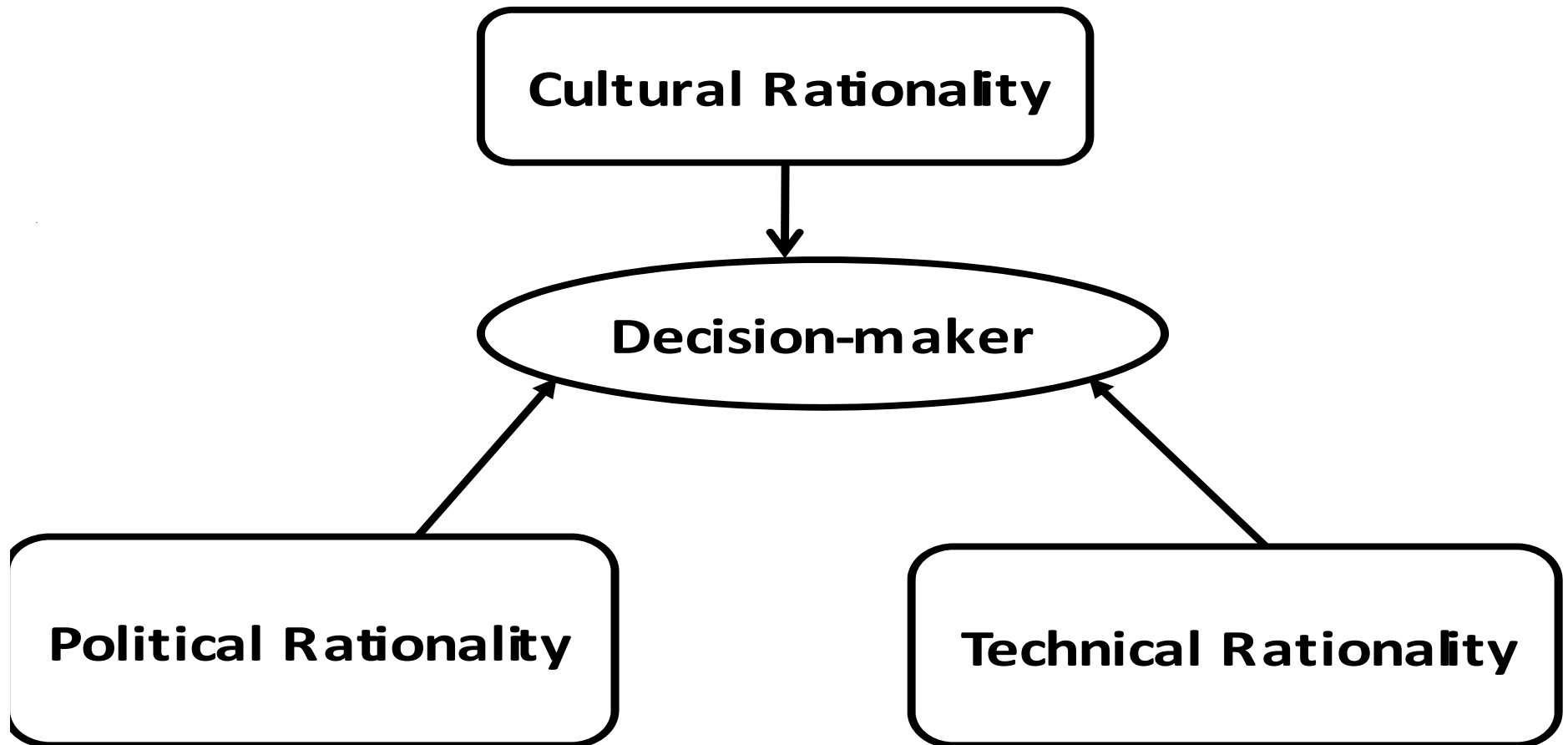


- Health policy as a set of competing *rationality*
  
  
  
  
  
  
  
  
  
  
- ‘.....*The notion of evidence has little meaning without an understanding of who is making the decision, for what purpose and how information is to be used... (Lin, 2003, p.13).*

## 3 types of rationalities

- *Rationalities*- differing logic-the way one understands or think (Lin 2003):
  - *Political* –ideas desired for reasons of management of power driven by constituency ideologies and values
  - *Cultural* –ideas desired to embrace the societies beliefs and values.
  - *Technical*-ideas desired to embrace the scientists ‘*positivist*’ views.

# Study's conceptual framework



**Health Policy as a set of competing rationalities**

# Project's design



- **Qualitative study**
- **Interviews with national health policy decision-makers on MC, acyclovir and nevirapine.**

# Methods



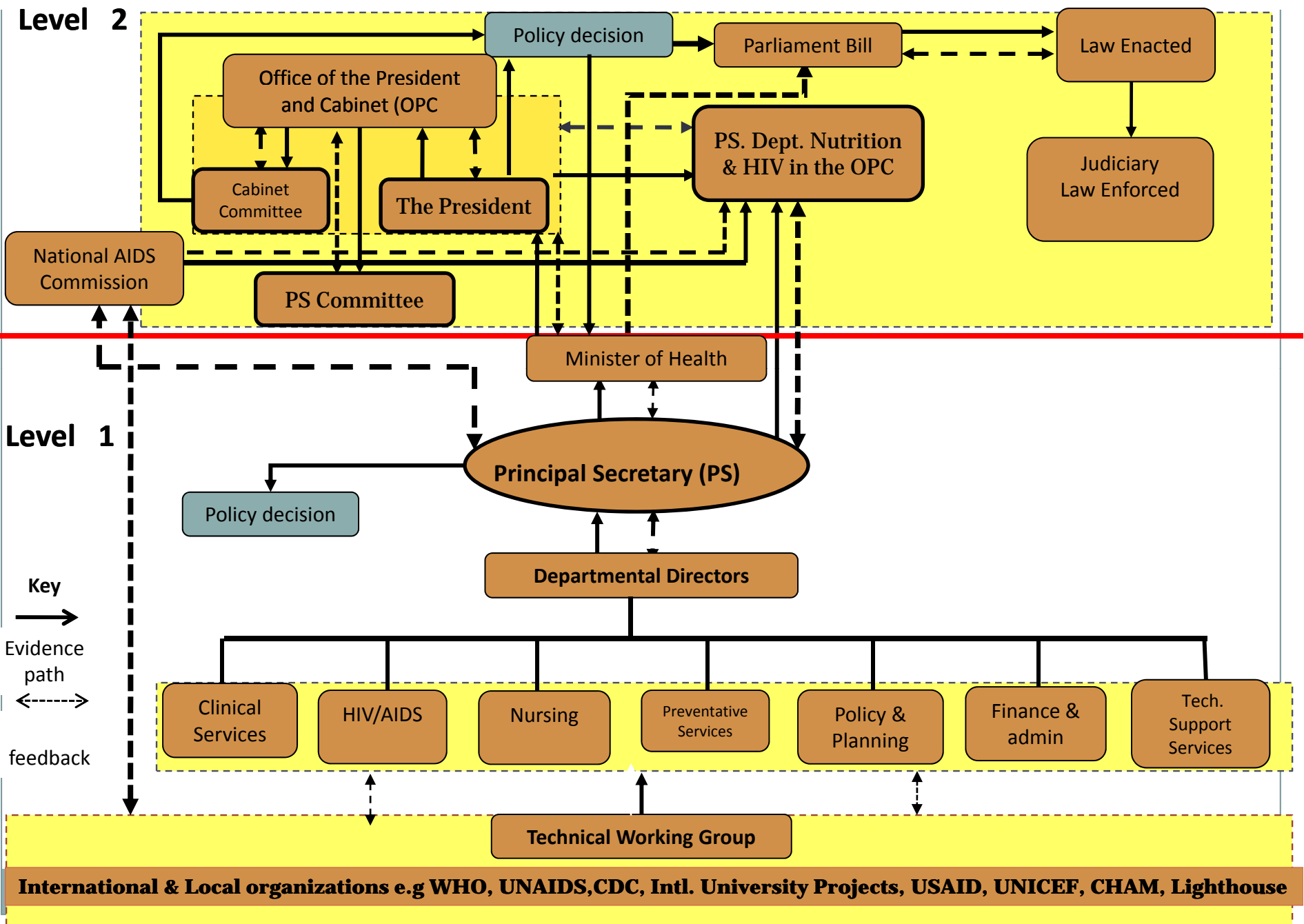
- **Semi-structured interviews-** draw from people's accounts & experience
  
- **Review documents:**
  - MoH, NAC, OPC to identify possible invitees & policy institutions.
  - Newspapers-reflect multiple views in the public domain
    - Corroborate with interviews

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## Interview population by nationality and position

| <b>Category</b>     | <b>Total</b> | <b>Malawians</b> | <b>non-Malawians</b> |
|---------------------|--------------|------------------|----------------------|
| Researchers         | 8            | 5                | 3                    |
| Donor agencies      | 2            | 0                | 2                    |
| Health Managers     | 9            | 8                | 1                    |
| Politicians         | 4            | 4                | 0                    |
| Traditional leaders | 8            | 7                | 1                    |
| <b>Total</b>        | <b>31</b>    | <b>24</b>        | <b>7</b>             |

# The Malawi Ministry of Health - Policy Making Environment and its Governance Structures



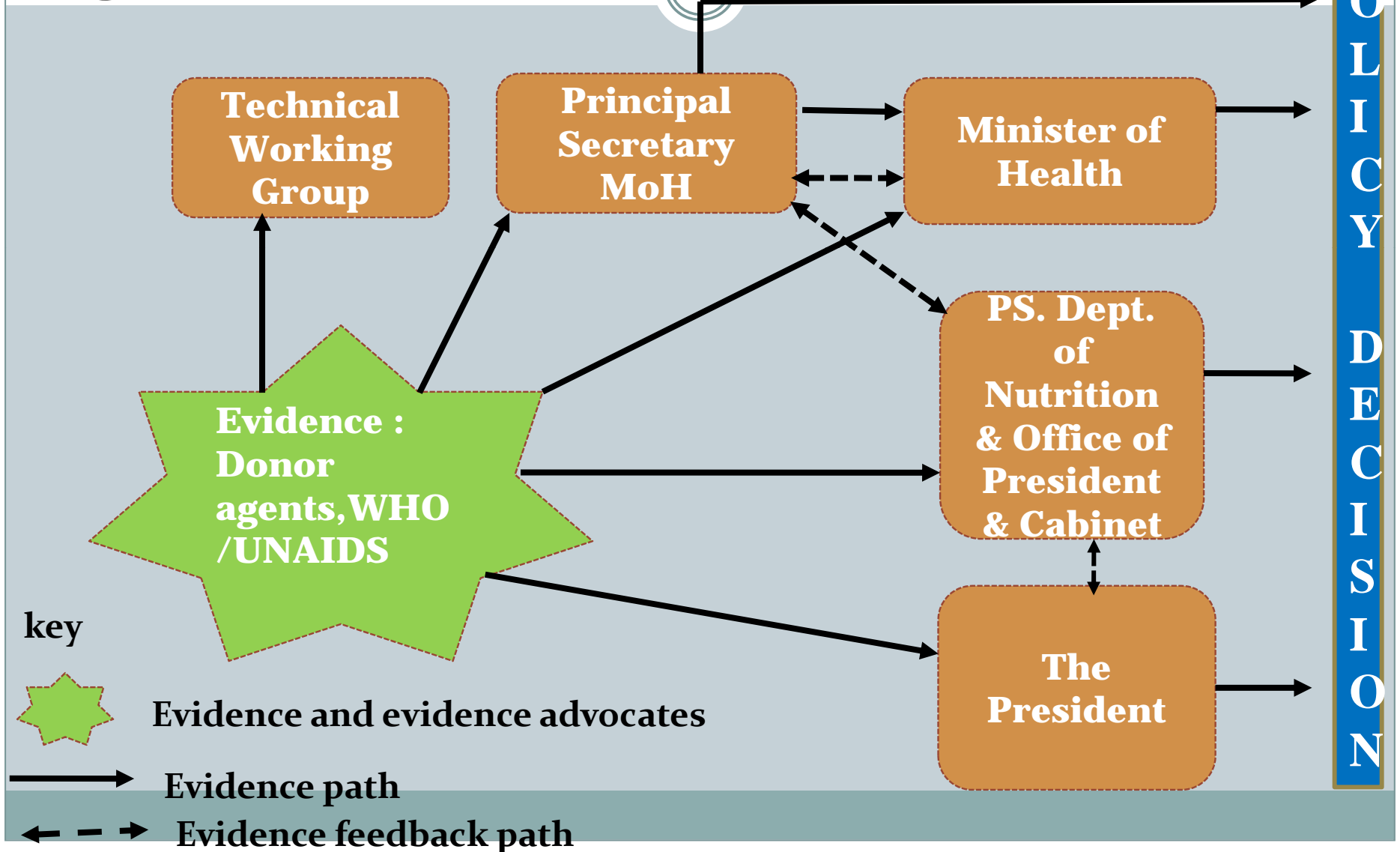
# Findings



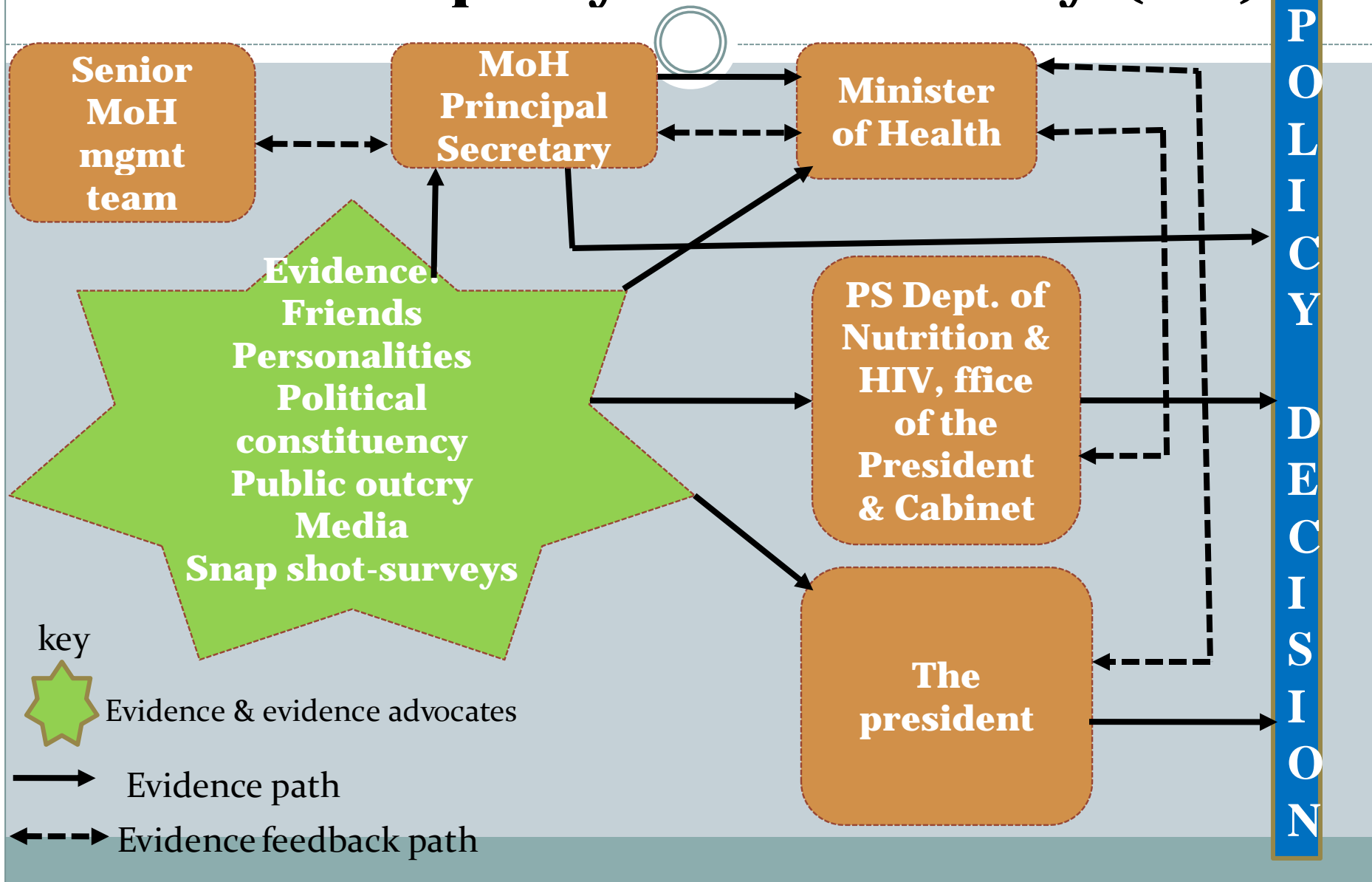
Two pathways used to evaluate evidence for policy decisions:

- **Formal pathways-** Nevirapine & Acyclovir
  - Key policymakers: departmental directors, principal secretaries and the State President.
- **Informal pathways** –MC

# MoH- Informal pathways the process that gets evidence to policy: Donor-driven



# MoH- Informal pathways the process that gets evidence to policy: Adhoc Pathway (MC)



# Findings-Technical rationality



- **GoM officials frame their arguments as evidence based and thus technically acceptable**

The Principal Secretary for HIV and AIDS said:

- ‘(...) There is no scientific proof of circumcision’s protective effect and the Chairman of NAC said, that HIV prevalence is high even in part of the country where the practice is common (*Nyasatimes*, 14 April 2010).
- 
- **GoM proposition: Malawian studies’ preferred over others:**
    - Acyclovir (...) so it was a local study which has given us the evidence to our situation it was undisputable and we had no choice. I think (..) in policy direction this study purely guided us, so did nevirapine (Hlth manager 7/04/03/2010)

# Findings-Political rationality



- (...) **Malawi is not a circumcising society**: 80% are Christians. The Muslim population is smaller and even their culture is not representative of the country's total population .....(*Policymaker\_#29/26/5/2010*).
- (...) **Perceived Yao-Muslim victory**: 'if the experts in science have noted that circumcision has potential, and us coincidentally being Muslims already circumcise, we are saying that the findings are true and legitimate (...) we agree to that and ask many people to circumcision' (*Islamic leader\_#11/12/03/2010*).

# Findings-Cultural rationality



MC is interpreted as an issue of ethnicity and religion not as a biomedical intervention.

## ▪ **Religious Identity:**

▪ Chewa chief: The big fear on the issue of circumcision is that if a person has been circumcised that a person will be regarded as a Muslim because the people who practice circumcision are Muslims. (...). At the end of it all, are we not going to be Muslims ourselves? (#14/30/03/2010).

▪ **Tribal Identity:** Yao tribe see MC as rite of passage to adulthood for boys and.... 'say they own male circumcision'.

# Summary: The 3 Rationalities

- In adopting policies regarding acyclovir and nevirapine-- technical *rationality* dominated.
- MC is at the centre-stage of the political tension between Muslims and non-Muslims--political *rationality* dominated.
- Although policymakers emphasized the technical rationale for opposing MC, behind the scenes it was the cultural and political opposition that has, so far, been decisive—cultural *rationality dominated*

# Formal and Informal Pathways



- In going from evidence to policy, formal pathways matter. But when the issue is political and cultural, the informal pathways matter more.

# Beyond Malawi?



- This study is only Malawi, but the results are probably general: when there are ethnic, religious and political tensions.
- Culture and political interests are likely to overshadow scientific evidence.
- Policy is likely to be made outside the formal organizational chart.

# Conclusion

- The donor calls for evidence-based policy are likely to be received as unproblematic when, as with acyclovir, the issue does not touch on the domain of values/politics.
- But, where the issue threatens what powerful local actors consider to be their interests, we can predict that there will be opposition expressed in informal pathways.

# Quote



- (...) *'no matter how compelling the nature of evidence might be, it is dependent on the political agenda and ideology of the government of the day whether it can or cannot influence policy'* (Bowen and Zwi 2005, p.601).

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