



Promoting Institutionalization of Research-Evidence Use in Maternal, Newborn and Child-Health Policymaking in Nigeria

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ABSTRACT

The implementation of policies informed by research evidence in maternal newborn and child health (MNCH) is known to improve health outcomes. In this study we describe the process of the establishment of MNCH Research Days Event as a mechanism for the promotion of institutionalization of evidence-to-policy-to practice in MNCH in Nigeria. We also describe the current status of research evidence use in policymaking, level of policymakers-researchers interaction as well as identify the individual and organizational roles to promote evidence-informed policymaking in MNCH in Nigeria. The study was a cross-sectional survey carried out during a 3-day National MNCH stakeholders' engagement meeting on Nigeria Research Days for MNCH, as part of the Implementation of Moving MNCH Evidence into Policy (MEP) Project. Data on the stakeholders' perception regarding the study objective was collected using a semi-structured questionnaire administered in person. A total of 51 participants completed the questionnaire. Result showed low mean ratings (MNRs) for both research evidence use in MNCH policymaking (ranging from 2.23-3.14 in a 5-point scale) and policymakers-researchers interaction (2.98-3.43). Creating research capacity development platforms for individuals and institutions involved in policymaking (MNR 4.69) were among strategies that can enhance the evidence-to-policy process in MNCH. Sustainable interaction between policymakers and researchers can be achieved through the institutionalization of mechanisms such as 'Research Day Event' that will provide platform to consider issues around evidence-to-policy-to-practice. Urgent sustainable capacity development among stakeholders in the MNCH sector is highly recommended.

Keywords: Child, Evidence Informed, Maternal, Newborn, Policymaking, Research

I. INTRODUCTION

Several calls within the last two decades have emphasized the need to scale up the conduct and use of health systems research especially in the developing countries [1-3]. This emphasis is based on the fact that research evidence can play several vital roles in policy development including: leading to identification of new priority issues for policy agenda, critically influencing policy content and direction as well as serving as a means of evaluating policy impact [4-6]. The Canada Institutes of Health Research (CIHR) demonstrated the genuine need for researches to be carried out with their policy relevance in mind from the outset. This is evident in their definition of the concept of knowledge translation (KT), as "a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of people, provide more effective health services and products and strengthen the health care system"[3]. Therefore, KT bridges the gap between research evidence and policy, and so gives evidence its core value.

In most low- and middle-income countries (LMICs), health policies are not adequately informed by research evidence [7-10]. According to GroL and Grimshaw, one of the most recurring findings in health research has been the evidence-to-action gap [11]. In Nigeria, as in other LMICs, this evidence-to-action gap persists. This may have contributed to the development of policies that had insufficient research evidence, therefore leading to the poor maternal, newborn and child health (MNCH) outcomes in the country. Available report shows that more than 10% of all under-five and maternal mortalities worldwide occur in Nigeria, with more than 50,000 maternal deaths and over 1 million newborn, infant, and child deaths occurring every year [12,13].

Actualizing the call for research evidence use in policymaking has indeed proven to be a daunting task that has reportedly been confronted with various context-specific barriers [14, 15]. Some of the identified barriers include

paucity of policy-relevant research, low demand for research evidence by decision makers, lack of political will to support research evidence use, weak administrative framework for policymaking, as well as lack of capacity among policymakers to access and use research evidence [16-18]. The naivety of some researchers concerning policymaking process, lack of ownership of the research agenda by stakeholders, and poor institutional framework for stakeholders-researchers' linkages also make up the list [19-21]. The latter explains the poor communication, interaction and understanding between researchers and decision makers. According to Lomas [22], the efforts of researchers and policy makers appear to be largely independent of the other, each having their own (often misplaced) opinion about the other's role, whereas there are only few opportunities that promote the needed exchange and communication.

A closer look at the barriers above would reveal that actualizing the goal of evidence-informed policymaking in MNCH in Nigeria and other LMICs would require an institutional approach rather than just an individual-based capacity building and enhancement. More so, considering that policymaking is a complex, non-linear, non-rational process, that is far from just a simple scenario where social issues are identified, with well-informed decisions made and implemented and later evaluated [23,24]. In reality, a "window of opportunity" is often needed for research to make an impact, and the timing of such opportunities is very unpredictable for both researchers and policymakers [21,23-27]. Therefore, the need to create a system or mechanism that would not only continuously change the policymakers' orientation towards becoming more conscious of the need for use of research evidence in policymaking but also swiftly respond to their demands for evidence should not be overlooked. There is paucity of studies that considered the institutionalization of research evidence use in MNCH in LMICs. In this study we describe the current status of research evidence use in policymaking, level of policymakers-researchers interaction as a part of process of the establishment of MNCH Research Days Event as a mechanism for the promotion of institutionalization of evidence-to-policy-to practice in MNCH in Nigeria.

II. LITERATURE REVIEW

2.1 Theoretical Review

Evidence plays a key role in enhancing quality, accessibility, and responsiveness of public services. It has serious implications on the key stages of the policy cycle and has been linked to good governance. Evidence-informed policymaking refers to a process in which multiple sources of information, data and the best available research evidence, are considered before deciding to make, implement, or alter public policies [28]. However, sadly researchers and policymakers often have their separate objectives, motivations, and priorities, which has often resulted into potential conflicts and gaps. Researchers have more of short-term objectives and vision of enhancing their scientific records. On the other hand, focusing on job creation, overall prosperity, and economic growth, policymakers aim at enhancing their political records [29].

2.2 Empirical Review

In bridging the evidence to policy gap, researchers should have a good understanding of policymaking process as well as good communication and engagement skills [30]. Ensuring a two-way communication between the researchers and policymakers is one of the critical steps required [31]. There should be co-exchange of knowledge amongst researchers and policymakers, through sustainable interaction, partnership, and collaboration in research training programs and policymaking activities, with verifiable outcome implications [30,32,33]. Researchers, policymakers, and all stakeholders in various sectors including the MNCH, should have a forum to discuss research priorities in the country. From such meetings, long-term plans should be developed, that focus on policymaking, implementation, and research activities, with clearly defined roles and responsibilities of all parties [34]. Involving policymakers early in research increases the credibility of the study and facilitates acceptability of research findings [35].

III. METHODOLOGY

3.1 Study Design

This was a cross-sectional study that conducted during a 3-day National MNCH stakeholders' engagement meeting on Nigeria Research Days for MNCH, as part of the Implementation of Moving Evidence into Policy (MEP) Project on MNCH. The meeting was organized by the West African Health Organization (WAHO) in collaboration with the Federal Ministry of Health (FMoH) of Nigeria, in July 2018 in Abuja, Nigeria.

3.2 Study Population and Sample Size Selection

A stakeholder analysis was carried out to identify the specific stakeholders that were suitable for the meeting. Through the aid of the FMoH of Nigeria database, Directors, Programme Managers, and Heads of Department (Senior

Policymakers) involved in MNCH Programme implementation were identified. Other relevant organizations such as: Ministries, Departments and Agencies (MDAs) associated with the FMoH; State Ministry of Health (SMoH); Development Partners (DPs); National/International Non-Governmental Organizations (NGOs); as well as Universities/Research Institutes involved in MNCH Programmes in Nigeria were also identified and selected, using the following criteria described previously [36]. These include that the organization/representative must be currently involved in MNCH programmes; must have participated in previously organized FMoH MNCH programmes and; the representative must be a senior official directly involved in MNCH implementation programme in the organization. Following identification of proposed stakeholders, invitation letters were sent to them, about a month before the meeting commenced. This was consolidated through phone calls and text messages.

3.3 Data Collection Tools and Process

A pre-tested, semi-structured questionnaire was administered to the participants from the various organizations, who gave consent for participation. The questionnaire was designed to assess the status of research evidence use in policymaking, level of policymakers-researchers interaction as well as the individual and organizational role to promote evidence-informed policymaking in MNCH, in their organization. The Research Ethics Committee of Ebonyi State University Nigeria (the institution of the principal author) gave approval for both the questionnaire and the informed consent form. In compliance to the approval, participation in the study was solely voluntary following informed consent; participants' anonymity was maintained; and every finding was treated with utmost confidentiality and strictly for the purpose of the study.

3.4 Data Analysis

Data was analyzed using the method developed by Johnson and Lavis [37]. The analysis was based on mean rating (MNR). Majority of the questions were Likert scale type with rating ranging from the 1 point to 5 points. The mean was calculated by summing up the product of the rating of the responses (points) and the number of times the particular response appeared (frequency) for a particular question and then dividing by the total number of responses to that question. Values (MNR) ranging from 1.00-3.49 are considered low, whereas those ranging from 3.50-5.00 points are considered high [37-39].

IV. FINDINGS & DISCUSSION

4.1 Findings

4.1.1 Biodata and Official Designation Attributes

A total of 51 individuals participated in the study. Their biodata and profile are presented in Table 1. Their gender distribution was almost equal. About 96% of them were above 35 years, with 70.6% being 45 years old or more. Stakeholders from the FMoH and associated MDAs, accounted for more than two-third of the respondents (68.63%), whereas, those from NGOs, Development Partners and Universities/Research Institutes almost accounted for the rest, in equal proportions of 9.8% each. Majority of the respondents (42%) were Presidents/Directors/Chairpersons. More than half of the participants had spent more than 3 year in their current designation. The proportion of direct and indirect policy influencers were almost equal, with majority of them (66.7%) operating at the National level.

Table 1

Biodata and profile of the participant at the National Research Days Event to promote evidence informed policymaking on MNCH in Nigeria (N=51)

Parameters	No. (%)
Type of Organization	
Federal Ministry of Health/Ministries, Departments and Agencies	35(68.6)
State Ministry of Health	1(2.0)
Non-Governmental Organizations	5(9.8)
Development Partners	5(9.8)
Universities/Research Institutes	5(9.8)
Designation	
President/Director/Chairman	21(51.0)
Manager/HOD/Superintendent	11(21.6)
Program officer/project secretary	11(21.6)
Lecturer/Researcher	7(13.7)

Duration in designation	
<3yrs	23(46.0)
3-5yrs	12(24.0)
5-10yrs	8(16.0)
>10yrs	7(14.0)
Influence on policymaking process	
Direct	25(49.0)
Indirect	26(51.0)
Level of operation	
State	14(27.5)
National	34(66.7)
International	3(5.9)

MNCH=*maternal, newborn and child health*

4.1.2 Policy and Policymaking Process Related To Maternal, Newborn & Child Health

Table 2 and 3 show the proportions and MNRs of the participants' responses regarding the level of policy and policymaking process in relation to MNCH in their organization. Majority of the respondents reported the existence of a policy on health research in their organization (78%), that stakeholders' views are defined and integrated within a policy on health research (72.6%), and that there is existence of a forum or process to coordinate the setting of health research priorities (64.7%).

Table 2

Perception of Nigerian policymakers and other stakeholders concerning use of Health Research in their Organization for Policymaking Process Related to MNCH

S/N	Parameters	Number (%) Yes	Number (%) No
a.	Is there the existence of a policy on health research	39(78.0)	11(22.0)
b.	Are stakeholders' views defined and integrated within a policy on health research	37(72.6)	14(27.4)
c.	Is there the existence of a forum or process to coordinate the setting of health research priorities	33(64.7)	18(35.3)

MNCH=*maternal, newborn and child health*

The MNRs of participants' responses regarding the extent of use of researches done by other organizations, extent of use of researches done by their own organization, extent of use of data collected routinely or by survey for policymaking, number of policies made, and number of policies updated by policymakers in their institution in the last 5 years, were generally low ranging from 2.23-3.14 in a 5-point scale, as shown in Table 3. The MNR of the response on the relevance of evidence used by their organization for policymaking was high (4.08).

Table 3

Perception of Nigerian Policymakers and other Stakeholders concerning Policy & Policymaking Process Related to Maternal, Newborn & Child Health

S/N	Parameters	Mean rating (MNR)
a.	Extent your organization uses the research done by others	3.14
b.	Extent of use of research related to MNCH initiated/done by your organization	3.00
c.	Extent of use of data collected routinely or by survey related to MNCH by your organization	2.94
d.	Relevance of evidence related to MNCH used by your organization	4.08
e.	Number of policy documents related to MNCH have been made by policymakers your organization in the last 5 years	2.50
f.	Number of health policies/policy documents related to MNCH have been updated in your organization in the last 5 years	2.23

MNCH=*maternal, newborn and child health*

4.1.3 Interaction/Partnership with Policymakers/Researchers and use of Research Evidence for Policymaking

In Table 4, the responses of the participants regarding interaction/partnership with policymakers/researchers and use of research evidence for policymaking show generally poor MNRs. Such interactions: as coinvestigator in a research; to provide assistance with undertaking research; to provide assistance in interpreting findings; to provide assistance in designing and executing strategies to support policymakers' use of findings; to obtain assistance in acquiring existing research evidence; to obtain assistance in assessing the quality and local applicability of existing

evidence; to obtain assistance in best way to present existing research evidence to other policymakers; through legislative or government or public hearing; through policy dialogues; through research conferences and meetings; through informal conversations; and through long lasting partnerships, all had low MNRs ranging from 2.98-3.43. Only interactions as part of a priority-setting process and as part of a research commissioned by other institutions had relatively high MNRs of 3.53 and 3.61.

Table 4

Perception of Nigerian Policymakers and other Stakeholders concerning Interaction between Policymakers and Researchers in High-Priority Policy Issues on MNCH

S/N	Parameters	Mean rating (MNR)
i	Extent you/your organization interacted with Policymakers/researchers as part of a priority-setting process	3.53
ii	Extent you/your organization interacted with Policymakers/researchers as part of research that they commissioned	3.61
iii	Extent you/your organization interacted with Policymakers/researchers as part of research with which they were involved as a co-investigator	3.17
iv	Extent you/your organization interacted with Policymakers/researchers to provide assistance with undertaking research	3.04
v	Extent you/your organization interacted with Policymakers/researchers to provide assistance with interpreting the findings from research	3.27
vi	Extent you/your organization interacted with Policymakers/researchers to provide assistance with designing and executing strategies to support policymakers' use of the findings from research	3.33
vii	Extent you/your organization interacted with Policymakers/researchers to obtain assistance with acquiring existing research evidence	3.08
viii	Extent you/your organization interacted with Policymakers/researchers to obtain assistance with assessing the quality and local applicability of existing research evidence	3.08
ix	Extent you/your organization interacted with Policymakers/researchers to obtain assistance with presenting existing research evidence	3.43
x	Extent you/your organization interacted with Policymakers/researchers through legislative committee testimonies and government-sponsored expert committees or public hearing	2.98
xi.	Extent you/your organization interacted with Policymakers/researchers through policy dialogues	3.24
xii	Extent you/your organization interacted with Policymakers/researchers through research conferences and meetings	3.00
xiii	Extent you/your organization interacted with Policymakers/researchers through informal conversations with personal contacts	3.27
xiv	Extent you/your organization interacted with Policymakers/researchers through long-term partnerships (e.g., through an advisory board)	3.20

MNCH=*maternal, newborn and child health*

4.1.4 Individual and Organizational Role to Promote Evidence Informed Policymaking in Maternal, Newborn and Child Health

Table 5 shows the responses of the participants regarding individual and organizational role to promote evidence-informed policymaking in MNCH. The MNRs of the participants' responses regarding their organizations being able to initiate: collaboration and networking among stakeholders; political advocacy; and initiate or commission researches were high ranging from 4.32-4.55. Responses regarding measures that can improve research evidence use and evidence-informed policymaking in MNCH were all high ranging from 4.31-4.69. These include: development of sustainable institutional capacity for utilization of research evidence; policymakers regularly acquainting themselves with evidence produced by researchers and also carrying them along in policymaking process; wide spread dissemination of research evidence and feedback from policymakers and introduction of effective monitoring and evaluation mechanism; researchers aligning more specifically to operational problems etc. (Table 5); Participants also agreed that there is a lack of political will on the part of the government to create a sustainable partnership between policymakers and researchers (3.76) and that policy relevant aspects of health research are often not considered by health researchers in their research works and that there is poor communication of research findings to policymakers.

Table 5

Perception of Nigerian Policymakers and other Stakeholders concerning Individual and Organizational Role to Promote Evidence Informed Policymaking in MNCH.

S/N	Parameters	Mean rating (MNR)
i	Your organization can initiate and drive the process that can facilitate collaboration and networking among stakeholders in the health sector	4.55
ii	Your organization can initiate and undertake political advocacy on critical MNCH issues that can ensure adequate resource mobilization	4.47
iii	Your organization commissions research, provides incentives for research and research budgets that it will facilitate uptake of evidence	4.32
iv	The development of sustainable institutional/organizational capacity for the utilization of results in decision-making and policy implementation can improve MNCH outcomes	4.51
v	Widespread dissemination of research results and feedback from policymakers and the introduction of effective policy monitoring and evaluation mechanisms will enhance the evidence to policy process	4.55
vi	The evidence to policy process in MNCH can be enhanced if policymakers regularly acquaint themselves with evidence produced by researchers and also to carry researchers along in the policymaking process	4.51
vii	The evidence to policy process in MNCH can be enhanced if researchers align more specifically to operational problems inherent in the health systems from the policymaking perspective	4.41
Viii	Joint committees and informal partnerships involving representatives of researchers, policymakers, knowledge brokers and other stakeholders can enhance evidence to policy process	4.51
ix	There is a lack of political will on the part of the government to create a sustainable partnership between policymakers and researchers	3.76
x	Policy relevant aspects of health research are often not considered by health researchers in their research works and that there is poor communication of research findings to policymakers	3.98
xi	Periodic sensitization of both researchers and policymakers on the activities and programmes of each party and promoting dialogue via meetings can enhance evidence to policy process	4.06
xii	Involving policymakers in the planning and execution of health researches and involving researchers in the planning and execution of health programmes can enhance evidence to policy process	4.31
xiii	Institutionalization of research grants and commissioning of research by health ministries and policymaking institutions, can ensure that researchers are made to focus on the core needs of policymakers	4.47
xiv	Appointing people with proven research experience and skill into policymaking positions can enhance evidence to policy process	4.33
xv	Creating research capacity development platforms for individuals and institutions that are involved in policymaking can enhance evidence to policy process	4.69

MNCH=*maternal, newborn and child health*

4.2 Discussion

This study probed into the current status of research evidence use in policymaking, the level of policymakers-researchers interaction as well as the individual and organizational roles to promote evidence-informed policymaking as it regards MNCH in Nigeria. These are very critical as far as institutionalizing research evidence use and evidence-informed policymaking regarding MNCH in Nigeria is concerned. In order to optimize research evidence use in MNCH and thereby bridge the existing evidence-to-action gap, it is paramount to consider the needs and concerns of the policymakers and their degree of acceptance of research evidence [40,41].

4.2.1 Status of Policymaking Process in MNCH

Majority of the stakeholders reported that there is existence of policy on MNCH research in their organization, and that stakeholders' views are defined and integrated within a health research policy. Many also reported having a forum or process to coordinate the setting of MNCH research priorities in their organization. These reports are not unexpected in the light of the national pursuit to attain global best practices as indicated in the Bamako call for action which emphasizes the importance of research evidence use in policymaking [42]. They simply demonstrate governments' compliance to prescribed standards. For instance, in Nigeria the FMoH and all the 36 State Ministries of Health have a Department of Planning, Research and Statistics and the Health Management Information Service (HMIS) division whose responsibility is to (i) identify problems and form research intervention; (ii) disseminate results and regularly track programme indicators; (iii) manage data repositories and internal archival systems; (iv) see

to strategic knowledge management and research utilization; and (v) ensure programme monitoring/evaluation and performance assessment [35].

However, it is pertinent to note that despite these organizational initiatives, the stakeholders still reported poor utilization of research evidence generated by their own organization, others or even from routine data, as well as poor formulation and updating of MNCH policies. This could be attributed to various barriers including lack of systematic mechanism of research use in MNCH intervention, poor capacity of the organization to carry out research that may be useful, paucity of funding for research etc. as seen in our previous studies [43]. Others possible causes include lack of policymakers-researchers interaction, lack of policy-relevant researches, lack of timeliness of research, policymakers-researchers mistrust, political instability etc., as has been reported across countries [10,44,45]. Contrary to the above, in a study done in Australia, most policymakers indicated that within the past 12 months, they had need for evidence, commissioned researches or reviews and used research evidence to develop policy content [46].

4.2.2 Level of Policymaker–Researchers Interaction and use of Research Evidence

Concerning policymaker–researchers interaction and use of research evidence for policymaking, only two out of the 14 modes of interaction assessed, had high MNR. These include interaction as part of priority setting and part of research commissioned by research institution. Others had low MNRs. This shows that policymakers and researchers work in different silos with very little opportunities to exchange ideas and experiences as reported by Lomas [22], with consequent poor understanding about each other’s environment. This scenario has been reported as a major barrier to use of research evidence in previous studies [36,38,39]. This despicable state of policymakers-researchers interaction can very well explain the poor utilization of research evidence as noted by the participants.

Arguably, without such interactions and exchange, there would be little chance that researchers would produce policy-relevant evidence and in the areas of priority or even present such evidences in a manner that would be appreciated by the policymakers. Participants in a previous study were of the opinion that in order to boost evidence-to-policy process in Nigeria, there is need to establish mechanisms that will ensure permanent networking and collaboration between policymakers and researchers, which is reckoned to be very crucial in promoting use of research evidence in policy development [47,48]. This need for increasing opportunities for policymakers and researchers’ interaction and exchange has been widely accepted [48,49].

4.2.3 Individual/Organizational Role to Promote EIPM

Many of the stakeholders agreed that their organization can initiate collaboration or networking among stakeholders and also initiate political advocacy as well as commission researches. According to a systematic review report, collaboration between policymakers and researchers is the most frequently reported facilitator of research evidence use [18]. In practice, the role of the policymaking institutions should be expanded to cover the above and not just restricted to writing up policy documents. Considering the critical nature of evidence-informed policymaking process, there is need to consider the mechanisms and stakeholders involved [50]. Such mechanisms and stakeholders’ engagement should extend to political advocacy, so as to ensure government’s ownership and commitment towards translating evidence to policy. Likewise, the stakeholders noted that institutionalizing research grants and commissioning of research by policymaking institutions can ensure that researchers are made to focus on the core needs of policymakers. This could be a smart way of enhance evidence-informed policymaking.

Two important barriers to evidence-informed policymaking were reported. These include: lack of political will to create a sustainable partnership between researchers and policymakers and poor consideration to policy relevant aspects of health researches and poor communication of research findings. Apart from the unavailability of research evidence and lack of necessary capacities to access, validate and utilize them, governments’ interests can adversely influence evidence-informed policymaking [16,17]. Therefore, strong organizational advocacy capacity is needed to approach the issue of political interest. Participants reported that widespread dissemination of research results and feedback from policymakers and the introduction of effective policy monitoring and evaluation mechanisms will enhance the evidence-to-policy process. This, in addition to increasing policymaker-researcher interaction, would address the issues of lack of policy-relevant researches and poor communication of findings.

Periodic sensitization of researchers and policymakers on each other’s activities and programs and promoting dialogue via meetings; policymakers regularly acquainting themselves with evidence produced by researchers and also carrying researchers along in the policymaking process; joint committees and informal partnerships involving representatives of researchers, policymakers, knowledge brokers and other stakeholders; were all noted to be able to enhance evidence-informed policymaking in MNCH. In a study done in Nigeria [38], policymakers argued that, involving policymakers and researchers actively in health research and health programmes respectively, would enhance evidence-to-policy process. They also noted the need to promote dialogue between policymakers and researchers. Notably, the high MNRs confirm the willingness of the stakeholders to comply with any arrangements or mechanisms that would foster the highly needed continuous interaction of the stakeholders in MNCH.

Development of sustainable institutional/organizational capacity for the utilization of results in decision-making and policy implementation, appointing people with proven research experience and skill into policymaking positions, and creating research capacity development platforms for individuals and institutions that are involved in policymaking, were all reported to be able to enhance evidence-to-policy process. Attaining such organizational capacity for utilization of evidence in decision-making and policy implementation, can be achieved through frequent policymakers-researchers interaction, appointment of individuals with proven research skill and experience into policymaking positions etc. However, such necessary research skill and experience may be attained if staff-exchange mechanisms are undertaken such as secondment programmes, in which policymakers spend some time in a research institution and researchers also spend some time in ministries [43]. This was noted to promote best practice, collaborative partnerships as well as knowledge and skills development [51].

V. CONCLUSIONS & RECOMMENDATIONS

5.1 Conclusions

This study has revealed the poor state of evidence informed policymaking process in MNCH in Nigeria, as shown by the responses on the extent of use of researches done by other organizations, extent of use of researches done by their own organization, extent of use of data collected routinely or by survey for policymaking, number of policies made, and number of policies updated by policymakers in their institution in the last 5 years. Likewise, the despicable state of communication, interaction and exchange that exists between policymakers, researchers and other stakeholders, in MNCH in Nigeria, has also been showcased.

5.2 Recommendations

Following the outcome of this study, urgent sustainable capacity development among policymakers, researchers and other stakeholders in the MNCH sector of Nigeria is highly recommended. Such capacity will positively influence leadership and governance; human, financial and material resources; as well as communication and quality of research. This critical need for capacity development can be effectively met through the creation of research capacity development platforms for individuals and institutions involved in policymaking. That way one of the major causes of Nigerian policymakers' lack of commitment to evidence-informed policymaking, which has been identified as poor capacity to access, synthesize and utilize available evidence [39,52], would be addressed.

Competing interests

The authors declare no competing interests.

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