## Additional file 3 Comparison of context, evidence and links in key policy processes across Malawi, Uganda and Zambia

<table>
<thead>
<tr>
<th>Key policy process points</th>
<th>Context</th>
<th>Evidence</th>
<th>Links</th>
<th>Policy Outcome</th>
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</table>
| **Malawi 2002**          | TB Programme - Bio-medical approach with infrastructure to identify patients and provide drugs in the context of a well funded programme.  
HIV Programme - No bio-medical approach. | Local, operational research showing efficacy for HIV+ TB patients but *no data on impact on cross resistance to similar drugs and no RCT.*  
*No evidence on CPT in areas of high bacterial resistance.* | Dynamic policy entrepreneur located in TB programme with support from a group of senior policy champions who bridge the research/policy community.  
*No policy entrepreneur, champions, or networks identified linking to HIV programme.* | National CPT policy for HIV infected TB patients  
*No policy for non-TB patients* |
| **Malawi 2005**          | Bio-medical approach within the HIV programme; Infrastructure being established to identify patients and provide drugs. | Solid evidence base of regional research both observational and RCT demonstrating efficacy of CPT.  
Local evidence showing the feasibility of CPT scale-up in the TB Programme. | Policy entrepreneur with policy champions which bridged the research/policy community. | National policy for all HIV infected children and adults |
| **Uganda 2005**          | Early bio-medical approach of HIV programme, *but favouring ARVs.*  
Strong donor agency and NGO partnership conducting research, with joint infrastructure in place to identify patients and provide drugs. | Local operational research showing efficacy for HIV+ patients with data on cross resistance. Solid evidence base of regional research both observational and RCT demonstrating efficacy of CPT. | Dynamic policy entrepreneur located in donor agency with support from a small group of policy champions mostly from donor agency/NGO partnership/research organisation partnership. | National policy for all HIV infected children and adults |
| **Zambia 2004/2005**     | Bio-medical approach but with *strong political involvement seeking widespread access to ARVs in the public sector.*  
*Concerns about lack of infrastructure to deliver CPT.* | Local, randomised controlled trial demonstrating efficacy of CPT for HIV+ children.  
*Interpreted as having clinical rather than policy relevance.* | *No policy entrepreneur identified.* Three policy champions identified - drawn from the research team and university physicians. | *No policy change* |
| **Zambia 2006/7**        | Bio-medical approach with infrastructure to identify patients and provide drugs in the context of an existing ART programme. | Local, randomised trial demonstrating efficacy of CPT for HIV+ children.  
Solid regional evidence of observational research demonstrating efficacy of CPT for those HIV. | Strong policy entrepreneur with small group of senior policy champions drawn from NGOs undertaking programmatic work. | National policy for all HIV infected children and adults |