

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

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