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essential national health research in kenya

Council On Health Research for Development
(COHRED)

Prepared by

The National Health Research and Development Centre (NHRDC)

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AMREF	AFRICAN MEDICAL AND RESEARCH FOUNDATION
COHRED	COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT
DFID	DEPARTMENT FOR INTERNATIONAL DEVELOPMENT
ENHR	ESSENTIAL NATIONAL HEALTH RESEARCH
GDP	GROSS DOMESTIC PRODUCT
HIS	HEALTH INFORMATION SYSTEM
HSR	HEALTH SYSTEMS RESEARCH
IAEA	INTERNATIONAL ATOMIC ENERGY AGENCY
IHPP	INTERNATIONAL HEALTH POLICY PROGRAM
JICA	JAPAN INTERNATIONAL CO OPERATION AGENCY
KAPI	KENYA ASSOCIATION OF PHARMACEUTICAL INDUSTRY
KEMRI	KENYA MEDICAL RESEARCH INSTITUTE
KETRI	KENYA TRYPANOSOMIASIS RESEARCH INSTITUTE
MRC	MEDICAL RESEARCH COUNCIL
MRT	MINISTRY OF RESEARCH AND TECHNOLOGY
NCST	NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY
NERESA	NETWORK OF AIDS RESEARCH OF EASTERN AND SOUTHERN AFRICA
NGO	NONGOVERNMENTAL ORGANISATION
NHRDC	NATIONAL HEALTH RESEARCH AND DEVELOPMENT CENTRE
SOMA-NET	SOCIAL SCIENCE AND MEDICINE AFRICA NETWORK
UNICEF	UNITED NATIONS CHILDRENS FUND
WHO	WORLD HEALTH ORGANIZATION

ESSENTIAL NATIONAL HEALTH RESEARCH (ENHR) IN KENYA

HISTORICAL BACKGROUND

Kenya, like many other developing countries, has high morbidity and mortality rates affecting its population of all ages but especially children aged less than 5 years. Although a significant proportion of this morbidity and mortality is due to infectious conditions, many other non-infectious factors also play a role. These include chronic diseases like asthma, cardiac disorders including hypertension, malignancies, and also economic deprivation resulting in poverty, malnutrition, and inadequate or inappropriate health care.

The culture of health research dates back many years. In the late 1940s and early 1950s research was conducted mainly to cater for the needs of the white colonial officers. They looked at malaria and its effects on the white people. The Medical Research Council (MRC) of Britain was responsible for conducting research in the country. Later, some research stations were opened all over East Africa to carry out research in areas of interest to the colonial government, such as the Malaria Research Station at Amani, in Tanzania, the Trypanosomiasis Research Station in Tororo in Uganda, and the Tuberculosis Research Units in Kampala and Nairobi. These research stations were answerable to the British MRC and obtained data which was sent to the British Research Council, but had no direct links with the health authorities in the countries of East Africa. However, on attainment of independence by the three East African countries, these units were run jointly under the East African Community Treaty. In Kenya, the research activities or stations were placed in whichever ministry was in charge of East African Cooperation, which usually was the ministry in charge of national planning.

Meanwhile the Medical School in Makerere University, and subsequently medical schools in Nairobi and Dar-es-Salaam, carried out health research especially in clinical areas in the national and teaching hospitals in their respective countries. Such research was not guided by any national interests or policy or prioritisation.

Also after independence, the East African Research Council was created to replace the MRC of UK and to co-ordinate the various research stations previously under the MRC. Although the East African Research Council was a local council for the three East African countries, its constituent research stations did not have any direct linkage with the ministries of health in the respective countries.

In Kenya, after the collapse of the East African Community in 1977, the National Council for Science and Technology (NCST) was set up by an Act of Parliament as the machinery for making available to the government advice upon matters relating to the scientific and technology activities and research necessary for the proper development of the republic, and for the co-ordination of research and experimental development. The areas covered by the National Council for Science and Technology included priority areas like food, health, employment, environment and housing. In 1979 the Science and Technology Act was amended to create semi-autonomous, sector-related research institutes which previously were governed by the East African Community Treaty. The former institutes which were under the umbrella of the East African Research Council were absorbed under this Act.

The Kenyan NCST was supposed to co-ordinate their activities and guide their policies, but it was found that the NCST had no executive authority. Hence the Council recommended the creation of a full ministry which would give the required authority to the Council as well as to the research institutes to co-ordinate research, science and technology. This did not happen till 1987, but in the meantime the government felt it was necessary to build its own new research institutions in addition to those that were formerly under the other East African countries. Seven such research institutes were built in various sector ministries. Later it was discovered that the sector ministries did not pay much attention to the research activities, because of the pressure of other more urgently needed services, and tended to use the research funds for more pressing national needs. The government

therefore, realising the importance of research in national development, responded to the advice of the Council and created a full ministry responsible for research and technical training. All the research institutes were then placed in this ministry. Two medical research institutes fell into this category: the Kenya Medical Research Institute (KEMRI) and the Kenya Trypanosomiasis Research Institute (KETRI). The research portfolio in the universities also continued but this was not placed within the Ministry of Research.

Through the activities of the National Council for Science and Technology, Kenya became a member of the International Atomic Energy Agency (IAEA) in 1965, and NCST has since then been the co-ordinating arm of its activities for the Kenya Government. The support from the agency has been in the form of equipment, expert services and training scholarships (14 to date) spread out in the areas of human health, agriculture, livestock and industry. In addition, the Council has contributed to the creation of the Nuclear Science Centre at the University of Nairobi, equipped with a nuclear science library, a nuclear equipment maintenance unit with quality control instruments and a training facility. A radioisotope has been established at KETRI and at the Kenyatta National Hospital in the radiotherapy unit.

Since then, health research in Kenya has been carried out by various institutions, providing data on mortality, morbidity, risk factors, utility of diagnostic techniques, treatment outcomes, preventive strategies, disease surveillance, health policy and health economics. So far, however, such research activities have often lacked a national focus, and have tended to be individualised efforts within hospitals, universities, research institutes, government departments, or within private or non-governmental organisations without reference to the critical national needs. It is also quite evident that these institutions are concentrated in urban non-slum areas and most of the research has been hospital-based, therefore not adequately addressing health problems and dilemmas in the rural and urban-slum areas.

Even in situations where ample research has been undertaken, major issues in research methodology and utility such as selection of research questions, subject selection, measurement of outcomes and cost-effectiveness have not been adequately addressed. This deficit may be attributed to the lack of an adequate national approach in strengthening and coordinating research. So as to optimise available human, material and economic resources, it is important to co-ordinate and prioritise national research needs with emphasis on those with the highest priority. There is a growing appreciation of the need for communities themselves to be more actively involved in research in order to facilitate the implementation of research findings.

In 1988, a Global Commission was created to look at the status of health in the world. It was discovered that, while more than 80% of all the health problems and diseases were in the developing world, more than 90% of resources directed to health research were in the developed world. The Commission recommended that each country, no matter how poor, should conduct research in health as a strategic component of its national development. This was called Essential National Health Research (ENHR). The Commission further recommended that, in implementing this concept, each country should encourage consensus building and all-inclusiveness as a national strategy for implementing health research.

Kenya followed this global process carefully and, in view of its own situation, it was soon recognised that capacity building, prioritisation and co-ordination, in the area of national health research, offered the greatest challenge to Kenya. The most appealing aspect of ENHR is its stated goal of addressing equity and social justice, too often overlooked in the developing world where states are not able to provide adequately for those who need most. Equally, the strategy of all-inclusiveness — the inclusion of communities in planning, ownership and decision-making and the participatory approach — is what makes ENHR appropriate for a country like Kenya and hence encourages the easy acceptance and adoption of ENHR in this country.

INITIATION OF ENHR IN KENYA

In 1990, a Global Task Force on Health Research for Development was formed to implement the recommendations of the 1988 Global Commission on ENHR. Eighteen countries, including Kenya, began to apply the ENHR strategy between January 1991 and March 1993. At the end of the life of the Task Force, it was recommended that a Council on Health Research for Development (COHRED) be established to continue the work started by the Commission and further developed by the Task Force.

ENHR was formally embraced in Kenya in June 1991, following a national convention. The first national convention on ENHR was held in June 1991, in Nyeri, and comprised 81 participants representing: the Ministry of Health, the Ministry of Research, Science and Technology, Kenya Medical Research Institute, National Council for Science and Technology, Kenya Trypanosomiasis Research Institute, Department of Paediatrics and Child Health of the University of Nairobi, University of Nairobi, SOMA-Net, Faculty of Health Sciences of Moi University, UNICEF, Economics Department of Kenyatta University, Institute of African Studies of University of Nairobi, African Medical and Research Foundation (AMREF), Rockefeller Foundation, Kenyatta National Hospital, School of Journalism of the University of Nairobi, Maseno University College of Moi University, Central Bureau of Statistics, World Health Organization, Maendeleo ya Wanawake Organisation, Ministry of Planning and National Development, Kenya Economic Association, Kenya Agricultural Research Institute, Member of Task Force in Health and Development from Suez Canal Medical School, Institute of Mass Communication of the Ministry of Information and Broadcasting, Kenya Association of Pharmaceutical Industry (KAPI), Population Studies and Research Institute of the University of Nairobi, Aga Khan Foundation, Kenya Medical Women Association, Nation Newspapers, National Nurses Association, Supreme Council of Muslims, International Centre of Insect Physiology, Sociology Department of Kenyatta University, Bureau of Educational Research of Kenyatta University, International Laboratory for Research on Animal Diseases, Kenya Medical Training College, Family Planning (Youth) Association of Kenya, Department of Food Technology and Nutrition of the University of Nairobi, Department of Community Health of the University of Nairobi, Ciba-Geigy, and National Council of Population and Development.

The convention was opened by the Minister of Health and closed by the Minister of Research, Science and Technology. During the national convention a keynote address on A Global Overview of Essential National Health Research was delivered by Professor E. Ezrat, Senior Professor of the Suez Canal Medical School in Egypt and Member of the Task Force in Health and Development. Other presentations included Essential National Health Research and Priorities for Kenya, Situation Analysis of Essential National Health Research in Kenya, Research Information, Communication and Utilisation, Health Research Capacity Building and Networking, and Health Research Financing.

At the end of the conference, a set of recommendations or plans of action were agreed upon as the way forward for Essential National Health in Kenya. They comprised the following:

A body is urgently required to coordinate all activities of Essential National Health Research to ensure that proper linkages are formed and maintained between users, research institutions and research managers. The Chairman of the Convention, in conjunction with the Ministry of Research, Science and Technology and the National Council for Science and Technology, will draw up terms of reference for the co-ordinating body.

A broad-based task force should be formed by the Convention Chairman in consultation with the Ministries of Health, Research Science and Technology and the National Council for Science and Technology, to:

- Ensure co-ordination and networking of all institutions involved in health research
- Amplify action plans recommended by the Convention
- Review the role of the Medical Science Advisory Research Committee and how it would relate to the proposed task force on ENHR
- Identify and prioritise Essential Health Research.

A national health research information and documentation centre should be established immediately. Appropriate resources should be provided in order for it to function effectively. The centre would have the following objectives:

- To identify the various sources of health research material within and outside the country
- To work out procedures and systems for gathering, processing, storing and retrieving health research information
- To build up capacity and mechanisms for dissemination of health information nationwide.

Institutional Research Information Centres with objectives similar to the National Research Information Centres should be created to cater for more information dissemination within institutions. These centres will be linked with the national ones.

A formal system of networking among institutions working on related programmes should be established, e.g., memoranda of understanding between KEMRI and the University of Nairobi.

Ways and means of reducing costs of research operations should be as follows:

- Inter-institutional linkages should be established, thereby reducing duplication of efforts
- Increased efficient use of resources by sharing existing facilities
- Marketing of research results, thereby facilitating proper utilisation of research results and community participation.

Cost sharing (mobilisation of funds for ENHR) from national resources or development agencies would be facilitated as follows:

- Convening donor conferences where proposals can be discussed
- Formulation of viable research proposals
- Inclusion of health research components in national development projects and programmes; both government- and donor-funded.

An ad hoc committee of four was formed to do the following:

- Collect and assemble the existing relevant documents in health research
- Review and compile a national inventory on health research
- Report to the task force within a given time (six months).

It was further recommended that the task force should call the same participants for a one day convention to report back on the action taken within six months.

Three task forces were created to implement the above recommendations. One was to look at the various options available to create the national coordinating mechanism for national health research, the second was to incorporate ENHR in the national development plans, and the third was to look into the possibilities of creating a budget line either in the Ministry of Health or the Ministry of Research or both, in order to run the national mechanism. These task forces consulted extensively with various government departments, including the Attorney General's Chambers, and also coordinated with each other. A fourth task force was charged with creating a national strategic health research plan to be carried out by the new structure which would look after health research in the country.

The National Health Research and Development Centre (NHRDC) was thus created as the national mechanism to coordinate ENHR in the country, and ENHR was incorporated in the 6th National Development Plan of the Kenya Government as a core project of government. A budget line was created within the Ministry of Research and was to be paid through the NCST, which would then forward the money to the NHRDC. Since then, the Government of Kenya has demonstrated its commitment to these recommendations by the following:

Provision of the Secretariat within the National Council for Science and Technology
support of the core staff within the Secretariat.

A specific budget provided by the exchequer for the ENHR process in the subsequent three years.
Political commitment in the form of sound support of the ENHR process by the Ministry of Health and also by the Ministry of Research and Technology, as well as by the Public Research Institutes and the major public universities in the country.

priority setting

BACKGROUND

Traditionally, research has been left to researchers to decide on the topic or project of their choice. Very often this is an exercise with no clear focus or envisaged strategy. The objective may only have the selfish aim of improving the curriculum vitae of the scientists. The effect of this approach, contrasted with a country's true priorities, can be appreciated when one considers the array of institutions and the large numbers of individual scientists involved in health research.

In Kenya, research has been identified as an important tool for national development. Since public investment in research is constrained by limited resources, it is very important to identify high priority areas in which to invest those funds. During the creation of the Kenya Medical Research Institute in 1983, the government invited public discussion on how this institute should conduct research. The task force concerned recommended that the institute should concentrate on communicable diseases as the national focus for health research. KEMRI followed this mandate until 1993, when the mandate was widened to include noncommunicable diseases. This process was in part influenced by new developments in health issues. The new ENHR process that was evolving in the country at the time made an important contribution to influencing the direction of this decision.

When ENHR was adopted in Kenya, the following priority-setting process was followed:

The Ministry of Health was requested to identify the main health issues and to prioritise them according to their importance as perceived by the Ministry of Health.

A three-day workshop of researchers from all main institutions was convened in which another priority list was drawn up as perceived by the researchers.

Five districts with major health problems and some of the worst health statistics were identified. Consultants were sent to consult the community leadership and opinion-makers of those districts, and a third priority list was drawn up as perceived by the community.

Finally a two-day national convention was held, and all those who participated in the above three initial exercises, representing policy-makers, researchers and the community, were invited to come and harmonise the three priority lists. A final priority list representing the three constituents was drawn up.

The entire process began in June 1991 and culminated in a national convention in February 1992, where the three stakeholders who were involved in the priority-setting exercise made clear their own inclinations. The Ministry of Health expressed clear concerns about both policy focus and service improvement, so their recommendations naturally leaned towards health systems research. The researchers on the other hand, who were engaged in a three-day workshop, clearly showed interest in medical research and disease studies, both hospital-based and field-based. They rarely expressed a need to address national priorities, although the diseases they quoted were of national interest. The community leaders, expressing the desires of the communities, wanted basic human needs to be addressed; they wanted better shelter, better living environment, better food and food security and, of course, they wanted an improvement in the public health services. The final convention which was called to harmonise the three parties was quite exciting and offered much food for thought to all the parties involved and particularly the ENHR strategists.

PRIORITY AREAS

The final priority areas for health research were identified during the national convention. It is appreciated that this list is not static but is dynamic, with the possibility of changing over different time-periods depending on the situations prevailing in the country. For the time being, the list of priorities comprises the following:

Health Care Delivery Systems

Maternal and Child Health

Communicable Diseases

Vectors and Vector-borne Diseases

Food and Nutrition

Pharmacological Services

Noncommunicable Diseases

Mental Health and Behaviour Disorders

Environmental and Occupational Health

Dental Health

Accidents, Injuries and Catastrophes

Socio-cultural Practices, Knowledge and Attitudes for Health Education and Behaviour

Eye Disorders

Development Issues.

It was also decided that, among these many priority areas, the following five would be highlighted and considered to be of top priority, therefore needing to receive special emphasis:

Maternal and Child Health, including Family Planning

Water, Sanitation and Environmental Health

Health Policy and Health Care Delivery Systems

Sexually Transmitted Diseases, including AIDS

Capacity Building and Health Research.

national health research and development centre (nhrdc)

BACKGROUND

NHRDC was formally registered in December 1993 as a mechanism for implementing the ENHR process in Kenya, and as a Nongovernmental Organisation (NGO) but sponsored by the government. This unusual arrangement was chosen after much national discussion and consultation because the arrangement allowed the NHRDC to function with the flexibility of an NGO and without unnecessary government bureaucracy, but at the same time retained the commitment and the direct support of the government. Consequently, the executive body of the Centre, the Governing Council and the Board of Trustees, is composed of heads of various governmental institutions as members of the board. To ensure a proper balance of interests, the governing council has representation from government departments and from NGOs and private research organisations, as well as from the donor community. The Secretariat of the NHRDC is located within the National Council for Science and Technology at the Emperor Plaza building, on Kenyatta Avenue, in the capital city of Nairobi.

Because the stakeholders are themselves members of the Board of Governors of the NHRDC, the centre enjoys the full confidence of its partners. NHRDC serves as a means by which the various national institutions (governmental and nongovernmental) can work together to promote, facilitate and support ENHR.

THE MANDATES OF THE NHRDC

To enable it to function in accordance with the vision for its creation, the following mandates for the NHRDC were proposed:

To define statutory provisions for health research, including operational research and health planning.

To prepare a comprehensive national work plan for the ENHR programmes in the context of primary health care.

To define the roles of government ministries and other relevant institutions, both governmental and nongovernmental, in the ENHR programme of the country.

To obtain consensus and secure commitment of all partners for the implementation of the ENHR programme in the country.

To facilitate linkages between researchers, decision-makers and members of the community they served.

To develop mechanisms for integrating and coordinating research activities at all levels of health care delivery points.

INSTITUTIONAL ARRANGEMENTS, STRUCTURES AND ORGANISATION

The organograms in Figures 1 and 2 clearly explain the institutional framework and organisational structures for health research in Kenya. There is a national steering committee for the NHRDC, made up of five permanent secretaries in the Office of the President, the Ministry of Health, the Ministry of Planning, the Ministry of Finance and the Ministry of Research and Technology.

The governance of the NHRDC is directed by the Board of Governors, which is comprised of the heads of the participating institutions. One of these heads is elected by the membership to be the

chairman of the Board of Governors for a period of three years. The Secretary to the National Council for Science and Technology (NCST) is the secretary of the NHRDC, since at present the NHRDC is housed by the NCST. The Director of Research Development in the Ministry of Research is for the time being the treasurer of NHRDC, since the exchequer funds for the NHRDC presently come through the Ministry of Research and Technology (MRT). The rest of the membership include the heads or the representatives of:

Moi University

University of Nairobi

Jomo Kenyatta University of Agriculture and Technology

Egerton University

Kenyatta University

Ministry of Health

Ministry of Research and Technology

Ministry of Economic Planning and National Development

Office of the President

National Council for Science and Technology

Commission for Higher Education

Kenyatta National Hospital

Kenya Medical Research Institute

Kenya Trypanosomiasis Research Institute

Institute of Primate Research in the National Museums of Kenya

National Environment Secretariat

International Centre for Insect Physiology and Ecology

International Livestock Research Institute

African Medical and Research Foundation

Maendeleo Ya Wanawake Organisation

The Kenya National Academy of Sciences

The Methodist University, Meru

Kenya Medical Association

Kenya AIDS Consortium

Council of Non-governmental Organisations

Kenya Community Development Foundation.

Three committees of the Board oversee the three national programmes, namely, Health Policy and Systems Research Programme, Biomedical Sciences Research Programme and Clinical/Epidemiological Research Programme. Each of these advisory committees of the Board is composed of deans of faculties, deputy directors of research institutes and senior deputy directors from government ministries. Each of these subdivisions is chaired by a Board member and co-ordinated by a programme officer from the Secretariat who acts as secretary to the advisory committee and is a senior officer seconded to the NHRDC by one of the participating institutions. At present, these programme officers come from the Ministry of Health, the Kenya Medical Research Institute and the Clinical Epidemiology Unit

of the Medical School, the University of Nairobi. The chief executive of the NHRDC is the co-ordinator, who was seconded to the centre by the National Council for Science and Technology. She is also the Chief of the Health Sciences Research portfolio of the NCST.

To facilitate the efficient functioning of the NHRDC, the three subdivisions were allocated to specific participating institutes for leadership and direction, through the programme officers that they had seconded to the NHRDC. The division of Biomedical Sciences Research was allocated to KEMRI in the MRT, the Clinical/Epidemiology Research was allocated to the Clinical Epidemiology Unity of the Medical School, the University of Nairobi, and the Health Policy and Systems Research was allocated to the Ministry of Health.

FIGURE 1 HEALTH RESEARCH IN KENYA: INSTITUTIONAL ARRANGEMENTS OF NHRDC

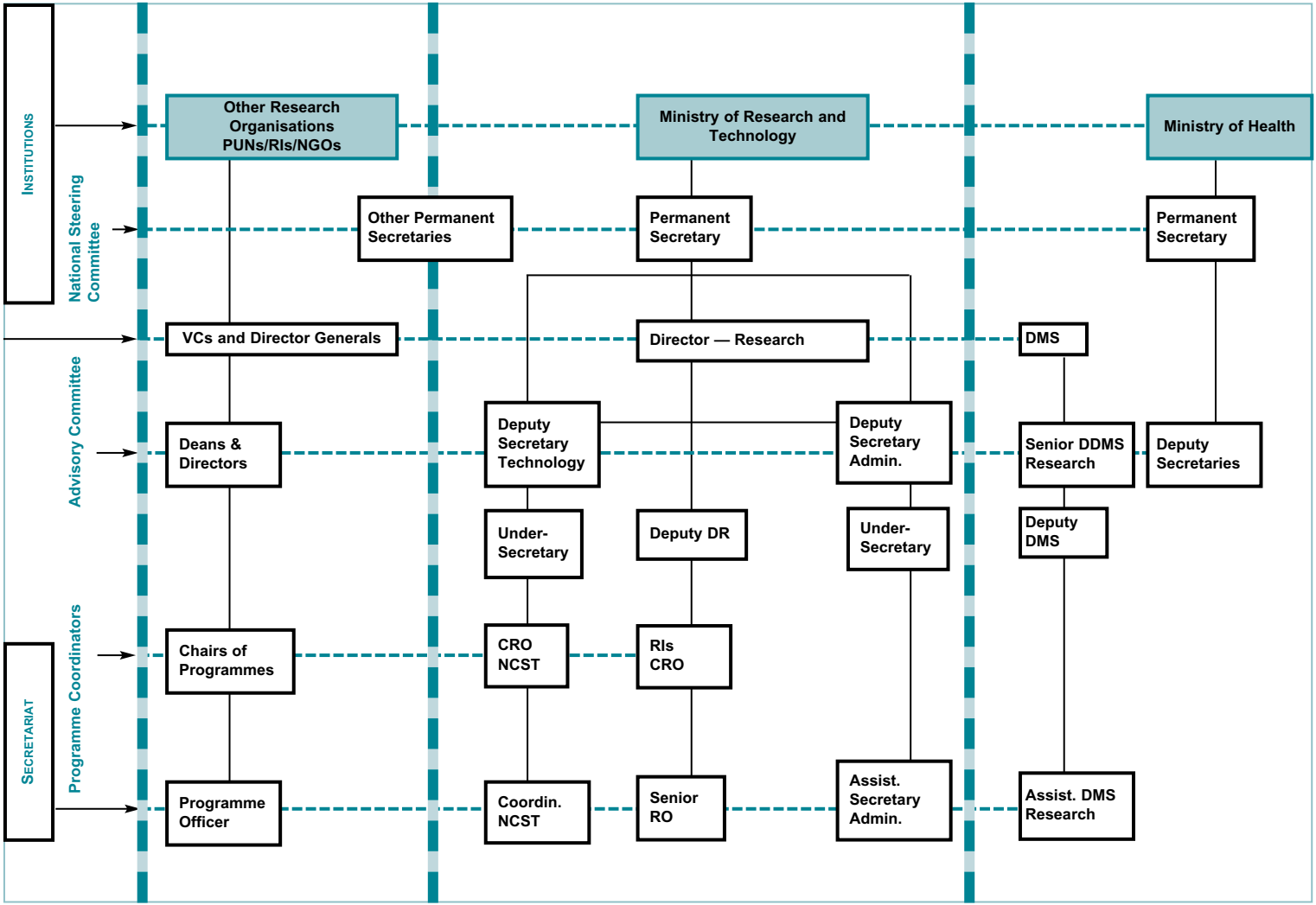
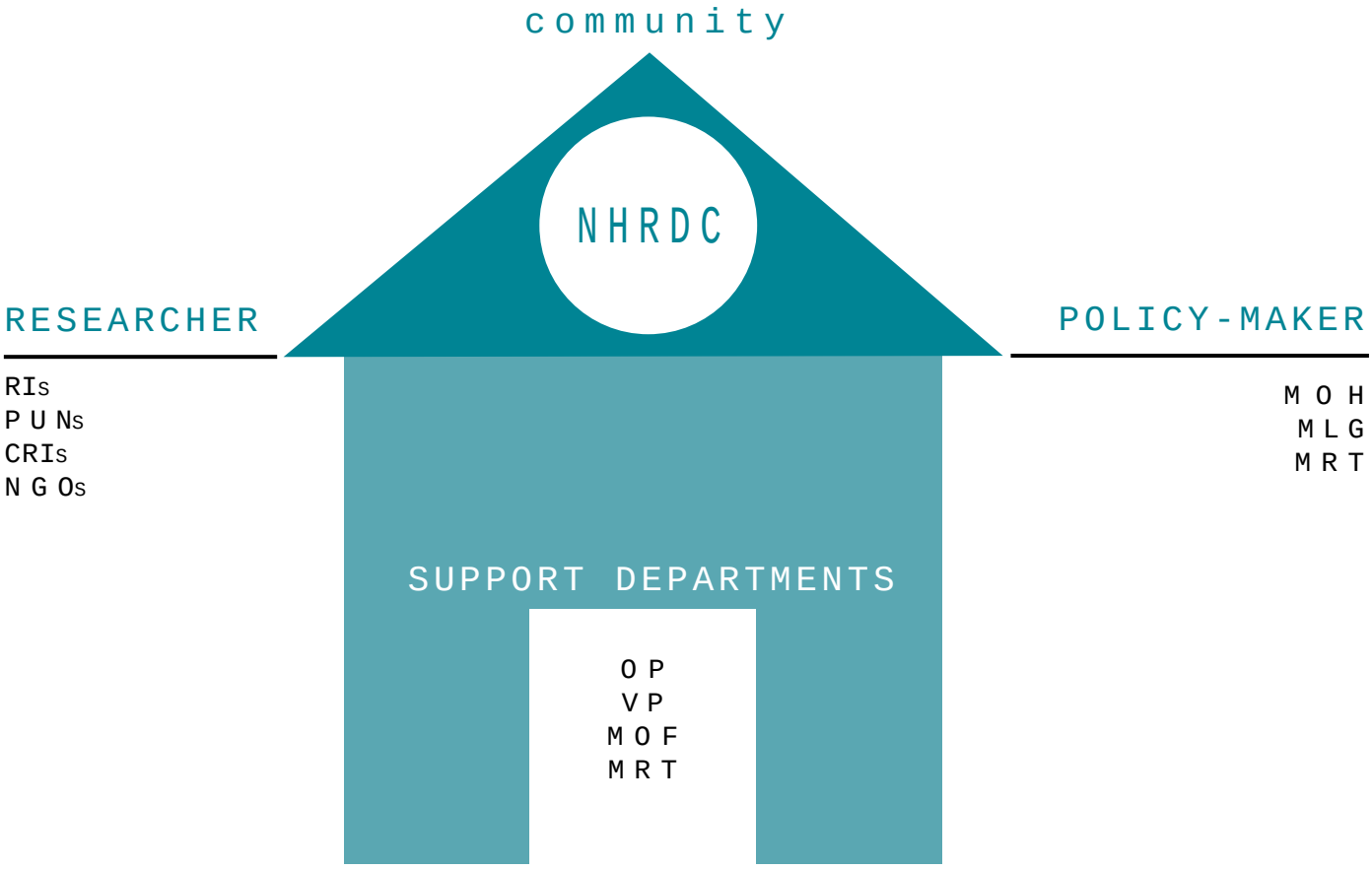


FIGURE 2 FUNCTIONAL RELATIONSHIPS: HEALTH RESEARCH KENYA



nhrdc	National Health Research and Development Centre
op	Office of the President
vp	Vice-President s Office
mof	Ministry of Finance
moh	Ministry of Health
mrt	Ministry of Research and Technology
mlg	Ministry of Local Government
ris	Research Institutes
puns	Public Universities
cris	Commodity Research Institutes
ngos	Nongovernmental Organisations

enhr and government financing of health care and health research

The Government of Kenya discharges its duties to provision of health care to the Kenyan population through the Ministry of Health. Soon after independence, the government declared a policy of providing free education and free medical services to the population of Kenya, in addition to improving their economic status. This was partly to redress the imbalance in equity in the social circumstances of the peoples of Kenya at the time, and also to combat the declared enemies of the country in the form of poverty, ignorance and disease. In the first ten years after independence the country built vast amounts of infrastructure, including roads, schools, colleges, hospitals, health centres and telecommunication facilities in order to open up the country. The government also placed a lot of importance on the health and education of its people by allocating a large proportion of its budget to these two sectors. The two sectors combined took a hefty 50% of the total national budget, with health accounting for 9.55% of the GDP.

The country was able to achieve its goals because of the international goodwill towards Kenya which was reflected in the large donor assistance, the pivotal African regional status Kenya enjoyed in relation to the global political Cold War between East and West, the good income earned from the agricultural exports, which at the time enjoyed good prices in the international markets, and the low cost of energy at the time. This situation changed in the mid-1980s when the global economy changed, the cost of oil soared, the global political situation changed and Kenya lost its pivotal status. The export earnings took a nosedive when the international agricultural prices crashed and the country went into the economic doldrums. The economic growth dropped from 10% per anum to -1.5% and Kenya found it could no longer keep its promise of free social services to the nation.

The policy of free public services therefore had reluctantly to be changed, for a number of reasons. Firstly, the population growth was relatively rapid at 4%, outstripping the capacity of the Ministry of Health to meet the demands for health services, in spite of a relative increase in the number of facilities and personnel. Secondly, the Kenyan economy experienced relatively poor growth as a result of the poor international performance of its export products, the fluctuating donor support, implementation of a Structural Adjustments Programme recommended by the International Monetary Fund and the World Bank, and poor performances in some previously key economic areas like agriculture. The budgetary allocation to the Ministry of Health by the Kenya Government continued to decline, falling from 9.55% of the total expenditure in 1980/1981 year to 3.09% in the 1996/1997 year. Lastly, it became evident that a more rational approach to deal with the health of the populations would be to put increased emphasis on preventive and promotive health without detrimentally ignoring the curative services, which up to now take up about 85% of the health budget.

The reforms that are now being promoted shift greater responsibility for the provision of curative services to the people to provide support and management of their own health through district health boards, while the Ministry of Health will retain the preventive and promotive services as well as the quality control and inspectorate functions in order to ensure maintenance of health standards in the country. The functions of strategic health planning, resource management, public health care financing, coordination and supervision of health systems research, and licensing and certification of health personnel and institutions will become the central activities of the ministry. The Ministry of Health would like to continue its commitment to ensuring access to affordable, effective and adequate health services which will ensure the well-being of Kenyans. The emphasis will be on efficient management of resources, cost containment and the generation of additional non-exchequer alternative sources of funding. It is felt that this will be best achieved by the decentralisation of health services and their management to the district level, where they will be run by District Health Boards. These will in turn be co-ordinated by Provincial Health Boards in each province and will finally be cen-

trally co-ordinated through the Central Board of Health in the Ministry Headquarters. These changes are now termed as health systems and structural reforms.

The government appreciates that the reforms are complex and challenging, and will require both political commitment as well as the orchestration of a wide variety of organisations and interest groups both within and outside the government. Not least in this participation is the role of health research, which is well-articulated in the Kenya Health Policy Framework which was unveiled by the Ministry of Health in December 1994 at about the same time that the Strategic Health Research Plan was launched by the Ministry of Research. It is recognised that major strategic and operational first steps will need to be taken by the Ministry of Health in order to implement the new reforms. These will include not only new legal mandates and a new institutional focus but also baseline studies to monitor the changes and determine whether or not these changes are moving in the right direction. Therefore policy and operational research will play a key role in this process. But also in concert with this process will be the need to keep good epidemiological data and health surveillance systems to see if the health status indices are improving, in addition to improvements in the programme indices which will obviously be monitored.

The government recognises the vital role of health research not only in improving the health status of the people, but also in national development. Health research has usually been carried out by universities, large hospitals and research institutes within the Ministry of Research and Technology. The National Council for Science and Technology, which was established to promote and co-ordinate scientific research in Kenya, including health research, continues to play that role. Recently the Council has cooperated closely with the NHRDC, the NGO set up by the Kenya Government as the mechanism to co-ordinate Essential National Health Research, and whose chief executive is also the head of both organisations. As part of the structural change in health research coordination and organisation, the Ministry of Health has established a division to co-ordinate health systems and policy research in the ministry. This unit is expected to co-operate with the Ministry of Research.

Since the establishment of the Ministry of Research, the government has spent about 0.5% of the GDP on research in general and this translates to a figure of about 5% of the health budget being spent on health research. Unfortunately most of this money is spent on the wages of the workers and on maintenance of the facilities. Less than 10% of the funds are spent on actual research, in other words only 0.5% of the health funds are spent on health research. Since the adoption of ENHR, the Government of Kenya has demonstrated its serious commitment by establishing the NHRDC, by giving firm support to the centre, mainly through the Ministries of Health and Ministry of Research and Technology, and also through other government agencies that form the majority of the stakeholders for the NHRDC. The Secretariat has been established by officers seconded from various government institutions. The support for the ENHR by the government was further demonstrated by the provision of office space for the NHRDC by the NCST, and putting a budget line for the NHRDC through the Ministry of Research and Technology.

the evolution of enhr in kenya

THE MOMBASA CONVENTION

In May 1994, a national convention on Essential National Health Research was held in Mombasa, a coastal city in Kenya. This marked the formal launching of the National Health Research and Development Centre after its registration in December 1993. The Convention was attended by 61 delegates representing the following institutions:

Ministry of Health

Ministry of Research and Technology

National Health Research Development Centre

African Medical and Research Foundation (AMREF)

University of Nairobi

Kenya Medical Research Institute

National Council for Science and Technology

African Dental Federation

Maendeleo Ya Wanawake Organisation

Kenya Trypanosomiasis Research Institute

Kenya Medical Training Centre

Commonwealth Regional Health Secretariat

Pharma Industry

Network of Aids Research of Eastern and Southern Africa (NERESA)

Institute of Primate Research

International Laboratory for Research in Animal Diseases

Kenya Catholic Secretariat

Ministry of Planning

JICA

Kenya Medical Women Association

Moi University

The World Bank

IDRC

Ministry of Finance

Aga Khan Foundation

Print Media.

In addition there were international delegates who attended from Egypt, Ghana, Nigeria, South Africa, Tanzania, Uganda, Zimbabwe, IHPP, UNICEF, WHO and COHRED.

The Convention was opened by Hon. Joshua Angatia, the then Minister for Health, and was closed by the late Dr Zachary Onyonka, the then Minister for Research and Technology, and among the participants were Dr Yvo Nuyens, Co-ordinator for COHRED, and Dr Davidson R. Gwatkin, Director of the International Health Policy Program. The convention coincided with the international meeting for IHPP and the Africa Region's ENHR meeting.

The presentations at this second national convention on ENHR were grouped into four main areas, namely:

1 *The status of Health Research in Kenya*

2 *Approach to ENHR in Kenya*

3 *Investing in Health Research*

4 *Information Dissemination and Utilisation of Research Results.*

At this convention the national strategic research plan for the three research programmes, namely Clinical/Epidemiological Research Programme, Health Systems Research Programme and Biomedical Sciences Research Programme, were unveiled, presented and discussed under the sub-topic Approach to ENHR in Kenya. There was lively discussion on the presentations made, including those of the research plans of the three programmes at the NHRDC, and very useful contributions were made.

The convention ended with the following declaration of support for ENHR in Kenya:

Recognising, with appreciation, that the Kenya Government is fully committed to the promotion of research as a catalyst for national development and recognising further that the government has created the necessary mechanisms and infra-structure for the advancement of research for development;

Recognising the right, obligation and responsibility of each country to set up its own research goals and priorities;

Conscious of the fact that health research is a vital tool for the improvement of the quality of life of Kenyans;

Noting with pleasure that the Kenya Government is committed to the promotion of Essential National Health Research (ENHR) as an integrated strategy involving the community, researchers and policy-makers in the planning and implementation of health research;

Recognising the need to strengthen and sustain the ENHR initiative as a viable, cost-effective and pragmatic national and global initiative for promotion of health research and eventual strengthening of health care delivery systems;

And recognising, with utmost satisfaction, the fact that tremendous effort has been made to implement the major recommendations of the 1st ENHR Convention held in Nyeri from 3 to 6 June 1991, this effort being exemplified in the formation of the National Health Research and Development Centre (NHRDC), getting the necessary support of all arms of government agencies and donors in the ENHR initiative and drafting a comprehensive five-year ENHR plan outlining the strategy and possible financial implications of ENHR activities over the period;

Now we, the participants in the ENHR Convention held at Whitesands Hotel, Mombasa, from 25 to 27 May 1994, strongly recommend:

The implementation of the National Health Research Plan comprising activities to strengthen the National Health Research and Development Centre and the three research programmes of health policy and systems, clinical/epidemiological and biomedical research;

The adoption and sustenance of the participatory strategies involving policy-makers, researchers and the community in the planning, implementation and monitoring of health research priorities in Kenya;

The strengthening of the National Health Research and Development Centre and its associated institutions in the advocacy, capacity building, coordination, exchange and dissemination of research results and networking of health research bodies in Kenya;

The enhancement of efforts to mobilise resources from the Kenya Government, industry, the community and donors in support of ENHR activities as outlined in the National Health Research Plan;

The development and strengthening of mechanisms for inculcating a scientific and research culture, the support and promotion of national and regional networking mechanisms and encouragement of strategic alliances in the health research effort for national and regional health development.

The National Health Research Plans 1994 to 1998

BACKGROUND

Despite great advances in health science and technology over recent decades, the health status of millions of people in developing countries still remains unsatisfactory. Besides scarcity of resources, health delivery systems in developing countries have been unable to harness the emerging technologies to advantage, and this remains the challenge not only now but also for the future. Various forms of health research, namely health systems research, clinical/epidemiological research, and biomedical sciences research, aim at improving this situation.

The identification of needs and their solutions, and the selection, adaptation and utilisation of health technologies and the contribution they make to the health of populations constitute the field of health systems research. On the other hand, clinical and epidemiological research aims at improving clinical care of patients and also health-related interventions in communities. And lastly, biomedical health research aims at improving technology in the diagnosis and management of health conditions, and also at appropriately harnessing the already existing technologies. Potentially useful fields in biomedical sciences include biotechnology, genetic engineering, development of new vaccines and new diagnostic techniques, and determining of genetic markers for diseases.

Kenya, being a developing country, typifies this example of the need to create a strong health research infrastructure in order to address the health needs of the nation. As stated earlier, the three forms of health research initiatives are run by separate research programmes at the NHRDC, each under the co-ordination of a programme officer. Although each of the research programmes has its own objectives, they all share common strategies for fulfilling their individual objectives. They are also co-ordinated by one secretariat, under one national effort, using the same infrastructure and resources. It is only for purposes of planning that they are described separately in the master plan.

Below is a listing of objectives for each of the health research programmes, followed by the set of strategies that are to be used for fulfilling those objectives.

THE OBJECTIVES OF THE HEALTH POLICY AND SYSTEMS RESEARCH PROGRAMME

Broad objective The broad objective of the Health Policy and Systems Research Programme is to improve the health of all Kenyans by strengthening the management and co-ordination of health care of Kenyans, using the ENHR mechanism to improve the delivery of health services in the country.

Specific Objectives There are five main specific objectives for the programme, which are targeted at developing and strengthening structures and mechanisms for promoting health in Kenya by the following means:

1 SENSITISATION OF THE POLICY-MAKERS AND HEALTH MANAGERS with regard to the role of health systems research in decision-making;
2 BUILDING AND DEVELOPING CAPACITY for the community, the researchers and health staff with respect to health systems research;
3 PROMOTING HEALTH SYSTEMS RESEARCH in relation to the health priorities of the country;
4 PROMOTING AND FACILITATING LINKAGES AND APPROPRIATE NETWORKING in implementing the national health programmes of the country;
5 ESTABLISHING MECHANISMS FOR DISSEMINATION OF RESEARCH FINDINGS and their utilisation in the formulation of relevant health policies.

THE OBJECTIVES OF THE CLINICAL/EPIDEMIOLOGICAL RESEARCH PROGRAMME

Broad objective The broad objective of the clinical/epidemiological programme is to develop clinical and epidemiological research as an integral component of Essential National Health Research,

in order to improve the health status of all Kenyans.

Specific Objectives The following are the specific objectives for the programme:

1 To sensitise the community, health workers and the policy-makers on the significance of clinical and epidemiological research in health promotion;
2 To ensure appropriate collection, compilation and storage of relevant clinical and epidemiological inventory and data in order to facilitate its prompt retrieval and utilisation to improve the health management of national programmes in the country;
3 To prioritise clinical and epidemiological research according to the national health problems;
4 To facilitate laying down and promoting the use of national ethical clearance guidelines for all research involving human subjects and/or collection of epidemiological data;
5 To promote and facilitate the training of various personnel involved in patient care or community health activities in clinical and epidemiological research;
6 To promote and facilitate identification and mobilisation of human, economic and physical resources for capacity building in clinical and epidemiological research;
7 To co-ordinate, monitor and evaluate clinical and epidemiological research activities in the country;
8 To develop appropriate linkages between clinical/epidemiological research and basic biomedical and health system research using a multidisciplinary approach;
9 To foster local and international networking with individual researchers, research groups, or institutions with similar research interests;
10 To establish mechanisms for dissemination of research findings and their utilisation in formulation of relevant health policies and programmes;
11 To formulate strategies for enhancing control of epidemics, using appropriate disease surveillance systems.

THE OBJECTIVES OF THE BIOMEDICAL SCIENCES RESEARCH PROGRAMME

Broad objective The broad objective of the Biomedical Sciences Research Programme is to manage, coordinate and evaluate biomedical research in order to facilitate improvement in the management and control of diseases and to promote good health in Kenya.

Specific objectives The specific objectives of the programme are:

1 To make an inventory of all biomedical research going on in the country and also to document the national capacity for biomedical research;
2 To facilitate the creation of a national data centre on biomedical research within the National Scientific Information and Documentation Centre;
3 To enhance biomedical research by providing appropriate training and continuing education to personnel involved in biomedical research;
4 To facilitate ethical handling of animals during experimentation involving animals, by appropriate advocacy, education and training, targeting present and potential biomedical health researchers;
5 To facilitate networking among biomedical researchers in Kenya and outside, and also to promote such networking and linkages with researchers in health systems research, clinical and epidemiological research, and other forms of research relating to health;
6 To facilitate educational, industrial and commercial utilisation of inventions and new innovations in the area of biomedical health research;
7 To promote efficiency in biomedical research by facilitating monitoring and evaluation of the research.

the strategies of the enhr process

The main strategies of the ENHR process are advocacy, consensus building, capacity development, networking and sustainability mechanisms. The short-term plan is to create awareness and subsequent use of the ENHR strategy amongst the current health workers and researchers in the country. But the long-term goal is to ensure sustainability of the ENHR initiative by reviewing training curricula in all the health training institutions in the country, by 'indigenisation' of the ENHR process and by provision of support to evaluate the impact of health problems in the country on a continuous basis.

ADVOCACY AND CONSENSUS BUILDING

The very intricate and complex concept, institutional framework and organisational structure just described is totally new to Kenyans and will obviously require a lot of explaining before it is accepted and adopted. To promote ENHR in Kenya, therefore, the NHRDC has been acutely aware of the crucial need to conduct advocacy and consensus-building meetings among its stakeholders. As the first initiative of the Centre, NHRDC launched a three-year programme to conduct advocacy and consensus building nationwide. So far this has been carried out with top management personnel in Moi University, Nairobi University, Jomo Kenyatta University of Agriculture and Technology, the Ministry of Health, the Ministry of Research and Technology, and the Kenya Medical Research Institute. The same technique has been applied to all the provincial health personnel in the country.

Advocacy for ENHR is regarded as an on-going process and plans are under way to go further down the scale towards district health teams and the individual health scientist level for each of the stakeholders. It is recognised to be a long and painstaking exercise that may have to be repeated many times using many approaches. The biggest stumbling block to the success of this programme is the frequent changing of officers working in the field and hence the need to go back again and again to keep newcomers informed about this national movement. It has not yet been possible to recruit a critical core of people who could then perpetuate the theme by a ripple effect down the ladder. This will take some time.

The importance of research as a tool for health promotion is not adequately appreciated, especially in developing countries like Kenya where less than 1% of the Ministry of Health budget is allocated to research. It is also quite evident that research grants from government sources are generally limited. To revolutionise this situation, there is need to approach and discuss the concept of 'health research for development' with policy-makers, health workers and the public at large. This sensitisation process needs to be extensive and should be undertaken over a period of time as it involves changes in attitudes and convictions. It is important also to identify and enlist the support of various stakeholders so as to establish a sense of ownership for the programme. Collaborating institutions need to be involved from the designing to the implementation stages of the programme.

This advocacy is being done and will continue to be done at national, provincial, district and sub-district levels. One of the strategies being used by NHRDC is the regular publication of newsletters which are distributed to all parties concerned. Workshops, seminars and scientific meetings of stakeholders offer opportunities for advocating ENHR, and specific ENHR-awareness meetings are being arranged. The other strategy is to create joint research projects between researchers with similar interests and also institutions with similar interests. Several such projects have already taken off, or are about to take off, under the auspices of NHRDC. These include the national diabetic epidemiological survey, the national health information management system, the survey on the impact of health care

reforms on accessibility to health care facilities, and harmonisation of the national reproductive health programme, gender-sensitive inputs to augment national interventional programmes.

Consensus building

Although stakeholders attend the regular board meetings there is still a lot of consensus building needed to bring all parties together. Each of the institutions represented has previously had a legal mandate to carry on health research independently, and indeed to a large extent that is what has been happening. One of the members when interviewed by the external review committee said precisely that, and ventured the opinion that if ENHR was dissolved it would not make much of a difference to the research activities in the country. This is probably true, except that ENHR is now advocating research of national interest and priority, and is advocating 'all-inclusiveness' as an approach to conducting health research in the country. This is not happening at the moment, and for that reason this new approach needs to be closely fostered amongst the members. Indeed the statement by the member clearly demonstrates the need for more consensus building in all the institutions.

Inventory, storage and prioritisation of health research results

Despite useful information being available from various sources, this information is not readily accessible for dissemination. Significant research findings have not been published in peer-review journals (e.g., student theses) while some of the others are in unsynthesised or technical form, not readily retrievable for policy purposes. There is a need to compile what is available in a readily retrievable format and to facilitate further planning of missing essential research. The NHRDC needs to have a list of research priority areas based on the ENHR, while making allowance for local variation.

Mechanisms have been initiated to correct this anomaly at all levels by specifically addressing each problem. The Centre has drawn up plans to create a national information and documentation centre which will store the research results emanating from Kenya. It will also store data collected from all over the country, which it is hoped could hopefully be analysed and used for decision-making and for teaching purposes. Information and literature search will also be facilitated in this centre for those scientists who wish to do research in health.

Resource mobilisation

Major research activities have been limited to only a few centres in the country because of a variety of constraints in resources. Such resources may be in the form of physical facilities or equipment, skilled manpower or financial support. Besides training in research, there is need to mobilise financial support to provide basic research instruments and grants. The resources need to be coordinated from a central level to ensure equity in distribution according to need. Resource requirements vary from tertiary care centres through to dispensary level and to community health worker level.

Mobilisation of resources is to become a major activity of the NHRDC, given the current global funding situation. Both traditional and non-traditional sources will be explored, and other alternative sources of funding will be looked into. The policy of the government is to make Kenya a newly industrialised nation by the year 2020. The current national development plan articulates this clearly and has asked all sectors to provide the means for reaching the stated overall development objective. This presupposes careful application of knowledge acquired through research science and technology.

In this effort of resource development, NHRDC will work with both NCST as well as the Ministry of Health, Ministry of Research and other institutions to develop and improve the health research infrastructure, training of manpower, empowerment of communities and mobilisation of finances for health research development.

Networking and institutional linkages

National, regional and international networking is needed to bring together individuals/groups with similar research interests. Such networking includes all areas of operation or interest for the centre. This networking facilitates the sharing of knowledge, technology and dissemination of information, among other benefits.

The NHRDC is planning to make linkages between the national control programmes of the Ministry of Health and the national research programmes of a similar nature. Plans are also in hand to create linkages between researching institutions and government hospitals, through the mechanisms available within the Ministry of Health and also directly with other major hospitals. This will permit hospital-based and epidemiological research on a number of major diseases of national

importance. Linkages will also be made to government research institutes, nongovernmental organisations, private hospitals, universities, donor agencies. and regional and international collaborating institutions.

The NHRDC has started the process of establishing a data and information centre to be accessed by researchers from the various institutions. This is expected to be in the form of relevant local and international journals, textbooks, and manuals, in addition to electronic access to major international libraries and CD-Roms. The centre will also link with major medical libraries within the country and within the African region. Coordination of research in various institutions is being done by promoting the ideals of ENHR. NHRDC is involved in identifying and elaborating key research questions, prioritising research and co-ordinating efforts by different institutions, especially when working on similar issues. The programme encourages a multidisciplinary approach to research within the institutions.

The NHRDC liaises with research funding organisations and agencies, and assists in identifying good research protocols from various institutions in the country; it is also involved in the co-ordination of their funding. Recently the Centre has begun the process of assisting scientists to develop their research protocols to international levels so that they can better obtain international funding for their projects.

The NHRDC maintains regular communication with researchers through newsletters, meetings and workshops. Periodic visits are being made to various institutions to have a one-to-one talk with scientists in order to stimulate their enthusiasm for undertaking research of national interest.

Ethical guidelines

Although there are ethical committees dealing with the clearance of research on ethical issues in a number of institutions, there is no national body dealing with ethical guidelines for health research. Such institutions include KEMRI, Kenyatta National and Teaching Hospital and the National Council for Science and Technology. Consequently, the NHRDC will facilitate formulation of national guidelines for conducting research on human subjects. These activities have not yet been initiated but the guidelines are expected to be comprehensive enough to cover all situations of research that fall under its responsibility. There will be collaboration between all the programmes of the NHRDC in formulating these guidelines.

The centre will convene a panel of medical and non-medical individuals to formulate national guidelines for conducting research on human subjects. Experience from local and regional Institutional Review Boards and existing ethical guidelines, like those of the National Council for Science and Technology, will be used, and further components will be added which have the greatest relevance to the Kenyan situation.

Training and capacity building

Although health research has been going on especially in research institutions and universities, little has been implemented through the central government or the private sector (except for research-oriented NGOs). Even in established research institutions, some researchers have sometimes lacked critical skills in one area or another as regards quality research methodology. The validity and utility of the findings of such researchers have therefore been reduced. There is therefore much need to train personnel in the public and private sector in research methodology. Training coverage needs to extend from national to community levels as health problems vary from one area of operation to another. There are plans to design training for policy-makers so that they can learn both to generate research questions in their areas of operations and utilise the results when these are obtained.

It is hoped that existing capacities, institutional strengths and gaps, and availability of resource people will be identified. Community-based training programmes to increase communities' ability to participate in research are also necessary. There are plans to train communities to learn to identify their major health problems and to seek appropriate help where needed.

Coordination of efforts in capacity building and strengthening of research will be through the following avenues:

Encouraging incorporation of research methodology courses in the curriculum of programmes for training health workers in various medical training institutions;

Coordinating relevant training, refresher and continuing education courses for various cadres of health personnel;

Coordination and organisation of appropriate workshops and scientific conferences, in conjunction with various institutions and professional bodies.

Research seed money

As stated earlier, some scientists are not well-trained in research methodology and their proposals often do not meet the mark to be able to attract funding. Where gaps are identified during the preparation of research protocols, NHRDC will facilitate the development of such proposals and where possible solicit funding for them. For this purpose NHRDC plans to have a fund to act as seed money. It is envisaged that the seed money will be used for pilot studies and for developing proposals which can attract funding from donor agencies. This programme is likely to encourage the research community to participate more within the ENHR principles. The research questions will be communicated to the research community through the newsletter and proposals will be solicited. The technical advisory committees of the respective programmes will then pick those that merit funding as being most likely to fulfil the scientific objectives and to have the greatest possibility for utilisation. The programme officers will monitor the performance of these projects.

Disease Surveillance and Epidemics Control

Kenya has a health information system (HIS) that functions suboptimally. The data is collected manually, it is not formated in any particular structure that can be useful to the Ministry of Health and it is not analysed in time to be useful for decision-making. Most information is received late at the ministry headquarters and hence too late for meaningful interventions. Data is often inaccurate and the reporting system is incomplete and tends to exclude data from the NGO and private sector. The system needs strengthening and NHRDC is currently in the process of putting together a proposal that will substantially improve the management of the health information system.

Coordinating and monitoring

A centrally located administrative structure at the NHRDC will play a pivotal role in co-ordinating and monitoring health research. This will permit the optimisation of resources and enhance multidisciplinary collaboration while encouraging a proper focus on ENHR and guidance for research donor agencies. Ongoing monitoring processes and programme evaluation mechanisms will be instituted, while research needs and available resources will also be matched. Collaboration between basic biomedical research, health systems research and clinical/epidemiological research will be facilitated during coordination and monitoring.

Dissemination and communication

Dissemination of research findings will be done at all levels of activity, ranging from the community up to the central government headquarters administrative level. The most appropriate ways of communicating and transmitting information related to research activities and findings will be utilised. Efforts will also be made to incorporate research findings into policy.

Programme evaluation

The ENHR initiative began in 1991 but the programme centre was not formally registered until 1993. In October 1996, a mid-term evaluation was carried out and this was useful because it highlighted some important issues and made useful recommendations to the centre. The next external evaluation is likely to take place towards the end of 1998 when we are likely to take stock of the situation and chart a new course of action for the future. The programme will continue to carry out periodic evaluations of all its various activities and operations, undertaken regularly by both internal and external experts, so as to facilitate the fulfilment of its mission.

SPECIFIC ACHIEVEMENTS OF NHRDC

National conventions

The NHRDC has successfully staged two national conventions with the full participation of the stakeholders, in 1991 and 1994. At those conventions the vision of the NHRDC, its goals, objectives, strategies and work plans were exhaustively deliberated upon and adopted.

Newsletter

A newsletter with a local circulation of 2000 has been produced regularly every quarter since 1994. The aim of the newsletter has been to provide crucial information and also to provide some networking for its stakeholders.

Most of the issues have been sponsored by the Government of Kenya. However, the Council on Health Research for Development (COHRED) sponsored the newsletter for one year, while Barclays Bank sponsored one issue. At present, the NHRDC is planning to make the newsletter self-sustaining by including appropriately selected advertisements from private companies.

Networking meetings

The NHRDC has held two successful networking meetings for programmes involved in health research in the country.

The first networking meeting was organised on behalf of the NHRDC by one of its stakeholder institutions, the Clinical Epidemiology Unit of the Faculty of Medicine of the University of Nairobi. This meeting, held on December 6, 1995, in Nairobi, was attended by representatives from the Clinical Epidemiology Unit and from the Social Science and Medicine Africa Network (SOMA-Net), the Food and Nutrition Programme of the University of Nairobi, the Interfaculty Collaborative Programme of the University of Nairobi and the National Health Research Development Centre. Invited to attend but unable to send representatives to the meeting were the International Health Policy Program, the Network of Aids Researchers in Eastern and Southern Africa (NERESA), the Reproductive Health Programme in the Department of Obstetrics and Gynaecology of the University of Nairobi, and the AIDS Research Programme of the Department of Medical Microbiology of the University of Nairobi. At this first networking meeting, the emphasis was put on knowing what each programme was doing and noting areas of potential collaboration through presentations about the activities of their programmes by the respective representatives. The participants were introduced to the Essential National Health Research concepts and to the National Health Research and Development Centre. The NHRDC played the leading and co-ordinating role at this meeting. The participants were delighted to learn what was happening in the different programmes and expressed interest in working together in a collaborative manner.

The second networking meeting was organised by the NHRDC itself on 31 July 1996, in Nyeri, as a follow-up to the first networking meeting. At this second networking meeting, the following institutions/programmes were represented:

The National Health Research and Development Centre

Clinical Epidemiology Unit, Faculty of Medicine, University of Nairobi

Kenya Methodist University

Interfaculty Collaboration Project, University of Nairobi

National Council for Science and Technology

Kenya Trypanosomiasis Research Institute

Kenya Medical Research Institute

Network of AIDS Researchers in East and South Africa

Division of Family Health, Ministry of Health

Faculty of Health Science, Moi University.

Programmes/institutions that were invited to this second networking meeting but were unable to attend included the AIDS/HIV/STD Research group from the Department of Medical Microbiology of the University of Nairobi, SOMA-Net, Primate Research Unit, Department of Obstetrics and Gynecology of the University of Nairobi on behalf of the Reproductive Health Programmes within the Department, International Health Policy Program, Jomo Kenyatta University of Agriculture and Technology, Kenya Medical Association, International Centre for Insect Physiology and Ecology, Department of Sociology of the University of Nairobi, and Reproductive Biology Unit of the Department of Medical Physiology of the University of Nairobi.

During the meeting, a report of the first networking meeting was given to the participants and the chairman of the NHRDC made a presentation about Essential National Health Research in Kenya. Subsequently 13 presentations were made and two others were submitted by institutions not represented at the meeting. A presentation was also made on the ENHR Networking Meeting that was held in Victoria Falls, Zimbabwe, in 1996 by the Co-ordinator of the NHRDC. After very lively discussions during which a number of issues with regard to ENHR were clarified, the following was agreed upon:

THAT all the programmes/institutions represented should identify themselves with NHRDC and that they should all have a common approach to issues for greater effect;
THAT the networking activities should be enhanced between the programmes and that this should include information sharing, e-mail linkages, partnership in research and collaboration in other fields;
THAT the National Health Research and Development Centre should be involved in the funding of research in the country;
THAT prioritisation of research should be that which is agreed on locally, rather than that dictated by donors.

Thereafter, a committee of five people was appointed to co-ordinate networking activities among the programmes/institutions represented.

Consultancies

The NHRDC has been involved in three consultancies, to date. The first consultancy was a survey carried out in 1993, for UNICEF. Later, in 1994, the NHRDC carried out an evaluation of the JICA-funded programmes with KEMRI which enabled JICA to make a decision on how to proceed after the expiry of an earlier agreement. The evaluation, which was previously undertaken by external consultants, was successfully carried out by the NHRDC, using consultants it had drawn from its stakeholder institutions. More recently, in 1997, the NHRDC successfully planned and carried out an evaluation of the poor peri-urban communities around Kisumu town with a view to undertaking certain primary health interventions within such communities. This activity falls within the scope of the Bamako Initiative, to which Kenya was a signatory. As usual, the NHRDC chose its consultants from amongst its stakeholders.

Health Information and Documentation Centre

The NHRDC is at an advanced stage in developing its proposal for a Health Information and Documentation Centre. The proposal is being developed by personnel from KEMRI, the Ministry of Health, the University of Nairobi, the Healthnet and the Kenya Posts and Telecommunications Corporation. The centre is expected to act as a clearing-house for health research in the country and in the region as a whole.

Funding for the NHRDC activities

In order for the ENHR process to succeed, full-time national coordination is needed and hence the creation of the National Secretariat. So far the NHRDC has been funded by the Kenya Government through the MRT, through a direct stipend of Ksh. 2 million (US$45,000) annually. The other contributions in kind have been in the form of office accommodation by the NCST, transport by KEMRI, and the salaries of the members of the Secretariat by their original employers who are stakeholders of NHRDC. The programme officers have not yet received any remuneration for the work they do from the NHRDC.

Funding for projects has come from the World Bank, the Carnegie Corporation, COHRED, UNICEF (Kenya Office), WHO, DFID and JICA.

Concept papers

In an effort to enhance health research activity in terms of prioritisation, impact, capacity building and funding, the NHRDC invited health researchers from the stakeholder institutions to prepare concept papers to present to their peers and also to facilitators, composed of senior researchers from the various institutions, who would make a critical evaluation of the papers and often helpful suggestions for improvements.

The researchers were required to confine themselves to subjects falling within the five high priority areas, namely, Material and Child health and family planning, Water Sanitation and Environmental Health, Health Care and Health Delivery systems, STDs, including AIDS, and Capacity Building for Health Research. Within two months of the advertisement being issued by the NHRDC in this connection, 60 proposals were received from researchers.

The proposals were evaluated in advance by a team of senior researchers working as facilitators for the conference, who were drawn from the institutions that are considered the stakeholders of the NHRDC.

The First Concept Paper Meeting

This meeting took place at the Grand Regency Hotel, in Nairobi, from 18 to 19 November 1996.

Each paper or proposal was allowed 18 minutes for its presentation and discussion by the facilitator assigned to it. The conference was well-attended and many researchers said later it had been an eye-opener for them. Many researchers were encouraged to find so much work being proposed or being carried out by researchers from other institutions with whom they hardly interacted during their normal operations. The researchers were also given helpful feedback by the facilitators who had been assigned to their respective papers.

After the conference, the team of facilitators met under the direction of the NHRDC to evaluate the various papers presented and to mark them according to some previously agreed criteria. The concept papers were evaluated in terms of scientific merit, utility, consistency with national priorities and possible impact. Category A was accorded to those papers that were good and needed minimal inputs to make them acceptable, category B to those that needed more work and category C to those that needed a major overhaul.

The researchers were given written comments on their papers. Those in category A were invited to polish their papers as suggested by the facilitators and to present them at another conference to be organised by the NHRDC, with the attendance of donors.

The funding for this first Concept Papers Meeting was jointly provided by the Kenya Government and COHRED.

The Second Concept Papers Meeting

The second Concept Papers Meeting was a follow-up to the first one and was held in Nairobi, at the Safari Club, Lilian Towers, from 23 to 24 April 1997. The meeting was opened by the Minister for Health, Hon. (Retired) General Jackson Mulinge, who reiterated the support of the Ministry of Health for the NHRDC and for Essential National Health Research (ENHR), and also made a promise to continue to support the NHRDC.

As during the First Concept Papers Meeting, presenters of proposals were given 18 minutes to present their papers and have them discussed. Invaluable positive contributions were made during the discussion of each.

This conference was held in the presence of 14 donors and 40 papers were presented. The papers were of high quality and further feedback was given to the researchers by the facilitators. The researchers were happy for the opportunity to present their research papers, many of whom considered it a very good learning experience. Fourteen of the papers were picked by donors for possible funding. The NHRDC, meanwhile, is going to seek ways to secure funding for the others, in conjunction with the stakeholder-institutions and the researchers themselves.

Health Information Project

The NHRDC has been carrying out an information project, funded by the Carnegie Corporation of New York. The project consists of making an inventory of health research undertaken in the country by personnel from Kenyatta National Hospital, Kenya Medical Research Institute, University of Nairobi, AMREF, Kenyatta University and Moi University. The information is being entered on a specialised software, CDISIS, from where it can be retrieved by e-mail. The project is at an advanced stage and should soon be finalised for utilisation.

Evaluation and monitoring

A team of external consultants was sent by COHRED to carry out a mid-term evaluation of NHRDC, during which process the ENHR activities would also be evaluated. This evaluation was

undertaken at the request of the NHRDC as part of a global plan to evaluate the ENHR efforts around the world in order to determine appropriate responses aimed at improving the ENHR process.

The evaluation was carried out by Dr Tessa Tan-Torres from the Philippines and Dr David Okello from Uganda. Their evaluation took the form of interviews with key people involved in the ENHR process in Kenya and also with key leaders from the government and the stakeholder institutions. The evaluation process took about one week.

The details of the evaluation are held by COHRED, the international office. However, in summary, the evaluation indicated that the ENHR process in Kenya was generally well-supported by the government and the stakeholder institutions. It was notable that such a large number of stakeholder institutions were able to work together, apparently without many problems. The NHRDC as the mechanism for ENHR was also reasonably well-established, although there was need to continue with advocacy and consensus-building in order to get wide support for the centre. The evaluation team came up with the following four recommendations for ENHR in Kenya:

Research in the priority list has been identified and should be carried out. Funding is urgently needed to get the research agenda tackled. The Board of Trustees may be broadened to include representatives of donor agencies and private sector partners. Brokerage should be more active and should tap into opportunities (HSR, ARCH).

Research agenda-setting should be a formalised and documented process. Transparency is essential. An appeal or updating mechanism should also be put in place to take into account new developments in the health field. Regular in-house review of the extent to which the agenda has been accomplished should be undertaken.

The implementation plans of each division must be merged or co-ordinated and a new budget made, based on the merged plan. There may be economies of scale achieved in the new budget. Continuous advocacy is needed within the Ministry of Health, particularly as regards the staff at the research desk. Co-ordination should be formalised if the partners are to work together in research. Responsibilities should be clearly defined, perhaps in the form of a memorandum of agreement or understanding.

The roles of the policy-makers and the community should be strengthened in board representation by increasing their numbers and by encouraging active participation. In addition, conscious effort should be given to involving them while the research is being carried out.

There are plans to have an end-of-term evaluation in 1998, to note the progress of NHRDC and the ENHR process. Internal monitoring is being carried out by the NHRDC–with funding from the Aga Khan Foundation–on some of the activities that were expected to have been completed by now and that require such monitoring.

the future plans for nhrdc

The NHRDC will play an increasingly greater role in the management and coordination of health research in Kenya. Close adherence will be kept to the mandates of the Centre. One of those is to define the roles of government ministries and other relevant institutions, both governmental and non-governmental, in the ENHR programme of the country. Currently the NHRDC is facilitating consultations between the Ministry of Research and the Ministry of Health in working out which areas of research each ministry will take responsibility for and how to apportion other areas to other stakeholders. It is expected that a memorandum of understanding will be worked out for all the players to sign.

The Centre's more immediate role is that of advocacy and consensus-building for ENHR among its stakeholders and other players in health research, which is another of its mandates. This effort will continue and will embrace senior policy-makers in the various institutions, individual researchers and the community at large in an on-going process. The NHRDC will also facilitate networking and linkages between various institutions and researchers with a view to sharing information and experiences and also to collaborating in their various health research activities. In addition, the NHRDC will be involved in capacity building for its stakeholder institutions by facilitating well-tailored training, providing crucial information through its information and documentation centre, and facilitating the maximum utilisation of available facilities and skills among its stakeholder institutions. It is also anticipated that the NHRDC will continue to play an increasingly bigger role in monitoring, evaluation and funding of health research, in partnership with its member institutions and also with donor agencies.

An important role that the NHRDC has begun to play is that of carrying out consultancies by using experts drawn from its member stakeholder institutions. The NHRDC has already carried out three such consultancies very successfully and there are plans for it to play a greater role in this area in future. This function is crucial to generating funds to run the Centre, which cannot continue to rely on donor funding alone.

The NHRDC will also increasingly play a role as a catalyst and co-ordinator for intersectoral and multidisciplinary research by scientists and other personnel from its stakeholder institutions. At present, it is co-ordinating a team that is developing a proposal to evaluate the effect of Structural Adjustment and Cost Sharing on health care and its accessibility; this is intended to be a multicentre study in collaboration with the Ministry of Health.

The future activities of the NHRDC can therefore be considered to include the following, as already mentioned:

To define statutory provisions for health research, including operational research and health planning;

To prepare a comprehensive national work plan for the ENHR programmes in the context of primary health care;

To define the roles of government ministries and other relevant institutions, both governmental and nongovernmental, in the ENHR programme of the country;

To obtain consensus and secure the commitment of all partners implementing the ENHR programme in the country;

To facilitate linkages between researchers, decision-makers and members of the community they serve;

To develop mechanisms for integrating and co-ordinating research activities at all levels of health care delivery points.