Kenyan Consultative Process on Health Research – a summary

Kenya is one of the countries included in the African Consultative Process. The report gives an account of the consultations with the National Team, the National Consultative Group and with key informants, which took place in May 2000. It also lists the institutional profiles and national surveys prepared for this exercise.

Kenya has a population of 29.8 million people, with a majority of below the age of fifteen. It has high morbidity and mortality rates affecting the population of all ages, especially children under 5 years. Although a significant proportion of this morbidity and mortality is due to infectious conditions, many other non-infectious factors play a role. These include chronic diseases and economic deprivation resulting in poverty, malnutrition and inadequate health care.

The culture of health research in the country dates back many years. During the colonial period research was catered mainly for the needs of the colonial authorities. The Medical Research Council (MRC) of Britain was responsible for research in the country. Research stations were opened all over East Africa in areas of interest to the colonial government, such as malaria, trypanosomiasis and tuberculosis. The data obtained had no direct links with the health authorities in East Africa. However, at the time of independence these research activities and stations were placed under the Ministry of East African Cooperation. 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. However, such research was not guided by any national interest, policy or prioritization.
After independence, the East African Research Council replaced the MRC as the coordinating mechanism for the various research stations, which had no direct linkages 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 to advise the government on matters relating to science and technology and research for development, and to coordinate research. The areas covered by the NCST 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 and the existing institutes were thereby absorbed. However, the NCST did not have the executive authority required to coordinate the activities and guide policies. It was not until 1987 that a full ministry was created, the Ministry for Research and Technical Training (MRTT), which gave the required authority to the Council and to the research institutes to coordinate research, science and technology. In the meantime the Government felt it was necessary to build its own new research institutions and seven such institutes were created in various sector ministries. These ministries, however, came under pressure to use the research funds for more pressing national needs. Once the MRTT was set up, all research institutes were then placed under it.

Nonetheless, health research has continued to be carried out by various institutions, which provide data on mortality, morbidity, risk factors, utility of diagnostic techniques, treatment outcomes, preventive strategies, disease surveillance, health policy and health economics. The research has often failed to focus on critical national needs, since these institutions are concentrated in urban, non-slum areas and do not adequately address health problems of the rural and urban slum areas.

Major issues in research methodology and utility, such as selection of research fields and topics, evaluation of outcomes and cost-effectiveness, have not been adequately tackled. This may be attributed to the lack of coordination and prioritzation of research. Placing emphasis on the highest priority needs will help to optimize available human, material and

economic resources. There is growing recognition of the need for communities to be more actively involved in research in order to facilitate the implementation of research findings.

Kenya was among the first countries to adopt the ENHR strategy in June 1991, following a national convention, which recognized that capacity building, prioritization and co-ordination in the area of national health research offered the greatest challenge to the nation. The most appealing aspect of ENHR was seen to be its stated goal of addressing equity and its all-inclusiveness that makes it appropriate for a country like Kenya. At the end of the conference, it was recommended, as the way forward for ENHR in Kenya, that a body be created to coordinate all activities of ENHR, and with that in view, that a task force be set up to ensure the following :

- the coordination and networking of all institutions involved in health research;
- the amplification of action plans ;
- the review of the role of the Medical Science Advisory Research Committee ;
- the identification and prioritization of Essential Health Research.;
- the creation of a national health research information and documentation centre ;

Accordingly, the National Health Research and Development Centre (NHRDC) was established as the national mechanism to coordinate ENHR in the country. The conference also recommended that a formal system of networking among research institutions be built. At the close of the meeting of the National Consultative Group a number of major points emerged. They related to national priority setting, the level of resources for research, research capacity, African bargaining power and the creation of an effective African network.

The report draws the following general conclusions from the national consultative process. It is acknowledged that Kenya has a critical mass of trained manpower, and an adequate infrastructure - albeit not equitably distributed – as well as workable health systems. However, there are significant inadequacies, including a weak policy framework, and the lack of expertise in certain critical areas. These include public health and policy research, as well as capacity for critical analysis of issues. Other serious problems include the country's generally poor economic performance and the severe donor squeeze aimed at forcing the country to effect major changes in its policies and systems. The public health sector is currently weak and the majority of the poor do not have access to adequate health services. The non-governmental sector, however, which accounts for 50% of the services is robust and growing. The Manpower training it provides is good, as too are its health research system and facilities. Researchers however would welcome an improvement in policy framework, better health research coordination, and effective networking and communications with the rest of Africa, so that they may share experiences. Joint collaborative research in the region should be encouraged and African governments should jointly seek better apportionment of global resources.