



Co-production of research evidence and development of knowledge management platforms to guide policy actors in the use of evidence to inform health decision-making in Kenya

Key Messages

- Timely access of evidence products to policy actors for informed decision-making can be accelerated through use of e-knowledge translation platforms.
- Knowledge and uptake of evidence-informed decision-making is enhanced through training on communication skills.
- Collaboration with counties to develop an intervention creates ownership and enhances usage of research evidence.



Introduction

In 2018, the Kenya Medical Research Institute (KEMRI) conducted a baseline survey in six pilot counties on how research evidence is accessed, analyzed and used to inform decision-making. One of the key findings from the survey was that whereas county staff members were aware and appreciated the value of using research evidence in decision-making processes, adoption and adaptation was identified as the weak link towards full realization of the benefits of using evidence.

This was partially attributed to a variety of factors such as lack of central e-repositories to house county specific-health related publications, non-actionable research findings recommendations, and inability of staff to effectively develop and communicate actionable evidence-based briefs. According to empirical studies, this phenomenon is referred to as the “know-do” gap.

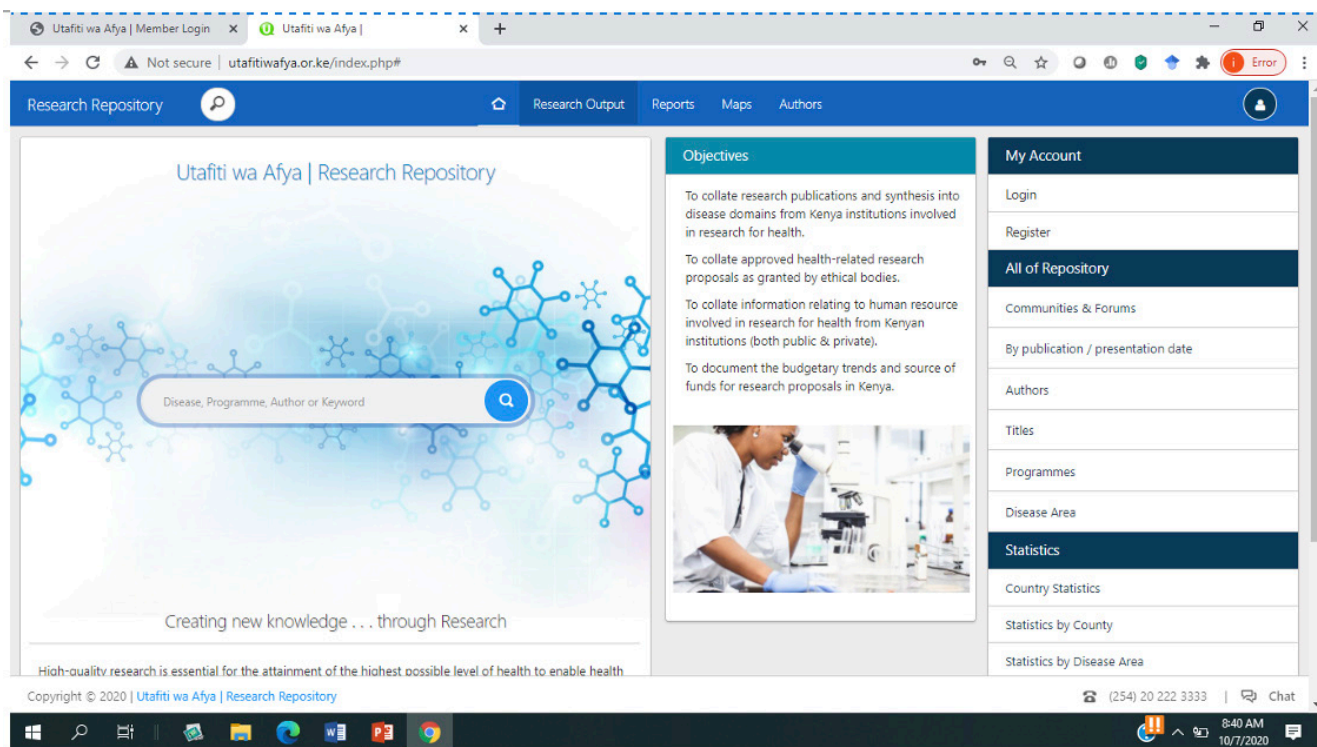
Through the Heightening institutional capacity for government use of health research (HIGH-Res) project led by AFIDEP, the KEMRI Knowledge Management Unit addressed the gaps identified from the baseline survey. The mandate of KEMRI Knowledge Management Unit is to provide evidence synthesis to the Kenya Ministry of Health (MoH) in response to priority policy and programme issues. The intervention to address the gap was developed in partnership with selected research champions and monitoring and evaluation (M&E) officers from pilot counties. The research-to-action intervention package included:

- Development of a knowledge management online platform to act as an e-repository (www.utafitiwafya.or.ke);
- A training on communication toolkit; and
- Collation of priority health-related research needs for each county.

utafitiwafya knowledge management online platform

Utafitiwafya Research Repository is a web-based knowledge management platform whose main aim is to host research publications and synthesize them into policy products from counties, making them available for use by policymakers in decision-making processes. *Utafitiwafya* was designed to address the challenges of health research knowledge management at the national and county levels. In so doing, it will guide research capacity building efforts, identify health research needs, feed into the county as well as national health priority setting mechanisms, and guide new investments in research based on public health needs.

The platform is updated regularly with information and analysis of research evidence generated by counties undertaking health research in Kenya. The web portal comprises of a publication data-statistics platform; an analytical county profiles; a repository of key publications and research protocols; a Community of Practice (CoP) platform for networking; and a platform for generating research evidence summaries referred to as Summary-of-Findings (SoFs) tables.



In December 2020, KEMRI in collaboration with AFIDEP trained the county research champions on *utafitiwafya* web portal functionality. The champions searched the internet and medical training libraries and associated databases to locate and access past research publications and scientific abstracts which were fed into the *utafitiwafya* database. The portal was able to generate outputs based on county health departments research evidence requests.

Training on communication toolkit

The online training was led by KEMRI and consisted 2-hour early morning formal lectures that ran between 17 - 31 August 2020. The lectures were delivered via Google Meet and certificates of participation were awarded at the end of the training. The course was graced by HIGH-RES Kenya partners who include the Ministry of Health (MoH) Research Division and AFIDEP.

The course was facilitated by Ms. Racheal Waireri, a visiting scientist whose specialty is knowledge management and translation. Others included faculty members: Prof. Jennifer Orwa, Dr. Dennis Magu, Mr. Antony Kamigwi, Mr. James Kariuki, Mr. David Mathu, and Mr. James Mutunga; as well as a support team lead by Mr. Donfelix Ochieng, Mr. Daniel Gitau, Ms. Lilian Mayieka, Ms. Safari Agure and Mr. James Ngari.

Overall, 28 County Health Management Team (CHMT) representatives and nine MoH staff from the national office participated in the 2-week long intensive online training programme. The participants had been identified and nominated to attend the course by their respective county directors of health services. As part of the online course, participants undertook a pre and post learners' assessment. Based on the assessment outcomes, the course was a success as knowledge on Evidence-Informed Decision-Making (EIDM) was enhanced during the training as shown in the table below.

Responses	Outcome of responses	
	Pre- Survey (n=26)	Post Survey (n=21)
Number of respondents who positively identified the role of knowledge management plays in any organization	73%	90.5%
Number of respondents who correctly mentioned the importance of evidence in decision-making (knowledge translation).	69.2%	81.0%
Whether the participants were aware of existence of county health (central) repository/library where all the past research/consultancy reports can be located easily. The focus here was awareness of the existence of the utafitiwafya platform which has been in operation for two years.	19.2%	57.1%

Table 1: Pre and Post Training Learners' Assessment

Collation of priority health related research needs for each county

MoH in 2014 setup a technical working group (TWG) comprising a wide range of experts to spearhead a systematic and consultative process of identifying research-for-health (R4H) priorities for Kenya. The TWG grouped counties into three clusters on the basis of logistical access and by geography; generally considered to have shared health challenges, namely Western Kenya Cluster, South-Eastern Kenya and Central-North Western Kenya. The TWG adopted a systematic evidence-based consultative process to rank the R4H priorities for the three clusters. Therefore, the final national document generated a list of priority health concerns for each cluster without eliciting the research question(s) or policy issue for researchers to address.

In August 2021, a team of KEMRI researchers conducted a workshop in six counties. The strategic objective of the engagement workshops was to guide a select team drawn from CHMTs in the six pilot counties (Isiolo, Nyandarua, Taita Taveta, Bungoma, Kitui and Makueni). The workshop facilitators used a participatory action research approach. A multi-criteria analytic method was used to rank the priorities (see figure 1).

Members of the CHMT were introduced to the World Health Organization (WHO) list of priority health research topics for Kenya in addition to national research issues priorities as outlined by the State Department of Health for their cluster. The team ranked the national health research priority cluster list in their order of importance and developed context specific health research question(s) / policy issues. The evidence informed priority (EIP) framework was used to derive the policy questions/issues that would require evidence.

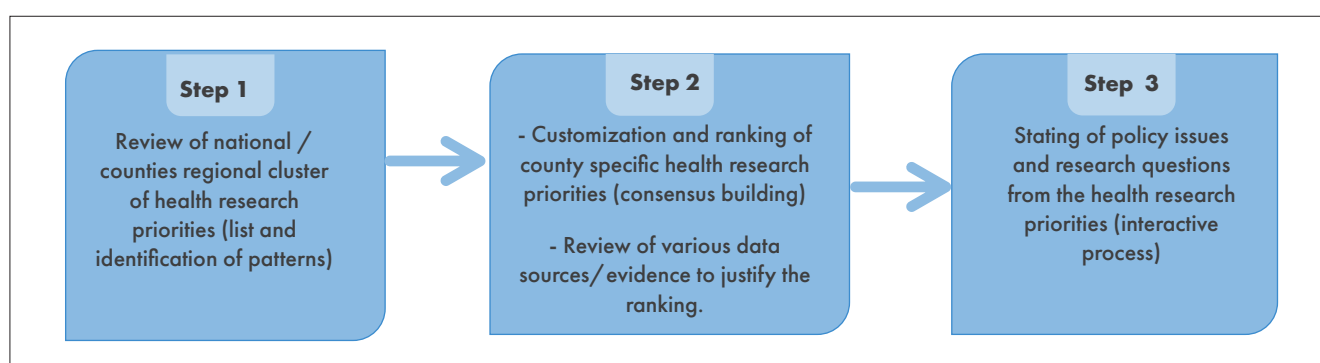


Figure 1: Multi-criteria analytic method

The following research/policy questions were generated and evidence briefs developed through rapid evidence synthesis.

	Policy issue	Policy questions
1	Non-communicable diseases (ranked among the top five health research needs in all the six pilot counties)	Does having a hypertension screening programme among adults reduce undiagnosed hypertension related mortality in Kenya?: A rapid systematic review
2	Obstetric health care (ranked among the top ten health concerns in Kitui County)	Does enhanced emergency obstetric care improve newborn outcomes among women presenting with hypertension disorders in pregnancy in county referral hospitals in Kitui Kenya?: A rapid systematic review
3	Health care Financing NHIF and UHC (ranked among the top five health research needs in all the six pilot counties)	Explore available options for expanding enrollment coverage of NHIF to achieve universal health coverage in Kenya: A rapid systematic review
4	Men and reproductive health (ranked among the top ten health research needs in Nyandarua County)	Explore barriers and facilitators that drive male involvement in reproductive health services: A rapid systematic review
5	Mental health and suicide (ranked among the top ten health research needs in Nyandarua and Taita Taveta Counties)	Effectiveness of substance abuse prevention strategies in decreasing suicide among young men in Low- and Middle-Income Countries (LMICs): A rapid systematic review
6	Maternal and neonatal health (ranked among the top ten health research needs in Isiolo County)	Training and integration of Traditional Birth Attendants (TBAs) into the maternal health care services in Sub-Saharan Africa (SSA): A rapid systematic review

Next steps

The team plans for dissemination (knowledge cafés) and post-action reviews in each county with the CHMTs. The output of the workshop is to present the policy briefs back to counties.

Conclusions and recommendation following the interventions

- The knowledge translation platform demonstrates that a locally developed rapid mechanisms of linking research outputs to action is a viable option. It provides timely access of evidence products to policy actors for informed decision-making.
- Having CHMTs as co-producers of research evidence will likely create ownership and enhance uptake of recommendations.
- EIDM needs to be integrated within a context such as knowledge management. This will likely lead to incorporation of EIDM at the counties' decision-making processes.
- There is need to explore ways to train people concerning proper fundamental research methods for production of quality data as well as evidence synthesis techniques to improve the quality of evidence for EIDM.
- There is need to educate people on the existence and importance of e-repository platforms for better storage and access to data to improve secondary data analysis and formulating research questions for study.

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