

# Promoting systemic use of research evidence to inform health policy and practice in Kenya

## Overview

On 15 February 2023, the [Kenya National Centre \(NC\) – the KEMRI-Wellcome Trust Research Programme](#) – of the [African Health Observatory - Platform on Health Systems and Policies \(AHOP\)](#) hosted a policy dialogue (PD) to discuss the role of evidence in informing strategies used during the COVID-19 pandemic. The PD brought together key stakeholders from the health sector, including representatives from the [Kenyan Ministry of Health \(MoH\)](#), County Departments of Health (CDoH), the Council of Governors (CoG), international and development partners, research institutes, and health systems experts.

## Dialogue presentations

The event opened with a brief overview of AHOP and the Kenya National Centre, followed by a presentation on the use of research in Kenya's COVID-19 response, focusing on the role of evidence in decision-making. Quality service delivery, health workforce well-being and productivity, and innovation, distribution, and equity of health products and technology were addressed. Discussions were structured around the following questions:

- What enabled or impeded rapid, adaptive, evidence-informed decision-making?
- What evidence was used to make policy and health system decisions?
- What capacities were needed to improve evidence use for researchers and policymakers?

## Key findings

### Enablers of evidence use:

- The availability and accessibility of evidence is crucial.
- Existing evidence-informed policies from WHO and other organizations are key sources.
- The MoH adapted WHO guidance to create about 70 policy documents for COVID-19 service delivery.
- Partnerships with research institutions facilitated rapid evidence generation and synthesis.
- Existing data infrastructure helped determine staffing needs.
- Data sharing between organizations made evidence more accessible.

## Key findings

### Impediments of evidence use:

- Contextualizing evidence to specific settings was challenging.
- A top-down approach to decision-making hindered effective use at the county level.
- Bureaucratic and non-transparent decision-making processes obscured the role of evidence.
- Counties lacked the capacity to generate contextualized evidence.
- Data fragmentation led to incomplete or inconsistent data for human resources decisions.

### Key collective capacities needed during the COVID-19 pandemic:

- **Cognitive capacities:** Embracing research evidence, such as modelling data, to inform pandemic responses; better involvement of county governments in decision-making; and opening spaces for engagement between local facilities, county levels, and the MoH.
- **Behavioural capacities:** Deliberate collaboration between researchers and policymakers; the MoH adopting structural flexibilities and new engagement routines with counties; and strengthened relationships with government institutions and non-state actors.
- **Contextual capacities:** Engagements and collaborations with researchers and other stakeholders, including non-state actors, to develop decisions.

## Future actions

### The PD concluded with a consensus on the need for sustained efforts to promote the use of evidence in health policy and practice. The following future actions were proposed:

- Strengthen partnerships between researchers, policymakers, and other stakeholders to ensure continuous evidence generation and use.
- Develop and implement a national framework for evidence-informed decision-making in health.
- Invest in capacity building for both researchers and policymakers to enhance their ability to generate and use evidence.
- Promote the use of local evidence to inform health policies and practices, ensuring that decisions are context-specific and relevant.
- Enhance data infrastructure and data sharing mechanisms to support evidence generation and use.
- Encourage the production and use of local innovations, such as personal protective equipment (PPE), to reduce dependency on global supply chains.
- Regularly evaluate and update policies and practices based on new evidence and changing contexts.
- Maintain structures established during the pandemic to prepare for future pandemics, particularly capacities developed in evidence generation, synthesis, data sharing, and reporting systems.
- Develop Memoranda of Understanding (MOUs) between the MoH, research institutions, and government departments to formalize relationships and facilitate evidence generation, translation, and use.