



REPUBLIC OF KENYA

Ministry of Public Health and Sanitation
Division of Reproductive Health

REVIEW OF THE 2004–2008
REPRODUCTIVE HEALTH
RESEARCH AGENDA
AND THE PROPOSED
2010–2014 RESEARCH AGENDA

JANUARY 2010

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FOREWORD

Research is a cornerstone in reforming policy and strategy in the health sector, and therefore in the area of reproductive health (RH). Among the principles that guide Kenya as it implements its National Reproductive Health Strategy is the adoption of evidence-based RH practices.

To facilitate this process, in 2004, the Division of Reproductive Health (DRH)—which is responsible for planning, implementing, coordinating, and monitoring RH programs in the country—developed a Reproductive Health Research Agenda to serve as an evidence-based framework for strategic planning and decision making. The DRH also envisioned the agenda as a tool for keeping research stakeholders focused on priority needs in RH.

Over the past five years, however, there have been numerous shifts in RH research. The DRH therefore deemed it timely to review the effectiveness of the 2004 agenda, identify gaps, and develop an updated agenda for 2010–2014 that is in keeping with Kenya's evolving priorities in RH research.

This report highlights the results of the review of the 2004 agenda and the proposed 2010–2014 Reproductive Health Research Agenda. The DRH encourages all stakeholders in RH to promote research in accordance with the country's priorities and to exchange information on a regular basis with the DRH, other researchers, and the end users of research results. Institutions and organizations that participate in research are expected to address the priorities elaborated in the new Reproductive Health Research Agenda and adhere to the DRH's National Reproductive Health Research Guidelines.



Dr. Bashir M. Issak
Head, Division of Reproductive Health
Ministry of Public Health and Sanitation

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
APHIA	AIDS, Population, and Health Integrated Assistance Program
APHRC	African Population and Health Research Center
ANC	Antenatal Clinic
DCH	Division of Child Health
DRH	Division of Reproductive Health
EHS	Essential Health Services
FGM/C	Female Genital Mutilation/Cutting
FHI	Family Health International
GDC	German Development Corporation
GOK	Government of Kenya
FP	Family Planning
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPV	Human Papilloma Virus
HPV-DNA	Human Papilloma Virus – Deoxyribonucleic Acid
IBP	Implementing Best Practices
ICPD	International Conference on Population and Development
ICT	Information and Communication Technology
IEC	Information, Education, and Communication
IUCD	Intrauterine Contraceptive Device
KAIS	Kenya Aids Indicator Survey
KAP	Knowledge, Attitudes, and Practices
KDHS	Kenya Demographic and Health Survey
KEMRI	Kenya Medical Research Institute
KEMSA	Kenya Medical Supplies Agency
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MOH	Ministry of Health
MOPHS	Ministry of Public Health and Sanitation
MOMS	Ministry of Medical Services
NCAPD	National Coordinating Agency for Population and Development
NCST	National Council for Science and Technology
OR	Operations Research
PAC	Post-abortion Care
PMTCT	Prevention of Mother-to-Child Transmission
RH	Reproductive Health
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VIA	Visual Inspection with Acetic Acid
VILI	Visual Inspection with Lygol's Iodine
WHO	World Health Organization

INTRODUCTION

Health research generates knowledge that can be used to promote, restore, maintain, protect, monitor, or conduct surveillance of the health of populations (Commission on Health Research for Development, 1990). Health research includes biomedical, clinical, epidemiological, and social science research, as well as activities to strengthen the capacity of individuals or institutions to conduct research. Research is a powerful tool for providing evidence-based information that can be used in formulating and reviewing policies and in developing programs, guidelines, and standards aimed at improving health.

Research in sexual and reproductive health (RH) should use a multidisciplinary spectrum of approaches. Efforts to improve RH must also take into consideration such factors as social equity, poverty, gender, and the need for government programs to collaborate with in-country partners in meeting context-specific priorities (Francisco et al., 2007).

The past decade has seen a growing demand for the adoption of evidence-based health care (World Health Organization [WHO], 2008). This trend does not imply that modern medical care has not been based on evidence, but rather that much more evidence is now available for evaluating the effectiveness of interventions. To facilitate the adoption of evidence-based health care, the government agencies that develop and support health care programs and the individuals who directly provide care must have access to scientifically solid, up-to-date information. Only in this way can resources be effectively allocated.

Research can play an essential role in identifying and overcoming social and economic inequalities and health-system deficiencies that stand in the way of achieving the best possible reproductive health for all. In particular, pragmatic investigations are needed to help those individuals who are known to carry a disproportionately large—and largely avoidable—burden of death, disability, disease, and despair due to reproductive and sexual causes (Murray et al., 1998).

Participants at the 1994 United Nations International Conference on Population and Development (ICPD) proposed a basic package of RH services that primary health care and family planning (FP) facilities should provide. This package, which constitutes a continuum of care, includes:

- Clinical and community-based FP services that offer acceptable, affordable, and accessible counseling, information, education, and supplies
- Prevention and treatment of male and female infertility
- Prevention of abortion through effective contraception, and management of the consequences of unsafe abortion
- Promotion of safe motherhood by providing education and services related to prenatal care, safe delivery, essential obstetric care, postpartum and neonatal care, and breastfeeding
- Prevention and treatment of reproductive tract infections and sexually transmitted infections (STIs), including HIV
- Prevention and management of noninfectious disorders of the reproductive system, such as obstetric fistula and uterine prolapse, and of reproductive cancers
- Provision of adolescents with information, education, and services related to sexuality and sexual health, in combination with the promotion of gender equity, mutual respect, and responsible parenthood
- Elimination of such harmful practices as female genital mutilation/cutting (FGM/C), early marriage, and sexual- and gender-based violence.

The international community has proposed a number of health-related development goals—including the Millennium Development Goals (MDGs) set forth by the United Nations. In order to improve health and achieve these goals, member states of the

African Union and their development partners need to devote more resources and efforts to conducting research in public health and to transforming research outcomes into actions (WHO, 2006a). This is in line with a resolution offered in 2005 by the World Health Assembly, the governing board of the World Health Organization (WHO), which urged member states to increase public funding for health-systems research, establish or strengthen national health-research systems, and promote networks for evidence-based public health.

In striving to achieve such global recommendations, however, individual countries will have to assess their specific needs and guide the development of specific priorities that will result in a balanced approach to improving RH. The priority research issues that need to be addressed in the African Region (WHO, 2006a) are listed below:

- Determining the sustainability and responsiveness of the health system to the needs of the poor
- Training and sustaining an adequate number of health workers to deliver health services
- Improving access to safe, effective, and affordable interventions
- Developing a sustainable and reliable health information system
- Scaling up interventions
- Improving the integration of intervention-oriented programs within the broader health care system
- Developing more effective ways to transform research into policy and actions
- Communicating research results more effectively to the public and other end users

The WHO Global Reproductive Health Strategy (WHO, 2004) identifies five core aspects of reproductive and sexual health services, all of which need accelerated progress. These aspects are:

- Improving antenatal, delivery, postpartum, and newborn care
- Providing high-quality FP services, including infertility services
- Eliminating unsafe abortions
- Combating sexually transmitted infections (including HIV), reproductive tract infections, cervical cancer, and other gynecological diseases that can lead to death
- Promoting sexual health

The 2008 conference titled “Setting the Global Health Research Agenda,” held in Bamako in 2008, discussed ways to strengthen research for health, development, and equity, by generating increased commitment to research and innovation, and by developing coherence and connectivity among the many different stakeholders active in this field.

BACKGROUND

In 1994, the ICPD called for the improvement of reproductive health as a global priority that all countries should place at the centre of their development efforts. This call was echoed the following year by the United Nations Fourth World Conference on Women. Participants at both conferences challenged countries and organizations to redress gender imbalances and to respect the reproductive rights of women and men as necessary conditions for improving reproductive health.

The goal of Kenya's National Reproductive Health Policy (GOK/MOH, 2007) is to improve the reproductive health of all of all people in Kenya. The importance of achieving this goal can be seen in recent statistics. The preliminary results of the 2008 Kenya Demographic and Health Survey indicated that the contraceptive prevalence rate was at 46 percent and the total fertility rate (the number of children the average woman is likely to have) was 4.6 births per woman. The proportion of births attended to by skilled health personnel was 43.8 percent. The 2007 Kenya AIDS Indicator Survey puts the national prevalence of HIV among people aged 15 to 64 years at 7.4 percent.

Improving these RH indicators can best be done by ensuring that everyone has equitable access to services, improving the quality of services, and increasing the efficiency and effectiveness of service delivery at all levels. Specific steps include addressing unmet needs in FP, promoting safe motherhood and child survival, improving management of HIV and other STIs, promoting adolescent and youth health, improving management of infertility, addressing gender and reproductive rights issues, and developing better methods for treating or preventing other chronic illnesses and cancers of the reproductive system. The safe motherhood and child survival component, in particular, has benefited from WHO's National Roadmap (Government of Kenya [GOK]/Ministry of Public Health and Sanitation [MOPHS] and Ministry of Medical Services [MOMS], 2009) for accelerating the attainment of the fourth and fifth MDGs: reducing child mortality and improving maternal health.

Among the principles that guide the implementation of Kenya’s RH policies is the adoption of evidence-based reproductive health practices. As part of these policies, the MOPHS encourages stakeholders to promote research and to foster the exchange of information between researchers and users of research results, at all stages in the research process. Institutions and organizations that participate in research are expected to address the priorities elaborated in the Reproductive Health Research Agenda.

Among the principles that guide the implementation of Kenya’s RH policies is the adoption of evidence-based reproductive health practices.

In 2006, the Division of Reproductive Health (DRH) developed guidelines (MOH/DRH, 2006) for researchers to use when conducting biomedical, clinical, and operations research in Kenya. The guidelines were also meant to help policymakers, health care practitioners, and donors to understand the coordination mechanisms and requirements for conducting RH research. The guidelines require all researchers to submit their proposals to the DRH before starting their activities, and to submit a final report and abstract for inclusion in an RH research database. However, the DRH is not the agency that grants research permits, nor does it assess the proposals for ethical procedures. Researchers seeking research permits should write to the National Council of Science and Technology, while those seeking ethical clearance should write to the ethical boards of either the Kenya Medical Research Institute or Kenyatta National Hospital.

To capitalize on the power of research to promote improved RH services within Kenya, the DRH has developed a short course in operations research for its personnel and other implementers. Operations research (the study of factors that a program manager can control to influence the operations of a program) can identify service delivery problems and test new programmatic solutions. In this way, operations research can provide program managers and policymakers with information to improve and expand existing services. The WHO office in Kenya has proposed supporting an annual maternal and neonatal health research symposium at which partners can share their operations research findings and explore how the results can inform practice.

The DRH also has established the National Reproductive Health Training Plan to “strengthen operations research and establish an effective monitoring and evaluation system for the plan” (GOK/MOH/DRH, 2008). In addition, the government has provided US\$610,000 “to conduct operations research to support RH policy implementation and service delivery.” Thus, the training plan strongly supports operations research.

To complement their training in operations research, DRH staff and provincial and district health managers, have been trained to use data for decision making. By following all the processes of data collection, data analysis, decision making, action, and feedback, program managers will be better positioned to improve their operations (GOK/MOH/DRH and FHI, 2007).

*The goal of
Kenya’s National
Reproductive
Health Policy
(GOK/MOH, 2007)
is to improve
the reproductive
health of all
people in Kenya.*

REVIEW OF THE 2004–2008 REPRODUCTIVE HEALTH RESEARCH AGENDA AND THE PROPOSED 2010–2014 RESEARCH AGENDA

The Division of Reproductive Health developed the first Reproductive Health Research Agenda in 2004, in response to the need to better identify past and current RH research and data and to make such information easily accessible. The agenda's priorities reflect Kenya's RH challenges and problems: meeting program and health needs, bolstering institutional capacities and capabilities, and working with limited resources. Some of the issues revolve around policies, programs, community awareness, and the need to position health workers to provide the best care and support.

Among the issues adversely affecting RH support systems are inadequate space; insufficient equipment and supplies at facilities; insufficient training and inadequate numbers of health care workers; limited access to health care in general; poor community involvement; reluctant partners; harmful socio-cultural practices; little innovation and creativity in RH and HIV interventions; few programs for marginalized groups; poor collaboration among researchers, government agencies, and the users of research results; and inadequate information, education, and communication (IEC) materials.

In the five years since the development of the first agenda, there have been many substantial shifts in the field. The DRH therefore decided to review the effectiveness of the 2004-2008 agenda, identify gaps, and develop an updated agenda in keeping with the country's priorities in RH research.

The review process began in October 2008. A review of documents and data sources drawn from the DRH, partner organizations, and regional and global literature related to reproductive health was carried out. Key DRH staff members and the heads or senior officers of partner organizations were interviewed. A series of draft reports were produced and each version was subjected to intensive review by stakeholders. As part of this review, the DRH convened a meeting of stakeholders to solicit their opinions on areas for improvement.

KEY FINDINGS

A number of findings emerged from the process. For example, some of the stakeholders involved in the development of the 2004 RH Research Agenda reported that the document was not officially launched or widely disseminated. Some also believed that the RH Research Agenda and the National Reproductive Health Research Guidelines were two separate documents. However, the agenda was contained in the research guidelines (MOH/DRH, 2006), which the DRH had disseminated widely.

Many stakeholders reported that their research priorities, though close to those prescribed in the 2004 Research Agenda, were not guided by that document. Most of the partners prioritized their RH research based on donors' interests and priorities. The RH research that the DRH has been involved in since 2004 has largely been through collaboration with its partners, and these efforts have been aligned with the areas identified in the 2004 agenda. However, some partners have engaged in additional research and often did not seek collaboration from the DRH.

Further reports indicated that although the 2004 agenda listed the health system for delivering RH services as a priority area, neither the DRH nor its partners conducted much research on this topic. This remains an area in which the DRH can take leadership through operations research.

The agenda's priorities reflect the challenges and problems facing RH in Kenya.

Many people reported that the DRH, in addition to conducting research itself, should guide and support stakeholders to conduct research on current RH priorities and should foster collaborations among research organizations. However, to play these roles effectively, the DRH will need increased research capacity bolstered by greater funding and a clearer vision of how to better coordinate the research activities of all partners.

Some partner organizations reported that they did not think the purpose of the national RH research guidelines was well understood. Many of them misunderstood the role of the guidelines, thinking that the guidelines required them to seek ethical clearance for their research from the DRH. Complicating matters, many of the partners reported that other organizations, including the Kenya Medical Research Institute, Kenyatta National Hospital, and the National Council for Science and Technology are better placed to clear research proposals. (See the “Background” section, paragraph 5, for a description of the research submission process.) As a result, few partners submitted research proposals to the DRH. The DRH indicated that it had collaborated with some partners, but did not keep records of these research activities.

A key role of the DRH, in addition to conducting research, should be in guiding and supporting stakeholders to conduct research.

Participants in the review process also identified some limitations to conducting research, for both the DRH and partners. These limitations include:

- Limited funding for research
- Inadequate staffing and capacity within institutions, as well as attitudes among some people that impede the conduct of research
- The lack or weakness of health management information systems and monitoring and evaluation systems at many institutions
- Poor linkages among agencies that oversee research, policy development, and program implementation

Transforming health research results into action requires that researchers address priority issues—especially at the community level—through quality research; share their findings; and provide feedback to the study population, program implementers, and policymakers. Discussions with key stakeholders indicated that some of their collaborative research has found application at policy and service delivery levels. Some examples follow:

- The results of post-rape care studies have been used to lobby the government to fund post-rape care services within the DRH and to set up such services in public health facilities.
- The results of a breastfeeding study conducted in Kisumu led to a policy shift toward giving antiretroviral drugs to breastfeeding mothers living with HIV to reduce their chances of transmitting the virus to their children.
- The results of a pilot project designed to foster safe motherhood practices, conducted in Western Kenya, helped encourage the DRH to establish a program to support community midwifery activities.
- The assessment and operations research integrating FP, voluntary counseling and testing (VCT), and HIV services that Family Health International (FHI) and its partners have conducted since 2002 has informed integration efforts in the country and led to adjustments in service delivery. FP is now provided in other service units such as VCT and HIV care and treatment centres. This research has had an impact on policy, as well. For example, the assessment conducted in 2002 led to the establishment of a subcommittee to spearhead integration efforts in Kenya. This subcommittee has since evolved into a national RH-HIV integration committee.

Transforming health research results into action requires that researchers address priority issues.

- In an effort to improve the uptake of combined oral contraceptives (COCs), the MOH has adopted WHO's evidence-based recommendations for advance provision of pills, provision of multiple cycles, and adoption of new instructions in the event of missed pills.

RECOMMENDATIONS

Participants in the review process identified a number of other ways in which the DRH can improve operations in research. These include:

- Sensitizing stakeholders on the role of DRH in coordinating and monitoring RH research, as well as in fostering research collaborations
- Clarifying the purpose of the research submission process and disseminating the National Reproductive Health Research Guidelines to a wider audience
- Establishing within the DRH a central contact person for information and advice about research
- Encouraging stakeholders to undertake more research on ways to strengthen health systems
- Encouraging partners to generate researchable ideas from their programs
- Ensuring that research is translated into practice

In addition, stakeholders felt there was need to update the Web site on a regular basis.

It was evident that the Web site had received minimal updates since it was established in 2006. (See Annex 1 for a list of publications available on the Web site or on compact discs.) In addition, there were suggestions that the DRH should consider moving the Web site to the Government of Kenya server to ensure its sustainability.

Stakeholders recommended that the resource centre should be open during all working hours, and that the training courses on Operations Research Management and Data for Decision Making should be rolled out to the district levels.

These recommendations were also identified in the 2004 agenda. Apart from the trainings that the DRH and some provincial and district teams received, there are indications that most of these recommendations received minimal attention from both the DRH and partners.

Table 1 lists areas of research recommended in the 2004 RH research agenda and how those areas have been addressed to date. (See the List of Abbreviations on p. vi for an explanation of the acronyms that appear throughout this table.)

Table 1:

Research areas identified in the 2004 RH Research Agenda and selected research conducted from 2004 to 2009

2004 Research Agenda recommendations	Selected research conducted from 2004 to 2009
Family Planning	
<ul style="list-style-type: none"> • Determine the effects of knowledge, attitudes, and practices on contraception • Determine the effects of status of contraceptive security, procurement, and logistics • Determine the factors contributing to the rise in fertility from a total fertility rate of 4.7 in 1998 to 4.9 in 2003 	<ul style="list-style-type: none"> • Advocacy for long-acting and permanent methods (FHI) • Assessment of Contraceptive Implant provision in various settings (FHI) • Emergency contraception (FHI, Population Council) • Evaluation of communication strategies to improve FP uptake (FHI) • FP commodity wastage and leakage (GDC) • FP counselling using the balanced counselling strategy (FHI, Population Council) • FP logistics, supply chain (GDC) • Improving counselling on Contraceptive Implants (FHI) • Piloting DMPA provision by community-based distributors (FHI) • Postpartum IUCD (Jhpiego) • Piloting provision of the Standard Days Method in North Eastern Province (FHI, APHIA II NEP) • Reasons for low FP uptake in North Eastern Province (UNICEF) • Revitalization of the IUCD (FHI, EngenderHealth) • Uptake of female condoms (Population Council, Liverpool VCT, Care & Treatment)

Table 1:

Research areas identified in the 2004 RH Research Agenda and selected research conducted from 2004 to 2009 (cont)

2004 Research Agenda recommendations	Selected research conducted from 2004 to 2009
Safe Motherhood, Maternal and Neonatal Health	
<ul style="list-style-type: none"> • Determine how to measure the effectiveness of maternal health programs • Determine the program and intervention effects on reducing maternal mortality • Determine the effects of knowledge, attitudes, and practices (KAP) on pregnancy and its complications among health care workers and families 	<ul style="list-style-type: none"> • Active management of third-stage labour (Jhpiego) • Capacity building, equipment, and job aids for post-abortion care (PAC) services (FHI, Pathfinder) • Community midwifery (Population Council) • Malaria treatment and prophylaxis for pregnant women (Jhpiego) • Maternal and newborn health (WHO) • Maternal health services in Nairobi (APHRC) • Maternity waiting shelters (EHS) • Migration, poverty, and maternal health (APHRC) • Motor-bicycle ambulances (EHS) • Obstetric fistula needs assessment (DCH, UNFPA) • Output-based aid voucher system (Population Council) • Quality of focused antenatal care (Population Council) • Vacuum delivery (Aga Khan University, UNICEF) • Voucher scheme for maternal health services (Population Council)

Table 1:

Research areas identified in the 2004 RH Research Agenda and selected research conducted from 2004 to 2009 (cont)

2004 Research Agenda recommendations	Selected research conducted from 2004 to 2009
Gender Issues, Sexual and Reproductive Rights	
<ul style="list-style-type: none"> • Analyze policy compliance to gender considerations • Determine the extent to which existing policies and practices protect RH rights • Determine the extent to which the government adheres to international conventions and declarations • Analyse gender issues among RH providers and in provider-client interactions • Determine the variation of gender issues by age, social and economic status, ethnicity, religious affiliation, and other social characteristics • Analyze the relationships between men and women, including differences in status, power and roles, vulnerability, access to resources, physical traits, and family relations • Examine changes in relationships over time as a result of the stages of women's and men's life cycles • Determine the involvement of women and men in all stages of research processes 	<ul style="list-style-type: none"> • Culture, gender, and sexuality (APHRC) • Intimate-partner violence and sexual and RH rights (APHRC) • Female genital mutilation/cutting (Population Council) • Medical-legal linkages in post-rape care (LVCT) • Post-exposure prophylaxis as part of post-rape care (LVCT) • Rapid needs assessment for training needs of service providers on sexuality (FHI/APHIA II Rift Valley) • Situation analysis of gender and rights in RH (Prof. Shenyisa Khasiani, University of Nairobi) • Situation analysis of post-rape-care service delivery in Kenya (LVCT) • Situation analysis on reproductive rights as human rights (GDC) • Using relationship calendars to improve sexual behaviour data (APHRC)

Table 1:

Research areas identified in the 2004 RH Research Agenda and selected research conducted from 2004 to 2009 (cont)

2004 Research Agenda recommendations	Selected research conducted from 2004 to 2009
Adolescents/youth Sexual and Reproductive Rights	
<ul style="list-style-type: none"> • Explore the epidemiology of adolescent health problems and studies on adolescent health and welfare information • Address HIV/AIDS and how best to prevent and treat the disease using interventions, peer counselling, and teacher and mentor guidance • Evaluate other programs meant to reach young audiences, taking into account the multicultural aspects of Kenyan society 	<ul style="list-style-type: none"> • Behaviour change communication strategies preferred by youth (GDC) • Evaluation of FP/STI/HIV counselling received by youth through PAC services (FHI, Pathfinder) • Menstrual beliefs and pilot use of menstrual cups among adolescents (APHRC) • Poverty and transitions to adulthood in Nairobi (APHRC) • Quality of FP counselling provided to youth in integrated FP/HIV youth programs (FHI) • Sexuality of young people living with HIV/AIDS (Population Council, APHIA II Nairobi)

Table 1:

Research areas identified in the 2004 RH Research Agenda and selected research conducted from 2004 to 2009 (cont)

2004 Research Agenda recommendations	Selected research conducted from 2004 to 2009
Cancers of the Reproductive System	
<ul style="list-style-type: none"> • Raise awareness of the need for and availability of screening for gynaecological cancers • Address the difference in costs between early and late diagnosis of all gynaecological cancers • Increase the proportion of care providers able to provide cancer screening • Improve policies and systems for terminal care • Improve the integration of prevention and early detection into ongoing VCT programs • Determine the link between gynaecological cancers and HIV/AIDS • Explore ways to increase screening for gynaecological cancers among HIV-positive women 	No research documented

Table 1:

Research areas identified in the 2004 RH Research Agenda and selected research conducted from 2004 to 2009 (cont)

2004 Research Agenda recommendations	Selected research conducted from 2004 to 2009
HIV/AIDS and Reproductive Tract Infections	
<ul style="list-style-type: none"> • Reduce transmission • Prolong lives through drug therapy • Treat opportunistic infections 	<ul style="list-style-type: none"> • Assessment of integration models (FHI, Population Council) • Fertility desires of women living with HIV (FHI) • FP needs of women targeted for HIV and STI services (FHI) • HIV/AIDS among the urban poor (APHRC, KEMRI, Jhpiego) • HIV services integrated in RH services (FHI, Population Council) • Impact of PMTCT services (number of children saved) (CDC) • RH services integrated into HIV services (FHI) • Safety of implant use among women living with HIV (FHI)
Infertility	
<ul style="list-style-type: none"> • Determine how to prevent, diagnose, and treat the main causes of unintended infertility • Explore how infertility affects men and their partners, and how partners can protect themselves from STIs • Explore how RH programs and clinics can help men understand and prevent infertility • Explore ways of incorporating assisted RH technologies into the public health systems to manage infertility cases 	<ul style="list-style-type: none"> • Situation analysis on infertility (UNFPA, Dr. James Machoki, University of Nairobi)

Table 1:

Research areas identified in the 2004 RH Research Agenda and selected research conducted from 2004 to 2009 (cont)

2004 Research Agenda recommendations	Selected research conducted from 2004 to 2009
Reproductive Health Support Systems, Health Systems Research and other Crosscutting Issues	
<p>Solve existing problems in the health system:</p> <ul style="list-style-type: none"> • Inadequate space at facilities • Inadequate and insufficiently trained health care workers • Insufficient equipment and supplies • Limited access to health care • Poor community involvement <p>Address community RH issues:</p> <ul style="list-style-type: none"> • Identify the contextual differences or level of support for communities' RH needs • Determine the level of community education on various RH issues • Determine the quality and quantity of IEC materials available within communities to raise residents' awareness about reproductive health • Identify community resources and willingness to contribute to the enhancement of community RH • Investigate the role of the community in overcoming discrimination and stigma related to HIV and other RH issues • Examine the community policy compliance to gender considerations and other RH issues • Explore the KAP on FP methods, including dual protection, barriers to use of male and female condoms, and ways of increasing male involvement • Ensure that women and communities know the dangers of induced abortions and determine whether they are able to identify complications of abortion and access existing post-abortion care services 	<ul style="list-style-type: none"> • Continuous training and skills building for RH service providers (APHIA, DRH) • Community participation increase (Partners) • Facilitation in translating research to action (Partners) • Health systems strengthening in targeted districts in Nyanza province (EHS) • Pilot model using intermediaries between Kenya Medical Supplies Agency (KEMSA) and the districts for commodity distribution (GDC) • Pilot study on use of ICT for improved data collection, feedback, and decision making (GDC) • RH funding, advocacy, and repositioning of FP (DRH and donors) • Staff capacity and skills, workload, and staffing (Capacity Project)

THE 2010–2014 REPRODUCTIVE HEALTH RESEARCH AGENDA

Table 2 presents the 2010–2014 priority research areas, based on recommendations by the DRH and partner organizations. (Partners also should refer to Table 1 to identify other gaps in research. See the List of Abbreviations on p. vi for an explanation of the acronyms that appear in this table.)

Table 2:

The 2010–2014 Reproductive Health Priority Research Areas

Family Planning
<p>Advocacy and promotion</p> <ul style="list-style-type: none"> • FP social marketing possibilities • Global and national advocacy issues
<p>Increasing uptake</p> <ul style="list-style-type: none"> • Short-term methods • Long-acting and permanent methods • Public/private partnerships • Improving communication among couples • Reasons for increase in fertility rates
<p>Logistics and availability</p> <ul style="list-style-type: none"> • Prevalence of emergency contraception • Impact of stock-outs • Improving the delivery chain
<p>Service provision</p> <ul style="list-style-type: none"> • Attitude of FP providers (especially towards youth) • Impact of youth-friendly services • Impact of FP/HIV integration • Needs for more technical skills and human resource • Family planning services at the community level

Table 2:

The 2010–2014 Reproductive Health Priority Research Areas (cont)**Safe Motherhood, Maternal and Neonatal Health**

- Performance and sustainability of innovations for increasing access to skilled births: community midwifery, maternity waiting shelters, motor bicycle ambulances, and voucher systems
- Performance and sustainability of innovations for improving obstetric outcomes: vacuum delivery, active management of third-stage labour, post-abortion care, and focused antenatal care (with an emphasis on IBP)
- Availability of drugs for maternal health mainly obstetrics emergencies.
- Monitoring of quality of maternal health care
- Prevalence, experiences of, and attitudes toward unwanted pregnancy
- Adolescent pregnancies
- Abortion: prevalence, attitudes, beliefs, and policymakers' views
- Medical abortion versus surgical abortion
- Operations research on vacuum delivery and indications for caesarian sections
- Prevention and rehabilitation of obstetric fistula
- Integration of post-abortion care services
- Operations research on achievements of the MDGs
- Research on newborn care
- Evaluation of postpartum care models
- Effectiveness of sulphadoxine-pyrimethamine drugs used during pregnancy
- Effectiveness and impact of PMTCT programs
- Obstetric health seeking behaviour
- Pediatric health seeking behavior
- Confidential enquiry into maternal deaths

Table 2:

The 2010–2014 Reproductive Health Priority Research Areas (cont)

Gender Issues, Sexual and Reproductive Rights	
<p>Gender equity:</p> <ul style="list-style-type: none"> • Reproductive and sexual health needs of men and women • Male involvement in reproductive health: knowledge, uptake of services, attitudes, and behaviours of husbands and partners • Masculinities and the relationship with men's and women's reproductive and sexual health • Gender sensitivity of the legal and policy environment for reproductive and sexual health (same-sex relationships, abortion, Children's Act, child trafficking) • Gender mainstreaming of RH programs (awareness, system preparedness) <p>Sexuality and human rights:</p> <ul style="list-style-type: none"> • Situation analysis on reproductive rights as human rights • Sexuality and reproductive and sexual health needs of minority and discriminated-against groups (same-sex relationships, people with physical and mental disabilities, and people living with HIV/AIDS) • The dynamics of fatherhood and motherhood • Determinants of transactional and cross-generational sex <p>Culture, religion, and sexuality:</p> <ul style="list-style-type: none"> • Cultural and traditional practices leading to gender disparities in reproductive health 	<ul style="list-style-type: none"> • Role of religion in reproductive and sexual health rights (FGM/C, post-abortion care, sexual relationships) • Positive aspects of sexuality and safe sex, including pleasure • Culture and sexuality (in the context of rapid social, economic, and technological change and the impacts on gender and relationships) <p>Violence and sexual abuse:</p> <ul style="list-style-type: none"> • Performance of health facilities in the provision of post-exposure prophylaxis as part of post-rape care • Gender-based violence: post-rape care and FGM/C • Medical and legal linkages in post-rape care • Prevention of sexual violence • Child abuse: reproductive and sexual health effects and needs • Intimate partner violence: reproductive and sexual health effects and service needs (the impact of marital rape) • Sexual violence in the context of conflict, disasters, and displaced peoples

Table 2:

The 2010–2014 Reproductive Health Priority Research Areas (cont)**Sexual and Reproductive Rights of Adolescents and Youth**

- Sexuality and sexual health information, education, and services for adolescents
- Increasing access to youth and adolescent RH information and services through youth-friendly approaches
- Meeting the RH needs of young people living with HIV/AIDS
- Intersectoral coordination of RH programs for youth and adolescents
- Effectiveness of different youth-friendly models
- Mapping of youth-friendly services
- Effective channels of communication for youth reproductive and sexual health and sexuality issues
- Addressing RH needs of mature minors and married adolescents
- Stigma and discrimination among youth seeking post-abortion-care services
- Situation analysis of the sexuality and sexual health of youth
- Knowledge, attitudes, and practices of parents, teachers, and religious leaders on youth sexuality
- Role of media on youth reproductive and sexual health (online social networks, e.g. Facebook, mobile phones, cable television, radio stations)
- Knowledge, attitudes, and practices of youth regarding alternative sexualities
- Protective and risk factors during transitions to adulthood
- Sex work among young people

Table 2:

The 2010–2014 Reproductive Health Priority Research Areas (cont)

Cancers of the Reproductive System
<ul style="list-style-type: none"> • Situation analysis on reproductive tract cancers • Screening of reproductive tract cancers: cervical (using VIA and VILI methods), breast, and prostate • Assessment of uptake of screening services for cancer of the cervix as an integrated approach in RH services • Innovative models to increase male involvement in reproductive health (gateway for screening for prostate cancer) • Comparison of the four methods for screening cervical cancer: Pap smear, VIA, VILI, and HPV-DNA • Feasibility of introducing the HPV vaccine into the Kenya Expanded Program on Immunization (affordability, cold-chain logistics) • Community-based approaches to public education on cancers • Capacity of the MOPHS to offer palliative care
HIV/AIDS and reproductive tract infections
<ul style="list-style-type: none"> • Performance of HIV counseling and testing services, especially in PMTCT in ANC clinics • Prevention and management of sexually transmitted infections • Approaches for increasing access to HAART for postpartum HIV-positive mothers • Models of integration of RH and HIV services
Infertility
<ul style="list-style-type: none"> • Addressing unmet infertility needs • Male and female infertility • Patterns of resort for infertility

Table 2:

The 2010–2014 Reproductive Health Priority Research Areas (cont)

Reproductive Health Support Systems, Health System Research, and other Cross-cutting Issues
<ul style="list-style-type: none"> • Evaluation of the performance of the MOPHS/DRH HMIS and M&E systems and explanation of low reporting rates • Analysis of users of the DRH Web site • Capacity needs assessment for DRH to conduct operations research • Security of RH commodities • Analysis of policy and funding for RH priorities • Translation of research to action • Role of the DRH in coordination, collaboration, and monitoring of RH research • Targeting RH programs for community participation • Advocacy for FP programs • Evaluate the knowledge, attitudes, and practices of service providers on data collection and record keeping • Improve the quality of data • Human resources issues: distribution, deployment, task shifting, staff retention, and motivation • Information, education, and communication materials and job aids • Effectiveness of referral systems for women with obstetric complications
Emerging Issues
<ul style="list-style-type: none"> • Reproductive health of elderly persons, including issues arising during or after menopause and menopause • Reproductive health of people with physical and mental disabilities • Reproductive health of uniformed personnel • Situation analysis on fibroids • Models of financing RH services • Reproductive health of displaced populations

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ANNEXES

Annex 1:

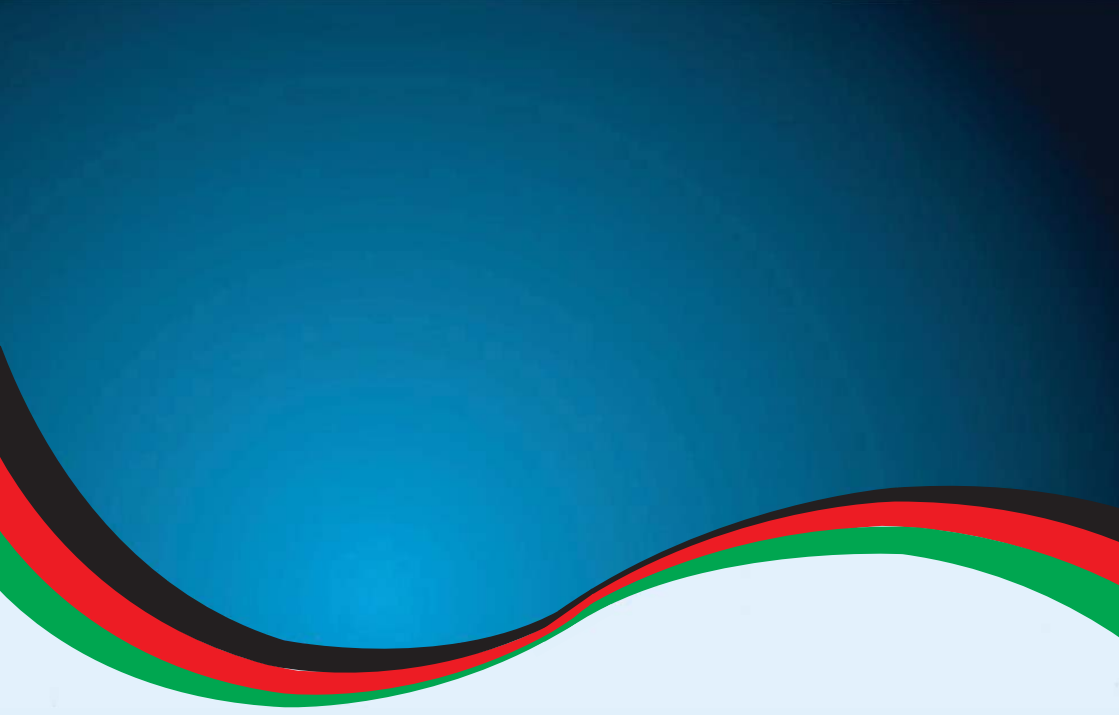
Number of RH publications available from the DRH, by category and reviewed source

Category	Source		
	DRH/GTZ compact disc	DRH Web site	Annotated bibliography
Family Planning	29	37	37
Safe Motherhood	44	34	34
Adolescents	29	51	51
Gender Issues	21	29	32
HIV/AIDS	108	135	141
Cancers of Reproductive Systems	13	14	14
Programmatic Issues	2	-	-
Other RH Issues	6	-	-
Total	252	300	309

Annex 2:

Participants at the stakeholders' meeting to review the draft Research Agenda for 2010–2014

No.	Name	Organization
1.	Emmanuel Akacha	African Medical and Research Foundation
2.	Joanna Crichton	African Population and Health Research Center
3.	Dr. Peter Itsura	Aga Khan University Hospital
4.	Dr. Boaz Otieno-Nyunya	Center for Disease Control
5.	Agnes Njue	Christian Health Association of Kenya
6.	Joseph M. Oyongo	Christian Health Association of Kenya
7.	Dr. Peter Njoroge	Consultant
8.	Edwin Osundwa	Consultant
9.	Eva Muthuuri	Consultant
10.	Dr. Bartilol Kigen	Division of Reproductive Health
11.	Alice Mwangangi	Division of Reproductive Health
12.	Anne Karimi Njeru	Division of Reproductive Health
13.	Cosmas Mutunga	Division of Reproductive Health
14.	Daniel Sande	Division of Reproductive Health
15.	David Nyaberi	Division of Reproductive Health
16.	Diane Kamar	Division of Reproductive Health
17.	Elizabeth Washika	Division of Reproductive Health
18.	Gladys Someren	Division of Reproductive Health
19.	Judith Maua	Division of Reproductive Health
20.	Monica Odindo	Division of Reproductive Health
21.	Ruth Wayua Muia	Division of Reproductive Health
22.	Selina Cherutich	Division of Reproductive Health
23.	Dr. Marsden Solomon	Family Health International
24.	Caroline Mackenzie	Family Health International
25.	Mercy Gitau	Family Health International
26.	Sussy Nchogu	Family Health International
27.	Dr. George Karanja	Jhpiego
28.	Linda Archer	Jhpiego
29.	Peter Apamo	John Hopkins University
30.	Caroline Kithinji	KEMRI
31.	Stella Njeri Kihanya	Maendeleo Ya Wanawake Organisation
32.	Dr. Jared Moguche	Marie Stopes Kenya
33.	Dr. Samuel Kalibala	Population Council
34.	Monica Wanjiru	Population Council
35.	Rose Towett	Population Services International
36.	Eunice Ajode Odhiambo	University of Nairobi
37.	Prof. Anna Karani	University of Nairobi
38.	Jerusha Karuthiru	USAID/Kenya



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For more information or additional copies, contact:

Head, Division of Reproductive Health

Old Mbagathi Road

P.O. Box 43319

Nairobi, Kenya

Telephone: 254-20 2715105