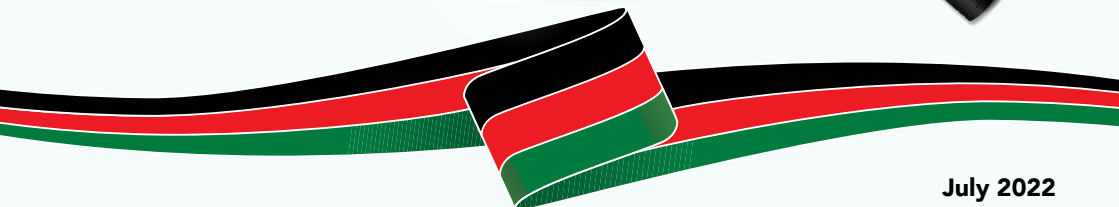




**THE NATIONAL  
REPRODUCTIVE HEALTH PRIORITY  
RESEARCH AND LEARNING AGENDA  
2022 – 2027**

**July 2022**



# **NATIONAL REPRODUCTIVE HEALTH PRIORITY RESEARCH AND LEARNING AGENDA, 2022 – 2027**

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# Foreword



**Ms. Susan Mochache, CBS**  
Principal Secretary, Ministry  
of Health

***This document ... outlines the key research gaps that need prioritized attention to inform and guide Kenya's investment in realizing the constitutional right to the highest attainable status of reproductive health.***

This document, herein referred to as The National Reproductive Health Research and Learning Agenda commissioned by The Ministry of Health through the Division of Reproductive and Maternal Health, outlines the key research gaps that need prioritized attention to inform and guide Kenya's investment in realizing the constitutional right to the highest attainable status of reproductive health.

Within its pages, evidence gaps in reproductive health, as viewed through the lenses of a Kenyan life-course, are listed for scientific investigation or evaluation, and thereafter strategies are proposed for improving the quality and volume of reproductive health research in an efficient and accountable manner. The aim is to provide a contextualized robust scientific foundation upon which current and future interventions for reproductive healthcare and reproductive health service delivery should be based.

Through this agenda, we look back and learn from the previous agenda, and specifically isolate the Achilles's heels that impeded full implementation of its predecessor for spirited traction to ensure a complete compliance and response to the research gaps listed herein within the life of this research and learning agenda.

This RHLA identified the creation of a national reproductive health research repository coupled with an annual Reproductive Health Research learning and sharing symposium, as integral tools of ensuring this agenda sits in its rightful place in the worlds of; academia, research institutions, research investment agencies, individuals engaged in research, research implementing agencies and various stakeholders in research including students honing their research skills to improve Reproductive Health outcomes in the country.

This agenda aligns with the Government's commitment to eliminate negative reproductive health outcomes within the Kenyan population and puts emphasis on the evidence gaps that are presently hindering accelerated realization of the sustainable development goals, vision 2030 and Universal Health Coverage within the domain of reproductive health.

We add this important guiding document to the growing

***We add this important guiding document to the growing body of Ministry of Health work calling attention to the need for the timely advancement of quality health research that is tailored to the priority needs of the Kenyan people.***

body of Ministry of Health work calling attention to the need for the timely advancement of quality health research that is tailored to the priority needs of the Kenyan people. It is the government's intent that this document be used by policy makers, reproductive health professionals and administrators, academicians, interested members of the public, researchers, students, donors and implementing agencies as rationale for the allocation of resources to further reproductive health research in Kenya and beyond.

We hold a vision of a not-too-distant future in which funding is available and sufficient to enable routine redress of research gaps as they emerge, and coupled with sub annual generation of new priorities as dictated by the needs of our people, whose reproductive health needs should be addressed with evidence based interventions in an efficient and productive manner.

This document provides practical prioritization for aligning resources, creating synergies and enhancing efficiency in the conduct of reproductive health research for the benefit of all citizens, and holds the promise of propelling Kenya towards the enjoyment of the Constitution of Kenya 2010 right to the highest attainable status of reproductive health.

I thus call upon all relevant players and stakeholders in the reproductive health space, and in research, to coalesce around this agenda in resources and in deed, as well as seizing this opportunity to make a real positive difference in the reproductive health of Kenyans. Such a preferred difference will limit, within our capacity to do so, reproductive health injury and suffering of our population while positively shaping our policies and contributing immensely to the body of knowledge on matters reproductive health.



**Ms. Susan Mochache, CBS**

Principal Secretary, Ministry of Health



# Preface



**Dr. Patrick Amoth, EBS**  
Ag. Director for Health, Ministry  
of Health

***The goal  
of this  
research  
agenda is to  
harmonize  
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conduct of  
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within the  
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health  
research  
space.***

The importance of research in fostering national development cannot be over emphasized. Kenya has made impressive strides in enhancing research to inform policies, programmers, and service delivery interventions. To date, while research remains at the center of informing efforts to improve health care service delivery the world over, more often the research generated is not what is required to improve reproductive health care for Kenyans. This calls for an urgent and deliberate move to guide and coordinate research activities in the country to address the Nation's priority evidence gaps in reproductive health care. It is thus timely that this Reproductive Health Research Learning Agenda has been developed to guide researchers, policymakers, programme implementers, academic institutions, development partners, and other stakeholders in the reproductive health space in Kenya.

The goal of this research agenda is to harmonize the conduct of reproductive health research in Kenya, for all players within the reproductive health research space. The aim is to harness collective synergy, improved efficiency and advancing swift absorption of reproductive health research findings to inform policy thrusts and programmatic focus in the country. It is my conviction that support for research that identifies and evaluates interventions that influence local reproductive behavior changes and in-country public policies will contribute to effective management of emergent and prevalent reproductive health conditions while eliminating barriers to effective healthy practices by Kenyans. Such an exploit will benefit the country with more informed and effective policy and decision making.

A major shift on this agenda from its predecessors is the hoisting of accountability and objective active learning, that will now be nested at the office of the Director General for Health, to ensure any intervention targeting to improve reproductive health outcomes of Kenyans is proven effective or embedded with a sound scientific monitoring and evaluation plan to ensure lessons accrued from the research or intervention work are ploughed back to the country to benefit the primary stakeholder of this agenda who is the

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***Reproductive  
Health  
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scientific  
knowledge***

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Kenyan public. Reproductive Health Service providers must be able to deliver state of the art care based on sound scientific knowledge, a possibility if the pressing gaps identified in this agenda are addressed promptly.

This RHRLA focused attention on the need for advancing quality research in the programmatic thematic areas aligning to the MOH operational administration of reproductive health i.e. Maternal Health, Adolescent Health, Family Planning that includes infertility and sexually transmitted infections, and a cross cutting domain that encompasses the traditional health system pillars for reproductive health. It is expected that all players in Reproductive Health Research space will not only embrace but also implement this agenda.



**Dr. Patrick Amoth, EBS**

Ag. Director for Health, Ministry of Health

# Acknowledgement



**Dr. Andrew Mulwa**  
*Director of Medical Services,  
 Preventive and Promotive Health,  
 Ministry of Health*

***The  
 development  
 of this  
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 took a  
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 and  
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The development of this Reproductive Health Research Agenda took a consultative approach and involved in-depth Consultations with a wide range of multi-disciplinary stakeholders including specialized and experienced individuals and experts in matters Research and Learning. The Process included review of Reproductive Research Agenda 2014, review of publications conducted within the previous agenda, challenges in achieving objectives of the previous agenda, lessons learned, best practices and innovations in Reproductive Health. The review set a basis for the development of Reproductive Health Research Agenda 2022-2027. We wish to thank Dr. Charlotte Polle - the lead consultant to this process who together with various technical divisions in MOH - Department of Research and learning, Health Management Information System (HMIS), University of Nairobi, Moi University, the SAGAS- KEMRI, NACOSTI and NRF sterlingly harnessed invaluable inputs from diverse stakeholders to weave together this timely Research and Learning Agenda for the Nation. We appreciate the Department of Family Health through the Division of Reproductive and Maternal Health for providing technical oversight, guiding inputs and coordination of the entire development process that ensured timely delivery this Agenda within extremely tight timelines

The Ministry would specifically like to thank Dr. Bashir Issak, Head, Department of Family Health, Dr. Stephen Kaliti, Head Division of Reproductive and Maternal health for their leadership throughout the process. We would like to appreciate the following technical officers for their tireless and invaluable contribution throughout the process; Dr. Joyce Wamcwe, Dr. Albert Ndwiga, Dr. Amadiva Kibisu, Ms. Hellen Mutsi, Mr. Jeremiah Mumo, Ms. Karen Aura, Mr. Hambulle Mohamed, MS. Mary Gathitu, Ms. Merina Lekorere, Ms. Scolastica Wabwire, Mr. Martin Mburu, Ms. Mary Magubo, Ms. Winfred Wanjiku and Ms. Florence Ireri. We also wish to thank Mr. Job Mwangi (Brand Knights Ltd) for the Design and Layout of this document. The Ministry of Health further wishes to thank the following counties for their participation in the process; Nairobi, Kitui, Makueni, Tharaka Nithi, Uasin Gishu, Kajiado, Homabay, Kilifi and Kisumu County.

Lastly but by no means any less, the ministry wishes to acknowledge the enabling technical and logistical support from USAID through FHI 360, as variously represented by Dr. Marsden Solomon, Barbara Sow, Morrisa Malkin and Phyllis Ombonyo; from inception to finalization that facilitated and saw the MOH deliver this Reproductive Health Research Agenda 2022-2027 for the Nation.

A handwritten signature in dark ink, consisting of a series of loops and a long horizontal stroke extending to the right.

**Dr. Andrew Mulwa**

Director of Medical Services,  
Preventive and Promotive Health, Ministry of Health

# List of Abbreviations

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANC</b>	Antenatal Clinic
<b>ASRH</b>	Adolescent Sexual Reproductive Health
<b>AYPRH</b>	Adolescent and Young Persons Reproductive Health
<b>CHV</b>	Community Health Volunteer
<b>COHRED</b>	Council on Health Research for Development
<b>COG</b>	Council of Governors
<b>CSO</b>	Civil Society Organization
<b>DMPA-SC</b>	Depot Medroxyprogesterone Acetate - Subcutaneous
<b>DRMH</b>	Division of Reproductive and Maternal Health
<b>EmOMC</b>	Emergency Obstetrics and New-Born Care
<b>ERC</b>	Ethical Review Committee
<b>FGM/C</b>	Female Genital Mutilation/Cutting
<b>FHI</b>	Family Health International
<b>FP</b>	Family Planning
<b>GOK</b>	Government of Kenya
<b>HIV</b>	Human Immunodeficiency Virus
<b>HMIS</b>	Health Management Information System
<b>HSS</b>	Health Systems Strengthening
<b>ICPD</b>	International Conference on Population and Development
<b>IEC</b>	Information, Education, and Communication
<b>IPV</b>	Intimate Partner Violence
<b>IUCD</b>	Intrauterine Contraceptive Device
<b>KDHS</b>	Kenya Demographic and Health Survey
<b>KEMRI</b>	Kenya Medical Research Institute
<b>KDHS</b>	Kenya Demographic and Health Survey
<b>KEMRI</b>	Kenya Medical Research Institute
<b>KENIA</b>	Kenya National Innovation Agency
<b>KHP</b>	Kenya Health Policy
<b>KII</b>	Key Informant Interviews
<b>LMIC</b>	Low and middle income countries
<b>MDG's</b>	Millennium Development Goals
<b>MEAL</b>	Monitoring, Evaluation, Reporting and Learning

<b>M/E</b>	Monitoring and Evaluation
<b>MMR</b>	Maternal Mortality ratio
<b>MNH</b>	Maternal and Neonatal Health
<b>MOH</b>	Ministry of Health
<b>MPDSR</b>	Maternal and perinatal death surveillance and report
<b>NACOSTI</b>	National Commission for Science, Technology and Innovation
<b>NCD</b>	Non-Communicable diseases
<b>NHRC</b>	National Health Research Committee
<b>NMR</b>	Neonatal mortality rate
<b>NRF</b>	National Research Fund
<b>PAC</b>	Post-abortion Care
<b>R4H</b>	Research for Health
<b>RH</b>	Reproductive Health
<b>RHRLA</b>	Reproductive Health Research and Learning Agenda
<b>RMNCH</b>	Reproductive Maternal Neonatal and Child Health
<b>SAGA</b>	Semi-autonomous Government agency
<b>SDGs</b>	Sustainable development goals
<b>SRH</b>	Sexual and reproductive health
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

# Section I

## Introduction

**In-country reproductive health research capacity is key to creating improvements in local implementation of reproductive health programs and can help prioritize reproductive health issues in a landscape of limited funding. Research prioritization has shown to be particularly useful to help answer strategic and programmatic issues in health care, including Sexual and Reproductive Health (SRH). The purpose of this agenda is to propose reproductive health research priorities stemming from an exercise conducted in 2022 that brought together researchers, program managers, research oversight and accountability institutions, counties, partners and service implementing agencies from across the country.**

The setting of priorities is the first step in a dynamic process to identify where research funding should be focused to maximize health benefits. The key elements and priorities identified in this exercise provide guidance for decision makers to focus action on identified research priorities and goals. Prioritization and identifying/acting on research gaps can have great impact across multiple sectors in the regions for improved reproductive, maternal and newborn health (RMNCH). This is especially important and urgent in Low and Middle-Income Countries (LMICs) who have continued to host a barrage of dissonant research activities that are often short of aligning or addressing the country's priority reproductive health research needs. According to the 2013 World Health Report, such an endeavor as this agenda can strengthen health systems and help move countries towards universal reproductive health coverage.

There is thus an increased need for better implementation methods in order to make an impact on health outcomes. Through increased research capacity building, implementation of existing strategies and scaling up interventions will be more successful as local researchers bring local knowledge and much needed perspective to these endeavors. Research capacity can also improve health system development, inform more effective policy and lead to better governance in individual countries, in this case - Kenya.

This document shall guide the conduct of reproductive health research for the country and seeks to improve the coordination of RH research and programmatic activities in the country for the period 2022 to 2027.

# Background

**Though Kenya has made substantial progress in improving outcomes over the last decades, more needs to be done to realize the letter and spirit of the Constitution of Kenya 2010 of ensuring the highest reproductive health status for all Kenyans.**

Kenya joined the world in adopting the Cairo plan of action endorsed at the 1994 International Conference on Population and development (ICPD). This plan of action was longitudinally emphasized through the now retired Millennium Development Goals<sup>1</sup> that morphed to the current Sustainable Development Goals (SDG), and especially SDG 3 on health and wellbeing. Trend analysis of the KDHS maternal mortality ratio since then demonstrates a steady decline coupled with sterling increase in prevalence of modern contraceptive use.

Despite this progress, coupled with other achievements, e.g., in increased skilled birth attendance from 4 in 10 mothers<sup>2</sup> in 2003 to 8 in 10 mothers delivered in a health facility in 2014<sup>3</sup>. Currently, 9 in 10 maternal deaths are preventable. This necessitates urgency in generating research evidence on the best interventions to improve quality of reproductive maternal and newborn health care in the country.

Still, emerging and changing disease epidemiology in the country has implied a need for a life course approach to reproductive health care and addressing social determinants of reproductive health. As this

agenda was being drafted, there was a national debate on the best way to address child marriages and adolescent pregnancy as well as urgency in eliminating harmful practices such as female genital mutilation and sexual gender-based violence: issues that all need coordinated and prioritized research to guide policy decisions and interventions towards meeting this priority reproductive health commitments.

While research outputs on reproductive health have increased over the past decade, much of it does not address the key priorities of the government. Often, researchers and policymakers do not interact and consequently, policymakers are usually unaware of the latest research findings. On the other hand, researchers rarely assess the evidence needs of decision-makers prior to conducting research. The result of this disconnect is limited uptake of research findings in policy-making and practice. Developing and disseminating research and learning priorities, and coordinating with decision-makers can result in increased uptake of evidence in decision making, and reduce duplication and wastage. This document guides the conduct of reproductive health research for the country and seeks to improve the coordination of RH research and programmatic activities in the country for the period 2022 to 2027.

1 Millennium Development Goals for 2015. n.d.

2 Kenya National Bureau of Statistics. Kenya Demographic and Health Survey 2003.

3 Kenya National Bureau of Statistics. Republic of Kenya Kenya Demographic and Health Survey 2014.



# Goals & Objectives of the RHRLA

## Goal

The overall goal of this RHRLA is to harmonize the conduct of reproductive health research in Kenya. This agenda aims to harness collective synergy, improve efficiency and advance swift absorption of reproductive health research findings to inform policy thrusts and programmatic focus in the country. The agenda will guide all players within the reproductive health research space in Kenya.

## Objectives

Specifically, this RHRLA seeks to achieve the following objectives:

1. To define priority reproductive health research and learning needs for Kenya through isolation of evidence gaps and guided generation of quality contextualized reproductive health information by all players.
2. To enhance efficient conduct of reproductive health research in

Kenya through deliberate coordination and accountability that spurs originality, eliminates duplicity as well as enhances prudent utilization of reproductive health resources in the country.

3. To spur interest in local reproductive health research towards generating a body of local evidence that is readily available and accessible to inform policies and program activities in the country.

## Section II

# The Process

In 2006, following consultative efforts, the Ministry of Health through the then Division of reproductive health developed the Guidelines for Reproductive Health Research Priorities<sup>1</sup>. This was the first of its kind in the reproductive health research space and served to provide guidance on areas for focal attention on reproductive health research for the period 2006-2010. On its expiry, In 2010, the Reproductive Health Research Agenda 2010–2014<sup>2</sup> was developed.

Early in 2022, the DRMH expressed a need to review the existing Reproductive Health Research Agenda 2010. The need for the review was based on the following:

1. The operation duration for the RHLA 2010-2014 had long elapsed hence the need to review it.
2. The previous RHLA was partially advised by the Millennium development goals which were replaced in 2016 by the Sustainable development goals
3. The new constitution was promulgated in 2010 when the previous RHLA was developed. This has occasioned a lot of changes and transitions on how research in coordinated and implemented in the country. There was thus a need to develop a revised RHLA that reflects the mechanisms stipulated in the new constitution

There is currently a revised Reproductive health Policy in place on which the RHLA should be anchored.

The process was led by the MOH with support from FHI-360 that brought on board expertise including a consultant and other stakeholders in the RH Research space in Kenya, to inform and shape the deliberations and content of the RHRLA. This reproductive health research prioritization took the following sequential phases in its development:

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<sup>1</sup> National RH Guidelines 2006

<sup>2</sup> Reproductive Health Research Agenda. 2010.

## 1. A RHRLA ideation workshop

The main agenda was to chart a way forward on the RHRLA review and development process as well as suggest conduct a thematic analysis that would advise on the structure of the new RHRLA. The Ideation workshop brought together key stakeholders in Reproductive health research, led by the Ministry of Health, academia, research institutions and research regulatory bodies to share the background material and guide crystallization of the approach and nature for the development of the RHRLA. The review of the previous RHRLA was also initiated at the ideation meeting.

## 2. A desk review

The main agenda was to chart a way forward on the RHRLA review and development process as well as suggest conduct a thematic analysis that would advise on the structure of the new RHRLA. The Ideation workshop brought together key stakeholders in Reproductive health research, led by the Ministry of Health, academia, research institutions and research regulatory bodies to share the background material and guide crystallization of the approach and nature for the development of the RHRLA. The review of the previous RHRLA was also initiated at the ideation meeting.

## 3. Key informant interviews

The key informant interviews, were important in answering pertinent, questions in the review of the previous RHRLA as well as development of the new reproductive health research and learning agenda. Through consultation with officers in the Division of reproductive and maternal health-MOH, the following were interviewed:

- Head DRMH-MOH
- Program managers and a program officer in DRMH-MOH programs in the programs in DRMH i.e. Family planning; Adolescent and young person's reproductive health; Maternal and neonatal Health; Monitoring and evaluation
- Funding partners
- Implementing partners
- MOH - M/E department
- MOH – Research department
- County Director of health

## 4. An RHRLA Drafting workshop

A multi stakeholder drafting workshop was held during which presentations from key institutions in the RH Research space; thematic submissions and plenary consolidations of group tasks were held. The results of these engagements was a draft zero of the RHRLA with a list of the thematic areas and research priority areas under each thematic areas. Other segments of the draft RHRLA under development were also discussed i.e risk mapping, Monitoring and devaluation, coordination and governance of RH Research in Kenya and practical guidance on operationalization of the research agenda.

5. Report drafting:

The lead consultant for the RHLA development process thereafter embarked on organizing the RHRLA report draft with attention to ensure that the content from the different groups was aligned in a logical manner. There was additional technical support from MOH and FHI-360 during the report drafting process.

6. Validation meeting

A validation meeting was conducted to review and input into the draft one of the RHRLA. During this meeting, there was additional key input into the document and a final draft was approved.

Review of Challenges and implementation of the previous RHRLA

Following the desk review and key informant interventions it was clear that the previous RHLA was not launched nor disseminated beyond the stakeholders involved in developing it. This was occasioned by a process lapse as well as financial challenges. Unfortunately, therefore, most research conducted was not necessarily as a result of the RHLA. The following are examples of research that was conducted during the operation period of the previous RHLA and that align to the priority research areas listed in the RHLA 2010-2014.

2010 - 2014 PRIORITIES	EVIDENCE OF IMPLEMENTATION
<b>FAMILY PLANNING PRIORITIES</b>	
<b>Advocacy and promotion</b>	
1. FP social marketing possibilities	Bornet, M.,et al. (2021). Faith-Based Advocacy for Family Planning Works: Evidence From Kenya and Zambia. Global health, science and practice, 9(2), 254–263. <a href="https://doi.org/10.9745/GHSP-D-20-00641">https://doi.org/10.9745/GHSP-D-20-00641</a>
2. Global and national advocacy issues	
	Calhoun, L. M., et al. (2022). Perceptions of peer contraceptive use and its influence on contraceptive method use and choice among young women and men in Kenya: a quantitative cross-sectional study. Reproductive health <a href="https://doi.org/10.1186/s12978-022-01331-y">https://doi.org/10.1186/s12978-022-01331-y</a>
	Keyonzo, N., et al (2017). Changing Face of Family Planning Funding in Kenya: A Cross-Sectional Survey of Two Urban Counties. African journal of reproductive health, 21(4), 24–32. <a href="https://doi.org/10.29063/ajrh2017/v21i4.3">https://doi.org/10.29063/ajrh2017/v21i4.3</a>

Increasing Uptake	
<ol style="list-style-type: none"> <li>1. Short term methods</li> <li>2. LAPMs</li> <li>3. Public/Private partnerships</li> <li>4. Improving communication among couples</li> <li>5. Reason for increase in fertility rates</li> </ol>	<p>Stats, M. A., Hill, D. R., &amp; Ndairias, J. (2020). Knowledge and misconceptions surrounding family planning among Young Maasai women in Kenya. <i>Global public health</i>, 15(12), 1847–1856. <a href="https://doi.org/10.1080/17441692.2020.1788112">https://doi.org/10.1080/17441692.2020.1788112</a></p> <p>Mwaisaka, J., et al (2020). Exploring contraception myths and misconceptions among young men and women in Kwale County, Kenya. <i>BMC public health</i>, 20(1), 1694. <a href="https://doi.org/10.1186/s12889-020-09849-1">https://doi.org/10.1186/s12889-020-09849-1</a></p> <p>Mwaisaka, J., et al (2020). Exploring contraception myths and misconceptions among young men and women in Kwale County, Kenya. <i>BMC public health</i>, 20(1), 1694. <a href="https://doi.org/10.1186/s12889-020-09849-1">https://doi.org/10.1186/s12889-020-09849-1</a></p>
Logistics and availability	
<ol style="list-style-type: none"> <li>1. Prevalence of Emergency contraception</li> <li>2. Impact of stock-outs</li> <li>3. Improving delivery chain</li> </ol>	<p>Impact of the Urban Reproductive Health Initiative on family planning uptake at facilities in Kenya, Nigeria, and Senegal. <i>BMC women's health</i>, 18(1), 9. <a href="https://doi.org/10.1186/s12905-017-0504-x">https://doi.org/10.1186/s12905-017-0504-x</a></p> <p>Utilizing perspectives from HIV-infected women, male partners and healthcare providers to design family planning SMS in Kenya: a qualitative study. <i>BMC health services research</i>, 19(1), 870. <a href="https://doi.org/10.1186/s12913-019-4708-7">https://doi.org/10.1186/s12913-019-4708-7</a></p> <p>Integration of HIV testing services into family planning services: a systematic review. <i>Reproductive health</i>, 16(Suppl 1), 61. <a href="https://doi.org/10.1186/s12978-019-0714-9">https://doi.org/10.1186/s12978-019-0714-9</a></p>
Service Provision	
<ol style="list-style-type: none"> <li>1. Attitude of FP providers (especially towards the youth)</li> <li>2. Impact of youth-friendly services</li> <li>3. Impact of FP/HIV integration</li> <li>4. Needs for more technical skills and human resource</li> <li>5. Family planning services at the community level</li> </ol>	<p>Assessing the quality of family planning counselling and its determinants in Kenya: Analysis of health facility exit interviews. <i>PloS one</i>, 16(9), e0256295. <a href="https://doi.org/10.1371/journal.pone.0256295">https://doi.org/10.1371/journal.pone.0256295</a></p> <p>Narasimhan, M., Yeh, P. T., Haberlen, S., Warren, C. E., &amp; Kennedy, C. E. (2019). Integration of HIV testing services into family planning services: a systematic review. <i>Reproductive health</i>, 16(Suppl 1), 61. <a href="https://doi.org/10.1186/s12978-019-0714-9">https://doi.org/10.1186/s12978-019-0714-9</a></p> <p>The Validity of Women's Reports of Family Planning Service Quality in Cambodia and Kenya. <i>Studies in family planning</i>, 52(1), 77–93. <a href="https://doi.org/10.1111/sifp.12148">https://doi.org/10.1111/sifp.12148</a></p>

Infertility	
1. Addressing unmet infertility needs	Situation analysis on infertility (UNFPA, Prof.
2. Male and female infertility	James Machoki Prof Kigundu University of Nairobi)
3. Patterns of causes of infertility	Does the Belief That Contraceptive Use Causes Infertility Actually Affect Use? Findings from a Social Network Study in Kenya. Studies in family planning, 52(3), 343–359. <a href="https://doi.org/10.1111/sifp.12157">https://doi.org/10.1111/sifp.12157</a>
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.	Maternal Newborn Improvement Project (MANU) to expand access to quality care, Bungoma County (2015-2019)  Feasibility of service delivery Redesign for improved Maternal and Newborn survival in Kakamega County, Kenya  KT Nimako-2020  Factors influencing deliveries at health facilities in rural Maasai Community in Magadi sub-County, Kenya  karanja S,gichuki R, Igunza P et al.,2018  Evaluating the impact of a maternal health voucher programme on service use before and after the introduction of free maternity services in Kenya: a quasi-experimental study.  Dennis ML, Abuya T, Campbell OMR, Benova L, Baschieri A, Quartagno M, Bellows B.BMJ Glob Health. 2018 May 2;3(2):e000726. doi: 10.1136/bmjgh-2018-000726. eCollection 2018.PMID: 297  From 2006 to 2016, the Government of Kenya implemented a reproductive health voucher programme in select counties, providing poor women subsidised access to public and private sector care.
Availability of drugs for maternal health, mainly obstetrics emergencies.	<b>Availability</b> and use of <b>emergency obstetric</b> services: <b>Kenya</b> , Rwanda, Southern Sudan, and Uganda.  Pearson L, Shoo R.  Int J Gynaecol Obstet. 2005 Feb;88(2):208-15. doi: 10.1016/j.ijgo.2004.09.027. Epub 2005 Jan 7.  PMID: 1569410  <b>Availability</b> and use of <b>emergency obstetric</b> services: <b>Kenya</b> , Rwanda, Southern Sudan, and Uganda.  Pearson L, Shoo R.Int J Gynaecol Obstet. 2005 Feb;88(2):208-15. doi: 10.1016/j.ijgo.2004.09.027. Epub 2005 Jan 7.PMID: 1569410

Monitoring of quality of maternal health care	<p>Effects of free <b>maternal</b> policies on <b>quality</b> and cost of <b>care</b> and outcomes: an integrative review.</p> <p>Oyugi B, Kendall S, Peckham S.(2021)</p> <p>an integrative review of the global-free maternity (FM) policies and evaluated the quality of care (QoC) and cost and cost implications to provide lessons for universal health coverage (UHC).43 papers. Review</p>
Prevalence, experiences of, and attitudes toward unwanted pregnancy	<p>Adolescent men's attitudes and decision making relationship to pregnancy and pregnancy outcomes: An integrative review of the literature from 2010 to 2017.</p> <p>J Kane, M Lohan, C Kelly (Journal of adolescence,2019)</p>
Abortion: prevalence, attitudes, beliefs, and policymakers' views	<p>Post-abortion care services for youth and adult clients in Kenya: a comparison of services, client satisfaction and provider attitudes. Evens E, Otieno-Masaba R, Eichleay M, McCarragher D, Hainsworth G, Lane C, Makumi M, Onduso P.J Biosoc Sci. 2014 Jan;46(1):1-15. doi: 10.1017/S0021932013000230. Epub 2013 Jun 10.PMID: 23745828</p>
Medical versus Surgical post abortion care	<p>Makenzius M, Oguttu M, Klingberg-Allvin M, Gemzell-Danielsson K, Odero TMA, Faxelid E.BMJ Open. 2017 Oct 10;7(10):e016157. doi: 10.1136/bmjopen-2017-016157.PMID: 29018067 Free PMC article. Clinical Trial. Post-abortion care with misoprostol: a randomised controlled equivalence trial in a low-resource setting in Kenya.</p> <p>Spatial and socio-economic correlates of effective contraception among women seeking post-abortion care in healthcare facilities in Kenya.</p> <p>Mutua MM, Achia TNO, Manderson L, Musenge E. PLoS One. 2019 Mar 27;14(3):e0214049. doi: 10.1371/journal.pone.0214049. eCollection 2019. PMID: 30917161 Free PMC article.</p>
Operations research on vacuum delivery and indications for caesarean sections	<p>Existence and functionality of emergency obstetric care services at district level in Kenya: theoretical coverage versus reality. Echoka E, Kombe Y, Dubourg D, Makokha A, Evjen-Olsen B, Mwangi M, Byskov J, Olsen ØE, Mutisya R.BMC Health Serv Res. 2013 Mar 25;13:113. doi: 10.1186/1472-6963-13-113.PMID: 23522087.</p>

Sexual and Reproductive Rights of Adolescents and Youth	
	<p>“Evaluating the impact of DREAMS on HIV incidence among adolescent girls and young women: A population-based cohort study in Kenya and South Africa. Birdthistle (2022)</p> <p>Impacts of Multisectoral Cash Plus Programs on Marriage and Fertility After 4 Years in Pastoralist Kenya Austrian (2022)</p> <p>Kenya, Butere-Mumias and Bungoma; school setting; Female and male sixth-grade students aged 13.5-20.5 years in 328 public primary schools (n = 9487 female and 9802 male)</p> <p>Impacts of multisectoral cash plus programs after four years in an urban informal settlement: Adolescent Girls Initiative-Kenya (AGI-K) randomized trial. PloS One, 17(2), e0262858. <a href="https://doi.org/10.1371/journal.pone.0262858">https://doi.org/10.1371/journal.pone.0262858</a>. Koech (2022)</p>



# Section III

## Reproductive Health Research and Learning Priorities

### Introduction

We are fortunate that the ability to lessen the detrimental impact of adverse reproductive health on our population lies within our hands as we implement the COK 2010, Vision 2030, Universal Health Coverage and Reproductive Health Policy 2022<sup>1</sup>. A research effort that improves our ability to understand the continuum of reproductive health needs of Kenyans from the needs of a new-born to those of an increasingly senior citizenry attributable to ever increasing life expectancy, is a critical component of efforts to create an environment in which future generations thrive and are free of the burdens of adverse reproductive health. Setting a priority list of evidence gaps and research needs for the country is aimed at fostering synergy, efficiency and accountability within the reproductive health research space in Kenya. The research priority themes are organized to reflect the administrative structure of the responsible division for oversight and implementation, and has corresponding research areas and description, which aim to guide the readers in determining the kinds of research that may fall under a specific theme of this RHRLA. Cross cutting health system priorities are also captured as a theme to ensure that both programmatic and health system research areas are addressed in this document. The Priority areas are thus organized as follows:

- a. Health system research priorities
- b. Adolescents' and young people's reproductive health
- c. Maternal and New-born health
- d. Family Planning and Infertility
- e. Cross cutting reproductive Health priorities

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<sup>1</sup> Ministry of Health. National Reproductive Health Policy 2022 - 2032.

## THEMATIC AREAS



### A. Health system research priorities

#### a. Health leadership/ governance

1. Strengthening evidence-based Reproductive health policy formulation, enforcement and evaluation in the context of changing socio-political paradigms (COK 2010, devolution, globalization, and transition of Kenya into a LMIC); Health governance in terms of leadership, health enterprise models, management, partnership, and regulations in all levels (national to county) and within institutions, hospitals, organizations, and facilities, for both public and private sector.
2. Improvement of health research policy environment: procurement mechanisms (including payment of intellectual capital) translation of research into products of public value and utilization, and effective application of ethics in health research.
3. Efficiency of utilization of RH funds (appropriation, absorption),
4. Level of commitment to international declarations, M&E, leadership factors affecting RH service provision

#### b. Health financing and economics

1. National and local health financing mechanisms including: NHIF-UHC, Linda mama (case rates definition, utilization, service benefit package evaluation), RMCAH investment framework, alternative provider payment schemes (design of payment schemes, private health insurance and health maintenance organizations), new sources of healthcare revenue
2. Creation of standards for cost estimation of cases and health facilities, resource allocation, and risk adjustment guided by health technology assessment, costed implementation plans and budgetary allocation for reproductive health issues.
3. Evidence for and efficiency of health financing interventions; includes conduct of cost-benefit analysis studies directed towards disease and health programs, setting of standards, processes (health economic index), and application of health assessment models (local and health technology assessment) in achieving financial risk protection.
4. Allocation of health budget from total budget: Status, drivers, barriers

#### c. Access to essential medicines

1. Access to essential drugs, lifesaving commodities, vaccines and other medical products
2. Efficiency of systems for logistics, allocation, distribution and price regulation of essential commodities, vaccines and other medical products
3. Increasing awareness, implementation of, and compliance with the PPB certifications and standards; strengthening local manufacturing of medications, vaccines, and other

medical products; addressing issues on safety and quality (potency of RH commodities medicines, proliferation of counterfeit medications, adverse drug reaction reporting, and drug information for patients

4. Post market surveillance for RH products, devices and technologies
5. Traditional/cultural medicines and treatment in reproductive health: Situational analysis; magnitude of use; client perspectives; attitudes and practice; Impact on reproductive health outcomes
6. Traditional reproductive health medicines; Pharmacodynamics and Pharmacokinetics, pharmacognosy

#### **d. Health information systems**

1. Translating health data to information and knowledge for
2. Standardization, harmonization, utilization, management, and communication of health data and information for effective health service delivery

#### **e. Technology and Innovations**

1. Landscape analysis: products and devices; magnitude of use; accessibility, availability, acceptability, affordability, sustainability, reliability, safety
2. Health technology assessment for RH: Effectiveness and impact of technological interventions
3. Health information systems
4. E-health and telemedicine

#### **f. Health service delivery**

1. Quality improvement for health services
2. Accessibility, effectiveness, efficiency,

availability and sustainability of health services

3. Facilitators and barriers to health service delivery networks and referral systems
4. Evaluation of the impact of Health Facility Enhancement Program for service delivery packages at all levels.
5. Public-private partnership mechanisms for health services and management
6. Service integration: measurement; types and models of integration; cost benefit analysis; health system burden; risks attributable to integration; Impact of integration on quality of service; client perspectives and acceptability of service integration

#### **g. Human resources for RH/Health workforce**

1. Research on human resources for health development: training, knowledge and Skills, competency, effectiveness, efficiency, supply quantification, quality of life, future prospects, gaps)
2. HRH factors affecting health outcomes and general service delivery outcomes.
3. Impact and Utilization of benefits and incentives (impact of professional fee, professional education and advancement) in strengthening HRH.
4. Role of allied health professionals (e.g., Nutritionists and physical therapists etc) In delivering reproductive health care
5. Human resource and institutional capacity to procure, develop, skill match, deployment and retention of relevant reproductive health workforce,



## B. Adolescence and young people's reproductive health

### a. Negative ASRH Outcomes - Adolescent pregnancy, HIV/STI's

1. Drivers of negative adolescent reproductive health outcomes in Kenya: early sexual debut, adolescent pregnancy, HIV/STI's, risky sexual behavior
2. Impact, effectiveness and sustainability evaluation of various interventions to mitigate negative adolescent reproductive health outcomes: financial incentives; sexual and reproductive health education; service delivery interventions etc
3. Epidemiology and trend analysis of sexual debut in Kenya; Factors that influence /contribute to early / late sexual debut.
4. Influence of Parenting models on AYPRH outcomes.
5. Long term effects of contraceptive use on adolescent.
6. Support and interventions for pregnant and parenting adolescents.
7. Adolescent relationship dynamics and counselling
8. Determinants of HPV vaccine uptake
9. Evaluation and impact assessment of Pre exposure prophylaxis on adolescent sexual behavior

10. Suitability of service delivery modules and operational hours for AYPRH.
11. Correlation between other adolescent outcomes and negative ASRH outcomes.
12. ASRH outcomes stratified by adolescent age groups especially the 18-19yrs

### b. Sexual Debut

1. Drivers and influencers of early sexual debut
2. Prevalence of sexual debut among adolescents Boys and Girls
3. Effects/impacts of early/late sexual debut in Adolescent sexual life
4. Mental health and psycho-social effects of and contributors of early/late sexual debut

### c. Menstrual Hygiene

1. Menstrual Hygiene management
2. Reach and sustainability of the school based menstrual hygiene policy in Kenya
3. Burden and solutions to menstrual hygiene management for out of school adolescents
4. Contribution of menstrual hygiene challenges to adverse RH outcomes among adolescents.

### d. Cultural practices and SGBV

1. Sexual violence against children and adolescents;
2. Safe zones for improved adolescent health outcomes; availability and access
3. Harmful cultural practices: FGM & Child marriage
4. Traditional/Cultural rite of passage practices: Practice, perspectives, attitudes and impact on ASRH outcomes

5. Service responsiveness to the needs of vulnerable adolescents,
6. Medicalized FGM – epidemiology, trends and determinants.
7. Adolescent Vulnerability: Factors influencing, solutions for
8. Child and Adolescent marriages: mean age of marriage, trends, socioeconomic impact, drivers and solutions.

### **e. SRH Information/education for Adolescents**

1. Psycho-social impact of social media and technology on Adolescent reproductive health outcomes.
2. Innovative methods and channels of information delivery to adolescents on RH matters.
3. Ideal age appropriate and culturally acceptable SRH information for adolescents; Defining age appropriateness, cultural acceptability, Content (how much or how less),
4. Optimal information delivery channels or platforms for ASRH information and education
5. Adolescents' knowledge gaps about SRH information, education, and communication for behavior change and impact of these gaps
6. Effects of sexual reproductive health education on Adolescents
7. The availability, access and effects/ impact of adolescent and youth-friendly services, (satisfaction with care, quality of care, attitudes on ASRH outcomes)
8. Mental health in the context of reproductive health among adolescents



## **C. Maternal and newborn health**

### **a. Preconception care**

1. Drivers and barriers (health system and patient factor) to Preconception care
2. Models for increasing preconception care service utilization and provision
3. Associations with pregnancy outcomes.
4. Impact assessment, Cost effectiveness and value in mitigating negative pregnancy outcomes.

### **b. Antenatal care**

1. Antenatal care models: Comparative study on Maternal-Fetal Outcomes of 8 ANC visits model versus FANC; Systemic evaluation of FANC in Kenya; Feasibility and cost benefit analysis of ideal number of ANC visits for Kenya; Feasibility of risk-stratified ANC model; missed opportunities for care
2. Quality of ANC services in Kenya: Determinants (facilitators and barriers); timeliness, comprehensiveness, gaps etc
3. Capacity for optimal antenatal care; HRH, Infrastructure, Point of Care Diagnostics etc
4. Point of Care Diagnostics: Utility, cost effectiveness, reach, capacity for; Role of the technology in carrying out

- effective antenatal fetal surveillance
- 5. IPV and mental health in pregnancy: Epidemiology; health care provider capacity to screen for mental health disorders and intimate partner violence in pregnancy.
- 6. Specific challenges in Anc: Recurrent Pregnancy Loss; Maternal Nutrition; COVID -19 in pregnancy
- 7. Birth Preparedness: Role of providers and caregivers (Male involvement), gaps, client's perspectives, knowledge and attitude, individualized birth plan
- 8. PMTCT: factors affecting; missed opportunities for elimination of mother to child transmission.
- 9. Special population in pregnancy – service delivery to persons with disability, adolescents, pastoralists, pregnant women in vulnerable situations eg street families, prisons etc
- 10. Gestation of viability: survival at 28wks gestation preterm births neonates at various facility levels; review of age of viability

### c. Intrapartum care

- 1. Skilled Birth Attendance and Respectful Maternity Care: Capacity for; Factors influencing Quality of Care, labor Monitoring tools, Outcome monitoring - MMR, NMR, MPDSR, C/Section rates and indications, Dynamic Birthing positions; role, acceptability and effects of birth companions
- 2. Maternal and Neonatal morbidity and mortality: Prevalence; drivers, Missed opportunities for diagnosis and management; drivers of the 'third' delay
- 3. Caesarean section rates as indicators for quality of care: Utility, challenges, solutions

- 4. Obstetric emergencies: Facility preparedness for obstetric emergencies (Obstructed labor, APH, PPH, Shoulder dystocia, Hypertensive Emergencies, Eclampsia), health care workers capacity for; Infra-structural (theatre, blood bank. Lab and other amenities) readiness for.
- 5. Referral system: best practices; Functionality; effectiveness; efficiency; Gaps and challenges
- 6. Emergency obstetric commodities: Uterotonics, antibiotics, Blood and blood products; Factors affecting availability, safety and accessibility

### d. Postnatal care

- 1. Strategies for improvement
- 2. Immediate postnatal care: capacity for optimal care; 24 vs 48 hrs post-natal facility monitoring;
- 3. Factors influencing PNC services-service provision and utilization, client perspectives.
- 4. Impact and factors influencing implementation of Maternal and Perinatal Death Surveillance and Response;
- 5. Neonatal care: Outcomes monitoring; contributors to negative outcomes; Capacity for management of Small and Sick Neonates at various health facility levels; magnitude of Birth Asphyxia, Prematurity, postnatal Infections.
- 6. Obstetric fistula: Incidence, prevalence; capacity for diagnosis and management
- 7. Post abortion care – magnitude, health care provider response, delivery; missed opportunities

### e. Quality of care and EmONC mentorship

1. Effectiveness of EMONC training
2. Impact of EmONC mentorship/ training on facility morbidity and mortality models for emonc training/ mentorship; ideal model for Kenya,
3. HRH Emonic capacity
4. Gaps in EMONC in Kenya
5. Feasibility and capacity for Quality Improvement efforts
6. Culture of continuous quality improvement in health facilities; acceptability; provider knowledge, perceptions and practice
7. Impact of use of process monitoring (Shewart charts) and dashboards within labor wards.

### f. Linda Mama program (Free Maternal and newborn health care insurance package)

1. Situation analysis: Performance and implementation audit across counties and facilities;
2. Access, Effectiveness, Quality, Outcomes, ideal benefit package; opportunities for improvement
3. Cost benefit analysis of changing from capitation to pre-entry insurance policy.
4. Innovations around early registration and enrolment to Linda Mama benefit package.



## D. Family planning and infertility

### a. Data recording and documentation

1. Challenges in data reporting: private facilities, pharmacies and chemists
2. Quality and completeness of FP Data
3. Role of partnerships in strengthening reporting and documentation

### b. Self-care

1. Feasibility, applicability and effectiveness
2. Types of self-care: preventive, reactive or restorative selfcare
3. Merits and demerits, Negative consequences of; self-care for expanding method mix
4. Regulatory measures;
5. Comparative analysis of existing self-care frameworks and models
6. Relationship between self-care and the target health outcome
7. Ideal models for introduction, scale up and sustainability of self-care in our setting

### c. Pharmacovigilance

1. Assessments of Adverse drug reactions, failures, adverse events
2. Knowledge and skills for pharmacovigilance of RH commodities and devices
3. Response preparedness for failures,

adverse events, complications

#### **d. Consumer KAP**

1. Acceptability and contextual effectiveness of family planning commodities
2. Magnitude of contraceptive side effects e.g., menstrual irregularities
3. Effect of contraceptive induced menstrual changes on methods discontinuation rate
4. Determinants of method switch
5. Willingness to pay per method

#### **e. Uptake of FP**

1. Determinants, barriers and influencers: social-cultural, religious, availability, personal preferences, political factors(laws and policies)
2. Influence of male and female gender on uptake of various FP methods eg vasectomy

#### **f. Method mix / market**

1. Nature, basis and dynamics of the Kenyan method mix
2. Determinants of market skew/distortion, market efficiency
3. Market segmentation for FP methods
4. Pre-method adoption counselling;
5. Prediction models of the country's contraceptive dynamics
6. Determinants of unmet need for FP; role of Public, private not-for-profit, for-profit in meeting FP Need
7. FP financing in Kenya: Models and Innovations for financing FP services and their outcomes; Domestic financing for FP programs at National and County levels; drivers and barriers; FP inclusion in NHIF package: feasibility and possible impact; Influence of method mix in transition to domestic financing for FP

8. Subnational level-development and implementation of Costed implementation plans: Utility, Impact; process efficiency
9. FP logistics management information system: Challenges, efficiency and data use; Interoperability of LMIS systems at KEMSA and county levels
10. Innovations and New technologies on supply chain stability: Possible effects, opportunities; Warning and Alert supply chain System: usability, potential for efficiency.

#### **g. Infertility**

1. Epidemiology of infertility in Kenya: incidence, prevalence, causes, geographic distribution
2. Drivers of infertility in Kenya
3. Association between contraception and subsequent infertility in the long term
4. Barriers and facilitators of access to fertility services
5. Assisted reproductive technologies: availability, acceptability, ethical aspects, financing
6. Client perceptions and stigma associated with infertility.
7. Models for financing infertility services
8. Alternative solutions for infertility: traditional medicine, socio-cultural and religious interventions; acceptability and effectiveness of these interventions
9. Policy and legal guidance for Infertility and infertility management including Assisted reproductive technologies
10. Adoption: Situation analysis; barriers and facilitators; legal and policy guidance; client perspectives;





## E. Cross-cutting reproductive health areas

### a. Cultural/traditional and religious practices:

1. Effects and Influence on Reproductive health

### b. Gender Issues

1. Sexual Gender based violence: Types; Drivers; magnitude, consequences on RH outcomes; access to services; documentation and availability of reporting tools; health contribution within the SGBV context; HRH capacity and efficiency; Rehabilitation; Response package for SGBV survivors; client and community perspectives and definitions of SGBV
2. Concordance of definitions and perceptions of SGBV/Harmful practices by various stakeholders (including clients and communities) vis a viz legal/policy definitions
3. Harmful practices in RH: Enablers, determinants, prevalence, trends.
4. RH for the male gender: Situation analysis (magnitude, determinants, challenges, health seeking behavior); RH data for the male (adults and boys)
5. SGBV laws and policies: Impact on prevention of SGBV
6. Male involvement in reproductive health: FP, maternal and neonatal health

### c. Cancers

1. Cancers of the reproductive system: Epidemiology- Burden (magnitude, cost of treatment and screening etc); Geographic distribution; determinants; client/community perceptions; socio-economic consequences; psychosocial impact; preventive measures
2. Costing models for management of cancers of the reproductive system
3. Alternative treatment options for cancer: traditional medicine, nutritional treatment
4. Role partnerships and Multisectoral collaborations in cancer response.
5. Health Seeking behaviors for cancer screening services: Drivers and barriers; client perspectives
6. Service delivery for Cancer: New interventions and management; availability and access; financing
7. HPV vaccination program: KAP analysis for HCW and clients; penetrance, drivers and barriers

### d. Geriatrics

1. Situation analysis; Epidemiology of SRH issues (need, magnitude, distribution, associated factors etc);
2. HCW Capacity for identification and management of geriatric SRH conditions/diseases
3. Client perspectives, knowledge, experiences, awareness on and of geriatric SRhealth
4. Mapping of health programs, policy, and services for the geriatric population

### e. Disability

1. SRH Needs for persons with disability; magnitude, distribution
2. Preventive measures, clinical care,

rehabilitation, and community interventions for people and children with different abilities

3. Disability friendly SRH services: availability, accessibility, reach

## **f. Mental health**

1. Mental health services and psychosocial support structures: Availability for and access to services;
2. Health Care Workers' capacity for identification, management and support for maternal health;
3. Mental health conditions amongst HR for RH health: Magnitude, associated factors
4. Medical substance misuse among health care workers in RH. (Chances of abuse of the drugs by both patients and HCPs, capacity of the providers handling the medicines,
5. Prevalence of mental disorders associated with pregnancy and childbirth);
6. Data on Mental health: Screening tools; documentation; access,
7. Delivery and effectiveness of mental health programs across various age groups and conditions e.g., depression, suicide, post-traumatic stress disorder, and addiction,
8. Effectiveness of existing and alternative community-based and institutional models; profiling of facilities and services for addressing substance abuse, including drug and alcohol abuse, and their associated health risks.
9. Occupational health and safety of health workforce in RH: Ergonomics, workload, work environment

## **g. Implementation of policy documents**

1. Operationalization: Dissemina-

tion, distribution, availability, reach and implementation of RH Policy documents

2. Outcomes and Impact of Policies: At National and County level
3. Policy gaps;
4. Medico-legal and ethical practices in RH: Knowledge and practice; implementation and effectiveness of service charters; patient and HCP rights.
5. County domestication and implementation of policy documents.

## **h. RH Advocacy**

1. Advocacy strategies: (FP among communities-which groups affected, effective strategies-messages)
2. Behaviour change and communication
3. Cultural and religious Influences on advocacy efforts

## **i. Disaster risk reduction and health emergencies**

1. Management and evaluation of emergency Reproductive health interventions across the disaster cycle (Definition and description, preparedness, response, recovery, mitigation);
2. Adequacy of and capacity for emergency RH interventions;
3. RH Interventions for internally displaced persons, disaster victims, nomads etc

## **j. Reproductive health research management**

1. Reproductive health research policy environment- influencers, barriers to implementation, factors affecting policy formulation
2. Effective application of research to inform policy- barriers, drivers

# Implementation Plan

The implementation of this RHRLA will be guided by the following processes and monitored using the implementation framework in the following subsection.

## 1. Dissemination

Dissemination will be conducted at various levels in order to ensure that all stakeholders are made aware of the reproductive Health and research agenda for adequate and timely consumption in terms of advocacy, resource allocation, and conduct of research at various levels. The various dissemination levels are as follows:

- a. National level dissemination and county level dissemination (regional clusters)
- b. Target audience dissemination (RH TWG, RH partners, Multisectoral collaboration (e.g., MoE, gender, CHD) development partners (WHO, USAID, UNFPA etc.) at various fora

## 2. Implementation of the agenda

Implementation of this agenda through the various stakeholders will be executed under leadership and guidance of the Ministry of health through the Division of Reproductive and maternal health. It will involve concerted efforts with the various stakeholders as stipulated earlier in the document but more specifically policy makers, funding institutions and partners, regulatory institutions and researchers to ensure that the agenda meets its objectives. Key activities to be executed in the implementation process include the following:

- a. Key stakeholder meetings (TWG's, conferences, consultative forums)
- b. Formation of a Reproductive Health

evidence synthesis integrated team that will spearhead the collation of RH research findings, lead the development of policy briefs that will influence Policies influencing RH in the country. Members of the RH evidence synthesis team include representation from the following:

- i. RH research team (includes research focal person), DRMH
- ii. Division of research and Innovation, MOH
- iii. County (COG)
- iv. RH TWG members - academia, Implementing partner, development partner
- v. NACOSTI
- vi. NRF
- vii. KEMRI
- c. DRMH RH research focal person to activate the RH agenda implementation process including the activation of the DRMH research and document database.
- d. DRMH RH research focal person supported by the evidence synthesis team to spearhead the development of a quarterly RH research periodical.
- e. DRMH to support counties to domesticate the National RHRLA to suit the specific county needs

## 3. Mid and end term evaluation of the RH research agenda in 2025 and 2027, respectively.

Monitoring and Evaluation of the research agenda will be executed according to the M/E framework stipulated in this document

Monitoring, Evaluation and Learning Framework

Monitoring and Evaluation Framework			
Phase	Indicator	Means of Verification	Frequency of Data collection
Dissemination of the RH Research agenda	Number of dissemination meetings held disaggregated by level	Meeting minutes, Attendance lists	Bi-annually
	Activation and maintenance of the DRMH research and document database/repository	RH Research database	Quarterly/Bi-annually
	County support to domesticate and implement the National RHRLA to suit the specific county needs	Activity reports, County RH Agendas	Quarterly/Bi-annually
	Development of a Quarterly RH Research Periodical	Quarterly periodical	Quarterly
	Number of studies conducted per theme; forums presented; journals published	RH Research database	Collected continuously and aggregated quarterly
Implementation	Number of RH Research TWG meetings held	Meeting minutes, Attendance lists	Quarterly/Bi-annually
	Formation of a Reproductive Health evidence synthesis integrated team	TOR's, minutes, attendance list	Bi-annually until formed
	Number of evidence synthesis briefs developed	Evidence synthesis team	Continuously
	Number of RH Research SH meetings held	Meeting minutes, Attendance lists	Annually
	Number of studies that have influenced Policy/ Programming (innovations)	Evidence synthesis team	Annually
Evaluations	Midterm evaluation report	Midterm evaluation report	Mid-term - 2025
	End term evaluation report	End term evaluation report	End term - 2027

## Risk Mapping

Implementation of the Reproductive Health Research agenda may be faced with various challenges. If left to natural courses, these challenges or risks threaten the success of an otherwise noble and well thought out Reproductive health research agenda.

To enable the efficient and effective implementation process and subsequent successful realization of the research agenda objectives, it is prudent to identify and quantify possible risks to the implementation process as well as outline mitigation measures for the same.

The table below highlights some of such risks and mitigations measures.

	RISK	RISK CATEGORY	MITIGATION MEASURES
1	Inadequate funds for research and implantation of the RH Research Agenda	High	Advocacy for increased Research funds Increased Domestic financing for research Partner support for the RH Research agenda implementation process County allocation of finances for execution of county led research processes
2	Donor/ partner interests	High	Relevant legislative and policy guidance Efficient RH Research and research agenda coordination processes
3	Change of political leadership / manifestos, Changes in policies	High	High level advocacy Adherence to the RH agenda for its lifetime
4	Overall RH Agenda schedule delay	High	Adherence to the RH Agenda Implementation and M&E plan
5	Emergence of new diseases/Pandemics	High	Develop contingency funding plans Research priorities aligned to include emerging diseases/pandemics
6	Low demand for research by policy makers	Medium	Advocacy Research agenda aligned to policy priorities Deliberate periodic sharing of relevant research findings/publications
7	Minimal application or operationalization of research findings	Medium	Evidenced informed programming Alignment of research to priorities
8	International treaties/ commitments	Medium	Alignment / Amendments as need arises
9	Relevance of research agenda to management and scholars (New institutional demands)	Medium	Collaboration with institutions of higher learning, research institutions and relevant stakeholders
10	Lack of acceptability by other stakeholders	Low	Engagement of RH stakeholders during development and dissemination process

## Section IV:

# Principles, Governance and Coordination Of Reproductive Health Research In Kenya

### Guiding Principles and core values

This agenda adopts the principles of the Constitution of Kenya 2010, The Kenya Data Protection Act 2019<sup>1</sup> and the Kenya Health Policy 2014-2030<sup>2</sup>. To complement these principles in addition to the general research and ethics principles as guided by various IRB's, this agenda will be further guided by the following interdependent principles whose application or individual weighting accorded to each will depend on the nature and context of the reproductive health research being undertaken, viz:

1. **Legal and policy architecture alignment.** This principle demands deliberate understanding of the prevailing legal and policy environment in Kenya to ensure smooth implementation of the research activities guided by the existing policies, laws, and public expectations. In the event of a research priority that is legally or policy-wise disruptive, prior authorization must be granted by the Health Cabinet Secretary
2. **Socio-cultural competency** and alignment to the ethos and beliefs of the Kenyan people. This means researchers have the burden of

ensuring that research activities or projects do not corrode or run contrary to the ethical and moral values of the Kenyan society.

3. **Efficiency, synergy and prioritization:** alignment to priority reproductive health research gaps in Kenya. This principle will ensure that priority shall be accorded to research activities or projects that address identified evidence gaps in matters reproductive health in Kenya.
4. **Austerity and resource prudence:** management of reproductive health research resources for the country. This principle will demand deliberate effort to ensure that research resources, both local and international for the purpose of conducting reproductive research in Kenya, are utilized in the most efficient manner.
5. **Equity, inclusivity and sustainability.** This principle burdens the research entity to ensure fair distribution of research activities and projects across the country in all the 47 counties in a non-discriminative and sustainable manner. It means addressing research needs for special groups such as persons with disability as well as other marginalized populations and avoiding population skew or duplicity in research activities more so those guided by convenience.
6. This agenda further adopts the **core**

<sup>1</sup> The Data Protection Act. n.d.

<sup>2</sup> Ministry of Health. Kenya Health Policy. 2014.

values as articulated in the mother Research for Health Agenda by the MOH.

## Target Audience

This agenda is meant to inform, guide and be used by all stakeholders in reproductive health research in Kenya. These include the following non exhaustive list: The National Government of Kenya and Her Ministries and agencies, The County Governments and associated entities, Non-Governmental Organizations, Partners, Research institutions, Hospitals (Level 1-6), Funding institutions (Government and Non-governmental funding agencies), Institutions of Higher learning: Universities, Colleges, Medical training institution, Regulatory bodies e.g. National Commission for Science, Technology and Innovation (NACOSTI), National Research Fund (NRF), Private sector, Health Care Providers, Students.

## Utility of the RH Agenda

The Ministry of Health expects that this agenda will be used consistently as a reference document on matters reproductive health research by all stakeholders before undertaking any research in reproductive health. Further, reproductive health research done in the country is to be made available and shared with the government and specifically the Ministry of Health to keep the Ministry apprised and to inform policy and programs as applicable. This research agenda may further be used to advocate for strategic investments and resource allocation to advance reproductive health research in the country.

## Leadership and Governance for reproductive Health Research

Leadership and governance in reproductive health research relates to the means and actions by which the research community organizes itself in pursuit of its mission of promoting research aimed at improving human health and welfare. In Kenya, a supportive and conducive environment exists to govern and manage reproductive health research to promote accountability and transparency. Leadership and governance structures are divided into policy/administrative and technical. The policy/administrative structure is responsible for policy formulation and oversight while the technical structure is responsible for operationalization of policies. The technical arm at national level comprises of the Director General Health, Head Division of Reproductive and Maternal Health and Division of Research while the county level it comprises of County Director of Health and the research focal person. The policy/administrative arm at national level comprises of the Cabinet Secretary, Cabinet Administrative Secretary and the Principal Secretary while the county level comprises of the Council of Governors, County Executive Committee Member and the Chief Officer.

## Legal Structures

**The Constitution of Kenya (2010)** Article 43(1)(a) guarantees each Kenyan citizen the right to access the highest attainable standard of health including reproductive health care and while same constitution

guarantees academic freedom and freedom of scientific research in Article 33(c).

According to the **Health Act of 2017**, health research and development refers to activities that seek to contribute to the extension of knowledge in any health-related field, or the development of new technologies to improve health outcomes. The Health Act of 2017<sup>3</sup> empowers the Cabinet Secretary for Health to establish the National Health Research Committee (NHRC). This is a technical advisory committee whose overall mandate includes making recommendations on the development of the national Research for Health policy and identifying Research for Health priorities. The Act provides a comprehensive structure for the advancement of Research for Health in Kenya.

**The Science, Technology and Innovation Act of 2013**, facilitates the regulation of technology and innovation and assigns priority to the development of science, technology, and innovation in Kenya. This Act established the National Commission for Science, Technology and Innovation (NACOSTI), the Kenya National Innovation Agency (KENIA), and the National Research Fund (NRF), all of which play an active role in enhancing the R&D space in Kenya and will be equally instrumental in the implementation of this research agenda.

## Policy Structures

**Kenya Vision 2030** is the long-term economic and development blueprint for Kenya aiming to produce transform Kenya into a middle-income country by 2030. This transformation plan envisions an efficient and high-quality health care system with the best standards for the country. The Vision 2030 underscores mainstreaming research and development in health as an integral part of the social pillar.

**The Kenya Health Policy 2014-2030<sup>4</sup>** is the overarching policy document guiding the health sector towards ensuring significant improvement in overall status of health in Kenya and is operationalized through Medium Term Plans and Medium-Term Expenditure Frameworks.

**Universal Health Coverage** is one of the four priority agendas under the Big Four Agenda Government initiative for Kenya led by His Excellency the President. This bold initiative aspires to ensure all persons in Kenya will be able access and use the essential services they need for their health and wellbeing through a single unified benefit package without the risk of financial catastrophe.

**Research-For-Health Policy Framework 2019–2030<sup>5</sup>** provides guidance and structure on how the national research for health ecosystem in Kenya will align to the governing legislative documents such as the Kenyan Constitution, the Kenya Vision 2030, the ST&I Act 2013, and the Health Act 2017.

3 Health Act 21 of 2017 n.d.

4 Ministry of Health. Kenya Health Policy. 2014.

5 Policy Framework Republic of Kenya Ministry Of Health. 2020.



## Research-For-Health Priorities 2019–2023

document provides guidance on the allocation of resources from governmental and development agencies to the prioritized health research areas in Kenya.

The 58th **World Health Assembly** held in Geneva in 2005 called on governments to budget at least 2 percent of national health expenditures and at least 5 percent of external aid for health projects and programs into the strengthening of national health research systems

## Regulation

The National Commission for Science, Technology and Innovation (NACOSTI) regulates research in Kenya and approves all research being undertaken in the country. NACOSTI also accredits all the Institutional Scientific and Ethical Review Committees (ISERCs) [previously known as Ethical Review Committees (ERCs)] which are mandated to review and provide ethical approval for all research being undertaken in Kenya. The Pharmacy and Poisons Board (PPB) provides the final approval for clinical trials research in Kenya. While, the core mandate of the National Health Research Committee (NHRC), as stipulated in the Health Act, is to identify and prioritize focus areas for health research.

## Co-ordination & Partnerships

The Ministry of health shall coordinate and monitor this Reproductive Health research agenda, while fostering accountability in the conduct of reproductive health research, including enabling collaborations as per the present reproductive health research priority areas both contained herein and as may emerge over time. One mechanism of coordination will be through the develop-

ment of a research repository, domiciled at the Division being responsible for matters Reproductive Health that will enable the sharing of all research work done under the auspices of Reproductive Health for all stakeholders to access. Such a repository will be a valuable resource for researchers including students to get information on gaps as well background ongoing reproductive health research activities to inform and guide development of research thesis.

In collaboration with the Division of Research, The Division of Reproductive Health through The Head of Division of Reproductive Health will work with a research focal person /& or a research committee for the Reproductive Health Research Agenda and cascade to the counties through the county directors of health who will work with a county research coordinator/ focal person mandated to oversee research activities in the County

Partnerships, by their very nature, represent a sustained commitment to move forward together to reach a higher common objective. Government, private sector, civil society actors, and communities play a central role in attainment of SDGs. This priority Research Agenda will therefore promote an inclusive partnership and stakeholder involvement in the development and operationalization of this Research Agenda as contained in the **Kenya Health Sector Partnership and Coordination Framework 2018-2030**<sup>6</sup> by the MOH.

## State Actors

In 2010, the Constitution of Kenya devolved health service delivery from the national to the county governments, while the national government, through its MDAs, maintained the policy and fiscal mandate over health, Research and & Development. The main actors in this research agenda will there-

<sup>6</sup> Policy Framework Republic of Kenya Ministry Of Health. 2020.

fore include the Government of Kenya (GoK) which will allocate the requisite resources through budgeting for health in general, but more specifically for this research agenda. The MOH will further streamline funding for reproductive health research by the various stakeholders by capturing this significant contribution as appropriation in aid to facilitate accountable resource mapping and reciprocal financing of research activities by the National Treasury as contained in the Public Finance Management Act 2021. The Ministry of Education (MoE) through its institutions of higher learning is greatly involved in health research and will be a key state actor in the realization of this Research Agenda.

Other state actors including: The Ministry of Public Service, Youth and Gender Affairs whose mandate straddles issues affecting reproductive health through the youth and gender lenses; The Council of Governors (COG) that coordinates the counties on various matters including health care service delivery; The National Health Research Committee (NHRC) that recommends prioritization areas for health research and ensures resource mobilization from the National Research Fund (NRF) by allocating at least 30 percent of its funds from the national research budget to support the promotion and execution of health research as per the Health Act 2017 and The Kenya Medical Research Institute (KEMRI) mandated to carry out research on human will all be key state actors in optimal operationalization of this research agenda.

## Ministry of Health

Ministry of Health at National Level shall:

- a. Oversee and facilitate adaptation and implementation of this agenda at National and County levels.
- b. Develop a comprehensive implementation framework for the delivery of this agenda.
- c. Set standards and regulatory mechanisms for reproductive health research in the country to give meaning to this agenda.
- d. Regulate and co-ordinate Reproductive Health research activities to ensure alignment with this agenda and prioritization to address reproductive health service needs for the country.
- e. Co-ordinate and facilitate development partner's efforts in Reproductive Health Research in Kenya.
- f. Mobilize and allocate resources to realize the spirit and letter of this agenda.
- g. Facilitate RH research data disaggregation through revision of existing research activity data capture tools.
- h. Guide the adaptation of research findings and technologies in the RH diagnostics, communication (including media) and interventions (treatment).
- i. Strengthen the multi-sectoral and cross boarder collaboration with relevant ministries and non-state agencies to realize the contents of this agenda.

## County Departments of Health

County governments are responsible for health service delivery. Within the devolved governance structure, the county governments shall allocate resources towards implementation of the RH agenda through their established coordination and management structures. The county health boards, county hospital boards, primary care facility management committees and community health committees shall play an oversight role on the respective RH research activities within their jurisdictions, including ensuring research activities undertaken in their administrative and geographical loci address the priority needs of their populations or communities. The county and sub-county health stakeholders' forums and the community dialogue days shall provide avenues for partnership and public participation in the context of social accountability framework to oversee and get engaged in ongoing research activities in the respective communities. The county governments will be responsible for ensuring protection, representation and participation of vulnerable groups in research activities as well as sharing back the research benefits to the enabling communities.

## Non-State Actors

In support of the Government's mandate towards research, non-state actors that include Development partners, United Nations Agencies, implementing partners, Non-Governmental Organizations (NGO's), Civil Society organizations and Faith Based Organizations will all be necessary and indispensable enablers of realizing this research agenda.

## The RH Researcher

The MOH expects persons or entities undertaking RH research in the country to conduct RH research inline with the prevailing research priority areas as outlined in this and future research agendas. It is incumbent upon the researcher to notify and inform the MOH of all research done in Reproductive Health in Kenya and align the same with the priority areas. Researchers shall adhere to the spellings of the Data protection act of 2019 and share, including uploading research work undertaken or proposed into the MOH RH research repository or portal for ease of reference and elimination of duplicity of research activities in the country. Upon completing a research activity in the country, the RH researcher shall share the research findings with the Ministry of Health for a coordinated MOH led dissemination to relevant stakeholders and especially to the counties. All research undertaken within the country on reproductive health should be premised on building, strengthening and improving the Kenyan Health system for a better, resilient delivery of reproductive health care and services to all in Kenya.

## Roles of Other Stakeholders

A multi-sectoral approach shall be promoted in the implementation of this research agenda. The following tabulation sums the respective roles of the different stakeholders:

Agency	Role
Ministry of Education, Science and Technology (MoEST)	<ul style="list-style-type: none"> <li>• Through its research oversight agencies and research institutions, support dissemination, utilization and enforcement of this agenda informing priority areas for reproductive health research</li> <li>• Strengthen research referral system with the MOH in ensuring a coordinated enforcement of this agenda</li> </ul>
The National Treasury and planning Ministry	<ul style="list-style-type: none"> <li>• Allocate financial resources for R research and implementation of the RHRL agenda</li> <li>• Improve fiscal responsibility for RH research by capturing donor RH research resources under appropriations in aid and matching counterpart reproductive health research funding in applicable MTEF's.</li> <li>• Create awareness on the obligatory requirements of the PFMA act 2021 as applies to research funding by all stakeholders in the country.</li> </ul>
National Human Rights Institutions (Commissions)	<ul style="list-style-type: none"> <li>• Investigate violations of human rights in reproductive health research.</li> <li>• Operationalize the platform for receiving complaints on violations in the space of RH research.</li> <li>• Monitor implementation of rights protection commitments and obligations under this agenda and all actors implementing it.</li> <li>• Expand the utilization of modern technology and local community /social intelligence in fast tracking the response to violation of rights attributable to reproductive health research.</li> </ul>
Ministry of Information Communication and Technology (Communication Authority of Kenya)	<ul style="list-style-type: none"> <li>• Support utilization of ICT in delivery of this RH agenda.</li> <li>• Work with partners in regulation of media dissemination of content and factual findings of reproductive health research</li> <li>• Support the actualization of the national reproductive health research repository and portal.</li> <li>• Monitor and enforce compliance with the DPA 2019 in the collection, handling, transfer and use of all data relating to RH research.</li> </ul>

<p>Law Enforcement Agencies (National Police Service, Judiciary, Internal Security, HIV tribunal, Office of the Director of Public Prosecutions (ODPP)</p>	<ul style="list-style-type: none"> <li>• Enforce laws and administer justice to protect communities against RH research violations.</li> <li>• Expand the utilization of modern technology and local community /social intelligence in administration of justice in the context of RH research matters.</li> <li>• Incorporate alternative dispute resolution mechanisms in the justice system on RH research matters.</li> </ul>
<p>Ministry of Public Service, Youth and Gender Affairs</p>	<ul style="list-style-type: none"> <li>• Advocate for RH research and interventions that are culturally competent, socially acceptable and ensure prioritization of the research needs of persons with disabilities (physical and mental), street children, institutionalized children and the aging.</li> <li>• Support gender mainstreaming in all RH research activities in the country and related programs</li> <li>• Inform the focus of this research agenda to generate evidence to support the elimination of FGM and SGBV.</li> <li>• Monitor and advocate for responsible research activities involving the youth and adolescents in line with the priority evidence needs for this population.</li> </ul>
<p>Parliament</p>	<ul style="list-style-type: none"> <li>• Support allocation of resources for implementation of this research agenda.</li> <li>• Enactment of relevant Acts and other required legal instruments necessary for the successful delivery of the aspirations of this agenda.</li> </ul>

NGOs, CSOs, CBOs, FBOs and Private Sector	<ul style="list-style-type: none"> <li>• Engage in implementation, monitoring, support and adherence to the provisions of this agenda in the conduct of RH research in Kenya</li> <li>• Support RH research agenda formulation and dissemination.</li> <li>• Educate and capacity build communities and individuals on RH research interventions and programs.</li> <li>• Meaningfully engage in social accountability processes including program design, implementation, research and M&amp;E of RH Research priority agenda for Kenya.</li> <li>• Advocate and mobilize resources for implementation of this agenda.</li> <li>• Align research projects and program designs and delivery to set requirements of this agenda.</li> <li>• Support representation of vulnerable groups e.g. People living with disabilities, adolescents, people affected by crisis or displacement in this research learning agenda.</li> </ul>
Development Partners	<ul style="list-style-type: none"> <li>• Mobilize resources for RHLA implementation.</li> <li>• Provide technical assistance for RHLA related programs and activities.</li> <li>• Align interventions and delivery of RH research programs to this RHLA, its framework</li> </ul>
Communities, families and individuals	<ul style="list-style-type: none"> <li>• Champion RH desired outcomes through existing relevant structures at all levels to guide research needs.</li> <li>• Volunteer RH information as is supporting by priority needs articulated in this RHLA.</li> <li>• Support RHLA implementation and remove barriers to the aspirations of this agenda.</li> <li>• Meaningfully engage in social accountability processes including program design, implementation, research and M&amp;E of RH research activities in their community.</li> </ul>

Training and research Institutions (Medical Schools and Colleges and other Training and Research Institutions)	<ul style="list-style-type: none"> <li>• Implement this RHLA</li> <li>• Conduct RH research guided by this RHLA</li> <li>• Use this RHLA agenda to mobilize resources to facilitate generation of evidence to address the evidence gaps identified in the RHLA.</li> </ul>
Professional associations	<ul style="list-style-type: none"> <li>• Advocate for RHLA in the professional associations</li> <li>• Motivate and support health providers to adhere to principles laid out in this agenda.</li> <li>• Undertake dissemination, research and knowledge sharing as guided in this RHLA</li> <li>• Participate in the revision, development processes, monitoring and evaluation of this agenda.</li> </ul>
Regulatory bodies	<ul style="list-style-type: none"> <li>• Advance the objectives of this agenda within their respective constitutional mandates to ensure synergy and enforcement of the aspirations of this agenda.</li> </ul>

# Annexes

## Annex 1: List of contributors

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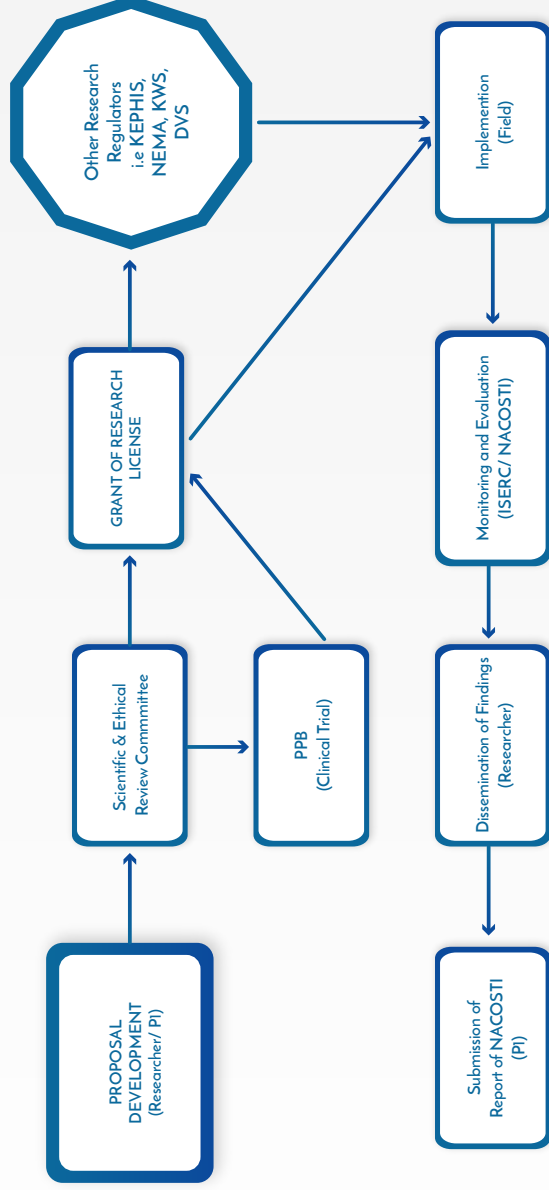


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# Annex 2: NACOSTI Research Approval Process Chart



## RESEARCH DEVELOPMENT AND IMPLEMENTATION



## Annex 3: Accredited Institutional Scientific and Ethics Review Committees (ISERCs) in Kenya

No	Name of IERC	Area of accreditation	Year of first accreditation	Category
1	Africa International University	Social Science	2018	University
2	AIC Kijabe Hospital	Health science, Biomedical, biological, social sciences and environmental sciences	2018	Hospital
3	AMREF Kenya	Research protocols involving human participants	2012	NGO
4	Chuka University	Biological and Social sciences	2012	University
5	Daystar University	Social Sciences and Environmental Sciences	2016	University
6	Egerton University	Research protocols involving human participants	2012	University
7	Gertrude's Children Hospital	Research protocols involving human participants	2012	Hospital
8	Great Lakes University	Public health	2014	University
9	Institute of Primate Research	Research protocols involving animals	2012	Research institution
10	International Livestock Research Institute	Health sciences	2013	Research institution
11	Jaramogi Oginga Odinga Referral Hospital	Health sciences	2013	Hospital
12	Jaramogi Oginga Odinga University of Science and Technology	Biomedical sciences	2017	University
13	Jomo Kenyatta University of Agriculture & Technology	Health and Biomedical sciences	2016	University

14	Kenya Medical Research Institute	Research protocols involving human participants	2012	Research institution
15	Kenya Methodist University	Research protocols involving human participants	2012	University
16	Kenyatta National Hospital - University of Nairobi	Human subjects	2012	Joint university and hospital
17	Kenyatta University	Human subjects	2012	University
18	Maseno University	Public health and social sciences	2012	University
19	Masinde Muliro University of Science & Technology	Health sciences	2013	University
20	Moi Teaching and Referral Hospital/ Moi University	Biomedical and human participants	2012	Joint university and hospital
21	Mount Kenya University	Health sciences	2013	University
22	Pwani University	Biomedical, Physical, social and Environment sciences	2012	University
23	Strathmore University	Social sciences	2014	University
24	The Aga Khan University Hospital	Research protocols involving human participants	2012	Hospital
25	The Nairobi Hospital	Research protocols involving human participants	2014	Hospital
26	United States International University	Social sciences and	2016	University
27	University of Eastern Africa of Baraton	Health science	2013	University
28	University of Kabianga	Research Protocols involving Human Participants	2018	University
29	Technical University of Mombasa	Biomedical, Public Health and Psychology	2019	University
30	Tenwek Hospital	Biomedical Sciences	2019	Hospital
31	Lalikipia University	Social, Biomedical and Environment science	2020	University
32	Kabarak University	Social, Biomedical and Environment science	2021	University
33	Alupe University College	Health and Biomedical Sciences	2022	University
34	Dedan Kimathi University of Technology	Social, Biomedical and Engineering science	2022	University

Own Notes:



REPUBLIC OF KENYA



MINISTRY OF HEALTH



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