

# **Translating Health Research into Policy and Practise (The Kenyan Experience)**

**By**

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**Subject:** Adult Male Circumcision  
Significantly Reduces Risk of  
Acquiring HIV

**Source:** Media Contact: NIAID News  
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The National Institute of Allergy and Infectious Diseases (NIAID), announced an early end to two clinical trials of adult male circumcision.

- because an interim review of trial data revealed that medically performed circumcision significantly reduces a man's risk of acquiring HIV through heterosexual intercourse.
- The trial in Kisumu, Kenya, of 2,784 HIV-negative men showed a **53 percent** reduction of HIV acquisition in circumcised men relative to uncircumcised men, while a trial of 4,996 HIV-negative men in Rakai, Uganda, showed that HIV acquisition was reduced by **48 percent** in circumcised men

**“These findings are of great interest to public health policy makers who are developing and implementing comprehensive HIV prevention programs,”**

**NIH Director Elias A. Zerhouni, M.D.**

# Findings of interest to Kenya

1. **The study done locally (in a local community)**
2. **Known facts about this community**
  - HIV prevalence had persistently been high – [above the national average (>18%)]
  - Culturally, circumcision was not normally practised (3 – 5%)
3. **Also known facts that male circumcision reduces the risks of GUD and HPV (precursors of penile and cervical cancers)**
4. **On the WHO /UNAIDS recommendations, the MOH developed a policy to provide a framework for safe, accessible and sustainable male circumcision.**
5. **Framework served as guidance to policy makers and implementers**

# Challenges and Gaps in Translating Health research into Policy (in Kenya)



# Factors hindering Translation of research into Policy and Practise

## 1. Communication gaps

- Lack of dialogue between the researchers /policy makers & Consumers/practitioners
- No link between Policy Makers and Researchers
- Differential acceptability of results (if they don't please you, leave them or if there is no financial benefit why bother)
- Failure to utilize the media, lobbyists, professional associations in their roles as intermediaries between researchers and policy makers;
- Poor relationships between researchers and policy makers – they do not see the need to engage each other.
- Research reports not in a user-friendly language to policy makers
- Packaged research findings inaccessible
- Rural practitioners not able to access reports

## 2. Lack of clarity on national research agenda

- Lack of Government research agenda
- Funding from Government /Research institutions – Nil/Minimal  
(Research donor driven);
- On going research
  - Academic (publish or perish)
  - Desire to achieve higher academic qualifications
  - Not aligned to institutional strategic plans

## 3. Weak leadership and coordination

- Health ministries have no capacities to manage the process of knowledge translation (eg. Dept of standards and regulatory services)
- Framework for knowledge translation in key institutions lacking e.g.
  - No designated persons/offices in institutions for translation process
  - Ignorance by researchers on the translation process
  - Feedback on research findings often ignored
  - Policy makers /leaders do not often attend forums

#### **4. Lack of capacity to:**

- Effectively utilize research findings
- Train on effective dissemination of research findings

#### **5 Lack of political goodwill.**

- Executive arm of the govt through the MOH/NCST is not proactive in the formulation of the research questions
- Most policies adopted by the Govt are based on analyses done at international level through agencies such as the WHO
- The red tape bureaucracy within the policy making institutions hampers the translation process
- No political leadership in the implementation of research findings

#### **6 Lack of interaction b'tween policy makers and practitioners**

- Researchers do not engage staff in Govt depts as they prepare research proposals
- Policy makers (politicians) do not see their role in research while academicians very rarely involve themselves in policy issues

**“There is nothing a politician likes so little as to be well informed, it makes decision making so complex and difficult.”**

**John Maynard Keynes**

# Challenges of changing national malaria policy to ACTs in Kenya

- SP adopted in Kenya as 1<sup>st</sup> line for uncomplicated malaria in 1998
- By mid 2003 there was evidence that SP was failing and had to be replaced:
- SP failures  $\geq$  25%
  - 1996-1999      1/9 studies ACR < 75%
  - 2000            6/11 studies ACPR < 75%
  - 2001-2003    7/12 studies ACPR < 75%

# 2006 – Kenya implemented a change in malaria treatment policy (Largely supported by GFATM)

## System Review

### **Problems**

1. Serious problems of AL stock outs (procurement procedures)
2. Other perennial problems facing weak health systems in resource poor countries eg
  - Lack of clarity on sustainable financing
  - Delay in release of funds
  - Poor dialogue with pharmaceutical companies

### **Conclusion**

Future policy changes in Africa should be prepared against problems related to financial, political and legislative issues that might limit the rapid translation of policy change into practice

- <http://ora.ouls.ox.ac.uk/objects/uuid:03a2cc38-edfb-400e-8e0d-5da36de8faf3>

# THE POLICY PROCESS

