

Researcher-Managers' Collaboration in Facilitating Real-Time Research Uptake for System Strengthening: Lessons from Kilifi County, Kenya

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Introduction

- Recent literature has underscored the value of embedded Health Policy and Systems Research (HPSR) as an intervention for health systems strengthening

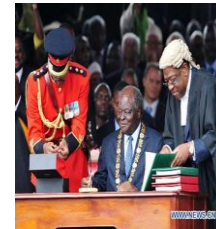
Lehmann & Gilson 2014, Scott et al 2014, Gilson et al 2017

- This discourse has highlighted the role of researchers-policy makers' collaboration as an important conduit for real-time research translation for health systems strengthening.

Gilson et al 2014, Tsofa et al 2017

Background

- Kenya adopted a new constitution in August 2010
 - Created 47 **semi-autonomous** counties since March 2013
- Health **service delivery function** assigned to county governments
 - Fast tracked transfer of functions to counties
 - Presented a new set of **challenges** and/or **opportunities** on county level health sector decision makers
- Kilifi county is one of the counties found in the Kenyan Coast

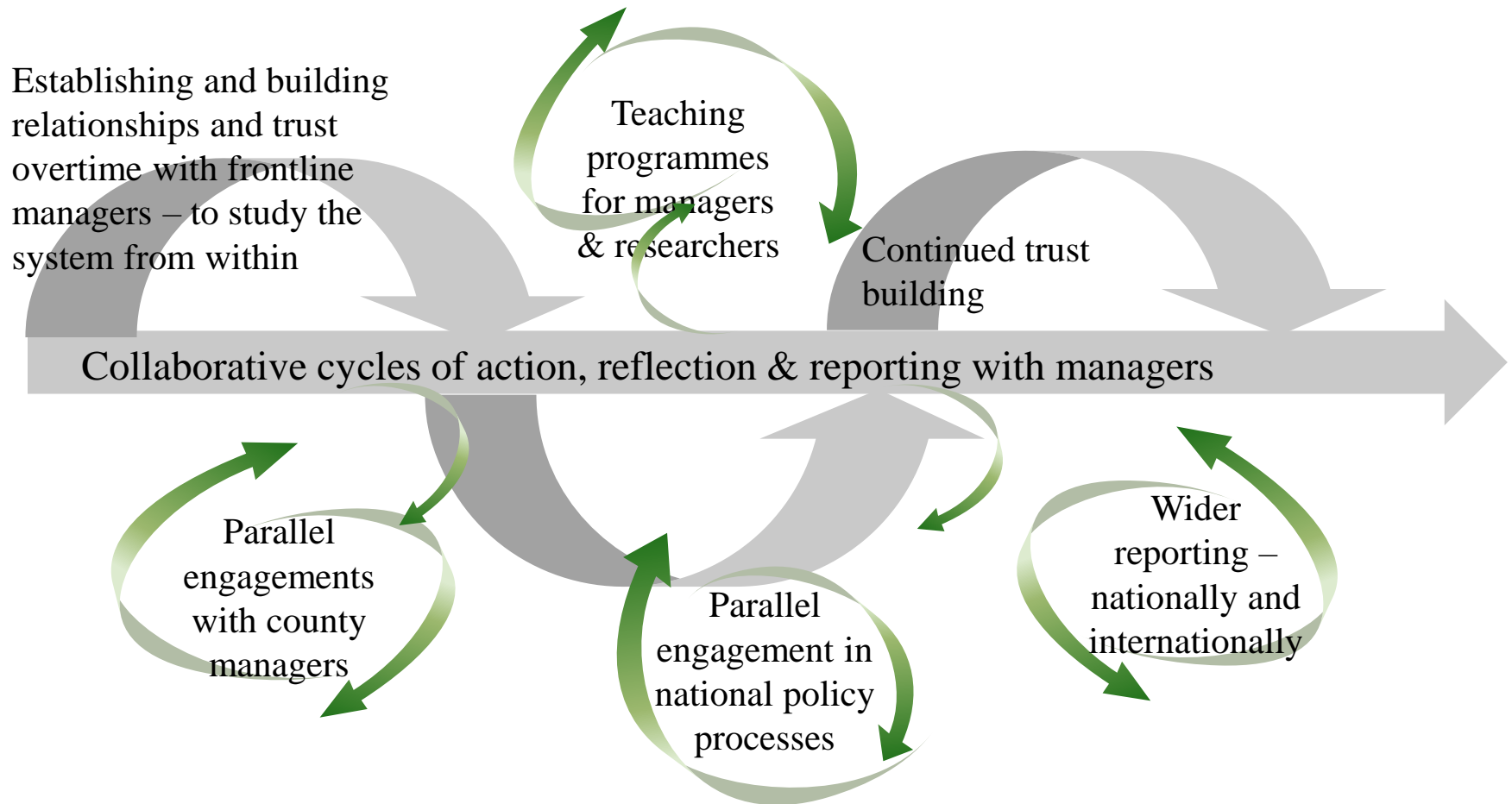


Research Approach

- Established a health system governance learning site in Kilifi county
 - is a geographic setting where researchers and health managers work together to co-produce knowledge on the functioning of the health system and routinely feed back to improve the system

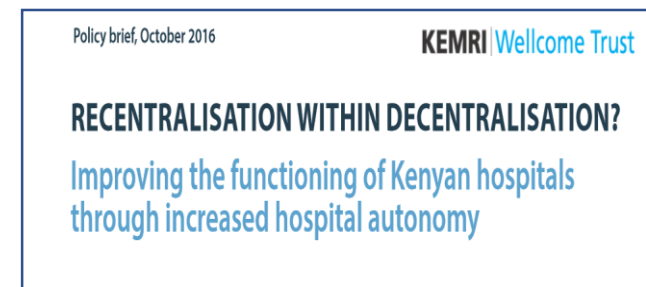
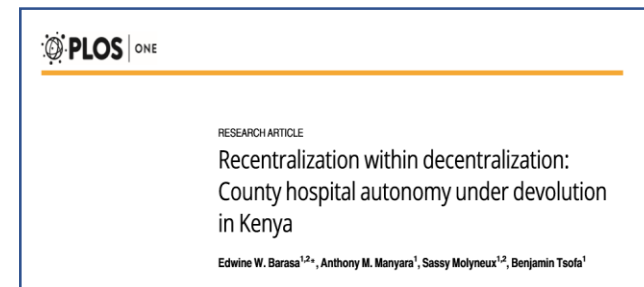
Nyikuri et al 2015, Tsofa et al 2017
 - Learning site activities include observations, formal interviews and reflective practice sessions
- Mixed methods
 - Case study approach
 - Qualitative and quantitative data collection

Learning Site Embedded Process of Long-Term Multi-Level Learning and Action



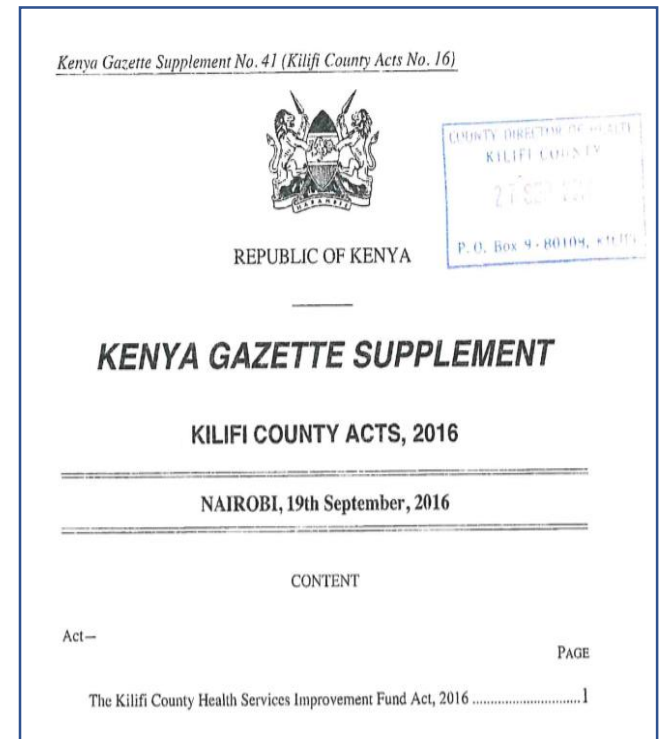
Initial Learning

- Our initial findings highlighted the central role of hospital user fees in addressing critical day-to-day recurrent expenditure needs in county hospitals.
- This was because of the autonomy hospitals managers had over the management of these funds prior to devolution
- We later reported how the devolution laws had removed the autonomy of hospital managers over user fee management, by requiring that all revenues collected at the county level be pooled into one county revenue account, .
- This presented a challenge for hospitals to access and use these funds for paying their routine bills, procure emergency supplies and other recurrent needs.



Policy Action

- We shared these findings to a broader stakeholder audience within the county and triggered a policy dialogue
- This led to the development of county legislation to reinstate the autonomy that hospitals had over user fee collection and management.



Conclusion

- Our example highlights how in small ways – the functioning of researcher – policy makers’ teams, using their relationships overtime can act together in real-time to address practical health system challenges.
- We are tracking the implementation process of the new policy/law and analysing the shifting roles of actors in the process

Acknowledgements

- The Kilifi learning site colleagues
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<https://resyst.lshtm.ac.uk>