

CASE STUDY

Establishing and nurturing the Kenyan Coalition for Health Research and Development



Research and development (R&D) for health is critical to ensuring that high-impact, affordable health products and technologies reach the people who need them most. In low- and middle-income countries, a policy and regulatory environment that encourages innovation is essential in improving access to quality and affordable health technologies and contributing to economic growth and better social outcomes. Moreover, domestic investment in health R&D helps ensure that products reflect the country's highest-priority health needs.

Since the passage of the Science and Technology Act in 1977, the government of Kenya has laid a foundation for conducting health R&D and demonstrated its support for bolstering the country's innovation agenda by passing policies and making regional and international commitments to increase funding for R&D. Although Kenya's robust policy framework and funding commitments are commendable, additional advocacy has been—and continues to be—needed to ensure that important health R&D-related policies are implemented and that investments match government commitments.

Prior to 2015, there was no constituency for health R&D in Kenya. Individual organizations advocated for R&D funding for specific health priorities—specific diseases or products—but never for the health sector as a whole.

Recognizing a need for one, unified body to advocate for health R&D, PATH brought together a group of nongovernmental organizations to form the advocacy Coalition for Health Research and Development (CHReaD). The coalition was founded in 2015 with the goal of advocating for a stronger R&D policy environment, enhanced R&D investments, and a strengthened regulatory system for medical products and technologies in Kenya. At its inception, PATH envisioned nurturing the coalition to a point where local leadership would take over and steer CHReaD to become a major advocacy platform that builds momentum for health R&D in Kenya and in the East African region. After forming and running the coalition for 5 years, in 2020, PATH successfully transitioned leadership of CHReaD to Amref Health Africa.

The challenge and opportunity

A landscaping report PATH commissioned in 2015 revealed that progress in health R&D in Kenya was thwarted by several issues, including slow



PATH/Will Boase

In 2015, when PATH began advocating for R&D in Kenya, it became clear that there was no real constituency for these efforts—individual organizations focused on advocating for specific health priorities. One strong, unified coalition of advocates was needed if the country was to successfully advance R&D advocacy.

implementation of policies, lack of coordination across government entities, and lack of transparency into funding and processes, which made it difficult for researchers and innovators to navigate approval processes. In addition, much of the funding and influence for R&D priorities was driven by international organizations. On the positive side, Kenya's rapidly growing gross domestic product at the time meant the country was well-placed to support its growing health R&D sector and research infrastructure.

These findings helped inform CHReaD's mission. Serving as coalition secretariat, PATH identified a set of local organizations, including nongovernmental organizations, research institutions, innovation incubators, patient organizations, and associations with a history of advocating for improved health technologies, programs, and services. PATH brought these organizations together with the aim of coordinating advocacy efforts to underscore the importance of health R&D for increasing access to lifesaving technologies across the health spectrum.

Implementing the strategy

Since its founding, CHReaD has advocated for:

- stronger health R&D governance structures and coordination;
- increased government investments in health R&D;
- strengthening of the innovation culture throughout Kenya;
- increased technical skills and capacity for the regulation of medical devices and digital technology;
- and bolstering of the local pharmaceutical industry.

The establishment and day-to-day running of CHReaD was a joint effort by members and the secretariat, based on the principles of partnership; mutual trust and respect; shared decision-making; diversity; and accountability. A diverse set of member organizations enables the coalition to tap into a wide set of resources, expertise, information, and networks to drive shared goals. CHReaD uses these networks to reach and cultivate close working relationships with key stakeholders, including government ministries; research leaders and institutions; innovators in the private sector; academia; United Nations (UN) agencies; media; and peer health advocates. The coalition amplifies the voice members and advances a coordinated advocacy agenda.

CHReaD members are organized into subcommittees, providing an opportunity for each organization to engage in coalition activities more intimately. Major decisions and agreement on advocacy strategy are made through a members' annual general meeting. The advocacy strategy is reviewed yearly to ensure it continues to meet the needs and interests of members in a constantly changing health R&D policy environment. Quarterly meetings, joint planning, and execution of advocacy activities, as well as regular skills-building sessions have been instrumental in helping the coalition remain connected and motivated. Open communication and shared leadership through the subcommittees have enabled the coalition to find solutions to all challenges encountered along the advocacy journey.

As the secretariat, PATH played an important role in continuously working to refine the coalition's structure, engaging active organizations, recruiting new

Specific objectives of CHReaD are to:

1. Advocate for increased budget allocation to health R&D from the national government.
2. Advocate for an efficient and robust policy and regulatory framework that aligns to East African Community regional harmonization efforts for health R&D, with appropriate accountability mechanisms.
3. Support capacity strengthening for policymakers to be able to use available knowledge in decision-making for health R&D.
4. Track policy implementation and hold decision-makers accountable to health R&D policy and funding commitments.

members, and focusing on outcomes. But the coalition would not have succeeded without active engagement by its members, especially in determining the strategic direction through annual and quarterly meetings; organizing and participating in joint activities; endorsing letters and statements; sharing information with one another; and making shared decisions.

Achieving the goal

CHReaD saw remarkable successes in its first five years—moving the needle on policy change, forming key partnerships with policymakers in government, bringing R&D to the fore of discussions on health systems, and growing an influential and engaged membership.

The coalition was formally launched with senior policymakers, researchers, academia, and civil society attending the event. This recognition paved way for CHReaD to be invited to represent civil society on the national Research for Health Technical Working Group, which would prove pivotal for policy wins.

One of the coalition's early activities was partnering with Strathmore Business School to host an event that brought together health advocates, policymakers, UN agencies, donors, researchers, and private sector to discuss challenges hindering the health R&D landscape and steps needed to increase funding and prioritization on the national health agenda. The outcomes of the forum were shared with members of the Research for Health Technical Working Group to shape policy discussions. The coalition's finance committee also met with the National Commission for Science, Technology and Innovation (NACOSTI) to identify areas for collaboration. These relationships were pivotal for securing inputs into an R&D investment report that PATH produced, and resulted in commitment by decision makers, for example, to develop a database of health researchers and projects in Kenya.

The relationships PATH and CHReaD built were also pivotal for opening the door for coalition members to influence the development and launch of the *Kenya Research for Health Priorities* and *Research for Health Policy*. PATH represented CHReaD on the working group during development of these key national policies, and CHReaD members provided feedback and called on the Cabinet Secretary for Health to approve the policies. Additionally, the coalition wrote a memorandum to the Cabinet Secretary to nominate and launch the National Health Research Committee as an initial step toward implementing the Research for Health policy.

The coalition further advocated for domestic investment in health R&D and funding alignment through participation in national budget processes including budget hearings and participation in health sector working groups, calling for prioritization of government resources to R&D targets laid out in the Research for Health Policy. In the 2020-2021 budget process, coalition members succeeded in advancing proposals for more funding for health R&D by aligning national Health R&D indicators and budget allocations to these indicators. By doing this, we realized more funding for actual Health R&D initiatives beyond the previous year's focus on recurrent expenditures alone.

CHReaD has also advocated for regulatory system strengthening. For example, in 2016, the coalition sent a policy letter to the chairperson of the taskforce established by the Ministry of Health to develop and build consensus on the Kenya Food and Drug Administration (KFDA) bill. CHReaD's inputs focused on



An event marking the handover of CHReaD's secretariat from PATH to Amref Health Africa. PATH/Douglas Waudo.

ensuring alignment of the proposed KFDA bill with the African Union Model Law and the East African Community Medicines regulatory harmonization policies were considered and included.

CHReaD also took health R&D advocacy messages beyond the borders of Kenya. In collaboration with International AIDS Vaccine Initiative, WACI Health, East African Health Platform, and Uganda National Health Research Organisation, the coalition engaged in regional efforts to profile health R&D, including advocating to the East African Community Heads of State for prioritization of health R&D in the Health and Investment Framework 2018–2028.

The coalition's voice and strength were galvanized by bringing together like-minded organizations, working with members and collaborators to amplify the advocacy voice. The coalition reached out to regional coalitions, business incubators, private sector, academic institutions, and research organizations to expand its network of influence to drive forward health R&D advocacy objectives. CHReaD built collaborative partnerships with Strathmore Business to ensure coalition members were well equipped with the knowledge and skills of to undertake advocacy at national and regional forums for R&D and regulatory harmonization, PATH organized a series of training sessions during quarterly coalition meetings. Session topics included health R&D issues such as clinical trials and advocacy skills-building such as strategy development and spokesperson training.

As the coalition grew, sustainability was a top priority. In 2018, PATH began working with CHReaD members to design and shape a plan for leadership to be transitioned to an African-led organization. A steering committee of coalition members was established in 2019 and charged with shepherding the transition process, developing transition documents, and evaluating and selecting the new host. PATH and the transition committee strived to keep the process open through gathering member input and facilitating candid conversations to build consensus about a way forward even where there were difficulties in decision-making. After extensive deliberation, the transition committee selected Amref Health Africa as the next host and formally started the transition process. In 2020, PATH held discussions with Amref to bring them up to speed on CHReaD's history, management, structure, advocacy approach, and vision for the future of the coalition. PATH also worked to transition key activities and relationships. In 2021, the management of CHReaD was fully transitioned to Amref, with PATH continuing to lend its technical expertise in health R&D in its position as an active coalition member.

Factors for success:

- **Recognizing that maintenance is harder than startup.** While identifying members and shared goals takes effort, ongoing maintenance of the coalition—especially attaining active engagement—proved even more difficult. It required dedicated professional staff to ensure that the coalition's objectives were met and activities were prioritized.
- **Using frequent, clear, actionable communication.** From consistent, well-structured Annual General Meetings to regular email communications, keeping in touch with members and sharing tangible ways for them to take action was essential for maintaining engagement.



Kenya Cabinet Secretary Sicily Kariuki attends the launch of the Research for Health Policy Framework. PATH/Douglas Waudo.

The coalition amplifies the voice of each member and progresses a coordinated advocacy agenda—collective actions that have proven more powerful than would otherwise be possible for a single entity.

- **Developing one clear, co-owned mission.** Coalition members co-created and co-owned the mission of CHReaD. At the Annual General Meetings, the coalition set priorities and developed joint action plans to guide collective work for the year. All members endorsed and contributed to this planning and were called upon for their support in achievement of common goals.
- **Leveraging strengths and expertise of members.** Each organization brings a comparative advantage to the coalition, and effective coalition managers know how to take advantage of the individual organizations' strengths to advance an agenda for the cumulative achievement of the group. Some CHReaD members brought strong advocacy skills, others had a depth of understanding of the budget process, and others were stronger in health or R&D technical areas. Tapping into these strengths not only improved the coalition's effectiveness, but also enabled the group to elevate diverse voices.
- **Engaging organization leaders.** Coalitions are strengthened when leaders of participating organizations buy into the ideas and mission of the coalition. PATH communicated with CHReaD member organizations' leaders regularly and ensured they were engaged in the coalitions' activities, which helped them see the value of the coalition in helping meet each individual organizations' goals.
- **Striving for equality in voices of members.** Within the coalition, all members were equal, and all voices and opinions counted—irrespective of how big or small an organization was.
- **Planning thoughtfully for transition, and engaging coalition members to steer the process.** Transitioning leadership of a coalition takes time; planning should start as early as possible. Clear milestones must be laid down so that progress can be measured, critical conversations can be initiated in a structured way, and members know what to expect. A transition process led by coalition members—with the host organization in a supporting role—facilitates consensus. The process also required flexibility and a gradual approach to avoid disruption to the coalition's momentum.

Looking forward

Leveraging its expertise in building coalitions and a proven advocacy strategy curriculum, PATH was successful in establishing CHReaD, building membership, engaging members to drive momentum on R&D in Kenya, and transitioning the coalition to African-led leadership. PATH will continue to partner with Amref Health Africa in its secretariat role and will continue to contribute technical and advocacy expertise in health R&D as an active member of the coalition. PATH will also continue to partner with CHReaD member organizations and other civil society groups in the East African Community to advance shared goals for health R&D and regulatory harmonization as the region grows its health R&D capacity, leveraging the continental momentum that has been further propelled by COVID-19.

PATH's 10-Part Approach to Advocacy Impact

Successful policy advocacy is guided by systematic analysis and pragmatic processes. PATH's 10-part framework, outlined below, is a methodical approach to policy change that has helped over 600 individuals in more than 100 organizations in countries around the world achieve health policy change.

- Identify the advocacy issue.
- State the policy goal.
- Identify decision-makers and influencers.
- Identify the interests of the decision-makers and influencers.
- Clarify opposition and potential obstacles facing your issue.
- Define your advocacy assets and gaps.
- Identify key partners.
- State the tactics you need to reach your goal.
- Define your most powerful messages.
- Determine how you will measure success.

For more information and resources, and to find out how we can help, visit <http://sites.path.org/advocacyandpolicy>.