The SECURE Health Programme is implemented by a consortium led by the African Institute for Development Policy (AFIDEP) in partnership with the MoH and the Parliament in Kenya. The consortium partners include the East, Central and Southern African Health Community (ECSA-HC), FHI 360 and the Consortium for National Health Research (CNHR) in Kenya. UK POST is a collaborator on the programme.

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The SECURE Health Programme is funded by the UK’s Department for International Development (DFID) under its Building Capacity to Use Research Evidence (BCURE) programme for three years.
The use of rigorous data and research evidence can help improve health outcomes and reduce the high disease burden in Africa by informing formulation of robust policies and implementation plans, and design of effective health interventions. However, utilisation of evidence in decision-making processes in the health sector is limited due to bottlenecks that operate at individual, system and institutional levels.

The Strengthening Capacity to Use Research Evidence in Health Policy (SECURE Health) programme was set up to optimise individual and institutional capacity in accessing and utilising health data and research evidence in decision-making in Kenya. Not much is known on what works and what doesn’t in strengthening the capacity of policymakers to use research evidence, and so the SECURE Health programme will generate important information to fill this knowledge gap. SECURE Health is a three-year programme running from November 2013 to October 2016. A similar programme is being implemented in Malawi. Lessons from Kenya and Malawi will be shared through the annual platforms of the East, Central and Southern Africa Health Community (ECSA-HC) in order to provide learning opportunities for other countries in sub-Saharan Africa.

About SECURE Health

The primary aim of the SECURE Health programme is to strengthen the capacity of health policy makers and legislators in accessing, interpreting, and using research evidence in decision-making processes. The programme has two overarching objectives under which various interventions are implemented:

1. Optimising institutional leadership and capacity to enhance evidence use
   - Engaging with leaders in the Ministry of Health (MoH) and Parliament, and evidence champions to strengthen their active role in promoting evidence use in decision-making
   - Hosting and supporting sessions on prioritisation of research evidence and addressing bottlenecks to its use at existing high-level forums, seminars and conferences
   - Engaging ministers of health, directors of health services, national health research organisations and deans of medical teaching institutions from ECSA-HC’s ten member countries to promote access and use of research evidence in decision-making in their countries
   - Supporting the development of the national health research agenda and establishment of a Kenya health knowledge translation platform to galvanise networking and coordination of knowledge translation activities
   - Supporting the development of evidence-informed decision-making toolkit/guidelines for policymakers

2. Enhancing individual skills and capacity of policymakers in the Ministry of Health and the legislature in accessing, appraising and using research evidence
   - Training workshops and follow-up support for mid-level policymakers
   - Hands-on support on selected case studies of policymaking processes
   - Internships for parliamentary staff with the UK Parliamentary Office of Science and Technology (POST)

Programme Monitoring and Evaluation

A key focus of the programme is to build evidence on what works in building capacity for access and use of evidence among policymakers. In order to document lessons from the programme, we are implementing a comprehensive monitoring and evaluation strategy that includes baseline survey, quarterly and annual reporting, mid-term review and endline survey. In addition, DFID (the funder) has commissioned an external team that is conducting formative monitoring and evaluation of the programme.