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MINISTRY OF HEALTH - ETHIOPIA
የዜጎች ጤና ለሃገር ብልፅግና!
HEALTHIER CITIZENS FOR PROSPEROUS NATION!

National Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Research Priorities 2019-2021

Ministry of Health
Maternal and Child Health Directorate
Addis Ababa
2019

Background

The national Health Sector Transformation Plan (HSTP) envisions "to see healthy, productive and prosperous Ethiopians." Its mission is to "promote health and wellbeing of Ethiopians through providing and regulating a comprehensive package of promotive, preventive, curative and rehabilitative health services of the highest possible quality in an equitable manner." Use of research and other evidence in policy making in the health system is essential in realizing such commitments.

In Ethiopia, health research activities are conducted by several research institutions including Ethiopian Public Health Institute (EPHI). Research and development, however, has been hampered by an uncoordinated priority setting of the research agenda, inadequate funding, shortage of human resources and inadequate logistics. Other challenges include the lack of a national database for accomplished research, hence rendering it difficult to access and limiting translation of research findings into policy. Additionally, there is little collaboration amongst different research institutions, sub optimal publications in reputable journals and poor linkage between research and formulation of policy and strategy. Furthermore, inadequate documentation and research was indicated as one of the weaknesses of the health system in Ethiopia in the SWOT analysis of HSTP. Based on this analysis, improving use of research evidence for decision-making was included as one of the priority strategic objectives. This requires coordinated effort in the generation, synthesis and translation of evidence to determine progress and impact in the health system.

Research Priority Setting for RMNCAH/N in Ethiopia

Setting priorities for health research is essential to maximize utilization of the meagre resources allocated to the health sector and is regarded as a key factor in an effort to strengthen national health research systems. It is expected that the product of priority setting exercises would provide a direction to researchers, policymakers and other stakeholders to effectively identify research areas that are likely to make an impact on improving public health outcome. Additionally, prioritization mechanisms are necessary to facilitate the current demand for increased harmonization of health research at regional and global levels to realize health system goals.

The earlier list of priority research for RMNCAH/N in Ethiopia was developed back in 2016. Since several efforts to generate and synthesize evidence relevant to RMNCAH/N has been going on the last few years, the earlier list needs updating. Unlike the previous list, this time we aimed to come up with a clear list of priority research questions without assigning any party for undertaking

particular questions. The intention is for any interested institution/individual to undertake primary research or synthesize existing evidence to inform decision making in RMNCAH/N related programs and policy making in the country. It is our hope that universities, research institutions, partners and professional associations will readily take up the priority list with the aim of generating and synthesizing best available evidence in RMNCAH/N in Ethiopia and other similar settings.

Process of developing priority research agenda for RMNCAH/N in Ethiopia

The process of developing the list

The previously developed priority list was used as an initial document to start the development of the current list. We initially removed all of the questions which were adequately addressed during the last few years. Then the list was reorganized under themes and sub-themes in RMNCAH/N and some research questions were included after review of regional and global priority research agenda accessed on the internet. This draft was shared with all members of the Research Advisory Council (RAC) of the Maternal and Child Health Directorate (MCHD). A number of members of the RAC replied to the e-mail requesting their contribution to enrich the research priority list. Recording of the suggestions by the members was carried out in a column corresponding to each of the themes and sub-themes in the draft list. The draft which resulted from these processes was presented to the RMNCAH/N RAC in its writing retreat during Jan 28-31, 2019. Each of the thematic groups refined and prioritized the research questions in their respective thematic area.

The prioritization was conducted using a prioritization matrix prepared for the purpose before the workshop (see annex). The tool was initially discussed with the RAC team and slight modifications were made to the draft matrix which was then used by all thematic groups to do the prioritization. A total of 40 researchers, programmers, policy makers and representatives of partner organizations participated in the prioritization exercise.

The full lists of the priority research questions are presented below in their respective thematic areas in order of their priority in each thematic area.

Themes and specific research questions in RMNCAH/N in Ethiopia

Jan 28, 2019, Asham Africa, Bishoftu

Rank	Theme I: Maternal Health
1.	Implementation research to improve quality of ANC at low level health facilities
2.	Evaluate the quality of intrapartum care and its effect on the use of PNC
3.	How to improve home-based postnatal care
4.	Minimum 24-hour postpartum stay at health facility: feasibility, acceptability and impact on maternal and neonatal health.
5.	Characteristics of continuum of care in maternal and newborn health in Ethiopia
6.	The quality of ANC service being given in health facilities especially lower level health facilities (HC, HP) where many mothers shop ANC service.
7.	Implementation research on CRC - What determines the behavior of providers attending deliveries?
8.	Quality of care and contributions of maternity waiting homes
9.	Delivery experience and its negative consequences (How common are urologic injuries during obstetric procedures, back pain, psychosocial- postpartum depression, etc)
10.	Scoping review of the policy framework for pre-conception care in Ethiopia
11.	The trend of C-section delivery in the last decade: How common is maternal request for C-section?
12.	Feasibility of integrating pre-conception care as part of maternal health services in Ethiopia
13.	Piloting the feasibility of labor pain treatment with nitrous oxide in Ethiopia
14.	Effect of clinical catchment/cluster mentorship program on MNH outcomes
15.	Characteristics of continuum of PMTCT of HIV care in Ethiopia
16.	Prevalence and risk factors of pelvic organ prolapse in Ethiopia
17.	Attitude of health providers towards safe abortion service: what is the reality on the ground after a decade with the renewed abortion law?
18.	Partner HIV testing and disclosure practice during maternal and newborn health care.
19.	Pre-conception health care status and related interventions in Ethiopia
20.	Long term physical and psychological consequence of induced safe abortion: should it be an easy decision to abort?
21.	Prevalence of GBS infection and its serotypes during pregnancy
22.	Home delivery free surveillance and response: Contribution of the women development army to ANC and institutional delivery
23.	Anemia in pregnancy: The practice of ferrous sulphate and folate prescription and utilization during pregnancy in Ethiopia
24.	Prevalence of Toxoplasmosis among pregnant women: implication for ANC services in Ethiopia

Rank	Theme II: Family planning
1.	Documenting best practices in improving family planning service in Ethiopia
2.	Barriers for utilization of long acting reversible and permanent contraceptive methods in Ethiopia
3.	Quality of family planning services in service outlets/ facilities in Ethiopia
4.	The current view/politics of family planning program at regional, zonal and woreda level managers
5.	Barriers for family planning services utilization in pastoralist communities: synthesis of existing evidence

6.	Uptake of immediate postpartum family planning with LA among women in Ethiopia
7.	Family planning status in refugee camp
8.	Contraceptive method preference, use and associated factors among women in Ethiopia
9.	The myths and misconceptions about family planning program in Ethiopia
10.	Magnitude of infertility and associated factors in Ethiopia
11.	Facility readiness to work up and treat infertility in Ethiopia
12.	Factors associated with early removal of long acting contraceptive methods
13.	Cost of care and cost effectiveness in the delivery of family planning services in Ethiopia
14.	The feasibility of using technology for creating demand on family planning
15.	Integrating family planning methods as an option in medical checkup units for job seekers abroad
16.	The organization and delivery of family planning services in Ethiopia
17.	Utilization and barriers of vasectomy in Ethiopia
18.	Piloting the feasibility of Quinacrine female sterilization and transdermal patch in Ethiopia
19.	Barriers to contraceptive adoption (new methods-diaphragm, male family planning methods) and sustained use among Ethiopians
20.	Exploring the practice of indigenous family planning methods in Ethiopia

Rank	**Theme III: Neonatal and Child Health**
1.	Estimating causes of under-five mortality
2.	Trends and causes of neonatal mortality
3.	Assessment of quality of routine vaccination service delivery for measles?
4.	Estimating the incidence of common neonatal health problems
5.	Estimating incidence of pneumonia in preschool and school children: longitudinal study
6.	Kangaroo Mother Care (KMC) practice assessment
7.	Estimating the incidence of diarrheal diseases in preschool and school aged children: longitudinal study
8.	Role of women development army (other volunteers in the health system) on ensuring continuity of care in vaccination
9.	Prevalence of rubella infection among infants
10.	Estimating the common causes of morbidity among children aged 5-14 years
11.	Effect of C/S on essential newborn care practice
12.	Etiology of severe community acquired pneumonia in children
13.	Estimating the national burden of congenital anomalies at birth
14.	Social and political determinants of resistance to vaccination of children
15.	Sustainable financing for routine immunization: case for Ethiopia
16.	How common is yellow fever in Ethiopia? A base line data for scale up the yellow fever vaccination
17.	Why HIV care to children is challenging in Ethiopia?

Rank	**Theme IV: Nutrition**
1.	Implementation research on community based pre-conceptional supplementation of IFA for women of reproductive age
2.	Experiences and challenges in the implementation of the first 1000 days initiative in Ethiopia
3.	Long term effect of under nutrition on linear growth and later adulthood NCDs

4.	Implementation challenges of multi-sectoral collaboration and coordination for food and nutrition security
5.	The role of Zinc for stunting reduction
6.	Improving the visibility of stunting among different stakeholders and the community
7.	Evaluation of the use of weight for age as an admission criterion for under 6 months of age children into SAM

Rank	**Theme V: Adolescent and youth health**
1.	The implementation status of the National Adolescent and Youth Health strategy 2016-2020: A Triangulation of Quantitative and Qualitative Approaches
2.	The structure and delivery of services for adolescents in Ethiopia (including facility audit)
3.	Quality of Adolescent and Youth Friendly services
4.	Schools as health intervention and service delivery sites for adolescents in Ethiopia (including CSE, feasibility of school level AYH service provision)
5.	The relationship between adolescents and healthcare providers: implication for health services uptake
6.	Attitude of adolescents and youths to utilize youth friendly services
7.	Utilization of adolescent youth health services (FP, CAC, VCT, married or unmarried and all others)
8.	Biological, Psychological and Social Factors: (exploring the level of understanding adolescent health of the family, peers, community, and health workers)
9.	Their Inter-Relationships and Influences on Health Behavior among Ethiopian adolescents
10.	Risk taking behaviors of adolescents and youth in Ethiopia: how common is higher-risk sex and substance uses are?
11.	Risk factors for common adolescent health problems (unwanted pregnancy, child marriage, teenage child bearing, teenage pregnancy etc.)
12.	Scoping review of the policy framework for the organization and delivery of adolescent health services in Ethiopia, and their role in promoting healthy behavior and reducing risky ones among adolescents
13.	Family on Adolescent development, health and behavior
14.	Adolescent as parents: implication for health of their young families
15.	Role of communities and neighborhoods in adolescent targeted health interventions in Ethiopia
16.	The role of peer relations and influence of health: implication for designing adolescent health interventions
17.	Prevalence and causes of common adolescent health problems in Ethiopia
18.	Prevalence of non-communicable diseases in Adolescents
19.	Adolescent health behavior and status survey (National Representative survey)

Annex: Priority setting for RMNCAH/N research in Ethiopia: Criteria matrix

Instruction: Score each of the research topics along **a scale of 0-10** against the 6 criteria provided in the matrix below

Thematic area: _____

S. No.	Research topics (code)	What is the potential for the research findings to impact on population health?	How much of a priority is this question for program implementers and policy makers?	Likelihood to answer the question using existing routine or survey health datasets	How feasible is the conduct of research in this topic (cost, ethical considerations, expertise etc.)?	How much research evidence already exist in relation to this research topic?	Likelihood that the research result will be translated into health intervention / policy or program action?	Total score	Rank 1 = top score
		0 = **Low** pop. impact 10 = **high** pop. impact	0 = **low** policy priority 10 = **high** policy priority	0 = **Cannot** be answered with existing data 10 = **completely** answerable with existing data	0 = **Not feasible** (high cost, expertise unavailable, etc.) 10 = **totally feasible** (Low cost, expertise available, etc.)	10 = **No existing research** (start from scratch) 0 = **Lots of evidence** available to build on	0 = findings **not likely** to translate into policy or program change 10 = findings **very likely** to spark program or policy change		
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