

**COUNTRY REPORT
2008**

Five partner
countries and
eight donor
countries

Burkina Faso
Cameroon
Mozambique
Uganda
Zambia

Canada
Denmark
Ireland
the Netherlands
Norway
Sweden
Switzerland
United Kingdom

**Alignment and
Harmonization in
Health Research**

AHA Study

ZAMBIA

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Acknowledgements

This report was prepared by COHRED as a part of its Alignment and Harmonization Study (AHA), under the **Health Research Web** Programme.

The AHA study involves five African countries (Burkina Faso, Cameroon, Mozambique, Uganda and Zambia) and eight donor countries (Canada, Denmark, Ireland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom).

The study aims to:

- 1) Provide information on National Health Research Systems (NHRS) of the five African countries; outline strategies for health research funding of the eight donor countries; and discuss alignment and harmonization in relation to health research support.
- 2) Facilitate debate between partners on improving health research support towards national priorities.

The information collected is also published on the **AHA webpage** (<http://www.cohred.org/AHA/>) and **Health Research Web** (www.cohred.org/healthresearchweb).

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AHA Project team

Carel IJsselmuiden, Director COHRED and project leader; Sylvia de Haan, Head Projects and Programmes, COHRED; Sandrine Lo Iacono, Project Officer, COHRED.

In collaboration with partners, country surveys were conducted by Sandrine Lo Iacono for Burkina Faso, Cameroon, Mozambique and Uganda; Caroline Nyamai Kisia for Uganda and Zambia; Hashim Moomal and Cristiano Matshine for Mozambique.

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List of abbreviations

ABSP:	Association Burkinabaise de Santé Publique (Burkinabé Public Health Association), Burkina Faso
ADB:	African Development Bank
AHA study:	Alignment and Harmonization study
AHSPR:	Annual Health Sector Performance Report
ANRS:	Agence Nationale de Recherche sur le SIDA (National Agency for Research on AIDS), France
ANVAR:	Agence Nationale pour la Valorisation des Résultats de la Recherche (National Agency for Research Utilization), Burkina Faso
AU:	African Union
CAMES:	Conseil Africain et Malgache pour l'Enseignement Supérieur, (African and Malagasy Council for Higher Education), Burkina Faso
CCGHR:	Canadian Coalition for Global Health Research
CCRS:	Conseil des Centres de Recherche en Santé (Council of Health Research Centres), Burkina Faso
CDC:	Centers for Diseases Control and Prevention, USA
CHESSORE:	Centre for Health Science and Social Research, Zambia
CIDA:	Canadian International Development Agency, Canada
CIFRA:	Centre International de Formation en Recherche-Action (International Centre for Training and Action Research), Burkina Faso
CIRCB:	Centre International de Recherche Chantal Biya sur le VIH / SIDA (International Research Center Chantal Biya on HIV / AIDS), Cameroon
CNLAT:	Centre National de Lutte Anti-Tuberculeux (National Centre for the fight against Tuberculosis), Burkina Faso
CNRFP:	Centre National de Recherche et de Formation sur le Paludisme (National Centre for Research and Training for Malaria), Burkina Faso
CNRST:	Centre National de Recherche Scientifique et Technique (National Centre for Scientific and Technological Research), Burkina Faso
COHRED:	Council on Health Research for Development, Switzerland
CSLP:	Cadre Stratégique de Lutte contre la Pauvreté (National Strategic Framework for the fight against Poverty), Burkina Faso
CSO:	Civil Society Organization
CSSM:	Civil Society Support Mechanism, Mozambique
DAC:	Development Assistance Committee
Danida:	Danish International Development Agency, Denmark
DDHS:	Director District Health Services, Uganda
DEP:	Direction des Etudes et de la Planification (Department for Studies and Planning), Burkina Faso
DFID:	Department for International Development, United Kingdom
DGIS:	Directorate General for International Cooperation, Ministry of Foreign Affairs, the Netherlands
DROS:	Division de la Recherche Opérationnelle en Santé (Division for Health Operations Research), Cameroon
DSF:	Direction de la Santé de la Famille (Department of Family Health), Burkina Faso
EAC:	East African Community
EDCTP:	European and Developing Countries Clinical Trials Partnership, the Netherlands
ENHR:	Essential National Health Research
EQUINET:	Regional Network on Equity in Health in Southern Africa, Zimbabwe

EU:	European Union
EVIPNet:	Evidence-Informed Policy Network, WHO
FARES:	Fonds d'Appui à la Recherche en Santé (Fund for Health Research Support), Burkina Faso
FESADE:	Femmes, Santé et Développement (Women, Health and Development), Cameroon
FPAE:	Fondation Paul Ango Ela pour la Géopolitique en Afrique Centrale (Foundation Paul Ango Ela for Geopolitics, Central Africa)
FRSIT:	Forum sur la Recherche Scientifique et les Innovations Technologiques (Forum for Scientific Research and Technological Innovations), Burkina Faso
GAVI:	Global Alliance for Vaccines and Immunization
GEGA:	Global Equity Gauge Alliance
GLOBVAC:	Global Health and Vaccination Research, Norway
GTZ:	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation), Germany
HDPs:	Health Development Partners, Uganda
HIPC:	Heavily Indebted Poor Countries Initiative
HIV /AIDS:	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HPAC:	Health Policy Advisory Committee, Uganda
HR-HR:	Human Resources for Health Research
HSSP:	Health Sector Strategic Plan, Uganda
IAVI:	International AIDS Vaccine Initiative
IDRC:	International Development Research Centre, Canada
IMF:	International Monetary Fund
IMPM:	Institut National de Recherche Médicale et d'Etude des Plantes Médicinales (Institute of Medical Research and Studies on Medicinal Plants), Cameroon
INASP:	International Network for the Availability of Scientific Publications, United Kingdom
INDEPTH:	International Network of field sites with continuous Demographic Evaluation of Populations and Their Health in developing countries
INE:	Instituto Nacional de Estatística (National Institute of Statistics), Mozambique
INERA:	Institut National d'Etude et de Recherche Agricole (National Institute for Agricultural Research), Burkina Faso
INESOR:	Institute of Economic and Social Research, Zambia
INS:	Instituto Nacional de Saúde (National Institute of Health), Mozambique
INSS:	Institut National des Sciences de la Société (National Institute for Society Sciences), Burkina Faso
ITNs:	Insecticide treated bednets
IRD:	Institut de Recherche pour le Développement (Research Institute for Development), France
IRESCO:	Institut pour la Recherche, le Développement Socio-Economique et la Communication (Institute for Research, Socio-Economic Development and Communication), Cameroon
IRSAT:	Institut de Recherches en Sciences Appliquées et Technologies (Institute for Applied Research and Technologies), Burkina Faso
IRSS:	Institut de Recherche en Sciences de la Santé (Institute for Health Sciences), Burkina Faso
ISSP:	Institut Supérieur des Sciences de la Population (Higher Institute for Population Sciences), Burkina Faso
JASZ:	Joint Country Assistance Strategy for Zambia
JRM:	Joint Review Mission, Uganda
JSSB:	Journées des Sciences de la Santé de Bobo-Dioulasso (Health Sciences days of Bobo-Dioulasso), Burkina Faso
MACHA:	Malaria Research Institute, Zambia

MCT:	Ministry of Science and Technology, Mozambique
MDGs:	Millennium Development Goals
MESSRS:	Ministère des Enseignements Secondaire, Supérieur et de la Recherche Scientifique (Ministry of Secondary and Higher Education and Scientific Research), Burkina Faso
MFPED:	Ministry of Finance, Planning and Economic Development, Uganda
MINEFI:	Ministère de l'Economie et des Finances (Ministry of Economic and Finances), Cameroon
MINESUP:	Ministère de l'Enseignement Supérieur (Ministry of Higher Education), Cameroon
MINRESI:	Ministère pour la Recherche Scientifique et l'Innovation (Ministry for Scientific Research and Innovation), Cameroon
MINSANTE:	Ministère de la Santé Publique (Ministry of Public Health), Cameroon
MISAU:	Ministerio da Saúde (Ministry of Health), Mozambique
MMV:	Medicines for Malaria Venture. Switzerland
MoA:	Memorandum of Agreement
MoES:	Ministry of Education and Sports, Uganda
MoH:	Ministry of Health
MoU:	Memorandum of Understanding
MRC:	Medical Research Council, United Kingdom
MS:	Ministère de la Santé (Ministry of Health), Burkina Faso
MSTVT:	Ministry of Science, Technology and Vocational Training, Zambia
MTEF:	Medium Term Expenditure Framework
NAC:	National AIDS Council, Mozambique
NACCAP:	The Netherlands-African partnership for capacity development and clinical interventions against poverty-related diseases
NARO:	National Agricultural Research Organization, Uganda
NCSR:	National Council for Scientific Research, Zambia
NCST:	National Council of Science and Technology, Zambia
NDA:	National Drug Authority, Uganda
NEPAD:	New Partnership for Africa's Development
NGO:	Non Governmental Organization
NHA:	National Health Assembly, Uganda
NHRAC:	National Health Research Advisory Committee, Zambia
NHRS:	National Health Research System
NHSP:	National Health Strategic Plan, Zambia
NIH:	National Institutes of Health, United States of America
Norad:	Norwegian Agency for Development Cooperation, Norway
NUFU:	Norwegian Programme for Development, Research and Education, Norway
OCEAC:	Organisation de Coordination pour la Lutte contre les Endemies en Afrique Centrale (Organization for the Coordination of the fight against Endemics in Central Africa), Cameroon
OECD:	Organization for Economic Cooperation and Development
PADS:	Programme d'Appui au Développement Sanitaire (Programme for Health Development), Burkina Faso
PARPA:	Plano de Acção para a Redução da Proeza Absoluta (Plan for the Reduction of Absolute Poverty), Mozambique
PC:	Population Council, USA
PESS:	Strategic Plan for the Health Sector, Mozambique
PMCTC:	Prevention of Mother to Child Transmission of HIV/AIDS
PNSD:	Plan National de Développement Sanitaire (National Plan for Health Sector Development), Burkina Faso
PROSAUDE:	National Research Fund, Mozambique
PRSP:	Poverty Reduction Strategy Paper

PSN:	Politique Sanitaire Nationale (National Health Policy), Burkina Faso
PSRS:	Plan Stratégique de Recherche Scientifique (Strategic Plan for Scientific Research), Burkina Faso
REACH:	Regional East African Community Research
REACT:	Strengthening fairness and accountability in priority setting for improving equity and access to quality health care at district level in Tanzania, Kenya and Zambia
REDS:	Network for Ethics, Rights and HIV/AIDS, Cameroon
SAG:	Sector Advisory Group, Zambia
SDC:	Swiss Agency for Development and Cooperation, Switzerland
SERSAP:	Société d'Etude et de la Recherche en Santé Publique (Society for Studies and Public Health Research), Burkina Faso
Sida/SAREC:	Swedish International Development Agency / Department for Research Cooperation, Sweden
SOMANET:	Social Science and Africa Medicine Network, Kenya
STDs:	Sexually Transmitted Diseases
STELA:	Secrétariat Technique pour l'Efficacité de l'Aide (Technical Secretariat for Aid Effectiveness), Burkina Faso
SWAp:	Sector Wide Approach
SWG:	Sector Working Group, Uganda
TB:	Tuberculosis
TDR:	Tropical Diseases Research Centre, Zambia
TORCH:	Tororo Community Health, Uganda
TWG:	Technical Working Group, Uganda
UCRI:	Uganda Cancer Research Institute, Uganda
UCSF:	University of California, San Francisco, United States of America
UEM:	Universidade Eduardo Mondlane (Eduardo Mondlane University), Mozambique
UFR / SDS:	Unité de Formation / Recherche en Sciences de la Santé (Training Unit / Research in Health Sciences), Burkina Faso
UFR / SEG:	Unité de Formation / Sciences Economiques et de Gestion (Training Unit / Economy and Management Sciences), Burkina Faso
UFR / SVT:	Unité de Formation / Recherche en Sciences de la Vie et de la Terre (Training Unit / Life and Earth Sciences), Burkina Faso
UNAIDS:	Joint United Nations Programme on HIV / AIDS, Switzerland
UNCRL:	Uganda Natural Chemotherapeutics Research Laboratories, Uganda
UNCST:	Uganda National Council for Science and Technology, Uganda
UNDP:	United Nations Development Programme
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNHRO:	Uganda National Health Research Organization, Uganda
UNFPA:	United Nations Population Fund, USA
UNICEF:	The United Nations Children's Fund
USAID:	United States Agency for International Development
UTRO:	Uganda Trypanosomiasis Research Organization, Uganda
UVRI:	Uganda Virus Research Institute, Uganda
WB:	World Bank
WHIP:	Wider Harmonization in Practice, Zambia
WHO:	World Health Organization
WHO/TDR:	UNICEF-UNDP-World Bank-WHO Special Programme for Research and Training in Tropical Diseases, Switzerland
WHO/HRP:	UNDP-UNFPA-WHO-World Bank Special Programme of Research, Development, and Research Training in Human Reproduction, Switzerland
ZAMPHOR:	The Zambian Forum for Health Research

Executive summary

Alignment and harmonization of donor support to low and middle income countries is essential to improve the effectiveness of development aid and may be useful in improving impact of health research support. Alignment refers to the donor commitment to base development assistance on partner countries' strategies, institutions and processes. Harmonization is the commitment by donors to rationalize their multiple activities in ways that maximize the collective efficacy of aid under country ownership. The Alignment and Harmonization Study (AHA Study) analyzed the practices and potentials of alignment and harmonization in health research, using the principles of the Paris Declaration on Aid Effectiveness¹. The study involved five African countries (Burkina Faso, Cameroon, Mozambique, Uganda and Zambia) and eight donor countries (Canada, Denmark, Ireland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom), and was conducted between May 2007 and June 2008. Health research system mapping, document reviews, web searches and key informant interviews were used to collect data.

National Health Research System in Zambia

Two ministries are involved in the governance and management of health research in Zambia: 1) the Ministry of Science, Technology and Vocational Training (MSTVT) is involved through the National Council of Science and Technology (NCST) - is the statutory body that oversees all research in the country, and 2) the Ministry of Health is involved through the National Health Research Advisory Committee (NHRAC) that was established in 1998 to monitor developments and identify needs for action in health research. The NHRAC has played a crucial role in setting priorities on behalf of Government, and promoting conduct of research on the priorities. To ensure more effective operations, it needs to be strengthened, and a secretariat established.

A body to specifically oversee and coordinate health research in the country has yet to be established, and is currently under development.

The overarching framework for research is the Science and Technology Act of 1997. A national health research policy has been drafted in 2007 by the NHRAC and should be brought forward for cabinet approval. There is also a draft health research strategic plan.

Through a priority setting process that was organized in 1998 by the NHRAC, the Ministry of Health defined in 1999 seven national health research priority areas. There have not been any updates of these priorities since then.

Funding for health research is mainly from external funders (estimated at over 90% of the research resources). For the most part, these funds are sent directly to the research institutions, usually without an explicit requirement that the research be aligned to national priorities.

Regarding health research findings dissemination, the NHRAC has instituted bi-annual National Health Research Scientific Conferences to look at what research has been done and determine what else needs to be undertaken, and to share information between different health research stakeholders. This has helped improve communication on health research.

1 The Paris Declaration on Aid Effectiveness, OCED, 2005, <http://www.oecd.org/dataoecd/11/41/34428351.pdf>

Donors Alignment and Harmonization in Zambia

Respondents' knowledge of the Paris Declaration is generally low, even though interviewees share a general understanding of and desire for alignment and harmonization.

Among the eight donor countries involved in the study Sweden, Canada, Norway, the United Kingdom and Denmark are supporting health research in Zambia. Zambia has a system in place with structures and processes for alignment and harmonization of health support in general, but not for health research support in particular. When donors provide support to research institutions, they usually do so without requiring that the research be aligned to national priorities.

Issues to be considered

- The coordination of health research in the country can be strengthened by defining and implementing a strategic plan for health research that includes a clear process for defining, communicating, monitoring and revising the national health research priorities.
- Such a strategic plan and priorities could facilitate donor alignment to the country's health research needs. Where donors fund research institutions directly, a requirement for alignment to country priorities may be considered.
- Increasing the consultations between donors and the health research stakeholders including researchers, communities and policymakers, is another strategy that can be used.
- Improving communication regarding available health research funding, i.e. through open calls for proposals to allow all interested parties to participate in an open competitive process, can be considered.

1. Introduction

Low-income countries face a massive under-investment in health research relevant to their needs. Factors that contribute to this problem include inadequate funding for health research in and by poor countries, limited participation of scientists from developing countries in both international research and the global policy arena, and the lack of funding for health research at the country level.

The health research support of development cooperation agencies is often limited, not harmonized between agencies and unaligned with developing countries' health and health research priorities. Donors' ability to effectively align with countries' strategies tends to be restricted by a lack of comprehensive and operational health research policies and strategies, and a failure to include health research in countries' Poverty Reduction Strategies Programmes.

As a multilateral solution to improve aid effectiveness, and in addition to the Rome Declaration on Harmonization of 2003, more than 100 wealthy and developing countries and organizations signed the **Paris Declaration on Aid Effectiveness** in 2005. Signatories to this international agreement committed to adhere to and increase harmonization, alignment and aid management efforts through a set of monitorable actions and indicators.

The partnership commitments are organized around five key principles:

- *Ownership*: Partner countries exercise effective leadership over their development policies and strategies, and co-ordinate development actions.
- *Alignment*: Donors base their support on partner countries' national development strategies, institutions and procedures.
- *Harmonization*: Donors actions are more harmonized, transparent and collectively effective.
- *Managing for results*: Donors and partner countries manage resources and improve decision-making for results.
- *Mutual accountability*: Donors and partners are accountable for development results.

Given that the Paris Declaration is aimed at improving the impact of development aid in general, and was not designed specifically for health research support a group of donors met with COHRED in Cairo in November 2006 to understand the potentials, limitations and implementation of the Paris Declaration principles in the domain of health research support.

Following this meeting, COHRED initiated a study on donor alignment and harmonization in health research, for which financial support was provided by Sida/SAREC. The purpose of this study was to understand how the Paris Declaration can be fruitfully employed in the field of health research support, including institutional or project-based research collaboration, as well as other support that is not normally seen as part of 'development aid'.

The study, known as the Alignment and Harmonization or AHA Study, includes five African countries: Burkina Faso, Cameroon, Mozambique, Uganda and Zambia; and eight donor countries: Canada, Denmark, Ireland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom.

The study findings served as background material for a consultation on how to improve and increase donor alignment and harmonization to national health research priorities and systems that was held in Beijing on 31 October 2007 in conjunction with the Global Forum for Health Research meeting. The meeting involved 39 representatives of all the five African countries, eight donors and two major research sponsoring agencies (the Forgarty International Centre of the US National Institutes of Health and the Wellcome Trust) that were not part of the earlier assessment.

This three-part report presents the AHA study data for Zambia:

- Chapter 3 provides an overview of the national health research system (NHRS) in Zambia. It includes information on the NHRS governance and management including legislation and policies, priorities, and financing and human resources related to health research. It also provides case studies of health research institutions and civil society organizations involved in health research.
- Chapter 4 provides an overview of health research funding, with particular attention to the donor countries involved in the AHA study in Zambia.
- Chapter 5 looks at the adherence to the the Paris Declaration in relation to health research support in Zambia. This information should help inform the health research support planning efforts of other donor and partner countries.

The synthesis report of the AHA study (available from: www.cohred.org/AHA) provides information on all five countries, as well as further analysis on the applicability of the Paris Declaration principles to health research.

2. Methods

Study objective and methods

The primary objective of the AHA study was to examine national health research systems and priorities in the five African countries, as well as the policies and activities of eight donor countries as they relate to the funding and the alignment and harmonization of health research.

The methodology for data collection consisted of:

1. Telephone and personal interviews of key informants among the eight donors and among the following constituencies in Zambia:
 - Government
 - research institutions
 - NGOs
 - donor representatives in the country.Representatives from different constituencies were interviewed to provide an objective overview of the NHRS and donors' alignment and harmonization in Zambia. In addition, interviews were designed to collect data that would better integrate the diverse perspectives of the different sectors charged with coordinating, undertaking and funding health research at the country level.
2. Desk review of key documents received from donors and stakeholders in the country.
3. Internet searches.

A draft of the country report was reviewed by the interviewees.

Data collection in Zambia

Interviews were conducted from 17 July to 10 August 2007.

Twelve stakeholders were interviewed including three representatives from the Government (Ministry of Health, NCST and the NHRAC, two representatives from research institutions, four representatives from NGOs and three representatives from donor countries (Canada, United Kingdom and Sweden).

The interviews took place in Nairobi, Kenya and in Lusaka, Zambia. All interviewees were very cooperative and available.

Internet searches were conducted from May 2007 to May 2008.

Study limitations

The main limitations lay in the fact that most of the interviewees were not able to provide human resource data, especially details regarding age and gender distribution, as well as financial data regarding either the national budget or bi-lateral and multi-lateral funds for health research. It was also not possible to obtain activity reports presenting the full details of their health research projects.

3. National Health Research System in Zambia

3.1. NHRS governance and management

In Zambia, two ministries are involved in the management of health research – the Ministry of Health (MoH) and the Ministry of Science, Technology and Vocational Training (MSTVT). Two statutory bodies are also part of the management structure – the National Council of Science and Technology (NCST) that falls under the MSTVT and the National Health Research Advisory Committee (NHRAC) which is within the MoH.

A governance structure to specifically oversee and coordinate health research in the country has yet to be established, and is currently under development.

In 2007, the Ministry of Health organized a week-long retreat to conceptualize a governance structure for health research in the country.

Prior to being disbanded in 1997, the National Council for Scientific Research (NCSR)—a precursor to the NCST—played an important role in health research.

The National Council of Science and Technology is a statutory body that oversees all research in Zambia. It was established by an Act of Parliament—the Science and Technology Act No. 26 of 1997—then inaugurated on 10th August 1999. The Secretariat was established on 1st April 2000².

NCST's mission is to enhance Zambia's capacity for scientific research and technological development, in order to create wealth and improve the quality of life. NCST membership is drawn from various institutions, including the MoH.

NCST promotes science and technology, regulates research including the registration of research and research and development institutions, and initiates special projects. It also advises the Government on science and technology related policies, the establishment of any new research and development institutions, and national research and development priorities³. NCST mobilizes and makes available financial, human and other resources—including science and technology information—to research and development institutions.

NCST operates under a clear legal framework but coordination with research institutions and enforcement of NCST policies is difficult. The NCST would like to pool research funding through a single window, so that it can monitor research funding and outputs.

Currently, the NCST brings researchers together in an Annual Planning Conference where they present papers and proposals. The NCST National Committee reviews the proposals and gives grants. It has some mechanisms in place to monitor research.

At sector level, each sector has its own internal programs and processes that deal with issues of priority to the sector. The NCST deals with issues of national importance. Integrating traditional medicine into HIV/AIDS treatment serves as a good example of how the sector approach works in the health arena. NCST is encouraging and supporting consideration of traditional medicine, and has sponsored platforms for dialogue as well as surveys on traditional medicine to stimulate the flow of information on this topic.

2 National Science and Technology Council (NSTC) Brochure.

3 National Science and Technology Council (NSTC) Brochure.

NCST consists of thirteen members appointed MSTVT. NCST has four Committees, which act as its think tank on technical, administrative, finance and procurement issues that arise in the process of fulfilling its functions. These are:

- The Science and Technology Technical Committee
- The Administrative and Finance Committee
- The Tender Committee
- The Science and Technology Development Fund Committee.

The day-to-day operations of the NCST are undertaken by the Council Secretariat, which has two departments: the Science and Technology Technical Department and the Administration and Finance Department.

The National Health Research Advisory Committee monitors developments and identifies needs for action in health research. It was established by the MoH in 1998. The NHRAC has played a crucial role in setting priorities on behalf of Government, and promoting conduct of research on these priorities.

NHRAC consists of members drawn from various research institutions. Its terms of reference includes advising the Minister of Health on how health research could be better conducted in the country, leading priority setting, handling communication related to health research, and building MoH capacity in the use of research findings.

NHRAC's functioning is hampered by the fact that has no secretariat. Although the NHRAC exists as the designated coordinator for health research, in practice it is therefore not yet fully functional. It will be stronger and more effective when a secretariat is provided internally within the MoH or externally by contracting out to a suitable body.

Despite these limitations, the NHRAC has realized some commendable achievements. It meets regularly, sets priorities on behalf of Government, and promotes conduct of research on the identified priorities. In 1998, it developed a catalogue of health research conducted in the country. This effort revealed that research undertaken was mainly descriptive, focused on urban centres, and generally short-term in nature. Based on these findings, the NHRAC developed the national health research agenda and priorities, and started the process of tracking health research. It also created a website to share research information (www.mohresearch.zm) within the main MoH website (<http://www.moh.gov.zm/>).

The NHRAC also instituted bi-annual National Health Research Scientific Conferences, which bring together district and province ministry of health representatives, academia, civil society and other researchers. Interviewees said that these meetings have been very successful. The first one was held in 1998, with subsequent meetings taking place in 2000, 2004, and 2007. The intention of these conferences is to consider what research has been done, identify research gaps and determine what else needs to be done, and share information between different health research stakeholders.

MoH has several other players involved in health research including the AIDS Council and healthcare facilities across the country. The idea of starting a Medical Research Council (MRC) that can bring together relevant players in the sector is currently under discussion, but has received some opposition from those who question whether a medical equivalent to the NCST is really needed.

A Director of Public Health and Research now operates within the MoH. Interviewees mentioned increasing the capacity of government to absorb and utilize research findings as the next step. Ownership is growing within MoH, but the need for an increase in MoH's budgetary allocation to health research remains.

The Tropical Disease Research Centre was created as the research arm of the Ministry of Health in 1997. It is charged with the promotion of health research.

The National Council for Scientific Research was established in 1967 (just three years after Zambia gained independence) and given a mandate to guide development of all research. NCSR coordinated and promoted research of all kinds in the country, and undertook research in areas of strategic importance to the country, until it was disbanded in 1997.

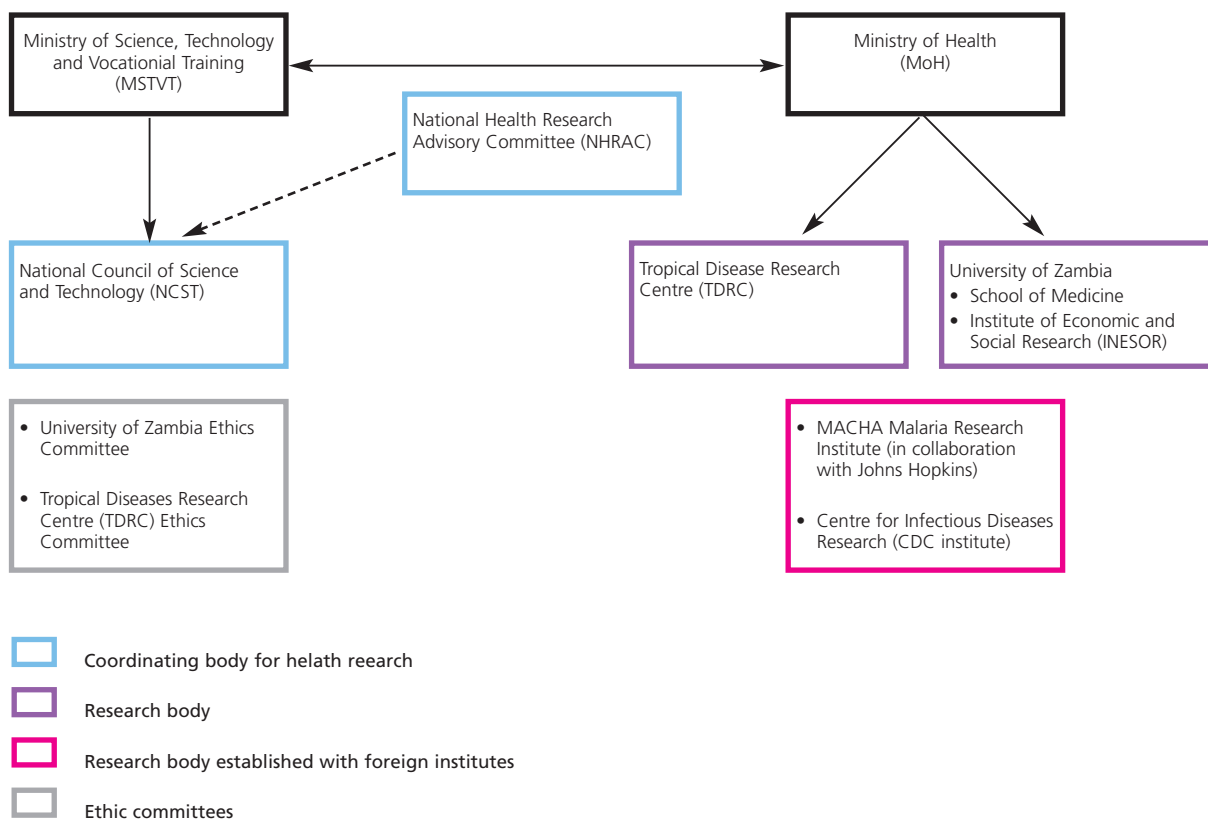
NCSR created a Medical Committee to specifically look at health research. One of the stakeholders interviewed for this study served on this Medical Committee at a time when the NCSR had a very dynamic Secretary General, who successfully championed the cause of research. *“There was an awakening in the sciences those days”* the interviewee observed, *“Then it quietly disappeared... it is not clear why that happened”*.

The NCSR was simultaneously charged with regulating research on the one hand, and with mobilizing resources and carrying out research on the other. This resulted in conflicts of interest. In 1997, these functions were separated, leaving one body to coordinate, regulate and mobilise resources for research, and others to conduct the actual research.

The NCST, which currently oversees research in Zambia, was established as a result of this separation of functions. NCST became the body that oversees overall science and technology. Health research became a sector under the NCST, and the specific health research component that had been represented by the Medical Committee of the NCSR disappeared.

See figure 1 for the organization of the Zambian health research system.

Figure 1: The National Health Research System in Zambia



3.2. Health research legislation and policies

a) Legislation related to health research

Interviewees identified legislation and policy as an area of weakness that needs to be improved. The National Health Policies and Strategies of 1992 provide the overall policy framework within which health services are provided. The Health Act mainly addresses public health, and not health research.

The overarching framework for research is the Science and Technology Act of 1997. The legal framework does provide for:

- Priorities for research;
- Registration of research institutions;
- Structures for organizing research;
- Gives NCST powers to set up research centres.

However, there are several issues that are not addressed in this Act:

- Research conducted in Zambia by people who come from outside the country;
- A fee structure for people who come to do research and use local resources, and a mechanism for enforcing it.

Interviewees indicated that there is need for comprehensive legislation to effectively cover various key aspects of health research.

b) Policies related to health research

Zambia has a National Health Strategic Plan 2006 – 2010, and is currently working on a Strategic Plan for Health Research. The country also has a draft National Health Research Policy that is near completion. A National Science and Technology Policy covers all research.

The National Health Strategic Plan explicitly addresses the need for interventions to be evidence-based. On page 58 it states:

The current MoH structure does not provide for a Health Research Unit. Reliable National Research Priorities and recommendations for action must emerge from the Provincial and District level to be effective. Currently, the capacity at both Province and District levels to analyze, interpret and utilize data is limited. Integration and institutionalization of research as an integral routine component of the health policy development and program implementation process is of critical importance.

Institutionalization of the use of research outcomes for health planning, policy and decision-making and program implementation at program level, as well as, the Central and Provincial levels of MoH is currently unsatisfactory. Mobilization of resources for conducting relevant health research is therefore important. The development of effective mechanisms and systems in setting out MoH and national program health research priorities is almost non-existent. Therefore, it is important to develop and strengthen existing health research systems at all levels that define priorities for health research, influence national, regional and global health agendas and lobby for a more equitable allocation of resources' ⁴.

⁴ Government of the Republic of Zambia. Ministry of Health. National Health Strategic Plan 2006 – 2010. December 2005. Pg 58.

The Plan goes further to state the strategies that will be put in place to strengthen research in the country. It states:

The proposed research strategies involve building capacities, infrastructures, competencies in the relevant MoH Directorates, participation at research conferences, undertaking research and tackling policy issues and will include⁵:

1. Strengthening of the research capacity in MoH and mandate for National Health Research Advisory Committee in an effort to institutionalize health research at the various levels of health care;
2. Provision of assistance and building on existing structures, efforts, research networks, and experiences to link research to policies for improving the quality and extending the coverage of malaria, mother and child health, reproductive health and HIV/AIDS services. Facilitate dissemination of research results to all relevant stakeholders, including PHOs in order to maximize utilization of research outcomes; and
3. Strengthening capacity to conduct applied health research in the academia, and other statutory health bodies.

3.3. National health research priorities

In 1998 NHRAC conducted a priority setting exercise. The steps in this process included tracking what research had been done, small group brainstorming sessions, a National Health Research meeting that brought together different stakeholders (200 to 300 people involved), and synthesis of key research findings by a team of experts. The exercise resulted in a list of recommendations for strengthening research in the country. A small committee was set up to analyze, refine and package the extensive list that came out of the meeting. The result of the committee's effort was subject to a consensus meeting that provided additional feedback and input. The final result of this process was a set of national health research priorities that were disseminated through hard copies and email in 1999.

The seven national health research priority areas were⁶:

- i) Malaria
- ii) Child health
- iii) Nutrition
- iv) Diarrhoeal diseases
- v) Reproductive health
- vi) STD/HIV/AIDS/TB/leprosy
- vii) Water and sanitation

Outstanding tasks were integration of the various processes into a coordinated system, development of processes through which research outcomes could be continually fed into policy making and programme implementation, and identification of a process for updating the priorities.

Interviewees identified health research priorities as an area of weakness. Some stakeholders indicated that the MoH is disease focussed in its outlook, as one of its key functions is to provide curative services. They reported that this focus influences research priorities. Some interviewees said that the priority setting process was not a very representative and inclusive process. However, provinces and districts, NGOs, members of

5 Government of the Republic of Zambia. Ministry of Health. National Health Strategic Plan 2006 – 2010. December 2005. Pg 58.

6 Report on the Zambian Consultative Process for the International Conference on Health Research for Development. April 2000

Parliament and researchers were present in the priority setting process. Interviewees recommended that a formalized process be established for participatory health research priority setting and review, with a clear listing of all relevant stakeholders to be involved.

The influence of donors was also cited as a problem that skews health research priorities. Current donor interest in certain conditions influences the availability of research funds. Currently, research funds are mainly available for TB, malaria and HIV.

3.4. Health research financing

Government funding for health research is limited, and there is a high dependence on external funding. About 0.02% of GDP is estimated as going into research in general. The MoH and the Ministry of Agriculture account for about two thirds of this amount, at one third each.

The NCST now has funds for strategic research, and is expecting to distribute these funds for the first time in 2007. The amount is about 500 million Zambian Kwacha (equivalent to about 150,000 USD).

There is also a new Innovation Fund and the government has just started giving funds out.

Interviewees share the consensus that poor coordination makes determining the total inflow of funds into health research difficult. External donors fund much of the health research conducted. Some interviewees estimate that international financiers fund over 90% of the research undertaken in Zambia. The USA are key funders. Project funding ranges from a few thousand dollars to millions of dollars.

Donors come in under different programs, and provide funds that go directly to projects in a piecemeal manner that is difficult to quantify. The principal health research funders were identified as the bilateral funders (USAID, Norad), and multilateral organizations (WHO, UNDP, UNICEF, World Bank).

Interviewees indicated that donors pay for the things they want. One of the stakeholders interviewed put it this way: *"What incentive are you going to have so the donor bothers to look at the priorities you have set? What mechanism can be put in place to make what we want done attractive to the donors? They will pay for what they think is important. Set priorities and say who will pay for it otherwise you will not move – if nobody pays, then nobody does the research"*.

3.5. Human resources for health research

a) Existence of a national human resources for health research strategy

There is no national strategy in place for human resources for health or health research. A Human Resource for Health Research Conference organized by NHRAC and supported by Sida, CIDA, the World Bank and other partners, was held on 7th and 8th June 2007. The conference theme was "Transforming Research into Action: Providing Evidence for HRH Policy Development, Program Design and Implementation"⁷. The overall objective of this conference was to gather evidence that would contribute towards moving the National Human Resources for Health (HRH) Agenda forward by informing policy development and implementation of the HRH Strategic Plan in Zambia.

The specific objectives of the conference were to: review evidence (current knowledge and experiences), discuss how evidence can be translated into policy, and propose specific

⁷ <http://www.moh.gov.zm/JM%20Rese/Research%20for%20HR%20for%20Health/HRH%20Research.htm> has details on the conference including presentations made.

recommendations to effectively operationalise the Zambia National HRH Strategic Plan. The conference came up with a number of recommendations to urgently address the current critical shortage of manpower. An action plan for the next one-year was developed to ensure that these recommendations are acted upon. They fall under the following categories⁸:

- Strengthening research capacity:
 - develop a system for coordinating HRH research activities and updating research priorities;
- Developing research policy/strategies:
 - incorporate HRH in the National Health Research Strategic Plan;
- Setting research agenda and priorities:
 - develop a national HRH research agenda and priorities;
- Disseminating research findings:
 - publication/dissemination of post HRH research conference book;
 - organize HRH research follow-up conference.

b) Existence of capacity programmes for health research

The MoH embarked on a health systems research capacity building programme in 2001, and continued until 2005 when funding was discontinued. It started with provinces, and was to progress to district level, but stalled because of the funding problem. Programme funding had previously come from MoH.

Ongoing capacity building for health research does occur through the School of Medicine. Aside from the regular postgraduate programs, the Foundation 50 now provides courses for writing skills to promote scientific publication.

3.6. Health research institutions

Zambia has two main national health research institutes – the Tropical Diseases Research Centre (TDRC) situated in the Copper belt in Ndola and the School of Medicine.

Another Zambian institution involved in health research, though not as a primary function, is the Institute of Economic and Social Research (INESOR).

Research institutes established in collaboration with foreign institutes include the following:

- MACHA Malaria Research Institute located about 300 km south of Lusaka and set up in collaboration with Johns Hopkins.
- Centre for Infectious Diseases Research in Lusaka set up as a Centre for Disease Control and Prevention (CDC) Institute.

The Tropical Diseases Research Centre

The TDRC was initiated by the World Health Organization (WHO) in collaboration with the Zambian Government⁹. This was in response to a resolution of the World Health Assembly (Resolution No. WHO 27.52) of 1974 which called for the intensification of research into tropical diseases and stipulated that, as far as possible, the work should be done in developing countries where these diseases are endemic¹⁰. TDRC is a statutory body under the MoH with the mandate to conduct epidemiological and clinical research.

8 Ministry of Health Communiqué Issued at the end of the Human Resource for Health Research Conference organized by the National Health Research Advisory Committee (NHRAC) of the Ministry of Health on 7th - 8th June 2007. Mulungushi International Conference Centre, Lusaka, Zambia. June 2007

9 <http://www.cpnafrica.eu/?menu=10&page=14>

10 <http://www.cpnafrica.eu/?menu=10&page=14>

The main areas of research focus are malaria, HIV/AIDS, Schistosomiasis, Trypanosomiasis, and nutrient deficiencies.

Most of the research at the Centre is supported by competitive grants from external donor agencies and collaborating institutions such as WHO, UNICEF, U.S. Centre for Disease Control and Prevention (CDC), Duke University, Boston University, Institute of Tropical Medicine (Belgium), Wellcome Research Laboratory (UK), the Irish Government, and USAID¹¹.

The University of Zambia School of Medicine

The University of Zambia School of Medicine is a national academic institution. It falls under the Ministry of Education. Ultimate decision-making lies with the Vice Chancellor, the University Council and the Senate for academic affairs. The School was started in 1966, two years after independence. At the time the population of the country was four million. Now, over 40 years later, the population of the country is 12 million, and it remains the only School of Medicine in the country.

Its health research priorities are in HIV/AIDS, Tuberculosis (TB), malaria, maternal and child health issues and infectious diseases. It also supports health research in all other areas. The School recognizes that its health research priorities need to support national health research priorities, but has not embarked on a formal process to develop research priorities. The priorities mentioned here have been driven largely by individual interest and involvement, as well as available funding opportunities.

The School was part of the process of setting up national health research priorities and sat in meetings discussing this. The School has also been invited in meetings for the formulation of health research policy.

The School is involved in advocacy for health research, resource mobilization for its own research, knowledge generation, capacity building and development and ethical assessment. It has research projects in basic medicine, clinical medicine, health sciences, systems and policy, basic science and social science.

The School has had several research projects going on for many years. Most of its funding is from foreign sources. Funding is usually in small amounts to individual lecturers for studies. Donors have put money into basket funds with MoH. The School falls under the Ministry of Education and therefore has difficulty getting funding when the funds are with the MoH. Funding goes to the University first before going to the School of Medicine. The tuition fees also go to the University.

The School's overall budget per annum is about 500,000 USD to one million USD. Of the eight AHA study donor countries, the School only received funding from the UK (DFID) and Norway. The UK funding was in the amount of three million Sterling Pounds and targeted to curriculum development between 1996 and 2001.

Some of the School's research projects and funding sources include the following:

1. HIV/AIDS - The Microbicide trial – 2 million USD over 5 years.
2. NUFU - 900,000 USD
3. Other smaller ones - 60,000 USD

The School has collaborative links with a number of Northern Institutions, the principal ones being NUFU – the University of Bergen, and the London School of Hygiene and Tropical Medicine. These links are all formalized through Memoranda of Understanding, and include components of student exchange, staff exchange and research. Over 90% of the School's funded research work in 2005 –2006 consisted of collaborative research.

11 <http://www.cpnafrika.eu/?menu=10&page=14>

With regard to human resources, the School is understaffed. It has 60 academic staff, and relies on honorary MoH staff to help with teaching. 70% of staff are male. At approximately 20%, very few staff devote at least 10% of their time to health research. About 20% of the health researchers in the institution are foreign.

None of the academic staff have a bachelor level of education; all have at least a Masters level. 50% of the staff are Medical Doctors. About 10% of the staff (70% of them male) have PhDs. Many staff go for Fellowship programmes rather than PhDs. About 20% of the PhDs are foreigners. With regard to age distribution, most staff are between 45 and 60 years of age, followed by the 35 to 45 year old age group.

It has been difficult for the School to recruit health researchers. They run a Masters programme that has trained 180 specialists over the years, and from these only two have joined the School.

The main mode of dissemination of research findings is through publications. The School also sensitizes policy-makers by sending information which is expected to be of interest to the MoH.

One example of research results that have led to government action is the TB treatment policy. The TB project has been run at the School for the last 15 years, and has contributed to the TB treatment protocol changes that have taken place in the country.

Now that research has been included in the 5th National Development Plan some funds are coming to the University, but they are minor and by the time they are shared out the School gets very little.

Foundation 50

Foundation 50 is a national membership institution started in April 2005. It is based at the University of Zambia, and brings together academics who do research in their areas of interest. It does not have defined health research priorities; priorities are mainly determined by the resources available and researchers' interests. Foundation 50's main areas of research interest are HIV/AIDS, social research in health, and community-based research e.g. maternal mortality.

Its main focus, however, is on ensuring that whatever research gets done gets published. Foundation 50 is involved in capacity building to support this goal.

Its principal funding (about 90%) has been from Norway (Norad) for a NUFU project on productive learning cultures. This was a 5-year agreement funded at 80,000 Norwegian Kroner (16,000 USD) per year for 5 years for capacity building and developing academic and research and writing skills. Foundation 50 has a formal agreement for collaboration with the University of Bergen in Norway. Canada has provided support by hosting one of Foundation 50 list serves. The MoH has occasionally provided minor funding, as well as some resources from a partnership project for prevention of HIV/AIDS that closed in March 2007. None of these efforts stipulated alignment to country priorities as a requirement.

Foundation 50 has 55 members, 80% of whom are male. It has an Executive Council consisting of 12 people, and gets administrative support through the University of Zambia. About 15% of its members devote at least 10% of their time to research. All members have at least a Masters level of education and about half have PhDs, while about 20% are MDs. Its members are mainly young researchers, with most of them being between 35 and 45 years of age.

To disseminate research findings to policy makers, Foundation 50 organizes lectures and invites policy makers to attend. For example, the Foundation had a public health lecture on the Lusaka water tables and their relationship to water borne diseases. The Ministry of Health City Planners participated. They funded the study and the Foundation is now involved in publicity on where to/not to put boreholes.

Foundation 50 staff also write reports and send them to policy makers. This is an area that the Foundation wants to improve on, and it is working on improving the skills of its members in writing for publication. The Foundation would also like to see the establishment of a local journal and an electronic database to help improve dissemination of research findings, as well as processes for knowledge translation that can help increase implementation of research findings.

3.7. Organized civil society in health research

Centre for Health Science and Social Research (CHESSORE)

CHESSORE is an NGO that has been in operation since 1993. It has three main research components – Social Science, Health Science and the Hard Sciences e.g. drug production (this last component has yet to be activated). The founders were medical doctors and lecturers in both public and private medical practice. CHESSORE was set up as a centre whose vision is to provide evidence-based solutions to the current health problems in the country.

The main area of research is health systems research, especially looking at redistribution of power in order to affect delivery of health services in terms of equity, access and trust.

CHESSORE monitored and evaluated health sector reforms and provided recommendations to government. MoH sub-contracts CHESSORE when they need evidence and solutions for certain health care and systems problems. CHESSORE is involved in research in malaria interventions e.g. use of insecticide treated bed nets (ITNs). The approach used is mainly community based.

Presently CHESSORE has 5 major projects:

1. Equity Gauge – started in 2000 - looking at quality of service delivery. In this study user fees were identified as a key hindrance to access to services in rural areas. This led to removal of the user fees in rural areas. Also power relations were identified as a problem. The communities/users of health services were found to be powerless with most powers conferred to the health workers, who are themselves in turn also powerless relative to their superiors. CHESSORE is now looking at how to deal with this so that open discussions can be held about ways to improve health service delivery. This work is funded by IDRC at Can \$ 340,000 over two and a half years.
2. EQUINET – looking at access to ARVs in four districts – Chingola, Choma, Chama and Lusaka. This study looks at what issues affect access e.g. inequitable distribution of resources, community factors, etc. Funding for this was 50,000 USD for one year.
3. African Health Research Forum (AfHRF) – CHESSORE is hosting this Forum in Zambia. The AfHRF is trying to bring researchers to the frontlines, to allow policy to be dependent on research findings. It has been training leaders for research, and is also working to improve communication with policy makers – by helping researchers better package their information in a manner that is understandable by policy makers.
4. Budget work – CHESSORE has been reviewing the national budget for the last four years. They do an analysis and package it in a manner that Members of Parliament (MPs) can better understand and contribute to it during the debates. CHESSORE has an MoU with Parliament for this. This year, for example, there were some missing budget lines (e.g. a big hospital with no fund allocation) and CHESSORE motivated the MPs to get the budgets allocated to that. In this work CHESSORE also works to allow communities to participate in budgeting. *"It is there in writing that budgeting starts at community level. But the reality is quite*

different". This work is aimed at helping correct that, and getting the government to conform to what they have said. This also involves monitoring expenditure. This work is funded by WEMOS, Netherlands.

5. Research looking at human resources in the MoH – what factors determine recruitment, retention and deployment within and between departments. This work focuses on four districts. CHESSORE is looking at the influence of external funding on this.

Other work that CHESSORE is involved in includes the following:

- Providing supervision of research students in Masters' programmes – currently with students from Liverpool University in the UK.
- WHO and Government of Zambia provided 20,000 USD to fund work on the impact of HIV on human resources within the MoH.
- REACT project – Response to Accountability and Reasonableness in public health institutions – a priority setting programme looking at what factors influence priority setting.
- Capacity building – especially at community level. CHESSORE works with volunteers to build their capacity in true participation. They hold workshops on empowerment topics such as decision-making. They also link people to resources to support training – some have been able to do their masters, and even PhDs, while others have attended short courses on Monitoring and Evaluation. CHESSORE has also facilitated attendance at international workshops by community members, as well as organized trips for MPs to conferences on health issues.
- Ethical issues – the CHESSORE Director is the chairman for the Ethical Committee for the Tropical Diseases Research Centre.

Interviewees articulated some of the challenges faced by CHESSORE. As expressed by one interviewee, *"To have impact is a major challenge. To have people accept your results is a challenge, to access funding and to continue being in existence are also major challenges. Mobilizing resources to conduct research in the areas that we want to conduct research in is a major challenge"*.

CHESSORE would like to see all health research stakeholders actively participate, get truly engaged in the processes of priority setting, and have access to available resources. In particular, it is necessary to ensure that community input is included.

The main funding sources are IDRC, WEMOS (the Netherlands), Denmark, the World Bank and WHO. The MoH has also provided some funding based on contractual work. CHESSORE gained credibility because of its Health Sector Reform work. This credibility has facilitated accessing additional funding. However, for most NGOs there is considerable difficulty accessing research funds. They pointed out the need for long-term funds to allow for undertaking more meaningful work. As stated by one interviewee, *"We would like to be involved in more long term programmes - most funders are reluctant to fund long term projects"*.

The Zambia Forum for Health Research

The Zambia Forum for Health Research (ZAMFOHR) was inspired by the four elements of research to action, included in the article by John Lavis et al in the WHO Bulletin¹². The third element addresses the mixes of the four clusters of activities used to link research to action –

12 Bulletin of the WHO. <http://www.who.int/bulletin/volumes/84/8/06-030312ab/en/index.html>

push, pull, interact and integrate. It was recognized that in Zambia, aside from the interaction that occurs mainly through conferences, the other clusters were not being addressed much.

ZAMFOHR is a non-profit, non-governmental knowledge management organization that aims to harmonize the research community in the hopes of creating a spirit of evidence-informed decision-making among researchers and research-users¹³.

ZAMFOHR's key area of focus has thus been promotion of knowledge translation through harvesting research, putting it in a database of researchers, preparing synthesised papers and policy briefs, and establishing a national health library to facilitate access to knowledge by all stakeholders in health research.

ZAMFOHR works with MoH and other stakeholders in elaborating and setting priorities; and has also assisted in creating national health and health research strategies and strategic plans; and, with other stakeholders in identifying training and capacity building needs, particularly around human resources for health. ZAMFOHR serves on the NHRAC, and has been an active participant in the development of the National Health Research Strategic Plan.

Coordination is a key function for ZAMFOHR. *"We believe co-ordination will be achieved by having a common pool of knowledge which is easily accessible to the researchers, users and funders (sponsors). Then with the funders (sponsors) knowing this it is easier to align on this. That process brings everyone together,"* said an interviewee.

ZAMFOHR intends to offer training in knowledge translation techniques, as well as synthesis (systematic review) and policy paper preparation.

ZAMFOHR's main funding has been via *Research Matters* – a project funded by both IDRC and SDC, and its first grant money was received in 2007. This has provided core funding for the establishment of the organization amounting to 150,000 USD. Funding has also been provided for database creation and setting up a website by WHO (through the EvipNet programme) amounting to 8,000 USD.

3.8. Regional organizations and networks

Regional organizations and networks include Equinet, AfHRF and SOMANET.

These entities exist in a bit of a vacuum – currently the regional organizations or networks tend to house their main office in one country, and station a single representative who acts as a focal point in various countries. This limits how much the regional organization or network is able to accomplish.

3.9. Dissemination of research findings

the NHRAC has instituted bi-annual National Health Research Scientific Conferences to look at what research has been done and determine what else needs to be undertaken, and to share information between different health research stakeholders. The first one was held in 1998, with subsequent meetings taking place in 2000, 2004, and 2007.

The conferences have helped make research a higher priority within the MoH. Funding for the first conference was completely external, but the MoH now dedicates a budget line item to the conference. The Government is increasingly taking ownership of the recommendations made at the conferences. For example, the development of a National Health Research Strategic Plan emerged as a recommendation from the last conference.

13 The Zambia Forum for Health Research. Strengthening the Capacity to Undertake and Utilize Research and Evidence in Health Policy and Practice. Booklet page 3

As one stakeholder put it, *"we have come from very far...we have made big progress...there are still gaps, but we have made progress. Before it was us pushing the ministry of health; now the ministry is pushing us ...asking us where are those guidelines for traditional remedies research"*.

3.10 Ethics

Zambia has currently two research ethics committees, one at the University of Zambia and the other at the Tropical Diseases Research Centre (TDRC). The MoH is now establishing a National Research Ethics Committee.

4. Health research donors in Zambia

Sweden (Sida/SAREC)

Sida/SAREC provides health research funding on an ad hoc basis, for example for the Human Resources for Health Research Conference in 2007. Sida also supports international training programs in different areas including health and health research.

In line with the annual action plan and NHSP, Sida support to the Health Sector through the MoH, is identified at a funding level of 92 million Swedish Kroners (15 million USD) for 2006; 122 million (20 million USD) annually for 2007 – 2010; and 55 million (9 million USD) for 2011.

Canada (IDRC)

IDRC has provided funding to a large number of projects in Zambia (see Annex 2 for some examples).

Additionally, the Canadian International Development Agency (CIDA) has provided technical support to study Human Resources for Health.

UK (DFID)

DFID provides budget support, and is not a main funder for health research in Zambia. Health research support is mainly provided centrally, through the MRC. There is some limited country funding, provided for policy oriented country specific issues and for M&E. Locally, DFID has commissioned research to look at maternal mortality, conduct a microbicide trial, and look at the impact of removal of user fees (see Annex 2).

In the area of M&E, DFID has provided Technical Assistance for the Joint Annual Review and the Human Resources Technical Working Group.

DFID is moving towards budget support and mechanisms associated with it (strengthening procurement, resources use etc.).

Norway (Norad)

Norad has been involved in HIV/AIDS, water and gender projects. Norway has also been providing support to Zambia through the Norwegian Programme for Development, Research and Education (NUFU).

The other AHA study donor countries currently do not fund health research in Zambia.

Other funders

WHO has mainly provided Technical Assistance to the NHRAC, but no direct funding. WHO was said to be very interested in research work, and currently funding research on the integrated disease surveillance system.

The USA, although not one of the eight study countries, was mentioned as a key source of research funds for the country.

Interviewees reported that the government had not entered into formal agreements specific to research with any of the eight donor study countries or the bilateral and multilateral agencies.

5. Adherence to the Paris Declaration on Aid Effectiveness in relation to health research support

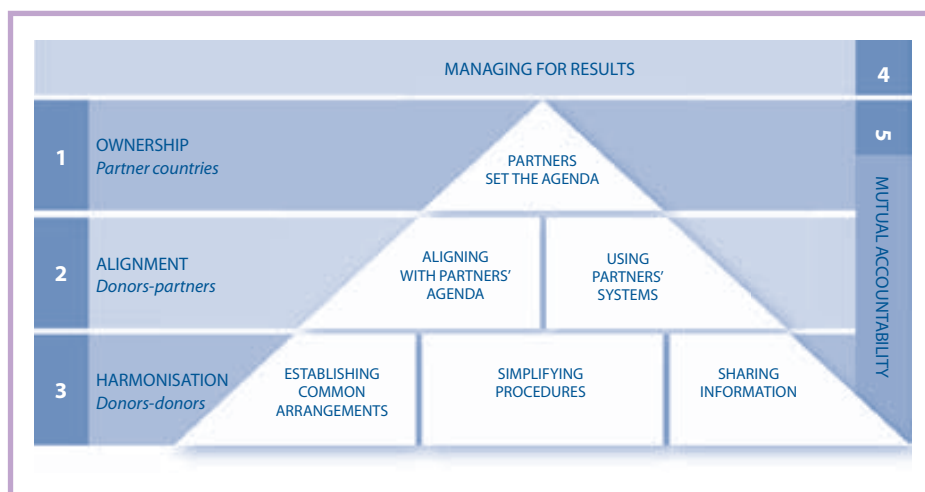
5.1. The Paris Declaration on Aid Effectiveness

The second High-Level Forum on Aid Effectiveness, held in Paris on 2 March 2005, brought together development officials and ministers from 91 countries and 26 multilateral organizations, as well as representatives of civil society and the private sector¹⁴. The main outcome was the Paris Declaration on Aid Effectiveness. The Declaration was the culmination of various events including Monterrey (2002), the first High-Level Forum in Rome (2003) and the Marrakech Round Table on Managing for Results (2004)¹⁵.

The four broad areas of the Rome and Marrakech commitments can be schematically depicted in a pyramid (see Figure 2). The Paris Declaration added the principle of mutual accountability. The principles of *ownership*, *alignment* and *harmonization* are the main organizing principles of this report.

Various indicators exist to measure the progress made in aid effectiveness. Twelve indicators from the Paris Declaration¹⁶ and some of the indicators used by the Development Assistance Committee (DAC) Task Team on Harmonization and Alignment in various surveys^{17, 18} were adapted to health research support for the AHA study.

Figure 2: The Aid Effectiveness Pyramid



14 OOCED, <http://www.oecd.org/dac>

15 Aid and Harmonization website, <http://www.aidharmonization.com/>

16 Indicators of Progress, Paris Declaration on Aid Effectiveness, <http://www.oecd.org/dataoecd/57/60/36080258.pdf>

17 DAC / OECD, Survey on Alignment and Harmonization, Paris, 2004, http://www.oecd.org/document/61/0,3343,en_2649_3236398_31659517_1_1_1_1,00.html. The findings of the survey were used to report progress to the Second High-Level Forum on Harmonization and Alignment of Aid Effectiveness (early 2005) where the Paris Declaration on Aid Effectiveness was signed.

18 OECD / DAC, Aid Effectiveness, 2006 Survey on Monitoring the Paris Declaration, Overview of the Results, Paris, 2006 <http://www.oecd.org/dataoecd/58/28/39112140.pdf>

5.2. Ownership

Ownership – that is, a country's ability to exercise effective leadership over its development policies and strategies – is critical to achieving effective implementation of the Paris Declaration. In compliance with the indicators developed by OECD-DAC, this report uses six criteria adapted for health research support to assess the degree of ownership in Zambia. These criteria can be formulated as questions.

Does Zambia have:

- Well defined priorities and an operational health research strategy to guide aid coordination?
- A significant and operational budget for health research?
- Adequate human resources to conduct health research?
- An agenda for harmonization and a process for coordinating aid?
- A framework for encouraging dialogue between Government and donors?
- The capacity for managing aid?

Zambia has national health research priorities that were defined in 1999 but that were not updated since then. The country is currently in the process of developing national health research policy document, drafted by the NHRAC, which will soon be brought forward for cabinet approval. There is also a draft health research strategic plan for Zambia.

National budget for health research is limited and research is highly dependent on external funds. The NCST has funds for strategic research at the level of about 500 million Zambian Kwacha (150,000 USD) per year. There is also a new Innovation Fund.

In terms of human resources, NHRAC organized in 2007 a Human Resources for Health Resources Conference out of which there was a recommendation to incorporate human resources in the National Health Research Strategic Plan.

Mechanisms that support harmonization in the health sector are in place. The Joint Assistance Strategy for Zambia (JASZ) process facilitates high levels of internal harmonization within the country. The United Kingdom (DFID) currently has the lead donor role with Sweden (Sida). Zambia was reported to be one of the pioneers of this approach through the SWAp.

Funding is now going through direct budget support at the national level, facilitating harmonization. The main partners in this effort have been the United Kingdom (DFID), Sweden (Sida), Canada (CIDA), and Denmark (Danida). The World Bank also participates. The USA (USAID) is not a participant in this process.

A MoU on donor coordination and harmonization has been signed between the Government and Zambia's development partners in 2004¹⁹. It covers harmonization and alignment missions, procurement, monitoring, and evaluation.

Zambia's coordinating meeting is the Sector Advisory Group (SAG), which brings together Government, academics, various levels of health care providers, donors, the private sector, churches and civil society. The group meets twice a year – in September and March.

Donors also meet with the Government to discuss their activities in terms of alignment with Government objectives, a process that is formalized through the MoU between the Government and the development partners.

Regarding Zambia's capacity for managing aid, the constraints related to the lack of capacity is one of the main impediments to a country's ability to capture and coordinate flows effectively²⁰.

19 <http://www.dfid.gov.uk/consultations/JASZ-Annex-1.pdf>

20 OEDC / DAC, 2006 Survey on Monitoring the Paris Declaration, Country Chapters, Zambia, 2007 <http://www.oecd.org/dataoecd/44/33/38949615.pdf>

Interviewees indicated that the Government needs to take a stronger lead role in matters of health research (more systematic plans for health research, policy direction in health research, and stronger monitoring systems including ethical review).

5.3. Alignment

Alignment is the term used to describe donor commitment to base development assistance on partner countries' national strategies, institutions and process. This report uses three criteria to assess the degree of alignment of the donors in Zambia:

- Do donors align on Zambia's national health research priorities?
- Do donors align on Zambia's systems and procedures?
- Do donors align in their support for capacity development?

The JASZ was finalized in 2007 and organizes the way that donors work together and monitors their progress towards implementing the Paris Declaration. All partners commit to align to national priorities when they sign the JASZ.

Interviewees indicated that difficulties with alignment are more likely to arise with international organizations not involved in the JASZ, doing research in Zambia, as there is no system in place to monitor them. Interviewees highlighted the need for stronger oversight in this arena.

In addition, donors coordinate among themselves to reduce transaction costs for the country. In future, some donors are planning to provide funds through the Ministry of Finance rather than directly to the MoH, thereby shifting from sector support to either sector budget or general budget support (the sector budget and general budget support models include salaries, whereas the sector support model currently in use does not).

5.4. Harmonization

Harmonization is the term used to describe a commitment by donors to rationalise their multiple activities in ways that maximize the collective efficacy of aid under country ownership. This report uses four criteria to assess the degree of donor harmonization in Zambia:

- Do donors have common arrangements?
- Do donors have delegated cooperation?²¹
- Do donors conduct joint missions?
- Do donors share information and analysis?

In the health sector, the JASZ process facilitates high levels of internal harmonization but this not yet applied in the field of health research.

There is a Cooperating Partners Group (CP Group) on health and on HIV. The CP Group meets before every important government meeting—to deliberate issues and reach agreement among themselves before meeting with government and other stakeholders.

²¹ Donors make full use of their respective comparative advantage at sector or country level by delegating, where appropriate, authority to lead donors for the execution of programs, activities and tasks.

5.5. Managing for results

The Paris Declaration asks partner countries and donors to work together to manage resources on the basis of desired results, and to use information to improve decision making. The report uses one criteria to assess this principle:

- Has Zambia established a cost-effective results-oriented reporting and assessment systems?

There is no cost-effective results-oriented reporting and assessment system for health research. However such systems exist for the health sector. The NHSP includes a set of indicators. Bi-annual reviews of the Performance Assessment Framework, include indicators for the whole development plan.

The NHSP forms the basis for an annual action plan that is agreed upon by all stakeholders. Weekly monitoring and evaluation meetings, that include both government and donors, are held every Wednesday. This provides a mechanism for monitoring inputs and outputs based on the Health Management Information System (HMIS) data e.g. on maternal mortality, immunization, etc. Other indicators are measured as part of the Demographic Health Surveys and are linked to the MDGs.

5.6. Mutual accountability

Mutual accountability implies that donors and partner countries are accountable to each other for the use of development resources. This requires Governments to improve their accountability systems and donors to be transparent about their contributions. The report uses one criteria to assess this principle:

- Has Zambia a mechanism permitting joint assessment of progress in implementing agreed-upon commitments on aid?

There is no mutual accountability system specific to health research as it is the case for the health sector. The MoH leads a joint annual review in which the MoH and the different donor agencies go out to the districts together. This provides a good opportunity for locally based agencies to have their headquarters representatives join MoH and donor representatives in the field to monitor progress on agreed upon activities.

6. Conclusion

The Government of Zambia has kept health research on the agenda even in the face of competing priorities. For several years, the NHRAC within the MoH has been working on the strengthening of the National Health Research System. The national research conference that is now being organized provides a useful platform for sharing research and its findings. Developing a dedicated office and full time staff to facilitate effective management of health research could further strengthen the NHRAC.

The capacity within MoH could be strengthened to allow effective execution of its role in coordinating health research; setting priorities, guidelines and policy framework; and linking effectively with the NCST. The current legal framework, provided through the Science and Technology Act, does not effectively link into other Sectoral Acts. This is an area that may require further attention.

A strategic plan for health research, including strategies for managing a health research priority setting process, could facilitate donor alignment to the country's health research needs. Where donors fund research institutions directly, a requirement for alignment to country priorities may be considered.

Increasing the consultations between donors and the health research stakeholders including researchers, communities and policymakers, is another strategy that can be used.

Improving communication regarding available health research funding, i.e. through open calls for proposals to allow all interested parties to participate in an open competitive process, can also be considered.

The Synthesis Report of the AHA Study (available from: www.cohred.org/AHA) provides a further analysis of the opportunities and challenges for alignment and harmonization in health research support, building upon the results of all five country studies collectively.

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Annex 1

List of stakeholders Interviewed

Structure	Name and Position
Government	
Ministry of Health	Godfrey BIEMBA
National Science and Technology Council	Dennis M. WANCHINGA Executive Secretary
National Health Research Advisory Committee (NHRAC)	Mubiana MACWAN'GI Secretary
Research Institutions	
University of Zambia School of Medicine	Yakub F. MULLA Dean
Tropical Diseases Research Center	Emmanuel KAFWEMBE Director
NGOs	
Foundation 50	Sekelan BANDA Founding President
The Zambia Forum for Health Research	Joe KASONDE Director
CHESSORE	T. J. NGULUMBE Director
	Mary TTUBA Acting Director, Social Science Department
Donors	
Canada	Sandy CAMPBELL Project Coordinator, Research Matters
Sweden	Jane MILLER
United Kingdom	Audrey MWENDAPOLE Health, HIV and AIDS Advisor

Annex 2

List of projects financed by donors involved in the AHA study (Not exhaustive)

UNITED KINGDOM (DFID)

Title / Year	Objectives	Primary recipient	Budget	Comments
Multilateral project The Mental Health and Poverty Project: Mental health policy development and implementation in four African countries Ghana, South Africa, Uganda, Zambia 2005 - 2010	To provide new knowledge regarding comprehensive multi-sectoral approaches to breaking the negative cycle of poverty and mental ill-health	Department of Psychiatry and Mental Health, University of Cape Town	Total Cost to DFID: £2,198,552	Collaborating Institutes: University of Zambia; Kintampo Health Research Centre (KHRC); Department of Mental Health and Substance Dependence, World Health Organization; African Regional Office, World Health Organization (AFRO); Nuffield Centre for International Health & Development, University of Leeds (NCIHD); University of KwaZulu-Natal; Human Sciences Research Council, Durban (HSRC); Institute of Psychiatry, King's College London; Faculty of Medicine, Makerere University
Multilateral project Microbicides to Prevent HIV infections - Microbicides Development Programme (MDP) 4 countries: South Africa, Uganda, United Republic of Tanzania, Zambia 2001 - 2009	A research and development programme to discover Microbicides to prevent HIV infections	Medical Research Council Clinical Trials Unit - UK (MRC-CTU)	Total Cost to DFID: £39,800,000	

CANADA (IDRC)

Title / Year	Objectives	Primary recipient	Budget	Comments
HIV/AIDS Country Monitor Studies		Centre for Global Development	CAD \$720,200	
Equity Gauge Zambia: Enhancing Governance, Equity and Health		Centre for Health Science and Social Research (CHESSORE)	CAD \$340,700	
Video-Voice Project (Zambia)		Centre for Health Science and Social Research (CHESSORE)	CAD \$25,000	
Fellowship Program African Health Research Forum— Phases I, II		International Development Research Centre and Kenya Methodist University	CAD \$764,285	

Annex 3

NHRS framework

COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT (COHRED)

FRAMEWORK FOR DEVELOPING A NATIONAL HEALTH RESEARCH SYSTEM

USING HEALTH RESEARCH TO IMPROVE POPULATION HEALTH, HEALTH EQUITY, AND DEVELOPMENT.

► The starting point for strengthening a country's health research system is to have a **clear picture of the current state of health research** – and the areas where development should be targeted.

► Using this view, countries can apply various approaches, tools and methods to start **a strategy of system strengthening.**

Stage of development	Actions needed
Basic requirements - socio-political environment	
0. Political commitment to health research	Advocacy, awareness, data and discussion.
0. Political & socio-economic climate human rights	human rights respect & investment friendly.
Level 1 needs – a research-conducive environment	
COHRED's framework, developed in work with many developing countries.	
1. Credibly set and regularly updated health research priorities	Priority setting and updating
2. Health research policy framework	Developing policies/policy framework for research and health research
3. Research management office/mechanism	Exploring mechanisms and structures appropriate to countries' existing structures and aspirations for research.
Level 2 needs - Research implementation	
4. Human Resources for Health Research	Developing a medium and long-term HR-HR strategy and plan.
5. Stable, predictable research financing	Developing medium-long term health (health) research financing mechanisms, including donor alignment and harmonization.
Level 3 needs – Optimizing the system	
6. Improving health research system components	for example: - Research ethics. - Research communication, including evidence to policy & practice. - Peer review vs committee review. - Merit-based promotion system. - Community demands for research. - Monitoring & evaluation of impact . - Health systems research needs. - Good research contracting . - Technology transfer arrangements. - Intellectual property rights. - Institution building.
Level 4 needs – Integrating the national system internationally	
7. Collaborative arrangements	- bilateral - regional - international - organisations - donors / research sponsors

www.HealthResearchForDevelopment.org

COHRED

COHRED

Council on Health Research for Development

1-5 Route des Morillons

1211 Geneva, Switzerland

Tel + 41 22 591 89 00 - Fax + 41 22 591 89 10

E-mail: cohred@cohred.org

www.cohred.org