

**Report on the Zambian Consultative Process
for the
International Conference on Health Research for
Development**

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Chapter One: Background

1.1 Introduction

An African Consultative Process has been put in place to collect all documented information, to consult widely and gather opinions and views. This will enable Africa to clearly state its case and articulate its position on the way it wishes to go forward. Zambia is one of the 15 African countries selected for the Consultative Process. A four-week Zambian Consultative Process was held in March - April 2000 as part of the preparation for the International Conference on Health Research for Development, to be held in Bangkok, Thailand. This report is a culmination of a series of discussions with some major stakeholders in health research. The process involved data collection through questionnaires and personal interviews. The stakeholders consisted of development partners, NGOs and governmental policy makers. This report has been prepared by the Zambian national team led by the focal point.

1.2 Zambian health reforms

1.2.1 Research in the context of health reforms

In 1993 the Ministry of Health (MOH), in response to the Zambian Government's vision, and indeed the global vision, of Health for All by the Year 2000, introduced health reforms. The objectives of the reforms were:

- to improve government capacity to analyze and implement national policies;
- to manage effectively government public expenditure;
- to make the public service more efficient and responsive to the needs of the country's population.

The health reforms outlined the role of research in helping to address some of the health problems of the country. Ideally, therefore, research is perceived as a tool for addressing the multiple health problems of the country.

There seems to be a consensus that a policy framework for research does not exist in Zambia. Consequently, organizations, particularly those involved in intervention research, operate under their own policy framework for research. One such organization is the Zambia Association for Research in Development (ZARD).

There is a feeling that the lack of a research policy framework in the country undermines the significance that government attaches to research. The view is that research has not made a substantial impact on the government, hence the lack of a clear policy framework. This has resulted, among other things, in fragmentation of national research activities.

At the community level, research does not appear to be appreciated. It is seen as something benefiting the researchers themselves. Unfortunately, research is seen by some researchers as an end in itself rather than a means. This negates the researchers ability to advocate implementation of research findings. Thus, communities are increasingly suffering from research fatigue, as there is often no further interaction beyond data collection. Yet, others see lack of the reading culture among community members as affecting research applicability and dissemination and, hence, the overall importance of research.

At the political level, some people consulted were of the opinion that political commitment to research leaves much to be desired. This is largely due to a lack of the conviction that research can be beneficial, in the short and long term. Consequently, research should be demystified so that our politicians realize that research is there to help them. The conclusions indicate that, particularly, in the short term of their tenure of office. Yet another dimension may suggest that political will is present, otherwise how does one explain the motive behind using scarce national resources to sustain research institutions, including the University of Zambia. However, this view was not widely held.

1.2.2 The National Health Research Agenda

Although a research unit at the MOH has been in existence for a very long time, the Ministry did not actively incorporate research into its programmes. Furthermore, until fairly recently, health research has been uncoordinated in the MOH. However, the situation is changing. The Zambian National Health Research Agenda has been developed by Central Board of Health (CBoH). This followed a Workshop on national health research, held in October 1998 to identify past and current trends in health research in Zambia. A number of stakeholders participated. The areas of concern for maximizing the role of health research for development were identified as follows:

- studies on the link among/between policy development for health research findings and programme implementation;
- identification of the best ways to disseminate research findings;
- identification of current national health research priorities;
- identification of the optimum use of available resources.

The Zambian research agenda supports the health sector reform. The agenda accords high priority to research activities at the district level by district staff of the MOH and local NGOs/CBOs.

The recommendations arising from the National Health Research Agenda Workshop were as follows:

- A national health research policy should be formulated to provide a framework for research in Zambia;
- A National Health Research Council should be formed to promote, co-ordinate, regulate and generally manage health related research in Zambia;
- A national health research symposium should be held annually to disseminate research results and review progress in health research agenda;
- All future health research should focus on identified national health research priorities;
- A mechanism should be established to facilitate dissemination and application of research findings;
- A mechanism to strengthen health research capacity at all levels should be put in place; and
- A mechanism should be established for the dissemination and ongoing review and update of the National Health Research Agenda.

The seven national health research priority areas are:

- i) malaria
- ii) child health;
- iii) nutrition;
- iv) diarrhoeal diseases;
- v) reproductive health;
- vi) STD/HIV/AIDS/TB/leprosy;
- vii) water and sanitation.

Although the process of setting the National Health Research Agenda was consultative, a number of people consulted during these discussions were unaware of the Agenda. This points to the need for widely circulating any documented information about the Agenda. The consultations should be flexible and remain open for contributions.

Chapter Two: The Zambian Consultative Process

2.1 The National Survey forms and interviews

Consultations about Zambia's participation in the Africa Consultative Process were initiated in December 1999. This was between COHRED and the Lead Consultant on the one hand, and the Zambia National Focal point on the other. Details of the consultative process, together with the data collection instruments, were received from Geneva in February 2000. The contract for the grant allocation in support of the consultative process was also signed in February. After these administrative and contractual procedures, the data collection exercise was ready to begin, pending the receipt of the grant, which was received by the middle of March. The Institute of Economic and Social Research (INESOR) managed the grant on behalf of the team. The consultative process was led by the National Focal Point (NFP).

Data collection was facilitated by the instruments sent from Geneva. There are of two types: National Survey and Institutional Profile forms. The National Survey was conducted by people from the CBoH; Applied Research in Child health (ARCH); Directorate of Research and Graduate Studies (DRGS) of the University of Zambia (UNZA); Care International and Churches Medical Association of Zambia (CMAZ). In-depth interviews were held at the Institute of Economic and Social Research (INESOR- formerly Institute of African Studies) in the University of Zambia, National Institute of Scientific and Industrial Research (NISIR- formerly National Council for Scientific Research), Tropical Diseases Research Centre (TDRC), Care International, Churches Medical Association of Zambia (CMAZ). Representatives of NGOs/CBOs, Development Agencies (USAID, UNICEF, WHO) took part in the interviews, which placed great weight on some of the questions contained in the two forms, but also revolved around the issues of how Zambia should strengthen her national research base as a means to promoting national development. This entailed assessing current trends and the future of health research in Zambia. The consultative process was held in March - April 2000. The findings of the consultative process were presented to a National Consensus Building Meeting, held at Pamodzi Hotel on 18 April 2000.

2.2 Consensus Building Meeting

2.2.1 Introduction

The purpose of the Consensus Building Meeting was to discuss the findings of the national team members who had conducted interviews with individuals and institutions involved in health research. Based on the findings and the discussions, the meeting made recommendations on how certain findings could be implemented. The meeting was attended by 18 representatives of different institutions in Lusaka. It was chaired by Professor Chifumbe Chintu of the University Teaching Hospital. It was also attended by a Member of Parliament. (Annex 1 contains a list of participants).

2.2.2 Summary of the major contributions

Research has not made much impact on the development of communities. Most research was being written outside Zambia. Research done in the country did not benefit the communities, because data was often taken out of the country, where it was analyzed and reports written up and published. Research was not well integrated in medical/nursing schools, with the result that students lacked research skills.

Researchers did not fully appreciate the importance of disseminating research findings. Consequently, they had no voice in the country. Research will only be recognized if the researchers themselves define a workable research agenda. They must stand up and be recognized by the Government.

Traditional healers in Zambia have tried to mobilize themselves for research, despite many obstacles. Traditional healers are a major resource in the country and are estimated to number about 40,000. Western medicine has become increasingly expensive and the country needs to pool its resources and invest in abundant and cheap, traditional medicine. It was pointed out that research into traditional medicine was needed to quantify and verify the potency of herbal remedies. Lack of cooperation between traditional healers and western-trained medical practitioners resulted from the myths surrounding traditional medicine. This was seen to be a major hindrance that needed to be addressed. In most cases, traditional healers are secretive and do not want to share. Hence, there is a need for them to open up in order that facts about traditional medicine may be understood. The need for a policy on traditional medicine was noted.

The communities and CBOs regularly host researchers but never receive feedback. They wonder what happens to all this research. The communities have become reluctant to participate, since they cannot see the relevance of research. The intended beneficiaries of research (the community) should be involved at all its stages. Funding was not equitably distributed because most of it went to academic institutions.

The CBOH has a National Health Research Advisory Committee (NHRAC) that comprises members from various research institutions in Zambia. The Committee has been working with other stakeholders in setting health research priorities contained in the document on National Health Research Agenda.

Chapter Three: Presentation and discussions

3.1 National capacities for health research

3.1.1 National institutions

Successful research requires the availability of a critical mass of nationals trained in various disciplines, and working in appropriate national institutions. There is evidence to show that matters pertaining to research capacities are being aggressively addressed in the country. The MOH has embarked on a rigorous programme to train district staff in health systems research. Discussions with representatives of the various organizations point to the fact that Zambia has a quite adequate pool of human resources, capable of conducting different kinds of expertise, with specialties that have not been fully tapped and utilized.

Evidence from the institutions that participated in the consultative process would suggest that national human capacity for research exists, but that it may not be adequate. The breakdown of the major research institutions in the country is as follows:

3.1.2 Non-Governmental Organizations

Almost all NGOs include an operational research component in all their programmes or projects. The operational research studies are used to answer key research questions relating to the management of programmes to improve service delivery to target populations. Thus, operational research helps to design strategies for greater access by target populations. The dissemination of information contained in these studies is usually in the form of written reports on the research studies and has been hard to assess, largely because of limited dissemination. Although Zambia has arguably a reasonable pool of human capacity for research, it still relies on external researchers and consultants, who come in as part of technical assistance from donor or sponsors of health related projects. External researchers and consultants should come as research partners to supplement local efforts. Research projects funded by donors should also incorporate capacity building in order to equip national staff with essential skills in health research. Enhancing local research capacity has the advantage of contextualising research and thus rendering it more responsive to local needs.

3.1.3 Brain drain

Local research institutions have the potential for research but their capacity has recently been eroded as a result of the brain drain. All stakeholders in health research acknowledge that there is a serious brain drain involving health professionals in the country. This has affected the pursuit of health research for development in Zambia. The causes of the brain drain are considered to be poor economic conditions, leading to poor salaries and facilities in research establishments in the country. There is, therefore, a need to put a stop to this phenomenon. The government should actively seek ways of halting it.

3.2 Priorities in health research

Research activities must be promoted and supported by the MOH through the prioritization of the National Health Research Agenda. This must be accompanied by the recruitment and training of national professional staff to coordinate research at the national level and to involve all stakeholders. Furthermore, priority setting must be seen as a continuous process involving all interested parties in health research. The general view is that the country's priorities must drive the health research agenda, rather than pursuing an agenda which is donor driven.

3.3 Equity in health

Equity in health research, as enshrined in the reform of the health sector, is known to be a major principle in health reforms. There is a general awareness of this principle. However, it is not always apparent in the research priority-setting process for several reasons. For example, community participation is low, because a piece of research is sometimes seen as a way for the researchers to improve their Curriculum Vitae (CV) or their financial status. Equity should be fundamental in research considerations so as to ensure that the underprivileged benefit from health research.

3.4 Networking

Networking in selected health research takes place in certain specific programmes, for example the new movement in malaria called The Roll Back Malaria (RBM), in the HIV/AIDS Programmes etc. However, there is a need to develop an infrastructure that will sustain these linkages through active inter-agency committees.

3.5 Funding for health research

Funding for research comes almost exclusively from outside the country. This has implications for the identification and setting of priorities for health research. The level of funding directed towards health research varies from one organization to another. In general the funding can be ranked from poor to average, suggesting a need for improvement.

The process of allocating funds for health research provides only limited incentives for researchers to direct their work towards national health priorities. The general view advocated by the funding agencies was place the emphasis on strengthening systems or national programmes rather than small individual pilot projects. The international agencies provide financial, institutional and human capacity building and other forms of support for national health research in Zambia.

Research findings are disseminated in various ways within the country. These include workshops, reports and, to a limited extent, publications in scientific journals. Dissemination is recognized as an important component of research, but most research ends up as a report on the shelf. This has resulted in uncoordinated research activities, because individuals and institutions are not fully aware of what has and what has not been done. This is closely linked to the lack of implementation of research findings. The lack of communication between the research community on the one hand, and the users (policy makers, communities) on the other, is seen as the major impediment to the use of research findings.

3.6 Dissemination

Dissemination activities must be included in every research budget and should cover the cost of the written report, dissemination workshops and publication. Sharing research findings at international conferences should also be encouraged. Submitting articles/abstracts to POPLINE database (with information on reproductive health, child health, population policy etc) should be encouraged, so that findings are disseminated to a wider audience. Limited access to information is also a constraint on dissemination. For example, many government-funded research institutions do not have the requisite equipment and communication software for E-mail and Internet services. Hence, they do not have access to reliable E-mail facilities and other Internet services.

The sharing and exchange of scientific information should be an important goal in research circles. At present, dissemination of research findings by researchers is considered inadequate. The availability of research literature is also limited to a few libraries and research institutions. Furthermore, local journals are very limited and their publication is

erratic. Libraries are not well stocked with up-to-date literature. This limits the scientists' capacity to publish their research work.

Chapter Four: Conclusions and recommendations

The absence of a clear and well-articulated research policy is seen to hinder research activities in Zambia. A national policy framework must be formulated to guide research in the country. At the same time, there should be strong support for the establishment of a national health coordinating mechanism or system. In addition, there is a need for networking and a forum for discussion by all research stakeholders. This will serve as a clearing house, not only for research areas, but also for resource rationalization. It is recognized that most funding is external and that the scarce funds need to be channeled to, and focused on, priority areas. The driving engine for research is the country's priorities. National stakeholders must be in the forefront in developing a national health agenda for Zambia. For example, the CBOH, research institutions, universities, NGOs and the communities at large need to take the lead in setting a national health agenda. Linkages in research will contribute significantly to effective implementation and use of research results. An infrastructure that sustains these linkages through inter-agency committees is feasible and should be explored in order to effectively promote the national health research agenda for Zambia.

There is a need for leadership in health research, probably through one or more of the existing institutions. The CBOH should establish a special forum dedicated to health research, where donors (partners), researchers, policy makers and selected community members (users) meet to address pertinent research issues. The forum should provide donors an opportunity to buy into their areas of interest or to buy where they have a comparative advantage: This would facilitate the process of linking the researcher, the end user and the policy maker. The forum would also simplify the process of demystifying research, which is a common feature in Zambia.

Funding is the most crucial thing in research and needs to be addressed squarely. Major sources of funding (the donor) should seek to build systems that address national issues of health research for development and switch emphasis away from the pilot programme approach.

An efficient information system is required. Sources of health information, particularly libraries, must be supported in their provision of research materials.

4.1 Summary of the major findings of the consultative process

4.1.1 Policy framework

It is generally agreed that there is no policy framework for research in the country. However, a plan to draw up such a policy has already been mooted by CBOH. A consultant would be hired with support from the Zambia Integrated Health Programme (ZIHP). The terms of reference have already been drafted and include the following:

- Gathering and reviewing documents and other materials relevant to policy development. The policy document of the Ministry of Science and Technology will serve as a good working document for the consultant; and
- Organizing a consultative meeting with a number of stakeholders.

The other issue that always came up quite strongly is dissemination. It was suggested that dissemination should go beyond the traditional workshops intended for donors and collaborating institutions. It should involve taking research findings closer to the community in order to maximize the benefits of research outcomes. Thus, there is a need to formulate strategies for disseminating research findings to a number of stakeholders, including the communities.

There should be a mechanism for coordinating all health research in the country. The capacity of the Ethics Review Committees should also be strengthened so that research proposals can be adequately assessed for technical soundness and whether or not they violate the privacy of the subjects of the study.

4.1.2 National coordinating body

As regards organizing research in Zambia to increase cooperation among different institutions, the consensus is that there should be a national body to coordinate dissemination efforts and that the dissemination must be made public. There should be multiple dissemination channels in order to reach a wider audience. They would include electronic media, such as E-mail and other Internet services, written reports and other documents made available via major libraries and other outlets, meetings with participants/ beneficiaries, etc.

Research institutions should collaborate more with each other to avoid a disproportionately high concentration of similar studies in just one area or district. For example, it was observed that most of the behavioral studies in malaria had been concentrated in Lundazi, to the almost total exclusion of similar studies in Western and North-Western provinces. Dissemination should be viewed from a much broader perspective. It should be seen as a process of sharing information with beneficiaries or target populations at all stages of the research process, and not just at the end of the research or study. In this way communities will begin to appreciate the value of dissemination as an integral part of the research process.

There is need to increase awareness of the importance of dissemination as a part of the research process, and of the necessity to create a database on research that has been conducted by various institutions in the country. In cases where a database exists, it must be updated regularly so that it reflects current research.

Research institutions should be encouraged to produce annual research reports that can be distributed widely to each other, and to major public libraries and other outlets. This is one way, in which the general public can be made aware of research undertaken by different institutions. There should also be a system for documenting research that has been done in the country.

4.1.3 North/South dichotomy

There is a consensus that most of the research being done in developing countries is initiated by northern institutions, which have disproportionately greater access to the resources required for research. Northern institutions are always the coordinating institutions. Thus, most of the research done in the south is commissioned.

Donors should be made aware of the fact that southern researchers are just as capable of doing quality research locally. Southern researchers are, therefore, encouraged to initiate research that reflects national health priorities. Thus, there is a need to discuss how researchers in the South can push for more "home-grown" research so that they can address local health needs more effectively and efficiently.

4.1.4 African scientists

African scientists need to focus on national health priorities and engage in more of their own research. The group argued that if African scientists can demonstrate their competence in conducting quality research by doing one good piece of work, they should be able to attract donor funding directly rather than access donor funds through third parties, usually the coordinating institutions from the North. The current situation is that researchers from the North come with their own money and, to a great extent, dictate what research is done on the continent.

Research institutions should be encouraged to generate their own resources for research rather than depend entirely on government grants or donor funding.

The Government should also demonstrate its commitment by allocating resources, however meager, to research in the country. Such political will would enable research institutions to use leverage in extracting funds from donors and UN agencies.

It was noted that there is usually no money for local researchers, who are encouraged to work with researchers from the North in order to do research in the country. There is a need to advocate more locally inspired research in the country, and less effort should be channeled into commissioned research.

4.1.5 Commitment

There should be commitment at both the institutional and government levels to ensure that adequate resources are mobilized for research in the country. At government level, there are so many pressing needs competing for the same scarce resources. As a result, research has a very insignificant slice of the national cake. This means that financial and material resources allocated to research are not enough and may not be enough for a long time to come. In that light, research institutions are, once again, encouraged to generate their own resources for research. They can emulate their counterparts from the North, who generate their own resources by running businesses and by providing consultancy services. It was observed that demand for consultancy services in Zambia was high and research institutions can take advantage of the situation by providing consultancy services to donor agencies, NGOs and other institutions.

It was noted that human capacity for research was adequate but that it was important to coordinate it.

By generating adequate resources for research, institutions will be able to use the human capacity for research to the full. Once the scientists get job satisfaction, they will be less likely to seek employment outside the country. Thus, with adequate resources, research institutions will be able to retain human capacity and reduce the brain drain.

Research institutions should pay particular attention to the quality of research they carry out. Through high quality research they will be more likely to have direct leverage on donor funding rather than through third parties.

4.1.6 New mechanisms

There should be mechanisms for rewarding and retaining outstanding scientists and/or researchers in the research institutions. Human capacity is not fully utilized due to a lack of facilities to support research. For example, there are research institutions in the country without hardware and software for access to E-mail and other Internet services. This less than optimal use of human capital often leads outstanding scientists and/or researchers to seek employment outside the country: in other words, the brain drain. Outstanding scientists and/or researchers must be recognized and rewarded in order to retain them. This recognition need not be monetary; it may take the form of certification or other awards.

4.1.7 Cooperation

Cooperation in cross-border health research in the SADC region is minimal. It was noted that most research was done in collaboration with institutions from the North. In other words, southern researchers will, for the most part, look to the North for funding, a trend that weakens regional co-operation. Availability of computer hardware and software is limited in many research institutions. This makes it difficult for intra-regional cooperation to become a reality, since electronic fora via E-mail and other Internet services are not possible. Researchers should be cautious and consider reinforcing the local base before they talk about regional cooperation. A database of donors should be created so that scientists and/or researchers know to which institutions or donor agencies to submit their funding proposals. Research institutions should take action rather than wait for a grant from the government or external sources. They should be encouraged to do quality research locally and then market it to member countries in the region.

4.1.8 Organizing priority research

The research effort in Zambia is not optimally organized to address the priority areas affecting the nation, e.g. HIV/AIDS. The process of organizing research has just begun. For example, there is a database on HIV/AIDS research that was developed by UNICEF, but it needs to be updated regularly to reflect current research under way in the country. Access to such information is usually inadequate: hence, the need for effective dissemination strategies to avoid duplication of research efforts. Different dissemination channels should be used to reach a wider audience. Electronic media, written reports, meetings with communities and other stakeholders should all be utilized to disseminate information. There is also a need to develop an index for all the research that has been done in the country. The index should be made available to districts and other areas that do not have access to E-mail and other Internet services. The system for distributing information in the form of written reports and other documents should be monitored to ensure that the information reaches the intended end-users/recipients.

4.1.9 Ethical practices

Protection of individuals (and society at large) from unethical research practices should be studied with the seriousness it deserves. Research and Ethics committees do not seem to be working. There are weaknesses in the system. Strengthening of the Research and Ethics committees is probably the most important way to protect individuals and society from unethical research. The problem has been the lack of monitoring to ensure that they are working effectively and efficiently.

Lack of a national research body makes it difficult to ensure that all research is ethical. This is compounded by the lack of awareness among communities that every research proposal must go through the Ethics Review Committee before it can be undertaken. There should be a national body to coordinate all research and ensure that each proposal is assessed for technical soundness and conformity with the conditions set by the Ethics Review Committee.

4.1.10 International mechanism

At the international level, there is a need for a body that is mandated to focus on national health research priorities and to liaise with donors and exercise leverage on cooperating partners. Local links within countries should be strengthened and local institutions should collaborate more and share information through stronger international links. Home-grown research should be nurtured so that research can begin to address national health research priorities. There should also be regional bodies to supervise country level activities to ensure that no country in the region lags behind in its research endeavours.

4.2 Recommendations:

4.2.1 New mechanisms

- A national health policy framework for research needs to be formulated and widely distributed;
- A National Health Research Council, with a mandate that includes research coordination and dissemination of findings, should be set up. The National Health Advisory Committee at CBOH could assume the functions of this council. The Health Research Advisory Committee could be strengthened and its membership reinforced.

4.2.2 Further priorities

- Mental health and gender roles were not reflected in the priority areas;
- Research does not appear to be a priority for the Government, at the expense of poverty reduction;
- Researchers have not played a leading role in advocating an improved research environment in the country.

4.2.3 North/South dichotomy

To reverse the North/South dichotomy the proposed Health Research Council would need to be proactive in identifying research needs and requesting assistance from the North. Researchers from the North have not often paired off on an equal footing with local (Zambian) counterparts. The Zambian researchers must publish their research findings for them to gain recognition. They must make themselves known by publishing and disseminating their findings widely, both locally and internationally.

4.2.4 Cooperation

A necessary condition for ensuing sustainability is to convince cooperating partners that the questions we are asking are important. There should also be cooperation within the region. The Government should be committed and ensure equitable conditions of service for research. Equal pay for equal work when local researchers are engaged in research with outsiders would certainly motivate them.

Cooperation should be encouraged to enable scientists to meet regularly with the support of Government. Opportunities are there, but researchers need to arouse the interest of Government in participating. Institutions of learning should also take part. Exchanges of scientists should also be encouraged.

4.2.5 National priority areas

Zambia is doing fairly well in addressing HIV/AIDS. But not enough research has been undertaken on how best to reduce poverty. Mental health and gender issues need to be added to the priority list.

4.2.6 Ethical practices

Ethics workshops need to be organized in the region: Participation should include community representatives and an ethics committee should be set up.

References

CBOH (1999) Zambia National Health Research Agenda: National Health Research Priorities and Recommendations for Action: Lusaka: Central Board of Health.

Three examples of research projects conducted in the country:

1. STD/HIV Surveillance Studies
2. A study of factors associated with maternal mortality in Zambia, 1998 by CBoH, UNFPA
3. Demographic Health Surveys by CSO

Constraints to Health Research Development

1. Government's low support for research
Lack of a clear policy;
Lack of priority.
2. Funding
Economic hardships;
Poor funding to critical national research institutions.
3. Manpower
Low levels of training in research;
Brain drain;
Both factors have affected planning and management of research in the country.
4. Co-ordination of national research activities
Research has not been properly coordinated, resulting in duplication by various institutions.
5. Dissemination of research findings
Most research is not widely disseminated;
Most research findings are not fed back to the communities;
Submission of studies to international journals for publication has not been consistent .
6. Infrastructure for research
Poor state of laboratory and other equipment at national research institutions has affected the development of research.