

Report to International Development Research Centre

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Abstract: This report reviews ZAMFOHR's activities from January-June 2009. Furthermore, it describes the project specific objectives and actions taken.

Keywords: Activities, Presentations, Visitors, Visits, Specific objectives, Research groups.

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Background on the Zambia Forum for Health Research

The Zambia Forum for Health Research (ZAMFOHR) is a non-profit, non-governmental organization dedicated to fostering the development of scientifically and ethically-sound health research and the harvesting of research results for application in policy formulation, programme implementation and clinical practice. The Forum aspires to serve the government (e.g. the Ministry of Health) and other stakeholders in the health sector by synthesizing current research and presenting it in a form that facilitates evidence-based decision making; it aims to serve the research community by improving access to scientific literature and to ongoing work by colleagues; and it endeavours to contribute to building capacity for both – to produce, manage, translate and use research. It also hopes to be able to assist in priority setting and harmonizing research in the country.

The vision of ZAMFOHR is: *an environment in which health research evidence forms the basis for policy and practice, leading to improved health.* Its mission is: *to contribute to the improvement of the health status of the Zambian population through coordinated and responsive health research and evidence.* It seeks to position itself as the leading agent for promoting research-to-action in Zambia through knowledge translation, guided by the basic principles of equity and ethical practice in healthcare and health research.

ZAMFOHR's Objectives

The objectives of ZAMFOHR are to:

1. Harvest, filter, synthesize research and evidence
2. Translate knowledge and promote its use by stakeholders
3. Disseminate and communicate research through a two-way dialogue
4. · Facilitate linkages and networking among researchers and users locally, regionally and globally
5. · Build capacity in KT and serve as a resource centre providing information and access to information

Project Objectives

The overall objective, or purpose, of the research support is to provide core support for the first phase of development of the Zambia Forum for Health Research (ZAMFOHR), including the cost of setting up the secretariat and initiating key functions over a period

of 2 years. The specific objectives, and action taken, are summarized elsewhere in this report.

Activities January-June 2009

Visitors

On 21st January 2009, a visit by Professor Lynda Law Wilson (Assistant Dean for International Programs at the University of Alabama, USA.) was made to ZAMFOHR to discuss the possibilities of installing the e-Granary software at the ZAMFOHR Office as well as the ZAMFOHR Mongu Information Centre.

The e-Granary Digital Library provides millions of digital educational resources to institutions lacking adequate Internet access. Through a process of garnering permissions, copying Web sites, and delivering them to intranet Web servers INSIDE partner institutions in developing countries.

Many developing countries have universities, schools, clinics and hospitals with no Internet connection. Those that are connected to the Internet have such limited bandwidth that they cannot offer free web browsing to the majority of their staff and students. Bandwidth in Africa can cost up to 100 times what it costs in the US, so for some organizations, a slim Internet connection can consume the equivalent of 50 per cent of their operating budget. Even for those who can pay for web browsing, the experience can be frustratingly slow; it can take hours to download a single audio file.

The e-Granary Digital Library addresses these issues by moving a large assortment of educational Internet documents onto the subscriber's local area network (LAN) so that the documents can be made available to everyone within the institution freely and instantly. It stores "the seeds of knowledge" inside the institution where they can be accessed even when there is no Internet connection.

The ZAMFOHR Resource Centre is in its early stages of operation. Patrons from different Organizations come to use the Resource Centre at their time of convenience. Thus, ZAMFOHR saw it appropriate to purchase an e-Granary package for the ZAMFOHR Resource Centre. A desktop computer was also bought for the Resource Centre. It is on this computer that the e-Granary package is installed.

ZAMFOHR Resource Centre proposal has also been developed and it is in its final stages of submission to donors.

We also had two visitors from IDRC/SDC Research Matters Nairobi Office and these were;

Ms Nasreen Jessani visited our offices from 16th March to 20th March 2009. During her visit, she discussed and signed with CHESSORE and ZAMFOHR the approved six (6) months extension of the grant from January 2009 to June 2009. In addition, she also discussed anticipated activities and outputs and the way forward for ZAMFOHR.

Mr. Joseph Mambo visited us from 16th May to 20th May 2009. During his visit, he discussed with us the administrative aspect of the project with IDRC/SDC Research Matters (relating to the administrative part of the funds).

Ms. Claudia Nieto and Mr. David Abreu from the Council in Health Research for Development (COHRED), Geneva, made a presentation at ZAMFOHR on the 16th of March regarding the newly developed Health Research Web. This interactive website will allow scientists to access research in countries and will provide for individual outputs. The possibilities of having the Zambian page on the HRweb updated by ZAMFOHR were also discussed. It was thus agreed that ZAMFOHR will be the one to update the Zambian page on the Health Research Web.

Professor Gail Tomblin visited from Canada and assisted in developing a Research-to-Action (RAG) project in Human Resources for Health.

The Canadian Coalition for Global Health Research (CCGHR) continued to offer technical guidance and support to the work of ZAMFOHR. To this end a number of CCGHR members participated in various activities: Professor Vic Neufeld (21-30 March) on programme development; Mr. Sandy Campbell (19-29 April) on development of the national health research system; Professor Ken Bassett (30 May- 7 June) on Knowledge Translation and Dr. Sheila Harms on mental health.

Visits by Executive Director

EVIPNet, Paris 30th March-2nd April

Dr. J M Kasonde participated in a meeting convened by EVIPNet to finalize work on Policy Briefs. Six Countries attended. Burkina Faso, Cameroon, Ethiopia, Mali, Mozambique and Zambia. Each Country produced a Policy Brief on the use of Artemisinin Combination Therapy (ACT) in the treatment of malaria.

AHPSR, Geneva, 2-4 April.

Dr. J.M. Kasonde visited the AHSPSR department at the WHO from 2-4 April to plan for the evaluation of the Alliance supported project. The trip was funded by the GAVI secretariat who had invited him to attend a meeting on 6-7 April. However, the additional costs were paid by ZAMFOHR. It was decided that ZAMFOHR would participate in an Evaluation Meeting to be organized by EVIPNet and the SURE Project.

GAVI, Geneva, 6-8 April

Dr. Kasonde was invited to a meeting of the Global Alliance for Vaccines and Immunization, Task Team on strengthening Health Systems. One of the items discussed was the creation of the “knowledge Bank” on vaccines and immunization. This application of database is of interest to ZAMFOHR as the manager of the Zambian database for health research.

WHO/TDR, Abuja, 4-8 May

Dr. Kasonde presented the KT work of ZAMFOHR at a meeting of the Tropical Diseases Programme of WHO, held in Abuja, Nigeria, to discuss strengthening of health systems.

Presentations

Kasonde J M. Promoting Evidence-Based Decision Making: Lessons from developing a Knowledge Translation Platform in the Health Sector. Presented at the Education Sector Research Symposium, Mulungushi Conference Centre, Lusaka 19-20 February, 2009.

Kasonde J M. Promoting Evidence-Based Decision Making in Health Systems: Establishing a Knowledge Translation Platform. Presented at the WHO/TDR/TRG Conference on Implementation Research, Abuja, Nigeria, 4 – 8 May 2009.

Board Meetings

Three board meetings were convened during the 2 year grant period. The first one was held on 18th January 2008. The following were the outcomes of this meeting: establishment of the office, Selection of the Knowledge Manager and Office Manager and resource mobilization initiatives.

The second board meet took place on the 25th July 2008 and the following were the outcomes: Resource Mobilization Activities, Financial Report for the periods January-March and April to June 2008, Collaboration with CCGR, Proposal to host REPRONET and Planned activities August- December 2008.

On 5th December 2008, a third board meeting was held. Among other things that were discussed were: Brochure, Reminders for meetings and Absent Board Members.

Note: we have attached full minutes of each board meeting for your reference.

**Inaugural ZAMFOHR Fellowship Program Workshop
“An Introduction to Knowledge Translation”
June 3-4, 2009, Ibis Gardens, Zambia
Summary Report**

Background

In 2005, The Zambia Forum for Health Research (ZAMFOHR) was created to address the gap between research, policy and practice. ZAMFOHR promotes knowledge management and translation to move evidence into action. In 2007, ZAMFORH became the central Zambian partner for the Canadian Coalition for Global Health Research (CCGHR).

An Alliance for Health Policy and Systems Research grant is supporting ZAMFOHR to develop a ZAMFOHR Fellowship Programme (ZFP). This 3 year program provides educational and training opportunities for Zambian researchers and research users in the area of knowledge access, production, synthesis, utilization and adaptation. More broadly, the goal of the ZFP is to produce “ZAMFOHR Associates” who would lead health research in Zambia.

The inaugural ZFP event was held at Ibis Gardens Chibombo, Zambia on June 3rd and 4th 2009, led by Drs. Joseph Kasonde (ZAMFOHR/CCGHR), Margaret Maimbolwa (ZAMFOHR/ CCGHR) Ken Bassett (University of British Columbia/ CCGHR) and Sheila Harms (McMaster University/ CCGHR). The workshop introduced Knowledge Translation (KT) and Knowledge Management (KM) concepts and tools as well as planned further meetings and training activities. This report summarizes workshop findings and outlines the path ahead.

Workshop Objectives:

- 1) To provide an overview of the ZFP
- 2) To identify individual and group learning needs
- 3) To introduce core KT principles using a mental health case example
- 4) To introduce KT tools for knowledge access and synthesis.
- 5) To provide an overview of systematic reviews how to find them and assess their validity.

Summary of Events

An overview of the 3 year ZFP was provided emphasizing the goal of developing KT expertise within the Zambian research and policy communities. The session asked each ZFP to identify their current roles in health care research, administration and practice, as well as to give examples of their policy development experience.

Dr. Basset provided an overview of KT. Several KT definitions and concepts were introduced using examples from clinical medicine and public health. ,

Dr Harms introduced a mental health case example developed from Zambian data (see appendix 1). The example was explored in terms of its policy implications in small group discussions. Participants were challenged to participate in a modified context mapping exercise (see appendix 2) to identify the broader elements of the problem in order to better understand the KT process.

Mr. Malikana, the senior policy analyst for the Ministry of Health, provided a guest presentation on the policy development process in Zambia (see attached PowerPoint presentation). He outlined the long, complex process required to develop and pass legislation or regulations. The ZFP participants seized the opportunity to confront him about the Zambian government's recently passed Mental Health Policy. The ZFP participants pointed out the deficiencies in the Mental Health Policy and challenged Mr Malikana to explain why the policy was both inadequate and why it did not reflect the input of mental health experts in Zambia. Although the issues raised in relation to Mental Health Policy were in no way resolved, the extended and heated dialogue provided an almost ideal opportunity to understand general KT issues. The group began to see the potential KT role and the challenges of bringing evidence to policy, as well as the extensive set of skills needed to act as a knowledge broker.

After a summary of day one, the second day began by taking advantage of the learning opportunity offered through the Mental Health Policy example. Despite differing research and policy opinions, what emerged was a real life mental health KT challenge in Zambia which was marked by an enormous gap between knowledge production and the actual policy process.

Day two was further modified to introduce a second Zambian, research to policy example that became apparent to the organizers after the Mental Health Policy debate. Dr. Msidi was asked to share her protracted and challenging experience in changing existing legislation for scope of practice for nurses. This process highlighted the effort needed over four years to change policy, and reinforced concepts such as context mapping and advocacy, and roles as knowledge brokers that go far beyond simply providing evidence, regardless of its scientific merit. This example had an additional unexpected effect of unifying the ZFP group around the collective need to extensively study the health policy development process.

Following this, Dr. Basset provided an overview of systematic review. This was followed by a small group exercise where participants critically appraised an article relevant to the mental health case example using a guide sheet. The workshop ended with more

information about the ZFP by Dr. Kasonde as well as decisions about next steps. At the close of the workshop, it was decided that Eddie Mbewe would be the chairperson for the ZFP group with Alice Hazemba acting as secretary.

Research –to-Action Groups

Research-to-Action Groups (RAGs) were created in 2008 as part of ZAMFOHR's efforts to promote the use of research evidence in policy-making. The conceptual basis is that research is more likely to be used by policymakers and programme managers when they have been involved in the design of research projects. To this end, RAGs are composed of researchers and programme managers who collaborate in the design and implementation of research addressing mutually agreed health issues.

Two RAGs were active in 2009. The first continued to work on understanding the crisis of Human Resources for Health in Zambia. Their proposal received funding support from the Canadian Health Research Initiative for Africa. The work will continue over the next two years. The second RAG addresses policy issues on mental health in Zambia. The group started with preparing a proposal for capacity building for research in the subject area which will be submitted to interested funders in the coming months. Two other areas of possible focus for the future have been identified as reproductive health and health policy and systems. Progress in these areas is awaited.

Summary of the project specific objectives and actions taken.

The specific objectives of the project are as follows:

- 1.1 Establish the secretariat, including procuring office space; purchasing furniture(desks, chairs, tables); purchasing technical inputs(computers, phones, LCD projector, fax machine, photocopier, DVD player, TV set, VHS, inverter, video camera); and arranging for the necessary provision of services(security, electricity, water, communication, internet). *(only the DVD player, TV set, VHS, inverter and video camera were not purchased due to inadequacy of funds)*
- 1.2 Pay the salaries of the Director, the Knowledge Manager and the Office Manager. *(Done)*
- 1.3 Prepare as needed public relations tools (graphic design, printing, booklet production). *(Done)*
- 1.4 Undertake as needed domestic trips to gather information about and build rapport among researchers and research institutions. *(Done)*
- 1.5 Convene three Board Meetings over 18 months. *(Done)*
- 1.6 Continue mobilizing for further resources, including continued liaison with the Ministry of health, bilateral agencies (e.g. DFID, CDA and Sida) and multilaterals (e.g. WHO). *(Done)*
- 1.7 Develop a work plan for the operationalization of ZAMFOHR over its first 18

- months, as outlined in ZAMFOHR's Strategic plan. *(Done)*
- 1.8 Establish a functioning Resource Centre to contribute towards the capacity of local researchers. *(Done)*
 - 1.9 Prepare separate project proposals. *(Done)*
 - 1.10 Offer training courses in research proposal preparation, literature review, scientific writing, and other skills needed for effective knowledge translation. *(Done)*
 - 1.11 Host conferences, seminars and workshops as necessary. *(Done)*
 - 1.12 Keep and manage all financial records. *(Done)*
 - 1.13 Conduct a full Outcome Mapping exercise to design an evaluation framework. *(Was changed to a Monitoring and Evaluation meeting of EVIPNet held in Kampala on 26th August – 2nd September 2009). This was the decision of the Alliance for Health Policy and Systems Research who supported the Knowledge Translation Platform. Outcome mapping be done later as necessary.*

Conclusion

As stated in the original project agreement, the first application to IDRC/SDC Research Matters was aimed at setting up the secretariat of ZAMFOHR and initiating its key functions. In this regard, it can safely be reported that the grant awarded has been more than successful. Only the evaluation through outcome mapping remains to be done. This is because evaluation of KT platform was preferred by the AHPSR.

The planned secretariat is now well established, with the staff complement being completed and one additional project staff member employed to coordinate activities in reproductive health research. The material requirements of the organization in terms of accommodation and equipment have largely been met although lack of transport stands out as a major constraint requiring attention.

The key functions of knowledge translation (KT) have been initiated with workshops on the skills required for this activity. In this connection the Canadian Coalition for Global Health Research (CCGHR) has been invaluable as a resource for technical support. The creation of the database for research and researchers, the establishment of two Research-to-Action Groups (RAGs) and the formation of a team of KT enthusiasts as ZAMFOHR Fellows are three of the main achievements of the first eighteen months of development. Sustainability remains an important issue. Resource mobilization efforts will therefore need to be increased in the next phase of development.

The way forward presents itself clearly from the experience of the first one and half years: an expanded programme of KT activities based on a strengthened resource centre; development of alliances with research institutions and other stakeholders into a functioning Knowledge Network; and a resource mobilization strategy to support the

full establishment of a unique Centre of Excellence in Knowledge Translation and Exchange.

Appendices

Appendix 1

MENTAL HEALTH PROBLEM STATEMENT

A recent situational analysis conducted in Zambia (Mental Health and Poverty Project, 2008) revealed that mental disorders, mainly depression and schizophrenia, pose important health and development issues for the country.

Health system issues include:

- critical shortage of trained health human resources at the primary care level
- lack of access to appropriate medications
- inadequate community resources.

Patel (2008) suggests several solutions:

- training of non-specialist health care workers
- government procurement of essential generic drugs
- community self-help organizations.

Your task is to determine if any scientific evidence supports the solutions suggested by Patel. If so, of what quality, applicability and feasibility is the evidence to Zambia?

References:

Mental Health and Poverty Project (2008). Zambia Country Focus Report.

Patel, V. (2008). Mental health in the developing world: Time for innovative thinking. *In Health: Chronic Diseases*. Retrieved May 25, 2009 from <http://www.scidev.net/en/health/chronic-diseases/opinions/mental-health-in-the-developing-world-time-for-inn.html>

Appendix 2

Mental Health Problem - Case Study Context Analysis Exercise ZAMFOHR – CCGHR Fellowship Program Inaugural Workshop Knowledge Translation in Policy Development Wednesday June 3, 2009

The “P” Paradigm for Context Analysis

Factors	Local	National	Global
<p>Can you describe the landscape contextual perspective? (e.g., what philosophical lens do you understand the situation through? What is the landscape [current and past] that creates the context for the current issues being considered?)</p> <p>Can you succinctly name the current problem(s)?</p> <p>Who are the people that are affected by the problem? In other words, who is your audience? Who do you need to engage to reach your audience?</p> <p>Who are the “change” players that can affect the story (i.e., advocacy groups, MOH, pharmaceutical industries, etc). What are the power dynamics between various players?</p> <p>What is the current political context? (Who is in power? What is the political cycle? Who has the locus of control in terms of decision making within the government? How amenable is the current government to your perspective? Where are the road blocks?)</p> <p>What policies currently exist?</p> <p>What is the current program infrastructure (i.e., prevention and treatment) to address the problem? How well is it going?</p>			

<p>Proficiencies: What are the health HHR, systems, and country strengths to address the problem? (i.e., Is this country profile similar to one where there have been success stories? If so, can this prototype be applied to the current setting?)</p> <p>Powerlessness: Where are the major weaknesses?</p>			
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Annex A

**Alliance for Health Policy and Systems Research Grant:
 Developing a Knowledge Translation Platform for Health Policy and Systems Research
 in Zambia
 Zambia Forum for Health Research (ZAMFOHR)
 Priority Knowledge Translation Training Needs Assessment for Health Professionals
 Report written by Dr. S. Harms and Dr. Ken Bassett
 June 9, 2009**

Introduction

In 2005, the Zambia Forum for Health Research (ZAMFOHR) was created to address the gap between health research, policy and practice. The main purpose of ZAMFOHR is to promote knowledge management and translation to move evidence into action. ZAMFOHR is supported nationally and internationally by a number of different stakeholders including government, academia, civil society organizations in its efforts to form a Knowledge Translation (KT) Institute. In 2007, ZAMFOHR became the central Zambian partner for the Canadian Coalition for Global Health Research (CCGHR).

Through a recent Alliance for Health Policy and Systems Research grant, ZAMFOHR has developed the Zambia Fellowship Programme (ZFP). The primary aim of this 3 year program is to provide ongoing educational and training opportunities for Zambian health researchers and research users to become leaders in the areas of knowledge access, production, synthesis, utilization and adaptation. The purpose of this report is to document the priority KT learning needs as articulated by the health professionals who are participating in the ZAMFOHR fellowship program. These needs will be further used to develop KT training opportunities for ZAMFOHR fellows within the Alliance Grant.

Summary of KT Needs

Through facilitated discussions and the completion of a KT learning needs questionnaire, a learning inventory was conducted within a workshop setting on June 3-4th, 2009 at Ibis Gardens, Chibombo, Zambia. Individuals participating in the learning inventory consisted of health professionals representing disciplines including medicine, nursing, midwifery and public health participating in the ZAMFOHR Fellowship Program. Most of the individuals completing the needs assessment were advanced with respect to their research training (i.e., Master's or PhD level) and all of the individuals had extensive experience in either producing or using health related research.

Please see ZAMFOHR Fellows list (appendix 1) for an overview of individual qualifications and interests.

Results of this survey included the following:

- 73% participants ranked their understanding of KT as minimal, 27% moderate, and none one advanced.
- 100% participants rated their level of KT experience as minimal.
- 64% of participants ranked their comfort level with finding and research findings to influence health policy as minimal, 36% moderate, no one advanced.
- Participants indicated that they could use their KT skills in the following settings: education, mentoring and supervision of students at multiple levels, conducting research, moving evidence to advocacy, practice and policy, dialogue with the Ministry of Health, program planning for service delivery, monitoring and evaluation, as well as private consultancy work

The “disconnect” between the research and policy communities with respect to using evidence to inform policy became an obvious and unanimous learning challenge among ZAMFOHR Fellows. All of the participants indicated that understanding how to bridge this gap were important skills to learn during the Fellowship Program.

Although KT competencies were identified as being in early stages, KT related issues at a local, regional or national level were identified. They include the following:

- 1) ZAMFOHR Mental Health Research to Action Group (MH RAG); currently challenging and reviewing mental health policy
- 2) ZAMFORH Human Resources for Health Research to Action Group (HRH RAG); identifying a KT focus
- 3) ZAMFOHR Policy Research to Action Group recently developed to look at evaluating the policy process in Zambia

- 4) Working with ZAMFOHR colleagues at a district level to address KT related issues

Group KT learning needs or competencies were broadly identified as follows:

1) Systematic Reviews

In general, individuals were familiar with the concept and methodology of systematic literature reviews as an effective tool for compiling research evidence. However, they were less familiar with a number of tasks associated with retrieving relevant systematic reviews. Specifically, the development of a research question to guide searches as well as the identification of appropriate search strategies and databases was a specific KT learning need articulated by the group. Developing the skills to appreciate issues of generalizability and feasibility within a low-income African context as they applied to any given systematic review was also an important related skill. Finally, accessing materials used to critically appraise were also identified as a learning need.

2) Publishing

ZAMFOHR fellows recognized the importance of conducting quality health research within Zambia for the purpose of publishing data in high-impact, peer reviewed journals. Despite the relative dearth of knowledge production in Zambia's health context, published data has been identified as an ongoing need in order to influence agendas at the Ministry of Health level. Although there were a number of individuals with publications, the need for ongoing training to improve English language, technical writing skills was recognized. Building on this need, developing skills to participate at the level of a journal reviewer was also identified.

3) Developing Policy Briefs

Understanding of the health policy process in Zambia was limited as were specific strategies which could be used by researchers to influence the development of policy. One such strategy referred to as a "policy brief" involves the production of a short document which is intended to give decision makers enough information so that they'll want to know more about a particular problem. Developing the skills to synthesize information for the purpose of a policy brief was identified by the health care professionals as an important focus.

4) Grant Applications

Individuals also indicated that grant writing opportunities and skills were important competencies to enhance and develop. Most individuals relied on external (i.e.,

international) funding as well as skills from partnering institutions/individuals to conduct research activities. They felt that their current technical writing skills resulted in grants which were often less competitive compared to researchers from other settings. Grant writing skills were felt to be essential to create a sustainable research culture.

5) KT Networking

The role of networking and relationship building with important stakeholders and decision makers for the purpose of KT was identified as a significant learning need amongst health professionals. Being able to target key individuals for ongoing discussions and debate, with a specific emphasis on *how* to talk about evidence as it applied to any particular health problem within a given context was a central issue.

6) Engaging in a Policy Dialogue

Although it was recognized that the use of evidence for influencing policy was not a linear process, but rather a dynamic event, individuals felt that their greatest learning need had to do with understating the policy dialogue process. Specifically, ZAMFOHR fellows indicated that understanding and identifying important policy players and their personal perspectives, navigating within various political contexts, being proficient with strategies to effect the policy process were all important learning needs. Finally, the ability to sit with policy makers during the decision-making process to help facilitate evidence-based decisions (i.e., “end game” strategies) was also an identified learning need.

In summary, the “disconnect” between the research and policy communities with respect to using evidence to inform policy became an obvious and unanimous learning challenge amongst ZAMFOHR Fellows. All of the participants indicated that understanding how to bridge this gap, potentially through the use of tools such as context mapping found in the KT Toolkit developed by Canada’s IDRC’s were important skills to learn during the Fellowship Program. Because KT competencies were identified as being in early stages, it was felt that knowledge of KT related issues at a local, regional or national level could not be identified.

Conclusion:

In summary, while there were a number of KT learning needs identified, the above information will help ZAMFOHR in establishing KT curriculum and learning agendas for upcoming educational events to assist in the development of KT competencies for associated individuals.