

Towards a Zambian National Health Research Agency

Final Report

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Canadian Coalition for Global Health Research

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1. Overview

Since the last technical report (issued in January 2010), there have been a series of small meetings of the Technical Working Group to finalize the two key outputs central to this grant – the prospectus for what is now called the National Health Research Authority of Zambia (NHRAZ) and a resource mobilization plan for the Authority. Under guidance of the Ministry of Health, the National Health Research Advisory Committee (NHRAC) and the Canadian Coalition for Global Health Research (CCGHR), a consultant was hired to assist in the development of these materials. These are now in the final stages, with penultimate drafts currently under review.

Annexes to this final report include:

- the Prospectus for the National Health Research Authority of Zambia
- the Resource Mobilization Plan for the NHRAZ
- a “lessons learned” document for dissemination
- a two-pager to communicate the context and importance of this work
- the final budget accounting
- TWG reports from its three formal meetings.

One other output of this grant is a video detailing the process used to arrive at the nationally-owned prospectus. This has been sent on DVD to IDRC, can be downloaded from the Internet upon request, and can be viewed at: http://ccghr.ca/default.cfm?content=cpp_zambia2&lang=e&subnav=cpp.

2. Progress

The Coalition believes that this grant has come to a successful conclusion. The Prospectus is a very accurate description of the 18-month process, and signals an extremely promising way to making this Authority a valuable and trusted institution strengthening Zambia’s national health research system and the health system itself. Of course, completion of the Prospectus is only one step towards creating the Authority. Following general national elections in 2011 – which always carry the possibility of dispute, regime change and/or unforeseen turnover at the Ministry of Health – the national Parliament will hear the bill specifying the creation of the Authority. Assuming no major directional changes in the government, Parliament is expected to pass the bill in January 2012, with the Authority soon after formally opening its doors.

The grant has also spawned a new funding proposal to help kick-start the Authority’s activities in the one-year interval between the finalization of the Prospectus and its official parliamentary endorsement. This proposal seeks to address the topic of priority setting, long identified as a core issue in Zambia’s (2010-approved) National Health Research Policy. Historically, there has been very little domestic control over research conducted in

Zambia. Typically, researchers write grant proposals and submit these to international funders. Their resulting work all too often does not align with the real “knowledge needs” of Zambia. Foreign researchers also conduct a great deal of research in Zambia, including both individual researchers and large foreign-funded research centres, with little to no input from key Zambian stakeholders on the content or the applicability of their work. There is, in effect, a loss of control over the knowledge necessary to understand and even correct the many ills in Zambia. While Zambia remains very committed to the principles of evidence-informed policy, the NHRAZ represents the first step in taking actual control over what evidence is in fact created.

On behalf of the proposed NHRAZ, the National Health Research Advisory Committee (NHRAC) – a multidisciplinary body appointed by national Cabinet – has designed a multi-stakeholder, participatory “priority identification” process incorporating many of the tactics and lessons from this current project. This will be NHRAZ’s first set of activities, and will serve as a bridge from this project to the actual implementation of the NHRAZ.

The project leaders of the NHRAZ are also in regular contact with a consultant (Prof. Christina Zarowsky) for the HRCS-L project to discuss possible funding to publish some of the project’s key findings and lessons. It is felt that this will contribute to the emerging African experiences in forming this type of entity, alongside IDRC-supported efforts in Malawi and Kenya. Importantly, the lead author of this piece is a young PhD candidate currently at the Ministry of Health; her progress and comprehension of research issues and dynamics has been greatly deepened by this project.

3. Communications

The Coalition believes communications to be an essential component of its work, and of international development work in general. To this end, the Coalition has routinely discussed the valuable NHRAZ processes in various global fora (including, recently, its October 2010 Learning Forum in Ottawa); has actively disseminated project processes via a professionally published handout at the Global Forum for Health Research in Havana, Cuba November 2009; has on finalization of project processes created a complete two-pager for active dissemination; has created a 14-minute video documenting and discussing these processes; and has pursued various different types of “evaluative thinking” to ensure that lessons are discussed, understood, documented and ultimately disseminated so that other groups may stand on Zambia’s “shoulders” as they pursue similar ends. See the “Lessons Learned” attachment for more on this.

4. Outcomes

This grant has had a number of critical outcomes. Firstly, by bringing together a range of different Zambian stakeholders to discuss core national health research system issues, the project has led to genuine and comprehensive Zambian buy-in and ownership. While there has been international or regional input to the process, Zambian stakeholders – from the Ministry of Health to academia and civil society – have made it clear that this is their process, their institution, and they will design it accordingly.

Secondly, this project has illustrated the merits of using a participatory approach in designing any institution. As the evaluative thinking (“Lessons Learned”) document shows, “health” has too often been the exclusive domain of the Ministry of Health and its directors – this project revealed that the simple act of bringing in and trusting other voices can smooth the path towards an entity that everyone accepts. The Visualization in Participatory Programs (VIPP) element of this project was very well attended and very well received – as in Kenya, this was an invaluable part of the project, and a key contributor to its successful outcomes.

Thirdly, the Coalition believes this project has solidified its work in Zambia, and shown the Coalition how to be the type of global partner that Zambia and many other African nations require – committed to listening, bringing in technical support when requested and necessary, and providing some financial resources as appropriate. The Coalition very much anticipates deepening this relationship of trust, and further developing projects and approaches to help Zambia achieve its vision of an evidence-informed health system.

Lastly, the Coalition believes this project to have directly built the capacity of young researchers and research managers, particularly in the Ministry of Health. While the TWG was generally composed of senior and relatively like-minded members, this provided a great learning opportunity for its younger members. Beyond exposing them to research dynamics in other countries, the TWG’s discussion of core and innovative issues (e.g. knowledge translation) has led to important capacity developments. It is hoped that the NHRAZ will pick up in this regard where the TWG has left off.



Republic of Zambia
Ministry of Health

PROSPECTUS

**NATIONAL HEALTH RESEARCH
AUTHORITY OF ZAMBIA**

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ACRONYMS

CCGHR	Canadian Coalition for Global Health Research
CDL	Chest Diseases Laboratory
GNCZ	General Nursing Council of Zambia
IDRC	International Development Research Centre
HSSP	Health Services and Systems Programme
MoD	Ministry of Defence
MoFNP	Ministry of Finance and National Planning
MOJ	Ministry of Justice
MoH	Ministry of Health
MSTVT	Ministry of Science Technology and Vocational Training
NCSR	National Council for Scientific Research
NHRB	National Health Research Board
NHRAZ	National Health Research Authority of Zambia
NHREC	National Health Research Ethics Committee
NISIR	National Institute of Scientific and Industrial Research
NMCC	National Malaria Control Centre
NSTC	National Science and Technology Council
PACRA	Patents and Companies Registration Association
TWG	Technical Working Group
TDRC	Tropical Diseases Research Centre
UNZA	University of Zambia
UNZASOM	University of Zambia School of Medicine
UTH	University Teaching Hospital
ZAMFOHR	Zambia Forum for Health Research

FOREWARD

Zambia, like many other developing countries has a high disease burden and other health and systems related problems that require evidence-informed interventions. For this to occur, appropriate, relevant, timely, feasible and well-coordinated health research is required to inform policy makers and other stakeholders on how to prevent and manage health problems as well as strengthen health systems in an effort to provide quality health care to the people of Zambia. This is in line with the Ministry of Health (MoH) vision of provision of equity of access to quality health care services as close to the family as possible.

The MoH in carrying out its mandate of providing health care to the people of Zambia, realises that evidence-informed decision-making is the most rational and professional approach to attaining positive health outcomes. The MoH recognizes the importance of health research as a key component of its information gathering and policy making strategies.

This prospectus which is a culmination of the work done by a Technical Working Group (TWG) constituted by the MoH, represents Government's efforts in creating the founding framework for a Zambian Health Research Body namely the National Health Research Authority of Zambia (NHRAZ). The NHRAZ will be responsible for stewardship, financing, creating and sustaining resources, setting priorities and producing and using health research. The

core functions of the aforementioned research Body will be as follows:

- Overseeing the health research agenda
- Developing effective resource mobilisation capacities
- Developing capacities for health research
- Overseeing health research ethics
- Monitoring and coordinating health research
- Developing capacities in knowledge management and translation of health research outcomes
- Fostering the dissemination of research results
- Facilitating policy dialogue
- Advocating for evidence-informed decision-making and policy formulation in the health sector

I am hopeful that this prospectus which has brought to light the gaps that make it difficult to conduct and use health research optimally and gone further to provide the much needed strategic direction will equally prompt all stakeholders to support its implementation.

Honourable Kapembwa Simbao, MP
Minister of Health

ACKNOWLEDGEMENTS

The prospectus for the National Health Research Authority of Zambia (NHRAZ) has been developed by the Technical Working Group (TWG) constituted by the Ministry of Health Research Unit under the guidance of the National Health Research Advisory Committee (NHRAC). The TWG represented by 15 members and 2 secretariat staff acknowledges the help and support they have received from various stakeholders.

Special gratitude goes to the various multilateral and bilateral organisations, DHOs, NGOs and other government departments and research institutions both nationally and internationally and individuals without whom the TWG's work would not have been possible. Furthermore, special thanks go to the International

Development Research Centre (IDRC) through the Canadian Coalition for Global Health Research (CCGHR) for the technical and financial support they rendered to ensure the successful development of this prospectus.

Finally I wish to acknowledge the leadership of the NHRAC and the MoH Directorate of Public Health and Research in the development this important document.

Dr Peter Mwaba

Permanent Secretary: Ministry of Health

EXECUTIVE SUMMARY

In Zambia, while health research has continued to be conducted in many institutions within the country, notable among these being Government institutions such as Tropical Disease Research Centre , National Malaria Control Centre, United States Government Centre for Disease Control as well as the University of Zambia School of Medicine ,there is no elaborate institutional and legal framework for coordinating the various research activities to ensure that research outputs are translated into valuable innovations , outcomes and policies.

Several inadequacies in the health research environment have contributed to the relatively less than optimal capacity in conducting health research. These inadequacies include both institutional and human resource capacity as well as poor infrastructure. Inadequate financing from government as well as an absence of a mechanism to source for and secure funding from other sources have also been limiting factors. Research is crucial to the development and strengthening of the country's health sector, as it facilitates the design of appropriate interventions, accurate practice, and evidence-informed decision-making at the national level.

To promote the advancement of health research in the country, there is need to establish a research body that will be responsible for coordinating research activities, mobilising funds to support priority health research and to carry out dissemination and policy advocacy work, among other functions.

To this effect a technical working group (TWG) was constituted by the Ministry of Health Directorate of Research and Public Health under the guidance of the National Health Research Advisory Committee (NHRAC) to advance the cause of

establishing a Zambian health research body proposed to be called the National Health Research Authority of Zambia, whose mandate would be to address the perceived gaps in health research. To facilitate this process , NHRAC received a grant from the International Development Research Centre (IDRC) through the Canadian Coalition for Global Health Research (CCGHR).

The envisioned research body would have five core functions namely:

- Regulation and coordination of health research activities;
- Mobilisation of resources for health research;
- Capacity development for health research;
- Knowledge management and translation processes and
- Advocacy for health research

The NHRAZ would be established by an Act of Parliament and would operate in accordance with the guiding principles therein as a semi-autonomous institution with its own governance framework but anchored to the Ministry of Health for operational oversight.

In order to maintain its independence, the NHRAZ will be able to pursue additional projects and activities by acquiring external donor support, yet core funding provided by the government will ensure Zambian ownership and direction. National ownership will be fostered throughout the process of establishment and through internal operations and procedures. Meanwhile, the MoH will secure its relationship to the NHRAZ by presenting the organization's case to parliament for purposes of presenting the bill to establish the Authority. Furthermore NHRAZ will link with local regulatory bodies such as the National Scientific and Technology Council

(NSTC) and the Patents and Companies Regulation Association (PACRA) and is also expected to have linkages with international health research institutions.

The institutional framework for NHRAZ will be provided for in the legislation enacted by parliament.

Furthermore, by stipulating a multidisciplinary Board, the Authority will promote a sense of ownership across relevant disciplines and ministries.

INTRODUCTION

In order to accelerate improvements in health outcomes, the country needs to continuously review and put in place health systems that are capable of inducing greater efficiencies in the delivery and utilization of public health resources. Health systems and interventions cannot be continuously improved unless there are coordinated efforts at the national level to promote knowledge and learning through innovation, technology development and health research. Health research is defined as any systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalisable knowledge (WHO 2000). Health research requires the existence of strong political commitment and financial support, and an elaborate institutional and legal framework for its coordination and advancement and ensuring that health research processes have sufficient safeguards to guarantee the public safety.

In Zambia, while health research has continued to be conducted in many institutions within the country, notable among these being Government institutions such as Tropical Disease Research Centre and National Malaria Control Centre, United States Government Centre for Disease Control as well as the University of Zambia School of Medicine, there is no elaborate institutional and legal framework for coordinating the various research activities to ensure that research outputs are translated into valuable innovations, outcomes and policies.

Several inadequacies in the health research environment have contributed to the relatively less than optimal capacity in conducting health research. These inadequacies include both institutional and human resource capacity as well as poor infrastructure. Inadequate financing from

government as well as an absence of a mechanism to source for and secure funding from other sources have also been limiting factors¹. Research is crucial to the development and strengthening of the country's health sector, as it facilitates the design of appropriate interventions, accurate practice, and evidence-informed decision-making at the national level.

To promote the advancement of health research in the country, there is need to establish a research body that will be responsible for coordinating research activities, mobilising funds to support priority health research and to carry out dissemination and policy advocacy work, among other functions.

In March 2003, the Permanent Secretary for Ministry of Health appointed a National Health Research Advisory Committee (NHRAC) to advise the MoH on issues related to the development of health research in Zambia. Realising the gaps NHRAC spearheaded the development of core strategic and policy documents namely the health research strategic plan and the national health research policy to provide the much needed guidance on management of health research at the national level. Within the realms of management of health research, the NHRAC advanced the need for the formation of a national health research body (as spelled out in the national health research strategic plan and health research policy) as a priority activity. To this effect the NHRAC received a grant from the International Development Research Centre (IDRC) through the Canadian Coalition for Global Health Research (CCGHR) to advance the cause of establishing a Zambian health research body whose mandate would be to address the perceived gaps in health research. A technical working group (TWG) was constituted by the Ministry of Health

Directorate of Public Health and Research under the guidance of the NHRAC to spearhead this process.

From April 2009, the Technical Working Group met on several occasions to carry out their assignment which included a situation analysis on health research in Zambia, local site visits to Zambian based research institutions, study tours of comparator health research institutions in other countries and expert witness interviews. These activities were done in order to gain relevant insights on the institutional arrangements and operations for benchmarking. Based on evidence generated from the foresaid activities, the TWG envisioned a health research body that would be responsible to advance health research in a manner that will generate relevant information and knowledge to address the country's health research problems and challenges. The

envisioned research body was proposed to be called the National Health Research Authority of Zambia (NHRAZ) and would be responsible for regulating and coordinating health research, mobilising resources to support priority health research, building institutional and human capacities, knowledge translation and management, and policy advocacy.

The NHRAZ would be established by an Act of Parliament and would operate in accordance with the guiding principles therein as a semi-autonomous institution with its own governance framework but anchored to the Ministry of Health for operational oversight. The rational, objectives, mandate, and governance structure of the authority are explained in more details in the subsequent section of this prospectus.



Members of the National health Research Technical Working Group

RATIONALE FOR ESTABLISHING THE NHRAZ

Zambia, like many other developing countries has a high disease burden and other health problems that require evidence-informed research to support health interventions in the country. Such research require long-term investment in human and institutional capacity as well as research infrastructure to enable innovations and evidence to be properly translated into quality and effective health comes ,services and policies.

Over time, health research needs to be prioritized, and results documented and disseminated. This is so as to inform policy makers and other stakeholders on how best to prevent, and manage health problems and to improve the provision of quality health care to the people of Zambia.

In the same vein, health research sometimes involves conducting research on humans and needs to be regulated to protect human subjects. Research procedures and instruments should also uphold human dignity and should adhere to medical research ethical standards as prescribed in the appropriate legislation and regulations. This means that health research needs to be properly coordinated and regulated by credible and capable institutions, and adequately supported by both the public and private sector stakeholders in order to be successful.

Mobilising adequate and sustainable financial, human, and material resources is cardinal in advancing health research. This require s an appropriate legal and institutional framework to support long-term investment in health research, and a semi-autonomous organisation to bridge the current gap between health research on one hand and policy and practice on the other.

The country needs appropriate, relevant, timely, feasible, and well-coordinated research to inform policy makers and other stakeholders on how best to prevent, and manage health problems and how to improve the provision of quality health care to the people of Zambia. Although health research is continuously being conducted in Zambia, it has been difficult to access and utilise research findings to solve the country's numerous health policy and system challenges. The absence of a dedicated semi-autonomous government body has been identified to be the major constraint that has hindered advancement of health research and utilization of health research findings to support health system development and policy interventions in the country. Such a body should be responsible for the stewardship, financing, coordination, advocacy, capacity development, and knowledge management and translation of health research in the country.

THE CORPORATE PROFILE

Vision of the Authority

Research routinely contributing to a strengthened evidence-informed health system offering quality health to all Zambian people throughout their lives

Mission of the Authority

To promote, strengthen and coordinate health research in order to foster evidence informed policy making in Zambia

Goal and Objectives of the Authority

Goal

To continuously improve the quality of life of the Zambian people through evidence informed health policies and practice

Objectives

The overall goal will be achieved by having the following objectives:

- To coordinate the mobilization of sufficient financial, human, technological and material support for priority health research
- To support information translation processes to improve health policy formulation and implementation
- To coordinate health research and act as central repository of all health research outputs in the country
- To increase funding and number of professionals engaged in health research
- To advocate for the mainstreaming of health research at all levels of the health sector.

Guiding principles

The National Health Research Authority and its operations shall be founded on a number of solid ethical principles aimed to uphold the fundamental human rights, dignity and respect while providing an environment suitable for the advancement of health research for the benefit of all the Zambian people. It will support research that upholds scholarly and medical research ethics as well as research that advance medical interventions aimed to contribute to the attainment of the country's prioritized health goals and objectives. These guiding principles of the authority shall include among others the following:

- a) The Authority shall be established by an Act of Parliament as a semi-autonomous body;
- b) The Authority will develop strong strategic partnerships and alliances with National and International research organizations with mutual principle;
- c) The Authority shall be responsible for developing and implementing its organizational structures to support its operational programs, and governance structures to ensure that it upholds the principles of good corporate governance, transparency and accountability in all its operations;
- d) All research coordinated and supported by the Authority on humans will be conducted in accordance with the national health research guidelines;
- e) The Authority will support both established and upcoming

- researchers to undertake both applied and advanced health research;
- f) The Authority shall encourage multi-disciplinary and collaborative research with international research institutions and researchers;
 - g) The Authority shall be funded through an annual government grant appropriated through Parliament, and shall be allowed to raise additional funds from cooperating partners, public private partnerships, fees and charges and other legal external sources;
 - h) The Authority will uphold fairness, and equity and non-discrimination on the basis of tribe, gender and religious beliefs in all areas of its operations;

Functions of the authority

The Authority shall have five core functions which are listed and explained below:

1. Regulation and Coordination of all health research activities

- i. Setting priorities for research
- ii. Ensuring a conducive environment for research
- iii. Advising and supporting research ethics regulatory bodies
- iv. Maintaining a public access database of on-going and past health research in Zambia
- v. Accrediting of research institutions

The articulation of health research priorities and strategies, as well as the maximization and utilization of research outcomes are vital ingredients in the development of a healthy

nation. The national public health priorities are articulated in the National Health Strategic Plan for MoH while the Sixth National Development Plan (SNDP) has also highlighted other priorities in the health sector related to human resource development and support systems which include among others health research and development for health systems. While this is so, the link between national health priorities and health research priorities has been reported to be weak¹. Currently, there is no mechanism to ensure that agreed priorities are followed by stakeholders as they conduct their health research activities.

Determination of health priorities has in the past, prior to 2001, been done on *ad hoc* basis¹. Efforts to define national health priorities in research culminated in the Zambia National Health Research Agenda, 1999 to 2001. The effort resulted in identification of priority areas of research, and outlined basic requirements and appropriate strategies for strengthening research in national health. However, the effort and process of setting and identification of national health research priorities has not been sustained over time. Health research priority setting was last undertaken in 1998. The above scenario has had its attendant problems in the area of health research. With the absence of national health research priorities, research is currently being undertaken out of researchers' personal interest, and has concentrated in areas where resources are available and this has been determined and directed by institutions or organizations that have the financial resources to fund research¹.

Furthermore, the inadequate availability of an accurate database of on-going research in the country has contributed to a failure to identify the research gaps. A database which contains information regarding past and current research projects within Zambia will allow for the regulation of health research within the country, while also acting as a tool for coordination so that the Authority can

ensure that ongoing research is harmonized and relevant to the Zambian context.

In the past, efforts to have a database or a central depository for storage of research findings, projects and reports had been initiated under the Central Board of Health (CBoH) and spearheaded by the Applied Research on Child Health project but this has not been sustainable. Currently, the MoH only has a registry of health research.¹

In carrying out the role of regulation and coordination, the NHRAZ will seek to establish existing project based information in order to assess the kind of data base that it should establish in the long term; to do this the NHRAZ will determine which institutions are producing information that is data based or not. This will help the NHRAZ to understand data base needs in Zambia. It is ultimately expected that the gaps, opportunities and needs in the research data bases will be clearly spelt out. When all the health research information is gathered it is assumed that data will all be found in one place and it will be easily accessible to the general public both at national and international level.

In order for the NHRAZ to carry out the role of regulation and coordination effectively it will be expected to maintain continuous dialogue with the MoH. In addition, it is also expected that the NHRAZ will link with local regulatory bodies such as the National Science and Technology Council (NSTC) and the Patents and Companies Regulation Association (PACRA). The NHRAZ is also expected to have linkages with international health research institutions. The NHRAZ is expected to coordinate and set the health research agenda through annual priority setting exercises at national level as well as through convening policy dialogue meetings with researchers and other stakeholders.

In order to maintain the quality of research whilst playing the role of regulation and

coordination the NHRAZ will develop systems for accreditation of research institutions and individuals. Capacity will be developed to monitor the accreditation of institutions at national, provincial and district levels.

2. Mobilisation of resources for health research

- i. Mobilising resources to support the functions and functioning of the NHRAZ
- ii. Providing direct funding for conducting research and research capacity development training programmes

Inadequate financing from the government and the absence of a mechanism to source for and secure funding from cooperating partners in the health sector has been cited as one of the major challenges facing the growth and strengthening of health research capacity^{1,3,4,5}.

Since 2005 there has been a gradual increase in the Government budgetary allocation for health research, however, the amount allocated is still way below the 2% minimum threshold as defined in the 2008 Mali declaration of African Ministers of Health. Furthermore, information on the research budgetary allocation, disbursement and expenditure to the sector is not easily accessible¹.

It is expected that the NHRAZ will receive annual funding from government in order for it to carry out its functions effectively. The NHRAZ will prepare annual budgets to submit to government for funding. Other resources will be raised from activities and services that the NHRAZ will be rendering to the nation as well as through collaboration with cooperating partners, public private partnerships and other legal external sources.

3. Capacity Development for health research

- i. Building capacity of Individual scientists to do research
- ii. Facilitating capacity development of institutions to do research
- iii. Strengthening capacity of the national research system to support and monitor research

The capacity of MoH to conduct health research needs strengthening at all levels; national, provincial, district and health centre -levels¹. A few national institutions identified as undertaking meaningful research include NMCC, TDRC, UTH, UNZA and CDL. However, DHMTs and PHOs carry out some operational research to support implementation of health programs.

Most of the health research that is being undertaken in the health sector is conducted within the auspices of international partners and projects and the indigenous health research agenda is not as strong. Furthermore, in most cases participation of nationals in the various health research activities taking place is mostly about being part of a research team. Technically the health research efforts are spearheaded by non-local/ external researchers and local researchers have tended to have little control over what takes place¹.

Health research, like any other scientific undertaking, requires suitably trained personnel and appropriate infrastructure such as laboratories, equipment, supplies, transport, storage facilities and information communication and technology facilities. Many health research institutions in Zambia lack these basic requisites. The NHRAZ will create a strategic plan for developing research capacity in Zambia with particular attention to human resources for health research.

It shall be the function of the Authority to develop capacity in the country by contributing to on-going efforts of training health researchers. The Authority will identify the gaps and develop strategies for contributing to the strengthening of health research skills and institutional capacities to undertake sound health research both at individual and institutional level. For instance, the Authority may wish to develop a scholarship scheme that will provide financial and material support to local training institutions to enable them provide specialised training in fields where knowledge gaps will be identified. It will also assist to sharpen research capacities by key health research institutions in order to enhance national health research system to conduct detailed and policy-relevant health research in the country.

4. Knowledge Management and Translation Processes

- i. Supporting local dissemination of research results through publication in local peer-reviewed journals and fostering policy dialogue.
- ii. Providing policy briefs based on studies conducted in Zambia (e.g. to parliamentary committee on health, and MoH decision makers.)
- iii. Ensuring interpretation and dissemination of research findings to all key constituents, especially the community
- iv. Fostering accessibility to, and use of research findings

The MoH in carrying out its mandate of providing health care to the people of Zambia, realizes that evidence-informed decision-making is the most rational and professional approach to attaining positive health outcomes. The MoH recognizes the

importance of health research as a key component of its information gathering and policy making strategies.

In Zambia, there is no institution charged with the responsibility of identifying national research gaps and monitoring ongoing research aimed at addressing these gaps. Similarly, there is no central repository of ongoing and past research projects, research institutions, and other information related to health research. This makes it difficult to access and utilise research findings, resulting in the low utilization of health research information, thereby making it difficult for health professionals and policymakers to appreciate the critical role health research plays in enhancing health policy formulation, implementation and monitoring and evaluation.

It will be the function and responsibility of the Authority to develop programmes to ensure continuous dialogue with policy makers and health practitioners through policy briefs and dialogue with researchers as well as through seminars, conferences (such as the biannual national health research conference) and written communications. The Authority will select key health research results that require synthesis and package them in manner that promote easier utilisation by stakeholders. It will also identify health research results that need to be developed into market products and advise on patenting and market placement of innovation and discoveries on the market.

To achieve this, the Authority will support local dissemination of research results through publication in local peer-reviewed journals as well as through other publications and outlets.

5 Undertake health research Advocacy

- i. Publicising the Authority itself and research activities in Zambia (e.g through production of brochures and publication through the print and electronic media)
- i. Advocating for research in the community (e.g., highlighting benefits of health research in the community)

The NHRAZ shall develop advocacy strategies to create its visibility such as ; hold consultative meetings with research institutions, facilitate policy dialogue with political and MoH leadership, hold briefing meetings with cooperating partners, create awards for useful research and offer grants for commercialisation of products or research.

NHRAZ will foster the critical role of advocating for increased funding for health research from the government in line with recommended predetermined 2 percent of the annual health sector budget in line with the **2008 Mali declaration of African Ministers of Health**. Furthermore NHRAZ will advocate for the mainstreaming of health research into the MoH structure

GOVERNANCE FRAMEWORK

The Board

The institutional framework for the National Health Research Authority will be provided for in the legislation enacted by parliament. For operational oversight the NHRAZ reports to the Ministry of Health, which is also empowered by the Minister of Health to appoint and dis-appoint the Board of Directors. The representation on the Board of Directors is provided in the legislation, and shall comprise the following;

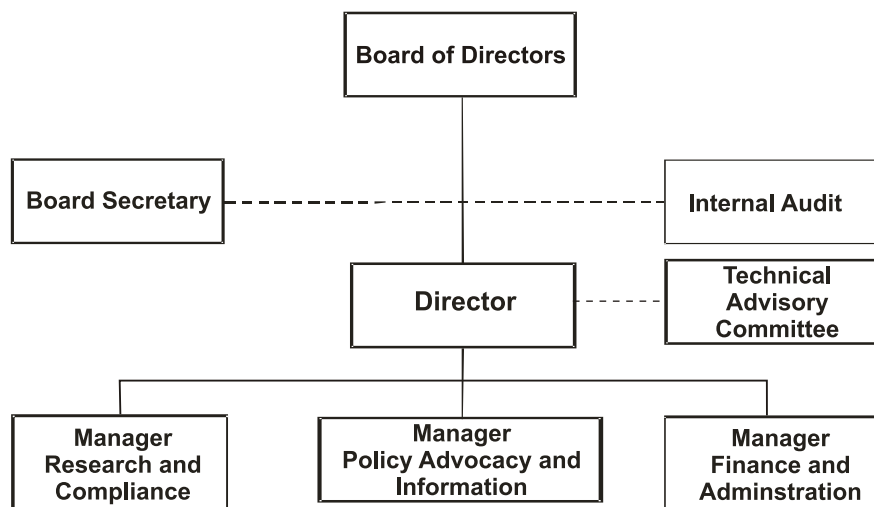
- a) One representative (Permanent Secretary or Director level) from each of the following sectors
 - 1) Ministry responsible for Health
 - 2) Ministry responsible for Education
 - 3) Ministry responsible for Defence
 - 4) Ministry responsible for Finance
 - 5) Ministry responsible for

Science Technology and Vocational Training
6) Ministry responsible for Live Stock Services

- b) One representatives (senior researcher) from a public institute of higher learning
- c) One representative(senior researcher) from a private institute of higher learning
- d) One representative from the private sector or pharmaceuticals
- e) One representative from the civil society
- f) One representative from the traditional healers
- G) One representative from the religious fraternity

The Board will oversee the operations of the Authority and shall appoint a Chief Executive Officer of the Authority. The Board Chairperson and Deputy Chairperson shall be elected by members of the Board from among themselves.

Figure 1: Organizational structure of the National Health Research Authority



The Chief Executive Officer

The Chief Executive Officer will be recruited and appointed by the Board of Directors as prescribed by the Act of Parliament and shall be referred to as the Director of the Authority. He/she will be responsible for the day to day management of the Authority and will be supported by three managers responsible for research and compliance, policy advocacy and information, and finance and administration.

The Managers

The Manager- Research and Compliance will be responsible for issues of regulation and coordination of health research as well as for capacity development.

The Manager-Policy Advocacy and Information will be responsible for knowledge management and translation of research outcomes.

The Manager finance and administration will be responsible for financial resource mobilization to support operations and research activities of the Authority, in addition to managing financial transactions and records of the Authority.

Technical advisory Committees of the Board

The technical advisory committees shall provide advice to the Authority on technical health research issues and shall assist in identifying research priorities, reviewing research proposals and papers and recommending proposals for funding.

They will also help in assessing the quality and originality of the research reports as well as the usefulness of the research findings and policy recommendations. The technical advisory committees will be the think-tank for the Authority, and shall be constituted as

multi-disciplinary teams with core competences in the key health research areas.

The committees will be constituted as the authority deems necessary to perform its functions. The board may appoint as members of a committee persons who are not members of the board except that at least one member of a committee shall be a member of the board. It will also include policy stakeholder and users of health research information to facilitate quicker and easier translation of health research into policy formulation, interventions and practices. Collaborating and funding agencies, non-governmental organizations, and private sector representatives may also be represented in the technical advisory committees.

Institutional autonomy

The NHRAZ, as a semi-autonomous organization established by an Act of parliament, will be supported by government through the ministry of health, but will be autonomous in its governance and execution of functions. The Authority will have the capacity to effectively focus on the execution of its functions and will be able to relate with multilateral and bilateral donors.

While the NHRAZ will be autonomous, it will be essential for the Authority, as body that seeks to serve the needs of Zambians, to cultivate a sense of national ownership throughout Zambia. In order to maintain its independence, the NHRAZ will be able to pursue additional projects and activities by acquiring external donor support. Yet, core funding provided by the government will ensure Zambian ownership and direction. National ownership will be fostered throughout the process of establishment and through internal operations and procedures. Specifically, key stakeholders within Zambia's health research community will be included in the founding of the Authority through stakeholder meetings. Meanwhile,

the MoH will secure its relationship to the NHRAZ by presenting the organization's case to parliament for purposes of presenting the bill to establish the Authority. Furthermore, by stipulating a multidisciplinary Board, the Authority will promote a sense of ownership across relevant disciplines and ministries.

To sustain autonomy and secure a sense of national legitimacy, tenure and credibility, the Authority will ensure that all its

operations are carried out through a transparent and comprehensive manner, and with clear internal and external accountability, guidelines and practices. In this regard, the Authority will outsource the internal audit function until such a time when the scope of responsibilities and functions increase to warrant establishment of an internal audit department. The function of the board secretary and legal advisor will be outsourced in the similar manner.

LEGAL FRAMEWORK

Zambia has a number of Acts which deal with research in various sectors of the economy. This includes the Tropical Diseases Research Centre Act Cap 301, the Science and Technology Act No. 26 of 1997 and the University Act Cap 136.

The TDRC Act provides for the conducting of health research and training in tropical diseases and related matters while the Science and Technology Act provides for the coordination and promotion of scientific research in Zambia. The university Act mandates the University of Zambia to provide higher education and promote research and advancement of learning.

The Science and Technology Act is the only Act which provides a regulatory framework for research in Zambia. However, this Act has some weaknesses which make it difficult to effectively regulate and coordinate research in all sectors in the country. Although the Act provides for registration and regulation of research institutions in Zambia, it does not provide an elaborate mechanism of how this can be achieved and has an obscure legal framework for the formation of new research institutions. Due to this lacuna, the formation of new institutions such as the proposed National Health Research Body and the functioning of the National Ethics Committee are problematic under the Act.

Given all the above, there is need for Zambia to enact legislation that will give the legal mandate to the National Health Research Authority to provide for stewardship, that is financing, coordination, advocacy, capacity development, and knowledge management and translation and other functions within the overall goal of promoting health research.

The proposed Act for the body should:

- Provide for health research in live and dead humans and animals
- Have provision to regulate health research in live and dead humans and animals
- The Act should supersede other Acts already in existence in health research
- Institutions conducting health research should seek clearance from this body
- The Authority should have ethics committee to look at appeals and approvals of health research proposals in special cases
- The Act should give the Authority the mandate to mobilize resources to facilitate health research in live and dead humans and animals
- The Authority should have power to impose sanctions on ailing researchers and health research institutions
- The Authority should accredit the establishment of health research institutions who should apply for registration
- Researchers coming from outside the country should work with/through the legally already existing research institutions

FUNDING

Budget Scheme for the NHRAZ to carry out its core functions

Source	Proportional	Notes
National Budget	75%	National contributions to be provided through the Ministry of Finance.
Bilateral and Multilateral Agencies and other donors	25%	Funding received from these agencies will be used for additional projects and activities assumed by NHRAZ.

Notes

1. National Funding: Ensuring Sustainability

The government is currently constrained by resource availability due to a high disease burden and critical shortage in human resources for health.

Given these circumstances, the government will be responsible for funding 75% of the NHRAZ's annual budget. This national contribution will facilitate sustainability, Zambian ownership and direction. By

providing 75% of the NHRAZ budget, the Authority will be able to maintain a primary focus on its core functions, without having to continuously mobilize funds from external donors.

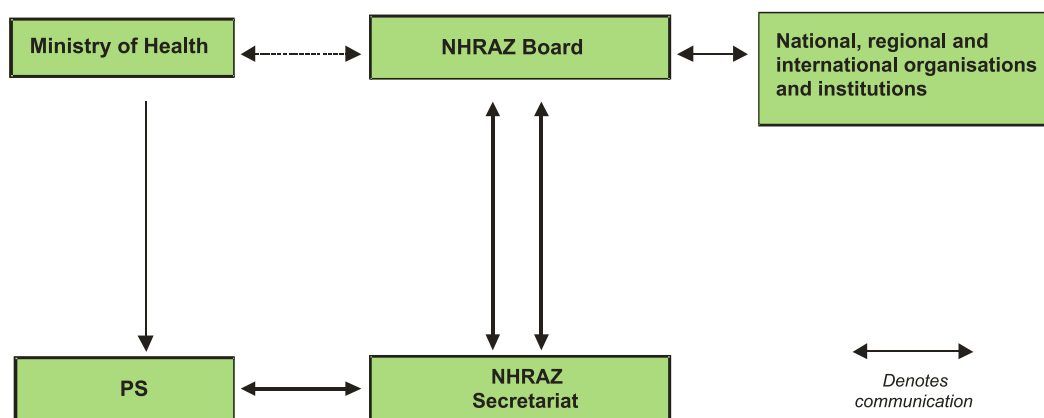
2. Cooperating Partners

A small proportion of the NHRAZ's annual budget will be funded externally from bilateral and multilateral agencies. Funding from external donors will be used for additional projects and initiatives assumed by the NHRAZ.

INSTITUTIONAL AND IMPLEMENTATION FRAMEWORK

Fig 2.0

Relationship of NHRAZ Board to other organs



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VISION

Research routinely contributing to a strengthened evidence-informed health system offering quality health to all Zambian people throughout their lives



NATIONAL HEALTH RESEARCH AUTHORITY OF ZAMBIA

FINANCIAL RESOURCE MOBILIZATION PLAN

FEBRUARY, 2011

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ACRONYMS:

NHRAZ	National Health Research Authority of Zambia
NHSP	National Health Strategic Plan
MoH	Ministry of Health
SNDP	Sixth National Development Plan

1. INTRODUCTION

The Ministry of Health, in carrying out its mandate of providing health care to the people of Zambia, realises that evidence-informed decision-making is the most rational and professional approach to attaining positive health outcomes. The MoH recognizes the importance of health research as a key component of its information gathering and policymaking.

To promote the advancement of health research in the country, the Government of the Republic of Zambia has prioritized the establishment of a research body, namely the National Health Research Authority of Zambia (NHRAZ) that will be responsible for coordinating research activities, mobilising funds to support priority health research and carrying out dissemination and policy advocacy work, among other functions.

The NHRAZ will be established by an Act of Parliament to coordinate and regulate health research in the country and will operate in accordance with the guiding principles therein as a semi-autonomous institution with its own governance framework but anchored to the Ministry of Health for operational oversight.

The NHRAZ will be responsible for stewardship, financing, creating and sustaining resources, setting priorities and producing and using health research. The objectives of the aforementioned research body will include;

- a) To coordinate the mobilization of sufficient financial, human, technological and material support for priority health research;
- b) To support information translation processes to improve health policy formulation and implementation ;
- c) To coordinate health research and act as central repository of all health research outputs in the country;
- d) To advocate for the mainstreaming of health research at all levels of the health sector.

The purpose of this plan is to provide estimates of the required financial resources needed to establish and manage the Authority in the first five years of its establishment. It outlines how the authority will raise funds needed to carry out its mission and sustain the running of the organization. The plan also outlines the financial resources that have been pledged and confirmed by the government and other cooperating partners. In particular it explains how the operations of the Authority will be financed in the medium term (2011-2015) through multiple funding streams that will help the Authority execute its functions.

The outline of the report is as follows: In the second section the plan provides the estimate of costs, detailing the key assumptions underlying the estimates for the initial five year period of operations. The third section discusses the financing arrangements provided in the legislation establishing the NHRAZ and as agreed upon by the Ministry of Health. It also discusses the resource pledges by cooperating partners and other sources of revenue for the NHRAZ such as fees, charges, etc. The final section matches cost estimates with estimate of financial resources for the authority.

2. COSTING OF THE NATIONAL HEALTH RESEARCH AUTHORITY

It is important that in developing the financial resource mobilization plan the initial cost of establishing the NHRAZ is estimated and operational expenses quantified so that medium term financing requirements are known. It enables the matching of government funding, against estimated costs, identifying financial gaps to be filled with external financing and through private-public partnership arrangement including other cost-recovery mechanism.

The key assumptions underlying the estimate of set-up costs and operational expenses are itemized:

- a) Personnel costs are based on the initial staffing levels as per approved interim organizational structure provided in the prospectus. Personal emoluments are estimated at K1 632 000 000 and covers remunerations for a total of 17 staff (four management positions, and 13 clerical and support staff).
- b) The cost of furniture and other consumables are estimated at current prices obtained from major office furniture and equipment suppliers while future maintenance of existing equipment and furniture is estimated at 10% of the current cost and will be fully depreciated in five years.
- c) Administration costs,
 - Rental of office premises is estimated at US \$3,000 or K15 000 000 per month, internet installation at K6 000 000 and internet subscription at K600 000 per month.
 - Board expenses include costs for holding meetings of the board and the committee. They also include cost for the board secretarial duties should that become necessary.
 - The audits fees include the cost of hiring an external auditor and an internal auditor should this be outsourced.
 - Health research costs are currently estimated at 2% of the total health sector budget allocation for 2011 and are in line with envisaged provisions of the Act establishing the NHRAZ.
 - The cost of utilities of service (electricity, water, fuel, other charges) are estimated at K905, 200,000 and office equipment and furniture at K688 900 000.
 - The research budget is estimated at two percent (2%) of the national health sector budget (which includes grants to the sector) of K1 772 900 000 in 2011 at K35 458 000 000.
 - The total annual operational budget of the Authority is estimated at K1 594 100 000. These cost are summarized in table one below.

Table 1: Estimates of setup and operational costs of the NHRA (2011-15; K' mn)

Cost items	2011	2012	2013	2014	2015
personal emoluments	1,632	1,841	2,581	3,022	3,607
Utilities and other services (a)	905	1,041	1,197	1,377	1,583
Office furniture & equipment, Rent (b)	689	67	37	37	37
Operational costs (a+ b)	1,594	1,108	1,234	1,414	1,620
Total NHRAZ budget	3,226	2,949	3,815	4,436	5,227
Research and grants	35,458	40,777	6,893	53,927	62,016
Total	38,684	43,726	50,708	58,363	67,243

Source: Authors calculation based on budget data and market prices

It is important that the operational budget that covers running of the NHRAZ is kept as low as possible, presumably below 10 percent of the total research funds administered. This is to ensure that more funds are allocated and spent on core health research agenda and execution of critical functions of the NHRAZ that produces measurable health outcomes both in the short, medium and long-term.

In this context, the total resource outlay of the NHRAZ in 2011 is estimated at K38, 684.1 million and the cost of running the NHRAZ at K1, 594 million, which is 9.3% of the total budget including funds in the endowment fund (see annexes).

3. FINANCING STRATEGIES AND OPTIONS

This section outlines the mechanism for financing operational and research activities of the NHRAZ. The potential funding mechanisms are divided into three categories;

- a) Funding from Government;
- b) Funding from revenues generated by the Authority, including any appropriation in aid and;
- c) funding from cooperating partners and other institutions,

(a) Government funding

The major source of funding for the operation of the NHRAZ will be central government through parliament appropriation. The NHRAZ will receive an annual government grant through the Ministry of Finance. These funds should cover the normal operational budget of the Authority and initial capital expenditures. This will ensure that the operations are financially sustainable and the NHRAZ adequately capitalised.

In addition, it is envisaged that research activities coordinated by the NHRAZ will be funded in part by an additional allocation from government profiled at two percent (2%) of the total public health sector budget (K35,458 million). These research funds should be clearly earmarked and deposited in the National Health Research Endowment Fund for health related research in the country. These funds should be supplemented by resources from other sources including cooperating partners and research institutions from within and outside the country.

(b) Funding from other sources

To supplement government funding of the operational and capital budget, the NHRAZ shall be allowed, subject to approval by the Minister of Health and Parliament, to charge and collect levies, fees, and charges in line with the user-pays principle from clients and beneficiaries of services rendered by the Authority. For example, the NHRAZ may require that all health institutions conducting health research be accredited to the Authority and pay annual accreditation fee.

The NHRAZ can also collect legal fees and charge administrative penalties for various violations of the regulations and laws governing the conduct of research on

human subjects in the country or violation of the health research ethics code as may be provided in the Law. The amount of funds that can be raised from this source is hard to estimate in the absence of detailed information on fees and charges that shall apply and the penalty regime that will be enforced.

Revenues from such fees and charges collected by statutory bodies such as this one are generally low and may not exceed five percent (5%) of the annual operational budget. At 5 percent, the NHRAZ is expected to raise K79.7 million kwacha annually, although this amount can increase in future depending on how innovative and effective the Authority will be in generating fee-based services such as access to health data, research publications, and coordination of national research with other institutions on which fees can be charged to defray some of its administrative expenses.

(c) *Funding from cooperating partners*

Health research generates both private and public benefits (local and global public goods). It is there expected that both bilateral and multilateral institutions should be willing to place some of their resources towards health research in the country. These resources may come in various forms such as technical assistance, and material and financial support.

Provisional estimates of grants to the Ministry of Health based on data published in the estimates of revenues and expenditures shows grants from four multilateral and nine bilateral agencies to the MoH were approximately 51 percent of the MOH budget, but this figure has fallen in recent times. Notwithstanding recent decline in grants from cooperating partners to the MoH, there is potential for NHRAZ to mobilise additional funds from cooperating partners active in the health sector. The few bilateral agencies interviewed to gauge their willingness to provide financial support to the Authority in the initial period (3-5 years) indicated they would consider providing support but could not make any financial commitment at the time.

The NHRAZ once established will need to approach these cooperating partners (figure 1) and other such cooperating partners for support. It is also important that the national health research agenda is mainstreamed within the national health strategy documents to ensure that it is properly aligned with national priorities outlined in the SNDP.

The objectives and strategies of NHRAZ and how they will work should be clearly stated in the National Health Strategic Plan to enable cooperating partners to align their funding support to core health priorities or health research needs. It will be important that national health research priorities are identified and agreed upon by all key stakeholders, including those providing financial support, so that research efforts and resources are focussed on key outcome areas and not spread too thinly.

4. THE NATIONAL HEALTH RESEARCH ENDOWMENT FUND

4.1 The concept of an endowment fund

An endowment fund can be set up where money or other financial assets that are donated to NHRAZ are invested, so that the total asset value will yield an inflation-adjusted principal amount, along with additional income for further investments and supplementary expenditures. This provides long-term support to the Authority because donations and well planned money management will keep the fund going for many generations.

Typically, endowment funds follow a fairly strict policy allocation, which is a set of long-term guidelines that dictate the allocation that will yield the targeted investment returns required without taking too much risk. Most endowment funds have guidelines that state how much of each year's investments return or income can be consumed. Endowment donors may be allowed to elect how their resources should be spent and what specific research themes such funds should finance.

Where such restrictions do exist or are permitted; the Authority can use the endowment funds to support health research according to the policy and guidelines that will be established by the Authority's Governing Board. It is recommended that a national health research endowment fund be established with the annual 2 percent of the national health budget allocation. Cooperating partners and private sector can then contribute to the fund. The resources in the fund should then be prudently invested and managed to generate an annual flow of income to be used to support health research in the country. This may be the most appropriate and sustainable way of funding medium and long-term health research in the country.

4.2 Financial sustainability analysis

To ensure financial sustainability, the NHRAZ should establish the endowment fund and manage it efficiently to generate an income flow to sustain both its operations and fund national health research priorities. Table 2 below shows projections of expenditure and income flows for the NHRAZ.

Table2: Preliminary financial and budget projections and sustainability analysis (2011--2015)

	2011	2012	2013	2014	2015
Income from fees and charge etc.	0	22,159,540	24,682,480	28,273,861	32,403,949
Income from endowment fund	1,298,313,963	2,729,595,426	4,313,789,514	6,073,833,121	8,036,103,674
Funding from government	1,594,140,000	1,107,977,000	1,234,124,000	1,413,693,050	1,620,197,458
Grants from cooperating partners	8,237,279,260	8,237,279,260	8,237,279,260	8,237,279,260	8,237,279,260
Total income plus govt. operational funding	2,892,453,963	3,859,731,966	5,572,595,994	7,515,800,032	9,688,705,081
NHRA operational budget	1,594,140,000	1,130,136,540	1,258,806,480	1,441,966,911	1,652,601,407
Allocation to research	1,298,313,963	2,729,595,426	4,313,789,514	6,073,833,121	8,036,103,674

Notes:

- (a) Government funding equals the difference between NHRAZ internal revenue less operational costs.
- (b) Funds from cooperating partners is provisionally estimated at 2% of total grants to MOH in 2003 and is held constant for the three years and goes to the endowment fund
- (c) Allocation to research is estimated at 2% of the total health sector budget in 2011 and is increased by 15% annual thereafter.

(d) Income flow from the endowment fund is estimated 5% of the total endowment, which is 2% of the National health sector budget plus funds placed in the endowment fund by cooperating partners.

(e) The NHRAZ will run a zero surplus/deficit budget.

(f) The NHRAZ will raise 2% of its operational budget from fees and licenses, starting in 2012.

Based on the above projections, the following commentaries can be made on the best financing strategies and options for the NHRAZ:

- Government placement of 2% of the health sector budget into the endowment fund for five years will generate accumulated funds of K239,071.4 million by 2015;
- Placement of K8,237.3 million annually of donor resources will accumulate to K41,186.4 million by 2015, raising the total endowment fund to K280,257.8 million and interest income of K8036.1 million in 2015;
- If the optimal research funding is set at K4,800 million (or US\$ 1 million) and operational budget at K1,652.6 million, the NHRAZ will be financially sustainable by 2015 and;
- Should the endowment fund operate as planned, the NHRAZ will attain full financial autonomy in 2015 and government would seize its funding to the NHRAZ for operational purposes;

For this to work, the government must be committed to providing operational funding and allocate funds to the endowment fund as provided in the legislation. Cooperating partners and others should equally support the NHRAZ through the endowment and this support will be forthcoming if the sufficient measures are put in place to ensure financial transparency and accountability in the use of both operational funds and income placed in the endowment fund.

The Interim NHRAZ: Costing and Financing Requirements

The analysis above provides costing and financing arrangements for a fully functioning NHRAZ, with all publicly funded health research activities and coordinated through the Authority. However, the setting up of the NHRAZ will realistically be phased out, with immediate reform measures implemented in the initial set up period, and implement subsequent and deeper reforms afterwards. It is therefore reasonable to provide, in addition to the full financial plan presented above an interim financial plan that will show activities to finance to set up the NHRAZ and how these may be financed and the required financial budget. These estimates of costs and budget abstracts from the overall medium term plans presented above, with all key assumptions maintained.

Initial activities and costs

The initial actual costs of setting up the NHRAZ will certainly be lower than those provided in the report at least for four reasons:

1. at the set up stage, the number of employees will be less than the establishment provided in the prospectus for senior managers and most support staff would not have been hired by then;

2. the cost estimates for both personal emoluments will to be determined and approved by the Board of Directors and will probably be benchmarked on conditions of services in government agencies or grant-aided institutions and will not exceed what is provided for in this document;
3. the cost of materials and other consumables are costed at current prices and can either go up or down depending on how and where materials are sourced and;
4. all research funds raised either from government and other sources are proposed to be allocated to the endowment fund and will have to be invested and managed to ensure a steady flow of income that will then finance research activities. These are not part of the operational budget of the NHRAZ.

The estimated cost of setting up of the NHRAZ is K3,226 million kwacha or US\$ 672,000 in 2011 and assumes staffing at full establishment as provided for in the prospectus (One executive director with three senior managers). The actual cost is likely to be lower than this in the initial period when only the Chief Executive, one senior manager, secretary and a driver may be employed by that time. This also means that consumables and other expenses may be lower than estimated in table 1 and 3.

5. Recommendation and Conclusion

The three major financing options for the NHRAZ have been discussed above and include funding from government through Parliament Appropriation for the day to day running of the Authority, and for building the research endowment fund through a predetermined 2% of the health sector budget annual allocation to health research. The latter is a critical component of the funds required to ensure that the NHRAZ is financially sustained and health research in the country is continuous. These funds should be placed in an endowment and managed by a professional fund manager (investment company) and only the income flow from the endowment funds be used to finance health research activities.

Operational funding from government that will be allocated to the NHRAZ annually through Parliament appropriation should cover the day-to-day running of the Authority in the initial period until such a time when the endowment fund has grown to a level where its income flow is able to finance both the operational costs and health research related activities on a sustainable basis.

The NHRAZ should immediately design instruments for mobilizing its own resources through such mechanisms as fees, licenses, and charges including the imposition of administrative and legal penalties on those violating the health research regulations as shall be provided for in the appropriate legislation. In addition, the NHRAZ should ensure that it derives income by selling some of its research publication and data to second parties to help defray some of the research and administration cost.

Funding from government should be augmented by resources mobilised from cooperating partners, international research (funding) institutions. These funds can finance individual research projects on the national health research priority list and other complimentary health research activities or placed in the endowment fund to grow the fund. It is recommended that such funds be placed in the endowment, except when such funds are required to finance urgent health research activities in the country.

Finally, the NHRAZ, working with other local health institutions such as the University of Zambia can develop collaborative research initiative to attract funding from other international health institutions on which they can leverage their research activities and resources by developing joint research projects. The NHRAZ should spearhead such initiative through advancing its health research coordination role on behalf of local research and training institutions.

Given the above recommendations, it important that the NHRAZ takes decisive and strategic decisions in order to mobilize funds required for its establishment, and subsequently for operations and research. These actions include:

- Appoint the Governing Board of the NHRAZ immediately (Feb, 2011)
- Appoint the Chief Executive and recruit management and support staff (March, 2011)
- Appoint research advisory committee of the NHRAZ (March-May)
- Government to provide operational funding to NHRAZ
- Agree with government and allocate the 2% of the national health sector budget to the endowment
- Appoint fund managers (June-August)
- Develop a three year corporate plan for the NHRAZ (July-September)
- Develop five-year national health research agenda in line with the SNDP with key stakeholders (September-October)
- Develop health research funding modalities and guidelines to support the national health research agenda through an advisory committee (September-October)
- Develop detailed financial resource mobilization plan, based on the concept of the endowment fund, the research agenda and Corporate Plan (October-November)
- Implement the financial resource mobilization plan to raise funds for health research activities especially with Cooperating partners and international collaborators and research funding institutions.

If this proposed sequence of actions is followed, then the NHRAZ is expected to be operational in the second quarter of the 2011, with much of 2011 dedicated to institutional development and development of the corporate plans, regulations and internal systems development, research agenda and funding modalities, human resource development and staffing, financial resource mobilization and management guidelines, and systems.

A more detailed and complete medium-term financial resource mobilization plan and strategy should be developed once the corporate plan and the national health research

agenda has been developed. This should be aligned with the SNDP and the government budget cycle. The medium term financial resource mobilization plan should enable the NHRAZ to attain full financial autonomy within 10 years and preferably by 2015 if the endowment fund is well resourced and managed from inception.

Table 3: Detailed description of costing for the establishment and running of the NHRAZ, Zambian Kwacha					
Year	2011	2012	2013	2014	2015
personal emoluments	2011	2012	2013	2014	2015
chief executive	600,000,000	600,090,000	690,103,500	793,619,025	912,661,879
Managers (three)	720,000,000	882,000,000	1,068,300,000	1,282,545,000	1,528,926,750
secretarial staff	228,000,000	262,200,000	301,530,000	346,759,500	398,773,425
clerical staff	60,000,000	69,000,000	79,350,000	91,252,500	182,505,000
general workers	24,000,000	27,600,000	441,600,000	507,840,000	584,016,000
<i>sub-total</i>	1,632,000,000	1,840,890,000	2,580,883,500	3,022,016,025	3,606,883,054
Office furniture and other assets					
Chief executive office					
executive office desks (1)	8,000,000	400,000	400,000	400,000	400,000
executive chair (1)	4,000,000	200,000	200,000	200,000	200,000
filling cabinet/shelves (2)	1,800,000	90,000	90,000	90,000	90,000
office table (1)	1,200,000	60,000	60,000	60,000	60,000
office chairs (4)	2,760,000	138,000	138,000	138,000	138,000

Financial Resource Mobilization Plan

computer(1)	6,500,000	325,000	325,000	325,000	325,000
printer (1)	1,400,000	70,000	70,000	70,000	70,000
phone (1)	280,000	14,000	14,000	14,000	14,000
fax (1)	1,400,000	70,000	70,000	70,000	70,000
shredding machine (1)	1,700,000	85,000	85,000	85,000	85,000
secretarial chair and table (1)	2,500,000	125,000	125,000	125,000	125,000
secretarial filling cabinets (3)	3,000,000	150,000	150,000	150,000	150,000
Office Fridge (1)	1,800,000	90,000	90,000	90,000	90,000
reception chairs (4)	1,600,000	80,000	80,000	80,000	80,000
<i>sub-total</i>	37,940,000	1,897,000	1,897,000	1,897,000	1,897,000
Office furniture for managers		-			
office desk (4)	20,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Office chair (8)	10,800,000	1,080,000	1,080,000	1,080,000	1,080,000
filling cabinet/shelves (4)	4,000,000	400,000	400,000	400,000	400,000

Financial Resource Mobilization Plan

computer (4)	24,000,000	2,400,000	2,400,000	2,400,000	2,400,000
printer (4)	2,000,000	200,000	200,000	200,000	200,000
phone (6)	1,800,000	180,000	180,000	180,000	180,000
fax (2)	3,000,000	300,000	300,000	300,000	300,000
fridge (2)	3,000,000	300,000	300,000	300,000	300,000
shredders (2)	3,000,000	300,000	300,000	300,000	300,000
secretarial tables (2)	3,600,000	360,000	360,000	360,000	360,000
secretarial chairs (2)	1,400,000	140,000	140,000	140,000	140,000
filing cabinets (8)	8,000,000	800,000	800,000	800,000	800,000
shared printer (colour)(1)	1,400,000	140,000	140,000	140,000	140,000
photocopying machine (1)	4,500,000	450,000	450,000	450,000	450,000
binder (1)	1,500,000	150,000	150,000	150,000	150,000
reception chairs (8)	3,200,000	320,000	320,000	320,000	320,000
reception table (1)				180,000	

Financial Resource Mobilization Plan

	1,800,000	180,000	180,000		180,000
24 seater boardroom furniture (1)	25,000,000	2,500,000	2,500,000	2,500,000	2,500,000
chief executive vehicle (1)	120,000,000	12,000,000	12,000,000	12,000,000	12,000,000
operational vehicles (2)	400,000,000	40,000,000	40,000,000	40,000,000	40,000,000
chairs for clerical staff(6)	3,000,000	300,000	300,000	300,000	300,000
Tables for clerical staff (6)	6,000,000	600,000	600,000	600,000	600,000
<i>sub-total</i>	651,000,000	65,100,000	35,100,000	35,100,000	35,100,000
<i>total</i>	688,940,000	66,997,000	36,997,000	36,997,000	36,997,000
Administration costs					
Telephone	18,000,000	20,700,000	23,805,000	27,375,750	31,482,113
internet (a)	24,000,000	21,600,000	18,840,000	15,666,000	12,015,900
Water	6,000,000	6,900,000	7,935,000	9,125,250	10,494,038
Electricity	19,200,000	22,080,000	25,392,000	29,200,800	33,580,920
Fuel	108,000,000	124,200,000	142,830,000	164,254,500	188,892,675
Stationary		48,300,000	55,545,000	63,876,750	73,458,263

Financial Resource Mobilization Plan

	42,000,000				
other consumables	36,000,000	41,400,000	47,610,000	54,751,500	62,964,225
board expenses	250,000,000	287,500,000	330,625,000	380,218,750	437,251,563
bank charges	15,000,000	17,250,000	19,837,500	22,813,125	26,235,094
insurance	75,000,000	86,250,000	99,187,500	114,065,625	131,175,469
audit	120,000,000	138,000,000	158,700,000	182,505,000	209,880,750
legal fees	12,000,000	13,800,000	15,870,000	18,250,500	20,988,075
office rentals	180,000,000	207,000,000	238,050,000	273,757,500	314,821,125
sub-total	905,200,000	1,040,980,000	1,197,127,000	1,376,696,050	1,583,200,458
Total NHRAZ budget	3,226,140,000	2,948,867,000	3,815,007,500	4,435,709,075	5,227,080,511
Research and Grants					
Research and Grants at 2% of national health budget	35,458,000,000	40,776,700,000	46,893,205,000	53,927,185,750	62,016,263,613
Grant Total (plus research endowment funds)	38,684,140,000	43,725,567,000	50,708,212,500	58,362,894,825	67,243,344,124
notes: (a) includes installation fee estimated at K6 million and monthly subscription					
(b) electricity is estimated at K1.6 millions and fuel at K3 million per month for three vehicles					
(c) office rentals estimated at K15 million or US\$ 3000 per month.					

Financial Resource Mobilization Plan

Table 4: Summary of operational and research costs, 2011-2015					
cost items	2011	2012	2013	2014	2015
personal emoluments	1,632,000,000	1,840,890,000	2,580,883,500	3,022,016,025	3,606,883,054
Utilities and other services (a)	905,200,000	1,040,980,000	1,197,127,000	1,376,696,050	1,583,200,458
furniture, office equipment and rent (b)	688,940,000	66,997,000	36,997,000	36,997,000	36,997,000
Operational costs (a+b)	1,594,140,000	1,107,977,000	1,234,124,000	1,413,693,050	1,620,197,458
research and grants	35,458,000,000	40,776,700,000	46,893,205,000	53,927,185,750	62,016,263,613
Total	38,684,140,000	43,725,567,000	50,708,212,500	58,362,894,825	67,243,344,124
personal emoluments	4.2%	4.2%	5.1%	5.2%	5.4%
Utilities and other services	2.3%	2.4%	2.4%	2.4%	2.4%
furniture, equipment and office rent	1.8%	0.2%	0.1%	0.1%	0.1%
administration costs	4.1%	2.5%	2.4%	2.4%	2.4%
research and grants	91.7%	93.3%	92.5%	92.4%	92.2%
total	100.0%	100.0%	100.0%	100.0%	100.0%
Note: funds from other sources(fees, licenses, penalties)		0	0	0	0
estimated at 2% of the operational budget of K1594.14 million will be K31,882,800 in 2011 and at 5% will be K79,707,000					

Table 5: Preliminary financial and budget projections and sustainability analysis (2011--2015)					
	2011	2012	2013	2014	2015
income from internal sources	0	22,159,540	24,682,480	28,273,861	32,403,949
income from endowment fund	1,298,313,963	1,431,281,463	1,584,194,088	1,760,043,607	1,962,270,553
Funding from government	1,594,140,000	1,107,977,000	1,234,124,000	1,413,693,050	1,620,197,458
Grants from cooperating partners	8,237,279,260	8,237,279,260	8,237,279,260	8,237,279,260	8,237,279,260
total income plus funding	2,892,453,963	2,561,418,003	2,843,000,568	3,202,010,518	3,614,871,960
NHRAZ operational budget	1,594,140,000	1,130,136,540	1,258,806,480	1,441,966,911	1,652,601,407
allocation to research	1,298,313,963	1,431,281,463	1,584,194,088	1,760,043,607	1,962,270,553

Notes:

- (a) Government funding equals the difference between NHRAZ internal revenue less operational costs.
- (b) Funds from cooperating partners is provisionally estimated at 2% of total grants to MoH in 2003 and is held constant for the three years and goes to the endowment fund
- (c) Allocation to research is estimated at 2% of the total health sector budget.
- (d) Income flow from the endowment fund is estimated 5% of the total endowment (which is 2% of the national health sector budget plus funds from cooperating partners)
- (e) The NHRAZ will run a zero surplus/deficit budget.

- (f) The NHRAZ will raise from fees and licenses and other sources 2% of its total operational budget, starting in 2012.

NHRAZ Lessons Learned

v1

December 17, 2010

Since 2008, the Canadian Coalition for Global Health Research (CCGHR) has partnered with Zambia's Ministry of Health and its National Health Research Advisory Committee to discuss the creation of a National Health Research Authority of Zambia (NHRAZ). What new and innovative approaches could strengthen Zambian skills to promote, coordinate, regulate and manage health research? A team of Zambian stakeholders used a series of facilitated deliberations to get there, with generous funding from Canada's International Development Research Centre (IDRC).

This document presents some of the key lessons learned during the 18-month process. For the content of this document, a CCGHR intern stationed for one year at the Zambia Forum for Health Research (ZAMFOHR) performed key-informant interviews of nine leading members of the Technical Working Group (TWG) critical to the NHRAZ's formation. Comments from these interviews are included here, unattributed, in quotation marks. For more on the project, including a video describing its major aspects, see <http://bit.ly/fXtEtk>.

This project saw a Technical Working Group (TWG) designing and executing plans for NHRAZ's creation. This participatory process involved key actors from government, civil society, academia, and research institutions. They met formally on three occasions; travelled in small groups to domestic and international institutions to gather information and learn from experience; interviewed expert witnesses; and saw their deliberations culminate in a Prospectus and Resource Mobilization plan. Through innovative participatory techniques, the TWG addressed and incorporated the views and desires of a wide and inclusive group of stakeholders – thereby guaranteeing the process a comprehensive “buy-in” and a greater chance for long-term success.

Major project milestones

- April 2009: the first meeting of the Technical Working Group (TWG); five days' duration. An external consultant leads the TWG using Visualization in Participatory Programs (VIPP) – a technique designed to create inclusive, step-by-step dialogue and discussion. At the end of the meeting, TWG members prepare TORs for a situation analysis, along with an interview instrument to be used for both domestic and international comparator visits.
- May 2009: the TWG commissions a situation analysis analyzing research governance research institutions, and other research management issues in the country.
- June-August 2009: TWG members visit domestic and international institutions to gain insight into proposed functions for the NHRAZ.
- November 2009: the second meeting of the TWG; three days' duration. They discuss as a group the comparator visits and the situation analysis.
- December 2009: the third meeting of the TWG; four days' duration. TWG members interview expert witnesses – domestic and international experts with particular insights on issues relevant to the NHRAZ. TWG members create a first draft of the Prospectus. A TWG Executive is created to maintain the work of the TWG, which will now cease to meet.

- April-May 2010: two public consultative meetings are held with multiple stakeholders in Lusaka and the Copperbelt.
- September 2010: a Zambian consultant is formally hired to complete the Prospectus and the Resource Mobilization plan.
- December 2010: after review and feedback, the Prospectus and Resource Mobilization plans are completed.

Below are seven major lessons that emerged over this period, in the words of the TWG leaders.

1. Stakeholder Representation

Given the intersections of health with other sectors and ministries – e.g. agriculture, education, finance, etc. – the TWG needed to *“bring on board for example the social sciences and the technology sectors, and various other aligned ministries and institutions”*. *“It’s important that the process is not just confined to ourselves in the health sector. We need to bring in the other key players. And not only those involved with research, but who have other responsibilities but have an influence on research. Like those in policy, in implementation, all the partners who are involved in research”*. *“I think that to have only one sector of people isn’t a very good thing – but in this process we had different people... it’s most important to have dialogue between various sectors of people”*. However, not all TWG members believed that the TWG did an adequate job of achieving this multi-sectoral representation: *“I know that initially there was an attempt to invite a very good representation of a cross-cutting membership from stakeholders – which we didn’t quite get to. So it ended up as a very small representation, such that throughout the process there was this need to include more people before we finalize the whole process so that whatever decisions are made are representative of all the key stakeholders”*.

Other comments included:

- *“It was good keeping someone from the Ministry on board so that they were part of the process and therefore those are the people who would possibly keep on pushing”; however: “I would have loved to see more of the Ministry of Health representative in the TWG”*.
- *“The other thing we should be changing I think is about the TWG membership. There should be wider representation, and then people must be screened for commitment”; “We started with institutions, and then we went on to select a representative from the institution so it was not balanced towards your friend or somebody else.”*
- *“It is not very clear which perspectives are included in any group selected to do a task like this one, and the lesson is to keep a very open mind about who will contribute and who will not and to be as broad as possible in the selection process.”*
- *“I think it’s just an effort to ensure that right from the beginning you have very good representation which is not very easy because a lot of people are very busy. So to try to get that composition is a little bit challenging. That is something that I would advise anyone who is going through this process to ensure that the representation in the TWG from the initial stage is well-represented.”*

2. Timeline

Nearly all members of the TWG believed that these activities should have been done in a much tighter timeframe, principally to maintain momentum, not to lose any stakeholders along the way, and to keep everyone on the same page. “We need to shorten up the time period so that we have active interactions...so that we keep the momentum going and everybody is abreast in terms of the developments and input”.

- “If the process was shorter it could have been more focused... because the process was long we kept losing people along the way, people who we started with were possibly not there in the middle of the process”
- “We should have more frequent meetings, shorter intervals – as a matter of fact, perhaps even if we were in prison for at least ten days, we would have finished the process... people left and they forgot about it, and we came back and we had to remind them of what they discussed before and so forth because some people were not there... it should take eight months to one year.”
- “One thing that we should do is have a constant group of people. Not where we did sometimes when some were absent, some people were there and some of the people were not there and then so they were asking the same questions all over again that we had already asked.”

3. Comparator visits

- “The situation analysis gives you an idea of what environment you are working in, what factors really influence the formation of the body, what would ruin the process, and what would possibly help the process – guidance from where you are coming from and what it is that you want to achieve”.
- “The TWG worked best when they went for interviews with different organizations. This was really an interesting issue because as TWG, we had no idea of what the other institutions were doing. And of which I feel it’s a good thing to see what others are doing because you can borrow ideas, and you can also sell yourselves, that was really an exciting thing”
- “Usually people just simply say ‘have you heard? These people do this’ but actually people were able to travel and meet comparators.”
- “We could have had more research to find out what’s been happening in those countries and how they have come to form their bodies.
- “It is important to know, to appreciate what particular context one is working in, without losing sight of the lessons lived and learned from other countries. And so, many suggestions for what could be done simply cannot be done given the context in which we operate.
- “It was quite interesting to note that, if you look at the challenges that are being faced in research, what you learnt from all of the different organizations – the challenges were almost similar...you are looking at challenging of funds, challenges of key policy-makers, appreciation of research, people feeling that there isn’t a very good dialogue between the researchers and the policy-makers, the whole issue of being very concerned that so much research has been done in the country, this research is not being translated into policies or decisions that could actually benefit the communities and the individuals at large...that was one of the very key lessons that I

learned, that these challenges are well-known, and they are actually being experienced by a lot of institutions that we visited."

4. Role of facilitation

Nearly all members of the TWG had a very high opinion of the facilitation, believing it essential to have a facilitator from outside yet familiar with the Zambian research landscape and insights and new means for tackling the task at hand.

- "I liked the way the consultants facilitated because they made us actually do the actual work. It was a very consultative process, and we feel the ownership throughout the whole process"
- "They guide us, but I think we were the key players, so that we owned the process"
- "They made us discuss, respect each other's opinion... they were not leading us into the direction they wanted us to go, but we worked it out ourselves, the direction we want the body to be for Zambia"
- "If the facilitators didn't come in, I think many would have been lost along the way. The facilitators kept us on track and kept us focused on the goal."
- "Look, we all have quarrels with research bodies. We would have just gone on to complain...we needed somebody to come and provide that focus".
- "Facilitation guided us on what kind of information we should gather from the institutions that we visited".
- "It would have been difficult for us on our own without proper facilitation to even reach the stage we have reached now. So I think the facilitation was quite perfect in the way that it was set up".
- "Discussions were based on answering certain questions and therefore the facilitation in answering that question was very, very important."
- "The facilitation was absolutely critical. I don't think you could do it without external facilitation. The truth is that no matter how much you try to select objective people, they have personalities, they've got perspectives, they've got areas in which they tread and areas in which they don't tread. And it takes someone who is ... inverted commas ... from outside".

5. Small group work

- "The TWG worked best in smaller groups to do the assignments and then debate issues during plenary."
- "If you are to discuss those issues in a large group it would have taken us ages of arguing, and arguing and arguing and that's why I think the smaller groups were very, very, very important. Speaking about one specific area and then having someone present it to the larger group."
- "Through that group work, we have known a lot of capacities in different key players within the TWG".

6. Legal framework

- "One non-negotiable element of establishing a body like the NHRAZ is having the legal framework in place ... minus that it's very difficult to have the regulatory framework in place".

- “I think for continual government support and international recognition the body must be established by an Act of Parliament. I think that should be something that is non-negotiable”.
- “We have to look at the institutional framework and the legal framework – those are very important because if the institutional framework is not well-established together with the legal framework than I think it’s difficult for an institution like this one to function effectively”.

7. Other lessons

- “Initially it looked like something very simple but I think later on as we got into the process we saw how complicated and difficult it was... in the beginning I found it very difficult to understand and comprehend very well, but I think after the third meeting, things became very clear”.
- “I thought that there isn’t much that needs to be changed because I’ve looked at it as a very perfect process that we did. The only thing that I would include maybe is to have more people who have more experience in forming such bodies in the other countries”.
- “It is not very clear which perspectives are included in any group selected to do a task like this one, and the lesson is to keep a very open mind about who will contribute and who will not and to be as broad as possible in the selection process.”
- “If we were to do another 200 TWGs, we would still insist, ‘yes, but in Zambia, what is the cultural, social, legal context?’”
- “My fear is that in government institutions we always end up being representative of this, representative of that, representative of this, and therefore no particular person has got strong, personal feelings about the success of research in the country, or research system in the country.”
- “At least you need to have three – two, three, four individuals that actually ensure that you do not lose the pace to guide the process and through them, ensuring that at least to see this process up to the end. I think that’s the only way.”

Conclusions

What does this Zambia experience add to our understanding? What type of processes are critical in understanding and addressing the health research governance dynamics in Zambia – and possibly in other sub-Saharan African countries?

- broad stakeholder participation is as essential as the way stakeholder meetings are facilitated. In countries with small health research communities, facilitation can make a critical difference in getting new ideas from a fairly homogenous and like-minded group well aware of existing personal and institutional dynamics.
- visiting domestic and international institutions was essential to the TWG’s work, and is a process that should be replicated as much as possible in the formation of any new institution, or in the reform of existing institutions.
- less time (in terms of space between meetings) needs to be budgeted for the brainstorming work and discussions of the TWG; but more time needs to be created for the institutional and legal frameworks necessary to convert TWG ideas into a parliament-mandated institution.

Towards the National Health Research Authority of Zambia

The concept of a national health research system (NHRS) has lately received a great deal of global attention. With the four critical functions of stewardship, financing, mobilizing and sustaining resources, and producing and using research, an NHRS is an essential component governing all aspects of research in health. Unfortunately, research systems in many sub-Saharan African countries are weak, and have limited abilities to execute their core functions. Without a governing framework, researchers often have little knowledge of their colleagues' work, and have greater incentive to compete than to collaborate, with critical complementarities unexplored. Add to this the inconsistent ethical approval of research and low institutional capacity to train young researchers, and too often



African countries develop national health policies that are out-of-step with an evidence-base that itself is fractured, scattered, donor-driven and often inaccessible.

Since 2008, the Canadian Coalition for Global Health Research (CCGHR) has partnered with Zambia's Ministry of Health and its National Health Research Advisory Committee to redress this situation. What new and innovative approaches could strengthen Zambian skills to promote, coordinate, regulate and manage health research? With all agreed on a desired destination – creating the National Health Research Authority of Zambia (NHRAZ) – a team of Zambian stakeholders used a series of facilitated deliberations to get there, with funding from Canada's International Development Research Centre (IDRC).



Meeting of the NHRAZ's Technical Working Group – December 2009

The Participatory Process

Recognizing the many voices that must contribute to the creation of such a council, all stakeholders agreed on the need for an inclusive participatory process to discuss the exact nature of the NHRAZ. What basket of services should it offer? Who would fund it? Where would it sit – within government or within civil society? Building on similar achievements in other African countries (e.g. Kenya and Malawi), stakeholders opted to form an inclusive Technical Working Group (TWG) representing government, civil society, academia, and research institutions, and charged with discussing the existing state of research and how

the NHRAZ could work to build the system's capacity over the long-term. Using the innovative technique of Visualization in Participatory Programs (VIPP), the TWG:

- commissioned a situation analysis to understand the full range of research dynamics in Zambia
- made comparator visits to both domestic and international institutions to understand the challenges and opportunities for African organizations involved in health research
- invited domestic and international expert witnesses to attend TWG meetings to share their expertise on very specific topics.

The TWG met formally on three separate occasions to discuss systemic issues and appropriate Zambian-driven solutions. The TWG considered the role of the NHRAZ in:

- overseeing the research agenda (including priority-setting mechanisms)
- developing and strengthening capacities for undertaking health research
- monitoring and coordinating national research activities (including improved communication, dissemination and partnering)
- strengthening capacities in knowledge management and translation
- governing research ethics boards
- convening policy dialogues.



TWG member during a VIPP session. Behind him are the cards used to gather and discuss collective ideas.

The Road Ahead

Following eighteen months of deliberations, the TWG commissioned the creation of a Prospectus – outlining its long-term mandate – and a Resource Mobilization plan to guarantee sustainability in the long run. With a vision of an evidence-informed health system and a mission of promoting and coordinating health research to bring about such an evidence-informed system, the NHRAZ will be a Parliament-mandated, semi-autonomous Authority that will answer to the Minister of Health. It will focus on:

- developing a dynamic database of researchers, research, and research institutions
- informing and setting the national health research agenda
- actively disseminating and advocating for specific research results and syntheses
- strengthening capacities of researchers, research-users and institutions
- convening regular policy dialogues
- monitoring research projects
- advocating for the “mainstreaming” of research at all levels in the health sector.

The Prospectus will now stand before Parliament, which is expected to approve it and issue NHRAZ funding in January 2012.

For more information, please contact ccghr@ccghr.ca

Coordinating and Strengthening the Health Research System in Zambia

Technical Report

Canadian Coalition for Global Health Research

July 29, 2009



1. Overview

The grant was officially approved on January 16th 2009. Since that time, the CCGHR and its Zambian colleagues (specifically Drs. Margaret Maimbolwa and Alasford Ngwengwe) have successfully pursued the initial activities as outlined in the IDRC project proposal of October 3, 2008. Recognizing that official project activities began in February 2009, initial work has included:

- planning for and convening the first meeting of the Technical Working Group (TWG), including a March, April and June 09 CCGHR visit to Zambia;
- hiring staff for the TWG Secretariat - research officer and logistics officer;
- convened a meeting of the TWG “executive” to discuss Secretariat staffing and a consultant to execute a situation analysis;
- identified and contracted a consultant to perform a situation analysis;
- planning for future meetings of the TWG.

2. First TWG meeting - April 2009

As this grant centers upon a facilitated process to create the National Health Research Body (NHRB), the April TWG meeting was its first big moment. The planning for this meeting was extensive, though initial plans to have the meeting in March were scrapped upon delay of fund transfer from the CCGHR to the National Health Research Advisory Committee (NHRAC) - the Coalition’s on-the-ground implementing partner. The April meeting was facilitated by Mr. Cole Dodge, who led TWG members through his Facilitated Participatory Planning methodology. Over four days from 21 - 24 April, the TWG:

- created Terms of Reference (TORs) for the TWG itself. This included general rules of conduct for members on the TWG.
- created TORs for the commissioned study. This study is a situation analysis designed to map all Zambian institutions involved in health research to get a more precise snapshot of the NHRB’s precise niche, and how other institutions might complement it.
- created TORs for the Expert Witnesses, along with a range of potential names. Expert Witnesses will be convened at the TWG meeting slated for late September - early October 09. This meeting will also review results from domestic and international comparator visits.
- identified names of possible field visit (domestic) destinations, including the development of a preliminary “instrument” that will guide TWG members in getting information from the visited institution to ensure that all blanks are filled in and the

results are comparable. These domestic visits will be undertaken in August and early September 09.

- Identified names of possible comparator (international) destinations. The four countries likely to be visited are South Africa, Malawi, Kenya and Uganda.
- agreed on the shape of TWG meetings to come. There will be a meeting of 4 days' duration late September - early October 09 and then a meeting of 2 days in December 09. Future TWG meetings will be determined based on the results of these two meetings.

During this meeting the TWG hired a research officer for the TWG Secretariat. It also determined that the Secretariat would have official offices at both the Ministry of Health and the National Malaria Control Centre.

Considerations:

The attendance at this first TWG meeting was not strong. Some key individuals were not present, with a significant problem being the necessary protocol for convening an official meeting. The required letters of invitation were delayed, and in some instances were not received at all. The contract of the former logistics officer for the NHRAC was not picked up as a result.

A second consideration for the first TWG meeting was, in hindsight, the massive corruption allegations and arrests that would begin only a few weeks later. Though no members of the TWG or the NHRAC have currently been implicated in this scandal, it is believed that the spectre of this did affect the ability of members to attend. The CCGHR has no reason to believe at this time that the corruption scandal will hinder the progress of the NHRB, but will keep IDRC closely updated on the situation.

3. Progress

The Coalition believes that the NHRB grant is progressing well and is on schedule. While there have been some minor hiccups, these have been capably addressed by the Coalition's staff in Zambia (Dr. Maimbolwa). Dr. Ngwengwe has notably taken full ownership of the process; given his role as Chair of the NHRAC and various connections with the Ministry of Health, this is a crucial development. The Coalition has built upon its already strong relationship with the Ministry of Health throughout the lifetime of the project, and their enthusiastic support has been a critical early outcome of the project.

Secondly, part of the consultancy envelope in the NHRB budget has been applied to support a Canadian intern. Abigail Speller is completing her fourth year at the University of Toronto in International Development and Health Studies and is spending her 8-12 month placement period in Zambia. Her primary task is to work with the research and logistics officer of the TWG Secretariat, as well as regular liaising and working with Dr. Maimbolwa to ensure routine communication within the project, to map and identify resource mobilization opportunities, and to help to build core capacities within the TWG Secretariat. She is also contributing to the day-to-day functioning of ZAMFOHR, and is

pursuing a case study of a successful research-to-action endeavor in Zambia as part of her studies.

4. Synergies

The Coalition's work with the NHRB has aligned well with, and benefited from, some other noteworthy developments in Zambia. Given the Coalition's high interest in Zambia (as encapsulated in its MoUs with the Ministry and with ZAMFOHR, and in its overall "Zambia Strategy"), there is now a series of Coalition pathways into Zambia, and a steady stream of Coalition members and experts visiting Zambia and working on select issues. Examples include the following.

ZAMFOHR: The development of the Zambia Fellowship Program (ZFP) between the Coalition and ZAMFOHR (through a grant from the Alliance for Health Policy and Systems Research) will see rising Zambian "stars" paired with Canadian experts and institutions, and lead to some Zambian students and professionals routinely visiting Canada and further developing their skills, and contributing to Canadian skills and an overall awareness of key LMIC issues within Canada. The ZFP is seen as an ideal platform for eventually pairing key NHRB members with Canadian counterparts, and of creating institutional linkages between, for instance, the NHRB and Canadian universities and agencies.

Some NHRB members also attended the June 2009 workshop given by the Coalition in support of the ZFP. This two-day workshop covered: an overview of the ZFP for new fellows; identified individual and group learning needs; introduced core KT principles using a mental health case study; introduced KT tools particularly on accessing an evidence base; and provided an overview of synthesis tools, including systematic reviews and how to find them and assess their validity.

The Coalition has also worked with ZAMFOHR to create a "research to action" group on the theme of human resources for health (RAG-HRH). Two members of this group, Dr. Fastone Goma and Dr. Miriam Libetwa (Ministry of Health), in collaboration with Dr. Gail Tomblin Murphy and her team at Dalhousie University submitted a proposal to the African Health Research System-Research Program (AHSI-RES). We recently received news that this submission was successful. This 3-year research program: *"Evaluating the Availability of Adequately Trained Health Care Providers in Rural Zambia through Competency Assessment and Outcome Mapping"*, will evaluate retention and recruitment strategies in two rural pilot districts (Gwembe and Chibombo).

University of Zambia (UNZA): The Coalition has also facilitated coordination among several Canadian universities with interests in public health training and research. Working with UNZA's Department of Community Medicine is a "Canadian university consortium" that includes the University of Toronto, Simon Fraser University, the University of Alberta and the University of British Columbia.

5. Next Steps

The Coalition has a weekly teleconference with Drs. Maimbolwa and Ngwengwe. One or both of Dr. Vic Neufeld and Mr. Sandy Campbell will attend the next TWG meeting end September - early October 09, along with Mr. Cole Dodge. This event will be the next major moment in the project, and preparations for it (planning for domestic and international comparator visits, drawing up lists of Expert Witnesses and inviting them) are moving along well.

Attached please find a document the Coalition and Zambian partners are using in promoting the NHRB processes.

REPORT
Second Meeting of the Technical Working Group:
Toward the creation of a National Health Review Board (NHRB) for Zambia
November 3 – 5, 2009 at the Golfview (Cresta) Hotel, Lusaka

Participants: ¹

Table 1
List of Participants

- | | |
|---|---|
| 1. Dr. Alasford Ngwengwe- Chairperson
School of Natural Sciences, UNZA | 7. Dr. Margaret Maimbolwa
School of Medicine, UNZA |
| 2. Dr. Cecilia Shinondo
Health Services and Systems Programme
(UNZA/NMCC/HHSP) | 8. Dr. Nanthalile Mugala
Health Services and Systems Program
(HSSP) |
| 3. Professor Chifumbe Chintu
School of Medicine, UNZA | 9. Brig-Gen. Dr. Freda Kazembe
Maina Soko Military Hospital |
| 4. Ms. Bertha Chipepo
General Nursing Council of Zambia
(GNC) | 10. Ms. Pascalina Chanda
Directorate of Public Health and
Research, Ministry of Health |
| 5. Dr. Joseph Kasonde
ZAMFOHR | 11. Dr. Felix Masiye
Economics, UNZA |
| 6. Dr. Friday Kasisi,
Chainama College of Health | 12. Dr. Vic Neufeld- Facilitator
Canadian Coalition for Global Health
Research (CCGHR) |

In attendance:

Chishimba Mulambia, Secretariat
Abigail Speller, CCGHR/ZAMFOHR intern

Sandra Sakala, Secretariat



¹ Of the 15 TWG members, two (Mr. Lloyd Thole, and Dr. Victor Mukonka) were out of the country. In fact, Dr. Mukonka returned to Zambia in time to join the final session. Assuming an ideal participation of 13 members for the 3 days (39 person-days), the actual participation rate was 80%. [This was exam time at UNZA; some members had to step out briefly to invigilate.]

A. Background, Objectives, Expectations:

This meeting was a continuation of the work of a technical working group (TWG) appointed by the National Health Research Advisory Committee (NHRAC) of the Ministry of Health. The TWG is charged to explore the development of a possible national health research body (NHRB). The first TWG meeting (TGW-1) took place 21 – 24 April 2009 at Anina's Executive Lodge, Lusaka. Following this meeting, there were several important developments:

- A secretariat was established (with 2 persons—a logistics officer (Sandra Salaka) and a research officer (Chishima Mulambia). In practice, however, these functions are shared;
- A steering committee (consisting of 5 TWG members) met several times;
- A consultant (Mr. Liyawalii Kwibisa) was contracted to prepare a situation analysis of the health research environment in Zambia;
- TWG members conducted a series of site visits to 31 local organizations.

Dr. Alasford Ngwengwe (chair, TWG) welcomed all members, introduced the facilitator (Vic Neufeld), secretariat members, and Abigail Speller (CCGHR intern). He then outlined the objectives of this second TWG meeting which were:

- to review the situation analysis report;
- to review and analyze the site visit reports;
- to prepare for two additional inputs: the comparator visits and the discussions with expert witnesses;
- to plan future TWG activities, in the light of the changing Zambian context.

Participants were then asked to state their expectations for this meeting, by writing down responses to the following question: *From your perspective, what would be a very satisfactory outcome of this meeting by Thursday afternoon?* These expectations are summarized in Table 2 (below)

Table 2
Summary of Expectations:

- Good documentation, with actions to be taken assigned;
- Critically analyze the situational analysis, getting the main outcomes in order to map the way forward for the NHRB;
- Summarize and complete the reports of the local site visits, to guide the comparator visits;
- Summarize a description of the way that health research in Zambia is organized, identifying the gaps along with suggestions about how these may best be filled;
- In preparation for the comparator visits: establish guidelines, create tools (e.g. a questionnaire), and outline important things to look for.
- With respect to establishing the basics of the NHRB: determine its mandate; establish core functions; work toward terms of reference (ToR); determine possible funding sources.

A. Situation Analysis:

During TWG-1, terms of reference were determined for a consultant to undertake a situation analysis. This involved answering specified questions related to nine proposed functions of the NHRB that were developed during TWG-1 (see Table 3).

Table 3
Proposed NHRB Functions: TWG-1 Version (April, 2009):

- Overseeing the research agenda
- Developing effective resource mobilization
- Developing capacities for health research
- Overseeing research ethics
- Monitoring & coordinating health research
- Developing capacities in knowledge management and translations
- Dissemination of research results, reports & proposals
- Facilitation of policy dialogue
- Advocacy for evidence-based decision-making and policy formulation

Subsequently, a consultant (Mr. Liyalii Kwibisa) was identified by the executive committee to conduct this work. When a “first draft” was received from him, it was sent to TWG members for comment. These comments were forwarded to the consultant, who then prepared a second draft that became available to TWG members just before TWG-2.

Since some members had not had a chance to read this draft, we took the necessary time to read the document, then discuss it thoroughly in small groups. The groups addressed these questions:

- *Which statements can be clarified?*
- *Are there components that could be expanded?*
- *Any other suggestions that would make this report more helpful to the TWG?*

Suggestions from the 3 groups shared and discussed further. They were then synthesized and forwarded to Mr. Kwibisa that same evening (of Day 1). The following morning, Mr. Kwibisa joined the TWG and responded to the questions and suggestions of TWG members from the previous day. It was made clear to Mr. Kwibisa that the goal of this discussion was to work collaboratively (the consultant and the TWG) to ensure that the final version of the situation analysis would be optimally useful to the work of the TWG.

The key points from this useful discussion were summarized in a note to Mr. Kwibisa. [See Attachment 1], with the expectation that he will have a final draft prepared for distribution to the TWG by the end of November 2009.

B. Local Site (Field) Visits:

Based on the preparatory work of TWG-1, 31 of 32 planned sites were visited by 2-member TWG teams. These included:

- 12 health research institutions: Of these 3 are funded by the Zambian government (TDRC, NMCC, UTH); 3 are local non-government research organizations (ZAMFOHR,

- CHESSORE, Macha Malaria Research Centre); and 6 were international research organizations (JHPIEGO, CIRDZ, ZAMBART, HSSP, Alliance AIDS, Clinton Foundation).
- 4 district management teams (*Chongwe, Monze, Lusaka, Kabwe*)
 - 8 policy-making bodies: MOH, National Science & Technology Council, NISIR – Kitwe & Lusaka; PRA, GART, ZLDC, Nutrition Commission, Defense Force)
 - 1 multilateral organization (World Bank)
 - 2 bilateral organizations: (DFID, SIDA)
 - 1 local NGO: (NZP+)
 - 1 service delivery organization (CHAZ)
 - 1 “non-health” research institution: (Forest Department Division of Forest Research)

In some instances, additional information was drawn from relevant documents suggested by the institutions. The report from each team of all sites visited were received in both electronic and hard copy form.

Dr. Nanthalile Mugala, with the assistance of the secretariat, presented a summary report. *[Note: a powerpoint presentation is available from the secretariat]*. The findings were presented under several categories: achievements and networking, institutional challenges, suggested institutional improvements, country level challenges, suggested country level improvements, and “significant learning and recommendations”. The recommendations were the following:

- *There is a need for political will. The NHRB should have some degree of power to be able to influence this;*
- *A health research budget should be emphasized;*
- *Defined structures should be well emphasized, as well as guidelines on the process of how to conduct research from the district level to the national level;*
- *Strengthen research linkages between government and non-governmental, private and public and national and international institutions and organizations.*

Dr. Mugala also presented a diagram about how the NHRB might be organized.

The TWG then engaged in a 3-step process to review the local site visit reports:

1. Step 1 (Day1):
Working in small groups, TWG members reviewed the summary report, and addressed the following question:
 - *How do the findings of the site visits help us understand the 9 proposed NHRB functions developed at TWG-1 (See Table 3)? Identify the 3 most important functions, based on the site visit reports.*

The three small groups then compared their rankings, discussed how some of the functions could be combined or clarified. This “Step 1” exercise resulted in the identification of seven (7) functions.

Although the summary report (prepared by Dr. Mugala and the secretariat) was most helpful, it was felt that more insights and guidance (“richness”) was available in the reports, that would further help the TWG to understand the functions of the NHRB. On the evening of Day 1, the secretariat prepared packages that listed all the responses (from all site visits) on 5 items in the site visit survey. These were:

- *Question 27: What would you propose as areas of (institutional) improvement?*
- *Question 28: Highlight institutional challenges faced in research (conducting, dissemination, utilization);*

- *Question 29: What areas of improvement would you like to see in the research system in Zambia?*
 - *Question 30: What are the challenges of research in Zambia?*
 - *Comments by TWG site visit teams*
2. Step 2 (Day2):
Again working in small groups, TWG members reviewed the “packages” in some detail, and brought forward further refinements (including descriptors) to the list of NHRB functions from Day 1. A worksheet summarizing the suggestions from the 3 small groups was prepared on the evening of Day2.
 3. Step 3 (Day 3):
The worksheet summarizing the “Step 2” work was discussed once more by the TWG. This resulted in some further understanding, clarification and consolidation of the proposed functions of the NHRB. The result of this 3-step process is captured in Table 4 (below).

It was recognized that the findings from all the site visits in fact represented another strategy for understanding the Zambian research environment—that is, another form of “situation analysis”. This discussion led to two action recommendations:

- The secretariat (perhaps with the help of a consultant) should prepare a detailed summary report of the site visit findings. This report would then be an important “product” of the TWG’s work, and would probably be useful (as a “stand alone” document) in the future. This document could include features such as: special “stories”, quotes, sub-analyses—for example, from the visits to four districts, and so on.
- It was also suggested that a synthesized version of this report could be prepared as a manuscript for external publication.

The steering committee will consider both of these recommendations further.

Table 4
Proposed NHRB Functions: TWG-2 Version (November 2009)

Advocacy (promotion of health research)	<p>For evidence-based decision-making and policy formulation in the health sector</p> <p>Making the case for research as an essential tool for social & economic development</p> <p>Promote innovation (special awards, honours, grants; facilitate commercialization of “products”)</p>
Coordination	<p>Setting priorities (research agenda), and ensuring implementation; Serving as a clearinghouse: with a database of projects, research institutions, and other information.</p> <p>Facilitating the dissemination of research results, reports, proposals—including to the research community;</p> <p>Harmonization; networking;</p> <p>Include districts in the health research system (guidelines)</p> <p>Promote public-private partnerships</p>
Regulation: Setting and maintaining standards • Governance	<p>For research ethics (including links to current bodies)</p> <p>For externally-funded research, with monitoring by expert groups</p> <p>Include intellectual property rights (working with S & T Council)</p> <p>Accreditation function (internal, and possibly external)</p> <p>Include pharmaceutical industry</p>
Capacity development: of • individuals • institutions • systems	<p>Including both research skills and capacities in knowledge management and translation;</p> <p>Create a learning resource centre</p> <p>Promote and develop human resources for health research (fellows, research chairs, etc.)</p> <p>Promote the development of research groups in a range of disciplines</p> <p>Facilitate secondments (e.g. government to university)</p> <p>Create more research institutions</p>
Knowledge Management and Translation	<p>Knowledge synthesis</p> <p>Use (application) of knowledge for policy, programs management, and practice</p> <p>Facilitate policy dialogues</p> <p>Facilitate marketing of research products</p>
Funding	<p>Mobilize resources to support the above NHRB functions.</p> <p>Direct funding of research and research training programs.</p>

C. Preparation for Comparator Visits:

Building upon the work of TWG-1 (see section XIII of the TWG-1 report), the following plans have been made for the comparator visits:

Uganda and Kenya (23rd – 29th November 2009):

- Dr. Maimbolwa, Dr. Mugala, Dr. Ngwengwe

South Africa (24th – 29th November 2009):

- Dr. Kasonde, Dr. Ngulube, Brigadier General Dr. Freda Kazembe

Malawi (19th-22nd November 2009):

- Prof. Chifumbe Chintu, Ms. Pascalina Chanda

The following questions were addressed in small groups:

- *What is the added value of the comparator visits?*
- *What are the specific issues that should be explored in all comparator visits?*

The suggestions of the three small groups were shared and further synthesized. Based upon this work, Dr. Felix Masiye and Mr. Friday Kasise then developed a questionnaire to be sent out in advance to the contact person in each country [See Attachment 2]. The questions will form the basis of discussions in these countries, as well as the framework for comparator visit reports.

Some further suggestions were made about individuals and organizations to contact in each of the “comparator” countries. The secretariat will prepare information (briefing) dossiers for each team, including relevant information downloaded from websites.

D. Preparation for Expert Witnesses:

The status of plans to meet with expert witnesses was reviewed, which was as follows:

- Dr. Phil Thuma (Macha Research Centre, Choma, Zambia) - **confirmed**
- Dr. E. Kafwembe (TDRC, Ndola, Zambia) – **confirmed**
- Dr. John Simon (Boston University): **contacted**
[Note: we learned that Dr. Simon will be in Zambia within the next 10 days or so. The TWG decided that rather than inviting him back in December, some TWG members would try to meet with him during his upcoming visit, for an “expert witness” interview.]
- Dr. Godfrey Fawcett (London School of Hygiene and Tropical Medicine): **contacted but not replied – awaiting confirmation**
- Professor Anthony Mwebu (MRC South Africa): **contacted**
[Note: it was learned that Dr. Mwebu will be in South Africa at the time of the comparator visit. The TWG therefore proposed that an “expert witness” interview with Dr. Mwebu be conducted by the team visiting South Africa. Also, it was noted that Dr. Mwebu has named as the new Executive Director of the Global Forum for Health Research (beginning in January 2010) so he likely will be very busy in the coming weeks, and might not have had time to come to TWG-3 in December].

Given the above situation, it was decided to contact several more possible expert witnesses, including the following:

- Professor Enala Mwase (UNZA, Zambia)
- Professor Kopano Mukelebai: *He is a former professor of pediatrics and dean of the medical school at UNZA. For the past 15 years, he has worked with the WHO and UNICEF in various parts of the world—Nairobi, New York, Brazzaville. Prof. Mukelebai has recently retired and returned to Zambia.*
- Dr. Hassan Mshinda (Secretary-General, Ministry of Science & Technology, Tanzania). *Dr. Mshinda is an internationally known scientist who for several years was the director of the Ifakara Health Research and Development Centre in Tanzania. In his current position, he has been instrumental in the reform of Tanzania's Science, Technology and Innovation policy.*
- Dr. Irene Akua Agyepong: (Provincial director of health research, Ghana). *Dr. Agyepong is a leader in health systems research in Ghana—a country with a strong track record in setting national health research priorities, linking researchers and policy makers, managing a strong “health research unit” within the Ministry of Health, and fostering a “research culture” at the provincial and district level. Dr. Agyepong is also a member of the Scientific and Technical Advisory Committee (STAC) of the WHO-based Alliance for Health Policy and Systems Research.*

Again working in small groups, guidelines were developed for the interviews with the expert witnesses. The suggestions from the 3 groups were discussed and synthesized. Drs. Magula and Maimbolwa then prepared a set of guidelines to be used in all the meetings with the expert witnesses. [See Attachment 3].

E. Additional Issues:

During the course of the 3 days, several important additional issues were raised, tabled on a “parking lot” list, and discussed on Day 3. These included the following:

1. Consulting the “community” about the role of the NHRB:

On Day 2, Dr. Cecilia Shinondo raised the question about whether the “researched” should be consulted about the role of the community. After a vigorous discussion, Dr. Shinondo was encouraged to develop a set of questions that might be considered for use in some type of community consultation. On Day 3, Dr. Shinondo presented some questions for consideration. She then teamed up with Brigadier General Dr. Frida Kizembe to bring forward some further specific recommendations about what might be done. In brief, it is proposed that a series of perhaps four “community debates” be organized in different parts of the country. These would be 90-minute moderated discussions, perhaps conducted in town halls. The outputs from these events could then be a synthesized report. Representatives from these community consultations could also be invited to the proposed stakeholders meeting in 2010.

It was recognized that there is currently no budget for these proposed “debates”. The secretariat was asked to develop a tentative budget and review available funds to see if there may have been some “savings” that could be used for this purpose. The steering committee will consider this proposal, including the possibility of discussing it further at TWG-3.

2. Publicizing the TWG:

It was realized that the health research and health sector community might not be aware of the existence of the TWG, and its work to date. It was therefore agreed to prepare an article to be included in the next Ministry of Health quarterly newsletter.

Pascalina Chanda kindly offered to work with the secretariat to prepare this article and ensure that it is included in the newsletter.

3. Linking with national planning processes:

The TWG was informed by Dr. Victor Mukonka and Ms. Pascalina Chanda that planning for Zambia's next (the sixth) 5-year health plan (2011-2016) has begun. This represents a very timely and important opportunity for NHRAC (and also for the TWG) to ensure that a strong and forward-looking national health research component is included in the next 5-year plan.

We were also informed by Pascalina Chanda about another parallel process – the preparation by the Council for Science and Technology of a new policy for “Science, Technology and Innovation” (Pascalina is a Ministry of Health representative in these discussions). The broad mandate is to consider the role of research in national social and economic development. There have already been some initial discussions about the role of health research, including the creation of a health research “institute”.

Dr. Ngwengwe, Dr. Kasonde and Pascalina Chanda formed a small “task team” to discuss this situation further. They recommended that the TWG prepare a short (1-2 page) “advocacy” paper that could be disseminated to individuals and groups involved in these planning processes. Dr. Kasonde kindly agreed to prepare a draft of such a document.

F. Synthesis and Looking Ahead:

The dates for TWG-3 were confirmed as Monday to Thursday, 14-17 December 2009. If possible, the meetings with the expert witnesses will be organized for the first two days. The reports from the comparator visits should be completed and distributed to TWG members in advance of the meeting. An important agenda item will be the identification of a drafting team to write a “prospectus” (or plan) for the proposed NHRB. The TWG-3 will need to thoroughly consider the components of this document. An example is a consideration of options for where the NHRB could be located. Another agenda item will likely be plans for a proposed stakeholder meeting and some kind of “launch” event.

The secretariat has already begun work on the logistic arrangements for TWG-3.

Dr. Victor Mukonka joined the meeting for the final session. He congratulated the TWG on its work to date—including the TWG-2 meeting itself. He emphasized the importance and timeliness of this initiative and urged TWG members to join him in “upward” advocacy for health research including the NHRB—that is, discussions with senior members of the Ministry of Health, various planning groups, and indeed with other ministries. He thanked TWG members for their contributions to the realization of better and more equitable health for the citizens of Zambia, through the production and use of knowledge.

To conclude TWG-2, two forms of evaluation were conducted. Each member completed an evaluation form. *[Note: this form included an adaptation of an “evaluative thinking” tool known as “After Action Review”].* A summary of the completed evaluation forms can be found in Attachment 4. Members were also asked to reflect on the following questions:

- *As we conclude TWG-2, what excites you most about the work that we have done? And what still worries you about the task of the TWG and the challenges ahead?*

TWG members shared their individual responses to these questions. Overall, members were pleased about progress to date, particularly about the timely opportunities presented for contribute to the current active national planning processes. However, they were also realistic about challenges ahead, particularly in the light of changing national context (including the economic context, and the current difficult discussions with donors).

G. Summary of recommended actions from TWG-2

1. Situation analysis report:
 - Consultant to submit final version of situation analysis report by November 30th
2. Analysis of Site Visit reports:
 - Secretariat to prepare a more comprehensive analytic report. Steering Committee (SC) to consider recruiting a consultant to assist.
 - SC to consider writing a journal article and recommend further action.
3. Comparator Visits:
 - Questionnaire to be sent ahead to country contacts (Secretariat)
 - Additional suggestions for individuals and institutions to meet, to be sent to secretariat (Vic and others)
 - Prepare dossiers (briefing packages) for comparator visit teams
4. Expert witnesses:
 - Contact Dr. John Simon to arrange for expert witness interview to be conducted (with several TWG members) during his upcoming visit (Secretariat and SC)
 - Contact Dr. Anthony Mwebu (South Africa) requesting additional time for an expert witness interview (secretariat); then send him guidelines
 - Contact new suggestions as expert witnesses: Professor Mukelabai, Dr. Enana, Dr. Hassan Mshinda (Tanzania); Dr. Irene Agyepong (Ghana) – (secretariat)
5. Link to planning processes:
 - Dr. Kasonde to draft short (1-2 page) “advocacy” document.
 - SC to consult with Dr. Mukonka and Pascalina Chanda concerning strategies for ensuring a research (including the NHRB) component in the next 5-year health plan, and the revised Science and Technology policy.
6. Proposed Community Consultations:
 - Secretariat to prepare preliminary budget for the proposed “community debates”, then explore whether some funding is available from “savings” within the currently available funds.
 - SC to decide about whether and how to proceed
7. Publicity about the TWG:

- Pascalina Chanda to work with Secretariat to prepare article for the next MOH quarterly newsletter.
8. Next TWG meeting (TWG-3):
- Dr. Ngwengwe to communicate with Cole Dodge and Sandy Campbell, confirming the dates for TWG-3
 - Secretariat to make arrangements

List of Attachments:

1. Letter to consultant re: Situation Analysis report
2. Questionnaire: Comparator Visits
3. Guidelines for Expert Witness discussions
4. Summary of Evaluations

Attachment 1

Dear Mr. Kwibisa,

On behalf of the Technical Working Group (TWG) for the National Health Research Advisory Committee (NHRAC), we wish to thank you for taking the time to come and discuss the draft report titled: “A Situational Analysis of the Health Research Environment in Zambia”. Here are our suggestions for the report, as we discussed:

- Include an introduction that describes a historical overview of the health research activities that have taken place in Zambia before the situational analysis was conducted.
- Expand on and justify your methodology. This will provide the TWG with a clearer understanding of the strategies that were followed, and how it contributed to evidence used in the report.
- Replace Table 1 (page 6) with another chart or segment that reveals relevant trend over time and quantitative information regarding Zambia’s funding in health research. In particular, the TWG would like to know what percentage of the national health budget is (and has been) allocated to health research in relation to the African Union’s (AU) recommended 2% figure.
- Recognize the strengths of the health research environment in Zambia, and to identify current activities that are working towards resolving health research challenges in the country.
- Ensure that where possible, statements are factual and objective.
- Provide a more in-depth analysis and discussion summarizing the strengths and weaknesses of Zambia’s health research environment, and suggest priority areas where the NHRB might focus its efforts.

Should you have any questions, please contact Dr. Margaret Maimbolwa at mmaimbolwa@yahoo.com

The TWG looks forward to reading the final draft of the report.

Sincerely,

Dr. Alasford Ngwengwe
Chairperson, TWG

Attachment 2

Ministry of Health National Health Research Advisory committee

QUESTIONNAIRE: COMPARATOR VISIT

NAME OF INSTITUTION:

VISITORS:

DATE:

PART I: INSTITUTIONAL PROFILE

1. Name of institution:
2. Address of Institution:
3. Head of Institution
4. Type of Organization: (a) Govt. (b) Private, (c) NGOs, (d) Other (Specify).
5. Type of funding:
6. Core business of the organization:
7. Number of employees;
8. Tel#:
9. Email
10. Fax
11. Website

PART II: HISTORY OF ORGANISATION

12. When was your institution formed? _____ (Year)
- 12.1 Could you tell us why this institution was formed?

Probe for: Developments/Concerns that influenced the formation of this organization?

- 1.2 What processes were used in the formation of this organization?

PART III: ORGANISATIONAL STRUCTURE

- 2 Is this organization located within the government/public service administrative system? Yes/No

If yes, state the Ministry or Department

At what level is the CEO?
Who does the CEO report to?

If no, where is the organization located/situated
What is its legal mandate?

- 2.2 Describe the administrative structure of this organization (If possible present the organogram)

- 2.3 List the institutions (or groups of institutions) that this organization oversees

PART IV GOVERNANCE

14. Does this organization have a board? Yes/NO

14.1 If yes what are the TORs of the board?

14.2 Where are the members of the board drawn?

14.3 What is the tenure of the board?

14.4 What are the reporting requirements of the organization to the board?

14.5 Are there mechanisms for monitoring and evaluating the performance of the organization?

PART V CORE FUNCTIONS

15 What is the mandate of this organization?

15.1 What are the core functions of this organization? (In addition to the list provided we could ask each respondent to tick against each of the core areas we have proposed for the Zambian NHRB)

15.2 What are the existing organizational arrangements for undertaking these functions?
E.g. How is the organization structured to deal with its functions

PART VI FUNDING

16. Who are the main funders of this organization?

16.1 What strategies does this organization use to mobilize funding.?

16.2 Who pays for your office space?

PART VII LINKS AND NETWORKING

17 Do you have institutional links with other National organizations (Specify links with particular organizations such as ethical committee's non health bodies etc)

17.1 Do you have any institutional linkages/affiliation with international bodies? Yes/No
If yes mention these.

PART VIII ACHIEVEMENTS AND CHALLENGES

18 Mention any of your organizations achievements

18.1 What are the main challenges facing your organization? How do you address these challenges?

18.2 What lesson have you learnt that you would like to share with a new organization?
(If you were to do this to do this over again i.e. set up your organisation) what would you do differently.

Attachment 3

Guidelines for Expert Witness Discussions

1. Background and history of the witness; role played in initiating or leading a similar organization
2. Given the functions of our proposed body, what kind of organizational structure would you propose and at what level within the Ministry of Health (MoH) should it operate?
 - i) How should the body link to the MoH and private institutions?
 - ii) What type of legal framework can be applied to this body?
 - iii) What kind of governance and management structures can the body use?
 - iv) Are the proposed core functions appropriate? Do you have any other suggestions?
 - v) What do you see as the most appropriate funding mechanism for such a body?
 - vi) How should such an organization manage knowledge produced from research?
3. What are the must “do’s” and “don’ts” in the formation of such a body?
4. What were some of the challenges/ most frustrating, as well as highlight moments that you experienced in running such an organization?
5. Are there any lessons to learn from your own country’s research system?
6. What do you think is an ideal body to deal with such challenges in research?
 - i) What impact should such an organization have?
7. Is there any additional information that you think would be useful within the Zambian research context?

Attachment 4

Evaluation of TWG-2

Ten (10) participants completed the evaluation form using the following questions:

1. What did you (we) expect to achieve?

To complete, analyze and assess the situation analysis; analyze site visit reports; develop tools for Expert Witnesses and Comparator Visits; understand the process involved of formulating the NHRB; understand the functions of the NHRB; Determine the way forward.

2. What was actually achieved?

We Identified gaps in need of attention for the situational analysis; conducted thorough analysis of site visit reports. We developed tools for Expert Witnesses and Comparator Visits. We have a better understanding of the NHRB's functions. We determined the way forward by outlining the plans for TWG 3.

3. How do you explain the difference between 1 and 2?

a. *We achieved less than expected because:*

The situation analysis must be revised—it is missing some much-needed details and is thus inadequate; this has delayed the TWG in determining future strategies and the mandate of the NHRB. Also, the TWG has not yet discussed the feasibility of some of the proposed functions.

b. *We achieved more than expected because:*

We discussed additional issues related to: community involvement in the NHRB; the need to include the TWG in the MoH's 5-year plan; and the potential of including an article about the TWG in the MoH Newsletter

4. What are the lessons to be applied to the work of TWG (including TWG-3):

Consultants must be monitored more closely. Those working on reports must submit them within 2 weeks of the conclusion of a meeting. It was nice to see that most of the work was done by TWG members. MoH needs to have more prolonged and active participation in meetings. There needs to be an improvement in punctuality so that meetings may start on time. Methodology of the work being done was an excellent way of ensuring participation. Objectives of the workshop should be given to members in advance.

5. Comments about:

- a.** *Logistics:* A location outside of Lusaka would be preferred next time in order to avoid coming and going of members. Accommodation needed to be better prepared, and should be more up-to-date. Participants should be informed about logistics prior to meetings.

- b. *Facilitation:*** Focused, Excellent. Made participants feel comfortable and their contributions appreciated. Appreciated daily recaps. Catalytic; ensured that members did most of the work.

6. General comments:

- a. *Do you feel that the TWG will attain all of its goals?***

Yes. Hopefully. Yes, though perhaps not in the allocated time frame. Yes, so long as there are sustainable sources of funding.

- b. *Anything else?***

Good interactions amongst participants. Interesting workshop.

**Ministry of Health and National
Health Research Advisory
Committee**

TWG 3 Workshop report

13th to 18th December 2009

Fringila, Lusaka

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ACKNOWLEDGEMENTS

This document reports on the work of the Technical Working Group of the National Health Research Advisory Committee (NHRAC) from April 2009 to December 2009. The TWG represented by 15 members and 2 secretariat staff acknowledges the help and support they have received from various stakeholders.

The TWG would like to express their gratitude to the Ministry of Health for this opportunity to serve in the national health research system setting, and for all the support the ministry offers. The TWG would also like to thank all the different stakeholders they have worked with DHMTs, DHOs, NGOs and other government departments without whom the TWG's work would not have been possible. Special thanks go to the Canadian Coalition for Global Health Research for the support they are rendering to ensure that the TWG carries out its duties.

LIST OF ACRONYMS

APHRC	Africa Population and Health Research Center
CCGHR	Canadian Coalition for Global Health Research
CNHR	Consortium for National Health Research
CSIR	Council for Scientific and Industrial Relations
IDRC	International Development Research Centre
IT	Information Technology
LATH	Liverpool Associates in Tropical Health
MOH	Ministry of Health
MRC	Medical Research Council
NHRAC	National Health Research Advisory Committee
NHRB	National Health Research Board
NHRCZ	National Health Research Council of Zambia
NISIR	National Institute for Scientific and Industrial Research
NRF	National Research Foundation
NSTC	National Science Technology Council
STIC	Science and Technology Innovation Committee
TDRC	Tropical Diseases Research Center
TWG	Technical Working Group
UN	United Nation
UNHRO	Uganda National Health Research Organisation
UNICEF	United Nations Children Fund
USA	United States of America
UTH	University Teaching Hospital
ZARI	Zambia Agriculture Research Institute

EXECUTIVE SUMMERY

The National Health Research Advisory Committee (NHRAC) is a committee that was appointed by the Ministry of Health (MOH) to advise MOH on the development of health research in Zambia. The NHRAC received a grant from the CCGHR (the Canadian Coalition for Global Health Research) to plan for the establishment of a Zambian Health Research Body.

A Technical Working Group (TWG) of fifteen members supported by two secretariat staff was formed for NHRAC to spearhead the formation of the NHRB through the Visualization in Participatory Processes methodology. Since April 2009, the TWG agreed to undertake the activities outlined below;

1. Situation analysis of Health Research in Zambia. The main objective of the situation analysis was to assess and establish what is happening in the health research environment and to provide the TWG with information for deliberation with regards to the formation of the NHRB.
2. Site Visits. The goal for undertaking the site visits was to generate information from local institutions and organizations that are involved in health and health related research. The information generated was to assist the TWG to carry out its task of designing a body that will oversee and/or coordinate health research in Zambia through learning from other organizations doing research and the organization's performance effectiveness. A total of 31 institutions or organizations were visited.
3. Comparator Visits. These were visits to countries in the South and East part of Africa that the TWG members undertook. The goal of comparator visits was to learn from what other countries have done to set up institutions similar to Zambia's proposed NHRB. Four countries namely South Africa, Malawi, Kenya and Uganda were visited.
4. Expert Witnesses Interviews. The TWG sought to question expert witnesses to learn from their experiences, to provide an informed opinion, to discuss what is and what is not negotiable in establishing an organization. The TWG was primarily interested in a witness' expertise and brought together five witnesses. Of the five, three were international, from Tanzania, South Africa and USA (Boston), while two were from within Zambia.

The TWG has since built on the lessons derived from the above events and have drawn a way forward to see the establishment of the proposed body now called the National Health Research Council of Zambia, (NHRCZ). The plan or way forward involves the drafting of a prospectus, developing an advocacy document to present to the MOH and key stakeholders, holding consultative meetings with all relevant stakeholders and finally incorporating all the TWG's work in one conclusive document. This will then see the establishment of the NHRCZ.

1.0 INTRODUCTION

The National Health Research Advisory Committee (NHRAC) is a committee that was appointed by the Ministry of Health (MOH) and as such its work is to advise MOH on the development of health research in Zambia. The NHRAC received a grant from the CCGHR (the Canadian Coalition for Global Health Research) to plan for the establishment of a Zambian Health Research Body. The NHRAC envisions a National Health Research Body that will: oversee the research agenda; create space for policy dialogue; develop capacity for research; monitor and coordinate research; develop effective resource mobilization capacities; disseminate research findings; advocate for evidence-based policy; develop capacities in knowledge management and translation; and oversee research ethics.

A Technical Working Group (TWG) was formed for NHRAC to spearhead the formation of the National Health Research Body (NHRB) through the Visualization in Participatory Processes methodology. Since April 2009, the TWG agreed to undertake the activities outlined below;

1. Situation analysis of Health Research in Zambia. The main objective of the situation analysis was to assess and establish what is happening in the health research environment and to provide the TWG with information for deliberation with regards to the formation of the NHRB.
2. Site Visits. The goal for undertaking the site visits was to generate information from local institutions and organizations that are involved in health and health related research. The information generated was to assist the TWG to carry out its task of designing a body that will oversee and/or coordinate health research in Zambia through learning from other organizations doing research and the organization's performance effectiveness. A total of thirty one sites were visited which included twelve health research institutions, three of which are funded by the Zambian government, six are international NGOs and three local private institutions. The other institutions visited were four District Health Management Teams which included Chongwe, Monze, Lusaka and Kabwe, eight policy making bodies funded by the Zambian government were also visited. One Multilateral organization was visited, two bilateral, one local NGO, one service delivery organization and one research institution.
3. Comparator Visits. These were visits to countries in the South and East part of Africa that the TWG members undertook. The goal of comparator visits was to learn from what other countries have done to set up institutions similar to Zambia's proposed NHRB. Four countries namely South Africa, Malawi, Kenya and Uganda were visited. In these countries, a total of 11 research institutions were visited.
4. Expert Witnesses Interviews. The TWG sought to question expert witnesses to learn from their experiences, to provide an informed opinion, to discuss what is and what is not negotiable in establishing an organization. The TWG was primarily interested in a witness' expertise and brought together five witnesses. Of the five, three were

international, from Tanzania, South Africa and USA (Boston), while two were from within Zambia.

The purpose of the TWG 3 meeting held from 13th to 18th of December, 2009 was to complete the set of activities that were initially planned for at the first TWG meeting in April 2009 at Anina's lodge in Lusaka.

The TWG 3 meeting was primarily to bring experts local and international to give testimony of their expertise from which TWG members could learn and draw from such expertise in forming the NHRB. From this meeting TWG members were encouraged to draw as much information from the experts as possible. The meeting also targeted to review the lessons that have been learnt from the activities that have been undertaken (site, comparator visits and the situation analysis report) and synchronize the lessons in order to make further steps in the creation of the NHRB.

The meeting was officially opened by the Chairperson of the National Health Research Advisory Committee, Dr Alaford Ngwengwe. The chairperson welcomed all the members of the TWG and thanked them for having made it to the meeting. He highlighted that the meeting was a continuation of the first and second TWG meetings held in April 2009 and November 2009 respectively.

1.1 Welcoming Remarks

Below is the speech that was delivered by the Chairperson of the National Health Research Advisory Committee at TWG 3 meeting:

It is with great pleasure to welcome you all to the third Technical Working Group (TWG) meeting. This meeting is a continuation of the first and second meetings held in April 2009 and November 2009 respectively.

During this meeting, we will have the last input according to our plans during the first meeting to start drafting what this BODY should be including its name, functions, and governance structure. This last input being from expert witness sharing with us their experiences and thoughts on forming such an organization. The other inputs we have had are: Situation analysis on the health research environment in the country; the site visits from selected institutions in the country and the comparator visits to organizations in South Africa, Malawi, Kenya and Uganda.

I am very hopeful that by the end of this meeting we will be a step away from establishing the Zambia health research body which should make health research high on the national agenda.

As we deliberate during the next three days, I would like us to answer the following question: Do we have all the major stakeholders in Zambia in health research on board? And if the answer is NO, then what should we do to bring them on board?

Lastly, on behalf NHRAC, I would like to thank the MoH for the continued support through the directorate of public health and research. Special thanks Dr. Mukonka. I would also like to thank IDRC through CCGHR for the continued financial and technical support to make the dream of NHRAC a reality of pursuing the creation of a national health research body. I thank you severally and individually for making to this important meeting.

In his vote of thanks, the chairperson also thanked Mr Sandy Campbell from CCGHR and Mr Cole Dodge the facilitator for attending the meeting. The chairperson invited Dr Mukonka, the Director of Public Health, MoH, to give the views of the MoH on the expected National Health Research Body.

Dr Mukonka said that MoH views the exercise of forming a research body as very important. He reported that there has been impressive progress with the National Health Research Policy which has been documented and circulated to stakeholders, and is currently at Cabinet memo level. This has been a major breakthrough. Major issues highlighted by Dr Mukonka were:

- Having teams visiting other countries to learn from what is happening within the region was a milestone achieved. It is also very important and critical that all the relevant stakeholders in Zambia be brought on board at this point to avoid any possible problems in the future.
- It is also important that the proposed NHRB aligns itself well at this point so that the NHRB does not turn out to fail to perform its functions well like the National Science and Technology Council.
- It is important to know how the proposed NHRB will be anchored in the Ministry of Health. The body will be autonomous but must be linked to the Ministry of Health so that problems in terms of funding are avoided in the future and all the support needed secured. On the other hand it should be noted that the proposed structure of the NHRB should not be run by the ministry.
- The allocation for research has been increased and thus resources have to be pulled towards undertaking some activities of the proposed NHRB. Coupled with this the TWG has a pool of expertise that the proposed research body can learn from for the benefit of the country.
- Further, it is worth reporting that three years ago there was no research budget line in the ministry but it is now there. There has been progress and the progression of the budget is going on well. At the moment every programme in the Ministry of Health has a component of research in their budget. The proposed research body can therefore tap into some of these resources.

The TWG 3 meeting reviewed work that the TWG has done since April 2009 and drew lessons from expert witnesses. The TWG named the proposed body as the National Health

Research Council of Zambia, established the guiding principles, governance structure and outlined the justification for the formation of the NHRCZ as below:

2.0 JUSTIFICATION AND PREAMBLE OF THE FORMATION OF THE NHRCZ

Zambia like many other developing countries has a high disease burden and other health problems that require evidence based interventions and for this to occur, appropriate, relevant, timely, feasible and well coordinated research is required to inform policy makers and other stakeholders on how to prevent and manage health problems in an effort to provide quality health care to the people of Zambia.

2.1 Research Priorities

The articulation of research priorities and strategies, as well as the maximization and utilization of research outcomes, are vital ingredients in the development of a healthy nation. Even though the setting of research priorities is done by MOH in consultation with the stakeholders, this process still has to be developed and currently there is no mechanism to ensure that agreed priorities are followed by stakeholders as they conduct their research activities.

2.2 Justification

The Ministry of Health in carrying out its mandate of providing health care to the people of Zambia has realized that evidence based decision making is the most rational and professional approach to attaining positive health outcomes. The Ministry of health has therefore recognized the importance of health research as a key component of its information gathering and policy making strategies.

Whilst recognizing that a lot of health research has been carried out in the country and also realizing the difficulty in accessing and utilization of research findings to influence decision making and policy, the MOH, the research fraternity in Zambia and other stakeholders have identified the following problems that have hindered the appropriate utilization of Health Research.

The non existence of a body that;

- a) Has a mandate to coordinate Research in the country
- b) Has responsibility to advocate for the promotion of health research
- c) Can set and maintain standards for knowledge management and translation
- d) Can mobilize resources to support functions of Institutional and human resource development

It is therefore proposed that there be formation of a National Health Research Body that will be responsible for stewardship, financing, coordination advocacy, capacity development and knowledge management and translation.

2.3 Coordination

Whereas a significant amount of health and health-related research have been carried out at various levels of health care delivery in Zambia for many years and a number of research activities are ongoing, there is no national body that provides leadership and advocates for relevant health research and understanding of the need of health research to support evidence based policy development there is no national database of research projects, research institutions and other information related to research making it difficult to access and utilize research findings resulting in the low utilization of health research findings and the inadequate appreciation of the role that research plays in enhancing health policy formulation, implementation, monitoring and evaluation. Furthermore, there is poor planning, coordination, harmonization and no proper mechanism for disseminating of findings and management of knowledge acquired from research resulting in health research outputs not adding to the existing stock of knowledge and not contributing to the national health policy.

While the process of identifying research gaps has been ongoing since 1998, it has not been effective largely due to inadequate availability of an accurate data base on ongoing research in the country.

2.4 Financing

Inadequate financing from the government and the absence of a mechanism to source for and secure funding from international partners in the health sector remain major challenges facing the growth and strengthening of health research capacity in Zambia.

2.5 Health Research Infrastructure

Health research like any other scientific research undertaking requires suitably trained human resource and appropriate infrastructure such as laboratories, equipment, supplies, transport, storage facilities and information communication and technology facilities, information available shows that many health research institutions in Zambia lack these basic research requirements.

2.6 Legal Framework

Currently the science and technology act No.26 of 1997 is the only act which provides the regulatory framework for National Health research in Zambia. Even though the act provides for registration and regulation of health research institutions and activities, it does not provide any legal framework for the formation of, the functions and powers of a National Health Research Body and for the functioning of the National Ethics Committee.

Given all the above, there is need for Zambia to form a national health research body that will be responsible for stewardship, financing, coordination, advocacy, capacity development and knowledge management and translation.

3.0 FUNCTIONS, GUIDING PRINCIPLES AND GOVERNANCE STRUCTURE OF THE NHRCZ

The lessons that the TWG have so far learnt from all the activities they have undertaken from TWG 1 to TWG 3 are that the NHRCZ should be established by an act of parliament. Furthermore, the NHRCZ should, be an autonomous body but with strong and high level links with the MOH. This will ensure that the NHRCZ is influential, efficient and self reliant. To this effect, functions, guiding principles, governance structure and log frame of the NHRCZ have been defined as shown in *annexes 1-5*.

In the process of establishing the NHRCZ the TWG (during TWG 3 meeting) answered the question on what they envision the NHRCZ will do. This question has been broken into three questions. These are:

- i) What are the main prioritized functions of the NHRB?
- ii) Where should the NHRB be located?
- iii) Who will own the NHRB?

i) What are the main prioritized functions of the NHRB?

The priority functions will be to regulate the conduct of research; advocate for research within society, government and private sectors; raise money for research; coordinate research; and build capacity in health research. However it was highlighted that ‘the would be’ health research body should depend on other organs in order for it to function effectively. For example, ethical clearance can be done by another body or institution.

ii) Where should the NHRB be located?

The proposed NHRB should be an autonomous and a separate entity from the Ministry of Health. It is hoped that the proposed body will have a comprehensive set of functions and be able to operate on its own whilst maintaining strong links with the Ministry of Health (for example, report to the Ministry of Health under the Permanent Secretary’s office).

By proposing a body that is an entity on its own it is anticipated that the body will be more effective in executing its functions and will have the capacity to sustain itself and will maintain its focus.

With regard to the legal status, the proposed NHRB should be more of a statutory body within government but not owned by government. It should be autonomous to be able to influence the Ministry of Health.

An autonomous body will also relate better with Bilateral and Multilateral donors than a non autonomous one. Bilateral and Multilateral donors have great influence and recommend

policy options to the government. An autonomous body (with high level link to MoH) will be able to bring balance between donors and the government and advocate and recommend good policy.

iii) Who will own the National Health research body?

The research body will be an autonomous body backed by an act of parliament. MOH should influence the creation of the NHRB and as such should present the case to parliament. It will not be appropriate to let the MOH own the NHRB because MOH has a mandate of providing health services and therefore an additional function might be too much for the MOH. There also might be high risks of the body being ignored if it is owned by MOH. However, it will maintain strong links MOH.

The prime interest is having something that will be able to function; a body that is able to produce relevant results and that will be owned by Zambians.

With regards to funding, the body should be funded directly from parliament for example the way the Anti Corruption Commission is funded.

4.0 SUMMARY OF KEY TWG ACTIVITIES

4.1 Site visits

TWG members undertook visits to various institutions that conduct research in Zambia. The objective of the site visits was to learn from their challenges, strengths, perspectives, structure, funding base, and impact on public policy and how they want to interact with or influence the health research system. A summary of the collective responses highlighting areas of significant learning, recommendations and improvement is provided below.

The general perception was that a body such as the one being proposed with regulatory functions may be essential not for purposes of reporting but for coordination and funding.

Ensuring objective and positive political will in health research through mechanisms such as sensitization of the politicians on the value of research was viewed as key. Furthermore policy makers had to be equally enlightened on the key issues and value of research and dialogue had to be promoted between the researches and the policy makers.

Stake holders also felt that donors had to play a more significant role in advocating for quality health research in the country and that research should be streamlined to specific local institutions as is the case in other countries.

Knowledge management in the area of research was noted to be a major challenge and the stakeholders felt that there was need for authoritative channels of communication that will influence decision of government funding and scientific journals such as the Lancet. In addition strengthening research linkages between government and non-governmental,

private and public and national and international institutions and organizations and creation of a coordinating system in a number of areas including; Data and information management, monitoring institutions involved in research would be useful. Harmonization of institutions such as MOH, NSTC, NISIR, ZARI was important.

There is great need for capacity building for health research namely human resource, finances, infrastructure, equipment and technology. This could partly be achieved by tapping into the great potential of the bigger and more established institutions to contribute to the national research agenda as well as the great potential by the institutions to conduct quality research. Emphasis on simple, scientifically sound and practical research has to be encouraged

Central prioritizing of Science and Technology in Zambia and cutting down on the bureaucratic structure e.g where NISIR is now under Ministry of Science and Technology is necessary. Finally stake holders felt that there is need for a paradigm shift from culture and superstition to belief and appreciation of science and research.

4.2 Comparator Visits

The comparator visits was one of the planned activities by the TWG from the TWG 1 meeting held in April 2009. These are visits to the countries in the region. In November 2009, the TWG set out teams to conduct the comparator visits to four countries namely South Africa, Kenya, Uganda and Malawi. The countries were selected based on their recommended experience in establishing and running health research institutions or organisations.

Below are presentations of the lessons learnt by the TWG teams that undertook the comparator visits;

4.2.1 South Africa

Team members: Brig-Gen Dr F. Kazembe, Dr J. Kasonde and Dr F Masiye. Four institutions were visited namely:

1. The Medical Research Council (MRC), Cape Town
2. The National Research Foundation (NRF), Pretoria
3. University of Western Cape, Cape Town.
4. CSIR, Cape Town

The South Africa team stated that the separation of powers and functions at MRC was very surprising. The lesson was that funding for research was from one source while ethics and priority setting are done separately by other institutions. The MRC was established in 1969 by act of parliament, as a parastatal organization, autonomous until the overall health mandated of the government.

The vision of the MRC is “building a health nation through research” and its mission is “ to improve the nation’s health and quality of life through promoting and conducting relevant and responsive health research”.

The council is autonomous and was created by an act of Parliament. Additionally the body coordinates research so well and they know which institution is doing what and where they are doing it.

The institution (MRC) has a mandate to mobilize resources for research and to actually fund research. Funding of about 2.5 trillion rand includes baseline support from the government through the ministry of health (45%) and competitive grants from international organization. This helps to bring researchers and professors together.

Governance of the MRC is through a board appointed by the minister of health and served by a secretariat headed by the president as chief executive officer.

The team learnt the importance of government baseline funding, focus on priority research areas and the need for capacity building, especially training of young scientists.

The National Research Foundation (NRF) was also visited by the TWG members. The NRF is a parastatal agency created by act of parliament in 1999 and based in Pretoria. Its mandate is to support and promote scientific research in all fields through funding, priority setting and capacity development.

Funding for the organisation derives from government (85%), contracts and other means of resource mobilization. the budget is about 1 billion rand annually. The NRF has the mandate to raise funds and advertises funding for research. Funds disbursed include support to the Medical Research Council and to 23 Universities, some of which carry out health research. The foundation is governed by a board, with a secretariat headed by a president. The NRF is aware of what councils are doing and is also aware of the different researches going on.

The NRF funds infrastructure, builds capacity, encourages young people to do research, has a peer review mechanism to support and fund those who have excelled, and offers recognition and awards to the deserving individuals and institutions. Capacity building is a strong component of the NRF and there is emphasis to bring up the underprivileged and the previously disadvantaged groups, for example blacks. The team reported further that the NRF was created due to the imbalance of research support during apartheid, and it was a mechanism for strengthening the funding capacity.

The NRF has high influence in research and maintains regular communication with other relevant institutions. Asked if the NRF influences policy, the team reported that the NRF does not guide or advocate for policy but produces options based on research results and

information flow is good because there is a good link between the South African Ministry of Health and government. The NRF plays an advocacy role and pushes people to do whatever research they can. As such it provides a conducive environment for development and improvement of health research.

The lesson taken from this visit was that it is feasible to invest in one organisation to carry out the function of the Financial Support to priority Research and Capacity building.

Another institution visited was the Council for Scientific and Industrial Research (CSIR) which was established in 1945 as an act of parliament, subsequently amended in 1988 and 1990. It is mandated to carry out Scientific Research on priority areas determined by government. Thirty percent of its budget is given as a grant by government the balance accruing from contracts and other sources. It has a staff of 230, of whom 150 are Scientific (50 PhDs) and it is governed by a board and the chief executive office is the president.

The team was impressed by the extent of the council's Research programme and the approach of dedicating an institution to full –time research. This provides a career Structure for Scientists. Zambia would do well to create such a career structure.

The University of the Western Cape was another institution visited. It was established in 1960 as a leading institution of higher learning for non-white students. It has a strong science faculty, recently graduating 20 PhDs and 30 Mscs in one graduation Ceremony. Among others, it has a school of Public Health. Although it has no Medical Faculty there is research on Herbal Medicines being done at the institute.

Lack of funding for research was the main constraint to the university's research programme. The funds it has come from the Council for Scientific and Industrial Research, the National Research Foundation and other donors.

The team noted that the institution's research funding perspective was that current levels are inadequate and advocate for more. The lesson is that mechanism for funding research should receive special attention in the Zambia context.

4.2.2 Kenya

The Kenya team comprised of Dr A. Ngwengwe and Dr N. Mugala and the duo visited the following institutions:

1. IDRC
2. CNHR
3. APHRC

The first institution to be visited was the International Development Research Centre (IDRC) regional office for East and Southern Africa in Nairobi. IDRC being the funding organization behind the development process for the Zambian NHRB aims at bridging the gap between the MOH and the researchers while at the same time enhancing research recognition at university level and knowledge translation.

It was observed that there are a number of challenges that health research faces at country level and there is inadequate focus on system and operational research with most research institutions focusing on biomedical and clinical trials. It was observed that health research had to go beyond medical related issues but needed to address the issues of the delivery systems namely human resource, procurement, Information Technology (IT), computer models and HMIS. Another notably big challenge was that in most countries, the think tanks in research tended to be NGOs and the link with MOH was thus important to influence policy change.

The following is important information shared by the Health Program Specialist Graham Reid about his own experiences with research coordinating bodies:

- The research body had to be accepted by all the stake holders and thus the consultative process had to be as inclusive as possible
- The expected achievements by the body was a process it was important to allow a year or where nothing would be happening but time would be taken to communicate on the existence of the body as well as recognize and fill up the key skill gaps
- The board of management had to be too powerful and if possible include influential leaders such as representation from the Ministry of Finance
- It is important that the formation of the body succeeds the first time because chances that it will succeed if it fails the first time are slim

Considering the fact that people have different views about NGOs, the team was asked about the general perception of the body as an NGO.

The general perception is good. The NGO is defended or shielded by the fact that it is not government driven and that there is no political affiliation or influence on the council. NGO's seem to be trusted better than government affiliated institutions in Kenya and It's seen as a more neutral institution.

The one other thing that came out about the role in health research was that the institution is criticised as it centres mostly on biomedical research. This can be a good lesson for Zambia, we should be careful to know what kind of health research we wish our Body to do.

The TWG members were briefed that countries may decide to take on several models such as the Kenya model of a research coordinating body which exists as an NGO that is being incubated by IDRC, DFID and Wellcome trust with the intention of slowly weaning off. This is entirely dependent on the country specific situation.

The next institution visited was the Consortium for National Health Research (CNHR). The institute is the secretariat to the board and was formed in 2007 due to the following the reasons among others:

- The lack of coordination between different players in research and the resultant duplication of work
- The depleting critical mass of researchers due to brain drain and aging
- As a means of creation of career pathways
- The need for a regulatory body
- The Kenya national Council for Science and technology is under the Ministry of Education

The formation of the organization was an initiative of the senior researchers who formed a task group and wrote a concept paper that they submitted to Wellcome Trust. This led to the formation of the council (13 people) of the founding members who are very senior people such as the head of KEMRI and the University Vice Chancellor with at least one member from founders. The council then advertised for board positions and people were selected based on a set criteria eg with a background of law, medical, IT etcetra. This led to the foundation of an eight man board membership with a tenure of the membership of two years. The Council and the board meet quarterly while there is a joint session two times a year. Any communication is approved by the board and council in order to have effective monitoring and evaluation of the performance of the organization. Financial audit is done by external auditors.

The organization is funded by Wellcome Trust, DFID and IDRC, and has a professional mandate while The National Institute for Science and Technology gives the legal mandate to the research institutions e.g. KEMRI has its own guidelines.

The key functions of CNHR are:

- Advocacy
- Some coordination at the level of the council: facilitating the merging of institutions
- Professional regulation
- Streamlining the research process
- Provision of grants
- Advertising and selection of research internship positions: e.g for this year there were 500 applications with only 10 places
- Knowledge management: documenting research knowledge and protecting individual and author rights
- Developing infrastructure capacity
- Redefining centers of Excellency as community of Excellency

Some of the major achievements of the organization include: Bringing different bodies together; Research capacity building/ awareness; Encouraging better proposals and ensuring that capacity is built for the emerging ones. The NHCR faces the a challenge in that it is more of a facilitation body and cannot really influence the diverse views on any proposal creation.

Another institution namely the African Population and Health Research Center was visited by the Kenya team. The APHRC is governed by an independent Board of Directors comprising of internationally distinguished professionals and leaders in health, social sciences, management and development.

APHRC brings together skilled African scholars from both Anglo- and Francophone Africa to take the lead in developing priority research programs and enhancing use of research findings for policy formulation and program improvement in the sub- Saharan Africa. The researchers are drawn from different disciplines including demography, economics, sociology, anthropology, public health, biostatistics, epidemiology, and social work.

The APHRC focuses on clarifying Linkages between urbanization, poverty and health in Africa. It also focuses on understanding Africa's population dynamics and their implications for human well-being. It also addresses Africa's health challenges through Responsive policies and systems, as well as maximizing the economic and social returns to education in Africa

The Objectives of the APHRC are to:

- Contribute to science through high impact research projects ad publications
- Inform policy decisions with research evidence, and
- Strength research capacity in sub-Saharan Africa

The center's unique regional outlook, reflected in its board, staffing and programs, enables it to efficiently define and address research and policy priorities across sub- Saharan Africa.

APHRC values partnerships and it builds these through collaborative linkages with local and international organizations including government agencies, multi lateral organizations, non-governmental organizations and networks, and academic/research institutions.

APHRC is financially supported by various institutions including, the European Union, Finnish Embassy (Kenya), Ford Foundation, Gates Foundation, Government of Kenya, Japan Society for Promotion of Sciences, Mellon Foundation- University of Witwatersrand Migration and Urbanization Node, National Institutes of Health (USA), Packard Foundation, Rockefeller Foundation, The Global Fund, UK Government Department for International Development, Wellcome Trust, William and Flora Hewlett Foundation, World Bank and World Health Organization

4.2.3 Uganda

The Kenya team, Dr A. Ngwengwe and Dr N. Mugala also visited the following institutions in Uganda:

1. Uganda National Health Research Organisation (UNHRO), Kampala, Entebbe
2. Mulago College for Health Sciences, Kampala

The Uganda National Health Research Organisation, UNHRO came about as a result of the need to have such a body with its functions, by the many institutions that do research in Uganda. The organization was formed in response to international pressure and the need for countries to strengthen national research spearheaded by WHO. There was need to bring all health research institutions together, and UNHRO has assumed this responsibility.

Although UNHRO was only enacted by parliament in 2009, it had been in existence since 1997. In the past there was no government commitment or political will towards health research and the operations of UNHRO. Recently the government has realised the need and importance of a national research body and has begun to show interest in the body. The team leading UNHRO established a constitution and all relevant documents and presented these to parliament. As the UNHRO was only enacted this year, its budget funding will come during the next parliament as it was enacted after the budget was already passed.

UNHRO is now part of government and MOH but does not sit under the MOH. Its functions will be done by the secretariat while some functions will be given to other institutions below it. The UNHRO has assurance of government funding.

This has since empowered the organization to be self reliant and be able to generate its own resources.

The organization has made achievements in the area of capacity building. This has been in equipment, personal, reagents, and centres of Excellency. However, the institution faces challenges which include: Inadequate funding; Inadequate human resource; The non availability of the National Research Policy which is currently still in the pipeline; Some of the failures that the organization has had were cited as follows; Most of the research programmes are still donor driven; The unwillingness of other institutions to be coordinated; Inadequate benefit from research for the community; Inadequate harnessing of traditional research; and Insufficient selling of organization.

The team learnt some of the Dos and Don'ts in setting up an organization such as the proposed National Health Research Body as follows:

- Do not destroy what has been working e.g TDRC
- GRZ must be bold to put funding towards research
- Information Technology must be embraced

- There should be ownership of the research e.g by the district

Mulago College of Health Sciences. This is a government institution which was established in July 2008 and whose formation was through Visualization in Participatory Processes similar to what the TWG has undertaken. Some of the lessons learnt in setting up such an organization are that implementation of change is a process that needs wide consultation. At the same time there is room to be patient to see results and there is always room for improvement and lessons are learnt by the way. This should be a good lesson for Zambia to learn from

4.2.4 Malawi

Malawi was visited by one member of the TWG, Prof C, Chintu. He visited the following institutions:

1. National Research Council of Malawi (NRC), Lilongwe
2. Health Research Capacity Strengthening Initiative
3. Liverpool Associates in Tropical Health, LATH

The NRC is a project under the Ministry of Health. Malawi in 1974 by presidential decree formed the NRC and in 1976 ratified. Malawi went through the same process as what Zambia is going through in health research. A committee of different people was formed and they drew a proposal to DFID, Wellcome trust and IDRC for funding the NRC. The Health Research Capacity Strengthening Initiative went through the same process .

The funds for research are managed by the Liverpool Associates in Tropical Health. Malawi is also about to create the National Commission for Science and Technology. The processes that Malawi employed are good and can influence how we make our proposed body. Zambia had the NSTC but used a different process which has now failed, it would be important for Zambia to learn from other countries at it establishes these institutions.

The LATH has a responsibility to build capacity and this helps to return local people in Malawi. LATH also funds research and employs local consultants to carry out its work.

One common problem with the institutions in Malawi was that of funding challenges. The link with government should be emphasized and strengthened so that in case the funded projects end the government steps in to fund programmes and activities. The government should be highly involved and can for example provide infrastructure. It is very important to have such important research bodies locally driven and funded too so as to ensure continuation and ownership of projects. Zambia should consider this in its formation of the National Health Research Body.

In line with the above lessons from the comparator visits: Some of the important guiding principles of what the body will be should include:

1. Internal funding. We do not need a body that is totally funded externally
2. Focus and responsibility. We must decide what functions we want the NHRB to focus on, or overall responsibility we want it to take. We must keep the differentiation. The NHRB can take up a number of functions but should allow other institutions to carry other responsibilities. Further, the health research ethics should not be done by the body other institutions should.
3. There should be ownership of the NHRB
4. Health research ethics should not be performed by the envisioned body but by other bodies. The NHRB's function regarding ethics should be supervisory.

Create guiding principles from the experiences in the way that whatever this body will be the messages from the lessons learnt should be taken into account. We do not want to have a body that is totally externally funded. We want a functional responsibility, an overall coordinator.

Below are presentations of the lessons learnt by the TWG teams that visited other countries:

4.3 Expert Witness Insights

The TWG sought to question expert witnesses to learn from their experiences, to provide an informed opinion, to discuss what is and what is not negotiable in establishing an organization. The TWG was primarily interested in a witness' expertise and brought together five witnesses. Of the five, three were international, from Tanzania, South Africa and USA (Boston), while two were from within Zambia.

The purpose of the TWG 3 meeting held from 13th to 18th of December, 2009 was to complete the set of activities that were initially planned for at the first TWG meeting in April 2009 at Anina's lodge in Lusaka. And expert witness interviews were one of the activities planned for.

The following are highlights and recommendations by the experts interviewed:

All the experts strongly recommended that the NHRCZ must be enacted by an act of parliament and must be an autonomous body with strong links with the Ministry of Health. The NHRCZ must have a board whose structure, appointment and the composition should be clearly defined for the body to function well. The board can either be enacted by parliament or the Minister of health can be given the powers to appoint board members. Twenty-five percent of the members to represent line ministries and government institutions while seventy five percent to represent other institutions and some to be appointed in their own capacity.

The board should be small in number with members who understand the core functions of the body and the term of office for board members should be two to three years. One third of the board members must continue at the end of the term so that there is continuity.

With regards to funding, the government must be among the major funding sources. It was recommended that the government can fund seventy-five of the operations of the body while twenty-five percent of the funds are sourced from other partners and stakeholders. It was noted that most financiers may not understand the investment required for health research, therefore there is need to establish good links with them. Key players like the Ministry of Defense as well as the Ministry of Finance among others should not be left behind.

The experts held that there is need to make a time table for consultative meetings with stakeholders before finalizing the document for presentation to MOH. There is need to come-up with steps and time frame for advocacy, in particular to parliament and other major stakeholders. It is important to involve several institutions, government and private sector, in all coordination efforts. The experts urged that there is need to be patient because setting up a research body can take a very long time

The proposed functions (*annex 1*) of the NHRCZ, are all crucial. However, they are too many to be performed by one institution. If the NHRCZ will perform all the said function, a clear plan of how this will be must be put up as having a handful of functions may have funding and capacity implications.

There is need to think through carefully what functions and how these will be done. Taking into considerations the procedures of research, consumers of research and funders of research. The NHRCZ should not focus too much on controlling research but realize that health research is a global issue. Zambia needs to have a clear analysis of the environment and resources to support and invest in health research and should aim at being a leader in health research in the region.

Zambia as it is can be a leader in child health research because it has a good infra structure and geographical location and has a good record in child health. We need to think about where we compete in the global market of research to solve health problems in the region.

As Zambia creates the health research body it is important to consider how it will fit into the national system and to create a system which is transparent where there is a strong sense of ownership.

5.0 CONCLUSION

The TWG has built on the lessons derived from the above events and have drawn a way forward to see the establishment of the proposed body now called the National Health Research Council of Zambia, (NHRCZ). The plan involves the drafting of a prospectus,

developing an advocacy document to present to the MOH and key stakeholders, holding consultative meetings with all relevant stakeholders and finally incorporating all the TWG's work in one conclusive document. This will then see the establishment of the NHRCZ.

1. Functions, Activities and Mechanisms for National Health Research Council of Zambia

Functional Priority Areas	Type of Activity	Mechanisms for execution
1. Coordination /Regulation	<ul style="list-style-type: none"> • <i>Setting priorities (research agenda), and ensuring implementation</i> • <i>Serving as a clearinghouse: with a database of projects, research institutions, and other information.</i> • <i>Facilitating the dissemination of research results, reports, proposals—including to the research community;</i> • <i>Harmonization; networking;</i> • <i>Include districts in the health research system (guidelines)</i> • <i>Promote public-private partnerships</i> 	<p>Creation of database:</p> <ul style="list-style-type: none"> • Hiring of consultant: needs analysis to get context of available data and advise on ideal data base • Hire of data base expert (only abstracts at masters level plus some selected undergraduate work will be entered in database) <p>Registration of all the researches done by individuals and organizations who approve research protocols</p> <p>Council should set a forum to set priorities for health research</p> <p>Annual publication</p> <p>press release</p> <p>Capacity building and clear guidelines</p> <p>Create an environment that is attractive through constant dialogue</p>
	<ul style="list-style-type: none"> • <i>For research ethics (including links to current bodies)</i> • <i>For externally-funded research, with monitoring by expert groups</i> • <i>Include intellectual property rights (working with S & T Council)</i> 	<p>Research ethics will continue</p> <p>M and E research ethics will be mandated to continue</p> <p>NST</p> <p>Registration, ethics approval, accreditation by council, NHREC monitors</p>

	<ul style="list-style-type: none"> • <i>Accreditation function (internal, and possibly external)</i> • <i>Include pharmaceutical industry</i> 	In conjunction with the pharmaceutical Regulatory authority
2. Funding	<ul style="list-style-type: none"> • <i>Mobilize resources to support the above NHRB functions.</i> • <i>Direct funding of research and research training programs.</i> 	<ul style="list-style-type: none"> • Advocacy to convince ministers of health and finance and PSC (will table it to cabinet) <p>Agreement to creation of body</p> <p>Approving of structure</p> <p>Agreement to treasury authority</p> <ul style="list-style-type: none"> • Write Project proposal to source for funding from other funders
3. Capacity development: of <ul style="list-style-type: none"> • individuals • institutions • systems 	<i>Including both research skills and capacities in knowledge management and translation;</i> <i>Create a learning resource centre</i> <i>Promote and develop human resources for health research (fellows, research chairs, etc.)</i> <i>Promote the development of research groups in a range of disciplines</i> <i>Facilitate secondments (e.g. government to university)</i> <i>Create more research institutions</i>	<ul style="list-style-type: none"> • Offer scholarships to train key personnel in research such as biostatisticians, data managers • Training programs to stimulate the various cadres on the importance of research: include proposal writing, research methodology, scientific paper writing • Creation of incentive to conduct specific research • Creation of research units in the institutions e.g hospitals • Ensure that all programmes have a component of research • Creation of research centre to evolve into career path
4. Knowledge Management and Translation	<i>Knowledge synthesis</i> <i>Use (application) of knowledge for policy, programs management, and practice</i>	<ul style="list-style-type: none"> • Promote regular dialogue with researchers through various mechanisms such as seminars, conferences,

	<i>Facilitate policy dialogues</i> <i>Facilitate marketing of research products</i>	bulletins, <ul style="list-style-type: none"> • Synthesis -packaging and making the results of the research user-friendly • Creation of an accessible data
5. Advocacy	<i>For evidence-based decision-making and policy formulation in the health sector</i> <i>Making the case for research as an essential tool for social & economic development</i> <ul style="list-style-type: none"> • <i>Promote innovation (special awards, honours, grants; facilitate commercialization of “products”)</i> 	Regular consultative meetings Have targeted interventions that will give us impact Target political leadership and management, policy makers Donor community, media organisations: make case with minister give examples of vitamin A, septrine for PCP, retention scheme, antiretrovirals for babies, Linkages with other research institutions Creation of an award system

2.Guiding Principles of the National Health Research Council of Zambia (NHRCZ)

1. Shall be an autonomous body with strong linkages with MoH
2. Shall be a Statutory Body, established by an Act of Parliament through the Ministry of Health
3. Funding: The funds of the organization shall accrue from the following:
 - a. An annual government grants.
 - b. Such other monies as may accumulate from savings, fees, etc.
 - c. External sources.
4. The Board of Directors
 - i. Board members should be appointed by the Minister of Health
 - ii. Board should be multi-disciplinary and include representatives from the Ministry of Science, Technology and Vocational Training, Ministry of Finance and National Planning, Ministry of Justice, Ministry of Defence, Ministry of Health, research community, Civil society, National Science and Technology Council, public and private universities, and the Private sector.

- iii. The Board appointing authority should take account of gender, geographical distribution, and professional expertise.
 - iv. The Chairperson and Deputy Chairperson shall be elected by the members of the Board from their number and shall be appointed by the Minister.
- 5. The Board will employ the Secretariat through a competitive, transparent process. The Chief Executive Officer of the Secretariat shall become a member of the Board
 - 6. The NHRCZ will link to other National and International organizations with mutual principle

3. Governance Structure

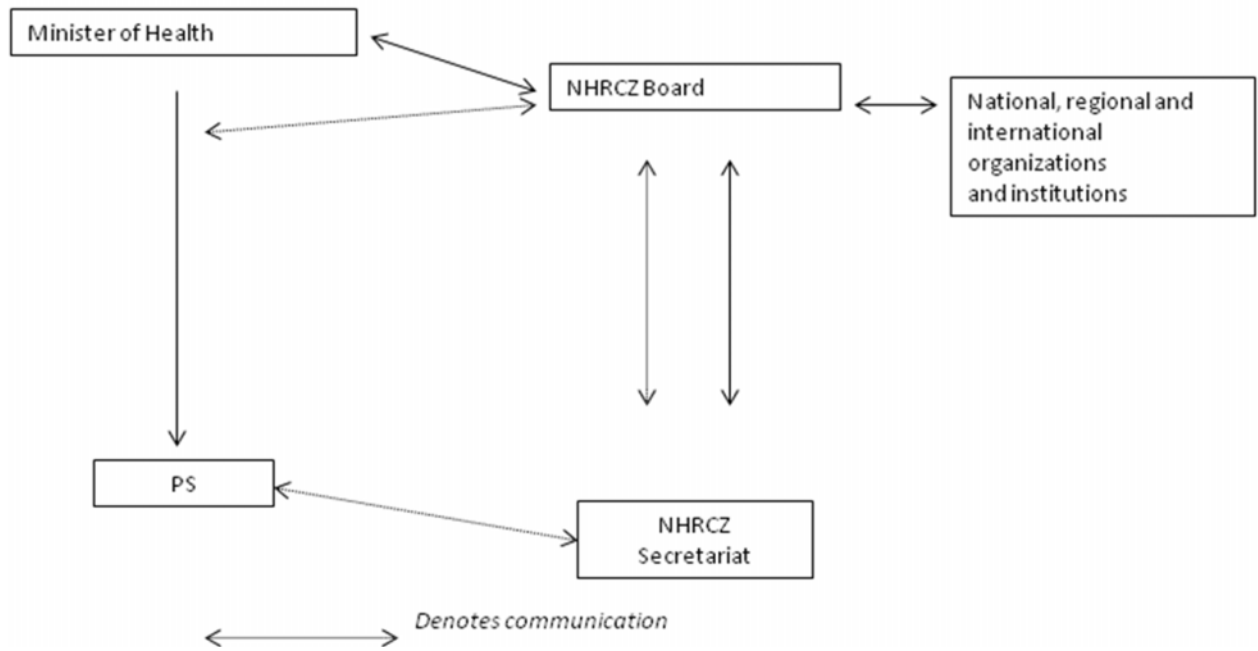
The following governance structures have been proposed:

Board of Directors composed of multidisciplinary members shall be appointed by the Minister of Health. Even though the NHRCZ shall be autonomous but strong linkages with the MOH.

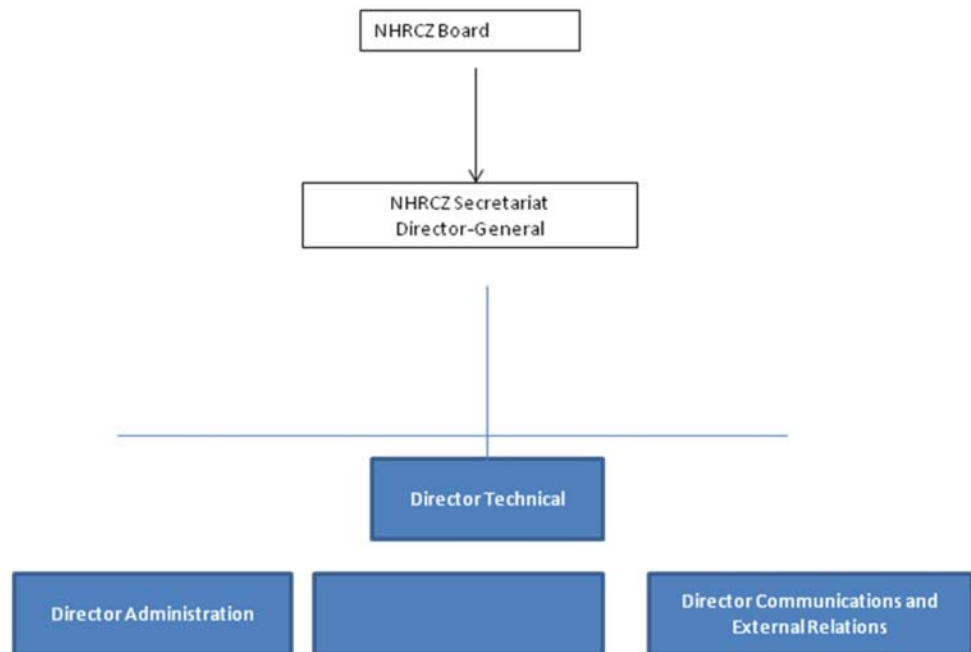
The board shall be supported by a secretariat headed by a Director General.

The objectives of these structures is to develop an institutional mechanism that will assure articulation of research priorities and strategies in light of the health needs of Zambia and ensure the translation of health research results into policy to improve service delivery and facilitate translation of health policy concerns into the research agenda.

Relationship of NHRCZ Board to other organs



Structure of Secretariat



4. Log Frame

Objective	Activity	Who	Expected result	Assumptions and Risks
1. Determining a database	Needs analysis: Establish what research exists, what project-based information exists - Which institutions are producing information - Determine timeframe reference (i.e. determine how many years of research to collect) -Determine database parameters (which fields need to be included) -review existing health research databases to determine if the council should contract database services out		-Consultant will provide informed recommendations for a complete database -comprehensive understanding of database needs, abilities, capacities	Depends upon clear timely decisions of the NHRCZ. Assumes cooperation of health research institutions. Assumes good electronic information is available. Requires policy decision while the data base is being researched.

Function 1: Regulation and Coordination

2. Establishing Database	Hire database expert as permanent staff -begin building database by consulting key stakeholders and collecting relevant information		-functioning database of all relevant Zambian research information, who's who, who's doing what, who's funding what -fully searchable online database -physical database of grey literature	Depends upon clear timely decisions of the NHRCZ, cooperation, and that electronic information is available.
3. Register research institutions, organizations and individuals	-to build a directory of organizations, institutions and individuals producing research		- council possesses all relevant information as required and makes it available to stakeholders	Cooperation and compliance.
4. Inform National Research Agenda	- convene annual priority setting exercises at national fora of key stakeholders		-create a list of priorities that students, researchers, institutions can use to develop research proposals and protocols	Cooperation and participation of MOH and Research Institutions as well as other Ministries
5. Dissemination of coordination activities	-create documents outlining Zambian research projects (e.g. abstracts of recently produced work)		-greater public awareness of council activities and research outputs, outcomes, and processes	Depends on a good communication capacity within NHRCZ
6. Capacity building and clear guidelines?			?	?

7. Convene regular dialogues	-policy dialogues, research dialogues, stakeholder dialogues		-increased collaboration among key stakeholders on key research and policy issues -increase awareness of key research, practice and policy issues	Participation and recognition. Skills to synthesize, analyze and formulate policy options within NHRCZ
8. Create formal relationships with relevant Zambian institutions	-NHREC -universities -government ministries and councils -NGOs (eg. ZAMFOHR)		-greater alignment amongst key institutions -building linkages for synergies amongst institutions -contracting out council functions	Depends on willingness and sustained networking from NHRCZ and partners in research
9. Create formal relationships with relevant regional, international institutions	-Kenya CNHR -Malawi NRCM -Uganda UNHRO -South Africa MRC and others -Health Research Capacity Strengthening Initiative-Learning		-learning linkages with like-minded organizations -opportunities for horizontal evaluations -staff secondments	
10. Develop ethics relationship with NHREC	-after registration, council shifts projects to NHREC for ethics approval		-registered, ethically-approved projects	
11. Accreditation	-research projects and institutions fully accredited		-registered, ethically-approved and accredited projects	
12. Monitoring of research projects	-create council monitoring capacity to visit project sites -create monitoring capacity at the district level to visit project		-research projects that are executing intended objectives -strengthened capacity at the district level to engage in research processes	

	sites			
13. Develop working relationship with NSTC	-create a team to work on intellectual property rights		-more understanding and respect for Zambian intellectual property rights -harmonized Zambian government approach to intellectual property rights	

5. Next Steps

Log Frame	04/02/2010	Drs Mugala and Kasonde	-complete for all functions	-Function 1 (Coordination/Regulation) is complete
Review National Health Research policy document	10/02/2010	Drs Ngwengwe, Maimbolwa, Mugala, Bertha, Kazembe	-analyze how NHRC slots in.	
Visit Ministry of Health	16/02/2010	Dr Kasonde, Prof Chintu, Dr Ngwengwe, Dr Kazembe	-prepare presentation (advocacy meeting)	
Prepare Draft Prospectus	26/02/2010	Dr Maimbolwa, Mr. Thole, Prof Chintu, Mr. Kasisi	-Abigail to assist. -Resource Mobilization plan to be a component.	
TWG Meeting	01/03/2010	All TWG members	-one day meeting to review the draft	

			Prospectus	
Stakeholders meeting	31/03/2010		-2 meetings – 60 in Lusaka, 40 in Copperbelt to sensitize and advocate NHRC functions.	
Prepare Final Prospectus	01/05/2010			
Present Prospectus to MoH				

6. TWG 3 Participants list

1. Dr. Alasford Ngwengwe, School of Natural Sciences, University of Zambia, Chair of the NHRAC
2. Dr. Margaret Maimbolwa, School of Medicine, University of Zambia
3. Dr. Nanthalile Mugala
4. Professor Chifumbe Chintu, School of Medicine, University of Zambia
5. Brig-Gen. Freda Kazembe, Maina Soko Military Hospital
6. Ms. Bertha Chipepo, General Nursing Council of Zambia
7. Mr. Sandy Campbell, CCGHR
8. Dr. Victor Mukonka, Directorate of Public Health and Research, Ministry of Health
9. Ms. Pascalina Chanda, Directorate of Public Health and Research, Ministry of Health
10. Dr. Joseph Kasonde, ZAMFOHR
11. Mr Friday Kasisi, Chainama College of Health
12. Mr Llyod Thole PACRO

Expert Witnesses

13. Dr Hassan Mshinda, Director COSTEC, Tanzania
14. Christina Zarowsky, Professor, University of Western Cape
15. Dr John Simon, Director of International Health. Boston University
16. Dr Kopano Mukelebai.
17. Dr Emmanuel Kafwembe.

Secretariat

18. Chishimba Mulambia, Secretariat, Research/Administration Officer
19. Sandra Chilengi Sakala, Secretariat, Research/Administration Officer
20. Abigail Speller, CCGHR Intern
- Facilitator
21. Cole Dodge, Facilitation