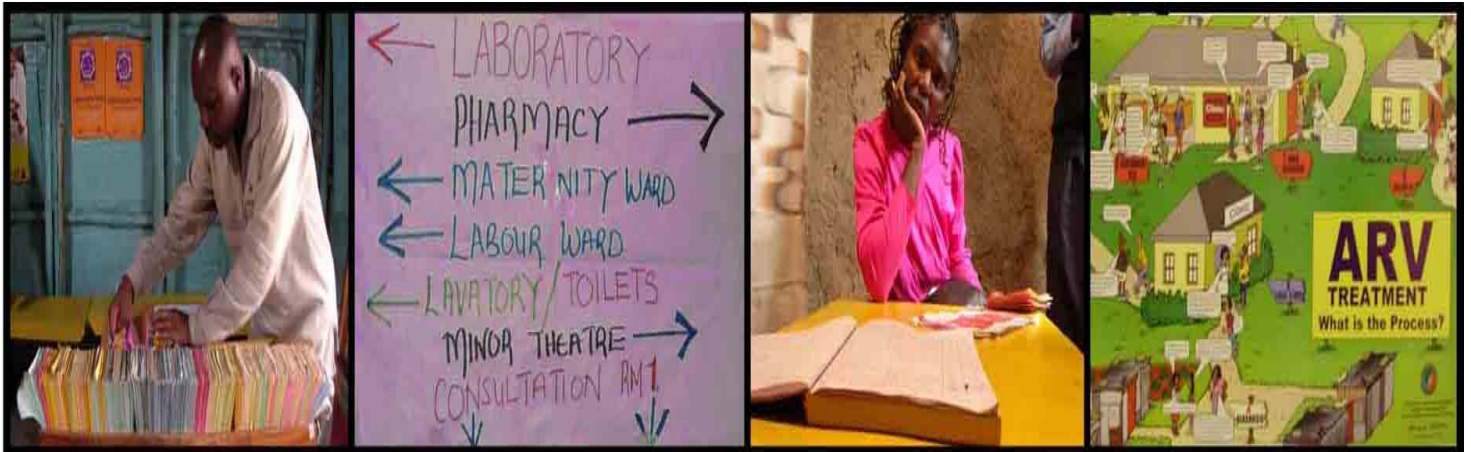


# ZAMFOHR

The Zambia Forum for Health Research

## ANNUAL REPORT 2008



**Strengthening the Capacity to Undertake and Utilize Research and  
Evidence in Health Policy and Practice**

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## **CHAIRMAN'S MESSAGE**

The time has indeed come for ZAMFOHR to report on the inaugural phase of development as a knowledge translation institution and a platform for health researchers and research users in Zambia to promote research that can be used to improve health.

In the last century, research has led to discoveries that have transformed healthcare across the globe. Examples abound: the discovery of penicillin changed the prognosis of infectious diseases; the discovery of insulin revolutionized the treatment of diabetes; and the discovery of the relationship between smoking tobacco and the risk of cancer and heart disease has refocused prevention measures. But these and other high profile advances overshadow many more research results which have led to improvements in the way healthcare is provided. In many ways improvements in health could be achieved even more if available knowledge was applied universally.

Closing this “know-do” gap has become the most urgent need in healthcare provision. It is also the springboard for the pursuit of research which is relevant to policy and practice. ZAMFOHR therefore has an important role in promoting the generation of relevant research and the translation of results into practice.

We are grateful for the support received from Research Matters – a collaboration between International Development Research Centre (IDRC), Canada and the SDC, the World Health Organization, the Canadian Coalition for Global Health Research (CCGHR), and the Alliance for Health Policy and Systems Research (AHPSR). Without them the work described in this report would not have been possible. I beseech them, and others, to continue their valuable support.

On behalf of the Board and indeed on my own behalf I would also like to thank the Executive Director and his team for the tremendous work that they have put into the organisation resulting into such an achievement for a recently started organisation. They have done us proud as an institution. Our best wishes to them.

**Professor Neil Nkanza**  
**Board Chairman**  
**Zambia Forum for Health Research**

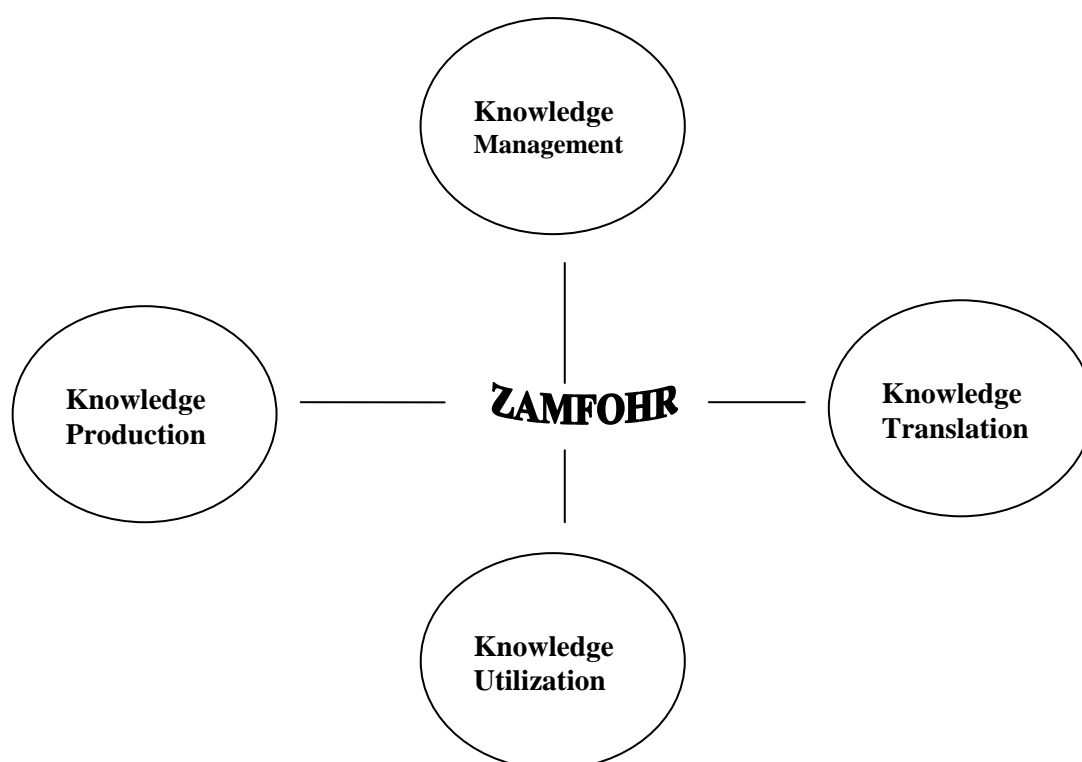
## WHAT IS ZAMFOHR?

The Zambia Forum for Health Research is a “knowledge translation” institution that aims to harmonise the research community in the hope of creating a spirit of evidence-informed decision-making among researchers and research-users. It is not a funder of research but rather a platform designed to bring together the key producers and users of knowledge, an entity serving researchers, institutes, the Ministry of Health, Cooperating Partners, practitioners and civil society. Its principal aim is to institutionalise the best practices of knowledge management and knowledge translation to ensure that there is a constant, dynamic, and multi-disciplinary dialogue between knowledge producers and users.

### ***Vision and Mission***

The vision of ZAMFOHR is to facilitate an environment in which health research evidence forms the basis for policy and practice, leading to improved health.

ZAMFOHR’s mission is: to contribute to the improvement of the health status of the Zambian population through coordinated and responsive sharing and dissemination of health research and evidence.



## **Objectives**

The objectives of ZAMFOHR are to:

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

## **Database**

The ZAMFOHR database serves as a knowledge repository for researchers, policy makers and civil society. It is a centralized collection of Zambian health research and researchers. Although there has been much research done on and in Zambia, too often it is inaccessible and never reaches its intended audience. The ZAMFOHR database was built from Project Greenstone.

## **The Beginnings: 2005 – 2008**

**Joseph M Kasonde, Executive Director**

### ***Foundation***

The conceptual seedling of a platform to bring together Zambian researchers into a formal knowledge exchange network can be traced back to Bangkok and the year 2000. In October of that year, the government of Thailand played host to nearly 1000 delegates to the first International Conference on Health Research for Development. The sponsors were the Commission on Health Research for Development (COHRED), the Global Forum for Health Research, the World Bank and the World Health Organisation (WHO). The Keynote Speaker was the Director General of WHO, Dr. Gro Harlem Brundtland. It was a grand occasion.

In the corridors of the Shangri-La Hotel, venue of the International Conference, a number of initiatives were being conceived, including the idea of an African Forum for Health Research, which has since been established. The Zambian delegates, Dr. Thabale Ngulube and Dr. Joseph Kasonde, noted the possibility of establishing a Zambian forum for health researchers.

In 2005, a different set of enthusiasts in Zambia agreed to create what became known as the Zambia Forum for Health Research (ZAMFOHR). The names of the ten Founders, who became the Trustees, are presented elsewhere in this Annual Report. The entity was registered as a non-profit non-governmental organisation on 22 December 2005. Full establishment, however, had to await a series of consultations with the stakeholders.

### **Consultations**

With financial support from Research Matters (an IDRC – SDC collaboration) and intellectual support of Mr. Alexander (Sandy) Campbell, then with the Canadian International Development Research Centre (IDRC), the first consultation was held at Protea Hotel, Chisamba, from 30<sup>th</sup> March to 01 April, 2006. Twenty four stakeholders attended the meeting. The outcome of that meeting was a clearly articulated vision, mission and strategic direction. The proposed activities had become clearly focused on the application of known research in the formulation of health policies and practice, which is a **Knowledge Translation Institute**.

At a second stakeholders meeting held at Lilayi Lodge, Lusaka South, on the 26<sup>th</sup> June, discussions addressed more practical issues of setting priorities for action. To ensure implementation, the first Board of Management was elected. Names of the members of this inaugural Board are indicated elsewhere in this report. The staffing of the Secretariat was decided and the first Executive Director was appointed at the first meeting of the Board in January 2007.

Early activities concentrated on preparing the statutes, including the Trust Deeds, and finding accommodation. Rented premises were eventually secured in September 2007, but needed repairs and renovation before occupation in February, 2008.

Another critical activity was the appointment of staff. The Office Manager, Ms Kabukabu Muhau, was recruited and took up the position in February. The Knowledge Manager, Mr. Derrick Hamavhwa Mwiinga joined the organisation in August 2008. A Research Associate to coordinate research in Reproductive Health is expected to be appointed in early 2009.

## **ACTIVITIES TO DATE**

### **a) Workshops**

**Knowledge Translation Techniques:** Thirty two participants met at Barn Motel, Lusaka East, on 28 February – 2<sup>nd</sup> March 2007, mentored by four faculty from Canada. The main topics were policy briefs and systematic reviews. A network of KT enthusiasts was proposed.

**June 7-8, 2007. Conference on Human Resources for Health.** ZAMFOHR contributed a review of the literature on the subject, authored by CCGHR intern - Christine Heidebrecht, sponsored by Research Matters (RM) Canada.

**February 25-26, 2008: Resource Centre Workshop.** Twenty four participants deliberated on the role and functions of ZAMFOHR as a resource centre. The meeting, led by Paul Smithson of the Ifakara Resource Centre in Tanzania, produced a set of objectives to be attained by the organisation in its RC function for workshop (Report on page 9).

**April 24-25, 2008: Workshop to set priorities and prepare outlines for research on Human Resources for Health.** A Research-to-Action Group (RAG) was set up to follow up the research lines and develop them into research proposals for funding (Report on page 11).

### **b) Funding and Partnerships**

Research Matters (IDRC and SDC): Establishing the Zambia Forum for Health Research: US\$150,000 for 18 months, effective from 01 July 2007 (extended by 6months to June 2009).

**EVIPNet:** a WHO initiative to foster interaction between researchers and research users. \$8,000 for research-to-action activities, April, 2007.

#### **WHO: REPRONET**

The African Network for Research and Training in Reproductive Health (REPRONET). \$80,000 to host the organisation and to prepare a proposal for an activity to translate research evidence in reproductive health into RH policy and/or practice. Funds received in October, 2008 for a period of one year.

#### **ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH**

Developing a Platform for Knowledge Translation. \$189,885 to develop the greenstone database and strengthen Research-to-Action theme groups over a period of two years, effective from January 2009.

## **EUROPEAN UNION**

“SURE” proposal developed jointly by ZAMFOHR and seven other research groups in Africa and Europe. The Zambian part will be worth 290,000 Euros, over a period of three years. Approved, but awaiting clearance by the European Commission.

ZAMFOHR has established a partnership with the Canadian Coalition for Global Health Research (CCGHR), a non-governmental organisation composed of international health research scientists mainly from Canadian Universities, including McMaster, Toronto and University of British Columbia (UBC).

## **Friends of ZAMFOHR**

This is a newly established subgroup of ZAMFOHR. It consists of all institutions and individuals who share a common vision of the role of knowledge production, management and translation in serving health policy, health systems and healthcare practice. The friends contribute financially, materially, intellectual and technical to the development of ZAMFOHR as a KT Institute and Resource Centre. Contact in Zambia is at ZAMFOHR Secretariat, and in Canada at CCGHR Secretariat in Ottawa. The friends will be critical to the sustainability of ZAMFOHR.

## **Conclusion**

It has been a long start, but ZAMFOHR is now established as intended: a platform for Knowledge exchange among researchers and research users; an accessible repository of research evidence; and a Resource Centre for capacity building in Knowledge translation. The challenge now is to build on this foundation and meet the country's needs for evidence-based decision making in health policy and practice. ZAMFOHR must rise to this challenge.



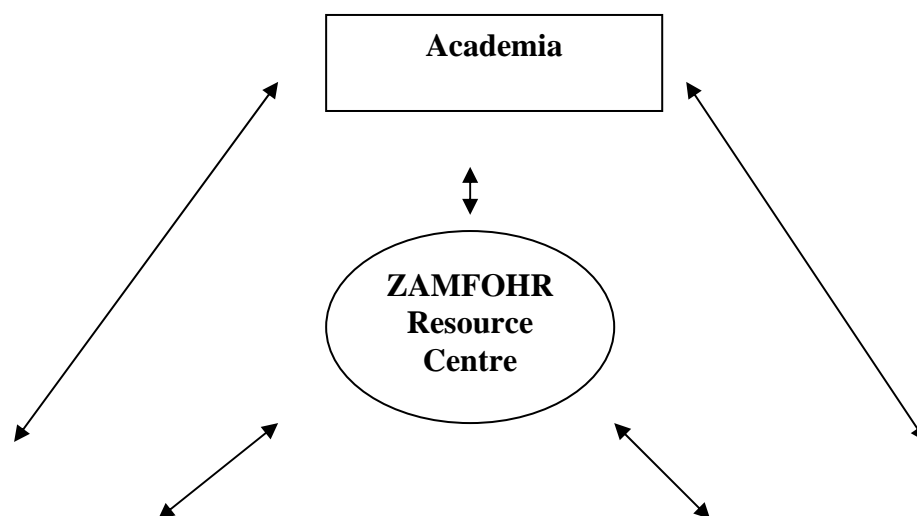
## ACTIVITIES

### RC WORKSHOP REPORT

From the 25<sup>th</sup> to 26<sup>th</sup> of February the Resource centre workshop was held at the Blue Nile Inn. This Resource Centre (RC) Workshop was planned as a follow up activity to the Zambia Forum for Health Research's (ZAMFOHR's) Strategic Plan in collaboration with the Canadian Coalition for Global Health Research (CCGHR) and the Canadian International Development Research Centre (IDRC). This two-day activity invited a range of stakeholders to discuss the proposed Resource Centre. There were two expected outcomes from this process. First, that a consensus of stakeholders on the role and functions of the ZAMFOHR as a health research and information Resource Centre would be reached. Second, that recommendation on options for modalities of implementation would be suggested. The process was facilitated by Mr. Paul Smithson, who has successfully created a Resource Centre for Tanzania's Ifakara Health and Research Development Centre. Mr. Smithson shared his thoughts and ideas on the process of creating a Resource Centre, and then led participants in brainstorming through the needs and functions of ZAMFOHR as a Resource Centre.

It was acknowledged that different RC's serve different functions drawing from the Ifakara Health and Research Development Centre, as well as a number of local Zambian RC examples. After brainstorming about ZAMFOHR's potential client base, ZAMFOHR's core role was recognised to be knowledge management and translation, with an emphasis on transforming evidence into action. It was decided that ZAMFOHR would focus its RC toward academia, health policy practitioners and civil society. The relationships between these entities would be mutually supportive and can be understood as functioning in the fashion shown in figure 1 (the lines represent the lines of communication).

Figure 1: Lines of Communication



Day 2 of the ZAMFOHR RC Workshop started with presentations from the following RC's in Zambia: Afya Mzuri, the National AIDS Council, the Ministry of Health, and the University of Zambia. After learning about their products and services, clarification was required as to whether ZAMFOHR is the resource centre or whether the RC is part of the overall vision of ZAMFOHR's activities. The discussions that ensued identified ZAMFOHR's unique niche as a knowledge translation institute with a significant role as a resource centre. The "long list" of the first day was sorted into broad "categories" by participants, as follows. Through a participatory process, these functions were ranked (in order of decreasing importance), as follows:

1. Harvest, filter, synthesis of research and evidence
2. Dissemination and Communication of Research (2-way) Dialogue
3. Capacity Building – to connect research with research-users
4. Reference Information (collect, store, manage, make accessible)
5. Capacity Building – centred around training researchers to better map their contexts in order to reach a variety of audiences.

A sixth, cross-cutting category (Monitoring and Evaluation) was later added.

### **Actions and Steps**

There are several opportunities to continue to move forward with the development of ZAMFOHR's RC.

1. Identifying which cooperating partners are funding resource centres, and what is the preferred terminology. (Rockefeller, SIDA, Dutch, Irish, Elsevier)
2. Creation of ZAMFOHR RC Funding Proposal, including the establishment of the physical library facilities.
3. Establishment of a database and website to facilitate the harvesting of health research into a format and presentation that is accessible both on-and-off-line.

## HRH WORKSHOP REPORT

The HRH Workshop was held in Lusaka, from the 24<sup>th</sup> to the 25<sup>th</sup> of April 2008 with the intention to identify research questions that correspond to national knowledge needs regarding HRH. Workshop invitees included policymakers and health managers, in addition to HRH experts from Zambia's research community.

### Programme and Discussion

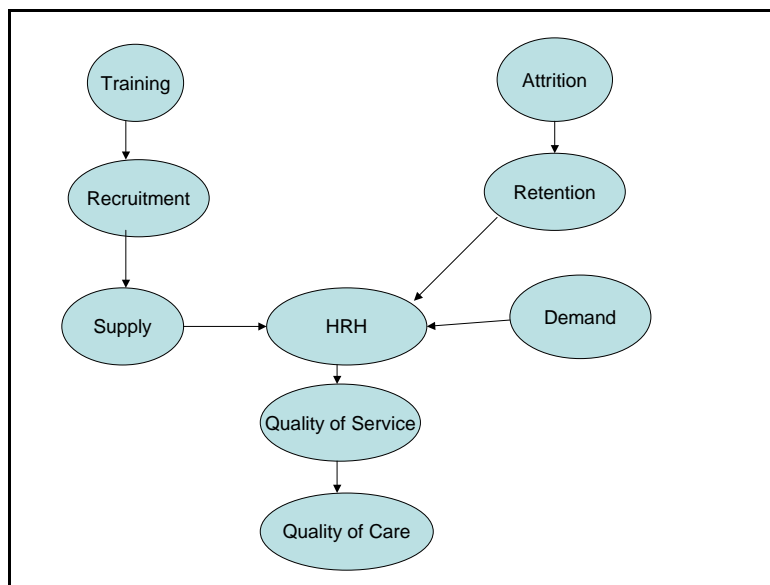
#### Day one

The workshop took place over two days, the first of which served as a landscape analysis and brainstorming session about HRH priorities and possible corresponding research problems.

Dr. Elias Mwila from the Ministry of Health opened the workshop, painting an overall picture of the HRH crisis in Zambia, describing the steps currently being taken by the Ministry and highlighting the importance of research in identifying HRH solutions.

The working session began with a presentation of a conceptual framework identifying the interrelated factors contributing to the HRH crisis:

**Figure 2: Conceptual Framework**



Contextual information was then introduced to the group in the form of several presentations. A summary of Zambian HRH research activities, based on literature review conducted in June 2007 emphasised the need for an increase in the volume of Zambian HRH research that is conducted, and broader dissemination of health evidence to ensure that it informs policy and directs future research. A representative from the Human Resources Directorate of the Ministry of Health outlined the HRH

activities that have been undertaken by the Ministry. These include, among other initiatives, the development of a *Human Resources for Health Plan*, development of a *National Training Plan*, scaling up of the retention scheme to include non-medical staff, and planning the development of an HRH database in order to improve communication and HR management. Lastly, a summary of key HRH issues facing Zambia was presented, featuring the broad categories HRH development/training, recruitment, deployment, retention and attrition, and optimising HR efficiency.

During the afternoon session, workshop participants were guided through the actively provided input for a problem analysis, focusing on the key problem: inadequate volume of HRH. The following factors were identified as contributors to the problem, either directly or indirectly:

- limited output of HWs from training schools
- recruitment ceiling
- lack of community demand for quality health care
- poor HR management and planning
- poor deployment
- weak HR policy
- attrition
- inadequate financial resources
- inefficient utilisation of available staff
- poor public/private partnerships

Breakout groups prioritised the above factors, identifying the three issues that contribute most to the key problem. These were presented to the full group, and formed the basis of Day Two's programme development.

## **Day Two**

The second day of the workshop was dedicated to detailed research programme development for three specific priority research areas. Results from the brainstorming/breakout group session at the conclusion of Day One were presented again to the full group, which informed a discussion session to identify priority areas for research, considering feasibility, impact, knowledge need, and problem definition. The following priority areas for research were selected and developed into project outlines:

- a) Poor planning and management/inefficient utilization of available HR
- b) Training
- c) Social accountability/community involvement

## **Workshop Outcomes**

The workshop succeeded in producing three outlines for research projects that, once complete, will provide information to augment Zambia's HRH evidence base, and upon which policymakers can draw when making decisions. These project outlines represent the following areas of focus:

- a) underutilisation of human resources for health in the community
- b) effect of in-service training on health care deliver
- c) inefficient utilisation of existing HRH in the country (both private and public)

More important than the specific project outputs, however, is the fact that by bringing together HRH specialists from the research and health policy communities, this

workshop was a catalyst to the formation of *Zambian human resources for health research to action group*. Through protocol development and project accomplishment, this group will remain an active network of individuals dedicated to addressing Zambia's human resources crisis through research.

## **5. VISITORS**

We have had very important visitors to our organisation:

Paul Smithson from Tanzania - He successfully created the Tanzania's Ifakara Health and Research Development Centre

Prof. Vic Neufeld, Coordinator, from Canadian Coalition for Global Health Research (CCGHR)

Ms Nasreen Jessani from Research Matters (IDRC/SDC), Nairobi Office

Mr. Jean-Michel Labatut from International Development Research Centre (IDRC), Ottawa Office

Ms Carolyn Ochieng, Program Assistant, from International Development Research Centre (IDRC), Nairobi Office

Ms Christine Heidebrecht, Intern from Canada

Ms Emily di Santé, Intern from Canada

Prof. Bill Nelews, Ms Lianne Jones, Ms Jessica Barker and Mr. Cameron O'Connor all from Canada

Ms Ritz Kakuma, Mental Health Project, Canada

Ms Sheila Harms, Mental Health Project, Canada

## **PUBLICATIONS**

Kasonde JM. Development of a Knowledge Translation Institution: the case of ZAMFOHR presented at the International Conference

"From Mexico to Mali: Taking Stock of Achievements in Health Policy and Systems Research", Nyon, Switzerland, 25-27 May 2008. Alliance for Health Policy and Systems Research.

## **ACKNOWLEDGMENTS**

We wish to say THANK YOU to those who have made this start possible: Research Matters (IDRC/SDC), especially Mr. Sandy Campbell; the Canadian Coalition for Global Health Research, especially Professor Vic Neufeld (Coordinator); and the

World Health Organisation through its EVIPNet Initiative; the Centre for Health Science and Social Research (CHESSORE) ably administered the grant from IDRC.

## **GOVERNANCE**

### **Founding Members/Trustees**

- Dr. Kumar Baboo (Professor of Community Health, UNZA)
- Dr. Ben Chirwa (Director General, National AIDS Council)
- Mr. Bernard Chisanga ( Policy Specialist HSSP)
- Dr. Allan Haworth (Professor of Psychiatry, UNZA)
- Dr. Joseph Kasonde (International Health Consultant)
- Dr. Margaret Maimbolwa (UNZA/SOM)
- Dr. Mulindi Mwanahamuntu (Consultant obstetrician, UNZA)
- Ms Chibeka Mwenya (Barrister at Law, Legal Advisor)
- Dr. Manenga Ndulo (Professor of Economics, UNZA)
- Dr. Neil Nkanza (Emeritus Professor of Pathology, UNZA)

### ***Board Members***

- Professor Neil Nkanza (Nkanza Laboratories) - Chairman
- Dr. Thabale Jack Ngulube (CHESSORE)
- Dr. Emmanuel Kafwembe (TDRC)
- Dr. Godfrey Biemba (Ministry of Health)
- Dr. Sekelani Banda (UNZA/SOM)
- Dr. Mubiana Macwan'gi (INESOR)
- Dr. Margaret Maimbolwa (UTH)
- Dr. Victor Munkonka (Ministry of Health)

### **Secretariat**

Dr. Joseph Kasonde	- Executive Director
Mr. Derrick H. Mwiinga	– Knowledge Manager
Ms Kabukabu Muhau	– Office Manager