

DRAFT



Republic of Zambia
MINISTRY OF HEALTH

NATIONAL HEALTH RESEARCH STRATEGIC PLAN
2008-2011

Providing Evidence for policy and action for the attainment of the Millennium Development Goals and National Health Priorities

Ministry of Health
Ndeke House
Haile Selassie Avenue
PO Box 30205

Lusaka, ZAMBIA

17TH MARCH 2008

TABLE OF CONTENTS

FOREWORD	7
ACKNOWLEDGEMENTS	8
ABBREVIATIONS AND ACRONYMS	9
EXECUTIVE SUMMARY	11
BACKGROUND	12
1.0 SITUATIONAL ANALYSIS	14
1.1 POLICY AND STRATEGIC ENVIRONMENT	14
1.2 INSTITUTIONAL ARRANGEMENTS	14
1.3 LEGAL FRAMEWORK	14
1.4 FINANCING HEALTH RESEARCH	15
1.5 RESEARCH CAPACITY	15
1.6 COORDINATION	16
1.7 TRADITIONAL MEDICINE	17
1.8 PRIORITISATION OF HEALTH RESEARCH	18
1.9 HEALTH RESEARCH ETHICS	18
1.10 DISSEMINATION OF HEALTH RESEARCH OUTCOMES	19
2.0 VISION, MISSION, OVERALL GOAL	21
2.1 VISION	21
2.2 MISSION	21
2.3 OVERALL GOAL	21
3.0 NATIONAL HEALTH RESEARCH SYSTEM THEMES	22
3.1 NATIONAL HEALTH RESEARCH POLICY	22
3.2 PROBLEM STATEMENT	22
3.3 OBJECTIVE	22
3.4 STRATEGIES	22
3.5 KEY ACTIVITIES	22
3.6 EXPECTED OUTPUTS	22
4.0 INSTITUTIONAL AND LEGAL FRAMEWORK FOR HEALTH RESEARCH	24
4.1 PROBLEM STATEMENT	24
4.2 OBJECTIVES	24
4.3 STRATEGIES	24
4.4 ACTIVITIES	24

4.5	EXPECTED OUTPUTS -----	24
5.0	HEALTH RESEARCH FINANCING -----	26
5.1	PROBLEM STATEMENT -----	26
5.2	OBJECTIVE-----	26
5.3	STRATEGIES -----	26
5.4	ACTIVITIES-----	26
5.5	EXPECTED OUTPUTS -----	27
6.0	INADEQUATE CAPACITY FOR HEALTH RESEARCH-----	28
6.1	PROBLEM STATEMENT -----	28
6.2	OBJECTIVE-----	28
6.3	STRATEGIES -----	28
6.4	ACTIVITIES-----	28
6.5	EXPECTED OUTPUTS -----	28
7.0	COORDINATION AND MONITORING OF HEALTH RESEARCH -----	29
7.1	PROBLEM STATEMENT -----	29
7.2	OBJECTIVE-----	29
7.3	STRATEGIES -----	29
7.4	ACTIVITIES-----	29
7.5	EXPECTED OUTPUTS -----	29
8.0	TRADITIONAL MEDICINE -----	30
8.1	PROBLEM STATEMENT -----	30
8.2	OBJECTIVE-----	30
8.3	STRATEGIES -----	30
8.4	ACTIVITIES-----	30
8.5	EXPECTED OUTPUTS -----	30
9.0	HEALTH RESEARCH PRIORITIES -----	32
9.1	PROBLEM STATEMENT -----	32
9.2	OBJECTIVE-----	32
9.3	STRATEGIES -----	32
9.4	ACTIVITIES-----	32
9.5	EXPECTED OUTPUTS -----	32
10.0	NATIONAL HEALTH RESEARCH ETHICS COMMITTEE -----	33
10.1	PROBLEM STATEMENT -----	33

10.2	OBJECTIVE-----	33
10.3	STRATEGIES -----	33
10.4	ACTIVITIES-----	33
10.5	EXPECTED OUTPUTS -----	35

FOREWORD

ACKNOWLEDGEMENTS

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CIDRZ	Centre for Infectious Diseases Research in Zambia
FNDP	Fifth National Development Plan
GCP	Good Clinical Practice
GLP	Good Laboratory Practice
GMP	Good Manufacturing Practice
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICT	Information and Communication Technology
IPRs	Intellectual Property Rights
MIAM	Malaria Institute at Macha
MoH	Ministry of Health
MSTVT	Ministry of Science, Technology and Vocational Training
NDP	National Drug Policy
NHRA	National Health Research Agency
NHRAC	National Health Research Advisory Committee
NHRP	National Health Research Policy
NHRS	National Health Research System
NHSP	National Health Strategic Plan
NISIR	National Institute for Scientific and Industrial Research
NST	National Science and Technology
NSTC	National Science and Technology Council
PCPIP	Paris Convention for the Protection of Industrial Property
SADC	Southern African Developing Countries
SOPs	Standard Operating Procedures
TB	Tuberculosis

TDRC	Tropical Diseases Research Centre
UNZA	University of Zambia
WHO	World Health Organisation
ZDHS	Zambia Demographic and Health Survey

EXECUTIVE SUMMARY

BACKGROUND

Zambia is a country faced with a lot of public health challenges, with high morbidity and mortality due to malaria, HIV and AIDS, and Tuberculosis; all compounded by high poverty levels. The Government has since 1992 been implementing significant health sector reforms, aimed at improving health service delivery and the health status of Zambians. Since then, a lot has been done in terms of realising the country's vision of *providing the people of Zambia with equity of access to cost-effective, quality healthcare as close to the family as possible*". Advances have, for instance, been recorded in targeted prevention and treatment programmes such as the Roll-back Malaria programme, TB control and HIV prevention, care and support. While a number of these advances have been backed by evidence-based interventions, the country still faces a lot of challenges in dealing with major public health challenges requiring research evidence to find solutions.

The Ministry of Health fully acknowledges the fact that information-driven (evidence-based) decision-making is the most rational and professional approach to attaining positive health outcomes. It recognizes the fact that it is impossible to achieve the national public health targets, as enshrined in the Fifth National Development Plan (FNDP) 2007-2011 and the National Health Strategic Plan (NHSP) 2006-2010, without evidence based health interventions, resulting from research; neither will it be possible to achieve the health millennium goals. However, a lot of studies have been done in Zambia a few of the results have been effectively disseminated to and utilised by policy-makers and other stakeholders. In addition, research as a tool for planning and decision-making has not been fully integrated into the district action plans. Furthermore, until recently these research activities have been carried out without any national health strategic direction and neither a clear legal framework to regulate and guide various research institutions and researchers in their conduct. Overall, there is no health research operational system, with clear institutional arrangements for coordination and management of health research in the country. While it is acknowledged that the National Science and Technology Council (NSTC) has the mandate of coordinating and regulating research in Zambia in general, the Health Sector does not have a system that coordinates and regulates health sector-specific research activities to link up with the NSTC.

Government has over the years shown commitment to prioritise health research; however, the place of research in the Health Sector is still far from satisfactory. For example, despite there being a Directorate of Public Health and Research, there is no specific research unit or section in the Ministry of Health structure. Prioritisation of health research areas also requires attention in the face of scarce resources and the need to ensure that health research answers to national priorities. The major

challenges faced by the country are inadequate financial, human, and institutional capacities to conduct research, disseminate results, and more effectively translate results into policy and practice.

It is against this background that government through the Ministry of Health has decided to come up with a National Health Research Strategic Plan that articulates key strategic directions to guide the country in the development of health research in Zambia. In line with the national health research draft policy and the national health strategic plan, this strategic plan was developed in a participatory and consultative manner, with key stakeholders and it draws information gained from various stakeholders' research conferences and in particular the 4th National Health Research Conference of 2007 attended by researchers, health policy makers, health program managers and the community recommended the development and implementation of a national health research strategic plan particularly.

1.0 SITUATIONAL ANALYSIS

The implementation of this Strategic Plan takes cognisance of the current situation with regard to health research in the country outlined below:

1.1 POLICY AND STRATEGIC ENVIRONMENT

All research in Zambia is currently governed by the National Science and Technology Policy. The Health Sector Research Policy has been finalised pending adoption. The National Health Strategic Plan (NHSP) 2006-2011 gives general guidance for health research development in Zambia. The Plan recognizes the need to develop and strengthen existing health research systems at all levels that define priorities for health research, influence national, regional and global health agendas, and lobby for a more equitable allocation of resources for research. It therefore provides for among other things, strategies to build capacities in terms of research infrastructures and competences for undertaking research and translating research results into policy and practice.

1.2 INSTITUTIONAL ARRANGEMENTS

Under the National Science and Technology Act, the National Science and Technology Council (NSTC) is mandated with the responsibility of coordinating health research and harmonising research priorities at the national level. However, there are no clear institutional arrangements for research from the National (MOH head quarters) to the Provincial and District levels; making it difficult for the nation to take stock of ongoing research activities and hence difficult to utilize the results to inform health policy and programs implementation.

The new Ministry of Health structure, under the Directorate of Public and Health and Research, provides for two officers charged with the responsibility of research; these are the Principal Surveillance & Research Officer and Senior Surveillance & Research Office, but there is no specific Research Unit or Section.

In addition to this structure, there is the National Health Research Advisory Committee (NHRAC), whose overall responsibility is to advise the MoH on all matters related to health research in Zambia. Its Secretariat is however, quite weak, in that there are no full time staffs, there is no specific office, and no operational funds. There is also no well-defined National Health Research Operational System to guide their operations.

1.3 LEGAL FRAMEWORK

Currently, the Science and Technology Act No. 26 of 1997 is one of the Acts that provides the legal and regulatory framework for research in Zambia. The Act was a culmination of the Science and Technology Policy which also saw the creation of the

National Science and Technology Council whose main function is to advise the Government on Science and Technology policy and to coordinate and monitor research institutions in the country. The Act also created the National Institute for Scientific and Industrial Research (NISIR). In addition, the Act provides for the establishment of any new research institutes and centres.

Various Acts of Parliament have been enacted which directly or indirectly support health research. Among notable ones are the Public Health Act and its subsidiary Regulations Cap 295 of the Laws of Zambia and the Environmental Protection and Pollution Control Act No. 12 of 1990 that addresses issues of infectious diseases, public health nuisances, water and sanitation. The other is the Patents Act, CAP 400 of the Laws of the Republic of Zambia.

1.4 FINANCING HEALTH RESEARCH

Government budgetary allocations for health research have been inadequate and have been the major constraint against the acceleration of health research in the country. Equally, the Ministry of Science, Technology and Vocational Training (MSTVT) and the National Science and Technology Council (NSTC) have limited funds for research and technology development. A number of international development partners provide some health research funding within their programmes. However, this financial support is inadequately coordinated; and there are no policy guidelines to provide direction with regard to which health research priorities should benefit from available funding windows. The other concern is that Zambia has not domesticated some international conventions that demand adequate funding for National Health Service and research.

1.5 RESEARCH CAPACITY

Currently, there are major research capacity deficiencies at all levels of the healthcare delivery system, from MOH headquarters to the Provincial and District levels; in terms of capacity to conduct, disseminate and utilise research. Infrastructure for research in the health sector is weak. In addition the country faces human resource capacity problems to manage and conduct research.

Although it is acknowledged that health research is being undertaken at various levels of health care delivery in Zambia, research capacity is, however, relatively poor. Anecdotal evidence shows that the would-be researchers have inadequate capacity for identification and prioritisation of research areas in support of health policy development and program implementation. There are capacity deficits in basic research skills such as proposal conceptualization and development, methodology, data collection and analysis, report writing, dissemination and packaging of research outputs for use by various stakeholders. Another deficiency is that most pre- and post-basic training of health workers does not adequately prepare them to appreciate, let alone undertake health research. Similarly, requisite skills for

scrutinising and approving research proposals are still scarce.

There are also gaps in leadership and management of health research at various levels of the national health delivery system. Incidentally, even the National Human Resource Plan for the Public Health Sector does not address the need for designation of Specialist Health Researchers as a distinct category of health personnel. Neither does it treat health research skills as requisite to enhancing the aims and objectives of the health sector.

Like any scientific research undertaking, health research requires a number of infra-structural prerequisites. Among them are laboratories, equipment, supplies, transport, information and communications technology (ICT), including storage and library facilities. Bio-medical research especially is a specialised field that requires state-of-the-art equipment and supplies. A national survey conducted by the National Science and Technology Council in 2001 revealed that many health research institutions in Zambia lacked basic research requirements. In the majority of cases, research equipment, infrastructure and facilities were found to be obsolete and poorly maintained, while shortages of skilled personnel and transport was rampant. Researchers had no access to latest international health research journals, newsletters, publications, scientific reports and other similar publications. Very few health research institutions in Zambia had access to internet facilities with the result that they miss out on latest information on various scientific websites.

Despite the above challenges however, there is a large potential in a number of health facilities in the country for carrying out health research. This prospect is more likely now that the Government has formulated a National Science and Technology Policy (NST) and established the National Science and Technology Council (NSTC). It is also important to acknowledge research capacities that exist at some research institutions like the Tropical Diseases Research Centre (TDRC), the National Institute For Industrial and Social Research (NISIR), the Malaria Institute at Macha (MIAM) and the Centre for Infectious Diseases Research in Zambia (CIDRZ); the country can learn a lot and utilize these institutes more effectively.

1.6 RESEARCH COORDINATION

Currently health research in Zambia is fragmented, ineffectively coordinated and inadequately monitored. There is a lot of collaborative research involving local and international researchers and institutions being undertaken in the country currently. However, there is no institutional mechanism for knowing who is conducting what type of health research.

Zambia's National Health Reforms recognise partnerships as critical ingredients in providing equity of access to quality, cost-effective health care as close to the family as possible. This acknowledgement forms the basis for existing and envisaged collaborative initiatives involving various partners in planning, funding,

implementation and evaluation of health research. The commitment to collaboration with stakeholders is, however, compromised by the lack of guidelines and clear definition of responsibilities and expectations. This is a serious shortcoming as research deals with diverse stakeholder interests that might at times conflict with each other.

Stakeholder consultation is important for engendering a sense of ownership of health research outcomes. The lack of an effective research coordinating mechanism and updated national research priorities tends to encourage non-priority research as opposed to need-driven and operational health research. In terms of ownership, resource inequalities between Zambia on one hand, and its International Development Partners, on the other, poses a real risk of conflict of interest and failure to domesticate health research outputs. Consequently, in most cases health research has not been designed with a view to addressing vexing issues on the country's health research agenda.

1.7 TRADITIONAL MEDICINE

Traditional medicine is defined as “the total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental or social diseases and which may rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing” (WHO 2001).

The main concern with regard to traditional medicine is the lack of an institutional framework to guide and support the development of traditional medicine. Until recently, apart from the WHO guidelines that the country has applied, there was no locally adapted guidelines for research in traditional medicine. Consequently, there is no national capacity for testing and verifying the quality, safety and efficacy of traditional medicine. There is also no appropriate policy and legislation for integrating traditional medicine in the current health care system. The fact is that traditional medical practice has always been part of the Zambian cultural heritage and has been passed from one generation to the other. In acknowledging this, the Government clearly states in the National Drug Policy (NDP) document that it is “committed to the provision of policy guidelines to make traditional medicines an integral part of the health care system in Zambia” (Republic of Zambia, Ministry of Health, National Drug Policy, 1999: 19).

In the wake of the HIV and AIDS pandemic, various traditional healers have come up with various claims of a cure. These claims cannot be ignored; hence the decision by government in 2006 to commission observational studies in traditional herbal remedies in the treatment of HIV and AIDs, using the WHO guidelines. This high political commitment to the development of traditional medicine is not just evident at the national level but also at the Regional level through the formation of a four-member Inter-ministerial Committee on traditional medicine, the Zambian Minister

of Health being a member. The Zambian government, through the Ministry of Health, has appointed a special Sub-Committee of the National Health Research Advisory Committee (NHRAC) to facilitate the development of guidelines and an institutional framework for the promotion of research in traditional medicine. Now, Guidelines have been developed, adapted from the WHO guidelines, and an Institutional Framework has been developed; pending operationalization. The guidelines deal with among other things, Intellectual Property Rights (IPRs), Patents, and Copyrights.

1.8 PRIORITISATION OF HEALTH RESEARCH

The provision of quality health services and the realization of positive health outcomes are highly dependent on timely availability of evidence-based interventions. Accordingly, research assumes a strategic and important role in providing the required new scientific knowledge and evidence to inform health policy and practice. The articulation of up to date research priorities and strategies, as well as the maximisation and utilisation of research outcomes, are vital ingredients in this process. A significant amount of health-related research has been carried out in Zambia over the past decade and a number of new research projects are on going. However, while the process of identifying research gaps has been on going since 1998, there is no sustainable system for regularly updating and coordinating research priorities and the research inventory.

National Health Research Priorities were published only once in the then Central Board of Health booklet, the *“Zambia National Health Research Agenda: National Health Research Priorities and Recommendations for Action: 1999-2001.”* Hence they should have been updated by 2002. Unfortunately, even after the Research Priorities were published, there was no framework for ensuring that researchers buy into these priorities. In addition, because there is no clearly spelt out mechanisms to dictate which studies should be undertaken, funding opportunities and sources, rather than nationally identified health research priorities, tend to be the main determinants of health research in Zambia.

1.9 HEALTH RESEARCH ETHICS

Health care related research is based on two fundamental moral commitments: sustainable improvements in health outcomes through provision of new scientific knowledge; and preservation and protection of the dignity and health interests of participants in and subjects of research programmes. History however demonstrates that health research has been abused (see Nazi World War II experiments with anaesthesia, Tuskegee Syphilis Study, etc). Consequently, proven cases of harm to participants and subjects of health research, such as that conducted under the instigation of the Hitler regime in Germany, has led to numerous international agreements such as the Nuremberg Code of 1947 and the Declaration of Helsinki of 1964.

Given the importance of ethics in health research, Zambia has been attempting to establish institutional structures to govern health research ethics. However, so far only three institutional and one private research ethics committees. These are the University of Zambia (UNZA), the Tropical Diseases Research Centre (TDRC) and the ERES converge. These research ethics committees have operational guidelines and standard operating procedures (SOPs) under their respective institutional authorities. Technically, therefore, Zambia does not have a National Health Research Ethics Committee. The absence of a national health research ethics committee poses challenges in terms of regulation, coordination and monitoring of research ethics in Zambia. Currently, some health research work does not go through any ethics committee and there is limited institutional capacity to monitor approved health research. Further, there are no clear institutional arrangements, legal framework and national guidelines to inform health research ethics in Zambia. Equally of concern is the fact that health research ethics are inadequately covered in pre-and post-basic training of medical students and other health providers.

Clinical Trials usually involve human subjects and are, therefore, governed by a number of both Ethical and Scientific International Standards. Apart from International Ethical Standards, many other clearly defined international standards apply and these include:

- (i) Good Clinical Practice (GCP);
- (ii) Good Laboratory Practice (GLP); and
- (iii) Good Manufacturing Practice (GMP).

Unfortunately, there are no national guidelines and standards to inform and direct local and external researchers with regard to the manner in which Clinical Trials should be conducted, let alone to ensure the adherence to ethical and scientific standards. In some countries, it is mandatory to obtain a 'Clinical Trials Certificate' before one may commence any Clinical Trial either for a drug or vaccine.

1.10 DISSEMINATION OF HEALTH RESEARCH OUTCOMES

The MoH strongly believes that, if not disseminated and/or shared, health research outputs will not add anything to existing stock of knowledge, let alone feed into the national health policy-making cycle. Despite this understanding, most of the health research work done in Zambia remains unpublished and inadequately disseminated. Consequently, key stakeholders, such as policy-makers, civil society and communities, are not informed about research processes and outcomes. Poor dissemination of research outcomes also results in poor linkages between and among research, policy and programme development. Apart from the lack of a policy framework and strategy for disseminating research outputs, researchers have

not appropriately packaged health research outcomes for use by various stakeholders.

2.0 VISION, MISSION, OVERALL GOAL

2.1 VISION

A focused, well coordinated, National Health Research System (NHRS) that provides evidence for policy and action, contributing to the promotion of better health for all Zambians.

2.2 MISSION

To promote Health Research as a tool for generating evidence for health policy and action in order to improve the health status of all Zambians

2.3 OVERALL GOAL

Strengthen the National Health Research System to provide evidence for policy and action

3.0 NATIONAL HEALTH RESEARCH SYSTEM THEMES

3.1 NATIONAL HEALTH RESEARCH POLICY

3.2 PROBLEM STATEMENT

Since Independence a lot of research has been conducted in the Health Sector in the absence of an explicit Research Policy and Research Strategic Plan. The Science and Technology Policy and Act, although they cover health, are not Sector specific. The Provisions in the National Science Technology Policy under 'Health and Medical Research' have not been 'owned' by the health sector and not implemented, because there has been no mechanism for implementation.

It is against this background that the National Health Research Policy on which this Strategic Plan is based, was conceived and formulated. The National Health Research Policy contributes to the creation of an enabling environment for health research that effectively supports the realization of Zambia's national health vision.

3.3 OBJECTIVE

To operationalize the National Health Research Policy

3.4 STRATEGIES

To adopt and operationalize the National Health Research Policy

3.5 KEY ACTIVITIES

- (i) Constitute a National Health Research Policy (NHRP) Formulation Committee
- (ii) Hold Consensus building meetings
- (iii) Submit final NHRP for Cabinet Approval
- (iv) Disseminate the Policy to Key Stakeholders

3.6 EXPECTED OUTPUTS

- (i) NHRP Committee formed and functioning
- (ii) Policy document submitted for Cabinet approval
- (iii) NHRP document adopted by Cabinet and disseminated

4.0 INSTITUTIONAL AND LEGAL FRAMEWORK FOR HEALTH RESEARCH

4.1 PROBLEM STATEMENT

Currently there is no Act of Parliament to regulate health and medical research in Zambia. In addition the health research governance structure for the Health Sector is weak. The health sector has not fully exploited the existing Science and Technology Act of 1997 to coordinate and regulate health research.

4.2 OBJECTIVES

- (i) Create a legal body to oversee health research in Zambia
- (ii) Strengthen the national health research operational system

4.3 STRATEGIES

Propose the creation of a National Health Research Coordinating Body

- (i) Strengthen the National Health Research Secretariat
- (ii) Institutionalise the position of research focal point persons at provincial and district levels

4.4 ACTIVITIES

- (i) Develop an organizational structure, functions and budget for the NHRA
- (ii) Set up a functional Research Secretariat Office NHRAC at MOH
- (iii) Develop a Statutory Instrument based on the Science and Technology Act of 1997 for the establishment of the National Health Research Coordinating Body
- (iv) Create positions of Research Officers at Provincial, District and Institutional levels

4.5 EXPECTED OUTPUTS

- (i) Organizational Structure, functions, and budget for the National Health Research Coordinating Body

- (ii) Statutory Instrument for the establishment of the National Health Coordinating Body drafted and submitted for Enactment
- (iii) Research staff provided for in the MOH Structure

5.0 HEALTH RESEARCH FINANCING

5.1 PROBLEM STATEMENT

Currently government funding for public health research is very limited. The international recommendation of 2% and 5% of government and cooperating partners budgets respectively for research is not being adhered to. There is also no proper mechanism for researchers to access available research funds from the Ministry of Health and other sources; for example there is no 'Call For Proposals' from the Ministry of Health.

5.2 OBJECTIVE

To mobilize and disburse research funds

5.3 STRATEGIES

- (i) Mobilize Financial Resources and Set up a research fund
- (ii) Develop mechanisms for financing and disbursement of research funds
- (iii) Advocate for an increased budgetary allocation for health research;
- (iv) Domestication and Implement international conventions and declarations on financing for health research; Integrate research planning and budgeting into the Provincial and District health annual action plans
- (v) Institutionalize and strengthen coordination of domestic and international health research resources

5.4 ACTIVITIES

- (i) Develop proposals for funding
- (ii) Set up and Operate a Research Fund
- (iii) Set up a Mechanism for disbursement of Research Funds
- (iv) Participate in MOH Annual Planning and Budgeting
- (v) Lobby for domestication and implementation of international conventions on research financing

5.5 EXPECTED OUTPUTS

- (i) Research fund established and operational
- (ii) Research budget lines included in the MOH budget at all levels

6.0 INADEQUATE CAPACITY FOR HEALTH RESEARCH

6.1 PROBLEM STATEMENT

Currently, there are major research capacity deficiencies at all levels, in terms of capacity to conduct, disseminate and utilise research. Infrastructure for research in the health sector is weak. In addition the country faces human resource capacity problems to manage and conduct research.

6.2 OBJECTIVE

To build sustainable capacities for managing, conducting, disseminating health research, and translation of results into policy and actions.

6.3 STRATEGIES

- (i) Integrate health research modules in pre- and post-basic health training for all health workers;
- (ii) Develop and implement a comprehensive research capacity building program country-wide
- (iii) Strengthen the health research dissemination mechanisms

6.4 ACTIVITIES

- (i) Commission a Situational Analysis on Research Capacity in the Country
- (ii) Design and implement a Capacity building program country-wide
- (iii) Organize Biennial National Health Research Conferences

6.5 EXPECTED OUTPUTS

- (i) Situational Analysis on Research Capacity in the Country Carried out
- (ii) Capacity building program developed
- (iii) Capacity building activities carried out

7.0 COORDINATION AND MONITORING OF HEALTH RESEARCH

7.1 PROBLEM STATEMENT

Currently health research in Zambia is fragmented, ineffectively coordinated and inadequately monitored.

7.2 OBJECTIVE

To strengthen the coordination of Health Research being conducted in the country.

7.3 STRATEGIES

Review and strengthen the current national mechanisms for coordination and monitoring of Health Research throughout the country

7.4 ACTIVITIES

- (i) Review the current national mechanisms for coordination and monitoring of Health Research throughout the country
- (ii) Develop mechanisms for coordination and monitoring of Health Research throughout the country
- (iii) Implement mechanisms [guidelines, database, reporting system] for coordination and monitoring of Health Research throughout the country

7.5 EXPECTED OUTPUTS

- (i) Current national mechanisms for coordination and monitoring of Health Research throughout the country reviewed by June 2008
- (ii) Guidelines for coordination and monitoring of Health Research throughout the country developed by December 2008
- (iii) Guidelines for coordination and monitoring of Health Research throughout the country implemented by June 2009

8.0 TRADITIONAL MEDICINE

8.1 PROBLEM STATEMENT

Although 80% of the Zambian population consult traditional healers, there has been no clear policy to guide research in traditional medicines. Furthermore, there is inadequate national capacity for testing and verifying the quality, safety and efficacy of traditional medicine. Guidelines for research in this area have just been developed, but need to be operationalized.

8.2 OBJECTIVE

To promote research and development of traditional medicine

8.3 STRATEGIES

- (i) Operationalize the Guidelines for research in traditional medicine
- (ii) Integrate traditional medicine into mainstream research institutions
- (iii) Promote collaborative Health Research between and among traditional and conventional health researchers
- (iv) Advocate for the formulation of a policy and a legal framework on traditional medicine

8.4 ACTIVITIES

- (i) Adopt the guidelines on Research In Traditional Medicines
- (ii) Facilitate research in traditional Medicines
- (iii) Create a section within the research system to deal with Research In Traditional Medicines

8.5 EXPECTED OUTPUTS

- (i) An Operational Framework on Research in Traditional Medicines developed by June 2008.
- (ii) Research in Traditional Medicine started by June 2008.
- (iii) Section to deal with Research in Traditional Medicines created by June 2008.

- (iv) Collaborative action between and among traditional and conventional health researchers being coordinated by a created section by December 2009

9.0 HEALTH RESEARCH PRIORITIES

9.1 PROBLEM STATEMENT

There is no clearly defined mechanism for setting of research priorities in Zambia, neither is there a system for disseminating agreed priorities to stakeholders to ensure that they adhere to them in their health research activities. So far an attempt to set priorities was done once in 1999.

9.2 OBJECTIVE

To ensure that health research is prioritised

9.3 STRATEGIES

- (i) Develop a mechanism and criteria for identifying and agreeing on National Health Research priorities
- (ii) Develop a System for updating National Health Research priorities regularly

9.4 ACTIVITIES

- (i) Develop mechanisms and criteria for identifying and agreeing on national health priorities.
- (ii) Update health research priorities using the HMIS, ZDHS, District annual reports and other sources.

9.5 EXPECTED OUTPUTS

- (i) Criteria and mechanism for identifying National Health Research priorities developed by June 2009
- (ii) Update of Health Research priorities every two years

10.0 NATIONAL HEALTH RESEARCH ETHICS COMMITTEE

10.1 PROBLEM STATEMENT

Currently, there is no National Health Research Ethics Committee. The health research ethics committees which are in place in Zambia are not legally framed and have no regulatory mandate beyond their host institutions. In addition to the absence of a National Health Research Ethics Committee, there are many other challenges related to regulation, coordination and monitoring of health research ethics in Zambia. Currently, some health research work does not go through any ethics committee and there is limited institutional capacity to monitor approved health research.

10.2 OBJECTIVE

To enforce adherence to health research ethics in Zambia

10.3 STRATEGIES

- (i) Establish a national Health Research Ethics Committee
- (ii) Develop and enforce guidelines for conducting health research involving human subjects
- (iii) Strengthen health research ethics in training curricula for all health workers

10.4 ACTIVITIES

- (i) Create a National Health Research Ethics Committee that will ensure that research ethics are regulated, coordinated and monitored
- (ii) Develop a Statutory Instrument based on the Science and Technology Act of 1997 for the establishment of the National Health Research Ethics Committee
- (iii) Develop a Code of Conduct and regulations for ensuring that consumer interest and safety are taken into consideration when conducting health research
- (iv) Review research ethics components in curricula for health training institutions
- (v) Build capacity for research ethics among traditional and conventional practitioners of medicine
- (vi) Sensitise community regarding human rights for participants in health research

- (vii) Evaluate impact on community sensitisation regarding human rights for participants in health research

10.5 EXPECTED OUTPUTS

- (i) National Health Research Ethics Committee created by March 2008
- (ii) Code of Conduct and regulations for ensuring that consumer interest and safety are taken into consideration when conducting health research developed by June 2009
- (iii) Research ethics components in curricula for health training institutions reviewed by June 2010
- (iv) A Capacity Building Program for research ethics among traditional and conventional practitioners of medicine built by October 2008
- (v) Community sensitised regarding human rights for participants in health research by December 2009
- (vi) Impact on community sensitisation regarding human rights for participants in Health Research evaluated by December 2010