

Summary of a priority-setting process worksheet- Zambia

Date: August 2010 to March 2011

Country: Zambia

Who was responsible for the priority-setting process?

The Zambian Forum for Health Research (ZAMFOHR).

What criteria were used to set the priorities?

Worksheets for summarising the approach for prioritising topics for policy briefs were given to participants. The participants were then divided into working groups. The scope of the priority-setting process was limited to the topic of sexual and reproductive health.

Who participated in setting the priorities?

A consultative workshop was attended by public servants, members of non-governmental organisations (NGOs) and community-based organisations, and researchers. The workshop focused on both research priorities and the priorities for policy briefs. A report of the workshop was written by an EVIPNet consultant and has been published on the Repronet-Africa website (www.repronet-africa.org), disseminated to stakeholders; policymakers and partners; as well as members of Repronet-Africa. Further avenues of dissemination are being explored.

Who else, if anyone, was consulted to generate potential priorities?

No-one.

Who else, if anyone, was consulted about potential priorities after they were identified?

Members of the reproductive health Research to Action Group (RAG), members of other RAG research groups, and an external EVIPNet consultant.

What additional information, if any, was collected to inform decisions about priorities and how?

A consultant was appointed to compile a database of Zambian sexual and reproductive health research and to identify gaps in current research. The research review was presented to a consultative workshop.

Who made the final decision regarding priorities?

The Research to Action Group (RAG) on reproductive health.

What potential priorities were considered?

1. Promoting the use of misoprostol in labour specifically to prevent haemorrhage after delivery at home
2. Ensuring that all maternal deaths are notifiable, i.e. recorded by law (including both institutional and community-based deaths)
3. Encouraging research at the district level (i.e. assisting districts to create the necessary systems and procedures to enable research in their geographical areas)
4. Fostering the involvement of traditional leaders in reproductive health programmes

How were the priorities ranked, and what was the basis for this ranking?

Topics were generated and ranked by two of the groups. The original topic (promoting the use of misoprostol in labour to prevent haemorrhage) was decided on during the first consultative workshop. This priority was later refined by the core group that prepared the policy brief and the title of the brief redefined. The final title of the report was: "Towards a National Policy on use of Oxytocics in the Prevention of Postpartum Haemorrhage (PPH) in home based deliveries".

Advantages of the process used

- All stakeholder groups (those that would be affected by the outcome of the policy) were represented at the workshop and all participated in the process. This enabled a wide range of reproductive health priority topics to be identified
- The method used was transparent
- Participants had an opportunity to take an active part in compiling the list of priority topics

Disadvantages of the process used

- The input of some participants was overshadowed by those who were more outspoken. Some vital contributions may have been missed as a result
- Some important topics, including the reasons for the drastic decline in facility-based births,"; "tackling abuse at facility-based births emerged only after the workshop. These topics were provided by individuals who were unable to attend the workshop