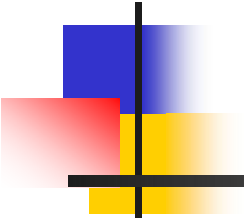


SDGs Implementation in Zambia: Training Institutional and collaborative efforts & perspectives

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 2. Lusaka Apex Medical University: Prof. Evarist Njelesani, MBChB, MRCP (UK), FRCP (Edin), FRCP (London), FCP (ECSA)
 3. ACHEST (Zambia)

13th October 2016



Introduction

1. ACHEST Zambia chapter
Health Systems Alliance members-Amref, MeTA (HAI) & ACHEST

2. Operational organisation of **ACHEST-ZA**
 - a) Have a Management team (Strategic and operational)
 - b) Operations-Strategic Partners
 - Training & Research Institutions: UNZA, LAMU, CBU
 - Civil Society Organisation
 - Associates –Individuals



National Environment

1. NDP (visión 2030)
 - National Health Strategic Plan , one ended; new one underway
2. Legal framework: National Health Research Authority



Presentation Objectives

1. Share the experience to date and future role of the selected research institution in Zambia in supporting SDG implementation, and
2. What future positioning may be required to adopt SDG implementation
3. What support these institutions may require to undertake this implementational role in Zambia in the context of global and international health policy research and frameworks



Health and Global Health, WHO

“Health is not only the absence of infirmity and disease but also a state of physical, mental and social well-being.”



The **SDGs** are ...

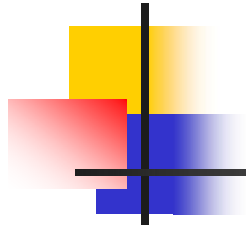
- A set of 17 goals for the world's future, through 2030
- Backed up by a set of 169 detailed Targets
- Negotiated over a two-year period at the United Nations
- Agreed to by nearly all the world's nations



What is new and different about the 17 SDGs?

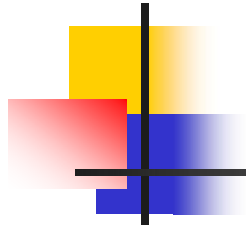
First, and most important, these Goals apply to *every* nation ... and every sector. Cities, businesses, schools, organizations, *all* are challenged to act. This is called

Universality



Second, it is recognized that the Goals are all inter-connected, in a system. We cannot aim to achieve just one Goal. We must achieve them all. This is called

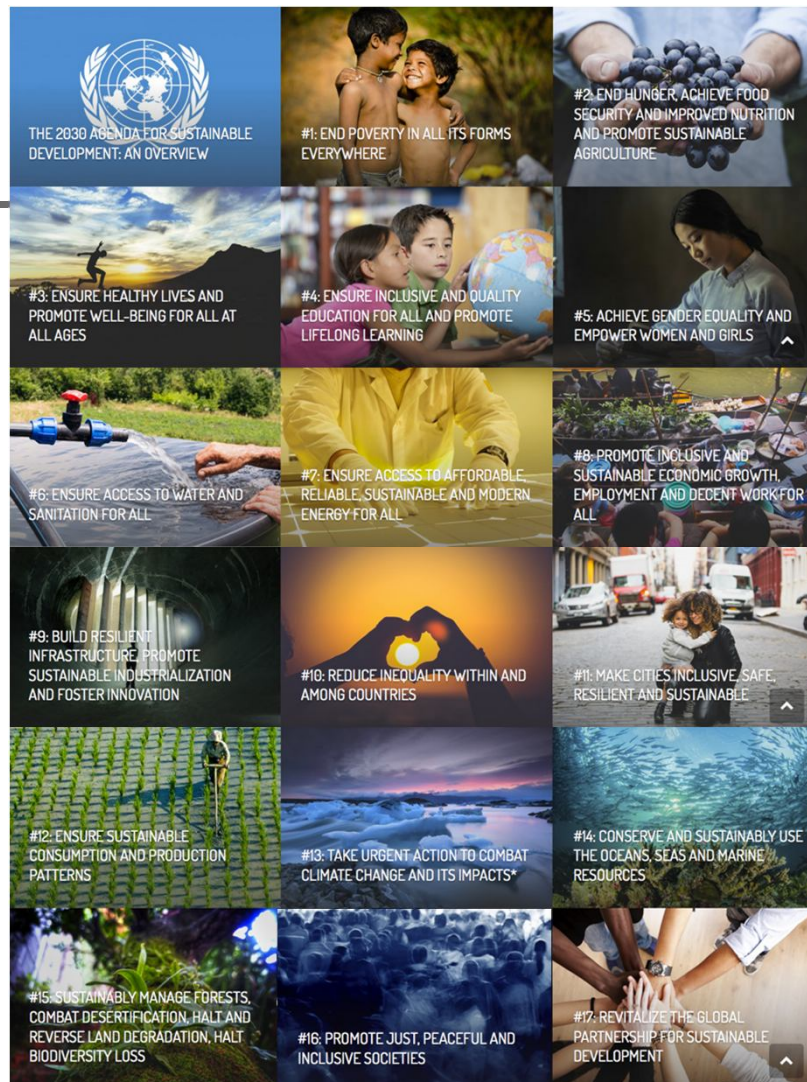
Integration



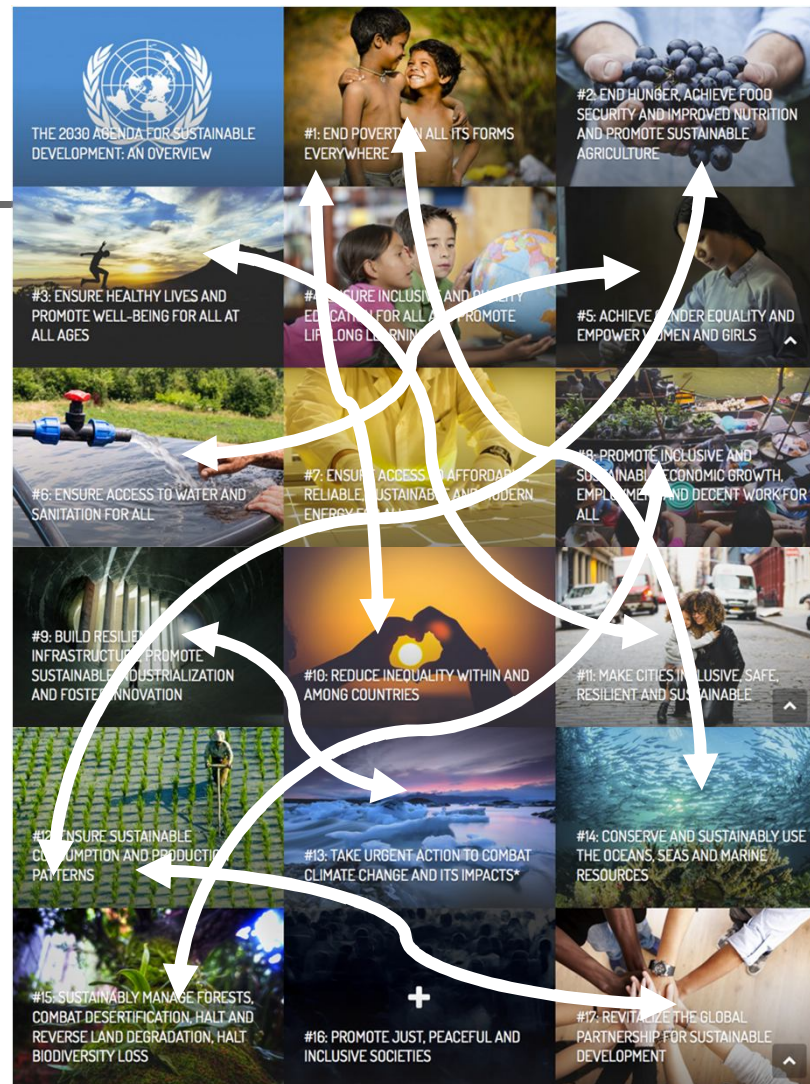
And finally, it is widely recognized that achieving these Goals involves making very big, fundamental changes in how we live on Earth. This is called

Transformation

Each goal
is
important
in itself ...



Each goal is important in itself ...



And they are all connected



Presentation: Experience on Selected Goals

- Goal 2- End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Goal 3- Ensure healthy lives and promote well-being for all at all ages
- Goal 5- Achieve gender equality and empower all women and girls
- Goal 6- Ensure availability and sustainable management of water and sanitation for all
- Goal 13- Take urgent action to combat climate change and its impacts*
- Goal 17- Strengthen the means of implementation and revitalize the global partnership for sustainable development



Guiding Lens-Global Health

- Definition: What is **global health**?
 - Health problems, issues, and concerns that transcend national boundaries, which may be influenced by circumstances or experiences in other countries, and which are best addressed by cooperative actions and solutions (Institute Of Medicine, USA- 1997)
- SDG targets



Key Global Health Concepts of Focus

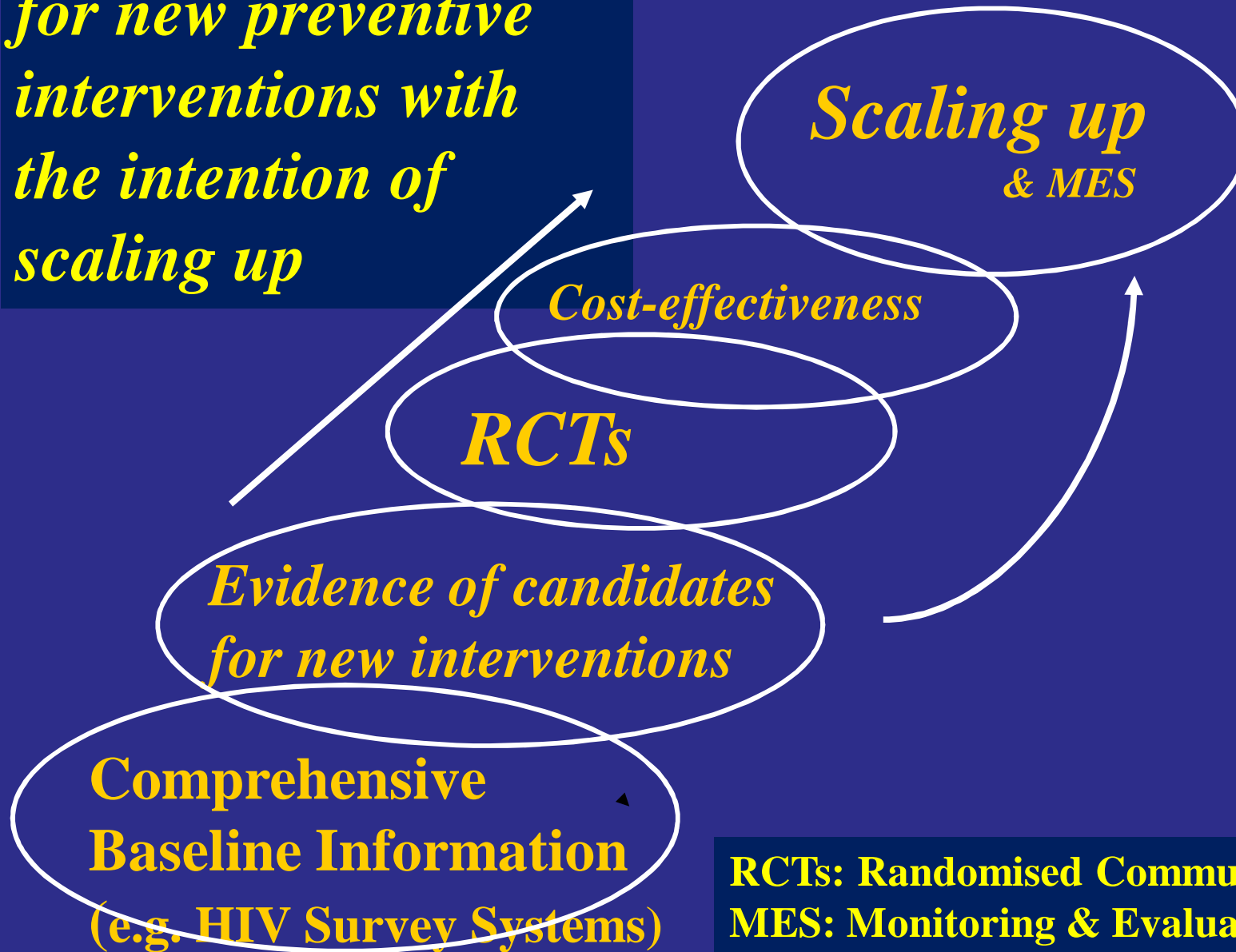
1. The determinants of health
2. The measurement of health status
3. The importance of culture to health
4. Demographic Transitions (Understanding this)
5. The global burden of disease (In general)
6. key risk factor analysis for various health problems
7. Health Systems organisation and function
8. Human Resource for Health (HRH)
9. Governance

Means of Implementation – The triad



1. The Evidence & Action Triad
 - Research (Basic, Social & Public Health, etc)-Generation & Uptake
 - Policy Innovation & performance (Policy Research; Implementation & evaluation)
 - Programming (Program Research-IR, HSR, AR, ARC-D; Implementation-streamlining)
2. **Advocacy (Uptake): Training , Research, Implementation**
3. **Governance (Leadership, Management+ collaborations):
Training, Research, Implementation**

*Generating evidence
for new preventive
interventions with
the intention of
scaling up*



**RCTs: Randomised Community Trials;
MES: Monitoring & Evaluation system**

Goal 3- Ensure healthy lives and promote well-being for all at all ages



Guide frame: Targets by 2030

- Epidemiological & Demographic (Domain) research: HIV, TB, Malaria, NCDs, Genomics research, DHS, LCMS, SBS
- DATAware project (Zambia National Health Data Warehouse)
 - Registries
 - MDSR
 - Vital statistics re-think
- Population and poverty studies: HPP
- Health Promotion (Limited)

Goal 2- End hunger, achieve food security and improved nutrition and promote sustainable agriculture



- Research on Micro-nutrient deficiency: Vit A (Isotope studies); Iodine, Supplement trials (HIV), etc
- Community nutrition studies: Food preparations & Feedings practices; General surveys (stunting), specific interests (Konzo), etc

Goal 5- Achieve gender equality and empower all women and girls



- Social Cash transfers
- Social: Competing moral world studies (SAFE)
- Epidemiological (Domain) research: Utilisation/access studies; ART, etc
- HSA work on Reproductive health (Formative)



Goal 6- Ensure availability and sustainable management of water and sanitation for all

- WASHE project
 - Sanitation in general (Hospital sanitation)
 - Cysticercosis program;
 - Community and School Led Sanitation program
- Plastic Fiends (PF) project
- Hydrocarbon studies: DDT
- Heavy metal contamination: Pb, Hg, Mn



Goal 13- Take urgent action to combat climate change and its impacts

- Climate Resilience Program (MoFNP)
- Climate & Health project (formative)
 - Malaria, Bilharzia, Bloody Diarrhoeas, & NTD (Trachoma)
 - Pilot: Bloody diarrhoeas (Masters); Bilharzia mapping (PhD)
 - GIS node

Goal 17- Strengthen the means of implementation and revitalize the global partnership for sustainable development



- No organized approach to document this
- Published Norwegian Zambian capacity development partnership for sustainable development
 - MEPI/NEPI
 - SACORE/DELTAS/NORPART
 - TDR in Implementation Science & Research

Major Implementation Gaps – The triad



1. Evidence generation
 - Research (Basic, Social & Public Health, etc)-**Limited application on PHC; Social determinants, One health, PHC etc**
 - **Policy Innovation & performance (Policy Research; Implementation & evaluation)**
 - **Programming (Program Research-IR, HSR, AR, ARC-D; Implementation-streamlining)**
2. **Advocacy: Training , Research, Implementation**
3. **Governance (Leadership, Management+collaborations): Training, Research, Implementation**



Collaboration Historical gaps

Models

1. Parachute
2. Lone Ranger
3. Wako ni Wako type
4. Collaborative with big I
5. Participatory Collaborative
6. Institutional Participatory Collaborative



Other Challenges

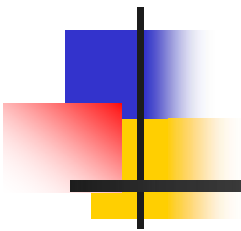
1. Legality framework insufficiency
2. Communication limitations
3. Team differentials
4. Knowledge differentials
5. Integration & compliance-to who



Opportunities

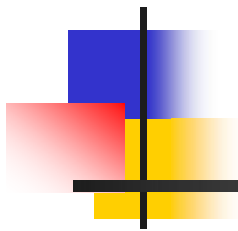
1. NDP
 - National Health Strategic Plan underway
2. Legal framework:
 - National Health Research Act
 - National Health Research Authority
3. Open and existing doors: Cabinet Office, PS level, Active and willing Seniors
4. Local Consortia: Academic, Civil Society, etc
5. Political climate
6. New Frontiers: SPHs

Future Position needed

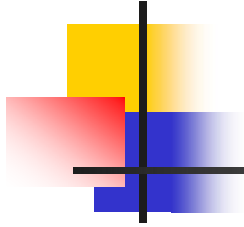


1. Networking: Strengthen local networks –Trg. & Research institutions, civil society, etc
2. Training- Innovated curricula, Interdisciplinary, Social determinants, Policy and Leadership (advocacy)
3. Create environment for Public, Policy and Ethical Debates
4. Research-Lobby for investments in HSR & policy research entities
5. Creation of data repositories (Data warehouses)

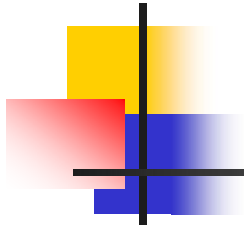
Support that may be needed



1. Training-One health, One development, One life (Inter-disciplinary curricula)
2. Research-Policy, Advocacy, HRH, Leadership
3. Networking: Creation of local knowledge centres/societies for sharing and managed
4. Resource Mobilisation; Exploit local philanthropies, lobby governments



5. Expand potentially high impact international cooperation and **capacity -building support to developing countries** in training e.g. The MEPI example
6. Support and strengthen the role and **participation of local communities** in repackaging local and indigenous knowledge (Support Participatory Action Research efforts to increase ownership)
7. PPP in training and Programming e.g. KCM's Malaria program
8. Next.....



5. --

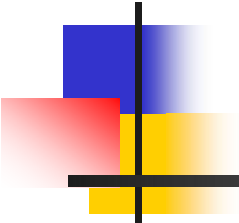
6. --

7. --

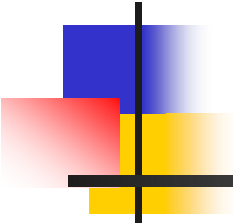
8. Creation of Data warehouses and or Repositories to support evidence generation for improved policy and programming (To measure is to know and to know is to measure, no other secret!)

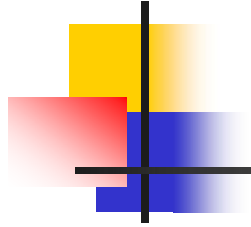
9. Set up and implement functioning Research Support Centres

Action Points

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1. SDG Implementation meeting with key stakeholders
To have a local mechanism to drive
 2. Working with opinion makers “we pledge to take leadership in this”
 - **ACHEST & Its Strategic Partners**
 - **Regional collaboration opportunity**

Acknowledgements

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1. ACHEST Zambia team (HSA partnership)
 2. University of Zambia (SoM, Dean Goma)
 3. Lusaka Apex Medical University: Prof E. Njelesani
 4. University of Bergen (SAFEZ & CISMALC projects)
 5. Unza SoPH-SCHEME (Joseph Zulu)



Thank You

The End.