Author's response to reviews

Title: Developing the National Community Health Assistant Strategy in Zambia: A Policy Analysis

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Author's response to reviews: see over
The Editor,
Health Research Policy and Systems Journal.

Dear Sir / Madam,

Ref: Resubmission of revised manuscript / article on Developing the National Community Health Assistant Strategy in Zambia: A Policy Analysis.

Reference is made to the above subject.

I would like to begin by thanking the editors for providing a quick feedback to first manuscript that we submitted in December last year.

On behalf of the other authors, I would like to resubmit the above mentioned manuscript. We have responded to the comment/s which were raised by the editors in December last year.

The paper has addressed the use of research evidence in the policy development process highlighting those actors that were most familiar with the research evidence, its use in policy development process and has also clarified that no national evaluations were used in developing the policy.

To adequately respond to the comments, a new paragraph (with’ tracked changes’) has been inserted in the discussion section as reflected below:

**Limited use of research evidence from the national context**

In recent years, the use of research evidence to underpin public health policy has been strongly promoted [38, 39]. Use of evidence in health policymaking and health systems development plays an important role in improving service delivery and health outcomes, even more so in LMIC[40]. In developing the National Community Health Assistant Strategy, much of the research evidence that was used in developing the strategy was from other countries in Africa such as Ethiopia and Malawi that had integrated CHWs into the health system. The only data drawn from the Zambian context was from the National Situation Analysis which mainly focused on gaps in human resources for health, challenges faced by CHWs and recommendations for addressing these challenges. Studies reviewed included:
Community health workers for ART in sub-Saharan Africa: learning from experience – capitalizing on new opportunities (*Human Resources for Health journal*) by Hermann et al, 2009; Analysing human resources for health- Module 10 (*WHO*) by Pavignani E, 2003, and Achieving child survival goals: potential contribution of CHW’s (*The Lancet journal*) by Haines et al 2007 [19]. Apart from reviewing these studies, the coordinators of the strategic team also undertook study tours to Ethiopia and Malawi. The purpose of these tours was to understand how the Health Extension Workers (HEWs) in Ethiopia and Health Surveillance Assistants in Malawi had been integrated into the health systems, their training programme, roles and regulation system [19].

Although research evidence on integration of CHWs into the health system was considered in developing the policy, it is important to note that it was not the only evidence that influenced the content, course and process of developing the strategy. Other relevant factors, already highlighted in the paper, such as support provided by donors, expert information from GHWA on the need for LMIC to consider developing and integrating new low cadres of health workers into the health system as well as the values and roles of the strategic team members can not ignored in discussing evidence that shaped the process of developing the strategy. This resonates with the argument that since public health policy affects a large number of people, its evidence may include a wide range of influences such as: research evidence, expert opinion, social values [39, 41, 42]. Perhaps the major limitation with the evidence used to develop the strategy has to do with the fact that it lacked supportive evidence from national evaluations of similar programmes in Zambia as this was the first time such a programme was being implemented in Zambia. Therefore, this gap reaffirms the need for conducting comprehensive evaluations and critically reviewing such evidence before scaling up of the CHA strategy to other parts of the country.
Furthermore, it is important to note that not all actors working with CHWs in Zambia were familiar with the research evidence used for developing the policy. It was mainly actors from the Ministry of Health headquarters (Strategic team coordinators) who were more familiar of the evidence, appreciated it and used it in developing the strategy. Other stakeholders were less informed about the evidence. Some of the factors for this difference in the awareness of the evidence among actors included lack of full involvement of actors outside the Ministry of Health headquarters in reviewing literature on the subject, in study tours as well as in the major stages of developing the strategy. Furthermore, poor communication systems during the process of developing the strategy also contributed to low uptake of the evidence by the other actors. These findings support the assertions by Young (2005) that uptake of evidence among actors is dependent on a number of factors such as external influences, the context encompassing politics and institutions, the roles of stakeholders, as well as the type of evidence, and how it is communicated [40,43].

We would be grateful if our manuscript would be considered for publication.

Yours faithfully,

Joseph Zulu.