

Policy contexts

In South Africa

There is no doubt that aspects of the South African health system have changed significantly since the launch of the short course programme in 1992.

At the macro level, the **national health system has been restructured**, amalgamating the multiple apartheid departments into a single three-tiered system based on districts (at provincial level) and municipal services (at city level). In addition, the **Millennium Development Goals** (MDGs) and **Sustainable Development Goals** (SDGs) have focused attention internationally on social determinants of health, programmatic areas such as maternal and child health, and inter-sectoral areas like health and education, health and sanitation etc.

During the last twenty years, the battle for **HIV/AIDS** treatment for all in South Africa has been won by alliances within civil society, resulting in many people now living with the virus. Incidence and prevalence of HIV remain fairly high however, so the work in this area continues, while **chronic non-communicable illnesses** like obesity, diabetes and hypertension are increasing dramatically the world over, sharpening the need to invest in health promotion and prevention on a broad front.

Human resources for health and health system strengthening have preoccupied health managers and policy makers as well as public health specialists. Among others, the HIV/AIDS pandemic required an increase in services and produced an influx of foreign funding into both the state and civil society. This resulted in frequent vertical programmes focussing solely on HIV/AIDS and, sometimes, TB - which had the effect of syphoning resources and attention away from other needs. While this seems to have receded at the time of writing in 2017, staffing remains an issue with insufficient doctors and nurses resulting in task shifting. There is also contestation around the organisation and employment of community-based health workers, a cadre that grew significantly as a result of the initial phases of the HIV/AIDS pandemic.

In South Africa the National Health Insurance is the most comprehensive national policy initiative to restructure and strengthen the national health system, while other important national initiatives are Primary Health Care 'Re-engineering', the Ideal Clinic programme, and the introduction of Norms and Standards. In addition, over the past 20 years provincial departments have also introduced substantial health sector reforms – and example being the Western Cape's Healthcare 2030 policy.

In West Africa the Ebola pandemic focused international attention on the importance of strong health systems, and raised the discourse of Health Systems Resilience in its wake.

As our short course programme, and the SOPH itself, were initiated with the explicit purpose of supporting the restructuring of the South African health system, we hope to contribute to public value, equity and social justice through engaging with the kinds of issues raised above.

As a result, we regard public sector staff as well as community-based structures contributing to health as primary audiences for our Winter School (and our other educational programmes). This has meant that we have had to understand their priorities, their views on training and training providers (and accreditation) – and, crucially, what their funding priorities and timeframes are. And indeed the 1995 evaluation reported the suggestion that the short courses be incorporated into the health services' 'own training'.

We have also acquainted ourselves with regulations and policies that affect the lives of public sector staff. In this way we can

- ▶ choose topics that are relevant to them / their training plans;
- ▶ design content that meets their expressed needs;
- ▶ ensure that our timelines suit their budget cycles; and
- ▶ accredit and recognise their participation in ways that matter to them personally and to their employers.

Issues to consider

What are the main issues and who are the main actors in your context regarding public health - and how will you relate to them?

- ▶ What are the public health issues in your context - like the burdens of disease, systems/ service issues as well as factors relating to staffing and management of the health services?
- ▶ How is your state health system responding to the population's health needs – including prevention and promotion?
- ▶ What do civil society organisations/communities say is needed /could be improved in the state's delivery of health services?
- ▶ Do you want to respond to current public health needs or do you want to offer new ways of thinking about them – or both? How does the expertise in your department/university (from the feasibility question above) help you to do this?

Audiences

The topics addressed in the short courses and their relevance to the current local contexts will influence who attends - while who attends will inform the internal design of the courses! Remaining sensitive to the contexts and alert to the interests and needs of your desired target audience is therefore central to a successful programme.

Our website summarises the primary audience of the short course programme as being 'health workers' 'health and welfare professionals' and 'academics and postgraduate students from our own and from sister institutions'.

Around 10% to 20% of Winter School participants are our MPH students (from South Africa and beyond) with the balance being members of the public. The latter largely comprise the following:

- ▶ staff from the South African state health departments (national, provincial and municipal);
- ▶ staff from other South African state departments – like Social Development and Education;
- ▶ staff from state departments and civil society organisations from other countries;
- ▶ members and staff of local civil society organisations;
- ▶ staff working in private /for-profit health-related services;
- ▶ local academics/ researchers; and
- ▶ academics/ researchers from other countries.

The South African state health system

The national, provincial and municipal departments of health in South Africa are the most significant target audience for our continuing professional development programme of short courses - both as practitioners and managers and, sometimes, as policy makers.

As UWC is based in Cape Town (and not Gauteng where the national Departments are located), we tend to draw participants from the local provincial and municipal departments. They are facility managers, health promotion and environmental health officers, nurses and community health workers as well as officials from their respective offices.

Other local state departments

Staff from the departments of Social Development and Education also attend some short courses, like those on primary health care and health promotion.

Private /for-profit health-related services

While not a significant audience, people from the for-profit sector – either suppliers or from health facilities – have occasionally attended a short course. They are not a primary audience, however.

Local civil society organisations

In South Africa there are broadly three types of civil society formations working within health – representatives from which attend various courses. They are:

- ▶ **local community-based structures** – such as community health committees and street committees;
- ▶ **activist organisations** which advocate and mobilise often around a single issue – like access to HIV/AIDS treatment (e.g. TAC - the Treatment Action Campaign); gender-based violence; rights of sex workers; etc
- ▶ **small and large non-profit organisations** delivering services in local communities - like hospices, child welfare, home-based care, TBDOTS, sometimes psycho-social services – externally-funded, sometimes by the State.

State departments and civil society organisations in other countries

In addition to the MPH students from other countries, Winter School is also attended by officials and practitioners from health departments and/or civil society organisations from other (particularly African) countries. These students offer rich comparative information and remind us to include material from beyond the South African context.

Academics/researchers

Academics and researchers attend short courses either to supplement what they know, or to learn about an aspect of public health with which they are not familiar. They may be local or from other countries, especially those who are visiting the School or working locally on a project.

Issues to consider

Curriculum design is premised on understanding who the participants are and what their interests might be – within the larger framework of your university unit's own interests (see chapter 5 for discussion of curriculum issues).

Questions include:

- ▶ Who are your **primary** audiences? And the **secondary** ones?
What are their main interests and how might we accommodate these?

- ▶ What kinds of **organisations / institutions** are they typically involved in? Are they employees or volunteers?
How might this affect when the course is held; and how the course fees are structured?
- ▶ What kinds of **occupations** are they involved in?
How might this affect the assumptions you make about the knowledge they bring with them? How will you design the course to work with those who know a lot alongside those who might know very little about the topic?
- ▶ What levels of **formal education** might your participants have?
How will this inform the level at which you pitch the content, the kind of language/jargon used? How will you design the course to accommodate the possibility of there being a wide range of educational levels in the room?
- ▶ What is the **age range** of your participants?
How might this affect the examples you use? Might you have to take account of generational values that are different from one another?
- ▶ What assumptions can you make about the participants' proficiency in the **language** in which the course is being offered?
Might you have a diverse languages in the course – and /or people who are less literate than others? if so how might this affect the design of the programme / curriculum?
- ▶ Are they largely from **urban, peri-urban or rural** settings?
How might this affect the issues that the participants are working with – and the examples you might use in design the programme / curriculum?
- ▶ What do you know about your primary audiences' **professional priorities, interests and concerns**?
To what extent will you address the professional priorities, interests and concerns in your design – or perhaps choose to offer them a different perspective? How might this affect the design of the programme / curriculum?
- ▶ What **connections** do you already have with these audiences?
How could your design be affected if you do /do not know the some of the participants?
- ▶ What would your unit have to do to have them attend a short course programme?

(See also the summary of questions on page 100.)

Meeting current needs

Assessing needs

Offering courses that relate to the context and are of interest to local health practitioners and communities (and their sponsors) is obviously important if you are to attract participants to your short course professional development programme. As noted above, this needs to be done within the context of your university unit's own interests, however.

One of the recommendations made in the 1995 evaluation was that a 'formal training needs assessment, involving employing agencies, should be carried out' to ensure 'continued relevance of the courses to the needs in the field'. Needs assessments and an ongoing review of needs can be done in a number of ways – depending on the extent to which you want your courses to be simply responsive to needs compared with whether you want to insert new ideas or offerings that participants and their managers may not have thought of (see page 3 above regarding the curriculum as an intervention).

What the SOPH has done

While the School is committed to providing courses that are relevant and perceived to be valuable, we nonetheless

- ▶ offer what we are best suited to do, from our location in a Faculty of Community and Health Sciences rather than a medical school, and given our own orientation and expertise; plus
- ▶ understand our short course programme to be an intervention, and not just a delivery mechanism for CPD points. Our School is known for having a particular and progressive approach to public health, focused on equity and social justice, and our short courses are in keeping with this. As such, while we pay attention to the various contextual issues, we do not simply offer what is technically 'needed'.

While we therefore have not done a formal needs assessment, we do two things that ensure the suitability and value of our courses.

Firstly we evaluate each course every time it is held – and use the comments from course participants to review and revise courses year on year.

Secondly, as in the early days, many of our staff continue to be involved in fora, policy development processes and research external to the university, both locally and internationally. In this way, policy trends and new or persistent conditions and phenomena are identified or tracked, albeit informally – producing shifts in what is taught as well as providing ideas for new courses.

Some of the projects undertaken by SOPH staff – often in conjunction with colleagues from other institutions – are as follows:

District Innovation, Action and Learning for Health Systems (DIALHS):

The DIALHS project aimed to strengthen district health systems in South Africa by understanding the key restrainers and enablers at local (sub-district, programme and facility) levels. It entailed engaging intensively with senior staff in health districts to better understand what improvement at district level entails.

External evaluation of the Catalytic Initiative/ Integrated Health Systems Strengthening Programme in Ethiopia, Mali, Mozambique, Ghana, Malawi and Niger:

This project evaluated the effect of the Integrated Health Systems Strengthening (IHSS) programme on coverage of a limited package of proven, high impact, and low cost maternal and child health interventions in Ethiopia, Ghana, Malawi, Mali, Mozambique and Niger.

Mid-term review of the National Strategic Plan for Maternal, Newborn, Child and Women's Health and Nutrition 2012 – 2016 in South Africa:

This review was commissioned by the country's National Department of Health to assess the mid-term implementation of the national Maternal, Newborn, Child and Women's Health and Nutrition (MNCWH&N) strategy. The aim was to identify challenges, lessons and best practices for potential replicability and scale-up as well as approaches to support delivery of integrated quality care to improve MNCWH&N outcomes.

Rwanda PMTCT Evaluation: This evaluation comprised a national facility-based survey to monitor the population level effectiveness of the Rwanda national prevention of mother-to-child-transmission (PMTCT) programme. The primary objective was to measure rates of early mother-to-child-transmission of HIV at six weeks postpartum.

Increasing access to TB case finding and treatment in Sisonke district, South Africa:

The aim of this project was to increase access to early TB diagnosis and treatment in a poor rural district in South Africa. The objectives were:

- ▶ to increase TB case finding and treatment through mobile HIV counselling and testing linked with TB symptom screening;
- ▶ to diagnose TB with the Gene Xpert in health facilities;
- ▶ to intensify TB contact tracing and household TB screening at community level.

The SOPH undertook the operational research to evaluate

- ▶ the feasibility of a facility-community continuous quality improvement approach with an initial focus on improving HIV/TB services for pregnant women; and

- ▶ the feasibility and acceptability of a cell phone-based (m-Health) system to enhance TB/HIV case finding, treatment adherence and linkage to care.

Irregular migration, human trafficking and HIV/AIDS in South Africa: this was a baseline situational analysis on irregular migration, human trafficking and HIV/AIDS in South Africa.

Ethnographic exploration of migration, health and social support in the Cape Metropole: This study sought to understand how cross-border migrants experience and manage risk, vulnerability and violence – and where they locate HIV amongst the complex set of challenges and priorities they face.

Family-based counselling and testing: This project aimed to design an intervention to encourage the uptake of HIV testing and counselling by the whole family (including children), drawing on lessons from the home-based counselling and testing model, formative qualitative work and a review of the literature. It aimed to do this through developing a model that facilitated and encouraged inter-generational discussions about health, specifically sex and HIV, as well as attempting to normalise disclosure at the family level.

Accessing medicines in Africa and South Asia (AMASA): This project investigated how appropriate, affordable access to medicines in South Asia and sub-Saharan Africa was influenced by the interplay of patent regimes, pharmaceutical regulation, availability of drug production facilities, health care infrastructure and service provision, and engagement by foreign donors.

Policy review and development of a framework for home- and community-based services: This review of home- and community-based services in the province was commissioned by the Western Cape Provincial Health Department and followed a prior review of Intermediate Care Services in the province.

Strengthening human capacity development to address HIV/AIDS in South Africa: This multi-faceted five-year programme worked to strengthen the capacity of individuals, organisations and systems to integrate curative and preventive activities related to HIV and TB with existing health, education, and community services and programmes. It did so with a view to expanding the delivery of HIV and AIDS treatment and care, strengthening systems, and improving the quality of care in South Africa. It focused specifically on managers and on practitioners working in health, education and in community-based structures.



“As a sub-district manager in Mitchells Plain I have been working with the SOPH on a few projects. The passion from Director and staff to realise Health for All comes to the forefront with all engagements.

“The SOPH’s Winter School programme provides much needed training for primary health care staff to improve the quality of health services. There is a constant review of curriculum and content to ensure that the course content is appropriate and addresses the needs of communities and health workers. They work with communities on projects and thus empower communities through the experiences.

“It is a pleasure and honour to work with the dedicated staff of SOPH because the intentions are to work together with communities and health workers to improve health.”

*Soraya Elloker, participant,
sub-district manager, Mitchells Plain, City Health, City of Cape Town*

Issues to consider

You have already thought about

- ▶ what are the main public health issues in your country?
- ▶ how is your state health system responding?
- ▶ what do civil society/communities say is needed /could be improved?

In addition, consider

- ▶ do you want to respond to current needs or do you want to offer new ways of thinking about them – or both?
- ▶ how does the expertise in your department/university help you to do this?

Continuing professional development

Most registered South African health practitioners are required to earn a specified number of Continuing Professional Development (CPD) points each year to remain registered with their professional boards. This includes frontline providers and managers at different levels of the health system.

While members and staff of civil society organisations may be less interested in continuing professional development ‘points’, coming to ‘the university’, learning something relatively formally and obtaining a certificate of attendance is highly valued and should not be underestimated.

Policies and legislation

For a range of reasons it will be important for you to know about the policies and laws governing skills/professional development / vocational education in your country, as well as the sources of state funding that are available.

South Africa has a number of policies and mechanisms guiding and funding skills development:

- ▶ The central piece of legislation is the Skills Development Act, through which government aims to address two main priorities – the need to improve skills and increase productivity in order to compete successfully in the global economy, and the need to reverse apartheid imbalances and to create a more inclusive and cohesive society.
- ▶ The National Skills Levy, through various mechanisms, funds skills development in both the private and public sectors, and is an important source for funding training in departments of health through Workplace Skills Plans. As the attendance of Department of Health employees is often funded through this mechanism, we had to adjust our administrative processes to accommodate their planning and budgeting requirements.

Issues to consider

- ▶ Are there factors that currently drive an interest in continuing professional development in your country? If so, what are they?
- ▶ What are the professional requirements for health practitioners to undertake continuing professional development?
- ▶ Are there other organisations offering professional development short courses on the topics you are wanting to offer? Are they interested in the same potential participants as you? If yes, is their space in the marketplace for you both? If not, are you prepared to be in competition with them? If you would prefer not to be in competition with them, do you want to collaborate with them? If not, how will you differentiate what you are offering?

- ▶ What might undermine uptake by participants, despite their needs and interest? Might any obstacles for them / their employers be about:
 - ▷ funding to pay fees, travel and accommodation, leave replacements? timing of when it is held – and for how long?
 - ▷ capacity in the system – i.e. whether there are enough staff to cover for them in their absence.

If so what might mitigate these factors?

See the checklist below (Chapter 7) which might assist you in assessing what is possible.

In addition, Chapter 3 addresses related questions like

- ▶ What is your capacity to convene, administer, fund etc this programme?
- ▶ What are your staff's strengths (re teaching skills, expertise in certain topics etc)?

The regulatory environment

Accreditation for CPD or other purposes may or may not be an important aspect of your short course programme. You will need to research and decide whether accreditation - and the bodies that do the accrediting - carries currency for your intended audiences. Furthermore, your institution may have accreditation requirements that you have to adhere to.

Issues to consider

- ▶ What regulatory bodies exist in your country that may need to be consulted or who may need to support or accredit a professional development programme?
- ▶ What is your current relationship with them?
- ▶ What will you need to do to ensure that you have the necessary approvals?

Stakeholders

In addition to the teachers / facilitators and participants/ learners, the other main stakeholders in a continuing professional development programme are those who host the programme. Being clear about who they are and what their interests are may be important to getting the necessary support for launching your short course programme.

In our case, the hosts of our short course programme are

- ▶ **our School** - the School of Public Health, which designs, convenes and administers the programme and provides many of the lecturers/facilitators;
- ▶ **our Faculty** - the Faculty of Community and Health Sciences, which monitors the quality of the programme to ensure that it complies with external standards for CPD recognition;
- ▶ **our University** - the University of the Western Cape, which has a general interest in extending the university's resources to the public as well as in generating income from these activities. They also have an overarching brief for reputational risk.

Interests within the Faculty and University

UWC has an interest in extending **the university's** resources to the public. Our School is among a number of departments/ unit who do so. While the university is interested in generating income from these activities, we are intent on keeping the courses as accessible as possible, and do not endeavour to make a profit for the School, Faculty or University.



The Faculty is concerned that the efforts invested in running the Winter School do not compromise our main outputs, namely research and the completion of degrees by our postgraduate students. This is not a current risk, however, as our MPH students attend the Winter School - and we work intensively on research projects and on supporting our distance learning postgraduate students.

In addition the Faculty is the guardian of academic standards; they monitor the quality of the work of its departments. As such they want to be assured that the design and quality of the courses we offer comply with external standards for CPD recognition. Given our interest in the courses being accredited for CPD points, we welcome this interest and support.

After each short course programme is held, we send a list of participants ('graduation lists') to the University's Division of Lifelong Learning which keeps a record of who attended short courses at UWC. This ensures that there is standardisation, quality control and a proper record of participants attending any course at the university. (This also helps when participants lose their certificates and request a reprint!)



'It was a pleasure for me to jointly organise the Promoting Rational Drug Use in the Community course at UWC in collaboration with the University of Amsterdam and the Royal Tropical Institute in the Netherlands – and with the UWC SOPH and School of Pharmacy. The course was well attended by participants from all over Africa and included UWC SOPH students.'

"What I particularly appreciated was the involvement of faculty and students from other Schools on the UWC campus including Pharmacy and Anthropology. The dynamic created on the campus for public health reflects that it is a subject involving many disciplines in a synergistic way. I found that it was one of the most stimulating environments to teach in."

Winter school lecturer: Dr Richard Laing,
*Department of Essential Medicines and Pharmaceutical Policies,
World Health Organization (WHO), Geneva*

Issues to consider

- ▶ Does your university or faculty have a policy about offering courses to the public? If so, what is it and what does it specify about
 - ▷ the need for permissions / consultation regarding content etc.?
 - ▷ assessment and/ or accreditation?
 - ▷ the level at which the courses could/should be offered?

Are these feasible for you? Do you have scope to negotiate where this does not suit you?

- ▶ Whose support do you need – and on what issues? How will you get this? (Which stakeholders inside your institution must you bring on board, e.g. from highest level, staff, professional interests, other faculties, departments, experts, educational specialists?) What are the challenges you are likely to face with bringing stakeholders on board?
- ▶ Is there anyone or any department who might consider this their ‘territory’? Can they become an ally? If not what could you do about this? What will you do about a lack of support or differences in approach – if these should arise?
- ▶ What opportunities exist within the institution that might support the establishment of a professional development short course programme (e.g. a lifelong learning unit and /or a renewed interest in vocational training)?
- ▶ What is your university’s or faculty’s policy about income generation from short courses? What will you do if your policy on fees differs from the university or faculty’s need to generate surplus income?