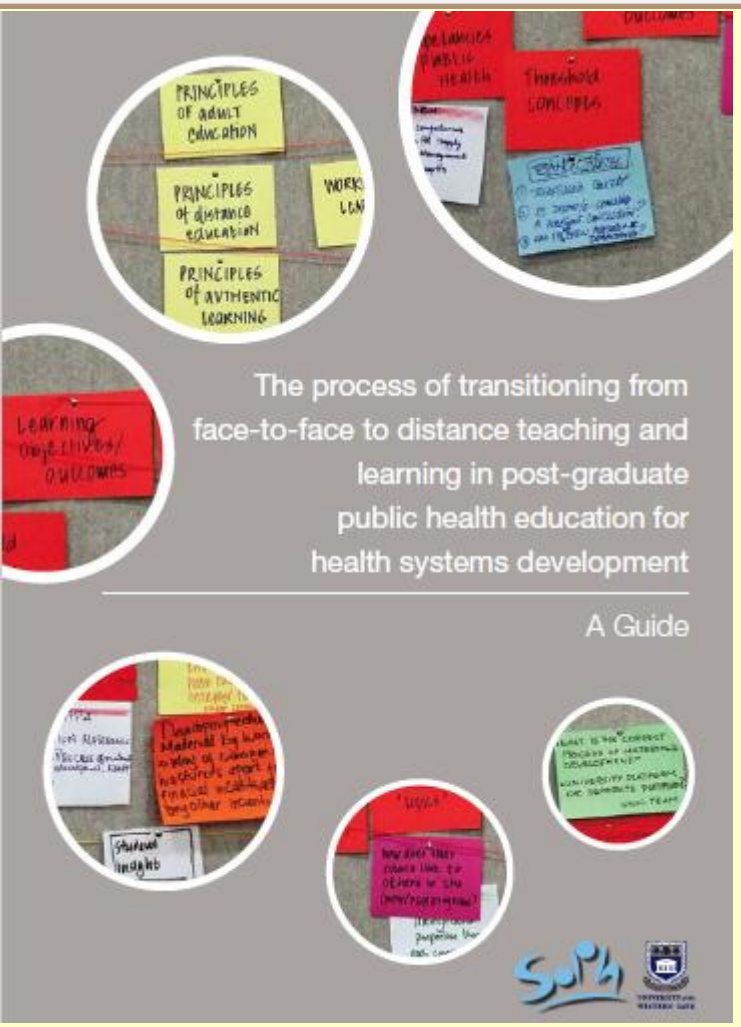
UNIVERSITY of the WESTERN CAPE

SOPH BULLETIN
The UWC School of Public Health Newsletter **November 2016**



SOPH-UWC launches a Guide on Transitioning to Distance Teaching and Learning in Postgraduate Education in Public Health

A practical reference guide and resource for public health educators who are working on the process of transitioning from face-to-face to distance teaching and learning.

The School of Public Health (SOPH) at the University of the Western Cape (UWC) hosted a two-part workshop series in May and October 2015, as part of its ongoing work with sister institutions in Africa and the global South. The overall aim of the workshops was to explore emerging opportunities for expanding access to, and delivery of, post-graduate training in public health for people working in or managing health services/systems. Various distancebased delivery modes were explored, including web-based and e-learning technologies, with focus on workplace-based learning and creating authentic learning opportunities for students.

Workshop 1

The focus of the first workshop was on mapping the field of e- and flexible learning, exploring the concept and practice of workplace-based learning, and bringing together and taking forward some of the work conducted between some of the participating institutions. Information about the participants and contributors can be found on the initial pages of the Guide.

Workshop 2

Workshop 2 built on work done by participants between Workshop 1 and 2 to take their programme and curriculum development forward, culminating in a 'working week' for those participants who were in the process of designing curricula and courses in post-graduate public health education.

This Guide has emerged from this workshop process as both a record of what was covered, and a practical reference guide and resource for public health educators who are working on the process of transitioning from face-to-face to distance teaching and learning.

Institutions that participated in developing this Guide

UWC, SOPH has a long history of collaborating with our academic sister institutions throughout the world, and in particular in the global South, to develop curricula, materials and training projects. From 2010 to 2015 the UWC, SOPH worked closely with the following institutions:

The Universities of Addis Ababa in Ethiopia, National University of Rwanda, and Eduardo Mondlane University in Mozambique, developing curricula and materials and training staff in their universities and Ministries of Health in human resource development for health

The Institute of Tropical Medicine in Antwerp, Belgium, exploring new educational online technologies in public health education

The Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA) collaboration, developing open access educational materials which are available on the consortium's website.

It was therefore a logical progression to invite two colleagues from these different academic sister institutions, together with other interested institutions to a two-part workshop to explore new models and practices in post-graduate public health education.

Who is this Guide for?

This Guide is geared towards public health researchers and educators, specifically those focused on post-graduate public health education, who are developing courses and their accompanying resources for blended and distance learning. However, the process that is outlined is generic and can be used and/or adapted for other fields. We ask that you acknowledge the original source in line with the OER guidelines described on page 2 and that you share your adaptations with us in the interest of refining and developing this as a useful resource for all. Feedback about your own experiences can be emailed to the School of Public Health, University of the Western Cape at: soph-comm@uwc.ac.za.

To download the full guide: http://bit.ly/2eMFtiI

hsr2016
Fourth Global Symposium on Health Systems Research

Vancouver Statement for the Fourth Global Symposium on Health Systems Research Vancouver, Canada 18 November 2016

Introduction

From 14-18 November 2016, 2,062 delegates from 101 countries assembled in Vancouver, Canada, for the Fourth Global Symposium on Health Systems Research on the theme of 'Resilient and responsive health systems for a changing world'. This year's Symposium consisted of five days of 53 organised sessions, 248 oral presentations, 74 satellite and skills building sessions, 385 posters, and 155 e-posters. Social media played a great part in whipping up the spirit of engagement, before and during the Symposium. Blogs also played a role in generating energy before the Symposium; the most popular of these was a blog from the SHAPES thematic working group challenging the concept of resilience in health systems.

Progress since Cape Town Since Cape Town, the world has shifted from efforts to achieve the MDGs to the launch of the SDGs, which maintain a focus on UHC, but call more strongly for a systems-orientated approach by embedding health in broader social and environmental perspectives. In support of these goals, there is even greater focus on research to reduce inequities in relation to marginalised and vulnerable groups. On the

policy and implementation front, there has been a transition in the funding landscape from donor funding for interventions, towards emphasis on locally generated funds. In this context, the local production of health policy and systems research is also increasingly valued.

Since Cape Town, our Health Systems Global membership has spread even further across the world, with the majority in LMICs. The Emerging Voices group has been institutionalised as one of the thematic working groups of HSG, making 10 in all. The Society also has a new strategic plan from 2016-2020, the result of broad-based member consultation. HSG and the Alliance for Health Policy and Systems Research have been successful in ensuring greater numbers of policy-makers in the Vancouver meetings. Outreach, particularly to Latin American colleagues, and simultaneous translation has further diversified participation. While sub-national implementers, journalists and civil society voices were present, the Society needs to seek out, engage and ensure even greater participation of these constituencies in future Symposia.

Key reflections

Several themes emerged from the discussion and debate during this Symposium. First, it is important to recognise the many meanings of resilience. Health system resilience and responsiveness is anchored in people living and working within their communities. But, we need to be cautious not to romanticise communities as resilient, when what they are doing is coping in difficult situations. Systems need to be resilient precisely so that the burden of such resilience does not fall on the most vulnerable in our societies. Health systems resilience needs to be qualified by an explicit focus on equity and social justice, and support the empowerment of the most vulnerable.

Second, discussions amongst participants highlighted the importance of resilient and responsive health systems as ones which provide integrated, people-centred services, with a focus on primary health care as the frontline of routine services and outbreak response. Subnational actors, including communities, are reservoirs of resilience for health systems. Resilient health systems are those which operate from the "end-user back", and not from the organisation forward. Nevertheless, governments have the responsibility for steering all actors – public and private – in the interests of the broader community.

Third, while some discourse on resilience emphasises health security, such a perspective can sometimes be counter-productive, and should be balanced with the protection of health rights and health system strengthening. Health security should be an inclusive concern of the entire global community, and never a reason to exclude or marginalize.

Fourth, the resilience discourse should be positioned within achieving the SDGs and mobilising collaboration and leadership across sectors. This together with integration and a move away from vertical approaches will help achieve the sustainable management of health systems. Symposium delegates repeatedly stressed the importance of people and relationships, flexibility and the capacity to mobilize new resources.

Fifth, the Symposium gave occasion to highlight the struggles of indigenous peoples against historic privileges, including in high income countries. This has received insufficient attention in the Symposia to date. People in high income countries have much to learn from the experiences of low and middle income countries as well as from their own indigenous or marginalized populations.

Actions

The Symposium identified several areas for action for HSG as a whole community:

• In addressing researchers

o Flexibility, adaptation, learning and innovation are features of resilient and responsive health systems – these must be fostered. To do this, we need more innovative research and more nuanced frameworks and assessment tools to understand the meanings of resilience and responsiveness.

o There is a need to support the translation of evidence to action across decision making interfaces much more. Our response must include embedding our research within policy-making processes and practice, and improving the science of implementation.

o The 2018 Symposium in Liverpool should therefore showcase the new research methods tested over the next two years, especially applying the concepts of intersectionality and resilience, and developing new approaches to measure health systems performance in various settings.

• In addressing donors and research funders

o Donors should more frequently embed research and analysis within support to policies and programs, so as to ensure that quality evidence informs such programs.

o In a rapidly changing world, some flexibility of budgets is essential to facilitate innovation, responsiveness, and resilience. We urge donors and funders to respond to this.

o We ask funders to invest further in supporting the participation of policy-makers, sub-national implementers, journalists and civil society in dialogues with researchers, including in future Symposia.

• *In addressing practitioners, policy-makers and communities*

o The active inclusion of policy-makers in the Symposium has been invaluable in strengthening insights into the everyday realities of governing health systems. However, there are still voices which need further amplification. Thought should be given to ways of using different technologies and media to widen inclusivity for remote participation in future symposia.

To conclude

The Fourth Global Symposium has allowed our community to hold a light to the concept of resilient and responsive health systems, recognising their importance for achieving UHC and the SDGs, while acknowledging the potential shortcomings. Resilience adds a useful lens to our existing concepts and approaches, but it does not replace or supersede them.

The world is changing, and resilience and responsiveness are needed now more than ever. The accumulated knowledge we have as a community builds on the continuing Symposia agenda of improving the science needed to accelerate Universal Health Coverage; to be more inclusive and innovative towards achieving UHC; and to make health systems more people-centred.

For the next two years, Health Systems Global as a community of practitioners and researchers will look to remain at the vanguard of defining the field of health policy and health systems, while impacting our broader communities, and improving our global society.

Global Health Action

Does adjusting for Recall in Trend Analysis affect Coverage estimates for Maternal and Child Health Indicators? An analysis of DHS and MICS Survey Data

Nobubelo K. Ngandu, Samuel Manda, Donela Besada, Sarah Rohde, Nicholas P. Oliphant and Tanya Doherty

Abstract

Background:

The Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) are the major data sources in low- and middle-income countries (LMICs) for evaluating health service coverage. For certain maternal and child health (MCH) indicators, the two surveys use different recall periods: 5 years for DHS and 2 years for MICS.

Objective:

We explored whether the different recall periods for DHS and MICS affect coverage trend analyses as well as missing data and coverage estimates.

Designs:

We estimated coverage, using proportions with 95% confidence intervals, for four MCH indicators: intermittent preventive treatment of malaria in pregnancy, tetanus vaccination, early breastfeeding and postnatal care. Trends in coverage were compared using data from 1) standard 5-year DHS and 2-year MICS recall periods (unmatched) and 2) DHS restricted

to 2-year recall to match the MICS 2-year recall periods (matched). Linear regression was used to explore the relationship between length of recall, missing data and coverage estimates.

Results:

Differences in coverage trends were observed between matched and unmatched data in 7 of 18 (39%) comparisons performed. The differences were in the direction of the trend over time, the slope of the coverage change or the significance levels. Consistent trends were seen in 11 of the 18 (61%) comparisons. Proportion of missing data was inversely associated with coverage estimates in both short (2 years) and longer (5 years) recall of the DHS (r=−0.3, p=0.02 and r=−0.4, p=0.004, respectively). The amount of missing information was increased for longer recall compared with shorter recall for all indicators (significant odds ratios ranging between 1.44 and 7.43).

Conclusions:

In a context where most LMICs are dependent on population-based household surveys to derive coverage estimates, users of these types of data need to ensure that variability in recall periods and the proportion of missing data across data sources are appropriately accounted for when trend analyses are conducted.

Glob Health Action 2016, 9: 32408 http://dx.doi.org/10.3402/gha.v9.32408

Emtonjeni—A Structural Intervention to Integrate Sexual and Reproductive Health into Public Sector HIV Care in Cape Town, South Africa: Results of a Phase II Study

Joanne Mantell, Diane D Cooper, T. M. Exner, Ntobeko Nywagi

Abstract

Integration of sexual and reproductive health within HIV care services is a promising strategy for increasing access to family planning and STI services and reducing unwanted pregnancies, perinatal HIV transmission and maternal and infant mortality among people living with HIV and their partners. We conducted a Phase II randomized futility trial of a multi-level intervention to increase adherence to safer sex guidelines among those wishing to avoid pregnancy and adherence to safer conception guidelines among those seeking conception in newly-diagnosed HIV-positive persons in four public-sector HIV clinics in Cape Town. Clinics were pair-matched and the two clinics within each pair were randomized to either a three-session provider-delivered enhanced intervention (EI) (onsite contraceptive services and brief milieu intervention for staff) or standard-of-care (SOC) provider-delivered intervention. The futility analysis showed that we cannot rule out the possibility that the EI intervention has a 10 % point or greater success rate in improving adherence to safer sex/safer conception guidelines than does SOC (p = 0.573), indicating that the intervention holds merit, and a larger-scale confirmatory study showing whether the EI is superior to SOC has merit.

AIDS and Behavior · November 2016, DOI: 10.1007/s10461-016-1562-z

BMC Nutrition

Evaluation of outpatient therapeutic programme for management of severe acute malnutrition in three districts of the eastern province, Zambia

Mike Mwanza, Kufre J. Okop and Thandi Puoane

Abstract

Background:

Severe acute malnutrition (SAM) in children under 5 years of age is a major cause of child mortality during hospital admission worldwide, and is attributed to poor case management. The Outpatient Therapeutic Programme (OTP) is an innovation for treating children with SAM with no medical complications as outpatients within their communities.

The aim of the study was to evaluate the improvement in health outcomes and case fatality rate in children aged 6–59 months diagnosed with SAM and admitted in OTP centres, and to document the barriers to a sustainable OTP intervention in the districts of Eastern Zambia.

Methods:

A mixed-methods design was used to assess the health outcomes of OTP intervention. Three districts where OTP centres were operational at the time of study were selected. Records of 390 eligible children admitted with SAM between 2008 and 2010 were reviewed. The health outcomes assessed included recovery and case fatality rates, defaulter rate, and weight gain. Information on the barriers to effective implementation of a sustainable OTP intervention in the districts was collected through semi-structured key-informant interviews with stakeholders. Outcome indicators were compared with the baseline data and recommended minimum standards for therapeutic feeding centres.

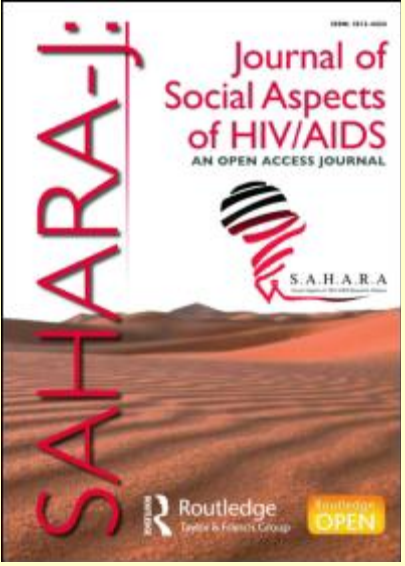
Results:

Of the 390 children admitted into OTP, 312 (80 %) had recovered on discharge, 11 (2.8 %) died, and 67 (17.2 %) had defaulted. Compared to the baseline data and the recommended minimum standard values, case fatality rate for this study was 2.8 % vs. 7.3 % vs. >10 % respectively, and the recovery rate was 80 % vs. 73 % vs. >75 % respectively. Barriers to effective sustainability of the programme included dependence on donor-funds, consistent stock outs of ready-to-use therapeutic food and other supplies, high volunteer dropout, and inadequate monitoring and feedback on defaulters.

Conclusion:

OTP improved health outcomes of SAM children in the Eastern Zambia when compared with accepted minimum standards and previous data. Dependent on donor funding and the resultant regular stock-out of supplies can, however, hamper sustainability in the long-term.

Mwanza et al. BMC Nutrition (2016) 2:62 DOI 10.1186/s40795-016-0102-6



An assessment of quality of home-based HIV counseling and testing performed by lay counselors in a rural sub-district of KwaZulu-Natal, South Africa

Vuyolwethu Magasana, Wanga Zembe, Hanani Tabana, Reshma Naik, DebraJackson, Sonja Swanevelder and Tanya Doherty

Abstract

HIV counseling and testing (HCT) has been prioritized as one of the prevention strategies for HIV/AIDS, and promoted as an essential tool in scaling up and improving access to treatment, care and support especially in community settings.

Home-based HCT (HBHCT) is a model that has consistently been found to be highly acceptable and has improved HCT coverage and uptake in low- and middle-income countries since 2002. It involves trained lay counselors going door-to-door offering pre-test counseling and providing HCT services to consenting eligible household members.

Currently, there are few studies reporting on the quality of HBHCT services offered by lay counselors especially in Sub-Saharan Africa, including South Africa. This is a quantitative descriptive sub-study of a community randomized trial (Good Start HBHCTtrial) which describes the quality of HBHCT provided by lay counselors. Quality of HBHCT was measured as scores comparing observed practice to prescribed protocols using direct observation. Data were collected through periodic observations of HCT sessions and exit interviews with clients. Counselor quality scores for pre-test counseling and post-test counseling sessions were created to determine the level of quality. For the client exit interviews a continuous score was created to assess how satisfied the clients were with the counseling session. A total of 196 (3%) observational assessments and 406 (6%) client exit interviews were completed. Overall, median scores for quality of counseling and testing were high for both HIV-negative and HIV-positive clients. For exit interviews all 406 (100%) clients had overall satisfaction with the counseling and testing services they received, however 11% were concerned about the counselor keeping their discussion confidential. Of all 406 clients, 393 (96.8%) intended to recommend the service to other people. In ensuring good quality HCT services, ongoing quality assessments are important to monitor quality of HCT after training.

SAHARA-J: Journal of Social Aspects of HIV/AIDS, 13:1, 188-196, DOI: 10.1080/17290376.2016.1248477

'No culture ever developed, bloomed and matured without feeding on other cultures ... reciprocal influences and intermingling'

Maria Vargas Llosa 2010 Nobel Prize in Literature.

Cultural Hegemony? Educators' Perspectives on facilitating Cross-cultural Dialogue

Zareen Zaidi, Daniëlle Verstegen, Rashmi Vyas, Omayma Hamed, Tim Dornan and Page Morahan

Abstract

Background:

We live in an age when education is being internationalized. This can confront students with 'cultural hegemony' that can result from the unequal distribution of power and privilege in global society. The name that is given to awareness of social inequality is 'critical consciousness'. Cross-cultural dialogue provides an opportunity for learners to develop

critical consciousness to counter cultural hegemony. The purpose of this research was to understand how learners engage with cross-cultural dialogue, so we can help them do so more effectively in the future.

Method:

The setting for this research was an online discussion in an international health professions educator fellowship program. We introduced scenarios with cultural references to study the reaction of participants to cultural conversation cues. We used an inductive thematic analysis to explore power and hegemony issues.

Results:

Participants reflected that personally they were more likely to take part in cross-cultural discussions if they recognized the context discussed or had prior exposure to educational settings with cultural diversity. They identified barriers as lack of skills in facilitating cross-cultural discussions and fear of offending others. They suggested deliberately introducing cultural issues throughout the curriculum.

Conclusion:

Our results indicate that developing critical consciousness and cross-cultural competency will require instructional design to identify longitudinal opportunities to bring up cross-cultural issues, and training facilitators to foster cross-cultural discussions by asking clarifying questions and navigating crucial/sensitive conversations.

http://med-ed-online.net/index.php/meo/article/view/33145

3–14 April 2017

HEALTH SYSTEMS through CRISIS RECOVERY

Intensive Course - Scuola Superiore Sant'anna - Pisa - Italy - 12th edition

Background

Millions of people do not have access to health care, because health systems in many countries are either non-existent or dramatically failing.

Most of them live in areas chronically affected by violent conflict or slowly re-emerging from it. Other stressors also affect vulnerable societies.

The volatility and complexity of severely disrupted contexts pose daunting challenges to health workers – both national and international – who are called to rehabilitate derelict health structures. Lack of properly prepared professionals in this field has often resulted in reconstruction efforts characterized by weak analysis, little understanding, inadequate planning and poor implementation. This training programme intends to alleviate this gap.

For any additional information:

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www.hscr.sssup.it

www.prezi.com/njcus_ybp-as/health-systems-through-crisis-and-recovery/

Families and Society Research Unit (FaSRU)

Intergenerational Relations in South Africa: A study of intergenerational family responsibilities and obligations

PhD/PostDoc Funding Opportunities

The Families and Societies Research Unit (http://www.cssr.uct.ac.za/fasru), based at the Centre for Social Science Research (CSSR) at the University of Cape Town is seeking applications for PhD and post-doctoral applicants.

Applications are invited for a one-year Postdoctoral Fellowship or a 3 year PhD opportunity to undertake research on any aspect of intergenerational relationships in South Africa. Successful applicants will develop and carry out innovative research as part of a team headed by Dr. Elena Moore. For further information, please contact Elena Moore (elena.moore@uct.ac.za)

To apply, please submit the following:

- a motivation letter indicating the proposed area of research;
- a detailed and up-to-date CV, showing your degrees and component courses of study;
- an academic transcript;
- an example of any recent written and/or published work;
- two letters of reference;
- certified copies of degrees.

Bursaries can be taken up from January 2017. The value of each bursary is in the range R160000-200 000 at the PhD level and R250,000-300,000 for a post-doc position. Additional funds may be made available to cover research and conference expenses where necessary.

Students must be registered for full-time study at the University of Cape Town and MUST apply separately to the university and academic department in which they wish to study.

Closing date for applications: **30 December 2016**

Applications should be sent by email to Elena Moore (*elena.moore@uct.ac,za).*

SOPH Academic and Administrative Staff keep the School going in the difficult time of the official closure of the University

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