UNIVERSITY of the WESTERN CAPE

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

Minister Pravin Gordhan delivers

The Medium Term Budget Policy Statement 2016

26 October 2016

Excerpt on Higher Education Funding

...Changes to this year's national department allocations are set out in the Adjustments Appropriation. The adjustments include provision for emergency water supplies and animal feed, and compensation for the effect of exchange rate depreciation on the International Relations and Cooperation budget.

In the present phase of our development, financing of education has to be our highest priority.

We are especially mindful of the need to expand access to post-school education opportunities. But this is not enough: our progress rests on improvements in the entire education system.

Minister Nzimande has rightly emphasised that expanded opportunities in our universities cannot rely on government funding alone. Public expenditure on post-school education and training has in fact grown considerably faster than other budget allocations in recent years, and this will continue. At the heart of the issue is that access has expanded faster than resources. As a result, many students face financial hardships that undermine their ability to succeed academically.

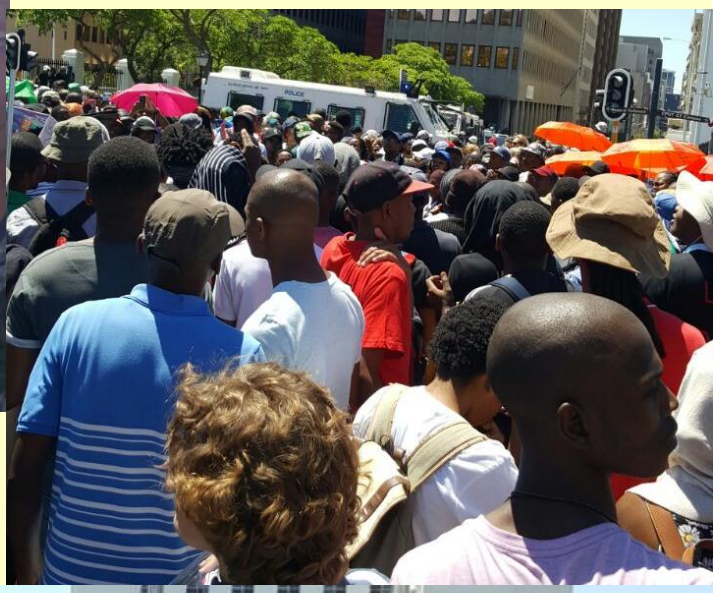
In addition to the R16 billion added to higher education funding in the February budget, we therefore propose:

- *A further R9 billion for the National Student Financial Aid Scheme over the period ahead, raising its funding by over 18 per cent a year,*
- *Over R8 billion to meet the costs of fee increases for students from households with incomes up to R600 000.*

We will work with the corporate sector and financial institutions to expand bursaries, loans and work opportunities for students. In seeking a balanced, sustainable roadmap for student finance, we appreciate that graduates who go on to earn higher incomes will in due course contribute a share of these gains to the next generation.

http://www.gov.za/speeches/minister-pravin-gordhan-medium-term-budget-policy-statement-2016-26-oct-2016-0000

SOPH Staff join March to Parliament for Fee-Free Tertiary Education



UWC School of Public Health
26 October at 03:52 ·
Statement by UWC community on police action at UWC on 19 October 2016

We as members of the University of the Western Cape community (staff, alumni, students, parents) condemn the assault of students by police and private security on the University campus last Wednesday (19 October 2016), and in particular the apparent refusal to allow emergency medical care onto campus to assist (some severely) injured students, which we consider a human rights violation. We call on provincial police leadership and the management of security firms to instruct their staff to exercise restraint and to calm rather than accelerate tensions, if they are called onto campus.

It is important for members of the UWC community to make it clear that we do not condone last week's police action through our silence.

Go to https://awethu.amandla.mobi/.../uwc-staff-statement-on-police... ... to sign

Joint Staff Publications

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 outpatient 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

Reproductive Health

EDITORIAL Open Access

Feasibility of community level interventions for pre-eclampsia: perspectives, knowledge and task-sharing from Nigeria, Mozambique, Pakistan and India

Mary V. Kinney, Jeffrey Michael Smith, Tanya Doherty, Jorge Hermida, Karen Daniels and José M. Belizán

Abstract
Hypertensive disorders of pregnancy (HDP), particularly pre-eclampsia and eclampsia, remain one of the leading causes of maternal mortality and are contributory in many foetal/newborn deaths. This editorial discusses a supplement of seven papers which provide the results of the first round of the CLIP (Community Level Interventions for Pre-eclampsia) Feasibility Studies. These studies report a number of enablers and barriers in each setting, which have informed the implementation of a cluster–randomized trial (cRCT) aimed at reducing pre-eclampsia-related, and all-cause, maternal and perinatal mortality and major morbidity using community-based identification and treatment of pre-eclampsia in selected geographies of Nigeria, Mozambique, Pakistan and India. This supplement unpacks the diverse community perspectives on determinants of maternal health, variant health worker knowledge and routine management of HDP, and viability of task sharing for preeclampsia identification and management in select settings.

These studies demonstrate the need for strategies to improve health worker knowledge and routine management of HDP and consideration of expanding the role of community health workers to reach the most remote women and families with health education and access to health services.

Kinney et al. Reproductive Health (2016) 13:125 DOI 10.1186/s12978-016-0245-6

Human Resources for Health

The global pendulum swing towards community health workers in low- and middle-income countries: a scoping review of trends, geographical distribution and programmatic orientations, 2005 to 2014

Helen Schneider , Dickson Okello and Uta Lehmann

Abstract

Background

There has been a substantial increase in publications and interest in community health workers (CHWs) in low- and middle-income countries (LMIC) over the last years. This paper examines the growth, geographical distribution and programmatic orientations of the indexed literature on CHWs in LMIC over a 10-year period.

Methods

A scoping review of publications on CHWs from 2005 to 2014 was conducted. Using an inclusive list of terms, we searched seven databases (including MEDLINE, CINAHL, Cochrane) for all English-language publications on CHWs in LMIC. Two authors independently screened titles/abstracts, downloading full-text publications meeting inclusion criteria. These were coded in an Excel spreadsheet by year, type of publication (e.g. review, empirical), country, region, programmatic orientation (e.g. maternal-child health, HIV/AIDS, comprehensive) and CHW roles (e.g. prevention, treatment) and further analysed in Stata14. Drawing principally on the subset of review articles, specific roles within programme areas were identified and grouped.

Findings

Six hundred seventy-eight publications from 46 countries on CHWs were inventoried over the 10-year period. There was a sevenfold increase in annual number of publications from 23 in 2005 to 156 in 2014. Half the publications were reporting on initiatives in Africa, a third from Asia and 11 % from the Americas (mostly Brazil). The largest single focus and driver of the growth in publications was on CHW roles in meeting the Millennium Development Goals of maternal, child and neonatal survival (35 % of total), followed by HIV/AIDS (16 %), reproductive health (6 %), non-communicable diseases (4 %) and mental health (4 %). Only 17 % of the publications approached CHW roles in an integrated fashion. There were also distinct regional (and sometimes country) profiles, reflecting different histories and programme traditions.

Conclusions

The growth in literature on CHWs provides empirical evidence of ever-increasing expectations for addressing health burdens through community-based action. This literature has a strong disease- or programme-specific orientation, raising important questions for the design and sustainable delivery of integrated national programmes.

Schneider et al. Human Resources for Health (2016) 14:65 DOI 10.1186/s12960-016-0163-2

BioMed Central
The Open Access Publisher

Journal of Pharmaceutical Policy and Practice

Novel models to improve access to medicines for chronic diseases in South Africa: an analysis of stakeholder perspectives on community-based distribution models

Bvudzai Priscilla Magadzire, Bruno Marchal, Kim Ward

Abstract

Background

The rising demand for chronic disease treatment and the barriers to accessing these medicines have led to the development of novel models for distributing medicines in South Africa's public sector, including distribution away from health centres, known as

community-based distribution (CBD). In this article, we provide a typology of CBD models and outline perceived facilitators and barriers to their implementation using an adapted health systems framework with a view to analysing how future policy decisions on CBD could impact existing models and the health system as a whole.

Methods
A qualitative exploratory study comprising in-depth interviews and non-participant observations was conducted between 2012 and 2014 in one province. Study participants consisted of frontline healthcare providers (HCPs) in the public sector and a few policy, supply chain and public health experts. Observations of processes occurred at two CBD sites. We conducted deductive analysis guided by the adapted framework.

Results
Models varied in typology ranging from formal (approved by the Department of Health) to informal (demand-driven) and with or without user-fees. Processes and structures also differed, as did HCPs' perceptions of what is appropriate. HCPs perceived that CBD models were largely *acceptable* to patients and *accommodating* of their needs. *Affordability* of services linked to charging of user-fees was a contested issue, requiring further exploration. CBD models operated in the absence of formal policy to guide implementation, and this, coupled with the involvement of non-health professionals, issues regarding medicines handling and storage; and limited patient counselling raised concerns about the quality of pharmaceutical services being delivered. Policy decisions on each of the health system elements will likely affect other elements and ultimately influence the structure and operational modalities of models. In anticipation of a future CBD policy, stakeholders cited the need for a *context specific* lens in order to harmonise with current implementation efforts.

Conclusion
A formal policy on CBD is required in an effort to standardise services for quality assurance purposes. Frontline HCPs should be involved in the development of such policy to ensure that existing arrangements already working well are not undermined. Further research will seek to contribute towards evidence-based development of policy and service delivery guidelines for CBD activities in South Africa.

https://joppp.biomedcentral.com/articles/10.1186/s40545-016-0082-6

SCIEDU®
Sciedu Press International Journal of Higher Education

Experiences of Student Support in the Distance Mode Bachelor of Nursing Science Degree at the University of Namibia

Carol Denise Du Plessis, Lucy Alexander, Daniel Opotamutale Ashipala, Esther Kamenye

Abstract
The aim of this study was to understand the way in which students experienced the support services offered by the University of Namibia's distance education unit – the Centre for External Studies. The study explored students' experiences and their perceptions of the administrative, social and academic support services provided by the University of Namibia. The research design was qualitative and exploratory with the study using focus groups and interviews for the purposes of data collection. The sample comprised forty Bachelor of Nursing Science students who were enrolled at both campuses of the university between 2005 and 2011, as well as seven staff members who were involved in the student support services. Relevant documents and interviews pertaining to the envisioned support services from the Centre for External Studies served as the basis for the evaluation of the services offered. The data were analysed using thematic content analysis. The findings from the two campuses were then compared.

The findings reflected positive experiences of support from both family and lecturers, as well as positive perceptions of institutional offerings such as video conferences. However, the study also found some institutional weaknesses in terms of programme delivery such as the late delivery of study materials, which had an impact on the students' submission of

assignments, and inadequate communication systems which affected the delivery of support workshops.

http://www.sciedupress.com/journal/index.php/ijhe/index DOI: 10.5430/ijhe.v5n4p103

The Lancet ***Correspondence***

Confronting inequality in newborn survival in South Sudan

Samira Sami, Teshome Adebabai, Heather Papowitz, Josep Vargas, Kate Kerber

It has been 5 years since South Sudan, the world's youngest nation, achieved independence. However, ongoing violence and economic instability have muted this celebration. The country is experiencing health service delivery challenges due to attacks against aid organisations, deteriorating access to health facilities, broken supply chains for medical supplies and drugs, and health-worker shortages. Emergency responses for measles vaccination, cholera, and malnutrition struggle to reach children; and as noted in *The Lancet*, mental health support is minimal despite the heavy burden of trauma.1

Richard Horton noted,2 "the biggest and growing inequality today is between those living in stable political settings and those enduring conflict and violence". To reach global goals for reproductive, maternal, newborn, child, and adolescent health (RMNCAH), we need to prioritise these settings.2 Tailored intervention packages are recommended for greater eff ectiveness in humanitarian and fragile contexts, requiring policy, development and humanitarian communities to come together and work alongside each other.3

Women and newborn babies are particularly vulnerable. Over half of maternal deaths and the deaths of children younger than 5 years occur in conflict or disaster areas. Packages of care deployed in these settings include kits for reproductive and child health, but not newborn care. To address this critical need, an inter-agency collaboration developed the *Newborn Health in Humanitarian Settings: Field Guide*,4 which prioritises critical health services and supplies to prevent and manage the main causes of deaths in the first month of life. Tools are included for designing, managing, monitoring, and evaluating newborn health services in a humanitarian crisis. Additionally, the Field Guide proposes kits of medicines, disposable items, and equipment for the community, primary health care, and hospitals.

The Field Guide is being tested in three sites in South Sudan, covering around 250 000 displaced people. The UN Refugee Agency (UNHCR) has developed complementary guidelines specific to refugee situations, *Operational Guidelines on Improving Newborn Health in Refugee Operations*, being implemented in South Sudan, Kenya, and Jordan.5 Similar research is taking place in Somalia. Learning from both studies will be integrated in the revision of the *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings*. Global initiatives in conflict settings need to include full scope RMNCAH services.

Building on the recent UN General Assembly Summit for Refugees and Migrants, we have a responsibility to match a technical response for women and children with accountability for governance and peace.

We declare no competing interests.

1 Editorial. No peace of mind in South Sudan. *Lancet* 2016; **388:** 212.
2 Horton R. Offl ine: The future for women's and children's health. *Lancet* 2016; **387:** 1982.
3 Zeid S, Gilmore K, Khosla R, et al. Women's, children's, and adolescents' health in humanitarian and other crises. *BMJ* 2015; **351:** h4346.
4 UNICEF, Save the Children, International Medical Corps, et al. Newborn Health in Humanitarian Settings: field guide. New York: UNICEF, 2015.

HEALTH-E NEWS The South African Health News Service

South Africa battles health burden from both infectious and non-communicable diseases

Health-E News on October 7, 2016 in Children's Health, Diabetes, HIV and AIDS, Non-Communicable Diseases (NCDs)

NEWS RELEASE: New Global Burden of Disease Study reveals that income, education, and birth rates – while critical – are not the only keys to healthy living in 195 countries.

South Africans are living longer lives than they were 10 years ago, according to a new scientific analysis of more than 300 diseases and injuries in 195 countries. However, this progress is threatened by increasing numbers of people suffering from serious health challenges related to unsafe sex, high body mass index, and high blood sugar.

These and other significant health findings are being published in a dedicated issue of *The Lancet* as part of the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD). The study draws on the work of more than 1,800 collaborators in nearly 130 countries and territories.

"The evolving burden of disease in South Africa illustrates the importance of political commitment and evidence-informed policies. Life expectancy plummeted by about 9 years to below 52 years in 2005, during an era of AIDS denialism," said Dr Charles Shey Wiysonge, a GBD collaborator from South Africa who serves as a Professor of Clinical Epidemiology at the Faculty of Medicine and Health Sciences, Stellenbosch University, in Cape Town.

HIV response and life expectancy

"However, with greater political commitment and expanding access to antiretroviral therapy, this trend has reversed and life expectancy is close to where it was in 1990," Dr. Wiysonge added. "Policymakers need to build on the current momentum and use GBD findings and other available evidence to increase access to quality health care for all South Africans."

In South Africa, HIV/AIDS was the leading killer, resulting in 112,243 deaths in 2015. The second and third top causes of death were ischemic heart disease and tuberculosis related to HIV/AIDS, killing 45,119 and 42,943, respectively.

But the conditions that kill are not typically those that make people sick in South Africa. In 2015, while the top nonfatal cause of health loss was also HIV/AIDS, the second and third causes were diabetes and low back pain.

Globally, life expectancy increased from about 62 years to nearly 72 from 1980 to 2015, with several nations in sub-Saharan Africa – including South Africa – rebounding from high death rates due to HIV/AIDS. Child deaths are falling fast, as are illnesses related to infectious diseases. But each country has its own specific challenges and improvements, from fewer suicides in France, to lower death rates on Nigerian roadways, to a reduction in asthma-related deaths in Indonesia.

Local findings and new approaches

Findings for South Africa include:

- A child born in South Africa in 2015 can expect to live to the age of 61, while a child born ten years earlier in 2005 had a life expectancy of 55.
- While the world has made great progress in reducing deaths of young children, globally 5.8 million children under the age of 5 died in 2015. Of that global figure, 42,540 of those children were in South Africa. The number of under-age-5 deaths in South Africa in 1990 was 81,794.

The report was released at an event co-sponsored by IHME, *The Lancet*, and the World Bank in Washington, DC. The study was established in 1990 with support from the World Bank. This year, researchers analyzed each country using a Socio-demographic Index, examining rates of education, fertility, and income. This new categorization goes beyond the historical "developed" versus "developing" or economic divisions based on income alone.

Motherhood becoming less risky

The six papers provide in-depth analyses of causes of death, maternal mortality, deaths of children under age 5, overall disease burden and life expectancy, years lived with disability, and the risk factors that lead to health loss.

In much of the world, giving birth is safer for mothers and newborns than it has been over the past 25 years. The number of maternal deaths globally dropped by roughly 29% since 1990, and the ratio of maternal deaths fell 30%, from 282 per 100,000 live births in 1990 to 196 in 2015.

"Development drives, but does not determine health," said Dr. Christopher Murray, Director of the Institute for Health Metrics and Evaluation (IHME) at the University of Washington in Seattle, the coordinating center for the GBD enterprise. "We see countries that have improved far faster than can be explained by income, education, or fertility. And we also continue to see countries – including the United States – that are far less healthy than they should be given their resources."

https://www.health-e.org.za/2016/10/07/south-africa-battles-health-burden-infectious-non-communicable-diseases/

Funding Opportunity

The Bill & Melinda Gates Foundation

Dear Colleagues,

This is a reminder that the application deadline for the latest round of Grand Challenges Explorations is **November 9, 2016, 11:30 A.M. US Pacific Day Light Time.**

Two-page proposals are being accepted online on the following topics:

- Assess Family Planning Needs, Preferences and Behaviors to Inform Innovations in Contraceptive Technologies
- Develop Novel Platforms to Accelerate Contraceptive Drug Discovery
- Design New Solutions to Data Integration for Malaria Elimination
- Accelerate Development of New Therapies for Childhood *Cryptosporidium* Infection

Initial grants will be US $100,000 each, and projects showing promise will have the opportunity to receive additional funding of up to US $1 million.

We are looking forward to receiving innovative ideas from around the world and from all disciplines. If you have a great idea, please apply. If you know someone else who may have a great idea, please forward this message.

Thank you for your commitment to solving the world's greatest health and development challenges.

The Grand Challenges Team

Visit our site http://gcgh.grandchallenges.org

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