SOPH congratulates Prof Helen Schneider, Director of SOPH, on her appointment to the NRF SARCHI Chair on Health Systems Governance!

“UWC picks up two unique SARCHI Research Chairs”

UWC was awarded two more national research chairs on Wednesday, 2 September 2015: the SARCHI Chair in Visual History and Theory, held by Prof Patricia Hayes; and the SARCHI Chair in Health Systems Governance, held by Prof Helen Schneider.

The University of the Western Cape now holds two more national research chairs: Professor Patricia Hayes is the SARCHI Chair in Visual History and Theory; and Prof Helen Schneider is the SARCHI Chair in Health Systems Governance. No other SARCHI chair conducts work in these distinctive fields.

The South African Research Chair Initiative (SARCHI) was established by the Department of Science and Technology (DST) and the National Research Foundation (NRF) as a strategic intervention to increase scientific research capacity through the development of human resources and the generation of new knowledge, empowering top talent to develop particular fields.

The Chair in Visual History and Theory will explore the challenges faced in visual studies, investigating key methodological and epistemological questions, as well as issues of civil engagement and representation through popular arts or social media.

Prof Hayes has degrees from the Universities of Oxford, Zimbabwe and Cambridge and is based in the Department of History at UWC. Her doctoral research investigated the pre-colonial history and colonisation of northern Namibia and southern Angola, after which
she initiated collaborative research on the South African colonial period in Namibia, including its visual record.

Visual History is an interdisciplinary research niche and postgraduate module initiated by historians in the Faculty of Arts from 1997. Its starting point was to address the huge neglect of rich photographic archives in South Africa and the subcontinent in terms of historical and humanities research, with potential implications for contemporary social and cultural debate.

The Chair in Health Systems Governance will build the field of health policy and systems research, with particular focus on health systems governance. This Chair will provide the opportunity to consolidate a world-class hub in the global south in the emerging field of health policy and systems research, complementing the existing Chair in Health Systems Complexity and Social Change at the UWC School of Public Health – where Prof Schneider serves as director.

Prof Schneider is a medical doctor, public health specialist and health systems and policy researcher who has worked for more than 20 years on the problematics of South Africa’s health system. She has been a long-standing active participant in, and commentator on, health and HIV policy in South Africa and has served on, amongst others, the board of the Medical Research Council, the South African National AIDS Council (SANAC) and the Department of Health’s Task Team on Primary Health Care Re-engineering.

“We are, of course, exceptionally pleased to hear that the University will host two more SARChI chairs, not least because they are committed to some very novel and critical fields of research, but that they are filled by leading women researchers,” said Professor Frans Swanepoel, Deputy Vice-Chancellor: Research & Innovation at UWC.

These two chairs form part of the 42 chairs (SARChI-42 coined by Minister of Science and Technology, Naledi Pandor) awarded to South African universities following the latest round of SARChI applications.

All 42 awarded chairs are filled by women - an attempt to show how much progress South Africa has made (UNESCO data shows that 42% of South African researchers are women), and also how gender disparity remains a challenge to be addressed (only 30% of researchers with an NRF rating are women, and SA Census data indicates that only 11.3% of the females with post-school education in South Africa are in the areas of natural sciences, computer sciences and engineering).

“These awards are testimony to an effective support structure, to UWC’s growing reputation and standing as a research institution of note,” noted Professor Swanepoel, “and to the unique and pioneering nature of the work being done by our scholars.”

UWC Institutional Advancement

SCHOOL OF PUBLIC HEALTH GRADUATES SEPTEMBER 2015
Corinne Carolissen

Postgraduate Diploma in Public Health

MUTAMA, REUBEN
Distance Learning Experiences at the University of Western Cape
I am Reuben Mutama, a dual citizen of Kenya and Uganda. I am currently working as a community health worker with AMREF Kenya under the water sanitation and hygiene (WASH) program in Kibera slums in Nairobi. The program is involved with the reduction of water and waste related diseases and the optimization of the health benefits of sustainable water and waste management.

As a community health worker I thought it was essential to keep up with the latest trends
in the community as far as health is concerned. As it was difficult to take time off from work, I felt it is easier to go for distance learning in Post Graduate Diploma in Public Health.

**Distance Learning changed my life**

I have definitely benefitted from the Distance Learning course. I feel I have gained lot knowledge in the in the course. I would advise everybody to go ahead with DL because one can do things according to their own convenience. There are no fixed hours and you can always rely on your tutors and co-students for help.

Even though I have been working as a community health worker for the last five years and acquired enormous experience, but life changes and new challenges require new ideas, knowledge, and skills. After training at the university of Western Cape school of public health I ascertain that the experience, knowledge and desire of even one person with an active social position can change the lives of other people communities and countries and yes this has happened to me.

Moreover, taking part in post graduate program was a perfect chance to develop both my personal and professional experience by interacting with top students and people of other nationalities. I know how enriching it is to meet new people sharing ideas and broadening beyond a single nation's vision.

**My final piece of advice**

Never stop learning because Knowledge is Power

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**Master of Public Health**

**AMUTENYA, KAARINA NDUUVUNAWA**

*Thesis topic: An analysis of the development of the 2010-2016 Namibian Malaria Strategic Plan and its relation to health promotion*

Supervisor: Dr Hazel Bradley, Co-Supervisor: Dr Ruth Stern

Namibia is relatively a young democracy and got independence at a time when international relations are rapidly advancing. The health sector in Namibia underwent many health reforms. This study was aimed at exploring factors which influence policy formulation in an independent Namibia. I intend, in future, to dig deeper into these relations and forge to seek an understanding of how policy formulation processes impacts those it is intended for.

My MPH journey started in 2008 and although I was timely, I experienced a disconnect between academic writing and project-based writing. I had the time, the energy and the drive. At the end I realised that it was tenacity which today makes me one of the proudest recipients of an MPH from the UWC School of Public Health.

**MPOTULO, NOMBUTO GLORIA**

*Thesis topic: Prevalence of syphilis, anaemia and human immunodeficiency virus screening and factors affecting antenatal point of care testing for them in primary health care centres in Sedibeng District, South Africa.*

Supervisor: Dr Gavin Reagon

Being a long-distance student comes with several challenges. However, I would like to commend the SOPH for an excellent program. Firstly, the support we received from the SOPH’s administration dept was amazing, and it was crucial for my personal success in the program. Secondly, virtually all the lectures were excellent, and most importantly,
extremely supportive during the years of my studies. And crucially for me, I strongly believe that the academic material offered by the program was of highest standard, and of utmost importance: addresses the many Public Health challenges faced by our country and other resource-limited countries in Africa and around the World. Lastly, I believe that the MPH degree will open more doors for me in the Public Sector, the WHO and other health-related sectors.

NGOMA, SARAH
Thesis topic: Factors influencing the uptake of couples HIV counseling and testing among males in Livingstone district, Zambia
Supervisor: Dr Gavin Reagon

Distance learning is not that easy... It requires a lot of discipline because you have to decide on how you are going to allocate time to studying, working and home management. It was a difficult journey but I had to take it. My supervisor was simply the best!

Most case control studies are done for disease exposures, but this one was a rare and interesting one where there was no disease. The aim of the study was to assess the factors determining the uptake of CHCT amongst males in a long term heterosexual relationship who came to a health facility for HIV counselling and testing in Livingstone, Zambia and their perceived benefits of CHCT.

My study received a lot of support from my organisation especially that I have been the program manager for HIV testing and counselling program. The results of this study have already started making some difference in programming.

UGBURO, EMMANUEL
Thesis topic: Effects of telephonic reminders influence on adherence to scheduled appointments among adults on antiretrovirals at the Swakopmund State Hospital Antiretroviral Clinic
Supervisor: Dr Gavin Reagon

With my background as a pharmacist, I developed special interest in health policy research and social determinants of health as a result of my interaction with patients in the ART clinic. My research theme “effects of telephonic SMS reminders influence on adherence to scheduled medication pick up appointments among adults on antiretrovirals at the Swakopmund ART clinic Namibia” was chosen out of the desire to improve treatment outcomes.

It was a tortuous journey with a happy ending. I find fulfilment in the possibility that our findings could be generalized to other ART sites/clinics in Namibia. This would not have been possible without the support of my supervisor and the administrative staff –A big thank you to Corinne and Janine for their interventions in terms of providing direction and timely information; you made a big difference in my UWC experience as a distant learning student.
Doctor of Philosophy

CAILHOL, JOHANN
Thesis topic: Analysis of Aid Coordination in a Post-conflict Country: the Case of Burundi and Human Resources for Health Policies
Supervisor: Prof Uta Lehmann, Co-Supervisor: Prof Lucy Gilson

Citation by Prof Uta Lehmann:
“Johann Cailhol’s thesis reports on a study of the coordination – or lack thereof – of policies related to human resources for health in Burundi in the post-conflict period 2002-2008, based on extensive participant observation by the candidate from 2005 and formal interviews and documentary analysis in 2009 and 2011. The thesis begins with a historical and political overview of Burundi in regional context, examines the literature on health and health systems, aid effectiveness and aid coordination with a particular emphasis on fragile and post-conflict states/settings, interrogates concepts and definitions related to the subject, introduces and outlines the 19 major actors/organizations active in Burundi in the reference period, and analyses the content, process and power relations around aid coordination with a focus on policies directly related to human resources for health. The discussion then applies frameworks and approaches proposed by Pierre Bourdieu and emphasizes « capital », « habitus », power, and historically conditioned mistrust as key to understanding the situation in Burundi – above and beyond the challenges to aid coordination described previously in relation to other contexts.

The strength of the thesis lies in two main areas: the richness of the empirical description and analysis of aid coordination in Burundi over the reference period, and the originality of applying Bourdieu’s concepts of « capitals » and « habitus » together with an interrogation of power, leadership and trust to this analysis. All three examiners emphasized that the study forms an original and important contribution to the understanding of aid co-ordination in fragile states. As one examiner commented: “I congratulate the candidate on this important, complex and delicate work and strongly encourage her to publish both the empirical findings and the analysis as soon as possible. I very much appreciated the overall work, and particularly the final synthesis and discussion chapters and congratulate the candidate on this excellent work”.

MUZIGABA, MOISE
Thesis topic: Paediatric Severe Malnutrition and the Recommended WHO Treatment Modality. An Epidemiological and Care Quality Assessment in the Context of HIV/AIDS Co-morbidity
Supervisor: Prof Thandi Puoane
Co-Supervisors: Prof David Sanders, Prof Ann Ashworth, Prof Brian van Wyk, Prof Martin Nieuwoudt

Like many PhD graduates, a lot can be said about my PhD journey. The waning enthusiasm now and again, the alternating valleys and peaks throughout the entire process, the “how, what if, so what” questions, the self-contemplation vis-à-vis future career plans – to name but a few. But there is one thing I knew from the outset which sustained me to the end. It may sound simplistic and obvious, but I knew that I WANTED to finish the journey I had started at any cost, and in retrospect it is satisfying to see how the journey has been worth every ounce of sacrifice, effort and energy.
I knew that completing my PhD required me to assume certain attributes over and above the technical knowledge of subject matter at issue. I had to prepare myself to be independent, at least for the most part, and to go through a virtually solitary intellectual phase. Therefore, endurance, perseverance, passion and stamina became very important during my rather hasty transition from a Masters Degree in Public Health to a PhD in same. I had to develop a new lifestyle that supported my quest for knowledge in quantitative research methods, scholarship and content expertise. Perseverance was particularly very crucial as my PhD study involved - by design - collecting data over a period of four years before I could even start thinking about the main data analyses.

Like some PhD candidates in their early phases of a PhD undertaking, I believed I had developed an ambitious research concept which was inspired by my longstanding desire to hone my quantitative research skills. For my research I wanted to use advanced epidemiological and biostatistics methods that I hoped would be ground-breaking in my field of study and generate practically usable information that can inform practice. I had the zeal to follow through the “monster” I had created but the question was HOW. So during the formative years of my PhD research I spent a fair amount of time networking, reading widely and taking up additional specialised training in advanced quantitative methods so that I could make my PhD journey a pleasurable and fulfilling experience.

The research I embarked on was prompted by the high case fatality rates associated with Paediatric Severe Acute Malnutrition in two district hospitals in the Eastern Cape Province which were being attributed to HIV infection rather than to mismanagement by health care workers. There were also some anecdotes from clinicians that, depending on the HIV disease stage, the standard WHO treatment modality may show no effect. I framed the study as a hybrid of an Operations Research and a Theory-driven enquiry, which I undertook using a four-phased approach. Firstly, I developed a multipronged and evidence-based intervention aimed at improving SAM treatment outcomes among children admitted with or without HIV infection to the two district hospitals. I then implemented the intervention and evaluated its effectiveness and sustainability using a Sequential Explanatory Mixed Method design. In order to determine intervention effectiveness, I retrospectively collected quantitative data over a period of four years from multiple cohorts of children admitted with and treated for SAM using the WHO recommended guidelines during the intervention period. To my knowledge, this study was the first in this domain to use advanced epidemiological and biostatistical techniques to model singular and interactive effects of HIV infection, HIV Clinical Stages, Lower Respiratory Tract Infections, Case Severity and other comorbidities - on survival, hospital duration and nutritional recovery. This study was also the first to use polynomial regression modeling approach to predict the relationship between hospital duration and the locally weighted mean rates of weight gain among SAM cases with and without HIV infection. I also conducted an ethnographic study throughout the study period and held focus group discussions with the health care workers at the end to generate data that helped contextualise the intervention effectiveness in terms of its implementation fidelity and the associated factors. Lastly, the study involved a component which arguably pioneered the evaluation of the sustainability of a facility-based intervention to improve SAM outcomes using a Removed Treatment Design and Poisson Segmented Regression modeling of Interrupted Time Series data. Currently moment I am busy writing up 4 manuscripts (hoping to add a fifth one) for publication based on this work.

The whole PhD journey, despite being long and bumpy, has been a transformative learning process for me. I have had tremendous personal and intellectual growth. In particular, I have learned how to think rationally and outside the box. I also believe that I have developed a sense of confidence that enables me to intellectually question all that is around me - That inclination to be in a new environment, pick up quickly on the dialogue and have something to say about anything even outside your own area of expertise; or the disinclination to accept the common belief at face value.

Having climbed the mountain and reached the summit, I have much bigger plans moving forward. These include pursuing a postdoctoral fellowship in the next year or so, preferably in the realm of Health Systems analytics or Predictive Modeling in Health Care. I foresee myself developing a research niche in this area. I also plan to continue working in an academic and research environment which is where I am currently based. The challenge will be to combine the fellowship with full time employment within two different institutions. Nevertheless where there is a will, there is a way.
Helen Schneider visits deep rural area in Chhattisgarh, India with SOPH PhD student Sulakshana Nandi

Helen and I visited Kabirdham district in Chhattisgarh state on 9th September during her visit to India. We visited Pandariya block, which has a significant population of indigenous communities. We visited Vicharpur, Baigapara, a habitation of the Baiga community, which is a Particularly Vulnerable Tribal Group (PVTG), who face a higher degree of impoverishment, marginalization and government neglect. Even though this area is rich in natural resources like forests and minerals, large-scale mining and deforestation has led to further impoverishment of the indigenous groups. The traditional rights of these groups over the Common Property Resources (CPR) like forests, land, rivers have been taken away from them and regulated in a way which denies them access, let alone control.

An important dimension of poverty in these areas is the situation of chronic hunger and food insecurity. The major brunt of these problems is borne by women and children. It gets reflected in the high malnutrition rates amongst children and women. The health status of these indigenous groups is the poorest among all social groups. This is reflected in their high mortality rates and lower life expectancies. These communities live in geographically remote and hilly parts of the block. As a result, the overall healthcare scenario is of poor access and poor availability of services though the presence of Community Health Workers known as Mitanins, in these habitations, have helped to link people to the formal healthcare system and also to provide basic primary health care (preventive, promotive and curative).

The government has implemented various schemes and programmes to address some of these issues. A near universal Public Distribution System (PDS) provides highly subsidised grain to the families and has been one of the more successful programmes in the state. The other significant programmes include the universal rural employment guarantee scheme that guarantees 150 days of employment for all families, large-scale feeding programmes in the government schools and pre-schools, and various schemes for health services like the provision of free services for deliveries and an universal insurance scheme. However, the tribal communities often feel a sense of alienation and powerlessness with the whole system, which is exacerbated by the response of the system itself, which practices victim blaming and is often abusive, exploitative and negligent.
Baiga Women

At the village meeting, people also discussed the issue of their reproductive rights. A few decades back, high mortality among the Particularly Vulnerable Tribal Groups (PVTGs) had led to their decreasing population. In order to increase their population, in 1979, the state government restricted permanent methods of family planning among these tribal groups. In the absence of any other contraceptive methods available to them, this has meant that these communities have been forced to have large families that they can ill afford. This also has dire consequences for the health of women and children of these communities. In the village meeting, men and women expressed their frustration at being prevented from accessing permanent family planning methods.

There are various Non-Governmental organizations (NGOs) and Community-Based organisations (CBOs) in Chhattisgarh that are mobilizing these communities to become aware of their entitlements, demand for them and monitor the implementation of the programmes. Organizations of PVTGs have also been actively demanding their right to choose the number of children they want to have and have unrestricted access to all family planning methods. These organizations come together as part of the People’s Health Movement (PHM) and the Right to Food Campaign, both of which are very active in India and in Chhattisgarh state.

Excerpt from Dr Yogan Pillay’s Newsletter...

NEWSLETTER OF THE HIV, TB AND MNCWH CLUSTER

No 7 September 2015

EDITORIAL

The United Nations will adopt the Sustainable Development Goals (SDGs) this month (September), thus setting the development path for the world for the next 15 years. South Africa will sign onto the SDGs, which means that we must develop plans to reach these goals and start implementation without wasting any time!

The health-related SDGs will include MDGs 4, 5 and 6 given that they remain unfinished business, in addition to targets on non-communicable diseases and universal health coverage. Given that there is significant continuity between the health MDGs and the SDGs, we need to focus on the recommendations from recent reviews of the HIV and TB programmes, the midterm review of the Maternal, Neonatal, Child, Women’s Health and Nutrition Strategy and those from the three Ministerial Committees (NCCEMD, COMMIC and NaPemCo).

Key to meeting the SDG targets will be to be innovative while at the same time ensuring that the basics are in place. A useful framework for how to think about accelerating our efforts to meet the SDG targets is leapfrogging.

In August we celebrated the first anniversary of MomConnect and launched a mobisite (B-Wise.mobi) that is aimed at providing health information to young people. Read more about these exciting events below.

We are often said to have good policies but poor implementation! So how do we strengthen implementation of our good policies? There are obviously many ways of achieving good implementation. Here are a few thoughts: having people with the right skills and
adequate resources doing the right things every time! When we adopted the 90-90-90 targets for HIV and TB we also had to think about how to ensure that we reach these targets. Having plans at the local level is key to this – hence the decision to ask every health district to develop district implementation plans (aka DIPs). More about these local level ‘three feet’ plans later.

We recently finalised our 2015/16 first quarter reports in the National Department of Health. It is clear that there are many challenges with the use and quality of data that we receive through the District Health Information System. As is often said: “what gets measured gets done”! It is critical that we use data in monitoring our performance at all levels of the health system. In this issue we provide some glaring examples of data challenges that go unrecognised at many levels of the health system.

*Dr. Yogan Pillay (DDG: HIV, TB and MNCWH)*

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**What does your workplace look like?**

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**An introduction to some of our MPH students of 2015 – Part 2**

*Nikki Schaay*

Last month we introduced you to three of our first year MPH students and this month we would like to introduce you to some of their colleagues. As we mentioned in the last newsletter we thought that it would be interesting - given everyone works in such different contexts and across many African countries, to have our students capture the ‘texture’ of their work by taking a picture of some aspect of their daily work life and context.

*Bearing in mind the privacy of their clients and/or colleagues, we asked our MPH students to take a simple photograph using a cell phone and then share it with the group. Here are some further pictures that provided our team with a good ‘window’ into an aspect of the everyday working life of our MPH students:*

*Dr Ekene Casimir Igboerika – Abuja, Nigeria*

I work as a medical and occupational health officer in a construction company in Abuja, Nigeria. My primary duty is to ensure that the workers are healthy. I oversee a pre-employment medical examination for all employees and monitor the health of the workers at regular intervals (blood pressure, blood glucose, eye examination, general mental state etc). It is also part of my duty to attend to workers who sustain a work-related accident. Our department manage the accident-at-work cases, refer those that need more specialized care and ensure that the compensations resulting from lost time injury (LTI) or permanent disability are paid to the worker as and at when due.

Secondarily, the company has a clinic that attends to the medical needs of the workers and their immediate family members. All workers and their immediate family members are under a compulsory health insurance scheme organized by the company. This has effectively eliminated out-of-pocket payment amongst our patients and this has increased the willingness of the patients to seek medical care. This is clearly not the situation in Nigeria as a whole. Many people do not receive health services simply because they cannot afford it.
In the picture collage, I visited a construction site clinic to attend to the sick workers and also inspect the site to ensure that safety standards are being maintained. The lower part of the collage shows a woman who accompanied her son to the clinic on account of severe gastroenteritis. The patient has been having diarrhoea for 5 days and is dehydrated. He was admitted and resuscitated appropriately.

I selected these pictures to highlight my work as an occupational health officer and a clinician. My company has a high safety standard and this has reduced the number of work-related accidents to the barest minimum. We also do our best to avoid workers having a permanent disability following an accident at work. This is because no amount of insurance compensation will adequately compensate for one’s inability to work. Similarly, Diarrhoea diseases remain one of the leading preventable causes of childhood mortality. We have been able to save a lot of lives in our facility but a lot more children are dying because of lack of access to health care.

Dr Normusa Musarapasi – Manzini, Swaziland

My picture shows the outside of one wing of the Manzini AIDS Healthcare Foundation clinic where I work as an HIV clinician. The bottom left small insert picture shows myself in the office (consulting room) one Monday morning before I started seeing my patients. The bottom right insert picture was taken sometime this week when I was attending a training on quality improvement.

My work involves taking care of HIV/TB clients, teaching healthcare workers, operational research and ensuring quality care in the clinic. We also focus on strengthening community testing for HIV and linking clients to the health facility for continuity of care.
Mpho Letebele, Gabarone – Botswana

I am currently working for U.S Centres for Disease Control Prevention (CDC) Botswana as the HIV Care and Treatment program officer. MBChB graduate from the Nelson R. Mandela School of Medicine of the University of Kwa-Zulu Natal in Durban, Republic of South Africa. Prior to medical school I did Bachelor of Science (BSc) (Pre-med program) with the University of Botswana. Before my current job I worked for the Botswana Ministry of Health under various capacities. With my current job, my main responsibilities are: advising the care and treatment team lead and the Director of the Division of Global HIV/AIDS Program (DGHT) on key public health issues; providing technical assistance to the Ministry of Health on HIV/AIDS programmatic and clinical issues; monitoring activities; reviewing quarterly reports of implementing partners and management of cooperative agreements; representing United States Government (USG) and CDC at technical, policy and strategic planning meetings, including meetings with partners, Government of Botswana and other donor agencies.

The picture was taken a few weeks ago at the annual DGHT meeting in Atlanta Georgia, Headquarters for the CDC.

At this meeting CDC country offices meet to discuss progress towards achieving HIV/AIDS goals globally, implementation challenges and craft a way forward. I particularly picked this picture because it shows a slide presentation which my boss, Botswana CDC country director made on how Botswana plans to reach HIV epidemic control by the end of 2017. PEPFAR defines Epidemic control as the point at which new HIV infections have decreased and fall below the number of AIDS related deaths. The directors presentation demonstrated strategies which the Botswana CDC country office would embark on for the next two years to be able to support the Government of Botswana achieve this very ambitious goal. The presentation makes a nice summary of the work that I do daily (the slide on picture is entitled "What does it take to get to epidemic control"). I would be happy to discuss these strategies with those interested as we go along with the course.

Kelly Scott – Worcester, South Africa

I am a registered dietician and I worked for the South African Department of Health in Worcester, Western Cape which is about a 1.5 hour drive from Cape Town.

My job is quite varied and although I serviced various primary care clinics within the sub-district this last week I presented at Early Childhood Development Forum seminar on infant and young child nutrition, organised health promotion events for World Breastfeeding Week, attended a Breastfeeding Seminar at UWC while constantly liaising and managing the nutrition services in our sub-district. Although there are routine parts to my job, I enjoy the variety, being able to facilitate learning and meeting new people all the time!

Here is picture from the health promotion event at one of our facilities. I supervise final year Dietetics students from Stellenbosch University and they are doing a group talk on breastfeeding to a waiting room of clients. Please note the breastfeeding mothers on the left hand side! Yes!
Mr Maero Athanasius Lutta, Kisumu City, Kenya

My current work involves supporting strategic information (monitoring and evaluation), and health management information systems hence data demand for health information use. The picture I have shared is one of the district health data audit sessions that we convene to review monthly hospital reports. (I am in the far left hand corner - head circled)! We use these sessions to jointly review the reports with health facility representatives and district health (Sub- and County Health) managers, as well as hold learning sessions for improved health care and, health management information systems.

iKamva enables Internationalisation
SOPH expands its 'Reach'

Centre for Innovative Educational and Communication Technologies (CIECT)

Lecturers from the School of Public Health (SOPH) contacted the CIECT team to assist with the creation of interactive online teaching-and-learning environments. CIECT’s continuous advocacy for the effective use and application of eTools encouraged the SOPH lecturers to make use of the iKamva platform to infuse ICTs into their teaching practice.

The Lecturers and Administrators (Hazel Bradley, Ziyanda Mwanda, Nikki Schaay, Nondumiso Ncube, Helene Schneider) approached CIECT to advise, design and develop online environments which enabled them "expand their global reach", and engage effectively with Health Professional Managers across Africa.

These interactive environments enable students to engage in diverse group activities; critique learning material; and peer-review assessment activities.

**An online Masters Programme was structured according to eleven (11) topics whereby working-adult professionals were able to pace their learning, interact with peers and facilitators, and share related content. Lecturers are also able to communicate directly with students and share updates in real-time (chat tool); as well as asynchronously through discussion forums.**
It should be noted that within this structured, scaffolded environment, the students were familiarised with the blog tool to introduce themselves, and share pictures of their actual communities (including working environments). This engagement progressed to a deeper learning approach whereby students engaged in activities of critique of specific learning material. In addition, the students were expected to submit individual assignments, reflective of theoretical and practical application.

These online environments created within iKamva enables the internationalisation of teaching-and-learning.

https://www.uwc.ac.za/Faculties/CHS/soph/News/Pages/iKamva-enables-Internationalisation-SOPH-expands-its-'Reach'.aspx
What Health Service Provider Factors are Associated with Low Delivery of HIV Testing to Children with Acute Malnutrition in Dowa District of Malawi?

Lusungu Chitete, Thandi Puoane

Abstract
Background
The Community-based Management of Acute Malnutrition is the national program for treating acute malnutrition in Malawi. Under this program’s guidelines all children enrolled should undergo an HIV test, so that those infected can receive appropriate treatment and care. However, the national data of 2012 shows a low delivery of testing. Prior studies have investigated client-related factors affecting uptake of HIV testing in Community-based Management of Acute Malnutrition program. Lacking is the information on the service provider factors that are associated with the delivery of testing. This study investigated service provider factors that affect delivery of HIV testing among children enrolled in the program and explored ways in which this could be improved.

Methods
A descriptive study that used qualitative methods of data collection. Client registers were reviewed to obtain the number of children enrolled in Community-based Management of Acute Malnutrition and the number of children who were tested for HIV over a 12-month period. In-depth interviews were conducted with Community-based Management of Acute Malnutrition and HIV Testing and Counselling focal persons to investigate factors affecting HIV test delivery. Descriptive statistics were used to analyze data from client registers. Information from interviews was analyzed using a thematic approach.

Results
Quantitative data revealed that 1738 (58%) of 2981 children enrolled in Community-based Management of Acute Malnutrition were tested for HIV. From in-depth interviews four themes emerged, that is, lack of resources for HIV tests; shortage of staff skilled in HIV testing and counseling; lack of commitment among staff in referring children for HIV testing; and inadequately trained staff.

Conclusion
There is a need for a functioning health system to help reduce child mortality resulting from HIV related conditions.


The 9th European Congress on Tropical Medicine and International Health (ECTMIH) brought together over 1500 of the most distinguished scientists and experts in the field of tropical medicine and international health.

Through plenaries, symposia and twelve parallel scientific sessions, the conference reflected on global health challenges, neglected diseases and neglected populations, clinical issues, the forthcoming sustainable development goals and the world’s revived collective ambition to reach universal health care.

SOPH Materials Development Expert, Lucy Alexander collaborated with colleagues to develop a Post Presentation (below) of their research at the Congress

Measuring outcome and impact of MPH education programs using 360 degree interviewing as an innovative tool
Lisanne Gerstel, Prisca AC Zwanikken, Lucy Alexander

INTRODUCTION
Strengthening health systems in LMIC countries through health professional training in public health ...
The need for health systems improvement coupled with the health workforce crisis has highlighted the need for increased numbers of more competent health professionals; this has led to a growing interest in health professional education.

THE STUDY: Impact evaluation of education programs is often problematic because of the complexity of attribution. The innovative use of 360 degree interviewing was chosen to enable triangulation of data, and to extend the scope of understanding of the impact of Master of Public Health programs.

METHODS: A qualitative study was conducted using in-depth interviews, focused on the outcomes and impact of a distance MPH program delivered from South Africa to African countries, and a residential MPH program in the Netherlands for students working in low and middle-income countries. Data was collected from ten graduates as well as their peers and supervisors.

CONTRIBUTES TO POLICY DEVELOPMENT
KIT-Graduate 1 works as a national coordinator at an NGO which provides about 40% of health services in the country.
KIT-Poor 1: “He’s more or less the resource person within the child and maternity, when it comes to maternal health. Such as the policies involved at the agency level. We have the mission, the government level and then the private sector financing. When it comes to the mission he is the key person that we use in such programs.”

CONTRIBUTES TO INTERSECTORAL APPROACH
SA-Graduate works as health promotions advisor and public information officer for a UN agency.
SA-Graduate 2: “I...invited all the other sectors that I feel are important in healthcare, health services delivery to highlight their role and tell them that as much as for us that are in the health sector, if they don’t play their role we cannot achieve much, and I’m using the knowledge, all my presentations...so we would now have Education with us, Water and Environment, Finance, Trade... We have now this kind of committee that we set up.”

FINDINGS IN RELATION TO THE USE OF 360 INTERVIEWING
The 360 degree helped in triangulation of data, and in enhancing an in-depth understanding of the types of influence and impact graduates had. In addition an understanding of and different types of mechanisms through which the graduate exerted his/her influence were discovered. A strong degree of concurrence between graduate, supervisor poor emerged and multiple layers of influence were revealed.

LIMITATIONS
Health service recipients were not interviewed, the peers and supervisor interviewees were selected by graduates, while some graduates could not be traced.

CONCLUSIONS
Graduates were able to contribute to their workplaces and often had influence at national level. The tool of 360 degree feedback provided valuable and multidimensional insight into the impact of MPH graduates on workplace and health systems.

This study was part of a research carried out by:
Royal Tropical Institute, Amsterdam, The Netherlands
School of Public Health, University of the Western Cape, South Africa
Hanze School of Public Health, Netherlands
School of Public Health, Fudan University, China
National Institute of Public Health, Mexico
MSc Public Health Programmes, University of Medical Sciences and Technology, Sudan

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Dear Colleagues:

The Bill & Melinda Gates Foundation is inviting applications that address specific challenges defined in the grant programs below. For details and application instructions, please visit the new Grand Challenges website [here](http://response.notifications.gatesfoundation.org/t?r=198&c=3920999&l=422163&ctl=4CA33AA:4853CFC2F478215EF1CiACFF3B75A164DA6DoF33847F537&). Please note that descriptions of the challenges will soon be available on the website in Chinese, French, Portuguese and Spanish.

1) **Grand Challenges Explorations** is seeking innovative global health and development solutions and is now accepting proposals for its latest application round. Applicants can be at any experience level; in any discipline; and from any organization, including colleges and universities, government laboratories, research institutions, non-profit organizations, and for-profit companies. 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.

Proposals are being accepted online until **November 11, 2015** for the following challenges:
- **Novel Approaches to Characterizing and Tracking the Global Burden of Antimicrobial Resistance**
  - **Explore New Solutions in Global Health Priority Areas**
    - [Explore New Ways to Measure Delivery and Use of Digital Financial Services Data](http://response.notifications.gatesfoundation.org/t?r=198&c=3920999&l=422163&ctl=4CA33AE:4853CFC2F4782)
    - [Addressing Newborn and Infant Gut Health Through Bacteriophage-Mediated Microbiome Engineering](http://response.notifications.gatesfoundation.org/t?r=198&c=3920999&l=422163&ctl=4CA33AF:4853CFC2F4782)

2) **New Interventions for Global Health: Vaccine Manufacturing.** This challenge focuses on innovations in vaccine manufacturing platforms designed to lower production cost for vaccines that target diseases of great global burden and that are among the most costly to produce with current technologies.

Letters of Intent will be accepted until **November 5, 2015**. Read more about this grant opportunity here [here](http://response.notifications.gatesfoundation.org/t?r=198&c=3920999&l=422163&ctl=4CA33AD:4853CFC2F4782)

3) In addition, the African Academy of Sciences [here](http://response.notifications.gatesfoundation.org/t?r=198&c=3920999&l=422163&ctl=4CA33AE:4853CFC2F4782) and the New Partnership for African Development [here](http://response.notifications.gatesfoundation.org/t?r=198&c=3920999&l=422163&ctl=4CA33AF:4853CFC2F4782) have launched **Grand Challenges Africa** in Nairobi, Kenya. This program joins others within the Grand Challenges family of grant programs supported by the Bill & Melinda Gates Foundation and its partners. Grand Challenges Africa will build on the global success of Grand Challenges programs in India, Brazil, and South Africa, as well as the strong base of Africa Grand Challenges grantees already funded by the Bill & Melinda Gates Foundation, Grand Challenges Canada, and USAID. For more information please visit AAS [here](http://response.notifications.gatesfoundation.org/t?r=198&c=3920999&l=422163&ctl=4CA33B0:4853CFC2F4782).

We look 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.

Furthermore, as a forum for sharing ideas, pursuing new opportunities and keeping abreast of new developments in the field of global health, The Gates Foundation [here](http://response.notifications.gatesfoundation.org/t?r=198&c=3920999&l=422163&ctl=4CA33B1:4853CFC2F4782) together with Grand Challenges Canada [here](http://response.notifications.gatesfoundation.org/t?r=198&c=3920999&l=422163&ctl=4CA33B2:4853CFC2F4782) has set-up a LinkedIn group. All you need to do is create a free LinkedIn account - go to Global Health Innovations [here](http://response.notifications.gatesfoundation.org/t?r=198&c=3920999&l=422163&ctl=4CA33A7:4853CFC2F4782) and click “Join”

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

The Grand Challenges Team
We look forward to hosting you in Cape Town in 2016!

www.isbnpa2016.org