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SoPH BULLETIN

The UWC School of Public Health Newsletter

September 2013



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Prof Helen Schneider, Director, UWC School of Public Health, is pleased to invite you to
The Annual David Sanders Lecture in Public Health and Social Justice

*“Contesting Healthcare, 1930-2013: South Africa’s Experience
of Social Medicine in International Perspective”*

Prof Shula Marks

Friday, 27 September 2013

Shula Marks is Emeritus Professor of History at the School of Oriental and African Studies (UK), an Honorary Research Fellow of the School for Advanced Study at the University of London, and Honorary Emeritus Professor at the University of Cape Town.

Date & time: **Friday 27 September 2013, 17:30 – reception to follow**
Place: **School of Public Health, University of the Western Cape (Robert Sobukwe Road, Bellville)**
RSVP: **Lynette Martin: lmartin@uwc.ac.za, 021-959 2132**

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ENGAGING WITH REALITY



a place of quality,
a place to grow,
from hope to action
through knowledge

School of Public Health (SOPH) September 2013 Graduates

Dr Estelle Lawrence, MBChB, PhD

Thesis: School-based HIV counselling and testing: providing a youth friendly service

Supervisor: Prof Patricia Struthers

Co-supervisor: Prof Geert van Hove

“I have never considered myself an academic or a researcher. I am a clinician, an implementer of projects, a “person on the ground”. I embarked on this PhD journey because I had the opportunity to do this research using a scholarship. I hoped I could make a difference in the lives of the people in my country, so here I am, 4 years later, writing a chapter on “My background” as part of my PhD thesis.” - Quote from my PhD thesis

My study focussed on school-based HIV counselling and testing (HCT). South Africa has included HCT as part of its HIV and AIDS Strategy, with a special emphasis on young people. However there are still major research gaps about the best ways to provide HCT to young people. School-based HCT is a model which has been suggested for providing HCT to young people in a youth friendly manner. Non-governmental organisations in Cape Town have been providing HCT to young people using this model. My study explored young people’s needs with regards to school-based HCT, evaluated the



youth friendliness of a school-based HCT service (using the World Health Organisation's framework for youth friendly health services) and described the motivations and barriers to uptake of HCT amongst young people. Based on the findings of my study, I made recommendations for providing youth friendly school-based HCT.

Since the beginning of this year my role as school doctor (employed by the Department of Health) has shifted from being largely clinical to more co-ordination of School Health Services. This includes supporting health facilities within the substructure to provide Adolescent and Youth Friendly Services. I have also been part of the task team responsible for implementing the National Integrated School Health Policy in the Western Cape. The knowledge and skills I have gained doing my PhD has been extremely beneficial in my new role, and I am sure will continue to assist me to make positive changes within the Department of Health. I hope to publish at least 5 articles from my study, so that the findings can be used by others to improve HCT service provision to young people.

When I considered embarking on this PhD journey, someone said to me that doing a PhD is like having a baby. I have never had a baby myself, but this 'baby' surely changed my life. For four years it was constantly present, always needing my attention. The old adage says "It takes a village to raise a child". This held true on my PhD journey. So many people have helped with 'babysitting', giving advice or just being there to talk to. My gratitude to the many villagers who helped raise this child: the main advice-givers, my supervisors (Prof Struthers and Prof Van Hove), the HCT service providers, the learners and teachers at the participant schools, the facilitators and fieldworkers (the 'baby sitters'), the statisticians, the Department of Health, the SOPH community, family, friends and colleagues, and of course "the Belgians" (as they have affectionately been known these past four years) - De Vlaamse Interuniversitaire Raad (VLIR) for awarding me the Dynamics of Building a Better Society (DBBS) Scholarship to do this research.

Dr Woldesenbet Selamawit, PhD

Thesis: Coverage, quality and uptake of PMTCT services in South Africa: results of a national cross-sectional PMTCT survey (SAPMTCTE, 2010)

Supervisor: Prof Debra Jackson

When I finished my MPH in 2008, I was asked to coordinate the field implementation of a national PMTCT survey project at the Medical Research Council. The study collected primary data on mother to child transmission rate and PMTCT cascade services, with an aim to measure the mother to child transmission rate in the nine provinces of South Africa. In my master's thesis I looked at a similar topic: the topic of my Masters thesis was 'parameters that predict the HIV-free survival rate of infants in three selected sites of South Africa'. Hence the survey was a good opportunity for me to explore at depth the topic that I was already familiar with. I was involved in the project early enough, so I was able to shape the objectives and research questions of my PhD very easily.

I was always keen to do research on HIV, and maternal and child health related topics. The topic areas I am interested and currently engaged in are: Epidemiology of paediatric HIV, and prevention of mother to child transmission cascade (PMTCT cascade) services. During this PhD journey, I have learnt several research techniques particularly relevant for the undertaking of a national data gathering survey. I have more in-depth knowledge now. But my pursuit for knowledge continues.

After I submitted my PhD I joined a postdoctoral programme at Columbia University (New York). The programme offers training (a one year training/MS programme on advanced epidemiology research techniques) and makes opportunities available for those who want to do research on a part-time basis. So I am using this opportunity to gain more advanced knowledge in techniques of epidemiology (focusing on data analysis); I also use the opportunity to engage in HIV related research undertaken in one of the centres within the university.



MASTER OF PUBLIC HEALTH



Solomon Akinaw, MPH

Thesis: Exploring the implementation of the ‘model families’ approach as a strategy for diffusing desirable health practices in the community: The case of Yelmana-Denssa district, Ethiopia

Supervisor: Mr Woldekidan Amde

Co-Supervisors: Prof Uta Lehmann-Grube and Dr Yayehyirad Kitaw

I work as a training officer in the health bureau of the second most populous region in Ethiopia, the Amahra Regional state. I was very excited when I first heard from the Ministry of Health about the opportunity to join a distance learning Master program in Public Health focusing on Health Workforce Development in South Africa. I did everything I could to fulfill the application requirement and get the chance. Now after about three years, I am proud to have successfully completed the program and get my MPH from the School of Public Health (SOPH), University of Western Cape (UWC).

My research focuses on exploring the implementation of ‘model families’ approach as a strategy to diffuse desirable health practices in the community in Yelmana-Denssa District–Ethiopia. The ‘model families’ approach is part of a country-wide Health Extension Program (HEP) which Ethiopia is implementing to defuse disease prevention and health promotion practices.

My experience as a distant learning student is mixed. Although I find the overall experience fulfilling, it has not been that easy. Distance learning needs a strong commitment and effort. I faced different challenges. The most challenging part was the mini-thesis research. Conducting the research so many miles away from close support and supervision of your supervisors was such a challenge. I have been, however, fortunate for having dedicated and supportive supervisors in Mr Woldekidan Amde, Prof. Uta Lehmann, Dr Yayehyirad Kitaw. I am also thankful to the staff of SOPH especially from student administration, who were ever cooperative whatever the case. I strongly believe that the different skills and knowledge I have gained from my study will enable me to have a deeper understanding of how to overcome the health challenges I face as a health professional in my country.



Lydia Atuhaire, MPH

Thesis: Barriers and facilitators to uptake of cervical cancer screening among women accessing maternal and child health services in Kampala, Uganda

Supervisor: Prof Brian van Wyk

I am Lydia Atuhaire from Uganda. I work with Uganda Catholic Secretariat in the AIDS Care and Treatment Program, a CDC funded comprehensive HIV care program as the HIV prevention Coordinator.

Attaining a Master of Public Health degree was always my dream, I am glad I have been able to accomplish my dream coarse. I learnt of the UWC MPH program from a colleague at the Institute of Human Virology (IHV), my former work place.

I was motivated to do this topic because while working at IHV, I was involved in cervical cancer screening program but the response from women was really low and I felt

that there was a need to document barriers and facilitators to cervical cancer screening uptake.

The distance program was ideal as I did not have to leave my job and I was able to support my family both financially and socially. Though the course was challenging, with short deadlines, the study materials were developed in a way that they are easy to understand and provided adequate reference materials. The feedback from the Convenors before the submission of final assignments made learning more interesting. This is a unique practice for UWC, keep it up. I made sure I submitted every draft on time and with the comments, I would be sure of passing. Any way it was a great experience, I learnt a lot from it right from time management to beating deadlines, and self-discipline to mention but a few.

As I went through the MPH course, I started integrating what I learnt right from the time I was studying the first modules. As the HIV Prevention Specialist, I am able to interface with real public health issues and I am excited about the opportunity to apply the knowledge when it is still fresh. I want to thank my supervisor Prof Brian Van Wyk whose feedback was always prompt. He greatly contributed to my completing the course on time. To all my Convenors and administrators Corinne and Janine, thank you for your support. Now that I have fully obtained an MPH, my practice will definitely wear a new look. The Master of Public Health will be a pillar to my future career as a public health professional.



Abdus-Samad Cassim, MPH

Thesis: A retrospective evaluation of the effectiveness of the mobile HIV/AIDS treatment teams in the Amajuba district, KwaZulu Natal

Supervisor: Prof Brian van Wyk

The theme of my research related to determining the effectiveness of mobile HIV/AIDS treatment teams in the Amajuba District Kwa Zulu Natal. I conducted an observational analytical retrospective cohort analysis of adults at certain primary health care clinics who enrolled onto Antiretroviral Treatment via the mobile treatment teams between March 2010 and April 2011. The study concluded that mobile HIV/AIDS treatment teams are very effective in scaling up antiretroviral treatment in resource-poor settings within the context of accreditation of health facilities and adherence to National guidelines.

Distance learning has been very rewarding and at times very challenging. I found that the School of Public Health lecturers and support staff to be extremely efficient and helpful. Many thanks to Professor Brian Van Wyk, Corinne and Janine during my research year.

As a District Pharmacy Manager, the experience and knowledge I have gained from the MPH program has allowed me to participate and contribute positively to my district management team as we achieve new milestones for health within Amajuba.



Lusungu Chitete, MPH

Thesis: Uptake of HIV testing among acutely malnourished children in Dowa district of Malawi

Supervisor: Prof Thandi Puoane

It was a priceless opportunity to study for my Master of Public Health under this program; and with a world acclaimed university. By allowing me to study and at the same time remain in full-time employment, the program could not have been more suited.

I entered the public health arena through working in public health nutrition with a UN agency. Coming from a social science academic background, I needed professional training to complement my work experience. Master of Public Health was therefore the ideal qualification that I needed to contribute more effectively to health care in my country.

My thesis employed mixed quantitative and qualitative methods to investigate uptake of HIV testing among children being treated for acute malnutrition. I envisage that my study's findings will inform policy and programming that will help ensure that malnourished children who are also infected with HIV are identified and receive the care that they require.

I am most indebted to Professor Thandi Puoane for providing guidance in the process of developing my thesis; the various course conveners and the entire SOPH team for their unyielding support throughout my studies.



Lillian Gitau, MPH

Thesis: Assessment of Community Knowledge, Attitude and Practice (KAP) around malaria control activities in Gatwikira area in Kibera, Kenya

***Supervisor: Mr Wondwossen Lerebo
Co-Supervisor: Prof G. Thoithi***

For several years I worked with health care workers that provided health services to residents of Kibera and I was amazed at the demand for mosquito nets. The incidence of malaria as reported in the monthly statistics was high and the health care workers were requesting for malarial medicines and nets to serve their clientele. Our organization was implementing a Global Fund program that supported the provision of subsidized insecticide treated nets and malaria medicines. However, the malaria program was being implemented only in high endemic areas. During the Health Research module, I used the experience of the health care workers in Kibera in one of my assignments and as I interacted with them, it occurred to me that malaria was a public health concern in the community. This was contrary to what the national profile of malaria indicates which places Kibera under the low endemic/transmission area. This made me want to understand the magnitude of the problem which is what informed my choice of the thesis topic.

This was a cross sectional study which sought to find out what the community members knew about malaria and what they did to ensure that they are safeguarded against effects of the disease. The results of my study showed that malaria is a concern in Kibera and that the community's knowledge about the disease is high. Even though the respondents understood what to do when they suffered from malaria, the issue of availability and affordability of treated mosquito nets remains a challenge.

My acquiring this degree is a culmination of a journey inspired by my love for a suffering humanity and a desire to gain new and relevant knowledge and skills to be able to make my own contribution in improving the health of the community that I serve. My greatest desire was to acquire a qualification in Master of Public Health and for a while I searched for the appropriate institution that would be flexible for me to study and not to affect my work schedule. My dream has finally come to fruition and I am eternally grateful for learning about the great opportunity of studying at UWC as a distance learner. The experience was great and challenging. However, it would not have been possible without the support of the great team at UWC. The materials were very informative more so the induction process that gave me the nuts and bolts of how to be a long distance student. There is so much that I have learnt and being able to study on my own gave me a sense of empowerment and self-worth. I have been able to apply the knowledge and skills gained in my work place and look forward to my career progression in public health.



Emmanuel Mafoko, MPH

Thesis: Process Evaluation of the Multiple Concurrent Partnerships “O Icheke, Break the Chain” Campaign for HIV Prevention in Botswana from 2009 – 2012

***Supervisor: Ms Lucy Alexander
Co-Supervisor: Prof Sylvia Tilford***

The focus of my thesis was on process evaluation of health communication campaigns aimed at behavioural change for prevention of HIV/ AIDS. The aim of the study was to evaluate the implementation process of phases I to III of the Botswana National Multiple Concurrent Partnerships “O Icheke” Campaign for the prevention of HIV infections between 2009 and 2012. What triggered my interest in this subject was the magnitude of the HIV/ AIDS pandemic in Botswana and the fact that since 1985 when a new case of HIV/ AIDS was identified, several HIV/ AIDS campaigns have implemented but we had seldom paused to ponder and retrospect on how we implement those campaigns.

My root interest and passion in understanding health communication campaigns emanates from the fact that I am a Health Promotion practitioner, with 16 years of work experience. I started my career with the Ministry of Health as a Health Promotion Officer, where I worked for 11 years before I joined Centres for Disease Control (CDC) Botswana in 2008 as a Technical Advisor for Behavioural Change Communication (BCC). In 2011, I joined National AIDS Coordinating Agency (NACA) as Chief Information, Education and Communication Officer - a responsibility with main focus on coordinating HIV/ AIDS prevention campaigns at a national level. My qualifications have influenced my choice of thesis topic. I have a Diploma in Health Education which I obtained from Institute of Health Sciences/University of Botswana in 1997 and Bachelor of Science (BSc) in Health Promotion from Walter Sisulu University, which I obtained in 2007.

My journey of distance learning was a tough one. Initially, when I started my studies, I was working at CDC Botswana and I want to extend my gratitude to the staff of CDC Botswana, who were mainly Public Health practitioners for motivating me to pursue the Master of Public Health. As an employee of CDC, I also had free access to all health and social sciences related journals and electronic databases. So I did not encounter a lot of challenges with my course work.

The real challenges came when I started to work for National AIDS Coordinating Agency. I assumed a position of responsibility and authority and most of the time my work schedule was hectic, sometimes I had to work late hours not doing school work but doing my official work. There was a time that I was coordinating a national event at the same time while being at critical stage of my thesis writing. It was a tough call because I had to satisfy both my employers and my thesis supervisors. I did not have sufficient time for friends or to attend social events or socialize with my family. At the end I am happy that I managed to succeed and complete my MPH Studies with the mentoring from my supervisors. My MPH will assist me to advance the field of health communication campaigns, more especially with evaluations. I am optimistic that with my MPH qualification, I will add value to my current work as well as in future career endeavours both nationally and internationally.

Adelaide Mbebe, MPH

Thesis: Internal brain drain in Mozambique’s National Health Service: medical doctors’ and managers’ perceptions of factors that influence intention to stay or leave the public health sector in Maputo City, Mozambique (2000 – 2010)

Supervisor: Prof Christina Zarowsky



As the researcher is part of the Human Resources Department in the Ministry of Health, her study focused on the field of Human Resources for Health. The study was motivated by the difficulties faced by Mozambique’s National Health Service (NHS) in

attracting and retaining medical doctors (MDs). It explores the perceptions of physicians and managers regarding reasons for staying in or leaving the NHS among doctors who graduated between 2000 and 2010

As a distance learning student during the course I faced many challenges, the first one being the English language. I am Mozambican and I have Portuguese as my official language. Another issue was the field of study which I chose; it changed completely, from Psychology to Public Health. In addition there was the challenge of coordinating job, family and study.

Despite all these challenges, now I feel more confident, able to discuss with property about Human Resources for Health, I have more discipline and frameworks to improve my skills and give others more support in the field of my work.

Joy Oreje (Akoko), MPH

Thesis: Assessment of prescribing patterns and availability of anti-malarial drugs to children under five years of age in a rural district in Kenya

Supervisor: Ms Hazel Bradley

My research assessed prescribing patterns and availability of anti-malarial drugs to children under five years of age in a rural district in Kenya. It was a facility-based cross-sectional study (primary health care facilities).

The research findings have provided an insight into the need for improving supportive care to the children dispensed with the recommended anti-malaria drugs (Artemether Lumefantrine). The study results will significantly contribute to informing future policy and practice in Kenya.

My experience as a distance learner at the University of Western Cape was both exciting and challenging. It required a lot of self-discipline and proper time management.

I sincerely thank my supervisor, all the lecturing team and the entire SOPH administrators and staff for all their support. You have all made me a better researcher in public health.

Carlyn Steenkamp, MPH

Thesis: Risk perception to HIV and sexual behavior practices among college students at Rosebank College in Pretoria, South Africa

Supervisor: Dr Johann Cailhol

Co-Supervisor: Prof Christina Zarowsky

I found the distance learning programme to be challenging at times particularly while working fulltime. However, by prioritising my schedule I managed to balance both work and study. Summer School was one of the highlights of the course as this provided an opportunity to meet fellow students and for us to share our experiences. The wealth of knowledge I have gained will definitely assist my career in terms of developing and implementing public health policies and programmes.



Thembisile Zungu, MPH

Thesis: Knowledge and practices of infant feeding among HIV positive mothers attending the Prevention of Mother to Child Transmission (PMTCT) Programme in the Eastern Cape

Supervisor: Prof Thandi Puoane

Co-supervisor: Ms Lungiswa Tsolekile

My involvement with University of Western Cape started in 2006 when I enrolled for a Post Graduate Certificate in Public Health. It is at this level that my interest in Public Health grew and I aspired to join the MPH programme. It is also the exposure to the work of South Africa Partners (my current employer) and the demands of updated scientific knowledge on HIV/AIDS which made me feel that a qualification in Nursing was not enough to equip me with the skills to go beyond clinical management of health problems.

As a distance learning student one has to have commitment, patience, dedication and the ability to multitask academic and social roles, the hardest part being deadlines. But through systematic collection of information and sleepless nights I managed to develop my research project on the HIV and infant feeding theme. Whilst still busy with literature review the South African Government announced policy changes on infant feeding to Exclusive Breastfeeding from birth to 2 years (Tshwane Declaration of Exclusive Breastfeeding) unless medically contra indicated. Will this be practical in women living with HIV, I asked myself? Finding the answer was easy, my literature review pointed to high infant and child mortality rates attributed to “poor infant feeding practices” in HIV context and general population. I therefore believe that the recommendations from my study will provide the Eastern Cape Department of Health with evidence to improve morbidity and mortality due to mother to child transmission of HIV through breastfeeding.

Diligence and perseverance are some of the character traits I gained from my interaction with my supervisor but in the process I gained valuable research and project management skills. I will forever be thankful to my supervisor and co – supervisor for guiding me through the thesis process and the finalisation of the report. I owe what is going to become of me in the future to the School of Public Health and the University of Western Cape for their continuous efforts to improve Health Care in South Africa.

PG DIPLOMA IN PUBLIC HEALTH

Alick Samona



I decided to apply for enrolment to the School of Public Health at University of Western Cape after being encouraged by my colleague who works in a similar organization (NGO) like mine. She was also encouraged by a fellow workmate who was completing school as an MPH student by then. I became motivated to study public health as most of the work I was doing was public health in nature.

After just completing my undergraduate degree, I felt I needed to study public health to help me understand many concepts around the field in practice. So I looked for a School which was convenient with me in terms of study time as my work involved a lot of travelling around. I needed time to balance between work and studying as well as family matters. The semester modular sessions offered by the UWC School became ideal for me. I did the Post Graduate Diploma and it turned out to be interesting in that as a working student I related most of the courses to practical perspectives. These included budgeting exercises, Health Promotion activities and Monitoring and Evaluation exercises.

Besides enriching my career prospects, the PGDPH course also acted as a gateway to my fulltime enrolment to Masters degree level. I am currently studying public health at Masters level with another University and I am very much referring to the concepts I learnt

at the previous level. Thanks to this flexible learning curriculum UWC developed which leads to the attainment of full MPH!



Susan Chabala

I was a distance learning student with the UWC for four years. The good thing about distant learning was that I could be with my family, and was able to continue with my job as well as my career development. I have achieved a lot in terms of professional and personal development. Being a distant student had other challenges such as having competing priorities with work and assignment deadlines. If not handled well, it leads to high levels of stress. I work for the Centers for Disease Control and Prevention in Zambia and my study will help me in contributing to prevention programs and promote good health practices to improve the quality of life for many Zambians.



Khona Dyantyi

I am an Occupational Therapist by profession and deemed a postgraduate qualification the next step into getting my management skills honed up. I am heading up my department and in the management team at my institution and am involved with various committees. The skills and knowledge gained through my studies have come in handy in my day to day running of the department and in the various projects I am involved in.

Studying through a long distance programme is very challenging especially when you try and balance work, studies and home life. All this demanded my full attention and of course life and its distractions and challenges didn't stand still for me. Thanks to the dedicated staff at the SOPH who never stopped encouraging me, my family and colleagues who were there at ungodly hours when I needed help. Since I have not yet reached my study goals the SOPH will see me again as a student in the near future.

How to be a Health Activist

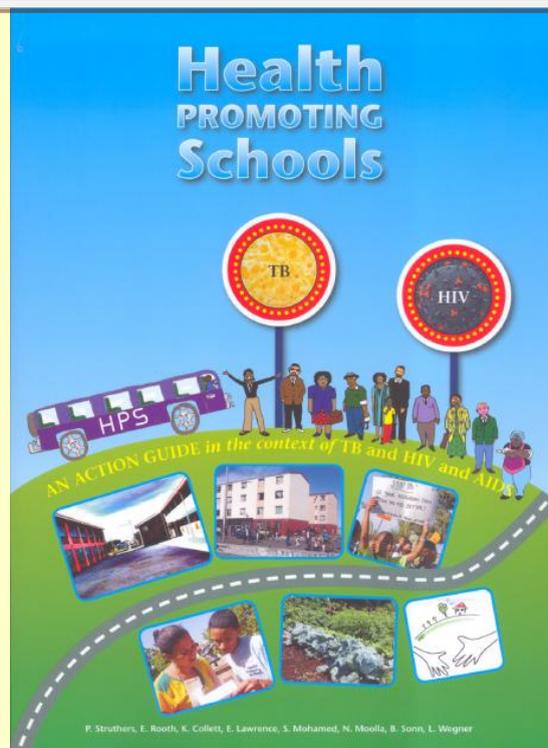


Prof Patricia Struthers

How to be a Health Activist, A Lifeskills Resource Kit for school learners was launched on 7 September 2013 at the School of Public Health, University of the Western Cape. This kit includes a workbook for grades 7-9 learners, an interactive DVD, and a teacher guide. It is the outcome of a CDC/PEPFAR funded project led by Prof Alan Christoffels, SANBI, and Prof Trish Struthers, SOPH.

Over 100 people attended the launch, including many teachers and learners from Cape Town and Paarl. Others, who have been involved in the development and piloting of the resource, came from as far away as George, Knysna and Riversdale.

Prof Brian O'Connell, Vice Chancellor, UWC, opened the launch and welcomed the participants. Other speakers included



Dr Faith Kumalo, Chief Director Health in Education, Department of Basic Education, Mr Joey Sitsler, Deputy Chief Education Specialist, Western Cape Education Department.

Prof Alan Christoffels, SANBI, UWC, described the background to the project and the support given by CDC/PEPFAR by funding the project. Dr Juliet Stoltenkamp, e-Learning, described the development of the digital resource and the final product a DVD and the material for the website (skill4life.org). Dr Agatha Lebethe, Maths Education Primary Project, described findings of the evaluation of the resource when it was used in schools. Dr Edna Rooth, the resource content developer spoke of the development of the resource and introduced a panel of teachers and learners who shared personal experiences of using the resource.



Prof Brian O'Connell

There was active, enthusiastic participation from many who attended including many learners who spoke about the need for this resource.

Highlights of the launch included the commitment by Dr Wessel Havenga, Western Cape Education Department, to support

the roll-out of the resource into schools in the Western Cape and by Dr Faith Kumalo to enable the UWC project leaders to present the resource to her colleagues at the national DBE.

After the launch, the learners were given UWC bags and participants were taken on a tour of the Life Sciences Building by Prof Alan Christoffels.



The Mthatha Drug Stock-out Crisis

Médecins Sans Frontières (MSF) present on the Mthatha drug stock-out crisis at the HIV in Context Seminar Series

Dr Amir Shroufi (left) and Dr Andrew Mews (right) from Médecins Sans Frontières (Doctors without Borders)

gave a seminar on the Mthatha drug stock out crisis at the School of Public Health on the 21st August. The history of the Mthatha Medical Depot crisis, the two reports on the crisis and MSF and Treatment Action Campaign's (TAC) intervention were discussed.

The Eastern Cape and other parts of the country have been experiencing on-going interruptions of ARV and TB drug



Discussion/Questions

- Why has the unacceptable become acceptable?
- How do we make the health system more accountable?
- Why did a medical NGO have to step in to staff a dysfunctional depot?

• and www.stockouts.co.za is up and running, so people can start reporting

**STOP
STOCKOUTS**

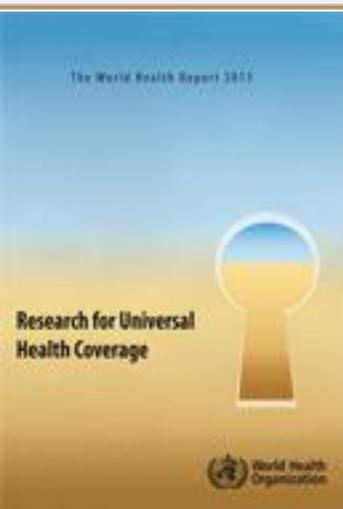
supply. In January 2013, a coalition consisting of the Rural Health Advocacy Project (RHAP), Doctors Without Borders (MSF), the Treatment Action Campaign (TAC) and SECTION27 released a report "*Emergency Intervention at Mthatha Depot: The Hidden Cost of Inaction*" analysing the impact of a management and drug supply crisis at the Mthatha depot. It was estimated that thousands of people were forced to interrupt their HIV treatment – potentially leading to tens of excess deaths over the course of the year. A follow up report was released in June 2013 at the South African AIDS Conference calling for urgent action from the National Department of Health and Eastern Cape Department of Health to resolve the crisis by facilitating proper service at the depot and resolving the systemic failings in the drug supply chain affecting more than 100,000 people who depend on 300 facilities served by the depot.

Dr Shroufi and Dr Mews presented the novel Stop Stock-outs (SSP) project which is a stock-out monitoring network designed by the civil society coalition to help prioritize the issuing of essential drugs to the institutions in most need.

*For more information, please go to:
<http://www.hivaidis-uwv.org.za>*

<http://www.msf.org.za/msf-publications/eastern-cape-hiv-drug-stockouts-patients-risk>

Launch of the World Health Report 2013: Research for Universal Health Coverage



Remarks by Dr Margaret Chan Director-General of the World Health Organization, at the launch of the World Health Report 2013 Beijing, China

15 August 2013

Excellencies, honourable ministers, distinguished guests, ladies and gentlemen, I commissioned this World Health Report on research for universal health coverage as part of WHO's efforts to support countries seeking to extend health services and financial risk protection to more people.

This is a state-of-the-art report on health research and on investigative tools and networks that can help countries make the right decisions as they move towards universal health coverage. It sets out the scientific research agenda needed to translate the growing commitment to universal coverage into evidence-based action. I have personally been encouraged by the large number of countries, at all levels of development, that have embraced the goal of universal health coverage as the right thing to do for their citizens and societies. This enthusiastic response goes against historical trends. During times of financial austerity, the tendency has been to cut back on health services, not expand them.

Universal coverage means quality health care for all delivered in ways that protect users from financial ruin or impoverishment. It is a powerful social equalizer, contributing to social cohesion and stability. It is not cheap. But when well-planned, universal coverage is affordable. The challenge is to expand health services with constant attention to causes of waste and inefficiency that can be reduced through smart policies and wise decisions.

Research offers this guidance. It brings precision to the understanding of problems, and it offers proof of the solutions that work best. Research can uncover ways to scale up services and dial down spending.

These are central goals of the report: to stimulate the right kind of research, but also to open the eyes of policy-makers to the power of research and evidence as a decision-making tool.

With these goals in mind, the report demystifies the research landscape, gives it a structure, and demonstrates the potential of different kinds of studies to support the most efficient expansion of services. As just one example among many, research has shown that a new drug combination for the treatment of visceral leishmaniasis is just as effective as the existing treatment. It requires a shorter treatment time, has a good safety profile, and carries a lower risk of drug resistance. It does this at a lower cost per treatment and with a lower demand on health services. Such findings support policy shifts towards greater efficiency. They also give scientists inspiring proof of the real-life impact of their work. And they contribute to better health, sometimes for millions of people.

While some research, such as clinical studies, has broad application, many problems that arise along the route to universal coverage will need local solutions investigated through local research. As the report notes, all countries must be producers as well as consumers of research.

In this regard, the report has some good news. Research on health is flourishing in every part of the world. More research is being done in more creative ways, and the process of doing research is becoming more robust. Most countries now have the foundation for building effective research programmes. Some low-income countries have thriving research communities with a growing number of international collaborations.

Countries like Brazil, China, and India have established their leadership roles. African nations are moving forward. In the past few years, research productivity on the African continent has enjoyed an average yearly increase of 26%, strongly driven by concern about HIV, tuberculosis, and malaria.

Thanks, in part, to international collaboration, researchers in low- and middle-income countries have acquired confidence and gained an articulate voice. They want a greater say in the research agenda. This is another welcome trend.

African researchers have argued that support for research on neglected tropical diseases should not be the sole responsibility of external donors. They believe that their own governments must also take responsibility for providing infrastructure and job opportunities.

A highlight of the report is the inclusion of twelve case studies showing how priority questions were investigated and how the results led to changes in policy and practice, with some affecting the lives of millions of people. These case studies also illustrate the range of methods that are commonly used in health research, from observational studies to randomized controlled trials. In this way, the role of research in operationalizing universal coverage becomes readily and compellingly visible. Unfortunately, this role is far from being exploited to its full potential. The World Health Report makes some strong calls for change.

Our world spends more than \$100 billion on health research each year. The lion's share of this investment goes to the discovery and development of pharmaceutical and biotechnology products. Research on health systems and service delivery receives only a tiny proportion of this investment. But it is never too late to start research on health systems and delivery. We need to change the research landscape. We need to invest in the science of delivery. We must give more attention to the three Ds: discovery, development, and delivery. What are the roadblocks that prevent delivery? This question needs attention.

The report points to a large number of effective and inexpensive interventions that are simply not reaching the people most in need. Many proven interventions are hardly used at all.

How can such a potentially life-saving resource be so neglected? This is another clear case of waste and inefficiency. Here is the reality: far more research is invested in developing new technologies than in making better use of existing technologies. For example, syphilis is easily diagnosed and treated, with diagnostic tests and treatment each costing less than \$1. Why are two million pregnant women infected with syphilis each year, with more than half transmitting the infection to newborn children? Recent efforts to address the problem did more than just reduce the disease burden. They provided a model for delivering services to hard-to-reach populations and a template for the introduction of new technologies.

The report strongly recommends that research should be strengthened not only in academic centres but also in public health programmes that are close to the supply of, and demand for, health services. It calls for closer collaboration between researchers and policy-makers, who tend to work in parallel, with too little understanding of each other's priorities and methods. Not surprisingly, the report calls for much greater emphasis on operational and bench-to-bedside research that aims to ensure that existing, effective, and inexpensive interventions reach those who need them.

Finally, the report recognizes that health depends on having access to medical services and a means of paying for these services. But it is also strongly shaped by a wide range of social and environmental determinants. The research agenda for universal coverage, especially with preventive services, must address these determinants as well.

http://www.who.int/dg/speeches/2013/whr_20130815/en/index.html

Main messages from World health report 2013: Research for universal health coverage

What is universal health coverage?

Universal health coverage means that everyone has access to quality health services that they need without risking financial hardship from paying for them.

This requires a strong, efficient, well-run health system; access to essential medicines and technologies; and sufficient, motivated health workers.

The challenge for most countries is how to expand health services to meet growing needs with limited resources.

Why is research important for universal health coverage?

Despite a multinational commitment to universal coverage, there are many unsolved questions on how to provide access to health services and financial risk protection to all people in all settings.

Currently most research is invested in new technologies rather than in making better use of existing knowledge. Much more research is needed to turn existing knowledge into practical applications.

Many questions about universal coverage require local answers (e.g. how the system should be structured, health-seeking behaviours, how to measure progress). All countries need to be producers of research as well as consumers.



Three examples among many in the report to help progress towards universal health coverage

Bednets reduce child deaths

Surveys in 22 African countries showed that household ownership of at least one insecticide-treated mosquito net was associated with a 13-31% reduction in the mortality of children under five years of age.

Cash payments improve child health

Review of evidence from 6 countries found that conditional cash transfers, in which cash payments are made in return for using health services, resulted in an 11-20% increase

What is universal health coverage?

The goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. For a community or country to achieve universal health coverage, several factors must be in place, including:

1. A strong, efficient, well-run health system that meets priority health needs through people-centred integrated care (including services for HIV, tuberculosis, malaria, noncommunicable diseases, maternal and child health) by: informing and encouraging people to stay healthy and prevent illness; detecting health conditions early; having the capacity to treat disease; and helping patients with rehabilitation.

2. Affordability – a system for financing health services so people do not suffer financial hardship when using them. This can be achieved in a variety of ways.

3. Access to essential medicines and technologies to diagnose and treat medical problems.

4. A sufficient capacity of well-trained, motivated health workers to provide the services to meet patients' needs based on the best available evidence.

It also requires recognition of the critical role played by all sectors in assuring human health, including transport, education and urban planning.

Universal health coverage has a direct impact on a population's health. Access to health services enables people to be more productive and active contributors to their families and communities. It also ensures that children can go to school and learn. At the same time, financial risk protection prevents people from being pushed into poverty when they have to pay for health services out of their own pockets. Universal health coverage is thus a critical component of sustainable development and poverty reduction, and a key element of any effort to reduce social inequities. Universal coverage is the hallmark of a government's commitment to improve the wellbeing of all its citizens.

Universal coverage is firmly based on the WHO constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by the Alma-Ata declaration in 1978. Equity is paramount. This means that countries need to track progress not just across the national population but within different groups (e.g. by income level, sex, age, place of residence, migrant status and ethnic origin

http://www.who.int/features/qa/universal_health_coverage/en/index.htm

in children being taken to health centres and 23-33% more children making visits for preventive healthcare.

Health care is affordable for ageing European populations

Between 2010 and 2060, the estimated annual increases in health expenditure due to ageing will be less than 1% and falling in five European countries. While the number of older people suffering chronic diseases and disability is expected to grow, the costs of health care were found to be substantial only in the last year of life.

What research trends are highlighted in the report?

More research is being done in more creative ways and the process of doing research is becoming more robust:

- Most low- and middle-income countries now have research foundations to build on.
- Research investment in low- and middle-income countries has grown rapidly (5% per year during the 2000s compared to zero growth in high-income countries).
- More authors of published research are coming from emerging economies, in particular China, but also Brazil and India.
- Increasing partnerships between universities, governments, international organizations and the private sector.

What is needed now?

The World health report 2013 calls for:

- Increased international and national investment and support in research aimed specifically at improving coverage of health services within and between countries.
- Closer collaboration between researchers and policymakers, i.e. research needs to be taken outside the academic institutions and into public health programmes that are close to the supply of and demand for health services.
- Countries to build research capacity by developing a local workforce of well-trained, motivated researchers.
- Every country to have comprehensive codes of good research practice in place.
- Global and national research networks to coordinate research efforts by fostering collaboration and information exchange

http://www.who.int/whr/2013/main_messages/en/index.html

Differences among the Coloured, White, Black, and other South African Populations in smoking-attributed Mortality at ages 35–74 years: a case-control study of 481 640 deaths

Prof Freddy Sitas, Sam Egger, Prof Debbie Bradshaw, Pam Groenewald, Ria Laubscher, Prof Danuta Kielkowski, Prof Richard Peto

Summary

Background

The full eventual effects of current smoking patterns cannot yet be seen in Africa. In South Africa, however, men and women in the coloured (mixed black and white ancestry) population have smoked for many decades. We assess mortality from smoking in the coloured, white, and black (African) population groups.

Methods

In this case-control study, 481 640 South African notifications of death at ages 35–74 years between 1999 and 2007 yielded information about age, sex, population group, education, smoking 5 years ago (yes or no), and underlying disease. Cases were deaths from diseases expected to be affected by smoking; controls were deaths from selected other diseases, excluding only HIV, cirrhosis, unknown causes, external causes, and mental disorders. Disease-specific case-control comparisons yielded smoking-associated relative risks (RRs; diluted by combining some ex-smokers with the never-smokers). These RRs, when combined with national mortality rates, yielded smoking-attributed mortality rates. Summation yielded RRs and smoking-attributed numbers for overall mortality.

Findings

In the coloured population, smoking prevalence was high in both sexes and smokers had about 50% higher overall mortality than did otherwise similar non-smokers or ex-smokers (men, RR 1.55, 95% CI 1.43–1.67; women, 1.49, 1.38–1.60). RRs were similar in the white population (men, 1.37, 1.29–1.46; women, 1.51, 1.40–1.62), but lower among Africans (men, 1.17, 1.15–1.19; women, 1.16, 1.13–1.20). If these associations are largely causal, smoking-attributed proportions for overall male deaths at ages 35–74 years were 27% (5608/20 767) in the coloured, 14% (3913/28 951) in the white, and 8% (20 398/264 011) in the African population. For female deaths, these proportions were 17% (2728/15 593) in the coloured, 12% (2084/17 899) in the white, and 2% (4038/205 623) in the African population. Because national mortality rates were also substantially higher in the coloured than in the white population, the hazards from smoking in the coloured population were more than double those in the white population.

Interpretation

The highest smoking-attributed mortality rates were in the coloured population and the lowest were in Africans. The substantial hazards already seen among coloured South Africans suggest growing hazards in all populations in Africa where young adults now smoke.

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