**Health Policy and Systems Research and Analysis: Capacity Needs Assessment of the School of Public Health, University of the Western Cape, South Africa**

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**The CHEPSAA project**

The development of sustained African health policy and systems research and teaching capacity requires the consolidation and strengthening of relevant research and educational programmes as well as the development of stronger engagement between the policy and research communities. The Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA) will address both of these issues over the period 2011 - 2015.

CHEPSAA’s goal is to extend sustainable African capacity to produce and use high quality health policy and systems research by harnessing synergies among a Consortium of African and European universities with relevant expertise. This goal will be reached through CHEPSAA’s five work packages:

* assessing the capacity development needs of the African members and national policy networks;
* supporting the development of African researchers and educators;
* strengthening courses of relevance to health policy and systems research and analysis;
* strengthening networking among the health policy and systems education, research and policy communities and strengthening the process of getting research into policy and practice;
* project management and knowledge management.

The CHEPSAA project is led by Lucy Gilson (Professor: University of Cape Town & London School of Hygiene and Tropical Medicine).

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**CHEPSAA WEBSITE**

<http://www.hpsa-africa.org/>

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# Executive Summary

This assessment of the assets, opportunities and needs for capacity development in health policy and systems research and analysis was conducted as part of a broader assessment as part of the CHEPSAA project. It focuses on the HPSR&A capacity assets and needs at the School of Public Health, University of the Western Cape. It was conducted between September and November 2012.

**Assets and opportunities**

The UWC School of Public Health shares some important similarities and differences with its sister institutions in the country and within CHEPSAA.

An important difference is the School’s origin: it was set up in 1993 at the University of the Western Cape, which does not have a medical school, with the explicit purpose to support the building of a district health system under the country’s new democratic dispensation.

As a result of not emerging from a community or family health department, as most other schools have, and because of its very specific mandate, the SOPH has, since its inception, had a strong health systems focus. For this reason the UWC CHEPSAA partner is the School of Public Health in its entirety, rather than a sub-unit focusing on HPSR. The School presently does not have such a sub-unit. Instead much of its research and teaching work is focused on specific “building blocks” of health systems, in particular health information systems, human resources, health programme strengthening, but increasingly also better understanding whole systems functioning.

Within the University and the Faculty of Community and Health Sciences the School is considered one of the strongest units on campus, due to its innovative teaching programme and its large portfolio of grant-funded research and capacity development projects. While the field of HPSR is not well understood and supported per se, it is recognised by now that the School has expertise in the field which warrants at least non-material support. This is most evident in the University’s support for an application for a research chair in *Health systems, complexity and social change* within the very prestigious and well endowed government funded *South African Research Chairs Initiative (SARChI)*. The School heard on 14 February that this application was successful. The chair, which will be filled in the course of 2012, will boost its HPSR expertise very substantially in the next few years.

With its sister institution at the University Cape Town, the SOPH has furthermore recently secured a grant which at its core has the building of capacity in the field, through post-doc fellowships, practitioner sabbaticals, international visiting fellows and a seminar series dedicated to HPSR&A. The SOPH furthermore works closely with the health policy and systems programme at UCT on a number of other projects, increasingly paying attention to a joint body of research and capacity development work, mustering our complementary capacity to build a critical mass of HPSR&A expertise.

Another very recent development expected to lend further strength to the School is the arrival of a new Dean in the Faculty of Community and Health Sciences who has a particular interest in and is supportive of work geared towards health systems development and strengthening. However, it is too early to know how her arrival will impact on the development of the School.

Apart from these very recent developments, the SOPH’s origins and orientation have resulted in a teaching programme with a strong health systems (and health services and programmes) focus, with an MPH programmes which has specialisations in health management, health information systems, and human resource development, a growing PhD programme and a Winter School programme which annually attracts between 300 and 500 managers to short course of a large variety, many of them with themes which talk to strengthening systems and services.

These programmes are run by a large academic staff complement which includes 11 university-funded academic posts and around 30 researchers of different levels of experience and qualification funded through external grants. A particular feature of the School which is relevant specifically to WP3 is the fact that the School has two educational specialists who work closely with subject experts in developing curricula and learning materials. They are supported by a large admin and support team who have over the years gained extensive experience in running large short-course programmes as well as post-graduate programmes in open and distance mode.

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**Challenges**

Along with these substantial strengths and opportunities the UWC SOPH faces a number of key challenges.

Research entirely soft-funded. Without exception, the research work of the School is funded through external grants which are raised by senior staff in the School and which still support around 80% of its staff complement. As funding for HPSR work remains limited and somewhat unpredictable, there is continuous pressure to write grant proposals and respond to funders’ priorities, thus limiting the ability to pro-actively build long-term bodies of work.

Staff capacity and competence: While the School boosts a large staff complement, many with some exposure to aspects of HPSR, their understanding, experience and confidence to teach and to conceptualise research remain limited. Only very few feel competent to write and pursue grant proposals, to lead large research projects and to lead writing for publication. Many are still engaged in their own PhD studies. This places enormous strain on a small number of senior staff who carry a quadruple burden of extensive student supervision and teaching, leading research projects, writing grant proposals and leading writing for publication.

Links to faculty and wider university relatively weak. Until very recently there was very little active support for the work of the SOPH in either the Faculty or the University, and indeed at times some resistance to its fund-raising and project activities from human resource and finance departments who considered these activities an extra burden on the University administration. Particularly the recent award of the research chair signals a beginning recognition of and attention to this emerging field, although it will undoubtedly take a while to develop an understanding and active support.

Link to practice remains tentative. Much of the SOPH’s research work is conducted in close collaboration with health service managers and policy makers both locally and abroad, and virtually the entire student population of the School is recruited from the public health sector in South Africa and many other African countries. However, in contrast to units located in medical school the SOPH does not have posts which are linked to the Department of Health (“joint posts”), and all research collaboration takes place either through grant funding raised by the School (in the majority of cases) or through work commissioned by the DoH (in some cases). This means that the links to the world of policy and practice remain somewhat tentative and unstable, subject to funding availability as well as political currents.

**Priorities**

Against the background of the research chair award and the CHESAI grant the School, as well as the emerging close collaboration with UCT, taking advantage of this boost and building a local hub of HPSR&A expertise is the key priority. This will be done through:

1. Building staff confidence and capacity through strengthening our PhD programme, adding post-docs to our staff, facilitating seminar series and writing retreats, and hosting external experts to provide mentoring and bring new ideas.
2. Building the HPSR&A community through the CHEPSAA and other networks and further building a local community of practice of academics and practitioners.
3. Addressing the sustainability of the School as a whole, but specifically its HPSR&A work through seeking long-term funding and building a reserve/sustainability cushion in the School.
4. Fostering a better understanding of the field among university players and particularly engaging the new dean and university leadership around the newly awarded research chair.

# Introduction

This assessment of the assets, opportunities and needs for capacity development in health policy and systems research and analysis was conducted as part of a broader assessment as part of the CHEPSAA project. It focuses on the HPSR&A capacity assets and needs at the School of Public Health, University of the Western Cape. It was conducted between September and November 2012.

CHEPSAA partner within UWC is set in a different context as compared to the other partnering institutes within South Africa. First, the whole School (or department) has been set as a CHEPSAA-partner, given its strong orientation towards HPSR&A. Due to its historic engagement in HPSR&A since its foundation, its staff has already a substantive level of experience and expertise in HPSR&A. Secondly, the position of the CHEPSAA partner within UWC is peculiar. It has gained a relative autonomy with regard to, for instance, strategic decision-making and also financially. Thirdly, the level of engagement of the SOPH with the rest of the Faculty remained low, after some failed attempts of collaborations. Besides that, the dean of the Faculty of Community Health Sciences was in the process of leaving her function at the end of 2011.

For these reasons, the needs assessment was more focused on SOPH, rather than the Faculty or the University, except for specific opportunities of collaboration (i.e. with the Faculty of Economics and Management Sciences).

# Methodology

1. **Data collection**
2. Data collection sequence
* First, a review of all data needed according to the minimum requirements and their potential location in documents was assessed.
* Sections of the minimum requirements table were divided between 2 researchers.
* Each researcher went through all the documents and completed the sections of the report accordingly
* The second step was the interviews and the focus-group discussion, for data not available from documents.
1. Period of data collection

Data collection was conducted from mid-September to late November 2011.

1. Type of data collected and tools used

Data collected were mostly qualitative and were constituted of:

* documents such as reports and minutes of meeting, proposals (see list in annex 1);
* semi-structured interviews within and outside SOPH (see list in annex 1); the interview content was adapted to each interviewee and is therefore not presented here;
* informal discussions with relevant staff within SOPH;
* a focus-group discussion, using both the stimulus and the NetMap methods (annex 3), conducted by one researcher and an assistant to take notes.
* a mini-survey during the focus-group discussion (annex 2)

The only quantitative data were the staff numbers, compiled in the staff profile document.

1. **Sampling**
* All documents relevant to the topic were analysed, from SOPH and UWC levels.
* Participants to semi-structured interviews were purposefully selected from SOPH staff, according to their relevance to the area, their expertise and seniority. A total of 7 interviews were conducted, of an average duration of 1 hour.
* Participants to interviews outside SOPH were selected according to their relevance to SOPH work within UWC and outside, after coordinating with UCT for their selection. Three persons were interviewed outside SOPH.
* Participants to the focus-group discussion were randomly selected. The focus-group discussion purpose and date were advertised at the full staff meeting on the 17th of October. All the lecturers and researchers present on Monday 24th October at SOPH (a day usually with the highest physical presence on campus) participated, with the exception of those who were scheduled for interviews. There were 9 participants to the discussion, which lasted 2 hours.
1. **Ethics**
* All participants to interviews and focus-group discussion signed a consent form
* Anonymity was respected by coding the source of information
1. **Data analysis**
* data analysis was a continuous process
* interviews and focus-group discussion were recorded; notes were taken during the process and were completed by listening to the audios; these were not fully transcribed;
* data from documents, interviews and the focus-group discussion were analysed according to the pre-defined themes of the report
* findings were triangulated between the 2 researchers and the project manager
* a brain-storming session was organised on the 7 of December, during which the 3 researchers discussed the findings and the implications of the findings for SOPH and beyond, according to the 3 work packages.

# Section 1: HPSR&A Leadership and Governance

## 1.1. Vision for HPSR&A

The SOPH has had a strong HPSR&A vision since its establishment by the University of the Western Cape in 1993. This vision was influenced by 3 main factors:need in South Africa in transition to democracy, in order to implement policies being developed (e.g. district system); need to find a niche, while other public health institutions were more traditional and medical; and a response to a global trend in public health, with demands on strengthening public health capacity at district level and below [ITW SOPH2]. Since then, the SOPH has grown in size and scope of work, but kept focus on HPSR&A, across its academic program and research portfolio. The SOPH has much more diversified activities but tends to attract staff with similar vision [ITW SOPH4]. The university gives a leeway to SOPH in terms of its vision, as long as it matches the UWC’s own vision, displayed in the box below [UWC institutional operational plan 2010-2014]. SOPH is entrusted and respected by the University for being able to raise its own funding, for its ability pursue its mission and make an important contribution for health systems development in South Africa and on the continent.

Box 1 : 2025 UWC Vision

In keeping with South Africa’s need to make the best use of its talent pool and to be globally competitive, UWC will be (and will be widely recognised as) a vibrant intellectual space where people engage with matters of real significance at the highest levels of competence.

It will have:

* a successful first degree programme attracting students from a range of backgrounds and nationalities
* respected postgraduate and research programmes in strategically selected spheres
* a substantial place in the knowledge economy in partnership with other research institutions, industry and the state
* a well-developed set of productive relationships with other academic and research bodies, government at various levels and the professions, and
* a mature and growing network of active partnerships with other universities, globally and in Africa.

Through its activities and practices, UWC will strive to be an effective partner in the larger national project of building a sustainable and equitable non-racial, non-sexist, democratic, multi-lingual society, where people use their freedom to good effect and honour their responsibility for hard work, social justice and nurturing the environment. Based on this vision, UWC will also have a significant role in the new era of Africa’s development.

UWC formulated its present research policy, applicable to the whole university, in 2009. The document emphasizes the needs for excellence in knowledge production and the link between knowledge generation and transmission, especially within the context of a historically disadvantaged institution which needs to raise its profile [Research policy for UWC, 2009, p.4]. The document also insists on the needs for strategic research that leads to national policy development, a focus which is relevant to HPSA research [Research policy for UWC, 2009, p.4]. The process of identification and decision-making on relevant niche areas (also called strategic research areas-SRAs) is left to individual faculties [Research policy for UWC, 2009, p.9].

The SOPH also has a research strategy, developed in 2008, which aligned the priority health needs within the country to the SOPH strengths in terms of expertise [Notes towards a strategic research strategy for SOPH, 2008]. The matrix developed at that time was further refined and led to the latest one in 2011, displayed below.

Figure 1: Matrix of research strengths and priorities within SOPH [Strategic planning meeting notes, 2011]

## 1.2. Structure, decision making and communication culture

The SOPH has a rotating Head of Department (HOD) in the position of director. The Director is appointed by the University with a term of office between three and five years, with an understanding that the position should rotate among senior permanent staff (i.e. associate professors and professors).

The School is organized into three domains: a research domain, an academic domain, and an administration domain, each co-ordinated and managed by a senior staff member. Coordination of the academic and research domains rotates among senior staff members.

The School has an Executive constituted of the director, and the academic and administrative heads of each domain. The Executive is the highest decision-making body in the school. It can co-opt members as the need arises. Each domain organises its own regular meeting and strategizing procedures. The Executive does the same, and maintains an overview of all three domains.

According to SOPH staff policy, succession plans are expected to be put in place two years in advance with respect to all rotating posts (HOD, co-ordinators of research and academic domains), to enable sufficient preparation time for both those incoming and incumbent. However, this has not fully been put into practice thus far. The following diagrams illustrate the organizations of functions within the School, and the structure facilitating the functions, respectively [SOPH staff policy document, 2008].

Figure 2: Functions within the school [SOPH staff policy document, 2008, p.2]

Figure 3: Structures facilitating functions at the school [SOPH staff policy document, 2008, p.2]

Communication of organisational vision, priorities and activities occur through a range of ways:

* There is the practice of using emails extensively to reach all or relevant staff.
* Full staff meetings are held at least three times a year. They is used as a platform to discuss different areas, challenges and orientations. Everyone is asked to add items to the agenda.
* The journal club held once a week also serves as a platform not only for sharing academic ideas, but also for communicating organizational vision, priorities and activities.
* The tea break after the journal club is another platform occasionally used for this purpose, but mainly more for social purposes.
* The different domain committees also meet every two months, and their executives once a month.
* A strategic planning meeting is held, though at irregular intervals, to orientate the SOPH vision and future activities. A strategic planning meeting just happened in November 2011, involving all staff. The process started by a staff survey on the strengths and weaknesses of the school as an organization. Feedbacks were used to create thematic areas for working groups [staff survey Nov 2011]. These were constituted of: future teaching, future academic orientation, internal organization, locating ourselves, sustainability and vision. The groups worked towards an action plan, to be implemented in the short to medium-term [SOPH strategic planning meeting notes, 2011]. Working groups also worked on a shared vision for SOPH 2011-2014, therefore ensuring one’s buy-in to it.
* The staff also shares information about their respective academic and research engagements on a shared computer drive, which all staff can access.
* Another medium that serves as the voice of SOPH is its Monthly bulletin. The Bulletin is a means to provide news about developments at the School – including new exciting projects, what staff has been doing and also some reflections from the staff. Initially conceived to keep the SOPH in touch with itself, the initiative is now being made accessible more widely to friends of the School.
* The SOPH website and the school’s Annual report serve as the main platform for communication of the School’s vision to the general public including current and prospective students, donors, and partners. The content of the School’s website is updated internally, but the School gets support in designing the website from the Office of Development, Public Affairs and Alumni (ODPA) at UWC, which provides services in the areas of Alumni Relations, Communications, Fundraising, Marketing and Public Relations.
* Other communication channels include focused websites (HIV Research Centre, project websites such as the HRH for Africa website), annual project summaries, and seminars (PhD seminars, HIV In Context seminars, and public lectures) [Discussion Notes for SOPH Strategic Planning – Research Domain, 2011].

The aforementioned have been instrumental platforms of communication with a view to enhance efforts and to strengthen relevant collaboration and cross-fertilization. The working group “communicating and locating ourselves” at the strategic planning meeting as well as a survey conducted amongst staff before the meeting highlighted a need to improve cohesion in the face of rapid organizational growth [staff survey, Nov 2011].

Staff development takes place through close mentoring of junior colleagues by senior ones, and collaboration in project activities. Journal club also serves as a platform to nurture team spirit. The School is very aware of the tension between growth, which brings with it greater diversity, a need for more structure and a danger of fragmentation, and the desire to retain a tight and coherent team [staff survey, Nov 2011].

## 1.3 Division of labour and definition of job roles

Formal job descriptions exist at SOPH. All staff is subject to the University’s conditions of service as outlined in contracts and policy documents (eg. leave policies, private work policy, etc.). These supersede all internal departmental arrangements.

Job roles are also generally defined across academic, research, and administrative domains in the SOPH Policy document. Academic work consists of teaching and teaching-related activities (marking, supervision, counselling students, materials development, student admin); research work which includes conducting research and writing (reports, publications, etc.); some university service (committee work etc.), professional activities and community outreach. The proportions of time spent on each of these areas are not tightly defined and will be fluid across levels and types of appointment (AP or lecturer; permanent staff or researcher; contracted staff; students holding bursaries) and at different times. In typical undergraduate teaching departments staff will spend between 80% and 100 % of their time teaching and marking. In our context (a post-graduate programme, with strong links into service development) we can expect a much higher percentage of time to be spent on research activities including service development. Nevertheless, it is expected that all staff participate in academic and research activities.

The SOPH Policy document, developed after a formal workload assessment conducted in 2008, prescribes roles for the following staff categories [SOPH staff policy, 2008; SOPH academic programme workload review estimate, 2008]:

Academic staff

* Permanent staff
	+ Professors/ Associate Professors/senior lecturers/lecturers

Contract academic staff/researchers (grant funded)

* + Senior researchers
	+ Mid-level researchers
	+ Researchers
* Senior/PhD students (bursaries)
* Post-doc fellows
* Honorary professors (not funded)

Administrative staff

* Permanent administrative staff (university funded)
* Contract administrative staff (grant-funded)

## 1.4 Responsibilities, authority, succession planning, and lines of accountability

Responsibilities and authority rest in and are allocated through the SOPH executive and through the three domains, and through job descriptions. In addition, there are diverse formal and informal supervision and mentoring relationships, and staff is expected to show initiative in developing themselves and their area of expertise.

The School introduced a formal supervision system in 2009. According to this, every staff member in the school will have a person he/she meets with and reports to (e.g. a line manager, or a support supervisor). This person is discussing for outlining job description, development, learning and accountability. The manager/supervisor discusses with the employee about the latter’s work and career planning and will be the first port of call for problems, concerns. In many cases this person is the principal investigator (PI) of the research project the staff in question is mainly involved in, or the domain head or the Head of Department (HOD).

In addition the Director of the School meets with every staff member twice a year for a developmental supervision ‘event’. This takes place in consultation with the supervisor of the person being interviewed (either present at the meeting or appraised of the emerging issues of the meeting). The meeting is conducted in the context of a review of the person’s specific professional plans/goals and overall career trajectory. The meeting focuses on the progress/achievements/ challenges of the interviewee, with a shared agreement as what needs to happen in the next six months in terms of the on-going development trajectory of the staff member. A list of all staff and their respective supervisors was prepared in 2009 subject to be updated regularly.

Professors and associate professors meet at regular intervals to perform a supportive peer supervision process.

However, the practical and consistent implementation of the new system has proven difficult in light of the multiple responsibilities staff have. Hence, most mentoring and supervision has continued to happen in an informal manner, and the system is presently being revisited.

## 1.5 Processes for giving rewards, bonuses & promotions

The University endeavours to incentivise excellence in both teaching and research for annual teaching and research excellence awards, but these are very limited. A small percentage of University subsidy income for accredited publications is paid into an individual “author’s fund”, which is available to the individual for research-related expenses.

Permanent staff members can apply to the University for personal promotion once a year through set and well established procedures.

## 1.6 Organizational priority-setting for HPSA research and teaching

Most of the School’s work is organized around specific grants and, to a lesser extent, clusters or hubs, notably human resources, capacity (including public health education), NCDs, globalization, and HIV/TB. Most staff work closely with researchers in other institutions, and with the services and/or communities and NGOs. Some staff members work with researchers in other departments and faculties at UWC, but this is not central to most of the School’s work [Discussion Notes for SOPH Strategic Planning – Research Domain, 2011].

Organizational priority-setting for both HPSA research and teaching is done through a broader effort of collegial and streamlined communication and development across the school involving either an academic or research domain committee and all relevant staff. This is combined with piloting of initiatives, and strengthening through adapting and learning.

## 1.7 Financial strategy to support organizational priorities

As repeatedly mentioned throughout this report, the SOPH is relying mainly on soft funding (80% of staff funded by grants), thus necessitating continuous fund-raising through grant writing [ITW SOPH1]. The financial sustainability issue has been raised on numerous occasions [The Proteus initiative report, 2007; SOPH background document for Atlantic Philanthropy visit, 2011; SOPH funding profile, 2010]. At the last strategic planning meeting, writing a financial sustainability/business plan were set as an urgent activity for the forthcoming months [SOPH strategic planning meeting notes, 2011].

The SOPH is increasingly mindful of the funding and funder landscape and its opportunities and risks, especially the risk of fragmentation, incoherence, and lack of sustained development either of knowledge relevant to the complex and contested fields in which we work, or of research and teaching capacity to build the field of public health and indeed our own School. The SOPH is now particularly mindful of the economic situation in the US and the EU, and the possible implications for its work. The School is actively exploring (through the Exec) sustainability and endowment strategies workload [Discussion Notes for SOPH Strategic Planning – Research Domain, 2011].

## 1.8 Champions for HPSA research and teaching

The SOPH works closely with practitioners at different levels of the public health system and is intensively engaged in several South African policy and implementation initiatives, with a focus on initiatives to build the district health system. Its geographic scope reaches beyond South Africa as about 70% of its students come from sub-Saharan Africa, and many research and capacity development initiatives are collaborations with institutions in Africa, Europe and North America in particular. SOPH is increasingly called on to join N-S, N-S-S, and S-S partnerships [Discussion Notes for SOPH Strategic Planning – Research Domain, 2011].

However, senior staff members have been the most important champions in HPSR&A, by raising the profile of SOPH, applying for grants, building partnerships and publishing [ITW SOPH2]. The academic review process identified that some members of SOPH were overcommitted and overstretched as a result [ITW SOPH2; SOPH academic review process 2010; Atlantic Philanthropy visit, 2011]. The process to identify and retain new champions might be not clearly spelled out.

## 1.9 Financial governance and regulations

SOPH has an internal guideline on management of project funds to address *ad hoc* and complicated decision making and budget allocation processes [SOPH guidelines on management of project funds, 2010]. The guideline is meant to deal with the growth in numbers and diversity of projects as well as staff, and the need to respond to SOPH’s goal of retaining and further developing a) staff and staff capacity, b) responsiveness to on-the-ground priorities, and c) creative continuity in work in a transparent and strategic manner [SOPH guidelines on the management of project funds, 2010].

In the past, the (small) size of the School made informal communication and decision making possible. With a fast growing, diverse portfolio, both the financial administration / reporting and the strategic development of the School warrant the development of such a system.

A Project Management Unit (PMU) was created in 2008, after an organisational review of the SOPH [Protea Initiative, 2007]. The Unit comprises of 5 members, including one financial officer and one project coordinator. The unit oversees if all research projects’ administrative and financial management follow funders as well as UWC and SOPH internal policies (More details on this unit will follow in the M&E section).

## 1.9 Central institutional support and systematic mechanisms for management of HPSR&A

As mentioned earlier, the PMU assists all the researchers in corresponding with funders or university, with regards to any financial or administrative challenges or requirements (including reporting) and makes sure that all requirements are met, to avoid SOPH becoming a defaulter.

Management of both HPSA research and teaching is spearheaded by the research and academic domains, respectively. These committees are led by a senior staff member. Professors and associate professors, who make the leadership of the School, carry primary responsibility for management and progress of the School, including curriculum development and grant-writing. They are expected to develop and lead research areas, support and mentor lecturers and researchers, encourage and strengthen writing for publication, and carry PhD and some MPH supervision [SOPH staff policy document, 2008].

Senior lecturers and lecturers assume a substantial amount of the academic responsibility within the School, particularly academic administration, marking, MPH supervision and curriculum development. They are expected to participate in and contribute to research projects, and to contribute to the conceptualising of research and the writing of grant proposals as they gain experience.

## 1.10 Future opportunities for strengthening HPSR&A leadership

Over the last decade the SOPH has been able to develop a fairly large set of donor partners who support its research efforts. This has enabled the School to build collaborative research networks at a global level. Research capability and a sustained focus on specific thematic areas of public health research and teaching over the years have contributed to positioning the School as a leader in its field, and have attracted approaches from a wide variety of institutions in the North and the South to partner with it in research. With this have come funding opportunities.

It also gained practical experience and know-how in how project funds through research consortia are channelled and more specifically how individual funders operate and the different reporting and compliance criteria that distinguish donors. It has also built up experience in finance, administrative and project management [SOPH self-evaluation report for academic review, 2010].

The continuity but also the dynamism of the vision of the SOPH in terms of HPSR&A is assured by recruiting like-minded people, who in turn continuously shape the SOPH vision, in parallel to a growing leadership. Staff retention is therefore key to retain this leadership and skills that have been created.

# Section 2: Overview of current HPSA research

## 2.1 Extent of current HPSA research activities

We identified, as of 30 September 2011, 11 projects related to HPSR&A (out of 16 in total) currently active within SOPH, over the 2008-2011 period, either commissioned by local health authorities or funded by foreign institutions through competitive grants [SOPH list of grants, 2008-2012]. Seven projects concern HRH development, 1 the health information systems, 1 the drug supply and 2 specifically the capacity developments of health policies and systems. Most of the research comprises projects in HPSR&A [SOPH self-evaluation report for academic review, 2010, p.15]. The projects title, topic, number of researchers involved, type of funding, and duration are displayed in the table 1 below. To be noted that researchers are involved in more than one project, especially the senior researchers. There is an average of 3 researchers per project. The total financial value of these current HPSR&A projects is difficult to estimate as projects have different funding cycles and many projects, while not identified as HPSR&A project, have health systems foci and elements. In 2010 the SOPH’s overall grant-funded budget stood at R23million (around €2.5 mill). At least 2/3 of this would be funding HPSR activities. The total value of commissioned projects was R2,44mill.

Table 1: Projects relevant to HPSR currently on-going in SOPH

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Topic** | **Title of the project** | **Period covered** | **Number of researchers involved within SOPH** | **Type of funding** | **Other units and institutions involved** |
| Human resource development | Developing human capacity in the context of HIV/AIDS: an integrated university-wide approach | 2008-2012 | 6 | South African University Technical Assistance Projects (UTAPS), under CDC/PEPFAR  | 11 individual projects in 3 faculties across UWC (3 projects within SOPH) |
| Policy guidance for integration of Community-Health Workers into the primary health care system | 2011-2012 | 2 | Atlantic Philanthropy |  |
| Development of community based service policy and framework | 2011-2012 | 2 | Department of Health (commissioned) |  |
| Health Workforce Development, WHO-UWC Masters in Public Health | 2009-2012 | 2 | WHO | Other African universities |
| Developing roles and competencies of district pharmacists: a case study from Cape Town | 2008-2011 | 2 | UWC | City of cape Town and Western Cape provincial department of health |
| African Health 2010 Open educational resources | 2009-2011 | 1 | University of Michigan | School of dentistry, UWC |
| District innovation, action and learning for health system development | 2010-2012 | 4 | Atlantic Philanthropy | UCT-SOPH, City of cape Town, provincial department of health |
| Health Information Systems | Assessment of waiting times and systems efficiency at primary, secondary and tertiary care facilities | 2011-2012 | 3 | City of Cape Town(commissioned) |  |
| Drug supply | Accessing Medicines in Africa and South Asia | 2010-2013 | 3 | European Commission (FP7) | Other European and African institutions |
|  nHealth policies and systems | CHEPSAA | 2011-2014 | 3 | European Commission (FP7) | UCT, WITS and other European and African institutions |
| Strengthening African research for responsive health policy and systems | 2010-2012 | 4 | IDRC |  |

[Source: SOPH annual report 2009-2010, p.26-37 and from SOPH grants 2008-2012; financial value from different currencies converted to ZAR with the exchange rate as of 30/09/2011]

## 2.2 Extent of current research management activities

The SOPH has, over the past few years, set up strong project management structures and processes (e.g. its Project Management Unit), and is making a substantial financial and human resource investment in good logistics and management infrastructure. It has built a strong internal project support team which is entirely grant-funded.

Management of research activities comprises of many tasks, *inter alia*:

- Financial management,

- Scientific management,

- Communication with donors,

- Defining tasks & developing job descriptions

- Advertising for required positions, recruitment, selection, staff induction and management

- Coordinating research activities,

- Obtaining ethical clearances,

- Strategizing for communicating findings, and

- Advocacy and knowledge translation

Academics involved in research are usually multi-tasking and are also assigned to daily management activities, essentially micro-management, as well as communication with donors. The proportion of time allocated to project management tends to increase, as donors’ requirements for project administration, monitoring and evaluation have become more demanding, particularly for large donors such as CDC and EU.

## 2.3 Future opportunities for strengthening HPSA research and teaching

Future opportunities to strengthen HPSA research and teaching exist firstly, through the recent award of a very prestigious research chair in the field of *Health Systems, Complexity and Social Change*. This chair will be filled in the course of 2012, and will bring it an expansion of our doctoral and post-doctoral programme, a stronger link to other institutions internationally working in this field and leverage for further funding. It has the potential of providing a quantum leap in the School’s capacity in HPSR&A, and indeed in our regional capacity.

With its sister institution at the University Cape Town, the SOPH has furthermore recently secured a grant which at its core has the building of capacity in the field, through post-doc fellowships, practitioner sabbaticals, international visiting fellows and a seminar series dedicated to HPSR&A. The SOPH furthermore works closely with the health policy and systems programme at UCT on a number of other projects, increasingly paying attention to a joint body of research and capacity development work, mustering our complementary capacity to build a critical mass of HPSR&A expertise.

Another very recent development expected to lend further strength to the School is the arrival of a new Dean in the Faculty of Community and Health Sciences who has a particular interest in and is supportive of work geared towards health systems development and strengthening.

# Section 3: HPSA research and teaching quality assurance

## 3.1 Processes to ensure quality of research outputs

Within the SOPH, quality assurance of research outputs takes place through presentation of research proposals and findings in the journal club and at the regular research meetings. However, none of these processes control quality per se and explicitly, and there was a sentiment expressed these platforms is not sufficiently and systematically used. Some researchers have been involved in peer-reviewing reports from other institutions, but there is no formal mechanism to do this [ITW SOPH5].

Beyond the School itself all research proposals have to pass through and be accepted by the Faculty and University research committees. All research projects are required to be registered with the UWC research office, after being scrutinised and accepted by faculty and senate research committees respectively. This constitutes the most important research quality assurance mechanism within the University.

The DVC’s office reviews all external donors’ proposals, but mainly for technical coordination and quality control rather than scientific and substantive control.

## 3.2 Ethical approval processes

UWC has its own ethics policy, embedded in its research policy [Research policy of the UWC, 2009]. This document is reviewed periodically to fit the changing context, and is aligned to the national ethics policy. Each project needs to be registered at UWC level. The process starts from the Faculty research committee, and then goes to the Senate research committee in parallel to the relevant ethics committee, which is the UWC health research ethics committee (see figure below) and to the University’s Senate. The research committee eventually reports to the National Health Research Ethics Council (NHREC). In UWC, each committee meets on a monthly basis according to a pre-set calendar and a check-list for documents to be submitted is provided. The template to fill in is quite straightforward. The requirements are the same for all health–related projects, except that projects with involvement of human tissue/material and animals do have stricter requirements as well as additional committees, which is not the case for HPSA research. The issue of confidentiality and anonymity of data is very closely monitored when submitting the request for ethical clearance. If the project involves facilities falling under the provincial department of health or under the municipality, an ethical clearance or a research authorization will also be sought from the respective research committees. This process can be time-consuming.

Figure 4: Research committees and flow of proposals at UWC [research policy, UWC, 2009]

## 3.3 Project monitoring & evaluation (M&E) processes

Two main instruments are currently in place for M&E within the SOPH. These 2 mechanisms were put in place after SOPH underwent a review of its organisational development process in 2007 [The Proteus initiative, Report on the beginning of an organisation development process, 2007; ITW SOPH1].

* The Project management unit (PMU) appointed in 2008, constituted of 5 people, initially using Atlantic Philanthropy funding. The funding was taken over by internal funds from SOPH, through indirect cost charged to each project, with some sustainability issues.
* The Research executive committee, a representative grouping of research academic staff, which in turn informs the whole SOPH through research domain meeting; projects are updated by principal investigators who provide written or verbal reports on progress of their projects, without a pre-defined template. Any impending challenges are discussed. This mechanism works well and seems to be a good instrument to deal with problems; members of the exec are nominated [SOPH executive guidelines on the management of project funds; Minutes of bi-monthly research exec committees 2009-2010].

All the research projects, HPSR&A related or not, undergo the same rules for M&E within the SOPH, and need to comply with donors’ requirements.

On the administrative side, there has been a very substantial increase in the amount and detail of reporting requirements expected by most donors (with projects funded by EC and CDC/PEPFAR being the most complex in terms of requirements), as accountability mechanisms have been tightened and the funding envelope has shrunk. However, as a result of a very good track record in terms of delivery and non-defaulting, a trustful relationship has been developed throughout the years between some donors and SOPH, allowing some flexibility. The central University administration lends support to the School through ongoing monitoring of contracts, budgets and expenditures.

## 3.4 Processes to ensure quality of HPSR&A teaching

Currently, most of the courses taught at SOPH are relevant to some extent to HPSR&A, with some having a very specific flavour into it (a selection of 17 of these courses has been included for the curriculum review for WP3).

The courses content in HPSR&A was built progressively throughout the years around an initial vision, as researchers were gaining experience in their projects and linking their research to their teaching. Lecturers have been teaching HPSR&A without necessarily naming it as such. The fact that HS is open and changing is a challenge for teaching it. But lecturers are now getting a sense of the bigger picture of the health systems and are more able to transmit it to students. Lecturers also felt a need for a more consensual definition for HPS, to facilitate student’s uptake. This could be reached for instance by writing together some modules content. Lecturers also stressed that the interactions between the HS components must be looked at, rather than the components per se. Students should be helped in finding good research questions in the area of HPSR&A, otherwise they tend to go more for easier topics [FGD].

Several methods exist to evaluate students’ satisfaction regarding the content of the modules and short courses as well as the pedagogical approaches adopted by the SOPH [SOPH evaluation strategies 2007-2009]. These methods take into account the mainly distance-based nature of the education provided by the SOPH.

* The first method is a regular and formal evaluation of the course content, relevance, quality of lecturer interaction, support through questionnaires sent to students after completion of the module (these questionnaires are aligned or not with the faculty requirements). Similarly, short courses are evaluated by a questionnaire after completion of the course.
* The second method is an on-going informal evaluation, consisting of email and the recently introduced group interactions through virtual platforms such as Google groups.
* Eventually, the third method is a needs-based assessment, regularly conducted on the experience of MPH mini-thesis, and punctually, among particular sub-groups of students.

We report here the summary of all evaluations of all the modules and courses and not necessarily the HPSR&A topics between 2007 and 2009.

* Students were satisfied with the content of the programme and the performance and support provided by the SOPH.
* The area of greatest challenge identified by students is the timing of feedback return on theses drafts and formative assignments within proposed time frames.
* The content of feedback is mostly regarded as sufficient, thorough and well appreciated, although some technical areas where lecturers assume greater understanding than is the case, are highlighted.
* With regard to contact sessions, feedback is predominantly positive with suggestions for time changes, changes of emphasis, reduction of volume of teaching content within a day.

The SOPH underwent an academic review in 2010 [SOPH self-evaluation report for academic review, 2010]. From the self-evaluation report, the main strengths and challenges felt by the staff were as follow:

* Strengths: exponential growth in the number of students enrolled, though the proportion of South African students dropped; introduction of the PG diploma, replacing the PG certificate, but not taking off as expected.
* Challenges: significant attrition rate (15% for the MPH in 2006, though improved) and slow throughput, mainly due to the nature of teaching (distance-based) and the type of students (health professionals studying part-time), with the thesis being the bottleneck; teaching methodologies unsatisfactory, lacking practice application in training.

The report from the academic review further pointed out that the current teaching capacity is not satisfactory, with staff at times teaching in areas where they do not have the capacity for. Also, the supervision of Master’s students was seen as a bottleneck, due to the high number of students by supervisor and also to the insufficient autonomy of students, requiring a lot of scientific support.

A review / needs assessments was also conducted among former MPH students from Zambia and Namibia in 2009 [A needs review conducted amongst SOPH’s MPH students and graduates in Namibia and Zambia, 2009]. At the time of the assessment, graduates did not feel capacitated for policy and planning. Some suggestions to improve modules, relevant to HPSR were: to include a module on public health strategic management; to make the planning process in teaching more explicit; to make the health management module compulsory.

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# Section 4: HPSA demand for teaching and research

It is almost impossible to reliably gauge the demand for HPS teaching and research, or indeed to what extent demand is being met. The text below provides some indication of how the SOPH engages with questions of demand for HPSR&A.

##

## 4.1 HPSA needs of different stakeholders

Policy practitioners in general express a great level of confidence in research inputs from SOPH, reflecting both trust in the institution and in individual staff members [ITW SOPH4, 5, 6 and EXT-SOPH3]. This is true both at district, provincial (Western Cape) and national levels. This level of trust has been achieved gradually, after years of collaboration and communication. SOPH staff is well represented in national and provincial advisory committees [ITW SOPH4, 5, 7]. However, policy-makers tend also to ask for advice on specific policies or initiatives, besides engagement through formal consultative processes. This latter process is usually individually-driven and not institution-driven. Policy-makers may tend to contact one expert more on an *ad hoc* basis than the SOPH as an institution, who in turn will decide who is best placed to respond to the issue [ITW SOPH6]. The needs for research at different level of government are supposed to be captured by the provincial and national research committees, when they organise the research priority meetings [ITW SOPH5, 6].

Research, teaching, policy engagement and support to systems development are closely interconnected at SOPH. According to a preliminary mapping exercise, while SOPH covers the full spectrum of research from “research intensive” to “service intensive” on one axis and researcher-focused to proactive to responsive to reactive to research-user focused on the other, most of SOPH work is balanced between proactive and responsive and can be considered “applied” research which includes both direct research outputs and direct policy and/or practice outputs. There is, however, some unease over the balance of research vs. teaching and especially implementation effort and output, and a sense that research time and productivity needs to be protected or otherwise enhanced [Discussion Notes for SOPH Strategic Planning – Research Domain, 2011].

## 4.2 Patterns of funding for research

Almost all the research conducted by SOPH is funded by overseas institutions (approximately 95%, stable figure since 2008). A small percentage is funded by UWC or other South African research entities (such as the *National Research Foundation*) and through commissioned work by the Department of Health, given the very limited capacity of UWC and local South African institutes to finance their own research [ITW SOPH1]. South African institutions in many cases will have received funding for research from external donor, such as the EU, Dfid, Pepfar, CDC and others.

The fact that most research is donor funded is considered not only an opportunity, but also a risk, as some staff members are concerned that SOPH priorities might become too aligned to donor’s priorities [discussion at Journal Club, where is SOPH going?]. However, the School has a number of long-standing relationships with donors who engage substantially with us, and negotiate priorities and focus areas with us, thus both generating demand and also responding to requests from local institutions. UWC itself recognises the risk of dependency, specifically on Northern partners and pushes for South-South collaboration [Research policy for UWC, 2009, p.24].

## 4.3 Satisfaction of research and teaching demand

There is little doubt that the demand for HPSA&R is presently not being met in South Africa, but it seems impossible to quantify the gap between demand and supply. One indication of the size of unmet teaching demand is that UWC’s health systems oriented MPH programme receives between 250 and 300 admission applications annually, of which we can satisfy between 10 and 25%. There also are increasing numbers of PhD applications, many with a health systems orientation, but again admissions are constrained by the School’s supervision capacity. The School’s short course programme, which has been running without interruption since 1992, and has seen well over 12,000 participants in its courses, many with a health systems orientation, remains well subscribed with between 200 and 500 participants each year.

## 4.4 Future opportunities for meeting HPSA research and teaching demand

* Need to teach in a “more integrated and articulated” way HPS [FGD]
* Focus more on interactions between different components of HS rather than on the building blocks per se
* Need to more explicit about HPS and naming it
* Need for lecturers to gain more confidence for teaching HPSR&A, as it a new, open and complex area
* Increasing the modules related to HPSR&A, starting by short courses
* Shift existing HPSR&A modules in MPH from elective to compulsory
* Create a Masters specialized in HPSR&A

# Section 5: HPSR&A Communications, Networking & GRIPP

## 5.1 Communication and networking culture, and opportunities for GRIPP

There is a general impression that the level of communication with government is good, along a high confidence in the research products of SOPH [ITW SOPH4, 5, 7; EXT-SOPH3]. The level of engagement between policy-makers with SOPH and broader, with academia, was considered high [Strategic planning meeting, Nov 2011, report on locating ourselves group; ITW SOPH4, 5, 7]. Due to the scarcity of funding, both internally and externally, the academic institutions are more in a competition mode rather than in a collaboration mode [ITW SOPH2, 4, 5, 6, 7; EXT-SOPH3; FGD]. There is however an increasing collaboration, between specifically SOPH-UWC and UCT and MRC, for projects and teaching. For instance, UWC and UCT collaborate on the short course on understanding health policy, since 2009.

The triangle policy maker-practitioner-researcher could be summarised as follows:

* Policy maker and practitioner relationships seem to still be characterised by a top-down approach to policy-implementation, from the perspective of the middle level and facility level managers;
* Policy-makers and researchers seem to communicate well and SOPH researchers are present in a number of policy-making fora and national/provincial level commissions; a brief on HSR has just been released to sensitise the WC province on HSR [HSR briefing note, Nov 2011]; however, all the communications do not happen in a formalised way and the extent to which research outputs are taken into account for policy formulation is hard to trace;
* Practitioners and researchers communicate mainly at the moment of research activities implementation, at the time of their feedback and through face-to-face courses; SOPH researchers felt they are not sufficiently involved in the implementation of policies at district level or below, partly because the SOPH does not have this mandate; indeed, the SOPH in UWC has no public health registrar as compared to other SOPH embedded within medical schools; it could be interesting here to compare the inputs of PH registrars in the other CHEPSAA-institutes.

While it was felt that there was a great policy-implementation gap, there was also a concern around the research-implementation gap.

Diagram 3: potential actors to interact with, for GRIPP and networking purposes

The main actors the SOPH communicate with have been mapped on the diagram above. Some channels of communication were considered smooth (other academic, funders, government, though sometimes too rigid and multi-layered) while others were seen as non-existent (parliament, professional bodies), or difficult to reach (local communities because of formalisation of communication channels) [FGD; SOPH strategic planning meeting 2010, notes from “locating ourselves working group”].

In general, it was felt that the communication and dissemination of research outputs (GRIPP) take time and that it should be more and more included in the period covered by the grant [FGD]. A stakeholder analysis will be undertaken at the beginning of 2012, according to actors present on the diagram, to improve the networking, branding and GRIPP capacities of the SOPH [SOPH strategic planning meeting notes, 2011].

## 5.2 Experience in GRIPP

The use of media, a case study for GRIPP: a research study led by SOPH found that children hospitalized for malnutrition in Eastern Cape were discharged with mothers unable to feed them properly as they could not get the state child support grant (because of mothers unable to provide birth certificate). The case eventually featured in the newspapers and on TV and the minister was in Eastern Cape 2 days later and grants were allocated almost immediately.

This case illustrates the short term advocacy using media that has to be combined with the more long-term repeated advocacy work (e.g. for the integration of CHW within government positions; the government was completely against that some years ago and is starting to change its mind).

Not one size fits all and we need to try to make use of pre-existing and multiple frames for disseminations: SANAC (CHW policy), conferences, regular meetings etc [ITW SOPH5].

## 5.3 Future opportunities for strengthening engagement between policy makers and practitioners

* Need to overcome the competition between SA institutes to build stable and solid partnerships.
* Need to create resources (and therefore time) to be able to perpetuate networks. Need to devise on improve GRIPP in a sustainable and systematic way.
* Two ways for GRIPP: before research (proposal writing, priority-setting and branding), and after (advocacy, lobbying, peer-reviewed publication).
* Needs more alignment with government before writing proposals to increase the GRIPP.
* Creation of provincial government funded posts within SOPH will strengthen the linkage between researchers and policy implementers (PH registrars).
* A stakeholder analysis will deepen the understanding of linkages between different actors and will identify opportunities and barriers for communication and collaboration.

# Section 6: Resources - Finance

## 6.1. Funding patterns for HPSR&A and sustainability

In 2010, the School had an overall budget of R23, 035,684 for its 46 research projects, involving 67 staff. The University has three income streams: state subsidies, student fees and grant funding. State subsidies are paid for teaching and for research outputs (full-thesis Masters and Doctoral dissertations and publications in accredited journals). Teaching outputs were less valued (MPH mini-thesis but low value) [ITW SOPH3]. The University takes its historical roots and commitments to a working-class student population very seriously: it charges amongst the lowest student fees in the country, and its salaries for senior staff are substantially lower than the national average.

As a result, the School of Public Health as it is presently functioning is very substantially resourced through grant funding. More than 80% of its academic and administrative staff complement is based on contractual employment that is funder-based. Permanent staff are funded by the University. Almost 100% of its research endeavour is resourced through outside funding.

Table 2: source of funding for SOPH staff [research funding profile, July 2010]

|  |  |  |  |
| --- | --- | --- | --- |
| Staff category  | UWC Funded | Non-UWC Funded | Totals |
| Academics | 11 | 8 | 17 |
| Researchers | 0 | 5 | 5 |
| Fieldworkers | 0 | 46 | 46 |
| Administration | 3 | 9 | 12 |
| Totals | 12 (15%)  | 68(85%)  | 80 |

The risk of building a research enterprise and the related infrastructure that this requires increases correlative to the ability to sustain this over the medium to long term. The issue of sustainability and financial viability relates not only to maintaining the current levels of existing research output, but also to the vision, for example, of engaging in large scale and very expensive longitudinal studies.

Project-based research floats on the ebb and flow of growth and shrinkage of funding availability. The threat contained in this momentum will increase if the School encounters difficulty in establishing a more sustainable financial base for its learning, teaching and research undertaking.

Two sources of funding are accessed by academics of the School to undertake public health related research. The one is university-based funding and the other is through grants from a wide range of public and private donors.

University-based funding: This is accessible on an annual basis through grants that individual researchers can apply for through the Department of Research Development. Grants are conditional and awarded on a points system and dependent on previous research performance. The amount available to individual researchers is very limited and dependent on demand and availability of funds [SOPH Research Funding Profile, nd].

Donor-based funding: At the practical level, outside financing for research occurs in several ways. These include academic staff responding to calls for expressions of interest that are put out on a regular basis by national and international agencies, participating with other academic institutions in research consortia, responding to direct requests by governmental and funding institutions to submit proposals for specific research commissions, and submitting research proposals to specific private funding agencies.

## 6.2 Effectiveness of internal information systems

The existence of funds management guidelines and the support from the PMU allow an effective internal information system. The SOPH Executive Guidelines on the Management of Project Funds are part of a broader effort at effective, collegial and streamlined communication and development across the school. They complement processes being piloted to strengthen substantive communication across the school and specifically address the management of project funds, with an emphasis on funds remaining in entities at the end of formal project periods as a result of savings. These savings – sometimes mistakenly called “surplus funds” -- have been the major source of funds for finalization of project work (including the crucial publication and dissemination work), continuity with next phase work, and cross-fertilization and cross-subsidization of other SOPH activities.

All funding proposals and contracts now require University signature through the DVC. Approval by the HOD is required prior to submission for signature by the DVC. PIs therefore submit completed grant proposals and draft contracts to the Director of SOPH, or to a designate, in a timely manner and not less than one week prior to the submission deadline so that the requisite signatures can be processed [SOPH Executive Guidelines on the Management of Project Funds, 2010].

## 6.3 Implementation of full cost recovery in external grant applications

Externally sourced funding is cyclical, short to medium-term in nature, and sometimes dependent on changing external contingencies beyond one’s control (such as changes in exchange rates or delays in transfers of funds). This can impact on the School’s ability to plan ahead and at times interferes with project implementation. In addition, most projects result in the appointment of research and administrative staff on contracts for the duration of the project. While this is a normal practice internationally, it does come with negative consequences as staff feel insecure in their employment situation. Expertise that is built up in terms of human capacity and which is very scarce in the field of public health research can be retained only if it is possible to finance appointments in the period before redeployment to other related projects [SOPH self-evaluation report for academic review, 2010].

## 6.4 Future opportunities for strengthening financial systems to support HPSR&A

The future of funding for research into public health has to take into account several internal and external variables. It will become more and more apparent that this dimension of the School’s life will be influenced by

* its ability to develop an entrepreneurial approach to revenue raising,
* a clear vision and focus on how it wants to position itself in the community of public health research practice,
* where it will invest more intellectual and research capacity and take the lead
* put in place a strategy to develop a financial sustainability plan

The field of public health research is drawing more interest from the donor and development assistance community, as well as national government. In addition there are new research areas emerging which suggests that niche research opportunities can be mapped out and proposed for funding [SOPH Research Funding Profile, nd].

The limited pre-financing capacity of the University can also constrain implementation of projects funded through EU for instance (author personal experience). Negotiation with funding agencies could enable more flexible requirements and funding arrangements. Should SOPH also make a deliberate choice of not applying to donors with stringent requirements?

Since HPSR&A has been identified as SRAs, SOPH could negotiate with the University to get direct support, as stipulated in the UWC research policy document [UWC research policy, 2009, p.10]

## 6.5 Resources- Human resource

In 2011 the SOPH had a staff complement of 102, of who 51 are academic and research staff. The average age for academic and research staff is 31, with this ranging between 25 and 65. Women constitute the vast majority of the SOPH academic and research staff, with the ration of 4:1. The academic and research staff have an average experience of working for 6 years at SOPH, with the highest year of experience being 18 years.

Thirteen staff members hold a MPH (including those with a PhD), 12 a PhD (including one in epidemiology). Eighteen staff members (13 female and 5 male, and age range of 22 and 65) have experience in HPSR&A. The list comprises five professors, seven senior lecturers and researchers, five mid-level lecturers and researchers, and one junior researcher [SARCHI proposal, p. 18].

Almost all staff members have experience in HSPA/R and teaching to a certain extent, except few staff members exclusively orientated towards epidemiology or biostatistics. Some professors have an extensive experience in this area, in UWC but also previously in other institutes such as UCT/CHP or abroad. Two staff members hold an MPhil in education sciences.

In the past five years, 23 staff left SOPH. This includes 2 senior and 15 junior academic and research staff, and 3 project and 3 support staff. Conversely, 26 staff joined SOPH in the last five years. This includes 19 academic and research staff, and 7 support staff joined SOPH in the last five years.

However, this breakdown does not include project or research staff that joined/left SOPH after a brief period.

Permanent staff take sabbatical for writing papers of PhD on a regular basis, as permitted by their service record. Staff development happens through regular attendance to conferences, national and international, as well as organizations of internal seminars and papers discussion at the weekly journal club. Attendance to short courses on specific topics is also encouraged, as long as it does not hamper the functioning of the school. But funding can be an issue. A scientific paper-writing workshop has also been organized in 2011. Broadly, a post-graduate support program is running within UWC on a wide range of topics, including paper writing.

## 6.6 Staff capacity need for HPSR&A

Opportunities to write and to enhance our skills (e.g. the March 2011 Writing Retreat, our seminar series on qualitative/mixed methods synthesis, and the Inyathelo Spring School) are embraced. We are increasingly mindful that a “health policy and systems analysis” approach to our field requires both depth and breadth of knowledge, skills and experience. While we sometimes lack confidence in reaching across disciplines or topics, we are increasingly willing to learn more, and learn from and apply other perspectives to our own work [Discussion Notes for SOPH Strategic Planning – Research Domain, 2011].

A survey conducted during the FGD with 9 lecturers/researchers found the following main 3 needs by order of priority: skills in writing research outputs, in a scientific form, writing in policy-brief form, more edible to policy-makers and skills in identifying and applying for grant funding [findings from the survey during FGD, annex 2].

## 6.7 Future opportunities for strengthening current HR

Building HR capacities in HPSR&A need be undertaken in successive steps. Some of these activities have already been proposed in 2 proposals written for HPSR&A capacity development [CHESAI-IDRC proposal, p. 10-12, 2011; SARCHI proposal, 2011]

* researchers should first aim at strengthening their own skills in HPSR&A, first by getting a PhD in this area if not done
* short courses could be further developed in various HPSR&A topics, hence constituting a basis for writing teaching material
* external capacities and skills could be attracted through building post-doc students programs and senior fellowships from international institutions
* regular sabbaticals could be organized to encourage reflections and dissemination
* research hubs will be created, one of them centred on HPSR&A. The purpose of the hub is multifaceted and includes capacity-building and expertise development [SOPH strategic planning meeting notes, research working group].
* the creation of HPSR&A platforms will also increase HR capacity and reflections

Besides these proposals, SOPH could also engage the University on its staff development plan in order to benefit from its support. Indeed, the University planned to strengthen its research capacity by for instance revisiting the criteria for honorary research appointments or making use of the pool of retired academics [UWC research policy, 2009].

Throughout the report, the fact that senior level researchers at SOPH are overstretched and that skills built are not retained has been a recurrent issue. There is a need to build a mid-level layer of expertise, between junior and senior level. This will be achieved by setting clear career pathways, increasing the mentoring and setting clear responsibilities according to the level/depth of expertise. Junior level researchers could be involved in proposal writing under close mentoring for instance.

## 6.8 Resources - Infrastructure

SOPH moved into a large new building, funded by its most important donor, 2009. The building is an immeasurable improvement on our previous premises, and has adequate space and resources for teaching and learning, and meetings.

The SOPH relies on UWC for access and quality of internet connectivity, approving standards of hardware and software to procured, providing hardware and software support and training of staff with certain ICT skills.

These tasks are handled at UWC by Information and Communication Services, which is UWC's portfolio dealing with Information and Communications Technology and its application across the institution. UWC’s e-teaching/e-learning unit is responsible for e-skills training.

Sufficient numbers of computers (in the lab) and laptops as well as video-projectors are available. Softwares for qualitative analysis are not easily available, neither at university level nor at SOPH level. The purchase of these softwares is expensive and was not necessarily included while writing the grant proposal.

Basic services are reliable at 100%.

There are periodic interruptions or low connectivity of internet at UWC including SOPH, which often is attributed to problems with the internet service provider. This is detrimental to academic and administrative work of the School.

SOPH has been experiencing daunting challenges to revamp its website due to lack of adequate support from the Information Services Unit and the Office of Development, Public Affairs and Alumni (ODPA), which are responsible for the infrastructure side of the website. UWC is also constrained by lack of capacity in this area, which affects other institutions in the university.

# Annexe 1: Data sources

**List of documents consulted**

* SOPH report of activities 2009-2010
* SOPH postgraduate programme in public health, 2011
* SOPH self-evaluation report for academic review, 2010
* SOPH list of grants, 2008-2012
* SOPH evaluation strategies, 2007-2009
* South African research chairs initiative application for a chair in health systems research (SARCHI), 2011
* SOPH list of staff, with age, qualifications, employment status and area of teaching/research, 2011
* SOPH guidelines on the management of project funds, 2010
* SOPH research funding profile, 2010
* Minutes of the bi-monthly research executive committees, 2009-2010
* Notes towards a strategic research strategy for SOPH, 2008
* The Proteus initiative, Report on the beginning of an organisation development process, 2007
* SOPH staff policy document, 2008
* SOPH academic programme workload estimate, 2008
* A needs review conducted amongst SOPH’s MPH students and graduates in Namibia and Zambia, 2009
* SOPH background document for visit by Atlantic Philanthropies delegation, 2011
* SOPH strategic planning meeting, 2011, notes
* Staff survey, November 2011
* IDRC-CHESAI proposal, 2011
* HSR briefing note, Nov 2011: what is HSR? A provincial guide
* Concept note for an EU grant, “building leadership practices for PHC implementation”, December 2011
* SOPH Staff Supervision Memo, 2009
* Faculty Annual Report, 2010
* Research policy of the UWC, 2009
* Strategic plan for teaching and learning for UWC, 2009
* Implementation plan for UWC teaching and learning strategy 2010-2014
* Institutional operating plan for UWC, 2010-2014
* Discussion Notes for SOPH Strategic Planning – Research Domain, 2011

**List of people formally interviewed:**

SOPH

* founder of SOPHhead of academic programme
* head of project management unit
* Director of HIV/AIDS centre
* Former professor and member of provincial health research committee
* New professor
* Senior lecturer

UWC

* Coordinator of Master in public administration, School of Government, Faculty of Economics and Management Science

Outside UWC

* Dean Faculty of Health Sciences, University of Pretoira
* Professor of Health Policy and Systems, University of Stellenbosch

Focus-group discussion at SOPH, with 9 researchers/lecturers

# Annex 2: Survey: Priority ranking of capacity needs

*This survey was used during the focus-group discussion. Rankings allocated to each item were added and divided by the number of respondents to compute an average ranking, showed below in red. There were 9 respondents in total.*

Is there any specific issue around infrastructure and equipment that you would like to raise, in order to improve teaching, research and networking capacity (HPSR&A or broader).

Please fill in the form distributed before leaving the room.

Please rank from 1 to 15 in the order of importance your perceived needs in order to strengthen your HPSR&A teaching and research capacity:

|  |  |
| --- | --- |
| Ranking | Topics |
| 4 | Writing Research Methodologies |
| 2 | Writing Briefing notes for politicians, policy makers, external funders and donors |
| 1 | Writing Papers for Academic journals |
| 5 | Pedagogy - approaches and methods |
| 6 | Designing Taught Courses |
| 7 | Designing Teaching Materials |
| 10 | Lecturing, Student Supervision and Group Facilitation |
| 8 | Mentoring & Coaching Others |
| 13 | Successful Negotiation skills |
| 11 | Leadership skills |
| 9 | Effective Networking skills |
| 3 | Identifying and Applying for External Funding Sources |
| 14 | Creating & Managing Effective and Efficient Financial Reporting Systems |
| 12 | Creating & Managing Effective Internal Information Systems |
|  | Other training not yet stated, specify what: dissemination strategies, priority and time management |
|  |  |

# Annex 3: Template for FGD with HPSA researchers and lecturers at SOPH

To start with presentation of CHEPSAA (flyer)

**Definition of HPSA** **15min**

What is the definition of HPSR&A for you?

Think about it during tea and write on paper at the beginning.

**HPSR&A Teaching 30min**

Stimulus method: show the list of the 17 selected modules relevant to HPSR&A.

Reflect on:

- the coherence of HPSA teaching across the modules,

- any restructuring that would be useful across or within the modules

- any challenge teaching this module, in light of your own skills

- any additional items that would benefit from being included,

**HPSA Research 30min**

Stimulus method: show the list of the 11 projects relevant to HPSR&A.

Reflect on coherence of HPSR&A research and how it does relate to the teaching.

Future opportunities for strengthening the extent and availability of HPSA research and for building capacity

**HPSA networking and GRIPP 30min**

**Net Map method**

What are the main actors that SOPH is involved with in the process of GRIPP and networking in the area of HPSA?

List all actors and map them: policy-makers, health practitioners, government stakeholders, academics, funders, non-academic research institutes, CSOs, NGOs etc

Explain link between them, their roles and the formal / informal way of communicating / networking with them: at the moment and how this should be improved.

Explain the potential barriers for networking between all these actors

**Leave 10 minutes at the end for the mini-survey.**