

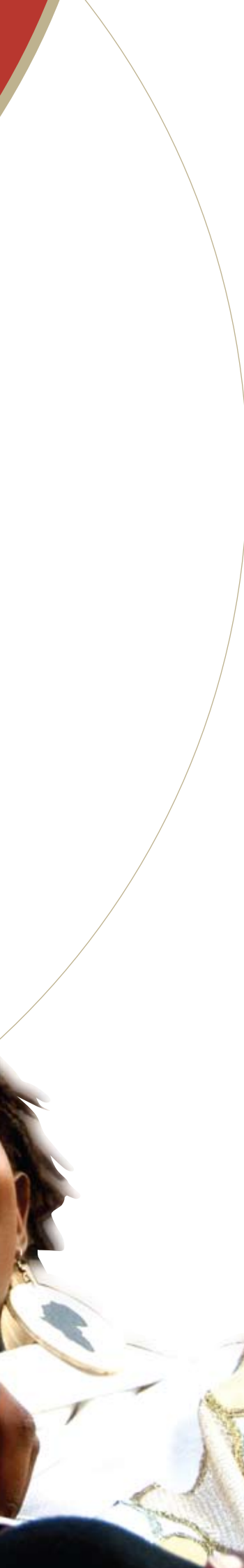
HEALTH CARE AND HEALTH SYSTEMS



Health care and health systems

Understanding the impact of HIV and AIDS,
and enhancing the quality of health services





Under this theme we include a multitude of large, policy-relevant research projects on the behavioural and social aspects of the HIV epidemic, nutrition and research on a national health system. HIV and AIDS studies range from drawing global attention to the need for better policies to address the plight of children, to investigating programmes that may contribute to prevention of infections in the young and in vulnerable groups.

The social aspects of HIV and AIDS and nutrition

HIV survey shows epidemic has stabilised

The focus

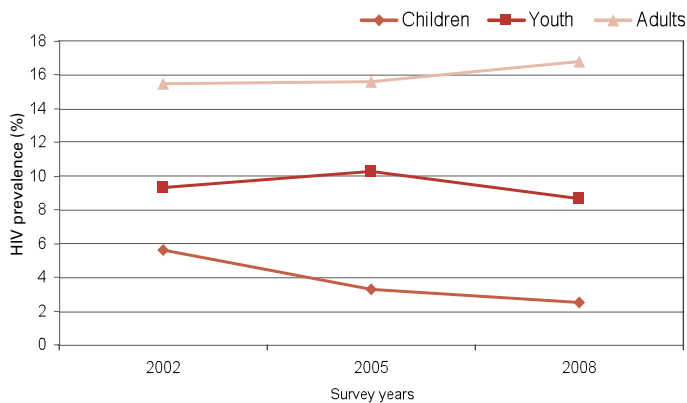
The third national HIV prevalence, incidence and communication survey, which was conducted in 2008 and which followed surveys in 2002 and 2005, enabled the HSRC to measure trends and changes in the epidemic over time and to report essential data for national indicator reporting. This responsibility was given to the HSRC in the South African National Strategic Plan (NSP) of HIV & AIDS and STIs 2007-2011.

The specific objectives of the study were, among others, to determine the prevalence (total infection rate) and incidence (new infections) of HIV infection; assess the relationship between behaviour and HIV infection; describe trends in HIV prevalence, HIV incidence and risk behaviour from 2002 to 2008; and assess major national behaviour change communication programmes.

The bigger picture

Positive trends and changes include the reduction of HIV prevalence in children aged 2-14 years and most notably, the decline in HIV prevalence in the teenage population, which contributed to the overall decline in HIV prevalence among the youth. The decline in HIV prevalence in the teenage population of 15-19 years in 2008 is corroborated by decreases in mathematically derived HIV incidence in this age group.

Figure 1: Trends in HIV prevalence (%) by age, 2002-2008



Other positive trends are that the number of people aged between 15-49 years who are aware of their HIV status doubled between 2005 and 2008; condom use has increased markedly throughout the country; and the reach of ongoing national programmes has increased among young people and adults.

Major challenges that require concerted and intensive efforts over the short term are:

- HIV infection risks remain high in South Africa, and this requires changes in sexual behaviour to counter new infections;
- Women aged 25-29 continue to record very high levels of HIV (33%, sustained over three surveys);
- The percentage of female teenagers (15-19 years) who have sex with older men has increased substantively; and
- High partner turnover remains a risk.

Taking HIV prevention into homes and neighbourhoods

The focus

HIV prevention cannot be effected by health services alone. As part of Project Accept, we have mobilised communities and provided both rapid mobile testing and post-test support so that as many people as possible can learn their status in a relatively short period of time. Over three years, we effectively



delivered these prevention services to 35 000 people, and we tested more than 45% of people aged 16 years and older.

The bigger picture

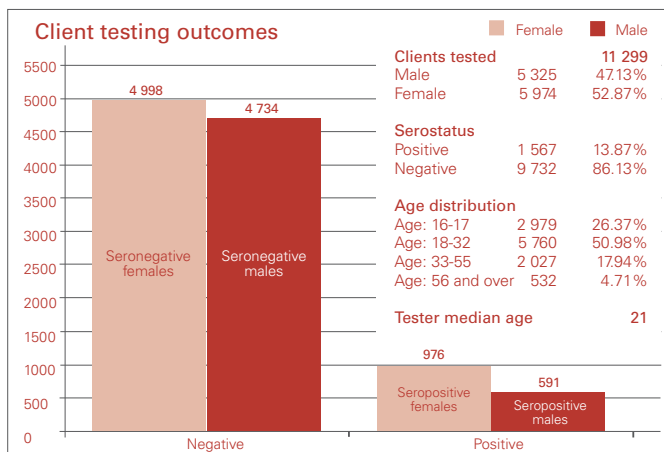
By this method we hope to achieve a tipping point that changes the course of the epidemic, reducing recent incidence of HIV infection, the stigmatisation of households affected by HIV/AIDS, and individual risk behaviours for HIV infection.

Early results indicate that an active outreach approach successfully reaches young people and roughly equal numbers of men and women. We are currently conducting a post-intervention assessment, comparing intervention to control communities on biological, behavioural and cost outcomes. This requires us to assess 11 440 young adults (aged 18-32), collecting blood samples for HIV testing and CD4 counts, as well as behavioural risk questionnaires.

Figure 2: HIV prevalence among the most-at-risk populations, South Africa 2008

Most-at-risk population	Number	HIV + %
African females 20-34	1 395	32.7
African males 25-49	944	23.7
Males 50 years and older	946	6.0
Men who have sex with men	86	9.9
People who are high-risk drinkers	965	13.9
People who use drugs for recreational purposes	490	10.8
People with disabilities	458	14.1

Figure 3: Project Accept intervention outcomes by gender, age and serostatus



- Child, Youth, Family and Social Development

Masihambisane: HIV-positive women working together

The focus

An estimated 1.4 million pregnant women were living with HIV (WLH) in low- and middle-income countries in 2008. South Africa and Nigeria have the highest numbers, each with some 200 000 pregnant WLH. Up to 40-60% of pregnant women in KwaZulu-Natal are HIV-positive. Given that antiretroviral (ARV) medications can reduce HIV transmission to less than 2% at childbirth, and exclusive breastfeeding for six months also minimises risk of transmission, effective programmes to prevent mother-to-child transmission (PMTCT) for WLH in South Africa are both feasible and urgently needed.

Masihambisane is a randomised controlled trial in four intervention and four control clinics to test the effectiveness of structured paraprofessional support by WLH who are positive role models to newly diagnosed WLH. This support aims to help them meet their antenatal and postnatal challenges for better health and mental health, and to help them cope with stigma. The outcomes measured are mother, child and family health, and wellbeing.

The bigger picture

Two years into the study, which has used an innovative mobile phone data collection strategy, we have enrolled 1 200 women and followed about 70% at six weeks and six months post birth. Follow up to one year is underway. Early results indicate positive effects of the programme on a number of indicators of child and mother wellbeing.

- Child, Youth, Family and Social Development

Palliative care to protect and support young children and their families

The focus

In 2008 we developed and field-tested a programme to improve the care of children in hospitals under conditions of high HIV burden among young children. Building on this experience and in collaboration with colleagues from the Hospice and Palliative Care Association of South Africa and at Oxford University, with support from the Diana, Princess of Wales Memorial Trust, we conducted formative research to design a palliative care programme to support young children and their families at home.

The bigger picture

Implemented by community health and other paraprofessionals, the programme aims to build confidence and support to enable home-based care workers, not only to tend to the physical needs of extremely ill children, but also to listen and respond to the social and psychological needs of children and families, and to prepare them for the challenges that lie ahead.

Training materials have been prepared and are being shared with colleagues in the field in southern Africa and abroad before being field-tested.



The AIDS Action Team has trained over 150 home-based carers (mainly rural women) in providing basic nursing skills.

An illustration from the home-based palliative care training programme



- Child, Youth, Family and Social Development

Building on what children know: 'Who wants to experiment with AIDS?'

The focus

The African Sexual Knowledges Project is a three-country research collaboration between South Africa, Tanzania and Kenya, conducted with the Cambridge University Centre for Commonwealth Education and the Aga Kahn University, East Africa.

By interviewing teachers and primary school children (aged 11-13), it seeks to provide a model for consulting pupils regarding their everyday sexual knowledge in order to help teachers adapt sex education curricula to children's needs.

The bigger picture

An important research finding to date has been children's response to the age-old conundrum that providing sex education will promote sexual experimentation. Children eloquently describe how 'teachers are careful with us because they think we are still young' but want teachers to 'spit it out' and engage with what they already know about sex, AIDS and relationships. Some insightfully raise the fear that teachers 'think we are going to be naughty or sometimes experiment with what they told us'. When asked whether they would experiment, one group of children in South Africa astutely responded: 'No, who wants to experiment with AIDS?'

In most schools studied, teachers mentioned that they were aware that children were exposed to sexual acts, drugs and sexual abuse in the community from a young age, but that they found it hard to use children's everyday knowledge in the classroom.

They were especially aware of the traditional distance between teacher and student, and were also afraid of falling foul of community (cultural, religious and parental) taboos on talking to children about sex.

- Child, Youth, Family and Social Development

Training traditional surgeons and nurses to safely circumcise



Xhosa amaKwetha (young men who have just been circumcised as part of their initiation into manhood) outside their hut.

The focus

The aim of this study was to assess the safety of traditional male circumcision practices among Ndebele traditional surgeons, following five days of training by direct observation of circumcision procedures.

The sample included eight Ndebele traditional surgeons and traditional nurses, and 86 initiates (*abakhwetwa*) from two districts in Gauteng in

South Africa. A structured observations tool was administered by a trained research doctor during circumcisions and (wound) care of the initiates of the trained traditional surgeons.

Results indicate that from the observations of 86 traditional male circumcisions, a high number (37%) of adverse events were recorded (such as excessive bleeding, excessive skin removed and damage to the penis), and in six cases the use of one instrument for the circumcision was observed.

The bigger picture

Before scaling up and/or considering integrating traditional male circumcision services into medical male circumcision services in South Africa, a careful strategy to minimise unnecessary morbidity and improve fundamental elements in current traditional male circumcision techniques, is required.

In addition, the study recommended that legislation and control of traditional male circumcision in Gauteng (the study area) be improved to make such practices safer and prevent adverse events from occurring.

- Social Aspects of HIV/AIDS and Health

Survey to measure satisfaction in Eastern Cape clinics

The focus

Patients' views are increasingly being taken into account in policy-making. Understanding populations' perceptions of quality of care is critical to developing measures to increase the utilisation of primary health care services, and patient satisfaction surveys is one of the measuring tools. The directorate for customer care of the Eastern Cape health department contracted the HSRC to conduct a patient satisfaction survey in 266 clinics, involving 19 136 patients located in three health districts, namely Amathole, OR Tambo and Chris Hani.

Data was collected by trained fieldworkers using a patient satisfaction survey questionnaire. Findings were as follows:

- about 60% reported that nurses were empathetic;
- about 65% were happy with physical and financial access to clinics;
- about 70% were happy with the physical infrastructure of their clinics;
- about 75% reported that the standards were good;
- about 80% felt assured of services; and

- more than 90% were generally satisfied with the primary health care services received.

The bigger picture

While clinics performed well in some areas, there was definitely room for improvement. An intervention strategy that focused on health workers, patients and health systems was developed, based on the gaps in delivering an effective service.

- Social Aspects of HIV/AIDS and Health

Minimum standards for testing and counselling

The focus

SADC's HIV and AIDS office in Gaborone, Botswana, commissioned a multi-country project to develop minimum standards for HIV testing and counselling, and for the prevention of mother-to-child transmission (PMTCT) of HIV in the SADC region. A multi-country research team assessed PMTCT and testing and counselling practices in 14* of the 15 SADC countries, in conjunction with focal point persons in each member state through the Social Aspects of HIV/AIDS Research Alliance (SAHARA) network, based at the HSRC.

The findings were presented at a consensus workshop in Zimbabwe in May 2009. The findings included the following:

- The achievements and challenges in PMTCT and testing and counselling programmes would be shared among the countries.
- Proposed regional minimum standards for harmonised approaches to PMTCT and HTC were agreed upon.
- Consensus was reached on the implementation mechanisms for the proposed minimum standards.
- A roadmap was developed for finalisation and approval processes for the proposed minimum standards.

The bigger picture

Following the workshop, the consolidated reports on PMTCT and counselling and testing were revised and re-submitted to SADC. In November 2009, the joint SADC Council of Ministers of Health and Ministers responsible for HIV and AIDS approved the guidelines and minimum standards for implementation in the 14 participating countries.

** Madagascar was excluded owing to political unrest at the time of the study.*

- Social Aspects of HIV/AIDS and Health

Lipstick and HIV prevention

The focus

Globally, experts agree that gender equality is critical to effective HIV prevention. However, despite some pockets of success, efforts to advance gender equality in this context have been hindered by a range of factors. But then a cosmetics house got involved. The MAC AIDS Fund Leadership Initiative (MAFLI) is a one-year fellowship designed to respond to the complex challenges of promoting gender equality in the context of HIV prevention in South Africa.

MAFLI supports the emergence of new leaders who will contribute to the development of a range of effective approaches to reducing the spread and impact of HIV and AIDS, and to advancing gender equality in South Africa. The initiative was launched in April 2007 in collaboration with the HIV Centre for Clinical and Behavioural Studies (Columbia University, New York City) and the UCLA Programme in Global Health (University of California, Los Angeles). In January 2009 the HSRC joined the programme as the South African partner.

The fellowship provides training, support and pilot funding for participants to develop and implement context-appropriate HIV prevention projects in their own communities and organisations. Three cohorts of fellows (34 in total) have so far entered the programme; the fourth cohort was due to start training in March 2010.

The bigger picture

The training aims to expand the fellows' knowledge of HIV and AIDS research, policy and programming, as well as to provide comprehensive, evidence-based information on HIV transmission and prevention and of the links between gender inequality and the spread of HIV. It also aims to develop leadership skills; skills for gender empowerment and advocacy; and skills to design and sustain an HIV-prevention programme. It also provides opportunities for fellows to network with local leaders, advocates, media and service providers in the field of HIV prevention, as well as with previous cohorts of MAFLI fellows.

A key outcome of the training is that, under the guidance of MAFLI programme staff, each fellow designs a unique HIV-prevention plan with concrete goals, objectives and evaluation components. At the conclusion of the two-month training period, the programme provides pilot funding for fellows to carry

out their HIV-prevention plans. Fellows receive 10 months of mentorship, advice and feedback to support the successful implementation of the prevention plan.

- Policy Analysis and Capacity Enhancement

New centre to study the social and environmental factors of nutrition



Professor Demetré Labadarios, who heads up the Centre for the Study of the Social and Environmental Determinants of Nutrition, meets health minister Dr Aaron Motsoaledi at the launch of the centre, with Dr Olive Shisana looking on.

The focus

It is being increasingly realised that understanding the molecular level of nutrition on its own is inadequate in understanding the underlying causes of the rising prevalence of obesity, diabetes and other chronic lifestyle diseases.

What is perhaps of greater interest and complexity is the failure of interventions to combat the ills of under- and over-nutrition which – in the South African and other developing countries context – do actually coexist in a given household.

The new HSRC Centre for the Study of the Social and Environmental Determinants of Nutrition, launched

by health minister Dr Aaron Motsoaledi on 15 March 2010 in Cape Town, is set to become an important tool in undertaking upstream research, leading to policy recommendations that could contribute to improving the nutritional status of the population.

The bigger picture

The centre aims to investigate the integration of the molecular and social aspects of nutrition to enhance the quality of life of the country's population through excellence in nutrition research and its dissemination. It will undertake innovative and collaborative research into the social and environmental factors of nutrition, which will lead to the improvement of nutrition knowledge and nutritional status in the country, the continent and internationally.

- Centre for the Study of the Social and Environmental Determinants of Nutrition

Nutritional status and food security of Zambians

The focus

In February 2010 the Food and Agriculture Organisation (FAO) requested the HSRC to work with the Zambian Food and Nutrition Commission.

The project involves assessing the mean daily food intake of children and adults through questionnaires. A biodiversity questionnaire will assess the scarcity of indigenous foods that are harvested from the environment. Semi-structured questions will be used to collect data on agricultural biodiversity, and the Household Food Insecurity Access Scale (HFIAS) will be used to assess food security. This assessment is based on the principle that the experience of food insecurity causes predictable reactions and responses that can be captured and quantified through a survey and summarised in a scale.

The bigger picture

Available information on the nutritional status of the Zambian population in 2007 is disturbing. To highlight a few statistics, 45% of children under five years were stunted, 19% were underweight and 5% were wasted; 30% of schoolchildren had goitre; and 54% of pre-school children suffered from sub-clinical vitamin A deficiency.

This comprehensive study will serve to prepare a nutrition policy for the country as a whole. A pilot

study was conducted to test the actual questionnaires to see if they were clear and understood by all.



Participants in the nutrition study in Zambia complete questionnaires on food security.

- Centre for the Study of the Social and Environmental Determinants of Nutrition

Health systems

The road to a national health insurance system

The focus

The majority of financial and human resources for health care are located in the private health sector, serving a minority (particularly the 14% of the population who are medical scheme members). In contrast, the public health system struggles to meet the health care needs of the vast majority of the population with extremely limited resources.

The key objective of introducing a national health insurance (NHI) system is to address the problems of the dual health system, by promoting social solidarity in order to achieve universal coverage.

To develop a detailed policy proposal and a plan on the NHI, a national task team, and later a ministerial advisory committee, was established by the minister of health.

The HSRC provided logistical assistance by establishing a secretariat for the NHI national task team, the precursor to the NHI ministerial advisory committee. The secretariat handled administrative duties, and conducted relevant secondary and implementation research on NHI.

Implementation research focused on key policy design issues such as a single or multi-payer system; South Africans' attitudes towards universal coverage and social solidarity; the development of facilities, a health professionals database and GIS mapping; and the costs of a NHI plan. It also involved the design of revenue analysis models, and human resources modelling of norms and standards.



The bigger picture

The national task team set out to develop an NHI draft proposal. This was achieved within 10 months, after which it was officially handed over to health minister Dr Aaron Motsoaledi. The ministerial advisory committee was subsequently established to finalise the proposal on the NHI. The government, through the department of health, has been mandated to facilitate the process of policy implementation on the NHI.