Western Cape Government
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Working Together

To Influence Research Translation Into Policy And Practice.

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There is a clear and pressing need to effectively implement clear, evidence informed policies and guidelines for the appropriate prevention and management of the various health conditions we face in South Africa. Yet, there is a gap between research evidence and healthcare policies and practices – often referred to as the know-do gap.

Why the know-do gap? Often, decision makers do not have the time or expertise to find, appraise and interpret relevant research evidence. Attitudes towards research evidence and the criticism that research cannot deliver answers quick enough also influence the use of best evidence. Furthermore, the willingness to consider best evidence as part of the evidence to policy to practice pathway often buckles under the influence of vested interest, expert opinion, and politics. Researchers, on the other hand, are not engaging with decision makers, conduct research which do not align with priorities, communicate their research solely through publications and often are not aware of processes involved in policy formulation and implementation.

In this edition the provincial newsletter focuses on knowledge translation – formally defined as '*a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the healthcare system*'.

Various stakeholders - policymakers, healthcare professionals, managers, researchers, media, professional associations, and the public - play a role in the complex healthcare decision making process which goes beyond just considering research evidence and include other considerations such as feasibility, acceptability, cost, and values. Personal interactions and engagement between researchers and decision makers, as well as timely, clear and relevant research, increase the prospects for research use[i]. Furthermore, highlighting relevant information and providing structured summaries with clear recommendations are useful. Factors inhibiting the use of best evidence include absence of personal contact, lack of timeliness or relevance of research, and lack of research skills and awareness[ii].

Ultimately, it comes down to working together, researchers and decision makers interacting, with mutual respect and trust, to increase the use of research in policy and practice.

References:

[i]Oliver et al.: A systematic review of barriers to and facilitators of the use of evidence by policymakers. BMC Health Services Research 2014 14:2.

[ii]Lavis J, Davies H, Oxman A, Denis J-L, Golden-Biddle K, Ferlie E: Towards systematic reviews that inform health care management and policy-making. *J Health Serv Res Policy* 2005, 10:35-48

Links to useful resources:

http://www.cebhc.co.za/knowledge-translation-resources/

How should researchers make their research dissemination relevant to decision-makers involved in policy and practice.

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Policy makers need research to provide evidence to inform policy making which gives direction and produces new and relevant information with the potential to improve health outcomes. However the gap between research and policy making often hinders potential public benefits.

Bridging the research/policy gap is not "business as usual" and requires effort and commitment from both researchers and policy drafters/ makers[1]. Diligent government policy drafters usually gather data and review research as part of the policy drafting process. Without input from skilled researchers and academics who produce knowledge, or a review of local and global data that informs policy content, 'evidence -based policy' is a principle rather than a fact. For research to impact effectively and efficiently, both policy drafters and researchers need to work at optimising these relationships.

Researchers should not assume that published articles in reports or journals, despite the journal's impact factor, will be read and used by policy drafters. Effort is required to make research results available and accessible to policy drafters/makers. Researchers need to know which particular policy makers/drafters would benefit from their work and inform them when relevant information becomes available. Similarly, policy drafters need to identify relevant researchers in a particular field and know what research is being done, and communicate with them.

The research unit in the DOH regularly issue "Research Briefs" to managers to inform them of recent local and international research. They aim to bridge the research/policy gap. A, more systematic procedure whereby researchers channel relevant research *with summaries of results and policy implications* to the DoH could contribute to closing the research/policy breach.

If *all* research, however, is channelled to policy makers/drafters without discrimination, it is unlikely to be taken seriously or read. Researchers must choose carefully what they believe is critical information for policy makers. This is not an easy as most researchers believe in the relevance of their research. Unless there is careful discrimination as to what is channelled, policy drafters get flooded by research reports which sit in a pile of "must reads" that are seldom read. Research results are more likely to be integrated into policy if researchers understand the goals and objectives of government and what is feasible to implement.

Researchers need to be explicit about information they want communicated and how to package this. They must be mindful that policy drafters/ makers have limited time and are not technical experts. Consequently, well summarised information highlighting the most important findings with recommendations, without technical language and statistics that obfuscate the main findings, is required. Full reports should be available to the policy drafter if desired.

There are times when a researcher believes that research could create new policy, and the submission of documents is insufficient. They prefer a "one-to-one" meeting with policy makers or a presentation to a team of health managers. This is acceptable and this avenue has allowed the adoption of a number of policies by the Department of Health. It should not be abused as when really important research later is identified, they may not be taken seriously.

Importantly relationships between researchers and policy drafters/policy makers, built on trust and mutual respect, do play a role and these need to be nurtured.

Finally, researchers need to recognize that research projects may not change policy and practice, and there may be a time lag. Research mostly impacts on policy like water dripping onto a rock, and is channelled, dripping through. A number of research projects may together make the argument convincing enough to bring about change. Researchers must not think that their research is seen as unimportant because no policy change resulted, it is likely that it is one of the important drops that makes a policy pool!

(Endnotes)

1. Making policy is the primary domain of politicians while drafting policy usually falls within the responsibilities of relevant government officials.

The Siketha Ukuba Nempilo (SUN) (We chose to be healthy) Project: can taking public transport lead to a healthier lifestyle?

By: C. Bartels - UCT/MRC Research Unit for Exercise Science and Sports Medicine, University of Cape Town **E. V Lambert -** UCT/MRC Research Unit for Exercise Science and Sports Medicine, University of Cape Town **T. Kolbe-Alexander -** Centre for Research in Exercise, Physical Activity and Health, University of Queensland, Brisbane

Globally, physical inactivity is the fourth leading risk factor for mortality, accounting for 3.2 million deaths annually. The recent SANHANES found nearly half of females and a quarter of males insufficiently active to achieve the health benefits associated with physical activity. Internationally, research within new road and/or transport infrastructure and systems has been prioritised in order to establish the contribution of transport-related physical activity to overall physical activity. However, limited data is available from the African continent. In South Africa, non-motorised transport has been identified as a national priority, with the development of a national integrated public transport network (IPTN), which includes the MyCiTi BRT (Bus Rapid Transit) System based in Cape Town.

This study used a case-control, cross-sectional surveys and interviewed BRT bus users (N=771) and non-BRT users (N=319) between the ages of 21 and 65 years. Bus users completed a brief questionnaire on the bus system, while a similar questionnaire was distributed to worksites along the BRT feeder route in Table View to non-users.

The researchers found that the mean age of bus users was 33 years and over 50% of the sample were women. The number of users declined with increasing age with nearly half of users under the age of 30 years. Nearly 50% of BRT users cited efficiency, safety and comfort, and over 50% cited cost-savings as reasons for using the system. Less than 20% had no other means of transport. BRT users were more likely to report cost-savings and time efficiency versus other forms of transport, whereas less than 4% of non-users indicated cost as a factor in their decision not to use the bus ($P<0.001$). The majority of non-bus users resided in the area of the BRT service, and only 5.3% indicated the bus did not travel to their destination. Travelling short distances and longer travel time using the BRT, particularly to work, were the main reasons for not using the bus in this group.

Nearly all (98.3%) BRT users walked as part of their transport journey. As a result, users accumulated significantly more time in active transport than non-users (walking 27min vs 7.7 min per day), as well as significantly more total walking (132min vs. 42min) and total physical activity per week (544min vs 498 min), ($P< 0.001$).

The investigators came to the conclusion that the MyCiTi bus service has been in operation since May 2011 and has grown steadily to date. In March 2014, just under 1 million passenger journeys were recorded. In the modern, auto-dependant society, non-motorised transport in conjunction with public transport may provide a healthy, energy-efficient and sustainable alternative to car use. Hence the MyCiTi IRT system may be promoted as a means to increase levels of physical activity within whole communities.

How has research strengthened delivery of health services in South Africa - a reflection on challenges and benefits.

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National Department of Health (NDOH), Pretoria South Africa

The National Department of Health (NDOH) draws its mandate from the Health Act of 2004 and is responsible for, amongst other things, the issuing of guidelines, norms and standards for the implementation of health policy and services.

The NDOH tries as far as possible to base its policy related work on published evidence. Such evidence is based on research, local and international. This is the focus of this short article. The NDOH also bases its decisions on other kinds of evidence such as:

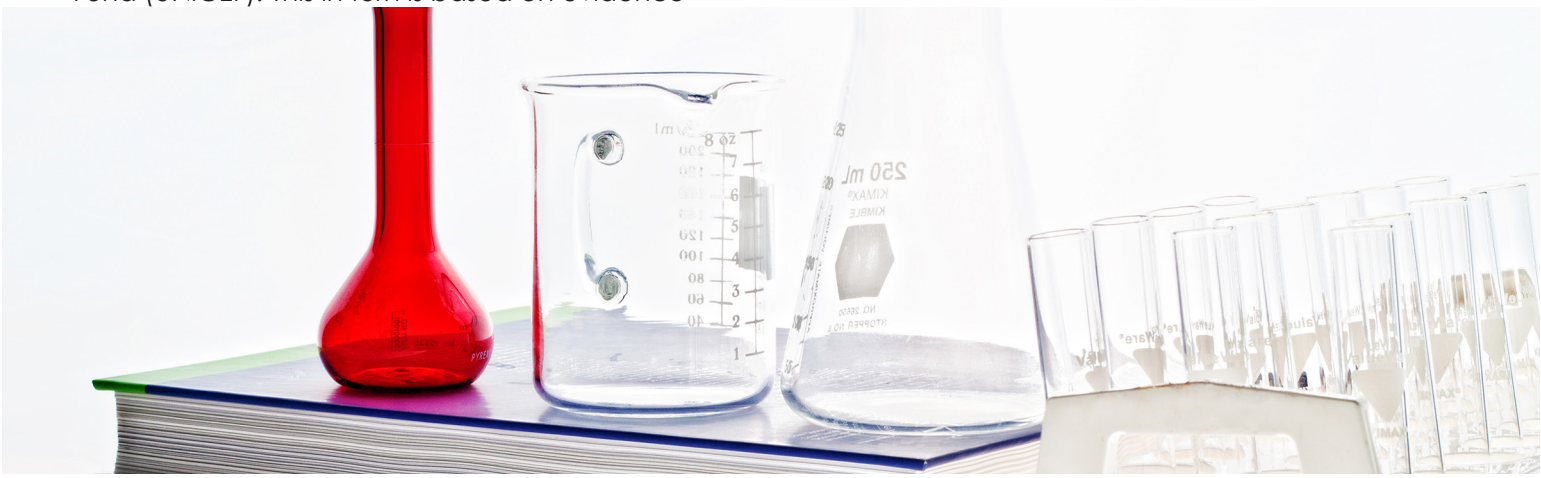
- The analysis and interpretation of data, from routinely collected data through the District Health information System (DHIS) for example as well as estimated based on modelling. One example of the latter is the burden of disease statistics produced by the MRC (how many people are dying of which disease or condition, at what age and in which location) based on interrogation of the death certificates gathered by the Department of Home Affairs
- The information generated from the Census conducted by Statistics-SA (e.g. population numbers, age breakdowns and locations)

Many of the policy decisions of the NDOH are based on work produced by multilateral organisations such as the World Health Organization (WHO) and United Nations Children's Fund (UNICEF). This in turn is based on evidence culled from research around the world and a review of best practices. For example in 2007 the WHO recommended that vaccines to prevent pneumonia and diarrhoea be introduced. These WHO recommendations were in part based on research in South Africa. In addition local research was carried out to monitor the effectiveness and coverage of these two vaccines[i]. This research showed that coverage of these vaccines increased rapidly over a three year period and resulted in coverage equivalent to that of the more traditional vaccines such as polio. The research also pointed out that South Africa needs specific coverage surveys to know more specifically whether the immunisation programme is indeed reaching universal coverage. As a result of this and other needs the NDOH has decided to carry out a demographic and household survey (DHS) in 2015.

South Africa has the longest tradition of conducting HIV sero-prevalence surveys amongst pregnant women. These surveys produce national, provincial and district level prevalence data. Prior to widespread availability of ARVs, these surveys were able to demonstrate the rate of spread of the HIV epidemic. However, its utility in the context of large scale availability of ARVs is more limited – but still valuable in the absence of affordable and efficient methods to conduct incidence testing.

Another example of research and use of data has been around the prevention of mother to child transmission (PMTCT) of HIV. The NDOH has used the analysis of PMTCT data by the National Health Laboratory Services (NHLS) to assist in the monitoring of the early infant diagnosis of HIV and to pinpoint geographic areas that needed more assistance so that the elimination of MTCT becomes a reality. [i] In addition, since 2008 the NDOH has commissioned the MRC to conduct PMTCT surveys. These surveys conducted in 2008, 2010, 2011 and 2012 found a steady decline in mother to child transmission at 6 weeks.

Quality improvements, together with universal coverage, are the two main objectives that the NDOH aims to achieve with its programmes. With the assistance of its partners the NDOH used monitoring tools such as visual dashboards based on colour-coded "robots or traffic lights"



indicators and data for action reports to improve the performance of the HIV, tuberculosis and maternal and child health programmes. Research has shown how these have assisted the NDOH[i].

These examples illustrate to a small extent how researchers and their research products are useful to the NDOH.

However, there are also challenges and sometimes the best evidence produced by researchers is ignored by policy makers and the best example of this was around the late implementation of the PMTCT programme by the NDOH in the early part of this century. Despite overwhelming local and international research evidence, it was only after a court order forced its hand that the NDOH introduced the programme that has literally changed the lives of tens of thousands of families in South Africa by preventing child and maternal deaths.

In summary, health systems and implementation research is a critical component of the NDOH. It assists not only in developing new policy but importantly, in the implementation of existing policy and helps to improve this implementation.

"Quality improvements, together with universal coverage, are the two main objectives that the NDOH aims to achieve with its programmes."

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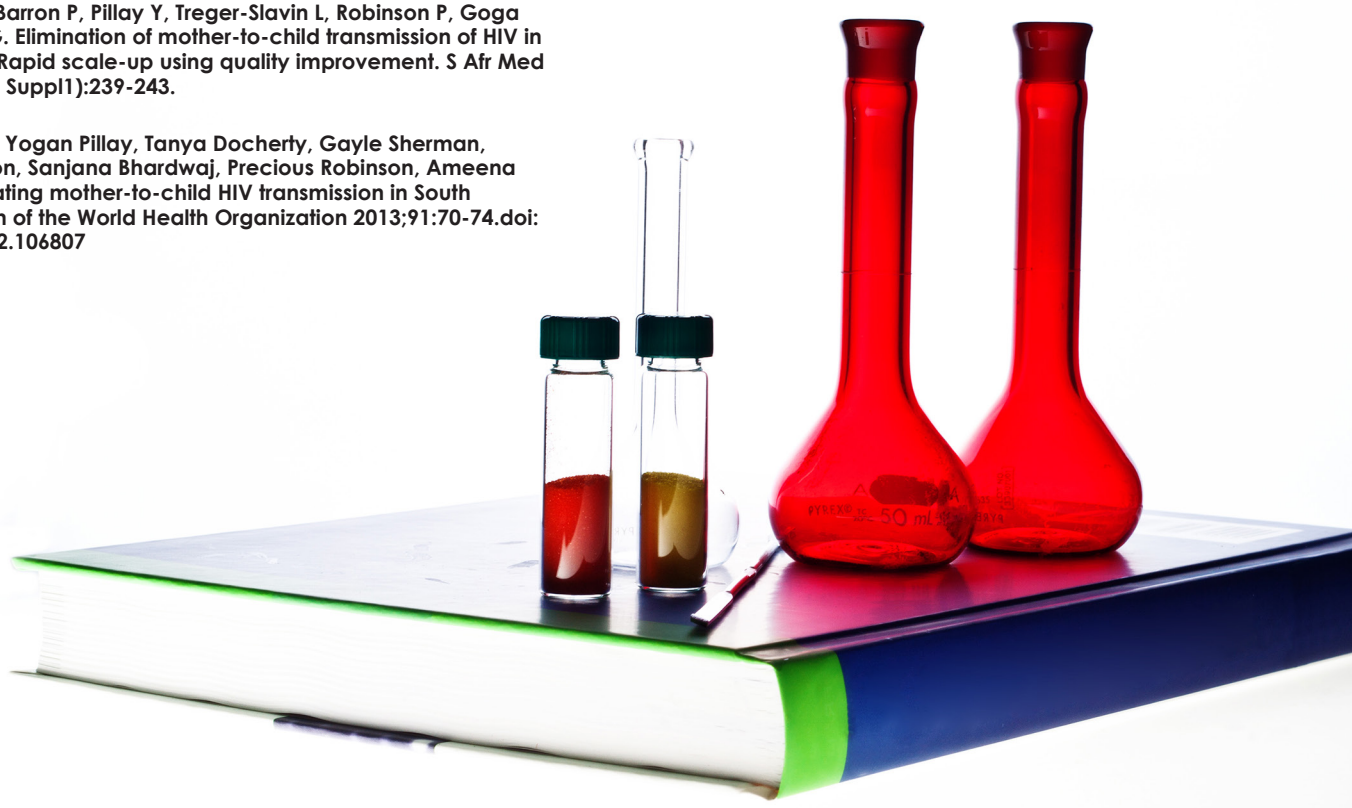
[i] **Sherman G, Lillian R, Bhardwaj S, Candy S, Barron P. Laboratory information system data demonstrate successful implementation to the prevention of the mother-to-child transmission programme in South Africa. S Afr Med J2014; 104(3) Suppl1):235-238.**

[i] **Bhardwaj S, Barron P, Pillay Y, Treger-Slavin L, Robinson P, Goga A, Sherman G. Elimination of mother-to-child transmission of HIV in South Africa; Rapid scale-up using quality improvement. S Afr Med J 2014; 104(3) Suppl1):239-243.**

[i] **Peter Barron, Yogan Pillay, Tanya Docherty, Gayle Sherman, Debra Jackson, Sanjana Bhardwaj, Precious Robinson, Ameena Goga. Eliminating mother-to-child HIV transmission in South Africa. Bulletin of the World Health Organization 2013;91:70-74.doi: 10.2471/BLT.12.106807**



PROVINCIAL HEALTH RESEARCH DAY HIGHLIGHTS & PICTURES 2014

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Reporter at ENCA.

The value of research was keenly discussed at the Western Cape's annual Research Day, held last October. Over 100 health professionals from across the province convened at Lentegeur Hospital's conference centre to consider critical issues facing researchers.

Most attendees were there in their professional capacity, presenting posters, and representing their organisations. But all were there to learn from their colleagues. "I've attended to broaden my horizon through research, share best practices, learn new interventions, and change policy", said Andile Zimba of City Health.

With the theme, "Translation of Research into Practice", researchers debated if their work only has merit if it influences policies. But there was consensus that research must benefit the public.

"As argued by Leslie London, Acting Chairperson of the Provincial Research Committee, in the research day documentation, a necessary part of the research process is the communication of research findings and the translation of those findings into change that will impact positively on health."

Various panel discussions and poster presentations were held, addressing knowledge translation, community participation and human rights, public health policy, and health information systems.

Attendees were urged to participate by robustly engaging in the discussions. Two researchers from the University of Cape Town were prepared to do so. "We came ready for battle." Their concern was the lengthy waiting period for researchers. "We submit research projects regularly, but province approval takes so long to come through."

However, by day's end, the feedback was encouraging. Zoliswa Soyilo, a NGO representative felt the theme was adequately addressed. "The discussions were about helping people on the ground find common ground toward implementing policies."

Trevor Pillay, a Public Health registrar, noted the event spurred a lot of discussion around the theme. He spoke of the different realities between knowledge generation and research, and the huge burden of health needs and service delivery, and how to match them.

For Pillay, research translation directly fits into his work in the health services. "It enables me to be a more competent and able public health specialist. The discourse is important in knowing how to use the research in a practical way."

Gail Holton, whose focus is on women's health, said "Research translation is very closely linked to my work in researching the barriers to women not accessing health services. Now it's about taking those findings, and taking action to improve services."

Zimba commented that, as a manager, research helps him understand new developments in health, which will inform a new direction of policy. But Soraya Elloker, a City Health sub-district manager in Mitchells Plain area cautioned that research translation must be relevant to work settings." We need more implementation research rather than academic research that sits in journals."

And research translation has to be taken forward. Elloker suggested it would be helpful to have conference events more often, but have shorter discussions. Soyilo agreed. "There should be more gatherings of this nature to keep tabs on what's going on."

For Holton, a researcher there's an obstacle in the path. She said the biggest issue lies in the lack of collaboration, and dissemination of knowledge. "There's no collective data source to compile research that's ongoing. Historically, research is private, it's not shared amongst peers and communities, until it's complete. But more than results, the sharing of the knowledge process needs to change."

Zimba maintained the scope of research must be broadened, and engagement of communities is essential. This echoed opening remarks at the conference, "We have NGO's, managers and service providers active in different forms of knowledge creation, and we have communities whose voice is essential to turning that research into benefits for the local people." Pillay said one way of achieving this would be introducing research ideas at an operational level, where decisions are made.

Pillay is confident researchers have an influential role to play. "The overall highlight for me is the reassurance that research is alive in the Western Cape, and there's a commitment at high levels to listen to what researchers say."

And it's this commitment that's required to advance scientific research, and build stronger health systems.

Research Day

Tribute to Prof Johan Esterhuyse (1955-2014):

Professor Johan Esterhuyse, a member of the Provincial Health Research Committee, representing the Cape Peninsula University of Technology (CPUT) died unexpectedly after a short illness in July 2014. In remembering our colleague we pay tribute to his dedication to the profession of Medical Technology as well as to health science education and research.

Prof. Esterhuyse obtained a National Diploma in Medical Technology at the Cape Technikon in 1978 and a PhD at the University of Stellenbosch in 2005. He was appointed at the Cape Technikon in 1989 as a lecturer and became Head of the Department of Biomedical Sciences in 2002, a position he retained when the Cape Technikon and Peninsula Technikon merged in 2005 to form the Cape Peninsula University of Technology. In 2008 he was promoted to Associate Professor and then to Professor in June 2014.

Prof Esterhuyse was a remarkable academic leader and a pioneer within the research field of oxidative stress. As head of the Experimental Biology Research Thrust at CPUT his primary focus was the physiological function and signaling pathways affected by anti-oxidant supplementation. His research studies afforded him the opportunity to publish 26 research articles in accredited journals and 4 book chapters. He played an important role in the National re-curriculation process in Medical Technology, and worked tirelessly towards establishing a 4 year professional degree in Medical Laboratory Sciences. Throughout his career, he was active as a member of various professional committees, including the National Academic Pathology Committee for the NHLS, the National Education Committee of the Society of Medical Laboratory Technologists of South Africa and was an executive member of Society of Medical Laboratory Technologists of South Africa. He served on the Provincial Health Research Committee for 2 years since 1 June 2012.

All those who know Johan describe him as a true gentleman who treated everyone fairly, and who had time and patience for all.

The Provincial Health Research Committee extends its condolences to his wife, daughters and family and acknowledges the enormous contribution he made to promoting health research in the province.

PUBLIC HEALTH NEWS

- 1) The ares scholarship opportunities for youth in developing countries www. fundsforngos.org/scholarships.../ ares-scholarship-opportunities-youth- developing-countries
- 2) 2015 international research internship for health system researchers scholarships www.phasa.org.za/.../2015-international-research-internship-for-health- system-researchers
- 3) The lancet ebola resource centre, www. ebola.thelancet. com/
- 4) Online course public health epidemiology, www. health.usf. edu/publichealth/omph_epi.htm
- 5) Launch of early registration for the 7th south african aids conference 2015 www.phasa. org.za/launch-early-registration-7th-south-african-aids-conference-2015/
- 6) 2015 sustainable rural health research day: fostering rural health research partnerships. 18-19 march 2015, myburgh@anovahealth.co.za

Western Cape Government

Health

THE VALUES:

Caring
To care for those we serve and work with.

Integrity
To be honest and do the right thing.

Accountability
We take responsibility.

Responsiveness
To serve the needs of our citizens and employees.

Competence
The ability and capacity to do the job we were employed to do.

THE VISION:

Internal Vision
To be the best-run regional government in the world.

External Vision
Open opportunity for all.

Better Together
The Western Cape Government has a duty to provide opportunities. Citizens have the responsibility to make use of them.