Influencing health systems reform in South Africa through health professions’ curriculum and research transformation

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Presentation outline

• Provide a brief synopsis of the political/economic/social environment on the African continent and in the Republic of South Africa (RSA)

• Discuss how the political/social/economic environment has shaped health policy initiatives in the RSA

• Discuss the important role of higher education in addressing the inequities resulting from 50+ years of discriminatory apartheid policies
  • Curriculum reform and research strengthening as key transformation strategies in righting the wrongs of apartheid through education reform strategies
The African continent: 2\textsuperscript{nd} largest landmass and 2\textsuperscript{nd} most populous continent in the world
Africa: Geo-political/social/economic context

• By late 19th century, most of Africa was colonized by Europeans; only 2 African nations were NOT colonized (Ethiopia and Liberia)
• 54 sovereign countries in Africa today mostly defined by colonialist occupation
• World’s poorest and most underdeveloped continent the result of a variety of causes that may include corrupt governments that have often committed serious human rights violations, failed central planning, high levels of illiteracy, lack of access to foreign capital, and frequent tribal and military conflict (ranging from guerrilla warfare to genocide). According to the United Nations' Human Development Report in 2003, the bottom 25 ranked nations (151st to 175th) were all African.
• Africa population is youngest in world -- 50% is 19 years or younger
• 80.5% of Sub-Saharan Africans live on less than $2.50/day (World Bank, 2008)
• Average person in Sub-Saharan Africa lives on $.70/day
South Africa: Social/political/economic context

• National Party imposed Apartheid in 1948 (institutionalizing segregation) recognized 3 races: white (less than 20% of pop. With highest standard of living in all of Africa); Black (lowest standard on income, education, housing, low life expectancy); and Colored

• Apartheid officially ended in 1994 with the election of Nelson Mandela as president representing the African National Congress (ANC) opposition party

• Parliamentary government, 9 provinces

• 11 official languages (among largest number in world); Afrikaans (Dutch), English, Xhosa and Zulu (two major African languages)

• Current census racial categories include: White, Black, Indian, Colored and Asian

• The 2011 census figures for these groups were Black African at 79.2%, White at 8.9%, Colored at 8.9%, Asian at 2.5%, and Other/Unspecified at 0.5%. The first census in South Africa in 1911 showed that whites made up 22% of the population.

• Upper middle income nation, second largest in Africa, yet 25% of SA still lives on less than $1.25/day

• Unemployment worsened between 1993 and 2003
South Africa’s 9 Provinces
Eastern Cape Province: Home of Walter Sisulu University (Umtata) and Nelson Mandela Metropolitan University (Port Elizabeth)
Aspirational goals of a national health insurance scheme in the Republic of South Africa: 2011 and beyond
Policy imperatives undergirding the NHI scheme (14-year implementation roll-out)

• Strong primary care base in health systems transformation
• Prevention-oriented, patient-centered
• Competency-based, interprofessional team-based health care
• Health systems’ strengthening: management & human resources
• Strong and sustained community engagement in community health planning
National Health Insurance (NHI): Re-engineering South Africa’s primary health care system

In South Africa, the focus of primary health care (PHC) is community-based health care and outreach services. Ongoing efforts to reengineer PHC are designed to ensure that a defined comprehensive primary care package of services extends beyond services traditionally provided in health facilities such as clinics, community health centres and district hospitals and include school-based, preventive, and community outreach efforts.
The National Department of Health’s Primary Health Care Model

District/Sub-district Management Team

District Clinic

• Doctor
• PHC Nurse
• Nurse
• Pharmacy assistant/ technician
• Counsellor

District Hospital

Community Health Centres

PHC Clinic

• Doctor
• PHC Nurse
• Nurse
• Pharmacy assistant/ technician
• Counsellor

PHC Outreach Teams

Office of Health Standards Compliance

Contracted Private Providers

Local Government

- Environmental health
- Water Sanitation
- Refuse removal
- Pest & vector control

Households
- Crèches
- Environmental Health
- Epidemics
- Disease Outbreaks
Nelson Mandela Metropolitan University (NMMU): A comprehensive university

The Faculty of Health Sciences (4 schools: Clinical Care Sciences; Behavioral Health Sciences; Medicinal Sciences; and Life Style Sciences and 12 departments) has translated the national Primary Health Care Model into a set of guiding principles and educational goals.
• Social accountability: serving a defined reference population
• Community engagement, in teaching, learning, selection, curriculum development, etc.
• Primary Health Care as the foundation of the curriculum
• A systems understanding in teaching, learning and service
• Community-based and distributed learning in a range of different health facilities and communities
Social Accountability and Community Engagement

Promotion of access and diversity

Excellence in educational practice

Competent caring clinicians with broad skills

- Integration of theory and practice, with early clinical exposure and longitudinal continuity of relationships
- A biopsychosocial model of health care with a focus on generalism and multidisciplinary teams
- A person-centred approach in relation to patients and students
Social Accountability and Community Engagement

- Competent caring clinicians with broad skills
- Promotion of access and diversity
- Excellence in educational practice

- Inter-professional education, with structured, practice-based collaborative learning
- Transformative learning, to produce change agents through service learning and competency-based training.
- Dedication to enquiry, evidence-based practice and ongoing learning, amongst teachers and students.
Social Accountability and Community Engagement

- Competent caring clinicians with broad skills
- Excellence in educational practice
- Promotion of access and diversity

- Multiple entry and exit levels into a range of degree programmes
- Targeted admission policies to focus on key groups
Challenges to implementing the NHI priorities

• Lack of consensus on THE problem and solutions required to address it

• Health professions workforce statistics in SA are troubling:
  • Stagnation in the production of health care workers
  • Declines in essential categories of health care workers, e.g., primary care doctors, specialist nurses and primary care nurses (nurses comprise 80% of the health care workforce in RSA)
  • Attrition and migration of health professionals (~25%)

• Inefficient management and recruitment policies

• Poor working conditions in the public sector

• Maldistribution of health professions’ human resources between urban and rural areas
Fostering an Interprofessional Research Culture within a Multidisciplinary Faculty of Health Sciences: My Fulbright Project
Impetus for pursuing a transformative interprofessional curriculum and research agenda

- Re-curriculation movement among SA universities to address historic inequities in access to higher education and training
- As 1 of 6 comprehensive SA universities, NMMU’s *Vision 2020* seeks to promote various entry & exit points in health professions education and training
- The FHS at NMMU re-structured into 4 schools in 2012: Clinical Care Sciences, Behavioral Sciences, Medicinal Sciences, Life Style Sciences
- 10-year plan to establish a School of Medicine and Public Health at NMMU built “from the community up” through *Partnering for Health* university-community partnerships
Introducing an interprofessional research agenda in health professions’ training programs at NMMU: A multi-faceted exploratory approach

• Strategic planning sessions for school directors (4) and heads of departments (12) in the Faculty of Health Sciences (FHS) over an 18-month period

• 2 faculty-wide meetings of staff within the 12 health professions education & training programs (2014)

• Design and delivery of Interprofessional Research Seminar series for FHS faculty, staff and post-graduate students (2015)

• Grant proposal submitted/funded to establish an Interprofessional Research Unit within the FHS (2015)
There were formidable barriers to creating an interprofessional research culture

- Institutionalized focus on profession-specific standards for health professions education and training by the Health Professions Council of SA (HPCSA) and its 12 health professions’ boards (e.g., establishing profession-specific core competencies)

- Competing re-curriculation demands among health sciences faculties in response to HPCSA and university-wide curriculum initiatives

- Competing teaching and post-graduate student mentoring demands

- Incentives that reward individual research outputs and impacts through the National Research Foundation’s rating system (e.g., mounting pressure on lecturers and junior faculty to pursue individualized research agendas and publication in profession-specific peer-reviewed journals)

- Status quo is a powerful state of being
Resources were required to overcome the inertia created by the status quo...Once resources were secured through grant funding, a small grants program was established to initiate interprofessional research projects, a broad range of research ideas came forward, and an exciting cultural change is occurring!
Questions we must ask ourselves as health professions’ educators, researchers, and students

• To what extent do we sensitize and challenge ourselves and students to consider the broader health policy environment in which they will practice? To the broader socio/economic/political environment in which community members and patients live, work, raise families and grow old?

• To what extent do we consider the above-stated factors when mentoring students in research, encouraging a holistic look at what contributes to ill health, disease, and premature morbidity and mortality?
A uniquely beautiful place: NMMU campus in Port Elizabeth

QUESTIONS?