The School of Public Health and Family Medicine (SPHF&M) is committed to the concept of a healthy population having equitable access to health care resources and highly competent health care professionals to achieve a better quality of life. SPHF&M features staff from a range of backgrounds and disciplines and carries out research that is locally relevant and of global significance. We also lead the training in public health and family medicine of undergraduate and postgraduate students, from South Africa and across the region. The School is organised into 8 discipline-specific teaching Divisions and 4 URC-accredited Research groupings (Centres or Units); each of these is engaged in socially responsive engaged scholarship and service. Here we feature examples of socially-responsive research, training or other forms of public engagement from each of the School’s Divisions and Research groupings.
Public Health Medicine Division (Head: Prof Leslie London)

Other UCT staff members involved in ES activity: Ms Abegail Schwartz, Dr Jill Olivier, A/Prof Christopher Colvin

PROJECT: The Learning Network for Health and Human Rights (LN)

Nature of external constituencies involved

1. Community structures in urban and rural W Cape communities involved in health – health committees (established in terms of the National Health Act)
2. Civil Society Organisations active in health and development in Urban and rural W Cape
3. Health Committees nationally
4. Colleagues at other institutions (University of the Western Cape and other institutions)
5. Civil society partners in Southern and East Africa

Purpose of the ES initiative: To develop good practice for civil society partnerships to realise the right to health; To inform policy to achieve the above; To establish appropriate mechanisms for accountability and civil society action for health rights

Brief description of the initiative: The Learning Network for Health and Human Rights was established in 2008 as a partnership between Civil Society Organisations and Universities in the W Cape to advance community agency for the right to health. It has developed materials for training, implemented awareness-raising, supported organisations use of human rights to advance health objectives and conducted research to achieve these goals. Most recently it has focused on strengthening Health Committees as vehicles for community voice in relation to the health system, so as to give effect to community participation policies and advance health rights. While it focuses primarily on the Cape Metro, its work extends to the Rural Western Cape, to the Eastern Cape and nationally engaging with health committees across South Africa and most recently in regional collaboration across the East and Southern African region via the Network on Equity in Health in East and Southern Africa (EQUINET) to build capacity of these health centre committees.

Key thematic issues addressed through the initiative: human rights, health systems, development, social justice, inequality, social determinants of health

Nature of relationship(s) with external constituency (ies): The Learning Network is a semi-formal partnership with an Exco and membership meetings. Research Projects are generated from LN priorities. UCT supports the initiative through hosting the LN and its sub-projects, mobilising students to conduct research for the LN and linking LN members with training and other resources for their work. The benefits to UCT relate to the opportunities to generate new knowledge, involve students in engaged research, and advance the scholarship in the area of health and human rights. The external partners outside the LN with whom UCT engages are usually project-based. However, UCT plays a coordinating role for EQUINET with respect to its health rights work.

Length of relationship(s): The LN has been in existence for 9 years and has raised numerous grants to supports it work and programme over this period. UCT’s involvement with EQUINET dates back more than 15 years.

Dominant form of the engaged scholarship
The LN provides a platform for research, teaching and service:
• Teaching includes:
  - Organisation of community training programmes for community-based beneficiaries;
  - Continuing education for health professionals in which we invite community health committee members to be part of the teaching staff;
  - Use of materials derived from our research findings in postgraduate and undergraduate teaching of health professionals;
  - Supervision of postgraduate students and visiting interns on research projects of relevance to the LN
• Research includes
  - Evaluations of community-based interventions
  - Needs identification in project partner sites
  - Participatory research activities, such as photovoice, PAR
  - Health policy and health systems studies
  - Research support for LN partner goals
• Public service includes:
  - Development and making available materials on the right to health and community participation – manuals, pamphlets, DVDs which support the projects objectives and capacitate community structures.
  - Policy development/engagement/systems development
  - Community awareness raising
  - Support for community dialogues
  - National consultations on health committees
  - Running an electronic list-server on health and human rights
  - Support for community advocacy on health and human rights

**Dominant mode of engagement:** The main focus is on service – training and capacity building of health committees and materials development; research is applied to advancing this activity and contributes to teaching.

**Academic products** include articles, books chapters, reports, conference posters and presentations.

**Applied products:** include manuals, toolkit, pamphlets, DVDs, education materials, policy submissions, research briefs, policy briefs and technical assistance. Website with materials for downloading [ ]

**Community products:** include setting up of community-based organisations, community dialogues and displays

**Assessment of process/impact/outcomes of the initiative:** Formal evaluations including student theses; funder-linked evaluations.

**Other UCT staff members involved in ES activity:** Dr Amina Saban (post-doc)

**PROJECT: Alcohol research and advocacy for public health**

**Nature of external constituencies involved**
  - Advocacy NGOs (Soul City, Southern African Alcohol Policy Alliance, Coma Care)
• Other research institutions (Medical Research Council, University of Pretoria)
• Professional Organisations (Public Health Association of South Africa)
• Community Networks (Learning Network for Health and Human Rights; Khayelitsha Health Forum)

**Purpose of the ES initiative:** To reduce adverse impacts of alcohol consumption on public health; To inform policy to achieve the above

**Brief description of the initiative:** Research is conducted establishing the extent of harms associated with alcohol consumption and the effectiveness of measures to reduce alcohol-related harms. This is translated into advocacy through engagement with a range of external stakeholders, particularly in Civil Society but also in government.

**Key thematic issues addressed through the initiative:** Health, development, social justice, poverty and inequality

**Nature of relationship(s) with external constituency (ies):** One set of relationships is formed through collaborative research, which then feeds into advocacy work through the Southern African Alcohol Policy Alliance and through the Public Health Association of South Africa. Submissions made to government over policy and legislation, and participation in government alcohol harm-reduction initiatives. An NGO to address alcohol harms in the Rural Western Cape (DOPSTOP) was founded in 1995.

**Length of relationship(s):** This work began in 1995 with the early research into alcohol hazards for farm workers and the problem of Foetal Alcohol Syndrome. It has continued in different forms since.

**Dominant form of the engaged scholarship**
The initiative provides a platform for research, teaching and service:

- **Teaching includes:**
  - Use of materials derived from our research findings in postgraduate and undergraduate teaching of health professionals;
  - Supervision of postgraduate students and visiting interns on research projects of relevance to the theme;
  - Workshops at the Annual Conference of the Public Health Association of South Africa.

- **Research includes**
  - The extent of alcohol-related harms and Foetal Alcohol Syndrome in high-risk populations;
  - The costs of Foetal Alcohol Syndrome to society;
  - Psychosocial associations with risky drinking amongst women of child-bearing age;
  - Evaluation of interventions to identify women at risk for delivering a child with FAS;
  - Policy analyses related to corporate influences on legislation to reduce alcohol-related harms, and to university policies on alcohol industry funding;
  - Links between traffic injury, violence, easy access to alcohol and alcohol advertising
  - Equity analyses of the burden of alcohol on households in South Africa.

- **Public service includes:**
  - Development of training and awareness-raising materials
  - Policy submissions
Community awareness raising
- Support for community dialogues
- Support for NGO-led advocacy initiatives

**Dominant mode of engagement:** The main focus is on research to inform policy recommendations; a number of postgraduate student theses have emerged from this thematic work.

**Academic products** include articles, books chapters, reports, conference posters and presentations.

**Applied products** include education materials, policy submissions, and technical assistance.

**Community products** include setting up of a community-based organisation (DOPSTOP); NGO-led campaign materials.

**Assessment of process/impact/outcomes of the initiative:** Formal evaluations including student theses; funder-linked evaluations.

**UCT staff members involved in ES activity:** Dr Richard Matzopoulos, Dr Amina Saban, PHFM; Prof Jonny Myers

**PROJECT:** Alcohol Harms Reduction Policy

**Nature of external constituencies involved in the initiative:** Western Cape Government – Dept of the Premiership

**Purpose of the ES initiative:** to develop an evidence-based Alcohol Harm Reduction policy for the province

**Brief description of the initiative:** During 2015 the Western Cape Provincial Cabinet agreed that an alcohol-related harms reduction policy should be developed to guide the Provincial Government’s approach to the regulation of alcohol. A diverse public-sector working group was established to drive the process of developing the draft Alcohol-related harms reduction White Paper. The UCT School of Public Health and Family Medicine participated in the working group tasked with the development of the White Paper and provided evidence-based input. The working group comprised representatives from relevant provincial departments, local government, South African Police Services (SAPS), the Western Cape Liquor Authority (WCLA) and academia.

**Key thematic issues addressed through the initiative:** development, social justice and inequality

**Nature of relationship(s) with external constituency (ies):** Consultation

**Length of relationship(s):** three years
Dominant form of the engaged scholarship
i.e. research, teaching or service. Please tick the appropriate boxes otherwise specify.

- Public service: Policy development/engagement/systems development

Dominant mode of engagement
Research

- Applied Research
- Service

Nature of the outputs: Policies: AHR Green Paper and AHR White Paper

Assessment of process/impact/outcomes of the initiative: Green Paper consolidated into White Paper after public participation process and Regulatory Impact Assessment with minimal changes.

Programme: Health and Human Rights Programme

UCT staff members involved in ES activity: Dr Richard Matzopoulos, Dr Ross Balchin; Dr Morna Cornell

PROJECT: ComaCARE

Nature of external constituencies involved in the initiative: community-based organisations

Purpose of the ES initiative: To provide the service to the Neurosurgeon wards at the Groote Schuur Hospital.

Brief description of the initiative: ComaCARE Trust is a Non Profit Organisation (NPO) that includes a Bedside service at Groote Schuur and Heads Up, a Family support and Rehabilitation service.

Key thematic issues addressed through the initiative: traumatic brain injury

Nature of relationship(s) with external constituency (ies): Management support.

Length of relationship(s): 5 years

Dominant form of the engaged scholarship: Other: Strategic direction through Board membership

Dominant mode of engagement: Service

Nature of the outputs: Board minutes; annual report

Assessment of process/impact/outcomes of the initiative: ComaCARE’s continued operation is testament.
**UCT staff members involved in ES activity:** Dr Richard Matzopoulos

**PROJECT: Gun Free South Africa**

**Nature of external constituencies involved in the initiative:** community-based organisations

**Purpose of the ES initiative:** to make South Africa a safer country by reducing gun violence

**Brief description of the initiative:** Gun Free South Africa (GFSA) was formed in 1995 with the aim of making a material contribution to the safety and security of South Africa by reducing gun-related violence

**Key thematic issues addressed through the initiative:** gun-related violence and injuries

**Nature of relationship(s) with external constituency (ies):** Management support

**Length of relationship(s):** 6 years

**Dominant form of the engaged scholarship:** Other: Strategic direction through Board membership

**Dominant mode of engagement:** Service

**Nature of the outputs:** Board minutes; annual report

**Assessment of process/impact/outcomes of the initiative:** GFSA’s advisory role to government and inclusion as amicus in court proceedings to defend the Firearms Control Act of 2000.

**Other UCT staff members involved in ES activity**
Division of Microbiology: Associate Professor Helen Cox
School of Public Health and Family Medicine (visiting professor) and University of Maastricht: Prof Fons Coomans

**PROJECT: The Right to Enjoy the Benefits of Scientific Progress**

**Nature of external constituencies involved:** Department of Health – provincial and national Civil Society NGOs engaged in human rights and TB advocacy

**Purpose of the ES initiative:** To explore the Right to Enjoy the Benefits of Scientific Progress as complementary to the Right to Health; To inform policy to achieve the above

**Brief description of the initiative:** Research is presently underway to develop a greater understanding of what constitutes the Right to Enjoy the Benefits of Scientific Progress using the problem of drug-resistant TB as an example. This is linked to preceding work on the right to health that focused on drug-resistant TB as an example. A PhD student is conducting this research under joint supervision. The research findings are being applied in various civil society forums.

**Key thematic issues addressed through the initiative:** Human rights, development, social justice
Nature of relationship(s) with external constituency (ies): Firstly, the research stems from my involvement with the Provincial XDR TB panel, which addresses egregious cases of DR TB failure. This panel is a service commitment and through engagement with Prof Coomans, the links with the REBSP have created a new field for scientific inquiry. I continue to serve on the panel and give continuing education talks on DR TB, linking it to the REBSP. The policy implications of the research will help to increase access to medication for this neglected patient population.

Length of relationship(s): My involvement with the DR TB panel began in 2008. The REBSP project began in 2014.

Dominant form of the engaged scholarship
The initiative provides a platform for research, teaching and service:

- **Teaching includes:**
  - Use of materials derived from our research findings in postgraduate and undergraduate teaching of health professionals;
  - Supervision of postgraduate students and visiting interns on research projects of relevance to the theme;
  - Continuing education to health professionals working in the TB field.

- **Research includes**
  - Policy and human rights research;
  - Epidemiological studies
  - Evaluations;

- **Public service includes:**
  - Support for provincial DR TB panel

**Dominant mode of engagement:** The main focus is on research to inform policy recommendations; a number of postgraduate student theses have emerged from this thematic work.

**Academic products** include articles, book chapter, PhD student thesis, conference posters and presentations.

**Applied products** include policy submissions, and technical assistance.

**Assessment of process/impact/outcomes of the initiative**
Formal evaluations including student theses.

Other UCT staff members involved in ES activity: Prof Andrew Boulle, A/Prof David Coetzee, Dr Virginia Zweigenthal, Mr Nesbert Zinyakatara and 6 public health medicine registrars.

**PROJECT: Public Health Medicine support to the W Cape Health Department Health Impact Assessment Directorate**

**Nature of external constituencies involved:** W Cape Department of Health –Health Impact Assessment Directorate and other sections; Other government departments (provincial and city) whose mandates affect health; Community structures involved in health promotion or disease prevention
**Purpose of the ES initiative:** This is the provincial service arm of public health in the health department. It is the platform where public health intelligence is assembled and deployed to advance population health in the province. The ES involved aim to strengthen provincial capacity to advance population health.

**Brief description of the initiative:** Four specialists, a demographer and 6 registrars in Public Health Medicine are deployed to the Health Impact Assessment Directorate where they work there to improve the core functions for Public Health in the province: a) epidemiology and surveillance; b) program impact evaluation; c) quality assurance and d) health research. Their work covers a wide span of focused project to systems innovations, all with the perspective of advancing the health of the population in mind.

**Key thematic issues addressed through the initiative:** health systems; public health intelligence

**Nature of relationship(s) with external constituency (ies):** This is a service relationship to the province since all but one are joint staff. Through engagement in different facets of the health department, we are brought into relationships with other government departments and with the City of Cape Town. This has led to a number of research projects with an emphasis on research translation.

**Length of relationship(s):** My involvement with the HIA directorate (and its precursor) began in 2007.

**Dominant form of the engaged scholarship**
The initiative provides a platform for research, teaching and service:

- **Teaching includes:**
  - Supervision of registrars;
  - Draw on health department staff to teach (a number are honorary staff);
  - Provincial staff attend our departmental continuing education seminars.

- **Research includes**
  - Policy research;
  - Epidemiological studies
  - Evaluations;
  - These take the form of thesis-related projects (M Med) and other research projects used by registrars for their portfolios required for their College exams
  - Most recently, one of the Division staff has initiated an inter-disciplinary Research Initiative in Cities, Health and Environment based on this ground work; a planned initiative will be one based on big data and accessing multiple routine databases in the health services.

- **Public service includes:**
  - Support for routine work in the HIA directorate in the areas of a) epidemiology and surveillance; b) program impact evaluation; c) quality assurance and d) health research;
  - Responding to provincial requests for support on provincial health priorities as needs arise

**Dominant mode of engagement:** The main focus is on service; all registrars are postgraduate students whose theses are based on their provincial attachments.
**Academic products** include articles, conference posters and presentations.

**Applied products** include policy reports, evaluation reports, and technical assistance outputs such as clinical or management tools.

**Assessment of process/impact/outcomes of the initiative:** Formal evaluations including student theses.

**Programme:** Health and Human Rights Programme

**Other UCT staff members involved in ES activity:** Dr Virginia Zweigenthal

**PROJECT:** Public Health Practicum

**Nature of external constituencies involved:** W Cape Department of Health – Health Impact Assessment Directorate and other sections; Health NGOs; Community structures involved in health

**Purpose of the ES initiative:** This is a module of our Masters in Public Health programme which provides for a period of structured experiential learning in the field of public health for our students while, at the same time, providing a host organisation with a student able to take on a discreet project aimed at addressing the host organisation’s need.

**Brief description of the initiative:** Students develop an MOU with a host organisation framed around a practical public health problem for which they require assistance. The student undertake the piece of work under the host’s supervision and does so for academic credit – counts towards one module on the MPH (12 credits). Students undertake a very wide range of projects all based on organisational need. For example, students have previously developed training material for a Community Health Organisation; developed a clinical governance tool for a health NGO, and developed better patient flow systems to reduce waiting times in a level 2 hospital.

**Key thematic issues addressed through the initiative:** capacity building; public health

**Nature of relationship(s) with external constituency (ies):** The host organisations get direct benefit from the work of the student. Depending on the nature of the practicum, the product can be a tool, a report, a recommendation, a system, etc. they supervise the student and participate in the evaluation of the student (30% of the module credits are based on their evaluation).

**Length of relationship(s):** The Practicum started in 2014

**Dominant form of the engaged scholarship:** The initiative provides a platform for learning – student applies skills learned in the classroom to a real life problem identified by the host; the learning is documented in different ways and contributes to their course work. At the same time, the practicum assists the host organisation solve a problem so is a form of service (service learning).

**Dominant mode of engagement:** The main focus is on service learning
**Academic products** is a credit toward course work. Some students identify thesis topics from the practicum or develop a relationship with the host organisation through the practicum and so lay the basis for a future thesis.

**Applied products** include policy reports, evaluation reports, and technical assistance outputs such as clinical or management tools.

**Assessment of process/impact/outcomes of the initiative:** Formal evaluations are built into the student assessment

**Programme:** Health and Human Rights Programme

**Other UCT staff members involved in ES activity:** Marion Heap

**Nature of external constituencies involved in the initiative:** Deafsa, Deaf Community of Cape Town; Dominican School for Deaf Children Wittebome; the Western Cape Department of Health

**Purpose of the ES initiative:** to advance access to health care via the implementation of free-to-patient professional medical interpreting services

**Brief description of the initiative:** A long term ethnographic study identified the formidable language barriers faced by signing Deaf people, accessing services in the public domain, including health care. In 2004 I joined the School of Public Health and Family Medicine and began a long term project to address language barriers in health care. I was soon joined by two Deaf staff. Deaf staff has been part of the team since the start. In 2008 with funding from the MRC we launched a study to pilot the first ever free-to-patient medical sign language interpreter service. In time what started as a research project developed into a service with expectations from Deaf people. In 2017, in just under 10 years, after additional research and representation, the Western Cape Department of Health took responsibility (i.e. they pay for the service) for sign language medical interpreting services in health care. It is significant breakthrough. It is a first for the country and probably for the continent of Africa. The ‘interpreter’ project has led to a number of related initiatives. We piloted a very successful accredited training for medical sign language interpreters. We evaluated SMSes as a means to advancing access to health information. The findings of the project provided the evidence to make representation to the South African Human Rights Commission, to the Provincial and National Departments of Health – we well as Parliament. In 2013 we had an opportunity to work with the Deaf children and begin to advance their access to health and health information. Our work with the children continues and will be a focus for the future. For the future we also hope to move from Cape Town to focus on Deaf people in the more rural areas.

**Key thematic issues addressed through the initiative:** the right of access to health care with a focus on access to language and information

**Nature of relationship(s) with external constituency (ies):** The relationship with the external constituencies has been one of joint conceptualisation of the need for interpreting services. We have consulted and worked with the external constituencies in setting up the research studies, conducting them and engaging around feedback.

**Length of relationship(s):** The relationship between the SPHFM and the constituency of the Deaf began in 2004 and continues.
Dominant form of the engaged scholarship: have been research and service

(1) Research: Most recently (2015-2018) with funding from the MRC and NRF we have focused on the exploring the interpreting needs of Deaf children and the use of technology for understanding the notions of consent and research.

(2) Public service: We have continued to provide professional medical interpreters for Deaf children when necessary

(3) Service: a service in Ophthalmology Out Patients to provide medical interpreting services for Deaf people on a regular monthly basis that was commenced in 2009, continues. It is administered completely by our Deaf staff

Nature of the outputs: Outputs are primarily academic papers and conference presentations – see for example

Gichane MW, et al., “They must understand we are people”: Pregnancy and maternity service use among signing Deaf women in Cape Town, Disability and Health Journal (2017), http://dx.doi.org/10.1016/j.dhjo.2017.03.016:


Fontes, et al. Assessing the validity and reliability of a pilot study in a hard-to-reach population: pregnancy history and service use amongst signing Deaf women in Cape Town. Presentation Research Day, School of Public Health and Family Medicine, University of cape Town, 15 August 2017

Assessment of process/impact/outcomes of the initiative: As mentioned above in 2017, the project achieved an important milestone: the Western Cape Department of Health took responsibility for sign language medical interpreting services in health care. It is a first for the country and the continent of Africa.
**Family Medicine Division (Head: Prof Derek Hellenberg)**

**Name of staff member:** Derek Hellenberg; Tsepo Motsohi; Renaldo Christoffel; Tasleem Ras

**Purpose of the ES initiative (please choose one activity here if you are involved in multiple initiatives):** Accessible local minor surgical service

**Brief description of the initiative:** Extension of minor surgical services across Metro Health Services Platform.

The DoFM has been providing a minor surgical service at the Heideveld CHC (HCHC) on a Wednesday morning since around 2004. Registrars are taught during this session. In the previous year we have added the following:

i. Minor surgical service every second week at Mitchells Plain CHC where we also teach interns and MO’s
ii. Minor surgical service once a month at Vanguard CHC where we also teach interns and MO’s
iii. Vasectomy slate at HCHC every second week on a Wednesday afternoon. Registrars are taught during this session.
iv. Tonsillectomy slate at Mitchells Plain Hospital (MPH) once a month. Registrars are taught during this session.
v. Upper GI endoscopy list at MPH every Tuesday morning. Registrars are taught during this session.

This saves community members time and money travelling to distant sites to have these procedures done and registrars are taught essential surgical skills for family practice.

**Key thematic issues addressed through the initiative:** Community level provision of minor surgical services across a range of procedures

**Nature of external constituencies involved in the initiative:** Metro Health Services/Provincial Department of Health

**Nature of relationship(s) with external constituency (ies) – (joint conceptualisation and design, consultation, obtaining feedback etc):** Joint conceptualisation of design and prioritising procedures to be performed

**Length of relationship(s):** 14 years since start of initiative

**Dominant form of the engaged scholarship i.e. research, teaching or service:** Service and Teaching

**Dominant mode of engagement e.g. applied research, policy analysis, public dialogue, media interviews:** Applied technical and theoretical knowledge

**Nature of the outputs:** Number of patients operated on

**Assessment of impact of the initiative (If this has not yet been done, how do you plan to do this?):**

We will assess the impact by:
1. Recording patient satisfaction with service
2. Recording what the distance to the nearest other facility is which provides such service and what it would cost the patient to get there into time and money

**Additional ES activities that you were involved in during 2017/2018**

1. Annual screening of under 6yr age learners at the Etafeni Centre in Nyanga, Cape Town (whole Division of Family Medicine)
2. Serving as lead on the VMMC Task Team in the MHS (DH)
3. Member of the MHS COPC Task Team (DH)
4. Member of the MHS Palliative Medicine Task Team (DH; Rene Krause and Liz Gwyther)
5. Involved with deliberations around NHI on a national level (DH)

**Name of staff member/unit:** Dr Rene Krause

**Purpose of the ES initiative (please choose one activity here if you are involved in multiple initiatives):** The integration of Palliative Care into Academic Teaching Hospitals (ATH)

**Brief description of the initiative:** The World Health Assemble stated that palliative care is fundamental in the continuum of care. (WHA, 2014) The South African DOH have developed a policy and framework for palliative care in South Africa. ("National Policy Framework and Strategy on Palliative Care," 2017) Integrating palliative care into ATH requires, teaching, research and service delivery. Current engagement with topic:

- **Service delivery:** supporting a nurse driven palliative care service in Groote Schuur Hospital 2 days a week. Attending managerial meetings at Tygerberg and GSH to advocating palliative care. Serving on the National and Provincial tasks teams for Palliative care. Reviewing the EML. Developing parameters for the provincial monitoring and evaluation. Organising the refurbishment of the palliative care rooms in GSH.
- **Teaching:** developing and co-ordinating a new National curriculum for palliative care for oncologist across 5 universities in South Africa. Initiating a palliative care rotation for family medicine registrars and Gynie oncology registrars. Working with the colleges of medicine to ensure palliative care is assessed in final exams. Initiating the development of a sub-speciality in Palliative care.
- **Research:** Development of a database for GSH. Evaluating the service delivery. Evaluation of the oncology curriculum
- **Quality improvement audit in pancreatic cancer.**

**Key thematic issues addressed through the initiative:** Palliative Care; Teaching; Integration; South African Policy
**Nature of external constituencies involved in the initiative:** Department of Health; Groote Schuur Hospital; 4 other teaching hospitals in oncology curriculum: Tygerberg, Walter Sisulu, Free State, Grey ATH complex; National Palliative Care Task tea; Hospice Palliative Care Association; St Luke’s Hospice

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Nature of relationship</th>
<th>Form of engagement</th>
<th>Length of relationship</th>
<th>Outputs</th>
<th>Impact</th>
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</thead>
<tbody>
<tr>
<td>Department of Health WC</td>
<td><strong>conceptualisation and design</strong></td>
<td>Dialogue, Meetings, Joint Policy development</td>
<td>18 months</td>
<td>Integrated programs into main service delivery</td>
<td>Training program initiated across WC</td>
</tr>
<tr>
<td>National PC task team</td>
<td><strong>conceptualisation and design</strong></td>
<td>Joint</td>
<td>2 years</td>
<td>PC drugs available across SA</td>
<td>EML has a palliative care chapter</td>
</tr>
<tr>
<td>Groote Schuur Hospital</td>
<td><strong>conceptualisation and design, consultation, obtaining feedback service delivery</strong></td>
<td>Actual clinical work and dialogue, Meetings research</td>
<td>4 years</td>
<td>PC program is growing</td>
<td>PC service is growing</td>
</tr>
<tr>
<td>4 other teaching hospitals in oncology curriculum: Tygerberg, Walter Sisulu, Free State, Grey ATH complex.</td>
<td>Applied research</td>
<td>Dialogue, Meetings teaching</td>
<td>2 years</td>
<td>Integration of PC into curriculum</td>
<td></td>
</tr>
<tr>
<td>Hospice Palliative Care Association</td>
<td>feedback</td>
<td>meetings</td>
<td>4 years</td>
<td>Joint teaching and training</td>
<td>70 nurses trained in GSH by HPCSA</td>
</tr>
<tr>
<td>St Luke’s Hospice</td>
<td>Service delivery and teaching</td>
<td>Meeting supervision</td>
<td>10 years</td>
<td>4-5 registrars supervised and trained. Joint care of patients</td>
<td>St Luke’s is an accredited site by HPCSA. DOH is allowing for the training of registrars</td>
</tr>
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Assessment of impact of the initiative (If this has not yet been done, how do you plan to do this?): The redcap database is monitoring service delivery. Morphine monitoring of the Western Cape

Additional ES activities that you were involved in during 2016: National Policy Framework and Strategy on Palliative Care. (2017).

Strengthening of palliative care as a component of integrated treatment within the continuum of care, 9.4 C.F.R. (2014).

Name of staff member/unit: Elma de Vries, Division of Family Medicine

Purpose of the ES initiative (please choose one activity here if you are involved in multiple initiatives): training of health professionals in Gender-affirming healthcare, for human rights NPO Gender DynamiX

Brief description of the initiative: The NPO Gender DynamiX has organised 4 weekend training events in 2017-2018, with another planned for September 2018. I volunteer my time to be a trainer on the following topics: Introduction to gender-affirming healthcare, Informed consent, ethical guidelines and person-centred care, Introduction to gender-affirming hormones and surgery. In addition, we were invited by the NPO CEDEP in Malawi, to provide training in Lilongwe.

June 2017: Pietermartizburg
July 2017: Bloemfontein
November 2017: Pietermartizburg
June 2018: Lilongwe, Malawi
July 2018: East London
September 2018: Johannesburg

Key thematic issues addressed through the initiative: gender-affirming healthcare, transgender

Nature of external constituencies involved in the initiative: NPO Gender DynamiX, and for Malawi the NPO CEDEP, for East London training the NPO SHE. Training attended by doctors, psychologists, social workers, pharmacists, counsellors as well as transgender people.

Nature of relationship(s) with external constituency (ies): trainer

Length of relationship(s): I have been involved with Gender DynamiX from 2012, assisting with guidelines which were published in 2013.

Dominant form of the engaged scholarship i.e. research, teaching or service: teaching/service

Dominant mode of engagement: training of health professionals

Nature of the outputs: training

Assessment of impact of the initiative (If this has not yet been done, how do you plan to do this?): Gender DynamiX collects feedback after the training events. Because of the training, more doctors are providing gender-affirming healthcare such as hormone treatment in different parts of South Africa, which improves access to care for transgender people.
Occupational Medicine Division (Head: Prof Mohamed Jeebhay)

Name of staff members/unit: Prof Mohamed Jeebhay, Dr Shahieda Adams, Dr Amy Burdzik

Purpose of the ES initiative: To provide an occupational medicine clinical service to workers and employers (members of the public) which spans diagnostic and therapeutic services, management of impairment and disability, and access to workers’ compensation.

Brief description of the initiative: The Occupational Medicine Clinic at Groote Schuur Hospital was established in 1990 as a joint service between the then Department of Community Health and the Department of Medicine. The clinic provides a comprehensive service to workers affected by hazardous exposures in their work. Working with respiratory physicians, dermatologists, hand surgeons, occupational therapists and other professionals, the occupational medicine specialists and registrars staffing the clinic provides diagnostic and therapeutic services, and support workers with compensation claims to realise their workplace and compensation rights.

Typical exposures experienced by patients include workplace dusts, chemicals, infectious agents, allergenic substances, metals, plastics and oils, ergonomic factors (e.g. repetitive work, postural stress) and physical agents (excessive cold, vibration). A regular service for evaluation of occupational skin disease forms part of the clinical services provided.

The service covers exposure assessment, clinical diagnosis, treatment, management of workplace factors where possible, assistance with workers’ compensation, rehabilitation and incapacity assessment to determine fitness for work (in collaboration with other specialties). In addition to submitting claims under the Compensation for Occupational Injuries and Diseases Act, medical benefit examinations under the Occupational Diseases in Mines and Works Act are provided.

The clinic also works with employers and worker representatives to improve workplace conditions, thereby promoting the health and safety of workplaces in the province. More generally, the experience of clinic staff in dealing with the systems that govern the intersection of work and health with regard to work incapacity has enabled them to press for systems reform via both scholarly publication and through legal and political channels.

The clinic is a model of a process of public sector care that combines medical expertise, policy concern and a focus on the rights of patients, in this case as workers.

Key thematic issues addressed through the initiative: Occupational health service, clinical service, compensation, system reform, workers health and safety rights

Nature of external constituencies involved in the initiative: Western Cape Department of Health; Department of Medicine and other clinical departments; Provincial Department of Health – Groote Schuur hospital; Employers, employees, occupational medical practitioners, non-governmental agencies, trade unions and government departments; National ministries of Health, Labour, Mineral Resources

Nature of relationship(s) with external constituency (ies) – (joint conceptualisation and design, consultation, obtaining feedback etc).

- The Western Cape Department of Health which provides infrastructure and administrative support
• The department of Medicine houses the Occupational Medicine Clinic
• Interdisciplinary referrals are obtained from colleagues in other clinical departments
• Clinical evaluation of complex cases from the staff clinics of major hospital (Groote Schuur and Red Cross hospital)
• Referrals from employers, employees, occupational medical practitioners, non-governmental agencies, trade unions and government departments are referred to the clinic for expert opinion
• Policy inputs into relevant occupational health and safety legislation enforced by the national Ministries of Health and Labour
• Providing technical support to WCDOH, through the Health Impact Assessment Unit in the provincial head office, to enable the WCDOH to fulfil its legal responsibility of ensuring a healthy and safe working environment in all facilities of the province. Key support areas included implementation of the SHERQ policy, conducting health risk assessments, supporting health and safety training, and developing medical surveillance protocols for key hazards encountered in the health facilities.

Length of relationship(s): The clinic has been in existence for 28 years.

Dominant form of the engaged scholarship i.e. research, teaching or service: Services are primarily provided to those employees and employers with limited or no access to workplace based occupational health services.

The clinic also serves as a teaching platform for occupational medicine registrars during the course of their clinical training.

There is some scope for research and some publications have been generated in the past 2 years based on clinic patients and experience, primarily to highlight challenges and efficiencies within the compensation system and the impact on workers lives and report sentinel cases.

Dominant mode of engagement e.g. applied research, policy analysis, public dialogue, media interviews: Clinical service and teaching

Nature of the outputs

In addition to a range of research outputs, in the past year about 319 patients were evaluated in the occupational medicine clinic. The clinic is currently the only dedicated occupational medicine clinic providing a specialist service to the public health care sector. Waiting periods average at about 3-4 weeks. The main referral sources are from occupational health nurses/ doctors in private sector (39%) and GSH departments (24%). It provides a service to both employed (56%) an unemployed workers (44%). The main reason for referral is occupational disease diagnosis (51%) and fitness to work (28%). Occupational asthma is the most common diagnosis (40%), followed by pneumoconiosis (18%) and work-related upper limb disorders (18%). COIDA compensation claims (Dept of Labour Compensation Fund) comprise the majority of claims submitted (80%), the reminder being ODMWA related (Dept of Health Compensation Fund).

Assessment of impact of the initiative: The capturing and maintenance of an electronic clinic database was refined to provide a better understanding of the disease burden and risk profile of
Additional ES activities that you were involved in during 2017/8

- Dr Shahieda Adams (chair) and Prof Mohamed Jeebhay are members of the medical review committee of Q(h)ubeka Trust established to review compensation claims for occupational lung diseases. The trust was established following a class action legal settlement between gold mine owners and miners, which aims to compensate mineworkers with silicosis/silco-tuberculosis.

- Prof Jeebhay has established a strong partnership with the national Worker’s Compensation Fund to provide technical support for the diagnosis and compensation of occupational diseases under the COIDA.

- Dr Adams was a member of the drafting team for International Commission on Occupation Health position paper on TB in health care workers, an important occupational health problem in developing countries including South Africa.

- Prof Jeebhay is a member (secretary) of the Food processing and Occupational Respiratory Allergy (FORA) taskforce established under the auspices of the European Academy of Allergy and Clinical Immunology.
Epidemiology and Biostatistics Division (Head: A/Prof Maia Lesosky)

Name of staff member/unit: Tamsin Phillips, Division of Epidemiology & Biostatistics, School of Public Health & Family Medicine

Purpose of the ES initiative: The purpose was to provide examples from the South African context about monitoring prevention of mother-to-child HIV transmission (PMTCT) within a monitoring and evaluation workshop for MSF data managers working in Africa.

Brief description of the initiative: In December 2017 I was invited to present on the PMTCT programme in South Africa, focusing on monitoring and evaluation. This presentation took place within a broader monitoring and evaluation training workshop to develop the capacity of data managers working in MSF programmes in Africa.

Key thematic issues addressed through the initiative: Knowledge sharing, collaboration, HIV, Maternal and Child Health

Nature of external constituencies involved in the initiative: Medicins Sans Frontiers (MSF), an international NGO

Nature of relationship(s) with external constituency (ies) – (joint conceptualisation and design, consultation, obtaining feedback etc): MSF organised the workshop to develop the skills of the data managers working on their programmes and invited me to contribute. The presentation was prepared in consultation with the workshop leads.

Length of relationship(s): This was a once of engagement.

Dominant form of the engaged scholarship i.e. research, teaching or service: Teaching

Dominant mode of engagement e.g. applied research, policy analysis, public dialogue, media interviews: Presentation and discussion

Nature of the outputs: Participants completed the training workshop, no additional output

Assessment of impact of the initiative (If this has not yet been done, how do you plan to do this?): The convenors of the workshop will monitor the impact of the training. Participants were asked to provide feedback on all sessions.

Name of staff member/unit: Division of Epidemiology & Biostatistics (together with the Centre for Infectious Disease Epidemiology & Research)

Purpose of the ES initiative: To use the quantitative skills of the Division and Centre to provide mathematics training to school children from Gugulethu, where many of our projects are based.

Brief description of the initiative: On 13 and 14 April the Centre for Infectious Disease Epidemiology and Research (CIDER) and the Division of Epidemiology and Biostatistics at UCT’s School of Public Health and Family Medicine (SPHFM) hosted a maths boot camp for 40 grade 11 learners from Gugulethu’s Fezeka High School. The camp was hosted with Dikakapa—Everyday Heroes, an organisation that works closely with Fezeka High School providing regular tutoring. During the camp, learners were exposed to the university environment and had facilitated revision sessions to prepare for their exams and assist with University applications. Donations were also
raised so all participants could receive calculators and math sets. Participants from the Division included Ms Tamsin Phillips, Ms Nontokozo Langwenya (who jointly organised the workshop) as well as Mr Elton Mukonda, Ms Tracy Glass.

**Key thematic issues addressed through the initiative:** Education, skills development, access to learning material

**Nature of external constituencies involved in the initiative:** Dikakapa-Everyday Heroes, an NGO that works with Fezeka High School providing regular tutoring

**Nature of relationship(s) with external constituency (ies) – (joint conceptualisation and design, consultation, obtaining feedback etc):** Joint conceptualization – members of DEH work in the Division and planned the event.

**Length of relationship(s):** Since 2016

**Dominant form of the engaged scholarship i.e. research, teaching or service:** Teaching

**Dominant mode of engagement e.g. applied research, policy analysis, public dialogue, media interviews:**

Facilitated mathematics workshop

**Nature of the outputs:** Students completing the workshop

**Name of staff member/unit:** Tamsin Phillips, Division of Epidemiology & Biostatistics, School of Public Health & Family Medicine

**Purpose of the ES initiative:** The purpose was to contribute to an online Global Health training course and provide an introduction on maternal and child health and HIV for medical students doing clinical rotations in low-resource settings.

**Brief description of the initiative:** While on a research visit to the Vanderbilt University Institute for Global Health I was invited to present and record an online module based on my work in the field of HIV and Maternal and Child Health. I complied a lecture which was recorded and made available online. The video is used in the Vanderbilt University School of Medicine’s course, “Integrated Science Course: Global Health.” The course is a one-month clinical rotation that occurs in at various sites around the world, including rural Kenya. This video is part of a required module that provides foundational sciences related to maternal child health and HIV, which augments students’ clinical experiences.

**Key thematic issues addressed through the initiative i.e. key words:** Knowledge sharing, international collaboration, HIV, Maternal and Child Health

**Nature of external constituencies involved in the initiative:** Vanderbilt University School of Medicine and Institute for Global health requested to video.

**Nature of relationship(s) with external constituency (ies) – (joint conceptualisation and design, consultation, obtaining feedback etc):** I prepared the lecture in consultation with the lead on the project at Vanderbilt.
Length of relationship(s): I have worked colleagues at Vanderbilt University for the past three years.

Dominant form of the engaged scholarship i.e. research, teaching or service: Teaching

Dominant mode of engagement e.g. applied research, policy analysis, public dialogue, media interviews: Online video module

Nature of the outputs: A video used in the Vanderbilt University School of Medicine’s course, “Integrated Science Course: Global Health.” (available to students on youtube)

Assessment of impact of the initiative (If this has not yet been done, how do you plan to do this?): The convenors of the Integrated Science Course: Global Health continually review and revise the content of the online modules.

Name of staff member/unit: Division of Epidemiology & Biostatistics, School of Public Health and Family Medicine

Purpose of the ES initiative: To provide intensive biostatistics training to researchers from other African countries

Brief description of the initiative: Each year, Division of Epidemiology and Biostatistics staff Maia Lesosky (Associate Professor) travels to a rotating site in Africa to teach epidemiology and biostatistics to over 50 clinical researchers from across Africa. The work was part of an annual course run by the Pan-African Thoracic Society that works to develop research capacity across the continent. Clinical research in this group tends to be focused on the main drivers of respiratory illness, including indoor and outdoor biomass pollution and tuberculosis. Course content included study design, measurement in research, sample size estimation, and data analysis. In 2017/2018 year Dr Maia Lesosky was joined by PhD student in the Division, Elton Mukonda.

Key thematic issues addressed through the initiative i.e. key words: Research methods; Biostatistics; Clinical research

Nature of external constituencies involved in the initiative: Research centres across sub-Saharan Africa, the Pan-African Thoracic Society

Nature of relationship(s) with external constituency (ies) —(joint conceptualisation and design, consultation, obtaining feedback etc): Collaborative design and conduct of training programme

Length of relationship(s): Since 2013

Dominant form of the engaged scholarship i.e. research, teaching or service: Teaching

Dominant mode of engagement e.g. applied research, policy analysis, public dialogue, media interviews: Training

Nature of the outputs: Training materials and researcher trained

Assessment of impact of the initiative (If this has not yet been done, how do you plan to do this?): The course tracks the achievements of trainees, including publications, scholarships received and research funding obtained.
Name of staff member/unit: Division of Epidemiology & Biostatistics, School of Public Health & Family Medicine

Purpose of the ES initiative: To provide R based training to researchers

Brief description of the initiative: Facilitation, hosting and participation in the annual “satRday” conference, held 16-17 March 2018 at UCT, along with an associated “software carpentry” workshop held on Health Sciences Campus on the 17-18 March, 2018. The conference had over 200 participants, including a number from the Division and the workshop had 30 participants.

Key thematic issues addressed through the initiative i.e. key words: R programming; Reproducible research; Peer learning

Nature of external constituencies involved in the initiative: Software Carpentry is a registered trademark of the Software Carpentry Foundation, a non-profit, volunteer run organisation dedicated to teaching people to program. A number of commercial and non-profit organisations supported the satRday conference.

Nature of relationship(s) with external constituency (ies) – (joint conceptualisation and design, consultation, obtaining feedback etc): Sponsorship - satRday conference; Teaching material and framework support - workshop

Length of relationship(s): This is the second year the Division has co-sponsored the satRday conference, and the 3rd year the Division has co-sponsored Software carpentry workshops

Dominant form of the engaged scholarship i.e. research, teaching or service: Teaching

Dominant mode of engagement e.g. applied research, policy analysis, public dialogue, media interviews: Training

Nature of the outputs: Video recordings of speakers, online notes and lesson plans for workshop

Assessment of impact of the initiative (If this has not yet been done, how do you plan to do this?): Daily and end of workshop assessment asked of participants, course teachers and convenors met to discuss successes and challenges and prepared a written post that was published by the software carpentry blog.

Additional ES activities that you were involved in during 2016/2017:

Leadership of Western Cape R Users Group which is a learning/teaching platform for statistical software (R). There are monthly seminars, an active social media presence, a web page and forum.

Leadership of Data/Software Carpentry programs. An initiative aimed at bringing programming/technical skills to non-quantitative researchers. These sessions are taught quarterly across the country by Division staff.

Membership in PMTCT Technical Working Group and Steering Committee, South African National Department of Health

Consultations on HIV viral load monitoring in pregnancy, Kingdom of Swaziland Ministry of Health, Zimbabwe Ministry of Health, World Health Organization, PEPFAR

Membership in Clinical Guidelines Group, World Health Organization HIV Department
Membership in Research Committee, Cancer Society of South Africa


Consultation to AfricaCheck, a non-profit fact checking organisation, on aspects of study design.
Health Policy and Systems Division (Head: Prof Lucy Gilson)

Name of staff member/unit: Health Policy and Systems Division

Purpose of the ES initiative (please choose one activity here if you are involved in multiple initiatives): The HPSD is engaged in a series of inter-linked activities with the Western Cape Department of Health. The purpose of these activities is to strengthen the sharing of research/evidence/experience between academics and practitioners, and to support reflective practice and mutual learning to inform health system development.

Brief description of the initiative: A web of linked activities fulfil this purpose, and strengthen relationships and trust between sectors. These include formalised research projects (such as the WholeSyst research project which was jointly developed by academic and WCDOH staff, and examined the development of the WC health system over the last twenty years); the co-creation of publications (see Gilson et al. 2017 in the 2017 SA Health Review); WC DOH staff teaching and sharing experience in the HPSD postgraduate courses; joint presentations at local and international conferences; and the development of routinized ‘reflective spaces’ for joint discussion and reflection, such as the Western Cape Health Systems Journal Club (running on a bi-monthly basis since 2012). For example, in the journal club, a small group of around 40 researchers and managers that are engaged in health systems practice and research in the Western Cape gather at a venue at UCT. The researchers come from different units and departments at UCT, the University of the Western Cape (School of Public Health), Health Systems Trust, Stellenbosch University and the Medical Research Council (Health Systems Unit). The managers mainly come from the WC DOH, including provincial, regional and sub-district managers. A standard journal club format is practiced – where two papers on a specific topic are carefully selected, presented and discussed. Examples of topics that have been covered include community accountability, translating evidence to practice, health systems leadership, health systems resilience, mental health, non-state providers (among others).

Key thematic issues addressed through the initiative: Public dialogue; Service learning; Applied research; Knowledge exchange; Practice research engagement; Co-creation

Nature of external constituencies involved in the initiative: Researchers and staff from the University of the Western Cape (School of Public Health), Health Systems Trust, Stellenbosch University and the Medical Research Council (Health Systems Unit), the Western Cape Department of Health, and the City of Cape Town.

Nature of relationship(s) with external constituency (ies) – (joint conceptualisation and design, consultation, obtaining feedback etc): Joint planning and conceptualization (jointly deciding this is worth doing, jointly deciding on what topics need discussing, sharing responsibilities for preparing the readings), consultation, feedback loops between parties, co-creation and co-production of outputs an ideas.

Length of relationship(s): The broader relationship has been ongoing since 2011, with linked activities and projects on their own cycle (e.g. the Journal Club has been running since 2012; the joint Wholesyst project 2015-2017).

Dominant form of the engaged scholarship i.e. research, teaching or service: All (research, teaching and service)
Dominant mode of engagement e.g. applied research, policy analysis, public dialogue, media interviews: Public dialogue, applied research

Nature of the outputs: Internal notes and briefs, research proposals, research reports, journal publications (with joint authorship), conference presentations and posters (joint authorship), teaching materials and cases, ideas influencing policy and practitioner thinking, CPD points for practitioners.

Assessment of impact of the initiative: Elements have been externally evaluated (e.g. the Journal Club and specific research projects) and have been assessed as highly valued, and contributing to wider thinking and activities. Continuing engagement in itself indicates ‘impact’ in the sense of valued activities to which people give time, voluntarily.

Additional ES activities that you were involved in during 2018

Teaching and Networks

- Continued support of African HPSR teaching outside of UCT (including curriculum design, tool sharing, and teaching on other African courses)
- Support of LMIC health leaders to attend UWC winter school in 2015-2017 (funded through various projects)
- The development of an African HPS PHD cohort (working with colleagues across Africa, UWC, and various external funders)
- Organised workshops and seminars with other LMIC guests, with a focus on South-South engagement

Consultancy and Co-Creation with the System

- Support of large-systems transformation interventions in Zambia and Mozambique – as a project for the Doris Dukes Charitable Foundation (DDCF)
- Awarded grant for a rapid review of ‘embedded HPSR’ for the WHO (Alliance for Health Policy and Systems Research), which includes consultancy and engagement with researchers and policy makers
- Awarded grant for the development of a ‘Reader’ on Health Policy Analysis for the WHO (Alliance for Health Policy and Systems Research), which includes consultancy and engagement with researchers and policy makers
- Collaborative development of future research projects with health systems partners, including the successful development of a new proposal for a joint SA-Kenya study to the DFID/ESRC/MRC/Wellcome Trust Health Systems Research Initiative)
- All HPSD staff continue to be involved in publication and knowledge translation – including several publications that are jointly authored with health system practitioners and community members. For example, Olivier edited a special edition of Development in Practice (July 2017), which was aimed at bringing practitioner voices into the academic publication space.

Policy Engagement
• Policy engagement in South Africa – e.g. through the PAHLM Project, the WholeSyst Project, the School Health Project, and other engagements with health managers at all levels of the health system
• Policy engagement in Ghana – through the AHPSR Ghanan study with non-state providers

Community and Civil Society Engagement

• Involvement in and organisation of civil society engagement – including evaluation and participatory asset mapping workshops in communities in the UK, South Africa, and Ghana in 2017
• Continued participatory research engagement with district and sub-district health managers – through the DIAHLS project

Advice, Steering, Committees

• Gilson on Board of Health Systems Global (ongoing)
• Olivier as Board Member of the Joint Learning Initiative on Faith and Local Committees (2012-2017)
• Olivier as special advisor to the African Christian Health Associations Platform (ACHAP, 2017)
• Olivier has taken over leadership of the PHASA Special Interest Group on Health Systems (2017)
• Shung-King, Children’s Hospital Trust project evaluation committee (ongoing)
Health Economics Division (Head: A/Prof Edina Sinanovic)

Name of staff member/unit: Associate Professor Edina Sinanovic

Purpose of the ES initiative: To develop health economics seminars and workshops that are underpinned by evidence based best practice principles.

Brief description of the initiative: Through the years the Health Economics Division has partnered with the Pharmaceutical & Technology Clinical Management Association of South Africa (PTCMA) to develop and deliver seminars to the PTCMA corporate and individual members as well as non-members such as the Department of Health officials. The key objectives of these seminars/workshops are to encourage the understanding of evidence-based medicine with an outcome in evidence-based practice, and to provide a neutral network forum for stakeholders who have an interest managed care principles and health economics. The PTCMA has formed a commitment with the Department of Health to develop public-private relationships which are forged in the education arena.

Key thematic issues addressed through the initiative: Health economics, evidence-based medicine, managed care principles.

Nature of external constituencies involved in the initiative: The PTCMA is a section 21 company without share capital.

Nature of relationship(s) with external constituency (ies) – (joint conceptualisation and design, consultation, obtaining feedback etc): Joint design of seminars and workshops; delivery of lectures on health economics.

Length of relationship(s): Since 2012

Dominant form of the engaged scholarship i.e. research, teaching or service: Service

Dominant mode of engagement e.g. applied research, policy analysis, public dialogue, media interviews: Teaching

Nature of the outputs: News skills

Assessment of impact of the initiative: This is regularly done through the seminar/workshop evaluation forms completed by the participants. In addition, the interest in these seminars/workshops has increased over the years.

Additional ES activities that you were involved in during 2018: N/A
Environmental Health Division (Head: Prof Hanna-Andrea Rother)

Purpose of the ES initiative (please choose one activity here if you are involved in multiple initiatives): To reduce the health risk of informal vendors selling highly hazardous illegal pesticides directly; while indirectly protecting the health of community members who buy these products.

Brief description of the initiative: As part of an ongoing research and social responsiveness effort by the Division of Environmental Health to reduce the use and reliance on highly hazardous “street pesticides” in low-income communities in Cape Town, researchers in the Division of Environmental Health engaged in an initial dialogue with informal vendors at Nonqubela Train Station in Khayelitsha on the 13th of June 2018. These vendors are selling highly hazardous pesticides that are predominately illegal and too acutely toxic for domestic pest control. Vendors are addressing a demand for effective and cheap pest control products to control poverty related pest infestations. As a result, however, vendors are endangering their own health, the health of children who accompany them while selling and they are providing products that are causing morbidity and mortality among community residents – particularly children and for self-harm. Through an engaged scholarship lens, it is vital that informal vendors, who sell street pesticides in low-income communities for domestic pest control, become part of the solution to reducing the reliance on these pesticides. Therefore, it was necessary that a dialogue be created and entered into between the Division, informal vendors and the City of Cape Town (CCT), who regularly raid the vendors of their pesticide stock.

The initial meeting was organised by CCT Environmental Health through communication with the self-appointed chairperson of the Informal Trader’s Association and opened with a prayer by an informal vendor. As indicated by the quote below, the group of vendors believe street pesticides are remedies that are harmful to pests only and rarely consider the impacts on the health of their customers, or indeed themselves.

“It is a medicine that I sell” – Informal Vendor 1

“It is dangerous for cockroaches because it kills cockroaches” – Informal Vendor 2

Thus, the purpose for the Division’s dialogue with the vendors was to highlight the illegality of selling the pesticides as well as the likely health outcomes associated with pesticide exposure. The meeting was also intended to gauge the acceptability of informal vendors to sell low-toxic alternatives to pesticides that the Division are researching, that use household products such as vinegar and bicarbonate of soda.

Overall acceptability from the informal vendors on advocating and selling alternatives appears high but they acknowledge that it will take some time to introduce to the community as the efficacy of the remedies will need to be piloted. Furthermore, the vendors are eagerly awaiting the completion of the Division’s “Low Danger Pest Control” booklet that contains the household remedies with ingredients that the vendors could begin selling and advocating for. The booklet is expected to be completed in September 2018. The next engagement will be on introducing the vendors to these booklets and how they can phase out selling street pesticides.

Key thematic issues addressed through the initiative: Health, poverty, human rights, child rights, service delivery, participation, risk communication, risk prevention
Nature of relationship(s) with external constituency (ies) –( joint conceptualisation and design, consultation, obtaining feedback etc): Participatory engagement with the vendors through providing feedback and discussion on the issues related to selling street pesticides. This relationship is also fostered through a long-time relationship with the CCT Environmental Health directorate and particularly Environmental Health Practitioners (EHPs) and Assistants (EHAs). This relationship with the City is also through a Street Pesticide Reference Group managed by the Division with stakeholders from UCT (e.g., public health, forensics, anthropology), Children’s Red Cross, and Western Cape Government – Health Promotion. This group reviews all the interventions developed and provides input to the research.

Length of relationship(s): The original research conducted, that this work is based on, is from 2008. In 2018 engagement with the informal vendors began.

Dominant form of the engaged scholarship i.e. research, teaching or service: This relationship is based on service and capacity building particularly for low literate populations

Dominant mode of engagement e.g. applied research, policy analysis, public dialogue, media interviews: The mode of engagement is based on research with households, participatory workshops/dialogue in the communities, and intervention development as well as implementation.


Assessment of impact of the initiative (If this has not yet been done, how do you plan to do this?): This is an ongoing engagement. The impact will be assessed through data collected as to whether there is a reduction of child pesticide poisoning cases at Red Cross Hospital and child deaths from street pesticides at Salt River Mortuary.

Please list additional ES activities that you were involved in during 2018: The Division of Environmental Health developed a training manual and a training workshop programme to promote a train the trainer process for various professionals involved with various aspects around street pesticides. These include Environmental Health Practitioners (EHPs) and Assistants (EHAs), Forensic Pathology Officers (suicides and child deaths from pesticides), and Community Health Promoters. This was the first workshop for finalizing the training manual. Two workshops will be run a year by the Division and will include other professionals as well (e.g., emergency professionals/paramedics) as per the request of the CCT. In the initial workshop held on June 5th, 2018 20 professionals were trained.
1. Movement for Change and Social Justice (MCSJ), Gugulethu

Purpose of the ES initiative: Support the development, activities and community-based leadership structures of the Movement for Change and Social Justice (MCSJ); develop a partnership between MCSJ and the large research project based in the Division (iALARM—Using Information to Align Services and Link and Retain Men in the HIV Cascade).

Brief Description of the Initiative: The Movement for Change and Social Justice (MCSJ) is an alliance of organisations aiming to improve the health and lives of people in Gugulethu and surrounding areas. MCSJ is an activist movement that emerged from of a need to address several health and social issues that have in neighbourhoods of Klipfontein, including the lack of ARVs in clinics, long waiting times at community health facilities, and limited access to sanitary pads and condoms in schools. MCSJ is a joint initiative between the University of Cape Town (UCT)/DSBS, Sonke Gender Justice (SGJ), the Treatment Action Campaign (TAC) and several other partners who share the same values and would like to collaborate to bring about change in our community.

As part of our work with MCSJ this year, the Division and MCSJ worked together to host a community feedback session where we reported on emerging results from a large NIH-funded research study on men and HIV that we are currently conducting in Gugulethu. MCSJ mobilized over a 1,000 people from local Gugulethu neighborhoods and NGOs to come to the JL Zwane Community Center for a 4-hour meeting. Chris Colvin, Head of DSBS, spoke for an hour about the results from 10 different student-run qualitative research projects we have conducted in the area over the last two years. Representatives from Sonke Gender Justice, MCSJ and the Provincial Department of Health also made presentations and responded to questions and comments from the audience.

Key thematic issues addressed through the initiative i.e. key words: HIV, implementation research, health activism, community mobilisation, health promotion

Nature of external constituencies involved in the initiative: Non-governmental organizations (including TAC, Sonke Gender Justice and community-based organisations based in Gugulethu); healthcare workers and managers; community leaders and health activists; Gugulethu community members.

Nature of relationship(s) with external constituency(ies): MCSJ emerged alongside the iALARM Project (a collaboration between UCT and Brown University to use routine health information and other avenues to support men in the HIV cascade). The leadership of MCSJ is made up of representatives from various NGOs working in Gugulethu and includes two DSBS staff members. Staff and students in DSBS assist, where possible and appropriate, with some of technological and logistical aspects of supporting the work of the movement (printing documents, assisting with transport/catering for meetings). Those at DSBS also assist MCSJ to make connections with appropriate speakers to share academic knowledge about particular challenges in the Gugulethu community (eg. HIV, gender-based violence etc). This year has seen substantial growth in the working relationship between UCT and MCSJ and in particular, the ability of MCSJ to broker relationships between UCT researchers in the Division and local NGOs, CBOs, community members
and health service staff who are interested in supporting the Division’s initiative around gender and HIV.

**Length of relationship(s):** Three years (ongoing)

**Dominant form of the engaged scholarship i.e. research, teaching or service:** Engaged research and service

**Dominant mode of engagement e.g. applied research, policy analysis, public dialogue, media interviews:** Public dialogues and community events, applied/operational research, public dialogue, media interviews, materials development, organisational development, policy analysis

**Nature of the outputs:** MCSJ has had a series of successful events, meetings, and campaigns. This year, it has also established an executive committee, secured core funding from a donor for five years, and opened a small office at the NY3 Clinic. Its work with the Division continues to be core to its mission of bringing health knowledge and information to community-based actors who can use it to promote local change.

**Assessment of impact of the initiative (If this has not yet been done, how do you plan to do this?)** We held a smaller community/health system meeting a few days after the large community feedback meeting. The consensus among attendees was that the event was very much appreciated locally and that it was the first time that most of the participants had ever experienced the members of a research project coming back to report on the results of their studies. These two meetings (the large one and the smaller follow up one) have led to several subsequent projects, including a street committee audit and engagement project, and men and HIV poster campaign for clinics, schools and NGOs. There has also been a request to host such a feedback meeting annually to give researchers from our Division and elsewhere at UCT who are working in Gugulethu a chance to report back to those they have worked with and discuss ideas for how to operationalize these results.

**Additional ES activities that you were involved in during 2017**

- Iliso Lamakhosikazi (“Eye of the Women”) Women’s group, Town Two, Khayelitsha.
- Field School for Community Health Research Methods
- iALARM/Sonke partnership to support HIV-positive men through the HIV cascade of prevention, treatment and care
- The CERQual Project: development of new methods to enable policymakers to assess confidence in the findings from qualitative systematic reviews
Other UCT staff members involved in ES activity: A/Prof John E. Ataguba

Nature of external constituencies involved in the initiative (public sector, NGOs, industry, and community based organisations and other): National Science and Technology Forum; National Research Foundation; Limpopo Provincial Department; Northern Cape Department of Education; National Department of Science and Technology, Science-tuBE and Science Beyond Borders.

Purpose of the ES initiative: Providing career talk to physically challenged high school pupils in Kimberley; sharing experience and providing inspirational/motivational talk to different high school learners in Kimberley during the 15th science beyond borders festival (SBBFest) 2018 in Kimberley, Northern Cape

Brief description of the initiative: The 7th Science without Boarders Festival was held in Mayibuye Multipurpose Center, Kimberley, Galeshewe from 12-16 February 2018. This was hosted by the Northern Cape Department of Education with Science Beyond Borders group. The first Festival in 2010 was held in Thohoyandou, Limpopo. The festival is designed to be “very attractive for experienced exhibitors, community, learners, teachers, community, community leaders and researchers wishing to share, empower, encourage and discuss novel ideas, and for young scientists alike.” It provides a unique opportunity for learners to hear from role players in science and to discuss their current work, experience, knowledge, future plans and results.

My participation was facilitated by the NSTF under the Share ‘n Dare initiative.

“The NSTF Share ‘n Dare programme was started as part of the NSTF Awards. It provides a platform for NSTF Award winners to act as role models and ambassadors for science, engineering, technology (SET) and innovation. The winners share knowledge with youth and communities, inspiring young people to pursue studies and careers in SET and innovation. This programme annually starts after the awards ceremony” - http://www.nstf.org.za/youth/share-n-dare-programme/

Key thematic issues addressed through the initiative: Career in different sciences, including social sciences; Networking and sharing experiences.

Nature of relationship(s) with external constituency (ies): I was an NSTF awardee. This is encouraged as an award winner.

Length of relationship(s): N/A

Dominant form of the engaged scholarship: clinical service or community outreach

Dominant mode of engagement: Service

Assessment of process/impact/outcomes of the initiative: This was funded by the NSTF. The NSTF is responsible for any assessment of impact. It is difficult to assess ‘traditional’ impact as the programme was about future career choices.
Additional ES activities that you were involved in during 2017/2018: Public lecture at the UCT-GSDPP’s Atlantic Fellows for Social and Economic Equity
Centre for Infectious Disease Epidemiology and Research (CIDER) - Director: A/Prof Mary-Ann Davies

Purpose of the ES initiative: To provide technical assistance and digital monitoring tools to the NDoH in South Africa and Democratic Republic of Congo, Western Cape (WC) Province and WHO in improving monitoring of the HIV/ART and TB services (drug sensitive and drug resistant), and soon Maternal and Child Health.

Brief description of the initiative: CIDER has created a software application to monitor patients who are on HIV and TB treatments. The electronic register, TIER.Net, is already in use in 3500 health clinics in South Africa and currently being rolled out in the correctional services. The Democratic Republic of Congo is scaling up the software in all health facilities. The application was developed to digitise a patient's HIV and TB data, enabling reports to improve patient care and facility management. The development of this offline software compliments on online system already in use in the Western Cape called PHCIS2, that was developed through collaboration of MSF, the WC and CIDER. The online software could not be used across all clinic environments as it relies on stable networks with non-competitive bandwidth. TIER.Net functions offline and all that is required is a working computer.

The three-tier approach (paper, offline and online software) allows Ministries of Health to strategically implement one of the tiers in each health facility. Each tier produces the same nationally required monthly enrolment and quarterly cohort reports so that outputs from the three tiers can be aggregated into a single database at any level of the health system. The choice of tier is based on context and resources at the time of implementation. As resources and infrastructure improve, more facilities will transition to the next higher and more technologically sophisticated tier. Implementing a three-tier monitoring system at country level for pre-antiretroviral wellness, ART, tuberculosis and mother and child health services can be an efficient approach to ensuring system-wide harmonization and accurate monitoring of services, including long term retention in care, during the scale-up of electronic monitoring solutions.

Key thematic issues addressed through the initiative i.e. key words: HIV/ART and TB services, Technical assistance, Maternal and child health


Nature of relationship(s) with external constituency (ies): Consultation relationship, we provide technical assistance and design and develop the software and many of the tools, including first drafts of implementation guidelines and standard operating procedures.

Length of relationship(s):
South African National Department of Health – since 2008
Democratic Republic of Congo Department of Health – since 2013
Western Cape Provincial Department of Health – since 2001
Médecins Sans Frontières (regional country projects) – since 2001
WHO – since 2003
Dominant form of the engaged scholarship i.e. research, teaching or service: Research

Dominant mode of engagement e.g. applied research, policy analysis, public dialogue, media interviews: Policy guidelines, strategic vision and training

Nature of the outputs: Training, videos, M&E tools, policy guidelines.

Assessment of impact of the initiative: The impact is visible, 3500 sites are now reporting much more representative statistics on their programme and complete longitudinal cohort data (something they previously were not able to do). Resource allocation to these services is much more realistic due to the more accurate statistics. The NDoH has commissioned an external scientific evaluation which has already started. We are not involved in the evaluations to limit bias. To date there is one research article which undertook a qualitative evaluation of Tier.net.

Additional ES activities that you were involved in during 2016:

- CIDER Research
  - Provincial health data centre
  - TIER.Net
    - Policy / Guidelines / Software user manuals
      - First Draft of the HIV/TB Integrated M&E SOP
      - TIER.Net user guide includes DR-TB
      - TIER.Net reports manual includes DR-TB and improved Cohort Reporting
    - Software Development
      - TIER.Net is rolled out to over 3500 health facilities across South Africa, and is now scaling-up implementation in all correctional services. It is also used in projects in Malawi, Zimbabwe, Mozambique, Guinea and country-wide in DRC. We were in Sudan and Yemen prior to the wars.
    - Master Training
      - We provide the master training to the NDoH so that they can replicate and improve within the provinces
      - We also provide the IT training to all provincial IT staff
  - M&E Tools
    - We author most of the M&E tools such as the audits and site visit task list when mentoring at a site. These are used nationally.

- Mathematical modelling to describe the demographics of HIV in South Africa (Thembisa) and to assess the potential impact of different interventions to inform treatment and prevention policies. The Thembisa model is used in budgeting and in determining optimal budget allocation across HIV programmes within SA. We also use the Thembisa model, working in partnership with UNAIDS and SA NDoH, to produce South Africa’s official HIV estimates. The model is also used in setting targets for the National Strategic Plan on HIV/AIDS, Tuberculosis and STIs. The model and its outputs are freely available from the Thembisa website.
and are frequently used by various NGOs and government departments. Version 4.1 of the model was launched August 2018.

- Chairing the UNAIDS Reference Group on Estimates, Modelling and Projections, which provides guidance to UNAIDS on methods for estimating the global distribution of HIV and trends in HIV incidence and mortality.
- Provide input parameters to inform UNAIDS estimates of HIV-infected children and adolescent numbers.
- Represented on South African Health Products Regulatory Authority
- Chair Primary Health Care Committee for Essential Drug List Guidelines
- WHO working group on enhancing uptake of HIV testing, prevention and treatment among men
- Technical expert input into WHO guidelines
- The iALARM project: which aims to improve men’s linkage to HIV testing and care in Klipfontein district. The project combines research and the establishment of a task team to share information and improve communication between health facilities and the communities they serve.
  - A task team meets each month at the Men’s Wellness Clinic in Gugulethu. The team includes local health facility managers and staff, HIV and gender-related NGOs and CBOs, community activists and academics from CIDER and the Division of Social & Behavioural Science (DSBS).
  - Meetings include presentations and discussions of findings of relevant research. As requested, we source data and assist health facility staff in completing community health profiles etc.
  - The Movement for Change & Social Justice (MCSJ) evolved from these meetings. MCSJ has advocated successfully for a regular police presence at a local clinic, produced a short film documenting an effective condom campaign in local schools, and held a men’s wellness day attended by 1200 community members, predominantly men.
  - MCSJ also recruits young men from the community as health activists, and has founded the Men’s Forum as a safe space where men can meet and discuss health and other issues.
  - DSBS/CIDER has organised two poster-making workshops for task team members, to learn to make effective posters to ‘put men back into the picture’. These will be used in health facilities, to try to shift these from being seen as entirely feminised spaces.
- Writing for non-academic audiences – The Conversation
- Technical expert input into national/local paediatric HIV and PMTCT guidelines
- Involved in Red Cross Children’s Hospital ART programme including providing clinical care, ongoing M&E, and supporting academic and continuing education activities.
Women’s Health Research Unit (WHRU) – Director: A/Prof Jane Harries

Name of staff member/unit: Associate Professor Jane Harries/ Women’s Health Research Unit

Purpose of the ES initiative: To strengthen and support family planning and contraception uptake amongst women of reproductive age in South Africa. The overall aim was to improve understanding of the needs, preferences, perceptions and behaviours among women and men with the objective of applying such knowledge to the design and development of innovations in family planning methods and services.

Brief description of the initiative: The study set out to understand the specific family planning and contraceptive needs and behaviours of women of reproductive age, through a lived experience, multisensory approach. This approach explored women’s day-to-day behaviours and interactions with modern contraceptive methods from multiple perspectives, including physical, tactile and sensory experiences. This initiative formed part of the Bill & Melinda Gates funded study titled: A multidimensional approach to inform family planning needs, preferences and behaviours amongst women in South Africa.

Key thematic issues addressed through the initiative: Knowledge transfer and research; community-based research; participatory research; community-based education, sexual and reproductive health

Nature of external constituencies involved in the initiative: Engagement with community based non-governmental organisations and community members from rural based areas in the Western Cape Province.

Nature of relationship(s) with external constituency (ies) – (joint conceptualisation and design, consultation, obtaining feedback etc): Participatory qualitative research through body mapping workshops with women and focus group discussions with men. Accessing study participants outside of the formal health care system enabled us to reach the most vulnerable and often overlooked populations. In a Body-mapping workshop participants are actively involved in the creation of data. Participants are emotionally and physically invested in the creation of their bodymap and are therefore more inclined to share what they have discovered/remembered during the process. The research process is beneficial to both researchers and participants. Participants learn about artmaking and about the issue being researched. Participants and researchers/facilitators learn from each other. Through reflection, on lived experience, participants learn more about themselves. In a Body-mapping workshop participants are actively involved in the production of data in a creative way.

Length of relationship(s): Since 2017

Dominant form of the engaged scholarship: includes knowledge exchange; community-based education; participatory research

Dominant mode of engagement: includes Applied Research
Nature of the outputs: Applied products: presentations, peer reviewed publications and the development of a booklet showcasing the artwork and body maps produced by study participants. Booklet intended for policy makers, health care providers, researchers, academics and community and non-governmental organisations working in the sexual and reproductive health arena.

Assessment of process/impact/outcomes of the initiative: To be scaled up and submission for a Grand Challenges Explorations Phase II Application to test and evaluate the impact of the Phase 1 research project.

Additional ES activities during 2018:

Prof J Moodley, Dr D Constant, A/Prof J Harries: Research project: Timely diagnosis of breast and cervical cancer in South Africa. The study purpose is to develop and validate an African Breast and Cervical Cancer Symptom Awareness (ABCCSA) tool that will be used to measure breast and cervical cancer symptom awareness in rural and urban communities in SA and Uganda. This information will be useful in developing targeted interventions to improve timely cancer diagnosis.

External constituents include: Local authority councillors, headman and chiefs, community women, hospitals and clinics will be involved in shaping the research sampling strategy, recommending local women to be trained as research field workers, facilitating community access and feedback meetings. Community women: involvement in field work - enhance their research fieldwork skills. Results will be feedback to health service staff.

Dominant form of engaged scholarship: - research – mode of engagement applied research. Experience of involving local community will also fed into teaching

Dr D Constant/Dr M Endler: In a supplemental activity to a trial investigating use of the intrauterine device following second trimester abortion, we conducted workshops at 6 community health centres which focussed on the need for second trimester abortion services, eligibility and suitability for the intrauterine device as post-abortion long acting reversible contraception, and provided opportunity and guidance for staff to practice insertion of the intrauterine device on models.

Dominant form of engaged scholarship: knowledge and skills transfer

Dominant mode of engagement: Small group interactive workshops

Dr D Constant, Dr C Morroni, Ms K Daskilewicz: An ongoing collaboration with Botswana-based NGO to research issues of stigma around provision of abortion and post-abortion care in Gaborone, Botswana. Study participants included healthcare providers and medical and nursing students. Outputs in progress are an evidence-based policy brief, to be used by the local NGO for advocacy, as well as 2 academic publications.