

Public Health in the Age of HIV: Reflections and (Re?)Directions

Notes from the 2nd Annual UWC “HIV In Context” Research Symposium Discussion document for symposium participants

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1 Introduction: Public Health in the Age of HIV

Policy and practice related to HIV and AIDS as well as to comprehensive primary health care are evolving very rapidly in South Africa and in the region. A number of important initiatives are underway, with a view to dramatically accelerating and intensifying efforts to prevent and manage HIV within the context of a revitalized, effective, equitable and efficient primary health care system.

As part of and to align with these developments, institutions and organisations in South Africa are reflecting on HIV within a public health and health systems perspective and on research, teaching and practice in public health as a field. To that end, UWC's School of Public Health has been convening consultations and reflections aimed at clarifying the strategic directions which would enable both our school and other schools of public health to review, refresh and align our contributions in research, teaching, policy and practice over the coming years. We have been doing so while other institutions, from universities to NGOs to funders to government, are similarly engaging in reflective and consultative processes.

The Annual “HIV in Context” Research Symposium, held at UWC at the end of March, provided one opportunity to explore these issues, bringing together colleagues focusing on HIV with others who are addressing a range of issues in public health practice, research, and teaching. The first day of the two-day symposium was allocated to presentations and discussion of HIV research from a public health perspective, while the

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second reflected on the field of public health today, focusing on South Africa but situating it in broader regional and global context. The discussions, and therefore this report reflect awareness that HIV and AIDS provide a specific and critical issue which must be addressed in its own right, but which also has implications for, and can be informed by, greater wide-ranging strategic thinking about public health as a field.

Participants and presenters included academics from various disciplines in public health, social scientists, clinicians, activists, and managers from different levels in the health sector and research organizations within and outside of universities. The majority of participants were based in South African institutions, but Malawi, Botswana, Zimbabwe, Canada and Belgium were also represented among both participants and presenters.

The following questions guided our deliberations:

- *Does a public health approach improve HIV research?*
- *How well do public health research and training fit with on-the-ground priorities? Where is the field heading?*
- *Where SHOULD it be heading?*
- *Where does HIV fit into this picture?*
- *Where do public health and HIV fit into larger struggles for system-wide and social transformation?*
- *What does all of this mean for our schools of public health and for HIV-related research?*

The note provides a brief summary of the symposium's proceedings. It begins with a short background to the symposium, and then discusses the intersecting issues related to HIV and AIDS from a public health perspective, before returning to cross-cutting issues related to public health teaching, practice and research in the context of major social and economic inequalities, an ongoing pandemic, and political "windows of opportunity". It concludes with preliminary suggestions for a way forward that might help to reposition the field of public health so that it can respond to challenges such as HIV and AIDS more effectively. It also outlines key themes that emerged and suggests some possible next steps. In doing so it not only summarises discussions, but also invites participants and other colleagues engaged with these themes to comment and to pursue discussion, both within their own setting as well as across broader existing and emerging communities of practice. Symposium participants considered their deliberations the beginning rather than the end of debate. As discussed at the symposium, we are proposing to reconvene, in a follow up working meeting at the next Public Health Association of South Africa (PHASA) conference in November in East London.

2 Background

Public health is a field situated at the interface between science, medicine, social analysis and politics. Being effective at this interface requires an ongoing tuning into what is happening epidemiologically, biologically, socially, and politically. Of practitioners this demands the ability to understand, respond to and operate within complex systems and contexts. Of academics this demands the understanding, differentiation and integration of well entrenched disciplinary fields, talking across boundaries, and continuously fine-tuning methods of research, teaching and practice . An enduring challenge for the field, then, is how to build and sustain capacity for complex analysis as well as responsiveness to both subtle and dramatic change, and to link this effectively with political processes and opportunities which can be at least as complex and unstable as epidemics.

HIV and AIDS in Southern Africa presents particular challenges. HIV is intimately connected with over a century of large scale labour migration, cultural practices that evolve over time to adapt to changing circumstances, persistent severe social, economic and gender inequalities, particular histories of colonial and post-colonial and post-apartheid politics and struggle. The sheer scale of this pandemic, and its embeddedness in complex and diverse social, cultural, economic and political structures and processes, makes it inevitable that public health practice, research, teaching, and action engage with it.

The specific political moment and opportunity for scale-up of HIV prevention, treatment and care in South Africa framed all of the symposium's discussion and highlighted the urgency and the challenges inherent across emerging themes. The shift in the political climate and the expressed desire of government, from national to sub-district levels, to urgently engage with research and civil society in order to achieve ambitious goals, creates not only an opportunity but an imperative for the public health and broader research community to contribute substantially and creatively. The national Department of Health (DoH) is specifically looking for support in effectively and rapidly **scaling up PMTCT** which is integrated into comprehensive women's and children's health services, as the first priority in **fully integrating HIV into PHC** (including e.g. TB-HIV management); dramatically **increasing HIV testing** in the context of a shift from primarily client-initiated VCT to routine HIV counselling and testing (HCT) in an "opt-out" model; rolling out **medical male circumcision** as well as other evidence-based prevention interventions; significantly **scaling up ART** with a phased initiation of ART at higher CD4 counts than the previous guidelines indicated.

Participants recognised that the current focus on HIV scale-up and integration within the health sector alone could consume **all** existing capacity. This could result in diminished attention being paid to addressing other ambitious health policy and systems plans such as a unified health system, universal coverage through an NHI, let alone the Intersectoral, upstream determinants of health which should be equally central to a public health research and practice agenda. Furthermore, participants recognised the

tension between the urgency to act quickly and decisively, and the critical importance of responding appropriately and in an integrated way to a situation which *is* highly complex and locally differentiated and thus not easily amenable to simple solutions and magic bullets. This means continuously balancing, prioritising, integrating initiatives to create synergies, and remaining observant and aware of gaps. It means working in innovative and unconventional ways; looking for speedy solutions, while being wary of “quick fixes”; avoiding complacency and holding the chronic tension of needs which outstrip resources.

3 HIV research in Africa from a public health perspective

Presentations on the first day covered a number of substantive HIV topics related to broader social, economic, cultural and political contexts – namely gender; prevention; integration into PHC and scale-up of treatment and care; funding and policy. The agenda was not intended to be an exhaustive review of HIV research, or even public health-oriented HIV research, but rather to provide a foundation for discussion through covering a range of issues, topics and approaches. The following broad themes recurred across most sessions, and continued to resonate during the second day.

3.1 What is being researched, and how?

This broad theme recognizes that public health approaches to specific problems must be informed by and linked to knowledge and practice across a range of disciplines, sectors, levels, and topics. The discussions revolved around three sub-themes:

- WHAT is being researched? (How issues are framed, what questions are asked and not asked,)
- WHAT KIND of research is being done?
- WHO drives the research agenda?

Much of the substantive research discussed and identified as urgent related to the scale-up of HIV services (prevention, testing, treatment and care) and their full integration into comprehensive primary health care approaches and services. Directly linked to these were the trade-offs and opportunities for synergy these offer with other priorities - such as maternal and child health, sexual and reproductive health, TB, chronic disease, as well as the cross-cutting foundations of health systems, notably human resources and information systems.

The importance as well as the difficulty of keeping contextual and “up-stream” issues in view was repeatedly stressed, as discussed under Theme 3 below. Some specific issues are particularly relevant:

- Public health approaches to research and intervention are usually multi-dimensional and multi-disciplinary. This has implications for research design and funding, capacity strengthening, and ways of finding out about and connecting the many pieces of the puzzle.
- Research and action are needed at multiple levels: biology, person, service, sector, system, community, society. Much public health discussion concentrates on the services and health (and other) systems, with some work at community level, but insufficient links are made to society and individual, or biology. Most HIV-related research, however, focuses on biology, individual or limited inter-individual behaviours, and clinical care. An increasing framing of HIV as a chronic disease may support a welcome shift in emphasis from acute and episodic individual care to the continuum of care and the necessity of intersectoral action for prevention, analogous to the intersectoral efforts around tobacco control (ranging from clinical and school-based interventions to tobacco taxation and smoke-free workplace legislation) It may also encourage a better alignment of biological and clinical research with a growing body of research focusing on the social, economic and political manifestations and impacts of HIV.
- Even within individual or person-oriented research and intervention, however, different approaches are possible. The topic of “choice” arose frequently, with a recognition that “choice” is relational and contextual and must be understood in terms of the long-standing sociological framing of “structure/agency” and cannot be enhanced without attention to interaction, relationship, and power.
- Gender analysis and feminist research also provide important frames here. Too often, “gender” is considered a synonym for “women” – to the neglect and detriment of both women and men, whether in relation to access to care (and the lack of men-friendly services, or services for women that are not directly linked to their childbearing and childrearing roles) or gender relations and inequalities. Feminist approaches also remind us of the inter-connectedness of the individual, interpersonal, social, and political aspects of sexuality, HIV, or public policy and its implementation.
- Similarly, a more nuanced understanding of “culture” which recognizes diversity and change, is critical if we are to move beyond the unproductive “culture wars” which deploy empirically unfounded views of “culture” as monolithic and unchanging and in direct opposition to other “cultures”.

The substantive issues outlined above suggest that “full spectrum” research across disciplines and levels is needed. That being said, there appears to be a persisting imbalance between clinical and basic science research and implementation, systems, and social science research (both theoretical and applied). The former is relatively abundant and relatively well funded, with randomized controlled trials (RCTs) continuing to be held up as the “gold standard” for (all) research. In contrast, social science

research is much scarcer, less well funded, usually relegated to “Track D” at international conferences, and requires significantly enhanced capacities for mixed-method and integrative research and its application. There is a long way to go before rhetorical recognition of the importance of different kinds of research, and especially operational and qualitative research, becomes truly embedded in funding, publication, and utilization decisions. This despite the fact that the current body of published research on prevention studies, for instance, consists overwhelmingly of studies which are not RCTs. In her presentation of CIET’s work, Anne Cockroft reported that of 6000 published prevention studies identified through a systematic review, only 236 were RCTs, and only 9 of those were led by African researchers.

Redressing the imbalance among types and topics of research requires strengthened capacities at individual, institutional and systems levels. This theme is picked up later in the report in relation to how schools of public health might go forward.

3.2 The research-policy-practice nexus

As discussed above, the interface between research, policy, and practice at various levels and by various actors is central to a public health approach to HIV. The symposium called for iterative work between the coalface, the health system, and both local and more macro contexts. While there is sometimes a tendency to think of research as properly being only “in the service” of policy and implementation, participants – including government – stressed that *all* kinds of research are needed and welcome: evaluative, supportive, critical, as well as “blue skies” work which continually asks if there might be other, better ways of framing and approaching challenges.

As noted under Point 1 above, however, there is a significant deficit in context-sensitive *implementation research* and *synthesis*, particularly for addressing coordination and integration challenges. Capacities for multi-method, integrative research and its application in practice must be further developed. This requires attention both to individual disciplinary strengths, and to building a critical mass of researchers, educators and practitioners skilled in synthesis and trans-disciplinary work. This suggests a need for differentiation within a multidisciplinary field – a suggestion and theme which threaded its way through the deliberations of both days.

Participants recognized the importance, and the difficulty, of doing what can be done *now*, doing what can be done incrementally, while not losing sight of the big picture and the big challenges of public health, namely, overall health, health equity and wellbeing across all of society.

This theme most strongly echoed the opportunities and challenges offered by government’s commitment to significantly increased action against HIV, and an openness to partnerships and change. Participants stressed that partnership needs to be a two-way street (indeed, in this context multiple concurrent partnerships may well be appropriate!).

Finally, the tension between a legitimate demand for actionable “quick wins” and respecting complexity, change and context was stressed. For example, a significant HR challenge is to train health workers to be able to change their own practice rapidly as knowledge and guidelines change, to become ‘reflective practitioners’. This is in tension with a need for quick action which urges recipe-like, simple interventions; a tension which often leads to arbitrary, non-evidence based, uncoordinated responses and practices across facilities and jurisdictions.

3.3 Public health, the health sector, and health services

Participants recognized that the health sector alone, indeed, medical services alone, could consume the entire research and implementation capacity of the field. A public health perspective on HIV must resist this, reinforcing attention to the multiple aspects of health systems, comprehensive primary health care, drivers of HIV such as gender inequality and labour migration, and broad determinants of health, especially social and income inequality.

We felt that the symposium reflected the situation on the ground: there is *some* work but not enough, on and with other sectors – education, social development, public works, treasury, corrections, social security, etc; and there is *some* work but not enough, both on and with civil society.

There continues to be a disconnect – including at scientific meetings – between clinicians, public health specialists, social scientists, and others. Conversely, participants recognized the need to balance multi-stakeholder and cross-disciplinary/cross-sectoral reflections with more internal reflections within communities of practice with sufficient trust to be able to raise difficult issues and conflicts. SANAC, the South African National AIDS Council, was identified as an important space for dialogue and debate, as well as concerted action, in this regard.

3.4 Scaling up and joining up

The demand to scale up services far beyond their current reach reflects the continuing and indeed growing inequalities and the growing need in our societies. This means scaling up, prioritising and working together. The challenge is HOW to coordinate, collaborate and complement action needed on multiple fronts, from multiple perspectives. The symposium stressed the need to develop practical approaches to dealing with, rather than ignoring, complexity and diversity. We need to pay much more attention to adapting options to local contexts and to learning across contexts, but without losing sight of the need for “scale-up” or integration. And we need to stop re-inventing the wheel with each new project or intervention; to avoid duplication and gate-keeping. This requires both knowledge of and respect for disciplinary contributions, and seeking rather than resisting complementarities and convergence. If we are to work

effectively at the intersection of service delivery-research-policy-civil society, we must maintain a creative tension between urgency, responsiveness and action on the one hand, and sustainability and long-term social change on the other.

Finally, participants recognized the value of reflective spaces across various combinations of communities and stakeholders. Symposia such as this are one contribution to more effectively thinking and working together.

4 The field of public health in an age of HIV: issues, priorities, opportunities to collaborate

Many of the presentations on the second day of the symposium spoke to the previous day's discussions. However, they also explicitly explored the implications of these developments and priorities for academic public health practice and, more specifically, the implications for education, research and institutional collaboration of schools of public health in South Africa.

4.1 The historical context of Public Health

The deep historical roots of public health in South Africa are not always fully understood, acknowledged or taken into account in current debates. Located within their historical context, present public health issues and debates may benefit from past ideas, suggestions and experiences that may still be valid; such that new initiatives should revisit, possibly revive, and build on the work done previously.

The history of public health began with the rationale for the establishment of a colonial presence in the Cape (the need for fresh food supplies en route to the Far East) – and includes the establishment of the first national health department in response to the 1918 flu epidemic. Major policy initiatives in the 20th Century included the first and second Carnegie Commissions (1932 and 1984) - which drew the links between poverty and health, albeit within very different political contexts - and the 1944 *Gluckman Commission*, whose unsuccessful recommendation to establish a unitary health system is an example of an excellent proposal which failed to become policy for a range of contextual, political reasons. The underlying political nature of policy processes was discussed repeatedly in the course of the day.

More recent years, particularly those immediately before and after 1994, have been replete with public health policy initiatives more generally, and proposals to strengthen public health education and research specifically. Examples are the White Paper for the Transformation of the Health Sector in South Africa (1997); the establishment of National School of Public Health and the ultimately unsuccessful attempt to set up a regional School of Public Health in the Western Cape (1990s), the proposals made by the health

sector working group of the National Commission on Higher Education (1997); the 1998 “Pick Report” which provided the framework for a national human resource plan for the health sector.

Despite its long history - and possibly because of its uneasy position straddling disciplines, locations and methodologies - the scope and definition of this small yet diverse, multi-faceted and multi-disciplinary field remains contested. Perhaps it is because of the difficulties in the past and the persistence of these tensions that these speak to the specific political challenges and opportunities for tackling HIV and AIDS, and the importance of linking HIV-related work more effectively with broader analysis and action on determinants of health and overall health equity and wellbeing. In the current situation, the central focus was on recognizing this tension - between the immediate crisis and the more enduring structures and processes affecting both people’s health and societies’ responses to ill-health. .

4.2 Revisiting education and training

Public health training in and beyond South Africa has, over the past few decades, transformed from being a medical specialisation to being a prerequisite for a wide range of health policy and management functions and to playing an important role beyond the health sector. Schools of public health mainly train for professional public health practice, to develop research expertise, and to strengthen leadership, management and transformational skills. While we primarily work with decision-makers and managers responsible for health service delivery at different levels of government systems - from district and programme managers to national policy makers and programme officers in international organisations - participants also include employees in other sectors - such as education, water and sanitation - politicians, and members of NGOs and civil society organisations active in health matters. Lastly, and very importantly, they include existing and future public health researchers, although the extent to which we succeed in building research capacity on the continent was the topic of much debate, as reported below.

This diverse audience requires a range of education responses with regard to content, structure and level of training, through postgraduate programmes, in-service training and undergraduate education. The complexity and multi-disciplinarity of the field furthermore presents the challenge of providing training which enables students to engage with this complexity and solve problems drawing on a range of different disciplines, bodies of knowledge, theoretical and methodological approaches. As educators in the field we are therefore frequently required to prioritise and make decisions about breadth versus depth, and the focus and orientation of what we teach. The field resists a core canon of knowledge and skills, although agreement on core concepts remains important. Crucially it is essential in public health to provide students with the tools and skills to be lifelong

learners, to be able to continually update their knowledge, skills and understanding of public health issues to keep abreast of changes in the context and the demands these bring.

The following themes/topics were identified as requiring particular attention and consideration in debates on curriculum and pedagogy during the symposium:

- At present there is insufficient differentiation in the field, resulting in all schools of public health attempting to offer education and training in all aspects and at all levels. This leads to programmes which do not address public health priorities and lack depth and focus, particularly at masters and doctoral level. In particular, it was felt that a better distinction between, and differentiation of, professional and research training respectively at Masters and doctoral level are needed. This requires debate on the desired outcomes and 'fit for purpose' of training, and developing strong, focused programmes.
- There is a need to rationalise, differentiate between and share among schools of public health; and web-based communication was identified as a vehicle to facilitate and encourage this sharing.
- Training methodologies are presently unsatisfactory, lacking practice and field application. There is a need to focus on learning and support close to practice to build capacity among students in transformation of local practice, systems and society in order to address complex health system problems and inequities. This requires training which provides better supervision and mentoring "on-site" similar to clinical supervision. This has methodological and resource implications (where and how training takes place, who is involved in training, who finances training), which at present are neither well understood nor well developed. This is an area which needs research and inter-institutional collaboration.

Public health needs a stronger presence in undergraduate curricula and an influence in related disciplines (from water and sanitation to civil engineering and law - e.g. traffic calming in designing roads, canalizing rivers to control malaria, role of legislation in tobacco control). In addition health sciences graduates presently lack an understanding of key public health concepts and 'ways of thinking'. There is a need to evaluate what professionals know and what the gap/mismatch is between what they know and what is needed.

4.3 Knowledge production/research

Many of the key issues raised on the first day were echoed in the engagement with what is being researched, what should be researched and what kind of research is being done. These included the need for multi-disciplinarity and diverse research questions and designs; the need for research which is supportive yet critical of public health practice; the need to understand and speak to, rather than reduce or dismiss complexity. The specific themes identified as requiring research/knowledge production were numerous and wide-ranging, focusing particularly on health systems issues, but acknowledging the

crucial importance of giving attention to social determinants and implementation research, which HIV highlighted on the first day.

The research arena, too, needs differentiation, and deepening of knowledge production and expertise in sub-fields, e.g. health systems research, health economics, social determinants, health policy analysis. This in turn pertains to disciplinary sub-specialities, as well as methodological approaches.

The academic arena should 'model' the multi- and interdisciplinary collaboration we are quick to impress on the services. There is ample need and little practice for collaboration with the social, natural and management sciences.

The field is presently very poor at synthesis development, consolidation, and building on what is known. This stifles the production of new knowledge and leads to duplication and waste of scarce resources. Synthesis work and development of suitable methodologies beyond systematic reviews should be prioritised.

- Within the area of health policy and systems research there is an urgent need to expand our focus from *what* works to *how and why* things work (or not), i.e. focussing on obstacles and enablers of systems functioning and processes (including the political nature of field; the role of values and relationships; inserting new ideas, approaches and methods into a system; encouraging innovation from within). Furthermore there is a need to encourage and support innovation and research within implementation, as a part of daily practice, rather than an external intervention.

Research treads a fine line between assisting service delivery (tools, evaluation, researching priorities, etc.) and asking critical questions. This requires working in constructive, respectful and critical partnership with research partners, be they government, civil society or community representatives. It would also be enhanced through the establishment of fora where public health actors can engage.

There was strong agreement and collective commitment that in light of these discussions, academic institutions involved in public health training and research should re-ignite inter-institutional collaboration, re-visit initiatives for collaboration made in the past, and revive these as appropriate.

5 Conclusions and redirections: A way forward

Against this background, core elements of a joint agenda for action were developed at the end of these conversations. They were as follows:

- 1) We need practical and incremental ways to share and adapt experiences, ideas, and good practice. A range of specific, concrete actions can help to map out who is doing what and suggest opportunities for complementarity and collaboration. Deliberative

processes and scientific meetings will and should continue, but opportunities for even incrementally improving knowledge sharing and communication across communities of practice, or even specific organizations or research teams, should be seized. The “Good Practices” inventory and handbook around PMTCT is one example. Undertaking an “inventory of inventories” to identify already existing clearing house or collaborative efforts could be another. The call here is for more open and more deliberate transparency and sharing of experiences and resources.

- 2) The present South African policy environment - which is dramatically accelerating and intensifying efforts to prevent and manage HIV within the context of a revitalized, effective, equitable and efficient primary health care system - provides a window of opportunity for a renewed and focused engagement with the DoH. Specific areas of interest to the Department were identified as being
 - a. The performance, capacity, and job descriptions of hospital and district managers.
 - b. A concern about the fragmentation and appropriateness of training, and a need to re-visit the focus and organisation of training.
 - c. Evidence-based suggestions pertaining to the scale-up and rollout of HIV/AIDS/TB programmes and their integration into mainstream primary health care services, with a particular focus on the improvement of MCH services.
 - d. A better understanding and development of models for community participation in governance, and, more specifically, the roles of community care workers within health care delivery.

Different institutions are already collaborating with the DoH and with each other on different aspects of this work (eg. UWC/UCT/DoH/SANAC work on community care workers). It was strongly encouraged that individuals and institutions should take the initiative to jointly contribute to national debates and policy processes. This includes submission of proposals for work to be done for the DoH.

- 3) The bigger agenda of strengthening the field through systematic differentiation and deepening of expertise in research and training, as well as multi-sectoral collaboration, requires networking and collaboration among academic institutions and between academic institutions and government and civil society organisation. Specifically it was suggested that academic institutions should pursue discussions on how best to achieve a differentiation, broadening and deepening of the field. These discussions should address the following questions:
 - a. How can we share educational and research expertise across institutions in a way that develops and strengthens institutional specialisations (e.g. development of educational methodologies for different levels and modes of training; strengthening sub-specialities in the field; developing and deepening research capacity development)?
 - b. How can regional clusters of collaboration be developed?
- c. How and in which areas can, and should, we strengthen multi-sectoral collaboration?

- d. What are appropriate fora to delineate and strengthen partnerships and networks? (It was suggested that PHASA could be an obvious place for ongoing discussion, if it were used more productively.)
- e. How do we address the tension between providing the best possible access (e.g. through distance education) and making available the academic support required by our students to succeed?
- f. How do we weight capacity building for research versus capacity building for professional practice?

HIV and AIDS continue to ravage South and Southern Africa where it is intimately connected with histories and prevailing politics and social and culture practices and systems. Yet the situation is anything but static - with both global economic crises and local political and civil society leadership creating unexpected challenges and opportunities. This is precisely the terrain in which public health has to grow in breadth and depth as a scientifically rigorous, multi-disciplinary, and politically engaged field – and it is here where sustained commitment and initiative is required from a wide range of actors.

The symposium aimed to capture and catalyse debates and ideas. It is up to everyone in the field to take them forward and to realize them in our educational, professional and research practice, both within and across our institutions, sectors and interests.

Cape Town, August 2010