DEPARTMENT OF HEALTH
Republic of South Africa

HEALTH RESEARCH POLICY IN SOUTH AFRICA

2001

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FOREWORD

In the past few years South Africa has seen an increase in the number of reports related to serious adverse drug reactions amongst clinical trials participants. Recent years have also seen an intensification of research activities in the context of the HIV/AIDS epidemic in particular, and while such enthusiasm and engagement towards health research can be beneficial to growth and development, the fruits of this intense activity have yet to benefit our populations in a proportionate manner. We yet have to see research that effectively contributes to the development of appropriate solutions and evidence that leads to sound policy formulation.

More to this is a definite need for such activity to be co-ordinated and regulated. We need to know who is conducting research in South Africa, where when and how. Hence the new Health Bill makes provision for the establishment of the Essential National Health Research Committee as well as National Health Research Ethics Council in South Africa. These statutory bodies will be key players in the implementation of this policy document.

The policy highlights mechanisms, which are essential if the process of assigning scarce resources to particular health issues is to be fair and equitable. Significant to these mechanisms is the burden of disease approach, which has been helpful in priority setting, but also ensures that we do not neglect certain health concerns especially those of the vulnerable groups. The policy provides a basis for promoting multidisciplinary research.

To ensure that all South African citizens are provided with health services that are effective and efficient, we need applied research to determine the effectiveness and impact of our policies and programs. This policy will assist in ensuring the setting of the research agenda, financing health research, capacity building, communicating research results and continuously reviewing that with different stakeholders.

 It is also envisaged that as research stakeholders go through this policy, issues of the marginalized and disadvantaged groups such as the poor, women, and adolescents will be taken into consideration in the processes of establishing the research agenda. It is my hope that the research agenda with all its aspects takes into consideration fundamental inequities driven by poverty, gender and age.

Having understood the role that research plays in health development and the need for skilled local research capacity, the policy clearly articulates processes geared towards building efforts overtime in research capacity in our country, in order to sustain our efforts. Therefore we are challenged to pursue efforts to strengthen existing institutions. Regional and international institutions and networks can play an important role in helping to build our research capacity. Finally, we need to do much more to build and maintain the political will both to generate funds for research and capacity building, and to ensure that the focus of research, its agenda, funds, organization, and dissemination is oriented towards the needs of the majority of the South African citizens.

Getting multidisciplinary teams to work can be difficult, but my plea to our research communities is that they break down the existing barriers and promote interdisciplinary research, so that research can yield better results. I hope this document benefits all research stakeholders and brings about a change in the way we conduct and use the findings of research in South Africa, and becomes an effective tool in uplifting the health status of our citizens.

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The Health Research Policy in South Africa has been developed to promote the practice and conduct of research that contributes towards the improvement of the human health and welfare of the South African population. It attempts to create a framework and environment for health research to contribute effectively to health development, and for evidence to lead to policy formulation. It constitutes an important tool, which in the long term should contribute to the improvement of our health system and inform interventions geared towards a better life for all South Africans.

The process to draft this research policy started in 1997 and was informed by public opinion and the need for South Africa to have coordinated, coherent national health research machinery that contributes to equitable health development.

The drafting team relied on health research experiences, knowledge, expertise, available literature, various country experiences and a variety of national and internationally accepted standards and practices in health research.

The contribution of the Essential National Health Research Committee chaired by Prof Craig Househam appointed by the Minister of Health in 2000, is hereby acknowledged for their pivotal role in providing input into the initial draft and finalisation of this important document.

My gratitude also goes to the Cluster: Health Information Evaluation and Research for initiating and coordinating the process of development of this policy until its final stage.

Thanks to all persons and groups that have been committed to seeing that a policy of such a nature should exist, and have made constructive recommendations towards its development including all the research organizations and institutions who are ready to ensure that this policy is implemented.

DR AYANDA NTSALUBA
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CONTENT

1. FRAMEWORK FOR THE DEVELOPMENT OF THE POLICY

1.1 Growth, Development and Redistribution

In its second term of office, the South African government continues to build on the strategies it implemented in 1996. Growth, Development and Redistribution (GEAR) is a macro economic strategy for rebuilding and restructuring the South Africa economy to meet the goals set in the Reconstruction and Development Programme. The economic strategy, in similar vein to the social contract of the RDP, calls for confronting the challenges of meeting basic needs, developing human resources, increasing participation in the democratic institutions of civil society and implementing the RDP in all its facets. Basic needs of people include amongst others, a clean and healthy environment, adequate nutrition, and access to affordable health care to all.

The policy seeks to recreate a country that has
- A competitive fast growing economy which creates sufficient jobs for all work seekers;
- A redistribution of income and opportunities in favour of the poor;
- A society in which sound health, education and other services are available to all and;
- An environment in which homes are secure and places of work are productive.

The strategy, in addition to attempting to reconstruct the economy, has a number of profound implications for the health sector:

- A redistributive public sector to increase the efficiency of both capital expenditure and social delivery;
- Sectoral and regional emphasis on infrastructural development;
- An expansionary infrastructure programme to address service deficiency and backlogs;
- A renewed focus on budget reform to strengthen the redistributive thrust of expenditure.

1.2 The White Paper on the Transformation of the Health Systems in South Africa

The White paper on health deals with the transformation of the health services to reduce the large level of social inequality in health. The policies aim is to introduce a strong shift towards universal and free access to comprehensive health care, and change the disproportionate level of preventable diseases and premature deaths in certain segments of the population. A constant theme of the policy document is one of reallocation, and this is again evident in the call to shift resources from tertiary services in metropolitan areas towards overcoming the inadequacies of hospitals and clinics in rural areas.

The White Paper recognises the importance of knowledge, information and evidence by stating that health research must be linked and integrated into planning, policies, programmes and implementation.

In promoting the linkage between health research and health care the Department of Health has adopted the Essential National Health Research (ENHR) approach, as an approach that will enhance the organisation and management of health related research. This policy document deals in an in depth manner with ENHR and also emphasises the processes necessary for developing a research agenda. It provides guidance on the setting of priorities, utilisation of the full range of methodologies for tackling health problems, and harmony between research and health needs, so as to inform planning, delivery, management and policy.

1.3 Essential National Health Research

The Commission on Health Research for Development coined the term ENHR to describe the health research philosophy it was advocating. ENHR is an integrated strategy for organising health-related research. A central tenet of the strategy is the goal of promoting development in a manner that achieves equity and social justice. It also emphasises an integrated, multidisciplinary approach in addressing health problems, and the essential requirement to link research with implementation. The content of the research includes Epidemiology, social and behavioural research, clinical and biomedical research, health systems research and policy analysis. The distinct features of ENHR are that it involves a range of research stakeholders comprising community representatives, decision makers, and researchers in determining the health research priorities. In addition to the inclusive nature of the philosophy it also advocates two approaches to the research agenda:

Research on country-specific health problems;
Global health research to solve health problems of general significance.

1.4 International Health Research Trends

At the time of the development of the ENHR concept the WHO agreed that health research should be an integral part of national strategies for its Health for All programme. Achieving equity in health was seen as a

central tenet in all its programmes. The WHO's commitment to place evidence at the centre of its efforts, and to promote and foster health research, has been strongly reiterated in 1999.

The Ad Hoc Committee on health research has made a significant contribution within the international health research landscape. In determining future intervention options, it outlined a five- step systematic approach to resource allocation for strategic health research. This document has had an immense influence on research activity concerned with developing country health needs. As a response to the above report and other initiatives by multilateral agencies such as the World Bank, there has been a tremendous growth in the number and variations in strategies, in the involvement of private sector in innovative public private partnerships, and in philanthropic foundations funding health research. A major concern with the proliferation of the networks and initiatives is its integration into national health research picture.

1.5 The White Paper on Science and Technology- preparing for the 21st Century

The White Paper on Science and Technology calls for transformation of the Science and Technology system, and its integration into a much larger system of Innovation. The national system is described as a set of policies and functioning institutions in the public and private sectors, which interact constructively in the pursuit of a common set of social and economic goals and objectives.

The concept of a national system of innovation calls for coherence and integration among national activities, it offers a means of identifying what needs to be done focusing on innovation *i.e.* doing new things in new ways, rather than simply on the production of knowledge. The White Paper also recognises that innovation in the design of South Africa's social and economic institutions, and in its system of governance, is needed equally as much as innovations in products and processes.

The policy articulates a vision that embodies a co-ordinated effort to achieve excellence in serving the national goals of:

> Promoting competitiveness and employment creation;
> Enhancing the quality of life;
> Developing human resources;
> Working towards environmental sustainability;
> Promoting an information society.

In the White Paper a broad description of health research is provided. The research is put within the context of the national system of innovation. The premise used is that both applied and basic research in the natural and social sciences are crucial for social and economic development. This development provides the underpinnings for good health. The challenges posed by the system of innovation has an impact on the manner in which a health research system is designed and more specifically on:

> The size of the scientific community and its links to industry ;
> The ability of the education system to provide highly qualified researchers and technicians;
> The ability to translate research and development results into new or improved products, processes and services .

The term industry in the above context is broadly interpreted as the community or end-users of the health services and the pharmaceutical and instrumentation industries.

2. PURPOSE, MISSION, GOALS AND OBJECTIVES OF THE POLICY

2.1 Purpose of the Health Research Policy for South Africa

> **Provide an enabling framework for the conduct of research that improves human health and wellbeing in South Africa**

The health research policy for South Africa is located in both global and local socio-economic contexts, and seeks to respond proactively to challenges of the coming millennium. It attempts to create a framework and environment for health research to contribute effectively to health development and is envisaged as an integral part of long-term health development aimed at improving the health and quality of life of all South Africans and reduces inequalities within the system

The research system should be based on a series of shared values with clearly defined and articulated goals. An agreement on the values will lead to an improvement in quality, effectiveness and efficiency of the research system. The system needs to integrate the concerns and views of the community and policymakers, the research of basic and community based researchers and the national and global research priorities

2.2   Mission

To promote research that contributes towards the improvement of human health and welfare in South Africa.

2.3   Goals

The policy articulates a number of goals to fulfill its mission:

2.3.1   To develop a national health research system that contributes to equitable health development.

2.3.2   To promote innovation in health and health related service delivery.

2.3.3   Through research advance knowledge that underpins health and equitable, quality health care.
2.3.4   To develop a co-ordinated, well funded agenda for research.

2.3.5   To nurture talent and develop capacity to conduct research and utilise its findings.

2.3.6   To encourage uptake of research-based knowledge into the health care system.

2.4   Objectives

2.4.1   To create a framework for a health research system that would improve the quality, impact, effectiveness and efficiency of the research.

2.4.2   To facilitate the integration of research through establishing the setting of research priorities as a corner stone of the health system.

2.4.3   To ensure equity by linking finances to national priorities.

2.4.4   To utilise monitoring and evaluation as a strategy tool to improve the quality and impact of research.

2.4.5   To build research capacity in all its facets within the community, health services, research institutions and decision makers.

2.4.6   To develop a communications strategy that establishes mechanisms for the dissemination of information and ensures that benefits of research are systematically and effectively translated into practice.

2.4.7   To establish links and partnerships both locally and internationally between those involved in health, funders of research, researchers, research institutions and users of research in public and private sectors.

2.4.8   To promote innovation and improve competitiveness in health and health related service delivery.

3. INSTITUTIONAL FRAMEWORK

A coordinated, coherent national health research system, that contributes to equitable health development through the improvement in the quality, effectiveness and efficiency of research

3.1 Introduction

Investing in improved health is essential for global economic development. The World Bank World Development Report 1993: Investing in Health (World Bank 1993) argues that the most important contribution to advancing the broad vision of health is to reduce the burden of disease and disability. The report further focuses on the contribution of research in reducing this burden of disease.

However the single most important determinant of an effective health research system is the issue of governance and leadership. Governance within the context of the health research policy relates to the means and actions by which the broad research community organises itself in the pursuance of its mission of promoting research that has the potential to improve human health and welfare. Weak inter-sectoral links between the health sector and others such as environmental affairs, education and finance, is another major hindrance to effective health research. In addition the burgeoning number of actors and initiatives within health research must be moderated by enhanced co-ordination and collective decision-making and action.

Currently, Health research is conducted, managed, and financed by a diverse number of organisations with very little co-ordination, accountability and impact analysis of the research on the critical health needs of South Africa. A need exists for a coordinating structure within health research.

3.2 Principles

The national leadership and coordination structures should be based on the following principles

3.2.1   The national leadership should be an inclusive body representing all members of the broad research community.

3.2.2   The leadership should champion health research for equity and social justice.

3.2.3   Provide advice on the research agenda and the financing of that agenda to the various funding institutions and departments.

3.2.4   The national body should receive information on the quality and impact of the research.

3.2.5   National priorities and goals should become an integral part of the international research agenda.

3.3   Strategy

3.3.1   Formally adopt **the ENHR committee**, appointed by the Minister of Health, as the national health research leadership. The committee will be composed of:

> Research managers;
> Basic researchers;
> Clinical researchers;
> Community researchers;
> Representatives from National and Provincial health departments;
> Community members;
> Private sector research managers or researchers.

3.3.2   The Chief Directorate for Health Information Evaluation and Research should serve as the Secretariat to the Committee.

3.3.3   Provincial Health Research Committee structures should be utilised to:

> Co-ordinate health research by liasing with all research stakeholders conducting research within the province;
> To manage the process of priority setting and assist in the development of health research priorities in the province;
> To review preliminary and final research reports and to give advice on policy implications of completed research projects.

3.3.4   The ENHR committee should provide advice on all health-related matters to **government departments** and **international bodies** that require government response.

3.3.5   The national leadership should be the initiator of the research priority setting process.

3.3.6   The structure should facilitate the co-ordination among the organisations and institutions at various levels so that the health research policy operates in a coherent manner rather than a collection of fragmented and uncoordinated activities.

3.3.7   All **government funded health research bodies** should provide the committee with their annual business plans (future-oriented) and reports (retrospective), with specific attention to their fit with the national research priorities.

Academic institutes should, like the science councils and government departments, produce both annual business plans and reports.

The committee would advise on the gaps, synergies and overlaps that exist as well as on the appropriateness of the work, budget, achievements and emphases.

3.3.8   **The National Health Ethics Council,** a statutory body should set standards, advise the Department and the Ministry of Health on the management of research ethics for South Africa and arbitrate on matters of ethics.

3.3.9   **The Medicines Control Council (MCC)** a statutory body is responsible and should continue to review all clinical trials of both non-registered medicinal substances and new indications of registered medicinal substances. It should ensure that the drugs available in the country fulfill the necessary requirements for safety, quality and efficacy and that the decision to register a drug is in the interests of public health.

4. PRIORITY SETTING FOR HEALTH RESEARCH IN SOUTH AFRICA

4.1 Introduction

Due to the transformation of the health care delivery system and the need to address the pressing health and development challenges in the country, it is imperative that health research priorities be determined for South Africa in both the short and long term.

Any process designed to set priorities should not lose sight of the fundamental question:
Whose voices are heard?
Whose views prevail and
Whose health interest is advanced?
Commission of Health Research for Development 1990

It is vital that the country identifies priorities based on equity and social justice. The priority setting process should be an inclusive process and determined in consultation with all stakeholders.

4.2 Principles

4.2.1   The broad based participation of various groups such as researchers, communities, policymakers, and the users of research must be a non-negotiable parameter of priority setting. Special attention must be given to include the rural poor, women and people with disabilities.

4.2.2   Substantive participation of international organisations and donor agencies must be promoted to achieve a buy in to the national priorities.

4.2.3   Health research priority setting must be an iterative and continuous process. Dynamic and changing nature of health and disease situations necessitates that iteration and flexibility be built into the process through periodic monitoring and review of the agenda.

4.2.4   The priority setting should ensure equitable health development.

4.2.5   The upward synthesis of the national priorities to the global level should be pursued through articulation at regional and global fora.

4.2.6   Health research priority setting should have a direct impact on funding decisions nationally and internationally.

4.3 Strategy

4.3.1   Conduct the priority setting process at least every 5 years under the auspices of the National ENHR committee with an interim review midway through the cycle.

4.3.2   The process should be initiated at provincial level and culminate with a national workshop.

4.3.3   The participants of the process must represent stakeholders involved in health care and health research. They should include community groups and NGO's, departments involved in health and development, providers of service, industry, international and local funders of research and the researchers.

4.3.4   Health situation analysis needs to be an integral part of rational priority setting. A comprehensive model that combines amongst others, the health problem approach and health systems approach should be adapted to the South African situation.

4.3.5   The research priorities must be formally adopted through the governance structures of the different research institutions.

4.3.6   The priorities, on the advice of the ENHR committee must be formally ratified by the national government.

** **health problem approach**: Looks at the diseases that have the highest impact on morbidity and mortality
* **health systems approach**: Looks at the health system as a unit and takes into account health problems of marginalised groups and other problems that have serious impact on health in the future*

5. EQUITY IN FINANCING HEALTH RESEARCH

Ensure equity by linking finances to national priorities

5.1   Introduction

The limited human and financial resources within developing countries has led to a mismatch between funding and health needs, and the inappropriate concentration of research expertise. The poor economic performance of the poorest countries has resulted in a decline in the real value of research funding. On a global scale the inequitable nature of health research is characterised by, the 90-10 gap that is, less than 10% of health research funds was spent on 90% of the global burden of disease.

The appropriate utilisation of the limited financial resources is further hampered by the paucity of coherent information, gaps in information on health status of the population and unreliability of health and health related information. This information is currently collected by a variety of disparate agencies such as science councils, government departments, universities, NGO's and international donor agencies.

5.2   Principles

5.2.1   The majority of national and international funds allocated to/ available in the country must be allocated to national priorities based on equity and social justice.

5.2.2   Financial resource flows for health research should be under the guidance of the ENHR committee.

5.2.3   The health research system's governance structure should be respected by international collaborative efforts.

5.2.4   The country budget for health research should be raised to at least 2% of total public sector health expenditure and should be utilised to build and retain capacity and to identify, articulate and conduct priority research both internally and in international programmes. The country budget should also be utilised to promote a research culture and to strengthen research institutions.

5.3   Strategy

5.3.1   The ENHR committee will provide advice to the Minister of Health, Government and international development agencies on the allocation of all health research funds.

5.3.2 DOH should increase the health research allocation from 0.5 to 1.5% of total DOH budget in three years. DACST, DNE and SANDF should increase their allocation to 0.5% of total public health expenditure within two years.

5.3.3 To reduce the 90-10 funding gap, 5% of international development aid agencies project and programme aid for health sector in South Africa should be earmarked for health research according to national ENHR priorities.

5.3.4 To integrate country and regional health research perspectives into international decision-making processes.

5.3.5 The capacity to monitor resource flows should be within government. It should itself not be responsible for conducting independent research but responsible for surveillance and other data collection activities in order to monitor the system.

5.3.6 Resource flows must be regularly monitored and evaluated to ensure that they are being efficiently utilised in line with agreed priorities. The output and impact of research that is funded must be evaluated through appropriate indicators to capture the contribution of research to human development.

6. CAPACITY DEVELOPMENT

Nurture talent and develop capacity to conduct research and utilise its findings

6.1   Introduction

The research capacity developed in South Africa over the last 50 years has been highly selective, serving the interests of a limited part of the national population. As a result, existing capacity is geared towards the development of systems that served primarily the needs of an industrialised nation with little recognition given to the research needs of an industrialising emergent, middle-income nation.

Research in South Africa in the past in terms of health, has focused mainly on biomedical research, which has resulted in a lack of a critical mass of post-graduate researchers particularly in health systems research. Little attempt was made to train researchers in the human and environmental sciences.

The increase in knowledge and the advancement of technology derived from scientific research has also been demonstrated to be important for the conquest of major diseases and the improvement in health and wellbeing.

Important decisions based on objective scientific analysis of available data and on the results of well designed and executed scientific research is crucial for urgent reform in the health sector. The most powerful and sustainable means of achieving this paradigm shift in advancing health and development is through the development of research capacity.

To reap the above benefits, the range of institutions that would have to be developed for the implementation of the research policy goes beyond the traditional research and academic institutions. The additional groups would include the community, NGO's, health services facilities, government and industry.

6.2   Principles

6.2.1   Promotion of equity between marginalised disciplines and groups.

6.2.2   Transformation of the public health research institutions into non-racial, non-sexist organisations.

6.2.3   Creating an ethos of evidence based decision-making amongst senior civil servants and policymakers.

6.2.4   Increase the skill base it terms of the range of activities and create critical mass of researchers particularly black people and women.

6.2.5   Increase demand for research through the development of research skills and culture of knowledge-based decision-making.

6.2.6   Increasing the range of skills available within the health research system. These skills would include leadership and management, research priority setting and communication.

6.2.7   Utilise skills in multinational partnerships that address national research priorities.

6.3   Strategy

6.3.1   The Department of Health should facilitate the development of a coordinated human resource plan involving the different **institutions**

6.3.2   Capacity should be increased within the **academic and research community** to:

> To improve institutional linkages and lower persisting barriers to collaboration between older Universities, Science Councils and Historically Disadvantaged Universities (HDU's);
> Improve Institutional capacity to manage research;
> Increase the research skills base;
> Increase the numbers and critical mass of researchers in order to redress disadvantages.

6.3.3   Develop capacity within **communities** to be true partners in the research agenda to:

> Use all opportunities to involve communities including marginalised groupings, in problem definition, research implementation, analysis and use of findings;
> Provide training in monitoring and evaluation.

6.3.4   Promote **health service** delivery by well-informed and knowledgeable **personnel** to:

> Provide in-service training to health personnel ;
> Provide research management training to facility managers.

6.3.5   Develop a culture of evidence based decision making amongst **civil servants and policymakers** to:

> Increase the number of decision-makers that have a research background;
> Provide regular research seminars;
> Provide appropriate research results for policy formulation and evaluation.

7. COMMUNICATION OF HEALTH RESEARCH

> **A communications strategy that disseminates information and ensures that the benefits of research are systematically and effectively translated into practice**

7.1   Introduction

The true value of health research in development has not been fully realised and utilised. The lack of impact of health research in a developing country context could be attributed to two major factors. The first major shortfall is the lack of involvement of various stakeholders in the initial planning phase and at the other end of the research cascade, a lack of communication and dissemination of the results.

7.2   Principles

7.2.1   Knowledge is both a key input and output of health research. Recent advances in information and communication technologies should be fully developed and exploited to create an information culture.

7.2.2   Collaborative networks and alliances should be developed to improve communication among the various role-players.

7.2.3   Researchers need to communicate effectively among themselves and with other stakeholders.

7.2.4   The management of information and the understanding its role in communication strategies should be strengthened.

7.2.5   The need to protect the intellectual property generated through research should be counterbalanced with the duty to share information in the interest of public good.

7.2.6   In international collaborative studies due recognition should be given to both local and international partners.

7.3   Strategy

7.3.1   All research projects must include information on how the results will be disseminated to the appropriate audience. The dissemination of information should be funded as part of the funding of a research proposal.

7.3.2   Publications:

> Research institutions need to establish mechanisms that support researchers in identifying and submitting papers to high quality refereed journals;

> Research institutions should encourage peer-reviewed findings to be presented in popular formats including through the media;

> Institutional incentives should recognise the quality of the publication.

7.3.3   Databases:

> Mechanisms must be in place to access and utilise information generated in other countries.

7.3.4   Workshops:

> Priority setting workshop should be utilised to communicate past outputs Workshops for decision-makers should be held annually as a reporting mechanism

7.3.5   Public understanding of research and science should be an integral part of health promotion campaigns.

7.3.6   The exchange of resources and personnel by institutions should be expanded to increase the contact and communication channels in the country.

7.3.7   A culture of informative and accurate health journalism should be cultivated with a strong emphasis on knowledge-based reporting.

7.3.8   Develop a network of **media and communication specialists** in health sector :

> Provide short courses in health related journalism;
>
> Involve communication experts in priority setting.

8.   CONCLUSION

This policy provides an enabling framework for health research in South Africa. It seeks to ensure that the national research portfolio responds effectively to critical health and development challenges

In addition the policy seeks to ensure that the evolving South African research systems tackles persisting gaps in the management and coordination of health research

This policy:

- Creates clear mechanisms for the re-allocation of government spending according to the health sector research priorities and needs.

- Establishes channels for capacity building and redressing of inequities in health research. Introduces a long-term perspective for health sector research needs to introduce new management approaches to health research in South Africa