Essential National Health Research in South Africa:

Towards National Consensus Building in Health Research

FUNDED BY
COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT (COHRED)

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List of Acronyms

CASE Community Agency for Social Enquiry
CHP Centre for Health Policy
COHRED Council for Health Research and Development
CSIR Council for Scientific and Industrial Research
DOH Department of Health
ENHR Essential National Health Research
ESSA Epidemiological Society of Southern Africa
FAO Food and Agricultural Organisation
HDI Historically disadvantaged institution
HSRC Human Sciences Research Council
HSRRCE Health Systems Research, Research Co-ordinating & Epidemiology
HST Health Systems Trust
SAMA South African Medical Association
MRC Medical Research Council
NRF National Research Foundation
PPASA Planned Parenthood Association of South Africa
UCT University of Cape Town
UN United Nations
UNAIDS United Nations AIDS Organisation
UNICEF United Nations Children's Fund
UNISA University of South Africa
UOFS University of Free State
USA United States of America
UP University of Pretoria
WHO World Health Organisation

CHAPTER 1

Introduction

1.1. Background

In the last two decades the Council on Health Research for Development (COHRED) together with the Global Forum for Health Research and other collaborating agencies have taken on the centre stage to advance the goals of ensuring that research for planning and decision making is made accessible for those purposes. Whilst health research development is being promoted there are very critical questions that must be addressed. For instance (i) whose voice is heard at national and international gatherings on ENHR; (ii) is there a national consensus position that can be spoken about? ; and (iii) to what extent is health research essential or not? To this end, COHRED has put in place a mechanism to attempt not only nationally, but also at a regional and eventually a global level to establish a consensus position on ENHR.

This report is South Africa's contribution to the international project co-ordinated by COHRED to update knowledge about the state of ENHR in several countries and to investigate how countries should strengthen their national health research base as a means of accelerating national development. The report is designed to fit into the African regional consultations, the results of which will be presented collectively, at the Health Research and Development Conference that is scheduled to be held in Bangkok, Thailand in October 2000. South Africa is one of 15 countries selected to produce national reports that will be used for this African regional consultation.

In view of the vastness of the terrain covered by the concept and practice of health research, it is necessary to draw attention to the aim which is to highlight progress and challenges in implementing ENHR in South Africa since 1997 when the first monograph was published on the subject and to give an account of the rapid appraisal that was conducted in March 2000 in order to identify and document some of the issues related to ENHR from an institutional point of view. Consequently, issues that have been adequately covered in the 1997 document, such as the history and context of health research in South Africa, and the processes that led to the formal establishment of ENHR are not repeated in the present report.

1.2 Methodology

1.2.1 Progress and Challenges since 1997

Material both inside and outside the Department of Health, including Annual reports, Policy documents, and other reports on Research, was reviewed in order to assess the state of ENHR in the country. Additionally, the results of the rapid appraisal exercise were also useful in documenting the challenges and progress with regard to ENHR implementation.

1.2.2 Rapid Appraisal March 2000

Given the vast size and the extremely large stakeholder base, it was particularly challenging to apply the method proposed by COHRED in South Africa, so the method adapted was not optimal but the best that could be achieved within the time frame. The work was co-ordinated by an independent researcher.

The method used to collect the information reported here was heavily influenced by the international and comparative approach taken by COHRED. COHRED provided detailed guidelines and methods for data collection and report structure. In such an international project, country-specific variations are bound to occur following peculiarities in national experiences.

A meeting was held with the COHRED African consultant during which the specific project guidelines were clarified in the specific context of South Africa. The guidelines provided by COHRED for the collection of information for the report were as follows: Two standard and elaborate sets of questionnaires were prepared by COHRED. The institutional questionnaire was to be completed by the national project leader/key persons in up to five national research institutes or NGOs in the country.

The institutional profile questionnaire was used to collect information on the general profile of the institutions included in the study, the levels of human and financial resources available for health research, the research priorities, utilisation and dissemination of research results, and institutional networks.

The second questionnaire was used to collect data that covered many quantitative and qualitative issues in greater detail under seventeen broad categories which included:

$ General issues
$ Capacity for health research
$ Priorities for health research
$ Funding for health research
$ External research collaboration
$ Towards equity in health
$ Research publications and reports
$ Linking research to action
$ Effectiveness of health research
$ Networking
$ Leadership for health research
$ Information systems
$ Dissemination of research findings
$ External factors
$ New initiatives
$ Regional networks
$ Future architecture for health research in Africa (national, regional, global)

Information was also requested on the following:

(i) Examples of research projects conducted in the country that have made a significant contribution to the health of the population.

(ii) Case studies and success stories in the research development process in the country, and,
(iii) Major constraints that have contributed to the slowing of health research in the country.

The last part of this long and comprehensive questionnaire was specific to questions about experiences in the implementation of ENHR.

1.3 The Sample

Ten key institutions were identified for the appraisal. This number was in excess of the five research institutes required by COHRED. It was felt that more institutions would capture better the wide variety of institutions that are involved in health research in South Africa. These were:

- National Department of Health- Health Systems Research, Research Co-ordination & Epidemiology Directorate;
- Department of Arts, Culture, Science and Technology;
- National Assembly Portfolio Committee on Health;
- National Research Foundation;
- Medical Research Council;
- Health Systems Trust;
- University of Venda;
- University of Transkei;
- Centre for Health Policy at the University of the Witwatersrand; and
- Centre for Health Systems Research and Development at the University of the Free State

All ten institutions were contacted within the period of the fieldwork for the project (March 2000). The National Research Foundation could not complete the questionnaires because they do not yet have the appropriate structures in place to facilitate the completion of the questionnaires. The Centre for Health Policy (University of the Witwatersrand) provided a draft of their biannual report in place of the detailed questionnaires. Contact was made with the universities of Venda and Transkei, and the Parliamentary Portfolio Committee on Health. Unfortunately questionnaires from these were not received until field work was completed. In the end, four key institutions completed the questionnaires. These are two government departments (National Department of Health and Department of Arts, Culture, Science and Technology), one statutory research council (Medical Research Council) and one non-governmental organisation (Health Systems Trust). Secondary sources of information were also consulted during the course of compiling this report.

CHAPTER 2

Background to Essential National Health Research in South Africa

2.1 Introduction

From the early 1930s some researchers called for and undertook research in health that addressed issues of health inequalities, socio-economic correlates of health and community involvement in health care research. This approach was not sustained in the mainstream state-approved health research in the years that followed especially during the apartheid era. In the past two decades, some research focussed attention to general issues of equity and participation in national health as part of anti-apartheid advocacy. This includes a major WHO study on health inequalities in South Africa. Many issues that were placed on the national health care research agenda by these latter cadres of researchers provided a background for formal adoption of the ENHR approach by the new government that took office in 1994.

Several processes, including a special committee constituted in 1993, provided impetus to the promotion of ENHR. The terms of reference of the committee were:

$ To develop a code of conduct;
$ To develop a strategy for health-related information sharing;
$ To evaluate, prioritise, design, and promote key health-related projects;
$ To develop a clearing house mechanism for potential health-related research projects.

Further, the implementation of ENHR in South Africa was based on the recommendations of the participants of two national workshops and on the report of the National Technical Committee appointed by the Minister of Health in 1995 to further develop the ENHR strategy.

In 1996, the first ENHR Congress was held in South Africa at which research priorities were identified. The aim was to assist organisations in streamlining their activities to wards areas of health research that were deemed as essential in the country context. These broad research areas are shown below.

Table 2.1 Broad Research Areas by Disease Condition

Disease Condition	Proposed Research Area
1. Nutrition	Food safety Bioavailability of nutrients Malabsorption Competing nutrient demands Interaction between substance abuse and nutritional status Development of nutritional status assessment methods Food security KAP study Food accessibility Food security education and capacity development Prevalence rates of nutritional disease Development of nutritional status assessment methods Impact of programme implementation Development of monitoring tools
2. Cancers	Improved detection of aetiology Risk factor identification for oesophageal cancers Effectiveness of cervical cancer treatment Development of cancer prevention strategies Improved surveillance system for identification of incidence and prevalence Effectiveness of cervical cancer screening programmes Cost-utility studies of interventions based on length of life, Qol and financial meta-analyses
3. Mental Health	Identification and management of mental health problems among health care workers Development of interventions for the integration of the disabled Development of culturally appropriate intervention Counselling skills for health care workers Development of community based intervention Incidence of teenage suicide Integration of mental health into PHC Integration of traditional healers into the mental health services Economic impact of mental health problems on society
4. Violence	Cost-effectiveness of clinical management of injury from violence Resource needs of the criminal justice system to decrease injury rates Training and sensitising police in dealing with injury Integrated intersectoral pilot programmes -Use of trauma centres as a site for police presence -Impact of education and recreational facilities on sexual abuse and violence among youth Training of health care workers to deal with injuries Effectiveness of compensation system for all injuries Economic and social impact of injuries Development of cost effective management interventions for dealing with injuries and violence Legislation effectiveness Development of a surveillance system and strategies for injury and violence prevention and legislation implementation.
5. HIV/AIDS	Rapid test Congenital STD detection Syndromic treatment Asymptomatic detection

	HIV treatment Vaccine development Vertical transmission drug development Condom usage Patient behaviour Health worker issues Socioeconomic impact assessment Policy development and evaluation Models of care Post exposure prophylaxis Ethical and legal issues
6. TB	Rapid diseases diagnosis Detection of MDR Detection children Detection of re-infection vs reactivation Determination of specimen quality Identification of BCG strains for vaccine development Identification of individual susceptibility Alternative drug delivery system BCG vaccine efficacy Identification of environmental and social determinants of disease Identification of environmental risk factors Feasibility of on-site treatment Improved information systems Systematic review of efficacy Case holding patterns Identification of service organisations
7. Malaria	Development of appropriate diagnostic guidelines Identification, behaviour and susceptibility of vectors Outbreak predictions Improved diagnostics for malaria Efficacy, acceptability and type of therapy and prophylaxis Increase in community co-operation with malaria control programmes Efficacy, appropriateness and quality of surveillance systems Appropriate diagnostic guidelines Health care workers attitudes to identification and treatment Outbreak prediction Cross-border control of malaria

The Department of Health (DOH), Medical Research Council (MRC), Health Systems Trust (HST) and the Department of Arts, Culture, Science and Technology (DACST) continue to streamline their activities to emphasise the ENHR framework.

2.2 First report on ENHR in South Africa

In 1997, the first comprehensive report on EHNR in South Africa was published by COHRED. It provided an extensive overview of the background to the state of national health services and research and the implementation of ENHR. It also described the processes that led to the establishment of ENHR and summarised progress in some components such as priority setting and development of the ENHR mechanism for implementation. In addition, the report described the policies and plans of the government health department and highlighted problems and challenges of health research in South Africa. Some of these challenges were:

- the low level of health expenditure that is allocated specifically to research.

- the predominance of clinical and basic research and the underdevelopment of health systems research, technology development and community-based studies.

- the need to support capacity building for research among blacks and in historically black tertiary institutions.

- the need to institute a national framework for evaluation and a co-ordinated funding strategy.

The 1997 report provided an account of the wide range of institutions and organisations that constituted an alliance for the implementation of ENHR.

Against this background, the National Department of Health (NDOH) has continued to facilitate the processes for the implementation of ENHR in the country. The present report does not attempt to cover in great detail the processes culminating in the appointment of the country's first ENHR committee, but presents the challenges and progresses towards the implementation of ENHR in the country and reports on the rapid appraisal of selected research institutions conducted in March 2000.

CHAPTER 3

Progress and challenges towards ENHR in South Africa: The seven elements of ENHR

3.1 Introduction

The implementation of ENHR in South Africa has been a long process that began with discussions between stakeholders (researchers, politicians, etc) in 1991 and culminated in the appointment of the first ENHR committee in February 2000. There have been progress and challenges along the way related to the entrenchment of the ENHR philosophy and its seven elements. Below is the progress and challenges related to the implementation of the seven ENHR elements.

3.2 The seven ENHR Elements

3.2.1 Advocacy and Promotion

There is continued advocacy and promotion for ENHR in South Africa. At the national level, there is commitment to ensure that research conducted within South Africa, is in line with nationally identified priorities. This is supported by the NDOH and its provincial counterparts. Major health research stakeholders such as universities, the MRC, HST, technikons and other NGOs have also pledged their commitment to ENHR. The newly appointed ENHR committee is well-placed to be at the centre of ENHR promotional activities due to the diversity of the experiences and fields represented.

3.2.2 ENHR mechanism

A key step towards the implementation of the ENHR process is the appointment of the ENHR committee. The nominees for the committee have been drawn from all sectors of the research community and relevant stakeholders such as Science Councils, Universities, non-government organisations (NGO=s), nursing collages, government departments (Health, Arts, Culture, Technology and Science), the community and the Parliamentary Portfolio Committee on Health. They are also a reflection of the demographics of the country in terms of gender and population group. The Chief Directorate Health Information, Evaluation and Research of the NDOH will serve as the secretariat for the committee. The first meeting of this committee took place in April 2000.

3.2.3 Priority setting

A number of reports have highlighted disparities in health research in the country. These disparities take many forms. There is disparity in the type of research being conducted, in research funding allocations and in research capacity. In particular, before 1994, greater emphasis and hence resources were given to biomedical research, often to the detriment of health systems and policy research. This bias has largely been attributed to and resulted in

the underdevelopment of disciplines such as health systems research; technology development and community based studies. As such, priority setting is fundamentally important to ensure that internal resources are redirected more efficiently, and that research capacity is developed in neglected areas.

In 1996, the National Department of Health convened a national workshop on priority setting for health research in South Africa. The aims of the workshop were threefold: to identify health research areas which address priority health problems; to develop a process for consensus building and to facilitate the establishment of an ENHR committee. The top ten health problems included: nutrition, cancers (all), mental health (excluding substance abuse), violence and injury, HIV/AIDS/STDs, tuberculosis, malaria, diarrhoea and respiratory infections.

The government has played and continues to play an important role in setting the research agenda for the country in the following three ways:

- *ENHR Committee.* A major recommendation of the priority setting workshop was a call to establish an ENHR committee in South Africa. The NDOH through the Health Information, Evaluation and Research (HIER) cluster is responsible for co-ordinating the development of the ENHR committee and provides ongoing secretariat support. In addition the Health Systems Research, Research Co-ordination and Epidemiology directorate is committed to increasing the involvement of established networks in ENHR related activities in South Africa.

- *Tracking Priority Setting*. Priority setting is an ongoing, continuous activity and the Department of Health routinely identifies and documents research priority areas of health service managers. This is particularly important for the management of contracts between the Department of Health and its major research partners- the Medical Research Council and the Health Systems Trust. Departmental priorities are used for the monitoring of these contracts.

- *Research in future health needs*. The Department of Arts, Culture, Science and Technology recognises that long term priorities must be determined in order to develop the necessary capacity to deal with future health and development needs of South Africans in the new millennium. The National Research and Technology Foresight Project 2020, aims to identify technology and market opportunities that are likely to generate maximum benefits for South Africa in the next 20 years. The Foresight project encompasses the involvement of many research role-players in the identification of future health research priorities.

3.2.4 Capacity building

In an ongoing commitment to develop capacity, the national Department of Health has been running short courses in Epidemiology and public health data management since 1997 for health information and programme workers both at national and provincial levels. Tertiary institutions (Colleges, Technikons, Universities) are also involved in developing health

research capacity Master of Public Health degrees and public health-related short courses and diplomas have been introduced at a number of universities in South Africa, and more and more researchers from previously disadvantaged groups are being groomed for the future. The MRC also plays a significant role in building capacity, particularly at Historically Disadvantaged Institutions (HDIs) by awarding scholarships and bursaries to deserving students and running mentorship programmes. The HST runs internship programmes and supports short courses for health workers.

3.2.5 Networking

A fundamental role of ENHR is to promote networking among researchers, policy makers, communities and other relevant stakeholders. The South African ENHR committee is ideally placed to facilitate networking, as members are drawn from across the research NGO community and government spectrum. The National Department of Health is also committed to promoting South Africa's research products and activities in the international arena by participation in activities such as the Global Forum, COHRED and regional activities in Africa and SADC subregion.

3.2.6 Financing

Government is a major source of research funding through the Science Councils, government departments and tertiary institutions. Other funders include UN agencies, foreign government donors, NGOs and others. In the Financial Year 1997/98, the total expenditure of the Department of Health was one hundred and eighty five million Rand. Of this amount, R24,532,063 million was spent on health-related research showing that 13.5% of the total budget was spent on research. Most of the research funds were spent on health systems research. Ninety six percent of all research funds were spent on the research programmes of five directorates including Health Systems Research, Research Co-ordination & Epidemiology, Chronic Diseases, Mental Health & Substance Abuse, HIV/AIDS & STDs and Nutrition. These five areas were targeted as priority programmes and priority research areas.

Table 3.1 provides the amount of money spent on health-related research by type of research in each of the fifteen directorates of the department. The total amount of health-related research money does not include the amount of money ranging from R1,500,000 to 2,000,000 from the National Centre for Occupational Health and the Bureau for Occupational Diseases. These funds were not included because the research component of the funds was not separated from the service component, hence, it was not possible to establish the proportion of the funds that were allocated to research.

3.2.7 Monitoring and Evaluation

One of the roles of the Health Systems Research, Research Co-ordination and Epidemiology directorate is to evaluate the use and impact of health systems research in policy and planning within the Department of Health. The directorate is responsible for ensuring a co-ordinated and comprehensive vision of research across the NDOH. The co-ordinated vision includes information on both type and costs of research. This information is important in

promoting collaboration, decreasing duplication and serves as an advocacy tool. This is particularly significant, as it is important to know how much is being spent in the department on research. The research audit conducted in 1998 is an example of the activities of the HSRCE directorate directed in this area. The directorate also conducts some limited in-house research for evaluation purposes. Since 1990, the directorate has carried out annual National HIV sero-prevalence survey of Women attending antenatal clinics in South Africa. These surveys constitute the main source of information about the prevalence and patterns of spread of HIV/AIDS in the country. In 1998, the directorate, together with partners the MRC and MACRO International, a US based organisation, implemented the South Africa Demographic and Health Survey. Findings from this benchmark survey heralded a new era of reliable and relevant demographic and health information. These data are used to evaluate health programmes implemented by the Department and to describe the health status of the South African population. The data provide a useful instrument for identifying new directions for the national and provincial health programmes.

Another major activity of the Department in relation to ENHR is monitoring of research activities to ensure that they comply with high ethical standards. In recognition of the need to strengthen ethical structures and processes in South Africa, the Department of Health with other research stakeholders are in the process of establishing the following:

$ National Health Research Ethics Council: To date there has not been a formal structure or body empowered to be the watchdog for good ethical practice in South Africa. A discussion document has therefore been developed on the establishment of a National Health Ethics Council. The Council shall be legislated under the National Health Bill, and will be the central body to advise the Department and Ministry of Health on matters regarding research ethics in South Africa. The National Health Ethics Council will not replace existing ethics committees but will serve as the structure which sets standards, links with and / or arbitrates on matters of ethics in health research.

$ *Guidelines for Good Clinical Practice in the Conduct of Trials in Human Participants in South Africa:* A working group convened by the Department of Health has drafted the first edition of the interim Guidelines for Good Clinical Practice in the Conduct of Trials in Human Participants in South Africa. The Guidelines are produced as a reference text for researchers, research sponsors, the general public and all those who have an interest in South African clinical trials research. They provide guidance on minimum standards that are acceptable for conducting such trials.

$ *Ethics in Health Research: Principles, Structures and Processes*: The Directorate has also begun to develop a national statement on ethics and health research, entitled:AEthics in Health Research: Principles, Structures and Processes@. This document aims to increase awareness of ethical issues in research and most importantly to provide guidance to researchers and the South African public on acceptable research practices, and inform them of the current structures and processes in place in terms of research and ethics in the country.

Following the appointment of the ENHR committee this year, more progress is anticipated in reidentifying priorities for research and in improving stakeholder participation and involvement in essential national health research. The initial impact of ENHR activities in South Africa will be evaluated through the first planned annual ENHR Congress in 2001

CHAPTER 4

Key Findings of a Rapid Appraisal

4.1 Introduction

This chapter presents the key findings of a primary rapid assessment study on the emerging issues in ENHR, which was conducted in March 2000. The design of the study has been summarised in Chapter 1. Detailed findings about the institutional profile of the organisations and their ENHR-related activities are presented in Appendix 2. [1]

4.2 ENHR: The major issues

The major issues identified in the course of the analysis and assessment are summarised in nine broad categories. These issues are:

- the policy framework for ENHR,
- government and public support for ENHR,
- priorities for research,
- capacity development,
- mechanisms for co-ordinating and monitoring,
- funding,
- networking,
- linking research to action and
- dissemination of research.

4.2.1 Policy Framework

Within various policymaking circles in government, the ENHR approach is explicitly and implicitly supported. A number of policy frameworks and pieces of legislation are generally favourable to health research in South Africa. Several sectors have white papers which contain policy statements specific to research. The White Paper for the Transformation of the Health System in South Africa and the Draft Health Bill, clearly articulate their support for the philosophy of ENHR In addition, the newly appointed ENHR committee is in the process of finalising a health research policy for South Africa, which will inform research that is conducted in the country.

4.2.2 Government and public support for health research

Government assigns high priority attention to research as reflected in;
The doubling of the health research budget over next 3 years (from 6% of science research budget to 12%).

[1] The questionnaire was distributed to an expanded list of institutions.

- The review of Science, Engineering and Technology Institutes in South Africa.
- Establishment of the National Advisory Council on Innovation and the National Research Foundation.
- The Foresight exercise which is a priority setting approach by the Department of Arts, Culture, Science and Technology.
- ENHR -priority setting, equity and development approach adopted by DOH

Public awareness of the value and role of research is still quite low although growing because of increasing media attention. An exception is on the arena of HIV/AIDS which has witnessed increased public support for AIDS vaccine research.

4.2.3 Priorities for health research

The process of setting national health research priorities to guide decisions on allocation of resources include the ENHR and the Foresight exercise. During the exercise, research stakeholders participated in workshops and meetings for setting research priorities for the country.

Two processes were followed to arrive at health research priorities for South Africa, viz. a stepwise process of the burden of disease approach and a two-day workshop. The information taken into account to guide the process of priority setting included:

- Accepting that the process of prioritisation should lead to consensus building among all research stakeholders.
- Principles of attaining equity in health and development were considered.
- Burden of disease, mortality data and patient perception.

The outcome of the process represented the views and conclusions of a wide range of groups (both producers and users) involved in research. Community concerns are reflected within the priorities identified. But the concept *community* needs further clarification.

Table 4.1 Top research priorities in South Africa

HIV/AIDS
TB
HIV vaccine initiative
Quality of care
Telemedicine
Mental health
Malaria
Occupational health
Violence.

The country has been involved in setting sub-national (regional and district) priorities. As a result, the provinces have Provincial Health Research Committees although some are functional while others are not. The Provincial Health Research Committees look

into research priorities within the different provinces, regions and districts.
Sub-national priorities differ from national priorities because sub-national priorities are specifically aimed at answering the questions of implementation of programmes at the district level. The district health systems task teams, the NDOH and research stakeholders participated in the process.

4.2.4 Capacity development and equity

The availability of equitably distributed capacity for health research is one of the challenges facing ENHR in South Africa. There is limited capacity to enable multi-disciplinary research. Historically disadvantaged institutions lack the infrastructure, funding and personnel to conduct good research that is needed for health development. The critical areas that need capacity development are shown in Table 4.2.

There are plans to strengthen research disciplines that are considered to be weak. The Department of Arts, Culture, Science and Technology will be developing new areas of research. The recently established schools of public health and summer and winter school programmes target individuals who were not previously exposed to research such as nurses, doctors, employees of the Department of Health and seek to promote the research ethics among these individuals. The HST has set up database for research and the MRC has been funded by DACST to develop a national health knowledge network.

Table 4.2 Areas that need capacity building in health research

$	Public health research
$	Health Systems and Policy Research
$	Health, Demography and Statistics
$	Public Health Epidemiology
$	In previously disadvantaged geographical areas
$	Operational research
$	Doctors co-ordinating research.

Some of the efforts directed at capacity building for researchers and users of research include:

- $ Oliver Tambo fellowship programme, health link web site and the Department of Health web site.
- $ Health System Research Conferences.
- $ Research Forums of the DOH.
- $ Schools of Public Health, professional Journals, etc.

Retention of expertise is a major concern. The problem of brain-drain is very high especially among health professionals, particularly nurses. About twenty percent of doctors and senior scientists leave the country annually. The main causes of the brain

drain include:

- $ Monetary: movement from public to private sector
- $ Recruitment/scouting by wealthy nations
- $ Personal reasons for wanting to emigrate
- $ The state of transition in the country.

The introduction of a community service programme for medical graduates for one year by the Department of Health is one of the measures to combat the brain drain. There is also a commitment by government to improve the working conditions of health professionals.

Although training for leadership in health research is important to build a skills base and develop capacity, especially among those historically disadvantaged members of the South African society, programmes for these are yet to be developed.

Capacity for health research is supplemented by visiting researchers. The research disciplines where there is collaboration with external visitors currently include:

- $ The IAVI and SAAVI collaborations.
- $ The HIV/AIDS collaboration with the Liverpool School of Tropical Hygiene at Hlabisa in KwaZulu-Natal.
- $ Telemedicine research projects, US-SA Binational agreements, etc.

Visiting researchers contribute significantly to capacity building. For example, the Equity Project in the Eastern Cape is actively participating in the development of capacity among historically disadvantaged individuals and is a collaborative effort between the department of health and the USAID-funded MSH Project. Visiting researchers often work in collaboration with South African researchers (either through the government or with research organisations).

Equity in health research

Equity is an essential goal of ENHR in South Africa. There are government policy statements on equity which are actively advocated by,

- $ government departments,
- $ politicians,
- $ NGO=s,
- $ communities, and
- $ Legislators.

Current national research priorities are reflective of the equity agenda. There are national and sub-national research programmes and projects which seek to monitor the health of vulnerable/poor/disadvantaged groups. These include the nutritional surveillance system and the South Africa Demographic and Health Survey. Some research programmes specifically aim to clarify issues of inequity in health. There are

health equity watch groups in the country for example, the work of HST equity gauge team and the Equity Project in the Eastern Cape which seeks to document and redress the inequities apparent in the distribution and access to health resources in the parts of the provinces that were previously part of the Transkei (a former Aindependent state@) and the more affluent former Cape Province.

4.2.5 Mechanisms for co-ordination and monitoring

Research co-ordination

Research co-ordination mechanism is effective with respect to the relationship between the Department of Health and major public sector stakeholders. At national level, the Health Systems Research, Research Co-ordination and Epidemiology Directorate co-ordinates health research **(see chapter 2**). The MRC budgetary allocation is managed by the national Department of Health. The Health System Trust and the MRC meet regularly with the Department of Health on a number of issues on health research. At the provincial level, some Departments of Health have Provincial Health Research Committees that are responsible for co-ordinating research.

The establishment of the ENHR committee is an important step in improving the existing mechanism. The development of an accessible and user friendly health research database of all research planned, ongoing and completed incorporating smaller research organisations and individuals will also contribute significantly to improving the existing mechanism.

In contrast with progress made in the public sector, co-ordination of research in the private sector and smaller non-governmental organisations in the area of ENHR remain a challenge for the national Department of Health.

Monitoring/ethical guidelines

Efforts have been initiated to develop national ethical guidelines for research involving human subjects. The Department of Health is currently drafting ethical guidelines (see Chapter 2). The documents entitled *Ethics in health research: principles, process and structures version 04* and *Guidelines for good clinical practice in the conduct of trials in human participants in SA version 03* have recently been circulated for comments to the research community. The Department has also started drafting guidelines for the Epidemiology and social science research in health. In addition, the MRC=s *Ethics guidelines* of 1993 are currently being reviewed. Research institutions such as universities, science councils and the pharmaceutical industry have ethical review committees and all respondents agree to this.

4.2.6 Funding for health research

Health Research funding comes primarily from a diversity of sources which include three main government departments, foreign multilateral and bilateral donors, the pharmaceutical industry and other local private sector donors.

Public sector funds

These are provided by Department of Arts, Cultures, Science and Technology, Department of Education and the Department of Health. The National Advisory Council on Innovation Act (Act No. 55 of 1997) establishes the National Advisory Council on Innovation (NACI) with the Director-General of DACST as its Chief Executive Officer. NACI advises the Minister of Arts, Culture, Science and Technology on the distribution of funds allocated to the sciences councils. Funds from DACST go to statutory research and funding agencies such as the National Research Foundation (NRF), the Council for Scientific and Industrial Research (CSIR), Agricultural Research Council (ARC), Water Research Council (WRC) and the Human Sciences Research Council (HSRC).

The NRF commits most of its funds to researchers at universities and technikons on a competitive application basis. The HSRC, ARC and CSIR engage in in-house research with funds that they receive from government allocations. Statutory health research institutions such as the National Institute for Virology (NIV), National Centre for Occupation Health (NCOH) (which are both directorates of the NDOH), Medical Research Council and the South African Institute for Medical Research receive core and direct funds from the Department of Health.

Direct government funds are also provided by the Department of Health and Department of National Education for research purposes to universities and other tertiary institutions. Funds received from the government by the Department of Health research institutions such as NIV, NCOH and SAIMR are used for in-house research either exclusively or in collaboration with other research organizations. The MRC engages in a substantial scale of in-house research while at the same time it provides funds to researchers at universities and other tertiary research institutions on a competitive basis. These funds flow to statutory organizations and to public research institutions and non-governmental not-for-private organizations.

Bilateral and multi-lateral funds

These come from several international organizations and donor countries that support health related programmes and projects in South Africa. These include WHO, UNAIDS, UNICEF, UNDP, UNFPA, European Union, USAID, DFID, JICA, and ODA from Scandinavian countries. In most cases, the bulk of funds from these sources go to government institutions. However, multilateral agencies provide research funds to universities and non governmental organizations that are active in research, advocacy and health services.

Private sector funds

Private sector funds for health research in South Africa are provided by a wide range

of sources including pharmaceutical companies, corporate bodies, foundations and philanthropic organizations. Funds from the pharmaceutical industry in most cases are channeled to universities and private clinical research organizations in support of goals and activities of specific companies. Foreign grant-making organizations such as Henry J Kaiser Family Foundation, Kellogg Foundation and GlaxoWellcome Trust make financial contributions to health research that is conducted by statutory research institutions, universities and non-governmental organizations in South Africa. Locally, corporate donors and foundations make some contributions to health research.

The ratio of local (national) to external funding for health research in the country is not certain. However, DACST estimates it to be around 80:20. The pattern of allocation of local (public) funding for health research is consistent with identified national priorities. The priority setting process and outcome are used as a basis for allocating funds for research, but presently this applies only to the MRC and HST.

The process of funds allocation for research does sometimes but not always provide incentives for researchers to direct their research work to national priorities. Over the last 10 years, funding for research operations has increased from R700 million to R1.4 billion. There has been an increase in the budget allocation for the MRC from 6 percent of the government allocation to science in 1991/92 to an estimated 25% of the allocation in 1999/2000. As part of the strategies and plans to increase funding for health research, the MRC will have an increase in their funding every year. (The Plan is for the MRC to have an increase which reflects the inflation rate). In real terms, this implies an increase of government spending from R79 million to R125 million.

In the past 10 years, donor support for research in the country has been rising. Donor funds assist in the implementation of the national research agenda. External funds for research are channelled to national priorities. Donor conditions for such funds are usually consistent with national priorities and comply with conditions specified by the country.

Development partners (donors) have been of assistance in the development of health research by lending technical skills and advice. They have also made available resources and funding for health research initiatives. Some of the key areas where partnerships with donors have made the most contribution are, HIV/AIDS, Expanded Programme on Immunisation, the Equity Project and the Foreign Doctors Scheme.

4.2.7 Networking and collaboration

Major partners such as the Department of Health, the MRC and the HST have established a record of networking. The collaboration with the MRC is a *memorandum of understanding*. However, active networking among the wider community health researchers remains a challenge for ENHR in South Africa. The understanding between the Department of Health and the MRC was initiated through a parliamentary procedure. The MRC receives annual transfer of payments from the Department of Health. Collaboration with the HST is a Contractual Agreement which has been in place since 1996 and was jointly initiated by the Department of Health and

the HST.

Projects selected for funding are consistent with national health research priorities and the collaborations include research capacity building in the area of health systems research for the Health Systems Trust and biomedical research for MRC. The collaboration has resulted in publications and reports some of which can be found in Healthlink, the South African Medical Journal, the British Medical Journal and other journals.

At the regional level, the Department of Health is involved in North-South and South-South collaboration. The main benefit of these regional networks to the country is collaborative research. The North-South links have provided technical advice, consultancy, research funding and capacity development. The South-South linkages have provided regional collaboration in areas of common interest e.g. malaria, HIV/AIDS research, etc. In addition, the linkages have led to exchange of ideas and information, e.g. SA-Uganda link on HIV. The following regional (African based) networks collaborate with national health research institutions:

$ WHO-AFRO
$ AFRD
$ KEMRF
$ Blair Institute

Health related professional bodies

An important aspect of networking is the encouragement of the activities of health-related professional bodies in South Africa. These provide leadership and sustain the culture of good research in health. There are active health-related professional bodies in the country, but they are yet to be involved in advocacy for the promotion of health research. Even if some of them are involved in these activities, it is in a very limited way.

4.2.8 Linking research to action

One of the ways to link research to action is by effective dissemination of products of research. In line with the ENHR principles, progress has been made by research institutions to find a balance between the traditional journal-based audience and the policy-oriented audience. In recent years, the HST has directed attention to target different audiences. The audience for the majority of the publications by the HST are health workers at all levels of government and policy makers.
Use of research findings for action is more successful among policy makers than among communities. Some barriers between generators of research and users of their findings in community-level health intervention include:

$ Use of technical scientific language, big, thick reports and poor communication.

- Lack of a central database for recent research findings, and
- Lack of proper dissemination mechanisms and strategies for the implementation of research findings.

There are however efforts such as research forums within institutions to address these shortcomings. Specific funding has been set aside to finance activities that promote the use of research findings. Measures which could promote close interaction between researchers and users of their findings include:

- Forums, conferences, workshops for sharing ideas and information.
- Design of research projects in such a way that implementation of findings is a part

of the research process.

There are better ways through which health programmes could stimulate demand for research and thus obtain feedback for more effective programme implementation. To achieve better use of research for action, most health research programmes could require assistance to transform their traditional orientation in the manner suggested. Easier ways to ensure communication and information exchange between health researchers and ministries, the media, legislative structures and advocacy groups will need to be established.

4.2.9 Summary

Despite many challenges facing health research in South Africa, ENHR is making a positive difference in health development in South Africa. Examples of research projects conducted recently in the country which have made significant contributions are shown in Table 4.3**.** The ENHR concept has resulted in more funding for health research from public funds. The concept has also resulted in the mobilisation of more funds for research from external sources. In addition, the ENHR concept has led to more consultation by researchers with government and the community. It has also resulted in more flow of research results into policy making and priority setting.

Table 4.3 Examples of recent national health research

$ Health Care Financing and Expenditure Reviews
$ South African Demographic Health Survey
$ Health Policy and system Research
$ Tobacco control research in MRC/HSRC
$ Health policy change
$ Micronutrient friendly research
$ Facilities survey
$ Antenatal HIV survey

4.3 The key role players

4.3.1 National Government Perspective

The National government sets policy and legislative framework, gives strategic direction and creates institutional mechanisms to promote and support research and development in national priority goals and objectives. The Department of Health and Department of Arts, Culture, Science and Technology are playing a central role particularly regarding health related research and development.

4.3.1.1 National Department of Health

The main thrust of implementing ENHR in South Africa is to encourage research that addresses national priorities. The DOH in partnership with research stakeholders began the process of establishing, implementing and entrenching the culture of ENHR in the country. Within the DOH, the directorate, Health Systems Research, Research Co-ordination and Epidemiology (HSRRCE) is responsible for ensuring a co-ordinated and comprehensive vision of research. It has the enormous task of facilitating relationships between institutions and groups in the diverse field of health research in South Africa within the ENHR framework.

The South African health sector is undergoing immense change. As a result, the need for health systems research is at its highest level. A recent review of health research being conducted in South Africa found however that only 2% of all health research conducted had a health systems focus.

The Department of Health aims to promote a level of health research that will promote more equitable approaches to health care services. This involves both the promotion of research and the application of new knowledge in ways that provide managers with the information they need to run health programmes and make informed policy decisions.

In this regard, an internal assessment of priority research questions was conducted in 1997 by HSRRCE. The assessment provided programme managers as well as major research stakeholders with a national list of priority research questions. The assessment indicated that more than 40% of all research questions among participating directorates were health systems research. The remaining 60% of research questions were spread across areas of Epidemiology (36.4%), clinical/biomedical (17.9%) and basic research (4.1%). Directorates that are more involved in basic and clinical research are the National Institute of Virology, National Laboratory Services, Environmental Health, State Vaccine and Health Technology. Health systems research questions in the National Department of Health address the following themes:

$ Improved quality of health care and life. e.g. Assess the quality of care as perceived by older persons accessing public sector health services.

$ Improved service delivery. e.g. Develop appropriate models of home based care for AIDS, TB patients, etc.

$ Policy and impact assessment. e.g. Evaluate the impact of Free Health Care

policy for pregnant women and children under six
- $ Implementation of research findings and intervention strategies. e.g. Implement mental health standards at the provincial level.

The Epidemiological research questions focus on the following themes:
- $ Development of surveillance systems. e.g. Develop and evaluate the sentinel surveillance system for MDR-TB.
- $ Assessment of health services and service delivery. e.g. Assess the proportion of Level 1 services and resources accessible to the South African population.
- $ Monitoring and evaluation of the health system and service delivery; e.g. Evaluate

the AIDS surveillance programme and system.

This assessment showed that health systems, policy and epidemiological research have become a major area for which research questions were raised in the National Department of Health.

This response pointed to the need for practical, service-based information that will assist them in better management of their programmes. The list of priority research questions has been disseminated to the MRC as well as to students doing their theses for their postgraduate degrees.

The directorate HSRRCE also promotes and monitors the use of health research in policy and planning within the DOH. This has included information on both type and costs of research, as it is important to know how much is being spent in the Department on various types of research. Such information forms a basis to motivate more strongly for efficiency in allocation of funding and equitable investment in research.

To this end the directorate HSRRCE conducted a research audit in 1998 in order to:
- $ To assess the type of research being conducted in the DOH
- $ To provide managers with a comprehensive picture of research across directorates in order to increase collaboration and decrease duplication
- $ To estimate the amount of health resources being used on research in the Department

All directorates of the NDOH were requested information on research projects that were funded or commissioned by each directorate during 1996/97 and 1997/98 including the amount of money spent on each project. The audit found, for example, that an estimated R55 million was spent on health research in the 1998/99 financial year (see Table 4.4 below).

Since the 1996 ENHR Priority Congress, it appears that Health Systems and Policy Research have gradually been gaining some attention or prominence as managers and decision makers particularly in the Department of Health are seeking information in order improve health care services. On the basis of this demand, the ultimate goal of the Department of Health is to develop an effective and efficient health systems and

policy research strategy in collaboration with other stakeholders. To achieve this goal, the following are in place:

- $ *Development of a health systems research policy* to guide health systems research efforts in the country.
- $ *Dissemination Activities* aimed to bridge the gap between researchers and health service managers through involving them in the research process. The Department disseminates user-friendly and timely research findings. This is done through two main activities: *Research Forums*, which is a monthly presentation of research findings and *Research Update* which is a quarterly newsletter that provides readers with a summary of pertinent and relevant research findings and their possible policy implications. Research is also commissioned in collaboration with other stakeholders.

Table 4.4 Research expenditure by type of research in the Directorates of the National Department of Health. 1998

Directorate	Research type			Total R	Research Team
	Health Systems	Epidemiology	Clinical		
Mental Health and Substance Abuse	2 449 980	700 000	250 000	3 399 980	DOH & S.A. Pharmacy Council
Nutrition	196 100	982 360		1 178 460	HST, UCT & DOH
HIV/AIDS	2 117 107	709 000		2 826 107	CASE, DOH, Hospice & IUPHC
Communicable Disease Control	100 000	483 497	198 611	782 108	DOH& MRC
Oral Health	23 000			23 000	HSRC
Chronic Diseases, Disabilities and Geriatrics	3 050 000	483 000		3 533 000	UCT, UP, CASE,
Health Services	103 428			103 428	Wits & UOFS
Environmental Health	19 980			19 980	UOFS, Middleburg Local Authority
Health Systems Research, Research Co-ordination & Epidemiology	5 000 000	7 400 000	266 000	12 666 000	MRC, SAIMR, HST

- $ *Establishment of Health Systems Research Priorities* based on government

policy, provincial and national priorities, research and other forms of evidence.

- *Support for Provincial Research Committees* which are seen as appropriate structures through which the National Department of Health, and the Essential National Health Research Committee can liase with its provincial counterparts. Provincial Research Committees are useful in promoting the development of capacity for health systems research at the individual, community, institutional, organisational and provincial levels through the development of functional provincial research committees.

The National Institute for Virology (NIV)

The National Institute for Virology is a full component of the National Department of Health and provides a reference laboratory for diagnosis of viral diseases. Its areas of research include HIV/AIDS, special pathogens, molecular virology and public health surveillance.

The National Centre for Occupation Health (NCOH)

The National Centre for Occupational Health is primarily a service oriented research institution with a focus on all forms of occupational illnesses. It is a component of the National Department of Health and has been instrumental to the development of occupational health research and indicators in South Africa.

4.3.1.2 Department of Arts, Culture, Science and Technology

The Department of Arts, Culture, Science and Technology (DACST) is responsible for governing, supporting and developing a science and technology system in the country. In the pursuance of this role, DACST is responsible for allocating resources to eight science councils to enable them to contribute in the research and development of science and technology. Such contributions are likely to have an effect on the lives of many people living both within and outside South Africa.

DACST has recently moved to a new funding mechanism for science councils, which combines assurance for minimum level of funding with competition between science councils for the remainder of the budget. This remainder is called Innovation Fund. DACST plans to gradually increase the Innovation Fund over the next years until only 60% will remain in the budget for science councils. This system allows for shifting of funds between institutions to better address priorities and provide performance incentive as all science councils have to eliminate redundancies, duplications and other inefficiencies.

In its promotion of research and development that have a direct impact on ENHR, DACST is involved in the following activities:-

Firstly, through its review of science and technology institutions (SETI), recommendations were made particularly regarding restructuring of the Medical Research Council and implementation of ENHR.

Secondly, a National Research and Technology Foresight Project was completed in 1999 in which the health sector was one of 12 participating sectors. For the purposes of this project, a Health Sector Working Group was formed to prioritise research and technology strategies to address health related issues. The Health Sector Working Group identified four research and technology themes on which research and development should be based for the 21st century. These included (i) Health Information Systems, (ii) Health Service Delivery, (iii) Self management technologies and (iv) cost-effective prevention and treatment technologies. The report of the Foresight Project published by DACST in 2000 indicated the following research and development issues:-

- AIDS Vaccine development
- Development of barrier methods/microbicides for STDs/HIV
- Development of new TB drugs and a vaccine
- Development of malaria drugs and a vaccine
- Food fortification
- Injuries and violence prevention
- Health promotion targeted at youth
- Fertility regulation
- Self management tools for chronic diseases and rehabilitation
- Novel way of developing private /public partnership for health care
- Cost-effective on site diagnosis
- Telemedicine
- South African Centres for Disease Control
- Health and safety assessment techniques
- National Health Information Systems
- Use of smart cards
- Commercial application of indigenous knowledge
- Research into effectiveness of alternative therapies
- Tissue regeneration and gene therapy
- Rational drug design

It is the intention of DACST to use this information to encourage greater investment and focus the choices in allocating the Innovation Fund. A criterion for accessing the Innovation Fund is formation of consortiums by research organisations. While creating a competitive environment and promoting greater collaboration and a multi-disciplinary approach, the Innovation Fund also ensures that research funds are spent on high performance sectors.

Lastly, the National Advisory Council on Innovation (NACI) formed in 1998 under the National Advisory Council on Innovation Act (Act 55 of 1997) provides DACST with informed advice on critical science and technology research for the purpose of socio-economic development. Because of the importance of health related research, an investigation into magnitude of amounts spent on health related research was completed during 2000 under the auspices of NACI.

DACST intends to repeat both the Foresight Project and SETI Review after five years.

4.3.1.3 National Research Foundation

In 1998, two statutory public-sector grant-making bodies for peer-reviewed research, namely, the Foundation for Research and Development (FRD) for the natural and engineering sciences and the Centre for Science and Development (CSD) for the human sciences, were amalgamated to form the National Research Foundation. The National Research Foundation Act (Act No. 23 of 1998) requires the new National Research Foundation to have a separate division for the health sciences that will undertake agency funding of health research. In particular the NRF has a responsibility for ensuring the development of good quality human resources in the fields of science and technology including health. In this regard, it is expected that the NRF will streamline the administration and management of public sector research funding taking advantage of the best of the expertise and experiences gained by the two institutions in the fields of technology, natural sciences and social sciences.

4.3.2 Institutional Perspective

Research that places emphasis on priority national health problems is conducted by a wide range of public and private sector institutions and groups. In scope, projects range from complicated experimental or longitudinal designs by teams of multi-institutional experts to simple experiments or ad-hoc surveys by individual researchers. Databases of such research are kept by universities and National Research Foundation, and sometimes in-house by the organisations involved in the projects.

4.3.2.1 Medical Research Council

For over a period of 30 years since its establishment as a statutory council, the MRC has accumulated research expertise and experience that are comparable to the national medical research institutions in advanced industrial countries.

Following the political transformation in the early 1990s the MRC has continued to transform its institutional structure, research activities in other areas with a new mission to Aimprove the nations health status and quality of life through relevant and excellent health research aimed at promoting equity and development@. This change is one of the recommendations from the SETI Review. The South African Medical Research Council Act No. 58 of 1991 empowers the MRC to undertake and support research of its own choice. The Act does also say that the MRC is obligated to undertake research assigned to it by the Ministry of Health. Both at the advisory level and in practical research activities, the MRC has made a substantial contribution to the implementation of ENHR in South Africa.

Core research activities of the MRC fall under the following broad categories:

- Health research and development, and involvement in active multi-sectoral and multi-disciplinary research that addresses national health problems,
- Facilitation and management of research activities in the broad areas of

health and medical sciences,

- $ Capacity development for health research at the individual and institutional levels.
- $ Innovation and health technology transfer.
- $ Health information and easy access and use of health information for policy making.

The MRC has extensively developed research and physical infrastructures, with offices in Cape Town, Pretoria and Durban.

Research activities of the MRC, which are known within the institution as *thrusts*, and research supported by MRC fall under 20 categories with each area distinctly focussing on particular areas of national health problems as shown in Table 3.2.

Table 4.5 Research "Thrusts" of the Medical Research Council

1. Capacity development
2. Burden of disease
3. Child and adolescent health
4. Women=s health
5. Health and development
6. HIV/STDs & TB
7. Infectious diseases, vaccines and immunity
8. Nutrition
9. Clinical & experimental research
10. Molecular medicine
11. Health technology development
12. Policy and decision support
13. Trauma
14. Chronic disease, cancers and ageing
15. Oral and dental health
16. Health systems
17. Health promotion and disease control interventions
18. Mental health and substance abuse
19. Research methods development and support
20. Corporate systems

As one of the major statutory research institutions, the Medical Research Council was one of ten research institutions reviewed in a system wide review of Public Sector Science, Engineering and Technology Institutions which was completed by the Department of Arts, Culture, Science and Technology in 1998. The main recommendations from the review were on the need for the transformation of the Medical Research Council and the need for the institution to produce a balance between its in-house research activities and its funding agency role in the field of medical research. The report explicitly recommended the ENHR orientation for the MRC.

4.3.2.2 Other Statutory Councils Involved in Health Research

Other councils that are involved in health related research include the Agricultural

Research Council, Council for Scientific and Industrial Research, and the Human Sciences Research Council. Although research in each of these councils focuses on specialised areas (e.g., agricultural science, technological development and human and social development), they have identified health research in their activities and budgets.

4.3.2.3 Higher Education Institutions

There is a total of 36 Higher Education Institutions (HEIs) comprising 21 universities and 15 technikons in South Africa. Most research activities in support of health development in South Africa are carried out by Departments, Institutes, Centres, Groups and individuals in over a dozen universities and other tertiary institutions. Many of these are involved in one way or the other in research activities that fall under the broad category of ENHR. The bulk of medical research is carried out by the eight medical schools.

The social and behavioural sciences have made considerable efforts in health research in the last decade. Studies in the social context of health, socio-economic correlates and inequalities in health have been conducted by researchers in the health and human sciences. The Centre for Health Policy at the University of the Witwatersrand, Health Economics Unit and Child Health Unit of the University of Cape Town, Centre for Health Systems Research and Development of the University of Orange Free State, Centre for Health and Social Studies of the University of Natal and many similar centres in the health faculties have done significant research that has ENHR orientation.

Following the legacies of the past, the nature and intensity of research, access to research funds, volume, scale and quality of research conducted by tertiary institutions varies considerably. While the few privileged universities continue to improve the scope and quality of their health research, historically disadvantaged tertiary institutions remain less endowed with expertise and financial resources for high-quality research output in health. The newly formed National Research Foundation endeavours to ensure that research funds at its disposal are made accessible to technikons and historically disadvantaged universities. In addition, the Innovation Fund also aggressively promotes fair distribution of its research funds to these institutions.

4.3.2.4 South African Institute for Medical Research

The South African Institute for Medical Research is associated with the University of Witwatersrand School of Pathology. It offers diagnostic services to public and private sector institutions through its chain of laboratories. The National Department of Health has recently taken full responsibility for SAIMR.

4.3.2.5 Health Systems Trust

In its relatively short life span, Health Systems Trust (HST) has become a major role player in the facilitation of health research and the use of research information for

policy in South Africa. HST mainly funds research aimed at improving health systems, district health systems and subdistricts as well as health development activities to promote realisation of equity.

It also funds capacity building through research internships. The Equity Gauge aims to support particularly legislators and politicians at national, provincial and local levels to develop and use systematic tools to monitor progress towards equity in health care delivery. The HealthLink project is designed to disseminate and promote the use of research results. The Initiative for Subdistrict Support is a pilot to support the development of the District Health Systems. Its annual South African Health Review which was first published in 1995 has become a good one-stop source for tracking developments in health status and services in the country. A number of its annual reviews published so far have devoted chapters to reports and reviews of the state of health research in South Africa.

4.3.2.6 Private Sector

In addition to the government, statutory and tertiary institutions, other research agencies undertake health-related studies on a regular or ad-hoc basis. Prominent among the NGOs are Health Systems Trust, National Progressive Primary Health Care Network and Community Agency for Social Enquiry (CASE). Health research is also conducted in specific areas by private non-governmental organisations as well as commercial institutions with full-fledged market interest and profit motives.

4.3.2.7 Commercial sector research

Some private sector research agencies carry out occasional studies in health, usually as commissioned research or in partnership with local or international organisations. These include non-governmental organisations with research abilities, specialised research and development firms and commercial market research companies. In most cases, the pharmaceutical industry is involved in research that focus predominantly on clinical drug trials.

4.4 Summary of the findings

The institutional analysis suggests that a great deal of funding is available but institutions are struggling to prioritise. The policy and institutional framework that has been put in place by the government in the past few years aims to bring about coherent research system for research to further the national goals of socio-economic development and equity, accountability, efficient use of available research resources. However, redundancies, duplication and lack of healthy competition still exist. It is also important to acknowledge that it will takes some time before the system is fully matured.

Chapter 5

Way forward- The ENHR Committee

5.1 Nomination, Appointment and Term of Office of the ENHR Committee

Nominations to the ENHR Committee were first made at the 1996 ENHR Priority Congress. A comprehensive list of nominations was finalised following the 1996 ENHR

Members of the ENHR Committee were appointed in February 2000. The committee comprises 25 members drawn from various sectors and disciplines of the research community and relevant stakeholders such as Science Councils, Universities, non-government organisations (NGO=s), nursing colleges, government departments, community and the Parliamentary Portfolio Committee on Health. They are also a fair representation of the demographics of the country in terms of gender and population group. The composition of the national ENHR Committee is presented in Appendix 3. Members were appointed to serve the committee for a period of five years.

5.2 Terms of Reference of the ENHR Committee

The inaugural meeting of the committee took place on the 20th April 2000. During the meeting, the Terms of Reference of the ENHR as in Table 5.1 were explained and discussed in detail. The terms of reference were also categorised under the following broad headings; advocacy, priority setting, communication and dissemination, and review and evaluation.

Table 5.1 Terms of Reference of the ENHR Committee

Advocacy
$ Advocate and promote health research nationally and internationally
$ Establish a transparency and accountability mechanism to all stake holders
$ Mobilise funding for ENHR through non-governmental and donor agencies
Priority Setting
$ Establish mechanisms and prioritise health research
$ Redirection of country's health research to focus on priority health problems
$ Develop and integrate National Strategy Health Research
$ Facilitate the participation of all sectors and disciplines in the prioritisation and evaluation process of health

research

Communication and dissemination
- $ Ensuring that research results are made known with the view to effective and efficient utilisation thereof for health purposes
- $ Disseminate relevant information among stakeholder constituencies

Review and evaluation
- $ Audit and monitor research currently undertaken
- $ Review the policies and programmes that impact on health and health related research
- $ Facilitate the evaluation of national research
- $ Review the Acts of Science Councils and advise on issues related to national resource allocation and capacity development for research

The committee prioritised its functions to focus initially on the most important issues in order to build confidence in the process and play an advisory role to the Department. The Committee also acknowledged the fact that its recommendations will not always be implemented as there are other processes influencing decision-making. Some of the current activities which have been prioritised include the following:-

- $ Draft National Health Research Policy: A first draft National Health Research Policy has been formulated by the Department of Health which took into considerations inputs from role players including the MRC. The Committee will complete this draft before its submitted to the Department of Health for further consultation and finalisation.
- $ Follow-up on progress with regard to 1996 ENHR Congress Priorities: The Secretariat of the ENHR is conducting an investigation into the progress on the 1996 ENHR Priorities. The purpose of the investigation is to determine what ENHR priorities have been addressed since 1996.
- $ Developing mechanisms for feedback to different constituencies: ENHR Committee is looking at ways to disseminate and inform the public, researchers, research organisations about its activities. The main purpose is disseminating information to inform action and implementation.
- $ Ways to consolidate the Foresight Exercise and ENHR Priorities.
- $ ENHR Committee envisages assessing the current state on capacity building and set up mechanisms for accountability and feedback on capacity building.
- $ Organising a national meeting.

5.3 The ENHR Secretariat

The Chief Directorate: Health Information, Evaluation and Research of the Department of Health serves as the Secretariat for the committee.

The ENHR Committee, the Department of Health in collaboration with research stakeholders will further develop the following initiatives:

- *Co-ordination of Research Funding*. Health research in South Africa is currently funded through many sources, both public and private. Public funds are channelled through at least three national departments namely Department of Health, Department of Arts, Culture, Science and Technology, and the Department of Education. The largest proportion of health research funds is channelled through the Department of Arts, Culture, Science and Technology to universities and technikons through the Department of Education. Other sources of funding for tertiary institutions include endowments, private sector donations, the science councils and international donors. Processes for the funding of Science Councils, especially the MRC are well developed. The Department of Arts, Culture, Science and Technology channels funds through the Department of Health through the national Department of Health to the Medical Research Council.

Chapter 6

Conclusion

6.1 The future of ENHR in South Africa

Although ENHR has been permanently established as the preferred approach to linking research to health development in South Africa, its future course of ENHR will depend largely on how it responds to existing challenges. These challenges range from lack of adequate capacity for health research to problems of networking, co-ordination and funding. Two of these challenges, namely co-ordination and funding are particularly important at this stage in the development of ENHR in South Africa

6.2 Co-ordination

Health research interest is highly diversified in South Africa. A major challenge for ENHR is how to develop a stable and all-embracing co-ordination mechanism that will represent the interest of the vast array of partners and stakeholders with highly differentiated research orientations and interests. In the review period, the Department of Health has successfully taken the lead to facilitate ENHR activities and processes at the national level. Future success will depend in large part on co-operative participation of all organisations and institutions involved in ENHR. The National Department of Health has demonstrated commitment to ENHR by taking a lead in co-ordinating aspects of ENHR in the country in partnership with other major institutions especially the Medical Research Council in the period under review. As ENHR gain more acceptance, it is important that all partners and stakeholders develop clear understanding of their statutory roles and responsibilities. The Department of Health, Medical Research Council and other major government and non-government sectors will have to continue negotiations about roles and responsibilities for various aspects of ENHR in South Africa. It is noteworthy that the national ENHR committee has been formally constituted. This committee would be expected to play a major role in this regard.

63 Funding level and flows

The challenge presented by financing ENHR in South Africa is two-pronged. First, although government plans to increase research funds available, the level of funding available for health research remains inadequate. A major problem for South Africa with respect to research funding is the disproportionate spending on non-health related research in comparison with health research within institutions. Internationally, approximately thirty percent of the research budget is spent on health- related research compared to five percent in South Africa. Secondly, funding flow presents another major challenge. Although the statutory regulations are clear about funding flows, at least within the government, in practice, there remains critical issues about means of ensuring equitable distribution of available funds to government from within or from outside donor community for ENHR in South Africa.

Another aspect is the skewed nature of the flow of funds to various types of research. This remains a challenge to ENHR in the country. In part, the skewed nature of funds results from the fact that sources of health research funds vary, and in most cases, each source has strictly identified goals to which funds are committed. This is particularly true of private commercial sector funds. Whereas, it is easy to address the equity in the distribution of government, multilateral and bi-lateral funds to areas of national health research priorities, research, hence, funding priorities of pharmaceutical companies and corporate donors which constitute by far the greatest percent of health research in South Africa may not be easily regulated. In this regard, the role of the private commercial sector, which in most cases has commercially-driven health research agenda, is important in the South African context and should be carefully considered in order to work out roles and relationships among all partners in ENHR.

6.4 Equity in funding allocations

Equity in the flow of funds for different components of ENHR remains a major challenge in South Africa. Arising from this problem, one of the major issues that is widely debated is the extent to which funding for health research should be centralized. The advantages of centralization include the identification of national and regional priorities, the ability to introduce research results into currently policy and programmes of government, the determination of the national feasibility and appropriateness of the research and the identification of the policy relevance of research. On the other hand in a highly centralized funding system, bureaucracy can slow down the process of vital decision-making, specific existing and new priority needs of spec provinces or local areas may sometimes be given less attention than they demand. On balance, it appears that centralized funding of health research has the more potential to facilitate the implementation of research in areas of national priority research areas. It is possible to build in safeguards against the potential pitfalls in development of new structure for centralized funding of essential national health research in South Africa. In conclusion, despite the challenges of co-ordination, funding and several others, ENHR has taken solid root in the South African health system. The State, and specifically the National Department of Health has demonstrable and unwavering commitment to ENHR as an effective avenue for using research to contribute to the development of the health of its population. As more concrete data become available on specific research programmes, co-ordination arrangements, flow of funds and capacity building in support of research, the contribution of ENHR to health development in the country will be more easily and better assessed.

Secondary materials used in the preparation of this report

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Appendix 1. List of members of the Essential National Health Research Committee.

S/No.	Name	Institution	Postal Address
1.	Dr P. Nevhutalu	National Research Foundation	P.O. Box 2600 Pretoria 0001
2.	Prof. W. Makgoba	Medical Research Council	P.O. Box 19070 Tygerberg 7505
3.	Prof. K. Klugman	South African Institute for Medical Research	P.O. Box 1038 Johannesburg 2000
4.	Mr D Mametja	Health Systems Trust	P.O. Box 808 Durban 4000
5.	Prof. J. Mekwa	DENOSA/University of the North	Private Bag 1106 Sovenga 0727
6.	Dr L. Richter	University of Natal Durban	Private Bag X7 Congella 4013
7.	Dr N.E. Chikanda	Department of Welfare	Private Bag X901 Pretoria 0001
8.	Prof. C. Household	Department of Health	P.O. Box 227 Bloemfontein 9300
9.	Dr A. Mbewu	Medical Research Council	P.O. Box 19070
10.	Mrs M.K. Matsau	Department of Health	Private Bag X828 Pretoria 0001
11.	Dr L. Makubalo	Department of Health	Private Bag X828 Pretoria 0001
12.	Dr M.S. Jeenah	Department of Arts, Culture, Science and Technology	Private Bag X894 Pretoria 0001
13.	Prof. W. Pick	Wits University	Private Bag X647 Wits 2050
14.	Dr Abe Nkomo	Parliament	P.O. Box 15 Cape Town 8000
15.	Dr R. Mokate	Central Energy Fund	Southern Life Gardens, 6 Protea Place Sandton 2190
16.	Ms B. Klugman	Women's Health Project	P.O. Box 1038 Johannesburg 2000
17.	Dr S. Tollman	Health System Development Unit	Private Bag X647 Wits 2050
18.	Dr A. Dasoo	Board of Health Care Funders of South Africa	P.O. Box 23 Parklands 2121
19.	Prof. N. Jinnabhai	University of Natal Durban	P.O. Box X7 Congella 4013
20.	Prof . P Kuzwayo	Medical university of Southern Africa	P. O Box 177 MEDUNSA

21.	Mrs S. Mkhonto	Community Representation	P.O. Box 407 Acornhoek 1360
22.	Dr H. Schneider	Centre for Health Policy	P.O. Box 1038 Johannesburg 2000
23.	Dr T. Hlatshwayo-Moleah	Medical University of Southern Africa	P. O Box 177 MEDUNSA
24.	Dr A. Ntsaluba	Department of Health	Private Bag X828 Pretoria 0001
25.	Prof. C. Ijsselmuiden	University of Pretoria	P.O. Box 667 Pretoria 0001

Appendix 2. A summary of questionnaire responses from four institutions

Name of institution:	**National Department of Health, Pretoria (Health Systems Research, Research Coordination and Epidemiology)**	**Department of Arts, Culture, Science & Technology**	**Medical Research Council**	**Health Systems Trust**
Contact address:	Private Bag X828 Pretoria 0001 South Africa.	Private Bag X894 Pretoria 0001 South Africa.	Francie Van Zyl Tygerberg 7505 South Africa	P.O.Box 808 Durban 4000 South Africa
Country:	South Africa.	South Africa.	South Africa.	South Africa.
Position held by respondent in the institution:	Director	Chief Director.	Executive Director of Research.	Research Programme Director.
Main objectives of the institution	To coordinate health research in the Department of Health and the country.	Promotion of Science and Technology.	To improve the nation=s health through research.	Supporting the development of a comprehensive health care system.
Main areas of research	Health systems research. Clinical research Epidemiological research.	All areas of research including health.	HIV/AIDS TB Violence & Injury Infectious diseases	Health policy and health systems research
Main ongoing research projects	1. Annual HIV sero-prevalence survey of pregnant women. 2. National incomplete abortion study.	-	1. AIDS vaccine development 2. Nutrition intervention 3. Tuberculosis	1. District-based health systems research. 2. Equity-oriented research.
Brief description of the activities not strictly research, or teaching-oriented	1. Public health surveillance. 2. Monitoring and evaluation.	1. Funding of research. 2. Development of research policy.	Technology transfer.	1. Support to district health systems development

	3. Policy formulation. 4. Development of guidelines.			2. Health information dissemination.
	National Department of Health, Pretoria	**Department of Arts, Culture, Science & Technology**	**Medical Research Council**	**Health Systems Trust**
Number of scientists Number of technicians Number of PhDs Number of MSc/MA	6 - 2 1	- - - -	400 200 150 150	- - - -
Category of staff 1. Basic scientist 2. Clinician 3. Behavioural scientist 4. Epidemiologist 5. Economist 6. Others- specify	No. Av. % of research time - - - - - - -	No. Av. % of research time - - - - - - -	No. Av. % of research time +_ 200 100 +_ 120 20 +_ 5 100 +_ 10 100 +_ 5 100 0 0	No. Av. % of research time - - - - - - -
Training funds for research skill development available.	Yes.	Yes.	Yes	Yes
Support funds for researchers= participation in national/regional/international meetings and conferences available.	Yes.	Yes.	Yes.	Yes, but only in the context of their HST funded research work.
No. of institution=s members in internal and external training	Four institution=s members in training but not distinguished by internal and external training.	Institution=s members in internal and external training but number not stated.	Internally 50 Externally 100	Internally - Externally -
No. of institution=s members actively serving government or professional associations through appointments, secondments or participation in committees/commissions.	All.	-	+_ 150	-
		R100m given to the Medical		

3. Available financial resources for health research		Research Council for health research.		
a. Institutional finance i Amount by year in the last 10 years ii Local % iii External%	- - -	100% -	60% 40%	- -
b. Institution has budget for health research	Yes.	Yes.	Yes.	Yes.
c. % of institutional budget allocated to research	-	7%	80%	-
Name of institution:	**National Department of Health, Pretoria**	**Department of Arts, Culture, Science & Technology**	**Medical Research Council**	**Health Systems Trust**
d. Internal and external agencies which have financially supported health research in the institution	Department of Health	Government.	NIH. Wellcome Trust. CDC. DFID. SIDA. WHO Glaxo Wellcome Schering Adventis.	National Department of Health. Kaizer Family Foundation (USA). Rockerfeller Foundation. DFID. European Union.
e. Institution actively seeks to diversify funding resources	-	Yes.	Yes.	Yes.
f. Nature or institutional effort to diversify funding resources	-	International efforts.	Increasing internationalisation	-
g. Institutional perception of the pros and cons of donor funding and international cooperation	Pros: 1. Institution benefits from the technical support provided. 2. institution is able to develop its own capacity. Cons: 1. Loss of control of decision making on how a	Pros: Too many different rules and regulations which do not address national priorities.	Many Pros: 1. Technical assistance. 2. High benchmark of quality. Few cons: 1. Skewed agenda. 2. Monopolisation of networks.	Cons: The main challenge is to remain responsive to local priorities and not have a donor driven agenda.

	given project should proceed to maximise benefit for the entire country.			
4. Priority setting				
a. Institution has a priority health research agenda.	Yes.	Yes.	Yes.	Yes.
b. Basis of priority health research agenda	Recommendations from the 1996 Congress on Priority Setting.	ENHR	1. National Department of Health=s priorities. 2. ENHR congress criteria. 3. Trust system.	1. National Department of Health=s priorities. 2. Health Systems Trust priorities.
Name of institution:	**National Department of Health, Pretoria**	**Department of Arts, Culture, Science & Technology**	**Medical Research Council**	**Health Systems Trust**
c. The top five priority areas of research for the country	1. Injury, trauma and violence. 2. TB 3. Nutrition 4. HIV/AIDS 5. STDs	1. HIV 2. TB 3. Injuries 4. Chronic disease 5. Women=s health	1. HIV/AIDS 2. Infectious diseases including TB. 3. Violence and Injury 4. Cardiovascular diseases 5. Health Systems	-
d. Institutional and country priority research same?	Yes	Yes.	Yes.	-
e. Basis of country priority research setting	From the 1996 congress.	Through a consultative process.	1. Trust workshops. 2. ENHR congress in 1996.	Through a consultative process with a variety of stakeholders including the government, funders, researchers e.t.c.
e1. Priority research setting process which includes	Yes.	Yes.	Yes, but rudimentary.	Yes.

programme/policy makers exists.				
e2. Existence of priority research setting process which includes community representatives	-	Yes, a priority research setting process which includes community representatives exists.	Yes, but rudimentary and informal.	No.
f. Institution=s priority setting process modified since the introduction of ENHR in the country	-	Yes.	Yes.	Yes, but to a very limited extent.
5. Utilisation and dissemination of research results				
a. Applied research in institution=s mission statement	-	Yes.	Yes.	Yes.
b. No. of institution=s publications by year in the last ten years	1. Epidemiological Comments for the past 10 years. 2. Statistical Notes since September 1997. 3. Research Update since January 1999. 4. Preliminary Report of the SADHS 1999. 5. Annual Reports Of the HIV ante-natal Survey since 1990.	-	700 publications per annum.	-
Name of institution:	**National Department of Health, Pretoria**	**Department of Arts, Culture, Science & Technology**	**Medical Research Council**	**Health Systems Trust**
b1. No. of publications in local journals	-	-	60% of all publications.	-
b2. No. of publications in overseas= journals	-	-	40% of all publications.	-
b3. No. of publications in the form of reports	-	-	200 reports per annum.	-
c. Main target audience of publications	1. Policy makers 2. Programme managers	-	1. Other researchers 2. Health practitioners	1. Policy makers 2. Health care workers

	3.Community organisations. 4. Health care workers		3. Policy makers.	3. Legislators 4. Media 5. Researchers 6. Students.
d. Dissemination to policy makers an institutional priority	Yes.	-	Yes.	Yes.
e. Institution=s leadership actively participates in government health policy discussions	Yes.	-	Yes.	Yes.
e1. Examples of active participation of institution=s leadership in government health policy discussions	1. Senior management meetings. 2. NHISSA meetings	-	Sits on national committees such as ENHR, health technology and medicines control.	-
e2. Linkage of value to institution	Yes.	-	Yes.	Yes
e3. Value to the institution of active participation of institution=s leadership in government health policy discussions	Bi-monthly meetings with other senior managers in the Department provide the forum for the promotion of the research agenda and keep them abreast of research in the country.	-	1. Improved international status 2. Improved impact e.g. National Tobacco Control Policy.	-
f. No. of institution=s research to action reports used by government to alter policy/ action	-	-	250	-
f1. Examples of institution=s research to action reports used by government to alter policy/ action	-	-	Tobacco control research documents.	-
g. Problems faced by institution in disseminating research results	-	-	1. Too little contact. 2. Fragmentation. 3. Cliques.	-
Name of institution:	**National Department of Health, Pretoria**	**Department of Arts, Culture, Science & Technology**	**Medical Research Council**	**Health Systems Trust**
h. Obstacles encountered in trying to publish research results			1. Bias from international	Limited local availability

in e.g. peer reviewed journals	-	-	journals. 2. Heavy biomedical bias in local journals.	of indexed peer reviewed journals of public health.
i. Changes in the research dissemination strategy which will be of greater value to the country	-	-	Changes in the dissemination strategy will be invaluable to the institution.	-
6. Networking				
a. Institution collaborates with other research institutions	Yes.	Yes.	Yes.	Yes.
a1. Names of collaborating institutions	Medical Research Council. Reproductive Health Research Unit.	-	NIH CDC British MRC Wellcome Trust	All local institutions which undertake health policy and systems research.
a2. Nature of collaboration	Technical collaboration for the implementation of the SADHS with the Medical Research Council.	1. Funding medium. 2. Introduction of dedicated funds for HIV vaccine development.	1. HIVNET hosted with a 3-year support grant from NIH. 2. Support for Training from NIH through Forgarty International. 3. 5-year support for reproductive health research from Wellcome Trust. 4. 10-year support grant for TB from Glaxo Wellcome.	1. Funding of research projects for durations ranging from 1-3 years. 2. Placement of research trainees within research institutions.
a3. Training a component of the collaboration	Yes.	-	Yes.	Yes.
a4. Duration of the collaboration	2 years +	-	NIH- 3 years. Wellcome Trust 5 years. Glaxo Wellcome 10 years.	1-3 years.

b. Institution networks with other research institutions.	Yes.	-	Yes.	Yes.
Name of institution:	**National Department of Health, Pretoria**	**Department of Arts, Culture, Science & Technology**	**Medical Research Council**	**Health Systems Trust**
b1. Names of networking institutions	Medical Research Council. Health Systems Trust.	-	As above.	All institutions which undertake health policy and systems research locally and to some extent internationally.
c. Status of the networking among researchers in the country	-	-	Weak	Strong
c1. Nature of the networking	-	-	Informal.	1. Information sharing through conferences. 2. Collaboration on some research projects. 3. Electronic discussion lists.
c2. Positive outcomes of the networking	-	-	1. South Africa=s Vitamin A collaborative study 2. South Africa=s AIDS vaccine initiative.	1. Maximisation of resources. 2. Elimination of wasteful duplication of research.
c3. Difficulties encountered in setting up the networks	-	-	1. Factionalism. 2. Poor skills base	1. Lack of trust 2. Competition for resources. 3. Territorial protection.
c4. Ways to enhance the value of the networks	-	-	Break down barriers.	Collaboration on multi-centred studies.

d. No. of regional health research networks associated with the institution	-	-	At least 5	-
d1. Value of the regional networks to the institution	-	-	Share skills and resources.	Has helped to raise the profile of health policy and systems research.
d2. Aware of the African ENHR network	Yes	Yes.	No.	Yes.
d3. Value of the African ENHR network to respondent=s institution	-	No value.	No.	Yes.
Name of institution:	**National Department of Health, Pretoria**	**Department of Arts, Culture, Science & Technology**	**Medical Research Council**	**Health Systems Trust**
d4. Type of value of the African ENHR network to respondent=s institution	-	-	-	Information sharing.
d5. Expected additional actions from the African ENHR network	-	-	Much more.	-
d6. The four most important activities of the African ENHR network	-	-	-	-
d7. African Focal Point relevant	-	Yes.	-	Yes.
d8. Strengthen or abolish the African Focal Point	-	Strengthen.	Very much strengthened e.g., it should establish linkage with the South African ENHR committee.	Strengthened.
d9. Suggestions on effective regional networks collaboration	-	-	-	-
e. Global networks in collaboration with the institution	-	COHRED/OECD	1. Global Forum for Health Research (GFHR). 2. HIVNET.	1. Global Forum for Health Research (GFHR). 2. COHRED.
			1. Agenda setting.	1. Information on global

e1. Benefits from collaboration with global networks	-	Policy formulation.	2. Resource flow.	initiatives and trends in health research.
f. Types of multi-disciplinary research projects or programmes involved in by the institution	-	-	South African AIDS Vaccine Initiative.	-
g. Ability of institution to communicate through e-mail	-	Yes.	Yes.	Yes.
h. Availability of library facilities at the institution	-	Yes.	Yes.	Yes.
h1. Details of available health research information	-	-	Cochrane library.	A small resource centre which stocks published reports in health (research) and other grey literature.
Name of institution:	**National Department of Health, Pretoria**	**Department of Arts, Culture, Science & Technology**	**Medical Research Council**	**Health Systems Trust**
i. Other national institutes involved in health research/health research training to be contacted	-	-	1. Health Systems Trust. 2. South African Institute for Medical Research.	1. Centre for Health Policy at the University of the Witwatersrand Gauteng Province. 2. Centre for Health Systems Research and Development of the University of the Free State.