

Learning Brief

Research to policy and action: The case of vitamin A in South Africa



Introduction

Despite the considerable resources spent on health research, little attention has been paid to the application of research results to the improvement of health. The COHRED Working Group on Research to Action and Policy aims to develop mechanisms to improve the transfer of research findings to evidence-based action. The Working Group undertook a number of country case studies in an effort to gain greater understanding of the potential for such transfer.

In South Africa, a case study of vitamin A research, and its linkage to policy and related action was undertaken. The overall aim of the study was to explore the potential for reducing the schism between research and policy by examining the existing gap between research and policy action. Methods adopted for the study included document review, critical appraisal of research studies, analysis of relevant policies and semi-structured interviews with relevant role-players.

This learning brief presents some experiences from the case study.

Research and policy background

Severe Vitamin A deficiency has long been recognised as a leading cause of childhood blindness¹. There is also an extensive body of evidence that attests to the strong association between marginal vitamin A status and poor growth, an increase in the incidence and severity of infections, and excessive childhood mortality^{2,3,4}. In South Africa, there is a significant incidence of marginal Vitamin A deficiency. A national survey of the vitamin A status in children aged 6 – 72 months, funded by the Department of Health (DOH) and UNICEF, was conducted in 1996⁵. The survey found that 33% of young children nationwide had a vitamin A deficiency.

According to international criteria this study identified South Africa as having a **serious** public health problem. The prevalence of vitamin A deficiency ranged from 18% in the Northern Cape to 43% in the Northern Province.

In 1997 the National Nutrition Directorate drafted the country's first national vitamin A policy. This was done in consultation with academic and research institutions and UNICEF. The policy however remained in draft status for more than 2 years and was finally endorsed by the Health Ministry in July 2000. The reasons for the delay in finalisation of the policy were not clearly articulated to key role-players and resulted in disillusionment and disappointment.

Provincial health managers however did go ahead prior to July 2000 and drafted their own provincial policies on vitamin A supplementation. Problems encountered by provincial managers included: vitamin A supplements were not registered with the Medicines Control Council, many of the vitamin industries were reluctant to apply for registration due to cost implications and uncertainty of a guaranteed market, and there were problems with supply of the supplement (one supply company insisted on a minimum order of 1 million capsules, which expired in 6 months, resulting in major wastage).

Encouraging dialogue between researchers and policy-makers

In order to increase dialogue between researchers and policy-makers, the DOH has recently established a Nutrition Research Forum which is intended as a meeting place for researchers and policy makers involved in nutrition. The policy / decision-makers commented that their involvement in research activities is a relatively new experience for them, and identified a number of constraints which impacted upon their work:

- ◆ A lack of understanding about the health system and the policy process from researchers and others.
- ◆ Unrealistic research recommendations with too few options. A long “shopping list” of recommendations that appear to further the interests of the researchers. The costs of implementing recommendations are seldom considered. More realistic information such as who should undertake the recommendations, how this could be done in the local context, what skills are required for implementation, and what costs will be incurred, is needed.
- ◆ Research reports often look impressive, but are difficult to read. Executive summaries are not always well written.
- ◆ High staff turnover and change in staff positions impact on planning and management of all programs.

Researchers too, cited concerns about the lack of time and funding they were given to undertake advocacy activities - often, they were funded up to the stage of producing the research report, and then they had to move onto the next proposal or project. Other constraints facing researchers include:

- ◆ The tendering system - the cheapest is often viewed as best, which is not always the case.
- ◆ The DOH was viewed as having a poor infrastructure for providing research support timeously.
- ◆ The administrative system is slow.

The research-policy-action connection is a complex one. Creating awareness of the difficulties faced by the various parties is the first step toward developing practical solutions.

References:

1. WHO (1976) Vitamin A deficiency and xerophthalmia. WHO Tech Rep, 590: 1-88.
2. Sommer A, Tarwarjo I, Hussaini G, Susanto D (1983) Increased mortality in children with vitamin A deficiency. *Lancet*, 2: 585-588.
3. Fawzi WW, Chalmers TC, Herrera G, Mosteller F (1993) Vitamin A supplementation and child mortality. *JAMA*, 269: 8898-903.
4. Glazio PP, Mackerras DEM (1993) Vitamin A supplementation in infectious disease: a meta-analysis. *BMJ*, 306: 366-370.
5. South African vitamin A Consultative Group (1996). Anthropometric, vitamin A, iron and immunisation coverage status in children aged 6-71 months in South Africa, 1994. *S Afr Med J*, 86: 354-357.

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