



**UNIVERSITY OF
KWAZULU-NATAL**

**DEVELOPING A RESEARCH POLICY MODEL FOR
THE SOUTH AFRICAN LOCAL
GOVERNMENT HEALTH SECTOR:
A CASE STUDY AT THE ETHEKWINI MUNICIPALITY**

**Submitted in Partial Fulfilment of the Requirements for the Degree Doctor of
Administration in the Faculty of Management Studies at the University of
KwaZulu-Natal.**

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Promoter: Professor D. Sing

DEDICATION

I dedicate this work to my family, particularly to Ayanda, Sibahle (Daddy's girl) and Muhle. I hope that it will inspire them, their children and grandchildren. It is also dedicated to my wife for her inspiration and unreserved support. These are the people whose love and laughter gave me the passion to endure and succeed.

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I would also like to express my profound appreciation to my promoter, Professor Danny Sing, for the guidance and support given throughout this study.

Sincere appreciation is extended to Nonhlanhla Makhanya, Gcinile Buthelezi, Rex Molver and Jill D'Eramo for their patience, support and assistance given during this study.

DECLARATION

I, Themba Kenneth Mdluli, hereby declare that the work contained in this thesis is my own work.

I have indicated and acknowledged all the sources that I have used or quoted.

This thesis has not previously, in its entirety, or part thereof, been submitted to any other institution of higher learning for degree purposes.



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TOPIC: Developing a research policy model for the South African Local Government health sector: A case study at eThekweni Municipality.

The above thesis has been proof read with the emphasis being on grammatical correctness and general "flow" of the language. The work is ready for submission for examination purposes.

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ABSTRACT

In South Africa there is an abundance of research studies available for policy development but few of the results have contributed to policy development, despite a seemingly-receptive new political environment. This highlights the need for a health research framework at local level, in order to guide the link between research and policies or programmes.

Although a number of studies have been undertaken, the eThekweni Municipality does not seem to have a framework to facilitate a link between research studies, the policy - development process and implementation (service delivery). This results in policies or health programmes that are not informed by research, and as such, are often a waste of the resources of the above municipality. There is no evidence to indicate that research results have influenced the health policy, implementation or intervention process. The absence of an explicit health research agenda at eThekweni Municipality has meant that health research has not addressed health priorities or needs, nor have the available resources been channelled towards them. The study comes at an ideal time as the municipality is currently reviewing its approach to service delivery as well as finalising the planning process through integrated development planning (IDP), a legislative requirement in terms of the Municipal Systems Act. This study will help to create awareness in stakeholders regarding the lack of a link between research and policy processes.

The arguments made in the study are that at the local sphere of government (the unit of analysis being eThekweni Municipality) there is no Health Research Policy Framework. This lack of a framework leads to ad hoc health research and the research results not being used. In addition, the health policies and programmes are not being informed by local research. The main argument is that there is an urgent

need for the local sphere of government within the health sector to now develop and adopt a Health Research Policy Framework for linking research policy and implementation.

The purpose of the study is to develop a Research Policy Framework for linking research, policy and implementation for the eThekweni Municipality. The objectives of the study are to analyse the existing health research policy framework, identify stakeholders in the health research policy processes, determine their role in the health research policy process, determine the conditions necessary for facilitating the linking of research to policy and to propose a research policy framework for the eThekweni Municipality.

In order to attain the above-mentioned objectives of the study, a literature review, document review, a consultative workshop and semi-structured interviews were undertaken.

After the data analysis was completed the following conclusions were drawn: there is a need for a health research policy framework, the knowledge base of some stakeholders is lacking, there is a lack of participation by key stakeholders in the health research policy processes, there is a lack of communication among key stakeholders and there is also a lack of use of health research results.

A proposed health research policy framework is provided as part of the recommendations, as well as the processes to be followed in implementing the proposed framework.

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ACRONYMS AND ABBREVIATIONS

Some of the acronyms and abbreviations used in this thesis are clarified in the table 1 below.

Table 1: Clarification of Acronyms and Abbreviations

ACRONYMS AND ABBREVIATION	MEANING
AHRF	African Health Research Forum
ANC	African National Congress
AU	African Union
CBO	Community Based Organisation
COHRED	Council on Health Research for Development
COSATU	Congress of South African Trade Unions
DOH	Department of Health
DHS	District Health System
DOH	Department of Health
DOTS	Directly Observed Therapy Strategy
ELHR	Essential Local Health Research
ENHR	Essential National Health Research
EXCO	Executive Council
GEAR	Growth, Employment And Redistribution
GFHR	Global Forum for Health Research
HRP	Health Research Priorities
HSR	Health Systems Research
HST	Health System Trust
IDP	Integrated Development Plan
LTDF	Long Term Development Framework

ACRONYMS AND ABBREVIATION	MEANING
MRC	Medical Research Council
NEDLAC	National Employment, Development and Labour Council
NEPAD	New Partnership for Africa's Development
NGO	Non Governmental Organisation
NHS	National Health System
NHRS	National Health Research System
NLGHF	National Local Government Negotiating Forum
NPPHC	National Progressive Primary Health Care
PHC	Primary Health Care
PHRC	Provincial Health Research Committee
RC	Research Council
RDP	Reconstruction and Development Programme
R&D	Research and Development
RSA	Republic of South Africa
SALGA	South African Local Government Association
STI	Sexually Transmitted Infections
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Programme
US	United States
WHO	World Health Organisation

CHAPTER 1

GENERAL INTRODUCTION AND OVERVIEW

1.1 INTRODUCTION

This chapter gives an overview of the study. The focus is mainly on the problem statement and research methodology of the study. The chapter begins with the problem statement where the researcher shows the extent of the problem created by the lack of a health research policy framework for the local sphere of government in South Africa. The implications thereof are extensively covered as part of the problem statement.

The next part of this chapter deals with the following: purpose, objectives and the key questions of the study. The main aim of the study is to explore the health research policy processes at the Local Government Health Sector at eThekweni Municipality. The underlying premise of the study is that the health needs of a population are better served in an environment in which local needs are identified, firstly, through research, and secondly, through local decision makers engaging in research initiatives. The five specific objectives of the study relate to the key questions addressed by the study. The steps to be taken to achieve these objectives are described. The importance and relevance of the study is dealt with through the scope, rationale and justification of the study.

The sampling and data collection methods are introduced in this study and covered in more detail in chapter four. The limitations of the study are also highlighted. This chapter concludes with the definitions of the relevant key concepts.

1.2 THE PROBLEM

Most developing countries have embarked, in one form or another, on 'health sector reform' as a result of the global trend for health and health care reform that has emerged during the past decade. One consequence is that the issue of health sector performance is now higher on the agenda of many developing countries, particularly that of the corporate style performance of health sector staff. Along with this movement has come increased attention to strengthening evidence-based management decision-making. To date, studies on measuring health sector performance have had little impact on developing countries' health systems and have been limited to exploration, primarily at an operational level. However, there is a growing recognition that there is a need to strengthen the policy function of ministries and their ability to monitor policy impact (Hornby and Perera, 2002:171).

According to Hornby and Perera (2002:166) experience in many developing countries suggests that health and health care decision-making are frequently not evidence-based or even supported by factual evidence. The evidence base for health and health care policy is still weak in many respects when compared with that of clinical medicine. In part, this reflects the complex nature of the policy environment that makes it difficult to effect any scientific 'control' when studying policy implications as an intervention. Research can be utilised for developing new tools (drugs, vaccines, devices and other applications) to improve health and for translating, communicating and promoting the utilisation of policies, strategies and practices, particularly within health systems.

It is virtually impossible for a South African citizen to escape the impact of government and political processes. A variety of taxes is paid towards environmental and consumer regulations, voting and elections, the citizen is also confronted by the diverse effects of political decision making by an elected or appointed public official at local, provincial or national government level (van Niekerk et al, 2001:86). Though instances where problems and research have led to policy making are numerous, solutions are rare. As developing countries like South Africa increase their capacities to develop effective local solutions to their health problems, they also confront the research/policy dilemma.

Garner et al (1998: 531) asserts that limited resources, characteristic of developing countries, make it imperative that they invest in health care that works. The growing number of relevant systematic reviews can assist policy makers, clinicians and consumers in making informed decisions. In many developing countries health research is a new venture. Formerly, the higher education system concentrated on the transfer and application of existing knowledge. Research was considered too luxurious for the limited human and financial resources of the public sector. Many health problems remained, with no effective solutions in sight because the necessary research was done elsewhere (not locally). Inadequate development of health research can also be blamed on the inability to critically assess new information and technologies. Inappropriate uses of technologies and the shift towards Western medicine and values have created gaps, inequity and wasteful practices in health care (Research into Action, issue 15, 1998). This was particularly the case with South Africa during the apartheid era, where in the homelands or Bantustans in particular, local authorities were given

limited financial resources by the Nationalist Party government and health research was not a priority at provincial or local level.

Bless and Higson-Smith (2000:15) asserts that there are four sources of research topics, namely observation of reality, theory, previous research, practical concerns and personal interest. In the case of this study the sources are observation of the reality and practical concerns by the researcher.

Health research is central to the efficient and effective promotion of health. Health research, however, has to be made more effective and brought out of its ivory tower, according to the Global Forum for Health Research (GFHR), in the 10/90 Report on Health Research (2001-2002). The focus on health research has been on the latter. Research can also be used to educate the population and change public opinion and practices (Pang et al, 2003: 817). Hence most of the evidence base is derived from a retrospective analysis or a comparative analysis of different situations. Many countries use trends analysis of health statistics to assess the impact of health and health care interventions. Such information is relied upon in the absence of more precise analytic studies to judge the overall performance of the health system and the policies driving it. According to COHRED (Issue 13, 2003), there is an acceptance that collaboration between different stakeholders is central to more efficient and effective health research as it avoids duplication, the inefficient use of scarce resources and the producing of research which is not responsive to health needs. Thus, if research becomes a tool for making evidence-based decisions, it should be at the forefront of development.

The South African local government has reached the final phase of transition and transformation. This means that structures, mechanisms and

systems must be put in place to ensure the effective, efficient and economical delivery of basic services at this sphere of government. This requires a close link between health research (to inform policy development processes) and the implementation of health services. Pang et al (2003:815) state that practitioners know that health research is too often a fragmented, competitive, highly-specialized and sectional activity where researchers within a specific discipline often work in isolation from other disciplines. Typically, biomedical researchers, clinicians, epidemiologists, health systems researchers, social and behavioural scientists and health economists work in isolation. Often there is little communication between the producers of research findings and those who use and ultimately benefit from them. Very few formal attempts have been made to name, define and comprehensively investigate the various inputs and outputs of the health system. A rational framework that pulls together all the actors, resources and stakeholders involved and one that clarifies interdependencies and common goals is urgently needed at the local sphere of government. This rational framework must value both the production and use of research and provide a platform for communication and interaction between all the players and stakeholders in health research.

Debates about the extent to which research influences public health policies are well documented. One of the many common complaints from researchers is that policy makers regularly ignore findings from scientifically-sound research. In turn, policy makers argue that very often research does not address the problems and issues they confront and those findings are not available timeously. There is a growing interest in the nature and extent to which research is used to improve the delivery of health care. Discussions on the use of research have focused on the bigger policy environment and/or the clinical community, with very little

attention directed to the day-to-day operational needs of the local health delivery agencies such as municipalities. Can something be done about this? Are there ways of making health research more responsive to the needs of policy makers and making policy makers more amenable to the needs of the researchers? What about the health needs of the health service users? (HST, Issue 99, 1997:1). This study attempts to address these questions in the South African local government context.

Good health is central to:

- The promotion of development.
- The fight against poverty.
- Global security.

This is not surprising, as good health, together with education, correspond to building up the human capital necessary for the efficient creation and use of the physical capital of a nation (Global Forum for Health Research, The 10/90 Report on Health Research 2001-2002). According to the WHO report (1996:77), if governments are to develop health policies that will help to reduce the disease burden in their countries' populations, they must have reliable information. Appropriate health research is the key to reliable information for use by health policymakers, implementers and service users. Both policy makers and implementers must know what people need (and want) from their health services. The necessary information is often not available. There is a growing trend for countries to embrace health research as a key to health development. A myriad of experiences from countries around the world, namely Central Asian Republics and Kazakhstan (CARK), Ecuador, Hungary, Thailand, Iran and the Philippines, illustrates how health research is increasingly being used for evidence-based decision making

at regional, national and district level (Research into Action Issue 32, 2003). It is worth noting that no African states are mentioned. This highlights the need for a study even if it only focuses on the district rather than national level.

According to COHRED (2000:1) there is an abundance of research studies available for policy development in South Africa but few of the results have contributed meaningfully despite a seemingly-receptive new political environment. This highlights the need for a health research framework at local level which will guide the link between research and policies or programmes. This view is supported by the WHO (Strategies for Health Research Systems Development in South-East Asia, 2001:5). One glaring symptom of the current weakness of health research across countries is that the research process and the policy process tend to exist in different worlds; the result is that research often has a limited impact on policy. Researchers and decision makers (councillors and management) tend to interact only around the products of their processes. More attention needs to be given to establishing and maintaining ongoing links between these two worlds (Pang et al, 2003:818). It was found that applied research findings were more likely to be translated into policy if researchers, policy analysts, managers and politicians negotiated the language and the frame of reference before the research was undertaken. Another consideration was that the relationship between research and policy making often involved a more fundamental relationship between researcher and policy-makers. Increasingly, research evidence points to the importance of trust and ongoing commitment between parties when research is successfully translated into action. Clear research findings are not always a passport to policy, but researchers can reframe the way health policy issues are seen,

and collaboration with policy makers, initially, can enhance implementation later.

Currently, a number of health research studies are being conducted by different sectors such as research institutions and tertiary institutions within the eThekweni Municipality. Most of these studies have no direct link with municipality service delivery and do not benefit the municipality. For example, according to the 2001/2 Health Sector Annual Report, a total of 30 studies were conducted yet none seem to have had any direct influence on the municipality's health policy processes or on implementation (2001/2 Health Sector Annual Report, eThekweni Municipality). There is minimal consultation during the planning and implementation stage of the research projects with the relevant stakeholders. This consultation is usually with health sector officials (who are not really policy makers). There is also a lack of communication of research results after the completion of the research project. According to COHRED (2000:1) researchers often assume that the result of relevant and scientifically rigorous research will eventually find its way on to the desks and into the meeting rooms of policy makers and programme planners. There is growing evidence that researchers and their agencies continue to compile and hold on to health data sets for years on end without making them publicly available. While hanging on to data sets may enhance reputations, it definitely has long-term negative effects. COHRED (2003:3 Issue 32) states that the practice of keeping data sets out of public view is harmful in at least five ways:

- It weakens the scientific base of development research. Hard science demands that results be replicated by other researchers to confirm findings.
- Such data sets are almost always collected with the aid of public funds but they are often converted into private property by researchers.
- It is anti-development; reducing public access to such data sets slows down the advancement of useful knowledge.
- The main input in such data sets is the unpaid time of poor people and other stakeholders.
- When other researchers eventually get access to the data set (which could be many years later) their use of the data may have little relevance to policy because of the time that has elapsed.

All of the above are applicable to the Health Unit within the eThekweni Municipality.

The health policy makers may come to regard academic research as wilfully irrelevant to their needs and important shifts in health policy often take place with little apparent regard for research evidence. They should acknowledge the requirement for policy to be supported by evidence from research available. Changes in health service management and organisation should be designed as an experiment and evaluated appropriately. Methods of promoting the use of research findings require further evaluation.

The health of the population has improved worldwide over the past few decades. There are several factors that have contributed to the improved

health status (such as income growth) but the contribution of scientific research has been underestimated. According to the WHO report (1996:12), research has led to tangible improvements by, firstly, bringing knowledge that people use daily in their homes to maintain their health and secondly by producing direct technical intervention such as vaccines, treatments and public health measures. The culture of research has provided a rational, knowledge-based framework for progress in health. Both medical practices and health policies have been at the receiving end of remedies and fashions for centuries and a scientific framework has contributed much to the elimination of irrational and ineffective practices developed to improve health.

Macintyre et al (2001:224), in their case study using evidence to inform health policy in the UK, found that there was a lack of empirical evidence available to government on which to base policies or decide on priorities at government level, despite the large amount of research undertaken and published on the subject. They were also struck by the readiness of researchers to recommend policies, whose effectiveness they knew little about; this was in contrast to researchers own caution in interpreting the results of epidemiological or clinical evidence.

Although a number of studies have been undertaken, the eThekweni Municipality does not seem to have a framework to facilitate a link between research studies and practice. This results in policies or health programmes that are not informed by research, and as such, are often a waste of the resources of the municipality. There is no evidence to date to indicate that research results have influenced the health policy, implementation or intervention process. The absence of an explicit health research agenda at the eThekweni Municipality has meant that health

research has not addressed health priorities or needs, nor have the available resources been channelled towards them.

There are four themes that have emerged during the literature review and these themes are:

- The lack of evidence-based decision making in most developing countries.
- The lack of communication between health research stakeholders.
- The lack of usage of health research results.
- The need for the development of a rational framework for health research.

These themes, are dealt with in the data analysis, conclusions and recommendations of the study.

1.3 THE PURPOSE

The purpose of the study is to develop a Research Policy Framework for linking research, policy and implementation for the eThekweni Municipality.

1.4 OBJECTIVES

Below are objectives of the study:

- To analyse the existing health research policy framework.
- To identify stakeholders in the health research policy processes.
- To determine their role in the health research policy process.
- To determine the conditions necessary for linking research to policy.

- To recommend or propose a research policy framework for the eThekweni Municipality.

1.5 THE KEY QUESTIONS

Key questions include:

- How does the existing health research policy framework function?
- Who are the key role players involved in the eThekweni Municipality health sector policy process?
- What role do the various stakeholders play in the policy process?
- What are the facilitating and/or hindering factors in the policy process?

1.6 SCOPE

The study will focus on the health policy research processes at the local sphere of government and eThekweni Municipality Health Department. The study explores the developments regarding this linkage between health policy and health research processes, as well as the impact thereof, over the past five years. The researcher intends to interact with various stakeholders, within and outside the municipality, as part of meeting the study's objectives.

1.7 RATIONALE

The WHO goal is the attainment by all peoples of the highest possible level of health and its new Director-General, Dr Jong-Wook Lee, (COHRED, 2003, Issue 31) has pledged to achieve this goal through the following:

- Loyalty to the poor member states, countries and their citizens and WHO staff.

- By focusing on actions in countries and by prioritising the use of human, financial and technical resources to achieve measurable results.
- By unifying leadership to encourage partnerships between stakeholders and promoting coalition building in policy making, resources, mobilisation and action.
- By increasing transparency in decision making and the management of resources.
- By commitment to technical and managerial excellence.

The major challenge for the WHO and member states (including South Africa) is ensuring that the above-mentioned pledges are translated into action, particularly at district or local level, as the trend is to focus on the national level. The main rationale is therefore to contribute towards the achievement of Dr John-Wook Lee's pledges at the eThekweni Municipality through the development of a framework for use by the health sector's policy makers and managers in translating research into policy and action. The study also intends to highlight the importance of a close interaction between researchers and policy makers in the health sector and to establish formal mechanisms for interaction.

1.8 JUSTIFICATION

There is an urgent need to coordinate the activities of researchers, policy makers, policy implementers and beneficiaries, so that the eThekweni Municipality can deliver an effective, efficient, economical and appropriate health service. Knowledge produced by health research, if disseminated widely, is of global public benefit. Knowledge contributes to the policies, activities and performance of health systems and to the improvement of an

individual's and a population's health. This study will facilitate the coordination of health research, thus improving the dissemination of health research information locally. Frenk (1992:1399) points out that the inadequate use of research findings in decision making leads to reduced support for research. This, in turn, generates low scientific production which completes the vicious cycle. Addressing this vicious cycle is one of the main motivations for this study.

The study comes at an ideal time as the eThekweni Municipality is currently reviewing its approach to service delivery, as well as finalising the planning process through the Integrated Development Planning (IDP), a legislative requirement in terms of the Municipal Systems Act No. 32 of 2000. This study will help in creating awareness in stakeholders regarding the lack of a link between research and policy processes. Some of the key functions of the health policy framework for the eThekweni Municipality are:

- The governance and financing of health research.
- Knowledge development and utilisation of health research.
- Human resource training.

- Promotion of creative thinking.
- Dissemination of health research results.

1.9 RELEVANCE

Apart from this study raising awareness regarding the importance of the link between research and policy processes among the stakeholders, it will also:

- Propose a framework to guide the interaction between researchers, policy makers, policy implementers and beneficiaries. This framework will assist in ensuring the setting of a research agenda for the municipality, building research capacity and facilitating the communication of research results.
- Create an environment for health research to contribute effectively to health development and for evidence to lead to policy formulation.
- Constitute an important tool, which in the long term should contribute to the improvement of the eThekweni health system.

If resources for health research are to be used effectively and efficiently, and match research priorities, mechanisms are needed to ensure the coordination and monitoring of resource flow over time. Measuring the flow of resources will also help to monitor shifts in the collaboration of health research funding towards the most important health issues. This will also help identify neglected areas that do not attract sufficient funding and therefore avoid the unnecessary duplication of health research efforts (COHRED, Issues 31, 2003:6). It is hoped that this study will propose relevant mechanisms in this regard for the eThekweni Municipality, as they are urgently needed.

Harney et al (2003:2) also argue for a research framework and state, "Developing a conceptual framework of the processes of utilisation should assist with the formulation of assessment tools that reveal the full picture as to the way research is used in policy making. Furthermore, it should allow the growing demand for accountability for research expenditure to be addressed appropriately, which could also be of benefit to the research community". The policy makers (councillors) will design and approve policies that are based on local and appropriate research. The beneficiary

will receive better service delivery through policies that are informed by research.

1.10 RESEARCH METHODS

According to Bowling (1997:127) research methods refer to the practices and techniques used to collect, process and analyse the data. In terms of research type, this is an exploratory study. Bless and Higson-Smith (2000:41) state that the purpose of exploratory research is to gain a broad understanding of the situation, phenomenon, community or person. In the case of this study, the researcher intends to provide more insight into problems related to the lack of any link between health research and policy-making processes at the local sphere of government. Bless and Higson-Smith (2000:41) assert that essentially there are two alternatives for the design of exploratory research, namely case study and survey. The researcher selected the case study option as it allows for the detailed and thorough investigation of a few cases. The qualitative method has been selected as it is the most appropriate; (COHRED, 2003, Issue 31); this is due to the fact that the investigation will be conducted in a natural social setting. Some of the other arguments for selecting the qualitative method include the following:

- The data to be collected is mainly based on experience and knowledge rather than numbers, whereas in quantitative methods data collected involves mainly numbers.
- The qualitative method is the only one that is flexible in data collection. This study will involve sensitive and complex issues for which flexibility is paramount.

There is generally very little documented knowledge about frameworks for use in guiding research to policy processes in the health sector. Bowling (1997:114) argues that qualitative techniques are preferred for exploring issues of which there is very little known or where limited information is available.

1.11 SAMPLING

The sampling population is eThekweni Municipality, formerly known as Durban Metro. The units of analysis are research institutions, politicians (councillors), senior management and officials. There are a number of sampling methods for qualitative research. These include convenience sampling or purpose sampling, snowballing and theoretical sampling (Bowling, 1997:167). In this study, the purpose sampling method has been selected. According to Bless and Higson-Smith (2000:92) purposive sampling is based on the judgement of a researcher regarding the characteristics of a representative sample, while Bowling (1997:167) defines purpose sampling as a deliberate non-probability method of sampling which aims to sample a group of people with a particular characteristic.

The purposive sampling method was selected because the study is exploratory and the method allows for the selection of unique cases that are especially informative. It also allows for the selection of specific groups of people with certain characteristics. The characteristics required for the latter are that they be stakeholders who participate in or influence the research process, policy process or service delivery at the local sphere of government. According to Neuman (2000:198), this sampling method

uses the judgement of an expert in selecting cases with a specific purpose in mind.

1.12 DATA COLLECTION

The data collection techniques used in the study include interviews and use of a focus group (consultative workshop).

These data collection techniques were selected because they all allow for the discovery of new aspects of the issue being investigated. The collected data is from primary and secondary sources.

PRIMARY DATA

The primary data was gathered through semi-structured interviews and a consultative workshop. The semi-structured interview has been selected for this study because the researcher seeks to explore issues related to health research policy link processes at eThekweni municipality. Consultative workshops have the advantage of making use of group dynamics to stimulate discussion, gain insight and generate ideas in order to pursue a topic (the development of the health policy framework for the eThekweni Municipality, in the case of this study) in greater depth.

SECONDARY DATA

The secondary data formed the foundation of the study. This involved the synthesis of material from legislation, government regulations and policy documents. At the sphere of local government, council minutes, by-laws and policy documents were consulted. Furthermore, extensive

background literature was used to establish a consistent framework for the study. To this end, international, regional, national and local trends, in terms of health policy research relationships, were presented and analysed.

1.13 LIMITATIONS

Municipalities are still engaged in the transformation and restructuring processes, which began in 1995 after the first local government elections, and the eThekweni Municipality is no exception in dealing with these processes. These two processes (transformation and restructuring) have led to high turnover in terms of staff and councillors. This movement of personnel is the main limitation of this study as they are key stakeholders in the between of health policy and health research processes.

1.14 KEY CONCEPTS AND TERMS

In the next part the relevant key concepts and terms are presented for ease of understanding:

CASE STUDY

This generally refers to a detailed analysis and description of a transaction or event through the study of files, observation, or information obtained in a questionnaire.

COMMUNITY

This is a group of people living within a specific geographical area where its needs are met through interdependent relationships. Generally, it

implies that inhabitants identify themselves with the geographical area concerned and with one another and have common interests and objectives and a measure of cooperation (Fox and Meyer, 1995:23).

CONSTITUTION

In the South African context, this is basic or fundamental law, which supersedes all other laws. It outlines the general philosophy and structures of power, such as the parliament, legislature, national, provincial and local government. The main purpose of a constitution is to determine the authority and functions of the government as it is government that organises the affairs of the nation. The constitution determines what these common affairs are and how the government should go about managing them.

GOVERNANCE

This refers to the mode, manner or style of governing. For example, governance in a democratic state should be characterised by integration of the roles of public institutions and civil society institutions.

ESSENTIAL NATIONAL HEALTH RESEARCH (ENHR)

ENHR is an integrated strategy for organising and managing research in which defining characteristics include its goal, its content and its mode of operation. According to Meena (1999:1), ENHR's goal is to promote health and development on the basis of equity and social justice. Its content includes types of research such as epidemiology, social and behavioural research, clinical and biomedical research, and health systems

research and policy analysis. The focus of this study is on health systems research and its application at the local spheres of government. It emphasizes the problems affecting the populations, especially the poor and disadvantaged.

The mode of operation, on the other hand, is characterised by inclusiveness involving researchers, health care providers and representatives of the community in planning, promoting and implementing research programmes. This aims to promote the ideals of the ENHR relating to the local sphere of government.

HEALTH RESEARCH

Health research involves many different types of research including biomedical, clinical, epidemiological, health systems and policy research, socio economic and behavioural research contributions, as well as ongoing programme evaluations, surveillance and operational research activities embedded within health systems. It also includes research not usually considered to be health-related, for example, engineering studies to improve car or road safety or economic research leading to policy change that affects poverty (WHO, 1996:80).

HEALTH POLICY

Walt (1994:1) states that health policy means different things to different people. It is concerned with who influences whom in the making of policy and how that happens. It is also about process and power, hence the title of her book. According to Walt (1994:41), public policies are those policies developed by governmental bodies and officials which

focus on purposive action by or for governments. Policy involves the decision to act on some particular problem, but includes subsequent decisions relating to implementation and enforcement. Policy should involve more than statement of intent - it should represent what government actually does. Health policy embraces courses of action that affect the set of institutions, organisations, services and funding arrangements of the health care system. It goes beyond health services however, and includes actions or intended actions by public, private and voluntary organisations that have an impact on health.

HEALTH SYSTEM

The WHO report (1996:82) defines the health system as a complex web of supply, demand and mediating organisations which include not only the providers of health services (the supply side) and the people who use those services (the demand side) in any given country, but the state and the organisations that generate resources, both human and material. A health system includes three main components, namely health promotion or health building, disease control and prevention and health care provision. All three components of the health system need research.

According to WHO (Strategies for Health Research Systems Development in South – East Asia Region, 2001:4) the purpose of the health system is to promote health for all and to provide effective health care, upholding the noble values of equity, quality efficiency and social accountability. Health systems include three main components, viz. health promotion (in the case of the eThekweni Municipality - Social Development), disease control and prevention, and health care provision. All three components of the health system need equal

research. (eThekweni Municipality Integrated Development Plan (IDP), July 2004).

LOCAL GOVERNMENT

Local government in South Africa is a sphere of government in its own right, with a number of absolute powers and other concurrent competencies in other spheres of government. The area of jurisdiction of local government is called a municipality, metro, district council or local authority (Nicholson, 2001:1).

MODEL

According to Dye (1998:14) a model is a simplified representation of some aspects of the real world. It may be an actual physical representation of a model airplane, for example, or the tabletop buildings that planners and architects use to show what the end product will look like when proposed projects are completed. A model (in this context) is a map or framework for describing where we are going, how we are going to get there and what we may need to deal with along the way.

POLICY

In any modern state there is a policy framework (a written or unwritten constitution) that spells out the broad principles and/or value that will enable policy makers to set up guidelines and procedures for the management of public affairs. It involves governmental or organisational guidelines about allocation of resources and principles of desired behaviour.

According to Cloete and Wissink (2000:3) policy is 'a statement of intent'. Policy specifies the basic principles to be pursued in attaining specific goals. Policy interprets the values of society and is usually embodied in the management of projects and programmes. It is important that all scholars of governmental sciences (political studies, public administration or management) understand that good governance is the essence of the public sector and that good public policy management is inextricably linked with good governance. Governments generally aim to provide a safe democratic and orderly environment that is conducive to sustainable growth and development of its citizens. This depends, among other things, on the relevance and quality of the design and implementation of public policies that provide the platforms for such aims.

The main reason why it is necessary to study public policy is because public function arises from a need to improve the processes and, ultimately, the outcomes of policy making. Improving public service delivery requires a well-developed understanding of all political and administrative dynamics of policy making by both politicians and managers (Cloete and Wissink, 2000: 4).

POLICY ANALYSIS

Walt and Gilson (1994:181) define policy analysis as the task of analysing and evaluating public policy options in the context of given goals of choice by policy makers or other relevant actions.

Policy analysis is an applied discipline which produces knowledge of and insight into the policy process. It uses multiple methods of research to analyse public problems in order to provide policy makers with policy-relevant information about policy alternatives and their implications (Fox and Meyer, 1995).

POLICY MAKING

Policy making involves documenting proposed activities for approval. The policy-making process will usually start with the collection and processing of factual information about the subject matter of the envisaged policy and may require information and opinions from numerous private (non-governmental) and public institutions and interest or pressure groups.

Public Policy

Hanekom (1991:7) defines public policy as:

- A kind of a guide that delimits action.
- A mechanism employed to realise societal goals and to allocate resources.
- Whatever the government chooses to do or not to do.
- The description and explanation of the causes and consequences of government activity.
- A comprehensive framework of and for interaction,
- Purposive goal-orientated behaviour.
- A desired cause of action to achieve particular objects and goals,
- A declaration and implementation of intent.

- The authoritative allocation of goods and services, through political process, of value to groups or individuals in the relevant society.

Due (1998:2) defines public policy as whatever the government chooses to do or not to do. Generally public policy is a desired course of action and interaction by government aimed at the realisation of societal goals.

RECONSTRUCTION AND DEVELOPMENT PROGRAMME (RDP)

This is a policy framework proposed by the ANC, and adapted by the Government of National Unity in 1994, for integrated and coherent socio-economic progress. It seeks to mobilise the people and the republic of South Africa's resources towards the final eradication of the inequalities of apartheid.

RESEARCH

Research is a structured process of collecting, analysing, synthesizing and interpreting (explaining or describing) data to answer theoretical questions not visible in the data themselves. Research is also a structured form of communication used to share knowledge, which is the combination of data and theory. It is an intensive observation and/or study of a matter in order to increase the knowledge of it. In the case of this study, research is being undertaken to improve practice both in the health sector and public administration.

Research is a systematic and organised effort to investigate a specific problem that needs a solution. Once the problem is clearly defined, steps are taken to gather information, analyse the data and delineate the

factors associated with the problem. By taking the necessary corrective action the problem can be solved.

According to Neuman (1997:21) there are two main types of research and these are:

- **Basic research:** This is when research is done chiefly to improve our understanding of certain problems that commonly occur in organisational settings; solutions are put forward but there is no direct impact on performance relating to policy decisions.

- **Applied research:** This is when research is done with the intention of applying the results of its findings to solving specific problems currently being experienced in the organisation. Practical problem solving is the emphasis. The current study falls into this category as it is hoped that it will have an impact on future health policies and programmes.

Table 2: Comparison of Basic and Applied Social Research.

Source: Adapted from Neuman, 1977:23

BASIC	APPLIED
1. Research is intrinsically satisfying and judgements are passed by other sociologists.	1. Research is part of a job and is judged by sponsors who are outside the discipline of sociology.
2. Research problems and subjects are selected with a great deal of freedom.	2. Research problems are "narrowly constrained" to the demand of employers or sponsors.
3. Research is judged by absolute	3. The rigor and the standard of

norms of scientific rigour, and the highest standards of scholarship are sought.	scholarship depend on the uses of results. Research can be “quick and dirty” or may match high scientific standards.
4. The primary concern is with the internal logic and rigour of research design.	4. The primary concern is with the ability to generalize findings to areas of interest to sponsors.
5. The driving goal is to contribute to basic theoretical knowledge.	5. The driving goal is to have practical payoffs or uses for results.
6. Success comes when results appear in a scholarly journal and have an impact on others in the scientific community.	6. Success comes when results are used by sponsors in decision making.

In the case of this study, the applied social research approach is used, and all the elements described above are applicable to this study. The most relevant is number 5 (“the driving goal of applied social research is to have practical payoffs or uses for results”). Once the results of this study are available it is expected that decision makers at eThekweni Municipality will use them as part of improving health service delivery.

Research has general purposes (Neuman, 1997:21) and here are some:

- Research advances the general knowledge.
- It solves specific problems.
- Research often enables policies to be generated upon technically well-informed bases.
- It gives warnings of reasons why some policies succeed and others fail.

- It can make connections between otherwise separate factors, such as the nature of the substantive field and organisational patterns set up to manage them, or the power of environment over health outcomes.
- It legitimises some policies and throws doubts on others.

According to WHO (Strategies for Health Research Systems Development in South-Asia Region, 2001), from its inception WHO has recognised the vital role of health research in health development.

One crucial way in which WHO promotes health research is developing research strategies that influence and are, in turn, influenced in an interactive manner by national and local health research strategies in support of specific country needs.

THEORY

Neuman (1977:37) defines theory as a system of interconnected abstractions or ideas that condenses and organizes knowledge about the social world. People are always creating new theories about how the world works. It is a statement of ideas also referred to as a law or principle arrived at with assumptions, projections, research or observations, which describe the matter and its behaviour under specific circumstances. Researchers use theory differently in various types of research, but some type of theory is present in most social research.

1.15 SEQUENCE OF THE PRESENTATION

This study is organised around a theoretical investigation as well as an empirical inquiry. The content is divided into six chapters;

- Chapter one deals with background to the study, objectives of the study, the research problem statement, justification of the study and limitations of the study. A clarification of terms and abbreviations related to health policy, health research and public policy making is also addressed.
- Chapter two provides the theoretical and conceptual perspective. The first part explores the public administration and management context, with special emphasis on public policy-making processes and related models. Other areas covered are the relationship between health policies and health research. This chapter concludes by presenting models of relationships between research and policy.
- Chapter three deals with the contextualisation of health sector research within the developmental mandate of local government. The areas covered are the legislative framework and perspectives at different levels ranging from global to local i.e. eThekweni Municipality.
- Chapter four presents the research methodology followed in the study, the research design selected and the sampling procedure applied. Data collection techniques used are also dealt with in this chapter.

- Chapter five deals with the empirical analysis and presentation of the research results. The chapter also offers an interpretation of the processed data and synthesises it with the theoretical background.
- Chapter six provides the research conclusions and recommendations. A model is also provided that will ensure the link between health policy and health research.

1.16 SUMMARY

Chapter one offers an overview of the study. The study objectives are described as well as steps to be taken to achieve these objectives. The main aim of the study is to explore the health research policy processes at the Local Government Health Sector at eThekweni Municipality. In order to assist the reader to understand the study, an explanation of the abbreviations and some of the technical terms used in the study is included.

1.17 PROJECTIONS FOR THE NEXT CHAPTER

The conceptual framework of the study is dealt with in the next chapter. The main goal is to position the study within the broader framework of public administration. Concepts, therefore, such as types of policies, models for analysing policy processes, impediments to the use of research, sources of potential conflict between researchers and decision makers and health research policy frameworks are presented.

CHAPTER 2

CONCEPTUAL FRAMEWORK

2.1 INTRODUCTION

This chapter examines the public administration and management context and includes a description of the levels and types of policies, policy-related variables and theories of policy making. Within the first part both the South African and eThekweni Municipality policy processes are also covered.

The next part deals with the theoretical, methodological and context considerations in research policy relationship. Included in this part are: impediments to research use, sources of potential conflict between researchers and decision-makers and strategies for improving the use of research.

The chapter concludes with the presentations of four frameworks for research policy processes which are: The Holistic Approach, A Model for Research Transfer, The Three-way Model for Communication and Environmental, Mechanism and Skills Model. Their relevance to the study is also dealt with in this last part.

2.2 PUBLIC ADMINISTRATION CONCEPTS

Generally, public administration concepts are the building blocks of public administration theory. It is essential that the relevant public

administration concepts be explored as the whole study is located within the scope of public administration.

Recent political developments in South Africa indicate that the “normalisation” of the political process in the country is similar to that of a developing African country. Incremental adaptation of apartheid policies is increasingly being replaced by drastic policy changes leading, one hopes, to more feasible policies designed to take realities more accurately into account. Top-down reform is gradually being replaced with bottom-up change (Cloete, in Theron and Schwella, 2000:24).

2.2.1 POLICY LEVELS

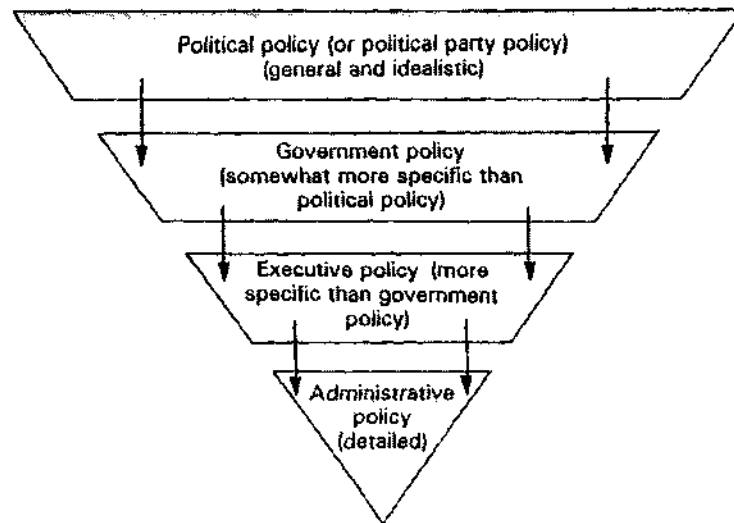
According to Cloete and Wissink (2000:15) recent paradigm shifts in management, institutional development and development management have shed new light on our understanding of certain policy issues. Policy worldwide can be examined on the basis of levels. The levels of policy can be approached in two ways: The first is related to geographical levels; for example, local or district policy (eThekweni Municipality), provincial policy (an intermediate level) and regional policy between national units e.g. the South African level and international levels. The Reconstruction and Development Programme (RDP) is typical of policy at national level in the case of South Africa.

The second relates to levels of policy within the private sector or organisations (e.g. board of director’s policies, executive policies, etc.). Hanekom (1991:10) argues that it is important to

acknowledge the multi dimensional nature of policy levels and proposes four public policy levels as reflected in figure 1:

Figure 1 Policy Levels

Source: Hanekom, 1991:11



- Political policy (or the policy of political parties), which originates within a political party and is the policy advocated by a particular political party regarding specific issues.
- Government policy (national policy), which is the policy of the political party in power. It is a translation into practical objectives of the ideas of the party on how to govern the country and focuses on the direction in which society is to be steered. Government policy is therefore more specific than a political party policy.
- Executive policy (or implementation policy) is determined by political office-bearers, assisted by, or working in conjunction with, high ranking public officials and is concerned with the

setting of priorities and with the compilation of the budget. Executive policy, again, is more specific in nature than government policy.

- Administrative policy pertains to various aspects of a policy, such as the income and expenditure of a particular government department, inclusive of the provision for development, utilisation and maintenance of personnel and other factors.

The policy levels as indicated by Hanekom are applicable in the South African Government setting including all the three spheres of government. For example, the Health Policy framework to be developed or proposed at the end of this study falls within the Executive Policy (implementation policy) within the Local Government setting.

2.2.2 POLICY-MAKING VARIABLES

According to Cloete and Wissink (2000:81), the contents of public policies, as well as the actors concerned and their efforts to influence policies, are normally affected by a variety of situations, conditions, developments and circumstances that can be systematised as variables in different ways. They propose the following developmental variables in the lesser-developed states (like South Africa):

➤ **Socio-cultural Variables**

Cloete and Wissink (2000:83) argue that less-developed states normally have much larger numbers of illiterate or badly-educated people and, on average, a much younger and less-mature population. The populations in these states have relatively short life expectancies, with high incidences of infant mortality and poor health services that struggle to cope with ballooning populations.

➤ **Socio-political Variables**

Chronic political instability, changes of regime and a tendency towards bureaucratic authoritarian rule by a combination of military and civil elites normally lead to a desire for regime survival. This typically translates into governing leaders enacting policies with visible, short-term pay-offs to a few favoured groups, even though the eventual effect may be negative for development, according to Cloete and Wissink (2000:84).

➤ **Socio-economic Variables**

Lesser-developed countries are found mostly in lower per capita income categories. Abject poverty is widespread and endemic, with a great dependency on families because of huge unemployment. International debt is typically high; this reduces the decision-making autonomy of the

government in favour of international aid agencies such as the World Bank.

On the whole these developmental constraints influence public policy negatively in lesser-developed countries, thus policy makers and researchers need to take them into account in health research policy processes. eThekweni Municipality is influenced and exposed to all the above variables, especially unemployment and the short lifespans of some of its citizens due to HIV and AIDS (eThekweni Municipality, IDP.2004).

2.3 POLICY-MAKING THEORIES

Grand theories of policy making do not exist. According to Cloete and Wissink (2000:25), distinguished scholars have remarked that policies are jellylike in nature and must be thought of as seashells with no apparent beginning or end; they are kinetic and fragile. All public policies are future-orientated, usually aimed at the promotion of the general welfare rather than a societal group and take place within the framework of legally-instituted public bodies, such as legislatures or government departments. Cloete and Wissink (2000:25) argue that theories of policy and policy making have been closely associated with political paradigms (ideologies) in which political values play an important role. Some better-known ideologies influencing specific policy approaches and theories of public policy making include a liberal laissez-faire (classical) approach. A government following this approach should devote itself to making policies regarding only certain aspects and 'leave other things alone'.

Socialism, on the other hand, is an ideology abolishing capitalism and in which the state has to control the economic institutions, which in turn function as government institutions. Welfare states claim that the promotion of the highest degree of material and spiritual public wellbeing is the task of the state which has to provide opportunities for competition so that citizens can obtain the good things in life. Some theories that explain policy making processes, as advanced by Hanekom (1991:45) and Cloete and Wissink (2000:26) are as follows:

- **Classical Theory:** This theory is also known as the institutional theory and it emphasises that the different concerns and interest of government should be given preference. This area of focus encompasses the classical doctrine of the separation of powers and includes the legislative, executive and judicial functions.
- **Liberal Democratic Theory:** In this theory the majority political party assumes the position of primary force in policy making. The argument is that as the party represents the individual voter, it is thus superior to interest groups.
- **Elite Theory:** In this theory, small elite groups lead large groups of followers.
- **Systems Theory:** This theory focuses on the contributions of interrelated forces to policy making.

In the case of the eThekweni Municipality the Liberal Democratic Theory is currently being practiced. For example, the ANC party

plays a primary role in policy making and programme implementation (as the majority party) in this municipality.

2.4 MODELS FOR ANALYSING POLICY MAKING PROCESSES

Examples discussed below include the elite (or mass model), the group model, the institutional model and the systems model as advocated by Cloete and Wissink (2000:33) and also by Hanekom (1991:46). Theoretical approaches to a process model are also discussed.

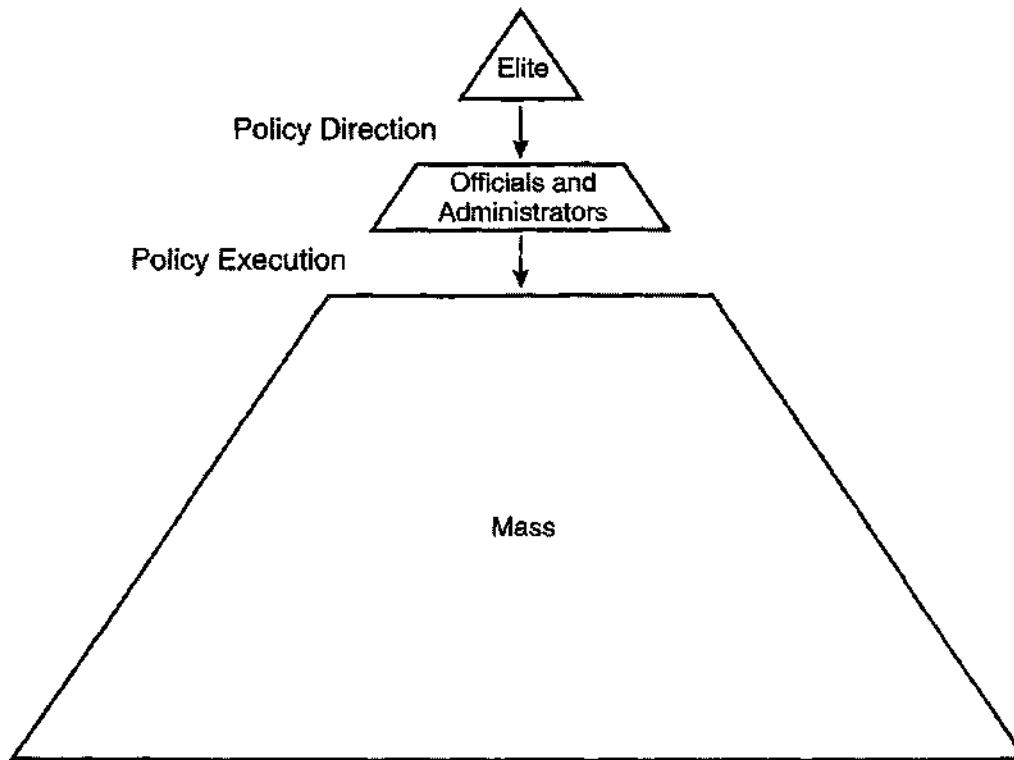
➤ **ELITE OR MASS MODEL**

This model is well-known in policy analysis literature. Cloete and Wissink (2000:34) noted that this model is based on the assumption that a small elite group (usually a government) is solely responsible for policy decisions and that this group governs an ill-informed public (the masses). According to Hanekom (1991:78), policy decisions made by the elite flow downward to the population at large and are executed by the bureaucracy. Figure 2 illustrates this assumption as advocated by Dye (1998:22). Cloete and Wissink (2000:34) suggest that the emphasis represented by the elite or mass model may be among the most germane to public administrators. They point out that increasingly, public administrators are perceived less as 'servants of the people' and more as 'the establishment'. Dye (1998:22) argues that the Elite Model suggests that the people are apathetic and ill-informed about public policy and that elites actually shape mass opinion on policy questions more than masses shape elite opinion. In outline, the elite/mass model contends that a policy-making and executing

elite is able to act in an environment characterised by apathy and information distortion and thereby able to govern a largely-passive mass of people. This model therefore clearly has some severe limitations in that it sees society as divided into those who have power and those who do not. Elites share common values that are dedicated to preserving the status quo.

Figure 2: The Elite or Mass Model

Source: Dye, 1998:22



This model is based on the assumption that the elites are firmly in power, that they know best and that consensus on policy exists within the elite group (Cloete and Wissink, 2000:34). Clearly, this implies that the values and interests of the elite are of primary importance. This assumption can also be applied to the

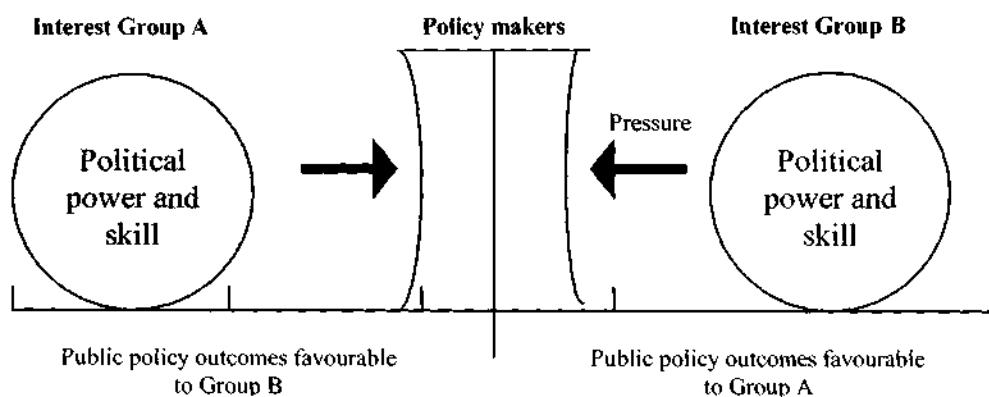
organisational level in the private and non-governmental sectors. The above description of the role of the elite in the policy process is often oversimplified. Literature and experiences show that 'the masses' aren't necessarily passive and ill-informed and that they may play a pivotal role in policy making and act as a dynamic catalyst for policy change (Cloete and Wissink, 2000:35).

➤ **GROUP MODEL**

One of the main agents for policy change is the initiative by interest groups to pressure and interact with policy makers on preferences and self-interest. Several different interest groups are usually involved and an equal measure of prestige and influence for each would result in the effect depicted in Figure 3.

Figure 3: The Group Model of Policy-making and Implementation: Phase 1

Source: Cloete and Wissink, 2000:35

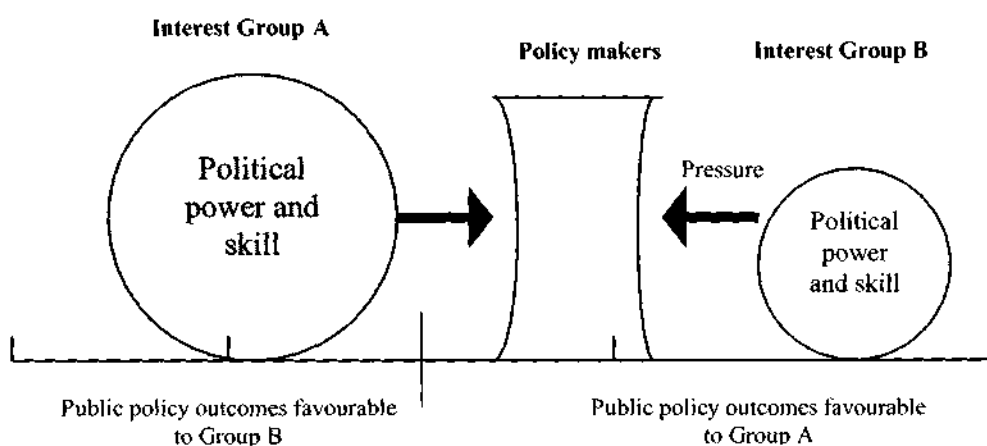


As illustrated above, group pressures are of particular importance in policy-making processes of a participative nature. According to

Hanekom (1991:79), the influence of an interest group on the policy maker determines the extent of its success in influencing the policy making. Forum activity highlights the particular experience of South Africa. Indeed, forums as vehicles for policy input represent an institutionalised arrangement to ensure that interaction on the particular policy debate does take place. Dye (1998:20) argues that the group becomes the essential bridge between the individual and the government. This model also has particular implications for political decisions (e.g. the dynamics in the cabinet) and those at an organisational level. Individuals in a policy-making body, such as a commission, wield similar pressures. Hypothetically, the outcome of public policy is representative of an equilibrium reached in the struggle between groups.

Figure 4 :The Group Model of Public Making and Implementation:Phase II

Source: Cloete and Wissink, 2000:35



The model further assumes that policy makers are sensitive to the demands of interest groups. Its particular value lies in the fact that

it allows policy analysts to analyse policy-making processes in terms of the demands of participating groups. Policy analysts can therefore concentrate on the role of interest groups in the policy-making process when initiating and adapting policy. The notion of pressure groups and lobbying is highly relevant. Authors such as Henry in Wissink and Cloete (2000:35) describe the group model as a 'hydraulic thesis' in which the policy is seen as a system of forces and pressures acting upon and reacting to one another in the formulation of public policy. Henry also notes that the group model is normally associated with the legislature rather than the bureaucracy, but it has also long been recognised by scholars that the 'neutral' executive branch of government is also influenced by pressure groups.

➤ **INSTITUTIONAL MODEL**

According to Hanekom (1991:81) the premise of the institutional model for the study of public policy is that public policy is the product of public institutions, which are also responsible for its implementation. Proponents of this model argue that as government legitimises public policy (only government policies apply to all members of society), the structure of governmental institutions can have an important bearing on policy results. According to this view, changing merely the structure of governmental institutions will not bring about dramatic changes to policy. The relationship between the structure and the policy should always be taken into account.

According to Anderson (1979:22) in Cloete and Wissink (2000:36), the institutional model could be usefully employed in policy analysis by analysing the behaviour patterns of different public institutions, as for example, the legislature versus the executive and their effect on policy making. Anderson speaks of the traditional institutional model which focused on the organisation chart of government and describes the arrangement and official duties of bureau and departments, but customarily ignores the linkages between such units. Dye (1998:16) notes that the structure of government institutions may have important policy consequences; for instance, institutions may be so structured as to facilitate certain policy outcomes and obstruct other policy outcomes. With the onset of the 'behavioural revolution' in political science, institutional studies of the policy process were swept aside in favour of studies that relied more heavily on the group, systems and elite/mass models. A review of available policy material on the subject shows that the field of public administration, in particular, has focused on public policy as discussed throughout this chapter.

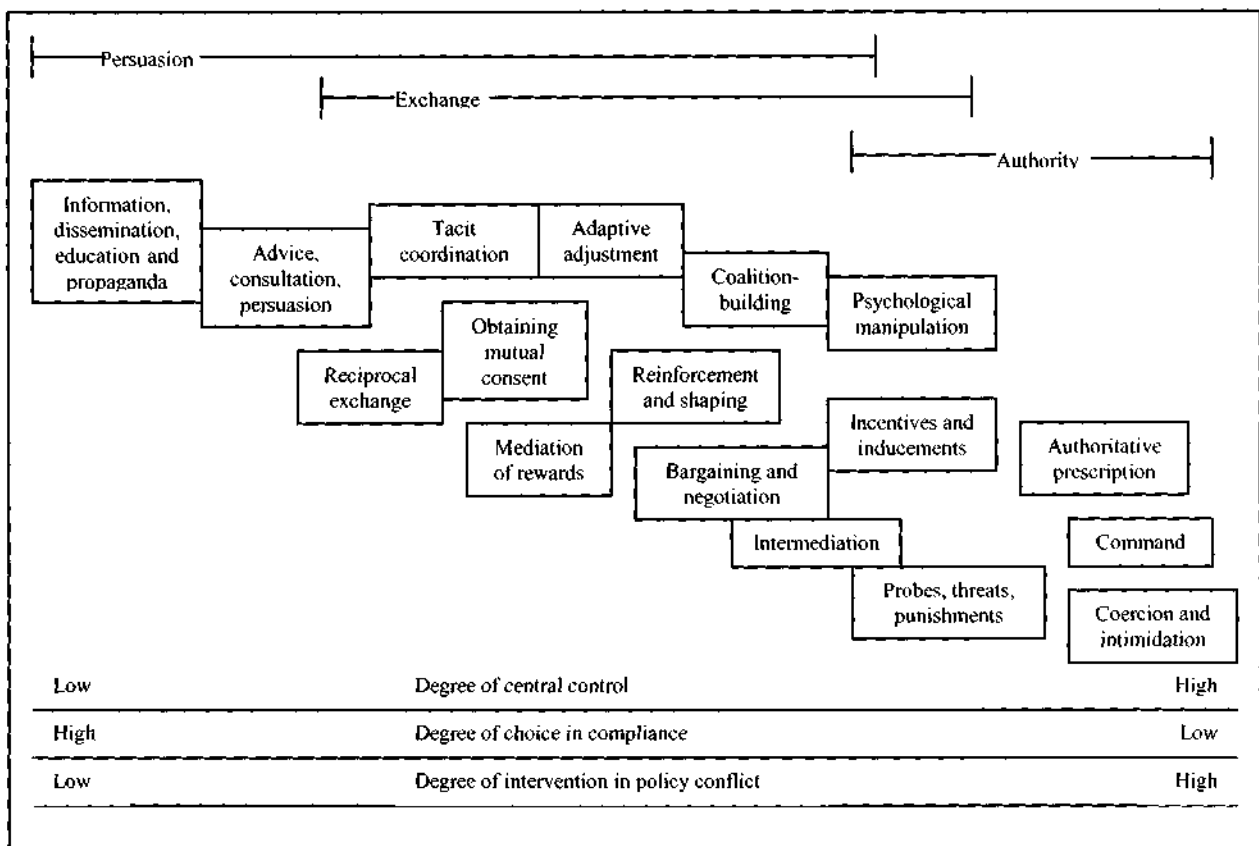
➤ **SOCIAL INTERACTION MODEL**

A range of decision-making models that are particularly useful in problem solving processes has also emerged. Models for general participation, negotiation, mediation and conflict resolution have proved to be very relevant to policy processes. The theory and practice of negotiations provides a framework for decision making on policy. This has been particularly true of constitutional negotiations in South Africa. Hanekom (1987:46) and Cloete and

Wissink (2000:37) also refer to other applications of models when they speak of descriptive models (which explain the causes and results of a specific policy), and normative models (which imply that in addition to explanation or prediction, rules should be provided to attain a specific goal) and verbal models (for example an announcement by a state president). This approach is depicted in the next diagram.

Figure 5: The Social Interaction Model: Styles of Influencing

Source: Cloete and Wissink, 2000:38



➤ **SYSTEMS MODEL**

According to Hanekom (1991:80), in the systems model for policy making, public policy is regarded as a response by the political

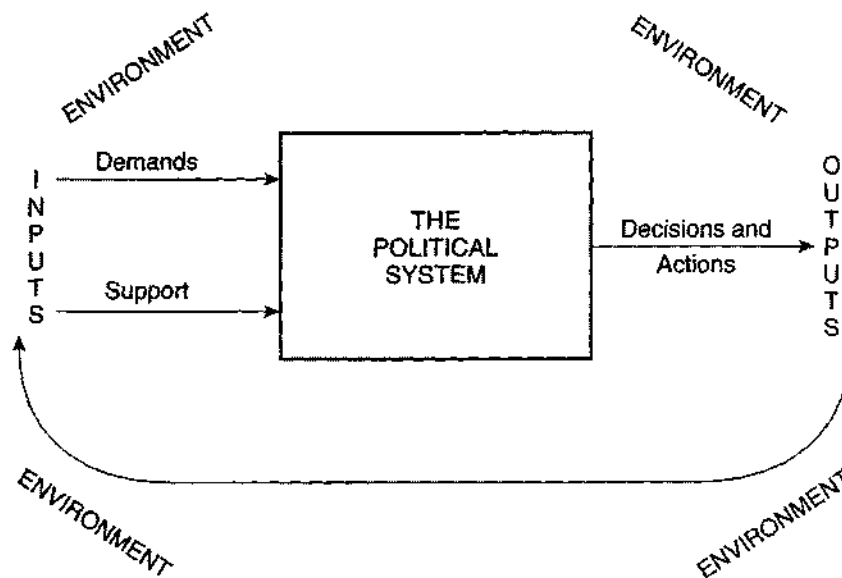
system to the demands, wants, needs, problems or goals of interest groups or individuals. The systems model approach is regarded as one of the most valuable tools for the purposes of policy analysis. Cloete and Wissink (2000:39) noted that the idea of policy as a process is closely linked to the idea of a political system. This model is specifically helpful in portraying policy processes on a general and simplistic level and often identifies major subsystems and processes within the wider policy-making process as a political sub-process. The former is regarded as that which typically takes place within the bounds of the political arena and the latter as a broader sphere which includes implementation, results and evaluations.

According to Dye (1998:35) the systems model portrays public policy as an output of the political system. The concept implies that elements of the system are interrelated, that the system can respond to forces in its environment, and that it will do so to preserve it. This model, which is closely related to the well-known input-on output model of David Easton referred to in Cloete and Wissink (2000:37) which focuses on the response by the political system to the demands and needs of the interest groups. According to Cloete and Wissink (2000:39) such demands enter the (political) system as inputs and through the political process via such channels as political debates, cabinet memoranda, proposals, counterproposals, consensus and decisions. When agreement on policy is finally reached, an output can be made. The systems model can provide perspectives on aspects such as the influence of the environment on political policy and vice versa, the success or ability of the political system to convert demands into public

policy, the effectiveness of the feedback process and the extent to which feedback information (results, impacts and consequences of policies) is incorporated into the adoption of existing or new policies. Dye (1998:35) describes the elements of the systems model as input which is characterised by demands and support, a political system which is influenced by decisions and actions, output and environment as reflected in Figure 6.

Figure 6: The Systems Approach to Policy Making

Source: Dye,1998:35



The systems model provides a particularly valuable framework for policy making. Easton's work on systems analysis - the high point of his contribution - shows that an analysis of political systems sheds much light on political dynamics and its impact on policy making. Cloete and Wissink (2000:40) note that the value of the systems model also lies in the framework that it provides; this describes the relationships between the demands, political systems and results or outputs in terms of stabilizing the environment or

triggering new demands. Cloete and Wissink (2000:40) also note that the systems approach stresses the cyclical nature of policy making, as opposed to other models which see it as a sequential process. A typical disadvantage of the systems model is that when applied to the policy making process, it is analogous to a sausage machine or a production system. According to Cloete and Wissink (2000:41) it fails to describe how the actual transformation of inputs into outputs takes place, if viewing this part of the process as a 'black box'. It does not address the power relationships in decision making or identify the various other players in the policy process, thereby ignoring certain types of coalition. According to Cloete and Wissink (2000:41) the systems model tells us very little about political change and why certain policies evolve as a response to those changes. Lastly, the systems model implies that the policy process is logical and orderly, when in fact it is characterized by multiple factors and processes which often have a direct bearing on policy decisions.

It is worthwhile to note the policy flow model as proposed by Simmons et al (1974) in Cloete and Wissink (2000:41), in which they comment that 'the evolution of a policy issue is much more fluid than a single linear progression' The model is based on the policy systems approach and proposes that the areas of policy issues, policy environment and policy feedback receive special attention.

According to Dye (1998:36) the systems model poses some of the following questions:

- What are the significant dimensions of the environment that generate demands on the political system?
- What are the significant characteristics of the political system that enable it to transform demands into public policy and to preserve itself over time?
- How do the characteristics of the political system affect the content of public policy?

These questions make the systems model very valuable and relevant for all public policy processes. Elements which the authors refer to as the 'power system' (process issues) include clientele, pressure and legislative groups, constitutional and statutory provisions, professional staffing, financial arrangements and historical traditions. Anderson (1994:35) in Cloete and Wissink (2000:41) concludes his discussion of models on a cautionary note. He warns that it is wise not to be confined too dogmatically or rigidly to one model or approach. He regards it as a good rule to be flexible and to draw from different theories or concepts, noting what seems most useful in explaining policy making.

➤ **NETWORK AND COMMUNITY MODELS**

Public policy scholars realised that policy decisions taken only by a single decision maker are frequently negotiations between networks of policy stakeholders in different policy communities which may operate either inside or outside the public sector (Cloete and Wissink, 2000:42). These networks may be formalised institutions or informal and ad hoc. A good illustration of such a

network is the existence and operation of the National Employment, Development and Labour Council (NEDLAC) in South Africa. NEDLAC is an informal discussion forum at national level, consisting of representatives from government and the above-mentioned sectors that meet to co ordinate major policy decisions and feed them back to formalised structures for the ratification of the informal agreements reached. This approach to policy decision making amounts to an expansion of the basic systems model, in combination with some elements of the group competition and social interaction models.

It is more holistic than some of the earlier, more narrowly-focused models (like the elite, institutional and group models) and presents a more accurate perspective on contemporary policy processes. The Social Interaction Model reflects the current practice at the eThekweni Municipality where there is commitment to participation and negotiation with affected stakeholders in both policy processes and the implementation of programmes. This commitment has been shown by the establishment of a new unit called Community Participation and Action Support, whose primary goal is to engage communities in all municipal policy processes and programmes (eThekweni Municipality, IDP.2004).

2.5 POLICY-MAKING PROCESS

Booyesen and Erasmus in Venter (1998:221) argues that the policy-making process involves a number of consecutive, interconnected sets of activities. Firstly, there is a question of what, if anything, is to be done about the problem. The next part explores the four stages of policy

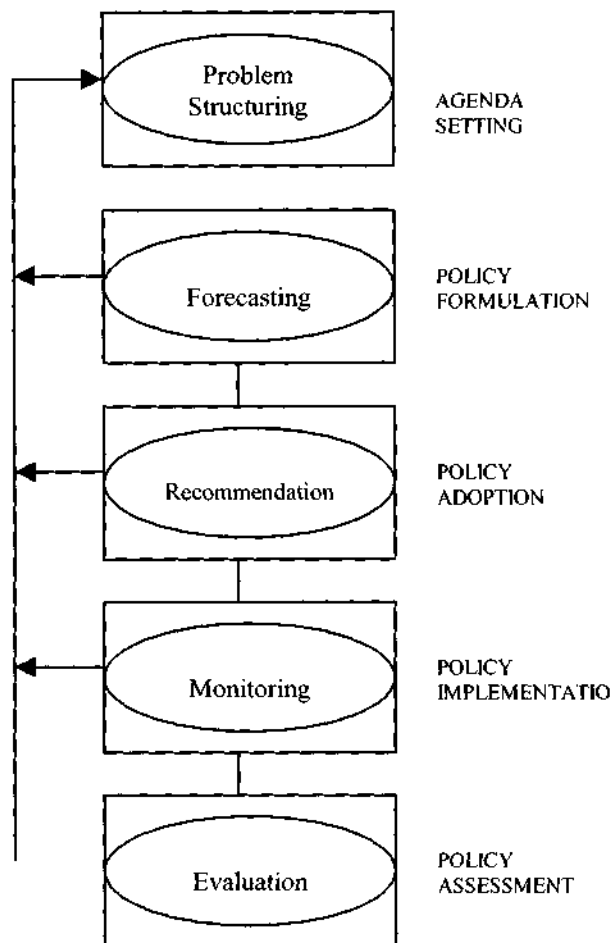
making and functional policy stages as advocated by Dunn (1994) and Dye (1998:317), South African Policy Process and eThekweni Municipality Policy Process.

2.5.1 THE FIVE STAGES OF POLICY MAKING

The most common framework used describes the process of policy making by stages or phases, going from agenda setting to policy evaluation as advocated by Dunn (1994:15-18).

Figure 7: The Five Stages of Policy Making

Source: Dunn, 1994:16



- **Agenda Setting.** Elected and appointed officials place problems on the public agenda. Many problems are not acted upon at all, while others are addressed only long afterwards. According to Hanekom (1991:52) problem identification is dependent on the availability of information on the social needs that move people to get the attention of the policy maker, who in turn, will decide to act or not to act.
- **Policy Formulation.** Who formulates policy? How is it formulated? Where does the initiative come from? The appointed public officials are the ones who drive the policy formulation stage (Hanekom:1991:52).
- **Policy Adoption.** A policy alternative is adopted with the support of a legislative majority and court decisions.
- **Policy Implementation.** This is arguably the most important aspect of policy yet it often gets under-provided for. It involves what resources are made available, who should be involved and how implementation can be enforced.
- **Policy Evaluation.** What happens once a policy is put into effect? Is it monitored? Does it achieve its objectives? Does it have unintended consequences? Auditing and accounting units in government determine whether executive agencies, legislatures and courts are in

compliance with the statutory requirements of a policy in achieving its objectives.

2.5.2 FUNCTIONAL POLICY STAGES

Hogwood & Gunn (1984:4) in Cloete and Wissink (2000:45) have found it useful to analyse the policy process in terms of a number of stages through which a policy issue may pass. These include issue definition, forecasting, the setting of objectives and priorities, option analysis, policy implementation, evaluation/review and policy maintenance and succession or termination. They emphasise that this framework provides an aid to understanding how different kinds of analysis can be brought to bear at different stages of the policy process and stress that it is not a simple-minded carry-out analysis where one step follows the next. The interactive nature of policy processes is an important principle.

Dror in Cloete and Wissink (2000:46) makes a clear distinction between the content of policy and process dynamics. He remarks that policy development can be improved in two ways. Firstly, upgrading the policy-making process, which in turn involves improved policy process management and redesigning of organisations; this is important. Secondly, it is necessary to establish improved grand policies which guide the substance of discrete policies, which in turn involve the application of policy analysis to grand policies; attention also has to be paid to process and organisation which serve policy development as a whole.

A process model, which is generally regarded as representative of the international experience of policy making, is provided by Dunn (1994:15-18) in Cloete and Wissink (2000:46). It shows that the phase of agenda setting, policy formulation, policy adoption, policy implementation and policy assessment are fairly common (See Figure 8). The process model considerations are noteworthy. He states that the process of policy analysis is a series of intellectual activities carried out within a set of activities that are essentially political. Dunn (1994:15-16) in Cloete and Wissink (2000:46) regards the phase identified above as representing ongoing activities that occur through time. Each phase is related to the next and the last phase; for example policy assessment is linked to the first (agenda setting), as well as the intermediate phases in a non-linear cycle or round of activities.

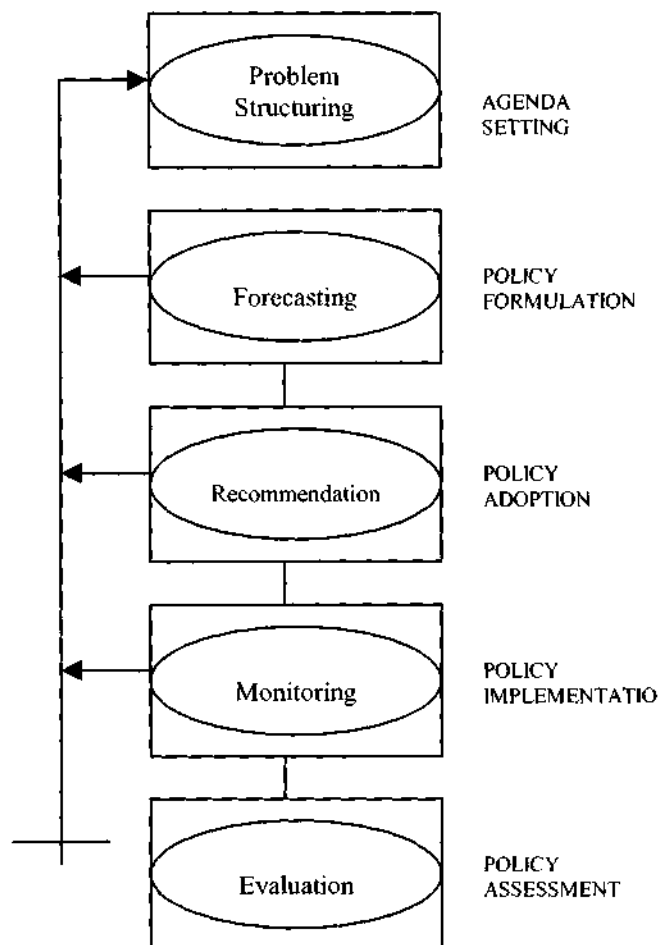
The application of policy analytic procedures may yield policy-relevant knowledge that directly affects assumptions, judgements and actions in one phase; this in turn indirectly affects performance in subsequent phases.

However, the international understanding of agenda setting is largely limited to issues of problem structuring and does not necessarily provide for policy initiation of the policy process itself. This comparison will be discussed overleaf. A South African contribution to process models notes that an alternative approach to developing a policy-making model is to break down the policy process into descriptive stages that correlate

with real dynamics and activities and that result in policy outputs. Two problems encountered with most models are that the process is seen as sequential and policy is often initiated at different stages and bypasses many activities.

Figure 8: Dunn's Policy-Making Model

Source: Dunn, 1994:17



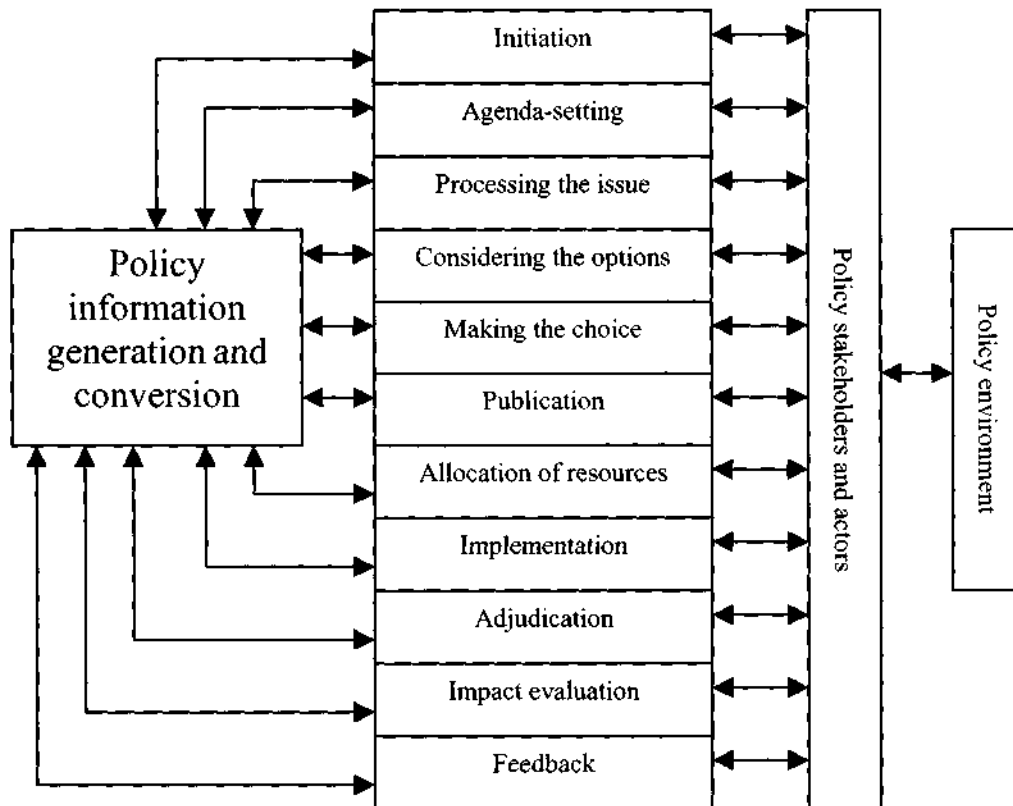
The Stage Model views the policy making process as consisting of activities which are often present but ignored in contemporary models. These activities include initiation or becoming aware of public problems through civic and political

agendas and determining priorities. Subsequent processes involve identifying major alternative forms of action to solve the problem; then one alternative is selected (see Figure 9) and the decision is made public. The authors make special provision for allocating resources as part of the implementation design and initiating of a programme of action. They also provide for adjudication, which entails enforcing the policy through administrative and legal means, before impact evaluation and feedback (Fox et al; 1991; 33).

Mutahaba et al. in Cloete and Wissink (2000:47) have put forward a most useful model. These African authors follow a macro-approach and place significant emphasis on institutional factors. Although they acknowledge the complexities of policy processes, they successfully reduce the process to three stages: policy formulation, policy implementation and monitoring and evaluation. Mutahaba et al in Cloete and Wissink (2000:47) regard policy formulation as encompassing problem identification, data and information generation and analysis and decision making. Policy implementation includes co-ordination, communicating, organising, planning, staffing and executing. Monitoring and evaluation consist of the determination of information needs, the generation of information, the transmission of information, assimilation analysis, assessment, and, finally, feedback to policy formulation. The importance of an institutional focus on policy-making processes is clear when Mutahaba et al. in Cloete and Wissink (2000:48) note that the effectiveness of the policy process is highly dependent upon capacities.

Figure 9: Wissink's Stages Model

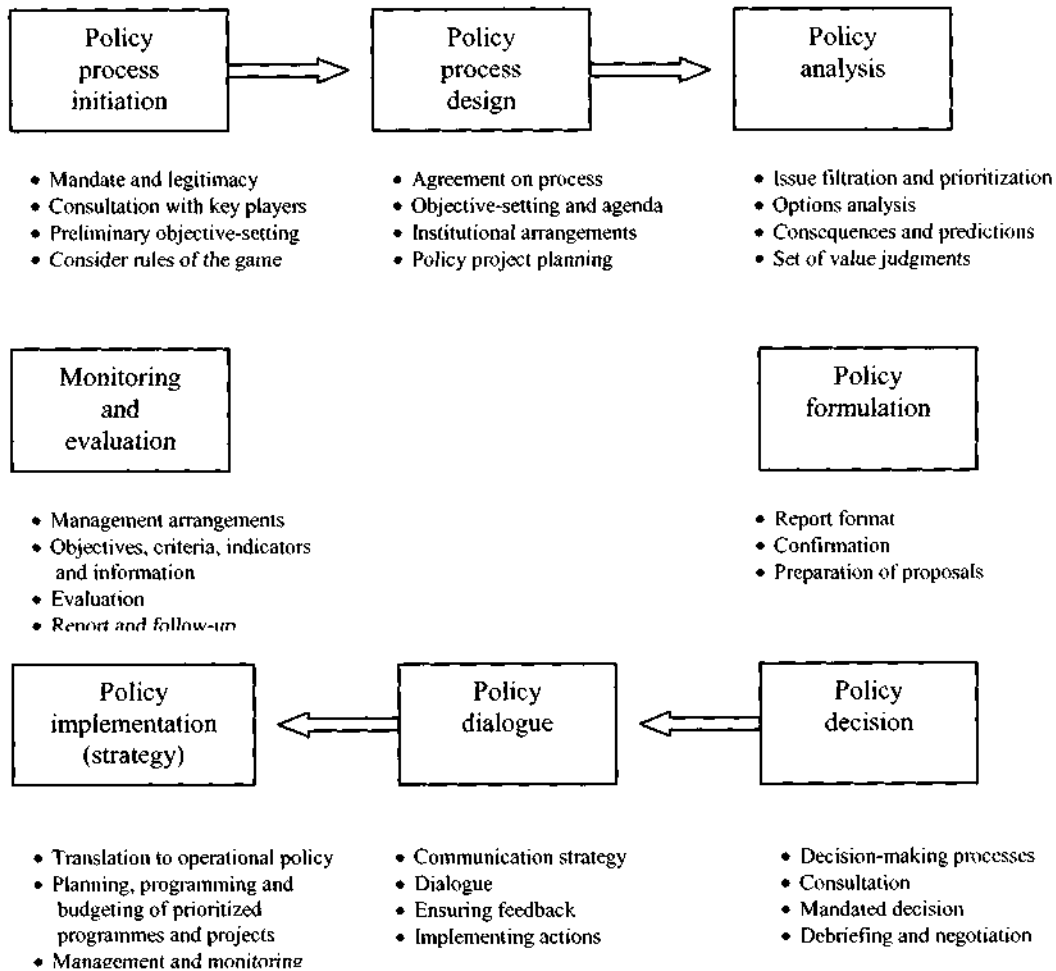
Source: Cloete and Wissink, 2000:47



The principle and key considerations of the generic model reflect the redefinition of existing processes models into a generic-type model which can accommodate the demands for a comprehensive and generic process and is specific enough to help identify key considerations in South African policy making endeavours.

Figure 10: Key Considerations for Phases of the Generic Process Model

Source: Cloete and Wissink, 2000:48



Particular South African circumstances prompt specific process requirements. As depicted in the generic process model, issues of concern are as follows (Cloete and Wissink:2000):

- Most international policy process models deal with the policy analysis phases in great detail but do not provide guidance on the events leading up to the analysis phase.
- In South Africa, large-scale public sector transformation was introduced at the same time as major policy making

initiatives, requiring special attention to institutional arrangements.

- In South Africa, macro-institutional considerations dominated. This meant that organisational change, and specifically the institutionalisation of policy capacities at the organisational level, was rapidly affected.

In essence, the generic process model provides a comprehensive set of phases and proposes specific requirements and key issues to be addressed during each phase. The phase is policy initiation, policy process design, policy analysis, policy formulation, decision making, policy dialogue, implementation, monitoring and evaluation.

2.5.3 THE SOUTH AFRICAN POLICY PROCESS

During the apartheid era policies were adopted mainly for ideological reasons and without consideration for their practical feasibility; for example, policies not allowing capital into homelands, not accepting permanent residence of black people in urban areas, only allowing black people to exercise political rights at municipal level in the urban areas (while they had to participate in processes at higher levels in the rural homelands) and rejecting political power-sharing with communities of colour. The lack of feasibility of these policies and the fact that they had to be forced on the majority of the population, seriously affected their successful implementation. In the end they failed. Venter (1998:222) asserts that with South Africa's transition to political democracy in 1994, far-reaching changes

were instituted in the domains of political decision making and public policy making.

Policy changes during this period were primarily 'top-down' because the government lacked legitimacy at the grass-roots level, where the communities concerned were prevented from devising strategies jointly. Policy changes effected during this period were incremental because the apartheid regime did not want to destabilise its white voting constituency. The top-down approach coupled with the incremental approach to policy change led to increased violent resistance from the oppressed.

According to Booysen and Erasmus in Venter (1998:222) in a society in transition, such as South African in the late 1990s and early 2000s, new processes of policy making continuously evolved. During the 1990s South Africa experienced a major policy paradigm shift resulting from the abolition of apartheid which came as a result of internal and international pressure. This was characterised by the introduction of the negotiation concept in the top-down situation and the incremental approach to policy process. Following the negotiations, election and setting up of a new democratic government, a culture was established where that participation became essential in any policy processes in all the three spheres of government. In South Africa, through negotiations, elections and the setting up of the new government, a culture was established that demanded participation. For this reason, policy management now allows for participation in all phases of the policy process. 'Policy-analysis', like research methodology, was previously

Recently, the importance of the role of the media and civil society, including churches and non-governmental organisations (NGOs), in contributing to public policy has been acknowledged. In South Africa particularly, there is an emphasis on the necessity of incorporating the policy inputs of these players in participative policy exercises. In the field of public policy, public choice and policy choice have received particular attention. Policy science is an academic discipline which focuses on public policy. This discipline borrowed analytical techniques such as cost-benefit analysis, planning, programming and budgeting from the private sector (Cloete and Wissink, 2000:12) A distinction is made between state-centred models and society-centred approaches. With regard to the latter, typical instruments that widen public choice on policy include lobbying, pressure group politics, public opinion and voting (Venter,1998:225).

2.5.4 eTHEKWINI MUNICIPALITY POLICY PROCESS

Like any public policy development processes there are two main players, namely, officials and politicians (councillors in the case of a municipality). Typical policy developments at eThekweni Municipality go through different stages which are briefly described below (Terms of References for eThekweni Municipality Committees, 2002:16):

- **Stage 1.** Problem identification/need for a policy: A problem arises and decision makers (both officials and

councillors but in particular the officials) acknowledge that there is no policy in place to deal with the presenting of a problem or need. These are generally reported to the relevant support committee.

The councillors work within community structures such as head, zonal and area committees. It is through these structures that the problem or issue could be raised and subsequently the councillors report it to the appropriate department. Once reported further investigations are undertaken and if it warrants the development of a policy it is referred to appropriate structures such as the Geographical Information and Policy Unit (eThekweni Municipality, I.D.P. 2002:27).

During formal community consultation forums (e.g. Masakhane Campaign, I.D.P. Review and Budget Review) problems or issues could be raised that warrant the development of a policy. The problem or issue is subsequently submitted to the line department or Unit which works closely with Geographical Information and Policy Unit in the development of policy (eThekweni Municipality, I.D.P. 2002:28).

- **Stage 2.** Development of a policy: A unit task team is established (made up of officials) with a view to developing a draft policy in a consultative manner through the involvement of critical stakeholders. This approach is followed in the case of a micro issue or

problem, but in the case of macro issues or problems with council which have wide implications, the Geographical Information and Policy Unit assumes a leading role in the development of the relevant policy.

Recently the Municipal Manager established a Policy Review Committee (made up of Senior Management) which is responsible for reviewing all draft policies before submission to the policy structures (Minutes of the Strategic All Management, 26, May 2006)

- **Stage 3.** Draft policy presented to political structures for approval: The head of the unit presents the draft policy to the relevant committees. If approved, the policy is presented to full council for final approval.
- **Stage 4.** Publication: Once approved by full council it becomes an official policy or a by-law of the municipality. It is then published in the local media and officials begin to implement the policy.

Each Unit has a monitoring and Evaluation or Quality Assurance component. Part of the key performance area for such a component is to assess the implementation of policies and programmes. The Geographical Information and Policy Unit and the recently-established Policy Review Committee are responsible for overseeing the monitoring and evaluation of service delivery, including policies and programmes.

2.6 THEORETICAL, METHODOLOGICAL AND CONTEXT CONSIDERATIONS IN RESEARCH POLICY RELATIONSHIP

It is essential that the theoretical, methodological and context of the research-policy relationship be explored. Davis and Howden-Chapman (1990:865-872) deal extensively with this relationship and the next part of the discussion will focus on each of the above-mentioned areas.

2.6.1 THEORETICAL

Davis and Howden-Chapman (1996:865) argue for a theoretical orientation which is open to the possibilities for socio-political change. According to Davis and Howden-Chapman (1996:865) there is a wish to put back on the theoretical and policy agenda the possibility of change at the systemic and structural level. Clearly, therefore, there is a debate here about the feasibility and desirability of large-scale socio-political change and the extent to which research can be expected to influence policy in this direction. Currently, there is a predominant tenor of theoretical and conceptual frameworks that inform social science research in the health arena; this tends to favour application at the level of the individual, rather than the community as a whole. This needs to change in the case of public health services meant for the whole community. The eThekweni Municipality needs to promote the development of theoretical frameworks whose focus is on groups or the community as a whole.

2.6.2 METHODOLOGY

Davis and Howden–Chapman (1996:868) assert that currently researchers adhere to orthodox methodological prescriptions which carry a considerable narrowing of the scientific imagination. They propose an alternative that is a more inclusive methodological approach together with guidelines that will assist in defining the parameters of policy relevance. They further argue that a key-defining attribute of policy is relevant research relating to its focus on institutional structure.

Unfortunately, these institutional structures, such as the Essential National Health Research (ENHR) committee, exist mainly at national level in most countries. It can be argued that there is an urgent need for these structures to be replicated at provincial and local levels in the Republic of South Africa (RSA).

The prevailing orientation to methodology is one positive in aspiration, emphasizing the collection of quantitative information at the level of the individual and organised within tightly-defined scientific parameters. Inevitably, research designs of these kinds favour applications that are small-scale; major issues of structural and system change find their expression in incremental policy change. A research design, on the other hand, with fewer requirements for scientific orthodoxy is more likely to accommodate bigger issues and more likely to lend itself to policy application, envisaging major

socio-political change. Davis and Howden–Chapman (1996:869) propose a methodological pluralism approach and an awareness of a wider range of application that might be open to policy-relevant research. This approach seems to be appropriate for the eThekweni Municipality where participation and inclusiveness is one of the guiding principles as advanced in both the IDP (2002) and LTDF (2001).

2.6.3 CONTEXT

Davis and Howden–Chapman (1996:870) argue that there are also crucial contextual matters to be considered in policy-relevant research. Firstly, the choice of subject matter and the value orientation of the investigator are important determinants of successful application and usage in the policy arena. It is essential to have clear linkages between, on the one hand, the subject matter of research and how it is framed and the predominant focus and value orientation of the policy community on the other.

The other issue is the interpretation of the researcher's role. Is the investigator prepared to move beyond reporting results to active dissemination and translating them into policy? Some socially-committed researchers have built such strong relationships with their research communities that they continue their research to improve the social and economic condition of communities long after their formal research has been completed.

Hunt in Davis and Howden–Chapman (1996:870) describes the successful effects of her lobbying the local Scottish Council to improve their housing stock. Hunt's efforts were in association with those people whose damp and unhealthy housing she had studied. The lobbying led to improved housing provided by the Scottish Council which involved a change in housing policy. Hunt acknowledges that there were, at times, on-going tensions and trade-offs with the Scottish Council which are required in any translation of research into policy. The main challenge for the researcher was to strike a balance between traditional research forms of objectivity and independence and outright advocacy.

The benefits of health and social services research should ultimately be realised by those in the population who need the specific services provided by local health agencies such as municipalities.

The dissemination of research, however, is unlikely to guarantee that changes will be made to the type of services provided or the way organisations operate. Other mechanisms, such as the ENHR Committee, must be put in place to ensure research findings are used appropriately in the community. Anderson et al (1999:1008) argues that the impact of health-related research depends on the congruence of beliefs and values among researchers and the relevant audiences. This points to a lack of integration among users and providers of research, all of whom have varying agendas and constraints

imposed by their own operational environments. It has become apparent therefore that research must be made more relevant to stakeholder needs and policy maker priorities.

The theoretical, methodological and context consideration as presented by Davis and Howden–Chapman (1996:865-872) is relevant for the eThekweni Health research policy framework. The crucial consideration is the context, as it ensures the participation of stakeholders.

2.7 IMPEDIMENTS TO RESEARCH USAGE

Walt (1994:187) and Sauerborn et al (1999:927-835) argue that there are many factors which may intervene in the process of translating information into policy. Policy makers are only likely to use research results they find palatable, viable, persuasive or gratifying. The next section deals with these factors.

2.7.1 POLITICAL FACTORS

Politics is often a problem when it comes to the use of the results of evaluation and research. For instance, those who initiate the evaluation of research may determine how far it is likely to be used by policy makers. Walt (1994:187) argues that for an evaluation to be effective depends on the context of the evaluation: Who has asked for it and why is it wanted? How far are those involved in the programme involved in the evaluation? The validity and acceptability of the evaluation report and so on are also vital. Usually an evaluation will either

be ignored or will lead to incremental changes in the policy as it exists. It is rare for an evaluation to lead to the termination of a policy or programme.

2.7.2 CONCEPTUAL CONFUSION

Interpreting results may be problematic because the original policies are often characterised by vague goals, phoney promises and weak effects. Findings may be undermined because they cannot show programmes achieving what they set out to do and policy makers may be unclear about what to make of them. The extent to which research delivers unambiguous results is problematic and is usually caused by conceptual problems. Science does not always lead to the same explanation for the same observed phenomenon; when people reach scientific conclusions about the reasons for a particular natural phenomenon their explanations are not always the same. This scientific uncertainty can thus lead to distortions and lack of clarity in policy making.

Individual conceptions of risk can also impede the influence of science on health policies. Greenberg in Walt (1994:191) points out that the psychological meaning attached to different hazards often mitigates against known public-policy research. Reluctance to take risks is important in relation to public health measures affecting large numbers of people; policy makers and scientists may take different roles. For instance, policy makers may be willing to act more quickly than a scientist who demands high standards of reliability and validity of results.

However, at times, policy makers are sometime unwilling to act even where scientists believe evidence is clear and risk is low. For example, policy makers were impatient to act on the results of the first trials suggesting that vitamin A supplements decreased mortality in young children, while scientists wanted clearer evidence.

2.7.3 IDEOLOGICAL INFLUENCES

Ideologies are a set of assumptions and ideas about social behaviour and social systems which researchers evaluate; these findings can be noted and acted upon. Walt (1994:196) argues that “of course research can be driven by a current ideological ethos.” For example, in the past decade in the United States (US) the key ideology or economic model, which advocated a direct role for government in the economy, was very influential in the utilisation of research results. Researchers are clearly not immune to ideology or fashion and are aware that founders (who may be government policy-makers) are interested in certain types of research. Furthermore, researchers tend to be resource-driven and might be much more inclined towards donor-driven research and a policy agenda.

2.7.4 THE USEFULNESS OF THE RESEARCH

Policy makers are often critical of research for taking too long, not being sufficiently applicable or not addressing primary concerns. There is little doubt that one of the results of the

ascendancy of issues about economic efficiency and effectiveness, and past criticism of much social science research, has been an attempt by many researchers to make their research more useful. Higo in Walt (1994:198) suggests that much of the social science research in the United Kingdom (UK) in the 1970s was neither useful nor sufficiently informative for policy makers to use. Scientific research during this period was considered to be obvious, common sense, naïve and consisting of unique anecdotes.

2.7.5 TIMING AND COMMUNICATION

Another impediment to research findings is the timing and the way results are communicated. The research process may take too long and commissioned research may be too protracted for policy makers who are being pressurised into act on a specific issue. There may be a trade-off between timeliness and quality of research. However, studies that are timely in terms of decision making can be dismissed if methodological inadequacies are apparent.

Communicability will also affect the extent to which policy makers use research. Dramatic, clear-cut, tangible results that answer questions directly and are of interest to decision makers are likely to get broader coverage than research that is more opaque. But however clear the result is, if it challenges the status quo or proposes structural changes, policy makers may ignore it (Walt, 1994:199).

The perceived quality of the research and the managing of the institution from which it emanates, will also affect the attention it receives from policy makers. For instance, policy makers will have more confidence in research results from well-established institutions than from newly-established ones.

2.7.6 OTHER ISSUES

The following issues advocated by Sauerborn (1999:827-835) are also barriers to health research usage:

➤ **Lack of Knowledge**

There is a tendency for researchers to focus on the actual research (thus satisfying their own needs) and to ignore the requirement for the actual results and the fact that they are to be used to improve the health status of the public.

➤ **Lack of Ownership by Key Stakeholders**

Key stakeholders, consisting of councillors, the eThekweni community and health sector management, are not regarded as equal partners by other stakeholders such as research institutions, researchers and funders and this leads to a loss of a sense of ownership.

➤ **Inappropriateness of Data**

At times, researchers present data in a very technical manner; consequently it is sometimes difficult for stakeholders to understand and utilise the data for their own benefit.

➤ **Bad Communication of Results**

The packaging and communication of results to all stakeholders is crucial if research is to benefit the intended beneficiaries. Researchers tend to communicate results in a technical manner rather than in a simple and clear manner.

➤ **Inappropriate Links**

The institutional framework linking researcher and stakeholders is essential, but in practice institutional frameworks only exist at national level and in some provinces in South Africa. Without such an institutional framework, communication is non-existent or ad hoc. Institutional frameworks, such as the ENHR Committee, facilitate the involvement of stakeholders in the research processes.

➤ **Researcher's View**

Researchers usually view their role as purely investigative and neglect the broader role of consultation with other stakeholders in the communication and facilitation of research results.

All the above-mentioned impediments to the use of research are applicable to the eThekweni Municipality Health Unit situation. The officials, councillors and researchers need to be aware of them and also deal with them collectively. These issues also need to be considered when the health research policy framework is developed.

2.8 SOURCES OF POTENTIAL CONFLICT BETWEEN RESEARCHERS AND DECISION MAKERS

Frenk (1992:1397-1404) proposes five sources of potential conflict between researchers and decision makers which are described in Table 2. The decision-makers in the case of the eThekweni Municipality are councillors and management.

Table 3: Sources and Solutions of Potential Barriers Between Researchers and Decision-makers

Source: J. Frenk, 1992:1401

SOURCES OF POTENTIAL BARRIERS BETWEEN RESEARCHERS AND DECISION- MAKERS	MEANS TO SUPERSEDE THE BARRIERS
Definition of priorities.	- Presence of decision makers in governing or consulting bodies or research centres.
Time management.	<ul style="list-style-type: none"> - Collaboration between researchers and decision makers in the early planning stages of a project. - Identification of intermediate products of research.
Language and accessibility of results.	<ul style="list-style-type: none"> - Executive syntheses. - "Translators" of research into policy. - Joint seminars for analysis of results.
Integration of different findings about the same problem.	<ul style="list-style-type: none"> - Meta-analysis. - Mission-oriented research.
Perceptions about the final product of research: discovery vs. decision.	<ul style="list-style-type: none"> - Definition of utilization objectives in addition to scientific objectives of research. - Greater weight placed on relevance in evaluation of researchers.

2.9 POTENTIAL PROBLEMS BETWEEN RESEARCHERS AND DECISION MAKERS.

The focus here will be on the potential problems between researchers and decision makers as proposed by Frenk (1992:1397-1404):

➤ DEFINITION OF PRIORITIES

This is the first potential problem and occurs as a result of perceptions by decision makers about what they consider to be the most important problem; this may not coincide with topics of great interest to researchers.

➤ TIME MANAGEMENT

There is a real difference between scientific time and political time. The decision makers regard time as an enemy to be conquered as they are subjected to the pressures of policy formulation, programme administration and problem solution. The researcher, in contrast, considers time to be a central ingredient of research since it allows for the full manifestation of the process under study.

➤ LANGUAGE AND ACCESSIBILITY OF RESULTS

Frenk (1992:1399) notes that the researcher is mostly concerned with communicating results in a precise manner in order to enrich the paradigms of the relevant field. This means that scientific language becomes central and communication occurs through specific publications (such as scientific journals). For the decision

maker it is most useful if the results are communicated in a language which is easily accessible.

➤ **INTEGRATION OF DIFFERENT FINDINGS**

Ever-growing specialisation demands that the researcher addresses clearly-defined questions, even if it means a fragmentation of the object of analysis. Decision makers, on the other hand, require comprehensive answers to the whole problem and not just to one of its researchable elements. Research is often guided by analytical impulse, whereas sound decision making depends on the synthesis of evidence from various studies.

➤ **PERCEPTIONS ABOUT THE FINAL PRODUCT**

According to Frenk (1992:1403), there is a difference in the perception about the nature of the final product of research. For the scientific community the product is the published article and the influence that it might have on the ideas of others. For the decision maker it is the influence the research results have on the decisions to be made. To a great extent, this difference is due to dissimilar expectations about the certainty of research results.

All the three key stakeholders, namely, councillors, management and researchers need to be aware of these potential problems so that they can either prevent or manage them.

2.10 STRATEGIES FOR IMPROVING THE USE OF RESEARCH

Sauerborn et al (1999:827-835) propose the following five strategies, and it is hoped that through such strategies the potential problems, as highlighted by Frenk (1992:1397-1404), can be alleviated.

Sauerborn's strategies also need to be taken into consideration when the Health Research Policy Framework for eThekweni Municipality is developed.

2.10.1 ANALYSING THE POLICY-MAKING PROCESS

The first step is learning how policies are made and who the stakeholders are. In the case of the eThekweni Municipality, which is part of local government, the researcher must be familiar with the processes followed in the policy process as well as with the stakeholders that need to be involved from the outset. The stakeholders are senior management, councillors, NGOs and CBOs, research institutions and the general public, who are the users of the comprehensive primary health care services. A critical political structure is the support committee for health (health, safety and social services committee) and full council. Any health policy must go through such structures for reviews before adoption.

2.10.2 SETTING THE AGENDA

There are two ways of fostering ownership of research by key stakeholders. Firstly, the stakeholders themselves can do this through commissioning the research. Research results emanating from such research are literally owned since they are paid for by the policy makers themselves. Commissioning research may not, however, guarantee that recommendations will be implemented. Another approach is when the whole initiative is in the hands of the researcher. The researcher then seeks to identify stakeholders with an interest in the study and includes them in the process from the outset - from agenda-setting and study-design to the discussion of results (Sauerborn et al, 1999:831).

2.10.3 IMPROVING THE CHARACTERISTICS OF RESEARCH RESULTS

The focus will be on those characteristics valued by stakeholders and which researchers tend to neglect. The first is timeliness with which results are made available to stakeholders. This is critical for their use. The stakeholders cannot wait until complex analyses are completed. Researchers need to develop techniques for fast data entry and analysis. Experience has shown that very few researchers set themselves time limits for the first feedback based on stakeholder needs. They would rather go for researcher convenience. Stakeholders need to be confident that results generated in the study can reasonably be generalised to the

entire population. In most cases, judgement, rather than scientific rules, will guide the assessment of this. This involves making assumptions on the degree to which the study population is similar to the population of interest. The best way of enhancing the plausibility of generalised results is to provide policy makers with rich contextual information so that they can judge for themselves. Stakeholders like results to be consistent. Conflicting results might lead them to either ignore the results completely or to pick only results that support their position. A possible solution is to discuss and integrate conflicting results (Sauerborn et al 1999:832).

2.10.4 ADAPTING TO STAKEHOLDERS' NEEDS

Different time pressures and the attitudes of policy makers and researchers often make communication between them difficult. The way researchers communicate their results to stakeholders is crucial for the use of the information. It can be improved by paying attention to both the process of communication and its products. For instance, dry academic papers are not likely to be read by most stakeholders, let alone stimulate discussion. It is the obligation of the researcher to produce different products and formats for different stakeholders. A one-page press release may be in order for the local newspaper, while an executive summary will be appropriate for senior officials in the Health Department. The full report should act as a back up (an appendix) rather than the main document for communication.

2.10.5 MAKING HEALTH SYSTEM RESEARCH SUSTAINABLE

Sauerborn et al (1999:832) argues that while personnel commitment on the part of both researcher and stakeholder is a key ingredient of the integration of research into the policy-making process, institutionalised interaction is also essential, particularly in a context where turnover of personnel is high and where co-operation is not limited to a few projects. Some countries, especially Third World Countries, have established institutional frameworks. For example, the government of Mali has created an ad-hoc committee responsible for the collection and analysis of evidence; this committee assists the government in formulating the country's 10-year plan on health.

The other approach involves using dedicated research zones (called public health laboratories) in which policy innovations, such as basic care packages, are piloted or tested. The Ministries of Health of Burkina Faso, Ghana, Tanzania and Vietnam use this approach. Stakeholders in the health research-policy processes should be familiar with Sauerborn et al (1999:832) and the proposed strategies for improving the use of research which is applicable in the health environment. Currently, health-research results usage is minimal.

2.11 FIVE CRITICAL ENTRY POINTS FOR RESEARCH INTO ACTION LINKAGE

Better linkage of research to action requires the commitment and concern of various stakeholders, not just researchers. Efforts need to be focused on decision making and research generation, linking the two at multiple stages. These efforts need to begin initially by making research a priority – followed up by dissemination of results.

Sauerborn et al (1999:831) proposes the following critical entry points for strengthening the research-policy linkages:

2.11.1 RESEARCHERS

The researcher needs to understand how resource allocation decisions are made and how policy is developed, implemented and monitored. Researchers must engage the various stakeholders in dialogue processes parallel to both research and policy development. Researchers need to be good communicators and process facilitators throughout the research process, thus there is a need to encourage new skills and a new way of thinking among researchers.

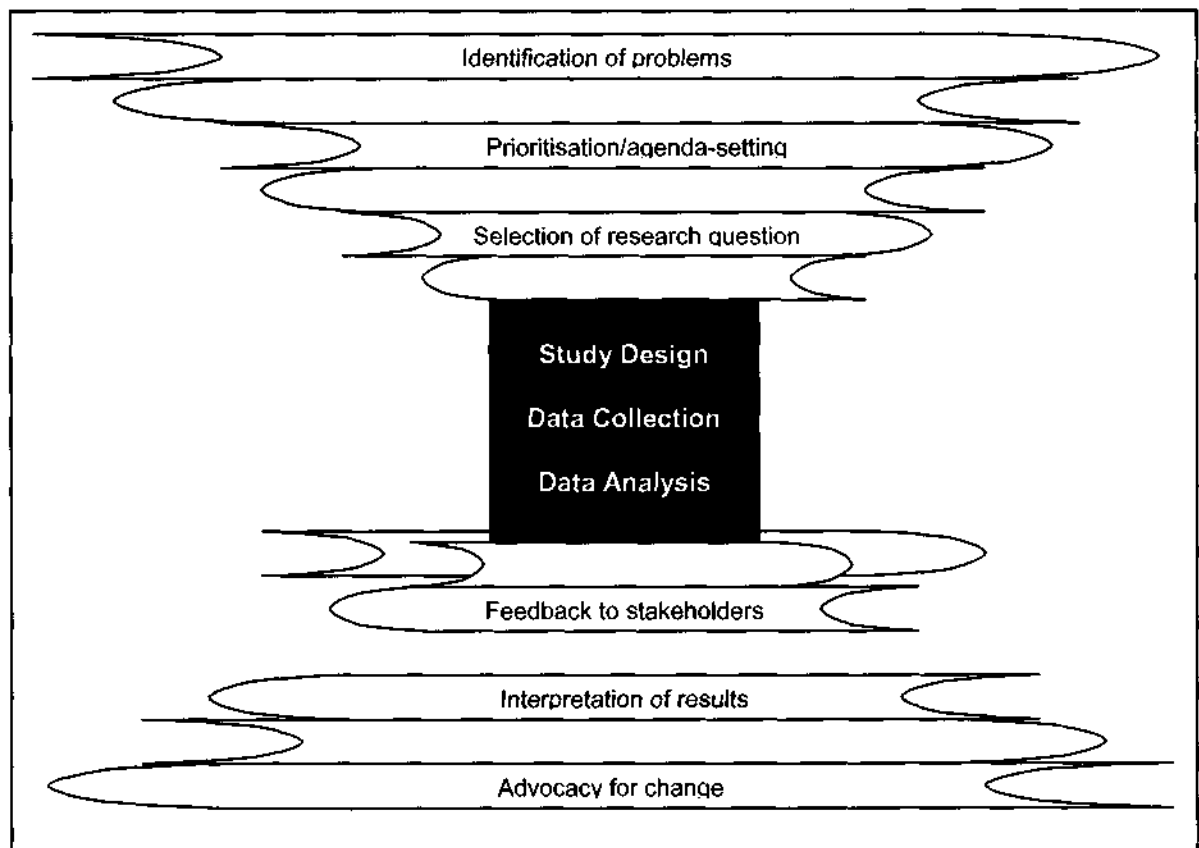
The requirement of new skills can be addressed through training. Sauerborn et al (1999:832) ask, “Are researchers willing to assume a stakeholder role which includes negotiating and communicating with other stakeholders?” This seems to be the major challenge for researchers who usually perceive their role as investigators; even their training focuses only on research methods.

The sand glass in Figure 11 shows the major steps of the research process from the choice of a policy issue to be studied to the publication of a scientific paper. Only the narrow middle section is governed by strict scientific rules, depicted as tight and rigid. By contrast, the beginning and end points of the research process are not strictly governed by those rules, but accommodate judgement and wider options, hence the less-defined borders. The upper part of the sand glass indicates that health system researchers need to communicate with other stakeholders in order to be acquainted with the agenda and to identify relevant research questions.

Once the research questions are defined the researcher adheres to the scientific research rules. Thereafter researchers need to discuss the interpretation and conclusion with relevant stakeholders.

Figure 11: Sand Glass

Source: Sauerborn et al, 1999:833



The interaction between political imperatives and research evidence will continue to present challenges, but that is not a reason for researchers to shrink from the important part they can and should play in the process. The situation at eThekweni Municipality Health Unit at present is not conducive to a sand glass style of operation as proposed by Sauerborn et al (1999:833). There seems to be less communication with stakeholders by researchers throughout the research process and this is contrary to the sand glass scenario.

2.11.2 MEDIATING MECHANISMS

The researchers, research users and research funders tend to work in isolation from one another and adhere to their own mandates. Within the framework of strengthening the research-to-policy link, interaction among all the stakeholders needs to be intensive and to take place at multiple, overlapping stages of the research and policy making processes. An effective mediator is needed to encourage the various stakeholders to work together. A coordinating mechanism with funding authority, if possible, would be relevant for fulfilling this role.

The eThekwini Municipality Health Unit currently has an internally-focused Research Committee which plays a coordinating role. A co-ordinating body, or mechanism, which takes care of the interests of both internal and external stakeholders should be established (eThekwini Health Department Annual Report, 2002).

2.11.3 RESEARCH MANAGERS

The research manager's responsibilities need to include ensuring better linkages between research and action. They must ensure that research work has the best chance of being utilised by potential users by identifying and involving all stakeholders. Sauerborn et al (1999:833) argues that research managers require skills such as facilitating the process, multi-

stakeholder priority-setting, building coalitions around specific problems, seizing opportunities to identify relevant research questions and ensuring that available research is utilised.

The performance of the research managers should be assessed according to the relevance of the research questions or projects formulated, the extent of the involvement of key stakeholders, the sense of ownership by key users and researchers, the effectiveness of research dissemination, the relationship between subsequent actions and available research studies and the impact of research on service delivery. Currently research managers are only at research institutions or institutions of higher learning. At the eThekweni Health Unit there is no dedicated research manager (Research Committee minutes, 2003:7).

2.11.4 POLITICAL LEADERS

According to Sauerborn et al (1999:834) political commitment sets the political dimension for listening and responding to the concerns of people, conducting the affairs of government in an open and transparent fashion and asking for evidence to support decision making. Political leaders, including councillors, must also be assisted in understanding that investing in science and technology, for both short and long-term purposes, is an investment towards enhancing the wellbeing of the people.

2.11.5 THE INTERNATIONAL RESEARCH COMMUNITY

The international research community includes research funding agencies (such as the European Union), international research institutes and individual researchers as noted by Sauerborn et al (1999:834). The international research community includes the provision of additional channels for the international exchange of results and provides assistance to developing-country researchers in order to share results with colleagues in other countries.

Making the best use of available research studies is a priority goal in both developed and developing countries. Most efforts in this regard have adopted a simple conceptual framework which focuses on linking the final stage of the research process with the initial stages of the decision making process.

A more logistic-orientated approach is needed. The Council on Health Research for Development, World Health Organisation (WHO) (2000:8) argues that improving the research policy and action link requires not only introducing new tools and techniques, but also a paradigm shift among many of the key stakeholders, especially research and research funders. This paradigm shift calls for a better balance between research supply and demand. It requires new skills and mechanisms to create this balance as well as new partnerships within and between countries and at the international level. The eThekweni Municipality already has existing partnerships

with international organisations, especially the donor agencies (e.g. USAID) and most of these organisations have research divisions. (eThekweni Municipality Integrated Development Plan, 2002:8). The eThekweni Municipality Health Unit should, therefore, engage with the research divisions of these organisations with a view to collaboration and capacity building in health research.

2.12 FRAMEWORKS FOR RESEARCH POLICY PROCESSES

There are four models or frameworks presented in this section. All are relevant to the health research policy processes, especially in the local government context where actual service delivery occurs.

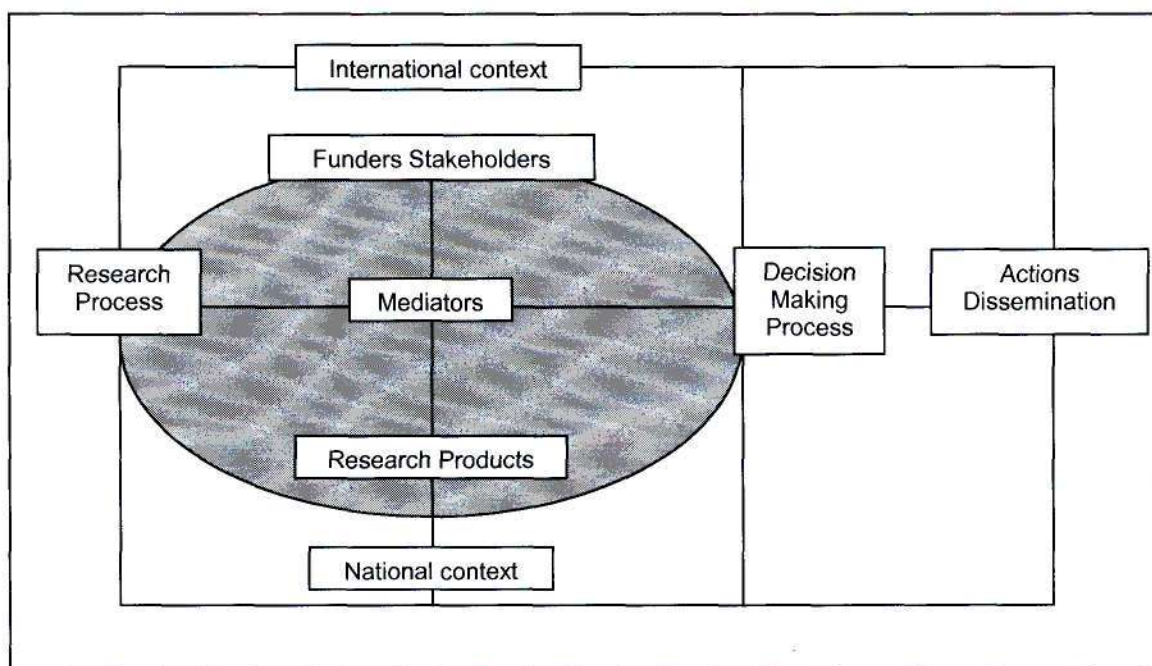
2.12.1 THE HOLISTIC APPROACH

The Council on Health Research for Development, WHO (2000:2) proposes a conceptual framework for a holistic approach linking research and policy, based on interactive learning through equal partnership. The framework is referred to as the interactive learning of equal partners. The framework consists of five components as reflected in Figure 12:

- The process.
- The stakeholder.
- The mediators who help to link the two processes.
- The research products.
- The context within which the decision making and research processes take place.

Figure 12: Holistic Approach Between Research and Policy

Source: The Council on Health Research for Development, WHO 2000:2



The focus on these components is in the eThekweni Municipality Health Unit context.

- **The Process**

This consists of two inter-related processes, namely research generation and decision making. This means that both the researcher and policy maker are interacting from the planning stage of research to the implementation stage of the policy. According to the Council on Health Research for Development, WHO (2000:2) neither researchers nor decision makers should expect a one-way, linear, one-for-one relationship between research and policy.

In the case of the eThekweni Municipality Health Unit, the process means that the researchers, councillors and senior management (municipal manager and deputy municipal managers) should interact from the research-planning stage to the policy-development and implementation stage. Currently the interaction is ad hoc and seems to be mainly at the planning stage.

➤ **The Stakeholders**

The stakeholders include the various local groups of people concerned or affected by the issues being addressed in the processes. The Council on Health Research for Development, WHO (2000:3) argues that research will have a greater likelihood of being used in decision-making if the intended users are identified and engaged at various stages in the processes of research planning, management and dissemination. All stakeholders need to be identified and involved. The results of research studies need to be communicated effectively to each group, bearing in mind their roles, perceptions and orientation to the issues.

The Council on Health Research for Development, WHO (2000:3) argues that supply-driven research, in particular that led by external research teams, may be perceived as being imposed on decision-makers. In the case of the eThekweni Municipality Health Unit, the stakeholders and researchers, councillors, senior

management and service users are all affected by both research and policy processes.

➤ **The Product**

The product refers to the research study results and how they link to the decision-making process. One needs to think of the research products not only as final reports at the end of research projects, but outputs within an ongoing integrated programme, which combines research and action. For instance, sometimes several studies carried out within a programme lead to a single decision. Currently it is only researchers who regard research results as a product whereas councillors and management also need to treat results as a product to be used for the benefit of the community as a whole (The Council on Health Research for Development, WHO, 2000:4).

➤ **The Mediators**

The Council on Health Research for Development (2000:4) defines mediators as individuals who play an active role in gathering linkages between research and processes while making sure that all relevant stakeholders are involved. The influence of institutions with the right attitudes, connections and capabilities is crucial. In the South Africa context, the mediators are found mainly at national level, as for example, the

Essential National Health Research (ENHR). These structures have not yet been replicated at the provincial and local level. A co-ordinating mechanism or structure is needed at the eThekweni Municipality Health Unit as it will facilitate the link between research and policy processes.

➤ **The Context**

According to the Council on Health Research for Development, WHO (2000:4), context refers to the environment surrounding the research and decision making processes. The prevailing nature of the decision-making process and perceptions of the research community are important aspects of the environment that should be taken into account. The funding structures and socio-economic and political situation can contribute both positively and negatively to the effective use of research for action. Some of the ways that facilitate interaction between stakeholders are:

- Periodic newsletters distributed to researcher and municipalities.
- Development of local needs and expertise databases.
- Periodic local research symposiums or workshops for municipalities and researchers.

- Use of the Internet by both parties to facilitate on-line discussion groups.

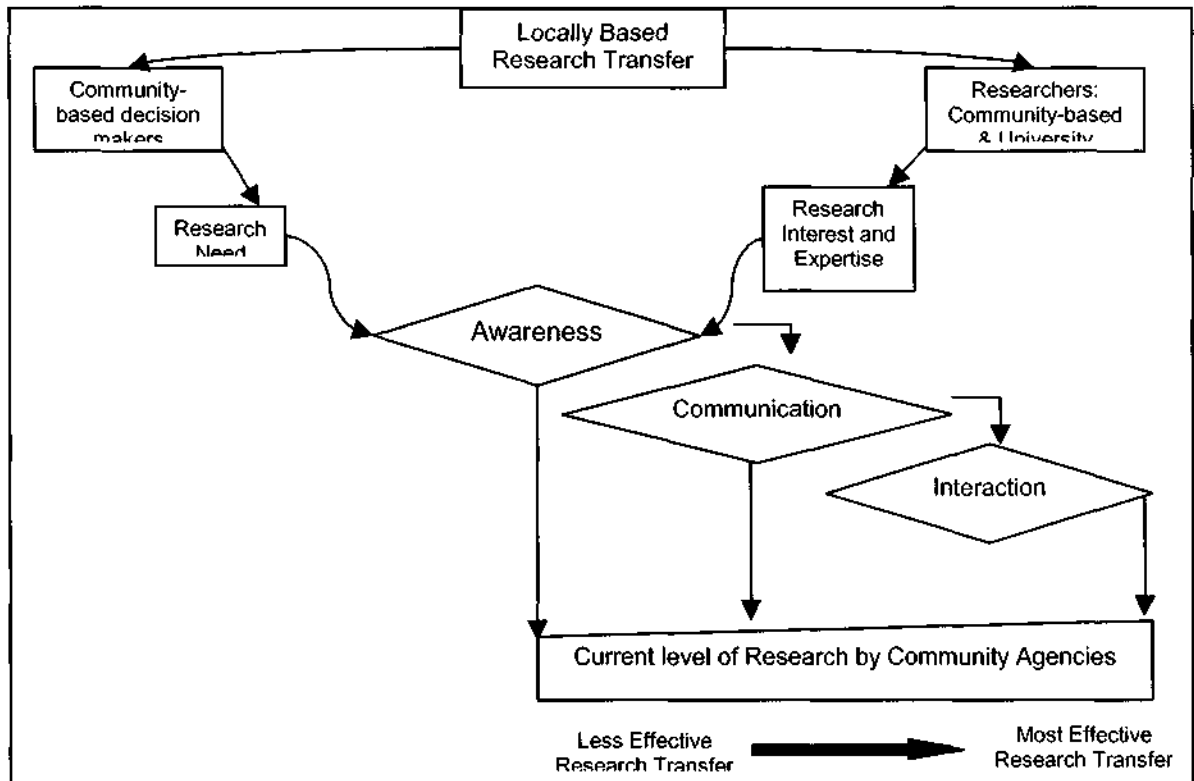
Since the 1994 democratic elections the environment in all three spheres of government has improved and a number of forums at community level have been established in order to make the environment more conducive to participation and interaction of all stakeholders regarding service delivery. The eThekweni Municipality is no exception to these developments.

2.12.2 A MODEL FOR RESEARCH TRANSFER

Anderson et al (1999:1007-1019) argues that given the limitations apparent in the ability of local health agencies (such as municipalities) to develop their own internal research capacity, there is a significant need to enhance the mechanisms of research transfer to the local level. The model identified three key areas through which more effective transfer can be developed, namely, awareness, communication and interaction as reflected in Figure 13. Ideally, locally-based research transfer occurs primarily as a result of the interface between community-based decision makers and their research needs and the interest and expertise held by researchers.

Figure 13: A Model for Research Transfer Development

Source: Anderson, et al, 1999:1015



Stage 1: Awareness

According to Anderson et al (1999:1008) the starting point for research transfer is awareness, where both the local health agencies (such as municipalities) and the researchers are cognisant of the needs of one another. Awareness provides the store for more effective research results transfer to occur. A mechanism or forum for information-sharing is vital for the eThekweni Municipality as it will improve the understanding of issues affecting all stakeholders.

Stage 2: Communication

Here the researchers and local health agencies are more proactive and communicate their needs to one another. This may not necessarily lead to more effective research transfer so mechanisms then need to be in place to facilitate such transfer. A method for the sharing of knowledge and skills needs to be developed by the eThekweni Municipality.

Stage 3: Interaction

This stage builds upon awareness and communication. It is at this stage that research transfer is at its most effective as the needs, knowledge and skills of the relevant parties are integrated to ensure that both researchers and local health service agencies benefit from a more substantive form of interaction. Shared information is debated and activities negotiated. Over time, awareness is superseded by communication and then interaction, with interaction being the end point in the evolution of an effective research transfer process. According to Anderson et al (1999:1010) the central issue in this model is to determine how best to facilitate awareness, communication and interaction. This cannot be forced upon the researchers or municipalities themselves. What is required is a systematic approach which provides the opportunity for an exchange to occur.

This model is useful as a tool for self-assessment and to determine how to rate various transfer relationships. It also provides some basic guidelines to develop research transfer linkages further. Anderson et al (1999:1011) assert that a critical and often-overlooked component of the use and transfer of research in the health system is the local health and social service delivery agency. In the case of South Africa, this includes municipalities such as eThekweni Municipality. There is also very little understanding of the extent to which local health agencies conduct research internally to improve their operational capacity. It is more than likely that these local service organisations require research to guide activity in a rapidly-changing health care environment characterised by diminishing health and social service budgets, de-institutionalisation and concomitant increases and a metamorphoses in service demands.

The eThekweni Municipality is currently experiencing this rapidly-changing environment. For instance, after the 2000 local government elections, boundaries were expanded to include more under-resourced areas (amidst budget cuts) as part of national government's fiscal policy; extremely high HIV prevalence and a recent Severe Acute Respiratory Syndrome scare added to the burden.

The three key areas proposed by Anderson et al (1999:1007-1019) seem to be relevant to the eThekweni Municipality Health Unit and any improvement in these areas will lead to more efficient and effective research transfer. Currently the

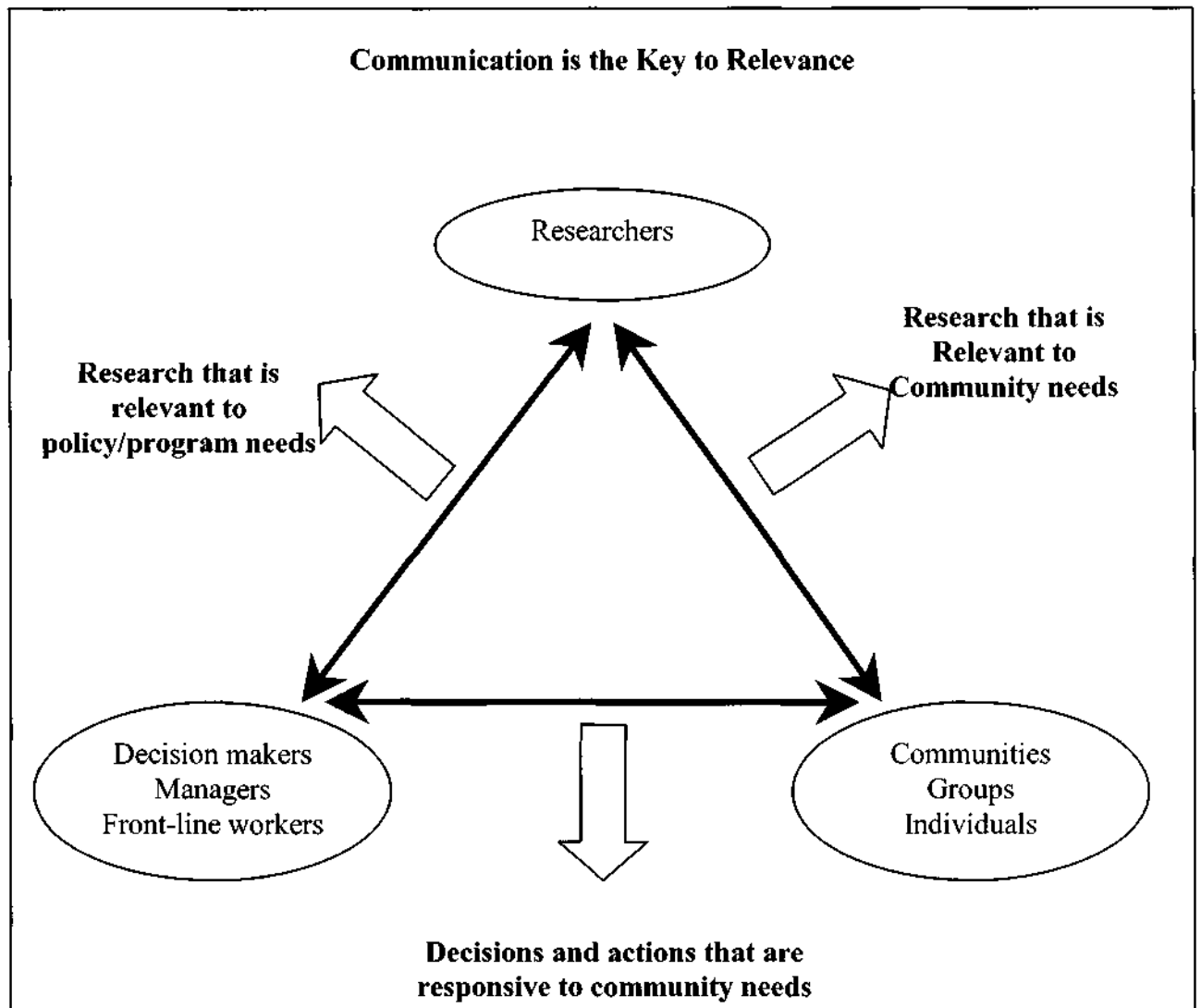
research committee is the vehicle for such research transfer at the eThekweni Municipality.

2.12.3 THE THREE-WAY MODEL OF COMMUNICATION

The basic premise of the model is that research informs policies and programmes most effectively when there is an extended three-way process of communication linking researchers, decision makers and those communities most affected by whatever issues are under consideration as reflected in Figure 14 (Porter and Prysor-Jones, 1997:1-42). The traditional audience for most researchers is other researchers. Yet to have an impact outside their own research communities, researchers need to hear other points of view and have other ways of communicating their research findings.

Figure 14: Three-way Process of Communication Linking Researchers, Decision Makers and Communities

Source: Porter and Prysor-Jones, 1997:3



Effective communication is a conversation that takes place over time and allows for sharing of interests, needs and concerns on all sides. Communication is often informal as the work of research proceeds, but it is better to plan ways to encourage it systematically from the beginning of the research project. Better communication can increase the relevance of

research to potential users and improve the chances of research findings being heard and acted upon by both management and implementing officials of the eThekweni Municipality Health Unit. The aim of this model is to facilitate a process of communication at key moments in the research process, from the initial choice of research problems to the presentation of final results. Thus effective communication needs to take place with these key stakeholders throughout the following stages of the research process (Porter and Prysor-Jones,1997:1-42).

➤ **Defining The Question**

If the resulting research products are to be useful to health system managers and decision makers (councillors), their information needs must be factored into the research from the beginning. The researcher must engage the potential users directly in helping to define the research question (Porter and Prysor-Jones,1997:).

➤ **Developing The Proposal**

If research is to serve as a guide to policy or programme management it must concentrate on those policy and programme variables that can, in principle, be acted upon. Researchers must not develop proposals for academic purposes only. The researcher must clarify, at the outset, what decisions are to be

influenced and who the potential users are (Porter and Prysor-Jones, 1997:13).

➤ **Conducting The Study**

Personal involvement in data collection and analysis often turns potential users into active supporters and advocates and also contributes to the capacity building of those involved. The researcher needs to involve managers, local health workers and communities in data collection and analysis.

➤ **Communicating Results**

Even the greatest research breakthroughs mean very little unless they are successfully communicated to decision makers. The researcher needs to have a systematic research results dissemination strategy for reaching different audiences of potential users.

Many actors are today entering the health services scene. Governments can no longer be the sole body responsible for the health of the people, so community, non-governmental groupings, non-profit foundations and enterprises all play important roles (Research into Action, issues 15, 1998). The key to the Porter and Prysor-Jones model is active communication among key stakeholders (researchers,

decision makers and communities) throughout the research-policy implementation processes.

2.12.4 THE ENVIRONMENT, MECHANISM AND SKILLS MODEL

The Council on Health Research for Development (2000:7) Working Group's model focuses on three major issues, namely environment, mechanism and skills. These need to be considered for any successful link between research and policy or programmes. These issues gave rise to the environment, mechanism and skills model.

This model is the outcome of the analysis of five case studies conducted in Brazil, Burkina Faso, Indonesia, South Africa and Uruguay.

➤ Environment

First of all, the environment must be supportive and receptive to the research recommendations. The environment involves the political, economic and social situation prevailing in any of the three spheres of government in the case of South Africa. These, according to the Council on Health Research for Development (COHRED) Working Group, must be favourable or conducive to the health research process.

➤ **Mechanism**

A mechanism is needed to link research to decision making. The main tasks of this co-ordinating mechanism are:

- To monitor the research-to-policy process.
- To ensure that priority research is conducted.
- To monitor the move towards equity in health by conducting and using this priority research.
- To facilitate networking between the various actors and to ensure that actors are aware of research conducted.
- To ensure that the policies developed are embedded in the existing context.

The coordinating mechanism should include the establishment of an inclusive eThekweni Municipality Health Research Forum

➤ **Skills**

Researchers and decision makers need to develop specific skills to improve linkage of research to policy.

This includes:

- Partnership-building by including the relevant stakeholders in early stages of the research.
- Communication, advocacy and social marketing.
- Timing of research, in line with the development of policies.

On-going capacity building for all stakeholders especially decision makers is essential.

It is possible to link some of the models dealt with in the previous section to the three phases of policy making i.e. agenda setting, policy formulation and policy implementation. For agenda setting, health research could impact in one of several ways.

Research could demonstrate the existence or extent of a problem through either specific findings or a process of enlistment. Alternatively, it could be that as in the knowledge-driven model, the generation of more findings leads to pressure to act upon new knowledge (Hanney et al, 2003: 10). For example, in the current eThekweni Municipality workplace the AIDS Policy's agenda-setting was a result of corporate human resource reports indicating high rates of sick leave and death among younger employees. The use of research in policy formulation could be in the instrumental or conceptual stage. Another possibility is that it could be

used as briefs to inform arguments as set in the political model of research use.

The implementation of health policies is often widely acknowledged as difficult. At the implementation stage, research could play some part in demonstrating the best way to implement policy and inform decisions. It could be of symbolic use in helping to build support for implementation through assistance with communication or justifying the policy and being used to generate support for it in terms of financial, political commitment and public opinion.

2.13 SUMMARY

This chapter discussed the conceptual framework. The focus was on description of types and levels of policies and the theories of Policy making. Two different policy-making stages i.e. the four stages of policy making and the functional policy stages were described. Relevant models for health research to policy process linkage were described.

The theoretical, methodological and contextual considerations in research and policy relationship were also explored. Included in this part were: impediments to research use, sources of potential conflict between researchers and decision makers and strategies for improving the use of research.

The chapter concluded with the presentations of four frameworks for research policy processes which are: Holistic Approach, Model for Research Transfer, Three-way Model for Communication and Environment, Mechanism and Skills Model. Their relevance to the study is also dealt with in this last part of this chapter.

2.14 PROJECTIONS FOR THE NEXT CHAPTER

The next chapter examines the health research systems in local government settings. The main focus is on the eThekweni Municipality, especially the Health Unit. eThekweni is one of the metropolitan municipalities in South Africa.

CHAPTER 3

THE CONTEXT OF THE HEALTH CARE SYSTEM IN SOUTH AFRICA

3.1 INTRODUCTION

This chapter covers the context of health research within the new development mandate of local government. The chapter begins with the description of the legislative framework and the South African Health System. It also gives a global, regional, national and provincial overview of health research systems.

The elements of the health system are presented within the context of the local government setting. The South African Health System is dealt with in this chapter with special emphasis being on concepts such as primary health care (PHC), the district health system (DHS) and the health research system (HRS). In terms of relevant South African legislation specific provisions in the Constitution are Act No 108 of 1996, the Local Government Transition Act No 209 of 1993, the Health Act No 63 of 1977, the White Paper for the Transformation of the Health System in South Africa of April, 1997, Local Government : Municipal Systems Act No 32 of 2000, KwaZulu Natal Health Act No 4 of 2000, the White Paper on Science and Technology - Preparing for the 21st Century, 2000, and the Health Act No 61 of 2003. These are explored in relation to health research in the context of local government. The relevant policy documents such as Reconstruction and Development Programme (RDP), Growth, Employment and Redistribution (GEAR), Health Sector National Strategic Framework for South Africa 1999-2004, Health

Research Policy in South Africa, South African Strategic Priorities for the Health System 2004-2009 and the eThekweni Municipality IDP are also dealt with in this chapter. The chapter concludes with an exposition of the eThekweni Municipality as an organisation, with special attention being given to the Health Unit.

3.2 LEGISLATIVE FRAMEWORK

Legislation is having an impact on the local government health sector; the next section highlights this legislation.

3.2.1 CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA ACT NO. 108 OF 1996

This Constitution is the system of laws and principles by which South Africa is governed, so much so that any law or conduct inconsistent with it is invalid. The obligations imposed by the Constitution have to be fulfilled.

Bearing the above in mind, local government health sector legislation has to be in line with the Constitution. The main theme of the Constitution is 'One Law for One Nation' (The Constitution of the Republic of South Africa, 1996), which is in contrast to previous apartheid legislation (Government of South Africa, 1996).

The Constitution also provides for cooperative governance which means that the ANC-led government is constituted at national, provincial and local levels and these are distinctive, interdependent and interrelated. This has brought about a major shift whereby the national, provincial and local governments have become partners but are, at the same time, autonomous. The Constitution also prescribes the principles governing co-operative and intergovernmental relations. These provisions give local government the right to design system, for instance, a health system to set research priorities, to establish the Essential Local Health Research Committee (ELHRC) and to formulate a research policy model for ensuring the utilisation of research, as long as the exercising of such rights does not encroach on the geographical, functional or institutional integrity of other spheres of government.

The Constitution also provides for several objectives of local government such as the promotion of a safe and healthy environment (Government of South Africa, 1996). In order to fulfil this objective, local government must provide a package of health services that is informed by research. This requires the establishment of the Essential Local Health Research Committee (ELHRC) which sets research priorities and designs a research policy model for ensuring that research results are meaningfully utilised by councillors and senior management.

3.2.2 LOCAL GOVERNMENT TRANSITION ACT NO. 209 OF 1993

This act sets the scene for the transformation and restructuring of local government. The purpose of the Act is to provide for revised interim measures with a view to promoting the restructuring of local government (Government of South Africa, 1993).

The main aim of this legislation was to begin the process of addressing the apartheid legacy through an equal distribution of resources to address the huge backlogs in service delivery and resource limitation. Secondly, there was the question of addressing issues of the cost of segregation - black people were usually housed far from their places of work and the cost of providing services for such areas will have to be subsidised on an on-going basis.

The Act set the transformation of local government into three stages:

- **The pre-interim phase**, which set up structures to govern until the local government election in 1995/6.
- **The interim phase**, beginning with municipal elections and lasting until a new system was designed and legislated.
- **The final stage**, when the new system would be established.

Both the purposes of the Act and the three stages of transformation provided by this Act do not cover research which is crucial in helping both councillors and senior management

make informed decisions. Proper planning to address the huge backlog in service delivery, including primary health services, could only be informed through research and information sharing. The exclusion of research, an essential element in any restructuring process, was a major oversight in this legislation as it led to less emphasis on research in subsequent legislation.

3.2.3 WHITE PAPER FOR THE TRANSFORMATION OF THE HEALTH SYSTEM IN SOUTH AFRICA, 1997

The main task of the health ministry is to develop a unified system capable of delivering health care to all citizens efficiently in a caring environment. The objectives of the White Paper are:

- To unify fragmented health services at all levels into a comprehensive and integrated National Health System.
- To promote equity, accessibility and the utilisation of health services.
- To extend the availability and ensure the appropriateness of health services.
- To develop health promotion activities.
- To develop the human resources available to the health sector.
- To foster community participation across the health sector.
- To improve health sector planning and the monitoring of the health status and services.

Central to the White Paper is the reorganisation of the health service through the adoption of the comprehensive primary health care and district health system approaches (Government of South Africa, 1997). The White Paper also proposes the establishment of

the Essential National Health Research (ENHR) which is an integrated strategy for organising and managing health-related research. The ENHR strategy aims to utilise the full range of health research methodologies including epidemiological, social, behavioural, clinical and biomedical health systems and policy analysis. One of the guiding principles of the ENHR is that a research agenda should be developed to address the country's major health problems and that a process involving scientists, decision makers and population representatives, as equal, inclusive partners should be initiated.

3.2.4 LOCAL GOVERNMENT : MUNICIPAL SYSTEMS ACT NO. 32 OF 2000

One the purposes of this Act is to provide for the core principles, mechanisms and processes that are necessary to enable municipalities to move towards the social and economic improvement of local communities and to ensure universal access to essential services affordable to all. The other purpose of the Municipal Systems Act No. 32 of 2000 is to establish a simple and enabling framework for the core processes of planning, performance management, resource mobilisation and organisational change which underpin government (Government of South Africa, 2000). It is the implementation of these core principles, mechanisms and processes that will ensure that the health services delivered at local level are accessible to all, including the poor and disadvantaged. Appropriate health research has an obvious role in the realization of these objectives.

Essential services are the district health system and Primary Health Care (PHC) approach as proposed by The National Health Act, 2003, and the KwaZulu-Natal Health Act No 4 of 2000. Both councillors and the senior management of municipalities must be informed by local research in their decision-making processes. This requires the establishment of the Essential Local Health Research Committee (ELHRC) for a metropolitan or district municipality.

3.2.5 KWAZULU-NATAL HEALTH ACT NO 4 OF 2000

According to the South African Health Review (2002), provinces have, in the absence of strong national leadership, lack of national legislation and lack of clear strategic direction over the past eight years, filled the vacuum with the introduction of their own legislative framework and policies.

The KwaZulu-Natal Health Act No 4 of 2000 objectives do not touch on health research either at provincial or local spheres of government. Health research seems to be seen by the province as a mandate by the national sphere of government. This is despite the fact that both provincial health policies and services need to be informed by research – and in particular, local research - which obviously would have to be conducted at municipalities. Municipalities, especially metropolitan and district municipalities, need to adopt a research policy model that will promote utilisation of research results by both councillors and senior management in

the health sector. For example, the research priorities for the Western Cape Province and its metropolitan or district municipalities will differ from the KwaZulu-Natal Province, as the care burden changes.

3.2.6 WHITE PAPER ON SCIENCE AND TECHNOLOGY : PREPARING FOR THE 21ST CENTURY, 2000

The White Paper on Science and Technology calls for transformation of the science and technology system and its integration into a much larger system of innovation (Government of South Africa, 2000). This policy articulates a vision that embodies a coordinated effort to achieve excellence in serving the national goals by:

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

The premise used in this White Paper is that both applied and basic research in the natural and social sciences are crucial for social and economic development. This development provides the underpinning for good health services. According to this White Paper, challenges posed by a system of innovation have an impact on the manner in which a health research system is designed. More specifically, the size of the scientific community and its links to industry, the ability of the education system to provide highly qualified researchers and technicians and the ability to

translate research and development can results in new or improved products, processes and services. A research policy framework developed by the eThekweni Health Unit must be guided by this White Paper.

3.2.7 THE NATIONAL HEALTH ACT NO. 61 OF 2003

The main goal of this act is to provide a framework for a uniform health system within the Republic, taking into account the obligations imposed by the constitution and other laws on the national, provincial and local government levels with regard to health services (Government of South Africa, 2003). Other objectives of the Act are setting out the rights and duties of health-care providers, health workers, health establishments and agents. Objectives also include protecting, respecting, promoting and fulfilling the rights of all stakeholders.

The Act provides for the health research coordinating forum (National Health Research Committee) at national level. There is no provision for such a forum either at provincial or local level. This is one of the main contributing factors to not having coordinating forums in provincial and local government.

3.3 RELEVANT POLICIES

The next part highlights the relevant policies. All these policies have an impact on either service delivery or health research.

3.3.1 THE RECONSTRUCTION AND DEVELOPMENT PROGRAMME (RDP), 1994

The RDP is an integrated, coherent socio-economic policy framework. It seeks to mobilise South Africans and their resources towards the final eradication of apartheid and the building of a democratic, non-racial and non-sexist future. The RDP is guided by 6 basic principles (Reconstruction and Development Programme, 1994):

- An integrated and sustainable programme.
- A people-driven process.
- Peace and security for all
- Nation building
- Link reconstruction and development.
- Democratisation of South Africa.

Health is one of the basic needs of people but health care and social services are grossly inadequate as a result of apartheid policies. The RDP involves a restructuring of the health sector where a National Health System (NHS) is adopted using District Health System (DHS) and Primary Health Care (PHC) approaches as ways of addressing the fragmentation caused by apartheid health policies.

Local government is of critical importance to the RDP. It is the level of representative democracy closest to the people and one that is involved with delivery of basic services, including health. The RDP set the scene for the critical role municipalities, including the eThekweni Municipality, play in the delivery of comprehensive primary health care.

3.3.2 THE GROWTH, EMPLOYMENT AND REDISTRIBUTION (GEAR), 1996

Growth, Employment and Redistribution is a macro economic strategy for rebuilding and reconstructing the South African economy to meet the goals set in the RDP. The economic strategy, in similar vein to the social contract of the RDP, calls for a grasping of the challenges of meeting basic needs, developing human resources, increasing participation in the democratic institutions of civil society and implementing the RDP. Basic needs of people include, amongst others, a clean and healthy environment, adequate nutrition and access to affordable health care for all. GEAR seeks to create a country that has (Growth, Employment and Redistribution, 1996):

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

As the sphere of government closest to the people, municipalities are expected to implement GEAR. The eThekweni Health Unit has committed itself to meeting the above-mentioned basic needs. Health research will be critical in informing policies and programmes.

3.3.3 HEALTH RESEARCH POLICY IN SOUTH AFRICA, 2001

This is the first national health research policy under the ANC-led government. The purpose of this policy is to provide an enabling framework for the conduct of research that improves human health and wellbeing in South Africa. The policy mission is to promote research that contributes towards the improvement of human health and welfare in South Africa. Policy goals are:

- To develop a national health research system that contributes to equitable health development.
- To promote innovation in health and health-related service delivery.
- To advance knowledge that underpins health and equitable, quality health care through research.
- To develop a coordinated, well-funded agenda for research.
- To nurture talent and develop the capacity to conduct research and utilise its findings.
- To encourage the absorption of research-based knowledge into the health care system.

Policy objectives are to promote the practice and conduct of research that contributes towards the improvement of the human health and welfare of the South African population (Health Research, 2001:3). A further objective is to create a framework and environment for health research and to contribute effectively to health development. To serve as an important tool, which in the long term should contribute to the improvement of the health system and inform interventions geared towards a better life for all South Africans, is also a policy objective.

The policy proposes the formal adoption of the ENHR Committee, which needs to be appointed by the National Health Minister, as strategically important (Health Research Policy 2001). The policy also includes the establishment and utilisation of Provincial Health Research Committee structures as another strategy. The policy covers the following broad areas:

- Institutional frameworks.
- Priority setting for health research in South Africa.
- Equity in financing health research.
- Capacity building.
- Communication.

However, the policy does not propose a strategy for local government; it only refers to national and provincial structures. Local government is another sphere of government and the policy should have given some guidance to this sphere, especially as a large part of research is conducted at this level.

ENHR Committee

This committee already exists and was appointed by the Minister as proposed and subsequently provided for in the National Health Act No. 61 of 2003. The committee should be composed of the following:

- Research managers.
- Basic researchers.
- Clinical researchers.
- Community researchers.
- Representatives from the national and provincial health departments.
- Community members.
- Private sector research managers or researchers.

The Chief Directorate for Health Information Evaluation and Research serves as the secretariat to the committee.

Local government as a sphere of government has been excluded from the ENHR Committee composition. The South African Local Government Association (SALGA) should have representatives on the ENHR Committee as SALGA is the mouthpiece for local government. The exclusion of SALGA has led to health research at this level being ad hoc, without priority-setting processes and of no benefit to local government and other stakeholders. This is the essence of the problem.

Functions of the ENHR Committee:

- Providing advice on all health-related matters to government departments and international bodies that require government responses.
- Initiating the priority-setting process for research.
- Facilitating co-ordination among organisations and institutions at various levels so that the health research policy operates in a coherent manner rather than a collection of fragmented and uncoordinated activities.
- Assessing the business plans of government funded health research bodies and academic institutes.

The functions of the ENHR Committee do not include local government. Functions of the Provincial Health Research Committee (PHRC):

- Coordinating health research by liaising with all research stakeholders conducting research within the province.
- Managing the process of priority setting and assisting in the development of health research priorities in the province.
- Reviewing preliminary and final research reports and giving advice on policy implications from completed research projects.

The Constitution requires the province to provide support to local government but this aspect has been overlooked. The PHRC should provide support to the local government health sector.

Minister of Health, Dr. M. Tshabalala-Msimang, states that getting multi-disciplinary teams to work together can be difficult, but pleads with research communities to break down existing barriers and promote inter-disciplinary research, so that research can yield better results (Health Research Policy, 2001:16). Minister Tshabalala Msimang expresses the hope that the health research policy document will benefit all research stakeholders and bring about a change in the way research is conducted and research findings are used in South Africa so that research becomes an effective tool for uplifting the country's citizens.

3.4 ELEMENTS OF THE HEALTH SYSTEM

The health system has six main elements which are briefly described in table 4 overleaf. All these elements are essential in efficient and effective health service delivery in any sphere of government.

Table 4: Elements of the Health System

Source: WHO Report, 1999

<p>Demand side: Households and populations</p>	<p>People acting individually or as households who can produce health benefits by individual or collective action and behaviour, as seekers of health care and/or as purchasers of care. People forming groups (e.g. user groups, village committees and trade unions) can influence the form, cost and content of health services. Behavioural choices influence risk exposure and prevention of disease.</p>
<p>Mediators: Agencies in sectors outside health</p>	<p>Produce benefits indirectly as a result of the goods or services they provide (e.g. agriculture, education, housing, employment, communications and water supply).</p>
<p>Institutional purchasers</p>	<p>Organisations such as insurance funds, district health authorities or health maintenance organisations, which limit health needs for defined populations and purchase clinical and support services from providers using a variety of contractual mechanisms.</p>

The state	Aggregates resources and interests from the population and channels them to the providers. Many institutional providers are state agencies. Government institutions are responsible for the financing, regulation, purchasing and provision of health care.
Supply side: Resource institutions	Produce the human and material resources for health care through provision of basic and in-service training of health personnel and health-related R&D. These include universities, medical schools, schools of public health, R&D departments of private companies, foundations, etc.
Service providers	In the public, private, NGO and traditional sectors many individuals give informal unpaid care at home. Others work in some kind of institutional setting such as a hospital, health centre or primary health facility. Services include clinical and support services.

In the case of the eThekweni Municipality the first elements i.e. household and populations, are essential as they are the beneficiaries of the comprehensive primary health care service provided by the Health Unit. The mediators also play a crucial role, as for example in the provision of clean water and sanitation to prevent waterborne diseases. Provision of the necessary resources by both the municipality and the provincial sphere of government is essential. Currently the eThekweni Municipality receives a subsidy from the Provincial Health

Department. The research institutions also contribute to resource provision even though it is usually short-term. These resources are in the form of capacity building for the municipal staff or supply of equipment. In terms of service providers the eThekweni Health Unit works with a host of health-related service providers, especially those that are community-based.

3.5 THE SOUTH AFRICAN HEALTH SYSTEM

The South African health system has evolved from different origins; the two main contributors being Western medicine and the various African cultures with their traditional tribal medicine. This has resulted in the development of two health systems in this country, alongside each other, with Western medicine having the official status.

In 1986 the government formulated a National Health Plan with the objective of meeting the health needs of all inhabitants of South Africa. This plan was based on the Alma-Ata principles of comprehensive primary health care and gave a firm political commitment to the implementation of such a service. The emphasis of the new endeavour was intended to be on the prevention of disease and the promotion of health through community-centred services which advocate community participation and a multi-disciplinary approach. National strategies were identified with the idea that a future health delivery system would be developed as a unitary structure. One of these strategies was primary health care (*White Paper on Transformation of the Health System in South Africa, 1997*).

3.5.1 THE AFRICAN NATIONAL CONGRESS (ANC) HEALTH PLAN, 1995

According to the White Paper on Transformation of the Health System in South Africa (1997), the African National Congress (ANC) proposals included:

- **Equity:** Health for all cannot be acquired through the supply of equitable health services alone but rather through the achievement of equitable social and economic development.
- **Right to health:** This principle is based on the premise that each individual has the right to attain optimal health and the state must provide the environment in which this can be achieved.
- **Primary health care approach:** Comprehensive primary health care identified by the WHO forms the basis of this approach. It includes all aspects of community development and community involvement which are imperative if the system is to be successful. Through this approach inequalities in access to health services in rural and deprived communities will be a priority for improvement.
- **The proposed National Health System:** This system will be in control of all structures dealing with health, both public and private. It will be responsible to the people and

all racial, tribal and ethnic groups and gender discrimination will be eradicated.

- **Co-ordination and decentralisation of services:** Clinics, health centres and independent practitioners will be the first contacts people will have with the health system. Authority and control over funding will be decentralised to the lowest level possible compatible with rational planning and the maintenance of quality of care.
- **Priorities:** The groups regarded as being the most vulnerable, such as mothers and children, the disabled, the under-served in rural areas and those with debilitating diseases and conditions such as AIDS, TB, gastro-enteritis, heart disease and trauma-related ailments, will be given priority care.
- **Promotion of health:** Health workers must give attention to the importance of health education, especially with regard to sexuality, child spacing, oral health, substance abuse, environmental health, occupational health and healthy lifestyles. The traditional and alternative health care practitioners must be integrated into the teams of health workers.
- **Respect for all:** A charter for a patient's rights will be introduced to ensure the right of all people to be treated with dignity and respect.

- **Health information system:** There is a need for appropriate and reliable data which is essential for good planning and management. This will improve the efficiency of the service.

- **Additional components of primary health care:** To cover the specific needs of primary health care in South Africa, the new government added more components to the eight drawn up by the WHO. These are emergency, occupational and mental health services. To further support the programme, priority is to be given to the development of a national health information system and a research programme is to be established that will link research with health policy and practice.

The ANC Health Plan was adopted by Government, thus its components are found in most legislation and policy documents. The Ten Point Plan in the Health Sector Strategic Framework (1999-2004:7) is also guided by the ANC Health Plan.

According to the Health Sector Strategic Framework (1999-2004:3) the following has been achieved since 1995, partly as a result of the ANC Health Plan:

- The elimination of discriminatory structures and practices in the public health system.
- Consolidation of fourteen fragmented health administration inherited from the apartheid system into a national and nine provincial health departments.
- Health care, free at the point of entry, for pregnant and

lactating women, children under the age of six and all who use public primary health care system. (National Health Act No. 61 of 2003 promulgated.)

- All nine provinces have promulgated provincial health acts.

According to Strategic Priorities for the National Health System (2004-2009:5) a review was undertaken for the years 1999 to 2004. This review is also part of the ANC Health Plan. The 1999-2004 review led to development and adoption of ten strategic priorities for the National Health System for 2004-2009.

3.5.2 PRIMARY HEALTH CARE

The concept of primary health care encompasses a political philosophy that calls for radical changes in both the design and content of traditional health care services. It advocates an approach to health care based on principles that allow people to receive the care that enables them to lead socially and economically productive lives. The definition of the concept as determined at Alma-Ata states that, Primary Health Care is essential care based on practical, scientifically-sound and socially-acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (WHO, Global Programme Committee Report, 1999). It forms an integral part both of the country's health system, of which it is the central function and main focus, and is part of the overall

social and economic development of the community. It is the first level of contact of individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work and it constitutes the first element of a continuing health care service (WHO, Global Programme Committee Report, 1999:15).

The ANC's final draft of its health plan was made available to the public in May 1994, at the time when the party came into power in South Africa after winning the first democratic elections ever held. The government is responsible for ensuring that health services are available to all South Africans and the ANC is committed to using the primary health care approach as the underlying philosophy to attain this restructuring of the health system (White Paper on Transformation of the Health System in South Africa, 1997).

3.5.3 DISTRICT HEALTH SERVICES

The term 'district' is used in a generic sense and denotes an area that is clearly defined both geographically and administratively. The population is usually between 50 000 and 500 000, has some form of local government and has a hospital for referral support. It is a level where the community can be involved in the planning and implementation of primary health care programmes. The WHO, Global Programme Committee Report (1999) defined the District Health System (DHS) as follows:

A district health system based on primary health care is a more or less self-contained segment of the national health system. It comprises first and foremost of a well-defined population, living within a clearly-delineated administrative and geographical area, whether urban or rural. It includes all institutions and individuals providing health care in the district, whether it be governmental, social security, non-governmental, private or traditional. A district health system, therefore, consists of a large variety of interrelated elements that contribute to health in homes, schools, work places and communities. It includes self-care and all health care workers and facilities, up to and including the hospital at the first referral level and an appropriate laboratory, together with other diagnostic and logistic support services.

Its component elements need to be well coordinated by an officer assigned to this function in order to draw together all these elements and institutions into a fully comprehensive range of curative and rehabilitative health activities.

A DHS is based on the Declaration of Alma-Ata and on the global strategy of health for all and should incorporate the following general principles:

- Equity.
- Accessibility.
- An emphasis on health promotion and prevention.
- Inter-section action.
- Community involvement.

- Decentralisation.
- The integration of health programmes.
- Co-ordination of separate health activities.

3.6 HEALTH SYSTEM RESEARCH

The focus of the study is on Health Systems Research (HSR) in a local government setting. According to the Health Systems Trust Manual (1997), HSR means research relating to the functioning of the health system, the costs, quality of the services provided and the distribution of resources within the system. Sadana and Pang (2003:816), on the other hand, define Health Systems Research as the people, institutions and activities whose aim is to generate detailed and reliable knowledge that will be used to promote, restore or maintain the health status of populations. This definition includes all the actors involved primarily in knowledge generation in the public and private sectors. According to Suwandono (in Draft Final Report, National HSR in Indonesia, 2003) conceptually, a health research system means a group of people and organisations making use of various types of resources to produce health research and make use of research results for various purposes. Health Systems Research is a discipline which requires continuous interaction between researchers, decision makers (councillors and senior managers) and beneficiaries. For it to have the greatest impact it needs to have the following characteristics:

- **Focus.** Highlights priority problems which are identified jointly with health managers, councillors and beneficiaries. With this approach, research findings are more likely to have an impact on decisions which influence activities in the health services.

- **Action-oriented.** Aims at developing practical, cost-effective solutions or policy options.
- **Participatory.** Involves all key players. Involving policy makers increases the probability of utilising findings as the basis for decision making, while the involvement of researchers strengthens the methodological aspect. Involving beneficiaries ensures that real or felt needs are addressed.
- **Timely.** Provides answers on policy options in time.
- **Accessible.** Results packaged in an accessible format for the respective target audience, and not necessarily written for scientific peer review or academic audiences.

Health research is classified into two broad categories, namely individual and population. Individual research encompasses biomedical research and clinical research. Population research includes epidemiological research and health systems research. The HSR deals with policy research and operational research.

HSR is further divided into operational research and health policy research. The operations research examines the actual delivery of health services. The health policy research, on the other hand, is aimed at informing higher levels of authority of health policy choices. This particular study involves the health policy research aimed at guiding the policy makers or senior management in making use of research results or benefiting from health research.

The purpose of HSR is to:

- Provide information, which will improve the functioning of the health systems.
- Ultimately lead to improved health status.
- Provide policy options and practical information to role players in the health care system.
- Improve the quality of health service delivery.

According to Suwandono (in Draft Final Report, National HSR in Indonesia, 2003), the aim of HSR is to enhance rational decision making in improving the policy of health development programmes. One of the key features of HSR is its link to decision making. HSR must inform a decision within the health system to achieve its goal. According to the WHO report (1996:13), health policy research has been instrumental in enabling governments to improve safety standards and increase efficiency.

Collaboration and the dissemination of research findings to practitioners are factors enabling health workers to base their practices on evidence.

Strategies to maximise the impact of research on policy include:

- Finding out who the appropriate decision makers are and getting to know them.
- Making sure the right questions are being asked of appropriate stakeholders from the outset.
- Meeting with decision makers regularly to keep them informed of progress.
- Involving decision makers when making recommendations.
- Presenting results in as accessible a form as possible.

- Disseminating results to all stakeholders.

Over the last decade it has become increasingly clear that if health research is to make a significant contribution to improving people's health there is a need to go beyond supporting projects and teams. In the past there were a number of problems with the way research was being managed at national level. The NHRS approach can be seen as a direct response to these problems (Research into Action, Issue 27. 2002:2).

According to COHRED, health research provides the following benefits:

- It creates a better understanding about the determinants of health.
- It plays a crucial role in the development and use of health technologies.
- It informs decision making of various kinds; this results in actions at an individual level or health policies and programmes at population level.

It is important that increasing attention be given to evidence-based decision making and that research should be more effectively disseminated. Anderson et al argues that to achieve a 'culture of evidence' all key stakeholders should be involved in the determination of research and its production, dissemination, marketing, implementation and evaluation.

The importance of health research in policy making and understanding the mechanisms involved is increasingly recognised. Recent reports calling for more resources to improve health in developing countries and pressures for accountability draw greater attention to research-informed policy making. The utilisation of this health research in policy making

should contribute to policies that may eventually lead to desired outcomes, including health gains. According to Hanney et al, (2003: 1:2) the Director General of the WHO has decided that the World Health Organisation Report for 2004, on Health Research: Knowledge for Better Health, should involve a careful reflection of how advances in health research lead to improved health and health equity.

According to Pang et al (2003 Vol. 81) research and use are an integral part of WHO's work. The WHO's Constitution states, "The extension to all people of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health". Knowledge produced by health research has been called a global public good. It is undoubtedly one of the driving forces for improving the performance of health systems and, ultimately, the health of individuals and populations.

The rationale behind the use of a systems approach to health research include the following:

- In many countries, health research is not well co-ordinated and is often fragmented, resulting in inefficiency and duplication. A more systematic approach to better and more appropriate co-ordination of research, would address this.
- Certain research questions or needs of the health system require collaboration and linkages between different research organisations or different research disciplines. A system which enhances synergy, ensuring that the total efforts benefit more than one partner, is the ideal model.

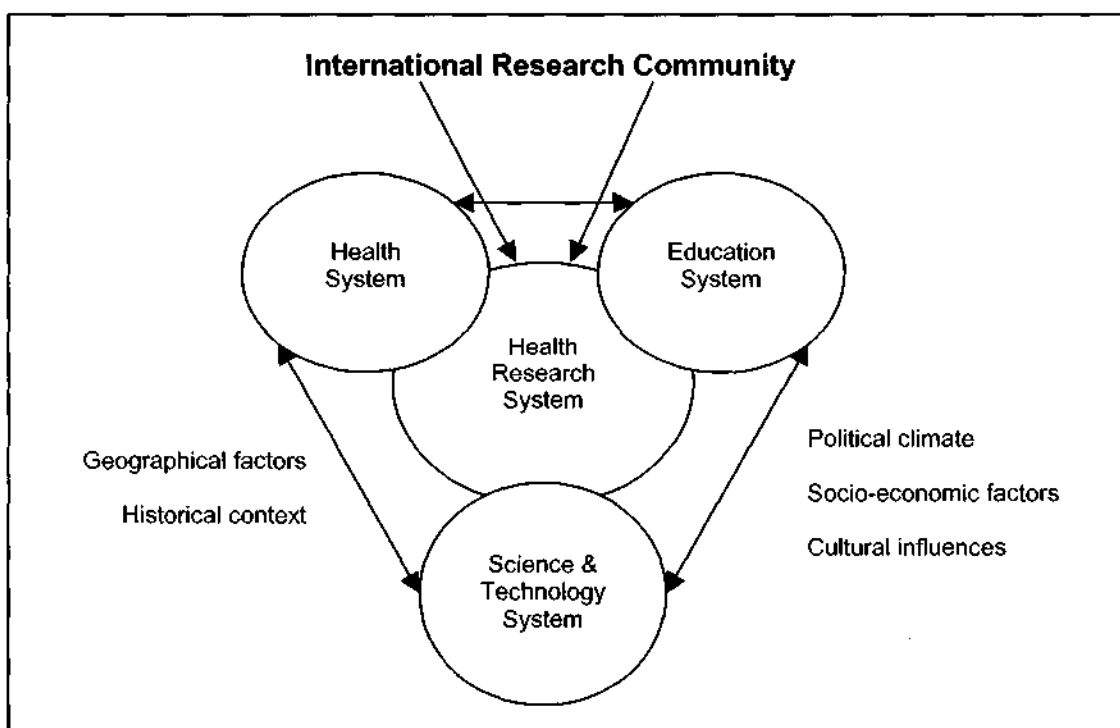
- In many countries research is inadequately linked to the priorities and goals of the health system. There is a need for a more systematic approach to align health research to priorities and goals.
- Many of the outputs of research are not optimally translated into appropriate change within the health system or desired health and equity outcomes. This points to the need for a better and more systematic application of research in policy, planning and delivery and the need for a more systematic link between the researchers and the users of research.
- There is a need for a more systematic approach to research capacity development and the mobilisation of resources for research and development.
- Countries need to develop a more systematic approach to the setting of rules, procedures and standards and to regulate health research in line with expressed values and principles.

A system for planning, coordination, monitoring and managing health research resources and activities and promoting the use of research for effective and equitable health development is the nervous system of a health system. It will enable the health system to respond more effectively to health challenges. Figure 14 illustrates that health system research is not only operating within the health system but also interacts with educational (science and technology) systems. Some of the factors influencing the system as a whole are mentioned, illustrating the complexity of a functioning system (Research into Action, Issue 27.

2002:2). In order to better define and understand the national health research system, it is important to understand and appraise its outputs and their utilisation carefully. (See Figure 15.) One of the key concerns is how the outputs relate to, or are in alignment with, the health research system as a whole. In addition, to what extent are health research outputs equity-oriented? According to the WHO (Strategies for Health Research Systems Development in South Asia Region, 2001:1), a health research system functions as the brain of a health system, enabling it to respond effectively to health challenges. The key objective of a health research system is to coordinate health research through appropriate architecture and mechanisms.

Figure 15: Interaction of the Health Research System with other National Systems and the Various Factors which Shape it

Source: Research into Action, 2002. Issue 27:2.



The key output of any health research activity should be viewed generically as 'new knowledge'. In order to link new knowledge and put it into the context of the values and principles of an effective health research system, it is critical to look at the practice of knowledge management. While it is accepted that knowledge production (via a reliable and scientifically-rigorous process) is a desirable output of a research system, it is equally important to produce the 'right type of knowledge' (in alignment with national priorities) at the right time, addressing the concerns of stakeholders (potential users of the knowledge generated from the research).

Any assessment of the outputs of a health research system is therefore incomplete without simultaneous assessment of the Knowledge management practices.

3.6.1 OBSTACLES TO AN EFFECTIVE HEALTH RESEARCH SYSTEM

According to Research into Action (2003, issue 32) there are four major obstacles that have been identified.

➤ The Inefficient Use of Health Research Investment

Government expenditure on health research is limited; expenditure by local government on research. Out of this limited expenditure only a small fraction is used to address priority health problems. During the past five years the eThekweni Health Unit has not had a budget dedicated to health research or commissioned any health research,

except supporting research through making existing non-monetary resources available. Typically then, researchers and research institutions rely on external funders whose agenda may not necessarily be aligned to national or local priorities. In addition to creating an unhealthy dependency on external funding, it has also meant that research does not respond in an optimal way to the demands of the eThekwini health system.

➤ **Inadequate Research Capacity**

Career opportunities are better defined for those working in the health services than in health research. This has had repercussions on how health research is conducted. It has resulted in health personnel undertaking most of the research and devoting a small fraction of their time to research issues which interest them or can lead to promotion. (There is little interest in continuity and research relating to improving service delivery). Such a system does not facilitate sustainable and continuous efforts to conduct research that addresses key health problems. In addition, it does not really pave the way for durable interdisciplinary collaboration. In terms of the three stakeholders at the eThekwini Health Unit, the full picture regarding research capacity will be clearer during the data collection stage.

3.6.2 DISTRICT HEALTH RESEARCH CHALLENGES

Recently there has been concern that the implementation of Essential National Health Research (ENHR) has focused too much on central-level mechanisms and on large national institutions with limited attention being paid to involvement at the sub-national district level as an integral part of the ENHR process. At the same time, it is common knowledge that most countries have embarked on various forms of health sector reform initiatives, including decentralisation.

The concept of district-focused health research is, in many countries, likely to be confronted with many problems and challenges. Some of these challenges include:

- Limited skills and capacity to create and maintain a research culture at district level.
- A serious shortage of resources – both human and financial – to conduct research (i.e. absence of a research budget and few trained and skilled research personnel).
- Doubt about the district organs, including the so-called ‘district health teams’, fully appreciating the value of health research in guiding decision making and its potential to contribute to district development.
- Research still being considered an ‘ivory tower’ issue; the challenge is to demystify research and the value of research at district level.

➤ **Addressing Challenges**

Many countries have recognised the need to re-direct their research efforts to sub-national/district level and have started addressing some of the problems and challenges identified above through:

- Advocating a budget line for district health research as part of the normal funding of a national health system.
- Encouraging donors to focus on district health research.
- Encouraging institutional research and training programmes to have a district component.
- Acknowledging the role of research at district level health planning (presupposing key constituencies are made aware of the role of research and its importance as a management tool).
- Creating pilot districts to demonstrate ENHR in practice.
- Decentralising the research priority-setting process.
- Guiding field research towards answering questions and solving problems relevant to the day-to-day implementation, management and organisation of

district health services, as well as the development of appropriate and effective policies relevant to the district level.

- Practical commitment to, and appreciation of, the importance of the utilisation of results of district health research among top-level health managers at regional and national level, policy makers and politicians. (This is essential given the important role they have to play in creating an enabling environment within the country for the conduct of district health research).

3.7 GLOBAL HEALTH SYSTEM RESEARCH

How can the link between research and action be strengthened? This question has been bothering both policy makers and senior managers internationally for decades. The Council on Health Research for Development (2000:1) states that it is this question that guided its work. The Council on Health Research for Development strives to better understand how to improve the linkage between research and action and, in particular, research and policy. The Council on Health Research for Development was formed in 1993 and their vision is the attainment of a system of effective health research as a tool for improved health and development in all countries, based on values of equity and social justice (Research into Action, Issue 30, 2002:1). It is the Council on Health Research for Development's belief that all countries – no matter how poor – should have the capacity to identify their priorities, to conduct

essential research that guides their health policies and practice and to manage a system through which the efforts of all players can be harmonised. In pursuit of these beliefs, special attention must be paid to the most vulnerable countries – those in development and those with economies in transition (Research into Action, Issue, 30, 2002:3).

Once established, the Council on Health Research for Development proposed the following five objectives (Research into Action. Issue 30,2002:2):

- Supporting the development and strengthening of effective and sustainable National Health Research Systems (NHRS) based on ENHR. The main strategies through which this was to be achieved were by paying attention to governance and co-ordination of national health research systems.
- Promoting equity in health and health research. The Council on Health Research for Development's focus was both on equity issues within health research systems and on promoting health research on equity in health.
- Amplifying the voice and strengthening the participation of developing countries and nations' actors in the global health research context. The Council on Health Research for Development's role was to advocate and provide a platform for nations' voices.

- Strengthening co-operation at global and regional levels for health research systems development strategies and focusing on improving collaboration based on partnerships at regional and global levels in order to achieve a better coordinated and focused support of health research at nation level.

In strengthening COHRED's institutional capacity to achieve its vision and mission, strategies were implemented to strengthen COHRED as an organisation, so that it could better ensure effective cooperation with countries with full respect to national ownership and control of the NHRS development efforts. Recognising that research can be a powerful tool for health and development, by facilitating health action and generating new understanding and fresh interventions, the report of COHRED (2000:3) found a gross mismatch between an overwhelming burden of illness in the developing world and investment in health research; health research mostly focused on the health problems of industrialised countries (Research into Action. Issue 30,2002).

At the Nobel Conference in Stockholm (1990), the commission proposed a set of strategies through which the power of research could be harnessed to accelerate health improvements and to overcome health disparities worldwide. Based on the values of equity, social justice and empowerment, Essential National Health Research (ENHR) was one of the major strategies proposed and three years later (1993) the Council on Health Research for Development (COHRED) was established to facilitate and support the development of ENHR (Research into Action. Issue 30, 2002:8). This led to a decade of enthusiastic, dynamic and promising initiatives, mostly by developing countries, and some of the initiatives were situational analyses of the health research system,

national and sub-national priority-setting exercises as well as various forms of capacity strengthening (Research into Action. Issue 30,2002).

According to the COHRED newsletter (Research into Action. Issue 30,2002) COHRED's vision is the attainment of a system of effective research as a tool for improved health and development in all countries, based on values of equity and social justice. Among the international achievements of COHRED was Bangkok 2000 - the International Conference on Health Research for Development. The Bangkok 2000 declaration re-emphasised that health research was essential for improvements, not only in health but also in social and economic development. ENHR development is one of the international achievements of COHRED.

The Global Forum for Health Research (GFHR) is another international initiative that deals with health systems research. The main aim of the GFHR is to shape the international health research agenda. The GFHR was created in 1997 with the participation of about 150 representatives from a variety of organisations, including the WHO. The GFHR's central objective was to help correct the 10/90 gap by focusing research efforts on diseases representing the heaviest burden on the world's health and facilitating collaboration between partners in both the public and private sectors (Research into Action. Issue 30,2002:19).

3.8 THE REGIONAL PERSPECTIVE

The Council on Health Research for Development (COHRED) has played an instrumental role in the establishment of regional initiatives throughout the world. In the case of Africa, COHRED played an advocacy role in promoting the adoption and implementation of the ENHR strategy which led to the formation of the ENHR movement by about twenty countries (Research into Action. Issue 30, 2002:4). COHRED has promoted and supported regional networking and networks as fundamental tools, principles and approaches in the implementation of the ENHR strategy and related work plans at country level. Immediately after COHRED's establishment, significant development took place at regional level, with Africa and Asia at the forefront of regional initiatives. These 20 countries subsequently established the African ENHR network. The African ENHR network's purpose is to exchange experience on the development and strengthening of health research for development. The African Health Research Forum (AHRF) was, however, established in November 2000 at Arusha in Tanzania and it replaced the African ENHR network (Research into Action. Issue 30, 2002:4). The overall aim of the AHRF was to be a vehicle which drives ENHR and brings all countries together in a stronger health research network for Africa, according to Research into Action (Issue 26, 2001:7), the AHRF's overall goal was to promote health research for development in Africa and strengthen the African voice in setting and implementing the global research agenda. Its main objectives were to enhance current mechanisms for strengthening collaboration to conduct research and to co-ordinate health research in Africa. Strengthening mechanisms for promoting the utilisation of research for development and for reducing the current inter-country and global imbalances in health research were also important objectives. The

main functions of the AHRF (Research into Action. Issue 26, 2001:8) were:

- The articulation of the African voice on health research.
- The development of a health research policy framework for accelerated development.
- The strengthening of health research networking in the region.
- The provision of technical support to countries.
- The conducting of analytic work to support health research development.
- The promotion of effective collaboration with partners.
- The promotion of funding for local priorities.
- The enhancing of effective research communication.
- The promotion of ethics in research.
- The developing of leadership in health research.

Similar developments have taken place in Asia and Latin America. The Asian and Pacific Health Research Forum has also been established (Research into Action. Issue 26, 2001:4).

The New Partnership for Africa's Development (NEPAD) is an initiative proposed by the needs of states of five African countries - Algeria, Egypt, Nigeria, Senegal and South Africa. The initiative is a response to increasing concerns that Africa lags behind the rest of the world in economic development because of political and social instability coupled with low investment in science and technology. NEPAD is a mandated initiative of the African Union (AU) and works within its framework. The proponents of NEPAD believe that it presents an opportunity to end Africa's scourge of under-development. Their optimism is based on the fact that there are necessary resources to launch a global war on poverty

and under-development (including lack of capital, technology and human skills). As a result of a new global partnership, based on shared responsibility and mutual interest, these resources exist in Africa (Research into Action, Issue 26, 2001).

NEPAD stresses the significance of science and technology in eradicating poverty and promoting sustainable development. Its vision and strategic framework for the redevelopment of Africa suggests a role for African scientists in its implementation. Sustainable development will include health services and will include health sector scientists. NEPAD recognises that Africa is losing trained scientific personnel (including people from the health sector) to the more developed nations. Nevertheless, Africa has scientists with the skill to forge local and international partnerships. Implementing effective health interventions depends on Africa's ability to retain these scientists and on the willingness of planners and programme managers to use local health research findings (Research into Action, Issue 26, 2001).

3.9 THE NATIONAL PERSPECTIVE

The concept of ENHR gained acceptance in South Africa in the early 1990s. Discussions about the process of adoption of ENHR began between interested parties in 1991 and in 1993 (Essential National Health Research in South Africa, 2001:5). Five representatives of organisations involved in community-based research in South Africa attended the Geneva Conference on ENHR. The representatives at this conference were from:

- Health Systems Development Unit (HSDU - an NGO).
- Medical Research Council (MRC - a statutory council).
- Health Systems Trust (an NGO).
- SAHSSO (a professional NGO).
- National Progressive Primary Health Care Network (NPPHCN - also an NGO).

According to the Essential National Health Research in South Africa (2001:5) in December 1992 the ENHR was discussed at the African National Congress (ANC) national workshop and the ANC National Executive officially adopted it in 1993 as its health policy document. In December 1994 the Department of Health, under the newly-elected democratic government, took the initiative by organising a national meeting of stakeholders in health research to plan the implementation of ENHR. The White Paper on the transformation of the health system in South Africa (April 1997) states that the ENHR was officially adopted as a strategy to guide health research nationally, regionally and globally. This led to the addition of a new cluster within the national health department. Within this cluster are Health System Research, Research Co-ordination and the Epidemiological Directorate. This directorate is responsible for co-ordinating the functioning of the ENHR committee and is mainly responsible for ensuring a co-ordinated and comprehensive vision of research across the Department of Health (DOH).

3.10 THE PROVINCIAL PERSPECTIVE

Provincial health departments have established committees to review and manage research to ensure that research in the provinces addresses priority areas. According to the Essential National Health Research in South Africa (2001:14) in 1999 there were seven provinces that had a formal or ad hoc functional Provincial Research Committee:

- Northern Province
- Eastern Cape
- North West
- Mpumalanga
- Gauteng
- Northern Cape
- Free State

Cape Town and KwaZulu Natal have finally established their Provincial Research Committee (Department of Health Annual Report 2002/3).

Most of these committees had already completed the development of research priorities for their provinces. The provincial research committees mark the importance of establishing mechanisms for the coordination and management of health research linked appropriately with an attempt to decentralise health system management.

3.11 LOCAL GOVERNMENT PERSPECTIVE

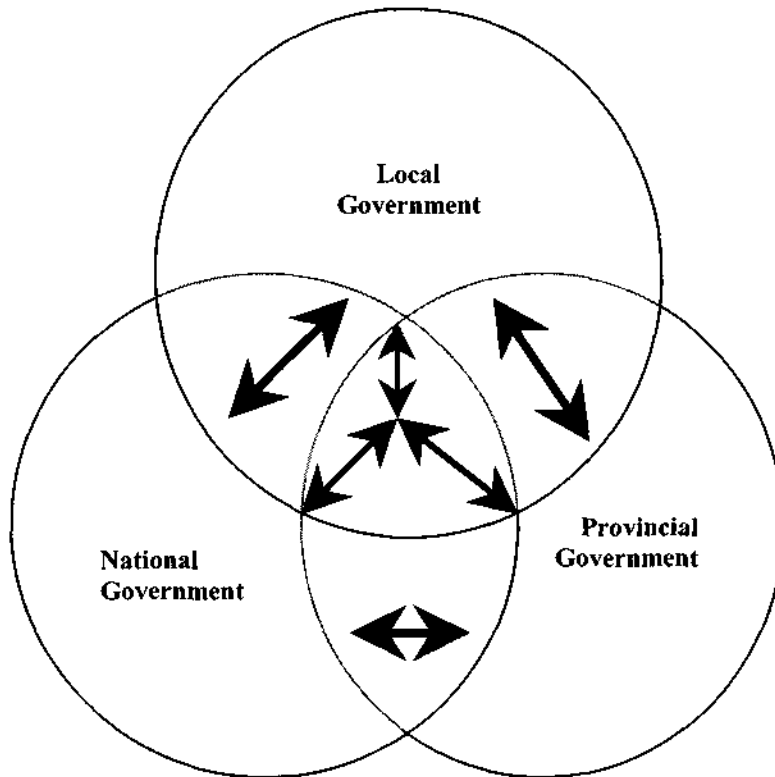
According to *Research into Action* (Issue 30, 2002:6) research is only relevant when it leads to evidence-based decision making. This is as relevant at community level as it is at central government level. South Africa's transition from an authoritarian to a democratic state has been acclaimed as one of the world's major political achievements. This transition toward a more legitimate state saw a proliferation of policies based on a new mode of governance and a new public sector ethos. When the new African National Congress (ANC) led democratic government came into power in 1994, its mandate was to tackle the inequities created by apartheid. The majority of South Africans under apartheid were denied access to quality services and amenities, such as education, housing electricity, water and sanitation; these are crucial determinants of health.

According to Nicholson (2001:2) the transformation of local government is divided into three phases: Firstly, there was the pre-interim phase (between 1993 and 1996) when the new constitution was passed and the first local government elections were held. The interim phase was between 1996 and the second local government elections in December 2000. The final stage was from December 2000 to the present. The National Local Government Negotiating Forum (NLGNF), established in 1993, guided this transformation process. In the final stages of transformation the Municipal Demarcation Board was set up. Its job was to redraw all the local government areas and to develop a system that would be sustainable, effective and efficient. It is within this context that both the Constitution and government policies establish frameworks to delineate new structures of governance. South Africa's new Constitution

makes provision for three spheres of governance i.e. national, provincial and local (each of which has legislative power and discrete responsibilities). In the health sector's transformation plan three levels of policy responsibilities are identified: The national department provides leadership in the formulation of national health policy and legislation. The provincial health department provides guidelines for promotion and monitoring of the health of the people in the province. At the local level is the provision of health services for a defined population using the district health model. All spheres of government have joint and shared responsibilities for ensuring that the basic services, including health services, are met (Nicholson, 2001:7). There are two important features of the new system of local government. The Constitution states that local government must be developmental. This means that local governments must work with their communities to improve economic and social conditions to overcome inequality. Equitable redistribution of resources is central to this approach. To do this, more resources must be directed to the areas that have the least services. Changing from tiers to spheres is a requirement. The apartheid tier system of government was top-down and power was centralised. A sphere is a round shape and does not have a top or a bottom. One is not above the other and at the same points all spheres are linked to each other as reflected in Figure 16 (Nicholson, 2001:7).

Figure 16: A Spherical Approach

Source: Nicholson, 2001:7



According to Section 40 (2) of the Constitution, the government is constituted into national provincial and local spheres, which are distinctive, interdependent and interrelated. The local sphere of government consists of municipalities which have been established in the whole territory of the republic. Both the national and provincial spheres of government may not compromise or impede a municipality's ability or right to perform its functions. This is a major transformation as in the past the 'big brother' approach during the apartheid era controlled local government via the national and provincial levels. The South African Constitution Act No 108 of 1996 introduced the concept of cooperative government based on interdependence among the three spheres of government. The White Paper on Local Government states that local government is a sphere of government in its own right and no longer a

function of national or provincial government. Local government has also been given a distinctive status and role in building democracy and promoting socio-economic development. The local government is the sphere of government that interacts closest with communities, is responsible for the services and infrastructure so essential to people's wellbeing and is tasked with ensuring growth and development of communities in a manner that enhances community participation and accountability. According to the Constitution (Government of South Africa, 1996:) the object of local government is:

- To provide democratic and accountable government for local communities.
- To ensure the provision of service to communities in a sustainable manner.
- To promote social and economic development.
- To promote a safe and healthy environment.
- To encourage the involvement of communities and community organisations in matters of local government.

The municipalities also have a developmental duty of ensuring that in structuring and managing their administration and in budgeting and planning processes, priority is given to the basic needs of the community; that is, that the social and economic development of the community is to be promoted. It is also crucial that a distinction is made between local government and the municipality. The municipal systems Act No. 32 of 2000 defines municipality as an organ of state within the local sphere of government, exercising legislative and executive authority within an area determined in terms of the Municipal Demarcation Act No. 27 of 1998. Municipalities also include the local community within the municipal

area working in partnership with the municipality's political and administrative structures. One of the new features of the new local government system is the active engagement of communities in the affairs of the municipalities of which they are an integral part and, in particular, in planning, service delivery and performance management. This includes both primary health care services and health research.

3.12 THE UNIT OF ANALYSIS: ETHEKWINI MUNICIPALITY

The next part covers an overview of eThekweni Municipality as the study is based on local government as an entity. A brief background is provided as well as the processes followed in the development of both the LTFD and IDP. The organisational structure for both the whole municipality and Health Unit is also described.

3.12.1 BACKGROUND

A new council for the Durban Metropolitan area was established and brings together the seven councils administering the old Durban metropolitan, the Umkomaas transitional local council and portions of Ilembe and Indlovu regional (district) councils. For the first time one local government body became responsible for the overall strategic planning and management of the Durban region (Towards a Long Term Development Framework for Durban Unicity, August 2001). The eThekweni Municipality is one of six areas that was declared metropolitan areas in South Africa in terms of Section 5 (I) of the Municipal Structures Set No. 117 of 1998. The

eThekwini Municipality meets all the criteria for a metropolitan area (Towards a long term Development Framework for Durban Unicity August 2001:11):

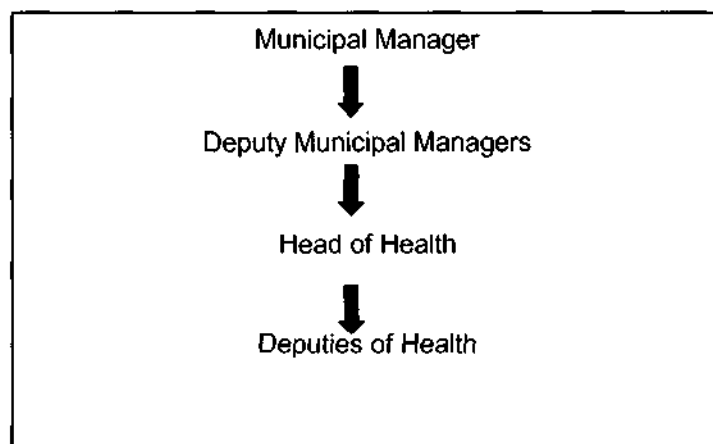
- The eThekwini Municipality is an area of high population density.
- There is an intense movement of people, goods and services.
- There is extensive development.
- There are multiple business districts and industrial areas.
- It is a centre of economic activities with a complex and diverse economy.
- It is a single area for which integrated development planning is desirable.
- It has strong interdependent social and economic linkages between its constituent units.

The eThekwini Municipality is located on the eastern seaboard of South Africa within the province of KwaZulu-Natal and covers an area of 2297 square kilometres. While the total eThekwini Municipality area is only 1.4% of the total area of KwaZulu-Natal, it is home to just over a third of the population of the province and 60% of its economic activity (eThekwini Municipality IDP, October 2002:8). The eThekwini Municipality area is an amalgamation of racial and cultural diversity with its African, Asian and European influences creating a vibrant cosmopolitan society. Currently the municipality has an estimated population of three million. Durban is South Africa's port city and the second industrial hub (after Gauteng). Durban is also a key trading gateway in that it is the main entry and exit

point for imports and exports, with its access to important trading routes to the east, and its proximity to the Gauteng mineral industrial complex (Towards a long term Development Framework for Durban Unicity August 2001).

The eThekweni Municipality adopted the collective executive system management as provided for by the Municipal Structures Act No. 117 of 1998. There are a number of support committees and the Health Department is accountable to the Health, Safety and Social Services Committee. The management structure is as follows (eThekweni Municipality IDP, October 2002):

Figure 17: Management Structure



The eThekweni Municipality Health Unit has been divided into three sub-districts. There are 85 primary health care clinics including a communicable disease centre situated in the city centre. (Refer to Annexure 1: Map of eThekweni Municipality health facilities.) This makes the health department an ideal site

for conducting research. There are also four institutions of higher learning as well as a few research institutions, such as the Medical Research Council (MRC) units, within the eThekweni Municipality (eThekweni Municipality IDP, October 2004).

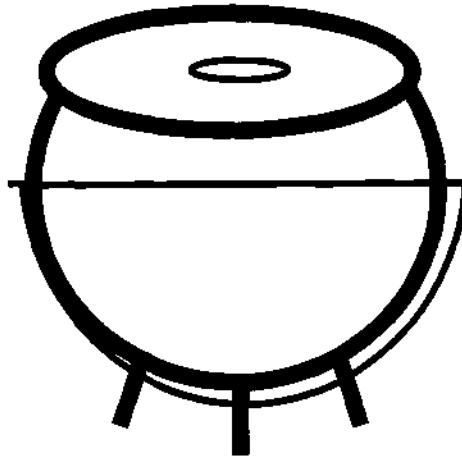
3.12.2 DEVELOPMENT FRAMEWORK

The eThekweni Municipality embarked on the development of a Long Term Development Framework (LTDF) at the beginning of 2001. The LTDF maps the strategic vision for the eThekweni Municipality over the next twenty years and strategic priorities for the next five years. The LTDF is a response to the new developmental mandate for local government which involves focusing delivery carefully to achieve development objectives. (Towards a Long Term Development Framework for Durban Unicity August 2001:13).

The eThekweni Municipality vision claims that, "By 2020, the eThekweni Municipality will enjoy the reputation of being Africa's most caring and liveable city, where all citizens live in harmony. This vision will be achieved by growing its economy and meeting people's needs so that all citizens enjoy a high quality of life with equal opportunities in a city that they are truly proud of."

Figure 18: Pot Quality of Life

Source: eThekweni Municipality IDP, 2002



There are three key pillars of the eThekweni Municipality strategy: Meeting basic needs, strengthening the economy and building skills and technology which can be compared to the three legs of a pot in Figure 18. The major challenge is to maintain the balance between these three key pillars.

3.12.3 INTEGRATED DEVELOPMENT PLAN (IDP)

Section 25 (1) of the Municipal System Act No 32 of 2000 provides for the adoption of an Integrated Development Plan by each municipality throughout South Africa. The eThekweni Municipality adopted its first IDP in 2001. The IDP strategically emphasizes a needs-based approach. The strategic needs-based approach required identification through wide consultation with the people of the eThekweni Municipality about their needs. This plan was implemented. The consultation was in the form of workshops with key stakeholders.

The eThekweni Municipality IDP has the following broad components (eThekweni Municipality IDP, October 2002):

- Sustainable Development Plan.
- Community Service Plan.
- Administration Plan.
- Financial Plan.
- Governance.
- Performance Management.

In each component the city was identified as a major focus area for the next five years.

Cluster Approach

The eThekweni Municipality adopted a cluster approach which is also used by the other two spheres of government in South Africa. The eThekweni Municipality Manager proposed six clusters and these have been adopted as follows (eThekweni Municipality IDP, October 2002):

Cluster Units/Programmes - Sustainable Development

- Special developments.
- Framework and city enterprises.
- Economics.
- Transport.
- Environment.
- Area-based management.
- Rural development.

Procurement and Infrastructure

- Water services.
- Housing.
- Service levels and options.
- Waste management.
- Procurement.

Health, Safety and Social Services

- Safety.
- HIV/AIDS.
- Disaster management.
- Health.
- Road safety.
- Social facilities and services.

Corporate Human Resources

- Human resources.
- Skills development.
- Institutional plan (CSI).
- Batho Pele and employment.
- Equity.

Treasury

- Medium-term expenditure.
- Framework.
- Business Plans.

Methodology (Objective 1 - Ethics)

- Request written proof of approval by an accredited ethics committee prior to initial approval.
- Request written proof of approval by an accredited ethics committee for any change or addition in research methodology.
- Ensure Council indemnity. Indemnity against personal claims by researchers in terms of the Compensation of Occupational Injuries and Diseases Act. Council indemnity against any claims that may arise as a direct or indirect result of any acts or omissions by the research team.

Methodology (Objective 2 - Evaluation)

- Request written protocols.
- Give standard reply within two weeks.
- Interview researcher, if indicated.
- Evaluate against set criteria.
- Make recommendations.
- Facilitate feasibility studies for strategic importance.
- Allow for right to appeal to director.

Methodology (Objective 3 - Monitor Implementation)

- Manage the implementation of research, through the relevant sections.
- Identify a liaison person for each project (dept. and research team).
- Request interim reports/feedback meetings at appropriate intervals.
- Monitor maintenance of confidentiality.
- Monitor obtaining of voluntary participation and informed consent.
- Review study report before publication.
- Approval of press release.
- Get permission for release of results to communities/stakeholders prior to release.
- Send final report to department.

Methodology (Objective 4 - Commission Research)

- Develop a research strategy for the health sector within the parameters of the ENHR strategy.
- Coordinate and facilitate the identification of research needed for planning and evaluation of service delivery.
- Commission such research internally or through external institutions.

3.13.2 LACK OF UNIFORM LEGISLATIVE DIRECTION AND RESULTANT INCONGRUITY.

The protracted absence of national legislative framework to guide the provinces in their efforts to develop the DHS and to establish an appropriate mechanism to pursue this goal has led to lack of direction, uniformity and synchronisation. van Rensburg (2004:153) states that one of the domains of such incongruous development pertains to provincial health legislation which not only lacks synchronisation, but also displays important dissimilarities in the terminology, format and content.

The on-going cross-boundary district municipalities also, pose continuing problems due to divergent approaches of provinces involved (including KwaZuluNatal). In the case of the Ethekewini Municipality it became impossible to implement the provisions of the KwaZuluNatal Health Act No. 4 of 2000 until the new National Health Act No 61 of 2003 was gazetted. This has meant a three year delay in the establishment of a fully-functioning DHS and PHC for the Ethekewini Municipality.

3.13.3 DISCORDANCE ON THE SCOPE OF MUNICIPALITY HEALTH SERVICES

Historically, the definition and specification of municipal health services i.e. services rendered by local authorities vis-à-vis those rendered by provinces, have always been a matter of debate and conflict, and to date it's still a contentious issue. Differing approaches of defining and delineating local government's functions in health and health care prevail, varying according to the range of responsibility transferred to local government, the financing of

health care, the modes of service delivery, and the forms of governance and accountability. In the case of the eThekweni Municipality the Comprehensive Primary Health Care being offered includes the environmental health services; the District Office of the Provincial Health Department offers similar services within the same boundary. This leads to duplication and confusion.

Recently the eThekweni Municipality Executive Committee resolved that the City Manager and the Deputy City Manager for Health, Safety and Social Cluster start negotiating with the provincial senior management the transfer of the PHC services to the Provincial Health Department. (Minutes of the eThekweni Municipality Executives Committee, 10th October 2006). This will further impact negatively on the staff morale as the remuneration and conditions of services differ markedly in these two spheres of government.

3.13.4 THE FINANCING OF MUNICIPAL HEALTH SERVICES: DIFFERENT SOURCES AND DIFFERENT SYSTEMS.

The financing of health services is a precondition for the development of the DHS and its proper functioning. This means that municipalities should have adequate financial resources and the necessary financial mandates guaranteed to develop and render sustainable municipal health services. According to van Rensburg (2004:160) there is no clarity on the future funding of the DHS at this stage. It is still not clear how, by whom, via which route and to what extent it will be funded. Currently the eThekweni Municipality Health Unit receives a subsidy for the following components of PHC: Personal Health, Environmental Health and HIV and AIDS, from the Provincial Health Department.

The above-mentioned challenges affect both the Provincial Health Department and Municipalities. In the case of the eThekweni Municipality these challenges are being experienced in particular by management and councillors. These challenges impact negatively on the PHC service delivery including proper utilisation of health research results by different stakeholders.

3.14 SUMMARY

It was essential that besides the theoretical framework which was presented in the previous chapter, the context under which the study is based is also presented. The chapter began with the exploration of the relevant legislation and policies.

The South African health system and health system research were also examined. In the case of the health research systems, the perspectives from different levels were covered. These levels are: global, regional, national, provincial and local. The chapter also gave an overview of the eThekweni Municipality management, especially in regard to the role of the Health Unit.

3.15 PROJECTIONS FOR THE NEXT CHAPTER

The next chapter deals with research design and research methodology used in the study. The qualitative research technique was the main technique used. The sampling and different data collection tools used are also described and the justification for their use explained.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

The research methodology used in this study begins with the description of the research design, and particularly the qualitative design, as the design of choice. A case study as a research design is described. The latter is the chosen design for this study. The next part of the chapter explores available literature on the chosen research methodology and other methods of data collection. In terms of data collection, semi-structured and focus-group (consultative workshop) methods were used in the study. The motivation for the selection of these data collection methods is given. A brief description is presented of the sampling methods and more attention is given to the purposive sampling methods as this was the method used in the study. Piloting is also dealt with in this chapter. The chapter concludes with the exploration of the ethical considerations.

4.2 METHODOLOGIES

According to Bowling (1999: 127) research methods refer to the practices and techniques used to collect, process and analyse data, the sample size and methods of sampling and, in the case of experiments and analytical studies, the assignments given to experimental and control groups. It includes how the data will be collected (questionnaires, in-depth interviews, document searches), the choice of measurement instruments and how the data will be processed and analysed. The choice of

appropriate research methods is essential for any research project to be successful.

At the beginning of chapter one, the following six objectives were set:

- To identify stakeholders in the health research policy processes.
- To determine their role in the health research policy process.
- To define the elements of the research framework.
- To determine the conditions necessary for facilitating linking research to policy.
- To recommend components of the research policy framework for eThekweni Municipality.

The above-mentioned objectives are addressed through the qualitative method. The next part focuses on the description of the qualitative methods as well as the comparison with the quantitative method.

4.2.1 RESEARCH DESIGN

Research design refers to the overall structure or plan of the research. For example, is a descriptive or experimental study to be conducted and with what target population? Once the study design has been decided upon, the specific methods of the study and of the data collection can be selected. Social researchers systematically collect and analyse empirical data and carefully examine patterns in them to understand and explain social life. In order to appreciate the strength of each method it is important to understand distinctly the orientations

of these methods. There are two broad types of research design, namely, quantitative and qualitative. According to Neuman (2000: 122), quantitative and qualitative research differs in many ways (as reflected in the table) but they also complement each other in many ways.

- **Quantitative Research**

In quantitative research, the investigator's interest is on hard data in the form of numbers. Almost all quantitative researchers rely on a positivist approach to social science. They speak a language of variables and hypotheses. Quantitative researchers emphasize precision in measuring variables and testing hypotheses that are linked to general causal explanations. Quantitative research is also associated with close-ended questions. Analysis proceeds by using statistics, tables or charts; how or what they show, in relation to hypotheses, is discussed.

- **Qualitative Research**

Qualitative research can generally be defined as social research which is carried out in the field (in a natural setting) and is analysed in non-statistical ways. Qualitative research aims at capturing and discovering meaning in the data collected, not just in the external behaviour of people. Thus it adopts

a practical orientation to the study of the social world and it relies on interpretive social science. Qualitative researchers speak a language of cases and context. They emphasize conducting detailed examinations of cases that arise in the natural flow of social life. They usually try to present authentic interpretations that are sensitive to specific social-historical contexts.

Table 5: Differences between Qualitative and Quantitative Research

Source: Neuman, 2000:123

Quantitative	Qualitative
<ul style="list-style-type: none"> • Measures objective facts. • Tests a hypothesis that the researcher begins with. • Concepts are in the form of distinct values. • Focuses on variables • Measures are systematically created before data collection and are standardized. • Data are in the form of numbers from precise measurement. 	<ul style="list-style-type: none"> • Constructs social, reality and cultural meaning. • Captures and discovers meaning once the researcher becomes immersed in the data. • Concepts are in the form of themes, motifs, generalizations and taxonomies. • Focuses on interactive processes and events. • Measures are created in an ad hoc manner and are often specific to the individual setting or researcher. • Data are in the form of words and images from documents, observations and transcripts.

Quantitative	Qualitative
<ul style="list-style-type: none"> • Theory is largely causal and deductive. • Procedures are standard and replication is assumed. • Analysis proceeds by using statistics, tables or charts and discussion on how and what they show relates to hypotheses. • Independent of context. • Statistical analysis. • Researcher is detached. 	<ul style="list-style-type: none"> • Theory can be causal and non-causal and is often inductive. • Research procedures are particular, and replication is very rare. • Analysis proceeds by extracting themes or generalizations from evidence and organizing data to present a coherent, consistent picture. • Situation specific. • Thematic analysis. • Researcher is involved.

In terms of this study, qualitative research design was selected because data collected will be mainly in the form of words and images from documents, observations and semi-structured interviews.

4.3 CASE STUDY

In this study the methodology used is the case study. The next part covers the definition, purpose, characteristics, principles and validity of the case study. Throughout this exposition the relevance to this study is highlighted.

4.3.1 DEFINITION

According to Babbie et al (2002:281) a case study is an intensive investigation of a single unit. The single unit in this case is the eThekweni Health Unit. Most case studies involve examination of multiple variables. A case study takes multiple perspectives into account and influences and attempts to understand the influences of multilevel social systems on a subject's perspectives and behaviours. Sarantakos (1997:191) defines a case study as an empirical inquiry that investigates a contemporary phenomenon within its real life context when the boundaries between the phenomenon and context are not clearly evident and in which multiple sources of evidence are used. The origins of the case study methods are unclear but Babbie et al (200:281) states, "It is only within the past two decades or so, that the case study research has become 'scientifically respectable'".

4.3.2 PURPOSE OF THE CASE STUDY

Babbie (2001:285) states that there are two main purposes of the case study method, and these are:

- Descriptive – for example an anthropologist describes the culture of a preliterate tribe.
- Explanatory insights, if it is an in-depth study.

According to Welman and Kruger (1999:21) the objective of a case study is to investigate the dynamics of some single-bounded system typically of a social nature such as family, group, a community, participants in a project or institution, and in the case of this study, the single-bounded system of the Health Unit within the eThekweni Municipality.

4.3.3 CHARACTERISTICS OF THE CASE STUDY

The main characteristic of a case study is its emphasis on an individual unit. In the case of this study the individual unit is the Health Unit of the eThekweni Municipality. According to Sarantakos (1997:193), a case study's distinguishing characteristics are:

- It studies whole units in their totality and aspects or variables of these units.
- It employs several methods, primarily to avoid or prevent errors; in this study more than one method of data collection was used.
- It often studies a single unit - one unit is one study.
- It perceives the respondents as experts, not just as sources of data; this was also the case with this study as all the categories of respondents were experts in their own fields.
- It studies a typical case. EThekweni Municipality fits this characteristic as it is a metropolis in the KwaZulu-Natal Province and the researcher has extensive experience of this municipality.

4.3.4. PRINCIPLES IN THE CASE STUDY

Babbie et al (2002:282) proposes four general design principles in case study research, which are:

- **Conceptualisation in case study research.**
This entails presenting the principles guiding the study research question (which were dealt with in chapter one), sharing the reasoning that led to the questions and carefully defining concepts (also extensively covered in chapter one). This conceptualisation is mainly based on a literature review and research experience. In the case of this study, conceptualization was mainly dealt with in chapters one and two.
- **Contextual Detail.**
This relates to the environment within which the unit of analysis is embedded. According to Babbie et al (2002: 282) the surrounding ecology or environment, with its nations of multiple, interacting, contextualized systems, helps to contextualise the context in which the unit of analysis is embedded. Contextual detail helps in the identification of contextual variables that influence the unit of analysis.

- **Multiple Sources of Data.**

This involves using more than one method, multi interviews or observation and a variety of informants when the research question calls for them; an example is in ethnographic studies. The rationale for using multiple sources of evidence is based on convergence. In this study a number of sources of data were used which included semi-structured interviews, observations, document reviews and workshops (focus group discussions).

- **Analytical Strategies.**

The analytical strategies involve the following:

- How to organize the findings. In this study findings are represented in the format used in the questionnaire.
- Whether generalization is appropriate to case-study data.
- The issue of theory development.
- Babbie's principles (which make the case study a method of choice for this study).

All the four principles as advanced by Babbie are relevant for this case study and have been considered throughout the research project.

4.3.5 VALIDITY OF THE CASE STUDY

According to Sarantakos (1997:192), case studies are considered to be valid forms of enquiry in the context of descriptive as well as evaluative and causal studies, particularly when the research is too complex for survey studies or experimental strategies and when the research is interested in the structure process and outcomes of a single unit. Case studies are employed indiscriminately in quantitative research, although to a different extent and for different reasons. Sarantakos (1997:192) states that case studies are used mainly for exploration and:

- To gain more information about structure process and complexity of the entire research object when relevant information is not available or sufficient.
- To facilitate conceptualisation.
- To assist with formulating hypotheses.
- To guide the process of operationalisation of the variables.
- To illustrate, explain, offer more detail or expand quantitative findings.
- To test the feasibility of the quantitative study.

According to Sarantakos (1997:193), in qualitative research case studies do not serve as stepping stones for quantitative studies but as research enterprises of their own, aimed at developing hypotheses or theories. They are not second-rank research, but a research model that is as significant and worth pursuing as quantitative research. It is this validity that influenced the researcher in selecting the case study as advanced by

4.4 LITERATURE REVIEW

According to Neuman (2000:445) a literature review is based on the assumption that knowledge accumulates and that we learn from and build on what others have done. When reviewing literature the investigator should assess publications in relation to whether there is a clear statement of the problem and whether it can be answered with empirical data. The investigator should also ascertain whether the reviews included are comprehensive and up-to-date and whether they logically and critically evaluate the literature and whether the hypotheses are clear and in relation to original research.

4.4.1 PURPOSE

The purpose of the literature review is one or a combination of the following (Bless and Higson-Smith, 1995:23):

- To sharpen and deepen the theoretical framework of the research; that is, to study the different theories related to the topic, taking an interdisciplinary perspective where possible.
- To familiarize the researcher with the latest developments in the area of research, as well as in related areas. In particular, the researcher should become acquainted with the problems, hypotheses and results obtained by previous researchers in order not to

researcher then fails to discover new possibilities and to observe objectively without preconceptions.

- Secondly, a researcher may develop the tendency to emphasize mainly what has been brought to one's attention or to work within an already-established framework instead of exploring new approaches.

In terms of this study, the researcher took note of the above-mentioned dangers and proceeded with an open mind.

4.4.3 TYPES OF LITERATURE REVIEW

According to Neuman (2000:446) there are six broad types of literature review:

- Self study reviews which increase the reader's confidence.
- Context reviews which place a specific project in the big picture.
- Historical reviews which trace the developments of an issue over time.
- Theoretical reviews which compare how different theories address an issue.
- Integrative reviews which summarize what is known at a certain point in time.
- Methodological reviews which point out how methodology varies from study to study.

In this study the researcher focused mainly on context reviews, historical reviews, theoretical reviews and integrative reviews because of the nature of the study.

4.5 SAMPLING PROCEDURE

Bless and Higson-Smith (1994:86) define a sample as the subset of the whole population which is actually investigated by a researcher and whose characteristics can be generalised to the entire population. According to Neuman (2000:196) the primary goal of sampling is to get a representative sample, or a small collection of units or cases from a much larger collection or population so that the researcher can study the smaller group and produce accurate generalisations about the larger group. Researchers focus on the specific techniques that will yield highly-representative samples (i.e. samples that are very much like the population).

➤ Sampling for Quantitative Research

Quantitative researchers tend to use a type of sampling based on theories of probability from mathematics (probability sampling). Qualitative researchers focus less on a sample's representativeness or on detailed techniques for drawing the sample. Instead, they focus on how the sample or small collection of cases, units or activities illuminates social life. In terms of qualitative research, the primary goal of sampling is to collect specific cases, events, or actions that can clarify and deepen understanding. For this reason, qualitative researchers tend to use the non-probability sampling method. According to Neuman (2000:197) for

qualitative researchers, “It is their relevance rather than their representativeness which determines the way in which people to be studied are selected.”

➤ **Sampling for Qualitative Research**

Convenience sampling, purposive sampling, snowballing and theoretical sampling are generally restricted to qualitative research methods (Neuman: 2000:198). While these methods are non-random, the aim of all qualitative methods is to understand complex phenomena and to generate hypotheses, rather than to apply the findings to a wider population. These sampling methods are briefly presented here.

- **Convenience Sampling:** This is sampling of subjects for reasons of convenience, e.g. easy to recruit, near at hand or likely to respond. This method is usually used for exploring complex issues such as economic evaluations and complex evaluations of health states.
- **Snow-balling:** This technique is used where no sampling frame exists and cannot be created. For example, there may be no list of people with the medical condition of research interest. It involves the researcher asking an initial group of respondents to recruit others they know are in the target group. Anyone so identified is contacted, asked if he or she will be willing to participate in the study and, at the interview, asked if he or she knows other people who could be included in the study and so on.
- **Theoretical Sampling:** The principle of this method is that the sampling aims to locate data to develop and challenge an

emerging hypothesis. Initially, a small number of similar cases of interest are selected and interviewed in depth in order to develop an understanding of the phenomenon. Subsequently, cases are sampled that might be exceptions in an attempt to challenge or refute the emerging hypothesis. The sampling stops when no new analytical insight is forthcoming.

- **Purposive Sampling:** This is a deliberately non-random method of sampling which aims to sample a group of people or settings with a particular characteristic, usually in qualitative research designs. According to Neuman (2000:198) purposive sampling is acceptable in special situations. A sample is chosen on the basis of what the researcher thinks to be an average person. This sampling method uses the judgement of an expert in selecting cases, or it selects cases with a specific purpose in mind. In the case of this study the researcher will be the expert, as he understands the eThekweni Health Unit environment.

According to Bless and Higson-Smith (1994:95) the greatest danger of purposive sampling is that it relies more heavily on the subjective consideration of the researcher than on scientific criteria. It is also used to pilot questionnaires or to generate hypotheses for further study. The results of this sampling method cannot be generalised to the wider population of interest, unless random sampling from that population has been employed. This sampling method had been selected for this study because it is the most appropriate, compared to the other three sampling methods for qualitative research. For instance, the sample is of a group of people who are stakeholders (particular characteristics) in the research policy processes link at the eThekweni Health Unit.

4.6 STUDY POPULATION, SAMPLING FRAME AND SAMPLE SIZE

The study population refers to the specific unit being sampled and its geographical location. In terms of this research project, the study population comprises all the stakeholders in the health research policy processes at eThekweni Municipality and the sampling frame will be stakeholders specifically involved in the health research policy processes within the Health Unit (councillors, management, officials and researchers). The total sample size was thirty one as shown in Table 6.

Table 6: Sample Size

Deputy City Manager	2
Head of Health Unit (Director)	1
Manager of Section	4
Chairperson of the Support Committee	2
Deputy Chairperson of the Support Committee	1
Interim Management Team	6
Research Committee (eThekweni Health Unit)	11
Political Party Representatives	4
Total	31

There are two factors that have had a negative impact on the size of the sample. Firstly, the staff turnover during the five past years as a result of transformation and restructuring of municipalities meant that fewer respondents participated in the study. Secondly, the responses from the different categories of respondents were no longer turning up new information which meant that

saturation point had been reached. There was consequently, no need to continue with the semi-structured interviews (Sarantakos, 204:1997). The criteria used in the selection of the sample are described in Table 7.

Table 7: Sample and Criteria for Selection

Stakeholder	Criteria for Selection
Councillors: Former Chairpersons & Deputy Chairperson Current Chairperson & Deputy Chairperson Health Representatives from all parties	<ul style="list-style-type: none"> • Participate in the policy process • Responsible for approval of policy • Monitoring implementation policy • Participate in the research process
Management: Deputy City Manager Head of Health Unit(Director) Manager of Section Interim Management Team	<ul style="list-style-type: none"> • Participate in the policy process • Manage policy implementation • Participate in the research process • Manage of research process
Health Sector Research Committee: Representatives of the four areas of PHC	<ul style="list-style-type: none"> • Participate in the policy process • Participate in the research process
Researchers from Local Institutions	<ul style="list-style-type: none"> • Participate in the policy process • Participate in the research process

Health representatives from the different political parties were originally not part of the group of respondents until the investigator realised during the early stage of data collection that the chairperson and deputy chairperson's positions were from the same party or its alliance partner. This meant the views of the other parties would be excluded. In order to obtain a balanced view, health representatives from other parties were included. The political parties concerned

nominated the health representatives and most of them served on the Health Safety and Social Services Cluster Support Committee.

4.7 DATA COLLECTION TECHNIQUES

A research project stands or falls on the quality of the facts on which it is based. An excellent research design and a representative sample are not sufficient if an analysis rests on incorrect data. The importance of constructing an appropriate and accurate instrument for measuring and collecting data is an absolute necessity (Bless and Higson-Smith 1994:99). The most frequently used method of gathering information is by directly asking respondents to express their views. Commonly-used methods for data collection are observation, interviews and questionnaires. In this study the interview method will be used (i.e. the semi-structured interview and focus groups).

4.7.1 SEMI-STRUCTURED INTERVIEW

According to Bowling (2000:228) semi-structured interview schedules include mainly fixed questions but with no or few response codes and are used flexibly to allow the interviewer to probe and to enable respondents to raise other relevant issues not covered by the interview schedule. Some semi-structured schedules permit the interviewer to ask the questions out of order at appropriate opportunities during interview. The semi-structured interview has been selected for this study because the researcher seeks to explore issues related to health research-

policy link processes at eThekweni Municipality. This data collection technique is the most appropriate for the exploration of issues. In the case of this study each interview lasted about 45 minutes. The interviews were taped using a tape recorder, after informed consent was obtained from respondents. The tape recordings were subsequently transcribed by an independent person hired for that purpose. The tape recordings were then compared with the recorded notes from the interviews.

4.7.2 FOCUS GROUPS

Bowling (2000:252) defines the focus group method as an unstructured interview with a small group of people who interact with each other and the group leader. Focus groups have the advantage of making use of group dynamics to stimulate discussion, gain insight and generate ideas in order to pursue a topic in greater depth. It is a useful technique for exploring cultural values and beliefs about health and disease; it will, therefore, be used in this study. Apart from the obvious practical advantages of interviewing several people at the same time, it is often very useful to allow participants to share their thoughts with each other. Bless and Higson-Smith (1994:113) argue that in order to use focus groups effectively, the researcher must be skilled at facilitating group discussion. Table 7 deals with the advantages and disadvantages of semi-structured interviews and focus groups.

The focus group in this study was in the form of a consultative workshop. This consultative workshop formed part of the development of the health policy framework for the eThekweni Municipality. Internal and external stakeholders involved in health research and service delivery within the municipality attended it. The proceedings of the workshop were also taped using a tape recorder, after informed consent was obtained from all the participants. (Refer to Annexure 3 for more details on the workshop proceedings).

Table 8: Advantages and Disadvantages of Using a Semi-Structured Interview and a Focus Group

Adapted from Bless and Higson-Smith, 1994:112

Technique	Advantage	Disadvantage
Semi-structured Interview	<ul style="list-style-type: none"> • Does not impose structure on the interview. • Can access what subjects feel is important. • Useful for generating hypotheses. 	<ul style="list-style-type: none"> • Very time-consuming and expensive. • Research assistants need training if they are to be used. • Very difficult to standardize and analyse. • Bias due to social desirability.
Focus group	<ul style="list-style-type: none"> • Subjects share views and discuss them. • Useful when studying language and issues. 	<ul style="list-style-type: none"> • No individual responses. • Some subjects become influenced by others. • Research assistants need training if they are to be used. • Social desirability bias can be extreme.

4.7.3 QUESTIONNAIRE STRUCTURE AND DESIGN

According to Bless and Higson-Smith (1995:115) whether conceived to be filled in by a respondent directly or by an interviewer, a questionnaire remains a complex instrument of data collection. A good questionnaire forms an integrated whole of the study. Neuman (2000:251) proposes two key principles for a good questionnaire:

- Avoid confusion and keep the respondent's perspective in mind. Questions that match with a respondent's viewpoint or that respondents find confusing are not good measurement tools.
- A good questionnaire gives the researcher valid and reliable measures.

In this study the researcher took into consideration the following advice when designing the questionnaire:

- Avoid jargon, slang and abbreviations. Jargon and technical terms come in many forms, but the investigator must use simple terms that will be understood by respondents.
- Avoid ambiguity, confusion and vagueness. Ambiguity and vagueness plague most researchers. A researcher might make implicit assumptions without thinking of the respondents.
- Avoid double-barrelled questions. A double-barrel question consists of two or more questions joined together. It makes a respondent's answer ambiguous.

4.7.4 CLOSED-ENDED (STRUCTURED) QUESTIONS

According to Neuman (2000:260) closed-ended questions ask a question and give the respondent fixed responses from which to choose. A close-ended question can generally be defined as a question which is followed by predetermined response choices into which the respondent's reply is placed. Neuman (2000: 261), identified the following advantages of the close-ended questions:

- They are easier and quicker for the respondent to answer.
- The answers are easy to compare, code and statistically analyse. (It is confusing if many responses are offered).
- Respondents are more likely to answer questions about sensitive topics.
- The response choices can clarify question meaning for respondents.
- There are fewer irrelevant or confusing answers to questions.
- Less-articulate or less-literate respondents are not at a disadvantage.

4.7.5 OPEN-ENDED QUESTIONS

Neuman (2000:260) defines open-ended questions as asking questions to which respondents can give any answer. The respondents are given the opportunity to give their own views on the issue being investigated. It is a type of survey question in which respondents are free to offer any response they wish to the question. Bless and Higson-Smith (1995:123) point out that open-ended questions may relieve the anxiety of participants of giving false answers since they can speak freely.

Neuman (2000:261) also identified the following advantages of open-ended questions:

- They permit an unlimited number of possible answers.
- Respondents can answer in detail and can qualify and clarify responses.
- Unanticipated findings may be discovered.
- They permit adequate answers to complex issues.
- They permit creativity, self-expression and richness of detail.
- They reveal a respondent's logic, thinking process and frame of reference.

Both types of questions do have some disadvantages. Neuman (2000:260) argues that mixing open-ended and closed-ended questions in one questionnaire can reduce the disadvantages associated with either form of question. Mixing them also offers a change of pace and helps interviewers establish rapport. It is

on this basis that the researcher opted for the combination of open-ended and closed-ended questions in this study.

The questionnaire is structured according to the six specific objectives of the study, as mentioned in chapter one. The questionnaire covers six broad areas that include demographic information, models for linking health research policy processes, participation in health research policy processes, the stakeholders influence on health research processes at the eThekwini Health Unit, mechanisms of communicating and receiving health research and the level of research utilisation by the eThekwini Health Unit.

Aspects of the models for research policy processes presented in Chapter 2 were utilised when designing the data collection tools i.e. semi-structured questionnaires and focus group questions.

4.8 PILOTING

Piloting is essential in any research project, especially where questionnaires will be used as a data collection tool to improve validity and reliability. According to Neuman (2000:243) respondents should be informed that they are being interviewed for the pilot study – most will be willing to help and will probably be more likely to admit any instances where they do not understand the questions or where the response codes are not applicable to them. Piloting also acts as a check on potential interviewer errors in questioning (where face-to-face interviews are the method of choice). In this study, piloting was

conducted on eleven participants. During the pilot study the following questions were considered and addressed during design:

- Is each question measuring what it is intending to measure?
- Do all respondents understand the wording and is the understanding (meaning) similar for all respondents?
- For closed (pre-coded) questions, is an appropriate response option available for each respondent?
- Are all reasonable alternatives included?
- Are any questions systematically or frequently missed, or do some questions regularly elicit uninterruptible answers?
- Do the responses suggest that the researcher has included all the relevant issues in the questionnaire?
- How do respondents feel about the questionnaire?

Both the semi-structured questionnaires for the individual and focus group interviews were subsequently improved through issues raised during piloting.

4.9 ETHICAL CONSIDERATIONS

Babbie and Mouton (2001:519) advocate that ethical and political considerations must be taken into account in the design and execution of research together with scientific considerations. Throughout the process of data collection the problem of persuading participants to co-operate with the researcher is ever present. Lack of co-operation can lead to non-response, incompletely filled-out questionnaires and, consequently, to unreliable results. According to Bless and Higson-

Smith (1994:102) while lack of co-operation can be disastrous in a research project, participants have a right to refuse to participate. The right to refuse to participate must always be respected by the researcher. Some of the generally-accepted ethical rights of the participants are briefly discussed below as they are also relevant in this study:

Participation: The right to privacy demands that direct consent for participation must be obtained from an adult. Moreover, this consent must be informed, in the sense that the participant must be aware of the positive or negative aspects or consequences of participation. Participation in this research project will also be voluntary and the said stakeholders can refuse to divulge certain information either about themselves or the eThekweni health service.

Anonymity: Many people, for the sake of scientific progress or ignorance, are prepared to divulge information of a private nature on condition that their names are not mentioned. Generally, anonymity does not constitute a serious constraint in research, as social science researchers usually are more interested in grouped data and in averages rather than individual results. Since anonymity is regarded as essential in social research, including health research, it will also be respected in this study so that participants can feel free to share any relevant information.

Confidentiality: In some studies anonymity cannot be maintained, especially when data is collected using interviews. The interviewer has direct contact with all participants and is able to recognize each of them. In this case, respondents must be assured that the information given

will be treated with confidentiality. That is, they must be assured that the data will only be used for the stated purpose of the research and that no other person will have access to interview data. According to Bless and Higson-Smith (1994:103), assured of confidentiality, a respondent will feel free to give honest and complete information. In this study the participants will be protected and this ethical principle will be respected.

Babbie and Mouton (2001:522-526) have added two more principles, namely:

No harm to the participants: Researchers should never injure the people being studied, regardless of whether they volunteer for the study or not. Perhaps the clearest instance of the norm in practice concerns the revealing of information that would embarrass them or endanger their home life, friendship, jobs and so forth.

Analysing and reporting: The researcher has an ethical obligation to both the subjects of the study and scientific community. One needs to be familiar with the technical shortcomings and failures of the study and these should be reported objectively.

All the above-mentioned ethical considerations are to be adhered to and respected by the researcher in this study and this will be communicated to all respondents at the beginning of each interview or focus group session.

The permission to conduct the study within eThekweni Municipality was granted by the Municipality's senior management. The University of KwaZuluNatal – Westville Campus Ethics Committee also gave approval for the study.

4.10 SUMMARY

This chapter dealt with the research methodology and research design applied in the study. The qualitative technique (the main research technique) used in this study was described. The next part of the chapter focused extensively on the case study as it is the research methodology used in the study. A brief overview of literature review was also given.

The sampling, data collection and analysis methods and techniques used were explained as well as the justification for their use. The chapter concludes with an examination of the importance of piloting the data collection tool to be used and also the ethical issues that were considered.

4.11 PROJECTIONS FOR THE NEXT CHAPTER

In the next chapter the findings of the study are presented and discussed using graphic illustrations. The chapter is divided into three broad areas, namely, semi-structured interview data, focus group (workshop proceedings) data and the overall discussion of all data collected throughout the study.

The chapter concludes with a proposed health research policy framework for eThekweni Municipality.

CHAPTER 5

EMPIRICAL ANALYSIS AND DISCUSSION OF DATA

5.1 INTRODUCTION

In this chapter, the results of the empirical research are outlined. The research data is presented, interpreted and analysed. Graphic illustrations are used to support and enhance understanding. Discussion based on the collected data and corresponding graphic illustrations are offered. The findings of the study are presented according to the different categories of respondents and focus groups.

- Section 1: Councillors
- Section 2: Management
- Section 3: Health Sector Research Committee
- Section 4: Focus Group

This chapter is divided into three parts: presentation of data from interviews, the focus group workshop and discussions of the overall data collected.

5.2 PART ONE: SEMI-STRUCTURED INTERVIEWS

In the case of councillors, management and the Health Sector Research Committee, a similar type of questionnaire was used. The results will be presented, analysed and discussed in the questionnaire format (refer to annexure 2).

This questionnaire covered six broad areas:

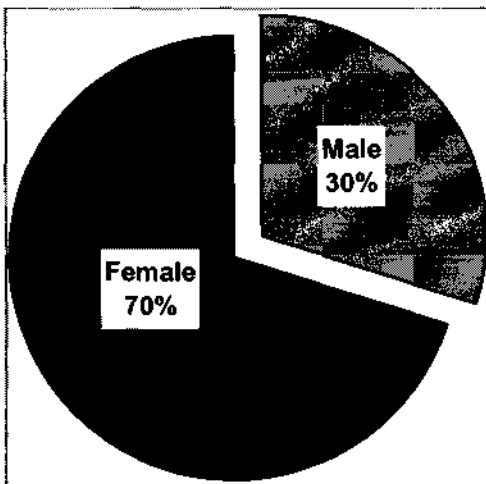
- Section A: Demographic information.
- Section B: Description of the existing framework of research policy process.
- Section C: Participation of the respondents in the existing framework of the research policy process.
- Section D: Stakeholder participation.
- Section E: Communication mechanisms.
- Section F: Level of utilisation.

5.2.1 Councillors

Section A: Demographic Data.

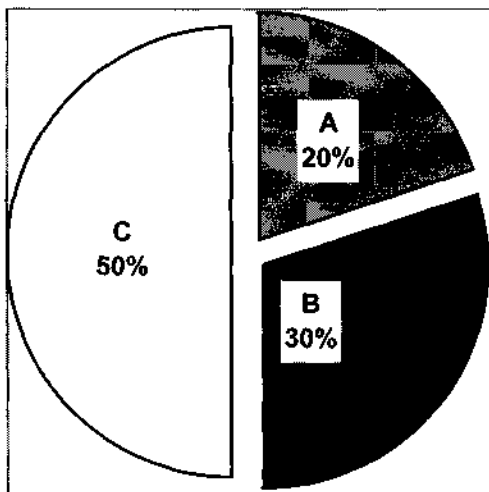
A total of 10 Councillors were interviewed. Three of the councillors were males whilst seven were female as reflected in the Pie Chart 1 below.

Pie Chart 1: Gender of Interviewed Councillors



In terms of their portfolios, 50% councillors were health representatives from their respective political parties, 30% were deputy chairpersons of the Health Support Committee and 20% were chairpersons of the same committee. Pie chart 2 reflects the percentages of the interviewed councillors in terms of their portfolios. The health representatives from the different political parties were included in order to address the issue of bias of political party views as previously mentioned.

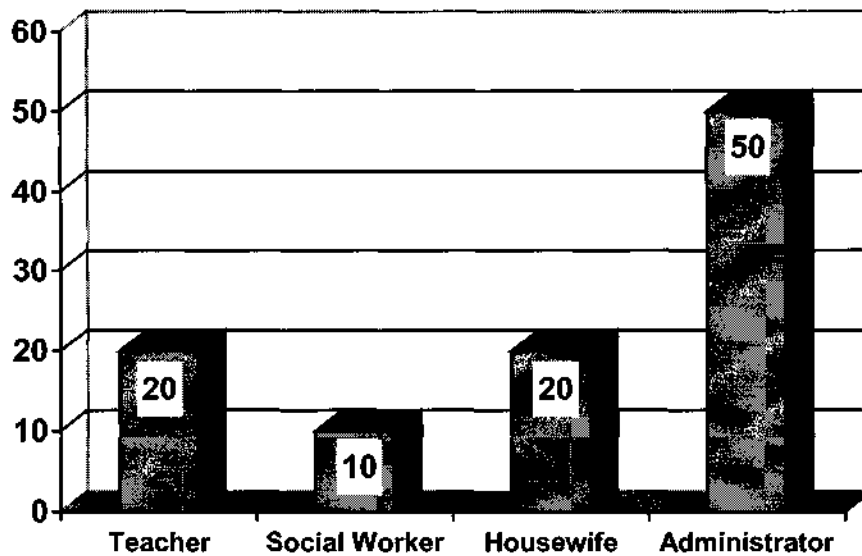
Pie Chart 2: Percentage of Interviewed Councillors in Terms of their Portfolios



The professional backgrounds of councillors varied as shown in the Bar Graph 1 below. Councillors are elected on the basis of their standing and support from their communities, thus there is no professional requirement to be met and that is shown by the majority 50% (n=10) of the interviewed being non-professional (administrators). All the respondents had been councillors since the first municipal democratic elections in 1996 but had not all remained within the health sector as political

parties have a right to reshuffle their members. The first chairperson and his deputy were not re-elected to their respective positions during the second term of the Health Support Committee in 2000, however, both of them are still within the council serving in different capacities.

Bar Graph 1: Professional Background of Councillors

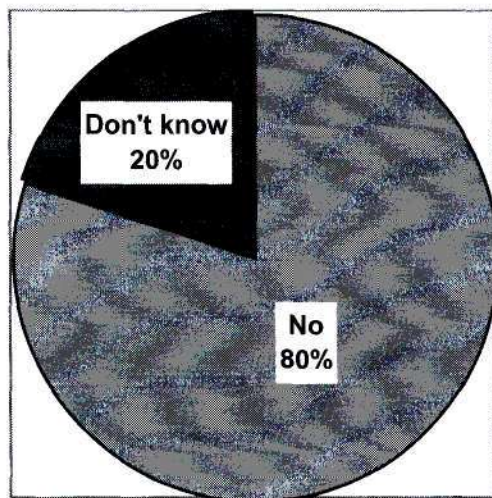


The questionnaire covered three main areas regarding training of councillors, training in the policy process, training in research utilisation and training in linking research to policy and programmes. When asked about their training in the policy process only 30% (n=10) had received training, whereas only 20% (n=10) had received training on research results utilisation. In addition to linking research to policy and programmes, only 10% (n=10) had received training in this area.

Section B: Description of the Existing Framework of Research Policy Process.

80% councillors reported that the eThekweni health sector did not have a framework for research policy processes whilst 20% stated that they did not know about the existence of such a framework, as shown in Pie Chart 3.

Pie Chart 3: Research-Policy Processes



When asked about how the health research-policy processes linkages could be improved, councillors suggested that a framework or policy was urgently needed as it would guide the relationship between research and policy. The participation of all stakeholders was also essential, especially throughout the research policy process.

The councillors also made the following comments related to the improvement of the research-policy processes linkages:

- A framework was needed to guide management.
- A major concern was what happened to research results and who commissioned research.
- A need was identified to engage external organisations (such as the MRC) as they have the expertise and funding.

Some were concerned about the existence of the RC without their knowledge, but felt that it was an important forum and did need to be expanded to include external stakeholders.

Section C: Stakeholders' Influence on Health Research Policy Processes.

Councillor participation in research-policy processes: When asked about what policies were approved during their term, the councillors mentioned the following policies:

- HIV and AIDS Workplace Policy for Council.
- Community Health Workers' Programme.
- Provision of water and sanitation at public gatherings.
- Provision of ablution facilities for the informal settlements.
- Directly Observed Therapy Strategy (DOTS) Programme.

All these policies were initiated through the Health Support Committee before final approval by the Executive Council (EXCO) and full Council. When asked about their role in the policy- approval process most respondents indicated that they had input on the review of draft policies, debate, seeking clarity from officials, making suggestions, comments and recommendations and final approval of the policy. They also reported that this type of input would be applicable from the Support Committee up to full council level.

The specific areas of research-policy processes and the input from councillors were explored. In terms of policy adoption, six respondents indicated that they had a mandate to adopt policies given by the electorate, thus they were custodians of eThekweni Municipality policies and presented collective party positions during policy debate and adoption. It is through debate and lobbying that they influenced other parties to buy in to their position regarding each proposed policy. The other five respondents listed their roles as assessing the feasibility of implementation of each policy (including the availability of resources required) and enabling and facilitating, through interacting with relevant stakeholders, the implementation of each proposed policy. Minority parties indicated that they had minimal influence on the issue of policy process as they were outvoted. In relation to policy implementation, the same six respondents stated that they only played a monitoring role during the policy implementation stage and their main responsibility rested with officials and management.

When asked about their input on health research approval the same six respondents indicated that they had no role in research approval and were of the opinion that it was the responsibility of management. In the communication of research results, respondents indicated that their main role in this regard was to give feedback to the communities that they represented. They were also affected by health-research results. Other general comments made by councillors related to their input on the research policy processes and the need to get communities involved in the process, especially in HIV and AIDS-related research, as it was sensitive. The lack of information-sharing by councillors was also an issue.

Section D Stakeholder Participation in Health Research Policy Processes.

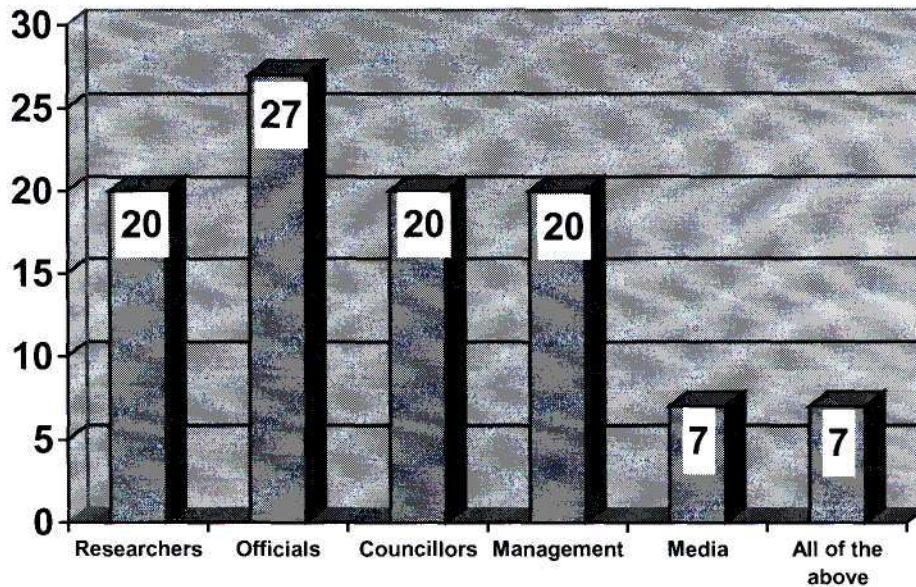
According to councillors, the main policy makers in the health sector were officials, councillors and management. The two main reasons advanced by the respondents listing the above as influential were that all the three stakeholders have the mandate and the expertise. Researchers are considered to have a very minimal 5.9% (n=10) influence (as reflected in Table 9).

Table 9: Main Policy Makers

	Frequency	Percent	Valid Percent	Cumulative Percent
Researchers	1	5.9	5.9	5.9
Officials	4	23.5	23.5	29.4
Councillors	5	29.4	29.4	58.8
Management	4	23.5	23.5	82.4
All of the above	1	5.9	5.9	88.2
Community	2	11.8	11.8	100.0
Total	17	100.0	100.0	

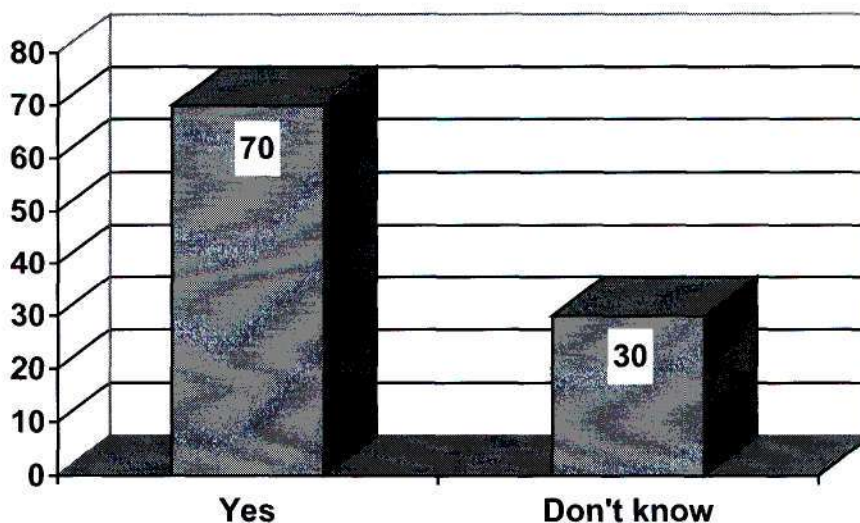
In terms of health sector policy adoption and implementation, the main stakeholders were officials, councillors and management. An interesting pattern emerged regarding who influenced the health research usage in that it was almost all the listed people (i.e. officials, councillors, management, researchers and media). This seemed to have an influence, as reflected in the bar graph following. The officials have the most, with 27% (n=10) influence, whilst media have the least with 7% (n=10) influence.

Bar Graph 2: Main Stakeholders in Policy Adoption and Implementation



Most councillors, 70% (n=10), were of the opinion that all the above-mentioned stakeholders felt they were part of the health research policy processes. See Bar Graph 3 below.

BAR GRAPH 3: DO ALL STAKEHOLDERS FEEL THEY ARE PART OF THE HEALTH RESEARCH POLICY PROCESS?



When asked about how participation of stakeholders could be improved, the councillors made the following comments:

- “Need a broad forum with clear understanding of roles and is consensus-based...”.
- “Education and awareness is the key...”.
- “Fair say by all stakeholders...”.
- “Inform all stakeholders from the beginning of the process...”.
- “Sustainable communication about the process to all stakeholders...”.

Section E: Mechanism of Communicating Health Research Results.

According to councillors, there is no communication mechanism regarding health research-policy processes. This is reflected by their responses where 90% (n=10) indicated that there was no mechanism and 10% (n=10) did not know of a communication mechanism. When asked about what communication mechanism could be used by the eThekweni Health Unit, councillors suggested a number of written media strategies, including the use of the new Egagasini Metro newspaper, reports and pamphlets. When asked to whom they thought the results needed to be communicated, the majority, 50% (n=10), of the councillors felt that all those listed in the questionnaire, as shown in Table 10, were to be included.

Table 10: To Whom Should the Results be Communicated?

	Frequency	Percent	Valid Percent	Cumulative Percent
Researchers	2	12.5	12.5	12.5
Officials	2	12.5	12.5	25.0
Councillors	2	12.5	12.5	37.5
Management	2	12.5	12.5	50.0
All of the above	8	50.0	50.0	100.0
Total	16	100.0	100.0	

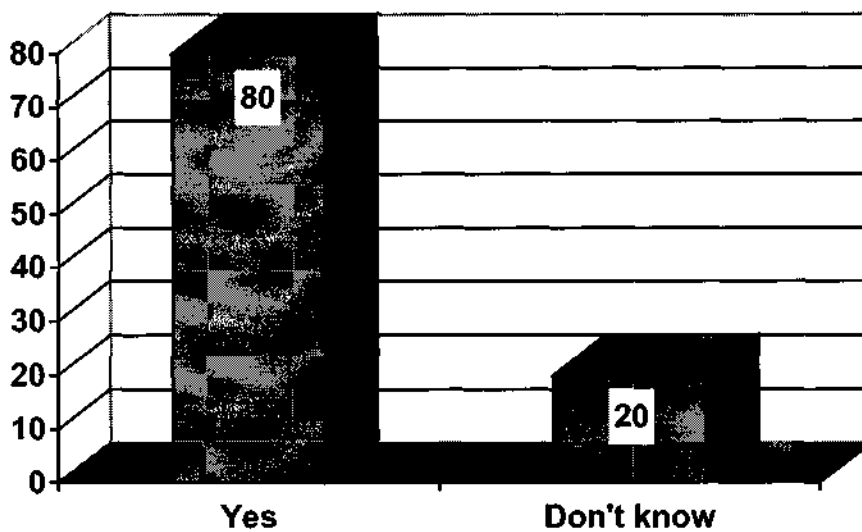
When asked about how communication with all stakeholders could be improved, the respondents indicated that there was an urgent need to improve communication regarding health research-policy processes. The following suggestions were made:

- “Formation of a research-policy forum that is broad-based, representing different sectors and with clear roles...”.
- “A website that is accessible to all, even at local libraries...”.
- “Place all relevant information at clinic facilities...”.
- “Use of media, especially local or community newspapers such as the Highway Mail...”.
- “More involvement of the different community forums...”.

Section F: Level of Research Results Utilisation.

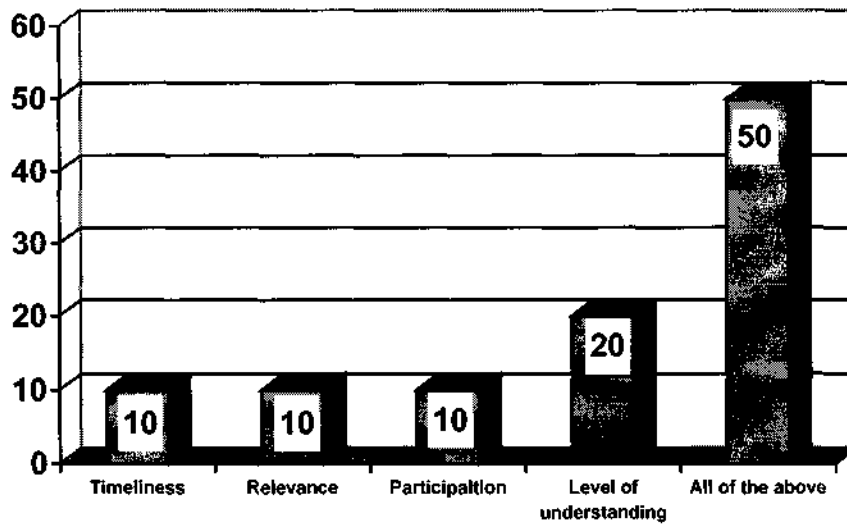
In terms of the utilisation of health research the majority 80% (n=10) of the councillors were of the opinion that health research was very useful whilst 20% (n=10) indicated that they didn't know, as shown in the Bar Graph 4.

Bar Graph 4: Utilisation of Health Research



The question on which of the four areas of Primary Health Care (PHC), i.e. communicable diseases, environmental health and health promotion, proved to be the most useful, was not covered with the councillors as this was not in their field. In terms of which factors did have an influence on health research utilisation, the respondents indicated that all the listed critical factors seemed to have influence on the utilisation of health research. (See bar graph 5.) The level of understanding was one of the factors that had the most i.e. 20% (n=10), influence when these factors were looked at individually.

Bar Graph 5: Factors Influencing Utilisation



When asked about what factors could make policy makers more receptive to health research, 30% of respondents suggested that councillors needed to be trained in research and policy processes so that they had understanding and insight and could participate in both processes.

When asked about what the barriers to health research were in relation to influencing policy and programmes, respondents mentioned:

- “Budgetary constraints regarding implementation...”.
- “Lack of commitment, especially by the pharmaceutical companies...”.
- “Stakeholders not being informed at the beginning of research projects...”.

- “Lack of information and understanding by some stakeholders, especially community forums...”.

In terms of how the barriers could be addressed, all respondents were of the opinion that it could be through the prioritisation of research projects. Pharmaceutical companies needed to be actively involved by making more funds available. In addition, all local resources available must be examined, stakeholders needed to be committed and acknowledge the importance of health research and national government needed to provide both technical assistance and funding. The councillors proposed the following mechanisms for ensuring that there was research utilisation by the health sector in future:

- Clear local government policies which would enable the coordination of research work.
- A committee that would ensure coordination of both research and policy processes.
- The current RC needed to be introduced to all stakeholders.
- Clear terms of reference and communication mechanisms needed to be established.

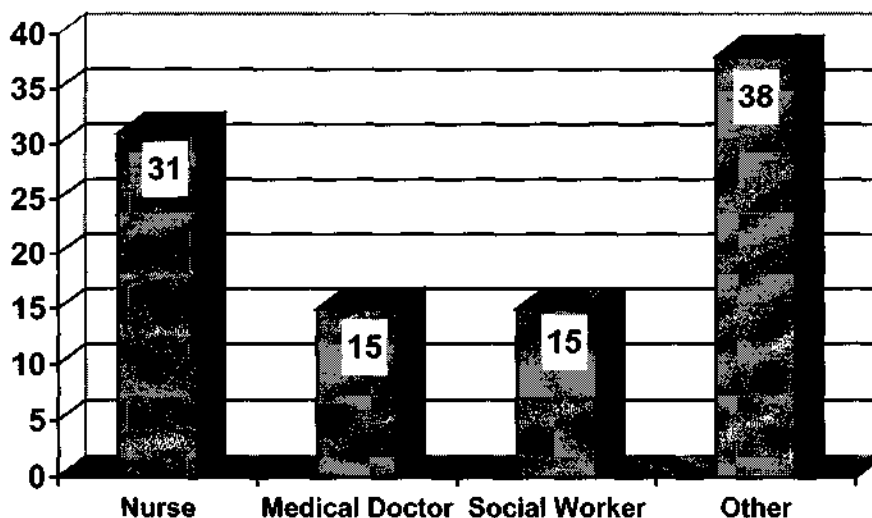
The majority 80% (n=10) of councillors agreed that a structure similar to the Essential National Health Research Committee be replicated at the eThekweni Municipality, and if not possible, the current RC be expanded so that it was more representative of all stakeholders.

5.2.2 MANAGEMENT

Section A: Demographic Data.

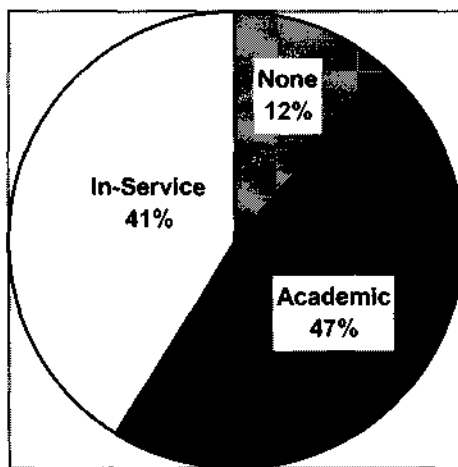
A total of thirteen managers ranging from sectional managers to deputy city managers were interviewed. Members of the interim health management team were also interviewed as the appointments for the whole health management team had not been finalised. In terms of gender, there was almost a balance as 53.8% females were interviewed compared to 46.2% males. Management had a range of professional backgrounds as reflected in bar graph 6. Environmental health, pharmacy and community development accounted for 39% (n=13) while nurses also dominated with 31% (n=13). This obviously reflects that the field being investigated is health. A total of 53.8% had been in management positions for more than six years whereas 46.1% had been managers for five years and only 07.6% had been in management for more than ten years.

Bar Graph 6: Professional Background of Management



In terms of training in the areas of policy process, research results utilisation and linking research to policy and programmes, management seems to have received either in-service or academic training. A total of 47.1% (n=13) had received academic training whilst a total of 41.2% (n=13) had received in-service training. It is worth noting that there were very few 11.8% (n=13) managers that had not received any training in the above-mentioned areas as shown in Pie Chart 4.

Pie Chart 4: Training in Research Policy Process

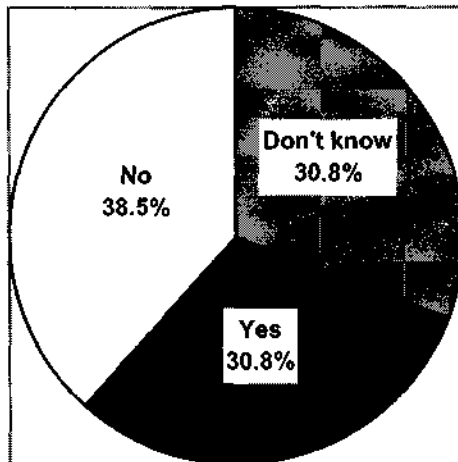


Section B: Description of the Existing Framework of Research Policy Process.

Responses regarding the existence of a framework were fairly distributed as shown on Pie Chart 5. Management, 30.8% (n=13), that indicated that there was a framework and made it clear they regarded the RC as a framework; those who said there was no framework, 38.5% (n=13), were of the opinion that

there was a national framework and provincial guidelines and the eThekweni health sector worked within these on issues of research-policy processes.

Pie Chart 5: Existence of Framework for Health Research Policy



When asked about how the framework (RC) was developed, management was of the opinion that it was through some of the following ways:

- “Through consultation with both internal and external stakeholders...”.
- “Arose as a result of a need, but not coordinated and not used by the policy makers...”.
- “Came out of necessity, but currently there is no feedback after research completion...”.
- “Initiated by the then Head of Dept and the current HOD given the responsibility of putting it together...”.

In management's view, the framework (RC) functions using a multi-sector approach which is based on needs and is guided by the criteria and rules for accepting and rejecting research proposals; the framework provides a consistent approach. Some, 23.1% (n=13), felt that the RC was not working the way it should. For example, it did not give feedback to sections within health unit on the progress regarding approved research projects. The majority, 76.9% (n=13) of management was of the opinion that the current framework was not effective as reflected in Table 11; the main reason expressed by 76.9% of the respondents regarding the framework being ineffective was that there was a total breakdown in communication among sections in the health sector.

Table 11: Views Regarding the Effectiveness of Research Practice

In your view, is the research framework effective?	Frequency N=13	Percent	Valid Percent	Cumulative Percent
Yes	3	23.1	23.1	23.1
No	10	76.9	76.9	100.0
Total	13	100.0	100.0	

When asked about the gaps in the current practices of the research committee (RC), management mentioned the following as gaps:

- Policy makers did not interact with service users.
- Communication with other sectors was lacking.

- There was a lack of transparency.
- RC was not extended metro-wide.
- RC was not given sufficient resources in order to carry out its mandate (RC members also have full-time jobs).

Suggestions by all management, 100% (n=13) on how the linkage between research-policy processes could be improved, included the following comments:

- “Need to set health research priority areas...”
- “Need a research framework or policy that will provide a guide to all stakeholders...”
- “Health Department needs to commission own research according to community or service needs and priorities...”
- “All stakeholders to be involved from the outset...”
- “Proper process of ensuring implementation of results...”
- “Proper research strategy for the department is urgently needed...”
- “Need to set parameters to guide the link and time-frames for implementation...”
- “RC needs to be fair and transparent in the whole research-policy process...”
- “Mechanisms for involving communities need to be developed so that communities can benefit from research...”

- “Health Unit needs to have a research section...”
- “Research needs to be outcome-based...”
- “Need to establish a channel of communication applicable to all stakeholders...”

Section C: Stakeholders’ Influence on Health Research Policy Processes.

When asked about the number of policies adopted in the past five years, management mentioned the provision of water and sanitation in public places, a workplace AIDS policy for the council, local disaster management policies, informal trade policies, multi-purpose centres, environmental health by-laws, child minders’ policy, policies regarding street children, homeless people, food security, community health care workers, poverty alleviation and rural development. In addition, the official opening of public facilities (such as clinics) had taken place. Management made the following contributions:

- Highlighted the need for policies.
- Collected data.
- Represented a broad perspective on the issue.
- Put forward suggestions and made recommendations.
- Identified possible projects that needed to be guided by policy.
- Considered community input.
- Had the last say regarding the last draft.
- Conceptualised the policy.
- At times, initiated the whole policy process.

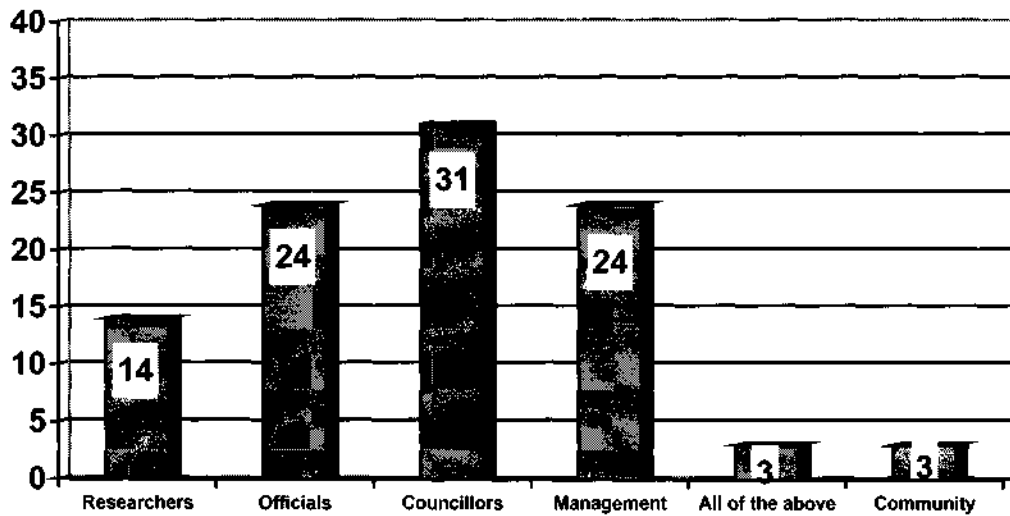
In the area of policy adoption, management's role was the presentation of draft policies, motivation for new policies or the reviewing of policies, clarification of issues, evaluating draft policies, giving expert advice and putting proposals to councillors. In the area of policy implementation, management indicated that planning and control, the allocation of resources, cascading information to staff, reporting back to council and monitoring adherence to guidelines was their responsibility

In terms of research approval, management indicated that they played a similar role as in policy and research implementation. Management allocated resources according to need, monitored implementation, provided a supportive role where needed and negotiated with stakeholders or affected parties. In the case of the communication of results, management indicated that they were responsible for supporting and facilitating the process, communicating information to staff, authorising the release of research results, analysing the results and presenting them to stakeholders.

Section D: Stakeholder Participation in Health Research Policy Processes.

When asked about the main policy makers, management indicated that the main policy makers in the health sector were officials, councillors, management and researchers (as reflected in Bar Graph 7) with the councillors being the key, 31% (n=13), policy makers. The main reasons advanced by all the respondents in citing the above as influential were that they had the mandate and the expertise.

Bar Graph 7: Stakeholders Participation



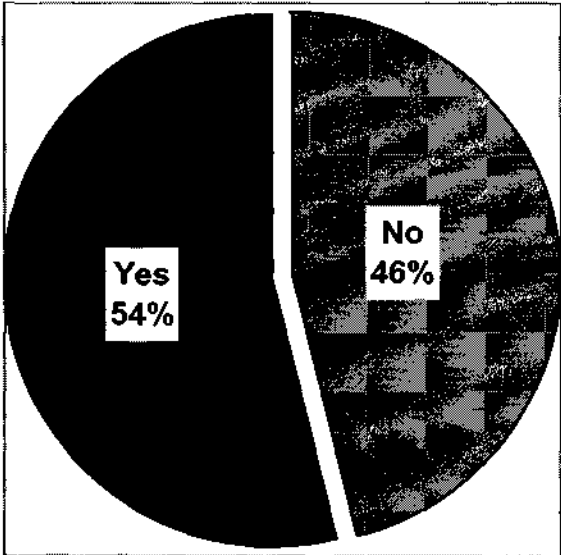
In terms of health sector policy adoption and implementation, the stakeholders who had the most influence, according to management, were officials, councillors, management and researchers, a response similar to the above issue of policy makers. An interesting pattern emerged regarding who influences the health research usage as almost all the players listed (i.e. officials, councillors, management, researchers and media) seem to have a role, as reflected in the table overleaf, with management appearing to have more influence 40% (n=13). (See Table 12).

Table 12: Who Influence Health Research Usage?

	Frequency	Percent	Valid Percent	Cumulative Percent
Researchers	2	10.0	10.0	10.0
Officials	5	25.0	25.0	35.0
Councillors	5	25.0	25.0	60.0
Management	8	40.0	40.0	100.0
Total	20	100.0	100.0	

When asked if stakeholders felt part of the health research policy process, a slight majority, 53% (n=13), of management was of the opinion that the stakeholders felt part of the process, as reflected in Pie Chart 6.

Pie Chart 6: Management’s View on the Participation of Stakeholders



When asked about how the participation of different stakeholders could be improved, management made the following suggestions:

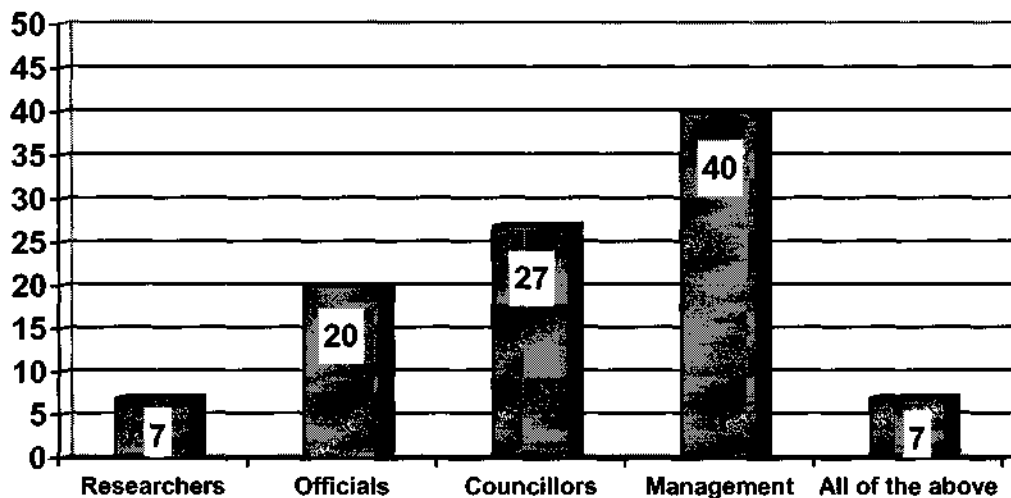
- “Inclusiveness in the research and policy processes is essential...”
- “Clearly defined research objectives needed...”
- “Research should be seen as a resource for the community, not an academic exercise...”
- “Proper research committee representing all stakeholders...”
- “Process needs to be transparent...”
- “Financial resources need to be allocated...”
- “Establish a research forum that is inclusive...”
- “Build capacity of all stakeholders so that they contribute to the process...”
- “Clearly demonstrate where research has benefited the end-users...”
- “Proper communication mechanisms must be established...”

Management emphasized a need for a broad and more participative approach, where councillors, management and communities become involved from the outset. The level of understanding between councillors and officials differed and that needs to be addressed. In addition, other stakeholders have their own research agendas which could be in conflict with the health sector.

Section E: Mechanism of Communicating Health-Research Results.

A total of 84.6% of managers indicated that there was no formal communication mechanism but there were ad hoc mechanisms used in the health sector such as circulars, reports, the RC structure, workshops and meetings. In terms of to whom the results should be communicated, the majority, 40% (n=13), of the managers felt that results should mainly be communicated to management whilst, 27% (n=13) felt that results should be sent to councillors (See Bar Graph 8).

Bar Graph 8: Communication of Research Results



Management offered the following suggestions regarding how the communication mechanism could be improved:

- “A proper communication strategy agreed upon by all stakeholders is urgently needed...”

- “A communication mechanism must be built into the research framework...”
- “The RC must be fully functional and include communication as part of its responsibilities...”
- “Specific sections must be given the responsibility to disseminate information...”
- “Lines of communication need to be clarified...”
- “Presentations must be made to all stakeholders...”
- “Research must be outcome-based...”

Section F: Level of Research Results Utilisation.

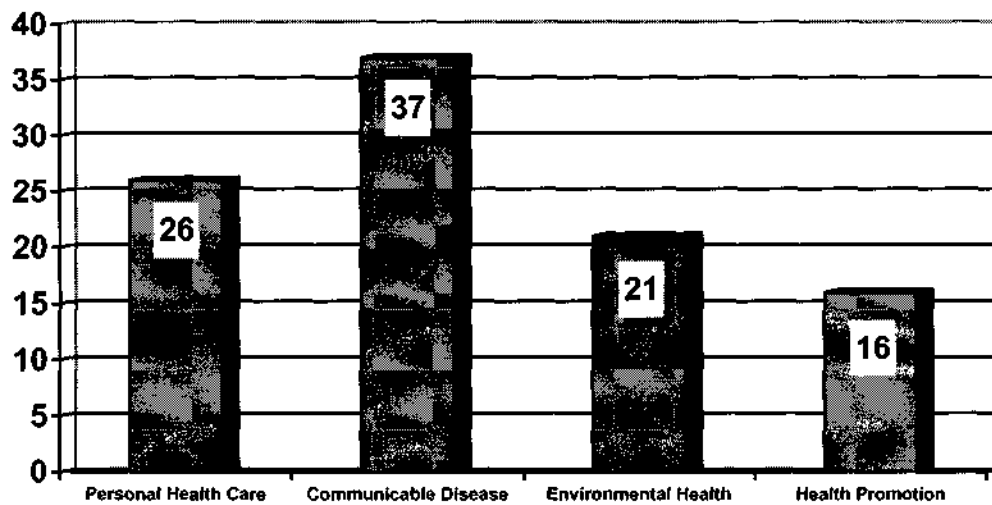
When asked whether health research was useful, 100% of managers were of the opinion that it was very useful and gave the following reasons for their responses:

- It helps to render appropriate services, gives more of a picture and understanding of issues.
- It helps decision makers to make positive decisions.
- Ultimately, research contributes to a better quality of life if its results are implemented.
- It helps in identifying problems.

For instance, one manager remarked that the antibiotic study led to changes in the prescription and usage of the antibiotics at eThekweni health clinics. The other manager remarked, “I always want to know what impact a piece of research will have. It is important that it adds to improving health service delivery”. Management were familiar with the four areas of

PHC (unlike councillors) and were of the opinion that all these areas proved to be useful, with the research on communicable diseases being the most useful area as shown in Bar Graph 9 37% (n=13).

Bar Graph 9: Usefulness of Research in Four Areas of PHC



In terms of the critical factors influencing health research utilisation, respondents indicated that relevance was the most influential of all 33.3% (n=13). Details are indicated in Table 13.

Table 13: Critical Factors Influencing Health Research Utilisation

Factors influencing health research utilization	Frequency	Percent	Valid Percent	Cumulative Percent
Quality	3	16.7	16.7	16.7
Timeliness	2	11.1	11.1	27.8
Relevance	6	33.3	33.3	61.1
Participation	3	16.7	16.7	77.8
Level of understanding	3	16.7	16.7	94.4
All of the above	1	5.6	5.6	100.0
Total	18	100.0	100.0	

All respondents suggested a number of factors that could make policy makers more receptive to health research. These included:

- Understanding the importance of research (especially its benefits).
- Promoting a health research-policy process that was inclusive.
- Having clear health research objectives.
- Creating a culture of believing in research so that policies were informed by research.
- A feedback mechanism for the affected communities.
- Involvement of all stakeholders from the outset.

A manager remarked, "The government's focus, in all the three spheres of government, is on evidence-based research to support its policies. As technocrats we would clearly have to use research to back up our health policies and guidelines".

When asked about the barriers to health research influencing policy and programmes, management mentioned the following:

- "Lack of exposure and insight into health research by other stakeholders such as councillors..."
- "Lack of feedback from researchers after the completion of their research projects..."
- "Lack of involvement of all stakeholders in the health research process..."
- "Lack of resources (such as funding) for the implementation of the research findings..."
- "Too much health research affecting the workflow, which in turn leads to supervisors having a negative attitude towards research..."
- "Language used by researchers too technical for most stakeholders..."
- "Research not being informed by community needs..."
- "Lack of top quality researchers within the municipality (there is a need to build capacity in this field)..."
- "Lack of linkages between local research and provincial and national priorities..."

Management was of the opinion that the above-mentioned barriers could be addressed through a research plan for each year, the adoption of a communication mechanism for all stakeholders, a need to identify issues to be researched, a need to relate research community problems and involve stakeholders from the start. Management also proposed the following mechanisms for ensuring that there was research utilisation by the health sector in future:

- A multi-sector research structure was needed.
- The functioning of the RC needed to improve and external role players needed to be included.
- A structured research plan was needed.
- Research reports needed to be user-friendlier and the establishing of relationships with local ethics committees was required.

When asked, all managers supported the idea of replication of the Essential National Health Research Committee at eThekweni Municipality.

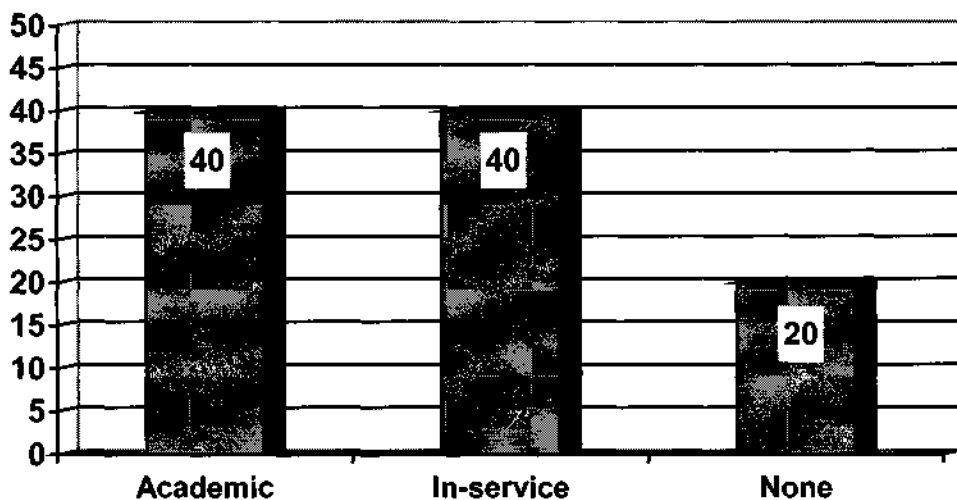
5.2.3 RESEARCH COMMITTEE (RC)

Section A: Demographic Data.

The RC consists of 18 members. A total of 61.1% of research committee members were interviewed. Gender was biased towards females as 8 respondents were female. Professional backgrounds varied but the majority were nurses, medical

doctors and social workers. In terms of training, the majority, 40% (n=11), of RC members received either academic or in-service training in the areas of policy process and research results utilisation. When asked about whether they had received training on linking research to policy, the majority, 42% (n=11), of RC members said they had not received any training other than, 33% (n=11) academic and, 25% (n=11) in-service respectively.

Bar Graph 10: Training in Research Processes



Section B: Description of the Existing Framework of Research Policy Process.

When asked whether the eThekweni health sector had a framework for research policy processes, a total of 10 RC members indicated that it did have a framework – in the form of the Research Committee. The responses regarding the development of the RC varied and fell into 4 categories:

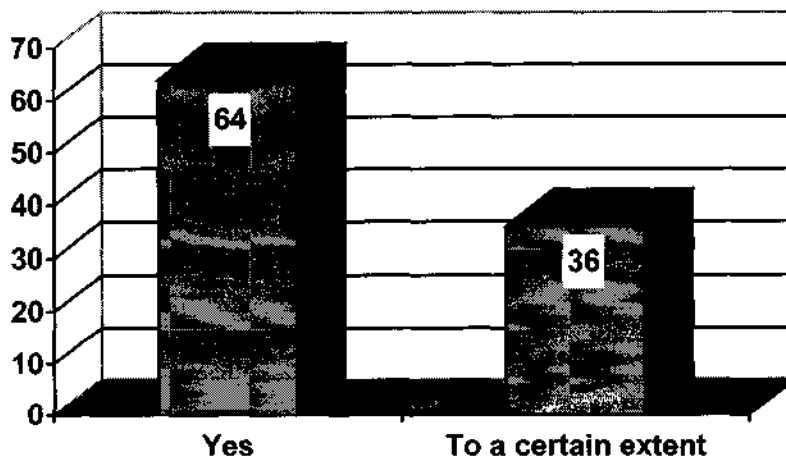
- The first category maintained that the RC developed as a result of a high demand for research and a lack of coordination. Three respondents expressed this opinion.
- The second category consisted of members who had no idea of how the RC developed as they had recently joined the RC. Two respondents expressed this opinion.
- The third category claimed that the RC developed through a consultative process where a workshop was held with relevant stakeholders. Three respondents expressed this opinion.
- The last category said that the RC had developed through certain officials being nominated to serve on the RC. Three respondents expressed this opinion.

The RC is made up of Health Department officials only and one of those officials is the coordinator or chairperson. These officials represented the different divisions of PHC, namely Environmental Health, Communicable Diseases, Personal Health and Health Promotion. The RC meets monthly and whenever there is a need, as determined by the chairperson, to assess new research applications, the RC makes recommendations to the heads of Health Unit and receives feedback on current research. During the assessment of research proposals, the RC is guided by terms of reference and protocol developed through a workshop by the RC. At times, the researcher is invited to make presentations to the RC regarding the research proposal. Some of the issues considered during the assessment were:

- University ethics committee approval.
- Suitability of the study.
- Benefits to the public.
- Links to the policy or programme of the Health Departments.

Most, 64% (n=11), RC members are of the opinion that the RC is effective as a framework for research policy processes as reflected in Bar Graph 11.

Bar Graph 11: Existence of a Framework for Health Research Policy Processes



When asked to give reasons for stating that the RC is effective, 54% of respondents gave the following reasons:

- There is an audit of research approved and the whole department also becomes aware of research being undertaken.

- The functioning of the RC has helped the department to be in line with national guidelines on research.
- Previously, the department did not have a multidisciplinary team. Instead, researchers approached their friends or former colleagues and were assured of approval of their research proposals in advance. This violated protocol and diminished the credibility of the department and municipality, as it was inclined towards favouritism.

The views of the respondents regarding the role of the RC were:

- The RC ensures that issues being researched are relevant to service delivery and will result in the improvement of service delivery.
- Some studies have resulted in service delivery being improved or changed as a result of the intervention as for example, in the case of the recent study on the treatment of sexually-transmitted infections (STI) using the syndromic management approach. This study has led to a change in the treatment, which falls within the national health treatment protocol. The KwaZulu-Natal Health Department is already in the process of changing its protocol and there is a possibility that the national protocol could also be modified.
- The RC makes an informed decision using its terms of reference as a guide.
- The RC is consistent when assessing research proposals.

There are a number of gaps in the current RC framework that were identified by the respondents and, which if addressed, could improve the functioning of the RC. These include:

- No formal training in management related to running a research committee.
- Members lack knowledge and experience of research ethics and policy.
- Some members do not attend meetings (especially environmental health representatives), thus their commitment is questionable
- The RC needs to commission its own research.
- There is no community participation in the process.

Section C: Stakeholders' Influence on Health Research Policy Processes.

When asked about what policies were approved during their term, the respondents mentioned the following policies:

- HIV and AIDS Workplace Policy for council.
- Gender policy for the council.
- Homelessness.
- Needle-stick injuries policy for staff as part of infection-control measures, especially regarding HIV.

The above-mentioned policies were presented to the council structures, including the full eThekweni council. When asked about the role they played when these policies were approved, 100% of respondents indicated that they made comments and suggestions, and this led to their facilitating some policy workshops. Some also said they wrote the initial drafts.

The questionnaire also dealt with specific areas of the research policy processes and the input of RC members from each area. In terms of policy adoption, a total of 8 respondents identified clarification and presentation to different council structures such as the Executive Committee (EXCO) as being important whilst, with regards to policy implementation, 63.6% of respondents reported roles in monitoring, constant evaluation of policy effects on existing programmes, alignment of the programmes to the new policies, explaining the new policy to staff and enforcing the new policy.

In terms of research approval, 63.6% of respondents indicated that their input was to debate issues among themselves and make comments and recommendations on draft research proposals to the Head of the Health Unit. In relation to research implementation, respondents seemed to have a major role at this stage of the research process and this is reflected in the number of inputs they listed. They are:

- Site selection.
- Ensuring that research runs smoothly at the selected sites.
- Providing guidelines on the research projects to staff.

- Supporting and providing an environment conducive to research.
- Arranging in-service training for staff as part of communicating results.

Section D: Stakeholder Participation in Health-Research Policy Processes.

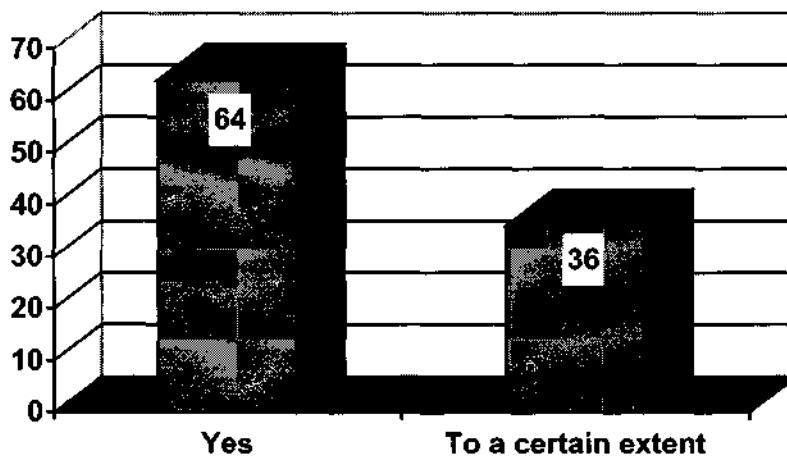
When asked about the identity of policy makers, 8 respondents indicated that the main policy makers were officials, councillors and management. The extent of their influence is shown in Table 13. The influence of researchers seems to be very minimal 10.7% (n=11). The respondents also acknowledged that the community has a role to play, 3.6% (n=11), in the research-policy process but were currently not being given the opportunity to play their rightful role.

Table 14: Who Influences Health Research Usage?

Stakeholder Group	Frequency	Percent	Valid Percent	Cumulative Percent
Researchers	3	10.7	10.7	10.7
Officials	7	25.0	25.0	35.7
Councillors	9	32.1	32.1	67.9
Management	6	21.4	21.4	89.3
Media	1	3.6	3.6	92.9
All of the above	1	3.6	3.6	96.4
Community	1	3.6	3.6	100.0
Total	28	100.0	100.0	

When asked about who influenced health-sector policy adoption, 54% of respondents identified the management, councillors, officials and researchers as having a major influence. This response was similar to other areas dealt with in the questionnaire. When asked if all stakeholders felt that they were part of the health research policy process, most respondents, 64% (n=11), were of the opinion that all stakeholders did participate, as shown in Bar Graph 12.

Bar Graph 12: RC's View on Participation of Stakeholders



When asked about how participation can be improved, respondents gave the following suggestions:

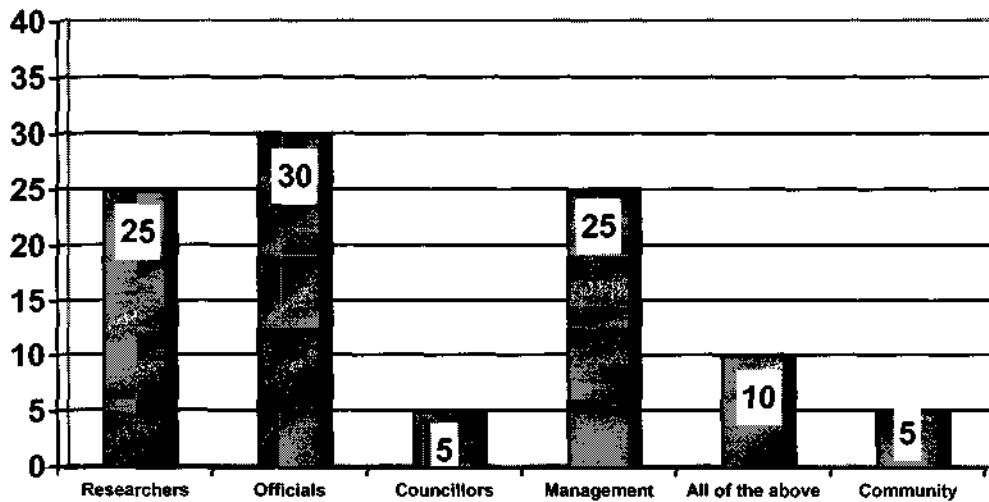
- The RC role needs to be broader and more representative, and should include communities and councillors.
- Better communication is needed.

- Accountability of the RC needs to be well-defined, especially regarding feedback of research results.
- Organise monthly workshops on the importance of research for all stakeholders.
- There is a need to influence the type of research conducted.
- Transparency and the involvement of all stakeholders throughout the process is necessary.

Section E: Mechanism for Communicating Health Research Results.

In terms of communication mechanisms for health research-policy processes, 100% of respondents indicated that there were no formal communication mechanisms but there were ad hoc mechanisms used in the health sector including circulars, reports, the RC structure, workshops, meetings and presentations. When asked to whom the health research results should be communicated, 63.6% of respondents indicated that it should mainly be to officials, management and other researchers. This is shown in bar graph 13. The community, 5% (n=11), was also included as another recipient of research results.

Bar Graph 13: Communication of Results



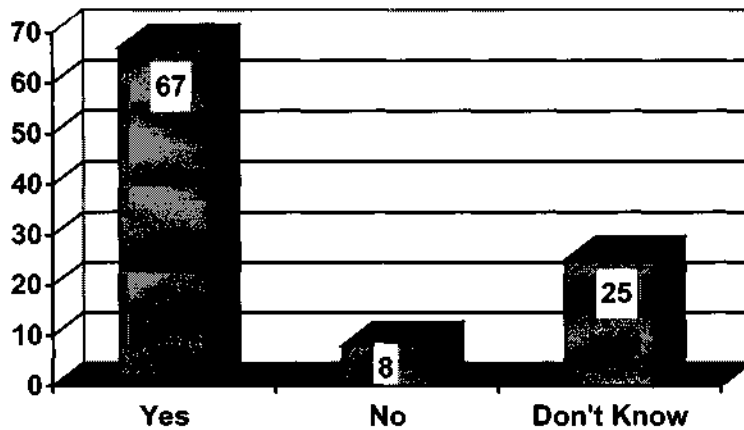
One R.C. respondent remarked, “Dissemination of research findings is a vital part of the research process but one which researchers admit still needs some improvement”.

When asked about how the communication mechanism for health research policy processes could be improved, respondents were of the opinion that there was an urgent need to improve communication with all stakeholders, regarding health research policy processes. They suggested the formation of a research-policy forum that was broad-based, representative of different sectors and with clear roles. Creating a website, accessible to all at local libraries, and greater involvement of the different community forums was recommended.

Section F: Level of Research Results Utilisation.

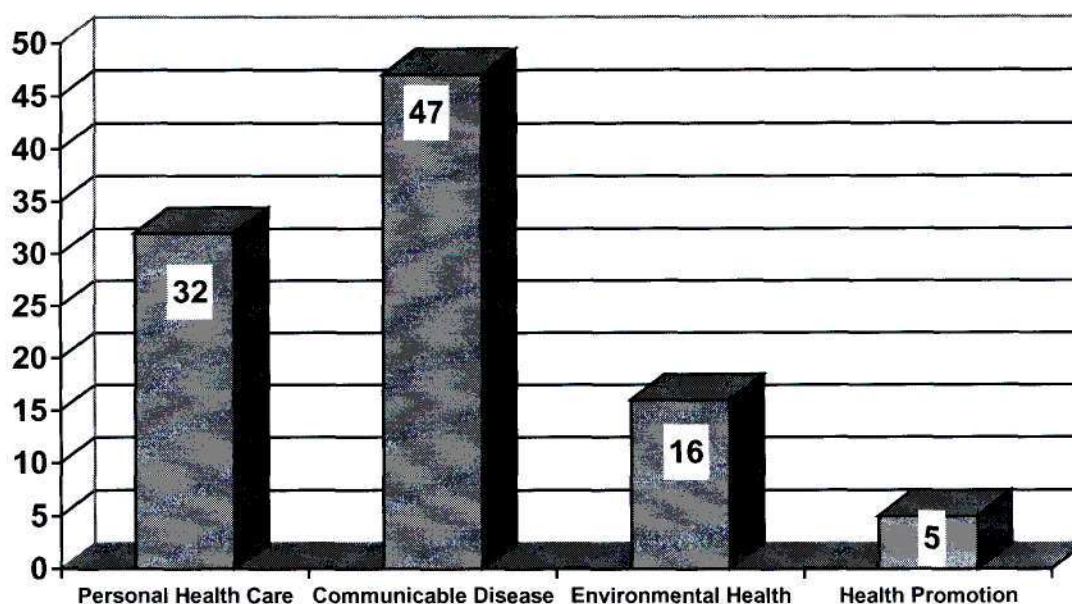
In terms of levels of health research utilisation the majority, 67% (n=11), of the respondents were of the opinion that health research was very useful, whilst 8% (n=11) indicated that it was not useful as shown in Bar Graph 14.

Bar Graph 14: Level of Utilisation of Health Research



When asked about which areas of PHC proved to be most useful, respondents indicated that communicable diseases proved to be the most useful, 47% (n=11), compared to health promotion which was indicted as less useful, 5% (n=11) (See Bar Graph 15.)

Bar Graph 15: Usefulness of Research in Four Areas of PHC



Critical factors that influence the utilisation of health research, as perceived by the respondents, are listed in Table 15 below. Relevance of the research was listed as the most influential by 35% (n=11) of the respondents.

Table 15: Factors that Influence the Utilisation of Health Research as Perceived by the Members of the Research Committee(RC).

Factors Influencing Research Utilization	Frequency	Percent	Valid Percent	Cumulative Percent
Quality	4	20.0	20.0	20.0
Relevance	7	35.0	35.0	55.0
Participation	4	20.0	20.0	75.0
Level of understanding	2	10.0	10.0	85.0
All of the above	3	15.0	15.0	100.0
Total	20	100.0	100.0	

One R.C. member remarked, "I can see no point in doing research for research's sake unless it's going to help our patients".

When asked about what factors could make policy makers more receptive to health research, 63.6% respondents listed understanding of health research and its implications on policies and programmes. They needed to be informed of community needs, to set research priorities and areas to be researched. Four suggested that researchers needed to use meaningful and simple terms, that there should be better co-ordination of research, regular communication by all stakeholders and a publication of research results.

Barriers to health research influencing policy, were identified by respondents as poor communication between researchers and policy makers and a lack of knowledge and understanding by policy-makers. A total of 81.8% of respondents were of the opinion that these barriers could be addressed through regular communication with all stakeholders. Officials, researchers and councillors needed to work as a team as they had different expertise and experience and needed a research policy for the Health Department.

When asked to propose a framework for ensuring health research policy process linkages, respondents indicated that there was a need for a clear local government policy or framework that would enable the coordination of health

research work. A total of 90.9% of respondents agreed that a structure similar to the Essential National Health Research Committee needed to be replicated at the eThekweni Municipality and, if that was not possible, the current RC should be expanded so that it was more representative of all stakeholders.

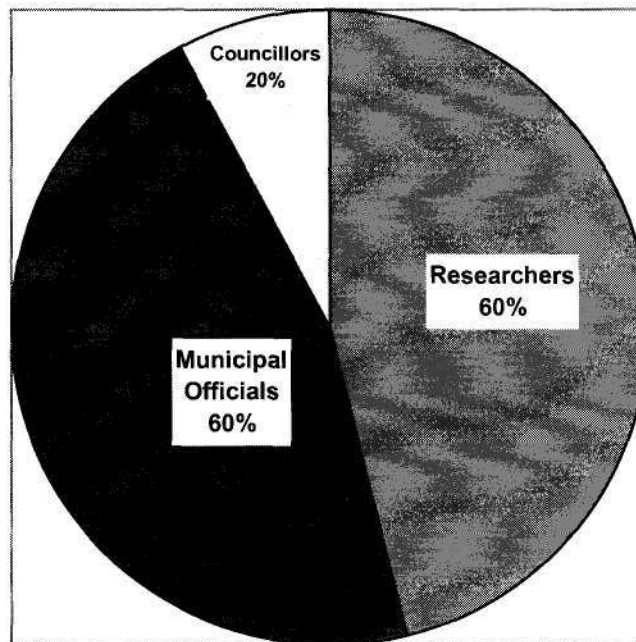
5.3 PART 2: FOCUS GROUP (CONSULTATIVE WORKSHOP)

5.3.1 INTRODUCTION

A consultative workshop was held on 20 August 2004 as part of the development of a health research policy framework for the eThekweni Municipality. The purpose of the workshop was to explore issues that emerged during the interview phase of the study and to obtain the views of local research institution representatives as they were not part of the interviews in the initial part of the data collection.

The researcher was the presenter and also facilitator during the workshop, as reflected in the workshop programme. (See Annexure 3). Participants were from various research institutions, as indicated in the attendance register. A total of eighteen participants were invited to the consultative workshop and 72.2% attended. Out of 10 municipal officials invited, 60% attended. A total of 10 research institutions were invited and 60% attended, whilst a total of 5 Councillors from the respective political parties were invited with 20% attending – as shown in Pie Chart 7.

Pie Chart 7 Participants at the Consultative Workshop (Focus Group)



5.3.2 PRESENTATION BY THE RESEARCHER

The researcher's input was mainly an overview of the study as this was the first contact with the research institution representatives. The areas covered in the presentation were:

- Introduction.
- Objectives of the study.
- Research methodology for the study.
- Purpose of the health research policy.
- Framework.
- Elements of the proposed framework.

For more details refer to annexure 3. After the researcher's input the following issues were raised by the participants and discussed:

- The current Research Committee (RC): All stakeholders in the current RC, including the external ones, should know the terms of reference of the R.C. Most municipal officials indicated an urgency to build the capacity of the current members so that they could effectively fulfil their mandate.
- Representation of Technikons: One of the participants from a local research institution highlighted the fact that teknikons conducted health-related research and should have been part of the consultative process. The chairperson of the R.C explained that one of the criteria for an invitation was to have conducted research in the past and to have had some interaction on research issues with the R.C. The local teknikons had not worked with the R.C. On the whole, participants indicated that local teknikons should in future be involved.
- Level of Participation: Another participant was of the opinion that only senior management should have attended the workshop. The researcher responded by stating that the views of the practitioners were crucial, thus efforts were made to bring together both management and practitioners to the workshop. That senior management within the municipality were interviewed during the initial phase of data collection was highlighted.

- **Funding and Commissioning:** A few participants raised concerns about the municipality not having a research budget for commissioning research aimed at improving health service delivery. The municipality did not have a research plan, strategy or priority areas for research and depended on external stakeholders, who conducted research according to their own priorities and funding requirements. Other issues raised were on the research governance structures, the holistic approach to health research and community participation. The researcher suggested that these issues be dealt with in group discussion sessions.

5.3.3 GROUP DISCUSSIONS

The participants were divided into two groups and the facilitator ensured that in each group every sector was well-represented, so that diverse views could be shared. The main purpose of the group discussion was to give the participants an opportunity to express their views about the current situation, in relation to the health research policy and the development of the health research policy framework, for the eThekweni Municipality, through debate and interaction with colleagues. The following issues or questions were proposed to guide the group discussion session and were accepted by all participants:

- Does the eThekweni Municipality need a health research policy framework? If yes, why?

- What broad principles and strategies can be proposed for the framework?
- What appropriate participation and communication mechanisms can be proposed for the framework?
- What suggestions regarding health research management, within the context of the proposed framework, can be proposed?

The next part focuses on the responses from the group discussion and is presented according to the questions dealt with during this group discussion:

Does the eThekweni Municipality need a Health Research Policy Framework?

All the participants indicated that the municipality urgently needed such a framework. Participants gave the following as reasons:

- To protect research participants and the community. (At times these groups can be abused by researchers who have their own interest and are only accountable to their research institutions or funding partners).
- To maintain ethical standards and the quality of research.
- To ensure that research undertaken is relevant.
- To provide a broader model that includes all stakeholders.
- To help in research coordination and management.

What broad principles and strategies can be proposed for the framework? The following principles were collectively proposed:

- **Participation:** This means that all stakeholders, both internal and external, should be involved throughout the health research process. Currently communities rarely participate.
- **User friendly:** The research results, especially recommendations, must be easy to understand and simple language must be employed.
- **Relevant:** The research project must be relevant or assist in addressing the needs of the community. Currently relevance only applies to the researcher's needs, which are usually academic.
- **Multi-disciplinary approach:** The framework needs to promote research from all sectors within health, especially Primary Health Care, and a team approach in order to efficiently utilise scarce resources needs to be set up.
- **Strategies:** The proposed framework needs to be in line with, and also support, national and provincial strategies. Where possible, national or provincial structures or forums should be replicated and the framework should be guided by both national and provincial priorities. Integrated Development Plans (IDPs) of the eThekweni Municipality should guide the framework.

- Building on existing research: A great deal of health research has been undertaken and recommendations have not been implemented, especially where there is a need for further research before implementation.

What participation and communication mechanisms (dissemination, utilisation and monitoring) can be proposed as part of the framework?

- Participants indicated that the framework should propose a forum, made up of key stakeholders in the health research field in the local government setting. This forum will facilitate and ensure the participation of all stakeholders.
- The existing forum (RC) should link with the proposed framework forums, so that there is continuity. The proposed health research forums and the existing forum (RC) could be the vehicle for the dissemination of health research information to all stakeholders.
- Participants also proposed that media (newsletters, journals and the Internet) be utilised in order to disseminate and promote the utilisation of health research results. They also proposed that health research days be observed at the eThekweni Municipality as part of promoting awareness to all stakeholders. In terms of monitoring, participants suggested that the proposed forums create a monitoring tool and database for all

research projects submitted to the forum for consideration. A budget should be set aside for this monitoring and evaluation.

What suggestions regarding health research management, within the context of the proposed framework, were proposed? The participants proposed the following:

- Provisions of funds for local health research through public/private partnerships.
- Provision of human research resources, especially administrative support. One participant remarked that the repeat of the R.C. process should not be allowed; the chairperson did all the administrative duties at the expense of his or her core duties. Research management should be included in the duty schedule of all line managers in the health sector at the eThekweni Municipality.
- The collaboration by the municipality with institutions of higher learning, the private sector and communities, with a view to supporting all stakeholders.
- Capacity building and ongoing support should be provided to decision makers, both internal and external, as that would ensure the effective management of health research and adherence to the proposed framework.

5.4 PART 3: SUMMING UP OF DATA COLLECTED DURING SEMI-STRUCTURED INTERVIEWS AND FOCUS GROUP SESSION.

- **DEMOGRAPHICS**

A 100% response rate was achieved with interviews held with existing members of both management and the R.C. In terms of councillors, the chairperson could not be accessed as he had crossed the floor (joined another political party) and had been placed on the national list by the new political party. Nevertheless, counsellors subsequently interviewed were representative of all political parties within the eThekweni Municipality. In terms of gender, the respondents were biased towards females in all three groups of respondents.

The professional backgrounds of the three groups (namely councillors, management and the RC) included administrators, doctors, nurses and social workers. In most instances, training in research and policy processes were related or linked to the professional backgrounds of respondents. Respondents were from the fields of nursing, medicine, social work and pharmacy and also included an environmental officer. They had received both academic and in-service training in the research/policy process. The respondents in administration, however, received minimal training and no academic training. The respondents in administration professions were all councillors. They were key stakeholders in the research conducted and also had a final say in the approval or allocation of resources for research and

policy development.

This lack of training on the part of the councillors negatively affects their input on the research and policy processes. This view was confirmed in the Health Research Policy in South Africa (2001:2) document which stated that there was a need to do more to build and maintain political will, both to generate funds for research and capacity-building and to ensure that the focus of research, its agenda, funds, organisation and dissemination were oriented towards the needs of the majority of South Africans. It was acknowledged that there was no professional requirement for the councillors, as mentioned earlier in this study, but there should be some orientation or capacity-building in the area of research and policy procedure for all councillors on the research support committee. It also stated that there was a need to include an explanation of the concepts of research, policy and programmes.

- **EXISTING FRAMEWORK**

The response from the three groups indicated that the framework for a research-policy procedure did not currently exist in the eThekweni Municipality Health Unit, but that there was an internal research forum in the form of the research committee (RC). Not all stakeholders, including some internal stakeholders, knew about this forum. This forum is therefore not representative as certain listed stakeholders, such as councillors, researchers, the media and community representatives, are not included.

The understating of the framework concept by both management and the RC is another area that needs further discussion. The current RC is not a model or framework, as defined in chapter one. A framework provides direction and guidelines on the issues being dealt with and, in the case of this study, the issues are the research and policy processes. The current R.C is just a research forum made up of officials only. It does not deal with policy processes and programmes. The eThekweni Municipality Health Unit currently does not have a research policy framework. Most respondents acknowledge the weakness (mainly lack of representation) of the RC and have suggested that it be expanded to include other stakeholders. This expansion does not address or make it a health research policy framework. It only makes it one of the appropriate structures required in any research policy framework.

According to the head of the Health Unit, the current RC could be regarded as being at the pilot stage and its functioning still needed to be reviewed, but it should be noted that there was a need to communicate this piloting exercise to all stakeholders, especially councillors. All the three groups of respondents indicated that there was an urgent need for a health research policy framework so that policies and programmes were informed by research, which in turn would lead to improved service delivery.

Both management and RC members suggested the establishment of a research section or division within the Health Unit as a way of strengthening the research and policy processes. This needs to be explored further, by both management and council, if it has financial implications. The views of both management and RC members differed, 76.9% (n=13). Management viewed the current framework (RC) as ineffective in contrast to 64% (n=11) of RC members who regarded the RC as effective. It is also worth noting that all the councillors indicated that there was no framework, thus they could not comment on the issue of the effectiveness of the RC, as they did not regard it as a framework. It is important that a distinction be made between a framework and a structure. A framework is a guide or direction given whereas a structure is a forum, which could facilitate or ensure that the framework is applied. According to the Health Research Policy in S.A. (2001:3) document, the framework attempts to create an environment for health research to contribute effectively to health development and is envisaged as an integral part of long-term health development aimed at improving the health and quality of life for all South Africans and reducing the inequalities within the system.

On the issue of how the linkages between the health research policy framework could be improved, both management and councillors suggested that a framework for health research policy processes was needed urgently; the usage of health research results needed to be improved and the involvement of other stakeholders throughout the health research and policy

processes, were essential. There were other suggestions for improvement made by both groups of respondents, but the above seemed to be important as it elicited the consensus of both groups.

- **PARTICIPATION BY DIFFERENT STAKEHOLDERS**

On the issue of the list of approved policies in the past 5 years, all three groups of respondents mentioned almost similar policies; this reflects accuracy, consistency and honesty on their part. All groups of respondents clearly understood their roles at the different stages of the research and policy processes. Despite the clear roles, councillors expressed concern about the lack of information-sharing, which handicapped other councillors and stakeholders; this affected the fulfilment of the councillors' mandate (i.e. policy making).

All three categories of respondents indicated that the main stakeholders in the health research policy processes in the Health Unit were councillors, management and RC members. The researchers had a very minimal influence, as reflected in the previous section under presentation of findings. This is in contrast to the Holistic Approach, which is one of the frameworks or models for policy process presented in chapter two. The premise for the Holistic Approach is that there must be interactive learning through equal partnerships (Council on Health Research for Development, WHO. 2000:2).

Interestingly, all categories of respondents reported that communities did not have a great influence on policy making. This variable was not included in the questionnaire but all respondents added it. Mechanisms for involving communities need to be developed so that the communities can benefit from research. One respondent remarked, "Once academics have completed their study, it is as if they are selfish and not concerned about community upliftment."

Both councillors and RC members regarded media as having an influence on research policy processes. This is in contrast to the views of management who were of the opinion that the media had no influence.

In terms of whether all stakeholders participated in the health research policy processes, an interesting picture emerged. Most, 70% (n=10), councillors were of the view that all the listed stakeholders did participate. A very slight majority, 57% (n=10), did participate compared to, 42% (n=10), who reported that not all participated. RC members' views were that most, 45% (n=11), did not participate whilst 27% (n=11) were of the opinion that they did participate and another 27% indicated that they did not know. There seems to be uncertainty about the issue of participation of all the listed stakeholders in the health research policy processes. One respondent remarked, "Sometimes people do not participate. For example, with the passing of the smoking by-law in council buildings, no consultation took place and the implications thereof were not investigated and that led to resistance in the implementation of

this policy.” According to Research into Action (2003:1, Issue 32), there was acceptance that collaboration between different stakeholders was central to more efficient and effective health research. It avoided duplication, the inefficient use of scarce resources and the generation of research that was not responsive to health needs. Despite the range of suggestions in relation to how participation of stakeholders could be improved, the three groups of respondents agreed on the need to explore it further.

- **COMMUNICATION MECHANISMS OF HEALTH RESEARCH POLICY PROCESSES**

Most respondents from the three categories reported that there was no communication mechanism for health research policy processes in the Health Unit, whereas it is a variable that is crucial in all aspects of the health research policy process. This lack of a formal communication mechanism leads to a lack of feedback from researchers and also to a lack of commitment from the researchers to service delivery, except when they stand to gain publicity. Often they merely report the results rather than discuss the meaning and the implications of the research with the affected parties. The health research policy environment in South Africa as stated in Health Research Policy in S.A. (2001:6), sums it up by stating that currently, health research was conducted, managed and financed by a diverse number of organisations with very little co-ordination, accountability and impact analysis research on the health needs

of South Africa. Researchers were often unprepared or unwilling to communicate their results to the public or to decision makers. They assumed that the publication of results in scientific journals was sufficient to bring them into eventual use. Policy makers, on the other hand, sometimes needed unequivocal and rapid research, final answers (or justification for their decisions), not predictable conclusions such as 'more research is needed'. The Three-Way model of communication is based on the premise that research most effectively informs policy and programme management when there is a three-way process of communication, linking decision makers and those most affected by whatever issues are under consideration (Porter and Pryor-Jones,1997:4). It is the most appropriate model for improved communication if applied properly.

In terms of to whom the health research results should be communicated, councillors were of the opinion that results should be communicated to all listed stakeholders whereas both managers and RC members gave a completely different perspective, even though, on the whole, they did agree with the councillors' views. Most managers indicated that results should be communicated to management, 40% (n=13), officials (RC members), 20% (n=13), and researchers, 7% (n=13), whilst RC members' responses were: officials, 25% (n=11), management 25% (n=11), researchers, 25% (n=11), councillors, 5% (n=11), and the community, n=11(5%). Management viewed managers, councillors and officials as crucial stakeholders to whom health research results should be communicated as they had a very specific role to play. On the other hand, RC members viewed

councillors as not being crucial when it came to being informed of health research results. This reflects a lack of understanding of the role played by councillors in the whole health research policy process. Community members were considered by officials as a stakeholder group that health research results needed to be communicated to. All three categories of respondents agreed on the need for the formation of a health research policy forum as a way of improving the communication among different stakeholders and the need to explore it further.

The eThekweni Health Unit needs a health research communication strategy which, according to the Health Research Policy in South Africa document (2001:14), should disseminate information and ensure that the benefits of research are systematically and effectively translated into practice. The Health Research Policy in South Africa document (2001:14) further states that the true value of health research in development had not been fully realised and utilised. The lack of impact on health research could be attributed to the lack of involvement of various stakeholders in the initial planning phase, and at the other end of the research cascade, a lack of communication and dissemination of results.

- **UTILISATION OF HEALTH RESEARCH AT ETHEKWINI MUNICIPALITY**

The majority of respondents in all three categories viewed health research as useful, which is an indication of a commitment to health research, especially by councillors; this is in contrast to the general perception that they are only interested in service delivery and not on the scientific grounds underpinning that service.

In terms of which areas of the PHC research has been most useful, both personal health and communicable diseases were named as the areas where research proved to be most useful, according to management and RC members. Currently, it is evident that environmental health and health promotion policies or programmes use minimal research. Generally, research in all four areas of the PHC is useful. Responses given indicated a need to have research input spread evenly across the four areas. An appreciation of the need for research awareness by stakeholders, especially councillors, is crucial. Awareness ought to be included in in-service and orientation programmes.

In terms of which critical factors influence utilisation of health research results, all three categories of respondents agreed on the issues listed in the section on communication mechanisms. Crucial factors influenced the utilisation of health research results, with relevance having the most influence when compared with the rest of the listed factors. This view is shared

by Suwandono (Draft Final Report, National HRS in Indonesia, 2003:3) who states that conventionally, most efforts to improve health research focus on improving relevance and quality of research production.

A number of factors that could make policy makers more receptive to health research were suggested by all respondents. The common thread was the importance of understanding health research and its implications on policies and programmes. All the respondents were of the view that when policy makers understood the importance of health research and its implications, they were likely to be more receptive to health research. They felt, in general, researchers were not particularly good at disseminating their findings. Usually they relied on getting their research out by presenting papers at conferences or publishing the information in academic journals whose readership was limited to other researchers. A Model for Research Transfer (also one of the frameworks dealt with in chapter two), which is based on the three components, namely awareness, communication and interaction is one of the appropriate models that could improve the utilisation of the health research results if applied accordingly (Anderson, 1999:1009). The main barriers to health research influencing policies and programmes, according to the respondents seemed to be:

- A lack of knowledge and understanding about its advantages.
- A lack of involvement by all stakeholders.

- A lack of communication amongst stakeholders.

All these are considered in the proposed framework.

All respondents agreed that there was an urgent need to develop a health research policy framework in order to address barriers to health research usage. This policy should include the formation of forums that will address issues of participation, communication among stakeholders and the utilisation of health research.

The next part deals with focus group discussion issues:

- **Does the eThekweni Municipality need a Health Research Policy Framework?**

An overwhelming majority of participants indicated that a framework was urgently required and a range of reasons was given to back up this view. It must be noted that these views were even expressed by external stakeholders (representatives of local research institutions). The view was that a co-ordination of health research at eThekweni Municipality was lacking. The respondents, during the semi-structured interviews, also shared these views.

- **Principles and strategies proposed.**

Participation and relevance were two principles highlighted as critical during the initial stage of data collection. This implies that the framework did not cover these areas. In terms of broad strategies, the link between (or support of) national and provincial health research policies seems to be the key as all respondents during the initial phase of data collection supported this view.

- **Participation and communication mechanisms.**

In terms of both participation and communication mechanisms, participants at the focus group session agreed with the initial responses of the interviews, where an inclusive forum and media utilisation was proposed. Awareness campaigns were another dimension raised during group discussions.

- **Health research management.**

According to the stakeholders engaged in the focus group discussion, provision for funding and management of the funds needed to be addressed in the eThekweni health research framework. Such provisions could include dedicating human resources to such management and/or the inclusion of health research in the job description of all health managers. It is worth noting that these suggestions were also raised during the initial stage of data collection. Stakeholders also felt strongly about the need for collaboration between the municipality and

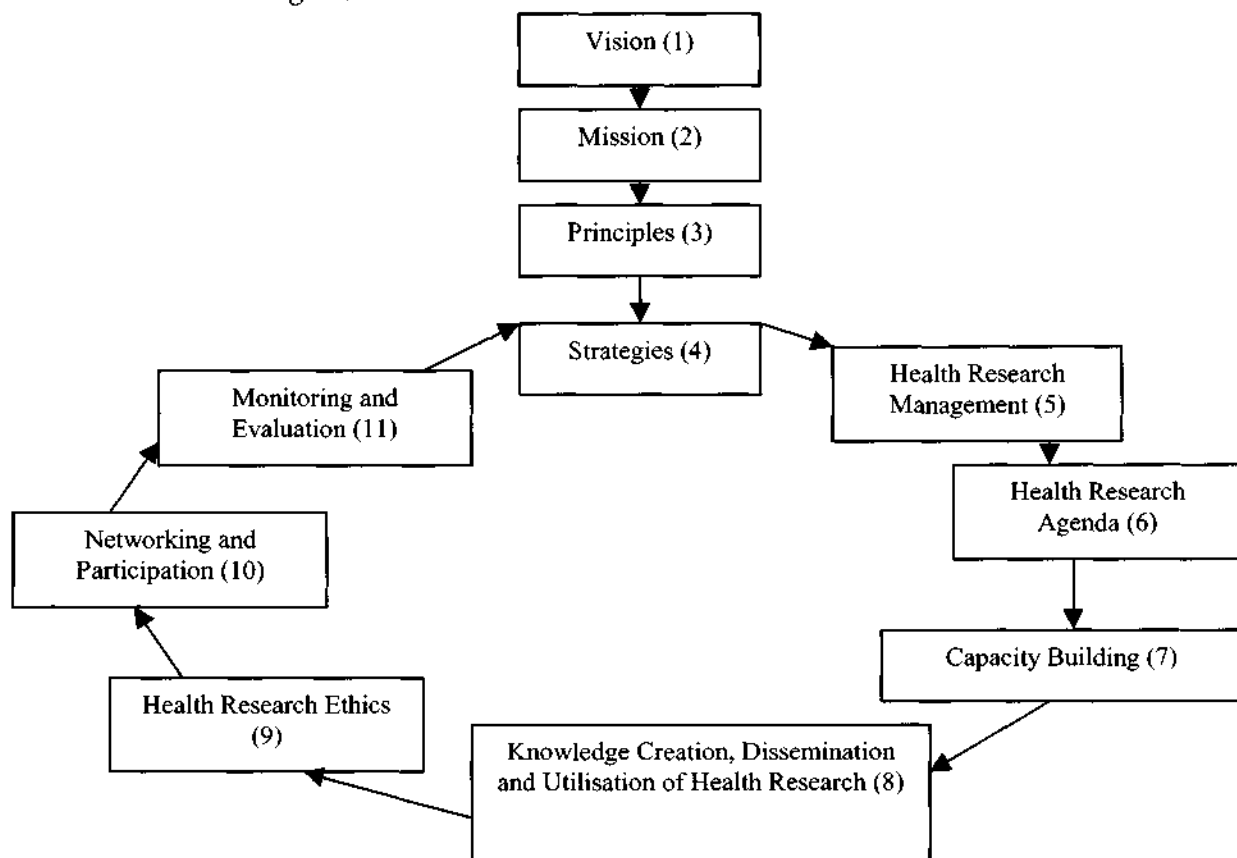
institutions of higher learning regarding health research.

5.5 PROPOSED HEALTH RESEARCH POLICY FRAMEWORK FOR THE ETHEKWINI MUNICIPALITY

Contextualising the framework: The proposed framework is a result of an extensive literature review, in particular from the WHO, *Strategies for Health Research Systems Development in South-East Asia Region, 2001* data was gathered in both semi-structured interviews, and the focus group discussion and documentation reviews. Key components of the framework have been identified and are reflected in figure 19. The components such as vision and mission strategies have been added by the researcher's experience with frameworks development.

Figure 19: Components of the Proposed Framework

Source: Adapted from WHO, Strategies for Health Research Systems Development in South-East Asia Region, 2001.



The next part covers the proposed framework.

1. Vision

This is a realisation of a healthy and productive eThekweni population through the utilisation of competitive health technologies and information.

2. Mission

This is to stimulate decision makers and communities in utilising health technologies and sciences resulting from health research and development in overcoming obstacles and improving quality, equity and accessibility to health development programmes.

3. Principles

The key principles are:

- **Transparency:** Information related to all research processes must be accessible to all stakeholders.
- **Equity:** There must be equity in all respects and in particular to resource allocation as well as the areas where research is to be conducted.
- **Respect for ethics:** Research undertaken should be ethical.
- **Participation of stakeholders:** The politicians (councillors) and the community are the key stakeholders that have been neglected and do need to be actively involved throughout the research process.

- **Accountability:** This principle is neglected when it comes to the dissemination of results to all stakeholders, in particular to the decision makers and community.

4. Strategies

These include:

- Health research to be undertaken with emphasis on quality improvement, equity and sustainability of health services in achieving a higher community health status and in promoting the health paradigm.
- Health research to be undertaken based on the research agenda developed and committed to by the researchers and stakeholders.
- Health research to be undertaken through inter-sectoral and multidisciplinary co-operation, with involvement of professional organisations (i.e. research institutions such as MRC) and supported by communities.

5. Health Research Agenda

The research agenda is to be informed by local health research priorities, which should be a consultative process involving the key stakeholders. This research agenda should reflect a balance across all the areas of PHC.

6. Health Research Management

This involves the human factor, facilities, research application and budget management. People responsible for research management must have the relevant capacity and also be given support.

7. Capacity Building

- Improve training in research methods, research management and policy workshops.
- Increase the number of stakeholders, especially politicians and senior management staff who are trained in research processes.

8. Knowledge Generation, Dissemination and Utilisation of Health Research

This involves the establishment of the eThekweni Health Research Committee. This forum will be responsible for communication, co-ordination, monitoring and evaluation among researchers. It should also be a forum for collaboration, partnership and decision making between health researchers and health stakeholders.

9. Health Research Ethics

This involves the development of mechanisms for ethical clearance using existing resources. The local research institutions need to be consulted and used in this regard. Community structures also need to participate in the health research committees or structures.

10. Networking and Partnerships

This involves the establishment of a process of networking and partnership with all the stakeholders in the area. The key partners are government, private sector, research institutions and the community.

11. Monitoring and Evaluation

This involves ongoing monitoring and regular evaluation of health research. Mechanisms for monitoring and evaluation need to be established in a consultative manner. All the key stakeholders need to be represented during the monitoring and evaluation processes including the dissemination of the results of both monitoring and evaluation.

The adoption of this proposed Health Research Policy Framework by the eThekweni Municipality and the implementation of the policy framework by the Health Unit will contribute immensely to effective comprehensive primary health care service throughout the municipality. Through Health Research Management and the Health Research Agenda, research undertaken will fall within research priority areas determined by both the municipality and other key stakeholders. This will ensure that results of research undertaken are used by the municipality's management to improve service delivery.

5.6 SUMMARY

In this chapter, processed data from the research was presented. This was followed by an analysis of data and discussion. The data and discussion were presented using a semi-structured questionnaire and focus-group question formats. This approach was adopted to facilitate easier comprehension of the emerging body of data. The proposed health research policy framework for the eThekweni Municipality was presented at the end of this chapter.

5.7 PROJECTIONS FOR THE NEXT CHAPTER.

The next chapter deals with the main conclusions and recommendations based on the data presented, analysed and discussed in the previous chapter.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter gives concluding remarks and recommendations about the study. Both the conclusions and recommendations are based on the literature and documents review, objectives of the study, qualitative and quantitative research approach and analysis of data collected during the study. This chapter begins with conclusions presented in the same format used in the presentation of study findings. The last part of the chapter covers recommendations. The underlying message of this study is that the health needs of the eThekweni Municipality's population will be better served in a research environment in which local needs are identified and local decision makers (i.e. councillors) are able to engage with current research and those doing it.

6.2 CONCLUSIONS

The conclusions drawn in the next part are based on the responses from the semi-structured interviews, consultative workshop (focus group discussion) and documents reviewed. These conclusions relate to both the purpose and the specific objective of the study which were dealt with in chapter 1.

6.2.1 THE NEED FOR THE HEALTH RESEARCH POLICY FRAMEWORK

The results of the study indicate that the eThekweni Health Unit does need to have a health research policy framework. All categories of respondents indicated that there was an urgent need for such a framework to guide the participation of the different stakeholders, as well as communication among stakeholders and an understanding of health research policy processes. All these will lead to improved cooperation between Municipality officials and researchers and better usage of research results. The RC does not seem to be functioning properly. Firstly, crucial stakeholders (such as councillors) do not know about the existence of such an important forum and, secondly, the current forum is not representative of all stakeholders, except officials from the four areas of the PHC. The issue of a properly-functioning RC needs to be addressed immediately and in the longer term the RC could be incorporated within the health research policy framework adopted by the eThekweni Municipality.

6.2.2 LACK OF KNOWLEDGE BASE OF SOME STAKEHOLDERS

The knowledge base of stakeholders in the health research policy processes, do matter. Both management and RC members had either a medical or social science background, whilst the majority of councillors had a general professional administration background. The academic training of both managers and officials included research theory. Management

and officials received either academic or in-service training, whereas the councillors, who are policy makers, received no training in either research or policy processes. Linked to this is the importance of training of stakeholders in the research policy process.

The orientation programme for councillors, in particular, needs to include research policy processes. According to the Health Research Policy in South Africa (2001:14), there is an urgent need to develop a culture of evidence-based decision making amongst civil servants and policy makers (councillors) and this can be achieved by, amongst other things:

- Increasing the number of decision makers that have a research background.
- Providing regular research seminars in order to provide stakeholders with an opportunity to interact with research and researchers.
- Providing relevant, timely and appropriately-packaged research results for policy formulation and evaluation.

Well-informed counsellors are likely to make informed decisions which will lead to improved service delivery.

6.2.3 LACK OF CONTINUITY ON THE PART OF POLITICIANS

Continuity is crucial in all forums, including the public sector. In the case of the health support committee, this has been compromised as each time there was a reshuffling of leadership so new incumbents were brought in. This has been the case for

the past five years. This disruption in continuity has led to delays in leadership fully understanding health issues, including health research policy processes.

6.2.4 PARTICIPATION

Councillors, management and RC members (officials) and researchers participate actively in health research policy processes, whilst the media participate minimally.

All respondents highlighted the need for communities to participate and this needs to be considered in both the review of the RC and the development of the health research policy framework. The framework will also have to address the issue of equal participation by all stakeholders. A structure needs to be established as part of the framework which will facilitate participation. It is proposed that the structure should be guided by inclusiveness.

6.2.5 COMMUNICATION

There are no formally-established research communication mechanisms at the eThekweni Health Unit. The RC, an internal Health Unit forum, is perceived as taking care of management and research institutions' interests. The proposed research framework must, therefore, incorporate a communication strategy. According to Research into Action (2003:6, Issue 32), in

order to attain a more effective and efficient health research system, it is essential to improve the dissemination of findings; at the same time collaboration between stakeholders, both locally and nationally, is necessary. This underlines the need for a more efficient information system. This will lead to efficient use of research results which in turn will lead to improved service delivery. The current RC is not inclusive and needs to be expanded to include external stakeholders as that will address the problem of lack of communication among different stakeholders.

Research into Action (2003:6, Issue 32) asserts that it is only by strengthening advocacy efforts, improving advocacy and the communication skills of researchers and health professionals (including councillors in the case of the study) and establishing formal and informal partnerships with decision-making bodies, that information flow will contribute to further reinforcing of health research. Officials (RC members) seem to lack an understanding of the crucial role played by councillors as policy makers in the health research policy processes and an orientation programme on health issues, including research and policy processes, for all stakeholders, will address this problem.

6.2.6 USING HEALTH RESEARCH

All the respondents were committed to health research. In the four areas of the PHC, environmental health and health promotion seemed to be weak on health research usage, whereas usage should be spread equally to all four areas of the PHC. Management, in particular, needs to investigate this further. All the critical factors listed in the previous sections influence health research results utilisation and this means that those commissioning research need to consider all the listed critical factors at the planning stage of research.

The PHC is one of the basic concepts underpinning health care but the main policy makers (i.e. councillors) were not familiar with some of its aspects. An orientation programme or in-service training on health should be conducted for all councillors especially those serving on the health support committee. There is an urgent need to adopt a health research policy framework in the eThekweni Health Unit as this will deal with some barriers to health research influencing policy and programmes and other related problems currently experienced by the Health Unit in relation to health research policy processes. The aims should be to ensure coordination and coherence of the municipality's research agenda which connects to and converges with the wider health, economic and social systems of the municipality. Furthermore, it should generate, enhance and use knowledge to improve the population's health status, with emphasis on equity. At the same time it should aspire to improve the accountability of researchers.

The study suggests that there is still considerable work to be done to enhance the awareness of and communication about research and research needs before greater levels of interaction can occur among key stakeholders. On the whole, in order to achieve a culture of evidence-based decision-making, all key stakeholders should be involved in determining what research is to be undertaken, its completion, dissemination, marketing, implementation and evaluation.

6.3 RECOMMENDATIONS

There is a clear need for good quality research in order to improve policies and programmes in all sectors, including health, at the local sphere of government in South Africa. It is sometimes thought that a lack of funding is the main constraint to truly useful research. However, a closer look reveals a more complex problem. Money and energy is being spent on research that is not relevant to practical decisions and even when research is relevant, the mechanisms for its absorption and use to inform policy decisions are often poorly defined or non-existent.

The purpose of the study is to develop a Health Research Policy Framework for eThekweni Municipality and recommendations in the next part address this overall aim of the study.

6.3.1 IMPLEMENTATION OF THE PROPOSED HEALTH POLICY FRAMEWORK

It is recommended that the model emerging from the study be used in guiding the linkages between research policy and implementation within the eThekweni Municipality using the following suggestions:

- Further consultation sessions with both senior management and municipal political forums with a view to refining and finally adopting the framework should be held.
- The head of the Health Unit facilities should lead these consultation sessions.
- The Health Research Policy framework should be officially launched and all stakeholders should be part of this event.
- A standard orientation programme on health research policy processes should be conducted for all stakeholders, and in particular, councillors and senior management, so that they can actively engage in the health research policy processes.
- Whenever there is an opportunity to elect or nominate new members (councillors) for the health support committee, the issue of continuity should be considered. For instance, if possible, the deputy chairperson should be given an opportunity to take over as the next chairperson.

- During the recruitment of senior management, especially at deputy head and district manager levels, a research qualification or experience should be considered a requirement.
- A health research branch or division ought to be established at the eThekweni Health Unit and this branch should work closely with the Corporate Policy Unit.

9.3.2 Health Research Co-ordination.

It is recommended that:

- A coordination structure or forum, as envisaged in the framework, be established to ensure equal participation of all stakeholders.
- The current RC be disbanded.
- This structure or forum should be guided by the principles listed under previous sections.
- Attention should be given to the involvement of communities and the media as it was indicated that currently these stakeholders have not been included in the forum.

6.3.3 COMMUNICATION MECHANISM

It is recommended that:

- A communication mechanism for the health research policy process be established by the coordinating structure.

- This communication mechanism should deal with the sharing and dissemination of information throughout the research policy processes.
- The health research policy framework for the eThekweni Health Unit be launched and all stakeholders should be part of this event.

6.3.4 RESEARCH RESULTS UTILISATION.

It is recommended that:

- Management ensures that there is a balance in health research usage in the four areas of the PHC.
- The eThekweni Health Unit considers all the listed critical factors influencing research results usage during the planning stage of research.
- The framework needs to deal with (or cover) mechanisms which will ensure the optimal utilisation of the research findings by all stakeholders, especially councillors and management of the eThekweni Municipality, as they are the main decision makers.

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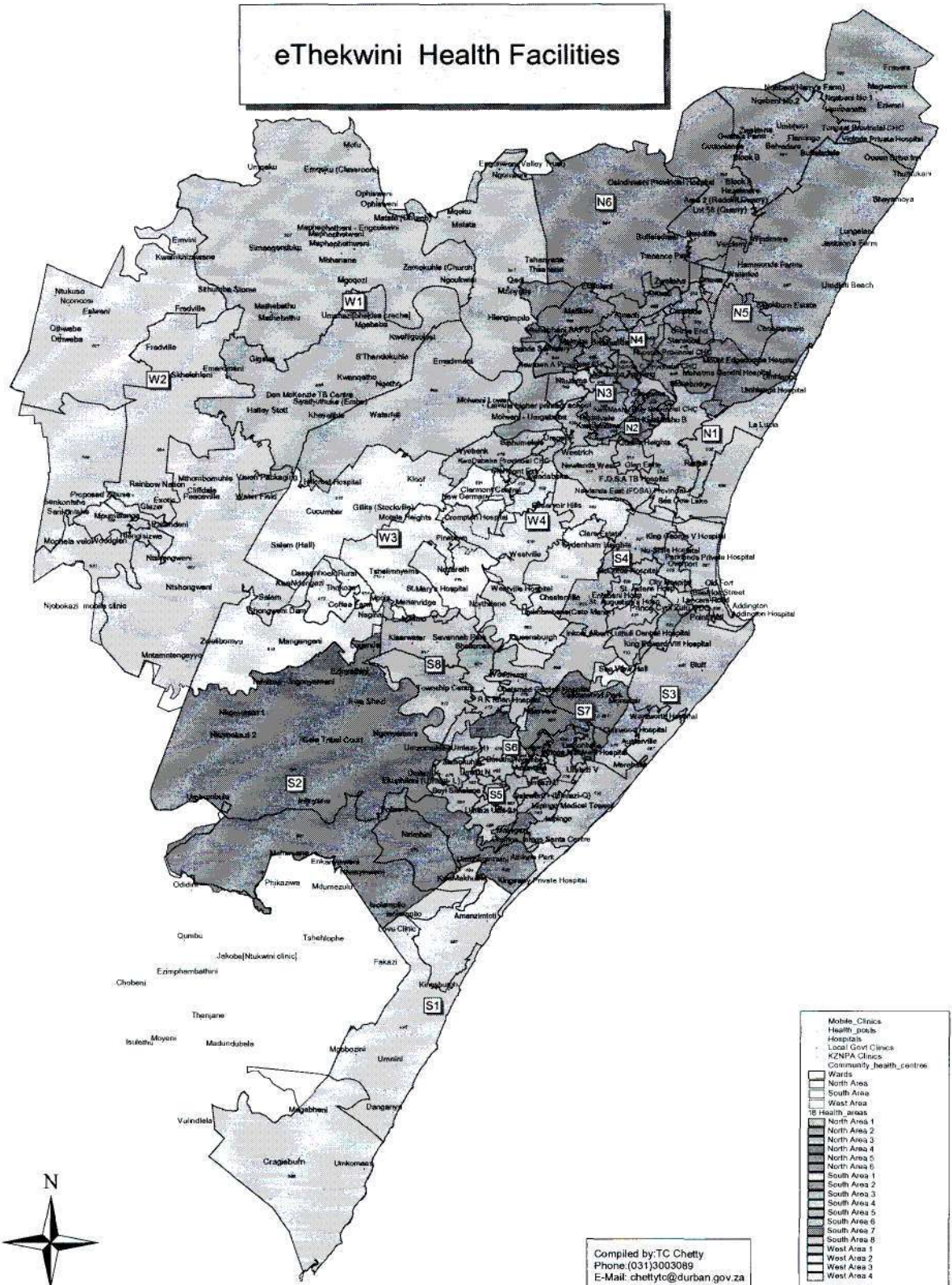
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ANNEXURE 1

MAP OF eTHEKWINI MUNICIPALITY HEALTH FACILITIES



ANNEXURE 2

**SEMI-STRUCTURED INTERVIEW SCHEDULE FOR
ASSESSING RESEARCH POLICY PROCESSES LINK BY
ETHEKWINI MUNICIPALITY HEALTH SECTOR**

NB: It must be noted that this is purely for research purposes and to be used with the intention of developing a research policy model for the Local Government Health Sector.

The respondent agrees that he/she has been informed of the nature and purpose of the research project. The information given will be kept confidential and will be used solely for the purpose of research.

Tick where appropriate

SECTION A: Demographic Information

1. What is your professional background?

Teacher
Nurse

Medical Doctor

Social Worker

Researcher

Other (give details)

.....

2. Number of years in the management position

0 - 5	
6 - 10	
11 - 15	
16 - 20	
21 & above	

3 Sex

Male	
Female	

4 What is your status in the eThekweni Municipality?

Official,

Councillor,

Other (give details)

.....

5. What is your current position?

Deputy City Manager

Head of Health

Director

Deputy Director

Manager of Section

Chairperson of the Support Committee

Deputy Chairperson of the Support Committee

Interim Management Team

Research Committee Member (eThekweni Health Dept)

Other (give details)

.....

6 How long have you been in the current position?

.....

7. What training have you received in each of the following areas of research policy processes?

- Health Policy process

Academic
In- Service
None

- Health Research

Academic
In- Service
None

- Linking Research to Policy or programmes

Academic
In- Service
None

SECTION B:

Objective 1: To analyse the existing framework/models for linking Health Sector Research into policy.

Description of the model/framework for linking Health Sector Research into policy.

1. Does the eThekweni Municipality Health Sector have a model for Health Research Policy Processes

Yes

No

Don't know

2. If yes, what is the model that is used by the eThekweni Municipality health sector linking research to policy?

3. How was this model developed?

4. How does this model work?

Is this model effective?

Yes

No

Don't Know

Why do you think so?

6. What do you think are the gaps?

7. How can the Health Research Policy processes linkage be improved?

SECTION C:

Objective 2 and 3: To identify stakeholders in the Health Research Policy processes and determine their role in the health research processes.

THE STAKEHOLDERS' INFLUENCE ON HEALTH RESEARCH PROCESSES AT THE ETHEKWINI HEALTH SECTOR

1. Who have been the main policy makers in the Health Sector?

Researchers	
Officials	
Councillors	
Management	
Media	
All of the above	
None of the above	

Why do you think so?

.....
.....
.....

2. Who influences the adoption of the Health Sector Policy?

Researchers	
Officials	
Councillors	
Management	
Media	
All of the above	
None of the above	

Why do you think so?

.....
.....
.....

5. Who influences approval of Health Research?

Researchers	
Officials	
Councillors	
Management	
Media	
All of the above	
None of the above	

Why do you think so?

.....

.....

.....

6. Who influences the Health Research results usage?

Researchers	
Officials	
Councillors	
Management	
Media	
All of the above	
None of the above	

Why do you think so?

.....

.....

.....

7. In your opinion do all the above-mentioned stakeholders feel they are part of the Health Research Policy process?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>

Why do you think so?

.....
.....
.....

8. What can be done to improve participation of the different stakeholders?

.....
.....
.....

SECTION D:

Objective 1: To analyse the existing framework/models for linking Health Sector Research into policy.

Participation in Health Research Policy Processes

1. List the Health Sector policies adopted by the Council in the last 5 years.

2. What has been your input in the Health Sector policy in the past 5 years?

3. List the Health Research approved by the Council in the past 5 years.

4. What has been your input in the approved Health Research in the past 5 years?

5. What is your role currently/past 5 years in each of the following Health Research Policy processes?

Policy Adoption

Policy Implementation

Research adoption/approval

Research Implementation

Communication of research results

SECTION E:

Objective 1: To analyse the existing framework/models for linking Health Sector Research into policy.

MODELS/MECHANISMS OF COMMUNICATING HEALTH RESEARCH RESULTS.

1. What are the mechanisms for communicating health research results at the eThekweni Municipality?

2. How do they work?

3. To whom of the following are the health results being communicated?

Researchers	
Officials	
Councillors	
Management	
Media	
All of the above	
None of the above	

Why do you think so?

.....
.....
.....

4. To whom of the following should the health results communicated?

Researchers	
Officials	
Councillors	
Management	
Media	
All of the above	
None of the above	

Why do you think so?

.....
.....
.....

5. In your own opinion, what are the gaps in the communication mechanism?

.....

6. In your own opinion how can these mechanisms for communicating health research be improved?

.....

SECTION F.

Objective 1: To analyse the existing framework/models for linking Health Sector Research into policy.

Level of Research Utilisation by the eThekweni Health Sector.

1. Is health research useful in the eThekweni Health Sector?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>

Why do you think so?

2. In terms of Primary Health Care, which types of Health Research proved to be most useful in the past five years?

Clinical Health Care	
Communicable Diseases	
Environmental Health	
Health Promotion (Social Development)	

Why do you think so?

3. Which of the following are critical factors influencing utilization of Health Research?

Quality
Timeliness
Relevance
Participation
Level of understanding
All of the above
None of the above

Why do you think so?

4. What factors do you think could make policy makers more receptive to Health Research?

Why do you think so?

5. What do you think are the barriers to Health Research utilisation in the policy processes?

6. In your own opinion, how do you think these could be addressed?

7. How do you think utilization of health research findings can be enhanced in the eThekweni Health Sector?

8. What mechanism or framework do you propose for ensuring research utilization by the Health Sector in future?

9. What is your view regarding the replication of structures such as Essential National Health Research (ENHR) Committee at the local sphere of government as part of facilitating research utilization in the policy process or improving practice?

THANK YOU

ANNEXURE 3

A CONSULTATIVE WORKSHOP ON THE DEVELOPMENT OF A HEALTH RESEARCH POLICY FRAMEWORK FOR THE ETHEKWINI HEALTH MUNICIPALITY 2004-08-20

Programme

- Registration
- Welcome, introduction and purpose of workshop
- Input on research project background
- Small group discussion
- Plenary session
- Way forward
- Closure

INTRODUCTION

The underlying premise of the study is that the health needs of a population will be better served in a research environment in which local needs are identified, and local decision makers are made aware of both current research and those doing the research.

- There is a growing interest in the nature and extent to which research is used to improve the delivery of health care. Discussions on the use of research have focused on the larger policy environment or the clinical community, with very little attention directed to the day-to-day operational needs of the local health delivery agencies such as municipalities.

OBJECTIVES OF THE STUDY

- To present relevant frameworks.
- To analyse Health Research Policy at the eThekweni Health Municipality using an adapted framework.
- To revise the adapted framework based on the input and comments of the workshop participants.
- To propose a framework for the eThekweni Health Municipality.

PURPOSE OF THE FRAMEWORK

- To guide the interaction between researchers, policy makers, policy implementers and beneficiaries.
- To assist in ensuring the setting of a research agenda, and to promote capacity building and communication of research results.
- To promote the conducting of research that contributes towards the improvement of the human health and welfare of the eThekweni population.
- To create an environment for health research so as to contribute effectively to health development and for the evidence to inform policy formulation.
- To constitute an important tool, which in the long term should contribute to the improvement of the eThekweni health system and inform interventions geared towards providing a better life for all citizens in the areas which fall under the eThekweni Municipality.

RESEARCH METHODOLOGY

QUALITATIVE STUDY

- Semi structured
- Document review
- Consultative workshop

SAMPLING

- Purposive sampling
- Sampling frame

SAMPLING

- **Stakeholder**
 - Councillors: Former chairperson & deputy chairperson
 - Current Chairperson & deputy chairperson
 - Health representatives from all parties
 - Management: Deputy City Manager
 - Head of Health Director
 - Manager of Section
 - Interim Management Team
 - Health Sector Research Committee:
 - Representatives of the four areas of PHC
 - Researchers from Local Institutions

- **Criteria for Selection**
 - Participate in the policy process
 - Responsible for approval of policy
 - Monitor implementation policy
 - Participate in the research process/Participate in the policy process

- Manage of policy implementation
- Participate in the research process
- Manage of research process above
- Participate in the policy process
- Participate in the research process above
- Participate in the policy process
- Participate in the research process above

PROPOSED FRAMEWORK

FOUR ELEMENTS

- Broad Strategies
- Participation Mechanism
- Communication Mechanism
- Health Research Management

SMALL GROUP DISCUSSION: SESSION 3

- **Questions for Group Discussion**
 - Does eThekweni Health District need a Health-Research Policy Framework [all groups]
 - If yes, why?

Group 1

- What are the broad strategies and principles that you can propose for the framework?

Group 2

- What appropriate communication mechanisms (dissemination, utilisation and monitoring) can you propose as part of the framework?

Group 3

- What are your suggestions regarding Health Research Management including capacity building?

CONCLUSION

- Practitioners know that health research is too often a fragmented, competitive, highly-specialized, sector-specific activity. Typically, biomedical researchers, clinicians, epidemiologists, health systems researchers, social and behavioural scientists and health economists work in isolation. Often there is little communication between producers of research findings and those who will use and ultimately benefit from them.

Very few formal attempts have been made to name, define and investigate comprehensively the various inputs and output of the health system. A rational framework that pulls together all the actors, resources, and stakeholders involved is essential.