

# **Outline of presentation**

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- Our Vision, Mission and Goals
- Focus areas and areas of expertise
- Research Units
- SAHA organogram and staffing
- SAHA's performance on PAITECS indicators
- SAHA's successes
- Challenges and Way forward
- Conclusions



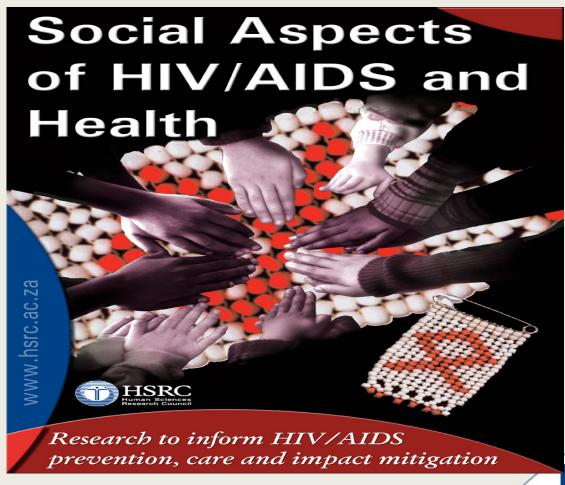
## Who we are

- SAHA is a multi-disciplinary research programme consisting of social scientists and public health specialists
- We have over 60 researchers and technical research staff located in the following places:
  - 5 centres in Cape Town, Pretoria, Port Elizabeth and Mthatha and Durban
  - several clinics in Cacadu District (in Eastern Cape) and (Gert Sibande) in Mpumalanga and one clinic each in Tembisa in Ekhurhuleni (East Rand, in Gauteng), Salt River in Cape Town (Western Cape), and in Queenstown (Eastern Cape)
  - One community centre each in Joburg, Durban and Gugulethu
- We also do some HIV prevention work in some shebeens in Gugulethu, Cape Town.



## **Our Vision**

SAHA undertakes research to inform HIV/AIDS prevention and care, and mitigation of impact.





## **Our mission**

We strive to undertake cutting-edge, scientifically sound and innovative research that contributes to public policy formulation and programme development in order to improve service delivery.



## Goals

#### SAHA has two primary goals:

- To conduct research that is policy relevant and respond to current challenges facing South Africa; and,
- To conduct assessment, monitoring, and evaluation of programmes that aim to improve the lives of South Africans.



## Scope of work

- SAHA has pioneered research on the social determinants of health, not only with regard to HIV and AIDS, but also for public health in general.
- This research goes beyond medical interventions and strives to address health problems at their source, namely at the social and population level.
- SAHA strives to undertake cutting-edge, scientifically sound and innovative research that contributes to public policy formulation and programme development in order to improve service delivery.



# **Areas of expertise**

- Programme evaluation
- Qualitative research (Ethnographic, focus-groups)
- Surveillance and analysis of epidemiologic trends
- Extensive networks and networking
  - Nationally (researchers & other stakeholders)
  - Continental Africa (mainly through SAHARA)
  - Internationally (bilateral)



## **SAHA Organogram and staff**

Executive Director
Prof Leickness Simbayi
Director
Prof John Seager

Research Director, Behavioural & Social Aspects of HIV/AIDS Prof Geoffrey Setswe (Acting) Senior Programme
Adviser & Research
Director, Epi
Strategic Research and
Health Policy
Prof Thomas Rehle

Health Systems
Research

Research Director, Health Care and Service Delivery Prof Karl Peltzer Research Director,
Social Determinants of
Health
Prof Refilwe PhaswanaMafuya

Social science that

## **Research Units in SAHA**

- Behavioural and Social Aspects of HIV/AIDS
  - Understanding social and behavioural factors driving the HIV/AIDS epidemic in South Africa as well as in other African countries as part of the SAHARA initiative.
- Epidemiology, strategic and health policy research
  - Infectious disease epidemiology with focus on HIV/AIDS survey methodology and epidemiological modelling
- Health system research
  - Research which facilitates or promotes evidence-based health care provision in both formal and traditional health sectors and examines social and demographic determinants of health



# Staffing (40+)

- **1. ED's office** (**9** staff): Executive Director, Research Director, Research Specialist, Finance Manager (x2), Master's RT, Deputy Diretor, PA/AD, Admin Officer.
- 2. BSAHA Unit (12 staff): Research Director, Chief Research Specialist, Sen Research Manager, 5 PhD Research Trainees, 3 Masters Research Trainees, PA/Project Administrator
- 3. Epidemiology, Strategic Research & Health Policy (EPI) Unit (9 staff): RD, 2 Chief Research Specialists, Sen Research Specialist, 2 Research Specialist, 1 Masters Research Trainee, Research Manager PA/Project Administrator
- 4. Health systems Unit (11 staff): 2 Research Directors, 2 Post-Docs, 2 PhD Research Trainees, 4 Masters Research Trainees, 2 Administrators

## Technical Research staff (280+)

•	SABSSM3 [Population-based survey]	175
•	Positive prevention Mthatha	26
•	PMTCT	21
•	Phaphama Community Alcohol & STI	22
•	TCAM Study	5

Joburg-Ethekwini Men's Study [JEMS]



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### **PAITECS: Performance Indicators**

#### Public purpose:

 100% of research projects that are conducted for the benefit of the public, regardless of the source of funding. 100%

#### Africa focus:

- 35% of all research projects with budget of R1 million or above that are done collaboratively with African researchers in other parts of the continent. 0%
- 2 African research fellows in our programme.
- Implementation networking:
  - 45% of large projects with implementation networks. 80%
- Transformation: Equity and Representativeness
  - 60% of African researchers at senior level (SRS and above). 46%



## **PAITECS: Performance Indicators**

#### Excellence

- 1.5 peer-reviewed publications per senior researcher in international journals.
- 0.75 Peer-reviewed publication per junior researcher. 0.5

#### Capacity building

- 10% of research interns enrolled in a Masters programme. 8%
- 10% of research interns enrolled in a doctoral programme. 6%
- 3% of interns enrolled as post-doctoral fellows. 4%

#### Sustainability: Contracts or Grants obtained

- 77% of grants that are extra-parliamentary. 65%
- 40% of all grants that are multi-year (at least three years). 89%
- 100% of targeted external income secured to date. 184%



# Other publications/research

Category	Number
Number of domestic peer-reviewed articles published since 1 April 2008	13
Number of monographs published since 1 April 2008	0
Number of HSRC books published since 1 April 2008	3
Number of non-HSRC books published since 1 April 2008	3
Number of research reports to clients/users published since 1 April 2008	1
Number of presentations made at conferences since 1 April 2008	16



# New grants or annual awards

- 1. The Marang HIV/AIDS Research project from PEPFAR/CDC
  - Year 3 funding for amounting to US\$5 321 500 has been approved.
  - Year 4 funding amounting to US \$3,597 000 has been tentatively approved
- 2. Evaluation of a safer male circumcision training programme for traditional surgeons and nurses in Gauteng, SA [ Emseni Traditional Healers Trust, K Peltzer (PI); R 87,712.00 ].
- 3. HIV behavioral risk reduction for recently circumcised South African men [*Phaphama* Male circumcision; NIMH through UConn to L Simbayi (PI) and K Peltzer (Local PI); US\$80 000; 2 years].
- 4. Cultural and psychological determinants of at-risk behaviours among highly at risk groups: An international multi-centre research project [Institute of Human and Social Sciences, Canada, K Peltzer (PI); R67 684.00].

## **SAHA's successes**

- Since inception, the work of SAHA has impacted positively on the branding of the HSRC as a reputable research institution both locally and abroad.
  - This positive image has arisen mainly because of SAHA's research focus and the quality of its research outputs.
  - SAHA is undertaking critical research in a research niche in South Africa that was not really well catered for before it came into existence.
- SAHA has undertaken groundbreaking research on various themes, notably the national population-based HIV/AIDS surveys using the second-generation surveillance approach which now also include laboratory-based HIV incidence testing.
  - We are currently undertaking SABSSM3 which is now accepted as part of the M & E of the national National Strategic Plan (NSP) for HIV/AIDS and STIs for 2007-2011.



# SAHA's successes (contd)

- SAHA is also actively contributing to the successful implementation of the NSP for HIV/AIDS and STIs for 2007-2011 including undertaking M & E on behalf of the SA National AIDS Council (SANAC).
  - Research into social and behavioural interventions to prevent the spread of HIV/AIDS such as *Marang* Positive Prevention, *Phaphama*2 among STI patients, *Phaphama* Multi-level Alcohol interventions and *Phaphama* male circumcision.
- SAHA has been instrumental in the development of the new plan for the National Health System.
- SAHA is renowned for its excellence in the generation of scientific knowledge and has built a reputation as the research programme that has produced the largest number of scientific articles that are published in both local and international peer-reviewed journals.
  - This effort positively contributes to the excellent research output rate which puts HSRC amongst some of the best research institutions in the country, an accolade truly deserved as SAHA staff and indeed those in the entire HSRC dedicate 100% of their time to research.



# SAHA's successes (contd)

- Over the years SAHA has contributed immensely to overall transformation in the HSRC in terms of equity and representativeness of its employees.
  - It also has a vibrant capacity building programme including at postdoctoral research fellowship level.
- SAHA has excellent research networks which include various MOUs/agreements/collaborative efforts with international research organisations and universities (e.g., WHO, UNAIDS, FHI, Georgia State University, University of Connecticut, etc.) as well as several local and/or other African research programmes, institutions and universities (e.g., CFYSD, ESSD and SAHARA within HSRC, various units in the Medical Research Council (MRC) of South Africa, The Centre for AIDS Development, Research and Evaluation (CADRE), Walter Sisulu University, the University of the Western Cape, University of Botswana, Mozambique National Institute of Health, etc.).
  - These collaborations all enable SAHA to accomplish its work successfully.



# **Challenges & Way forward**

- The possibility of withdrawal of any funding already secured is the largest single threat to SAHA's sustainability.
- There is therefore a need to diversify funding sources especially to Europe, Japan, Canada and Australia.
- Under-staffing especially a middle management levels of Research Specialists/Managers and Post-Doctoral Fellows.
- There is therefore a need to recruit more middle management levels of staff including from the rest of the African continent.
- There has been an uneven growth throughout most of the existence of SAHA with units in the area of HIV/AIDS undertaking most of the work.
- We are currently pursuing aggressive recruitment of additional senior staff to lead further expansion in this endeavour.



# Conclusions SAHA is making a difference!

- We are policy relevant
- We build critical research capacity
- We design and assess interventions
- We are multidisciplinary
- We're innovative (fearless!)

- We take on very ambitious projects (and find the funds for them)
- We have a team with unique expertise (resulting in high demand)
- We have excellent networks
  - with international research agencies, universities, NGOs, public figures, policy makers, the media.





