

CDIA

Chronic Disease Initiative for Africa – August 2014 – Issue 2

CDIA is a collaborative research initiative that develops and evaluates models for chronic disease care and prevention of risk factors.



Collaboration is key

We are excited to welcome you to our second 2014 newsletter.

In this issue, we introduce new members who joined the CDIA in 2014. We also follow up on the research and achievements of long-standing members and have a look at the CDIA's involvement in the newly-named GRAND-South Network.

Please let us have your feedback – email cdia@uct.ac.za



CDIA researcher strives to curb diabetes prevalence in the ageing population



CDIA researcher, Mahmoud Werfalli (left) is passionate about serving older people in South African communities by finding sustainable and effective public health solutions.

Mahmoud Werfalli, a family physician from Libya, joined the CDIA in 2013 to conduct his PhD research in diabetic care. He has a Master's degree in Public Health (MPH) from the University of Northumbria in the UK. He was involved in the clinical epidemiology and primary healthcare research and academic teaching activities through the Department of Family Medicine and Community Medicine at the University of Benghazi, Libya.

He has been working closely with his supervisor, Professor Naomi Levitt, on the planning and development of a self-management programme for older people (age 60 and over) with type 2 diabetes attending community health centres in Cape Town. The programme aims to limit the impact of the disease and improve the health-related quality of life for aged people.

"In South Africa, the ageing population is predicted to increase to 4.5% by 2050. Type 2 diabetes among the elderly is an increasing health problem and we need to do something about it. We need community-based interventions and we need to change perspectives and behaviour," he says.

"In South Africa, the ageing population is predicted to increase to 4.5% by 2050."

His research consists of three research papers, two of which are systemic reviews. "There is a huge lack of data in Africa concerning the older population. We wanted to collate the available data, therefore performed a systemic review to determine type 2 diabetes prevalence in older people," says Dr Werfalli.

The third research paper is a piloting questionnaire, which was approved by the Department of Health. It explores diabetes knowledge and self-management policies amongst older people attending primary care clinics in Cape Town.

Dr Werfalli's research and methods are strongly centred around his passion for working within the community. "We need to guide and support patients, and avoid an authoritative approach," he says.

Diabetes programme using motivational interviewing proves promising *Buyelwa Majikela-Dlangamandla*

CDIA research student, diabetes educator and recent master's graduate, Buyelwa Majikela-Dlangamandla, talks about the outcomes of her recently completed research on the CDIA BRIDGES project.

Since 2011, Buyelwa Majikela-Dlangamandla has worked in the University of Cape Town's diabetes department with CDIA director, Professor Naomi Levitt and principal investigator, Professor Bob Mash on the BRIDGES (Bringing Research in Diabetes to Global Environments and Systems) project.

The randomised controlled trial (RCT) aimed to measure the impact of a structured group diabetes education intervention of various clinical outcomes using motivational interviewing techniques in public sector health centres.

Majikela-Dlangamandla's master's research topic, a sub-study of the RCT study, assessed health promoters' adherence to a group diabetes education programme



using motivational interviewing techniques (MI) at community health centres in Cape Town.

"MI helps empower patients to explore their own reasons and skills for behaviour change. The traditional authoritarian approach of healthcare providers can demotivate and deter people, whereas the MI approach helps patients build intrinsic motivation to undertake the behavioural changes necessary for effective diabetes self-management," says Majikela – Dlangamandla.

Results of the study showed that health promoters' responded well to the programme, reporting that the resource material was helpful and relevant, and that they experienced a significant shift in confidence in their communication skills. It also showed that some health promoters' attempts to understand patients' perspectives and feelings still required development, as they failed to demonstrate sufficient proficiency in active listening, a key element of motivational interviewing.

"With enough practice, training and support, MI can effectively be implemented."

"Even though they only reached minimal proficiency, there was a shift, and with enough practice, training and support, the method can effectively be implemented. They have to unlearn old ways of interacting and that is challenging," she says.



GRAND new association for CDIA

Professor Naomi Levitt

The CDIA is one of 11 centres of excellence involved in the newly-named GRAND-South Network, which is committed to stepping up the fight against non-communicable diseases in South Africa and other developing countries.

A global network with a strong South African presence has stepped up the fight against deadly non-communicable diseases (NCDs) by formalising its collaboration with a new name – the GRAND-South Group. The network has been in existence for five years and consists of 11 centres of excellence in low- and middle-income countries around the world, working together on research, policy and capacity building.

The CDIA is one of the key players in the network and CDIA director, Professor Naomi Levitt is the vice-chairperson of GRAND-South.

“Our major objective is to reduce the burden of chronic disease on individuals and society and enable people to live healthier and less disabled lives,” says Professor Levitt.

According to the World Health Organisation, four out of five people in low- to medium-income countries like South Africa have risk factors for non-communicable diseases like stroke, heart disease, cancer and chronic lung disease.

Professor Levitt is proud of the work the CDIA has done, both on its own and as part of the broader GRAND-South network. “We didn’t exist five years ago and our major achievement has been to establish a national network that works closely with policymakers on a model of primary healthcare, with a view to improve healthcare delivery.”

The CDIA’s involvement in the GRAND-South group has also been important, as this collaboration extends across international borders and while focused on improving healthcare in lower- to medium-income countries, the network of researchers has been supported by 20 research institutions in developed countries.

With substantial investments from the US National Institutes of Health and the UnitedHealth Group, the GRAND-South Network has completed 33 studies across 22 countries, more than 1 000 professionals have been trained and 200 scientific articles have been published. But of equal importance is the work that the CDIA and GRAND-South initiative are doing at the level of local clinic and community centres, addressing the needs of patients who have non communicable diseases.

“We conducted research that has contributed in a material way to policy initiatives, as well as developmental research, which is being implemented in primary care settings,” says Professor Levitt.

New members

This year, the CDIA proudly welcomes a host of new members who are already making a significant contribution to the fight against non-communicable diseases in Africa. We look forward to the outcomes of their research.



Prof Taryn Young
Director, Centre for Evidence-based Health Care, Stellenbosch University (US) and consultant, South African Cochrane Centre



Dr Celeste Naude
Senior Researcher at the Centre for Evidence-based Health Care, US



Dr Karen Bernard
Senior specialist, Endocrine unit Tygerberg Hospital and US



Prof Rajiv Erasmus
Professor and Head, Department of Chemical Pathology, Tygerberg Hospital, US



Dr Tamara Kredo
Deputy Director, South African Cochrane Centre, Medical Research Council (MRC)



Dr Solange Durao
Senior Scientist, South African Cochrane Centre, MRC



Dr Edelweiss Wentzel-Viljoen
Dietetics, Centre of Excellence for Nutrition (CEN), North-West University



Prof Albertino Damasco
Professor of Cardiology, Eduardo Mondlane University, Mozambique



Taking the battle against disease into the family home

CDIA new member: Professor Jannie Hugo

The fight for the health and wellbeing of South Africans should be taken into the homes of the neediest individuals and families, believes award-winning doctor and new member of the Chronic Disease Initiative for Africa (CDIA), Professor Jannie Hugo.

The newest member of the CDIA is Professor Jannie Hugo, Head of the Department of Family Medicine at the University of Pretoria (UP). He is a passionate advocate for Community Oriented Primary Care (COPC) – a proven approach to primary care that sees healthcare brought proactively to families and individuals where they live, work and play.

“Our current healthcare system focuses too much on swamped hospitals and clinics, where doctors and nurses are struggling to keep people from dying. We need to move our efforts to where the epidemics (like tuberculosis (TB), HIV, diabetes and hypertension) are, in communities, where people are at risk and may unknowingly be spreading diseases and getting infected,” says Professor Hugo.

“For us, Community Oriented Primary Care is not a programme, but a revolution in the paradigm of health service delivery.”

In 2013, Professor Hugo and his team won the Council of Higher Education Learning and Teaching Association of South Africa’s first ever National Excellence in Teaching Award for their innovative platform to serve the educational needs of undergraduate and postgraduate medical and clinical associate students, while at the same time providing excellent primary healthcare, training community workers through peer learning and improving the lives of thousands of people.

There is proof that COPC works. The programme was piloted in eight municipal wards in Tshwane between 2011 and 2013 and it was found that up to half of people with presumed TB and almost half of those diagnosed with TB were not in contact with health departments or authorities and didn’t even know about health facilities in their area. COPC changed this by appointing team leaders and community

healthcare workers who followed up, sent people for testing and started those in need on TB medication, as well as organised family screening, significantly changing the model of care for these communities.

“For us, COPC is not a programme, but a revolution in the paradigm of health service delivery. It is something different and we are proud and excited to be part of it,” says Professor Hugo. “This revolution is about placing ourselves in the communities. If we work with community health workers and ordinary individuals and families, we can break the stranglehold of disease together,” he says.

Professor Hugo believes working with the CDIA – the country’s foremost chronic diseases research grouping – will be hugely beneficial. “The CDIA has done much work in communities and at clinics and health centres, and with our experience with COPC, particularly in the practice of setting up and operating at community level and in family homes, we can help set up a comprehensive plan for reaching and helping more people in need.”

“If we were able to put all our resources and common knowledge into one system, that could be very powerful,” says Professor Hugo. He convened a recent high-level meeting in Pretoria, also attended by CDIA director, Professor Naomi Levitt, Professor Bob Mash and other healthcare stakeholders to discuss combining approaches and synergising efforts to better address chronic disease management.

The CDIA has done a significant amount of work at community level, especially in the field of primary healthcare and providing models of care and guidelines for community workers. “We need more partnerships and more collaboration across all sectors of our healthcare system to change the picture of disease in South Africa. We are delighted to be working with Professor Jannie Hugo and the University of Pretoria,” says Professor Levitt.

“I believe it will help us to reach more people and significantly change our approach to primary care and chronic diseases in this country,” she says.

