

Revitalizing Higher Education in Africa: A Review of Health Research (in Social Science) in African Universities - A paper presented at the 2016 SASA Conference , Rhodes University, Grahamstown.

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Abstract

What is the agenda for health research in Social Sciences in African Universities? To what extent has university led research in the area of health revitalized higher education in Africa? This paper examines through a review of empirical literature, how university led health research in Social Sciences is repositioning African Countries/health systems for effective and efficient performance through generating and disseminating timely knowledge that resonates from the African context. It draws attention to how university-led social science research in health has contributed to the wider society and health system. It argues that the recognition of this in the health sector and by governments stimulates further research funding for university based researchers, however limited, thus creating an environment of energetic research activities, which, in the long run is significant in the revitalisation of higher education. The paper theorises the production of knowledge in the context of health research in the Social Sciences and how this contributes to the revitalizing of higher education in Africa.

Keywords – Health research, social sciences, African Universities, health, impact, outcome

Introduction

Essentially, the revitalization of higher education in Africa entails the repositioning of research; learning and knowledge generation in such a way that it speaks to our social realities. Revitalizing higher education particularly in knowledge generation is crucial in terms of generating content that resonates with the African context to improve the wellbeing of citizens, health infrastructures, structures and institutions.

The call to revitalize higher education in Africa has long been made by a number of scholars among which is notably, Mahmoud Mandani¹ who argued for learning and knowledge generation that resonates with our social realities in Africa. However, Mamdani did not specifically advocate for knowledge generation/research revitalization within a particular discipline.

In March 2014, the World Bank published excerpts from the African Higher Education Summit organised by the Trust Africa, where the former United Nations Secretary General, Kofi Annan made a case for setting goals to revitalize Africa's higher education systems². Kofi Annan and other stakeholders at the summit, explored the challenges faced by African Higher Education and highlighted them as; investment, harmonization, quality, access, graduate employability and diversity.

Other leaders and scholars during an African Union summit in 2006³ and 2007⁴ had earlier argued that while there is need to facilitate access and strengthen the capacity of higher education in Africa through investment, there is a greater need to adapt the teaching methods, curricula and research of universities in Africa to that of other developed countries.

Bloom⁵ posited a revitalization effort that focuses on broader partnerships and long term vision for higher education in the continent. In response to the call to revitalize higher

¹ Mamdani, M. (2008). Higher education, the state and the marketplace. *JHEA/RESA*, 6(1), 1-10.

² The World Bank Group (2015) Setting Goals to Revitalize Africa's Higher Education Systems March 12, 2015. Available: <http://www.worldbank.org/en/news/feature/2015/03/12/setting-goals-to-revitalize-africas-higher-education-systems>. Accessed ; 24th June, 2016

³ Union, A. (2006). Second decade of education for Africa (2006–2015), draft plan of action. African Union, Addis Ababa.

⁴ Union, A. (2007, May). Strategy to revitalize technical and vocational education and training (TVET) in Africa. In Meeting of the Bureau of the Conference of Ministers of Education of the African Union (COMEDAF II+) (pp. 29-31).

⁵ Bloom, D. E., Canning, D., Chan, K. J., & Luca, D. L. (2014). Higher education and economic growth in Africa. *International Journal of African Higher Education*, 1(1), 22-57.

education in Africa, strategic partnership and funding multiplied with world bank taking lead by creating 19 research centres of excellence across Africa. However, most of the centres of research are meant to boast research and knowledge generation in sciences, engineering, technology etc. Funding and research investment in social sciences appears quite limited and gradually declining. It is within this declining research funding and investment that this paper locates itself with an underlying assumption that the declining funding notwithstanding, current research activities in universities play and can still play a vital role in revitalizing higher education in Africa generally. The paper makes a case by examining research in health in social sciences, specifically; it reviews funded empirical studies in universities in Africa.

The review brings to focus; investments, agenda, outcomes and impacts of health research in social sciences. It draws attention to how university-led social science research in health has contributed to the wider society and health system. It argues that the recognition of this in the health sector and by governments stimulates further research funding for university based researchers, however limited, thus creating an environment of energetic research activities, which, in the long run is significant in the revitalisation of higher education.

Despite the growing bodies of literature on the importance of health research and the need to strengthen capacities in African higher institutions⁶, there are no systematic reviews that have evaluated health research in social sciences. The impact of health oriented research in social studies has been understudied; a systematic understanding and assessment of how health research in social sciences contributes to wellbeing and health systems strengthening in Africa is still lacking⁷. A complete understanding of the agenda for health research in social sciences in African universities is vital since knowledge generation and dissemination (R & D) is the basis for revitalizing higher education in Africa⁸. The key aspect of this review is to find out if and how social science health research insights have been integrated into various health systems across Africa for optimal performance and good health. The paper is structured as follows: health research agenda, methods, results and discussion.

Health Research: The Agenda

⁶ Rosenfield, P. L. (1992). The potential of transdisciplinary research for sustaining and extending linkages between the health and social sciences. *Social science & medicine*, 35(11), 1343-1357

⁷ Mamdani, M. (2007). *Scholars in the Marketplace*. Kampala: Fountain Publishers.

⁸ Mamdani, M. (2008). Higher education, the state and the marketplace. *JHEA/RESA*, 6(1), 1-10

What is the agenda for health research in Social Sciences in African Universities? The need to revitalise higher education in Africa has opened a public discourse on the agenda of African Universities. However, much as practitioners, governments and scholars have presented a case on curricula development and continued with their narrative on multi-disciplinary approach to learning, not much has been done in terms of setting an agenda for health research in Social Sciences.

There have been calls to support health research by strengthening capacities, supporting interdisciplinary studies, collaborative and individual research efforts. Most of these calls have been championed by international organisations and few institutions in Africa such as the WHO, World Bank, CODESRIA, MELLON foundation, etc. These organizations have established competitive fellowships, grants and other funding mechanisms that are meant to support research in Africa and promote South-South networking and partnerships. Yet, despite the financial investment into research in Africa, collaborative research between African institutions appears to be on the decline, coupled with weak strategic planning at the institutional level⁹.

Most of the research initiatives and efforts, particularly in Social Sciences appear not to reflect national priorities as well as social realities¹⁰. Therefore, targeted research agenda and investments are required in order to revitalize higher education in the context of health research in social sciences. Critics have also argued that not only do we need to strengthen research capacities through targeted investments¹¹, but there is also the need to raise the profile of health research in social sciences in particular. However, raising the profile of health research in social sciences can only happen when policy makers understand how social sciences research in health strengthens and contributes to the development of African health systems.

In addition, it is important to note that in order to strengthen or raise the profile of social science research in health, there is need to know what is actually being consolidated or

⁹ Jimmy V., (2005) Addressing inequalities in research capacity in Africa. *BMJ* 2005; 331:705, doi: <http://dx.doi.org/10.1136/bmj.331.7519.705>.

¹⁰ Volmink J, Siegfried N, Robertson K, Gulmezoglu AM. Research synthesis and dissemination as a bridge to knowledge management: the Cochrane Collaboration. *Bull World Health Organ* 2004; 82: 77883.

¹¹ World Health Organization. World report on knowledge for better health: strengthening health systems. Geneva: WHO, 2004. http://www.who.int/rpc/meetings/en/world_report_on_knowledge_for_better_health2.pdf (accessed 23 Sep 2005).

strengthened. This therefore calls for an understanding of the capacity of African institutions to do research, the social benefits of health research in social sciences as well as existing priorities and frameworks in the field.

Given the pervasive nature of bio medical health research, research efforts in sociology of health/ medical sociology are not easily perceptible to non-academics; or, when perceived, not easily associated with social benefits such as reduction in disease burden especially because it overlaps with research in public health which has significant sociology of health component.

Traditionally, the British Academy¹² has argued that the full impacts and benefits of research in social sciences can be identified if one looks how it influences social behaviour or public discourse. In Canada, it has been argued that social science research in health has been instrumental in altering health practices and policy by changing people's attitude, knowledge and understanding of diseases and other social problems¹³. In Africa, there has been little agreement on what the impacts / social benefits of health research in social sciences are, coupled with an increasing concern that social science research is declining.

Thus, this paper reviews only health research conducted within the subfield of sociology by academics in African universities. It attempts a comprehensive review of empirical studies in social sciences on the following; illness, interaction between society and health, social contexts of health, health systems strengthening and healthcare.

This review of empirical studies by African university led research in health in Social Sciences focuses on the health research agenda of African Universities by looking at the following – a. Health research investment in Social Sciences and the social benefits from such investments (measuring the outcome of health research in social sciences). – b, How one determines whether a social science particular investment in health research has been socially beneficial? Given that health research is often geared towards improving the health and health systems performance and socio-economic or general wellbeing of citizens.

¹² The British Academy (2004) 'That full complement of riches': the contributions of the arts, humanities and social sciences to the nation's wealth. The British Academy: London.

¹³ Landry R, Amara N, Lamari M (2001). Utilization of social science research knowledge in Canada. *Research Policy*, 30:333-49.

In order to establish what has already been done or being done in health research in social sciences in African Universities, this paper will review existing empirical studies/data on health research in social sciences; the kind of funding available to universities; the focus of such existing studies and how these social science studies/health research outcomes impact on individuals wellbeing and that of health systems across Africa.

To understand how social sciences have fared in knowledge generation within the context of health, and how this knowledge has impacted on Africa, there is need to look at the number of research and the prevalent agenda across board. This paper does that by assessing the prevalent themes and frameworks of empirical studies; how the studies were contextualised, when and where the studies were conducted, outcomes, results, methodology, sources of data used and suggestions to guide further research agenda in the field. There is a growing body of evidence to suggest that there is need to strengthen health research capacity and even out inequalities in partnerships with Africa; for instance, Volmink¹⁴ , Kilama¹⁵ , Mayhew et al¹⁶, and James et al¹⁷.

Methods

The main objective of this systematic objective is to present a comprehensive assessment of empirical studies as evidence of research in health in social sciences. It will help in understanding the health research agenda in social sciences, the social benefits and how social sciences have aided healthcare / health systems strengthening in Africa. And, the role of social science health research in revitalizing higher education in Africa.

Inclusion criteria

¹⁴ Jimmy V., (2005) Addressing inequalities in research capacity in Africa. *BMJ* 2005; 331:705, doi: <http://dx.doi.org/10.1136/bmj.331.7519.705>

¹⁵ Wen L. Kilama, The 10/90 gap in sub-Saharan Africa: Resolving inequities in health research, *Acta Tropica*, Volume 112, Supplement 1, November 2009, Pages S8-S15, ISSN 0001-706X, <http://dx.doi.org/10.1016/j.actatropica.2009.08.015>. (<http://www.sciencedirect.com/science/article/pii/S0001706X09002447>)

¹⁶ Mayhew, S. H., Doherty, J., & Pitayarangsarit, S. (2008). Developing health systems research capacities through north-south partnership: an evaluation of collaboration with South Africa and Thailand. *Health Research Policy and Systems*, 6(1), 8.

¹⁷ James AG Whitworth, Gilbert Kokwaro, Samson Kinyanjui, Valerie A Snewin, Marcel Tanner, Mark Walport, Nelson Sewankambo, Strengthening capacity for health research in Africa, *The Lancet*, Volume 372, Issue 9649, 1–7 November 2008, Pages 1590-1593, ISSN 0140-6736, [http://dx.doi.org/10.1016/S0140-6736\(08\)61660-8](http://dx.doi.org/10.1016/S0140-6736(08)61660-8). (<http://www.sciencedirect.com/science/article/pii/S0140673608616608>)

A search was conducted on Medline, Pubmed, Wiley online, Ebscohost, jstor, ScieLo network, google scholar, Plos, Cochrane, health and social sciences databases using the keywords: health, social science research, social science research in health, research in health, health research in Africa and health research in African universities. These databases of peer reviewed journal articles were searched for relevant empirical studies. The search on each database was conducted from most recent publications till 1995. Peer reviewed publications and journal articles were identified and included if they reflected the following criteria;

- a. Empirical studies conducted by academics in African Universities
- b. Utilized qualitative, quantitative or triangulation.
- c. A review or analysis of policy documents on social science research.
- d. Peer reviewed journal articles.
- e. Contained abstract, methodology, results, objective and discussion.
- f. Papers/relevant studies were included if they were perceived to be “related/similar” to the keyword search in a data base.
- g. Project reports and other texts/policy analysis published in peer reviewed journals through universities were included if they had elements of illness interaction between society and health, social context of health, healthcare, health systems in Africa.

Exclusion Criteria

The objective of this systematic review was to present an assessment of empirical studies. Data from grey literatures were excluded. Research funded by global forum for health research, national governments and the WHO were excluded. Articles on health promotion were excluded due to its public health outlook. Articles and papers from nursing, public health, medical sciences and policy papers were also excluded. The focus was on social science research in health by academics, therefore, doctoral dissertations were excluded from the search; local project reports and articles that are not peer reviewed were excluded; Peer reviewed articles on social science research in health published by / through non-African universities were excluded. Furthermore, discussion papers and conference proceedings were excluded due to difficulty of accessing full papers.

Selection criteria

Social science research in health has recorded a fast-growing body of literature (reference). And there appears to be difficulty in differentiating between research in health in social science and public health since they overlap. However, reviewing those studies that overlap with public health research is beyond the scope of this paper. Furthermore, interdisciplinary studies will not be addressed in this review.

This review will address only health related empirical/per reviewed studies conducted by academics in African Universities under social sciences as a discipline. The review will consider studies carried out in Africa and those that addresses illness, health, social contexts of health, health systems, healthcare, and mortality in the African context. Studies will be included if they resonate with the African context such as trends and narratives on illness, health systems performance, healthcare services and health in Africa.

Studies that focus on inequalities in health, social determinants of health in African Societies and those that could be generalized to a wider population will be included. Health research in the social sciences is the focus of the review and has been discussed in the introduction but will be discussed further in the discussion section. Therefore, studies will be included if the objective is to investigate health and all related contexts in Africa, in the field of social sciences by scholars in African universities.

Studies investigating illness, health systems, healthcare and health in Africa in comparison to other countries in the North will not be included. Similarly, empirical studies carried-out by African academics in collaboration with foreign (Northern) academics or presented in conferences outside Africa will be excluded. The topic of interest that would be incorporated into this review are; research in Africa, social science research in health, determinants of health in Africa, health systems in Africa, impact of social science research in Africa, revitalizing health research, higher education in Africa. Countries of interest and population will include all African countries and universities Africa.

Initial screening

Search results generated from keyword search were expanded based on the initial result from a previous search. A diary of search and included articles was kept and used to record all

databases searched for the following: Final results from each database; references of all included articles; methodology; results; area of focus; objective and other relevant details of included articles.

Titles, abstracts and text/body of searched and potential relevant articles was analysed and at each stage, documents considered irrelevant were excluded. References of all included articles were searched for further similar/related studies. Relevant studies from each sub search were included if they meet the outlined inclusion criteria.

Number of databases where search was conducted:

- h. Ebscohost – Keywords searched for; health research, social sciences. Number of articles displayed; 19567. Most articles were from various fields and mostly Nursing, Medicine, Socindex and medical research.
- i. The second search used on Ebscohost and the following keywords; health research, social sciences, African universities and the search engine brought up only 44 articles.
- j. The third search used ebscohost and searched for the following keywords “Impact of health research on health systems”. 236 articles were displayed.
- k. The search was further narrowed down to “impact of health research on health systems, Africa using same search engine and only 9 articles popped up.
- l. When another search engine ‘jstor’ was used to search for keywords “Health research, Social sciences”, it displayed 2, 104, 058 articles. When another keyword “Africa” was added to the same search engine/database, 310, 910 articles were displayed.
- m. Further search was conducted on ScieLo network, PLoS, Medline, and Cochrane using same keywords and it turned out that all potentially relevant articles when analysed were published in other disciplines; public health, community health/ nursing, micro biology and bio medical sciences.

Most peer reviewed articles on health research on wileyonline and pubmed data bases were in various fields such as ; biomedical sciences, public health and nursing. Only a few were published in social sciences but mostly through collaborative support from non-African universities. While a good number of empirical studies were grey literatures and or published by private/non-governmental organizations, a few were published by government agencies and international organizations.

Second Screening/ Data Extraction

Titles and abstracts of all searched/relevant articles were screened using the inclusion criteria. Those identified as potentially relevant were included in the search diary and irrelevant ones were discarded. Studies were screened by the lead reviewer without oversight or a second opinion. Full text of potential relevant studies/data were obtained and screened based on the inclusion criteria. Literatures that satisfied inclusion criteria were included and those excluded were saved on a separate database for future reference.

All empirical studies/data pertaining to the review that were considered suitable for inclusion and had met selection criteria were “entered into a spreadsheet/tabulated and analysed”. All included literatures were summarized under the following headings; Author, focus, objective, result/outcome, method/data sources. Studies conducted same year and those with similar focus and objectives were summarized/grouped together for analysis.

Impact Assessment

Studies that are considered similar in terms of objective and result were grouped together and the research methods as well as sources of data used in such studies were analysed for their social benefits. Social benefits of included studies were assessed using a checklist developed by the reviewer;

- Outcome of each empirical study was measured against objective/investment. That is, if the result could be generalized to a wider population with similar characteristics, then, the study could be considered socially beneficial¹⁸.

-If a study is perceived to have improved the health, health systems performance, and socio-economic wellbeing of individuals of the targeted society, then it would be considered socially beneficial¹⁹; furthermore, if information derived from that study was used in sensitizing citizens about their how their communities work²⁰⁻²¹

¹⁸Buxton MJ, Hanney S. (1996)How can payback from health services research be assessed? J Health Serv Res Policy 1996;1:35-43

¹⁹ Buxton M, Hanney S, Jones T.(2006) Estimating the economic value to societies of the impact of health research: a critical review. Bull World Health Organ 2004; 82:733-9. Available: www.brunel.ac.uk/3289/Herg1/733.pdf (accessed 2016.06,21)).

²⁰ Smith, V. H. (1998). Measuring the benefits of social science research (Vol. 2). Intl Food Policy Res Inst.

Data Analysis

Due to the heterogeneous nature of all included literature, a statistical meta-analysis could not be conducted. Data differed and varied by research methods, outcomes and objectives. Only a few studies displayed similarity in terms of “focus”. Studies that had qualitative elements were synthesized thematically using core descriptive themes and analytical patterns/trends

Data will be analysed based on the following narrative synthesis/processes.

- a. Creating a summary of all results of included studies;
- b. Examining trends / prevalent themes and areas of focus within the field of health research in social sciences;
- c. Establishing a relationship between the bodies of studies already carried out in the field of social science research in health in Africa.
- d. Tracing the intellectual progression of health research in social sciences in Africa within a specific timeframe by teasing out prevalent debates/narratives per period.
- e. Assessing the extent to which the body of literatures [in the sub field of social sciences] in health research in social sciences can be synthesized and used in redirecting or defining an agenda for health research in social sciences.

In order to increase validity of this review paper, only peer reviewed journal articles were included. Peer reviewed articles published between 1995 till date were included, excluding books, newspapers, thesis, conference proceedings, reports, and documentaries published by NGOs.

Publication bias in all included literature was not assessed in this paper. Furthermore, part of the limitation of this review is the overlap between social science research in health and public health research. The complex nature of research in social science and difficulty in differentiating between studies in both disciplines remains the major limitation of this paper particularly, with regards to studies that focus on illness, social contexts of health and health systems.

²¹ Smith, V. H., & Freebairn, J. (2004). 5 The Benefits of Social Science Research. *UfHflT'S Economics WORTH?*, 108.

Results

A total of 19 empirical studies published in different journals and accessed through multiple databases were reviewed, having met the inclusion criteria. All included studies are summarized and tabulated below using the criteria outlined earlier.

Description of Studies

Most of the studies (70%) were published in South Africa by South African scholars/academics in South African Universities. A good number of the literatures were published between 1995 and 2012 and used mostly triangulation. Only 20% of reviewed literature used quantitative methods and sourced their data nationally (national statistical data). Studies that used cross-sectional design had non-representative samples and excluded children.

Furthermore, 60% of included studies focused on analysing and assessing health systems performance within the context of key social determinants and policy assessments. Out of all the studies that focused on health systems performance, only two focused on financing. One study analysed the role of stewardship and its impacts on health systems performance and the others focused on policy review and the abolition of user fees across countries in Africa.

Only a few studies focused on illness and diseases. Studies that analysed diseases/ illness focused on TB and HIV; social contexts and access to treatment. Besides, studies that focused on HIV did so within the context of access to medicines and disease transmission patterns. Out of the four studies that focused on health services, utilization patterns and access to healthcare featured prominently.

A total of six studies focused on HRH- human resources for health and out of all, “task shifting” and “CHW- Community health Workers” were associated with health outcomes in patients; some of the studies also focused on the role of substitute health workers in health systems. Generally, results showed that substitute and non-specialist health workers were an advantage to African health systems and have improved access to and utilization of healthcare services in non-urban areas.

Analyses of the 19 studies are presented in the table below; studies were analysed according to author, area of focus, objectives, results and methodology/ source of data used.

Table 1: Data collection and description of reviewed studies

Study	Area of focus	Objectives	Results	Methodology/ source of data
Kitange et al, 1996	Mortality	To measure age and sex specific mortality in adults (15-59 years) in urban and rural areas of Tanzania.	Mortality and probability of death between 15 and 59 years of age; Survivors of childhood seem to experience high mortality rates throughout adulthood.	Three years observation
Mwabu, G., Mwanzia, J., & Liambila, W. 1995.	User fees in hospitals	To assess demand effects of user charges in a district health care system by analysing the impact of fees on revenue and service quality in government facilities.	The abolition of user fees was associated with increased in flow of patients at government health centres. There was a noticeable migration of Patients from private to public health facilities.	The study used cross-sectional data from household and facility surveys.
Pereira C, Bugalho A, Bergstrom S, Vaz F, Cotiro M, 1996.	Health services	To evaluate the outcome of caesarean delivery performed by assistant medical personnel and specialists in obstetrics	There were no differences in the indications for caesarean delivery. The surgical interventions	Non-randomised analysis of 2071 consecutive caesarean deliveries at Maputo Central Hospital

		and gynaecology with particular attention to post-operative complications.	associated with caesarean delivery did not differ in the two groups.	
Dovlo, D. 2004.	Human resources for health: health workers	To identify and describe experiences with substitution of skills in the health care workforce in African countries and to assess whether these experiences have been evaluated and what the results of these evaluations were	Health workers are a great advantage to health systems in Africa; they are cost effective, their presence improves access to health services in rural areas. And, when compared to doctors, there is a minimal difference in outcomes to patients.	A review using curricula, evaluations and key-informant questionnaires with focus on variables such as education, regulation, scopes of practice, specialization, nomenclature, retention and cost-effectiveness of health workers within the context of their utilization in African countries: Tanzania, Malawi, Mozambique, Zambia, Ghana etc.
Petersen, I., Lund, C., Bhana, A., & Flisher, A. J. 2012	Human resources for health: health workers for mental health;	To calculate and cost a hypothetical human resource mix required to populate a framework for district adult mental health services	The cost of care by a specialist for mental health conditions such as schizophrenia, bipolar affective disorder, major depressive disorder, post-traumatic stress	The expected number and cost of human resources was based on: (a) assumptions of service provision derived from existing services in a sub-district demonstration site and a literature review of evidence-

			disorder and maternal depression are by far very expensive and can be offset by a reduction in the number of other specialist and non-specialist health personnel required to close service gaps at primary care level.	based packages of care in low- and middle-income countries; and (b) assumptions of service needs derived from other studies.
Callaghan, M., Ford, N., & Schneider, H. (2010).	Human resources for health: task shifting to substitutes	To find out whether good health outcomes can be achieved by task shifting to nurses and lay or community health workers.	Task shifting has the potential to be an effective approach to tackling shortages of HRH in HIV treatment and care if adequate and sustainable training, support and pay for staff in new roles, the integration of new members into healthcare teams, and the compliance of regulatory bodies are adhered to.	Systematic review; data was sourced from multiple databases: Medline, the Cochrane library, Social Science Citation Index, and the South African National Health Research Databases. Keywords searched: task shift, balance of care, non-physician clinicians, substitute health care worker, community care givers, primary healthcare teams, cadres, and HIV.

			Task shifting offers high-quality, cost-effective care to more patients than a physician-centred model.	
Mathauer, I., & Imhoff, I. (2006).	Health systems: Human Resource for Health	To assess the role of non-financial incentives for motivation in two locations; Benin Republic and Kenya.	Study indicated that health workers are strongly guided by their professional conscience and ethos. A good number of them are frustrated by their inability to fulfill professional obligations as a result of insufficient supplies and poor human resources management (HRM) tools	Triangulation: quantitative and Semi-structured qualitative interviews with doctors and nurses from public, private and NGO facilities in rural areas in Benin and Kenya.
Schneider, H., Hlophe, H., & van Rensburg, D. 2008	Human Resource for Health-Community Health Workers	To evaluate community health workers and their response to HIV/AIDS in the free state province of South Africa:	The evaluation established that there is a significant CHW presence in the South African health system, although with key	Qualitative observation and interviews carried out over a period of 2 years (2004–06); involved visits to 16 primary health care facilities in free state

			managerial challenges.	province where CHW and nurses provide comprehensive HIV services, including ART.
Coovadia et al, 2009	Health system	Examined the historical roots of the determinants of health in South Africa and the development of the health system through colonialism, apartheid and post-apartheid period.	Macroeconomic and socioeconomic contexts of health are the key determinants of health. Notable lack of progress in implementing core health policies developed by the ruling political party and weak policy choices.	Report / policy analysis.
Lucy Gilson, Martin Alilio, Kris Heggenhougen, 1994	Quality of health services	To demonstrate the perceived problems of the care available, such as structural and inter-personal skill failings, both of which were seen to influence drug availability and maternal services	Key weaknesses identified in available care indicated; a general preference for health centres compared to dispensaries. Health care services provided by religious groups (church) were of poor quality but considered better	The study was primarily undertaken in Tanzania through the use of qualitative interviewing designs

			than government care.	
Mate et al,2009	HIV	To test data accuracy for tracking progress of PMTCT	Data collected and reported in three public healthcare facilities across HIV-prevalent Districts showed signs of inaccuracy therefore, considered invalid and insufficient for the purpose of tracking process performance or outcomes for PMTCT care.	Data survey; assessment and audit the completeness and accuracy of data reported for six key PMTCT data elements between January and December 2007 from all 316 clinics and hospitals in three districts.
K peltzer,2009	Health systems performance assessment	To evaluate the degree of health care service responsiveness (both out-patient and in-patient) and comparing the experience of users of public to those of private services in South Africa.		A population-based survey. Data was sourced from 2352 participants;1116 males and 1236 females

Behrman, J. R., Behrman, J. A., & Perez, N. M. 2011	Comparative analysis of the impact of social science research on health conditions in LICs.	To assess whether the marginal social benefits of demographic and social science research on various health conditions in developing countries are likely to be relatively high	The analysis suggests that contemporary demographic and social science research on health in developing countries tend to focus more on HIV/AIDS, and too little on non-communicable diseases.	Comparative study using two data sets: WHO Disability-Adjusted Life Years projections for 2005-30 were compared with; demographic social science research on health in LICs from 1990-2005, and -presentations made at the Population Association of America annual meetings during the same frame.
Sprague, C., Chersich, M. F., & Black, V. (2011).	HIV; social context of access and use of ART	To track and document women's experiences of accessing ART and prevention of mother-to-child HIV transmission (PMTCT) programmes in the Eastern Cape and Gauteng provinces in South Africa.	Identified considerable weaknesses within operational systems for delivering PMTCT and ART in all four facilities	Triangulation; quantitative and qualitative.
Ridde, V., & Morestin, F. 2011.	User fees	To examine whether user fees constrain access to healthcare in African countries and the effectiveness of its	The survey indicated that abolition of user fees had positive effects on the	Review; survey of 20 literatures utilizing scoping methods to assess effectiveness of abolishing user fees in

		abolition.	utilization of healthcare services, but dependent on implementation processes.	African healthcare facilities.
Mayosi et al, 2012	Health System	To assess progress and the extent to which specific MDGs goals have been met by 2015	Increasing social determinants and racial disparities; poor integration and coordination within the health system; weak monitoring and assessments have hindered MDGs.	Policy analysis
Lépine, A., & Le Nestour, A. (2012).	Utilization pattern and access to healthcare services	To establish the major determinants of access and use of public healthcare facilities in Senegal.	The high rate of utilisation in the study area was associated with key characteristics of the PHC facilities; the PHC facilities were accessible and offered good healthcare services at a low price. Health seeking behaviour was determined by income/ hospital fees.	Household survey: 505 households were sampled using a two-stratified sampling procedure, where each household had the same probability of being included.

Sartorius B, Kahn K, Vounatsou P, Collinson MA, Tollman SM. 2010.	Mortality : social determinants of health	To examine causal risk factors for diseases I rural south Africa over a specific time frame	Social exclusion was a major determinant of Health among the sample population.	Health and Socio- Demographic survey.
Bronwyn Harrisa, Jane Goudgea, John E Ataguba, Diane McIntyre, Nonhlanhla Nxumaloa, Siyabonga Jikwana and Matthew Chersich (2011)	Health inequalities	To examine inequities in access to health care in South Africa using: affordability, availability, and acceptability of health services as indices.	The study demonstrated that: Socioeconomic status, race / ethnicity, medical insurance status, and urban-rural variations constrained access to health care.	Household survey using national data.

Discussion

Trends/Themes:

Health Systems performance

An assessment of social science research in health (studies conducted within the period 1995 – 2016) originating mainly from Academics in African Universities indicates an emerging but largely uncoordinated trend;

Generally, the studies that focused on health systems examined constrain that limit effectiveness and performance at various levels. Most of the studies did not indicate explicitly, which of the key functions of the health system constrained its effectiveness. The

context of health systems performance analysis of most reviewed literature catered around: Stewardship, financing, human physical resources, organization and management of service delivery. However, only a few studies strongly indicated that the major constraints to health systems performance were at the government/stewardship level. There was an association between health systems policy oversight and its effectiveness.

Studies conducted between 1995 and 2009 focused mainly on diseases and originated from South Africa while only one study focused on how social life affected mortality/morbidity. 30% of the studies conducted within the same timeframe originated from West Africa, and focused on inequalities in access. Other studies from other parts of Africa followed same trend and explored inequalities in access to healthcare resources, particularly constraints linked to medical costs and users' fees [e.g. Kenya, Ghana, Gambia etc.]

The content on scholarship on health research in social sciences changed within 15 years from social context of health, mortality to diseases (TB, HIV) and health systems strengthening. For instance, the content of most research efforts in South Africa within this period was centered on the social dimensions of health such as race, class, income, rural – urban differentials, how these factors affected life chances and mortality rates within a particular social group. Studies that focused on health and how social life affected wellbeing examined that in the context of age, race and gender and how these variables are associated with ill health and morbidity within specific population. Most of the studies were not generalizable.

As the health systems paradigm emerged, most of the studies focused on stewardship and health policies in relation to how they affect access to health services/delivery. The notable shift within the health systems theme ranged from literature that focused on health financing to explanations, causality and correlations with utilization access and health outcomes. A good number of reviewed studies relied on a mixed approached to data collection/analysis- hence it was difficult to check the data for validity/bias. Furthermore, over 70% of the reviewed literatures sourced their data from a secondary data/national statistics.

The method varied from purely quantitative to ethnography, longitudinal studies and simple qualitative studies. Overall, there was high reliance on secondary datasets/national data

Worthy of note is the fact that over 80% of reviewed articles were co-authored. Although most of the studies did not acknowledge or declare any conflict of interest, there is a high probability that 60% of the studies were funded by donor agencies. There was the focus on political-economy of healthcare; The descriptive/analytical studies looked at social forces that shape healthcare delivery in Sub Saharan Africa in relation to outcomes. While there was decline of studies that focus on the changed disease patterns in Africa, studies that analysed models of healthcare shifted towards Public Private Partnership and suggested an association between change of disease patterns, low access and use, research and capitalism or commodification of healthcare.

Illness/Disease

A number of studies analysed the changing patterns of diseases for HIV, TB and malaria among specific communities/sub groups. Several of those studies reported disease patterning; social underpinnings of diseases/illness and access to treatment. There are no studies on Ebola, Zika or upper respiratory tract infections. It is important to note the specific context in which diseases and illness research has been premised on by African Scholars. The prevalent context within a period of 20 years has been “the social underpinning” of diseases such as HIV, and TB, excluding cancer, hepatitis and other prevalent diseases in Africa.

Other studies focused on the patterns and spread of HIV/AIDs, while a limited number looked at access to HIV treatment and other factors that inform intervention efforts. A few studies focused on TB and HIV distribution across specific communities in African Societies as well as the factors that determine inequalities and health disparities among the study population. Furthermore, the social meaning of illness, how it is experienced and socially constructed within specific social groups were not analysed by literatures that were reviewed.

Health Services/Social Organization of Healthcare in Africa

Most of the reviewed studies did not analyse the social organization of healthcare in Africa. There was no general comparative analysis or country specific assessments of health systems except for the studies that accessed specific components of a health system in Nigeria and South Africa (Obuaku, 2014). Healthcare reforms, users’ fees, medical aids/health insurance also featured prominently in some of the reviewed studies. Over 70% of the reviewed studies

had strong traits of individualism which I consider a sort of limitation since it makes generalization difficult. The “contextual” nature of reviewed studies suggests as always that context matters. However, the heterogeneous nature of methods/findings from reviewed studies (might be a strong point) but also points to a lack of clearly defined research agenda in the field of health research in social sciences and also raises the question of validity in research output in social science research in health.

There is no doubt that there is a continuous production of rich and descriptive data on illness, health and diseases by African Universities. However, to what extent can one say that these rich information have guided policy and decision-making in Africa? Can one also say that the trends in social science research in health scholarship has not been driven or dictated by funding organizations, collaborative networks from the North and poor individual/institutional capacity in Africa? Again, to what extent does research in health in social sciences in Africa resonate with our lived experiences? Does the current and emerging trend in health research scholarship resonate with prevalent illness/disease patterns in Africa? Is our research direction dictated by funding/funders? Do existing data speak to our present social realities in Africa?

These questions are premised on the noticeable change from one trend, perspective, and paradigm to another within the shortest timeframe. While a change in perspectives defines the nature of sociology, generally, ideas and tools vis-à-vis social theories, methods, and socialization if not controlled and strategically directed towards clearly defined national health objectives, it could become the bane of research in health in social sciences.

Health, Quality of Life and Work

Housing, neighbourhoods, employment, working conditions, obesity, and hunger were hardly linked to health by some of the reviewed studies. Similarly, few studies linked life chances to lifestyle. While these areas require more renew interest/research, only a handful have been carried out in Africa except for a few collaborative studies with Northern institutions which are outside the scope of this review and were excluded.

Social Science Health Research and Revitalization of Higher Education in Africa

This review has indicated a growing body of literature in social science health research. Clearly, there is evidence of scholarship within the sub field of sociology of health; however, the content is not agenda-driven. The critical question then becomes; to what extent has the increase in the number of publications in social science impacted on higher education in Africa? What are the potentials of social science health research and in what ways can it contribute to the revitalizing of higher education in Africa?

Health research is highly associated with improved health and reduction in mortalities and morbidity rates²². Its linkage with improved quality of life has also raised concerns over unequal benefits²³ and the need to reinforce capacity for multidisciplinary and intersectoral approach to health research, particularly, by African universities. Health care does not always lead to improved health because of suboptimal health care delivery systems and this is where social science research in health is required to define the issues and help in setting the agenda.

Studies have shown that investment in domestic research in LMICs grows by five percent annually, particularly, in emerging economies²⁴. Moreover, these recorded increases in health research have been as a result of international collaborations with very few African academics /universities chairing and co-authoring a fraction of those studies²⁵. Therefore, there is need for renewed interest in health research in Africa as a means of revitalizing higher education in the context of knowledge generation in social sciences²⁶.

Social science health research can yield large benefits for the wider African society; individuals, households and communities. It can improve policies and decision making which

²² Nuyens Y. (2008) No development without research: a challenge for research capacity strengthening .global forum for health research, Geneva. http://www.globalforumhealth.org/filesupld/RCS_Nuyens.pdf

²³ Hanney S. & Gonzalez-Block M (2015). Health research improves healthcare: now we have the evidence and the chance to help the WHO spread such benefits globally. *Health Research Policy and Systems* (2015)13:12. Doi 10.1186/s12961-015-0006-y

²⁴ Young A., Terry R., Rottingen J., Viergever R.,(2015) Global trends in health research and development expenditures- the challenge of making reliable estimates for international comparison. *Health Res policy Syst.* 2015;13:2

²⁵ Ager A, Zarowsky C (2015) Balancing the Personal, Local, Institutional and Global: Multiple Case Study and Multi-dimensional Scaling Analysis of African experiences in Addressing Complexity and Political Economy in Health Research Capacity Strengthening. *Health res policy syst.* 2015;13:5

²⁶ Yazdizadeh B., Alami A., Majdzadeh R., Amrolalaei S (2014) How can we establish more successful knowledge networks in developing countries? Lessons learnt form knowledge networks in Iran. *Health Res Policy Syste.*2014;12:63

when implemented would result in an effective health system and health for all. It can also yield positive impacts if and when the knowledge production is agenda-driven, aligned with national priorities and results are used to inform citizens about how their societies function.

In as much as social science research in health holds much benefits, its wide and extensive nature has been problematic as evident in this review. The aim of this paper was to identify and assess key themes/ trends that can lead to an awareness / definition of the agenda for social science health research in Africa. However, new trends were uncovered and when compared to other literatures, it is evident that, governments, individuals and institutions in Africa equally find the revitalization of health research problematic and unable to define the contexts and frameworks of such research²⁷.

The results of this review similarly, points to a scarcity of peer reviewed empirical studies in social science databases. Perhaps, the number of studies would have been more if grey literatures, policy analysis/ documents, non-peer reviewed literatures, non-scientific and conference proceedings were included. Even though included studies are limited as a result of the key words / databases searched, there is an indication that most of the studies were carried out by universities in South Africa, Nigeria and Kenya. This point to the fact that despite improved international and regional level policies and collaborations aimed at closing the gaps in health research in developing countries beginning 2008, not all populations are benefitting from these efforts²⁸.

In addition, these efforts have not resulted in knowledge transfer or tangible development in sub Saharan African countries. An analysis of poverty rates and other development indicators suggest a widening gap in income inequalities which has been linked with inequalities in health. In Africa, these inequalities are linked with low levels of education, poor health, closed economies and too much public expenditure that are not directed towards clearly defined policy goals²⁹.

²⁷ Sawyer A.(2008) African universities and the challenges of research capacity building. http://www.codesria.org/links/publications/jheal_04/sawyerr.pdf

²⁸ World Health Organization (2008) Alliance for Health policy and systems research . sound choices: enhancing capacity for evidence-informed health policy. WHO ; Geneva: 2007. http://www.who.int/alliance-hpsr/resources/alliance_br_pdf

²⁹ Artadi E.,& Sala-i-Martin (2003). The economic tragedy of the XXth century: growth in Africa. (No. w9865). National Bureau of Economic Research

Given the current state of the building blocks/components of African health institutions, systems and economies, health research is particularly important. Even though there has been an increase in universities in Africa in the past decade, there appear to be gaps in the content of what these universities teach in the context of human resources, knowledge transfer and the quality of research output that is generated from the continent and disseminated worldwide³⁰. Higher education funding in Africa has been problematic; there is currently a mismatch between a growing student population and investments in higher education funding in Africa that has resulted in falling academic standards in the continent. Moreover, even when finances are available, it is either channelled to non-strategic sectors or technical knowledge and competences would seem to be lacking

The issue here is that while more funding is required to revitalise higher education in the context of strengthening research capacities, increased funding, and particularly in education does not necessarily guarantee better outcomes³¹. In addition, higher government expenses relative to GDP tend to be associated with lower efficiency in the respective sector³². What does this mean for social science health research in Africa? What is being suggested here is very simple, it means that while emphasising higher budgets for the revitalization of research and teaching in Africa, there is need to outline core contexts and strategic frameworks for the achievement of all sectoral goals.

Much as the idea of revitalizing higher education in Africa seems plausible, it would be near impossible without quality human and institutional capacities. Nurturing research skills as well as perspectives in academics and universities in Africa requires a high level of expertise statistical, analytical and managerial skills, and this is where funders and collaborations are needed. The revitalization of higher education in Africa comes through research/ knowledge generation and goes back through dissemination in universities via publishing and seminar which in turn raise the quality of education as well as enriching learning. Therefore, funding can be improved in that context.

³⁰ The Guardian “ In Africa’s Universities, quantity threatens quality” Richard Kavuma; 2011, September 9th. www.guardian.com

³¹ Gupta S., & Marijn V., (2001) The efficiency of government expenditure: experiences from Africa. *Journal of policy modelling*, may 2001, Vol.23(4):433-467,doi:10.106/S0161-8938(00)00036-3

³² Haunter D., & Kyobe A., (2010) Determinants of Government efficiency. *World Development*. November 2010,Vol.38(11):1527-1542, doi:10.1016/j.wprlddev.2010.04.004

Africa's population in 2009 was estimated at one billion, by 2015, the population has grown to 1.166 billion³³. Besides, with this numerical increase and high fertility rate come higher mortalities, low life expectancy, high disease burden, growing public health issues, and weak health systems fraught with inequalities in health and poor access to essential medicines. Africans face health problems that are associated with low incomes and other socio-economic factors which bother on inequality and growing inequities in continental research agenda.

Furthermore, research has explored the widening and growing inequality trend in health which is highly correlated with widening income gap. In addition, health inequalities statistics in Africa differs across geographical location- variations in health systems management, delegation of financial responsibility, poor ratio of human resources for health to patients, inadequate infrastructures, rural-urban differentials, socio-economic determinants of health and inequities in resource allocation are some of the complex issues being encountered by health systems in developing countries, out of which African countries rank highest. Therefore, there is need for revitalizing higher education in Africa in the context of quality health research in social sciences; whose content will be generated by Africans and in their own context in order to guide developments/advances and spear head new initiatives across the continent.

Conclusion

This review of empirical studies indicates that there is need for an agenda –driven systems based knowledge revitalization through research in health in social sciences. The proposed knowledge generation in health is necessary and expected to give insights on how health research and knowledge from the social sciences and humanities could be produced and combined with knowledge from other fields. Furthermore, it would provide further insight on knowledge generation in research (the social sciences) and how such knowledge could be used to build or reinforce the effectiveness of African health institutions and systems.

The literatures also demonstrate that a revitalization of higher education in African universities with focus on health research is necessary due to the potential benefits of social sciences as evident in its tools. However, the benefits of social science research in health

³³ World Population Review (2015) Africa population (2015). Available www.worldpopulationreview.com accessed 201/25/06

cannot be fully harnessed without a clearly defined continental, regional and disciplinary agenda to guide research, enquiry, debate and discourses.

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(<http://www.sciencedirect.com/science/article/pii/0277953694900388>)

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