My journey began as a pharmacist, and continues now as a healthcare professional. Although trained as a pharmacist to follow only the biomedical model, I received further training from the World Health Organization when asked to initiate an essential medicines programme in Karnataka, India. In the process, I began to incorporate social determinants of health into my research and teaching.

The timing of my entry into public health synchronised with the Millennium Development Goals being implemented at a global level. My compass needle was pointed towards Goal 8: access to essential medicines. I led an essential medicines programme for my province until 2003, after which I returned to academia to teach the subject at Rhodes University in South Africa.

Since 2003, a complex line of opportunities has led to a transition towards integrated health promotion and disease prevention as my primary areas of research – specifically community participatory approaches towards ‘heart wellbeing’. This has a personal interest since losing my father to a heart attack.

The ACU Titular Fellowship provided an opportunity to visit the British Heart Foundation Centre on Population Approaches for Non-Communicable Disease Prevention at the University of Oxford, UK. The centre carries out research into population approaches for the prevention of non-communicable diseases – i.e. cardiovascular disease, diabetes, and cancer.

The visit was an opportunity to gain better understanding of the Preventable Risk Integrated Model (PRIME): a macro-simulation model designed to estimate chronic disease mortality in a population as a result of behavioural risk factors (poor diet, physical inactivity, smoking, and alcohol consumption). These operate through three intermediate risk factors: obesity, blood pressure, and cholesterol. Scenario models such as PRIME are a key tool in public health because they allow researchers to estimate the impact of population-level health interventions that cannot be assessed by standard epidemiological studies.

During my fellowship, I was able to conduct an extensive literature review of South African data with a view to applying the model. However, it became apparent that PRIME could not be used in South Africa at present due to the lack of comprehensive population data in areas such as salt and fat intake, physical activity, and alcohol and tobacco consumption.

It is true that when one opportunity seems to fade, the next begins to take shape. Based on consultations with team leaders at the British Heart Foundation, I used the quality time and space provided by the fellowship to write a proposal for a project on workplace health promotion to submit to my home institution. Globally, workplace health promotion is gaining recognition and momentum because healthy and motivated employees contribute more effectively towards their organisation’s progress. Workplace health promotion initiatives are particularly crucial in the context of non-communicable diseases, which are rapidly advancing as the leading causes of morbidity and mortality across all social classes in developing countries.

At the heart of my proposed research project was the impact of the epidemic increase of non-communicable diseases, such as hypertension and diabetes, in South Africa. This burden results in a complex interplay of personal, social, and financial complications, affecting the patients’ families and communities. As well as being a middle income country with a high burden of non-communicable diseases, South Africa also carries the highest per capita health burden of any middle income country in the world – borne, disproportionately, by the poorest families. The negative
effects of these diseases, especially on lower socio-economic populations, results in increased poverty and hinders efforts toward the newly mandated Sustainable Development Goals. It is therefore essential to plan and implement health promoting workplaces and health education in this area.

The proposal written during my fellowship was awarded a research development grant from my home institution – Rhodes University – to fund postgraduate student bursaries for two projects envisioned in the proposal. This has resulted in collaborative research with one of the team leaders from the British Heart Foundation, Dr Nick Townsend, who is now a co-supervisor on the two projects. Both projects are progressing extremely well, and are titled ‘Workplace health promotion: policies and practices at Rhodes University’ and ‘Health promotion: approaches to dietary salt’. Two further health promotion projects aimed at support staff will be initiated in 2016.

These comprehensive, collaborative, and culturally-sensitive research projects add value to Rhodes University’s focus on research capacity-building, and to the career paths of the emerging pharmacists taking part. By collaborating with the Health Care Center at Rhodes University, it is hoped the projects will have a direct, positive, and sustainable impact on the wellbeing and health of support staff at the institution, and will further promote health promotion policy interventions at the university.

While in the UK, I was able to arrange a visit to the University of Bath, where I established links with the Department of Pharmacy and Pharmacology. We intend to work on collaborative projects in the area of pregnant women and complications occurring with type 1 and 2 diabetes.

Another important link was forged through a visit to the University of Cambridge, where I established relevant contacts with the Cambridge-Africa Programme. Meanwhile, discussions with colleagues in the Department of Public Health and Primary Care resulted in a plan to collaborate on research into prescribing practices in primary healthcare in order to identify pharmaco-epidemiological trends. A first step towards this has been achieved with a baseline project in 2015. On a personal level, it was also important for us to visit Cambridge as a way of goal-setting for my 18 year-old daughter, who had just completed her A-level exams in India.

The George Weston Limited, Canada, Fellowship is awarded in the areas of agriculture, forestry, and food science or technology, and has this year been awarded to two recipients: Dr Anne Galloway at Victoria University of Wellington, New Zealand, and Dr Niranjalie Perera at Wayamba University of Sri Lanka.

Dr Galloway will work collaboratively with experts at the University of Exeter, UK, focusing on livestock welfare and humane slaughter methods. Dr Perera will visit the University of Reading, UK, to explore links between human genetics and susceptibility to infectious disease, informed by expertise in computational modelling and big data.

The Gordon and Jean Southam Fellowship has been awarded to Dr David Phipps at York University, Canada. As knowledge mobilisation (or research uptake) becomes an increasingly important element in university research management, Dr Phipps will visit Coventry University, UK, to collaborate on the development of ‘knowledge broker competencies’, assessment tools, and capacity-building in this area.

The Jacky McAleer Memorial Fellowship is awarded to those specialising in the field of information technology. This year’s award will enable Md Anwarul Islam at the University of Dhaka, Bangladesh, to undertake research with the InterPARES Trust Project at the University of British Columbia, Canada. The InterPARES Trust is a multinational, interdisciplinary research project exploring issues concerning digital records and data entrusted to the internet. Mr Islam’s research will focus on cloud-based technologies, specifically looking at these in a commercial context.

The Swansea University Fulton Fellowship has been awarded to Dr Helen Rawson at Deakin University in Australia. Dr Rawson’s research at Swansea University, UK, will focus on developing best practice in the care of ethnic elderly patients.

The University of Manitoba Fellowship has been awarded to Professor Derek Chadee at the University of the West Indies, Trinidad. Professor Chadee’s research at the University of Manitoba, Canada, will explore crime victimisation and the fear of crime, including the disconnect between official crime statistics and rates of unreported crime.

The University of Oxford Fellowship has been awarded to Dr Murray Cox at Massey University, New Zealand. Dr Cox will work with colleagues at St John’s College, Oxford, UK, to explore links between human genetics and susceptibility to infectious disease, informed by expertise in computational modelling and big data.

The Wighton Titular Fellowship in Engineering is intended especially for the enhancement of laboratory teaching capacity, and has this year been awarded to Dr Manisha Yasanthi Gunasekera at the University of Moratuwa in Sri Lanka. Dr Gunasekera will visit the Memorial University of Newfoundland in Canada to develop her laboratory teaching capacity, with an emphasis on chemical process plant safety and the use of inherently safer design methodologies.

Dr Sunita Srinivas is Associate Professor of Pharmacy Practice at Rhodes University, South Africa.

ACU Titular Fellowships 2015

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