

**GLOBAL HPSR DEVELOPMENT AWARDS  
APPLICATION PROJECT SUMMARY**

<b>Programme</b>	NIHR Global Health Policy and Systems Research
<b>Funding Opportunity</b>	NIHR Global Health Policy and Systems Research Development Awards
<b>Call</b>	NIHR Global HPSR Development Awards 2019

<b>Host Institutions</b>	University of Essex, UK University of Western Cape, South Africa
--------------------------	---

<b>Research Title</b>	
Collaborative partnerships addressing the effects of urban violence on youth access to health services in South Africa and Brazil	
<b>Brief Description</b>	
<p>This project will build partnerships towards developing selected health system interventions to address the impact of urban violence on youth access to health services in South Africa and Brazil. The objectives are:</p> <ol style="list-style-type: none"> <li>1) Build collaborations with South Africa and Brazil, as countries affected by urban violence particularly in low-income neighbourhoods</li> <li>2) Carry out a scoping review of the evidence on the influence of urban violence on treatment seeking and health systems and interventions to address this</li> <li>3) Engage with stakeholders in local health services and socio-economic development, and youth in affected communities, to increase understanding of health systems issues and interventions to decrease the impact of urban violence on youth healthcare access</li> <li>4) Through collaborative partnerships, work towards developing context appropriate specific health systems micro and meso interventions in South Africa and Brazil for proof-of-concept testing in a future proposal</li> </ol>	
<b>Project Start Date</b>	01/03/2020
<b>Project End Date</b>	30/11/2020
<b>Grant Request Amount</b>	£99,988.00

**PROJECT DETAILS****Summary (in plain English)**

This project aims to improve understanding of the barriers (and ways to overcome such barriers) created by urban violence on youth healthcare access. We seek, through collaboration and partnerships in South Africa and Brazil, to develop a conceptual framework and identify possible, context-specific selected health system interventions to address this.

South Africa and Brazil experience high levels of urban violence, including assault and homicide often linked to gangs (Abrahams, 2010; Coovadia et al Waiselfisz, 2016; IPEA 2019; Abdalla et al 2018). This puts pressures on the health workforce (Cooper et al 2019) and disrupts health service access, particularly for youth, who are disproportionately affected. We have conducted previous research on how violence affects youth healthcare in low-income suburbs of Cape Town, Sao Paulo and Porto Alegre with a specific focus on HIV care. We now seek to broaden this work by examining violence's impact on youth access to healthcare in general and identify what interventions may successfully address this in different international contexts.

We view health systems as dynamic, evolving arrangements within which people and decision-making play a central role (Sheikh et al 2011, Sheikh et al 2014). People are at the core of the health system and we plan to work collaboratively with local stakeholders from different parts of the community to develop a conceptual framework (Van Olmen et al 2012) to understand the impact of violence and to review what solutions have emerged. We will use an approach called Group Model Building (Ager et al 2015), which was developed to work with local populations to understand and analyse health systems. Our objectives are to:

- 1) Develop a collaboration between University partners in UK, South Africa and Brazil who together have expert knowledge and/or experience in violence, health systems research, health policy and public engagement.
- 2) Carry out a scoping review of the evidence on urban violence's influence on treatment seeking and health systems and potential interventions that may help.
- 3) Engage with multilevel stakeholders in different sectors in Cape Town, São Paulo and Porto Alegre to identify health systems-related issues and possible interventions. This will include developing an advisory group in each site as well as interviews and workshops with youth groups and healthcare providers in affected communities, health and development policy makers and non-governmental organisations
- 4) Develop further research plans for a proof-of-concept intervention study to see if the interventions would be feasible and could work. This would include both social and health system elements. We will submit this to the NIHR commissioned or researcher-led substantive funding call, or to another funder's global health programme.

**Summary of activities to be undertaken**

## Equitable Partnership Development

Objective 1: Build collaborative partnerships. The lead applicants (Cooper and Green) established a partnership agreement when conducting joint research exploring violence's impact on HIV care (Cooper et al 2019). This is a solid foundation on which to build wider partnerships. Cooper met

Barbosa at Universidade Estadual de Campinas (UNICAMP) São Paulo in 2014, within a South-South networking project. Barbosa has a long-standing research relationship with Leal & Knauth at the Universidade Federal do Rio Grande do Sul (UFRGS). We plan to formalise these institutional links and by project end have an all-partner transparent and equitable collaboration agreement, similar to that established between University of Essex (Green) and University of Western Cape (Cooper).

Financial and where appropriate, technical, support will be directed towards building South African and Brazilian partners' engagement with local stakeholders and communities to build embedded partnerships in each country. Engagement with local stakeholders in month 1 will guide the agenda and be a defining feature throughout the project (see Stakeholder Engagement below).

During the award, the following meetings are planned to cement the consortium between partners:

- Monthly virtual meetings between project leads and Cooper visit to UK in June 2020
- Quarterly virtual all-partner meetings (months 0,3,6,9)
- 2 day workshop for applicants Cooper, Green and Tembo and partners in Brazil in Month 2 to confirm the project agenda. This will ensure that the identification and planning phases are conducted jointly. We will obtain local contexts' understanding and identify partners' interests and expected outcomes. While in Brazil, Green and Cooper will meet relevant personnel at UNICAMP and UFRGS to develop partnership agreements.
- 2 day workshop in Cape Town in Month 8 for all applicants and partners to consolidate findings and develop research plans for a proof-of-concept intervention study proposal for submission to global health funding.

Lead applicants are costed for a similar time input. Whilst all work will be conducted collaboratively, Cooper in Cape Town, Barbosa in São Paulo and Knauth and Leal in Porto Alegre will lead stakeholder information gathering. Green and Tembo will lead the scoping review of evidence.

#### Local Context

Urban violence is more prevalent in low and middle-income countries (Matzopoulos et al 2008) and Cape Town, São Paulo and Porto Alegre have some of the highest violence levels outside of conflict situations in the world (Abrahams, 2010; IPEA, 2019). Cape Town is 11th in the top cities for murders internationally. With a population of ±4.5 million, 68,113 drug-related crimes and 2,746 murders were reported in 2017/18 (Western Cape Department of Health, 2019). Like global literature, our past research in South Africa found that urban violence, often linked to gangs, spills over into healthcare settings, having a negative effect on healthcare provision (Cooper et al 2019; Bowers 2008; Brantley 1992; Michelman and Patak 2008; Moore 2012).

Brazil has high levels of lethal violence, with more than 65,500 homicides in 2017, the equivalent of 31.6 deaths for every 100,000 inhabitants. The national homicide rate of youth is estimated as 69.9/100,000; the state of São Paulo has a rate of 18.5 and Rio Grande do Sul 64.0 (IPEA, 2019). Our Brazilian partners are working in low-income communities where drug-trafficking is prevalent - Vila Brasilândia in São Paulo, a city with some of the biggest favelas (slums) in the state and Restinga which is located in the southern periphery of Porto Alegre and is one of the poorest neighborhoods in the city.

In all 3 cities there is a universal health system providing healthcare free of charge primarily in primary healthcare clinics in the community, specialized healthcare services, and Community Based Organisations (CBOs). Whilst key aspects of the public health system landscape are different, all have weak health systems with limited infrastructural and human resources.

Objective 2: Conduct a scoping review of the evidence of impact of violence and identify successful interventions. We will work with local advisory group members, as recommended by INVOLVE (2012), to identify key parameters and search terms for this review. Potential solutions they know of to

address issues of violence in youth health service provision will inform the design of the review and ensure it is grounded in local contexts.

Reviewing the relevant evidence systematically, drawing out common themes will help identify the context in which given solutions and interventions work or don't work. This will enable the research team, advisory group and stakeholders to have an evidence based discussion about which interventions may have a likelihood of working in the South African and Brazilian health system contexts (Objective 4).

#### Stakeholder Engagement

Objective 3: Engagement with key stakeholders in Cape Town, São Paulo and Porto Alegre to identify potential health systems related issues and potential micro and meso level sustainable solutions to minimise the impact of violence on the healthcare system. This will include stakeholders inside and outside the health ecosystem - young people and community members, healthcarers, CBOs, healthcare managers and local health and development policy makers.

The engagement work will be guided by 'Group Model Building' (Ager et al 2015), a participatory systems approach methodology. We will work with each site's advisory group to: develop the literature review scope; devise methods and tools to elicit narratives from stakeholders; discuss project findings to identify potentially feasible interventions in each site.

We will engage with stakeholders and young people about the impact of urban violence on parts of the health system and build on evidence we have already gathered in S.Africa by comparing different contexts. The type of questions we will ask, which will be refined by the advisory groups and community organisations, may include: How does violence affect youth use of healthcare? How is delivery of care maintained? How do local healthcare services relate to municipal and state decisions and policies? What broader health systems enablers and barriers can be identified? Are there multi-sectoral activities (health, education, security, justice) addressing violence?

Informal interviews with youth organisations, community residents, local leaders, healthcarers, local health service managers, policy makers and CBOs will run parallel to formal workshops/focus groups with young people and key stakeholders to explore how violence affects the health system for youth access to and the effective delivery of healthcare services.

Towards the end of the project, we will triangulate data from the community engagement and involvement activities (Objective 3) and from the scoping review (Objective 2) and hold an advisory group and stakeholders workshop in all 3 sites, to discuss potential solutions and interventions (to feed into Objective 4).

#### Capacity Building

The assembled team for this application includes experts in: sociology/anthropology of health (Green, Cooper, Knauth, Leal, George); urban violence (Matzopoulos); public health (Tembo, Cooper); community engagement (Tembo, Green, Barbosa, Cooper, Leal, George), health policy and systems research (George), gender and intersectionality (George, Cooper, Barbosa, Knauth), as well as familiarity with carrying out research in LMIC settings (all applicants and partners). The project is participatory with a capacity development component, so that expertise within the team helps to develop individual and institutional capacity in the LMICs. We will encourage junior colleagues and stakeholders in South Africa and Brazil to join relevant courses in partner countries. There is strong institutional support from all partners who are committed to developing robust global partnerships.

We aim to develop a multi-directional learning culture and provide space and resources for mutual learning. We will involve youth leaders in advisory groups and youth and post-graduate students in

community engagement in LMIC countries. We will set a clear timetable and expected outcomes for each stage of the project and encourage openness and transparency about challenges and shortcomings encountered. We will develop accountability mechanisms and define reporting obligations and formats.

This participatory and collaborative working style will be embedded within the research team and in activities undertaken with stakeholders in the communities in order to develop capacity in the LMICs. We also anticipate reciprocal learning from the LMICs to UK regarding impact of violence and community engagement

#### Dissemination and Impact

Dissemination and impact discussions will be integral to engagement with stakeholders in order to:

- map potential target audiences and users of the results
- identify user-specific communication channels and appropriate feedback formats
- explore the meaning of violence's impact on health access among different end users and what interventions they value

This will enable us to develop a dissemination strategy that includes:

- co-authored publications in international open-access journals. Each project partner will be named as an author and junior colleagues may be mentored to become co-authors
- feedback (eg. short reports, user-designed posters) that is accessible to the different sectors of the wider user-community
- suggested interventions that may help to mitigate negative impact of urban violence on healthcare access and delivery
- an impact plan for a future project that is based on the stated priorities of end users and the UNICEF (2019) minimum standards and indicators for community engagement

#### Supporting further research programmes

This proposal is designed firstly to cement global collaborations. Engagement with local stakeholders will identify similarities and differences in LMIC-specific health systems' elements and potential solutions that may reduce the impact of urban violence on young people's healthcare access. Specifically, we want to identify common and different healthcare issues in 3 low-income settings (Cape Town, São Paulo and Porto Alegre), and suggest potential interventions, that can be applied in these diverse settings, to minimise urban violence's impact on young people's healthcare access.

A development award will provide a solid foundation and a strong partnership for developing a protocol to test complex proof-of-concept interventions in these diverse settings (Objective 4). This will be the basis for an application for a larger project to the NIHR Global health Systems and Policy Research Programme or other global health funders.

#### Existing partnerships and/or ongoing work

This project builds upon an established research partnership between the Lead Applicants and Tembo, who have examined the influence of urban violence on access to HIV care (Cooper et al 2019), including a systematic review (Green et al in process of submission). This development award will enable us to build on past work, expanding it beyond HIV. Urban violence is a priority area for health research and NIHR recently commissioned research on 'Gang violence and gang related harms to health'.

A development award would enable us to build a partnership with the requisite expertise (with the

addition of S.African partners George and Matzopoulos), and with a broader geographical scope. Building on an informal link established between Cooper and Barbosa, we now include two institutions in Brazil (Universidade Estadual de Campinas (UNICAMP) and the Universidade Federal do Rio Grande do Sul (UFRGS)).

The University of Essex has robust research governance and financial systems and is keen to develop links with LMIC countries to share this expertise. Green has a track record in complex project management and research leadership. Cooper is also experienced in research leadership and building research collaborations. The University of the Western Cape has recognised international health systems expertise. George co-supervises doctoral participatory research on the emergence of partnerships between communities and Cape Town emergency services to address violence against paramedics. Tembo offers expertise in public involvement and experience of research in least developed LMIC settings.

The UNICAMP and UFRGS universities in Brazil are institutions widely recognized for their excellence in research. Barbosa, Knauth and Leal have developed together research on reproductive and sexual health, HIV/AIDS and health policy (Hopkins et al 2005; Knauth et al 2003; Leal et al 2015; Knauth et al 2012).

### **ODA Compliance**

This proposal aims to promote the development goal of funding sustainable good health and well being. Access to good health and well being is a human right and is essential to sustainable development. Urban violence can impede access to care and also negatively impact the operation of an effective health system.

Urban violence affects many countries globally, not just LMICs. There is, however, evidence that LMICs are most severely affected (Matzopoulos et al 2008), particularly in low income neighbourhoods where violence is often linked to gangs and drugs, and young people, particularly young girls, are disproportionately affected. This creates inequalities in healthcare access as young people living in such areas face additional barriers to others. It affects healthcare delivery, by creating additional challenges for the health workforce, which is also highly gendered, as well as the functioning of health services, which may be forced to close down at times of extreme violence, eg. when there is active gang fighting in the vicinity. It impacts negatively at various levels in the health system and the project thus directly addresses the priority area 'healthcare systems'.

South Africa and Brazil have among the highest rates of violence internationally, particularly in low-income neighbourhoods, due to the intersectionality of gender, class, race, sexuality and histories of exclusion. These countries are classified as 'middle income' but our project will take place in low income neighbourhoods similar to those found in lower income countries with urban violence, eg. Guatemala and the Phillipines. The findings will thus have relevance to a number of LMIC countries at different developmental stages. Our overall goal is to identify potential sustainable solutions to enable youth living in low-income violent neighbourhoods to access services (eg. for sexual and reproductive health needs) and enable services to function effectively, whilst protecting the safety of the workforce and their premises.

Our plans to engage with key stakeholders throughout this project will ensure that the interventions we identify for further research to mitigate the impact of urban violence are grounded in the experiences and needs of those members of the community and key personnel in the health care system most affected.

**Community engagement and involvement**

Our community engagement and involvement approach is governed by principles from the UK National Standards for Public Involvement (co-developed by Tembo), INVOLVE Guidance on co-production (co-developed and authored by Tembo and Green) (INVOLVE 2018) and the draft UNICEF (2019) minimum standards and indicators for community engagement. The research team has a long history of, and commitment to, public involvement, community engagement and participatory research. We believe that involving affected communities yields effective and locally relevant outputs with a better chance of implementation. Our related prior research in South Africa, from which this project stems, was identified through community engagement, topic identification and priority setting.

Our partners in South Africa and Brazil are already engaged in local participatory research and thus have established relationships with local key organisations and communities. Local stakeholders, were consulted on the proposal, helping shape this application.

Our project methodology is highly participatory ensuring that need is identified from the affected community. We have a budget to ensure representatives from these communities and in particular youth, community leaders, healthcare providers and health and development policy makers are represented in local advisory groups in the study sites, while paying attention to power relations and hierarchies between participants. The local advisory groups will be involved in all appropriate aspects of project management and in the final workshops which will be geared towards developing a substantial proposal to test out solutions and interventions identified in this study.

We have embraced co-production in the work planned with the advisory groups to: further refine the study plan; develop data collection instruments; agree participatory action methods for the workshops; define parameters for the scoping review; co-develop dissemination materials.

**UK ADMINISTRATIVE JOINT LEAD APPLICANT INFORMATION**

<b>Name</b>	Professor Gill Green
<b>Email</b>	gillgr@essex.ac.uk
<b>Phone</b>	01206874144
<b>Job Position</b>	Professor
<b>Speciality</b>	Medical sociology
<b>Department</b>	School of Health and Social Care
<b>Organisation</b>	University of Essex



## RESEARCH TEAM

### Joint Lead & Co-Applicants

Name	Position Held	Department	Organisation
Professor Diane Cooper (Joint Lead Applicant)	Professor	School of Public Health	University of the Western Cape
Dr Doreen Tembo (Co-Applicant)	Senior Research Manager, Patient and Public Involvement	Wessex Institute, School of Medicine	University of Southampton

### Supporting Roles

Name	Position Held	Role	Organisation	Agreed
Ms Shereen Anderson	Deputy Director Research Support	Administrative Authority or Finance Office	University of Essex  Research and Enterprise Office	30/07/19
Ms Vikki-Jo Scott	Dean of School	Head of Department	University of Essex  School of Health and Social Care	30/07/19

Please declare any conflicts or potential conflicts of interest that you or your research team may have in undertaking this research, including any relevant, non-personal & commercial interests that could be perceived as a conflict of interest.

There are no conflicts of interest to declare

**UPLOADS**

The following pages contain the following uploads:

Upload Name
Budget and Justification of Costs
Lead Applicant CV
Lead Applicant CV
Lead Applicant CV
Letters of Support from Partners/Collaborators
Letters of Support from Partners/Collaborators
Letters of Support from Partners/Collaborators
References (Global HPSR)





## **CURRICULUM VITAE**

**Name:** Gillian Green  
**Degrees:** BSc Social Science (Bradford);  
 MA Latin American Studies(University of London);  
 PhD Urban Development in Latin America (London)

**Current position:** Professor, School of Health and Social Care, University of Essex (since 2007)

Director of NIHR Research Design Service for the East of England October 2008 –May 2019

Executive Group member of NIHR INVOLVE since 2016

### **EXTERNAL FUNDING FOR RESEARCH IN LAST 10 YEARS**

Over £16,000,000 secured from NIHR, research councils (ESRC, MRC), and the voluntary sector (MS Society, British HIV Association, National Lottery).

Principal Investigator on 10 funded studies (1997-present) funded by: UK research councils (ESRC and MRC); Department of Health; NGOs). Each of these studies has been completed on time, within budget and produced multiple publications in peer-reviewed journals.

International research involvement as a grant holder on a research project funded by Spanish Ministry of Science and Technology and as a grantholder on MRC funded project in Uganda.

Recent funding includes:

£5,000,000 from Department of Health NIHR to run the NIHR Research Design Service for the East of England (October 2008 – September 2013) and a slightly higher level of funding awarded for period October 2013 – September 2018 and again for period October 2018 – September 2023.

£438,425 from Big Lottery Fund in partnership with Open Road. The SWEAT (Steroids, Weights, Education and Therapy) Project (January 2017-December 2019)

£100,000 from the Home Office Evaluation of the Pan Essex Drug Testing on Arrest programme to reduce reoffending (May 2015 – December 2016).

£140,000 from Knowledge Transfer Partnerships for a project about Houses of Multiple Occupation (1/07/2010-31/09/2012)

### **PROJECT MANAGEMENT EXPERIENCE**

Strong record of Academic Leadership: Head of Department of Health and Human Sciences University of Essex 2004-7; Research Director of Health & Human Sciences, University of Essex 2008-2014

Director of NIHR Research Design Service for the East of England (2008-present) and funded (15-year, £15 million) by the National Institute of Health Research.

Principal Investigator on 10 funded studies (1997-present) funded by: UK research councils (ESRC and MRC); Department of Health; NGOs). Each of these studies has been completed on time, within budget and produced multiple publications in peer-reviewed journals.

## 10 RELEVANT PUBLICATIONS

Cooper, D., Green, G., Tembo, D. & Christie, S. (2019) Levels of resilience and delivery of HIV care in response to urban violence and crime. Journal of Advanced Nursing. <https://doi.org/10.1111/jan.14022>

**Green, G.** & Johns, T. (2019) Exploring the Relationship (and Power Dynamic) Between Researchers and Public Partners Working Together in Applied Health Research Teams'. Front. Sociol., 29 March 2019 <https://doi.org/10.3389/fsoc.2019.00020>

Barratt, C & **Green, G.** (2017) Making a House in Multiple Occupation a Home: Using Visual Ethnography to Explore Issues of Identity and Well-Being in the Experience of Creating a Home Amongst HMO Tenants. Sociological Research On-line.22(1)9.

**Green, G.**, Davison, C., Bradby, H., Krause, K., Morente, F., Alex, G. (2014) Pathways to care - how Superdiversity shapes the need for navigational assistance. Sociology of Health & Illness, 36,8,1205-1219.

Morentes Mejias, F., Barroso Benitez, I., Davison, C. & **Green, G.** (2013) Youth justice and education: a typology of educational approaches to the resocialisation of young offenders in Spain. International Journal of Criminology & Sociology, 2, 438-452.

**Green, G.** (2009) The end of stigma?: Changes in the social experience of long term illness. Routledge, London.

**Green, G.**, Bradby, H., Chan, A., Lee, M. (2006). "We are not completely Westernised": dual medical systems and pathways to health care among Chinese migrant women in England. Social Science and Medicine 62:1498-1509.

**Green, G.**, Smith, R., & South, N. (2005). Court-based psychiatric assessment: a case for an integrated diversionary and public health role. Journal of Forensic Psychiatry and Psychology 16 (3), 577-591.

**Green, G.**, Bradby, H., Chan, A., Lee, M., & Eldridge, K. (2002). Is the English National Health Service meeting the needs of mentally distressed Chinese women? Journal of Health Services Research and Policy, 7, 216-221.

**Green, G.**, Pool, R., Hart, G., & Whitworth, J. (2001). Female control of sexuality: illusion or reality? Use of vaginal products in south west Uganda. Social Science and Medicine, 52, 585-598.

Pool, R., Hart, G., **Green, G.** & Whitworth, J. (2000). Men's attitudes to condoms and female controlled means of protection against HIV and STDs in south-western Uganda. Culture, Health and Sexuality, 2.

**Green, G.** & Sobo, E. (2000) The Endangered Self: Managing the Social Risk of HIV. Routledge, London.

## CURRICULUM VITAE

**Name:** Diane Cooper  
**Degrees:** BSoc Sci (University of Cape Town);  
 PhD (Public Health) Urbanisation, health, health service use  
 women, South Africa (University of Cape Town)

**Current position:** Professor, School of Public Health, University of the Western  
 Cape (since 2015)

Immediate Previous Position: Associate Professor, School of Public Health, University of  
 Cape Town and Director, Women's Health Research Unit  
 (until end 2014)

### SUMMARY

Diane Cooper has engaged in research collaboration with international academic and research institutions, including Essex University, Gent University, Boston University, the HIV Center at Columbia University, New York University, the University of Michigan, the University of Massachusetts, Johns Hopkins University and the WHO. She has led research and capacity building initiatives in collaboration with African and South African Universities. She has particularly strong links with government and NGO policy makers and stakeholders, having been an expert participant in the development of many SRH policies and programmes, including in adolescent and youth health.

### EXTERNAL FUNDING FOR RESEARCH IN LAST 10 YEARS

Over £2 million in foreign funded grants from 7 international projects, including those funded by: United States National Institutes of Health Funded Projects; the WHO projects and the United Nations Human Rights Committee.

Recent funding includes:

South African National Research Foundation/Belgium FWO funding for a bilateral with Gent University on *Improving adolescent sexual and reproductive health (SRH): the influence of early adolescent gender socialization on later SRH. A SA-Flemish study*; University of Western Cape Institute of Excellence in Food Nutrition funded study on *Exclusive Breastfeeding for Low-Income South African Women with HIV: How Feasible?*; A Western Cape Government funded study on *The 2012 South African National Contraception Guidelines' implementation of new Long-Acting Contraceptive methods in the Cape Town Metropolitan Area*; A South African Medical Research Council and University of Essex funded study on *The Effects of Violence and Crime on SRH youth Healthcare Delivery and access in Resource-Limited primary healthcare Settings in suburbs with high levels of violence in Cape Town, South Africa*; A South African Medical Research Council study on *Developing an intervention to introduce appropriate sexual and reproductive health (SRH) services for Youth living with HIV in South Africa*; A US National Institutes of Mental Health funded study, *A structural Intervention to Integrate Reproductive Health into HIV Care*.

### PROJECT MANAGEMENT EXPERIENCE

I have been the PI of 15 funded projects over the past 10 years. I have been PI or Co-I managing projects of 7 international projects,

### 10 RELEVANT PUBLICATIONS

1. Cooper, D., Green, G., Tembo, D. and Christie, S. 2019. Levels of resilience in delivery of HIV care in response to urban violence and crime. *Journal of Advanced Nursing*. DOI:10.1111/jan.14022.

2. Cooper, D. and Tabana, H. (In Press). Women, men and health. In. *Oxford Textbook in Global Public Health, 7<sup>th</sup> Edition*. (Eds). Roger Detels, Alastair Leyland, Fran Baum, Liming Li, and Quarraisha Abdool Karim. Oxford University Press.
3. Galárraga, O., Harries, J., Maughan-Brown, B., Cooper, D., Short, S.E., Lurie, M.N. and Harrison, A. 2018. The *Empower Nudge* lottery to increase dual protection use: A proof-of-concept randomized pilot trial in South Africa. *Reproductive Health Matters*. 26:52, 1510701, DOI: 10.1080/09688080.2018.1510701
4. Ogbе, E., Van Braeckel, D., Temmerman, M., Larsson, E.C., Keygnaert, I., De los Reyes Aragón, W., Cheng, F., Cooper, D., Shamu, S., Peter, G., Dias, S., Barrett, H.S., Nobels, A., Pei, K., Galle, A., Esho, T., Knight, L., Tabana, H. and Degomme, O. 2018. Linking research to policy key strategies. *BMC. Health Research Policy and Systems*. 16:123. <https://doi.org/10.1186/s12961-018-0397-7>
5. Davies, N.E.C.G., Matthews, L.T., Crankshaw. T.L., Cooper, D. and Schwartz, S. 2017. Supporting reproductive and HIV prevention goals in an HIV-endemic setting: Taking safer conception services from policy to practice in South Africa. *JIAS*. 20 (Supp.1 ): 36-42. <http://www.jiasociety.org/index.php/jias/article/view/21271>
6. Cooper, D., Harries, J., Moodley, J., Constant, D., Hodes, R., Mathews, C., Morroni, C and Hoffman, M. 2016. Coming of age? Women's sexual and reproductive health after twenty-one years of democracy in South Africa. *Reproductive Health Matters*, 24 (48):79-89.
7. Mantell, J.E., Cooper, D., Exner, T.M., Moodley, J., Hoffman, S., Myer, L., Leu, C.S., Bai, D., Kelvin, E.A., Jennings, K., Stein, Z.A., Zweigenthal, V., Cishe, N. and Nywagi, N. 2016. Emtonjeni—A Structural Intervention to Integrate Sexual and Reproductive Health into Public Sector HIV Care in Cape Town, South Africa: Results of a Phase II Study. *AIDS and Behavior*, DOI 10.1007/s10461-016-1562-z
8. Mutunda A, Stern R and Cooper D. 2016. Factors Impacing on Menstrual Hygiene and their Implications on Health Promotion. *Global Health Promotion*. 1757-9759; Vol 0(0): 1–9; 648301. DOI: 10.1177/1757975916648301. <http://ghp.sagepub.com>
9. Cooper, D, Mantell JE, Nywagi, N, Cishe, N, and Austin-Evelyn K. 2016. "Narrative methods and socio-cultural linguistic approaches in facilitating in depth understanding of HIV disclosure in a cohort of women and men in Cape Town, South Africa." *Frontiers in Public Health* 4 : 1-7. doi: 10.3389/fpubh.2016.00095.
10. Cooper D, De Lannoy A and Rule C. 2015. Youth and well-being: Why it matters. In De Lannoy A, Swartz S, Lake L & Smith C (eds). 2015 South African Child Gauge 2015. Cape Town: Children's Institute, University of Cape Town: 60-68. ISBN: 978-0-7992-2525-9



## CURRICULUM VITAE

**Name:** Doreen Tembo  
**Degrees:** B.A., University of Zambia  
 MSc., University of Oxford  
 DPhil, University of Oxford

**Current position:** Senior Research Manager, Patient and Public Involvement and External Review, National Institute for Health Research (NIHR), Evaluation Trials and Studies Coordinating Centre, Wessex Institute, University of Southampton (since 2015) & NIHR Global Health Community Engagement and Involvement co-Lead

**Other relevant posts:** Senior Public Involvement Manager, NIHR INVOLVE (secondment) 2016  
 Senior Research Adviser, NIHR Research Design Service for the East of England 2010 –2015  
 Independent researcher 2015-present (South Africa)  
 Researcher, United Nations Children's Fund (Zambia), 2002-2003  
 Researcher, Society for Family Health (Zambia), 2001

## EXTERNAL FUNDING FOR RESEARCH IN LAST 10 YEARS

- <sup>35</sup>/<sub>17</sub> 2015: Principal investigator University of Essex Research Incentive Fund (£10,000)  
<sup>35</sup>/<sub>17</sub> 2014: Principal investigator, Ageing and Assisted Living Network Seedcorn Fund (£10,000)  
<sup>35</sup>/<sub>17</sub> 2013: Co-applicant, NIHR Research Design Service Contract, Department of Health (£5,000,000)  
<sup>35</sup>/<sub>17</sub> 2012: Principal investigator, Limbless Association Research Grant (£10,000)

## PROJECT MANAGEMENT EXPERIENCE

I have an excellent knowledge and experience of project management and have been co-leading a global systematic review of the effects of urban crime and violence on the HIV treatment cascade. I have also been a principle investigator on a number of small grants and a co-applicant on the East of England NIHR Research Design Service proposal and bid. I currently project manage a very busy portfolio of process evaluations for the NIHR and am the NIHR lead for the development of NIHR strategy in global health community engagement and involvement.

## 10 RELEVANT PUBLICATIONS

- Tembo, D., Morrow, E., Worswick, L., & Lennard, D. (2019). Is Co-production Just a Pipe Dream for Applied Health Research Commissioning? An Exploratory Literature Review. *Frontiers in Sociology*, 4(50). doi:10.3389/fsoc.2019.00050
- Cooper, D., Green, G., Tembo, D. & Christie, S. (2019) Levels of resilience and delivery of HIV care in response to urban violence and crime. *Journal of Advanced Nursing*. <https://doi.org/10.1111/jan.14022>
- Hickey, G., Brearley, S., Coldham, T., Denegri, S., Green, G., Staniszewska, S., Tembo, D., Torok, K., and Turner, K. (2018) *Guidance on co-producing a research project*. Southampton: INVOLVE.
- Kirkpatrick, E., Gaisford, W., Williams, E., Brindley, E., Tembo, D., & Wright, D. (2017). Understanding Plain English Summaries: A Comparison of two Approaches to Improve the Quality of Plain English Summaries in Research. *Research Involvement and Engagement*, 3, 32.
- Tembo, D. (2013) 'Mixed Methods', in Walker, D. (ed) *An Introduction to Health Services Research. A Practical Guide*. London: Sage.
- Tembo, D. (2012) 'Health Promotion Through ABC Education: Agenda Setting and the Development of the ABC Strategy in Zambia', in Asha Biggs, N. (ed) *Education and HIV/AIDS*. London: Continuum.

### Selected Internal Reports & Toolkits

- Tembo, D. and Hawliczek, A. (2017) Identification and prioritisation processes within NETSCC: Working with patients and the public and the James Lind Alliance. NETSCC.
- Tembo, D. (2013) Quality of life of established amputees (QLEA) project: Exploring the physical, social and care needs and experiences of established amputees. Limbless Association
- Tembo, D. (2011) 'Is there a need for a regional patient and public involvement (PPI) forum?' East of England PPI in research stakeholders' workshop, 20th June 2011. NIHR East of England Research Design Service.
- Tembo, D. (2011) Patient and public involvement (PPI) resource pack for the research design service (RDS) East of England. NIHR East of England Research Design Service.

Letter of Support

Dear NIHR

Re. Application from the University of Essex to NIHR Global Health Systems and Policy Research Development Award for project 'Collaborative partnerships addressing the effects of urban violence on youth access to health services in South Africa and Brazil'

The University of Essex is an outward-facing institution with international reach and reputation. We are committed to developing global research partnerships and supporting capacity development in low and middle income countries.

The above application from Professor Green (University of Essex) and Professor Cooper (University of Western Cape) for a NIHR Global Health Systems and Policy Research Development Award thus falls within our strategic aims and has our full support.

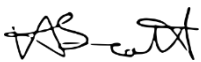
We particularly value the international links and partnerships it will develop and would hope that global partners will engage with training opportunities at the University, such as our international summer school in Social Science Data Analysis which offers a wider range of courses in research methods.

The department will ensure that Professor Green is provided with the space and facilities to carry out this project and that her time that is costed into the budget is protected.

Professor Green is an active researcher who has managed a number of research projects and held senior management roles at the University of Essex and as Director of NIHR Research Design Service for the East of England. We are confident that, if successful, she will manage the grant well and meet the objectives of the award.

This proposal has been developed with the support of the NIHR RDS.

Yours sincerely,



Vikki-Jo Scott  
Dean of School of Health and Social Care



Professor Graham Underwood  
Executive Dean, Faculty of Science and Health

The NIHR

Letter of Support

25 July 2019

**Re: Application from the University of Essex to NIHR Global Health Systems and Policy Research Development Award for project 'Collaborative partnerships addressing the effects of urban violence on youth access to health services in South Africa and Brazil'**

The University of the Western Cape has a substantial international reach and a regional and international reputation. We are strongly committed to developing global research partnerships and supporting capacity development in Health Systems in our own and other low and middle income countries.

The above application from Professor Green (University of Essex) and Professor Cooper (University of Western Cape) for a NIHR Global Health Systems and Policy Research Development Award has our full support.

We value our current collaboration and partnership with the University of Essex and are looking forward to an opportunity to extend this to Brazilian institutions in developing further global partnerships. We all have learning and training opportunities at our universities. Apart from our post-graduate teaching, we run a range of winter school courses in Public Health and Health Systems courses aimed at local, regional and international stakeholders in Health Systems. The School of Public Health (SOPH) is orientated to and experienced in Health Systems Research. It has been a designated WHO Collaborating Centre for Research and Training in Human Resources for Health Development since 2004. Prof George holds the South African Research Chair (SARChi) in Health Systems Complexity and Change and the SARChi in Health Systems Governance is held within the School.

The School will ensure that Professor Cooper is provided with the space and facilities to carry out this project and that her time that is costed into the budget is protected.

Professor Cooper is an active researcher who has managed a number of international research projects and holds senior roles in the SOPH and the University of the Western Cape. We are sure that if this application is successful, she will lead and manage the project grant well and ensure that the objectives of the award are met.

This proposal has been developed together with the University of Essex and with the support of the NIHR RDS.

Yours sincerely,



Professor Uta Lehmann  
(Director, School of Public Health)



A WHO Collaborating Centre  
for Research and Training in  
Human Resources for Health

**The Wessex Institute**  
Faculty of Medicine  
University of Southampton  
Alpha House, Enterprise Road  
Southampton, SO16 7NS

Tel: 020 8059 5549  
Email: [M.J.Westmore@soton.ac.uk](mailto:M.J.Westmore@soton.ac.uk)

24 July 2019

## Letter of Support

Dear NIHR (Global Health Systems and Policy Research Programme)

Re: Co-applicant for the Global Health Systems and Policy Research Development Award for the project 'Collaborative partnerships addressing the effects of urban violence on youth access to health services in South Africa and Brazil'

The University of Southampton is committed to addressing current and emerging transnational issues in global health and has an existing and growing Global Health Research Institute. The University is committed to developing global research partnerships and supporting capacity development in low and middle income countries to tackle these issues.

The above application from Professor Green (University of Essex) and Professor Cooper (University of the Western Cape) for a Global Health Systems and Policy Research Development Award thus falls in line with the University's Strategic aims and has our full support. The Institute will ensure that Dr. Tembo is provided with the space and facilities to carry out work as a co-applicant to support this Award and that her time that is costed into the budget is protected.

Dr. Tembo has over 20 years of international experience in public health and health services research as well as in patient, public and community involvement and engagement in research. She leads or is involved in key guideline development for patient and public involvement, co-production and community involvement and engagement for the UK National Institute for Health Research.

The Award will build on her current work and partnerships with the Universities of Essex and the Western Cape and develop new partnerships and collaborations with colleagues from Brazil. The Award will enable Dr. Tembo to increase her practical skill-set to manage and deliver community engagement and involvement within diverse global health contexts. The Award would contribute to building international links and partnerships with global partners and further develop the portfolio of global health research in the university.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'M Westmore', with a long horizontal stroke extending to the right.

Dr Matthew Westmore  
Director (Designate) of the Wessex Institute  
Director (Incumbent) of Enterprise and Partnerships  
Operations Director, National Institute for Health Research (NIHR) Evaluation, Trials  
and Studies Coordinating Centre

## References

- Abdalla, R.R., Massaro, L., de Queiroz Constantino Miguel, A., Laranjeira, R., Caetano, R., & Madruga, C.S. (2018). Association between drug use and urban violence: Data from the II Brazilian National Alcohol and Drugs Survey (BNADS). *Addictive Behaviors Reports*, 7, 8-13.  
<https://doi.org/10.1016/j.abrep.2017.11.003>.
- Abrahams, D. (2010). A synopsis of urban violence in South Africa. *International Review of the Red Cross*, 92(878), 495-520.
- Ager, A., de Pinho, H., Lembani, M., Bennett, K., Delobelle, P. & Zarowsky, C. (2015). Health Systems Resilience: A Systems Analysis. Scripts to Support Group Model Building. A Guide for Participatory Systems Analysis  
[https://rebuildconsortium.com/media/1226/hsr\\_scripts-for-group-model-building\\_october-2015.pdf](https://rebuildconsortium.com/media/1226/hsr_scripts-for-group-model-building_october-2015.pdf)
- Bowers, L. G. (2008). Does your hospital have a procedure for recognizing and responding to gang behavior? *J Healthcare Protection Management*, 24, 2, 80-83.
- Brantley, A. (1992). Rising violence in ERs cause hospitals to redesign security. *Modern Healthcare*, 22, 40, 44-46.
- Cooper, D., Green, G., Tembo, D. & Christie, S. (2019). Levels of resilience and delivery of HIV care in response to urban violence and crime. *Journal of Advanced Nursing*.  
<https://doi.org/10.1111/jan.14022>
- Coovadia, H., Jewkes, R., Barron, P., Sanders, D., & McIntyre, D. (2009). The health and health system of South Africa: historical roots of current public health challenges. *The Lancet*, 374(9692), 817-834. doi: [http://dx.doi.org/10.1016/S0140-6736\(09\)60951-X](http://dx.doi.org/10.1016/S0140-6736(09)60951-X)
- Green, G., Tembo, D., Christie, S., Wiltshire, M. & Cooper, D. Exploring the impact of Gangs, Crime and Violence on HIV/AIDS Health Care Organisation, Delivery and Uptake: A systematic Review (shortly to be submitted).
- Hopkins, K., Barbosa, R.M., Knauth, D.R, & Potter, J.E. (2005). The impact of health care providers on female sterilization among HIV-positive women in Brazil. *Social Science & Medicine*, 61,3, 541-554.
- INVOLVE (2012). Public involvement in systematic reviews.
- INVOLVE (2018). Guidance on co-producing a research project.  
<https://www.invo.org.uk/posttypepublication/guidance-on-co-producing-a-research-project/>
- IPEA (2019). *Atlas da violência 2019*. Organizadores: Instituto de Pesquisa Econômica Aplicada; Fórum Brasileiro de Segurança Pública. Brasília: Rio de Janeiro: São Paulo: Instituto de Pesquisa Econômica Aplicada; Fórum Brasileiro de Segurança Pública. <http://www.ipea.gov.br/atlasviolencia/>
- Leal, A.F., Knauth, D.R. & Couto, M.T. (2015). The invisibility of heterosexuality in HIV/AIDS prevention among men. *Brazilian Journal of Epidemiology*, 18 (Suppl 1), 143-155.

Knauth, D.R., Leal, A.F., Gomes, R. & Nogueira-da-Silva, G.S. (2012). Sentidos atribuídos à política voltada para a Saúde do Homem. *Ciência e Saúde Coletiva* (Impresso), 17, 2589-2596.

Knauth, D.R., Barbosa, R.M. & Hopkins, K. (2003). Between personal wishes and medical “prescription”: mode of delivery and post-partum sterilisation among women with HIV in Brazil. *Reproductive Health Matters*, 11, 113-121.

Matzopoulos, R., Bowman, B., Butchart, A. & Mercy, J. A. (2008). The impact of violence on health in low- to middle-income countries. *International Journal of Injury Control and Safety Promotion*, 15, 4, 177-187.

Michelman, B., & Patak, G. (2008). Gang culture from the streets to the emergency department. *J Healthcare Protection Management*, 24, 1, 23-30.

Moore, C. D., Sr. (2012). Gangs and healthcare security: preparation and education are the keys. *J Healthcare Protection Management*, 28, 2, 65-71.

Sheikh, K., Gilson, L., Agyepong, I.A., Hanson, K., Ssengooba, F. et al. (2011). Building the Field of Health Policy and Systems Research: Framing the Questions. *PLoS Med* 8(8): e1001073. doi:10.1371/journal.pmed.1001073

Sheikh, K., George, A., Gilson, L. (2014). People-centred science: strengthening the practice of health policy and systems research. *Health Research Policy and Systems* 12:19

<http://www.health-policy-systems.com/content/12/1/19>

UNICEF (2019) Minimum Quality Standards for Community Engagement: DRAFT UNICEF C4D, New York, NY.  
[https://mesh.tghn.org/site\\_media/media/uploads/articles/attachments/UNICEF\\_Minimum\\_Quality\\_Standards\\_DRAFT.pdf](https://mesh.tghn.org/site_media/media/uploads/articles/attachments/UNICEF_Minimum_Quality_Standards_DRAFT.pdf)

Van Olmen, J., Marchal, B., Van Damme, W., Kegels, G. & Hill, P.S. (2012). Health systems frameworks in their political context: framing divergent agendas. *BMC Public Health* 2012, 12:774

<http://www.biomedcentral.com/1471-2458/12/774>

Waiselfisz, J.J. (2016). Mapa da Violência 2016. Homicídios por arma de fogo no Brasil. FLACSO/CEBELA, Brasil.

Western Cape Department of Health. 2019. Western Cape Health and Wellness Profile. Government of the Western Cape.