

# | OLIVE SHISANA |

## TOP THREE AWARDS

- Academy of Science of South Africa Science-for-Society Gold Medal, 2013
- One of the top 100 world-class South Africans, 2013
- Honorary Doctorate of Law from Monash University, Australia, 2003

## DEFINING MOMENT

When Shisana was struggling to find her voice in the classroom, a friend of hers said, "You are going to have to raise your hand to get those marks or else you are going to fail". Still, Shisana was too afraid to raise her hand. One day in class, her friend took Shisana's hand and raised it for her – "She has something to say". Shisana made her first input in that class that day in 1977. "It was a breakthrough for me. I don't think I would have made it in the US if I did not have (now Dr) Sue Minsky by my side having confidence in me and telling me that I had something interesting to say. To succeed, we all need supportive people who believe in us."

## WHAT PEOPLE DO NOT KNOW

"I have cows." You have cows? "Yes, nobody knows about them." Shisana has 14 Friesland and Jerseys at her farm in Polokwane.



## FILLING A GAP ADMIRABLY

Dr Olive Shisana grew up in a period of South Africa's history when it was hard to realise one's dreams.

After she matriculated in 1970 from Lemana High School near Louis Trichardt, she wanted to go into clinical psychology. "However, this degree was reserved for whites, so I wasn't allowed to do it." Instead, she started with a degree in social work and psychology and completed her BA in social sciences in 1973 at the University of the North (now University of Limpopo). It was during this time that she became politically conscious. She was there when Abram Tiro was expelled for criticising the Bantu Education system, and she participated in major demonstrations about his expulsion and about education. Her continued participation in anti-apartheid activities led to her exile in 1975.

After spending a year in Mozambique and a few months in Tanzania, she moved to the United States with assistance from her family in the US and the African National Congress (ANC). This finally allowed her to pursue a Masters degree in clinical psychology at Loyola College in Maryland.

Studying in the US was very different from her studies in South Africa. "I grew up in a country where women were not supposed to be forthright. In the US, the only way I could pass my classes was to contribute to the discussion. The discussion counted, it had marks." She was nervous about making a mistake or not making sense. However, a friend encouraged her to speak up and so she became more assertive in the classroom. This allowed her to engage with and succeed in her studies. Throughout her studies, she maintained her role as a political activist, specifically in her leadership roles as the Chairperson of the African National Congress (ANC) in Washington, DC, the Chair of the women's section of the ANC in the US, and member of the South African Women's Day Committee, which organised anti-apartheid activities in Washington DC.

Later, when she started her doctorate at the University of South Florida in Tampa, Florida, she discovered that clinical psychology was not her calling.

"I couldn't focus on hospitalised individual psychiatric patients. I thought I'd never be able to make a difference like this." She left Tampa after one year and started a doctor of science degree at the Johns Hopkins School of Hygiene and Public Health. Her specialty was the social factors in health and illness (now termed social epidemiology).

The move from clinical psychology to public health gave her a new perspective on health. In clinical psychology, she had been restricted to providing care for one patient at a time. By switching to public health, she was able to protect the health of a community. This level of protection was more holistic and comprehensive. Public health encompassed not only the psychological aspects, but also the medical and social aspects. "I felt like this gave me a broader understanding of human beings and the system that cares for them."

After graduating with her doctorate from Johns Hopkins University in 1984, she took a job as a researcher and health statistician for the local government of Washington DC. It was here that she realised the tremendous impact HIV was going to have on the world. "I worked on vital registration (births and deaths) and often looked at death records." Within these records, she often came across unusual causes of death, such as Kaposi's sarcoma. While healthy individuals shouldn't have died from such diseases, individuals living with HIV are susceptible to opportunistic infection that can cause devastating illness. Shisana suspected that the underlying cause of death in some of these records was actually HIV and worried about the impact HIV would have in the future. "This can start small, but it is an infectious disease. And since it is an infectious disease that can be transmitted from one person to the other, we are likely to have a big problem if we don't nip it early."

## CHOOSING PUBLIC HEALTH

When she returned to South Africa, she decided to continue in public health instead of going into politics. She helped the Western Cape establish the Western Cape School of Public Health (1991 – 1993) and acted as a Research Specialist for the South African Medical Research Council (1991

– 1994). She then reorganised and consolidated the National Health Department as a Special Advisor to the South African Ministry of Health (1994 – 1995) after which she served as Director-General for the South African Department of Health (1995 – 1998). She also served as Executive Director for Family and Community Health for the World Health Organisation (1998 – 2000). In these roles, she kick-started HIV/AIDS programmes with a goal of studying the epidemic and informing public policy.

This led her to pursue a job at the Human Sciences Research Council (HSRC). The HSRC is the largest research institute specialising in social sciences and humanities on the African continent. Its primary responsibilities are to create and monitor government policy, evaluate implementation of that policy, and effectively distribute research results to a broader public audience. The research conducted by the HSRC covers a range of fields of science and technology, democracy and governance, health and education. The commonality among these topics is their aim to improve and uplift the lives of the South African public. They stand by their claim; all HSRC publications are available to the public free of charge from their website.

Shisana joined the HSRC for a particular purpose. “It was not really because I was looking for a job, I was looking for a place to fill a gap.” Much of the HIV/AIDS research conducted in South Africa focused largely on the medical issues, but neglected the social determinants. “HIV involves behaviour, social structure, and economic issues.” The HSRC allowed her to open an office in Cape Town and supported her efforts to establish a national programme to study the social aspects of HIV/AIDS.

One of the first studies they conducted was a population-based survey on HIV/AIDS prevalence and behaviour. “It was at a time when President Thabo Mbeki and the administration denied that HIV causes AIDS and claimed that it wasn’t a problem for the country.” However, with the political background she gained in Washington DC, Shisana knew that through research and evidence, she would be able to inform policy.

The HSRC brought their proposal to former President Nelson Mandela and they were granted funding to document the extent of HIV. “The first policy

contribution that this study made was to convince the administration that HIV is real; that HIV affects black people; and that HIV can be addressed if there is commitment.” The South African National AIDS Council had just been established when Shisana was asked to become a member. “My membership meant that I had a platform to share scientific evidence with policymakers and non-governmental organisations to improve policy and programme development.” The HSRC report became the foundation for planning the South Africa National HIV/AIDS Strategic Plan. To a large extent, the plan was informed by the findings and recommendations from the population-based surveys, especially the Nelson Mandela/HSRC study on HIV and subsequent studies.

Shisana and her colleagues completed the fourth of a series of HIV prevalence and behaviour surveys, the first three being conducted in 2002, 2005, and 2009. These surveys have allowed the tracking of HIV incidence over time, as well as the provision of evidence for future prevention methods. Some of the main strengths of this survey include the large data set, the information specific to a demographic (region, race, gender), and the behavioural component, which investigates the relationship between sexual risk behaviours and HIV infection. “It has become a landmark study that people use to track the epidemic. It’s a barometer to measure the progress of this country in terms of how to deal with HIV.”

## TAILORING THE MESSAGE

The report is an elegant document. It is a complete, extensive survey communicated in uncomplicated, direct language. Shisana explained how she had to re-learn how to communicate when she started spanning the gap between research and policy. “When you write for a publication, you are targeting people who will advance knowledge. When you interpret for the public, you must tailor your writing to everyone else’s level.” At first, she actually had to use a computer programme to assist with simplifying her language. Now, it comes more naturally. The 2014 report has clear language and well-presented data that make it informative and easy to read. This final report will be submitted to all key stakeholders after it is published. “Once the report is published then other people can interpret it,

but we want to give our interpretation first. Others are free to interpret it differently."

Although the main findings of the report state that HIV incidence has remained stable (though high) in the last decade, Shisana and her colleagues were surprised by the drop in knowledge levels and a stagnation of behavioural change from 2008 to 2012. "Suddenly, people didn't really have correct knowledge of how HIV is transmitted and how to protect themselves." The report showed a lower condom use rate and a higher incidence of multiple sexual partners. Shisana suspects the drop in knowledge is partly because of the success of HIV/AIDS treatment. "Up to 2008, people were taking HIV very seriously because they saw someone die from HIV. They knew people who were living with HIV. The ARVs make the risk less apparent. Also, those who were educated have aged out of a high-risk category, so they think HIV won't affect them."

Shisana worries that money devoted to HIV treatment will be diverted away from research. "The budget for HIV must first address people's immediate needs." This will mean increased spending on ARVs and care. While the price of drugs has gone down, the virus will become resistant to first-line antiretroviral drugs and a second line of drugs will need to be used. However, Shisana is still hopeful of the future of research. "My hope for research is in the researchers themselves – there are more and more excellent young researchers." Shisana herself has invested in these up-and-coming researchers and believes the HSRC will continue fostering this new generation of scientists.

Shisana has just completed her ten-year tenure as the first black female CEO of the HSRC. However, she does not claim to be retired. "A colleague of mine calls it preferment, not retirement. I am now at the stage where I prefer and choose what I want to do." What she has chosen to do is to set up an international company called Evidence-based Solutions. She and her daughter have teamed up and are establishing offices in Cape Town and Atlanta. Their goal is to start a research programme and also investigate the application of telemedicine and telehealth. Telemedicine allows patients without access to specialists to be seen electronically. "If you don't have all of the skills on site, you can electronically refer the patient to a remote site. That remote site may be a hospital with specialists, which examines records and images electronically, sometimes in real time." The goal of this service would be to provide services to patients in remote rural areas. "We feel passionate about using technology to make health care accessible to rural communities."

Shisana hopes that young researchers know that being a scientist is not easy. "You work too many hours on publications, and when you submit your articles, they may be rejected. Don't take it that you are not good enough. Take it as an opportunity to improve on your writing skills." Instead of throwing rejected papers away, she encourages young researchers to find the journal that is interested in the subject. "If you devote five years of your life to being a good researcher, you will be a good one."