

School of Public Health

FACULTY OF COMMUNITY & HEALTH SCIENCES



Report of Activities 2005 – 2006



UNIVERSITY of the
WESTERN CAPE

A place of quality, a place to grow, from hope to action through knowledge

The Vision & Purpose

The **Vision** of the School of Public Health (SOPH) is the optimal health of populations in developing countries, particularly Africa, living in healthy and sustainable environments with access to appropriate, high quality, comprehensive and equitable health systems, based on a human rights approach.

The **Purpose** of the School is to contribute to developing policy makers and implementers who are knowledgeable and skilled in the principles and practice of public health, whose practice is based on research, influenced by informed and active communities, and implemented with a commitment to equity, social justice and human dignity.

The School was established in 1993 at the University of the Western Cape as the Public Health Programme under the leadership of Prof David Sanders. Its purpose was to strengthen education and research in public health and primary health care and to build capacity in the health services.

Since its inception, the SOPH has established itself as a significant and pioneering initiative in public health with a national and, increasingly, continental influence. Some of its key achievements have been

- establishing a multi-level postgraduate programme in the field of public health, culminating in a Masters in Public Health and doctoral studies in Public Health;
- providing continuing education opportunities for health and welfare practitioners through our annual Summer and Winter Schools;
- establishing a substantial integrated research and service programme to which many of our students have contributed;

- developing training manuals and materials for service providers, arising from research and service work; and
- being designated a World Health Organisation Collaborating Centre for Research and Training in Human Resources for Health Development in 2004.

The School organises its work in coherent 'clusters'. These are the Health Promotion Cluster, the Human Resource Development Cluster, the Health Information Systems Cluster and the Maternal & Child Health and Nutrition Cluster.

The School is part of the Faculty of Community and Health Sciences and, since the beginning of 2006, has had responsibility for the undergraduate Interdisciplinary Core Courses Initiative and the Service Learning Project. The Faculty also includes the departments of Occupational Therapy; Physiotherapy; Social Work; Natural Medicine; Human Ecology and Dietetics; Sport, Recreation and Exercise Science; Nursing; and Psychology.

School of Public Health

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DIRECTOR'S FOREWORD

Addressing a health crisis through developing human resources

It is now broadly accepted that there is a crisis in health in South Africa, including in the delivery of health care. This is particularly obvious when one considers our policies and financial resources and how discrepantly poor the country's performance is in terms of health outcomes.

As a School of Public Health we are trying to respond to this challenge – primarily in South Africa but also in other parts of the continent, given that the dream of Health for All is far from being reached in developing countries, and especially in Africa. Somehow the situation in South Africa is starker, given the contrast between our possibilities as a middle income country and our very poor performance.

Far from suggesting a new course for the work of the School, however, these conditions have only reinforced our earlier assessments of the challenges that face us. The current crisis has sadly served to confirm the vision we had set ourselves when the School of Public Health (SOPH) was first established in 1993 – namely the optimal health of populations in developing countries, particularly Africa, living in healthy and sustainable environments with access to appropriate, high quality, comprehensive and equitable health systems, based on a human rights approach.

So the question is: how are we responding to the above key challenges? While the detail of some of our work will be described in the rest of this report, I will highlight one of the issues that cuts across the sector – namely a crisis in human resources for health.

A crisis in human resources for health

The central challenge to which we are responding as a School is one of human resource capacity. While at one level this is fundamentally about personnel's understanding of policy and their ability to implement it, the conditions that need to be addressed are not confined to the public health sector.

Some of our poor health outcomes can be largely attributed to factors outside of the health sector – like food and social insecurity and political leadership. As many people live in social and economic conditions which are not favourable for equitable public health, responding to these contexts themselves must be integral to this approach. We therefore understand our work to comprise trying to equip those working in the health and social sectors with an understanding

of comprehensive and integrated primary health care, as well as the skills to address conditions that mitigate against equitable public health outcomes.

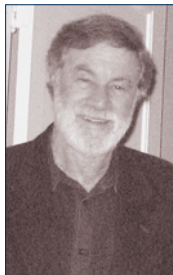
But the old problem of capacity persists, undermining our abilities to address what are often standard public health challenges. The situation in South Africa is different from other countries where health sector performance is significantly compromised by an absolute lack of finances or basic resources. While there are certainly conditions in South Africa which are far from optimal – for example lack of transport in rural areas – our resource base is much better than in other parts of the continent.

As the health and social sectors are labour intensive, they rely primarily for policy implementation on their human resources. South Africa's spending on personnel accounts for 60% to 80% of health expenditure. But despite this substantial investment, the country's performance is very poor – not only in terms of health outcomes such as infant mortality rates, HIV prevalence and so on, but also in terms of health service indicators such as vaccination coverage and TB cure rates.

Causes of lack of capacity

There are, of course, many reasons for the poor capacity amongst health personnel. The first lies squarely within the legacy of apartheid education, which has meant that many health workers in South Africa, although clinically competent, are unable to problem solve, interpret policy or manage and evaluate their own work. Secondly, I believe that health professional training in South Africa remains significantly inappropriate, having insufficiently adapted to the dominant health problems and current health policy. And thirdly, public health has, until fairly recently, been a 'Cinderella' in the health sector in South Africa. Until we started the Masters course in 1994, there was no postgraduate training in public health available to health professionals other than medical doctors.

So while public health skills are essential to the operationalisation of policy, South Africa has a dearth of these skills. This is why building the capacity of human resources for health is really the School's central business.



Developing human resource capacity – experience from our project work

In addition to our formal postgraduate programme and our continuing education activities, we have integrated human resource capacity development into a number of our projects over the past several years.

At hospital level

In a project in the Eastern Cape where we are working with district hospital personnel to reduce young child mortality from malnutrition (reported on more fully on page 24), we have been struck by the fact that although this has been a long-standing and common problem, it has not been adequately addressed.

In these district hospitals we found that both clinical competencies and public health competencies are poor. Planning, management and evaluation undertaken by the nurses and doctors in the hospitals are very weak, as are those in the necessary support services. There is sometimes no stock of key drugs; there are problems with preparing the correct sorts of feeds for babies given agreements with catering companies; and there are problems with keeping babies warm when there are power outages (in which case nurses could promote kangaroo care if only they knew or thought of it). In these kinds of cases, both knowledge and management skills are absent.

While we initially discovered this in the Eastern Cape, our recent work has shown that these problems occur across a number of provinces.

At primary care facility level

At a primary care facility level, our work has shown that the management of care of HIV/TB and sexually transmitted infections (STIs) is very poor, despite the fact that protocols exist and people have been trained. The kinds of management problems include, for example, logjams in the clinics which can result in people leaving without having been treated. In some cases patients will have travelled long distances to attend the health facility. This is a direct result of poor planning, and is not difficult to address. Our work in developing a large scale survey such as the Waiting Times Survey (see page 31) aims to assist health managers and workers to find more effective ways to reduce the waiting times and plan the delivery of their services more effectively.

In addition to poor planning there is a lack of supervision. For example the lack of availability of key

items – like testing equipment or certain drugs needed for a particular programme – directly affects the ability of the system to deliver a basic and decent service.

In response to this kind of situation, the School has been involved in developing an assessment tool which allows a facility to do an audit of the quality of care they offer in relation to HIV, STIs and TB. It essentially assists facility staff and their supervisors to engage in a problem solving process through having them identify where the deficiencies are and then develop solutions that improve the quality of care and the integration of service delivery for these three major health problems.

At community level

The Good Start project (reported fully on page 21) is an excellent example of the challenges being faced by the health service at a community level. Through this work on preventing mother-to-child transmission of HIV (PMTCT) it is clear that actions central to the success of the PMTCT programme are less than optimal. For example, there are interruptions in the supply of formula feed; and nurses and counsellors cannot give proper advice to mothers as they do not know what the relative risks of HIV transmission are associated with the different feeding options.

Thus, in almost every programme area that we have researched, often using participatory research methods, there is a consistent message: that personnel are not sufficiently equipped in terms of knowledge and skills – as well as with problem solving skills – at both implementation and management levels.

The need for critical thinking at all levels of the health service

Apart from recognising the scarcity of such problem solving skills – or an ability of health personnel to ‘think out of the box’ when the situation requires – what has become increasingly clear to us over the past years is the lack of critical thinking that exists around health policies and programmes – or the association between them.

So for example, whilst our national health policy affirms comprehensive primary health care, which emphasises good basic health care as well as the involvement of other sectors and communities, it appears that many of our policy makers and managers – and sometimes implementers – are not sufficiently critical of the nature of some of the new

interventions in which they are involved and do not see the contradictions between these and the stated policy in this country. Personnel seem to uncritically accept a range of vertical programmes – which are often externally funded and driven by foreign donors, such as those supporting antiretroviral treatment – and do not see how these conflict with the primary health care policy. In our capacity development we try to equip health personnel with some of these perspectives and critical thinking skills.

Hallmarks of the SOPH's academic programme

The strength of our academic programme lies in its emphasis on engaging with the challenges of implementation and on programme development.

This is in contrast to some schools which have a very strong focus on methodological content – particularly in quantitative areas like epidemiology and biostats – which gives students quite high level research skills.

At the SOPH the professional backgrounds of our academic staff are diverse, affording us a capacity for multi-disciplinary work. Medical doctors are in a minority, with many of the staff having backgrounds in nursing – not a common feature in a more traditional public health education institution!

A significant cornerstone of our work is our active promotion of the primary health care approach as an organising framework for our academic and research work. We see public health as an important component of the primary health care approach, which again may not be the case at other schools.

Much of our teaching, we believe, is also enriched by our research work, given that it is primarily on and within the health system. Whether the focus of this research is on the development of a management tool for a primary care facility or the refinement of a health intervention, the applied nature of the research problems we identify and our interaction with the health service are valuable lessons for our students – all of whom are health practitioners in the field themselves.

Importantly, the fact that our programme is designed for dual mode – which includes distance learning – means that the way in which we try to educate our learners differs from one which is more classroom-based. For example, we have designed 25 module

guides which provide students with an accessible and interactive learning experience that they can pick up and work with in their own time. This enables a district manager working in a rural area to have access to continuing education whilst continuing to hold his/her health post in the rural district.

In addition, distance learning means that we draw students from other parts of Africa, which creates a rich resource of comparative experience for each student cohort. As South Africa is a relative latecomer to primary health care and public health, exposing students to others who have been trying to implement the primary health care approach is invaluable, as it allows students to learn from their experiences of success and recognise what some of the obstacles have been. Without this interaction, we run the risk of becoming very in-grown and self-satisfied.

Continental links

The SOPH is also involved in working at a continental and global level where it continues to attempt to influence policy. For example, the School is a designated Collaborating Centre for WHO AFRO (the World Health Organisation's regional office) in the area of human resource development. Thus, we have been called upon to assist with training and research, often involving senior policy makers from a range of African countries, while a number of the SOPH's research projects (reported on in this publication) comprise teams of researchers from other countries in the region.

Several staff members have been involved in collaborative research at a global level – with WHO, the United Nations Children's Fund (UNICEF) and other organisations. In addition staff's participation in the Public Health Association of South Africa and in various international conferences has resulted in the SOPH's work becoming widely known.

Conclusion

While the crisis in health service functioning is distressing, given the impact this has on the lives of ordinary people, we feel that the SOPH is contributing to addressing the issues that underpin the crisis at various levels of the health system. We hope that our work of the past two years has not only been scholarly but has contributed to improving practice on the ground – so that we contribute daily to the achievement of the goal of Health for All.



Developing public health practitioners

The School of Public Health (SOPH) was established to develop the capacity of public health practitioners in South Africa.

Post-apartheid South Africa has seen significant conceptual shifts in health policy from a predominantly tertiary-focused health system to one based on primary health care, organised through the district health system. Transforming the health sector from a largely curative, hospital service to a high quality, equitable, comprehensive community-based system requires health practitioners to engage in new roles and develop new skills. They require training in primary health care and public health strategies, in epidemiology, in health promotion and in key health programmes such as nutrition and HIV/AIDS. They need new skills to take on the management of human, financial and service resources, as well as information management.

The School contributes to this much-needed education and training through

- a multi-level postgraduate programme offered through a combination of distance learning and contact sessions;
- short courses offered by staff and visiting experts at annual Winter and Summer Schools; and
- in-service training of practitioners in the field through participatory research and service development as well as commissioned short courses and workshops.

A key strength of the School is that it maintains close links between teaching and learning and a range of service-related projects. The professional involvement of academic staff in the field ensures that learning programmes continue to address priority health and leadership needs.



Making postgraduate education accessible

The School of Public Health (SOPH) has been offering a postgraduate programme in Public Health to students from a wide range of backgrounds since 1993.

The curriculum covers many aspects of the field but places an emphasis on the relationship between public health and development. Its strengths lie in human resource development, health promotion, health systems research, health information systems, health management, nutrition and HIV/AIDS.

The SOPH postgraduate programme is offered through a combination of distance learning and contact sessions. Course materials comprising module guides and readers, together with a CD or video for certain modules, are sent to students. Students are supported through e-mail and telephone contact and are encouraged to attend the short courses offered at the Winter and Summer Schools which provide an introduction to the modules.

The postgraduate programme's distance-based approach and multiple entry model ensure maximum accessibility to health practitioners at all levels, both from South Africa and beyond. The School offers the following:

- The Postgraduate Certificate in Public Health serves those who have limited previous academic experience, or no Honours level qualification. It orientates the student to the field of public health as well as develops academic competence and research skills. The programme comprises six compulsory modules.
- The Postgraduate Diploma in Public Health is open to those with an Honours level qualification. While being a qualification in its own right, it is also part of the course work for the Masters in Public Health. It comprises six modules: three core modules which are compulsory, two stream modules and one elective module. The core modules are Understanding Public Health; Health, Development and Primary Health Care II; and Measuring Health and Disease II.

- Admission to the Masters in Public Health is based on successful completion of the Postgraduate Diploma and is completed with a further two electives and a mini-thesis.
- The PhD programme consists of a major research project by thesis, through which students are required to provide new insights and contribute scientifically sound knowledge to the public health field.

Streams

Streams provide an opportunity for Postgraduate Diploma and Masters level students to choose a particular area of public health in which they wish to specialise. Seven streams are offered:

- Public Health (general)
- Health Promotion
- Health Research
- Health Information Systems
- Health Management
- Human Resource Development
- Nutrition

Modules

Postgraduate Diploma and Masters students can choose from over 25 stream and elective modules, most of which are available through distance learning, while a few are offered as Winter School short courses only. A small number of modules are facilitated by staff in other departments in the University, including the departments of Statistics and Anthropology and Sociology.

In addition, students from other departments in the Community and Health Sciences Faculty, as well as from other faculties, and also students taking the Masters in Public Health at the University of Cape Town, take these modules for credits towards their Masters programmes.

Dr Judith Head

qualified with a Masters in Public Health (MPH), 2001

Senior Lecturer, Convenor of MPhil in 'Critical Studies in HIV/AIDS and Society', Department of Sociology, University of Cape Town

"I did the MPH at UWC because I was already teaching and researching the broad field of the social dimensions of health and was interested in learning more about some of the areas I was beginning to explore. I chose UWC because of my admiration for the inspiring work of Prof David Sanders. The opportunity to study with him was very exciting. My expectations were more than fulfilled. I was introduced to a range of perspectives, approaches and bodies of knowledge that were new to me but very relevant to my work. I have drawn on them extensively informing my thinking for the MPhil in HIV/AIDS and Society which I offer in the Faculty of Humanities as well as the Masters in Public Health at UCT."

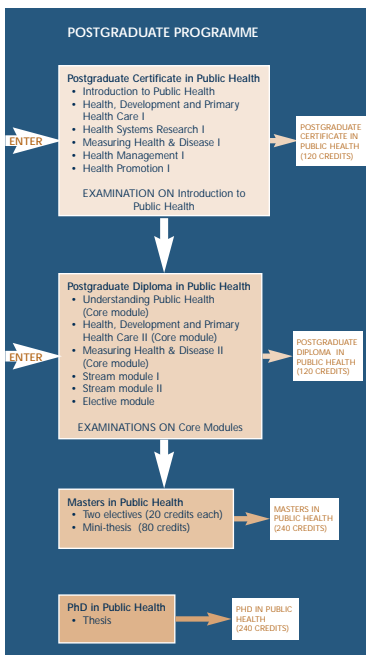
Selection of stream and elective modules

- Alcohol Problems: A Health Promotion Approach
- Epidemiology and Control of Non-Communicable Diseases
- Epidemiology and Control of HIV/AIDS & TB
- Advanced Epidemiology: Measuring Health & Disease III
- Health Management II
- Health and Social Change
- Health Promotion II
- Health Promoting Schools: Putting Vision into Practice
- Health Promoting Settings: A Partnership Approach to Health Promotion
- Introduction to Human Resource Development in the Health Sector
- Culture, Health and Illness
- Managing Human Resources for Health
- Maternal and Child Health
- Micronutrient Malnutrition
- Monitoring and Evaluation in Health and Development Programmes
- Public Health Nutrition: Policy and Programming
- Qualitative Research Methods
- Quantitative Research Methods
- Survey Methods: Designing Questionnaires
- Using Information for Effective Management

Thesis

The mini-thesis component of the Masters in Public Health requires students to undertake a small-scale research project. The School encourages students to choose a topic relevant to their current work, or an area in which they have special interest. Students first develop a protocol and then embark on the main research.

A Thesis Week is held during May or June each year to assist students in developing their protocol and to assign each student a supervisor from the SOPH staff, who has expertise relevant to their topic and research methodology.



Ms Selamawit Alemu Woldeesenbet
qualified with a Postgraduate Certificate
in Public Health, 2005

currently completing her Masters in
Public Health (MPH)

"After qualifying with a BSc in Public Health from Alemaya University, Ethiopia, I worked as a health centre head, then as a public health supervisor and training officer for an international medical emergency relief organisation. In the past two years, the School of Public Health was a place of growth for me. My knowledge of public health and my academic writing skills have changed a lot. I like the practical assignments, the participatory methods used in every short course, and the feedback you get on draft assignments that guide and encourage you. In the last couple of years, SOPH was not only an academic school to me but also a place where I laid a foundation for my future career."



Short courses and continuing education

The School of Public Health's Winter and Summer School short courses have been running since 1992 and are now well established. Over the years they have provided learning opportunities for over 8,300 participants from South Africa and other African countries, mainly from the health and welfare sectors – making this one of the largest continuing education programmes in public health in Africa.

Winter and Summer School short courses are designed to provide an opportunity for participants to gain additional skills in current public health issues and practice.

The courses are usually one week in duration and are delivered by SOPH staff and guest lecturers from local and international institutions using interactive and participatory methodologies.

Courses provide an introduction to the distance modules for our registered students, who are encouraged to take advantage of this face-to-face engagement with the topics. In addition, Winter School courses are open to members of the public who would like to undertake stand-alone short courses as part of their professional development.

Attendance at Winter Schools: 2005 and 2006

(registered students and course participants)

	Female	Male	Total
2005	318	149	467
2006	343	127	470

Courses offered: Winter & Summer Schools

The following courses are offered during the Winter and Summer Schools. New courses introduced during 2005 and 2006 are marked **.

Primary Health Care

Primary Health Care and Restructuring the Health Sector

Health Promotion

Current Thinking and Practice in Health Promotion
Health Promoting Settings: A Partnership Approach to Health Promotion

Health Promoting Schools: Putting Vision into Practice

Community Empowerment in Health**

Counselling Behaviour Change using Motivational Interviewing**

Alcohol Problems: Developing Multi-Faceted

Programmes for Communities living with Alcohol

Introduction to Medical Anthropology**

Health Research

Health Systems Research

Quantitative Research Methods**

Qualitative Research Methods

Survey Methods for Health Research

Using Field Trials in Health Systems Research**

Using Epi Info 2002 for Public Health Practice and Research

Monitoring and Evaluation of Primary Health Care Programmes

Research Training for Gender-Based Violence

Research: Understanding the Sensitivities and Complexities**

Health Information Systems

Using Health Information for Effective

Management: Intermediate Course

Using Information for Hospital Management

Computerised District Health Information Systems:

Foundation Course

Computerised District Health Information Systems:

Advanced Course

Using Geographical Information Systems for

Analysing and Mapping Health Care Issues

Financial Information for Managing Health Services

Health Management

Health Management

Human Resource Development

Human Resource Development for Restructuring the Health Services

Human Resource Information Systems**

Maternal, Child and Women's Health and Nutrition

Diet and Disease

Addressing Micronutrient Malnutrition: Developing Comprehensive Approaches

Social Welfare and Maternal and Child Health

Epidemiology

Measuring Health and Disease

Epidemiology and Control of Non-Communicable Diseases**

Epidemiology and Control of HIV/AIDS,

Tuberculosis and Malaria in the Era of

Antiretrovirals**

HIV/AIDS Prevention: Some Critical Questions**

SOPH staff are supported in offering these courses by a range of colleagues and partners, both from UWC and beyond.

Profile of students and their achievements

The School of Public Health (SOPH) has almost 200 students annually, of whom 57% were women in 2006.

Students are mainly from South Africa and other African countries, with a small number from other parts of the world. Other African countries from which students have registered include Botswana, Namibia, Mozambique, Swaziland, Zimbabwe, Zambia, Kenya, Uganda, Tanzania, Ethiopia, Cameroon, Nigeria, Rwanda and Ghana.

In 2005 and 2006 a total of 85 students graduated:

- 46 with a Postgraduate Certificate in Public Health
- 8 with a Postgraduate Diploma in Public Health
- 30 with a Masters in Public Health
- one with a PhD in Public Health

In addition two students obtained their Doctorates in 2004.

Student profile: 2005 and 2006										
Students registered	Postgraduate Certificate		Postgraduate Diploma		Masters		PhD		Total	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Total	51	45	76	97	46	50	4	4	177	196
Females	33	27	43	51	29	30	3	3	108	111
Males	18	18	33	46	17	20	1	1	69	85
South African citizens	15	12	39	30	18	23	4	4	76	69
Other African countries	35	33	34	65	26	25	-	-	95	123
Countries outside Africa	1	-	3	2	2	2	-	-	6	4
Note: As students register for a number of years, the figures above represent student numbers each year and not new intakes of different people.										

Ms Elizabeth Akor
qualified with a Masters in
Public Health (MPH), 2006

State Programme Officer, PATHS/DfID
(Partnership for Transforming Health
Systems / UK Department for
International Development)
Makurdi City, Benue State, Nigeria

"The study towards achieving my MPH has a tremendous gain for me. Working in a primary health care project like PATHS/DfID, the MPH gave me insight into planning, organising and implementing the project's initiatives. Developing health promotional programmes was the greatest of all the lessons I learnt. I was initially filled with a lot of uncertainties about how I could meet my tight work schedule and study at the same time, but thanks to the timetable planning format given to us I was able to manage! My advice to other students is that they have to be totally in love with the degree they are pursuing and always go back to the books at the end of each day!"

Graduated with the Postgraduate Certificate in Public Health

2005

Tina Achilla
Phyllis Baltiwe
Marjorie Elago
Linda Audrey Garises
Rosiana Julia Hara
Givas Kalungu
Chilobe Muloba Kambikambi
Reggis Katsande
Wendy Roselyn Kawanzaruwa
Patricia Wangui Komu
Erica Kufa
May Harriet Lewis
Noxolo Beauty Makinana
Gakettalelwe Mirriam Mampe
Pumza Janet Mbenenge
Thoko Prudence Mdaka

Neo Nathabo Mohlabane
Tebogo Victor Mokopanele
Batholomeus Mangundu Muntenda
Given Mungala Namuswa
Sihle Lovelet Namuswa
Thertu Kuputu Ngodji
Roseline Nkobo
Beatrice Njilana
Desiree Olga Pass
Morgan Sakala
Keith Shaba
Gloria Mutimbwa Sisheho
Silas Wangila Walumbe
Selamawit Alemu Woldesenbet
Moses Zulu

2006

Alma Akpabio
Susan Chabala
John Kagwi
Naaman Kajura
Kenneth Patrick Khana
Peter Rebanyatsi Loeto
Njekwa Yuyi Lumbwe
Sinonge Davy Mbumwae

Masela Rose Musumali
Mike Mwanza
Phillemon Kashiimbi Nakathingo
Frederick Odhiambo Otieno
Simonee Lucia Shihepo
Chiedza Svogi
Blackson Pitolo Tembo

Graduated with the Postgraduate Diploma in Public Health

2005

Maria Elizabeth Bock
Carrin Louise Martin
Kathy Moscou
Jacinta Tshikani Risimati
Molapane Kgoutuwe Shabangu

2006

Juakina Monica Chuzu-Shaba
Bukelwa Mkosi
Kholekile Ernest Tapile

Ms Phambili Nwabisa Jama
qualified with a Masters in
Public Health (MPH), 2006

**Researcher,
Gender and Health Research Unit,
Medical Research Council,
South Africa**

"The Masters in Public Health programme was a great learning curve and was quite relevant in my career as a researcher on gender and health. I have since set clear and coherent research goals and objectives for my work and critically appraised others' work, and my analytical thinking has been sharpened. Because of the tremendous support and encouragement I got from my mini-thesis supervisor, I am in the process of writing the first of three peer-reviewed journal articles from my mini-thesis, the necessary skills having been obtained whilst doing the MPH at SOPH. Hopefully in the near future I will register for further studies. Thanks should also go to the administrative and support staff for their consideration and kindness."

Graduated with the Masters in Public Health

2005

SMITH, Helen Mary <i>Cum Laude</i>	<i>Factors leading to frequent readmission to Valkenberg Hospital for patients suffering from severe mental illnesses.</i>
AKINBOHUN, Olugbenga John	<i>To ascertain why some women delay in seeking termination of pregnancy (TOP) for unwanted pregnancies in Lejweleputswa District, Free State.</i>
AMADHILA, Justina Nelago	<i>Factors associated with exclusive breastfeeding in Windhoek District, Namibia.</i>
BITANGARO, Kagoro Barbara	<i>The role of gender relations in decision-making for access to antiretrovirals. A study of The AIDS Support Organisation (TASO) clients, Kampala District, Uganda.</i>
CHAAVA, Thabisa Hamukoma	<i>Skills, training and support for carers in HIV/AIDS community-based care: A case study of carers in Chikankata, Zambia.</i>
CHIGALI, Lillian Malambo	<i>Factors associated with nutritional status of children aged six to fifty-nine months in Livingstone, Zambia.</i>
GORDON, Roberta June	<i>Pregnant women's perceptions and application of health promotion messages at community health centres.</i>
HAILEMARIAM, Berhe	<i>Pre-eclampsia and its outcome (maternal and neonatal morbidity and mortality) in the two referral hospitals (Windhoek Central and Katutura), Namibia.</i>
KOOPMAN, Fred Andrew	<i>An assessment of the perception and practices of general practitioners in Cape Town regarding problem drinking amongst their patients.</i>
MABUNDA, Jabu Tsakani	<i>Factors contributing to poor performance of DOTS in the Mopani District, Limpopo Province.</i>
MATENGU, Castro	<i>Insecticide-treated nets distribution and use for malaria control in Omuntele constituency, Oshikoto region, Namibia.</i>
MOLOTO, Majane Jafta Victor	<i>Identification, resolution and monitoring of barriers to the availability of essential drugs at primary health care facilities in Lejweleputswa District, Free State Province.</i>
MWELA, Chipso	<i>Knowledge, attitudes and practices of district health personnel about nutrition surveillance programme in Zambia.</i>
NGULA, Asser Kondsashili	<i>Underutilization of delivery health care services in Okakarara Hospital: Women's perceptions in Okakarara district, Otjozondjupa region, Namibia.</i>
REMMEZWAAL, Bastiaan Leendert	<i>A situational assessment of human resources planning in the Mnquma local service area of the Eastern Cape Province, South Africa.</i>
ROSLING, Lesley Elizabeth Annette	<i>A study to explore the factors influencing a female student's ability to adopt safe sexual practices at a university in Southern China.</i>
TOIVO, Aini Kaarin	<i>Perceptions and experiences of pregnant women towards voluntary antenatal counselling and testing in Oshakati Hospital, Namibia.</i>
WOBUSOBOZI, John	<i>Improving the health management information system for sexually transmitted infection control in the Hoima District in Uganda.</i>

OBITUARY

Bupendra Makan

1964 – 2006



AKOR, Elizabeth	<i>Effect of re-training of midwives and provision of emergency obstetric equipment on maternal care in Benue State of Nigeria.</i>
CHIBWE, Duffrine Chishala	<i>An exploration of promoters and inhibitors of co-ordination between organisations involved in HIV/AIDS activities in Livingstone District, Zambia.</i>
CHIGALI, George Muchimba	<i>Assessment of the factors associated with HIV risk behaviours amongst women in Livingstone, South Province, Zambia.</i>
JAMA, Phamphilil Nwabisa	<i>Gender and age differences in condom use patterns among Eastern Cape youth: A descriptive and analytical study.</i>
KAVAKA, Evniki	<i>Medical students acting as health educators: The influence on adolescents' knowledge about HIV/STI transmission, as well as attitudes, beliefs and intentions towards condom use.</i>
LOMALISA, Patrick Litenya	<i>Causes of maternal deaths and severe acute maternal morbidity in a regional hospital in the North West Province of South Africa.</i>
MATENGU, Barbara	<i>The importance of STI prevention: Knowledge and behaviours of secondary school students in Tsumeb, Namibia.</i>
MATOTI-MVALO, Tandiwe	<i>An exploration of the perceptions about being thin, HIV/AIDS and body image in black South African women.</i>
MENDA, Mutombo Dhally	<i>Assessment of sexual behaviour and knowledge of HIV among adolescent schoolgirls in a rural district in Zambia.</i>
MUHEUA, Adam	<i>A description of the barriers that influence initial and consistent use of condoms amongst a sample of male and female students of the Polytechnic of Namibia.</i>
PETZER, Shaun	<i>The feasibility and challenges of implementing the Essential Drugs Programme into occupational health services.</i>
SHANGULA, Maria Namtenja	<i>Factors affecting voluntary counselling and HIV testing among pregnant women in Tsumeb District, Oshikoto Region, Namibia.</i>

Graduated with the PhD in Public Health

Patricia Struthers, a senior lecturer in the Physiotherapy Department in the Community and Health Sciences Faculty at the University of the Western Cape (UWC), graduated with her PhD in 2005. Her thesis investigated *The role of occupational therapy, physiotherapy and speech and language therapy in education support services in South Africa.*

Two PhDs were also awarded in 2004. Assoc Prof Rina Swart from the Dietetics Department in the Community and Health Sciences Faculty explored *Internal migration, dietary intake and anthropometric status of children aged 1-9 years in South Africa* – while Elaine Byrne's thesis was on *A participatory approach to the design of a child-health community-based education system for the care of vulnerable children.*

"The School of Public Health was shocked and greatly saddened by the sudden passing of Bupendra Makan on 20 August 2006. Over the past decade Bupendra had worked closely with a number of the SOPH staff members, always showing his unique combination of critical analysis and mischievous humour. Bupendra was part of the first intake of Masters students at the SOPH and was both a leader and dear friend to his many colleagues in the field of public health in South Africa. We continue to hold Tanya and Khiran and Azzara in our thoughts. Such a premature and tragic loss – of a partner and a father, and of a colleague, activist and friend – is, as always, so difficult to comprehend."

Prof David Sanders, on behalf of the School of Public Health, UWC

Putting primary health care at the core of the undergraduate curriculum

Undergraduate students who began studying courses in the Faculty of Community and Health Sciences after 2000 – be this in psychology, social work, nursing, dietetics, human ecology, occupational therapy, physiotherapy or natural medicine – will inevitably have come across the primary health care approach, following the involvement of School of Public Health (SOPH) staff in the development of a series of core courses in the undergraduate curriculum.

While the School has been instrumental in this work since its inception in 1993, our involvement has increased over the last few years. SOPH staff are now playing a leading role in the development of parts of the nursing curriculum, while the Dean of the Faculty has asked the School to lead a revision of the Interdisciplinary Core Courses on her behalf.

History of Interdisciplinary Core Courses

A strong commitment to the primary health care approach was initially made in 1994 when the Faculty of Community and Health Sciences reviewed its undergraduate curricula in the light of the government's new health policy based on primary health care. As a result, interdisciplinary primary health care modules were incorporated into the undergraduate curriculum of all health disciplines. The following core modules were developed:

- Introduction to Philosophy of Care (IPOC) – at 1st year level
- Health, Development and Primary Health Care (HDPHC) – at 1st year level
- Interdisciplinary Health Promotion (HP) – at 2nd year level
- Measurement of Health and Disease (MHD) – at 3rd year level
- Shared Community-Based Practice (SCBP) – at 4th year level

(An Interdisciplinary Core Courses co-ordinator, Firdouza Waggle, was appointed to manage this extensive Faculty-wide process. Mr Gerard Filies is currently acting in this position.)

In addition, innovative pedagogies, such as community-based education and problem-based learning, were also introduced. This approach articulated well with the University's mission and the Faculty committed itself to a student education which promoted, among other things, a progressive primary health care approach to health and welfare services which is firmly rooted in the community; interdisciplinary teamwork; and student academic development.

Implementing the Interdisciplinary Core Courses

A 'phased' approach was adopted in the restructuring process of the undergraduate curricula – such that a student starting in 2000 would experience the interdisciplinary modules in each year as they were being implemented for the first time.

Although the intention of this programme was to include all departments in the Faculty, the interdisciplinary nature of the programme was threatened as the participation of some departments waned. This was especially the case for the 4th year Shared Community-Based Practice Module, which depended on interdisciplinary co-operation. It was within this context that the SOPH was requested to oversee the revision of the Interdisciplinary Core Courses.

Revision of Shared Community-Based Practice Module

Since 2006 the SOPH has housed the Interdisciplinary Core Courses and the Service Learning Projects – namely the Theewaterskloof Community Partnership Project and University of the Western Cape (UWC) Community Rehabilitation Project (CRP).

The newly named Inter-Professional Community-Based Practice Course has received particular attention. The School is particularly well placed to provide this, given the staff's varied professional backgrounds and their expertise in community-based primary health care, health promotion and epidemiology.



An interdisciplinary working group with representatives from all departments in the Faculty is developing a revised curriculum, and a renewed commitment from departments to participate in this strategic programme is being obtained.

Nursing Department

In 2004 the UWC's School of Nursing was designated as the enrolling institution for undergraduate nursing in the Western Cape province by the national Department of Education. This meant an increase of student enrolment from about 100 in 2003 to about 300 in 2004 and the years that followed – which required a similar substantial increase in the numbers of academic staff.

As the SOPH has among its staff several nurses with Masters and Doctoral degrees, the Faculty of Community and Health Sciences and the School of Nursing requested that the SOPH provide assistance in three critical areas:

- teaching of undergraduate nursing students;
- increasing the public health content of the undergraduate nursing curriculum; and
- providing assistance in translating lessons learned in the innovative SOPH resource-based distance education to the School of Nursing's curriculum development and teaching.

As a result, several of the SOPH staff with nursing qualifications have become increasingly involved in the School of Nursing.

- Assoc Prof Thandi Puoane has been contributing to the Child Health Nursing module, in particular around the treatment of severe malnutrition, given that nursing care of severely malnourished children is the primary determinant of mortality in these cases.

THE THEEWATERSKLOOF PROJECT

Co-ordinator: Prof Fanie Sonn

The Theewaterskloof Project aims to provide critical community and health care services to under-resourced rural communities.

This project operates as a unique collaboration between UWC, the Dutch-based Hogeschool of Arnhem and Nijmegen and the Theewaterskloof Municipality.

It represents the rural engagement of the Faculty of Community and Health Sciences and UWC through the service learning of its students and supervision by its lecturers.

UWC COMMUNITY REHABILITATION PROJECT

Co-ordinator: Ms Ruwayda Hull

The Community Rehabilitation Project focuses on the re-integration of the disabled person back into society in the disadvantaged communities of Mitchells Plain and Nyanga.

As an outreach project of the University, it gives occupational therapy and physiotherapy students access to practical experience and the opportunity to develop clinical skills within a community-based rehabilitative framework.

Through this project the Faculty is able to place, supervise, monitor and evaluate students to ensure they meet with the Faculty's standard of service learning.

- Assoc Prof Debra Jackson has been teaching the 4th year Nursing Research Methods module for the past three years. This module prepares nurses to be both users and generators of nursing research to improve nursing practice and the quality of nursing care.
- Elize Batist has taught courses in Measuring Health and Disease to 3rd year students and Information Management Systems to 4th years.



In-service education and training

Members of the School of Public Health (SOPH) staff are regularly involved in in-service training activities, some as part of research projects and others as commissioned work. They largely take the form of workshops or training programmes which are often run for, or in collaboration with, government health departments.

Work in this area in 2005 and 2006 included the following:

- an Equity Workshop for the Tanzanian Health Equity Group and Women's Dignity Project, Dar es Salaam, Tanzania
- a workshop on Health Workforce Policy and Management Development organised jointly by Human Resources for Health (a division of the World Health Organization's Regional Office for Africa) and the SOPH, with participants from five African countries
- Social Capital Workshops for the Health Department of the Provincial Government of the Western Cape (PGWC)
- a Health and Hygiene Workshop through which the SOPH facilitated ongoing capacity building for the Khayelitsha Water and Sanitation Forum, which included arranging training on health and hygiene and the establishment of health clubs for the Forum, a process supported by the City of Cape Town and the Health Department of the PGWC
- workshops on Community Participation for City of Cape Town environmental health practitioners
- Sensible Drinking Workshops jointly organised by the Liquor Control Project and the Sensible Drinking Project
- workshops to Develop Guidelines for Facilitators of Support Groups for People with Chronic Diseases in Athlone, George and Malmesbury for the Health Department of the PGWC
- a training programme for Support Group Facilitators working with Support Groups for Clients with Chronic Conditions for the Metro District Health Services
- Health Information Systems Training Workshops for information officers in the City of Cape Town and Metro District Health Services
- Monitoring and Evaluation Training Workshops for dietitians and nutrition co-ordinators for the North West Province Health Department
- Improving the Hospital Treatment of Malnutrition Workshops for doctors, nurses and dietitians for the health departments of the Eastern Cape, Kwa-Zulu Natal, Limpopo and the North West
- Human Rights Day Seminar on 'The Right to Health' hosted by the Stellenbosch University Bio-Ethics Unit in collaboration with the University of Cape Town Health Sciences Faculty, the SOPH and the Cape Peninsula University of Technology

In addition, in January 2005 the School produced a paper on Social Capital Formation in Health commissioned by the Health Department of the PGWC.

**Proposed building for the
School of Public Health**



Organisational evaluation and strategic planning

In late 2005, the School of Public Health (SOPH) engaged in a process of long term strategic planning.

This was facilitated by organisational development consultants Marian Nell and Janet Shapiro, who had already invested significantly in the School and thereby enabled it to increase and stabilise its academic staff component.

The first step of the process was an evaluation of the evolution and future direction of the School, and of its organisational structure and shape. The views of approximately 60 stakeholders were sought – from the School, the University of the Western Cape (UWC), academic partners in South Africa and beyond, government at different levels and representatives of international partners.

Based on this the evaluators noted that 'the development of a multi-level postgraduate programme, with multiple exit points, delivered largely in distance mode, was seen as innovative and necessary in the southern African context, and the multi-disciplinary nature of the academic programme was considered unique, innovative and appropriate'.¹ The Winter and Summer Schools were also highly praised, as was the School's support of the Community and Health Sciences Faculty integration of public health content into the undergraduate curriculum.

The School's research and advocacy – in areas such as health information systems, child and maternal nutrition and human resource development – were very well regarded by the interviewees, who saw these as niche areas developed by the School. The quality of the School's research output was generally well regarded and was 'seen as contributing in the under-researched area of "how to do things", not only "what to do"'.²

Importantly, the evaluators concluded that the School had, in the 13 years since its founding, 'had a positive impact in all areas of activity and has fulfilled its mandate in terms of research and teaching and, to some degree, in advocacy. It has retained a strong values base and has remained a vision-led organisation, something which is respected in the sector and seen as fairly unique in the South African context'.³

The series of recommendations regarding the future positioning, focus and output of the School that emerged from this process formed the basis of the SOPH's strategic planning workshop in April 2006. Arising out of this workshop, a ten year strategic planning framework for the SOPH was produced and a series of funding proposals developed: one to establish a Project Management Unit within the SOPH so as to provide co-ordination and financial and logistical support to existing and new projects of the SOPH; and another to support the construction and equipping of a new SOPH building on the UWC campus. Along with the evaluation and strategic planning process, the development of both proposals was supported by The Atlantic Philanthropies.

¹ Nell M, Shapiro J. *Towards a Strengthened Public Health System. Planning for the Future of the School of Public Health at the University of the Western Cape. March 2006. p ii.*

² *Ibid.* p iii.

³ *Ibid.* p iii.

In 2006 the SOPH was invited by The Atlantic Philanthropies to submit a proposal for the design and construction of a new building to house the School on the UWC campus. Following a thorough process of planning and design, The Atlantic Philanthropies Board approved a grant of up to R60 000 000 over the next two years. Construction of the new building will commence soon and be completed by early 2009. This initiative will symbolise an important landmark in the history of the SOPH at UWC.

Learning by doing:

An evaluation of the postgraduate programme in public health

An 'extremely high commitment to moral values', a 'deep sense of dedication to improving health care for people in greatest need', an 'insistence on equity' and 'high professional standards of scholarship' were the qualities attributed to the School of Public Health (SOPH) by Prof Carl Taylor, Professor Emeritus at Johns Hopkins School of Public Health, in his recent evaluation report of the School's postgraduate programme.¹

Undertaken in 2006, the evaluation formed part of the School's long term strategic planning process, funded by The Atlantic Philanthropies and undertaken to outline the School's future direction, organisational structure and shape. The evaluation of the postgraduate programme specifically was undertaken in two parts.

- Prof Carl Taylor focused on the content of the programme; while
- Tony Mays and Tessa Welch of the South African Institute for Distance Education (SAIDE) investigated the capacity and systems necessary to deliver and sustain an effective, high quality distance education programme to a large number of students.

The SOPH has been delivering the postgraduate programme for 13 years, during which 106 students have obtained a Masters degree and four a Doctorate in Public Health. In addition many health professionals have completed the postgraduate certificate and diploma programmes. While the standards of excellence described above seem to have been achieved, there is a constant sense in which the School's capacity and systems may not be being used optimally – given the challenges presented by this kind of vocational distance learning programme.

Content

Prof Carl Taylor's evaluation, which complemented the SAIDE evaluation, focused on the content of the postgraduate distance education programme.

Prof Taylor noted that an overriding impression was of 'the overt sense that national and African levels of ill health and long-deferred access to development necessarily will require (a) willingness to pioneer and (the) courage to try innovative approaches'.² He suggested that the SOPH's programme was such an approach, and that its attempts to meet the public health training needs of those who have the most direct impact on the quality of care, namely middle level managers at the district and sub-district levels, was most appropriate.

Overall, Prof Taylor suggested that the content of the learning materials and the opportunities provided to learners was 'very good'. He provided a detailed analysis of some of the gaps that he felt existed in the content of the SOPH materials, being, for example

- the disciplines of economics and political science in relation to the social science teaching, and
- some of the major public health disciplines such as biostatistics, demography, environmental health, advanced epidemiology and a specific focus on infectious disease agents in relation to the quantitative methodologies.

He noted, however, that gaps were inevitable given that it 'is still a relatively new curriculum'.³

Prof Carl Taylor
Professor Emeritus at
Johns Hopkins School of
Public Health

Extracted from his Evaluation Report of
the University of Western Cape School
of Public Health (31 March 2006)

"(My) intensive but brief exposure to faculty, learning materials, and selected students of the University of Western Cape School of Public Health gives a strong impression that this is an institution with extremely high commitment to moral values. A deep sense of dedication to improving health care for people in greatest need and insistence on equity permeates all activities. The direct focus is on ensuring a high quality of performance in both students and faculty and this requires high professional standards of scholarship. The strong work ethic leads to high levels of productivity."

The strong focus in the materials on prevention and health promotion, which addresses the need for health services to move beyond clinical care, was noted as one of the key strengths of the programme. In addition, the development of an 'educational ladder' which provides learners with the potential opportunity to progress from the Certificate level and accumulate credits towards a full Masters in Public Health, whilst steadily building their competence, was applauded.

The flexibility provided by the programme, so that learners 'can continue to work and support their families' whilst completing their postgraduate studies, was also seen as commendable. As Prof Taylor noted, 'learning and working at the same time is strongly synergistic as it becomes learning by doing'.⁴

Capacity and systems

Within the context of this history, then, the SAIDE evaluation assessed the SOPH programmes against criteria for quality distance education established by the National Association of Distance Education Organisations of South Africa (NADEOSA). SAIDE paid particular attention to

- how appropriate the SOPH distance education methodology was within the current health and education context;
- the processes used by the School to design and develop the modules;
- the quality of the support that is provided to learners; and
- how the programme is managed in terms of administration and quality assurance.

They gathered evidence through a series of interviews with staff and students, and through a review of a sample of the SOPH course materials and related documentation.

Particular challenges were identified by the evaluators, in relation to further developing learner support and acknowledging that the infrastructure required for implementing distance education is not yet fully in place within the University of the Western Cape.

Along with a series of constructive recommendations, the SAIDE evaluation concluded that:

*The SOPH postgraduate programme is offering high quality distance education to a range of students who would not otherwise be able to access postgraduate studies in public health ... This is due mainly to ... the competence and commitment of the staff. ... the fact that the programme and materials are developed according to sound teaching and learning principles ... and that (there is an) awareness of the needs of geographically dispersed and sometimes under-prepared learners, and a determination to support them proactively as well as responsively through personal contact, structures and materials. All these strengths need to be nurtured.*⁵

1 Taylor C. Evaluation Report of the University of Western Cape School of Public Health. 31 March 2006:1.

2 Ibid.

3 Ibid.

4 Ibid. p 2, 3.

5 Mays, T, Welch T. A Distance Education Evaluation of the Postgraduate Programme in Public Health offered by the School of Public Health, UWC. South African Institute for Distance Education (SAIDE) 19 April 2006:9.

Dr P K Navaratnarajah
qualified with a Masters in
Public Health (MPH), 2004

Chief Medical Officer,
St Barnabas Hospital, Libode,
O R Tambo District,
Eastern Cape

"I found the course content and design [of the MPH] included topics that are relevant in respect of public health and public health service issues. This is specially so for rural and third world health services. The degree gave me lots of confidence and authority. The study materials are excellent and still help as reference materials in day-to-day health services issues. The tutors were very informative, accessible and user-friendly."



Good Start:

Preventing mother-to-child transmission of HIV



A small research study planned in 2001 to examine changes in infant feeding in the context of HIV in South Africa marked the beginning of the Good Start Study – which has now grown into an international study spanning seven sites in four countries and involving 17 research partners.

Initially funded by UNICEF (United Nations Children's Fund), the original project grew into a large cohort study called Good Start I. It aimed to evaluate the operational effectiveness of the pilot phase of South Africa's national Prevention of Mother-to-Child Transmission (PMTCT) programme and was funded by the national Department of Health in collaboration with the Health Systems Trust.

In 2005, the study expanded to focus on intervention research to improve child health. With funding from international donors, Good Start II extends beyond South Africa's borders to include sites in Uganda, Zambia and Burkina Faso.

Good Start I – South Africa

Good Start I aimed to

- describe and measure the impact of the PMTCT programme on the health of infants born to HIV-positive mothers;
- investigate infant feeding patterns and behaviours of HIV-positive and HIV-negative mothers; and
- provide recommendations for the national Department of Health to strengthen the PMTCT programme.

Additional aspects included the quality of PMTCT counselling; infant feeding decisions and compliance; experiences in the PMTCT programme; and utilisation of maternal and newborn services.

Three sites were purposively selected to reflect different socio-economic regions, rural-urban locations and HIV prevalence rates within South Africa. These are

- Paarl, a peri-urban/rural area in the Western Cape which has a higher socio-economic profile and available health systems, and had an antenatal HIV prevalence of 9%;
- Rietvlei, in the Umzimkulu subdistrict (formerly in the Eastern Cape, now in KwaZulu-Natal), which lies in one of the poorest parts of South Africa and whose antenatal HIV prevalence was 28%; and
- Umlazi, a peri-urban area with formal and informal housing on the outskirts of Durban, KwaZulu-Natal. It is intermediate with regard to resources compared with the other two sites, and the antenatal HIV prevalence was 47%.

HIV-positive (665) and HIV-negative (218) mothers and their infants were recruited from local PMTCT sites in the three areas.

Results

The best quality of PMTCT care was seen in Paarl, while there were many problems in Rietvlei. Qualitative sub-studies showed that stigma and deficiencies in counselling regarding infant feeding were impacting on mothers' abilities to comply with PMTCT programme recommendations, while difficulties in accessing transport and the poor overall quality of health care were barriers to mothers' utilising maternal and newborn services.

The percentage of three to four week old infants who were HIV-negative compared favourably with earlier clinical trials of nevirapine. Although Paarl had a lower incidence of HIV-negative infants (8.6%) compared with Umlazi and Rietvlei (11.9% and 13.7%), these results were not statistically significant. Results at nine months of age showed Paarl to have the highest number of alive and HIV-negative infants (84.0%) followed by Umlazi and Rietvlei (73.4% and 64.3%). These differences are statistically significant ($p=0.0003$). Paarl and Umlazi had results similar to those in clinical trials of PMTCT, whereas Rietvlei had results similar to placebo in these same trials, indicating that the early gains in the reduction of HIV transmission were lost by nine months in this site due to higher infant mortality and HIV transmission, likely explained by poor infant feeding practices, health systems quality and socioeconomic circumstances. The study also found that the peri-partum viral load of the mother is the biggest independent risk factor for infants surviving and being HIV-free at nine months.

Recommendations

Recommendations from Good Start I included the following:

- address inequities – provide disadvantaged areas with more resources (technical assistance, staff, funding);
- improve the provision of primary health care and maternal, child and women's health (MCWH) through a comprehensive, integrated approach;
- reduce maternal viral loads through providing highly active antiretroviral therapy (HAART) for mothers; and
- continue the PMTCT programme and consider combination therapies to further reduce early perinatal transmission.

Advocacy

The results from this research have been published in international peer reviewed journals (see page 45 of this report) and have been presented to the national, provincial and local departments of health and at multiple national and international meetings. They have been used by national, provincial and local stakeholders for planning, and continue to influence policy.

For example in February 2007 they were included in a presentation by the Chief Director of HIV/AIDS in the national Department of Health to the parliamentary Portfolio Committee on Health, where Dr Xundu noted that in the PMTCT programme 'there was ... success ... in places such as Paarl in the Western Cape while in areas such as Umzimkulu in the Eastern Cape the success rate was almost zero percent'¹ and attributed these differences to variations in the health care system.

Good Start II

In Good Start II, the research team is evaluating a programme of interventions to address the deficiencies highlighted by the results of the first phase of the study, namely:

- to improve the support and education for mothers in the postnatal period to improve infant feeding practices; and
- to strengthen facilities, particularly related to infant feeding counselling, the integration of PMTCT with maternal and child health services to address broader child health issues, and HIV/AIDS and TB services to ensure that mothers and infants have access to HAART.

Improving support and education to improve infant feeding practices – South Africa, Uganda, Zambia and Burkina Faso

The evidence shows that the beneficial effects of PMTCT interventions are negated when safe infant feeding practices are not adhered to. In resource-limited countries or settings, breast feeding is a key child survival strategy, preventing approximately 13% of deaths in children under five years old. The fact that HIV can be transmitted in breast milk poses a dilemma in such settings. However, recent studies from Zimbabwe and South Africa suggest that infants who were reported to have been exclusively breast-fed had a reduction in HIV transmission compared with infants who were mixed-fed.

Increasing rates of exclusive breast feeding for the general population and exclusive replacement feeding in HIV-positive mothers who have chosen this option is therefore a critical intervention, not just for increasing the effectiveness of the PMTCT programme but for child health in general.

Related to this, community-based interventions using peer counsellors or local women's groups have been shown to change behaviour in relation to infant feeding and birth outcomes. However, these interventions had not been rigorously evaluated in an African setting with high levels of HIV.

Aims and approach

Given this context, a multi-country randomised cluster trial has been planned in four countries (Uganda, Burkina Faso, Zambia and South Africa). It aims to determine the effect of a community-based peer counsellor intervention on rates of exclusive infant feeding (i.e. exclusive breast feeding or exclusive formula feeding) and HIV-free survival at 12 months post-partum. The trial, and in fact Good Start II, is taking a whole community approach, with the interventions and research focus being on both HIV-positive and HIV-negative women.

• Infant feeding intervention

An evidence-based training and support package by the World Health Organization (WHO) forms the basis of the intervention. The focus of the package is on supporting exclusive infant feeding practices (either exclusive breast feeding or exclusive formula feeding), encouraging mothers to attend antenatal care and to be tested for HIV, support for disclosure of HIV status, and encouragement to attend clinics postnatally for immunisations.

The partners collaborating in the Good Start II project are only focusing on exclusive breastfeeding as an outcome, given that breast milk substitutes are not always readily available in some African countries.

• Social grant intervention

As was seen in the first phase of Good Start, socio-economic disadvantage was also a critical problem in these communities. An intervention focusing on socio-economic aspects related to infant feeding has been developed and will be tested in South African sites only. This entails peer supporters conducting identical visits to those for the infant feeding intervention, to provide the mother and family with key information on the availability of social grants and the processes required to gain access to them.

Evaluation research

Data collection for Good Start II is very similar to that in Good Start I. The follow-up of HIV-positive mother-infant pairs is 12 months, while for HIV-negative mothers it is six months.

As of January 2007 the South Africa site had enrolled almost 3,000 women in the peer support programme and 1,000 women in the cohort study component, of whom 180 (18%) were known to be HIV-positive. Data collection is ongoing and preliminary results are expected in 2007.

• Strengthening facilities and integrating PMTCT services – South Africa

The second aspect of Good Start II is the strengthening of facilities in South Africa, particularly integrating services and the training of health workers.

Training health workers

Ninety nurses and lay health workers in the three study sites are being trained in infant feeding counselling in the context of HIV, using the WHO course.³ A pre- and post-test used during the training shows that participants' knowledge improved. Changes in practice will be evaluated in 2007 through another observational study of antenatal voluntary counselling and testing (VCT) and infant feeding counselling.

Integrating services

The other major part of this project has been to build local and provincial teams of stakeholders to begin work on integrating PMTCT with maternal and child health services, as well as local HIV/AIDS and TB services, including antiretroviral clinics. As the demonstrated need was greatest in Rietvlei, the initial work has focused there. Future plans include expansion to the other two Good Start sites and to other areas in the Western Cape and KwaZulu-Natal.

In addition, we hope to include the building of further links for improved community services, such as

- community-based VCT;
- strengthening community-based neonatal and child health services and follow-up; and
- qualitative studies to examine pregnancy intention, food security and responses to community-based peer support.

Capacity building

Capacity building has been a central feature of Good Start since its inception. Achievements have included postgraduate student participation in the programme, as well as the development of local capacity for quality research and service development.

¹ africa.com/news/sa/640373.htm, 27 February 2007.

² World Health Organization. *Infant and Young Child Feeding Counselling: An Integrated Course*. Geneva: World Health Organization, 2006.

³ *Ibid.*

Good Start Research Consortium partners

South African partners

- ▶ School of Public Health, University of the Western Cape (UWC)
- ▶ Health Systems Trust (HST)
- ▶ Health Systems Research Unit, Medical Research Council (MRC)
- ▶ Centre for AIDS Development, Research and Evaluation (CADRE)
- ▶ Nelson Mandela Medical School, University of KwaZulu-Natal (UKZN)
- ▶ Statistics Unit, MRC
- ▶ School of Nursing, UWC
- ▶ National Department of Health
- ▶ Provincial departments of health: Western Cape, Eastern Cape, KwaZulu-Natal

International partners

- ▶ Makerere University, Uganda
- ▶ University of Zambia, Zambia
- ▶ Centre Muraz, Burkina Faso
- ▶ Uppsala University, Sweden
- ▶ University of Bergen, Norway
- ▶ London School of Hygiene and Tropical Medicine, UK
- ▶ Tulane University, USA
- ▶ University of Missouri, USA

Good Start funding

- ▶ National Department of Health, South Africa
- ▶ US Centers for Disease Control and Prevention (CDC), South Africa
- ▶ United Nations Children's Fund (UNICEF)
- ▶ European Union (EU)
- ▶ Rockefeller Brothers Foundation
- ▶ World Health Organization (WHO)
- ▶ Swedish/South Africa Collaboration (SIDA/NRF)
- ▶ Swedish Agency for Research Co-operation with Developing Countries (SAREC)
- ▶ National Research Foundation (NRF), South Africa

Improving the hospital management of severe malnutrition

In 1998 the School of Public Health (SOPH) and the Health Systems Trust (HST) set themselves the task of modelling the implementation of the integrated nutrition programme policy by helping develop appropriate systems and structures in one of the poorest districts in the country. Addressing some of the reasons for malnourished children dying in hospitals became a major part of this effort.

Identifying the problem

A local multi-sectoral team was assembled to work on this project in the Mount Frere district in the Eastern Cape. The team consisted of nurses from the local primary health clinic and from the two district hospitals (Mary Teresa and Sipetu) as well as representatives from the district departments of social services, education and environmental health. Through an initial situational assessment to identify nutrition problems in the district, they identified high hospital case fatality rates for severe malnutrition as one of the priority issues to tackle first.

The reasons for these high case fatality rates were identified through participatory action research involving the paediatric staff from both hospitals. They found that there were shortcomings in the management of severe malnutrition, which were attributed to lack of knowledge among paediatric staff and lack of resources, including night staff, and supplies in the paediatric wards of the two hospitals.

Implementing guidelines

As a result of these findings an action plan was developed to improve the quality of care of severe malnutrition. This included training and supporting the paediatric staff in the implementation of the World Health Organization (WHO) treatment guidelines, which have been shown to be effective in reducing the case fatality rates in other parts of the world.

The process of implementing the WHO treatment guidelines led to a reduction in the case fatality rates, and improved the morale and knowledge of the paediatric staff in these two Eastern Cape hospitals.

The WHO treatment guidelines were then adapted and a local Eastern Cape protocol drafted, based on the capabilities of staff and the available resources. Particular attention was paid to the feasibility of implementing the guidelines in poorly resourced hospitals, with this being tested in these two district hospitals.

Feeding practices at home

Follow-up of children who had been discharged from these hospitals revealed the difficulties their caregivers faced in implementing feeding practices taught at the hospital. This was as a result of food insecurity and poverty.

Following advocacy actions and publicising this issue – including newspaper articles and the national screening of a 30-minute television documentary on Special Assignment – a government campaign was launched to increase the distribution of the child support grant in the Eastern Cape.

In addition, a multi-sectoral team involving the district departments of Social Development and Home Affairs and relevant health personnel was established to assist in accelerating the allocation of child support grants to children admitted for severe malnutrition.

Consolidating implementation

A training manual for health workers to help them implement the WHO guidelines in their hospitals was then finalised. This included the lessons learnt and questions that arose during the monitoring of the implementation of the initial treatment guidelines. The whole process of assessment, analysis and training was then repeated in a further nine district hospitals in the region.

To sustain the programme, committed professional nurses were trained as trainers so that they could pass on these approaches to other paediatric staff in their institutions. The trainers were also advised as to how to monitor the implementation of the treatment guidelines.

Prof Ann Ashworth
Emeritus Professor
of Community Nutrition,
London School of
Hygiene and Tropical Medicine

"SOPH has trained staff at more than 250 hospitals in South Africa to improve treatment of severely malnourished children. This is an impressive contribution to improving health service delivery and human resource development, and is reducing child deaths. It is a privilege and delight to be associated with this challenging work."

Further challenges

Through these monitoring activities, an issue that needed further research was identified. While the reduction in case fatality rates was sustained in some hospitals, in others the reduction was not sustained and these hospitals performed persistently poorly despite their similar resources and infrastructure. The main reasons for this discrepancy were found to be key differences in leadership, teamwork and managerial supervision and support – although an additional factor was thought to be HIV infection in a percentage of these children.

Research to evaluate the effectiveness of the WHO treatment guidelines in the management of malnourished children who are HIV-positive is planned for 2007 – to be funded by the National Research Foundation.

Highlights

Highlights of this project are as follows:

- the development of a local protocol to manage severe malnutrition, now in use throughout the Eastern Cape
- recognition of this work by the national Department of Health, and its replication in other provinces such as Limpopo, North West and KwaZulu-Natal – which have already been assisted by the SOPH with the necessary training
- improved access of local community members to the child support grant as a result of a national advocacy process
- the development of training materials to train health personnel on the implementation of WHO guidelines, now available electronically through the organisation TALC (Teaching-Aids At Low Cost) in the United Kingdom
- the incorporation of the management of severe malnutrition into the curriculum of the School of Nursing at the University of the Western Cape
- the publication of articles in several scientific journals (see page 46)

This project was co-ordinated by Assoc Prof Thandi Puoane and Prof David Sanders and supported by Ms Lwandlekazi September.

Other projects in the Maternal & Child Health and Nutrition Cluster

The Maternal & Child Health and Nutrition cluster focuses on priority problems and public health interventions related to the health and nutrition of mothers, infants and young children. Recent projects have focused on severe malnutrition in children, HIV and infant feeding, prevention of mother-to-child transmission of HIV, access to maternity and reproductive health services, low birth weight, and maternal and infant morbidity and mortality.

Burden of Disease Project

David Sanders, Mickey Chopra

Research into the burden and broad determinants of the major diseases in the Western Cape has been commissioned by the Provincial Government's Department of Health. The work includes recommendations on inter-sectoral interventions that will decrease the current disease burden. The provincial Health Department plans to present the project findings at a top level forum involving other government departments in June 2007. David Sanders heads the Task Group on Childhood Diseases.

Promoting Healthy Lifestyles

Thandi Puoane, Hazel Bradley, Lungiswa Tsokile, Zandile Mchiza and Jabulisiwe Zulu

This is a community-based project (in collaboration with the Health Promotion Cluster) aimed at the prevention of non-communicable diseases and promotion of healthy lifestyles. It began as an action research project with community health workers in Khayelitsha, an urban township in Cape Town, but has since developed to include an effective health promotion programme through the training of community health workers and the development of community-based health clubs.

Non-communicable disease risk factor intervention study in an economically disadvantaged South African urban township

Thandi Puoane, Lungiswa Tsokile, Ruth Stern, Zandile Mchiza and Jabulisiwe Zulu

This MRC-funded qualitative study is investigating the influence of cultural, social, psychological and environmental factors in the development, control and prevention of non-communicable diseases. Data collection is currently underway.

Ms Tandi Matoti-Mvalo
qualified with a Masters in
Public Health (MPH), 2006

Dietetics Division Manager,
Diva Nutritional Products,
Cape Town

"As a dietician in the private sector, studying with the School of Public Health has helped me to broaden my knowledge and awareness of public health problems and to view nutrition not as a separate field but rather one of the fields of public health. I think this degree will help open a lot of doors for me."

Study to understand community response to the availability of antiretroviral therapy in South Africa

Mickey Chopra, Nikki Schay

This qualitative study aims to understand community response to the availability of antiretroviral (ARV) therapy in South Africa. Between April and June 2005, 178 interviews were conducted with community members, people on ARV treatment and women who had participated in the government's PMTCT programme in the three districts in which the 'Good Start' study is located. An article has been published about one particular aspect of this study and two more are underway (see page 45).

The SOPH is conducting this research in collaboration with the Tulane School of Public Health and Tropical Medicine, and in association with the Health Systems Trust, the Health Systems Research Unit at the Medical Research Council and the Department of Anthropology and Development at the University of Johannesburg.

WHO Measuring Equity in Reproductive Health

Debra Jackson, Lwandlekazi September

This study aims to develop a tool to measure equity in reproductive health services. It will develop and test a profile of instruments that can be applied internationally to appraise the extent to which health service or user-related factors explain variations in the use of reproductive health services between population sub-groups. The study is being undertaken through a collaboration with the World Health Organization (WHO), the Eastern Cape Department of Health, Statistics South Africa (STATSSA) and Kula Development Facilitators.

Healthy Childbearing Study

Debra Jackson, Elize Batist

This project aimed to address the problem of low birth weight in the West Coast/Winelands District of the Western Cape province. The project was completed in 2006 with the final development of the Woman's Health Handbook.

Project Accept: A Phase III randomised controlled trial of community mobilisation, mobile testing, same-day results and post-test support for HIV in sub-Saharan Africa and Thailand

Harry Hausler

This is a randomised controlled trial which is measuring the impact of community-based voluntary counselling and testing (VCT) services on sexual risk behaviours and transmission of HIV. The trial is being conducted in 48 communities in South Africa, Tanzania, Thailand and Zimbabwe. The intervention includes mobilising communities to go for HIV testing, providing mobile counselling and testing services in convenient

community locations, using rapid HIV tests so that people receive their results as they wait, and providing post-test support services for people who get tested, whether they are HIV-positive or HIV-negative. Additional to the primary outcomes, the trial is evaluating the impact of the intervention on openness to discuss HIV, disclosure and HIV-related stigma.

This project is funded as a National Institute of Mental Health Co-operative Agreement involving three American universities: Johns Hopkins University Bloomberg School of Public Health, the University of California at San Francisco and the University of California at Los Angeles.

The five host country institutions are

- Chiang Mai University in Thailand;
- the Human Sciences Research Council in Durban, South Africa;
- the Perinatal HIV Research Unit of the University of the Witwatersrand in Johannesburg, South Africa;
- Muhimbili University College of Health Sciences in Dar es Salaam, Tanzania; and
- University of Zimbabwe in Harare, Zimbabwe.

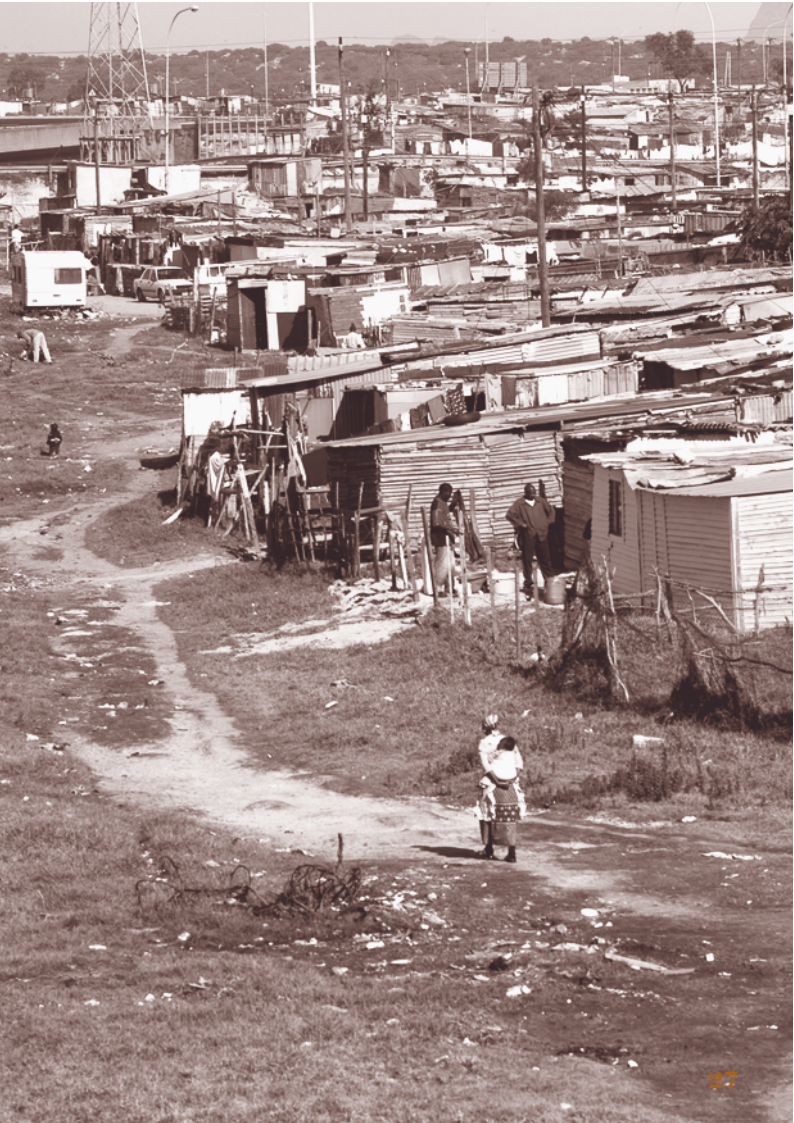
The Fred Hutchinson Cancer Research Center in Seattle and Charles University in Prague, Czech Republic, are also participating.

Novel tuberculosis prevention regimens for HIV-infected adults

Harry Hausler

This is a randomised controlled clinical trial of different regimens intended to prevent tuberculosis in HIV-positive adults in Soweto, Gauteng. The collaborating institutions are the Perinatal HIV Research Unit of the University of the Witwatersrand and the Johns Hopkins University Bloomberg School of Public Health.

Contact person: *If you would like to find out more about the work of this cluster or about any of the research projects listed above, please contact Debra Jackson (djackson@uwc.ac.za).*



Addressing inequities in health: The Cape Town Equity Gauge Initiative

The Cape Town Equity Gauge is a collaborative initiative between the School of Public Health (SOPH), the health departments of the City of Cape Town and the Provincial Government of the Western Cape, and non-governmental organisations (NGOs) and community-based organisations.

The work of the Gauge covers various approaches and issues, which include the measurement of inequities across the city as well as specific project work on what are referred to as 'tracer conditions'. These tracer conditions are

- diarrhoea and intestinal worms – through a sanitation and health initiative in Khayelitsha;
- HIV/AIDS – through the development of an audit tool to measure integrated HIV/TB/STI service provision; and
- non-communicable diseases (hypertension and diabetes) – through research and health promotion activities in Khayelitsha.

A global alliance

The Cape Town Equity Gauge is part of a global initiative, the Global Equity Gauge Alliance (GEGA). It is one of 13 initiatives across three continents: Africa, Asia and Latin America. Some of these initiatives, including Cape Town, are city-based, while others have a national focus – including South Africa, Zimbabwe and Zambia.

As there are inevitably many benefits to being part of a global initiative, GEGA makes considerable effort to support the collaboration – in return for which the Gauges contribute time to the management and programme development of GEGA. The Cape Town Gauge involvement includes

- ongoing membership of the GEGA Co-ordinating Committee, which decides about the direction of GEGA; and
- participation at global conferences, meetings and training workshops.

SOPH staff involved in these events are Prof David Sanders, Dr Gavin Reagon, Dr Vera Scott and Dr Ruth Stern. Recent examples include

- a workshop on community empowerment and a conference on equity in health services in

Bangladesh in 2005; and

- a workshop on empowerment and evaluation, plus a training course on equity in health services in Sri Lanka in 2006.

It is through these events that joint 'how to go about it' approaches are developed. For example, following the Sri Lanka meeting, Dr Ruth Stern is involved in a task team to develop an assessment tool for GEGA.

Equity training

Equity training has been a major contribution to GEGA by the Cape Town Gauge. Following the first training programme, which took place in Durban in 2004 and was jointly organised by GEGA and the SOPH, the School has developed a training manual which has formed a foundation for future training. SOPH members involved in the Durban training course were Dr Gavin Reagon, Dr Ruth Stern, Nikki Schaay, Dr Mickey Chopra and Lucy Alexander (who took the lead in the manual development).

The Cape Town Equity Gauge was also commissioned by GEGA to run a specifically targeted course for a group of NGOs in Tanzania in 2006. This was facilitated by Dr Ruth Stern and Nikki Schaay.

Equity Gauge publication

The Cape Town Equity Gauge has also contributed to an African Equity Gauge publication which will be available in 2007. This document aims to provide an overview of the GEGA approach, illustrating how it is being interpreted in practice by the different Gauges. Country approaches are through the Zambia, Zimbabwe and South African Gauges, while city experiences are through the Cape Town and Nairobi Gauges. Dr Ruth Stern has been the SOPH member involved in this activity.

This initiative is co-ordinated by Dr Ruth Stern and supported by Prof David Sanders, Dr Gavin Reagon, Dr Vera Scott, Nikki Schaay, Dr Mickey Chopra, Lucy Alexander and other SOPH staff members.

For more information about the Cape Town Equity Gauge contact: Dr Vera Scott, on vscott@nwweb.co.za. For more information about GEGA, see www.gega.org.za.

Ms Duffrine Chishala Chibwe
qualified with a Masters in
Public Health (MPH), 2006

Environmental Health Expert,
Livingstone District, Zambia

"I would like to thank the University of the Western Cape for moulding me into a graduate of the MPH programme. When I started the training I thought I would not complete the course but I was very determined to do so. It is a very good and educative course for most health workers. The course drills you to become competent about the public health issues faced in most African countries. I have encouraged many of my fellow health workers to start the course as it will help us to reduce some of the public health problems around Africa. I feel very proud of the teaching staff and the University administration. God bless you all."

Promoting health in schools

The Health Promoting Schools (HPS) Initiative at the University of the Western Cape (UWC) was established following the first national conference on HPS in 1996 held at UWC. Its main purpose is to co-ordinate and collaborate on teaching, research and community activities that relate to the national HPS framework.

The UWC HPS Initiative is a joint venture between the faculties of Community Health Sciences and Education. While Dr Ruth Stern and Suraya Mohamed represented the SOPH, the Education lead was Prof Sandy Lazarus, supported by Dr Bridget Johnson.

The purpose of this programme was to bring UWC staff and students together to develop a common understanding of key concepts relating to health promotion within the education context, and to debate particular issues. This included exploring whether and how the current national HPS framework reflects different views of health and well-being, including traditional or indigenous approaches to health promotion.

The 2005 programme

The 2005 programme comprised three seminars and a symposium. The seminar topics were:

- 'What is health and health promotion?' – Dr Ruth Stern and Lungiswa Tsolekile, SOPH
- 'Health in education' – Dr Bridget Johnson and Prof Peter Kallaway, Education Faculty
- 'Is the South African framework for HPS relevant and useful?' – a panel presentation with representatives from the HPS Reference Group chaired by Prof Sandy Lazarus

The symposium – 'Different views of and strategies for health promotion' – focussed on the role of indigenous health and how these and other South African perspectives link with, or impact on, the international health promotion framework.

The HPS programme attracted many people from outside UWC, including representatives from provincial and national departments of health and education, the Regional HPS Reference Group (primarily teachers, school nurses and doctors), other research institutions and NGOs.

The 2006 programme

The two major HPS activities during 2006, supported by the Flemish Inter-University Council (Vlaamse Interuniversitaire Raad – VLIR) programme, were

- a publication capturing the key contributions at the seminars and symposium; and
- the national conference to celebrate ten years of HPS in South Africa.

HPS conference

The national HPS conference – 'Celebrating a decade of health promoting schools: Strengthening whole school development' – was held at UWC in September 2006. It was organised by the UWC HPS team in partnership with the national Department of Health. As secretary of the organising committee, Suraya Mohamed worked closely with the chair, Dr Patricia Struthers from the Physiotherapy Department (a SOPH PhD graduate).

The 312 delegates at the conference included academics from institutions throughout South Africa; representatives from the national departments of health, education and social development; provincial government representatives from all provinces; the Western Cape Reference Group for HPS; as well as school nurses, trade union representatives, parent organisations and NGOs who work with children.

The conference resulted in an extension of the HPS network as well as significant strengthening of the collaboration between the Directorate of Health Promotion in the Department of Health and the Directorate of Health in Education in the Department of Education. Additional outcomes included

- the decision by the Department of Health to revisit the 'National Guidelines for the Development of Health Promoting Schools/sites in South Africa'; and
- the discussion – and revisiting by the departments of Health and Education – on the Department of Education's draft 'Health and Wellness in Education Framework'.

The UWC HPS Project will continue to support the development of health promoting schools.

For more information see the HPS website at:
www.healthpromotingschools.co.za.



Other projects in the Health Promotion Cluster

The Health Promotion Cluster is a good example of a cross-cluster team as it includes health promotion teaching and projects, the cross-cluster Cape Town Equity Gauge initiative, and selected HIV/AIDS and nutrition programmes.

Evaluation of the Social Capital Project, Metropole District Health Service, Provincial Government of the Western Cape

Ruth Stern, David Sanders, Brian van Wyk and Nikki Schaay with the support of Hazel Bradley and Suraya Mohamed – and with Paul Tyler

A formative evaluation of the activities implemented by the Social Capital Project in the Department of Health (Metro Region) of the Provincial Government of the Western Cape (PGWC) in 2005/6 was conducted by the SOPH between April and August 2006.

Using health information to strengthen health management practices and improve the effectiveness of comprehensive and integrated HIV/TB/STI services

Vera Scott and Elize Batist

This work builds on an existing programme of research which had developed an evaluation tool to assess the effectiveness at facility level of comprehensive and integrated HIV/TB/STI programmes.

In 2006 the SOPH developed and assessed a model of participatory evaluation involving facility, district and programme managers. Audits were conducted to explore key lessons regarding implementation and quality improvement for the HIV/TB/STI programmes.

Development of guidelines for support groups in the Western Cape

Hazel Bradley and Thandi Puoane

Support groups have been identified by the PGWC as a means of empowering individuals to take ownership of their health and the management of chronic conditions such as hypertension and diabetes. This project aims to develop guidelines for support groups for clients in the Western Cape with chronic diseases, using a participative approach.

Capacity building of the Khayelitsha Water and Sanitation Forum

Ruth Stern and Jabuliswe Zulu

The SOPH has continued to provide support for the Khayelitsha Water and Sanitation Forum, in particular through capacity building training and workshops.

To determine the impact of training pharmacists' assistants working in community pharmacies in Cape Town, in tuberculosis recognition and referral

Hazel Bradley with the School of Pharmacy, UWC

This is an ongoing project with colleagues in the School of Pharmacy, UWC, in which health promoting activities of community pharmacies in the Western Cape are explored. Particular attention is being paid to the impact of training pharmacists' assistants in tuberculosis recognition and referral.

Evaluation of training workshops run by the Cape Town Drug Counselling Centre

Suraya Mohamed

This research evaluated the workshops on motivational interviewing that had been run by the Cape Town Drug Counselling Centre at the request of the Sensible Drinking Project (Metro Region of the Western Cape Department of Health). Interviews were conducted with participants from different health facilities as well as community health workers and volunteers. A report of the findings was made available to the relevant stakeholders.

Contact person: *If you would like to find out more about the work of this cluster or about any of the research projects listed above, please contact Thandi Puoane (tpuoane@uwc.ac.za).*

Ms Suraya Mohamed
qualified with a Masters in Public Health (MPH), 2004

Researcher,
School of Public Health,
University of the Western Cape

"I came across the MPH programme when I needed a change in my career. I had always been interested in broader health issues but was not exposed to these in my work. I qualified as a radiographer but was working as an X-ray film librarian in a major tertiary hospital. When I started the Certificate I had no vision of a Masters degree at all. Once I realised that I related to the philosophy of the programme and that health was much broader than the curative and rehabilitative approaches I had been exposed to, I enrolled for the Diploma and then the Masters degree. I realised that I wanted to pursue a career in health promotion as well as research. I became a member of the staff at the SOPH in 2005."

Surveying waiting times at clinics and health centres

The Health Information Systems Cluster has a history of engaging in the development of district health information systems, which could rapidly be rolled out throughout the country and introduced to other countries. During 1998 to 2004, as a core member of the Health Information Systems Programme (HISP), we developed a district health information system which was adopted as the official information system in South Africa, and has been implemented in all health districts in all provinces of the country. This was a major challenge and entailed an enormous amount of training and mentoring in order to ensure that it was both implemented and became sustainable. The large amount of effort, time and energy devoted to this has resulted in a district health information system in South Africa which is firmly embedded within the Health Department and has shown itself to be self-sustaining.

Large scale routine surveys

Following the success of the implementation of the district health information system, the Cluster has shifted its focus towards developing large scale routine surveys and developing programme specific information systems. It is envisaged that these would, after successful piloting, be implemented nationwide and would complement the district health information system. With a combination of a district health information system, large scale routine surveys and programme specific information systems, the Health Department would be in the enviable position of having an unprecedented amount of high quality information to guide strategic and operational planning, as well as to assist with day-to-day decision making.

Challenges

Regular monitoring and evaluation of health services via large scale routine surveys is almost non-existent in South Africa. The dearth of this kind of research is as a result of

- the lack of development of appropriate robust methodologies;
- the perception that large scale routine surveys incur high costs and deliver limited benefits;

- the Health Department's lack of the pre-requisite tools to enable large scale implementation of surveys; and
- the Department's lack of sufficient health workers trained to do research.

In order to address these deficiencies, the Health Information Systems Cluster set about developing an approach to doing cost effective, large scale routine surveys with robust methodologies which would be feasible for health workers themselves to implement routinely throughout the country.

Waiting Times Survey

The first initiative was a Waiting Times Survey. This was chosen because the most bitter and most frequent complaint of people who utilise the South African public health services is that they have to wait for extremely long times before they are attended to.

In 2004 we developed the methodology for and piloted a Waiting Times Survey in clinics and health centres in Cape Town. The results were analysed using a customised database, once we had found that using linked spreadsheets proved to be extremely cumbersome. This first survey was successful in measuring the waiting times and identifying the major causes of excessive waiting time, but it did not allow the identification of all the causes, nor was the methodology sufficiently robust to enable it to be implemented widely.

Based on the experiences of this first survey, we extended the methodology to allow for the identification of all the causes of excessive waiting times, and we standardised the methodology to enable the widespread rollout of the survey. The methodological procedures were then tested by doing a survey of all clinics and health centres in Cape Town in 2005. It proved to be highly successful in measuring waiting times and identifying the causes of those that were excessively long, for which it also helped to identify potential solutions. A training manual was then produced and the database was improved to allow it to produce automatic reports.

Dr Dhally M. Menda
qualified with a Masters in
Public Health (MPH), 2006

Executive Director,
Nyanje Mission Hospital, Sinda,
Petauke District, Zambia

"In my 17 years' experience as a medical practitioner, I saw diseases and the diseased as the tip of an iceberg floating in the sea of people within the community. My public health studies at UWC helped me to clearly see what lay below the tip and allowed me to understand the community from the patient's viewpoint and the determinants of their health. What I have acquired has helped me run my institution as a 'manager' with an eagle's eye."

Rollout

By the second half of 2005 we had all the necessary ingredients to allow the rollout of the Waiting Times Survey: a robust methodology and a database had been developed, a training manual had been produced and we had demonstrated that it could be done in a very cost effective, standardised manner. The only thing lacking was trained health workers and a desire by health managers to implement the survey routinely.

Fortuitously we were approached by health managers in KwaZulu-Natal with the request that we train their staff to run the survey. In 2005 the survey was run in two health districts in KwaZulu-Natal and in 2006 it was successfully implemented throughout the province. In both these cases, the survey was administered by health workers themselves with the SOPH providing training and advisory support only. We had therefore shown that the Waiting Times Survey could be run routinely by health workers and that it could be rolled out throughout an entire province.

Beyond South Africa

In 2006 we were asked to assist the health department in Tanzania to implement the Waiting Times Survey there. However, they required that the survey do more than just measure waiting times, and that it also assess the efficiency with which health services were run, in order to generate norms for waiting times. The expanded Waiting Times and Efficiency Survey was set the objectives of measuring a range of additional components such as the arrival times and batching of patients; 'traffic jams' within the service; time utilisation by staff; the types and quality of services provided; the workload of staff; demographic information on patients; and the accessibility of the health facility.

This expanded survey was implemented in 2006 and succeeded in meeting all the objectives set for it. We now plan to implement this expanded Waiting Times and Efficiency Survey in the Western Cape province in 2007, and if successful, we will advocate for its rollout to the rest of the country. Thereafter we will embark on the development and implementation of other critically required large scale routine surveys.

This work is co-ordinated by Dr Gavin Reagon and supported by Dr Zogoe Herve-Brice Abie, Marius Gouwes, Farhaad Haffeejee, Tariq Davids and Natasha Titus with Gregory Adams.



Other projects in the Health Information Systems Cluster

The Health Information Systems Cluster works on the development and implementation of health information systems for improved management of primary health care services. It was instrumental in the development and implementation of the district health information system in South Africa and has now shifted its focus towards developing large scale routine surveys and programme specific information systems.

In addition, the Cluster is engaged in running short courses on health information concepts and topics, the use of health information software programmes and developing information systems software and training manuals. It has also assisted with the introduction and rollout of the district health information system to other countries in Southern and East Africa.

Using information to strengthen primary health care

Gavin Reagon, David Sanders, Uta Lehmann, Elize Batist, Hazel Bradley, Verona Mathews, Zogoe Herve-Brice Abie, Marius Gouws, Vera Scott, Princess Matwa, Lwandlekazi September

Since 2003, the Cluster has been involved in developing information systems for priority health programmes, and in advocating for the improved use of the information derived from these systems. This is being done in partnership with colleagues from the Health Systems Trust and is being implemented in an urban and rural setting – namely in Cape Town and in the Chris Hani District of the Eastern Cape province. Activities and achievements within the project include the following:

- Information systems tools and software – which collect information in an integrated way from the three separate health programmes for HIV, TB, and STIs – have been developed in Cape Town and are now being used in several districts in South Africa.
- A child health and nutrition minimum indicator set has been established and implemented in Chris Hani District.
- A pharmacy information system has been developed and is being actively used in the management of pharmacy services in Cape Town. Advocacy for the uptake of the pharmacy information system in other

provinces is underway.

- Using the existing Perinatal Problem Identification Programme a perinatal audit aimed at identifying avoidable morbidity and mortality has been conducted in the Chris Hani District.
- A human resources information system has been developed and implemented in the Chris Hani District and after being revised will be implemented in a customised form in Cape Town.
- Record reviews of TB and HIV registers have been conducted in Chris Hani District.
- Collaboration with the Department of Home Affairs is enabling greatly improved registration of births at district hospitals in Chris Hani District.

The project is currently in the second phase, which runs to December 2007.

Training manuals and information systems software

Gavin Reagon, Zogoe Herve-Brice Abie, Marius Gouws, Farhaad Haffeejee and Vera Scott, with Carl-Anders Hedberg, Gregory Adams and Gregory Rowles

Various training manuals and several databases regarding health information systems, routine surveys and equity assessments – and several linked databases for each of these – have been developed. These are continually being revised and updated, and are routinely used in the training courses run by the Cluster.

District health information systems

Gavin Reagon with Carl-Anders Hedberg, Langa Mashishi and Gregory Rowles

The Cluster is involved in a collaborative project with seven countries in Southern and East Africa as well as with two Scandinavian countries to support the rollout of the district health information system to all health facilities in those countries. The rollout is proceeding well with a high uptake.

Contact person: *If you would like to find out more about the work of this cluster or any of the research projects listed above, please contact Gavin Reagon (greagon@uwc.ac.za).*

Dr Patrick Litenye Lomalisa
qualified with a Masters in
Public Health (MPH), 2006

"I have been practicing as a gynaecologist since 1986. Initially I was working as the Head of the Department of Obstetric and Gynaecology in the Mafikeng regional hospital in the North West province in South Africa, and was the provincial assessor of maternal deaths since 2001. In December 2006 I moved into working mainly in the private sector and offering sessions for the public sector. The MPH helped me to improve my understanding of public health and my abilities to research any public health problem. The study also helped me to improve my knowledge in health management."

Attracting and retaining rural health workers in Malawi and South Africa

Given the worsening staffing situation, particularly in remote areas in most African countries, we wanted to find out which factors attracted and retained staff in remote areas, which staff can be mostly easily retained in remote areas, and which staff potentially make the most valuable contribution to health care in these areas.

The project used a combination of institutional surveys to gather data on vacancy rates, retention, length of service and staff profiles, and included questions about training and tasks being performed, as well as factors contributing to retention or attrition. In-depth interviews were conducted with staff and facility managers to explore in more detail questions about staff retention and turnover, training and supervision, as well as work performed.

This was a collaborative research project between the School of Public Health (SOPH), the Liverpool School of Tropical Medicine and two Malawian colleagues. The project was undertaken in one district from each of the three administrative regions of Malawi, following discussions with the Ministry of Health. In South Africa three of the remoter sub-districts in the Chris Hani District in the Eastern Cape were selected, in collaboration with health service managers at provincial and district level.

Key findings

Retention

Retention of professional staff in both countries has been better than expected and not dissimilar to that of lower level staff. Vacancy rates in the rural facilities studied in Malawi were much higher than national averages, whereas in the Eastern Cape they were lower than the national average. Although retention was better than expected, it is clear that there is no room for complacency as this is a fragile phenomenon in both study sites.

In the Eastern Cape the population of professional nursing staff is a rapidly aging one. There was no-one under the age of 30 in the survey. The largest group – 92.5% of all staff – is 40 years old and above. Over a third of professional nurses have either reached 55, the age of retirement for women, or will do so over the next five years. For enrolled nursing assistants this figure is 40%.

Age profile of survey participants (South Africa)

	30-39	40-49	≥50	Total
Professional nurses	5	22	17	44
Nursing assistants	1	11	8	20
General workers	1	11	18	30
Total	7	44	42	94

In Malawi the situation is likely to deteriorate as job opportunities in non-governmental organisations and the private sector expand. Whilst improvements could be made on current retention rates, the main focus in the immediate future needs to be on attracting new staff to work in the rural health facilities.

Access to continuing education and training

Another important finding was the fact that lower level nursing cadres were virtually excluded from opportunities for continuing education and training, leaving them with limited skills and career opportunities, but often with quite substantial responsibilities in clinics when professional nurses were absent.

Substitution

Informal substitution, now called task-shifting, did not play a big role in South African clinics, although we found the dwindling number of enrolled nurses took on substantial clinical responsibilities, while general workers were sometimes involved in particular in health education. In Malawi substitution played a more prominent role where professional staff were not available.

There may be some potential for expanding the roles of staff at this level, if no other means of improving the staffing situation can be found. This would require an open policy debate, and if found acceptable, proper support and training would be required. All findings have been reported to the relevant district management teams, who took great interest and decided to address particularly the training issue.

This work was co-ordinated by Assoc Prof Uta Lehmann and supported by Princess Matwa.

Mr Moses Zulu
qualified with a Postgraduate Certificate
in Public Health, 2005
currently completing his Masters in
Public Health (MPH)
Programme Director,
Luapula Foundation in Mansa district,
Zambia

"I enrolled for the Postgraduate Certificate while I was working for CARE, Zambia as District Interventions Assistant. I am now doing the MPH. The studies that I have been doing have highly improved my approach to my work in the following ways. Before I started studying it used to be difficult for me to conceptualise the strategies and activities to achieve the desired results of the organisation that I was working for. It was also hard for me to check what I was doing so that I could improve my next approach to the interventions I was responsible for. I disliked this process of trial and error. The Certificate and Diploma have

Other projects in the Human Resource Development Cluster

The HRD cluster teaches and conducts research which focuses on the staffing of health services at the district level. At present we particularly consider the role of nurses and lay health workers, their training and support in rendering comprehensive primary health care. By its very nature this work happens in collaboration with other clusters.

Assessing the impact of HIV/AIDS on health service capacity at primary care level, with specific focus on human resource capacity

Uta Lehmann, Nikki Schaay, Jabu Zulu and Princess Matwa

This study examines how HIV and the scaling up of HIV programmes are impacting on human resources and the quality of HIV services in Khayelitsha and the Chris Hani District. It aims to develop strategies that can be put in place to ensure quality service delivery. The project offers a particular perspective on staffing requirements and information and infrastructure requirements, as well the role of community participation in rendering HIV services.

Strengthening primary health care in South Africa through the development and improved use of information for programme and support systems

Verona Mathews, Uta Lehmann and Princess Matwa

This project – which is part of a larger project on information systems being run by the Health Systems Trust – aims to develop and strengthen health programme information systems in the Cape Town and Chris Hani districts. The broader aims are

- to tackle the key challenges of developing and improving basic health information systems;
- to assist in the development of excellent and integrated programme information systems;
- to assist with the development and integration of support services indicators;
- to make all of these useful for management decision making, and
- to improve the use of the information by staff and managers in the health services.

Verona, Princess and Uta have been involved in the human resources and HIV/AIDS components of this project.

Issues facing primary care health workers in delivering HIV and AIDS related treatment and care in South Africa.

Nikki Schaay and Uta Lehmann

This was a participatory research study with the South African Municipal Workers Union (SAMWU) conducted

in five clinics in KwaZulu-Natal, the Free State and the Western Cape. Through a series of interviews with health workers and community health committees at these sites, it aimed to determine how HIV/AIDS health care delivery can be strengthened at a primary care level in South Africa, with the main focus being on health workers and community health committees and the relationship between the two. The project was completed in April 2006.

World Health Organization Collaborating Centre for teaching and research in human resources

Uta Lehmann and David Sanders

The SOPH has been designated a World Health Organization (WHO) Collaborating Centre for teaching and research in human resources for health. In this capacity it collaborates with the WHO Regional Office for Africa in Brazzaville and WHO headquarters in Geneva. Examples of such collaboration in the past two years include

- the SOPH's hosting and co-facilitation of a WHO short course on policy development with participants from six African countries – held in March 2006; and
- an extensive desk-top review of community health worker programmes in developing countries, conducted by Uta Lehmann and David Sanders for WHO in mid-2006.

Community health workers:

What do we know about them?

Uta Lehmann and David Sanders

In 2006 Uta Lehmann and David Sanders were commissioned by the WHO to conduct a desktop review of the existing and international evidence regarding the feasibility of successfully engaging community health workers in the delivery of health care. The WHO commissioned the review as a follow-up to the WHO World Health Report 2006: Working Together for Health, which identified this issue as one of their research priorities.

The review is available in two forms: a short policy brief and a comprehensive report. Both can be found on the WHO website (www.who.int)

Contact person: *If you would like to find out more about the work of this cluster or any of the research projects listed above, please contact Uta Lehmann (ulehmann@uwc.ac.za).*

helped me to approach my work with confidence. I can now easily write up the concept of a programme, effectively and efficiently help the staff I am supervising to remain on course and monitor the interventions. I can interpret information and use this for decision-making. What a difference SOPH has brought in my work life! I enjoy work now and am not intimidated to take on any big responsibility. The greatest success is in relation to the project I am currently working on as Programme Director. My friend and I developed the project from its inception. We secured funding for the project for a three year period (2007-2009) from USAID. I developed the technical area of the project proposal with confidence. Such achievements give me energy to continue studying for my MPH."

Academic links, partners and funders

External academic links and partners

In South Africa:

Centre for AIDS Development, Research and Evaluation (CADRE)
City Health Directorate, City of Cape Town
Health Systems Trust (HST)
Human Sciences Research Council (HSRC)
Kula Development Facilitators
Medical Research Council (MRC)
Metro District Health Services [MDHS], Cape Town
National Department of Health
Provincial departments of health: Western Cape, Eastern Cape, KwaZulu-Natal, North West, Limpopo

South African Municipal Workers Union (SAMWU)
Statistics South Africa (STATSSA)
University of Cape Town (UCT) – School of Child and Adolescent Health
University of Cape Town (UCT) – School of Public Health and Family Medicine
University of Johannesburg – Department of Anthropology and Development
University of KwaZulu-Natal (UKZN) – Nelson Mandela Medical School
University of the Witwatersrand – Perinatal HIV Research Unit

Beyond South Africa:

Centre Muraz, Burkina Faso
Charles University, Prague, Czech Republic
Chiang Mai University, Thailand
Cornell University, USA
Eduardo Mondlane University, Mozambique
Flinders University of South Australia
Fred Hutchinson Cancer Research Center, USA
Global Equity Gauge Alliance (GEGA)
Johns Hopkins University, Bloomberg School of Public Health, USA
Leeds Metropolitan University, UK
Liverpool School of Tropical Medicine, UK
London School of Hygiene and Tropical Medicine, UK
Makerere University, Uganda
Ministry of Health, Tanzania
Muhimbili University College of Health Sciences, Tanzania
National Institute for Medical Research, Tanzania

Ottawa University – Institute of Population Health, Canada
Radboud University, Nijmegen, Holland
Tulane School of Public Health and Tropical Medicine, USA
University of Amsterdam, Holland
University of Bergen, Norway
University of California at San Francisco (UCSF), USA
University of California at Los Angeles (UCLA), USA
University of Mississippi, USA
University of Missouri, USA
University of Missouri-Columbia, USA
University of Oslo, Norway
University of Ottawa, Canada
University of Zambia, Zambia
University of Zimbabwe, Zimbabwe
Uppsala University, Sweden
World Health Organization (WHO), Geneva, Switzerland
World Health Organization (WHO), Brazzaville, Congo

Funders

In South Africa:

Health Systems Trust (HST)
Medical Research Council (MRC)
National Research Foundation (NRF)

National Department of Health
Provincial Government of the Western Cape (PGWC)

Beyond South Africa:

The Atlantic Philanthropies
European Commission (EC)
European Union (EU)
International Development Research Centre (IDRC), Canada
Norwegian Agency for Development Cooperation (NORAD)
Norwegian University Council
Rockefeller Brothers Fund
Rockefeller Foundation
Swedish Agency for Research Co-operation with Developing Countries (SAREC)

Swedish/South Africa Collaboration (Swedish International Development Co-operation Agency (SIDA)/ National Research Foundation (NRF)
Teasdale-Corti Global Health Research Partnership Program
US Centers for Disease Control and Prevention (CDC)
United Nations Children's Fund (UNICEF)
United States Agency for International Development (USAID)
Vlaamse Interuniversitaire Raad (VLIR), Belgium
World Health Organization (WHO)/AFRO
World Health Organization (WHO)

Selected recent major grants

The SOPH has obtained a number of major research grants from international funders – some of which have been awarded recently and have not been referred to in other parts of this report, and others of which are only reported on in terms of their activities. Such grants include the following:

As part of an international research consortium, we have received a grant of €519,957 from the **European Commission** to explore how the rise of global health initiatives such as PEPFAR and the Global Fund against AIDS, TB and Malaria have impacted on the architecture of development partnerships and health system efficiency and functioning. The research, which will commence in 2007, will be conducted over a four-year period in three Southern African countries (South Africa, Angola and Mozambique) in partnership with institutions in those countries and collaborators in Belgium, Ireland and Portugal.

A four-year grant has been awarded to the School, in partnership with the Institute of Population Health, University of Ottawa, of CAD\$1.6 million from the **Teasdale-Corti Global Health Research Partnership Program**. The aim of this initiative is to renew the evidence base for comprehensive primary health care (CPHC) and to build regional and global networks of researchers and policy makers who want to use research knowledge as a tool to advance and revitalise CPHC. This partnership is one of only 14 awardees of this newly established grant, for which there were over 250 applicants.

A three-year grant of US\$215,940 from the **Rockefeller Foundation** is allocated to researching the human resource and health management information components of health systems required to improve the quality and provision of key health programmes – such as comprehensive HIV/AIDS services in an urban health district of the Western Cape. This project will be completed in late 2009.

A two-year grant of CAD\$349,520 from the **Canadian International Development Research Centre (IDRC)** was awarded to focus on assessing the impact of HIV/AIDS on health service capacity at primary care level, with a specific focus on human resource capacity. The results of this project will be available in 2007.

A grant of €303,600 from the **European Commission**, in collaboration with the University of Bergen and other partners, was awarded to the SOPH, the Medical Research Council (MRC) and Health Systems Trust (HST) to conduct a community-based infant feeding intervention study. The purpose is to assess the impact of peer education on

improving exclusive breastfeeding and the impact of infant feeding practices in the context of HIV. The results of the project will be available in 2007. In addition, the School, also in partnership with the MRC and HST, received significant additional funding from the **US Centers for Disease Control & Prevention, South Africa (CDC) PEPFAR programme** to support this initiative.

The School also received a three-year grant from **Rockefeller Brothers Fund** of US\$84,000 to improve access to social grants and services for children affected by HIV/AIDS.

A two-year grant of US\$295,500 from the **Rockefeller Foundation** is supporting the development and implementation of a Waiting Time and Efficiency Survey in Tanzania. This project was undertaken in partnership with the Ministry of Health in Tanzania, the Muhimbili University College of Health Sciences and the National Institute for Medical Research in Tanzania. It will be completed in 2007.

A three-year grant of R6,500,000 from **The Atlantic Philanthropies** will contribute to strengthening primary health care services in South Africa through the development and improved use of health programme information systems. This project is being undertaken in partnership with HST and will be completed in 2007.

A three-year grant of €68,200 has been awarded to work in collaboration with nine other partners to support the development and rollout of district health information systems in Southern and East African countries. The project, entitled BEANISH (Building Europe Africa Collaborative Network for Applying Information Systems Technology in the health care sector) was funded by the **European Commission** and will be completed in 2007.

A three-year grant of US\$321,500 was awarded by the **Rockefeller Foundation** to develop methodologies and software for an integrated health information system and an equity resource allocation tool that will serve to improve health services in sub-Saharan Africa. This project will be completed in 2007.

A five-year grant of NOK1,720,000 from the **Norwegian University Council** has supported the SOPH, in collaboration with a group of universities from South Africa, Mozambique and India, the development of health information systems postgraduate teaching, district health information systems development and related software in these countries. This project was completed in 2006.

Dr Gail Hughes

University of Mississippi
Medical Center,
Department of Preventive
Medicine-Epidemiology,
USA

"UWC's School of Public Health is an institution of distinction and high calibre research that reflects the scholarly investigation into current public health concerns. I have been affiliated with the SOPH for the past four years. It has truly been an enriching experience as an academician, research investigator, lecturer and mentor to students. The SOPH faculty and staff are professional and experts in their respective field of concentration. I truly enjoy teaching the students who come to the programme from throughout Africa, and Europe, which brings an unprecedented diversity to classroom discussions. I have found the students to be engaging, challenging and eager to learn. The chronic disease research in the townships that I have been involved in with Dr Thandi Puoane has been rewarding and is a long term commitment toward eliminating this public health disparity in South Africa and globally. I am very proud to be associated with UWC's School of Public Health."

Distinguished visitors

During 2005 and 2006 we hosted a number of distinguished visitors who gave public lectures attended by academics and health personnel in Cape Town.

Prof Gill Walt, Professor of International Health Policy and Head of the Department of Public Health and Policy, London School of Hygiene and Tropical Medicine.

Presented a public lecture on **'Global change and health: The growth of global health initiatives'** (20 September 2005)

Dr Simon Szreter, Reader in History and Public Policy in the Faculty of History, University of Cambridge, and Fellow of St John's College, Cambridge.

Presented a public lecture on **'The social dimensions of development and health: Social security, social capital, local and central government in Britain's historic development'** (22 March 2006)

Prof Carl Taylor, Emeritus Professor of International Health, Johns Hopkins School of Public Health, USA.

Presented a public lecture on **'The seed-scale process of community empowerment: An approach to the revitalisation of primary health care'** (22 March 2006)

Prof Ronald Labonte, Canada Research Chair in Globalisation and Health Equity, Institute of Population Health, and Professor, Department of Epidemiology and Community Medicine at the University of Ottawa, and Adjunct Professor, Department of Community Health and Epidemiology, University of Saskatchewan.

Presented a public lecture on **'The future of health promotion'** (20 June 2006)

Also participated in a panel discussion on 22 June 2006: **'Looking and acting upstream? The role of WHO's Commission on Social Determinants of Health'**

Prof Fran Baum, Professor and Head of Department of Public Health, Flinders University of South Australia, and Director, South Australian Community Health Research Unit.

Participated in a panel discussion on 22 June 2006: **'Looking and acting upstream? The role of WHO's Commission on Social Determinants of Health'**

Dr Françoise Barten, Senior Lecturer in International Public Health at the Radboud University, Nijmegen, Holland, and Profesora Honoraria at the School of Public Health of Nicaragua (1993), the Faculty of Medicine of the Universidad Mayor de San Simón, Cochabamba (2000), and at the Universidad Nacional Autónoma de Nicaragua, León.

Participated in a panel discussion on 22 June 2006: **'Looking and acting upstream? The role of WHO's Commission on Social Determinants of Health'**

Prof Fran Baum

Professor and Head,
Department of Public Health,
Flinders University of South Australia
and Director, South Australia
Community Health
Research Unit

"It is always inspiring to visit the SOPH, UWC. The Summer and Winter Schools buzz with excitement and passion for learning about public health and primary health care. I really value the research collaboration with the SOPH because the strong commitment to social justice mirrors that of our Department of Public Health at Flinders. That is an important basis for effective collaboration."



Staff of the School of Public Health

These last two years saw the School making progress in consolidating the staff complement. At the end of 2006 we had secured a total of 11 permanent academic positions, thanks to the support of The Atlantic Philanthropies' Staff Development Grant which has funded seven posts for a five year period, whereafter these posts will be taken into the university establishment.

We also celebrated some individual staff achievements during 2005 and 2006.

- Four staff members were promoted to Associate Professors: **Dr Harry Hausler**, **Dr Debra Jackson**, **Dr Uta Lehmann** and **Dr Thandi Puoane**.
- **Assoc Prof Harry Hausler** obtained his PhD from the London School of Hygiene and Tropical Medicine for his thesis on 'Feasibility and cost-effectiveness of interventions to prevent TB and HIV/AIDS in South Africa'.
- Former staff member **Dr Mickey Chopra** took up the position of director of the Health Systems Research Unit at the Medical Research Council (MRC) and was made an Honorary Associate Professor of the School of Public Health (SOPH).
- **Dr Brian van Wyk** is spending a year at Columbia University in New York as a Fogarty Fellow on the prestigious Columbia University-Southern African Fogarty AIDS Training Programme.

STAFF PROFILES

Professor

Prof David Sanders, MBChB (Birm), DCH (RCS Eng), MRCP (UK), DTPH (London)

Director of the School

David Sanders has been the head of the SOPH since its inception in 1993. He has over 25 years' experience in public health and primary health care in Zimbabwe and South Africa. He has qualifications in Paediatrics and Public Health and is the author of three books: *The Struggle for Health, Questioning the Solution and Fatal Indifference: The G8, Africa and Global Health*. His main interests are health and development, child health, nutrition, human resource development and primary health care. He was Heath Clark Visiting Lecturer at the London School of

Hygiene and Tropical Medicine in 2005 and is an Honorary Professor at that institution. He is an Adjunct Professor at the Centre for International Health, University of Bergen, Norway.

Associate Professors

Assoc Prof Harry Hausler, BSc (British Columbia), MDCM (McGill), MPH (Johns Hopkins), PhD (London) ABPM

Masters Thesis Co-ordinator

(Joined the SOPH June 2005.)

Harry Hausler is a family physician and preventive medicine specialist focusing on international health. He has worked with the World Health Organization (WHO), and was the National TB/HIV Technical Advisor in the South African Department of Health. He has co-ordinated operational research focused on implementing and evaluating a comprehensive programme of TB/HIV/STI prevention, care and support. His current interests include developing systems and capacity to assist with the implementation and evaluation of the rollout of antiretroviral therapy in the context of comprehensive primary health care.

Assoc Prof Debra Jackson, RNC (Florida State), MPH (San Diego State), DSc (Boston)

Co-ordinator: Maternal & Child Health and Nutrition Cluster

Debra Jackson has qualifications in Nursing, Public Health, Epidemiology and Biostatistics. Her interests are maternal and child health, perinatal health, nutrition, ethics and outcomes research. Debra has worked in the Pacific Islands, the United States and now South Africa.

Assoc Prof Uta Lehmann, MA (Hannover), PhD (Hannover)

PhD Programme Co-ordinator and Co-ordinator: Human Resource Development Cluster

Uta Lehmann joined the SOPH in 1999. With a background in social sciences and a PhD in social history, she has worked in health personnel education since 1991. Her interests and expertise lie in human resource development, monitoring and evaluation, qualitative research and resource-based learning.



Uta leads the Human Resource Development Cluster within the School. She has worked extensively with the WHO and was a member of the Rockefeller-funded Joint Learning Initiative on health human resources.

Assoc Prof Thandi Puoane, B(Cur) (UNISA), BA Soc Sci (UNISA), MPH (Berkeley), DrPH (Berkeley)

Postgraduate Programme Co-ordinator (to July 2006); **Co-ordinator Health Promotion Cluster** (from September 2006)

Thandi Puoane has extensive experience in nursing, research, nutrition and chronic diseases. Before joining the SOPH, she was a researcher at the MRC. She has been researching non-communicable diseases in peri-urban women using a participatory action research approach, and has experience in running training on nutrition and in the monitoring and evaluation of programmes.

Senior Lecturers

Dr Gavin Reagon, MBChB (UCT), FCPHM (UCT)

Co-ordinator: Health Information Systems Cluster

Gavin Reagon joined the SOPH in early 1999. He is involved in developing health management and information systems in South Africa and is experienced in health financing and health systems research. Gavin is a medical doctor and a public health specialist.

Lecturers

Ms Elize Batist, RN & MW (Nico Malan Nursing College), Dip Emergency Nursing (Carinus), Dip Rheumatology (Carinus), MPH (UWC)

Elize Batist has extensive experience in nursing and chronic diseases. Before joining the SOPH in July 2004, she had been researching chronic diseases at the MRC. She has co-ordinated a global case-control study to identify risk factors for acute myocardial infarction in different ethnic groups. Elize is currently working on a project focusing on strengthening primary health care through further development and use of health information systems.

Ms Hazel Bradley, B Pharm (Bath), MPH (UWC)

Postgraduate Diploma Co-ordinator

Hazel Bradley is a pharmacist with an interest in primary health care. Prior to joining the SOPH in 2003, she worked with a Cape Town non-governmental organisation delivering primary health care, and in primary level drug management. Hazel's recent and current research interests include community-based prevention and treatment of chronic conditions, pharmaceutical information systems and the Cape Town Equity Gauge Project. Hazel teaches health promotion. She is also involved with the Inter-professional Community-Based Programme of the Community and Health Sciences Faculty.

Ms Verona Mathews, BA Social Work (Hons) (UWC), MPH (UWC)

Verona Mathews joined the SOPH in 1999, and initially worked in the health information systems programme. She has facilitated and co-ordinated the development, training and implementation of district health information systems. Her research projects have encompassed human resources and health promotion. Verona is currently researching the development of human resource information systems.

Ms Lungiswa Tsokile, BSc (Hons) Dietetics (UWC)

Lungiswa Tsokile is a dietitian and has been involved in chronic poverty research. Her interests are nutrition, looking at chronic disease of lifestyle and promoting a healthy lifestyle in urban settings.

Dr Brian van Wyk, BSc (Hons), (Stellenbosch) MSc Psychology (Stellenbosch) DPhil (Stellenbosch)
(Joined the SOPH January 2006.)

Prior to joining SOPH as a lecturer, Brian van Wyk was a researcher in the Social Aspects of HIV/AIDS and Health research programme at the Human Sciences Research Council (HSRC). His doctoral research was on developing staff support interventions for primary health care workers, which was conducted during his internship with the Health Systems Research Unit at the Medical Research Council (MRC). His main research interests are human



resource management in health and behavioural aspects of health. Brian obtained his doctorate in 2005, and is currently on a post-doctoral training fellowship in Epidemiology at Columbia University in New York, during which he will be analysing aspects related to paediatric HIV and AIDS in several sub-Saharan African countries.

Senior Researchers

Dr Zogoe Herve-Brice Abie, MD (Côte d'Ivoire), MPH (UCT), DHM (UCT)
(Joined the SOPH May 2005.)

Zogoe Abie completed his medical degree at the University of Abidjan (Côte d'Ivoire) and practised as a medical doctor from 1999 to 2000. He served as a registrar in Public Health Medicine at the University of Cape Town (UCT) from 2001 to January 2005. His current research interests are child health and nutrition, waiting and service times surveys and health systems decentralisation.

Ms Lucy Alexander, BA Hons (Wits), BAFA (UNISA), Dip Ed Ad (UCT), MPhil in Adult Education (UCT)

Postgraduate Programme Co-ordinator (from July 2006), **Materials Developer**

Lucy Alexander joined the SOPH in 2002 as materials developer, bringing with her many years of experience in curriculum development and support for distance learners. She has a background in adult learning and academic development. Lucy also co-ordinates the evaluation of the Postgraduate Programme.

Mr Marius Gouws, BTech (Environmental Health) (PE Tech), MPH (UWC)
(Left the SOPH May 2006.)

Marius Gouws has worked as an environmental health practitioner, and as a co-ordinator in district-based primary health care programmes in the Eastern Cape. His particular interests are communicable diseases, behavioural change, health promotion and health information systems. While at the SOPH Marius worked on the development and assessment of health management information systems.

Mr Farhaad Haffeeje, B Optom (UDW), CAS (NEWENCO, Boston), MPH (UWC)

(Left the SOPH July 2006.)

Farhaad Haffeeje has qualifications in Optometry and Public Health. He has worked on research on municipal services with an emphasis on hygiene and water issues. He has also worked on the development of a national aero-medical model incorporating a flying doctor outreach programme for the SA Red Cross Air Mercy Service. He was responsible for co-ordinating the SOPH's Survey Research Methodology course.

Ms Nikki Schaay, BA Hons (Psychology) (UN), MPH (UWC)

Nikki Schaay's experience includes work on a schools project on gender-based violence, which she explored as the basis of her Masters in Public Health (MPH). She has worked in the field of HIV/AIDS since 1991 with her activities having included managing local non-governmental HIV/AIDS projects and then directing a national project focused on developing HIV/AIDS policy for government. Having worked at the SOPH previously (1998–2000), Nikki re-joined the School in 2004 and contributes to the work of the Health Promotion Cluster.

Dr Vera Scott, MBChB (UCT), DCH (UCT), MPH (UWC)

Vera Scott is a medical doctor with a particular interest in maternal and child health. Prior to joining the SOPH in January 2001, she worked for four years in Mitchells Plain Community Health Centre and developed an integrated child health programme for that district. She currently works on health information systems.

Dr Ruth Stern, BSc (Physio) (Wits), Dip Health Promotion (London), MA (London), DrPH (London)

Co-ordinator: Health Promotion Cluster (to September 2006)

Ruth Stern trained and practised as a physiotherapist in South Africa before moving to London, where she worked as a health promotion officer, as the co-ordinator of a WHO-designated Healthy Cities Project and as



a researcher and lecturer. In 1996 she spent a year with the Public Health Programme (now the SOPH) developing the groundwork for what was to become the Cape Town Healthy Cities Project. Ruth rejoined the SOPH in March 2002, as a member of the Health Promotion Cluster and the Equity Gauge project.

Researchers

Ms Weliswa Binza, Dip in Comp Studies (College of Commerce and Computer Studies)

Weliswa Binza joined the SOPH in 2003 as a field researcher in the HIV and Infant Feeding Project in Rietvlei. She had experience in data management prior to joining the SOPH. She is from the Rietvlei area and is making a significant contribution to her home community.

Ms Vuyolwethu Magasana, Nat Dip Mun Admin (PE Tech)

(Left the SOPH December 2006.)

Vuyolwethu Magasana joined the SOPH in 2002 as a co-ordinator for the Vitamin A Project in the Eastern Cape. At the end of 2004 she moved to Rietvlei to join the HIV and Infant Feeding Project in Rietvlei as a field researcher.

Ms Nandipha Matshanda, B Soc Sc (UCT)

Materials Developer

Nandipha Matshanda has been working as a materials developer since 2003. Her background is in adult learning, educational materials development and distance learning.

Ms Princess Matwa, B Cur (UNISA), M Cur (RAU)

Princess Matwa was a professional nurse for 13 years before joining the MRC, where she did research on chronic diseases. She joined the SOPH in 2000, and has worked on human resources research projects in the Western Cape and the Eastern Cape. Her current project assesses HIV/AIDS services in primary health care facilities in the Chris Hani District Municipality, Eastern Cape, as well as the impact of HIV/AIDS on health workers in the same district. Princess teaches during Summer and Winter Schools and is currently enrolled for an MPH with the SOPH.

Ms Zandile Mchiza, BSc Dietetics (UWC), Sports Nutrition (UCT)

(Joined the SOPH October 2006.)

Prior to joining the SOPH, Zandile Mchiza worked as a sports dietitian at the Sports Science Institute of South Africa and was also employed by the MRC as an intern where she gained much experience researching chronic diseases. She is currently completing her PhD in Nutrition and Dietetics at UCT.

Ms Suraya Mohamed, Nat Dip (RAD) Cape Technikon, MPH (UWC)

Postgraduate Certificate Co-ordinator

(Joined the SOPH May 2005.)

Suraya Mohamed has worked as a radiographer in various state and private hospitals. She is involved with Health Promoting Schools as well the Sensible Drinking Project. Suraya teaches health promotion modules and co-ordinates the Certificate-level programme. She is also involved with the Inter-professional Community-Based Programme as well as the Community Outreach Programme of the Community and Health Sciences Faculty.

Ms Gugu Nzimande, CIS (Natal Technikon)

Gugu Nzimande joined the SOPH in 2003 as a field researcher in the HIV and Infant Feeding Project in Rietvlei, where she comes from. Her prior experience is in data quality assurance.

Ms Lwandlekazi September, BA (Nurs Sc) (UNISA), PG Univ Dip (Health Man) (UNISA), PG Cert PH (UWC), Dip in Gen Nurs, Mid, Com Nurs Sc, Psych (Eastern Cape Nursing College)

Lwandlekazi September joined the SOPH in 2002, bringing with her substantial experience in the field of nursing as well as management of maternal, child and women's health projects. She has established a number of community health projects. She is currently based in the Eastern Cape co-ordinating activities to improve the hospital management of severely malnourished children and the development of information systems. Lwandlekazi is enrolled for an MPH with the SOPH.



**Ms Jabulisiwe Zulu, B Cur (E et A) (UniZul),
PG Cert in Public Health (UWC)**

Jabulisiwe Zulu is a professional nurse with wide experience in community health nursing. Following a period at the MRC, she joined the SOPH and is involved in projects investigating the impact of HIV/AIDS on nurses and working with prevention of chronic diseases. Jabu has also initiated a number of health awareness and arts and crafts projects at community level.

Administrative staff

Ms Marlene Petersen, Administrative Officer

Mr Melvin Adams, Administrative Assistant

**Ms Bridget Basson, B Admin (UWC),
Administrative Assistant**

**Ms Corinne Carolissen, ND Exec Sec &
NHDPSE (Pentech)**, Senior Programme Officer
and Student Administrator for Postgraduate
Diploma and MPH

Mr Tariq Davids, Research/Project Assistant
(Joined SOPH January 2006.)

Ms Teresa de Lima, Finance Officer

Ms Janine Kader, Student Administrator for the
Postgraduate Certificate

Ms Lynette Martin, Secretary to the Director

**Ms Tabisa Nomnganga, ND Travel & Tourism
(Natal Tech)**, Receptionist

Mr Hilton Snyder, Student Administrator for
Postgraduate Certificate (Joined SOPH May 2006.)

Ms Natasha Titus, Research/Project Assistant
(Joined SOPH January 2006.)

Honorary Professors

**Prof Emeritus William M Pick, MBChB, MMed,
FECH (CM)(SA), MFGP (SA), DPH, DTM&H**

William Pick was formerly the Head of the School of Public Health at the University of Witwatersrand and Chief Community Physician at the Johannesburg Hospital. Until the end of 2004 he was acting President of the Medical Research Council (MRC). As a community health specialist, he has held a large number of senior positions in academic health institutions in this country and overseas. In 1994 he chaired the Ministerial Committee on Human Resources for Health Care in South Africa, and in 2000 led the task team that prepared the National Strategy for Human Resources for Health. He has produced over 70 publications and served on the editorial boards of a large number of journals.

**Prof Jon Rohde, BA (Amherst College), MD
(Harvard), FAAP, FCPM, DSci (Hon)**

Jon Rohde, the first Director of the EQUITY Project, came to South Africa following 12 years in India where he was the representative of UNICEF and the global advisor to the Director. For the past 39 years he has lived and worked in developing countries conducting research on diarrhoeal disease and nutrition, representing the Rockefeller Foundation in Indonesia, and directing the Rural Health Delivery System for Haiti. A paediatrician, he has published widely in the area of infectious disease and nutrition and various aspects of public health. He is Professor and Co-chair of the Board of the James P Grant School of Public Health, Dhaka, Bangladesh. He lives in Cape Town and travels extensively on consultations throughout Africa and Asia.

**Prof John Seager, BSc (Hons) (Wales), PhD
(Wales)**

John Seager attained a BSc in Zoology and a PhD in animal ecology and population dynamics at the University of Wales. Subsequently he took postgraduate short courses in Epidemiology at the University of Massachusetts and the London School of Hygiene and Tropical Medicine, and in Management at the University of Stellenbosch. He has 23 years' public health research experience in developing countries and is currently a Research Director in the Social Aspects of HIV/AIDS and Health Research Programme of the Human Sciences Research Council (HSRC), where he heads the Human Development and Health Research Unit. He has over 70 publications in the field of health and development, and serves on the editorial boards of *Development Southern Africa* and the HSRC Press.

Honorary Associate Professor

**Dr Mickey Chopra, BSc (Med Sociology), BM
(Soton), DCH (SA), MSc [PHDC] (London)**

(Left the staff of the SOPH in December 2004.)

Mickey Chopra joined the SOPH in 1997, after spending four years as a District Medical Officer in Hlabisa Hospital in KwaZulu-Natal. He has been involved in health systems research and in developing district-based health programmes, especially in nutrition. He has qualifications in Medical Sociology, Medicine and Public Health. Although he still plays an active role at the SOPH, he is now Director of the Health Systems Research Unit at the Medical Research Council (MRC) in Cape Town.

Staff's academic and professional achievements

PUBLICATIONS

Chapters in books

Grimwood A, Almelheh C, Hausler H, Hassan F. HIV/AIDS and tuberculosis treatment update. In P Ijumba, A Padarath (eds), *South African Health Review 2006*. Durban: Health Systems Trust, 2006, pp 77-94.

Hausler H. South Africa chapter. In *From Africa to Africa: An Analysis of Community and Other Responses to HIV/AIDS in Africa*. Lusaka, Zambia: Panos Institute Southern Africa (ISBN: 9982-844-14-8), 2005.

Lehmann U, Makhanja N. Building the skills base to implement the District Health System. In P Ijumba, P Barron (eds), *South African Health Review 2005*. Durban: Health Systems Trust, 2005, pp 136-145.

Mason J, Sanders D, Musgrove P, Soekirman, Galloway R. Chapter 56 – Community health and nutrition programs. In D Jamison, J Breman, A Measham et al (eds), *Disease*

Control Priorities in Developing Countries (2nd ed). Oxford University Press, World Bank (ISBN: 0-8213-6179-1 SKU: 16179), 2006, pp 1053-1074.

Mathews V. Information for human resource management. In P Ijumba, P Barron (eds), *South African Health Review 2005*. Durban: Health Systems Trust, 2005, pp 190-199.

Sanders D, Baum F, Stern R. Emerging civil society in development. In H Kahssay, F Baum, D Sanders (eds), *Civil Society Organisations and the Health Sector*. Geneva: WHO, 2005, pp 4-19.

Sanders D, Lloyd B. Human resources: International context. In P Ijumba, P Barron (eds), *South African Health Review 2005*. Durban: Health Systems Trust, 2005, pp 76-87.

Articles in accredited journals

Bradley H, Wiysonge C, Volmink J, Mayosi B, Opie L. How strong is the evidence for use of beta-blockers as first-line therapy for hypertension? Systematic review and meta-analysis. *Journal of Hypertension*, 2006; 24:2131-2141.

Chopra M. Inequalities in health in developing countries: Challenges for public health research. *Critical Public Health*, March 2005; 15(1):19-27

Chopra M, Darnton-Hill I. Responding to the crisis in Sub-Saharan Africa: The role of nutrition. *Public Health Nutrition*, 2006; 9(5):544-550.

Chopra M, Doherty T, Jackson D, Ashworth A. Preventing HIV transmission to children: Quality of counselling of mothers in South Africa. *Acta Paediatrica*, 2005; 94:357-364.

Chopra M, Ford N. Scaling up health promotion interventions in the era of HIV/AIDS: Challenges for a rights based approach. *Health Promotion International*, 2005; 20(4):389-393.

Chopra M, Kendall C, Hill Z, Schaay N, Nkonki L, Doherty T. 'Nothing new': Responses to the introduction of antiretroviral drugs in South Africa. *AIDS*, 2006; 20(15):1975-1977.

Chopra M, Patel S, Cloete K, Sanders D, Peterson S. Effect of an IMCI intervention on quality of care across four districts in Cape Town, South Africa. *Archives of Disease in Childhood*, April 2005; 90(4):397-401.

Darnton-Hill I, Webb P, Harvey P, Hunt J, Dalmiya N, Chopra M, Ball M. Micronutrient deficiencies and gender: Social and economic costs. *American Journal of Clinical Nutrition*, May 2005; 81(5):1198S-1205S.

De Swardt C, Puoane T, Chopra M, du Toit A. Urban poverty in Cape Town. *Environment & Urbanization: Chronic Poverty*, 2005; 17(2):101-112.

Doherty T, Chopra M, Nkonki L, Jackson D, Greiner T. Effect of the HIV epidemic on infant feeding in South Africa: 'When they see me coming with the tins they laugh at me.' *Bulletin of the World Health Organization*, 2006; 84(2):90-96.

Exadaktylos A, Haffjee F, Wood D, Erasmus P. South African Red Cross Flying Doctors Service quality and safety in the rural and remote South African environment. *Australian Journal of Rural Health*, 2005; 13(2):106-110.

Haines A, Sanders D. Building capacity to attain the Millennium Development Goals. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 2005; 99:721-726.

Hausler H, Sinanovic E, Kumaranayake L, Naidoo P, Schoeman H, Karpakis B, Godfrey-Faussett P. Costs of measures to control TB/HIV in public primary care facilities in Cape Town, South Africa. *Bulletin of the World Health Organization*, 2006; 84:505-588.

Hughes G, Hoyo C, Puoane T. Fear of sexually transmitted infections among women with male migrant partners – relationship to oscillatory migration pattern and risk-avoidance behaviour. *South African Medical Journal*, 2006; 96(5):434-438.

Hughes G, Puoane T. Communication on sexual issues between migrant males and their partners: A study undertaken in rural South Africa. *Journal of Community and Health Sciences*, 2006; 1:22-30.

Hughes G, Puoane T, Bradley H. Ability to manage diabetes – community health workers' knowledge, attitudes and beliefs. *Journal of Endocrinology, Metabolism and Diabetes of South Africa*, May 2006; 11(1):10-14.

Kruger H, Puoane T, Senekal M, van der Merwe M. Obesity in South Africa: Challenges for government and health professionals. *Public Health Nutrition*, 2005; 8(5):491-500.

Labonté R, Schrecker T, Sanders D. Who really cares about African health?: Post-Geneagles, the question remains. *ACAS Bulletin*, Fall 2005; 71. ISSN 1051-0842.

Martinson M, Hausler H, Churchyard G J, Lawn S D. Dealing with the dual epidemics of HIV and TB. *Southern African Journal of HIV Medicine*, 2005; 20:33-35.

McCoy D, Chopra M, Loewenson R et al. Expanding access to anti-retroviral therapy in sub-Saharan Africa: Avoiding the pitfalls and dangers: capitalising on the opportunities. *American Journal of Public Health*, Jan 2005; 95(1):18-22

McCoy D, Rowson M, Sanders D. The Global Health Watch: A global health report with a difference. *Scandinavian Journal of Public Health*, 2006; 34:225-227.

Mchiza Z, Goedecke J, Steyn N, Charlton K, Puoane T, Meltzer S, Levitt N, Lambert E. Development and validation of instruments measuring body image and body weight dissatisfaction in South African mothers and their daughters. *Public Health Nutrition*, 2005; 8(5):501-508.

Puoane T, Bradley H, Hughes G. Community intervention for the emerging epidemic of non-communicable diseases. *South African Journal of Clinical Nutrition*, 2006; 19(2):56-62.

Puoane T, Bradley H, Hughes G. Obesity among black South African women. *Journal of Human Ecology*, 2005; Special Issue No 13: 91-95. Human Obesity: A Major Health Burden.

Puoane T, Fourie J, Shapiro M, Rosling L, Tshaka N, Oelofse A. 'Big is beautiful' an exploration with urban black community health workers in a South African township. *South African Journal of Clinical Nutrition*, 2005; 18(1):6-15.

Puoane T, Hughes G. Impact of the HIV/AIDS pandemic on non-communicable disease prevention. *South African Medical Journal*, 2005; 95(4):228-230.

Puoane T, Matwa P, Bradley H, Hughes G. Socio-cultural factors influencing food consumption patterns in the black African population in an urban township in South Africa. *Journal of Human Ecology*, 2006; Special Issue No 14: 89-93.

Puoane T, Sanders D, Ashworth A, Ngumbela M. Training nurses to save lives of malnourished children. *Curationis*, 2006; March 29(1): 73-78.

Rowe K, Makhubele B, Hargreaves J, Porter J, Hausler H, Pronyk P. Adherence to TB preventive therapy for HIV-positive patients in rural South Africa: Implications for antiretroviral delivery in resource-poor settings. *International Journal of Tuberculosis and Lung Disease*, 2005; 9(3):263-269.

Sanders D. A global perspective on health promotion and the social determinants of health. *Health Promotion Journal of Australia*, 2006; 17(3):165-167.

Sanders D, Chopra M. Key challenges to achieving health in an inequitable society: The Case of South Africa. *American Journal of Public Health*, January 2006, Vol. 96, No. 1: 73-79.

Sanders D, Haines A. Implementation research is needed to achieve international health goals. *PLoS Medicine*, June 2006; 3(6):e186:719-722. DOI:10.1371/journal.pmed.0030186.

Sanders D, Todd C, Chopra M. Education and debate – Confronting Africa's health crisis: more of the same will not be enough. *BMJ (British Medical Journal)*, 2005; 331:755-758.

Scott V, Chopra M, Conrad L, Ntuli A. How equitable is the scaling up of HIV service provision in South Africa? *South African Medical Journal*, February 2005; 95(2):109-113.

Stern R, Green J. Boundary workers and the management of frustration: A case study of two Healthy City partnerships. *Health Promotion International*, 2005; 20(3).

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Sukkal A, Seedat M, Jordaan E, Jackson D. A city-level study of aggressive road behaviours: Magnitude, and predictors and implications for traffic safety. *South African Journal of Psychology*, 2005; 35(2):244-269.

Zlot A, Jackson D, Korenbrot C. Acculturation as a predictor of Cesarean section in Latinas. *Maternal and Child Health Journal*. March 2005; 9(1):11-20.



Papers and reports

Chopra M, Neves D, Tsai A, Sanders D. Health, health systems and chronic poverty. Unpublished working paper. Manchester: Chronic Poverty Research Centre, 2006.

Jackson D (ed). Healthy childbearing study: Formative research 2002-2003. West Coast/Winlands District. Healthy Lives – Healthy Societies Series, Document #1. Bellville: University of the Western Cape, 2005.

Jackson D, Loveday M, Matizirofa L, Mbombo N, Doherty T, Tlebere P, Tregler L, Wigton A, Chopra M. Community based situation analysis of maternal and neonatal follow-up care in South Africa. Durban: Health Systems Trust, 2006.

Lehmann U, Friedman I, Sanders D. The health workforce in Africa: Challenges and prospects. A report of the Africa Working Group of the Joint Learning Initiative on Human Resources for Health and Development, September 2006.

Lehmann U, Zulu J. How nurses in Cape Town clinics experience the HIV epidemic. *AIDS Bulletin*, 2005; 14(1).

Lewin S, Babigumira S, Bosch-Capblanch X, Aja G, van Wyk B, Glenton C, Scheel I, Zwarenstein M, Daniels K. Lay health workers in primary and community care: A systematic review of trials. *WHO Bulletin*, 2006.

Southern African Municipal Workers Union and School of Public Health University of the Western Cape, Regional Network for Equity in Health in Southern Africa in co-operation with the Municipal Services Project and Health Systems Trust. Issues facing primary care health workers in delivering HIV and AIDS related treatment and care in South Africa. Equinet Discussion Paper 36, April 2006.

Van Wyk B, Strebel A, Skinner D, Peltzer K. Community-level behavioural interventions for HIV prevention in Sub-Saharan Africa. Social Aspects of HIV/AIDS and Health research programme, Occasional Paper 3. Cape Town: HSRC Press, 2006.

Training manuals and materials development

Chopra M, Patel S, Sanders D. *Improving Nutrition Programmes: An Assessment Tool for Action. A users' training manual.* Rome: Food and Agriculture Organisation of the United Nations, 2006.

Reagon G, Sanders D, Myburgh N, Alexander L. *Understanding Public Health – Module Guide and Reader 2005.* Postgraduate Programme in Public Health, School of Public Health, University of the Western Cape, 2005.

Rendall-Mkosi K, Jackson, D. *Woman's Health Handbook.* School of Public Health, University of the Western Cape, Cape Town, 2006.

Sanders D, Clifford M, with contributions from Angell-Carter S and Head J. *Health, Development and Primary Health Care I.* Module guide. Postgraduate Certificate in Public Health, School of Public Health, University of the Western Cape, 2005.

Sanders D, Tesoriero F, Baum F. *Health, Development and Primary Health Care II.* Module guide. Postgraduate Diploma in Public Health, School of Public Health, University of the Western Cape, and Department of Public Health, Flinders University, Adelaide, South Australia, and a grant from AUSAID, 2005.

Swart R, Chopra M, Sanders D, Gachuhi D, Alexander L. *Public Health Nutrition: Policy and Programming.* Module guide. Postgraduate Diploma/Masters in Public Health, Dietetics Division and School of Public Health, University of the Western Cape, and Academy for Educational Development, USAID, 2005.

Contributions to newspapers and newsletters

Reynolds L, Sanders D. Equitable health care is the only way to reduce child mortality rate. *The Sunday Independent*, 18 June 2006.

Sanders D, Reynolds L. Market forces promote inequitable health care. *The Sunday Independent*, 16 July 2006.



PRESENTATIONS AT NATIONAL, REGIONAL AND INTERNATIONAL CONFERENCES AND WORKSHOPS

Staff members made the following presentations at conferences and workshops during 2005 and 2006. Some were prepared together with students on the SOPH Postgraduate Programme and others in collaboration with colleagues at other institutions.

National

Bradley H, Butler N, Adam L, Doola A, Erasmus W, Forbes N, Hoosain T, Isaacs W, Jama N, Kakaudi J, Maranele P. Training pharmacist's assistants working in community pharmacies in Cape Town in tuberculosis recognition and referral. 3rd Public Health Conference, Midrand, 15-17 May 2006.

Bradley H, Puoane T, Dlangamandla B, Tsolekile L. Using community drama to spread messages about diabetes medicines in an urban township. SAAHIP Conference, Wilderness, Western Cape, 10-13 March 2005.

Bradley H, Puoane T, Tsolekile L, Zulu J. Community-based participatory approach to prevention of non-communicable diseases. 14th Congress of the South African Hypertension Society, Cape Town, 5-7 March 2005.

Colvin M, Levin J, Chopra M, Doherty T, Jackson D, Willumsen J, Goga A. Good Start Study Results. PEPFAR Conference, Durban, June 2005.

Doherty T, Chopra M, Jackson D. Appropriateness of formula feeding choices amongst HIV positive women in South Africa. 3rd Public Health Conference, Midrand, 15-17 May 2006.

Doherty T, Chopra M, Jackson D, Ashworth A. An evaluation of the quality of counselling provided to mothers in three PMTCT pilot sites. 2nd South African AIDS Conference, Durban, 7-10 June 2005.

Goga A, Jackson D, Chopra M, Doherty T, Willumsen J, Levin J, Colvin M, Moodley P. Infant feeding patterns in the context of HIV: Results from three sites in South Africa. 3rd Public Health Conference, Midrand, 15-17 May 2006.

Gordon R, Jackson D, Rendall-Mkosi K. Health promotion for pregnant women – lived experiences and application of health promotion message in a rural farming district. 24th Conference on Priorities in Perinatal Care, Langebaan, Western Cape, March 2005.

Hausler H. How to improve diagnosis of HIV in TB patients. Seminar on TB and HIV Implementation in South Africa, Department of Health, Pretoria, 19 September 2005.

Hausler H. The changing epidemiology of TB in the era of HIV. 2nd South African AIDS Conference, Durban, 7-10 June 2005.

Jackson D, Chopra M, Doherty T, Colvin M, Levin J, Willumsen J, Goga A, Moodley P. Risk factors for late post-natal transmission of HIV to infants: Results from a cohort study across three PMTCT sites in South Africa. 2nd South African AIDS Conference, Durban, 7-10 June 2005.

Jackson D, Colvin M, Goga A, Doherty T, Chopra M, Levin J, Willumsen J, Moodley P. The Good Start Study: Early perinatal transmission, infant feeding and HIV-free survival. 25th Conference on Priorities in Perinatal Care, Drakensberg, KwaZulu-Natal, March 2006.

Jackson D, Loveday M, Mbombo N, Matizirofa L, Doherty T. Community situation analysis of maternal and neonatal follow-up care. National Confidential Enquiry into Maternal Deaths, Pretoria, September 2005.

Jackson D, Mbombo N, Cele E, Loveday M, Doherty T. Social and community context of maternal deaths: Verbal autopsies from three sites in South Africa. 3rd Public Health Conference, Midrand, 15-17 May 2006.

Kathyola J, Lehmann U, Martineau T, Matwa P, Storey K. Factors affecting retention of different groups of rural health workers in Malawi and Eastern Cape Province, South Africa. 3rd Public Health Conference, Midrand, 15-17 May 2006.

Lehmann, U. 'It has changed us, it has brought a feeling of depression among staff' – assessing the impact of HIV/AIDS care on primary care nurses in Cape Town. National Conference on ARV Roll-out. Bloemfontein, March 2005.

Lehmann, U. The people who run the health system: The role and impact of human resources in the health sector. Presentation at TAC Western Cape People's Health Summit, 21 May 2005.

Matizirofa L, Blignet R, Jackson D. Predictors of utilisation of maternal health services in three sites. 3rd Public Health Conference, Midrand, 15-17 May 2006.

Mbombo N, Jackson D. 'Services of shame': Women's testimonials on why are maternity services inaccessible? A human rights analysis. 24th Conference on Priorities in Perinatal Care, Langebaan, Western Cape, March 2005.

Mohamed S. Health promoting schools: Putting vision into practice. National Health Promoting Schools Conference, University of the Western Cape, Bellville, 14-16 September 2006.

Mohamed S. Health promotion school-based projects: The experiences of UWC health sciences students. South African Association of Health Educationists Regional Health Sciences Education Conference, University of the Western Cape, Bellville, 19-20 May 2006.

Mohamed S. Health promotion school-based projects: The experiences of UWC health sciences students. 3rd Public Health Conference, Midrand, 15-17 May 2006.

Mohamed S. Unintentional childhood injuries in the home: The perception of first time mothers in Delft. 15th International Safe Communities Conference, University of Cape Town, 9-11 April 2006.

Puoane T. Community intervention for primary prevention of non-communicable diseases: Experiences for Khayelitsha, a black township in the Western Cape. 14th Congress of the Southern African Hypertension Society, Cape Town, South Africa, March 2005.

Puoane T. Socio-cultural factors associated with food consumption in Black population. 3rd Public Health Conference, Midrand, 15-17 May 2006.

Puoane T. Socio-cultural factors influencing food consumption patterns in the black African population in an urban township in South Africa. Nutrition Congress, Durban, September 2005.

Puoane T, Sanders D. Improving the hospital management of severe malnutrition. Nutrition Congress, Port Elizabeth, 24-27 September 2006.

Rendall-Mkosi, Jackson D. Development of a 'woman-held' health handbook using action research. 3rd Public Health Conference, Midrand, 15-17 May 2006.

Rendall-Mkosi K, Jackson D, Miles J, Erendi E. Using action research to develop a women's personalised health handbook in the Western Cape. 24th Conference on Priorities in Perinatal Care, Langebaan, Western Cape, March 2005.

Sanders D. Confronting a crisis: Key challenges for health policy implementation in post-apartheid South Africa. Presentation to American students, Cape Town, 21 April 2006.

Sanders D. Human resource challenges within district hospitals: Key actions for implementation of health policy. Meeting on Transforming Public Hospitals in South Africa, Johannesburg, 23 March 2006.

Sanders D. Implementing the WHO guidelines for severe malnutrition: Why do some hospitals succeed but others do not? 3rd Public Health Conference, Midrand, 15-17 May 2006.

Sanders D. Improving the management of severe malnutrition. Nutrition Congress, Port Elizabeth, 27 September 2006.

Sanders D. Making health systems work for child survival: Developing and monitoring critical human resources. Workshop on Health Workforce Policy and Management Development, arranged by the School of Public Health, University of the Western Cape, for the World Health Organization, Cape Town, 26 February to 2 March 2006.

Sanders D. People's Health Movement: Challenges and successes in establishing a broad based health movement. 3rd Public Health Conference, Midrand, 15-17 May 2006.

Sanders D, Chopra M. HIV, nutrition and equity. WHO Consultation on Nutrition and HIV/AIDS in Africa, Durban, 10-13 April 2005.

Tlebere P, Jackson D, Loveday M, Matizirofa L, Doherty T, Mbombo N, Tregler L. Community based situation analysis of maternal and neonatal follow-up care. 25th Conference on Priorities in Perinatal Care, Drakensberg, KwaZulu-Natal, March 2006.

Van Wyk B, Sandenbergh R, Benjamin E. Experiences of facility managers working in high HIV/AIDS prevalence districts. 6th National PHASA conference, Johannesburg, 14-15 April 2006.

Tsolekile L, Puoane T, Zulu J, Bradley H. Development of a community health club for the primary prevention of non-communicable diseases in Khayelitsha an urban township. 3rd Public Health Conference, Midrand, 15-17 May 2006.

Regional (Africa)

Puoane, T. Three presentations: Poverty and Health: Participatory approach in primary prevention of non-communicable diseases: Improving the management of severe malnutrition. Council for the Development of Social Science Research in Africa Health Institute, Senegal, July 2005.

Sanders D. Development, globalisation and health systems in health development – with a focus on Africa's

health crisis. Consultative Meeting of African Civil Society for the WHO Commission on Social Determinants of Health, Nairobi, Kenya, 10-11 January 2006.

Sanders D. Research-based evidence for comprehensive primary health care: Building capacity and research output through the People's Health Movement. Global Forum for Health Research, Forum 10 Conference, Cairo, Egypt, 29 October-2 November 2006.

International

Alexander L, Puoane T, Matshanda N. Barriers to course completion experienced by health professionals studying public health by distance learning in the Eastern Cape, South Africa 2000-2003. Conference on Making Primary Health Care Work: Challenges for the Education and Practice of the Health Workforce, Towards Unity for Health (TUFH Conference), Ho Chi Minh City, Vietnam, 14-20 November 2005.

Bradley H, Butler N, Adam L, Doola A, Erasmus W, Forbes N, Hoosain T, Isaacs W, Jama N, Kakudi J, Maranele P. Impact of training pharmacist's assistants working in community pharmacies in Cape Town in tuberculosis recognition and referral. 14th International Social Pharmacy Workshop, St Anne's College, Oxford, UK, 11-14 July 2006.

Bradley H, Puoane T, Tsolekile L, Zulu J. Prevention of non-communicable diseases in an urban setting in South Africa: A community-based participatory action research approach. 133rd Annual Meeting & Exposition, American Public Health Association, Philadelphia, Pa., USA, 10-14 December 2005.

Cloete A, Strebel A, Simbayi L, Henda N, Magome K, van Wyk B. Experiences of AIDS-related stigma, disclosure and other daily life stressors of people who are aware that they are living with HIV. 16th International AIDS Conference, Toronto, Canada, 13-19 August 2006.

Hausler H, Naidoo P, Pronyk P, Penrose A, Godfrey-Faussett P. Active tuberculosis case finding and isoniazid preventive therapy in primary care clinics in South Africa. 37th Union World Conference on Lung Health, Paris, France, 31 October-4 November 2006. Abstract PS-62054-04.

Jackson D, Chopra M, Doherty T, Colvin M, Levin J, Willumsen J, Goga A, Moodley P. HIV-free survival at 36 weeks in the South African prevention of mother-to-child transmission of HIV-1. 16th International AIDS Conference, Toronto, Canada, 13-19 August 2006.

Jackson D, Chopra M, Doherty T, Colvin M, Levin J, Willumsen J, Goga A, Moodley P. Operational effectiveness of the South African National Prevention of Mother-to-Child-Transmission of HIV-1 Program: HIV-free survival at 36 weeks. 134th Annual Meeting & Exposition, American Public Health Association, Boston, Mass., 4-8 November 2006.

Jackson D, Goga A, Chopra M, Doherty T, Willumsen J, Colvin M, Levin J. Infant feeding patterns in the context of HIV in South Africa. 133rd Annual Meeting & Exposition, American Public Health Association, Philadelphia, Pa., USA, 10-14 December 2005.

Labonté R, Schrecker T, Sanders D. Breaking faith with Africa: The G8 and population health post-Gleneagles. Canada, 10 November 2005.

Mchiza Z, Goedecke J, Steyn N, van der Merwe L, Lambert E. Assessing knowledge and self-efficacy for healthy eating and exercise, self-perception and cultural identity in South African girls: A validation study. 10th International Congress on Obesity and 2nd edition of the satellite conference on Community-Based Obesity Prevention, Geelong and Sydney, Australia, 31 October-8 November 2006.

Mchiza Z, Grantham O, Goedecke J, van der Merwe L, Steyn N, Lambert E. Validity and reliability of a modifiable physical activity/inactivity questionnaire in multi-ethnic primary schoolgirls of South Africa. International Nutrition Congress, 2005.

Puoane T. Community approach to prevention of cardiovascular disease. Guest lecture, University of Missouri, St Louis, Miss., USA, December 2005.

Puoane T. Leadership and managerial support are essential to improving quality of care of severely malnourished children. 133rd Annual Meeting & Exposition, American Public Health Association, Philadelphia, Pa., USA. 10-14 December 2005.

Puoane T. Socio-cultural factors associated with obesity among urban black women. Guest lecture, University of Missouri, St Louis, Miss., USA, December 2005.

Puoane T. Socio-cultural factors influencing food consumption patterns in the black population groups residing in black townships of South Africa. 133rd Annual Meeting & Exposition, American Public Health Association, Philadelphia, Pa., USA. 10-14 December 2005.

Puoane T. Socio-cultural factors influencing food consumption patterns in the black African population in an urban township in South Africa. Nutrition Congress, University of Missouri, St Louis, Miss., USA, December 2005.

Rendall-Mkosi K, **Jackson D**. Development of a 'woman-held' health handbook using action research in South Africa. American Public Health Association, Boston, Mass., November 2006.

Sanders D. Child health in poor countries: The role of health care and social policies, and the challenge for public health. Child Survival Symposium, Centre for International Health and Development, Institute of Child Health, University College London, UK, 17 October 2006.

Sanders D. Child health in poor countries: The role of health care and social policies, and the challenge for public health. Plenary Presentation at Workshop: The Contribution of Biomedical Science and Health Technologies to Mother and Child Health: A Critical Look at the Evidence, Institute of Child Health, Burlo Garofolo, Trieste, Italy, 25-26 November 2005.

Sanders D. Community health workers in context: Globalisation, health systems and primary health care. Keynote Speaker at National Workshop on Community Health Worker Training, Pune, Mumbai, India, 10-12 April 2006.

Sanders D. Confronting a crisis: Key challenges for health policy implementation in post-apartheid South Africa. St Antony's College, University of Oxford, UK, 25 May, 2005.

Sanders D. Globalisation and the challenge of health for all: A view from Sub-Saharan Africa. Nijmegen, Holland, 12 January 2005.

Sanders D. Globalisation, health sector reform and health for all: The challenges facing Africa. Plenary Presentation at National Conference of SESPAS (Spanish Association of Public Health), Las Palmas, Gran Canaria, Canary Islands, 1-5 November 2005.

Sanders D. Health as a human right: A view from the people's health movement. BUKO Conference, Hamburg, Germany, 7 May 2005.

Sanders D. Health policy and health system development: Strategies for revitalisation of health for all. Keynote Presentation to Open Society Institute seminar on Governance of Health, Salzburg Stiftung der AAF, Salzburg, Austria, 5-8 December 2005.

Sanders D. Keynote speaker at International Federation of Home Economics meeting: Globalisation and the Challenge of Health for All, Cape Town, 17 July 2006.

Sanders D. Making public health matter: Research, training and advocacy to address Africa's health crisis. Annual Heath Clark Lecture, London School of Hygiene and Tropical Medicine, UK, 10 May 2005.

Sanders D. Making public health matter: Research, training and advocacy to address Africa's health crisis. Keynote Presentation to Annual Meeting of Faculty of Public Health Medicine, Royal College of Physicians of Ireland, Dublin, Ireland, 8 December 2005.

Sanders D. Promoting social participation to address Africa's health crisis: The role of research, training and advocacy. 11th World Congress on Public Health (ABRASCO) and the 8th Brazilian Congress on Collective Health (WFPHA), Rio de Janeiro, Brazil, 21-25 August 2006.

Sanders D. Public health training and research: What emphasis is needed to address global challenges? Health and Society: International Gender Studies Berlin, Charité – Universitätsmedizin Berlin, Germany, 13-17 November 2006.

Sanders D. The People's Health Movement and the right to health. 11th World Congress on Public Health (ABRASCO) and the 8th Brazilian Congress on Collective Health (WFPHA), Rio de Janeiro, Brazil, 21-25 August 2006.

Sanders D. The role of contextual and technical factors in community-level interventions. Department of Child and Adolescent Health, World Health Organization, Geneva, Switzerland, 5-9 March 2006.

Sanders D. Severe malnutrition and child survival: Developing human resource capacity in Sub-Saharan Africa. Meeting arranged by the Sub-Committee on Nutrition in Geneva, Switzerland, 12-17 March 2006.

Stern, R. The experience of the Cape Town Equity Gauge. Global Forum for Health Research in Mumbai, India, 12 - 16 September 2005.

Van Wyk B, Cloete A, Strebel A, Nqeketo A, Henda N, Simbayi L. Disclosure and access to social capital amongst PLWHA. 16th International AIDS Conference, Toronto, Canada, 13-19 August 2006.

OTHER PROFESSIONAL ACTIVITIES OF ACADEMIC STAFF

David Sanders

- University of the Western Cape Senate and Senate Academic Planning Committee, 1995 to present
- Nutrition Advisory Committee, Health Department, Provincial Government of the Western Cape (PGWC), 1997 to present
- PGWC Health Department Diarrhoea Task Team
- Reviewer of manuscripts submitted for publication in *Health Policy and Planning*, *Critical Public Health*, *Human Resources for Health*, *International Journal of Integrated Care*, *BioMed Central Public Health*
- Multi-disciplinary Advisory Group on Health Human Resources, appointed by World Health Organization Regional Office for Africa, March 2000 to present
- Elected member, Steering Committee of United Nations Standing Committee on Nutrition (SCN), March 2002-2006
- Co-chair, Working Group on Capacity Development of SCN, 2002 to present
- Editorial Board: *Critical Public Health*, Centre for Social and Policy Research, School of Social Sciences, University of Teesside, Middlesbrough, UK
- Associate Editor, *International Journal of Integrated Care*, Utrecht University, the Netherlands
- Globalisation Knowledge Network of the World Health Organization's Commission on Social Determinants of Health
- Technical Advisor to Department of Child and Adolescent Health, World Health Organization, March 2006
- International Advisory Panel, Micronutrient Initiative, 2006 to present
- Public Health Association of South Africa, 2002 to present
- Life Member, Nutrition Society of South Africa
- Founder Member and Africa Co-ordinator of International People's Health Council, December 1991 to present
- Global Steering Group, People's Health Movement
- Board of Trustees, Alternative Information and Development Centre, South Africa
- External Examiner for the Masters in Public Health Course for 2006 at the Department of Community Health, College of Medicine, University of Malawi

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- Committee Member, Pharmaceutical Society of South Africa, Western Cape Branch, 2002-2005
- Chairperson, Education and Research Sub-Committee, South African Association of Institutional and Hospital Pharmacists, Western Cape Branch, 2002-2005; Committee Member, 2000 to present
- National Secretary, Public Health Association of South Africa, 2003-2006
- Committee Member, Metro Health Promotion Forum, 2000 to present
- Member of PGWC Non-Communicable Disease Forum, 2004 to present
- Reviewer, *Community and Health Sciences Journal*, UWC 2005 to present
- South African Pharmacy Council, 1994 to present
- Royal Pharmaceutical Society of Great Britain, 2010 to present
- External Examiner for University of KwaZulu-Natal, Masters and Hons in Health Promotion, 2005 and 2006
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- Technical Advisory Group, TASC-TB Project, South Africa, University Research Corporation, 2006 to present
- South African Working Group to Develop Guidelines for Antiretroviral Therapy, 2004 to present
- South African HIV Clinicians Society, 2004 to present
- Reviewer, *International Journal of Tuberculosis and Lung Disease*, 2004 to present
- International AIDS Society, 2002 to present
- Health Professions Council of South Africa, 1998 to present
- International Union against Tuberculosis and Lung Disease, 1996 to present
- American College of Preventive Medicine, 1994 to present
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- Royal College of Physicians and Surgeons of British Columbia, 1991 to present
- Honorary Lecturer at Department of Medicine, UCT, 2003 to present

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- Review Panelist (Freestanding Post-Doctorate), National Research Foundation, South Africa, 2005
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- American Public Health Association, 1984 to present; Governing Council of Maternal and Child Health Section, 1999-2001, 2003 to present
- Reviewer, *Maternal and Child Health Journal*, 1997 to present
- Reviewer, *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 1996 to present
- Public Health Association of South Africa, 2002 to present
- Perinatal Priorities Association of South Africa, 2001 to present
- Association of Women's Health, Obstetric and Neonatal Nurses, 1983 to present
- Society for Epidemiologic Research, 1991 to present
- External Examiner for School of Public Health, UCT Quantitative Methods Module and University of Pretoria Masters mini-thesis

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- Public Health Association of South Africa
- Reviewer, *Education for Health*
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- External Examiner for the School of Health Systems and Public Health at the University of Pretoria, Masters in Public Health
- Member of the Public Health Association of South Africa
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- Nutrition Society of South Africa
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- Faculty Associate, Johns Hopkins School of Nursing, 2002 to present
- External Examiner for Walter Sisulu University of Science and Technology, Masters in Public Health programme

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- Facility Board Member, False Bay Hospital, Fish Hoek, Cape Town

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- Public Health Association of South Africa
- Representative of the Cape Town Equity Gauge on the Global Equity Gauge Alliance (to mid-2006)
- Member of PGWC Health Department Diarrhoea Task Team and Khayelitsha Water and Sanitation Forum
- External Examiner for University of KwaZulu-Natal, Masters in Health Promotion

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- Reviewer, *Journal of Advanced Nursing*
- International AIDS Society
- Book review editor, *Journal of Social Aspects of HIV/AIDS*



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London School of Hygiene and Tropical Medicine: Honorary Professor, Department of Public Health and Policy, from 1 December 2005

University of Bergen, Norway: Adjunct Professor, Centre for International Health, Faculty of Medicine, 1 September 2005-31 December 2006

University of Bergen, Norway: Fellowship as Senior Researcher to Centre for International Health, Faculty of Medicine, 2005

University of Ottawa, Canada: Visiting Fellow at the Globalisation/Management Department, Institute of Population Health, 2005

Princess Matwa

'Best Presenter' award in the Young Researcher category at the 2006 conference of the Public Health Association of South Africa

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