

School of Public Health

FACULTY OF COMMUNITY & HEALTH SCIENCES



Report of Activities
2007-2008



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 post-graduate 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.

The School organises its research work in thematic areas. These are health promotion, human resource development, information systems, maternal and child health, nutrition and HIV/AIDS.

The School is part of the Faculty of Community and Health Sciences and, since the beginning of 2006, has had responsibility for the Faculty's 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.

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DIRECTOR'S FOREWORD:

Strengthening capacity for health systems development in Africa

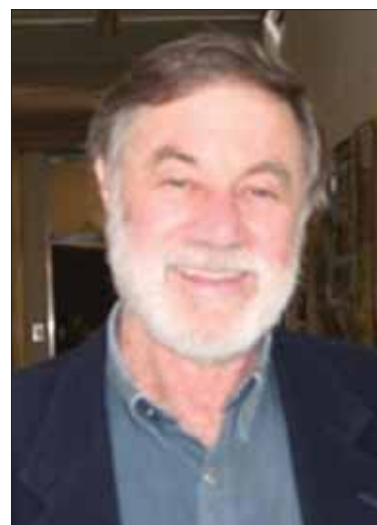
The crisis in health and health care in South Africa was the point of departure for our previous bi-annual report. In it we argued that the crisis in human resources for health (HRH) is central and concluded that development of such capacity is the key challenge to be addressed in responding to the considerable problems that beset our health care system. We identified some of the main reasons for the serious and widespread lack of capacity and reported ways in which the core activities of the School of Public Health (SOPH) were attempting to respond to this predicament. These continue to include our research projects as well as academic work which comprises our energetic continuing education activities and our formal academic programme, both of which draw increasingly on findings and insights gained from our numerous research projects.

Unfortunately, in the two years since our last report, little has changed. The HRH crisis persists, with significant shortages of health personnel, especially in rural and poor peri-urban areas and also at the lower levels of the health services, being the primary and community levels. Severe shortages persist despite initiatives to retain public sector health personnel – such as financial incentives as well as compulsory ‘community service’ for an increasing number of categories of professionals. In addition, lack of appropriate skills, including management and leadership skills, remain serious deficiencies at all levels of the system. This significant lack in human capacity is increasingly acknowledged to be the single most important factor underlying the poor performance of our health sector. It is recognised that this must be urgently addressed if South Africa is to successfully implement its excellent and far-reaching policies and accelerate progress towards its agreed – yet receding – Millennium Development Goal targets.

Similar human capacity problems confront many African health sectors – although most are not nearly as well-resourced as South Africa's. However, some countries – such as Ethiopia and Rwanda – are demonstrating encouraging progress through the vigorous implementation of bold new initiatives that include innovations in HRH policies. Key to such progress appears to be bold leadership, coherent and practical policies, and large numbers of health personnel, especially at lower levels of the health system.

SOPH's work increasingly includes working with practitioners, colleagues and institutions on our continent. About 70% of our student body now comes from African countries other than South Africa and we are expanding

our research projects to work with other African colleagues on mutual areas of interest – given the common challenges that we face in providing health for all. Much of this depends on strengthening the capacity of human resources for health, and developing health systems and programme innovations which will improve access, affordability and equity in health care on the continent.



Our efforts to strengthen capacity of HRH, then, are embedded in our teaching and research activities.

Teaching activities

Our formal Postgraduate Programme continues to attract large numbers of applicants from within South Africa and beyond. In 2008 we had 272 students enrolled in our Masters in Public Health (MPH) programme from 18 countries. Many of them occupy management positions within their countries' health services and most undertake course assignments and thesis research that have clear relevance to their national policies and health system challenges. Indeed, the great majority of theses undertaken by Masters students focus on key policy and implementation issues in their respective countries. Their ability to test and apply their knowledge and skills is enhanced by the fact that they are able to undertake this in their places of work, since all study is predominantly through distance learning. This means they can remain in their management or service delivery posts during most of the year, visiting the University only to attend short courses in the Summer and Winter Schools.

Our PhD programme, although initiated only a few years ago, has expanded rapidly, with a current enrolment of 20 students from South Africa and other African countries. We have also achieved mutual benefit in developing supervisory capacity through jointly supervising PhD candidates with other health science departments at UWC.

The SOPH continues to hold extremely well-attended short courses through annual Summer and Winter Schools, with the latter also being open to external participants, most of whom work in the health services.

Our repertoire of short courses is always changing in response to needs expressed by participants – policy makers, managers and health service implementers – and we continue to involve as co-teachers colleagues from other academic and research institutions as well as policy makers and managers in the health services.

Research activities

The research portfolio of the SOPH comprises a range of projects, most of which are located under the umbrella of 'health policy and systems research' (HPSR). There is increasing recognition – globally, in Africa and in South Africa – of the policy-implementation gap; that is, the failure to translate generally strong policy frameworks into the design, implementation and successful management of appropriate services and programmes with the necessary supportive systems. Health policy and systems research attempts to identify the constraining and enabling factors in policy, management and service delivery so that appropriate measures can be taken to overcome such constraints and enhance any enabling factors. Such research also sometimes tests different approaches and interventions in 'the field', including actions to enhance human resource capacity.

Our research activities can therefore be thought of as focusing on initiatives that emanate from the global level and that influence national policies, and on programmes and systems at the level of implementation or service delivery. A selection of research projects of the SOPH that illustrate our activities in HPSR is given below. These are supported by numerous funders, whose confidence in our work, we believe, will be justified.

Consolidating and strengthening capacity in research and service development

In an attempt to draw together disparate research activities in the area of HIV/AIDS at UWC, the University has proposed the development of a Centre for HIV Research. Spearheaded by the SOPH, the Centre will consolidate and enhance the multi-disciplinary research capacity at UWC. A strategic niche area for the UWC Centre, which separates it from other HIV research centres, will be its focus on systems level research within the health and education sectors. Much of the research by other institutions focuses on clinical trials and individual level interventions. Over the next five years, the UWC Centre for HIV Research will identify and undertake multi-disciplinary research projects aimed at understanding and influencing the system-level factors which facilitate and constrain

efforts to address TB and gender-based violence, with a focus on health systems and the education sector.

The proposed Centre already receives funding for the development of such research and research capacity through the UWC-wide 'Dynamics of Building a Better Society' (DBBS) Programme, funded through the VLIR (Flemish Inter-Universities Council), which brings together the Flemish universities in Belgium. This partnership, which is one of six DBBS projects, commenced in 2008 and will be funded over a five-year period. It promises to be mutually beneficial, bringing together the complementary skills and experience of UWC – from the SOPH and other UWC units – with the reproductive health expertise of Ghent University and the educational research expertise of other Flemish universities. A research symposium is planned for early 2009 to facilitate exchange of information within UWC and between UWC and our Flemish and other African partners. This will also begin a process of planning collaborative research, increasing the numbers and research capability of postgraduate students as well as the publications output of UWC academics.

In April 2008 the SOPH received a huge injection of resources through a five-year co-operative agreement with the US Centres for Disease Control and Prevention. Rather than focusing on research, this project is concerned with building capacity for service development. It aims to develop innovative, intersectoral approaches and interventions to enable managers and health, education, and community workers to provide comprehensive and integrated services. The project also aims to support and consolidate the implementation of services at the primary level of care, with a particular focus on HIV and AIDS and significant opportunistic infections, such as TB.

Finally, the SOPH was awarded a large and prestigious competitive grant by the World Health Organisation (WHO) to provide postgraduate training in Health Workforce Management. This training will commence in 2009 and will initially involve selected senior managers from the health services of Rwanda and Mozambique. Ongoing support for these students will be provided through a mentoring programme in their own countries, which we hope will provide lessons for the development and maintenance of capacity more generally in the health sector.

Infrastructure and personnel

In our previous bi-annual report, we featured an architect's impression of the new building for the SOPH. This building has now been completed and will be

ready for occupation by June 2009. Its design and furnishment will undoubtedly provide an environment conducive to the continuing growth and development of the SOPH. This magnificent building was made possible through the generosity of The Atlantic Philanthropies, an organisation that continues to provide considered and strategic support to our School and to public health in South Africa.

The above achievements and progress in our core areas of activity are ultimately a reflection of the common

purpose, commitment and energy of those who work at the SOPH. Although our staff complement has remained fairly constant over the past two years, our workload has undoubtedly increased, with expansion of both our teaching commitments and in our research portfolio. The academic and administrative staff are to be congratulated for their role in making UWC's School of Public Health one of the largest and most productive of its kind on the continent.

- Prof David Sanders



ACADEMIC PROGRAMME

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 operational 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.

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.

STOP PRESS

World Health Organisation (WHO) grant for Masters programme in Health Workforce Development

In late 2008 the SOPH was awarded a large and prestigious competitive grant by the World Health Organisation to provide postgraduate training in Health Workforce Development.

In this programme we will train small groups of students (teams) within countries. This will facilitate group learning and the very important development of a critical mass of highly skilled human resource practitioners. It will also allow students to conduct their research projects linked to their professional practice.

Five students will be selected from one country at any one time, preferably from the same institution within the country. Students will study by distance while they work. The course will contain practical components which will allow students to apply theoretical knowledge and perform newly learned skills in internships in their own or other local organisations such as their Ministry of Health or its sub-structures. They will be supported by two mentors in each country who, in turn, will be trained and supported by staff from the partner institutions.

This programme will be launched in 2009 and will initially involve selected senior managers from the health services of Rwanda and Mozambique. Over the first two years we aim to establish a joint teaching platform with colleagues from Eduardo Mondlane University and the National University of Rwanda, which we hope to expand in the future towards developing a regional training platform in human resources for health.

The programme will be carefully monitored and evaluated. We hope that it will provide lessons for the development and maintenance of capacity in the health sector generally, and the use of mentorships and practice-based learning in public health training more specifically.

Open, enquiring
Feedback, interaction
Learn direct comm. from children



Facilitating access: Reaching out to practitioners through postgraduate distance education

Origins and ethos

When in 1993, the University of the Western Cape (UWC) established its Public Health Programme, public health education in South Africa was concentrated in university medical faculties and did not cater for the broad range of allied health professionals working in the health, welfare and education services. At that stage the newly democratic South Africa was beginning to address the inequities in the public health system it had inherited. This comprised a complex process of reconstructing the racially segregated health system and starting on the long road towards addressing the extremely uneven provision of health services in the country. Developing public health education for a multi-disciplinary group of health and welfare professionals in the country was an important component of contributing towards a unified health system that would be orientated toward primary health care.

In preparation for the establishment of the Programme, a colloquium was held in 1992 to map the scope and focus of its work. The objectives outlined then continue to infuse the School's work in strong measure, as seen in the vision statement of the current School of Public Health which was formally established in 2000:

- 'to provide an academic environment for appropriate education and training, research and service-oriented courses in the field of public health;
- to provide field training which is community-based and fosters community-partnership;
- to create a centre for innovative ideas in public health education and research, and become a magnet for international health scholars;
- to provide a forum for discussion and debate about ethical issues in public health, and empower communities to participate in these debates; and
- to co-operate with future Schools of Public Health in South Africa, the African continent and internationally' (UWC, 1992: 1).

The Comprehensive Primary Health Care (CPHC) philosophy – which was given shape by the School's

founding Director, Prof David Sanders, Prof Neil Myburgh of the School of Dentistry and other staff members at the time – continues to serve as the School's conceptual anchor. Thirty years after the Declaration of Alma Ata in 1978, this conceptualisation of health care still provides an appropriate framework for the programme by integrating both individual clinical care – through rehabilitative, curative and personal preventive components – with population (or public) health, through its preventive and promotive components. Pursuant to achieving this ideal, the curriculum covers components such as comprehensive primary health care, health measurement, health research, quantitative and qualitative methods, health systems and information management, health promotion, health human resources, maternal and child health and nutrition, and the epidemiology of communicable and non-communicable diseases.

The first six years: 1994-1999

By 1994, the first Postgraduate Programme in Public Health was launched. This comprised a part-time Masters programme delivered through teaching blocks offered through short courses in Winter and Summer Schools and through independent study periods. Staff were concerned about the need for students to attend classes, however, and were interested in offering training with greater flexibility: 'New strategies have to be found to not only bring training opportunities to health workers, but also to train them while in post, using their own work situation as the practical arena in which to implement the theoretical concepts mastered' (Sanders et al., 2001). This implied affordable training as well as access to study opportunities while working.

New strategies: 2000-2008

From 2000, the SOPH offered a multi-level programme which allows health and welfare professionals to enter at levels suitable to their prior qualifications, to work and study at the same time and at their own pace, and to graduate at a point which suits their needs and abilities.

The most influential change was reshaping the programme into three tiers: the Postgraduate Certificate

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'I had visited the SOPH in September 2007, kindly hosted by Prof David Sanders. I have been deeply impressed by the range of courses being offered by SOPH, the graded approach tailored to the needs of various kinds of learners, the comprehensive pro-people perspective underlying the entire curriculum, and the breadth of participation of students from across Southern Africa. What I found most impressive were the meticulously prepared teaching manuals and materials, rich in both theoretical content and social perspective, and including many relevant exercises and examples. As a public health specialist I find the SOPH-UWC a model for public health teaching in developing countries and at the international level. Prof Sanders and the SOPH team have given concrete expression to the "People's Health Movement spirit" by developing a model of progressive, student-centred and equity-oriented public health teaching.'

in Public Health (the first step of postgraduate study); the Postgraduate Diploma in Public Health (comprising the coursework component of the Masters degree); and a Masters in Public Health (MPH). Those with three-year tertiary qualifications (many of them nurses) enter at postgraduate certificate level, taking a course that is essentially a response to the changes in role that are being demanded of them by the district health system.

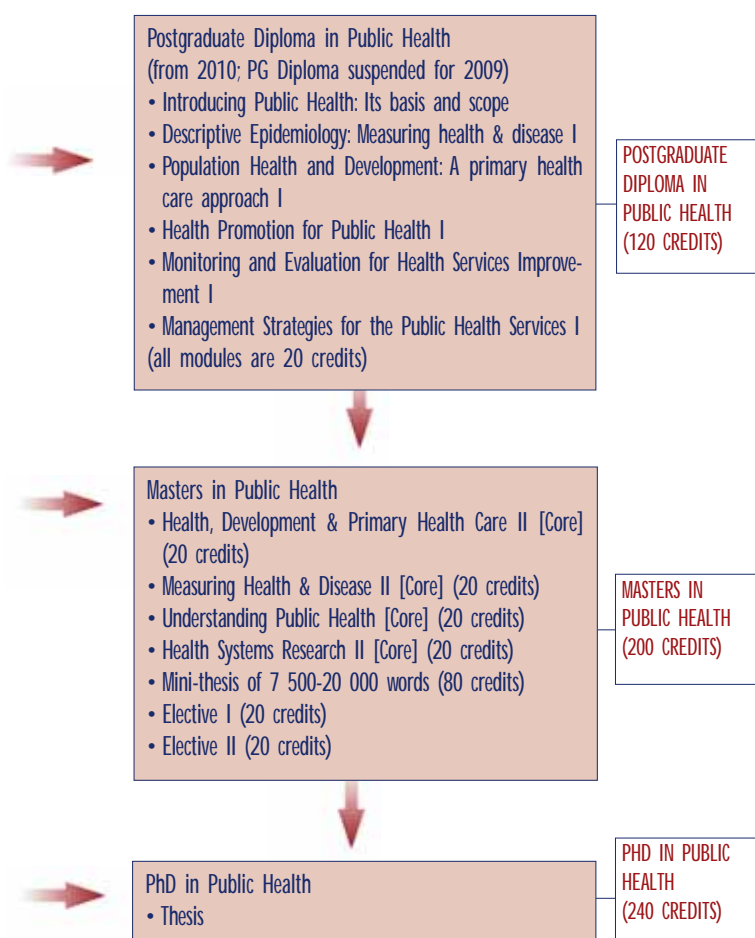
The resulting innovative curriculum continued to be underpinned by the CPHC philosophy and strategies. Key to its success was its accessibility to those '... who have the most direct impact on the quality of care' (Taylor, 2006: 1), namely health professionals working at provincial and district levels. In the context of the brain drain to developed countries and dwindling human resources in the health services, these two imperatives – flexibility and access – remain paramount.

Restructuring

In 2007 a concern was raised about the relatively long time students were taking to complete the MPH, resulting in a lower throughput of students than expected. This pointed to the high credit value required which, at 240 credits, was the same as only one other institution in South Africa and similar to very few in other countries. Others ranged from 180 to 200 credits. As a result, most students were taking a minimum of three years to complete the Postgraduate Diploma, after which they took another two to write a mini-thesis in order to graduate with an MPH.

In response, the School restructured the Postgraduate Programme during 2007, taking into account the country's newly developed Higher Education Qualifications Framework (HEQF). As a result, in 2008 the Postgraduate Certificate was discontinued altogether and the Postgraduate Diploma was suspended subject to being re-designed. A Postgraduate Diploma will be offered again from 2010 as an Honours-level qualification. The MPH now comprises 200 credits which can be achieved in three years through coursework plus a mini-thesis. This re-structuring also increased the number of credits allocated to research from a third to a half of the total credits, as the mini-thesis plus research course accounts for 100 credits.

Postgraduate Programme from 2009



Streams and modules

Streams provide an opportunity for 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 Resources Development
- Nutrition

Masters students can choose from over 24 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 Department of Statistics and of Anthro-

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'Doing an MPH as a part-time student in addition to a demanding full-time job was sometimes very tough, but I never regretted it. The short courses gave an excellent overview of the key issues dealt with in the modules, and I found the module guides well thought through. And the comments on my first draft assignment were an eye opener and helped me a lot to move forward – but also to realise that it would not be a piece of cake!'

polology and Sociology. In addition, students from other departments in the Community and Health Sciences Faculty, as well as from other faculties, may take these modules for credits towards their Masters programmes.

A selection of our stream and elective modules includes:

- 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
- Managing Human Resources for Health
- Culture, Health and Illness
- 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 MPH 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.

Model of delivery

In keeping with the aim of enabling increased numbers of health workers to continue to earn a living and

attending to adult responsibilities while studying, SOPH's open learning system also allows students to proceed at their own pace. The revised programme uses print-based modules with accompanying readers as the primary teaching medium, with optional blocks of contact teaching during annual Summer and Winter Schools. Furthermore, support is offered through e-mail contact and extensive written support on assignments and mini-theses.

Most of these learning modules have been developed in teams, and trialled for several years as face-to-face courses at Summer and Winter Schools. Module development has been undertaken by field experts, often integrating case studies and papers developed at the SOPH where relevant. Structured text-based Module Guides steer students through the topic using interactive tasks and feedback to engage them in a rigorous reading programme. In the process, they prepare two assignments which often require application of learning to the public health arena where they work. The materials make demands on students to integrate and apply new concepts, models, strategies and approaches to practical problems frequently encountered by managers and practitioners in the health services. Apart from the pressure of combining work and study, students gain considerably from this pedagogical model, which facilitates the immediate application of theoretical concepts and models to their situations at work.

The success of the programme is partly attributable to these 24 learning modules. Ongoing feedback from students has been positive, particularly as regards their 'conversational quality'. One student from the Eastern Cape noted: 'You would actually visualise the lecturer in front of you. They are so practical ... they actually talk to you' (2003). Selected modules were evaluated by the South African Institute for Distance Education (SAIDE) (Welch & Mays, 2006) and were described as 'developed according to a template that encourages carefully sequenced, interactive learning that integrates assessment requirements, in-text tasks, and readings to assist learners to achieve the outcomes of the module as a whole as well as the outcomes of individual units' (Welch & Mays, 2006: 6).

In response to the context in which we work, it has also been necessary to restrain our use of technology and media innovations amidst strong peer and institutional urging to switch to web-based learning. Though this medium may have the potential to render the

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'I had indeed an interesting learning experience with SOPH at UWC.

- *Lecturers were very helpful and gave individual attention to students. You could send an e-mail to a lecturer when you needed his/her assistance or you could even make a phone call.*
- *With the system of drafts, you were consistently guided.*
- *There were free databases where one could access published journals and articles. Students were also taught how to search for literature from the databases, library and internet in general.*

Consequently, I observed from my workplace/colleagues ... that with the intensive training of SOPH, one became highly skilled and very critical. SOPH graduates are trained to have a deeper understanding and meaning of public health issues not only "the causes and consequences of health problems" but "the causes of causes" and thus one received a good training in advocacy.'

institution's task easier, surveys conducted indicate that fewer than a third of our students have prolonged, reliable, high-quality internet access when they need it. On the other hand, the web remains a valuable tool for information retrieval, communication and support for our programme.

Student support

Recognising the differing demands of students' prior qualifications, we have implemented pedagogical support strategies to equip students with the academic competences required for the more sociological orientation of public health. These included integrating a substantial academic skills component into the learning materials; more stringent measures when selecting candidates that included the assessment of applicants' writing and reading skills; academic development sessions at the Summer and Winter Schools; a written handbook aimed at developing study planning capabilities, time management skills and academic reading and discourse abilities. In addition, the Postgraduate Enrolment and Throughput (PET) Programme at the University provides writing coaches for students working on mini-theses, a system that has been effective even at a distance.

Challenges

Despite these successes, the SOPH faces a number of challenges in delivering public health education.

First, the expansion of the student body places significant strain on both the existing administrative capacity and student support systems, including tutor-markers, who need more co-ordination, training and moderation of their work. In particular, the workload involved in supervising mini-theses has increased considerably over the years. Our observation has been that supervising research in distance learning calls for potentially more intensive input from supervisors. This arises almost innately from the challenge of separation between the student and supervisor in distance education, making feedback more time-consuming.

Second, notwithstanding efforts to keep costs low, most students are self-funded or funded by family, and the additional costs of travel to contact sessions prevents regular attendance.

Third, there have been the well-documented organisational challenges to the delivery of a distance learning

programme in a university originally structured around contact and residential training. The demands of the distance learner are unique, as is the learning environment required. It is often difficult to align administrative systems and, to some extent, teaching and learning activities with the time and sequence of face-to-face university programmes, resulting in a demand for alternative systems and structures. Finally, it remains a challenge to ensure that students are sufficiently able to apply new concepts and skills in their places of work given that we cannot provide supportive mentoring in the context of distance learning.

In summary, the revised programme has allowed SOPH to upscale and broaden programme delivery. Measuring the extent to which the programme's objectives have been achieved is an ongoing process but we have some indication of our progress while remaining all too aware of the challenges we face.

Conclusions

While recognising the many challenges faced in delivering this programme, our external and student evaluations and the growing demand for the programme suggest that public health education at UWC is meeting some of the perceived needs of health service practitioners and managers. It does this through a teaching mode that both matches their personal, economic and academic needs and remains responsive to students' study contexts.

In the context of the crisis of human resources for health in Africa, training programmes of health professionals in crucial public health roles must not disrupt the provision of health services. Distance education, such as that offered at the SOPH, has the potential to do this.

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'Africa bears one quarter of the world's burden of disease, yet has barely 3% of all health workers in the world. One of the less costly ways in which Africa can successfully address the current health workforce crisis is through distance learning, especially in public health. This can dramatically expand access to training while simultaneously preserving health service provision to our population.'

'Distance learning is an option that has not been widely used in Africa. It is therefore good to see the tremendous effort your SOPH has put in developing a distance learning programme for public health training in the region. I have been especially impressed by the organisation, the commitment of the staff, and the hard work clearly evident in the quality of the learning materials for your distance learning studentship.'



Students and their achievements

Most students in the Postgraduate Programme study part-time while they work. Although some choose to undertake what is regarded as a full-time study load, the School of Public Health (SOPH) discourages students who hold down jobs and have family responsibilities from registering for more than three to four modules per annum. In 2008 the majority (60%) studied with a part-time study load.

Registrations

From 2000, SOPH was able to substantially expand the numbers of students it could register, following the shift to distance learning as well as an increase in staff numbers. The average number of new students registered each year increased from ten in the first six years to 67 new students per annum thereafter.

A significant percentage of applicants are still being turned away, however, as the School is currently unable to have more than about 200 students enrolled in any year, due largely to personnel constraints.

Profile

The student profile has changed considerably over the past 14 years. While students were originally all South African, this has shifted to a multi-nation African student community, based in more than 20 African countries including Botswana, Cameroon, Djibouti, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Namibia,

Niger, Nigeria, Rwanda, Senegal, South Africa, Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. By 2008, about a third (30%) of the students were based in South Africa, while two thirds (65%) were from other African countries. A small number was from outside the African continent.

Graduates

Throughput rates (the number of students graduating and the speed with which they do this) vary considerably between programmes. From 2000-2007,

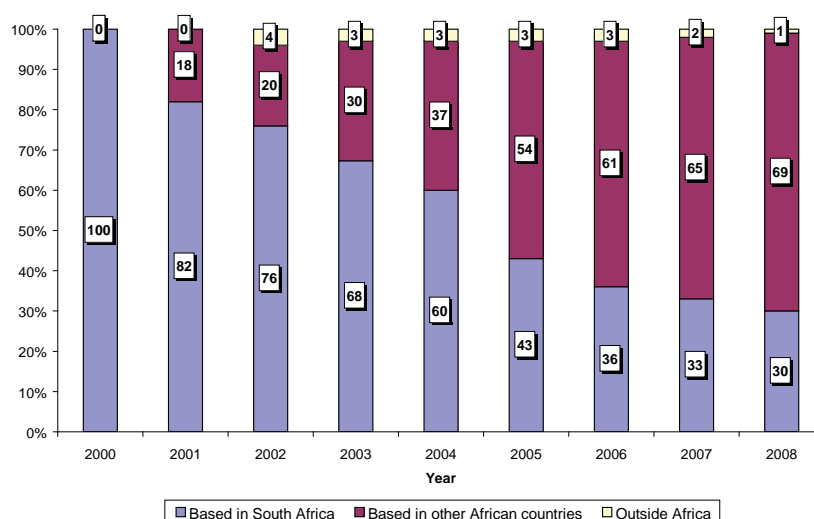
- 57% of the 234 students who could have completed the Postgraduate Certificate in Public Health had graduated;
- 72% had successfully completed the Postgraduate Diploma in Public Health [N=260], and
- 57% had completed the Masters in Public Health [N=120].

(These completion rates are calculated as a proportion of students who completed the qualifications within this time period relative to the number of registered students who could be expected to graduate in the same period. This includes those who studied full-time in 2007.)

In 2007 and 2008 a total of 76 students graduated:

- 31 with a Postgraduate Certificate in Public Health;
- 7 with a Postgraduate Diploma in Public Health;
- 38 with a Masters in Public Health.

Student profile by area of origin: 2000 - 2008



Dr Sisay Sinamo
(graduated with a Masters
in Public Health (MPH) in
2008)
Regional Nutrition
Advisor, Africa Region,
World Vision International,
Ethiopia

'My experience in the School of Public Health study has two pictures. The first one is a period of uncertainty and the second one is a period of hope.'

At the beginning of my study I was uncertain and not clear that the steps that I was making ... would definitely contribute to the point where I am now. Module guides and readers were my tutors and my supervisors were my guides, who helped me a lot in ... giving me an insight into where I am in my understanding of the subject matter (through assignments feedback and grading, the processes steps of research proposal and mini-thesis development).

This whole process was not possible without the support of what I call my guides: the supervisors and SOPH admin. Now I realise that it is a matter of support provided by the School and not the geographic locale that matters most.'

Postgraduate Diploma in Public Health - 2007 & 2008

Chihera, Calisto
Chisumpa, Vesper
Mapfumo, Lorraine
Matshaya, Vuyokazi

Olthof, Machteld
Orayn, Abraham
Uwimana, Jeannine

Postgraduate Certificate in Public Health - 2007 & 2008

Amuntenya, Kaarina
Nduuvushila
Amushila, Victoria
Azia, Ivo
Bashweka, James
Bauleth, Maria
Chunda, Nobley
Fwambo, Mercy
Gitau, Lillian
Govender, Thashlin
Gwebu, Victor
Khunga, Helen
Klemens, Otshondiri
Kooma, Emmanuel
Makapa, Eunice
Malinga, Mercy

Miruka, Frederick
Mpoko, Godwin
Mubekapi, Constance
Nalishuwa, Mumbuwa
Nambuli, Frieda
Ndumba, Idah
Ngere, Lilian
Ngoma, Sarah
Nguni, Catherine
Salomo, Thomas
Sanga, Erica
Shipanga Vistorine
Sikazwe, Bholley
Sinyangwe, Grace
Soko, White
Zungu, Lynette

Graduated with the Masters in Public Health (MPH)

2007

AKPABIO, Charles	Report on an assessment of factors associated with adherence to antiretroviral treatment in Albert Horsfall Medical Center, Abuja, Nigeria
BOULLE, Therese (cum laude)	Developing an understanding of the factors related to the effective functioning of community health committees in Nelson Mandela Bay Metropolitan Municipality, Eastern Cape Province, South Africa
CILLIERS, Liezel	Evaluating the knowledge, attitudes and beliefs about the prevention and self-treatment principles for low back pain among nursing staff in Cecilia Makiwane Hospital, East London Hospital Complex
HARA, Rosiana	Perceptions and attitudes of first year student nurses towards voluntary HIV counselling and testing at the Western Cape College of Nursing
ISAACS, Roshan	Comparison of physical activity practices and dietary habits of health club members and community controls in Khayelitsha, Cape Town

Anna Thobias

(graduated with a Masters in Public Health (MPH) in 2008)

Chief Health Programmes:
Training Support Co-ordination,
Directorate of Special Programmes, Ministry of Health and Social Services, Namibia

'Experience of doing the MPH:

- The MPH programme - relevant, comprehensive and educative
- The Winter and Summer School programmes - educative and well organised
- The administrative staff - very friendly, patient, and helpful at all times
- The lecturers - helpful, proper and adequate guidance provided but feedback process sometimes too slow
- The thesis process - too long and could have improved through consistent feedback and guidance

The programme has equipped me with adequate knowledge and skills and I am a confident MPH holder. I am proud to be associated with UWC and will recommend my friends and colleagues to study with UWC. Thank you very much for the support and guidance.'

KAVELA, Otilie	The role of men in hindering or promoting breastfeeding in Oshakati, Namibia
MATWA, Princess	Assessing the implementation of the government-funded community health worker programme in selected clinics of the Eastern Cape Province, South Africa
TAYLOR, Ogori	Affordability of medicines for patients with diabetes attending University of Nigeria Teaching Hospital (UNTH), Enugu
TEMBO, Attracta	Exploring community participation in a diarrhoea prevention programme in Kanyama, Lusaka, Zambia
TSOLEKILE, Lungiswa	Urbanisation and lifestyle changes related to non-communicable diseases: An exploration of experiences of urban residents who have relocated from the rural areas to Khayelitsha, an urban township

2008

AKOGUN, Oladele Benjamin	A study of presumptive diagnosis and home management of childhood malaria among nomadic Fulani in Demsa, Nigeria
BADAT, Akbar Yusuf	The trends and characteristics of donor funding patterns of National tuberculosis, malaria and HIV programs in Zambia
COPPARD, Dorothea	A comparison of the knowledge and attitudes of counsellors trained in the Prevention-and-Awareness-in-Schools-of-HIV/AIDS project and untrained counsellors in Tanga Region, Tanzania
DUNN, Angela	Assessment of the association between HIV-infected mothers and the mortality of children less than two years in Khayelitsha health district of the Western Cape: A case-control study
GAESEB, Johannes	Extent and reasons for substituting and switching Highly Active Antiretroviral Therapy at the Katutura Intermediate Hospital in Windhoek, Namibia
GARISES, Linda	Comparison of knowledge, attitudes and behaviour of teachers and learners regarding a school-based oral health programme in Swakopmund, Namibia
HAUFIKU, Desderius	The prevalence and factors associated with obesity among employees of Open-Cast Diamond Mine in Namibia
ILUNGA, Kasongo Kelakazola Henry	World Health Organisation recommended infant feeding options: Assessment of the challenges faced by HIV-positive mothers in Mongu district, Zambia
JACOBS, Lynette Carmen	Knowledge, attitude and practices of nursing staff regarding the baby friendly hospital initiative in non-accredited obstetric units in Cape Town
JAFTA, Zukiswa	An exploration of barriers associated with low voluntary counselling and testing uptake by adult tuberculosis patients attending primary health care clinics, Buffalo City Municipality, Eastern Cape
KANGUDIE, Didier	Clinical and immunological response of HIV/AIDS patients receiving antiretroviral therapy (ART) in Nyangana Mission Hospital in Namibia

Dr Zukiswa Jafta
(graduated with a Masters in Public Health (MPH) in 2008)
 Project Manager, East London Hospital Complex (Frere Hospital and Cecilia Makiwane Hospital), East London

'My experience in the MPH programme has been a learning experience. It has taught me the skills to critique scientific journals and has developed the side never addressed by my medical training. Funnily enough, the epidemiology was never interesting at medical school, but when I studied it here, it was so interesting as it was based on hands-on experience. Self-determination is key to your success. I delivered two of my daughters during this period ... and was appointed project manager for the ART rollout programme. It was a strenuous exercise trying to adjust to new job while finding time to concentrate on the studies. I have since assisted with ... the integration of the ART programme into other departments. With this MPH I managed to confidently engage in discussions that are able to show my expertise. This has certainly transformed me into a competent leader, with innovation.'

KOMU, Patricia	Adherence to highly active antiretroviral therapy and its major determinants among adult patients at Rundu Hospital, Namibia
KYALO, Mary Koki	The role of men in family planning: An exploration of perceptions of men towards contraceptive use by women in Marigat location, Kenya
MAGAZI, Shirley Tuwilika Ndapandula	An assessment of food security interventions for people living with HIV/AIDS on antiretroviral treatment at household level in Khomas region, Namibia
MAVUSO, Marjorie BT	Patient waiting time at an HIV clinic in a regional hospital in Swaziland
MOGOMOTSI, Goabaone Panky	Evaluation of the implementation of the World Health Organisation (WHO) treatment guidelines "Ten Steps" on the management of severe malnutrition at Mafikeng and Thusong Hospitals in the North West province of South Africa
MOMODU, Rametu Omengebe	Knowledge and practices of patent medicines vendors in the use of artemisinin combination therapy in the treatment of malaria in an urban community in Lagos
NJUNGU Mwimanenwa	Evaluation of the management of severe malnutrition in two hospitals in Namibia
NOJILANA, Beatrice	Quality of cause of natural death certification at Groote Schuur Hospital in Cape Town
NUR, Abukar Yusuf	Factors influencing delay in seeking TB treatment in Belet-Weyne District, Somalia
OLUPOT-OLUPOT, Peter	Evaluation of the antiretroviral therapy information system in Mbale Regional Referral Hospital, Uganda
PADARATH, Ashnie Pooran	The status of clinic committees in primary level clinics in three provinces in South Africa
PASS, Desiree	Evaluation of an educational intervention to improve the accuracy of health certification amongst medical interns
SINAMO (BOLTENA), Sisay	Rehabilitation outcome of children with severe acute malnutrition in Durame, Southern Ethiopia
SOGAULA, Nonzwakazi Caroline	Challenges faced by nurse-counsellors in the implementation of HIV and infant feeding policy in Amathole district, Eastern Cape
THOBIAS, Anna	Exploration of factors associated with poor adherence amongst patients receiving antiretroviral therapy at Katatura State Hospital Communicable Disease Clinic in Khomas Region in Namibia
WOLDESENBET, Selamawit (cum laude)	Infant feeding strategies and other determinants of postnatal HIV-free survival rate in South Africa: Parameter values for modelling postnatal HIV-free survival rate
ZEGEYE, Desalegn	Assessment of waiting and service times in public and private health care facilities in Gondar District, North Western Ethiopia



Selamawit Woldesenbet, who graduated cum laude, with her family.



Short courses and continuing education

The School of Public Health's 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. Begun in 1992, they have provided learning opportunities for over 9,350 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.

The courses are usually one week in duration and are delivered by the staff of the School of Public Health (SOPH) 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 they are studying. 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. Most short courses are registered with the Health Professions Council of South Africa for continuing education points.

Attendance at Winter Schools: 2007 and 2008 (registered students and course participants)

	Female	Male	Total
2007	318	156	474
2008	397	180	577

Courses offered during Winter and Summer Schools

The following courses are offered during the Winter and Summer Schools. New courses introduced in 2007 and 2008 are marked with a *.

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

- Alcohol problems: Developing multi-faceted programmes for communities living with alcohol
- Children, health and culture in Africa: Influences on children's health and well-being*
- Community involvement in health*
- Community-health worker (CHW) programmes: A strategy to improve access and equity in health care*
- Computerised district health information systems: An intermediate course
- Computerised district health information systems: An advanced course
- Counselling behaviour change using motivational interviewing
- Culture, health and illness*
- Current thinking and practice in health promotion
- Diet and disease
- Epidemiology and control of HIV/AIDS, tuberculosis and malaria in the era of antiretrovirals
- Experimental epidemiology: clinical and field trials*
- Health management
- Health promoting schools: putting vision into practice
- Health promoting settings: a partnership approach to health promotion
- Health systems research
- Health, Development and Primary Health Care
- Human resource information systems
- Maternal and child health policies and programmes*
- Measuring health and disease
- Monitoring and evaluation of primary health care programmes
- Promoting rational medicines use in the community*
- Qualitative research methods*
- Quantitative research methods
- Survey methods for health research
- Understanding and analysing health policy*
- Use of information for hospital management
- Using geographical information systems (GIS) for analysing and mapping health care issues
- Using health information for effective management: an intermediate course

Dr Richard Laing
Team Leader - Medicine
Information and Evidence for
Policy,
Department of Essential
Medicines and Pharmaceu-
tical Policies, World Health
Organisation (WHO), Geneva

'It was a pleasure for me to jointly organise the Promoting Rational Drug Use in the Community course at UWC in collaboration with the University of Amsterdam and the Royal Tropical Institute in the Netherlands – and with the UWC SOPH and School of Pharmacy. The course was well attended by participants from all over Africa and included UWC SOPH students. What I particularly appreciated was the involvement of faculty and students from other Schools on the UWC campus including Pharmacy and Anthropology.'

The dynamic created on the campus for public health reflects that Public Health is a subject involving many disciplines in a synergistic way. I found that it was one of the most stimulating environments to teach in.'

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 sometimes run for, or in collaboration with, government health departments.

Work in this area in 2007 and 2008 included the following:

- A consultative meeting held in Cape Town on 'Staffing integrated HIV services – focus on primary and community-level care'. This was funded by the International Development Research Centre (IDRC) and was attended by delegates from various African countries from NGOs and government departments (15 and 16 March 2007).
- A Health and Human Rights Seminar on 'The Right to Food' held in collaboration with the University of Stellenbosch, the University of Cape Town's Health Sciences Faculty and the Cape Peninsula University of Technology (22 March 2007).
- Three in-service training courses with paediatric staff of the Eastern Cape district hospitals on improving the management of severely malnourished children and monitoring the implementation of the activities (March, May and September 2007).
- Training course for 30 health promoters on development of support groups – in collaboration with the Provincial Government of the Western Cape (April to October 2007).
- Training course for doctors and nurses in East London, Eastern Cape on the implementation of WHO treatment guidelines for the management of severe malnutrition (June 2007).
- Two introductory short courses on 'Nutrition Information Systems in Eastern and Southern Africa' – offered in collaboration with the Department of International Health and Development of Tulane University's School of Public Health and Tropical Medicine, and sponsored by UNICEF Regional Office for East and Southern Africa (June and August, 2007).
- Training workshops on monitoring and evaluation of programmes for health workers for the National Department of Health (January to December 2008).
- A Health and Human Rights Seminar on The Right to a Safe Environment offered in collaboration with the University of Stellenbosch, the University of Cape Town's Health Sciences Faculty and the Cape Peninsula University of Technology (19 March 2008).
- Four training workshops with two newly-developed health clubs in Khayelitsha on dietary guidelines and how to prevent risk factors of chronic non-communicable diseases (March to December 2008).
- A short course on 'Promoting Rational Medicines Use in the Community' in collaboration with the World Health Organisation (WHO), the University of Amsterdam and the Royal Tropical Institute, Amsterdam during the SOPH Winter School (July 2008).
- The first Teasdale-Corti regional training programme on 'Revitalizing Health for All: Learning from Comprehensive Primary Health Care Experiences' (3–14 November 2008).

Soraya Elloker
Sub-district manager,
Mitchells Plain,
City Health,
City of Cape Town

'As a sub-district manager in Mitchells Plain I have been working with the SOPH on a few projects. The passion from Director and staff to realise Health for All comes to the forefront with all engagements. The SOPH provides Winter School and Summer School programmes which provide much needed training for primary health care staff to improve the quality of health services.'

There is a constant review of curriculum and content to ensure that the course content is appropriate and addresses the needs of communities and health workers. They work with communities on projects and thus empower communities through the experiences. It is a pleasure and honour to work with the dedicated staff of SOPH because the intentions are to work together with communities and health workers to improve health.

I wish the Director and staff of SOPH well with all its future projects.'

RESEARCH

The research of the School of Public Health (SOPH) is largely funded by grants from national and international donors and, in line with the overall focus of the School, mostly comprises projects in health policy and systems research.

There is increasing recognition – globally, in Africa and in South Africa – of the policy-implementation gap; that is the failure to translate generally strong policy frameworks into the design, implementation and successful management of appropriate services and programmes with the necessary supportive systems. Health policy and systems research attempts to identify the constraining and enabling factors in policy, management and service delivery so that appropriate measures can be taken to overcome such constraints and enhance any enabling factors. Such research also sometimes tests different approaches and interventions in ‘the field’, including actions to enhance human resource capacity.

The focus on the policy-practice interface at many different levels of health service delivery is reflected in the approaches we adopt in our projects. For example, our work in Khayelitsha in prevention of non-communicable diseases takes the form of action research, working with local community health workers. Another example is working in the field in KwaZulu-Natal where we test the feasibility of community-based VCT in rural areas. These are in contrast to our investigations into the impact of global health initiatives on national policy

development and health service delivery.

With some exceptions, our work focuses on five inter-related programme areas – HIV/AIDS, TB, maternal and child health, public health nutrition, and non-communicable diseases – and three health systems areas which cut across all programmes – namely human resource development, health information systems and health promotion. While most of our projects have a focus on one of these areas, increasingly projects cut across several of these areas.

In this report we present our research projects under four headings, namely

- HIV/AIDS and Maternal and Child Health;
- Health Promotion (including public health nutrition and non-communicable diseases);
- Health Information Systems; and
- Human Resource Development.

While some projects are undertaken by staff of the School alone, many are conducted in collaboration with local and international partners. We are particularly pleased with the increasing growth of partnerships with colleagues and institutions in Africa, which is reported on later in this report.

Much of our research would not be possible without the support of funders – and development partners. They are listed on page 39, with our sincere appreciation and thanks.



Director of new HIV Research Centre appointed

At the end of 2008, the University appointed Dr Christina Zarowsky from Ottawa, Canada as professor in the SOPH and Director of the UWC HIV Research Centre, to be opened in 2009.

A medical doctor, Christina has specialised in public health and medical anthropology. Since 2000, she has worked for the Canadian International Development Research Centre (IDRC), where she led the Research for Health Equity suite of programmes. She was the founding leader of IDRC's Governance, Equity and Health (GEH) programme initiative, which examines public health and health systems issues from a governance perspective, emphasising civic engagement, attention to power and process,

Developing human capacity in the context of HIV/AIDS

The University of the Western Cape has conducted research and training aimed at addressing the HIV/AIDS pandemic for many years. In 2008 this work was greatly strengthened when the University was awarded a multi-year Co-operative Agreement by the Centre for Disease Control and Prevention in the US Department of Health and Human Services for the period 2008 to 2012.

This Co-operative Agreement is one of four South African University Technical Assistance Projects (UTAPS) which aim at 'expanding the delivery of HIV and AIDS treatment and care, strengthening systems and improving the quality of care in the Republic of South Africa under the President's Emergency Plan for AIDS Relief (PEPFAR)'. It addresses a major challenge for the entire health system in South Africa: the need to integrate core curative and preventive activities related to HIV with existing health services and programmes. To date new health services have primarily been introduced by providing new protocols and accompanying training. Underlying health systems challenges are rarely addressed. These include clarifying roles and responsibilities, strengthening capacity and skills, ensuring supervision; building leadership, morale and motivation.

The UWC programme therefore focuses on developing approaches and interventions which will strengthen the human capacity within the South African health system, focusing specifically on managers and health, education, and community workers. The project also aims to support and consolidate the implementation of services at the primary level of care, with a particular focus on HIV and AIDS and opportunistic infections, such as tuberculosis.

Within the Co-operative Agreement, awards are made annually. The first year award for 2008 was to the amount of almost R12.1 million which is expected to increase in the following years.

The UWC programme is undertaken in collaboration with the provincial and national departments of

health, the United States Government Emergency Plan Task Force, and Health and Human Services (HHS) in South Africa.

The UWC programme

The programme is made up of 11 individual projects across three faculties and seven departments, representing a truly university-wide collaboration. It will be co-ordinated by the School of Public Health (SOPH) in the Faculty of Community and Health Sciences, with Professor David Sanders as Project Director.

The 2008 – 2009 UWC projects include the following:

- Human Resource Information System – School of Public Health
- Improving quality of community health worker programmes for delivery of HIV/AIDS services – School of Public Health
- A web resource to support TB/HIV clinicians in Southern Africa – South African National Bioinformatics Institute (SANBI)
- Web-assisted consultation service for TB/HIV diagnosis and treatment in Southern Africa – SANBI & TB / HIV Care Association
- Molecular surveillance by accurate detection of HIV-1 drug resistance mutations in patients on antiviral treatment in Southern Africa: An informatics approach – SANBI
- Provide Management and Leadership Training for New HIV Programme Managers and HR Managers at the Provincial and District Levels – School of Government
- Addressing TB/HIV through the development of health promoting schools – Department of Physiotherapy and Faculty of Education
- HIV & AIDS Prevention Through Sports Participation – Psychology Department
- Training health care providers and traditional health care practitioners on collaboration and training related to HIV/AIDS prevention and care – Anthropology & Sociology Department (& The International Center for Indigenous Phytotherapy)

and strengthening linkages between research, policy, practice, and social change. The intersections among HIV/AIDS, health systems, citizenship and social change have been a major area of focus for the GEH initiative, in which South African researchers, policy makers, practitioners and NGOs have figured prominently.

Christina's professional experience includes clinical practice in northern and rural Canada, consultancy work in international and refugee health, and teaching and research in anthropology, international development, and community mental health at McGill University and the University of Ottawa. She has degrees from the universities of Toronto (Canada), McMaster (Canada), Harvard (USA), and McGill (Canada).

The School is looking forward to welcoming Christina in mid-2009 and to further strengthening and developing HIV research, training, and advocacy work through the new Centre under her leadership.

Studies – TICIPS)

- Training Nurse Midwives in Community Based PMTCT & HIV/AIDS Prevention and Management Skills and Competencies – School of Nursing
- A web-based HIV/TB Educational Programme for South African School Learners – SANBI & Physiotherapy Department
- Building Capacity to Monitor and Evaluate HIV Care In KwaZulu-Natal – TB/HIV Care Association and School of Public Health

All of these projects will focus on the programme's overall aim: strengthening and expanding the development and implementation of comprehensive HIV and AIDS prevention, care and treatment programmes in South Africa in order to mitigate the impact of the HIV and AIDS epidemic, and specifically on human capacity development.

They will employ a variety of methodologies, such as:

- participatory development of standards, training materials and management tools to improve capacity to manage HIV and AIDS programmes;
- workshops and training programmes with a wide range of stakeholders from district to national government;
- a community-focused approach to youth prevention using sports clubs or secondary schools;
- fostering collaboration between the formal and traditional health sectors; and
- developing web-based resources to assist clinicians in the care and treatment of those infected with HIV.

This diversity of focus areas and approaches reflects the need for innovations which reach beyond the health sector and build capacity among health professionals as well as lay health personnel, traditional health practitioners, midwives, community organisations and schools. The work in the following years of the Co-operative Agreement with CDC will build on the experiences of these early projects.

Other HIV/AIDS and Maternal & Child Health projects

PROMISE/Good Start community-based infant feeding intervention study

Debra Jackson, David Sanders, Mickey Chopra, Tanya Doherty

This is a randomised cluster study which intends to assess the impact of peer education on improving exclusive breastfeeding and the impact of infant feeding practices on HIV transmission from mothers to infants. The study is being conducted in Umzimkulu and Umlazi (KwaZulu-Natal) and in Paarl (Western Cape).

Good Start health facility-based PMTCT intervention study

Harry Hausler, Debra Jackson, Jeannine Uwimana, Jenny McLoughlin

This study is assessing the impact of a capacity building intervention for clinicians and health managers on the inte-

gration of PMTCT (prevention of mother to child transmission) services with comprehensive TB/HIV/STI services and on the quality of care.

An assessment was recently concluded regarding the completeness and accuracy of registers for TB, voluntary counselling and testing (VCT), PMTCT and antiretroviral therapy (ART). The registers are used for monitoring and evaluating data to support programme quality improvement.

Antiretrovirals and sexual behaviour: A qualitative study to explore the impact of antiretroviral therapy (ART) on the sexual behaviour of people on therapy

Nikki Schaay and Jessica Rebert with Harry Hausler (TB Care Association)

The purpose of this study is to assess the impact of ARTs on



the sexual behaviour of people on therapy and to consider the implications this has for the information and support provided by health workers to those accessing ART from public health facilities.

It aims to explore the personal experiences of people living with HIV (PLHIV) specifically in relation to the impact that ART has, or might have, on their sexual relationships and behaviours. In so doing, it will document the needs of PLHIVs (both on and not on ART) in relation to reducing sexual risk behaviours and maintaining safe sexual practices which might ideally be addressed by health workers.

The research was conducted between December 2007 and February 2008 in two of the three 'Good Start' study sites – Sisonke and Umlazi, both in KwaZulu-Natal. Interviews were conducted with 40 people living with HIV, both on ART and not yet on ART, and ten health workers in the respective ARV sites. The data from these interviews are currently being analysed.

This research is funded by the South African national Department of Health.

Measuring equity in reproductive health

Debra Jackson, Lwandlekazi September

This study aims to develop a tool to measure the equity of reproductive health services. The overall aim is to develop and test a profile of instruments that can be applied internationally to appraise the extent to which health service factors or user-related factors explain variations between population sub-groups' use of reproductive health services.

South Africa will serve as the initial study site for conceptual development of this tool. Future research sites may include Turkey and Mexico. The study has involved a systematic literature review, focus groups with reproductive service users and a provincial-wide household survey examining equity in women's reproductive health needs and health service utilisation.

The work is a collaboration between the World Health Organisation (WHO) (Dr Lale Say), the Eastern Cape Department of Health, Statistics South Africa (STATSSA) and Kula Development Facilitators.

National Institute of Mental Health Project Accept

Harry Hausler

This is a randomised controlled trial of community mobilisation, mobile testing, same-day results, and post-test support for HIV in 36 communities in South Africa, Tanzania, Thailand and Zimbabwe. The outcome variables include prevalence of recent HIV infection, HIV risk behaviours, rates of HIV testing, social norms regarding HIV testing, frequency of discussions about HIV, disclosure of HIV status, HIV-related stigma, and HIV-related life events.

Novel tuberculosis prevention regimens for HIV-infected adults

Harry Hausler

This is a randomised controlled clinical trial of different regimens to prevent tuberculosis in HIV-positive adults in Soweto, Gauteng.

Good Start III: Sisonke District

Debra Jackson, Jeannine Uwimana, Tanya Doherty, Jenny McLoughlin, Weliswa Binza

This is a set of studies funded by the Centers for Disease Control and Prevention (CDC) (SA) in collaboration with the Medical Research Council (MRC) and TB/HIV Care. They include

- the facility nurse mentor project to promote integration of HIV/TB/STI and PMTCT services;
- cluster randomised trial of home-based voluntary counselling and testing (VCT); and
- action research to examine comprehensive integrated community health worker services for HIV/TB/STI and PMTCT services.

Reproductive intention in the context of HIV

Debra Jackson

This is a collaboration with the University of Missouri which aims to explore reproductive intentions and family planning in the context of HIV in rural South Africa.

Prof Dr Marleen Temmerman
Head of Department of Obstetrics
and Gynaecology, Director of the
International Centre for Repro-
ductive Health (ICRH), Faculty
of Medicine and Health Sciences,
Ghent University, Belgium

'My team of the Ghent University, the International Centre for Reproductive Health, has worked with the team of Prof Sanders of the SOPH for five years now, in the context of a reproductive health and HIV/AIDS health research network – bringing together several universities and NGOs from Europe and Southern countries. Our groups have developed research proposals, acquired funding, organised meetings and training, and found richness in this mutual interest. The SOPH at UWC is a great team of hard working, well trained, friendly, professional people with a strong community commitment. This very active and interactive collaboration has added value for all of us and for the communities we serve. I always feel at home when I am their guest and I look forward to our next meeting.'



OBITUARY

Dr Ivan Toms (11 July 1953–25 March 2008)

The School of Public Health was greatly saddened by the sudden and untimely death on 25 March 2008 of Dr Ivan Toms, Executive Director of Health in the City of Cape Town. Ivan was a treasured community health activist, colleague and friend to many of us – and a champion in ensuring that health services reached people in disadvantaged areas. This began in the 1980s, when he was instrumental in establishing the SACLA clinic in Crossroads. In the early 1990s he was national co-ordinator of the National Progressive Primary Healthcare Network, and then director of SHAWCO which runs clinics in poor areas staffed by students.

A founding member of the End Conscription Campaign, Ivan undertook a three-week hunger strike in 1985 and in 1987 was jailed for nine months for his conscientious objection against being conscripted into the South African Defence Force. One of Ivan's proudest moments was receiving the Order of the Baobab in 2006 for 'his outstanding contribution to the struggle against apartheid and sexual discrimination'.

Ivan is considered a pioneer in the advocacy of antiretroviral therapy at a time when there was opposition to their use among the country's political leadership. His integrity, leadership and energy – and his unwavering commitment to primary health care and human rights – will be deeply missed within our practice and in South Africa.



Health clubs in Khayelitsha: A model for the primary prevention of chronic non-communicable diseases

This project was started in 2002 in response to a request by residents of Khayelitsha, an urban township in Cape Town, who had noticed increasing numbers of people suffering from diabetes and hypertension. Implemented by community health workers (CHWs), the aim was to increase residents' awareness of both the risk factors as well as ways of preventing these kinds of chronic non-communicable diseases through developing a model which could be used to benefit urban township communities. CHWs were chosen to serve as change agents because of their instrumental role in the community. The process was undertaken in four stages.

The first stage comprised assessing the risk factors of the CHWs themselves. This entailed obtaining anthropometric measurements, as well as understanding the socio-cultural factors associated with body weight and body image, and the barriers to physical activity. These were collected through interviews and focus group discussions with CHWs.

The second stage involved developing and implementing a training programme for primary prevention of non-communicable diseases among CHWs.

Stage three entailed CHWs doing a situational assessment in Site C (a part of Khayelitsha) with a view to mapping available resources in the community for promoting healthy lifestyles (healthy eating and physical activity). This found that a number of factors in the area interfere with residents' adoption of healthy lifestyles. These were high unemployment rates, the availability of inexpensive unhealthy foods coupled with the limited availability of healthy foods; and crime and violence which limits peoples' ability to take exercise in the area.

The fourth stage involved the implementation of community interventions by CHWs, who acted as role models by organising fun walks within the community, staged dramas and developed songs about preventing risk factors for non-communicable diseases. They also organised diabetic awareness events where they invited community members and taught them about healthy

living for prevention of non-communicable diseases. Through these activities, people began to recognise the need for active participation, and they requested that the CHWs help to establish a health club which would allow them share experiences about their conditions and support each other when needed.

The model: Health clubs

During January 2005, the CHWs planned and developed a health club – also referred to as support groups – called Masiphakame Ngempilo yethu ('Let's stand up for our health').

Each CHW recruited five members from the area in which they worked to join the club. Baseline information was collected from each person who joined, comprising their weight, height and waist measurement, and blood pressure. In addition they were asked to complete a food frequency questionnaire. Once a month everyone tasted the food prepared during a cooking demonstration, and was given a copy of the recipes. Their levels of physical activity and measurements – as in the baseline as well as body mass index (BMI) – were also recorded by CHWs who maintained attendance lists and noted members' participation in the health club. A system was established for members needing referrals for medical check-ups and treatment.

Highlights of the project

- A sustainable community programme (Masiphakame Ngempilo yethu) which is run by CHWs was developed.
- The CHWs are currently implementing and co-ordinating the project, with the assistance of SOPH staff members who monitor their activities and anthropometric measurements.
- This initiative attracted the contribution of gym equipment by Virgin Active and the development of the first gym in this township.
- Church groups have also requested assistance with setting up support groups/health clubs for

people with non-communicable diseases in their areas. To date three support groups/health clubs have been established, in two of which the ministers' wives are actively involved in leading the groups.

- After several years, community members and the Provincial Government of the Western Cape have recognised the importance of this work by inviting SOPH to train CHWs and health promoters in the prevention of chronic non-communicable diseases.
- The Medical Research Council (MRC) has funded further research in this area.
- Training materials were developed and distributed upon request to other institutions.
- Six Masters students were involved in this programme, which developed their action research skills while supplying the programme with staff.
- A module based on this work was developed for the Postgraduate/Masters Programme on Epidemiology and Control of Non-Communicable Diseases.
- The project implemented the WHO Global Strategy for Prevention and Control of Non-Communicable Diseases.

This work is co-ordinated by Thandi Puoane and supported by Lungiswa Tsolekile and Jabulisiwe Zulu.



Koki Kyalo
(graduated with a Masters
in Public Health (MPH)
in 2008)

Nutrition Programme
Manager, Concern World-
wide, Kenya

'The MPH has made me develop an interest in health promotion programmes. Since my experience with health promotion theories and models during the course, now I feel obliged to consider the approaches while implementing health programmes where I work.

Another very useful thing is the fact that assignments are based on real life programmes – thus it becomes easy to apply while implementing programmes in the field. Interestingly, though I viewed distance option as stressful, I'm actually planning to pursue another course through the same approach as it gives me flexibility in my life and I must say I'm highly disciplined now, planning wise!'

Other Health Promotion projects

The development of health promoting secondary schools to address TB and HIV

Suraya Mohamed and other members of the Health Promoting Schools Forum

The aim of this five-year participatory action research project is to build human and organisational capacity to address TB and HIV in three high schools in a disadvantaged area in Cape Town. It aims to create an enabling and supportive environment in which the school community can prevent TB and HIV. Workshops involving learners, teachers and parents are conducted to identify and prioritise their needs as well as how issues can be addressed. Leadership camps for learners and an empowerment camp for teachers and parents are held. The project – which is funded by PEPFAR/CDC (Centre for Disease Control and Prevention) – will produce a manual on this work.

A school intervention for the primary prevention of non-communicable diseases

Thandi Puoane, Lungiswa Tsolekile

This pilot study in two schools in Khayelitsha aimed to develop a programme to promote healthy eating and increased physical activity as a means of preventing obesity in the black African community.

Improving the management of severe malnutrition in Eastern Cape district hospitals

Thandi Puoane, David Sanders, Lwandlekazi September

This study evaluates the effectiveness – in Eastern Cape district hospitals – of the World Health Organisation's (WHO) '10-steps' treatment guidelines for severe malnutrition in the management of malnourished children who are HIV-positive.

A needs assessment for identifying the priority health needs of the Clothing Industry Health Care Fund members in the Western Cape

Suraya Mohamed, Lungiswa Tsolekile, Thandi Puoane

This study was commissioned by the Clothing Industry

Health Care Fund with a view to assisting them develop a health promotion programme that would address the priority health needs of members of the fund and their families.

In addition to reviewing records to ascertain the members' socio-demographic details and the health problems that were commonly reported, the researchers conducted interviews and focus group discussions with clothing factory workers, supervisors, health personnel and other relevant stakeholders.

The causes of health problems were perceived to be related to work as well as to social circumstances, pointing to the importance of addressing both the direct and indirect causes of ill health in the workplace, given the direct impact of ill health on work performance and production. These problems can be addressed by the implementation of a comprehensive health promotion programme which includes interventions in the workplace as well as in the community.

The University of the Western Cape – University of Missouri Exchange programme

Thandi Puoane, Lungiswa Tsolekile

The aim of this project is to develop and evaluate a health behaviour intervention based on motivational interviewing for the primary prevention of non-communicable diseases in Cape Town.

Collaboration between the School of Public Health and the Department of Applied Social Studies (DASS), London Metropolitan University

Collaboration led by Ruth Stern and Lucy Alexander

A three-year collaboration funded by the British Council began in September 2008 between the School of Public Health and the Department of Applied Social Studies (DASS) at London Metropolitan University in the United Kingdom. Essentially an exchange programme, it focuses on the development of distance learning modules using the opportunity to work with DASS to update some of the MPH modules. The exchange will comprise two visits per institution per year.

Desderius Haufiku
(graduated with a Masters in
Public Health (MPH) in 2008)
Occupational health care
officer, NAMDEB Diamond
Mining Company, Namibia

'The MPH programme was an eye opener to me. It helped me to have a wide view of different health issues in my community. In particular I developed a big interest in chronic diseases of lifestyles, hence my research investigated the prevalence and risk factors associated with obesity among diamond mineworkers in Namibia. This interest in chronic diseases helped me much to be cautious in my lifestyles and now I always participate in regular exercises and consume enough fruits and vegetables – something I didn't do before I started MPH programme! In short I just want to say this programme benefited me not only by increasing my knowledge and skills in public health matters but my own health improved as well.'



Towards improving service delivery: Waiting Time and Systems Efficiency Surveys

True to the focus of the SOPH in providing public health teaching, research and service that strengthen health systems, our researchers have over the years contributed to the development of routine health information systems that inform the management and support the improved performance of health care systems.

Since 2004 we have shifted our focus towards developing large-scale routine surveys as well as programme-specific information systems with a view to these being implemented nationwide, after successful piloting. Health departments already have facility-based information systems, disease surveillance and mortality information systems at their disposal. With the addition of these large-scale routine surveys and programme-specific information systems, they 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.

The first routine survey we undertook was the Waiting Time and Systems Efficiency Survey (WTSES). This was chosen as 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 periods of time before they are attended to.

We developed a robust method of measuring how long patients waited for services and the efficiency with which those services were provided. Importantly in addition to determining where long waiting times existed, our survey method identified the reasons why these arose and suggested ways to reduce them. The survey also measured the workload of the staff, the quality of care and the percentage of time staff spent attending to patients.

The initial development and piloting of the WTSES in clinics and health centres in Cape Town was successful in that it accurately measured waiting times, at a low cost. Thereafter we successfully expanded the survey's capabilities to enable it to identify the major causes of long waiting times, using a modified methodology. After this we extended the methodology to allow for the identification of all the causes of excessive waiting times, and standardised this methodology to enable the widespread rollout of the survey.

The methodological procedures were then tested by doing surveys of all clinics and health centres in Cape Town in 2005. This proved to be highly successful in measuring waiting times and identifying the causes of

those that were excessively long. Solutions for these problems were then developed. Our success spurred replication of the survey in KwaZulu-Natal and further on to East Africa where we surveyed primary level facilities in two regions of Tanzania.

By the second half of 2007 we had all the necessary ingredients for the rollout of the WTSES: 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. We had also successfully conducted repeat surveys in a total of 125 primary level care facilities in the Western Cape and supported several others in KwaZulu-Natal. Only two things were outstanding. There was a lack of trained health workers and a desire by health managers to implement the survey routinely. It was also unclear whether the methods which were used successfully at primary level care facilities would be appropriate for larger and more complex secondary and tertiary level care facilities.

In 2008, we were asked to undertake surveys of secondary and academic/tertiary level facilities in the Western Cape. This required that the survey took into account the complexities associated with the delivery of these higher level health care services as well as the vagaries in the processes of service delivery in such sections as Trauma and Emergency units. Working with quality assurance managers of the Western Cape Department of Health and the Cape Town City Health authorities, we successfully conducted surveys in seven districts, one secondary and three tertiary-level hospitals in the Western Cape.

Insights gained

The WTSES is the quintessence of a routine large-scale survey with universal applicability across the tiers of the health care delivery system (primary, secondary and tertiary). Our experience provides evidence of a number of things:

1. Regular monitoring and evaluation of health services via large-scale routine surveys such as the WTSES is possible in health systems of developing countries.
2. Such high-benefit surveys can be undertaken using valid robust methodologies and yet be conducted at a low cost.
3. Existing human resources within health systems can be used to implement the survey in its entirety – including planning, data collection, cleaning, analysis, interpretation, presentation of results and then development of appropriate interventions based on the findings.

4. Routine surveys must have sufficient depth to assess all major contributing causes of the problem being investigated in order to devise appropriate solutions to problems/challenges uncovered.

Sustainability and rollout

Given the current tools, it is possible for every facility in South Africa and other developing countries to routinely conduct WTSES. The benefits of increasing systems efficiency and reducing waiting times allows increasing improvements in quality of services over a period of time. Because health workers undertake the survey themselves, not only is the survey conducted at a low cost, but also induces high staff morale as service provision improves and staff assume the role of researchers in their own right. However, health delivery systems will need further support in modifying particular work environments and modes of service provision. In addition further training of staff to do this is required.

Future prospects

We plan to evaluate the success of interventions undertaken to reduce waiting times at facilities and to explore the integration of the survey database with other large databases utilised by health departments such as the District Health Information System (DHIS) software. Thereafter we will embark on the development and implementation of other critically required large-scale routine surveys.

Other Health Information Systems projects

Project to Strengthen Health Information and Human Resource Management Systems in South Africa

Vera Scott, Hilton Snyder, Feroza Amien

We have worked with health service partners to develop health information management tools to assess the extent of comprehensive and integrated HIV/TB/STI services in public health facilities in urban and rural health districts. Based on the information generated, we have identified the constraints in human resources and health systems to ensuring quality and sustainability of comprehensive and integrated services. We have explored and modelled approaches that strengthen planning, leadership and management capacity including the utilisation of health information management tools.

This project is funded by the national Department of Health and the Rockefeller Foundation.

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

Elize Batiste, Hazel Bradley, Uta Lehmann, Verona Mathews, Princess Matwa, Gavin Reagon, Vera Scott, Lwandlekazi September, Abie Zogoe

The purpose of this project is to develop and strengthen health programme information systems in Cape Town and Chris Hani (Eastern Cape) districts. Its aims are to

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

The project is undertaken jointly with the Health Systems Trust (HST).





Obituary

Marius Gouws

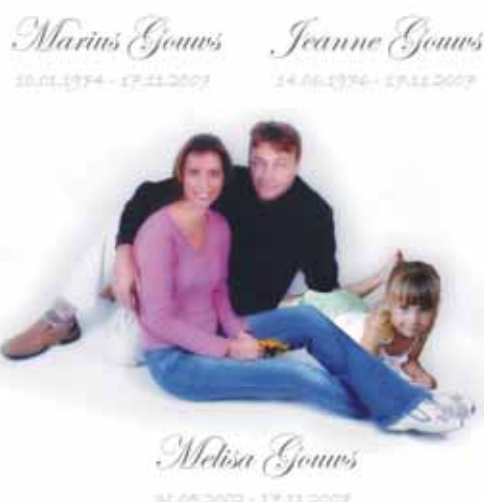
(10 January 1974 – 17 November 2007)

The School of Public Health was deeply distressed by the death in a car accident of our colleague and friend Marius Gouws, his cheerful wife Jeanne and their beautiful daughter Melisa – while grateful that their second daughter Nikita survived the accident.

Marius first joined the School of Public Health as a Masters student and then later as a lecturer. He was an excellent student and completed the degree in the unprecedented time of 18 months, a record no other student has come close to breaking. Impressed by his focused determination and ethic of hard work, we were delighted when he joined us directly after graduating.

It was a privilege to work with such a talented, insightful and academically rigorous person. Marius excelled in health information systems and rapidly became a senior member of the team. It is a testament to his self-confidence that after several years at the SOPH, he established a consultancy in Port Elizabeth – at which, predictably, he succeeded. Marius will always be remembered for his concern for his students, his patience, his clear thinking and his delightful sense of humour.

On the social occasions that we shared with Jeanne, she was exceedingly friendly and went out of her way to make sure everyone was comfortable. She was always interested in the well-being of others, and loved being amongst children. We will always remember Melisa and Nikita as the two beautiful girls, who laughed and shrieked with delight as their long hair blew in the wind while they ran and played on the grass. We are gratified that Nikita has largely recovered from her injuries and we feel sure that with the support of her grandparents, aunts, uncles and cousins, she will overcome the deep loss she has endured and prosper in life.



Understanding the role of community health workers in service delivery

The role community and mid-level health workers play in the delivery of health services in communities and clinics has been a particular focus in the School's work relating to human resources. These non-professional categories of health care providers have seen a renaissance in recent years, in response to the increasing care needs and non-availability of professional cadres.

We have conducted several comprehensive reviews of the international literature on the use and impact of mid- and community-level workers (see project summaries in this section). Our particular interests are to better understand their impact on households and communities, to identify which models of their utilisation are most successful, and to explore fundamental questions about the feasibility, efficacy and ethics of the utilisation of lay health workers in health care delivery.

In 2007 we conducted a study which explored the implementation of South Africa's new community health worker (CHW) policies, using one rural sub-district as a case study. We wanted to find out how the policy had interacted with, and impacted on, existing CHW practices, and how power dynamics had shaped policy implementation. Our interest had been sparked by previous work in the area during which we anecdotally encountered, but never systematically studied, the implementation of the new CHW policy from a health services perspective. Anecdotal evidence and observation had suggested that CHW schemes had developed in and around many primary care clinics over the years, often informally and with a wide range of governance arrangements. The new policy which stipulated that a particular number of community health workers should be appointed (and paid) per facility, thus seeking to establish uniformity, had interacted with existing arrangements in different ways. While it had been seen as an opportunity by many, it also appeared to have created considerable tension in facilities which had had accessed services from a larger number of community health workers in the past.

We conducted a qualitative study, during which we interviewed and held focus group discussions with

major role players, including provincial and district managers, facility staff, community health committee members and community health workers themselves. Study results confirmed our impression that the new policy had created substantial tension among community health workers, as many experienced workers were excluded from the new stipend scheme, while young inexperienced community health workers received stipends. Furthermore, however, the study provided a much more textured understanding of why a complex and equity-oriented policy was virtually inverted in its intention.

Study results show that tensions between role players, as well as selective communication and lack of information, led to a 'thinning down' of the policy to focus solely on the payment of stipends to community health workers. As frontline implementers at the district and community levels did not have information to understand the content and scope of the policy, their actions were shaped by what they were informed about: the need to pay stipends to selected community health workers and to have them work in specialised fields. While they did not have the power to change the rules which were set and implemented by the provincial actors, they used their knowledge of local conditions, control over this knowledge and distance from the provincial capital to shape implementation at the service level.

Information, communication, and knowledge turned out to be the most crucial elements impacting on how the policies were translated into practice. Access to information allowed the provincial actors as well as the facility managers to select which aspects of the policies they wanted to have implemented, choosing the narrowest possible interpretation of the policies. Only one actor in the implementation process, a sub-district programme manager, recognised the policies' potential for the improvement of access, equity, and quality of care and pursued it vigorously. She had had appropriate training, experience in another sub-district, and the confidence and skills to follow her goals against significant resistance. The unquestioned exercise of authoritative power by provincial authorities



left no scope for negotiation. It rendered community health workers powerless in this context, except for their ability to withdraw their services – which many of them did at the expense of coverage and access.

The study signals general concerns with policy implementation processes. As long as those in charge of policy formation do not acknowledge that ‘implementation should be regarded as an integral and continuing part of the political policy process rather than an administrative follow-on’, we are likely to

find vast divergences between policy formulation and policy outcomes. There is a need for those in charge of policy formulation to accompany the implementation process. Their activity ought to begin with a careful assessment of the status quo and possibly result in less complete (and complex) and more flexible policy documents which are suited for negotiation and learning aimed at reshaping in the implementation process.

This project was conducted by Uta Lehmann and Princess Matwa.

Other Human Resource Development projects

Development discourses: Higher education and poverty reduction in South African Universities

Uta Lehmann, Arona Dison

This project is designed to explore how university-based professional education and training might contribute to poverty reduction and human development in South Africa. There are two overall project aims:

1. To investigate the equity trajectory of higher education institutions and their role as ‘engines of reform’ in addressing the policy and practical challenges of poverty and associated human talent needs of South Africa in the 21st century, using the lens of discourses of development and professional education.
2. To make a major contribution towards policy and practice in the area of higher education and the achievement of the Millennium Development Goals (MDGs) by providing a conceptual and practical understanding of human development, and how it might be fostered through teaching and learning in professional education in universities.

The project is theoretically grounded in human development and capabilities and is developing case studies of three universities and five professional education sites. It is a collaboration between the Universities of Nottingham (project leader Prof Melanie Walker) and the universities of the Western Cape, Cape Town and Stellenbosch – and is funded by the Economic and Research Council and Department for International Development (DfID) in the UK.

Mid-level health workers. The state of the evidence on programmes, activities, costs and impact on health outcomes

Uta Lehmann

This project provided a critical review of the available evidence on evaluation of different types of mid-level health workers and highlighted policy implications and lessons learned from this evidence. Apart from a general overview of the available evidence, the review provided specific country examples. It focused on the two regions most affected by health worker shortages – Africa and South-East Asia.

Developing roles and competencies of district pharmacists: A case study from Cape Town

Hazel Bradley, Uta Lehmann

The aims of this project are to define the roles and competencies of pharmacists providing primary level services at district and sub-district levels in Cape Town; to develop a competency framework for these pharmacists; and to develop and pilot a training programme to enhance these competencies. The study is divided into three phases, with each phase taking approximately one year. Phase One – ‘Identifying roles, competencies and developing a competency framework’ – commenced in 2008.



Prof Melanie Walker
University of Nottingham.
Project Director of Development Discourses: Higher Education and Poverty Reduction in South African Universities

‘The research team’s experience of being based at Public Health has been positive and supportive at all times. For our part we are honoured to have this association with the SOPH and all it stands for in the struggles for each person’s full human dignity, to reduce poverty and to make lives go better in South Africa.’

WORKING WHERE WE LIVE: FOCUSING ON AFRICA

In its early years the SOPH's work focused primarily, albeit not solely, on research, training and service development in South Africa. However, the past five to eight years have seen an increasing focus on collaboration with other African institutions. This is in recognition of the significant challenges faced by health practitioners on the continent. In addition to a lack of human resources, they often work in very basic facilities and fragile health systems, in the context of the HIV/AIDS pandemic and other chronic illnesses which affect large numbers of people in sub-Saharan Africa in particular.

The increased focus is reflected in our student body, 70% of whom now come from African countries other than South Africa (see page 11) – in addition to which we conduct a growing number of research projects in collaboration with African colleagues and institutions.

More recently, our close collaboration with the World Health Organisation's (WHO) African regional office has resulted in the awarding of a R10 million grant to develop and implement a new Masters programme. This will focus on health workforce development – a critical issue in many African countries including South Africa – and will be presented in collaboration with colleagues from Mozambique and Rwanda (see page 4).

In this section of our report we highlight two large research projects which epitomise our regional and continental collaborations. They are both North-South, intra-Africa collaborations. The first one aims to better understand the impact which global health initiatives are having on health systems in Africa, while the second aims to renew, expand and deepen the evidence base about comprehensive primary health care.

Dr T Sundararaman
Executive Director,
National Health Systems
Resource Center, Munirka,
New Delhi, India

'The School of Public Health, University of Western Cape has clearly emerged as one of the leading public health institutions of the global south, setting an agenda of public health and public health education that is much more equity sensitive and politically contextualised to the needs of developing nations than what most conventional schools of public health have been able to provide. To us in India who work to bring back the spirit of the Alma Ata declaration to inspire and inform national public health policy, our partnership with the University of Western Cape has been a source of much learning and an opportunity to reflect on our own work. In the coming years we hope to deepen this partnership and extend it to include more like-minded institutions of the global south.'

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



In 2004 the School of Public Health (SOPH) was designated as a WHO Collaborating Centre for Research and Training in Human Resources for Health – and this status was renewed for a further four years in late 2008.

In our collaboration with WHO headquarters and the WHO regional office in Brazzaville, we will focus on contributing to the improvement of health systems performance through research, training and support in the area of health human resources, which has been identified by WHO and others as one of the most critical areas of intervention. More specifically, the Centre will:

1. build research capacity of human resource (HR) practitioners in African Ministries of Health through training courses at UWC;
2. develop and make available training materials in the areas of health human resource planning, education & training, and management;
3. analyse health worker cadres and capacities for health worker training in African countries;
4. strengthen development of human resources for health (HRH) knowledge networks in Africa through the School's HRH electronic resource centre;
5. contribute to the development of guidelines for the setting up of HR information systems; and
6. participate in the networks related to Health Workforce Development in the Region.

Jennifer Nyoni, who is the responsible officer for the SOPH WHO Collaborating Centre comments:

'I have been acquainted with the SOPH since 2001 when the School offered a short course for Human Resources for Health (HRH) managers from Anglophone countries of the WHO African region. I was further involved in the designation of the School as a WHO Collaborating Centre in 2004, focusing on research and training in Human Resource for Health Development.'

The School has been collaborating with WHO in various aspects – but regarding the HRH component, collaborative work on a number of activities has been undertaken. The MPH is attracting students within and outside South Africa, and other specific work such as the observatory, technical papers, guidelines and consultations with countries among others. The strength of the Centre, in my view, is their focus on the frontline of the health workforce at the district and community levels as well as strengthening the role of the health worker in performing their functions at various levels through increasing their knowledge and skills.'

(Jennifer Nyoni is the Technical officer/Regional Focal Point for the Human Resources for Health (HRH) management in the Division of Health Systems and Services Development within the Programme of Human Resources for Health, WHO Africa regional office, Brazzaville, Congo.)

Dr Magda Hilda Awases

Regional Adviser for Human Resources for Health, Health Systems and Services Development, World Health Regional Office for Africa, Inter-country Support Team for East and Southern Africa (IST/ESA), Harare, Zimbabwe

'I continue to be amazed at the extent and breadth of involvement of all staff in human resource development. The success of the SOPH in undertaking its activities related to human resources for health has surpassed my expectations since the SOPH's designation as a WHO Collaborating Centre. Given that I am now reassigned to the WHO country-support team for East and Southern Africa, I look forward to working more closely with the SOPH.'

Revitalizing *Health for All*: Learning from comprehensive primary health care experiences

It is 30 years since the principles of comprehensive primary health care were codified in the Alma Ata Declaration in 1978 – and, until very recently, there has been little systematic documenting of practices or lessons learned. It is in this context – and of the WHO's 2008 World Health Report 'Now More Than Ever' – that a unique partnership of researchers, policy makers and practitioners from low, middle and high income countries intends to renew, expand and deepen the evidence base about comprehensive primary health care (CPHC).

The Revitalizing Health for All: Learning from Comprehensive Primary Health Care Experiences (RHFA) initiative is based on the understanding that CPHC, holds the greatest potential for health systems to assist in redressing today's most critical health/development issues.

The project's funding, objectives and activities

The project is funded by the Teasdale-Corti Global Health Research Partnership Program, which is a new and innovative collaborative health research programme developed by the Canadian Global Health Research Initiative. The project is jointly facilitated by Prof David Sanders of the School of Public Health (SOPH) and Prof Ron Labonté from the Institute of Population Health, University of Ottawa, Canada – in close collaboration with a project team comprised of representatives from ten other academic and civil society institutions.

From 2008 to 2010 the key project activities will include:

- the compilation of the existing evidence base on CPHC globally and the development of a sound and defensible framework for analysing this evidence;
- the identification of areas for new research studies on CPHC and the methodologies and methods most suitable to such research;

- the provision of a unique 'research-in-action' training programme that partners new health researchers with mentors and research users to undertake CPHC-related studies in Africa, Latin America, India and South Asia and within Aboriginal communities in Canada, Australia and New Zealand; and
- the facilitation of a global meeting to present the results of the various research studies and to reflect on the extent to which this initiative has managed to produce knowledge that informs policy, management, and practice in CPHC.

The partnerships involved in the project

Apart from renewing the evidence base for CPHC, RHFA aims to build regional and global networks of both researchers and policy makers, using research knowledge as a tool for advancing and revitalizing CPHC. Existing networks that will facilitate such dialogue and networking include the People's Health Movement (PHM) and the International People's Health University, a project of PHM, and a range of partners at a regional level. In relation to the latter, the RHFA project has partnered with:

- the Society for Community Health Awareness, Research and Action (SOCHARA), India for the South Asia region;
- the Universidad de El Salvador, El Salvador; the Universidad Javeriana, Colombia and Radboud University of Nijmegen in Holland for the Latin American region; and
- the Indigenous Peoples' Health Research Centre, Canada, the Co-operative Research Centre for Aboriginal Health and the Department of Public Health at Flinders University and the South Australian Community Health Research Unit, Australia for the project's focus on indigenous/aboriginal health.

The SOPH facilitates the RHFA project activities in the African region.

Prof Ronald Labonté
Canada Research Chair,
Globalization/Health
Equity and Professor,
Faculty of Medicine,
Institute of Population
Health, University of
Ottawa, Canada

'In 2008, the World Health Organisation released two important reports: 'Closing the Gap in a Generation', which identified the key social determinants of health, and 'Primary Health Care: Now More Than Ever', which built on the momentum for a revitalization of primary health care around the world. The vision of our Teasdale-Corti project, and of those teams participating in it, brings the ideas of these two reports into a single focus: since primary health care is where health services, and those who provide them, meet the determinants of health. It is equity-oriented, activist and policy-engaged. Over 20 teams from around the world are now working to create new knowledge about how a comprehensive vision of primary health care can work better in peoples' daily lives.'

Recent capacity building and research funding activities

In early 2008 nearly 90 teams from across the world responded to the project's call for expressions of interest (EOIs) in conducting new research related to CPHC and to participate in the project's three-year 'research-in-action' training programme. From these, 21 teams were selected and invited to participate in regional training programmes in four regions of the world. Here triads (each comprising of a researcher, research user and mentor) were provided with the necessary technical support and a rare opportunity to sit together (without the distractions of their regular organisational activities and commitments) and develop their EOIs into research protocols.

The Alliance for Health Policy and Systems Research (AHPSR), an international collaboration based in the World Health Organisation (WHO) in Geneva, provided additional funding support for the RHFA regional training events.

In the African region, Prof Fran Baum from Flinders University co-facilitated the training programme with Prof David Sanders and Ms Nikki Schaay of the SOPH. Given the project's association with the People's Health Movement (PHM), the RHFA and PHM co-hosted the African launch of The Global Health Watch 2 in November 2008 – an event which coincided with the RHFA training programme and at which the

South African Deputy Minister of Health, Dr Molefi Sefularo, was also a guest speaker.

Six research teams from Ethiopia, Kenya, the Democratic Republic of Congo and South Africa will embark on their research initiatives in 2009. These range from evaluating the effectiveness of community participation in improving the district health system, to identifying the contributions made by community-based workers in improving the public's access to health services.

It is hoped that the project, through these and the other regional research activities, will facilitate the sharing of, and comparisons between, CPHC programmes across a range of different countries – and in so doing, advance its implementation in the current political and health context.

Information and newsletters about the project can be accessed through www.globalhealthequity.ca/projects/proj_revitalizing/index.shtml

Reference

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Comments from
course participants
who attended the
Revitalization
of Health for All
African regional
training programme
(Teasdale-Corti)

'We thought that everyone understood CPHC – but we now realise it means different things to different people and that in different countries it's at different stages in development.'
'The course made us understand what CPHC is – and we did not realise we were contributing to one goal. The idea of contributing to a single, larger goal is important.'
'The discussions and presentations clearly highlighted gaps between CPHC theory and what health providers do in practice.'
'Our research is always difficult with all the different players. I learned through this programme that we really need to discuss things before starting. The course gave me a wonderful and rare opportunity to adequately plan for a project and consider implementation before collecting the data.'
'It managed to make everyone understand CPHC, evidenced by the changes of research protocols over the two weeks.'
'Bringing together mentors, researchers and the research users make for effective research which is implementable.'

Global health initiatives in Africa: Experiences of five African countries

Over the past fifteen years, global health initiatives (GHIs) have emerged as an alternative to traditional bilateral and multilateral development funding for health. Almost all funding from these initiatives is directed towards HIV/AIDS, TB and malaria – such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the President's Emergency Plan for AIDS Relief (PEPFAR) and the World Bank's Multi-country AIDS Programme (MAP). Almost two thirds of all HIV/AIDS funding globally now comes from GHIs, injecting large financial resources into low- and middle-income countries.

Proponents of GHIs see them as efficient responses to global public health threats, yet little is known about their impact on health systems in recipient countries. Previous studies on GHIs have mainly focused on the national level. However, it is at district and community levels that the strengths, weaknesses and added value of the various GHIs need to be assessed. Where health workers are in short supply, GHI-supported activities may overburden capacity. They may affect the skills, motivation and distribution of health workers, and shift health workers away from non-focal disease programmes or functions. The development and implementation of GHI-supported activities also affects planning and policy-making processes, as well as broader patterns of health system funding in recipient countries.

GHIs in South Africa

Although South Africa differs from most African countries in that donor funds are small in relation to the national health budget, certain programmes (notably HIV/AIDS, TB and malaria) are significantly reliant on such funding. There are five large GHIs in South Africa: Roll Back Malaria, the Stop TB Partnership, GFATM, the Global Alliance for Improved Nutrition (GAIN), and PEPFAR. HIV/AIDS attracts most external funding in the country, with GFATM and PEPFAR being the largest contributors. GHI funding has supported the rapid expansion of HIV/AIDS programmes in South Africa and broadened stakeholder involvement at global and country levels. Increased access to antiretroviral (ARV) medicines – in which GHIs have played an important role – has improved health status and quality of life for people living with HIV and AIDS. The less obvious effects of such funding on the health system are, however, not precisely known.

In 2006 the School of Public Health (SOPH) began collecting and reviewing evidence on the impact of GHIs in South Africa, as part of a multi-country, four-year EU-funded INCO-DEV (International Co-operation with Developing Countries) research project. The

study aims to assess how the rise of GHIs has impacted on the architecture of development partnerships and health systems at national, provincial, district and sub-district levels in five African countries – namely Angola, Lesotho, Mozambique and South Africa. As such, it entails collaboration between research institutions in each of these countries, and includes support from three European institutions in Ireland, Belgium and Portugal.

Data collection at national level in South Africa, undertaken in collaboration with the University of Pretoria, began in 2008 and is ongoing. In-depth individual interviews with key informants and document analysis are analysed using an iterative and analytical design.

The study has completed a review of existing literature on GHIs in South Africa and a draft literature review on donor harmonisation initiatives in South Africa. There is a notable lack of information in the public domain on these topics, and both documents will be updated over the lifespan of the project as new information becomes available.

Research process and methods

The SOPH also leads the development of district level tools for the INCO-DEV countries. These research tools have been designed with all research partners, for piloting in 2009.

The final outputs of this study at the end of 2010 will provide a comprehensive overview of how GHI funding has interacted with African health systems and identify lessons that can be useful in efficiently integrating new GHIs within existing partnerships and country systems.

Research Teams

South Africa: David Sanders, Thubelihle Mathole, Uta Lehmann, Annie Parsons, University of Western Cape and Eric Buch, University of Pretoria (Scientific Co-ordinator)

Angola: Centro de Estudos Avançados em Educação e Formação Médica

Mozambique: Universidade Eduardo Mondlane

Lesotho: University of Lesotho; Royal College of Surgeons (Ireland)

Ireland: Royal College of Surgeons

Belgium: Institute of Tropical Medicine, Antwerp

Portugal: Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa



ACADEMIC LINKS, PARTNERS & FUNDERS

External academic links and partners

In South Africa:

Centre for AIDS Development, Research and Evaluation (CADRE)
Centre for Health Policy, University of the Witwatersrand (WITS)
City Health Directorate, City of Cape Town
Department of Anthropology and Development, University of Johannesburg (UJ)
Faculty of Health Sciences, Walter Sisulu University
Health Systems Trust (HST)
Human Sciences Research Council (HSRC), Durban
Kula Development Facilitators
Medical Research Council (MRC)
Metro District Health Services (MDHS), Cape Town
National Department of Health
Nelson Mandela Medical School, University of KwaZulu-Natal (UKZN)
Perinatal HIV Research Unit (PHRU), University of the Witwatersrand (WITS)
Proteus Initiative
Provincial departments of health: Western Cape, Eastern Cape, KwaZulu-Natal, North West, Limpopo
School of Child and Adolescent Health, University of Cape Town (UCT)
School of Health Systems and Public Health, University of Pretoria (UP)
School of Public Health and Family Medicine, University of Cape Town (UCT)
South African Municipal Workers' Union (SAMWU)
Statistics South Africa (STATSSA)

Beyond South Africa:

Alliance for Health Policy & Systems Research, World Health Organisation (WHO)
The Atlantic Philanthropies, USA
Bloomberg School of Public Health, Johns Hopkins University, USA
Centre for International Health, University of Bergen, Norway
Centre Muraz, Burkina Faso
Charles University, Prague, Czech Republic
Chiang Mai University, Thailand
Community Working Group on Health (CWGH), Zimbabwe
The Co-operative Research Centre for Aboriginal Health, Australia
Cornell University, USA
Department of Public Health, Mekelle University, Ethiopia

Duke University Medical Center, North Carolina, USA
Eduardo Mondlane University, Mozambique
Department of Public Health, Flinders University, South Australia
Faculty of Medicine, University of Burundi
Fred Hutchinson Cancer Research Center, USA
Global Equity Gauge Alliance (GEGA)
Great Lakes University of Kisumu (GLUK) & Tropical Institute of Community Health and Development (TICH) in Africa, Kenya
Harvard School of Public Health, USA
HEAL Africa, Democratic Republic of Congo
The Indigenous Peoples' Health Research Centre, Canada
Institute of Population Health, University of Ottawa, Canada
International Maternal and Child Health (IMCH), Women's and Children's Health, Uppsala University, Sweden
Leeds Metropolitan University, UK
Liverpool School of Tropical Medicine, UK
London Metropolitan University, UK
London School of Hygiene and Tropical Medicine, UK
Makerere University, Uganda
McMaster University, Canada
Ministry of Health, Tanzania
Muhimbili University College of Health Sciences, Tanzania
National Institute for Medical Research, Tanzania
Partners in Health, Boston, USA
People's Health Movement & the International People's Health University
Public Health Faculty, Jimma University, Ethiopia
Radboud University, Nijmegen, Holland
The Society for Community Health Awareness, Research and Action (SOCHARA), India
Tulane School of Public Health and Tropical Medicine, USA
The Universidad de El Salvador, El Salvador
The Universidad Javeriana, Colombia
University of California at Los Angeles (UCLA), USA
University of California at San Francisco (UCSF), USA
University of Mississippi, USA
University of Missouri, USA
University of Oslo, Norway
University of Zambia
University of Zimbabwe
VLIR (Flemish Inter-Universities Council), Belgium
World Health Organisation (WHO/AFRO), Brazzaville, Congo
World Health Organisation (WHO), Geneva, Switzerland

Funders

In South Africa:

City of Cape Town
Cape Clothing Industry Health Care Fund
Health Systems Trust (HST)
Medical Research Council (MRC)
National Research Foundation (NRF)
National Department of Health
Provincial Government of the Western Cape (PGWC)
Sugar Association

Beyond South Africa:

The Atlantic Philanthropies, USA
British Council
Equinet, Zimbabwe
European Commission (EC)
European Union (EU)
Hamilton Health Sciences Corporation, Canada
Harvard Medical School/WHO, USA
International Development Research Centre (IDRC), Canada
National Institute of Mental Health (NIMH), USA
Norwegian Agency for Development Co-operation (NORAD)
Norwegian University Council
Rockefeller Brothers Fund, USA
Rockefeller Foundation, USA
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, Canada
US Centers for Disease Control and Prevention (CDC), USA
United Nations Children's Fund (UNICEF)
United States Agency for International Development (USAID)
University of Nottingham/Economic and Social Research Council, UK
Vlaamse Interuniversitaire Raad (VLIR), Belgium
World Health Organisation (WHO)/AFRO, Brazzaville, Congo
World Health Organisation (WHO)

Selected 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 commenced in 2007, is 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 was awarded to the School in 2007, 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 of the School and the University of Ottawa 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 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. In addition, the School, also in part-

nership 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 two grants of altogether \$144,000 from Rockefeller Brothers Fund for the period October 2005 to September 2008 to improve access to social grants and services for children affected by HIV/AIDS.

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 was completed in 2007.

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. This project was completed in 2007.

A three-year grant of R6.5 million from The Atlantic Philanthropies contributed to strengthening primary health care services in South Africa through the development and improved use of health programme information systems. This project was undertaken in partnership with Health Systems Trust (HST) and was completed in 2007.

A three-year grant of €68,200 was 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 was completed in 2007.

In April 2008 the University of the Western Cape was awarded a large five-year co-operative agreement through the US Department of Health and Human Services Centers for Disease Control and Prevention (CDC) – with funding of R12.1 million for first year. This is one of four South African University Technical Assistance Projects (UTAP) aimed at expanding the delivery of HIV and AIDS treatment and care, strengthening systems and improving the quality of care in the Republic of South Africa under the President's Emergency Plan for AIDS Relief (PEPFAR). UWC will work in collaboration with Provincial and National Departments of Health, the US Government Emergency Plan task force, and HHS in South Africa to improve the quality of care provided to individuals affected and infected with HIV and AIDS. This programme includes 11 individual projects, providing a breadth of coverage across spectrums of HIV and AIDS services and target populations. The projects span three faculties and seven departments, representing a true university-wide collaboration. The programme will be co-ordinated by the SOPH.

In late 2008 the World Health Organisation (WHO) awarded a grant of R10 million to the SOPH for the development and implementation of Masters Degree Programme with a focus on Health Workforce Development. The School will work in collaboration with the Community Health Department at the University of Eduardo Mondlane in Mozambique and the School of Public Health at the National University of Rwanda. The programme will focus on developing a curriculum and study materials in English, French and Portuguese, and on exploring innovative teaching methods, in particular the use of mentors and practice-based teaching in distance-based public health training. This programme will be launched in mid-2009.

DISTINGUISHED VISITORS

During 2007 and 2008 the School of Public Health (SOPH) hosted a number of distinguished visitors who gave public lectures attended by academics and health personnel in Cape Town.

Dr Richard Laing, Medical Officer, Department of Medicines Policy and Standards, WHO, Geneva, Switzerland. Visited the SOPH in August 2007 where he met staff of the School and of the School of Pharmacy at UWC and visited pharmacists working at the Woodstock office of the Metro District Health Services, and local primary health care pharmacies. Presented a public lecture on 'Adherence to ARVs' (29 August 2007).

Prof Ruairí Brugha, a clinical public health and policy specialist, is Head of the Department of Epidemiology and Public Health, RCSI (Royal College of Surgeons in Ireland) Medical School, Dublin, Ireland. Presented a public lecture on 'The Evolution and Impact of Global Health Initiatives/Global Public Private Partnerships: Current evidence from international research' (28 February 2008).

Prof Anita Hardon, Professor in Anthropology of Care and Health, and Director of AIDS Research Programs at the University of Amsterdam, The Netherlands. Led an international team – from the University of Amsterdam and the Royal Tropical Institute, The Netherlands; the World Health Organisation (WHO); Healthlink; and the University of Oslo, Norway – in presenting the 5th International Training Course in Promoting Rational Medicines Use in the Community at SOPH's Winter School (29 June–11 July 2008).

Prof Melanie Walker, Professor of Higher Education in the School of Education at the University of Nottingham, United Kingdom. Presented a public lecture on 'Higher Education and Capability Expansion for Pro-Poor Professional Education' (21 August 2008).

Prof Gavin Mooney, Professor of Health Economics and Director of the Social and Public Health Economics Research (SPHERE) Group, Curtin University in Perth, Australia. Presented a public lecture on 'Neo-liberal Globalisation and Ill-Health: A communitarian solution?' (25 August 2008).

Dr David Werner presented a public lecture on 'Struggle for Health in Rural Mexico' (13 March 2007). He is the renowned author of 'Where There Is No Doctor' and co-authored 'Questioning the Solution: The politics of primary health care and child survival' with David Sanders. He has spent the last 30 years working to help poor farming families in the mountains of western Mexico to protect their health and rights and has contributed significantly to the development of People's Health Movement. David Werner is the director of HealthWrights in California. Of his link with the SOPH he says

'It has been my privilege over the last two decades to have been able to occasionally visit the School of Public Health of the University of the Western Cape and to take part, if peripherally, in some of its unique and groundbreaking activities. Unlike so many schools of public health that look at human beings and their ills like bugs under a microscope, UWC's SOPH takes a far more humane and "connected" approach. It looks at people's well-being in terms of social justice, basic rights, and the underlying man-made determinants of health – which, to a large extent, have to do with the inequitable distribution of wealth and power. SOPH's change-oriented, often participatory approach extends all the way from family dynamics and community organisation to national politics and global economics. Even in its most objective research at the local level, SOPH keeps the larger picture in focus; the fact that all of us are vitally interconnected. Every person – and every interlinking element in the natural web of life of which we are part – has fundamental rights and a basic dignity that we must collectively honor if we are to create a lasting and healthy society.'

SOPH recognises that in the larger scheme of things, it's either health for all or health for no-one!'

STAFF OF THE SCHOOL OF PUBLIC HEALTH

The work and success of the School of Public Health (SOPH) relies entirely on its large number of enthusiastic and committed staff. Since 2006 we have had a stable complement of 11 permanent academic and 3 permanent administrative positions. In addition, 34 staff and PhD students have been part of the School in contract positions on projects funded by external donors. A number of them have been with the School for many years and are considered part of its foundation.

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 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

(Left the SOPH in September 2007)

Harry Hausler is a family physician and preventive medicine specialist focusing on international health. He has worked with the World Health Organisation (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)

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)

Uta Lehmann joined the SOPH in 1999. Having 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. She has worked extensively with the World Health Organisation (WHO) and was a member of the Rockefeller-funded Joint Learning Initiative on health human resources. Uta has a background in social sciences and a PhD in social history.

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

Thandi Puoane has extensive experience in nursing, research, nutrition and chronic diseases. Her main research areas include improving the hospital management of severe malnutrition and prevention of risk factors for non-communicable diseases among peri-urban women using a participatory action research approach. She has worked with several provincial departments of health developing programmes and establishing monitoring and evaluation systems to improve the programme implementation.

Senior Lecturers

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

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.



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

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 teaches health promotion and her research interests include community-based prevention and treatment of chronic conditions and pharmaceutical information systems. Her current research is in district level pharmaceutical human resources. Hazel co-ordinates the Postgraduate Diploma – and was promoted to senior lecturer in 2007.

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

Suraya Mohamed has worked as a radiographer in various state and private hospitals. She is involved with health promotion and health promoting schools, as well the Sensible Drinking Project. Suraya co-ordinates the Certificate-level programme.

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

Lungiswa Tsolekile is a dietitian and is currently registered to do a PhD. She has been involved in chronic poverty research and her research areas include childhood obesity and risk factors for non-communicable diseases. She has been working with urban women in promoting healthy lifestyles for prevention of chronic diseases.

Dr Brian van Wyk, BSc (Hons) (Stellenbosch), MSc Psychology (Stellenbosch), DPhil (Stellenbosch)

Brian van Wyk is a social psychologist with a passion for research methods. Prior to joining SOPH in January 2006, he was a chief researcher in the Social Aspects of HIV/AIDS and Health research programme at the Human Sciences Research Council (HSRC). He trained in health systems research at the South African

Medical Research Council (MRC), and his research interests are in human resource management and socio-behavioural aspects of health, particularly on adherence behaviours and community-based interventions. In 2006, Brian was a Fogarty post-doctoral trainee at Columbia University's Mailman School of Public Health in New York. Among other things, he co-ordinates the School's MPH Programme.

Senior Researchers**Dr Zogoe Herve-Brice Abie, MD (Côte d'Ivoire), MPH (UCT), DHM (UCT)**

(Left the SOPH May 2008)

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)

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 co-ordinates the SOPH's Postgraduate Programme.

Dr Arona Dison, MA (Rhodes), DPhil (UWC)

Arona Dison is a senior researcher with an interest in professional education and poverty reduction, and research capacity development. She is working on a project on the contribution of professional education at universities to poverty reduction in South Africa. The project is being conducted in partnership with Nottingham University.

Dr Tanya Doherty, B Nursing, MSc, MPH, PhD

Tanya Doherty has qualifications in Nursing and Public Health. Since 2002 she has been undertaking research on the PMTCT (prevention of mother to child transmission of HIV) programme in South Africa. Between 2005–2008 Tanya was one of the principal investigators of a community randomised trial assessing the impact of peer support on exclusive infant feeding practices. Her public health and research interests are community randomised trials, maternal and child health,



nutrition and HIV. Tanya has a part-time appointment with the SOPH.

Mr Ehi Igumbor, BSc Hons (UZ), MPH (UNIVEN)

(Joined the SOPH in January 2007)

Before joining the SOPH as a senior researcher, Ehi Igumbor had lectured at both undergraduate and postgraduate levels at a number of universities in South Africa. He has published in the areas of burden of disease analyses, epidemiological studies of chronic diseases, educational theories, work-related health conditions and health systems research and has been a reviewer for the National Research Foundation (NRF), Medical Research Council (MRC) and a number of national and international scientific journals on epidemiology and public health.

Dr Thubelihle Mathole, BSc Hons (UZ), MPA (UZ), PhD (Uppsala, Sweden)

(Joined the SOPH in February 2008)

Thuba Mathole has wide experience in research, training and programme planning and management. Her areas of interest are international/global health, monitoring and evaluation, human resource management, HIV/AIDS, and maternal and child health.

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

Nikki Schaay has worked in the field of HIV/AIDS since 1991 during which time she managed local non-governmental HIV/AIDS projects and then directed a national project focused on developing HIV/AIDS policy for government. Her work on a schools project on gender-based violence formed the basis for her MPH thesis. Having worked at the SOPH previously (1998–2000), Nikki re-joined the SOPH in 2004 and works in health promotion.

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)

Ruth Stern has extensive experience in health promo-

tion, as a practitioner, a co-ordinator of collaborative initiatives including a WHO Healthy Cities Initiative in the United Kingdom and the Cape Town Equity Gauge. This practical experience has informed her academic work – including her doctoral research which explored community participation in healthy cities partnerships, her project work and teaching at SOPH, where she has worked since 2002 in a full-time and now part-time capacity.

Researchers

Dr Feroza Amien, BChD (UWC), MChD (Community Dentistry) (UWC)

(Joined the SOPH in February 2008)

Feroza Amien is a qualified dentist and a specialist in Community Dentistry. In February 2008 she joined the SOPH in a research capacity as part of the HIV/TB/STI project. Her current research interests are in integrated health care, with a specific focus on HIV/TB/STI, as well as conducting health information audits.

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

(Left the SOPH in June 2007)

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

Mr Fred Koopman, BA HDE, MPH (UWC)

(Left the SOPH in August 2008)

Fred Koopman has a teaching background and, prior to joining SOPH, worked in the Health Promotion Research Unit at the Medical Research Council (MRC) as project co-ordinator of various community- and



school-based projects. He also worked in the MRC's Alcohol and Drug Abuse Research Unit as an intern while studying towards the MPH degree. At SOPH, he was part of the Waiting and Service Times research team.

Ms Nandipha Matshanda, B Soc Sc (UCT)

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)

(Left the SOPH in December 2008)

Princess Matwa was a professional nurse for 13 years before joining the Medical Research Council (MRC) where she undertook 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. She graduated with an MPH in 2007.

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

(Left the SOPH in September 2007)

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

Ms Jenny McLoughlin

Jenny McLoughlin is a professional nurse who has run the HIV/AIDS clinic at Kokstad. She has joined UWC and TB/HIV Care team in Sisonke district to improve the quality of TB and HIV services in the district.

Ms Gugu Nzimande, CIS (Natal Technikon)

(Left the SOPH in October 2007)

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 Jessica Rebert, BA (Pitzer College, U.S.), MSc (London)

(Joined the SOPH in July 2008)

Jessica Rebert's educational background is in Sociology

and Public Health in Developing Countries. Before joining the SOPH as a researcher and project assistant, she worked with various NGOs who work with youth and HIV/AIDS in Latin America. Her interests include nutrition, HIV/AIDS, food security and maternal and child health.

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)

(Left the SOPH in March 2008)

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 has been based in the Eastern Cape, co-ordinating activities to improve the hospital management of severely malnourished children and the development of information systems. She is currently enrolled for an MPH with the SOPH.

Ms Jabulisiwe Zulu, B Cur (Zululand), Certificate of Public Health (UWC)

(Left the SOPH in July 2008)

Jabulisiwe Zulu is a trained midwife and has 11 years' experience in maternity, surgical and orthopaedic wards. Following a period as a researcher at the Medical Research Council (MRC), she joined the SOPH and is involved in projects investigating nurses' workloads 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. Marlene Petersen joined the SOPH in 1998. She heads the Administration of the School and her responsibilities include office management, Summer and Winter Schools and the financial administration of projects.

Mr Melvin Adams, Administrative Assistant. Melvin Adams joined SOPH in 2002 as support for the administrative office and academics, after working for Nampak for 19 years. He assists with Summer and Winter School as a driver and provides technical support to staff.



Ms Bridget Basson, B Admin (UWC). *Administrative Assistant.* Bridget Basson joined the SOPH in 2000. She provides support to a range of staff, and is involved in the co-ordination of the Summer and Winter Schools.

Ms Corinne Carolissen, ND Exec Sec & NHPSE (Peninsula Tech). *Senior Student Administrator.* Corinne Carolissen joined the SOPH in 2001, following eight years' experience in the non-governmental sector. She administers the Masters Programme (including the co-ordination of thesis administration), assists with the Winter and Summer Schools, and provides support to a range of staff and students.

Ms Teresa de Lima, Financial Administrator. Before joining the SOPH in May 2004, Teresa worked at the SA Reserve Bank for 16 years, the Independent Development Trust (IDT) and the European Parliamentarians for Africa. She is responsible for the financial administration of the School which includes the management of all project funds.

Ms Carnita Ernest, BA Hons (UCT). *Co-ordinator, Project Management Unit.* (Joined the SOPH in January 2008) Carnita Ernest has brought to the SOPH many years of experience in research, training and project management within the NGO sector in South Africa. She has a background in community psychology and is responsible for co-ordinating the projects and grants of the SOPH.

Ms Janine Kader, Student Administrator, Postgraduate Programme. Janine Kader joined the SOPH in February 2002; she co-ordinates the administration for Postgraduate Certificate students who are completing their qualification, as well as the MPH. She also assists with the Winter and Summer Schools, and provides support to a range of staff and students.

Ms Lynette Martin, Secretary to the Director of SOPH. Lynette Martin joined the SOPH in 1994. In addition to assisting the Director, she provides secretarial support to other members of academic staff, and assists with the Summer and Winter Schools and various SOPH academic matters.

Ms Tabisa Nomganga, ND Travel and Tourism (Natal Tech). *Receptionist.* Tabisa Nomganga joined SOPH in April 2005, having started her career at Tupperware and Truworths. In addition to working at reception,

she provides support in the marketing and organising of Summer and Winter Schools. She is currently engaged in a BA qualification at UWC.

Ms Elizabeth Schutter, Student Administrator, Postgraduate Programme. (Joined the SOPH in June 2007; left SOPH in May 2008). Elizabeth has a Secretarial Diploma and 21 years of experience in the NGO sector working for church, adult education and gender organisations. As one of the student administrators, she assisted with the Postgraduate Programme and at Summer and Winter Schools.

Mr Hilton Snyder, Research assistant. Hilton started at SOPH as a student assistant during the Winter School of 2006. He then moved to student administration before being employed as Dr Vera Scott's research assistant in May 2007. He is currently completing his BSc in Decision Science through the University of South Africa (UNISA).

Ms Natasha Titus, Research/Project Assistant. Natasha joined the SOPH in January 2005. She has Secretarial/PA and Microsoft Systems Support Engineer qualifications. As a project administrator Natasha is working on routine health information systems. She supervises research assistants and fieldworkers and has also managed several surveys. She is involved in database software development and quality testing and contributes to training and support.

PhD students with scholarships in the SOPH

Ms Jeannine Uwimana, BSc Physiotherapy (Rwanda), MSc Physiotherapy PT (UWC), PG Dip Public Health (UWC), P Cert ICH (Oslo).

Jeannine Uwimana has been involved in many HIV/AIDS programmes in Rwanda. From 2002, she co-ordinated an HIV/AIDS programme at Kigali Institute of Science and Technology, after which she joined the School of Public Health at the National University of Rwanda as a lecturer. Jeannine's area of research is developing mechanisms for enhancing integration of TB/HIV collaborative activities and community participation in TB and HIV/AIDS programmes at primary care level. Her interests also include case management for neuromuscular conditions in HIV/AIDS patients and rehabilitation. She has been at the SOPH since August 2006 and is currently a Sisonke site co-ordinator for the TB/HIV integration project.



Mr Wondwossen T Lerebo, BEd (Ethiopia), MSc Population Studies & Demography (UWC).

Wondwossen Lerebo is a demographer (applied statistician) and joined the SOPH as a PhD student and part-time lecturer and researcher in late 2007. Prior to this, he was a teacher and occupational safety and health inspector in Ethiopia. His current research interests include demographic and socio-economic factors associated with the uptake of voluntary counselling and testing (VCT) for HIV and child survival.

Honorary Professors

Prof Emeritus William M Pick, MBChB, MMed, FFCH (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 (Hons)

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)

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.



ACADEMIC AND PROFESSIONAL ACHIEVEMENTS OF STAFF

Publications

Monographs

Kyriacos U, de Swart R, Mtshali F, Khanyile T, Van den Heever J M, Duma S, Maree J E, **Puoane T**. (2008.) *Fresh perspective. Fundamentals of Nursing*. Cape Town: Pearson Education.

Chapters in books

Chopra M, Sanders D (2007) Growth Monitoring, In: Kibel M, Saloojee H, Westwood T (eds). *Child Health for All*, 4th Edition. Chapter 14, pp.106-111. Cape Town: Oxford University Press Southern Africa.

Labonté R, Schrecker T, **Sanders D**. (2008.) Trade policy and health equity: Can policy coherence avoid a collision? In: Blouin C, Heymann J, Drager N (eds.) *Trade and Health: Seeking Common Ground*. Montreal: McGill Queens University Press.

Lehmann U. (2008.) Strengthening human resources for primary health care. In: Barron P and Roma-Reardon J (eds.) *South African Health Review 2008*. Chapter 11. Durban: Health Systems Trust.

Lloyd B et **Sanders D**. (2007.) Afrique du Sud: la fuite des cerveaux et son impact. In: *La Sante Pour Tous!* Geneva: PubliCetm Nos 27-29.

Mathole T, Shamu S. (2008.) Childbirth in Zimbabwe. In: Selin H. (ed). *Childbirth Across Cultures; Ideas of Pregnancy, Childbirth and the Postpartum Period in Many of the World's Cultures*. Netherlands: Springer Publishers.

Puoane T, Sanders D, Mason J. (2008.) Success Factors and Examples of Successful Community-based Nutrition Programmes. In: Steyn N P & Temple N (eds). *Community Nutrition Textbook for South Africa: A Rights-based Approach*, Chapter 26, pp. 901-928. Cape Town: Medical Research Council.

Puoane T, Tsolekile L, Sanders D, Parker W. (2008.) Chronic Non-Communicable Diseases, in *South African Health Review, 2008*, Chapter 5, pp. 73-87. Durban: Health Systems Trust.

Sanders D, Chopra M. (2007.) Poverty, Social Inequity, and Child Health. In: Kibel M, Saloojee H, and Westwood T (eds). *Child Health for All*, 4th Edition. Chapter 4, pp. 22-30. Cape Town. Oxford University Press Southern Africa.

Sanders D, Schaay N, Mohamed S. (2008.) Primary Health Care. In: Heggenhougen K and Quah S (eds). *International Encyclopedia of Public Health*, Vol. 5, pp. 305-316. San Diego: Academic Press.

Schaay N, Sanders D. (2008.) International Perspective on Primary Health Care Over the Past 30 Years. In: *South African Health Review, 2008*, Chapter 1, pp. 3-16. Durban: Health Systems Trust.

Schrecker T, Labonté R, **Sanders D**. (2007.) Breaking Faith with Africa: The G8 and population health post-Gleneagles. In: Cooper A F, Kirton J J and Schrecker T (eds). *Governing Global Health: Challenge, Response, Innovation*. Chapter 12, pp. 181-251. Aldershot: Ashgate.

Swart R, **Sanders D**, McLachlan M. (2008.) Nutrition: A Primary Health Care Perspective, in *South African Health Review, 2008*, Chapter 9, pp. 129-147. Durban: Health Systems Trust.

Werner D et **Sanders D**. (2007.) Vie et mort des soins de sante primaires. In: *La Sante Pour Tous!* Chapter 1. Geneva: PubliCetm Nos 27-29.

Articles in accredited journals

Bradley H, Puoane T. Prevention of hypertension and diabetes in an urban setting in South Africa: Participatory action research with community health workers. *Ethnicity & Disease Journal*, 17: 49-51, 2007.

Colvin M, **Chopra M, Doherty T, Jackson D**, Levin J, Willumsen J, Goga A, Moodley P. Single-Dose nevirapine regimen in the South African national Prevention of Mother-to-Child Transmission Programme is effective in reducing early transmission of HIV-1. *Bulletin of WHO*, 85(6): 466-473, 2007.

Countdown Working Group on Health Policy and Health Systems (**David Sanders** is a member of the Working Group). Assessment of the Health System and Policy Environment as a critical complement to tracking intervention coverage for maternal, newborn, and child health, *The Lancet*, 371: 1284-1293, 12 April 2008.

Doherty T, Chopra M, Jackson D, Goga A, Colvin M, Persson, L A. Effectiveness of the WHO/UNICEF guidelines on infant feeding for HIV-positive women: Results from a prospective cohort study in South Africa. *AIDS*, 21: 1791-1797, 2007.

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Haines A, **Sanders D, Lehmann U**, Rowe A K, Lawn J, Jan S, Walker D G, Bhutta Z. Achieving child survival goals: Potential contribution of community health workers, *The Lancet*, 369: 2121-2131, 2007.

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Jackson D, Batiste E, Rendall-Mkosi K. Additive effect of smoking and alcohol use during pregnancy on the occurrence of low birthweight in a farming region in South Africa. *Paediatric & Perinatal Epidemiology*, 21: 432-440, 2007.

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and political context of comprehensive primary health care: Preliminary findings of a global literature review. *Australian Journal of Primary Health*, 14(3): 58-67, 2008.

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Malhotra R, **Puoane T**, Hoyo C, Hughes G, Østbye T. Prevalence and awareness of hypertension in an urban township of South Africa: Compelling Need for Action. *Ethnicity & Disease*, 18: 401-402, 2008.

McCoy D, **Sanders D**, Kvåle G. Broader Vision required for the new child survival revolution. *Journal of Tropical Pediatrics*, 53: 1-3, 2007.

O'Mahony D, Banach L, **Igumbor E**. A comparison of cervical smear adequacy using either the cytobrush or the ayre spatula: A practice audit. *South African Journal of Family Practice* 2006, 48(9):15.

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Papers and reports

Haffejee F, **Chopra M**, **Sanders D**. (2007). The problem of handwashing and paying for water in South Africa. Municipal Services Project, Occasional Papers Series Number 13, Series Editors: McDonald DA, Ruiters G.

Lehmann U, **Sanders D**. (2007). Community Health Workers – what do we know about them? The state of the evidence on programmes, activities, costs and impact on health outcomes of using community health workers. Evidence and Information for Policy, Department of Human Resources for Health, WHO, Geneva.

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Lehmann U. (2008). *Mid-level health workers. The state of the evidence on programmes, activities, costs and impact on health outcomes. A literature review*. Department of Human Resources for Health: Geneva. http://www.who.int/hrh/MLHW_review_2008.pdf.

Lehmann U, **Matwa P**. (2008). *Exploring the concept of power in the implementation of South Africa's new community health worker policies: A case study from a rural sub-district*. Equinet Discussion paper, No 64 <http://www.equinet africa.org/bibl/docs/DIS64POLLehmann.pdf>.

Mason J, **Sanders D**. (2008). The Persistence of Child Malnutrition in Africa, id21 insights, 73, July 2008. www.id21.org.

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Reagon G, **Igumbor E U**, **Abie Z**, **Koopman F**, **Titus N**, **Adams G**. (November 2007). Waiting time and systems efficiency survey of primary care facilities in the Western Cape Province. School of Public Health, University of the Western Cape. Submitted to Western Cape Provincial Department of Health.

Sanders D. (November 2008). Research can and must mix with activism. *Real Health News*, No. 10.

Sanders D, **Alexander L**. (2008). The challenges for public health education in implementing primary health care in decentralised

health systems. *New Directions for Public Health Education in Low and Middle Income Countries*. Hyderabad: Public Health Foundation of India. pp. 22-33.

Sanders D, Igumbor E. (2008). Global health challenges: Africa's health crisis and the key research imperatives. In: *European Research Area (ERA), Responding to global challenges – the role of Europe and of international science and technology co-operation*. EUR 23614 EN

Say L, **Jackson D** and Bergel E. (2008). *Measuring Equity of Reproductive Health Services Project*. Geneva: WHO/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

Contributions to newspapers and newsletters

David Moore and **David Sanders**. 21 April 2008. Now is the time for all progressive Zimbabweans to make strategic alliances. *Cape Times*.

Louis Reynolds, **David Sanders**, Walter Loening and Astrid Berg. 24 July 2008. Children's rights to adequate nutrition neglected in 'places of safety'. *Cape Times*.

Michelle Lang. 13 December 2008. Do no Harm: The ethics of luring doctors from troubled lands – we need our doctors, South Africans plead. (Interview with **David Sanders**.) *Calgary Herald, News & Opinion*, Canada.

Thandi Puoane contributed to article outlining strategies to promote healthy eating and prevent obesity in women. *O Magazine*, July 2008.

Thandi Puoane was on a panel addressing topic 'Cardiovascular diseases in South Africa' on the Bonita House Call TV talk show. SABC2. 19 April 2008 from 11-12 noon.

David Sanders and Louis Reynolds. 11 February 2007. Casualties of terror mask the unsung deaths of poor children. *The Sunday Independent*.

David Sanders and Louis Reynolds. 12 August 2007. Double standards in sacking of Madlala-Routledge. *The Sunday Independent*.

David Sanders, Louis Reynolds and Leslie London. 13 August 2007. Senseless firing of Madlala-Routledge a tragedy for country's health services. *Cape Times*.

October 2007. **Thandi Puoane** participated in a media launch of a report card physical activity, nutrition and tobacco for South African youth funded by Discovery Health. Participating institution included: Sport Science, Discovery Vitality, Wits University, Medical Research Council, and University of Cape Town.

Presentations at national, regional and international conferences and workshops

National

Alexander L, Sanders D, Igumbor E U. *Scaling up without disrupting services: Evaluating dual mode delivery of public health education for Africa*. AfriHealth Conference, Pretoria, 13-15 June 2007.

Awotedu A A, Oluboyo P O, **Igumbor E U**, Awotedu K O, Butau T. *Accuracy of asthma diagnosis in primary care within the Transkei region of the Eastern Cape Province*. Critical Care and Thoracic Society Conference, Cape Town, 5-8 August 2008.

Awotedu A A, Oluboyo P O, **Igumbor E U**, Awotedu K O, Butau T. *Quality of asthma care in rural South Africa: Results of an audit study*

in primary care. Critical Care and Thoracic Society Conference, Cape Town, 5-8 August 2008.

Awotedu K O and **Igumbor E U.** *A comparative analysis of the performance of medical students in physiology examination following problem-based learning and traditional lecture-based learning and practical*. South African Physiology Association Conference, University of Pretoria, Hatfield Campus, Pretoria, 16-19 September 2008. (Online: https://www.up.ac.za/academic/physiology/conference/view_abstracts.php)

Bradley H A, Byleveld S, Suleman F. *Current primary level pharmaceutical information systems in Cape Town*. SAAHIP Conference, Drakensberg, 8-11 March 2007.

Bradley H A, Byleveld S. *Strengthening primary level pharmaceutical information systems in Cape Town*. SAAHIP Conference, Drakensberg, 8-11 March 2007.

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Bradley H A. *Research methods: Developing a questionnaire*. Pharmacy Services Conference, Techno Park, Stellenbosch, 28-29 August 2008.

Doherty T, Chopra M, Jackson D, Goga A, Persson LA and the Good Start Study Team. *Appropriateness of prenatal infant feeding choices by HIV positive women: implications for infant outcomes*. 26th Conference on Priorities in Perinatal Care, Mossel Bay, Western Cape, March 2007.

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Igumbor E U, Puoane T. *Peering into the black hole – Insights on the epidemiology of chronic pain in South Africa*. Pain Society of South Africa Annual Conference, Champagne Sports Resort, Drakensberg, 15-17 June 2007.

Igumbor E U, Reagon G, Abie Z, Adams G, Koopman F, **Titus N.** *Service efficiency and waiting times in primary level care facilities: Case studies within Cape Town*. 4th Annual Conference of Public Health Association of South Africa, Cape Town, 2-4 June 2008.

Igumbor E U, Puoane T. *Pain as a reason for primary care visit: Retrospective record review in two provinces of South Africa*. 3rd Pain Society of South Africa Congress, Sandton, Johannesburg, 29-31 August 2008.

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Jackson D, Willumsen J, **Matizirofa L, Doherty T, Chopra M**, Levin J, Nkonki L, Nzimbande D, Colvin M, Goga A, Moodley P. *Health Systems: Helping or Hindering*. 1st Child Health Priorities, Durban, December 2007.

Lehmann U. *Lay and community health workers and the response to HIV/AIDS. Are we learning from the past?* Roundtable on the Health Systems Aspects of Antiretroviral Access, Bloemfontein, 22-23 October 2007.

Lehmann U. *Task-shifting – what's the issue?* Presentation to Democratic Nursing Association of South Africa. Pretoria, March 2008.

Lehmann U. *Task-shifting.* PHASA pre-conference workshop, Cape Town, 2 June 2008.

Lehmann U. *Putting policy into practice: A case study of the national community health worker policy in South Africa.* PHASA Conference, Cape Town, 3 June 2008.

Lomalisa P, **Jackson D.** *Pregnancy outcomes at Victoria Private and Mafikeng Regional Hospitals in the North West province, South Africa.* 27th Conference on Priorities in Perinatal Care, Johannesburg, March 2008.

Matizirofa L, Jackson D, Blignaut R. *Predictors of utilisation of maternal health care services in Paarl, Rietvoet and Umlazi sites in South Africa.* 26th Conference on Priorities in Perinatal Care, Mossel Bay, March 2007.

Matthews V. *Developing district-based human resource information systems. Experiences in two districts in South Africa.* PHASA Conference workshop, Cape Town, 3 June 2008.

Nsibandé D, Sikakhane C, Zembe W, **Doherty T, Jackson D, Chopra M.** *Measuring the effectiveness of an HIV and infant feeding training initiative.* South African AIDS Conference, Durban, June 2007.

Puoane T. *Lifestyle Modification.* Obesity Symposium, University of Western Cape, 16 October 2007. Nutrition Society Symposium, Medical Research Council, May 2007.

Puoane T. *Role of leadership in adopting and sustaining improved quality of care in severe malnutrition: Experiences from the Eastern Cape, South Africa.* Setting Training Priorities to Improve Child Health in South Africa, Durban, 3-5 December 2007.

Puoane T. *Role of leadership in adopting and sustaining improved quality of care in severe malnutrition: Experiences from the Eastern Cape, South Africa.* 4th Public Health Association of South Africa Conference, 2008, Cape Town, 2-4 June 2008.

Puoane T. *Improving the management of severe malnutrition.* Child Priorities Conference, University of the Witwatersrand Medical School, Johannesburg, 4-5 December 2008.

Rashe H, Sable M, Libbus K, **Jackson D,** Hausler H. *The role of pregnancy intention in HIV prevention in South Africa,* 27th Conference on Priorities in Perinatal Care, Johannesburg, March 2008.

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Sanders D, Reynolds L. *Child Survival in South Africa: Are paediatricians meeting the challenge? The role of the Paediatrician in improving child health services in South Africa meeting,* Johannesburg, 16 February 2007.

Sanders D. *Some findings from research on mother and child health: Implications for service delivery and capacity development.* Conference on the institutionalisation of the dialogue between population research and development policy in Africa, Mafikeng, 5-8 March 2007.

Sanders D. *South Africa's health crisis: The role of malnutrition and food insecurity.* Health and Human Rights Seminar: The Right to Food, Cape Town, 22 March 2007.

Sanders D. *The problem of handwashing and paying for water in South Africa.* Municipal Services Project Conference on Services for All: Theory, Practice, Struggle in Cape Town, 28-29 March 2007.

Sanders D. *Confronting a crisis: Key challenges for health policy*

implementation in South Africa and the Western Cape. Workshop on Classes and Economic Justice in the Western Cape, School of Government, University of the Western Cape, 13 June 2007.

Sanders D. *Burden of childhood disease in the Western Cape.* Workshop held by the Provincial Government of the Western Cape, Department of Health, The Burden of Disease Symposium, Cape Town, 25 June 2007.

Sanders, D. *Enhancing capacity for nutrition programme development* Introductory Short Course on Nutrition Information Systems in Eastern and Southern Africa organised by Tulane School of Public Health and University of Western Cape, School of Public Health sponsored by UNICEF Regional Office for East and Southern Africa, University of the Western Cape, 20-24 August 2007.

Sanders D. *Building capacity in public health and education systems to address Africa's health crisis.* Child Health Priorities conference in Durban, 3-5 December 2007.

September L, Abie Z, Igumbor E U, Davids S. *Scaling up the registration of births within Chris Hani District – the impact of inter-sectoral collaboration.* Child Health Priorities Conference, Durban, 4-6 December 2007.

Sanders D. *Building capacity in public health and education systems to address Africa's health crisis.* The Southern African-Nordic Centre (SANORD) Conference at University of the Western Cape, 6 December 2007.

Sanders D. *The key principles and elements of primary health care in 2008 and the relevance of these for South Africa.* Conference on the Celebration of the 30th Alma Ata Declaration, The National Department of Health, Boksburg, Gauteng, 10-11 April 2008.

Sanders D. *Building capacity without disrupting services: Evaluating dual mode delivery of public health education for Africa.* Conference on Countdown to 2015: Maternal, Newborn and Child Survival, Cape Town, 17-19 April 2008.

Sanders D. *The South African health system: Performance and human resource challenges.* Conference hosted by the South African Medical Association on 'The Future of Health care in South Africa – How will it be provided and funded?' Johannesburg, 30-31 August 2008.

Sanders D. *Africa's nutrition crisis and the challenge of capacity development.* Workshop on Increasing National Capacity to Reduce Hunger and Improve Nutrition, NEPAD, South Africa, Cape Town, 11-14 November 2008.

Sanders D. *Current donor funding architecture: Challenges for Africa's health sovereignty.* Workshop on Moving Health Sovereignty: Global Challenge, African Perspective, Stellenbosch, South Africa, 21-22 November 2008.

Sanders D. *Lessons learnt from implementing the WHO Malnutrition 'Ten Steps' in South Africa.* Second South African Child Health Priorities Conference, Johannesburg, 4-5 December 2008.

Solomons W, **Jackson D, Doherty T, Matizirofa L,** Cele E, **Nziman G,** Mbenenge P. *Use of hand-held electronic data collection for monitoring community-based HIV programmes.* South African AIDS Conference, Durban, June 2007.

Solomon W, **Doherty T, Jackson D.** *Predictors of severe morbidity within a cohort of HIV-exposed infants.* Child Health Priorities Conference, Johannesburg, December 2008.

Tsolekile, L. *Perceptions of 9-19 years old about body image perceptions.* Obesity Symposium, University of Western Cape, 16 October 2007.

Tsolekile L. *A school intervention for the primary prevention of non-communicable diseases: a pilot study in two schools in Khayelitsha.* 4th Public Health Association of South Africa Conference 2008, Cape Town, 2-4th June 2008.

Regional (Africa)

Lehmann U. High-level inter-ministerial meeting on human resources for health. Gaborone, Botswana, March 2007. (Attendance.)

Lehmann U. First meeting of the Global Health Workforce Alliance, Kampala, March 2008. (Attendance.)

Sanders D. *Enhancing capacity for nutrition programme development.* UNICEF-sponsored training workshop on Nutrition Information Systems in Eastern and Southern Africa: Recent Experiences and Ways Ahead, Nairobi, Kenya, 19-21 April 2007.

Sanders D. *The Human Resource Crisis in the Health Sector: a Challenge for Africa.* The 5th Annual Scientific Conference of the Tropical Institute of Community Health and Development (TICH) on 'The transformation approaches to Health and Development in Africa', Kisumu, Kenya, 3-6 May 2008.

Sanders D. Keynote address: *Addressing global health challenges and Africa's health crisis: Key research imperatives.* Federation of African Nutrition Societies (FANUS) meeting on 'Nutrition, Health and Human Development in Africa: Breaking the downward trend', Quarzazate, Morocco, 7-9 May 2007.

Sanders D. *Participatory health systems research improves management of severe child malnutrition in rural hospitals and addresses household food security.* 2008 Global Ministerial Forum on Research for Health, Bamako, Mali, 17-19 November 2008.

Sanders D, Alexander L, Igumbor E. *Building capacity without disrupting services: Evaluating dual mode delivery of public health education for Africa.* First meeting of the Global Health Workforce Alliance, Kampala, March 2008.

International

Dison A, Vaughan, R. *Poverty reduction as capability expansion: Professional education and universities in South Africa.* Nottingham University, United Kingdom, 17 December 2008.

Doherty T, Chopra M, Jackson D, Goga A, Persson L A and the Good Start Study Team. *Criteria to guide appropriate infant feeding choices in the context of HIV – implementing the WHO/UNICEF guidelines in South Africa.* American Public Health Association, Washington DC, November 2007.

Igumbor E U, Reagon G, Zogoe A, Adams G, Koopman F, Titus N. *Evaluating patient waiting and service times in primary care.* 23rd Patient Classification Systems International Conference, Venice, Italy, 5-10 November 2007.

Matizirofa L, Jackson D, Blignaut R. *Development of indicator scores using items from the WHO safe motherhood needs assessment to examine utilization of maternal health services in South Africa.* American Public Health Association, Washington DC, USA, November 2007.

Puoane T. *Community health worker's intervention programme for primary prevention of non-communicable diseases.* World Health Day Symposium, Melbourne, Australia. 7 April 2008.

Puoane T. *Lifestyle modification: A participatory action research to reduce the prevalence of obesity in an urban township in South Africa.* The 10th International Congress of Behavioural Medicine, Tokyo, Japan, 26-30 August 2008.

Sable M, Libbus K, Jackson D, Hausler H. *The role of pregnancy intention in HIV prevention in South Africa.* American Public Health Association, Washington DC, November 2007.

Sable M, Libbus K, Jackson D, Hausler H. *Pregnancy intention and HIV: A model for policy and practice.* American Public Health Association, San Diego, California, USA, October 2008.

Sanders D. *Summary of IUNS Malnutrition Task Force activities for 2006.* 34th Session of the Standing Committee on Nutrition, Rome, 26 February-1 March 2007.

Sanders D. *Research, training and advocacy to address child hunger and malnutrition.* Invited plenary address at 34th Session of the Standing Committee on Nutrition, Rome, 26 February-1 March 2007.

Sanders D. *Confronting Africa's health crisis: Addressing the Challenges of Social Determinants and Weak Health Systems.* Invited plenary address at 5th European Congress on Tropical Medicine & International Health, Amsterdam, Netherlands, 24-28 May 2007.

Sanders D. *Sectoral reforms: The situation regarding financing and governance of health.* X Latin American Congress of Social Medicine, IV Brazilian Congress on Social & Human Sciences; XIV Congress of the International Association of Health Policy Conference, Salvador, Bahia, Brazil, 13-18 July 2007.

Sanders D. *Confronting Africa's health crisis: public health must address social determinants and weak health systems.* Invited plenary address at X Latin American Congress of Social Medicine, IV Brazilian Congress on Social & Human Sciences; XIV Congress of the International Association of Health Policy Conference, Salvador, Bahia, Brazil, 13-18 July 2007.

Sanders D. *Revitalising Health for All through renewing the evidence-base for comprehensive primary health care.* International Workshop on Contextualisation and Revitalisation of PHC, San Salvador, 26 September-1 October 2007.

Sanders D. *Addressing global health challenges and Africa's health crisis: Key research imperatives.* Workshop on 'Responding to global challenges. The role of Europe and of International Science and Technology Cooperation' sponsored by the European Union, Brussels, Belgium, 4-5 October 2007.

Sanders D. *The context and implications of global health initiatives with particular reference to Africa.* The Global Forum for Health Research, Forum 11, on 'Equitable access: research challenges for health in developing countries', Beijing, China 29 October-2 November 2007.

Sanders D. *Child health in poor countries: The role of health care and social policies, and the challenge for public health.* Amsterdam Masters in Medical Anthropology, Faculty of Social and Behavioural Sciences, University of Amsterdam, Amsterdam, 20 November 2007.

Sanders D. *The human resource crisis in the health sector: A view from Africa.* Invited plenary address at Médecins du Monde, Conference on health MDGs, Paris, France, 12-13 December 2007.

Sanders D. *The Context and Implications of Global Health Initiatives with Particular Reference to Africa.* Invited address at Prince Mahidol Award Conference 2008 on Three Decades of Primary Health Care: Reviewing the Past and Defining the Future, Bangkok, Thailand, 30 January-1 February 2008.

Sanders D. *Is primary health care revitalisation possible without challenging neo-liberal globalisation and dominant approaches to health sector reform? A view from the People's Health Movement.* Invited address at Global Health and Care Forum 2008, on 'Primary Health Care Starts with People – 30 Years since the International Conference on Primary Health Care', organised by the International Federation of Red Cross and Red Crescent Societies, Geneva, Switzerland, 14-16 May 2008.

Sanders D. Plenary keynote speaker: *Making public health matter: Programme development, research, training and advocacy to address Africa's health crisis.* Geneva Health Forum on 'Strengthening Health Systems and the Global Health Workforce' in the context of the 30th anniversary of the Alma Ata Declaration, Geneva, Switzerland, 25-28 May 2008.

Sanders D. *Addressing global health challenges and Africa's health crisis: Key research imperatives.* Second Global International Studies Conference 'What keeps us apart, what keeps us together? International Order, Justice, Values' at the University of Ljubljana, Slovenia, 23-26 July 2008.

Sanders D. *Configuring public health education to promote interdisciplinary learning and multi-sectoral applications.* Invited address at conference organised by the Public Health Foundation of India on 'New Directions for Public Health Education in Low and Middle Income Countries', Hyderabad, India, 12-14 August 2008.

Sanders D. *Revitalisation of Primary Health Care and Health System Development: the Potential of Community Health Workers.* Invited plenary address at Symposium: 'The Future of Primary Health Care - Alma-Ata 30 years on', London School of Hygiene and Tropical Medicine, London, UK, 11-12 September 2008.

Sanders D. *The construction of Health For All: Epidemiology, public health and activism.* Invited lecture presented at XVIII International Epidemiology Association World Congress, Porto Alegre, Brazil, September 22 2008.

Sanders D. Keynote speaker: *Thirty years after Alma Ata: Challenges to the revitalisation of primary health care.* 10th Humanitarian Congress, 'Patient or Health System First? What Should Be the Focus of Medical Humanitarian Assistance Today?', Berlin, Germany, 24-25 October 2008.

Van Wyk B E. Goga A. *Predictors of breastfeeding cessation among HIV-positive women in South Africa.* International Epidemiology Conference, Porto Alegre, Brazil, 20-24 September, 2008.

Van Wyk B E. *Do drugs not sports. An appraisal of poster communication for substance abuse prevention to disadvantaged youth in South Africa.* 2nd Global Public Health conference, Kristiansand, Norway, 8-10 October, 2008.

Other professional activities of academic staff

David Sanders

- Senate Academic Planning Committee, University of the Western Cape, 1995-present.
- Member of the University of the Western Cape Senate.
- Nutrition Advisory Committee, Health Department, Provincial Administration of the Western Cape, 1997-present.
- Member of the Provincial Government of the Western Cape 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*, *Lancet*, *British Medical Journal*.
- Co-chair of Working Group on Capacity Development of UN Standing Committee on Nutrition, 2002-present.
- On Editorial Board of *Critical Public Health*, Centre for Social and Policy Research, School of Social Sciences, University of Teesside, Middlesbrough, UK.
- Associate Editor of *International Journal of Integrated Care*, Utrecht University, the Netherlands.
- Member of the Globalisation Knowledge Network of the World Health Organisation, Commission on Social Determinants of Health.
- Technical Adviser to the Department of Child and Adolescent Health, World Health Organisation.
- Public Health Association of South Africa, 2002-present.
- Public Health Association of South Africa (executive member & Organising & Scientific Committee for the PHASA 2008 conference).

- Life member of Nutrition Society of South Africa.
- Adjunct Professor, Centre for International Health, University of Bergen, Norway.
- Honorary Professor, London School of Hygiene and Tropical Medicine, 2005-2007.
- Expert on Consultation on Positive Synergies between Health Systems and Global Health Initiatives, World Health Organisation, Geneva.
- Member of Global Steering Council, People's Health Movement.
- Board member of the Alternative Information and Development Centre (AIDC).
- Board member of Amandla Publishers.
- Visiting Professor, Masters Programme "Health and Society: International Gender Studies Berlin", Charité – Universitätsmedizin, Berlin, Germany, 2005-present.
- External examiner of the Masters in Public Health (MPH) Programme for 2008, of the Division of Community Health of the College of Medicine of the University of Malawi.
- External examiner for a PhD Thesis, School of Development Studies, University of KwaZulu-Natal, Faculty of Humanities, Development & Social Sciences, Postgraduate Studies, Howard Campus, Durban, 2007.
- Member of Editorial Advisory Board, Journal of Epidemiology and Community Health.

Lucy Alexander

- Trustee, AMAC (Arts and Media Access Centre), leading the process of closure of this 30-year NGO; relocation of its archive to UWC Institute for Historical Studies.

Hazel Bradley

- Member of the Pharmaceutical Society of South Africa (PSSA) (Western Cape Branch), 1999-present.
- Member of the South African Association of Institutional and Hospital Pharmacists (SAAHIP) (Western Cape Branch), 2000-present.
- Public Health Association of South Africa (PHASA), 2002-present.
- Reviewer of *Community and Health Sciences Journal*, UWC.
- South African Pharmacy Council, 1994-present.
- Royal Pharmaceutical Society of Great Britain, 1977-present.

Harry Hausler

- Technical Advisory Group, TASC-TB Project, South Africa, University Research Corporation, 2006-present.
- South African Working Group to develop Guidelines for Antiretroviral Therapy, 2004-present.
- South African HIV Clinicians Society, 2004-present.
- Reviewer of *International Journal of Tuberculosis and Lung Disease*, 2004-present.
- International AIDS Society, 2002-present.
- Health Professions Council of South Africa, 1998-present.
- International Union Against Tuberculosis and Lung Disease, 1996-present.
- American College of Preventive Medicine, 1994-present.
- Canadian College of Family Practice, 1992-present.
- Royal College of Physicians and Surgeons of British Columbia, 1991-present.

Ehi Igumbor

- External reviewer for the National Research Foundation (NRF).
- External examiner for the National School of Public Health, University of Limpopo, MEDUNSA Campus.
- Reviewer for *South African Family Practice Journal*.
- Reviewer for *Rural and Remote Health Journal*.
- Reviewer for *African Journal of Primary Health Care and*

Family Medicine.

- Reviewer for *Journal of Community and Health Sciences*.
- Member of the Public Health Association of South Africa (PHASA).
- Member of the Pain Society of South Africa.

Debra Jackson

- Research (Ethics) and Study Leave Committee, University of the Western Cape, Faculty of Community & Health Science, 2002-2005; 2007-8.
- Member of the University of the Western Cape Research Task Team, 2008-present.
- Member of the WHO/RHR maternal and perinatal health research and reproductive epidemiology advisory group (MAPREG), 2009-present.
- Participant in the Technical Consultation for UNICEF on the evaluation of the impact of PMTCT programmes in averting new infections in children and improving child survival, February 2009.
- Member of the Western Cape Provincial Health Research Committee, 2008-present.
- Review panelist (Focus Area Grants, Freestanding Post-Doctorate Grants) for the National Research Foundation (NRF), 2005-present.
- Reviewer for the National Research Foundation (NRF), 2004-present.
- Reviewer for *Maternal and Child Health Journal*, 1997-present.
- Reviewer for *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 1996-present.
- American Public Health Association, 1984-present: APHA Nominations Committee (2002-2004; 2008-10); Maternal & Child Health Section – Chair-Elect (2009-10) Governing Council (1999-2001, 2003-08).
- Public Health Association of South Africa (PHASA), 2002-present.
- Perinatal Priorities Association of South Africa, 2001-present.
- Association of Women's Health, Obstetric and Neonatal Nurses, 1983-present.
- Society for Epidemiologic Research, 1991-present.

Uta Lehmann

- Member of Senate, University of the Western Cape, 2002-present.
- Member of University Council and Council Executive, UWC, 2006-2008.
- Member of Senior Appointments Committee of Senate and Council, 2006-present.
- Co-ordinator WHO Collaborating Centre for Research and Training in Human Resources for Health, 2004-present.

- Member of the Research on the State of Nursing (ReSON) national working, 2008-present.
- Member of the editorial board of international journal *Human Resources for Health*, 2006-present.
- Reviewer of manuscripts for *Health Policy and Planning*, *Education for Health*, *Human Resources for Health*, *Educational Action Research*, *WHO Bulletin*, *Revista Saude Publica*.
- Member of the Public Health Association of South Africa (PHASA).

Suraya Mohamed

- Public Health Association of South Africa (PHASA).
- Member of Health Promoting Schools (HPS).

Thandi Puoane

- Member of Nutrition Society of South Africa.
- Member of South African Society of Obesity.
- Member of the National Collaborative Research Programme for African Traditional Medicine, Drug Discovery and Development.
- Member of the National Collaborative Research Programme (NCRP) for Cardiovascular and Metabolic Disease.
- Member of the executive committee of the Public Health Association of South Africa (PHASA).
- Member of PHASA organising and scientific committee for PHASA conference of 2008.

Gavin Reagon

- Public Health Association of South Africa (PHASA).

Nikki Schaay

- Facility Board Member of the False Bay Hospital, Fishhoek, Cape Town.

Ruth Stern

- Member of the Public Health Association of South Africa (PHASA).

Lungiswa Tsolekile

- Member of the Library Committee, UWC, 2007-2008.
- Member of the Health Professions Council of South Africa.
- Member of the Public Health Association of South Africa (PHASA).

Brian van Wyk

- Board member of DOPSTOP.
- Reviewer of *Journal of Advanced Nursing*.

Acknowledgements

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