

# School of Public Health

FACULTY OF COMMUNITY & HEALTH SCIENCES



## Report of Activities 2011 – 2012



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.

In line with the overall orientation of the School, most of our research focuses on health policy and systems, social determinants of health and building a district-based public health system. It addresses four inter-related programme areas, namely HIV/AIDS and TB, maternal and child health, public health nutrition, and non-communicable diseases.

The School is part of the Faculty of Community and Health Sciences – which 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: Coming of Age



As I sit down to write the introduction to this bi-annual report of the UWC School of Public Health (SOPH), it occurs to me that the public health programme at the University is entering its 21st year and, reading the report, it is evident that we have truly 'come of age'. We have a well consolidated postgraduate programme with increasing numbers of doctoral students; our research activities engage colleagues from all over the world and at all levels of the health system; and we have settled into a building which allows us to host not only our traditional programmes, but also events which bring multiple stakeholders with an interest and a role in 'better health for all' into conversation with each other. In the past two years we hosted numerous public lectures and community consultations, the seminar series of the CHESAI project and of the Centre for Research in HIV and AIDS, as well as the Centre's third and fourth annual HIV-in-Context symposia. In recognition of the SOPH's 'founding father', the University launched the annual David Sanders Lecture for Public Health Politics and Social Justice, and in July 2012 the School played a part in hosting over 850 delegates from 90 countries for the Third People's Health Assembly.

In this report we introduce two new staff members who complement our strong and committed team of academics and administrators. Both are internationally renowned researchers and teachers of public health: Prof Helen Schneider, who has taken over as director of

the SOPH with effect from January 2013; and Prof Wim van Damme, who was awarded one of the country's prestigious SARChI research chairs, his being in Health Systems, Complexity and Social Change. Their appointments signal the School's growing focus on, and role in, health systems research and development, which is amplified through strong institutional collaborations, both locally and internationally.

The report introduces several of the recent 96 alumni who graduated with a Masters in Public Health (MPH) in 2011 and 2012, as well as our three PhD graduates. When reading their profiles and the titles of their research projects, it is striking that almost all of them engage with urgent issues of health service delivery and systems strengthening – whether dealing with issues of disclosure and stigma in HIV/AIDS treatment, the promotion of exclusive breast feeding, patient experiences and utilization of primary health care (PHC) services, or the implementation of community health worker programmes. It bodes well for health systems in Africa to have a growing number of MPH graduates with a deep commitment to strengthening PHC and district health services.

The research section of the report provides an overview of our over 30 projects which focus on a wide range of topics, all of which speak to issues of equity and social justice in health and to the centrality of people and relationships to building and strengthening resilient health and social systems. Virtually all of them are funded by external grant money, and we continue to be grateful for the support and confidence our funders and partners have in our work.

Lastly, we pay tribute to four great friends of the SOPH, all of whom passed away prematurely in 2011 and 2012. Del Weston and Gavin Mooney's tragic and violent death shook the public health community in Cape Town and internationally. Both visited the School on several occasions and gave passionate and thought-provoking talks on the impact on climate change on public health (Del) and the rethinking of health economics (Gavin). Polly Jacobs was a committed grassroots activist for health rights in his local community, Belhar, and has been a regular participant in the School's activities since its inception.

And Jakes Gerwel's vision and support, while rector of the University, led to the establishment of the Public Health Programme in 1992. We think he would approve of what the School has become 21 years later.

# New Director for the School

Helen Schneider joined the School of Public Health (SOPH) in March 2011 and has been appointed Director from January 2013. Shun Govender asked her about her background, her interests in public health and her vision for the School.

*SG: Please tell us about your career background.*

**HS:** After I finished my medical internship, I started my working life in a health and rural development programme at Tintswalo Hospital, now in Mpumalanga Province, the area where I had grown up – in a way going back to my roots. This was during the height of anti-apartheid resistance in the mid-1980s – and I joined the primary health care programme run by a group of very energetic young public health doctors who had strong links to the then Community Health Department at the University of the Witwatersrand.

Being in this rural hospital with young doctors who were not only part of the internal anti-apartheid movement but who were also fired up by the Alma Ata global developments around primary health care were formative years for me: the radical public health of the 1980s influenced by views of the future within a community of like-minded people. It was this combination that led me into public health and has formed the way I've thought about the health sector ever since.

I began my career as a trainer of primary health care nurses and then moved to the Centre for Health Policy (CHP) at Wits in the early 1990s where I remained for fifteen years, training as a public health specialist and eventually becoming director. So my career has basically been at Wits, followed by just under three years at the University of Cape Town (UCT) before coming to the SOPH at UWC.

In the midst of the political and social turbulence of the pre-1994-period, my mandate at the CHP was to look at the interface between the HIV epidemic and the health system and policy. I was co-opted onto NACOSA – then the National AIDS Convention of South Africa and comprising government, the ANC and NGOs – and participated in drafting the 'NACOSA Plan' the country's first AIDS plan. As a consequence of these experiences, I've had a longstanding interest in the interface between disease, programmes and health systems.

Through my HIV work I have become interested in the very dense community economy of care that emerged over a decade or so. Organized through



NGOs and activists, and often through government-supported and funded initiatives, community-based care and support programmes recruited vast numbers of lay people into the response to HIV, including lay counsellors in health facilities. I became very interested in the health system's growing dependence on this new layer that increasingly functioned as an intermediary between the formal health sector and patients and households. This led me into a more mainstream set of health systems and human resources developments, taking me full circle back to primary health care where I had started my career. And since coming to the SOPH, I've been involved in technical work for the national and provincial departments of health around how to reorganize and develop systems for home- and community-based care.

*SG: Given your wide-ranging experience – as a doctor, an activist, policy analyst and academic – this would surely have influenced you greatly in how you conduct your research and the kinds of methodologies and the multi-disciplinary approaches you use.*

**HS:** People in government see me as an academic but I see myself as a public health practitioner, as what interests me most are the problematics of South Africa's health sector and society. So my research interests start from a practical set of problems and my research orientation has always been guided by my interest in the transformation of South Africa's health system.

Through colleagues in the London School of Tropical Medicine, I learned a social and political science approach to policy analysis as well as to understanding systems and organisations and what it means to implement policies. While these led to a problem-driven methodological approach which has a stronger affinity to the social sciences than classic epidemiology, my training in public health means I am familiar with, and have an appreciation for, the classic public health research methodologies. I have not been a pure researcher but rather a kind of hybrid researcher and evaluator. I have never been bored!

*SG: What is your impression of the UWC School of Public Health?*

**HS:** UWC comes with a very proud tradition. Over the years it has been intelligently re-imagined and re-invented by quite strong leadership into a very forward-looking institution. This can be seen in the Institutional Operating Plan; in the sense-making and engagement ideas within it; and in the notion that you enable access and provide quality education to people who would not have access to the other universities. This is an enabling environment that does not seek to be a second-class Bush College but to become a world class institution. This attracts me.

The SoPH has positioned itself very well in South Africa where it is seen as one of the strong schools. The fact that we're not in a medical school is not a constraint, but an opportunity that enables us to work with people in other disciplines within a much closer niche. That is a huge advantage which we need to exploit more actively. The Centre for Research in HIV/AIDS is starting to break ground, as are other initiatives within the School like our discussions with PLAAS about collaborative research.

Over the years the School has developed a very clear niche with strong values and principles and a strong primary health care and district health system orientation. Our approach is to foster access, like our

Winter School, and this brings so many people to us. We have a magnificent building that enables this.

I see my task as Director to keep the strengths and to develop, consolidate and explore new areas. So, for example, the health systems and policy research and teaching has really taken off as a joint collaboration between UWC and UCT and, to some extent, Stellenbosch. The other area to grow and consolidate is chronic diseases and the social determinants of ill health. These are areas of future research.

I bring to the SoPH my history of involvement in health system policy work and my connections. I've worked in several universities and have been in the field long enough to know the networks.

*SG: And your vision?*

**HS:** Overall our challenge, from the relative comfort of the academic world, is to find ways of making sense of an increasingly complex and uncertain world, and the spaces to engage in it meaningfully.

*SG: What views do you hold about leadership, and what kind of leadership do you bring from your experience and practice to the SoPH?*

**HS:** At this stage of my career the big job is to attract, develop, retain and educate the next generation of researchers. This is a question of long-term sustainability and will inevitably include transformation and the evolution of the institution – and it must do that.

My role as leader is to enable and give support to others. My leadership style is not so much charismatic as a facilitatory and supportive one. I firmly believe that value-based and principled leadership is what animates, inspires and mobilises others in an organisation.

So it's about ensuring continuity and building on that; holding the idea of what the School stands for and negotiating this as the next generation begins to emerge.



On 9th July 2012, the David Sanders Public Health, Politics and Social Justice lecture series was launched during the Winter School and during the Third People's Health Assembly so that people from further afield who had worked with David were able to attend.

The series honours Emeritus Prof David Sanders' legacy as founder of the SOPH and recognises his considerable contributions to UWC and to the field of public health, both locally and internationally. This was also recently acknowledged by the University of Cape Town who awarded David an honorary doctorate (see page 60).

Each year an eminent speaker will be invited to engage scholars, practitioners, policy makers and activists in contemporary challenges and opportunities for public health research, teaching and practice, bringing scientific excellence and implications for political and social action to bear on their chosen issue. In so doing, they will continue the vigorous, socially engaged, scholarly debate and practice that has characterised much of David's engagement.

# THE 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. In the period under review, the national Department of Health initiated a process of revitalising primary health care – which in turn will play a central role in the country's proposed National Health Insurance. 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 maternal and child health, public health nutrition and HIV/AIDS/TB. 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 Summer and Winter 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.

## The Postgraduate Programme

The School of Public Health offers three postgraduate programmes:

- Postgraduate Diploma in Public Health (NQF Level 8)
- Master of Public Health (NQF Level 9)
- PhD in Public Health (NQF Level 10)

In addition, a few students still graduated with the Postgraduate Certificate in Public Health in 2011 and 2012, although the Certificate was discontinued in 2008, after which no new students were registered.

### Students registered for postgraduate programmes: 2005 – 2012

Qualification	2005	2006	2007	2008	2009	2010	2011	2012
Postgraduate Certificate in Public Health	51	45	53	12	5	n/a	n/a	n/a
Postgraduate Diploma in Public Health	76	97	103	1	7	14	32	16
Master of Public Health	46	50	81	259	238	218	180	146
PhD in Public Health	4	4	8	12	26	27	38	44
<b>Total</b>	<b>177</b>	<b>196</b>	<b>245</b>	<b>284</b>	<b>276</b>	<b>259</b>	<b>250</b>	<b>206</b>

Students who graduated in 2011 and 2012 are listed on pages 13 to 19.



*"I began my learning in 2007 at the postgraduate certificate in public health level taking six modules which I was able to complete in the stipulated time period. It was really tough because I was new to this mode of study and had a lot of field work that required travelling. During this period, I got a lot of support from the module conveners and the administrators which kept me going.*

*In my second year of study, it got tougher because I had joined the Masters class and was expected to do things much better. I remember when I once submitted my assignment to my course convener who was not convinced that the work had been submitted by a Masters student; he simply told me to start writing like a Masters student. This got me thinking hard and I had to strategize; I never got such comments again."*

2012 MPH graduate Fredrick Miruka,  
Programme Assistant, Centers for Disease Control and Prevention - Kenya, Kenya



## Postgraduate Diploma in Public Health

The Honours-level Diploma facilitates access to postgraduate qualifications for those who have a three-year tertiary qualification (e.g. some nurses and environmental health officers). The qualification also serves as a useful supplementary qualification for professionals who already have Masters and Doctoral degrees but who need a public health foundation for career purposes.

Having undergone substantive revision, the Diploma was offered for the first time at this level (Level 8 on the National Qualifications Framework) in 2010. Key changes in the curriculum included revision of the learning outcomes; topics and learning materials for six modules; the induction of students into public health through a new module which covers 'the field' or discipline of public health; understanding disease and the burden of disease within the preventive and promotive paradigm; an orientation to public health in the era of globalization; as well as a range of key skills for academic study in the field. Another important shift was reconceptualising the research component as a monitoring and evaluation project which responds to the management role that many of our students play.

Within the context of these changes, the assessment tools were also developed to include a portfolio. This constituted a particularly exciting learning opportunity for students to reflect on changes in their own capacities, a chance to integrate the content of the six modules they study, and to link new capacities with their professional lives. In addition, the portfolio played an evaluation role, allowing lecturers to gain insight into how students were experiencing the new curriculum.

## Master of Public Health (MPH)

The SOPH considers its Masters degree to be its flagship programme. Since its inception in 1994, the MPH has attracted large numbers of students from all

over Africa (see page 9). The MPH's positive reputation is also seen in the WHO's R10 million grant given to the School to strengthen the programme and to link it to capacity development of Human Resources for Health in other African countries (see page 10).

Most of the School's students are health professionals studying part-time while they work. They are often employed in demanding management positions, and most are professionals with families. These commitments combine to present them with the typical challenges facing mature, part-time students. In addition, the MPH students largely study at a distance, which means that support is given mostly by e-mail, through extensive feedback on their written assignments and mini-theses, as well as through contact sessions such as mini-thesis week, Summer and Winter Schools and, more recently, via electronic discussion groups.

From 2005 to 2008, the SOPH increased its MPH student intake incrementally in response to student demand - from 43 in 2005 to 87 in 2008. In the same period, realignment of the MPH with the National Qualifications Framework resulted in students completing the course work more quickly. Coupled with the universal problem of a slow thesis completion pace - exacerbated by our students being part-time and working at a distance - this produced a significant bottleneck of mini-thesis candidates in 2009 and 2010. As a result we cut admissions in these years to 34 new MPH candidates in 2009 and 28 in 2010. The graduation of 96 MPH students in 2011 and 2012 has reduced this bottleneck significantly.

The demand for our courses continues to grow, with the result that we are only able to admit about 10% of the applications we receive. These are increasingly from other countries, with most coming from the continent. In 2011-2012, 174 of our 284 registered students were from other African countries with an additional eight being from beyond the continent (see page 9).



*"Initially, it was scary to study at a distance. All my studies ... had been by 'the classroom, dormitory' conventional method of learning, and I thought this was the best .... But my experience at UWC changed all that. With the distance learning method, I could still do my work, retain my social position in the community and apply what I was learning without waiting to complete and look for a job to apply what I have learnt. I did not miss the teacher-student relationship .... My teachers were ever ready to discuss with me on phone, by skype and email. But the distinctive method of evaluating students was perhaps the hallmark of the programme. You did not just 'read and pour' to do your assignments, you had to conduct research to get the answers.*

*Yes, the distance learning has challenges but these were minimized by the attitude of the ... staff. You always felt you were working in a family because of the love, care and kindness you experienced."*

*2012 MPH graduate Yohanna Avong, Institute of Human Virology, Nigeria*



## A growing demand for doctoral study

There is also substantial interest in our PhD, within the country and further afield. In the past seven years our programme has grown from four to 44 students – some of whom are our own staff, an indication of the School's and the University's serious commitment to building senior academic capacity in the country.

## Building networks and capacity for flexible public health education

In the past 20 years we have broken new ground in postgraduate public health education in Africa. First we opened MPH training as a qualification for people other than doctors (i.e. not just a medical specialisation); then we offered our programmes through open and flexible delivery; and finally we emphasised health systems strengthening as a core component of public health training.

Our distance learning materials – which we started developing in the early 2000s with assistance from Flinders University in Australia – have become one of our hallmarks. They have been in great demand from students and sister institutions around the world. Several years ago we joined the *Open Education Resources* movement which aims to make educational resources freely available on the web - and many of our modules are now on our website, to use and re-purpose under the 'creative commons, share alike, licence' (see page 8). As part of a four-country partnership supported by the WHO, some of our modules are presently being translated into Portuguese with a view to making them available to institutions in lusophone African countries.

But good quality education programmes are, of course, so much more than learning guides and readings, and we are receiving a growing number of requests to share not only our materials, but also our experience and expertise in the pedagogy and logistics of running open and flexible public health programmes.

This poses a two-fold dilemma for us. Firstly, while we are proud of our achievements and confident of our expertise, we are also very keenly aware of the shortcomings of our programme – foremost among these being the tension implicit in all our programmes being offered at a distance. Although this method of delivery makes postgraduate education accessible to students who might otherwise not have access, it sacrifices classroom engagement, the intellectual exchange and learning from peers. While modern technology (facebook, skype, google groups etc) has provided new platforms and media for exchange and 'conversation', the current generation of health professionals has not grown up with them and are thus not literate in the use of these media. It also remains unlikely that these are an adequate replacement for face-to-face engagement. While we are also exploring other forms of student engagement and support such as mentorships, these have proven expensive and often unsustainable, as potential mentors in most countries are overstretched and effectively unavailable, even if they can be paid.

Secondly, while the SOPH has very experienced and highly skilled flexible learning experts, the team is very small and fully occupied with the running and constant renewal of our own modules and programmes. We therefore reluctantly turn down requests to 'come and help us set up a distance education programme', simply because we are not able to stretch our own capacity this far.

As a result, the issue of how else to build collective institutional capacity in Africa and the global South has become a central question in our academic programme. While sharing educational materials and collective curriculum development are some of the avenues already being used e.g. through the CHEPSAA project (see page 42) and the WHO-funded MPH programme in health workforce development (see page 10), we hope to follow this in the next few years with manuals and short courses on how to develop flexible education programmes for public health. In addition, we are continuing to build our alumni network, in the hope that our graduates will be able to act as mentors in the future.



A visit in July 2012 from Professor Arjun Karki, vice-chancellor of the Patan Academy of Health Sciences in Nepal, highlighted the SOPH's international standing and role, particularly with regard to our postgraduate programme:

*"We need to improve the health of the health system itself. This is one of the intentions of our School of Public Health, namely to create the potential public health leaders of tomorrow. In this regard I am so pleased to see what you are doing here at your School of Public Health".*

## LEARNING MATERIALS

While we revise our learning materials on an ongoing basis, two projects have been specifically dedicated to this work.

### Developing a distance learning module on Globalization and Health: 2011 – 2012

The SOPH has expanded its teaching on the social determinants of health through the development of a distance learning module on Globalization and Health. The purpose is to provide students with an understanding of the political, economic and other causes of disparities in health and health care between and within countries, with a focus on how globalisation may contribute to these, and of key actions to address these global factors.

Having successfully piloted the module as a short course in the 2011 Spring School, the course has been developed into a full distance learning module in collaboration with the Centre for International Health at Bergen University, Norway and Muhimbili University of Health and Allied Sciences, Tanzania. It will be taught at all three universities as part of various Masters programmes, with the SOPH offering it for the first time in 2013. This development work was funded by Norad's Programme for Master Studies (NOMA).

Project team: *David Sanders, Lucy Alexander, Barbara Hutton, Thuba Mathole, Annie Parsons, Christina Zarowsky*

### Learning from each other: An SOPH/UK-based collaboration

From 2008 to 2011, the SOPH and the Faculty of Applied Social Sciences at London Metropolitan University, UK, worked together through a Delphe (Development Partnerships in Higher Education) collaboration, funded by the British Council. The aim was to share information and learn from each other's educational practices – being the SOPH's part-time distance learning courses in Africa and London Metropolitan's full-time classroom-based course in the UK. The project focused on the Primary Health Care, Health Promotion, and Health Management courses and a short session on Social Epidemiology.

During the first two years, two exchange visits per year were undertaken, which included teaching on each other's courses (at Summer and Winter School at SOPH). In the final year, project members met at an annual international e-learning conference in Tanzania

where they did a joint presentation and were exposed to examples of e-learning, including the use of cell phones, throughout Africa.

This collaboration also enabled the SOPH to undertake a needs assessment of courses, insights from which are being used to revise the modules.

Project team: *Ruth Stern, Lucy Alexander, Verona Mathews, Nandipha Matshanda, Suraya Mohamed*

## Open Education Resources

As part of our undertaking to share our resources and expertise and to build the network for public health education in Africa and the global South, we have been part of a collaboration intent on growing the Open Education Resources movement – which aims to make education resources freely available on the web.

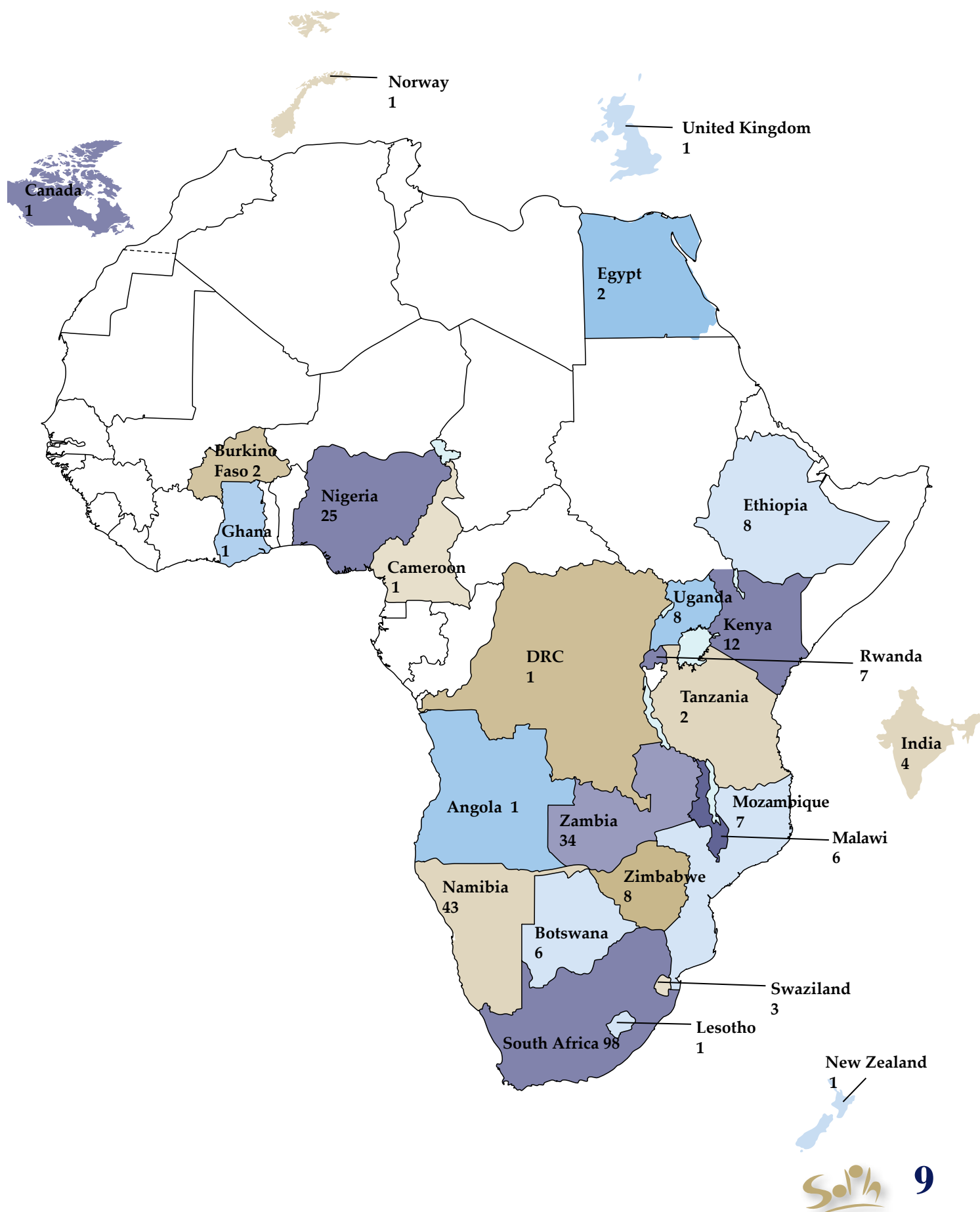
Our efforts in this regard have been strengthened by our participation in a collaborative network called *OER Health* – comprising UWC's Faculty of Dentistry, the University of Michigan's School of Dentistry and School of Medicine, the Kwame Nkrumah University of Science and Technology, the University of Cape Town and the University of Ghana. As part of this collaboration, we lodged as OER resources several of our modules as free courseware – like Health Promotion; Micronutrient Malnutrition; Health Management II – and developed a number of case studies for teaching in public health.

Our resources are available to our students and other interested institutions and individuals through the SOPH's website at <http://www.uwc.ac.za/Faculties/CHS/soph/Pages/Open-Education-Resources.aspx>.



# Our Global Reach:

## Geographical origins of our students: 2011 – 2012





# Strengthening Leadership for Health Workforce Development in sub-Saharan Africa

The acute shortage of health workers in sub-Saharan Africa has been a crisis and a grave concern for more than a decade. While there are many reasons for this, a contributing factor has been the weak capacity of human resource units in departments and ministries of health to proactively plan for and manage the health workforce needs in districts, provinces and countries. This situation is exacerbated by the lack of advanced training in this field at local academic institutions.

With funding from the WHO and drawing on its 12 years of experience in open learning provision in public health, the School of Public Health (SOPH) has responded to this situation by leading a four-country collaboration which aims to develop and implement a Masters programme focusing on developing capacity to plan for and manage human resources at different levels of the health system. The School is working with the National University of Rwanda (NUR), Addis Ababa University (AAU) in Ethiopia and the University of Eduardo Mondlane (UEM) in Mozambique, in an endeavour to

- strengthen leadership capacity on health workforce development at the ministries of health and their units;
- strengthen the capacity of academic institutions for human resources for health (HRH) teaching; and
- develop an African platform for teaching on health workforce development.

These goals are expected to be realized through implementation of a set of inter-related activities, the key pillars being the following:

- Enrolment of students from partner institutions in the UWC Master of Public Health (MPH) programme. With a focus on health workforce development, the MPH consists of six modules and a final mini-thesis on an HRH-related topic. All modules are designed to help students acquire basic public health and health management competencies.
- Face-to-face teaching sessions twice a year.
- Support by local mentors who are experts in this field in their respective countries.

- Development, reconfiguration and translation of UWC teaching modules for local contexts, for use in the partner countries and available to a wider audience as 'share-alike' free courseware.
- Training and support for partner institutions in course and curriculum development, including in the development of distance learning materials.

Eighteen participants enrolled in the UWC's MPH programme, comprising six people each from Rwanda, Ethiopia, and Mozambique, all of whom were employees either in their respective ministries of health (MoHs) or their academic partner institutions. The expectation was that they would strengthen the HR capacity in their MoHs or play a key role in the integration of the programme into their universities.

The students' course evaluations reflected that they appreciated the fact that the modules were highly relevant to their work and that they particularly valued that the curriculum combined a public health with a management focus. The mini-theses of the ten students who graduated in 2012 all addressed HRH-related issues in their respective countries. The remaining eight students are expected to graduate in 2013.

There was a general feeling among the participants that they had learned a great deal – and since joining the programme, some have assumed more senior posts, such as state minister (see page 12), director of the HR department or a specialized HR unit.

## Health workforce development training programmes in partner countries

Following the SOPH's sharing of its teaching materials and experience in curriculum development as well as training open and distance learning, the partners are adapting and embedding aspects of our flexible learning model in their respective institutions – taking cognizance of existing programmes, relevant local capacity and other contextual factors:



*"I acquired a lot of knowledge and skills during my studies at SOPH [MPH with a focus on Health Workforce Development] and these are highly connected and relevant to my career as a manager in the health sector. The Rwanda Ministry of Health has recently started to promote and support human resources capacity building, especially managers who are directly in health care delivery at different levels, and I am happy and proud to be among the first trained managers in the health sector in my country.*

*I am proud to be part of UWC/SOPH achievements and promise to be an ambassador of the School wherever I am. I hope to be great value to the health sector workforce development of my country (Rwanda) and for Africa in general."*

2012 MPH graduate Parfait Uwaliraye,  
Director, District Hospital, Eastern Province of Rwanda

- **University Eduardo Mondlane (UEM)** has finalised preparations to launch an MPH focusing on health workforce development, which combines face-to-face short courses and distance modules. The curriculum, which draws heavily on the experience of UWC, was developed in consultation with UWC and the trainees from Mozambique. It has been approved by the relevant authorities and the UEM is finalising the translation of UWC's seven teaching modules into Portuguese.
- **National University of Rwanda** is about to start a postgraduate certificate programme and will make use of two of the SoPH's HRH-related modules. It hopes to gradually progress to a similar MPH.
- **Addis Ababa University** has drafted a curriculum for an MPH track in health workforce development, which has included adapting the SoPH's HR-related modules. It will make use of existing staff involved in its MPH on Health Management Services, and implement the programme in close collaboration with the MoH.



The implementation process in the three partner institutions and respective countries has been complex, however. It has involved negotiating different internal and external rules, procedures, and conditions; lobbying to get the support of important stakeholders like the university, ministries of health and education; and juggling competing institutional priorities.

### Way forward: Moving towards developing an African teaching platform

As 2013 is the project's final year of funding, the partners are exploring options to sustain gains made thus far – including nurturing the partnership to realise its anticipated potential and to expand the joint teaching platform to include other institutions. Ongoing co-operation takes place through alumni networks and teaching materials continue to be shared using on-line platforms such as the HRH for Africa, a digital resource centre managed by UWC.

In the spirit of advancing the field of health workforce development in sub-Saharan Africa and beyond, the SOPH has set up a dedicated online repository of Open Education Resources for Public Health Teaching (see page 8), where all developed, adapted or translated teaching materials are shared with the wider public. This contributes to the integral component of this project of developing an African platform for teaching in health workforce development. The repository will soon have UWC's 24 modules – 18 for the MPH and 6 for the Postgraduate Diploma – as well the seven sets of teaching materials UEM translated into Portuguese. There is also a plan to assess, translate or adapt a few modules from partners institutions and make them widely accessible.

In addition, students' research projects are being published and the experience and lessons are currently being documented and published, particularly in the form of country case studies.



## MPH graduate becomes State Minister of Health in Ethiopia: The story of Amir Aman Hagos



After completing his medical studies, Dr Amir Aman Hagos - pictured on the extreme left above, with fellow students and David Sanders at the SOPH - became the director of a hospital in Ethiopia's most populous region, about 250km from Addis Ababa. As 80% of the diseases treated in outpatients were communicable and preventable, Amir became an ardent supporter of preventive health:

*"Based on the evidence we had, [we] launched a six-month project which worked on strengthening the surrounding four primary health care units (PHCU) comprising four health centres and twenty health posts. ... At the end of six months we achieved over 95% of our objectives – including decreasing common communicable diseases seen in the hospital, increasing health care utilization and the involvement and ownership of the surrounding community, strong referral and feedback system, between the PHCUs and [between] PHCUs and the hospital..."*

These successes caused the hospital to focus increasingly on prevention, promotion and control of local common diseases, becoming a model of good practice and visited by medical graduates to learn about their work.

Shortly after enrolling at Addis Ababa University (AAU) for a Masters degree in public health, Amir was nominated by the regional and federal health office and the AAU to participate in the MPH in Health Workforce at UWC in 2011 and 2012. As a student, Amir particularly liked the practical nature of the teaching and the predominantly formative assessment:

*"... So much of the training I have had in my life was theory based; you may only understand its application long after. But here ... the focus is on you experiencing it. ... The assignments we are given for the modules are typical problems we face on a daily basis...I have had two decades of training; it made me rethink everything. Training should not be about failing or passing, it should be about gaining knowledge."*

Amir found the modules on human resources development, human resources management, and primary health care particularly compelling: *"It really changed my career! I told them [the leadership] I wanted to return to work and I wanted to join the HR department. ... Had I continued with my MD or did a general MPH, I would probably have ended up in family planning, vaccine... My career would be different."* In his mini-thesis Amir researched the effect of place of selection on performance of health posts and turnover of Health Extension Workers in Jimma Zone, Ethiopia.

Amir was particularly influenced during the MPH by the Cuban health system, such that in his work in Ethiopia *"we are already trying to adapt aspects of the Cuban experience; it really affected everything I do. It made me join HR, then I became the HSM co-ordinator. With achievement, I became the acting director: HR policy and planning..., and finally a state minister. I believe I am contributing to the department and the country."*

In the HR directorate, where HR had largely been understood to be only about hiring and firing, Amir initiated and developed human resource planning and development units and laid the foundation for purposeful and concerted health workforce development.

*"There is a recognition in the government about the transformative impact of human development.... But working on human development starts with having human resource experts that believes in HR development... That is how you can bring a real change in health... not just by acquiring equipment or building hospitals."*

*"It is imperative to ... expose those assuming responsibilities, such as administrators or policy makers; packaging the training as per their specific needs... The Ministry is keen for the programme to be implemented ... at AAU or other universities."*

*"If [this programme] has this kind of impact on me, you can imagine the kind of change it could bring about if people working in HR, administration are exposed to such a programme!"*



# Student Academic Achievements

In 2011 and 2012, 128 students graduated from one of the School of Public Health's (SOPH) postgraduate programmes:

- 9 students graduated with the old Postgraduate Diploma and 20 students graduated with the new Postgraduate Diploma in Public Health;
- 96 students graduated with the Master of Public Health (MPH), five cum laude;
- 3 students graduated with the PhD in Public Health.

## Postgraduate Diploma in Public Health

### 2011:

#### *Old Postgraduate Diploma:*

Akinola, Babatunde  
Chishimba, Paul  
Kusemererwa, Gloria  
Kwesaba, Samkelo  
Nyalasa, Xolisa  
Sipeliti, Nomvelo

#### *New Postgraduate Diploma:*

Firmino, Walter  
Ibrahim, Modinat  
Khumalo, Philisiwe  
Mbedzi, Joel  
Mwale, Joyce  
Nsiimye, Juliet  
Temmers, Lynette  
Vejorerako, Clarence  
Verkuijl, Sabine (*cum laude*)

### 2012:

#### *Old Postgraduate Diploma:*

Ikandi, Simon  
Khana, Kenneth  
Okelola, Olakunle

#### *New Postgraduate Diploma:*

Cloete, Elizabeth  
Coetzee, Jennifer  
Grootboom, Desmond  
Kanyerere, Joyce  
Kapembe, Tabita  
Kowa, Kangwa  
Mgumane, Sisanda  
Moses, Lorraine  
Mwaninange, Iyaloo  
Simfukwe, Patrick  
Van der Walt, Charmaine

## Master of Public Health

The 96 students who completed the MPH in 2011 and 2012 represent a considerable increase on the 61 who did so in 2009 and 2010. This is a welcome contribution to unblocking the 'bottleneck' of students who have been writing their dissertations for a number of years. As in 2009 and 2010, several students who had not made progress with their mini-theses were encouraged to graduate with the Postgraduate Diploma in Public Health.

As students are encouraged to research and write up an issue in their mini-theses that either relates to their work or is a subject in which they are really interested, dissertations are often small-scale local studies focusing on a particular topic. They may also reflect current public health issues experienced by students at work as well as in the teachings of the course.

A number of themes can be seen across the theses of the students graduating in 2011 and 2012. Just under half (46 of 96) relate to HIV/AIDS and TB, with 36 of these addressing HIV/AIDS directly.

About a quarter of the mini-theses (24) address access to and perceptions of health services in general, while human resources for health is the focus of 19 studies, comprising topics like patients' perceptions of health workers, health workers' own experiences, and the role of community health workers in the provision of care.

Mothers and children are the focus of 22 theses. Five of these are linked to HIV while the same number address nutrition and feeding. Nine are concerned with access to, and provision of, services for mothers and children, including the quality of care received.



*"My research focused on the process of the development of a tool that would allow the district health services in Cape Town, to evaluate the quality of the prevention of mother-to-child transmission services that is provided to the HIV-exposed infant. Through participatory research, local experts within the HAST (HIV, AIDS, STI and TB) arena were involved in the design, piloting and validation processes of this tool development.*

*Implementers of this tool have indicated its usefulness, which convinced the local HAST experts that this tool should be included into the existing Integrated HAST Audit tool. In-so-doing the quality of the service to the HIV exposed infant can be ensured, since gaps are identified during the evaluation process and can be responded to."*

2012 MPH graduate Juanita Arendse, Director: HIV & AIDS, STI & TB,  
Western Cape Provincial Department of Health, South Africa

## 2011

ABRAHAMS, Fatima	Exploring parental and occupational therapists' perceptions of the utilization of the occupational therapy service at three paediatric outpatient units in the Western Cape Province, South Africa
BALIKOWA, David Ouma	The human rights-based approach to public health: An inquiry into the challenges of its adoption in Uganda
BAULETH, Maria Francineth	Exploration of factors associated with poor adherence among patients receiving antiretroviral therapy at Intermediate Hospital Oshakati in Namibia
BWEUPE, Maximillian Mwansa	An exploration of timing of disclosure to male partners by HIV-positive women attending a health care centre in Lusaka, Zambia
CAMPBELL, Penelope	Assessing the knowledge, attitudes and practices of street food vendors in the city of Johannesburg regarding food hygiene and safety
CHOKA, Constance	Teenage girls' access to and utilization of adolescent reproductive health services in the Mpika district, Zambia
COOKE, Jill	Infant feeding knowledge, attitudes, practices and perceptions of primary health care nurses in a peri-urban setting in the Western Cape
CUPIDO, Rudy Angus	HIV/AIDS: Knowledge, attitudes and occupational risk perceptions of physiotherapists in the Eastern Cape, South Africa
DARIES, Louella Maria	Effect of low-cost housing on household and environmental health of residents in Phumlani Village, Cape Town
HENNEY, Nicolette	Successes and challenges of the baby-friendly hospital initiative in accredited facilities in the Cape Town Metro health district
HIRSI, Alasa Osman	Factors influencing the choice of place of child delivery among women in Garissa district, Kenya
KAMBIKAMBI, Chilobe	Young males' perceptions and use of reproductive health services in Lusaka, Zambia
KATUNGIRE, Tsitsi	An exploratory study of factors affecting the availability of laboratory commodities and supplies at state-owned medical laboratories in Harare Province, Zimbabwe
KUMWENDA, Andrew	Evaluation of the quality of counseling for prevention of mother-to-child transmission of HIV offered to pregnant women in the Copperbelt Province of Zambia
KUMWENDA, Khalikapo Morton	Factors associated with poor adherence to antiretroviral therapy among people living with HIV in Zomba district, Malawi
LETSIE, Moselinyane	Knowledge, attitudes and perceptions of tuberculosis defaulters and non-defaulters at Botšabelo Clinic, Maseru, Lesotho
MAKUBALO, Mlungisi Patrick	Perceptions on the factors influencing oral health care seeking behavior of communities in Randfontein, Gauteng, South Africa
MATAKA, Anafi ( <i>cum laude</i> )	Perceptions of factors contributing to psychological distress in HIV positive children on antiretroviral therapy in Mochudi, Botswana: A family caregiver and health care worker analysis
MATUNGA, Leo Anesu	Perceptions of mothers about malnutrition and the use of traditional medicine in treating malnourished children



*"I feel very honored and delighted to be one of the three MPH students graduating cum laude this March. I must say it has not been smooth sailing though. It has been a bumpy road with roadblocks here and there. When I started my MPH studies I was a bit skeptical about long distance learning since I was working full time. However I found it quite a rewarding and fulfilling experience. Conducting the mini-thesis research study ranks as one of the greatest experiences I have had in my life. I really grew in my academic writing abilities and learnt new perspectives about my work environment.*

*Being a biomedical scientist I undertook a research study which is different from my scientific background. I have been working in an ARV clinic for some years and met and talked on a daily*

MENEBO, Mulatu	Community participation in the provision of integrated tuberculosis and HIV/AIDS care in Sisonke district, KwaZulu-Natal
MITCHELL, Miriam (cum laude)	Parental perceptions of health and child health needs in early childhood care and development centres in Amatole district, Eastern Cape, South Africa
MONTEWA, Gloria Lebogang	Comparative analysis of diagnostic and procedure coding systems for use in district and regional public hospitals in the Western Cape
MUNTENDA, Bartholomeus Mangundu	The perceptions of women regarding obstetric care in public health facilities in a peri-urban area of Namibia
MUSHIMBA, Milka Ipula	Patient perception about reasons for no-adherence to anti-hypertensive medication in Windhoek district
MUTHIGA, Caroline	Assessment of knowledge and attitudes on HIV and sexual risk behaviour amongst 15 to 19 year olds in Ngong sub-district, Kenya
NDUNA, Themba	Factors associated with exclusive breastfeeding in KweKwe district, Zimbabwe
NKIRE, Everest Osondu	The effect of high HIV/AIDS disease burden on doctors and nurses in a district hospital in Namibia
NSIBANDE, Duduzile	Assessment of the uptake of referrals by community health workers to public health facilities in Umlazi, KwaZulu-Natal
OGUNTUNDE, Olugbenga Olalere	Drug prescribing practices among primary health care providers in a local government area of North Western Nigeria
OKUKU, Jackson	Factors determining attrition and retention of adherence support workers in Ndola district, Zambia
OLABANJI, Nelson Oladejo	Factors associated with adherence to antiretroviral therapy in Katimo Mulilo Hospital, Namibia
ONAGA, Chukwuka Moses	Profile of injury at a district hospital in Makana Municipality, Eastern Cape Province
OYEWALE, Bimpe Aderinre	Factors affecting the implementation of the family life and HIV/AIDS curriculum in junior secondary schools in Abuja, Nigeria
PRASAD, Vandana (cum laude)	A study to understand the barriers and facilitating factors for accessing health care amongst adult street dwellers in New Delhi, India
RUTABANZIBWA, Juvenary John	Factors influencing patient satisfaction with doctors in the out-patient department at a district hospital in Tsumeb, Namibia
SAGWA, Evans Luvaha	Prevalence and risk factors for occurrence of adverse effects of second line anti-tuberculosis medicines amongst patients on tuberculosis chemotherapy in a treatment facility in Namibia: 2009 – 2010
SAHAY, Sundeep	Assessment of the ability of the health management information system in India to use information for action
SHONHIWA, Shepherd Ushe	Barriers to effective partner notification amongst patients with sexually transmitted infections at a health centre in Windhoek district, Namibia
SULWE, Charlton Nchimunya	Utilization of voluntary counselling and HIV testing services in Mwense district of Zambia

basis with HIV-positive children and their caregivers. Through these informal talks ... it occurred to me that their problems were more than just medical; ...that they had psycho-social problems which they were willing to share but had not always had the opportunity to do so. So that's when I decided ... to give them this "voice" to outline their real problems which the ARV clinic system did not have in place.

The outcome of this research proves the need to look beyond providing simple ART to HIV positive and their caregivers, and put in place systems and mechanisms to support the children. The information gained will become invaluable for training nurses and social workers, and in policy discussions involving children with psychological behaviours.

I have discovered I derive satisfaction in helping people and I hope to get opportunities to gain experience in the development field."

2011 MPH graduate Anafi Mataka, Medical Scientific Officer, DRM Hospital, Botswana (graduated cum laude)



TARIRAI, Clemence	Uptake of voluntary counseling and testing among pharmacy students at the National University of Lesotho
TSABEDZE, Lindiwe	Perceptions and attitudes of health workers on the implementation of WHO guidelines for severely malnourished children at Mbabane Government Hospital
WILLIAMS, John Emmanuel Osom	Quality and acceptability of routine "opt-out" HIV testing in antenatal services in the Kassena-Nankana district of Northern Ghana

## 2012

ADEDAYO, Adegbenga Ominiabohs	Evaluation of the effectiveness of the partnership for reviving routine immunization in Northern Nigeria programme in Jigawa State, Nigeria
ADEYEMI, Benjamin	Child abuse: An assessment of recognition capabilities, attitudes and reporting practices of primary school teachers in Pietermaritzburg
AKUSOBA, Kenekchukwu Okechukwu	Barriers to adherence to antiretroviral therapy among adult patients in a hospital in the Eastern Cape Province
ANIKAMADU, Michael Oomegbunam	Patients' perspectives on the provision of tuberculosis and HIV integrated services in Sisonke district, KwaZulu-Natal
ARENDSE, Juanita Olivia	The development of a tool to evaluate the quality of the prevention of mother-to-child transmission programme offered to the HIV exposed infants in the primary health care facility setting in Cape Town
AVONG, Eunice Bosede	Prescribing practices in the social health insurance programme at secondary hospitals in the Federal Capital Territory, Abuja, Nigeria
AVONG, Yohanna Kambai	Adherence to antiretroviral therapy in the Federal Capital Territory, Abuja, Nigeria
AZIA, Ivo Nchendia	Barriers to adherence to antiretroviral treatment in a regional hospital in Vredenburg, Western Cape
BASHE, Noxolo Lizl Yolande	The perceptions and experiences of nurses about the quality of nursing care in a district hospital in Cape Town, South Africa
BASHE, Buyile Simon	Perceptions of HIV and AIDS related stigma among employees in the Parliament of the Republic of South Africa
BULTUME, Mulugeta Debele	Utilization of the health extension program services in Akaki district, Ethiopia
CEPUCH, Christina Anna	Availability of essential medicines for chronic disease versus communicable disease in Kenya as an indicator of age-related inequities in access
CHIBUGA, Emeritus Bugimbi	Prevalence, severity, risk indicators and impact of visual impairments among diabetic patients in Mkuranga District, Tanzania
CHIMATIRA, Raymond	Challenges, barriers and opportunities in integrating tuberculosis/HIV services in the Tsandi District Hospital, Namibia
DALAIS, Lucinda Margaret	Perceptions of body weight and health risks among primary school educators in the Western Cape



*"My initiation into public health happened when ... a large Community Health Worker Programme, the Mitadin Programme was being launched by the [Indian] state government. ... My husband and I initiated work on the right to health, women's rights and the empowerment of the marginalized indigenous communities. ... The Mitadins have been intervening in ... domestic violence, right to food and health, gender rights, and forest and land rights, with a fair degree of success.*

*Working through the MPH was not easy but it all has been worth it. The most satisfying thing for me is that the MPH has equipped me with knowledge and skills that I am using on a daily basis in my work. I am now more confident in undertaking research and have been using a lot of what I've learnt in my advocacy work. I am hoping to be able to pursue my PhD with UWC."*

2012 MPH graduate Sulakshana Nandi,  
State Convener, Public Health Resource Network, India (graduated cum laude)

DU PLESSIS, Carol Denise	Experiences of student support in the distance mode Bachelor of Nursing Science Degree at the University of Namibia, 2005-2011
EGBUJIE, Bonaventure Amandi	Socio-economic status and cardiovascular disease risk profile of black South Africans living in an urban and rural community
FOLEFOC, Asongna Theresia	Treatment outcome of HIV-I infected children on antiretroviral therapy in the Limpopo Province of South Africa
FWAMBO, Mercy	Factors influencing infant feeding practices of mothers in Kabwata Township, Lusaka, Zambia
GATSINDA, Melence	Factors that influence intention to stay amongst health workers in Kabaya, Rwanda
GOVENDER, Thashlin	Factors that influence utilization of primary health facilities by adolescents in Tafelsig, Mitchells Plain
HABAGUSENGA, Jean d'Armour	Job satisfaction of health professionals in Kigali University Teaching Hospital
HAGOS, Amir Aman	Assessment of the effect of place of selection on performance of health posts and turnover of Health Extension Workers in Jimma Zone, Ethiopia
IROEZINDU, Michael Onyebuchi	Prevalence of HIV-related opportunistic diseases amongst HAART patients at the Federal Medical Centre in Owerri, Nigeria
JOAQUIM, Ana Maria Manuel	The perceptions and experiences of medical technicians of decentralization of the ART programme in Mozambique
KABEJA, Adeline	Effectiveness of task shifting in antiretroviral treatment services in health centres, Gasabo District, Rwanda
KAMBALE, Susan	Assessment of the knowledge and perceptions about tuberculosis among primary school children in Ntcheu District, Malawi
KANENE, Cuthbert	Assessment of the coverage and quality of HIV diagnosis, prevention and care activities within the TB programme in Livingstone District, Zambia
KHUNGA, Helen	Factors affecting detection and referral of malnourished children to Primary Health Care (PHC) level in Kalomo district, Zambia
KUFA, Erica	The timing of first antenatal care visit and factors associated with access to care among antenatal care attendees at Chitungwiza municipal clinics, Zimbabwe
KWENDA, Felix	Factors influencing male partner involvement in the mother to child transmission of HIV PLUS programme in Gobabis District: A Qualitative study
LANGDJI, Anne Ruedisili (cum laude)	Factors that influence disclosure or non-disclosure of one's HIV-positive status to friends, family and regular sexual partners in Linguere, Senegal
MAKURUETSA, Penny Sebuweng	Exploring the experiences of hospice care providers in palliative care implementation in Botswana
MASHINGAIDZE, Linda	A description of the insights and attitudes of undergraduate health sciences students into the interprofessional education programme at UWC: Experiences of occupational therapy students
MATSINHE, Juvêncio Alfredo	The factors influencing nurses to pursue advanced education outside nursing in Maputo Central Hospital in Mozambique



*"Though I have been working in the area of public health for some time, going through a structured course of study has helped me immensely to consolidate my knowledge and skills. The curriculum was a great resource of readings that ranged from the classics of public health to contemporary material.*

*Being forced to take time off from work to read and write ensured that I brought myself up to date and refreshed my own understanding of public health issues. The supervision was, on the whole, extremely insightful and facilitatory. The resultant increased confidence and rigor has motivated me to publish work that I had done but not taken to the quality needed to publish. Also, the fact that I now have a formal degree in public health from a reputed institution will help me and the public health resource organisation that I am associated with."*

2011 MPH graduate Vandana Prasad, National Convener,  
National Commission for Protection of Child Rights, India (graduated cum laude)

MIRUKA, Fredrick Omondi	Comparison of loss to follow-up among HIV and AIDS patients in care and treatment in Kisumu, Kenya
MOKGATLHE, Tuduetsso	Factors associated with maternal mortality in South East Botswana
MOOMBA, Kaala	A qualitative study of barriers to adherence to antiretroviral treatment among patients in Livingstone, Zambia
MUBEKAPI, Constance	Nurses experiences and coping strategies within the context of an HIV/Aids work environment in Geita district, Tanzania
MUSUMALI, Masela Rose	Disclosure experiences of people living with HIV in the workplace : The case of public service workers in Zambia
MUTANDI, Gram	Quality of HIV/AIDS care provided to adult patients at an urban health centre in Namibia
MWANZA, Mike	Evaluation of the outpatient therapeutic programme for management of severe acute malnutrition in three districts of Eastern Province, Zambia
NAKATHINGO, Phillemon Kashiimbi	Assessing knowledge, attitude and practices of male condom use among male employees fifty years and older at a diamond mining company in Namibia
NANDI, Sulakshana (cum laude)	The role of community health workers in addressing social determinants of health in Chhattisgarh, India
NUUYOMA, Vistolina Nenayishula	An exploration of perceptions regarding the feasibility of implementation of kangaroo mother care in the maternity ward of Tsumeb district hospital, Namibia
NYATONDO, Kapera Tafadzwa Justin	Factors associated with first line regimen modification in treatment naïve adult patients on highly active antiretroviral therapy (HAART) at a rural clinic in Namibia: A cohort study
OGENDO, Arthur Odera	A qualitative assessment of the perception of the Luo community of Western Kenya on the roll out of male circumcision as a medical intervention towards reducing HIV transmission
PARKER, Shireen	The quality of reproductive health services and integration with HIV prevention and care in the Western sub-district of the Cape Metropole
SEMASAKA SENGOMA, Jean Paul	Predictors of burnout amongst nurses in paediatric and maternity wards of district hospitals of Kigali City, Rwanda
SHABA, Keith	Assessment of the quality of acute flaccid paralysis surveillance data in the World Health Organization African Region
SHABA, Samuel	Providers' and patients' perspectives on the quality of antenatal care services in three public hospitals in Abuja, Nigeria
UMUNNA, Zeluwa	Explore the factors that contribute to barriers to the utilization of health services at the primary care level - A study of two primary health clinics in Nasarawa State, Nigeria
UWALIRAYE, Parfait	Factors influencing job performance of nurses and midwives in postpartum care: Case of Kibagabaga and Muhima hospitals in Rwanda
WELDEMARIAM, Abiot	Exploring influences on nurse motivation in Butajira Zonal hospital, Ethiopia



*"Studying MPH part-time at the UWC has really changed my view of distance learning. The anticipated 'long and lonely journey' was changed into an exciting learning experience. I really appreciated the endless support and friendliness of the lecturing and administrative staff.*

*I also benefitted a lot from being given an opportunity to send draft assignments and to attend the mini-thesis week. The 'Comprehensive Primary Health Care', 'Measuring Health and Disease' and Research modules gave me a broader understanding of key public health issues such as PHC re-engineering such that the acquired knowledge and skills are already useful in my professional work."*

**2011 MPH graduate Duduzile Nsibande, Senior Scientist,  
Medical Research Council, KwaZulu-Natal, South Africa**

## PhD in Public Health

Our intake of doctoral students has been increasing dramatically in the past few years. At present 44 students are enrolled for doctoral studies; some are our own staff members, some are attached to research projects which carry PhD scholarships, and some are self-funded. While only a few people have graduated from the PhD programme to date, we expect an acceleration of graduations in the coming years.

In 2011 and 2012 we celebrated the graduations of three students: Marianne Visser from the University of Cape Town (below), Simukai Shamu formerly from the University of Zimbabwe and now a colleague at the SOPH (on the extreme right), and Jeannine Uwimana, who is seconded from the University of Rwanda to UWC and the HIV/TB Care Association (centre).

All three dissertations addressed HIV/AIDS/TB.



### 2011

VISSER, Marianne

The effect of vitamin A and zinc supplementation on the bacteriological response of persons with pulmonary tuberculosis in the Western Cape

### 2012

SHAMU, Simukai

The dynamics of intimate partner violence during pregnancy and linkages with HIV infection and disclosure in Zimbabwe

UWIMANA, Jeannine

Community participation in collaborative tuberculosis and HIV activities including prevention of mother-to-child transmission (PMTCT): Development and evaluation of a community-based intervention to enhance integration of TB/HIV/PMTCT services in a rural area of South Africa



*"In the early 2000s, an Indonesian trial reported quicker treatment responses after two months of standard anti-tubercular therapy among adults with pulmonary tuberculosis who received vitamin A and zinc supplements. Earlier sputum conversion would reduce the period of infectiousness and would likely reduce relapse rates.*

*[I was] principal investigator of a trial ... at the Delft and Delft South Community Health Centres ... investigating the adjunctive supplementation of vitamin A and zinc on bacteriological outcomes of adults with sputum smear-positive pulmonary tuberculosis receiving standard anti-tubercular treatment. Unfortunately we were not able to demonstrate any beneficial effect of micronutrient supplementation on sputum conversion. ... [but] our data provided us with a valuable opportunity to conduct an analysis of predictors of early treatment responses among trial participants."*

**2011 PhD graduate Dr Marianne Visser, Lecturer/clinical supervisor, Nutrition and Dietetics Unit, University of Cape Town, South Africa**



# Short Courses and Continuing Education

Since 1992 the School of Public Health's (SOPH) annual Summer and Winter Schools have provided learning opportunities for close to 10,000 participants from South Africa and other African countries, making this probably the largest continuing education programme in public health in Africa.

The short course format used in both schools provides

- responsive continuing education to health service providers; as well as
- contact time for our postgraduate students.

They also showcase the University and 'market' the School's postgraduate programme, with many of our students from both South Africa and the continent more broadly hearing about us, and getting to know us, through attendance at one of the short courses.

Both schools are also designed to provide an introduction to the distance modules for our registered students, who are encouraged to take advantage of this face-to-face engagement. 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, providing opportunities to gain additional skills in current public health issues and practice. Courses are mostly one week long, causing a minimum of disruption to the services in which the participants work. Those which are run regularly are accredited with the HPCSA for continuing professional development purposes.

The courses are presented by the SOPH staff and guest lecturers from local and international institutions, using interactive and participatory methodologies.

## Attendance at Summer and Winter Schools: 2011 - 2012

(Registered students and course participants)

	2011	2012	Total
<b>Summer School</b>	77	34	<b>111</b>
<b>Winter School</b>	317	288	<b>605</b>

Attendance numbers and topics of courses vary. In the statistics above, the drop in Summer School attendance in 2012 is partly attributable to no new admissions of Postgraduate Diploma students and a conscious reduction in admissions to the Masters programme.

In 2011 and 2012, many of those who attended Winter School were in management and co-ordinating positions (214 of 605 registrations) while 109 were in support posts (like monitoring and evaluation officers, human resources practitioners etc.) Fifty participants were involved in some way in health promotion with an additional 23 working in education and training. A total of 44 were environmental or occupational safety officers; 81 were health workers, 7 were involved in labs and pharmacy while five worked as community workers of some kind. 29 were epidemiologists or involved in research.

## Courses offered during Summer and Winter Schools: 2011 - 2012

### Summer Schools

Descriptive epidemiology  
Health systems research II  
Health, development and primary health care II  
Introducing public health  
Measuring health and disease II  
Population health & development (PHC I)

### Winter Schools

Alcohol problems: Developing multi-faceted programmes for communities living with alcohol  
Community participation  
Computerised district health information systems:  
An intermediate course  
Computerised district health information systems:  
An advanced course  
Current thinking and practice in health promotion  
Epidemiology and control of HIV/AIDS, tuberculosis and malaria in the era of antiretrovirals  
Epidemiology and control of non-communicable diseases  
Globalisation and health: Key aspects for policy makers, managers and practitioners  
Health management  
Health promoting schools: Putting vision into practice  
Health promoting settings: A partnership approach to health promotion  
Information systems for human resources for health  
Monitoring and evaluation of primary health care programmes: Programme I (2 weeks)  
Qualitative research methods  
Quantitative research methods  
Research, health and ethics in the African context  
Survey methods for health research  
Understanding and analysing health policy  
Using geographical information systems (GIS) for analysing and mapping health care issues  
Using health information for effective management:  
An intermediate course

# RESEARCH AND PROJECT WORK:

## Producing evidence for health systems analysis and practice

The research conducted in the School of Public Health (SOPH) covers diverse areas – from strengthening primary health care (PHC) and building district health systems to understanding and addressing the social determinants of health and their interactions, particularly with chronic and non-communicable diseases. We also work on issues relating to the development of capacity for promotive and preventive interventions.

Most of our research is funded by external grants and is conducted in collaboration with academic institutions from all over the world; with ministries of health, local health districts and community-based organisations (see list of partners and funders on page 46).

Running through our research is an understanding that health and ill-health, and health systems and programmes are fundamentally generated by people, whether as health care providers, as patients, as activists or as policy makers and politicians. Their interactions, values, beliefs and skills constitute the immense complexity we encounter when researching, understanding and intervening through our projects. Our research and capacity development projects all aim to honour this complexity, while at the same time providing knowledge, insights and skills that are practical and applicable in improving the health of populations.

On the following pages we introduce in some detail a selection of our key projects undertaken in the past two years, followed by brief summaries of other projects conducted in the SOPH.



# PURE-ifying research on chronic diseases: The Prospective Urban and Rural Epidemiological (PURE) Study

Chronic diseases such as diabetes, cardiovascular disease and cancers are a major cause of global morbidity and mortality. The World Health Organization (WHO) has estimated that by 2020, one third of the global burden of disease will be attributable to chronic diseases.

Many developing countries, including those in sub-Saharan Africa, face the challenge of a quadruple burden of disease, comprising infectious diseases, non-communicable diseases (NCDs), injury and poverty. In many of these countries, between 5% and 20% probability of death is attributable to infectious diseases, malnutrition and peri-natal disorders in children under the age of 15 years – while morbidity from chronic diseases is increasing, along with the prevalence of contributing risk factors such as smoking and a change from traditional to Westernised diets.

It is in this context that the Prospective Urban and Rural Epidemiological (PURE) study was initiated, the aim of which is to track the changing lifestyles, risk factors and chronic disease among 150,000 people over 15 years across 17 high- to low-income countries from every major region of the world. In so doing, PURE intends to identify the factors that drive the development of risk for chronic NCDs, with a view to reducing their prevalence in the entire population.

The study will develop a body of information that will inform the development of societal interventions adaptable to a range of communities. Factors at three levels will be investigated. These are the individual level (lifestyle behaviours and attitudes, and genetic markers); the household level (family structure, income, housing, etc.) and the community level (urban-rural differences, built environment, policy environment related to tobacco and food, and social factors). More specifically, factors in the environment will include

- the physical environment (buildings, land use, transport system) as well as the perception of the environment (how conducive an area is for walking and physical activity);
- nutrition policy and environment, which includes issues such as food affordability and availability;
- psycho-social and socio-economic factors, which include income inequality, literacy, and level of perceived stress and social networks; and
- tobacco use, which includes policies on tobacco products and tobacco exposure.

## PURE in South Africa

From 2009, the School of Public Health (SOPH) has been leading the PURE study in South Africa, collaborating with researchers from the Medical Research Council (MRC), Human Sciences Research Council (HSRC) and the University of Cape Town (UCT). The two sites selected for this research – where about 2,000 people will be tracked over the 15 years – are Langa in the Western Cape (the urban site) and Mount Frere in the Eastern Cape (the rural site).

In 2009 and 2010, 2,058 people were recruited to participate in the study. Of these, 1,910 participants were successfully contacted during the first and second years of the study (2011 and 2012) giving a response rate of 93%. Baseline information – such as weight, height, blood pressure – was collected through interviews and basic medical measures. From here onwards participants will be contacted every three years, when clinical events such as heart attack, stroke, death etc. will be noted – as well as data about changing environments, societal influences on lifestyle, risk factors and cardiovascular disease. In this way, information will be gathered to determine whether, and how, these factors influence the development of NCDs.

## Baseline findings

During September and October 2012, meetings were held in both research sites to inform the study participants of the baseline data collected. These were well attended and participants were very interested to hear the preliminary findings. The presentations in both sites were followed by useful discussions.

Highlights of the findings include the following:

- There is a significant difference between the socio-economic profiles in urban and rural sites. For example, in terms of education 70% of participants in the urban site had attended secondary school while in the rural site only 48% had done so. Tertiary education attendance was low in both sites, being 7% in the urban site and 3% in the rural site.
- A large percentage of people in both sites were unemployed - 73% in the urban site and 80% in the rural site.



- There are various differences in the prevalence of NCD risk factors in the urban and rural sites:
  - the prevalence of hypertension was higher in the rural site at 82%, while it was 57% in the urban site;
  - diabetes was slightly higher in the urban site where it was 12%, while it was 8% in the rural site;
  - obesity (BMI = 30 kg/m<sup>2</sup>) was higher in the urban site at 58%, versus 42% in the rural site;
  - current smoking use was similar across sites (18% in urban and 17% in rural sites), while alcohol use was higher in the urban site (18% - and 11% in rural site); and
  - a large percentage of people in both sites had cardiovascular risk factors (stroke, angina, heart failure, heart failure and other heart diseases).
- Since 2009, there have been 25 deaths and other events (such as stroke, heart attack etc.) in the urban site and 22 deaths and other events in the rural site.

In summary, although NCDs are often associated with urbanisation, rural dwellers are just as affected by NCDs and related risk factors, although there are differences in the extent of these factors across the sites. This requires that we look carefully at the nature of these differences, and particularly at changes that occur in rural areas as they evolve and how these impact on the emergence of NCDs.

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**Investigators:** Prof Thandi Puoane, Dr Ehi Igumbor, Prof David Sanders with assistance from Lungiswa Tsolekile

**Fieldworkers:** Kululwa Ndayi, Lungisani Ngodwana, Didi Gobile, Boniswa Jwili, Khumbula Ndibaza

**Other collaborators within UWC:** Prof Rina Swart (Dietetics), Prof Gail Hughes (SAHSMI), Prof Pam Naidoo (Psychology), Dr Lloyd Leach (Biokinetics)

#### **Student participation**

Three MPH graduates used the PURE data for their theses, and a further two MPH students and five PhD students are currently using these data.





# Health Systems Research and Development: Building a Cape Town hub

Health systems analysis, development and research has been a cornerstone of the School of Public Health's (SOPH) work from its inception, but has gained in strength and importance in recent years. Our teaching has a strong focus on health systems and we continue to work with the South African national and provincial departments of health to build capacity and conduct research in policy-relevant areas.

In collaboration with our sister school at the University of Cape Town (UCT), the SOPH is increasingly also developing strong international links and networks with colleagues working in this emerging field. In this report we highlight the beginning of a close institutional collaboration with the Institute for Tropical Medicine in Antwerp, Belgium, through the new SARCHI chair, Prof Wim van Damme (see below), as well as our presence at the second Global Symposium on Health Systems Research held in Beijing in November 2012. The CHEPSAA and CHESAI projects are two other initiatives which signal Cape Town's development as an international hub in this field (see page 42).

Building on this emerging strength, the SOPH joined UCT, the University of Stellenbosch, the Medical Research Council and the Health Systems Trust in successfully bidding to host the third Global Forum for Health Systems Research which will bring together over 1,500 researchers and practitioners from all over the world. The preparation for this symposium, to be held from 30 September to 3 October 2014 at the Cape Town International Conference Centre, will undoubtedly shape much of our work in the next two years, bringing not only substantial amounts of work but, more importantly, a tremendous opportunity to build our hub, showcase our work and strengthen our international networks.

## Professor Wim van Damme: SARCHI Chair in Health Systems, Complexity and Social Change



In February 2012, the University of the Western Cape (UWC) was awarded seven SARCHI chairs, the highest number of any university in that application cycle. Funded by the National Research Foundation (NRF), the South African Research Chairs Initiative (SARCHI) is a national endeavour whose main goal is to strengthen and improve research and innovation capacity of public universities for producing high quality postgraduate students, research, and innovation output.

One of these seven chairs is in Health Systems, Complexity and Social Change. In August 2012, Prof Wim van Damme from the Institute of Tropical Medicine Antwerp (ITM) was appointed to this position which, although a university post, will be located in the School of Public Health (SOPH) where he will work from 2013. The School's Shun Govender interviewed him about his work and what he would like to do while at UWC.

*SG: Prof Van Damme, tell us something about yourself.*

**WvD:** I am from Belgium. I am a medical doctor but am not practicing medicine as I focused quite early in my career on public health in which I have been involved for the last 25 years. I have spent roughly half of this time in different countries – in Peru, Sudan, Guinea and Cambodia – as medical co-ordinator for primary health care programmes with Médecins sans Frontières (MSF). Our main focus was on developing primary health care with local communities and expanding coverage of the basic services in very poor areas, which were often recovering after conflict.

For three years during my time in Guinea I was in charge of a large refugee programme for many people from Liberia and Sierra Leone. Following this experience I wrote a PhD on refugee health, which looked at how to provide refugees with the basic health services while strengthening the health services for the entire population.

*SG: You are also a professor of public health at ITM. What do you do at ITM?*

**WvD:** ITM is a medical institute working on biomedical issues. It also has a large public health department where, like you, we also only offer postgraduate training at the Diploma, Masters and PhD levels. As a biomedical institute we are a medicalised school of public health, however, which is different to your approach. Another difference is that our work is not about Belgian public health issues but is oriented to international collaboration, historically directed mostly towards Africa but which now includes Asia and Latin America. I have personal working collaborations in South East Asia, Cambodia and China where I have worked – and in Africa in Mozambique, Malawi and Ethiopia. It is through these international collaborations and research consortia that I came to know colleagues here at UWC.

*SG: You are going to be the focal person in the new relationship between SOPH and ITM. How do you see this?*

**WvD:** I will occupy the newly-created Chair in Health Systems, Complexity and Social Change based at the SOPH. I will do this work as part of a team, together with colleagues from ITM who will join me from time to time. We will have to develop an approach regarding

how to build a strong collaboration between the two institutions, where we have synergies and where we complement each other. We have a commitment from both sides and I am very excited about the possibilities.

My work at ITM overlaps to a large extent which is good for collaboration. For example, Prof Helen Schneider's work in the Eden health district is exactly the type of work ITM is engaged in. I see a conceptual similarity. We also have a similar vision for the Masters and PhD training, which is one of the areas I have been asked to focus on.

*SG: What is your area of specialisation in public health?*

**WvD:** My research is mainly on health systems. In Africa the entry point has often been the AIDS epidemic and the huge need for increases in services. Not only are there often insufficient qualified human resources, but the services are not well prepared to take on people with chronic lifelong conditions, like the provision of lifelong antiretroviral treatment. The other consideration is that while a person with a chronic condition can live a good life, s/he needs another health care approach, another mentality, another type of care than, for instance, a child with diarrhoea might need. Such a shift has not really happened and health services are still geared to provide acute and episodic care rather than continuous care. I think that the primary health care re-engineering in South Africa takes this very seriously – but not so in many African countries.

There is still an unhelpful silo approach to dealing with HIV, TB and non-communicable diseases. We have to reconceptualise this from a patient and a provider perspective and not from a biological perspective. Whether it is a communicable disease or not, whether it's caused by a virus or something else – when it comes to developing an approach to lifelong caring, AIDS is not so different from diabetes.

*SG: Sub-Saharan Africa seems to be falling off the map in terms of the burden of the disease – including HIV – rather than improving. Does this have any impact on how we should be doing our health systems and other public health research – and the way we should engage with policy makers? Are these long-term issues or will it become manageable?*

**WvD:** Obviously the burden of HIV/AIDS is very high in southern Africa, unlike in northern or western Africa.

Is it unmanageable? No! South Africa is showing that it is manageable but that it is resource-intensive. South Africa is mobilising the financial resources needed and the good news is that prices of medicines are dropping fast, so financially I think it is possible here – but for poorer countries like Malawi and Mozambique, it may not be.

The main focus of my research has been on human resources. The issue is that if an AIDS patient needs 15 minutes of a doctor's time every month, ten minutes of a lab technician's time, five minutes of the pharmacist's time, this becomes impossible to provide. The numbers are so large that we have to meet the human resource requirements in another way. As with diabetes, this requires a shift to empowering patients to deal largely with their own condition. This requires investing in education and support for the patient and, given the large numbers of people affected, seeing how they can help one another. Of course you need professional staff when it is necessary, but not every month. It takes six months to a year for the patient to accept his or her condition and make the lifestyle changes to go on living, after which they need advice and support and not the same intensive care.

There are good experiences here in South Africa with the community health workers, as well as in Mozambique and Malawi where they developed peer support groups and clubs where people can share their experiences and help one another. If the community health worker has personal experience of living with AIDS or coping with antiretroviral treatment, or has been pregnant and breastfed a child who is HIV-positive, these experiences are important to share. She can bring to her peers many things that a doctor or nurse cannot bring.

*SG: How do you see the need to build research capacity within the SOPH?*

**WvD:** It is quite explicit in the description of the SARCHI Chair, namely to groom the next generation of researchers. Training and creating research capacity is slow; you cannot have a short course and expect to have qualified researchers. But that will be my challenge. At SOPH there is good research capacity, but more of the good researchers are older; I do not yet understand why.

*SG: Is there a need to assist PhD candidates in choosing relevant PhD topics to research?*

**WvD:** This is another illustration of the challenges that are similar in many institutions. You have to find a balance between attracting people who have their own ideas and who are committed to researching a particular topic while also having coherence and consistency in your research programme. There are very strong centrifugal forces so the tension will always be there.

It is also important to have a critical mass of people working on similar research interests. It may be important to identify areas of work, for example in chronic diseases, and then identify niches focusing on certain topics. In this way if a person comes with something very different, we can say that it is interesting but we prefer to work in certain niche areas. But it will always need to be negotiated because you need the candidate's interest and drive as well as the capacity to guide such a candidate.

And you want to attract PhD candidates who have worked for a number of years and have developed a passion for this or that topic, as good PhD candidates are central to a school of public health. They are the drivers of innovation; they are the ones who are very committed to get publications out; they really create the dynamic. But it has to be managed and the bright ideas have to be matched with the resources and time frames available.

*SG: You are a scholar of international standing. Why did you choose to come to UWC's SOPH?*

**WvD:** I was asked by people here who I appreciate and respect very much. Of course I have a firm engagement in Antwerp which I cannot just drop – but in terms of my personal family circumstances this came at a right time. So when it became possible to engage in a partnership on a 50/50 basis between ITM and SOPH, my family and I decided this is a good opportunity that should be taken up.

Much will depend on how we can collaborate and how we can find our way around practical issues. I have a good feeling about this arrangement.

# Emerging Voices for Global Health

by Wolde Kifle Amde

The Emerging Voices for Global Health (EV4GH) initiative was established in 2010 by the Institute of Tropical Medicine (ITM) Antwerp, in response to the underwhelming presence of health experts from low- and middle-income countries (LMICs) in global discourses about health systems strengthening. With a view to promoting the participation of young health professionals and researchers from these areas, the specific objectives included

- *'to facilitate participation in a public conference;*
- *to introduce and advance content knowledge about global health governance, health systems research and other related topics; and*
- *to enhance writing skills towards publication (peer-reviewed publications, social media, blogs...)' (ITM Brochure, 2012).*

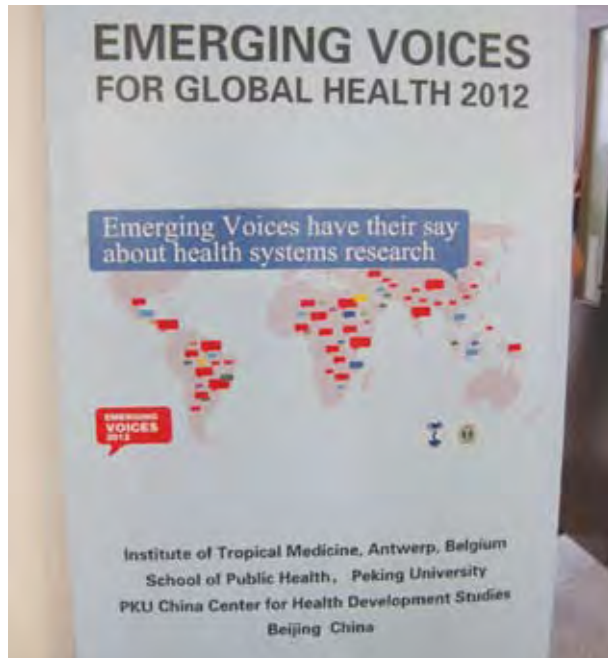
The Emerging Voices programme - organised into pre-conference, during, and post-conference phases – was held for the first time in 2010, alongside the First Global Symposium on Health Systems Research in Montreux – and again alongside the Second Global Symposium in Beijing in October/November 2012.



In Beijing, there were 50 health professionals and researchers from over 30 LMICs. With the call for participation attracting over 350 applicants vying for a place, I was extremely happy to make the final cut – and what a wonderful opportunity it was!

The programme addressed various themes: methods for health systems strengthening (HSS); innovation for HSS; universal health coverage; neglected priorities; and BRICS. Given the programme and research work in which I am currently engaged, the 'methods' and 'innovations' themes were most appealing to me.

I particularly enjoyed the face-to-face sessions on substantive issues focusing on health systems research which gave me the chance to engage with young and senior voices. I was also introduced to innovative approaches for preparing and delivering presentations which will be useful for some of the work we do at the School of Public Health (SOPH). Through oral and poster presentations I was able to share the experiences of the SOPH in implementing a multi-country capacity development intervention in the area of human resource for health (see page 10), describing how complex the intervention process has been and the strategies we are employing to navigate these challenges.





I feel the Emerging Voices 2012 track was a great success. Following the support participants received during the programme, they were able to make meaningful and visible contributions in the Global Symposium itself. In addition, Emerging Voices seems to be inspiring and reinvigorating similar initiatives in the sector which I hope grow stronger and that Emerging Voices continues to realise its noble ambitions.

Last but not least, as a first time visitor, I enjoyed my time in China. I have always been fascinated by the country: its unparalleled economic growth; its unique

ways of coping with the needs of a massive population; its readiness to, and pride in seeking local solutions; and the vision and pragmatism of its leadership. My visit to a well-managed and highly-recognised Traditional Chinese Medicine Hospital proved a very good case in point.

I would like to thank the SOPH at UWC and the ITM for these opportunities!

## SECOND GLOBAL SYMPOSIUM ON HEALTH SYSTEMS RESEARCH Beijing, 31 October - 3 November 2012

In November 2010, 1,400 researchers, policy makers, funders, and other stakeholders from around the world met in Montreux, Switzerland to share evidence, identify significant knowledge gaps, and set a research agenda that reflected the needs of low- and middle-income countries, particularly regarding universal health coverage. They also agreed on the need for ongoing symposia on this topic.

A second meeting was held in Beijing in November 2012, attended by about 1,800 participants. The objectives were to

- share new state-of-the art evidence on universal health coverage;
- review the progress and challenges towards implementation of the global agenda of priority research on accelerating progress towards universal health coverage, including progress since the World Health Report of 2010;
- facilitate greater research collaboration and learning communities across disciplines, sectors, initiatives and countries; and
- identify and discuss the approaches to strengthening the scientific rigour of health systems research including concepts, frameworks, measures and methods.

The second symposium also saw the launch of Health Systems Global, a society which aims to bring together researchers, decision makers and implementers and to promote health systems research and knowledge translation through catalysing research (<http://www.healthsystemsglobal.org/>).

There was a strong presence of SOPH staff in both Montreux and Beijing and we played an active role in both symposia.

## THIRD GLOBAL SYMPOSIUM ON HEALTH SYSTEMS RESEARCH Cape Town, 30 September to 3 October 2014

Together with the universities of Cape Town and Stellenbosch, the Health Systems Trust and the Medical Research Council (MRC), the SOPH bid successfully to host the third symposium in Cape Town in 2014. This will be the first global symposium on health systems research to be held on the African continent.

# Re-engineering Primary Health Care: Learning-by-doing to support equity and access

The launch in 2010 of the initiative to Re-engineer Primary Health Care in the country has given South Africa's longstanding commitment to the provision of primary health care (PHC) new impetus. The idea is to improve performance and access so that, for example, people can be diagnosed early and referred before their conditions deteriorate, routine care can be given to children as they grow up, and those with chronic illnesses can maintain their wellbeing by receiving regular care at a local level.

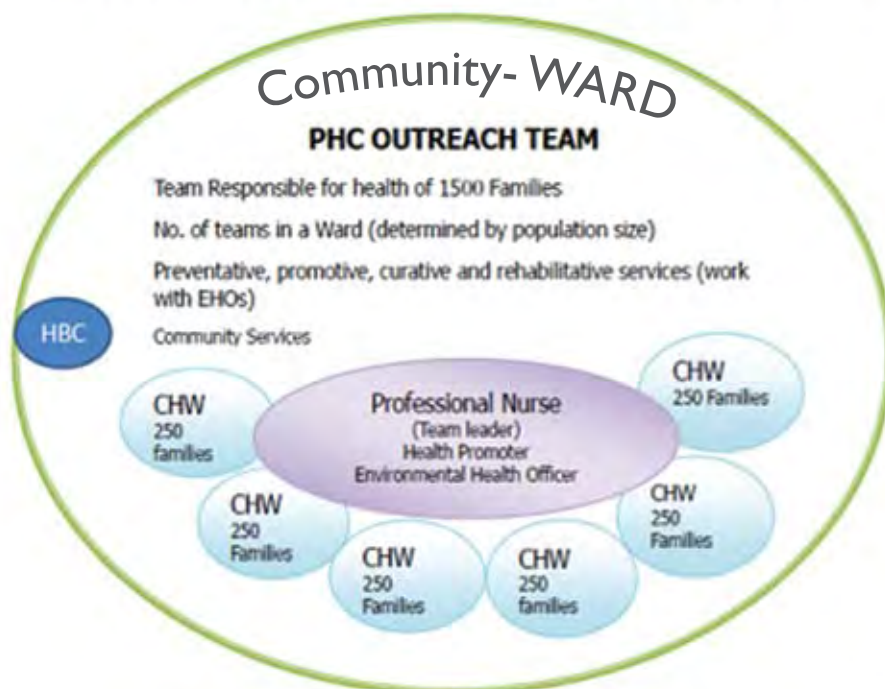
In 2010 Helen Schneider was a member of the Ministerial Task Team which compiled the discussion document for this important national initiative. Since then, the School of Public Health (SOPH) has been involved in a number of activities in support of the implementation of what has become referred to as ward-based primary health care outreach teams. As community-based lay health workers are central to these teams, this builds on the School's long-standing interest and agenda of work regarding community health worker (CHW) programmes, both locally and internationally.

## Community-based care

The development of ward-based outreach teams is founded on a dense community-based 'economy of care' that has emerged in South Africa over the past 15 years, largely around the response to HIV. With financial support from government and donors, a diverse array of lay health workers based in non-profit organisations (NPOs) was recruited to provide care, support and counselling in health facilities, homes and communities. In 2011, a government audit counted 70,000 such workers, many of whom existed in a semi-formal relationship with the health system.

Outreach teams represent an attempt to formalise, standardize and integrate existing community-based services into the formal primary health care system. The teams will be responsible for a defined number of households and will comprise generalist CHWs led by a registered nurse with close links to the local health facility.

## WARD-BASED PHC OUTREACH TEAMS



The role of CHWs will extend beyond HIV/TB to include maternal and child health and chronic non-communicable diseases, and will shift towards a stronger preventive/promotive focus.

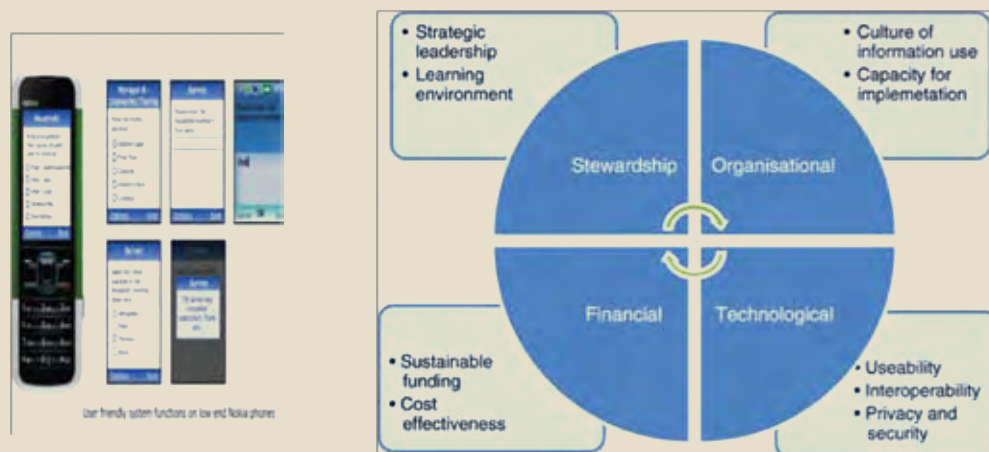
Although yet to receive a meaningful allocation of resources nationally, the concept of these outreach teams has largely been well received across the country. Several provinces are experimenting with

the idea and instituting new systems and ways of managing community-based services. The national Department of Health has supported this by providing an in-service training programme for CHWs and outreach team leaders and is in the process of finalizing a national CHW curriculum that will lead to a formal qualification through the Quality Council on Trades and Occupations.

## Box 1: mHealth strategies for PHC

Universal availability of mobile phone technology or mHealth has generated great interest in their possible health applications, particularly in community-based settings.

In 2011, working with the MRC, we conducted a review of the uses of, and experiences with mHealth, both locally and internationally, paying special attention to the challenges of sustainability. We identified four key capacity requirements for sustainability: government stewardship, organizational cultures of information use; technological interoperability; and sustainable funding.



During 2012, the MRC and the SOPH began piloting an mHealth version of the M&E system for ward-based outreach teams in the North West Province, assessing its feasibility and end-user acceptability, and the inter-operability with the District Health Information Systems. The results of this pilot will be available in 2013.

## Monitoring the implementation of outreach teams

With funding from The Atlantic Philanthropies and Centers for Disease Control (CDC), the SOPH has worked closely with the national Department of Health to design and test a monitoring and evaluation (M&E) strategy for the outreach teams. Following a series of workshops and consultations starting in 2011, the broad principles of the M&E system were defined – and then further refined into a set of indicators, tools and manuals linked to the existing District Health Information System (DHIS). During the course of 2012 – in collaboration with the Health Systems Trust (HST), the Medical Research Council (MRC) and the Health Information System Project – this system was piloted in both paper-based and mHealth versions (see Box 1) in the North West Province. This resulted in the registration and screening of more than 40,000 households, and the institution of routine systems of follow-up and data reporting through the DHIS.

As with proposals for the National Health Insurance (NHI) and other reform initiatives in South Africa, the development and implementation of ward-based outreach teams requires the mobilisation of resources, actor buy-in and shifts in relationships at multiple levels of the health system. ‘Whole system’ transformations of this kind are inherently complex to manage and require active processes of reflection and considerable ‘learning by doing’. We hope to continue

playing our part in providing support and critical feedback to ensure successful implementation of new policies which promote greater access and equity in South Africa’s health system.

## From monitoring to evaluation of ward-based PHC outreach teams

In June 2012, we convened a one-day symposium attended by more than a hundred delegates to share experiences and research on ward-based outreach teams, CHWs and community-based services across the country. In preparation for this, we conducted a literature review and published an annotated bibliography of research on CHWs in low- and middle-income countries, confirming a growing interest in CHWs programmes in the academic community.

A smaller group met after the symposium to define an evaluation/research agenda relevant to the development of outreach teams (see Box 2). One particular outcome of this process has been the development of conceptual frameworks and protocols for rapid assessments of early implementation of ward-based outreach team development at provincial and district level. Field work for the first case study was conducted in the North West Province in late 2012. We plan to extend these assessments to other provinces in early 2013, in collaboration with HST and other partners.

### Box 2: Key research questions related to ward-based PHC outreach teams

- Appropriate roles, scopes of responsibilities, competence and training for CHWs as outreach team members
- Systems and support for CHWs and outreach teams: workloads, referral, remuneration and retention, mHealth strategies (systems ‘hardware’)
- Relationships: between CHWs, team leaders, facilities, NPOs, local governance structures, communities and households (systems ‘software’)
- Unintended consequences of ward-based outreach teams policy: loss of NPO involvement
- Policy analysis: professional/regulatory barriers to CHW scope of practice, alignment between policies (e.g. National Health Insurance (NHI), other PHC streams)
- Outcomes and impact: access, mortality, cost effectiveness



# Accessing Medicines in Africa and South Asia



As this project's name suggests, Accessing Medicines in Africa and South Asia (AMASA) is concerned with the factors which influence appropriate and affordable access to medicines. Focussing on India, South Africa and Uganda, this three-year comparative research study aims to identify the chief barriers in the pharmaceutical system which hamper appropriate and affordable access to medicines, from both a demand and supply side. To this end, it examines the production, distribution, supply and consumption of medicines through the lens of seven tracer drugs commonly used in various national health programmes – including HIV and TB, malaria, reproductive health, mental health, pain management and diabetes. It also investigates the effects of the complex interplay of patent regimes, pharmaceutical regulation, engagement by foreign donors, local production capacity and supply chain efficiency.

The research in South Africa is being undertaken by two departments at the University of the Western Cape (UWC), namely the School of Public Health (SOPH) - where David Sanders is the principal investigator, working with researchers Bvudzai Magadzire, Caroline Kinyua and Henry Leng – and the School of Pharmacy (Kim Ward). The other southern partners are the Foundation for Research in Community Health (FRCH) in India and Makerere University and Mbarara University of Science and Technology in Uganda. Academic and technical support is provided by partners from the North, including Queen Mary University of London, University of Edinburgh, Ghent University and the Swiss Tropical and Public Health Institute. The project is funded under the European Union's Framework Programme 7.

Through an extensive foundational literature review in the three study countries, the project identified information gaps and set priorities to be addressed by each country in field work activities. Two years later, in May 2012, the UWC team hosted a consortium workshop in Cape Town to assess the progress of the field work and data analysis, to discuss the key preliminary findings.

All research outputs fall into either one or more of the following thematic areas:

1. Regulatory capacity - which includes good manufacturing practice inspection/monitoring, laboratory QC/samples, pharmacists, prescribing, pharmacovigilance.
2. Government versus private procurement - which includes national disease programmes, donor agencies, distribution and storage as well as supply chain issues.
3. Rational use of medicines - which includes clinical evidence, prescribing, essential drugs list, pharmacist/patient data.
4. Community and user perspectives - which includes civil society and advocacy groups' roles in influencing health policies, and consumer interests.

These will be written up in the 14 country-specific and seven cross-country publications on which the researchers will work until the end of the project in April 2013. While the workshop was also used to plan these publications, lead and support authors have been assigned (with South Africans being the main author on five papers) data collection has been completed and several manuscripts of scientific papers have already been produced.

The workshop was supplemented by a full day of MAXQDA software training – with a view to providing an opportunity for participants to discuss data management activities, methodological challenges, key preliminary findings and intended country and cross-country research outputs.

Knowledge management has also been a key component of the AMASA project. At the workshop, Kristina Pelikan from Swiss Tropical and Public Health Institute provided an overview of the communication challenges over the past year and future plans for managing and disseminating the knowledge acquired through AMASA.



## SADC Flagship Course on Pharmaceutical Policy Reform

Improving access to quality, affordable, essential medicines in the Southern African Development Community (SADC) region, and assisting regional pharmaceutical collaboration by SADC member states, are some of the aims of the Southern African Regional Programme on Access to Medicines and Diagnostics (SARPAM) – which works with stakeholders in 14 SADC member states including governments, civil society, regional institutions, international agencies and the private sector.

In 2010, SARPAM conducted a situation analysis of the pharmaceutical sectors in the region, which informed a three-year plan for regional harmonisation. This includes pooled procurement of selected pharmaceuticals and the standardisation of regulations around medicine registration, with a view to improving access to quality and affordable medicines for the prevention and treatment of diseases that are of public health concern in the region.

At the beginning of the SARPAM project, a five-day Flagship Course on Pharmaceutical Policy Reform was held in July 2011 in Cape Town – attended by 70 participants comprising fourteen country teams of five senior representatives from the public and private pharmaceutical sectors and members of civil society.

The premise of the course was that pharmaceutical sector reform cannot be solved in ‘one right way’ and that combining international experience with local knowledge and priorities is helpful in developing and implementing effective and defensible policies. In addition to considering relatively technical issues – like improving supply chain performance and purchasing practices, and fighting corruption and ‘leakage’ – the course focused on broader contextual concerns involving both the politics and ethics of priority-setting decisions. Participants were exposed to a practical approach for analysing pharmaceutical systems performance, and for designing and implementing effective reform initiatives. They also learned how to diagnose problems and use various interventions (involving changes in financing, payment, organization, regulation, and persuasion) to improve pharmaceutical system performance.

The course material was developed by Harvard professors Michael Reich and Marc Roberts and pilot courses were held in Washington in 2009 and in Jordan in 2010. They also taught the course in collaboration with academics from UWC schools of Public Health and Pharmacy and other SADC-based universities. Wilbert Bannenberg was the course co-ordinator.

A highlight was the official opening by the South African Director General of Health, Malebona Precious Matsoso. A pharmacist and UWC alumni, Ms Matsoso has been involved in medicine regulation and has been a member of various advisory panels locally and internationally, mainly tasked with improving access to medicines.

The workshop was made possible by support from the UK Department for International Development (DFID), SADC and the African Development Bank.



# Keeping Breastfed Babies free of HIV?

## A randomised control trial

Post-natal transmission of HIV-1 through breast milk remains an unsolved problem in many resource-poor settings. In sub-Saharan Africa, especially in the rural areas, replacement feeding has proved to be a problematic alternative, given social, cultural, economic and hygienic constraints. Moreover, studies have shown that exclusively or predominantly breastfed infants have a substantially reduced risk of succumbing to common childhood infections such as diarrhoea and pneumonia - diseases that also inflict a substantial nutritional insult. Strategies to prevent mother-to-child transmission (MTCT) of HIV-1, that nonetheless allow breastfeeding for an optimal period of time, are urgently needed. To date, only Nevirapine has been tested as peri-exposure prophylaxis (PEP) for HIV-exposed infants during breastfeeding.

This study will inform on the relative advantages (efficacy) and drawbacks of two interventions to support HIV-1-infected women who are not eligible for HAART to safely breastfeed their babies. If found to be safe and efficacious, the regimens would avoid the existing contradiction between optimal infant feeding and the prevention of MTCT through breast milk, and expand the number of drug regimens available for HIV-exposed infants during breastfeeding.

The PROMISE-PEP (ANRS 12174) is a multi-national, randomised controlled clinical trial being undertaken in four African countries - Burkina Faso, Uganda, Zambia and South Africa - the results of which will be available at the end of 2013, early 2014. Clinical trial capacity development will improve the future quality of trials conducted in these countries.

Around 1,500 mother-infant pairs have been recruited in these four countries. The South African site is in East London in the Eastern Cape Province, where the School of Public Health (SOPH) is working with the Effective Care Research Unit (ECRU), a leading clinical trials unit lead by Justus Hofmeyr.

The trial is comparing the efficacy and safety of prolonged infant PEP with Lopinavir/Ritonavir (LPV/r) versus Lamivudine as ways of preventing HIV-1 transmission through breast milk in children born to HIV-1-infected mothers not eligible for HAART and who have benefited from perinatal antiretroviral (ART) regimens.

The study has recommended exclusive breastfeeding for all participants until the 26th week of the baby's life, and introduction of complementary feed thereafter, while continuing breastfeeding until week 46. In order to assess these two PEP interventions to prevent postnatal HIV-1 acquisition between 7 days and 50 weeks of a baby's life, infants have been randomised to receive LPV/r or Lamivudine twice daily from day 7 after birth until 4 weeks after breastfeeding has ended.

PROMISE-PEP (ANRS 12174) comprises a collaboration between the University of Montpellier in France, University of Bergen in Norway, Centre Muraz in Burkina Faso, Makerere University in Uganda, the University of Zambia and the University of the Western Cape's School of Public Health.

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### Project staff in South Africa

Professors Justus Hofmeyr from ECRU and Debra Jackson from the SOPH are the co-principal investigators. Mandisa Singata was the project co-ordinator and the following people worked on this project.

#### Research clinicians

Dr A Aku  
Dr Collins Okegbe-Eze  
Dr K Harper  
N P Jwacu  
P Njikelana  
V Henge  
FP Jakeni-Gomba

#### Data manager

T Gundu

#### Administrators

P S Duma  
BB Makwedini  
W Pretorius

#### Drivers

M Gqoboka  
M Moyakhe

#### Field workers

N P Betsha  
P Booi  
N D Cologu

T Lekoto  
N Madliki  
X Manyisane  
N Mbinda  
S Mngcozelo  
GPO Moloi  
V Mqashane  
NT Mshweshwe  
P J Mvango  
NM Nondlwana  
T Nontuthuzelo  
A Phuti  
K Seloka  
A Tafane  
S Williams







# Reducing HIV Transmission from Mothers to their Infants: Evaluating national progress

Preventing the transmission of HIV from mothers to their children (PMTCT) has been recognised internationally and nationally as an essential intervention in efforts to reduce new infections. One of the aims in the 2001 UNGASS Declaration of Commitment on HIV/AIDS was to reduce the proportion of infants infected with HIV by 20% by 2005, and by 50% by 2010.

The importance of PMTCT in the response to paediatric HIV and AIDS was echoed in South Africa's 2007–2011 National Strategic Plan on HIV, STIs and TB (NSP) in the strategies to prevent HIV infection in children under 14 years old. This prioritised the scaling-up of PMTCT coverage to reduce MTCT to less than 5% by 2011.

During the ten years of implementing the national PMTCT programme, South Africa has been successfully scaling up the provision of these services – such that PMTCT interventions are now offered in more than 95% of antenatal clinics and maternity institutions country-wide. In 2010, the national Department of Health updated its PMTCT policy to align with the WHO PMTCT 'Option A'. This entails including routine HIV testing and counselling for pregnant women, dual therapy to prevent MTCT from 14 weeks of pregnancy, highly active antiretroviral treatment (HAART) for pregnant women with CD4 cell counts under 350, and to integrate PMTCT services into routine maternal and child health services.

Despite these significant efforts however, no system had been established to monitor MTCT or to track progress towards these targets. In addition, the national operational effectiveness and impact of the South African PMTCT programme on the MTCT rate of HIV was not known. Evaluations that had been undertaken had been restricted to a few selected sites. Not only were there therefore no data for local reporting, but there was also no way of reporting progress towards meeting international targets – like UNGASS' reduction of vertical transmission to less than 5% by 2015. We also could not identify the contribution this was making to the 4th and 6th Millennium Development Goals, namely to 'reduce

by two thirds, between 1990 and 2015, the under-five mortality rate' and 'have halted by 2015 and begun to reverse the spread of HIV/AIDS'. Evaluating the effectiveness of the national PMTCT programme, and tracking this over time, was therefore crucial.

The objectives of the national PMTCT evaluation study undertaken from 2010–2013 were, therefore,

- to periodically estimate coverage of key PMTCT interventions and services (e.g. HIV testing, CD4 cell count testing, infant ARV prophylaxis, counselling on infant feeding);
- to estimate the proportion of women and infants who receive other selected interventions and services in the comprehensive PMTCT programme cascade; and
- to estimate the association between MTCT rate and ARV regimen, maternal background characteristics including CD4 cell count, maternal health care services and maternal and infant health status.

The 2010 and 2011 surveys enrolled over 10,000 mother-infant pairs in 580 primary health care clinics in all nine provinces and all 52 health districts in the country, providing a valid national sample to estimate mother-to-child transmission of HIV in infants aged 4–8 weeks of age.

The 2010 survey found an early MTCT rate of 3.5%, which reduced further to 2.7% in 2011. The 2012–2013 survey was conducted from November 2012 to May 2013 and results are expected in late 2013.

Prof Debra Jackson from the School of Public Health is one of three co-principal investigators on this important South African study, along with Dr Ameena Goga from South African Medical Research Council (lead agency) and Dr Thu-Ha Dinh from the US Centers for Disease Control and Prevention/PEPFAR (study funding agency). Other collaborators are the South African national Department of Health and UNICEF, who also provided funding for the project, along with the National Health Laboratory System and Wits University.



# HIV in Context at the Centre for Research in HIV and AIDS



As a 'virtual' centre in the School of Public Health (SOPH), the Centre for Research in HIV and AIDS (CRHA) catalyses and co-ordinates engaged, multi-disciplinary HIV-related research across the university and beyond. It does this through hosting research projects, convening symposia and seminars, promoting writing and publication, and supporting graduate students and post-doctoral and other fellows.

The CRHA is concerned with HIV and AIDS, systems and society. The projects and people who work in association with the Centre develop, conduct, and apply research and teaching, engaging communities, schools, gender and social equity advocates, as well as the formal health system. Building on the founding thematic 'pillars' – of health policies and systems, education and learning, gender and gender-based violence, and research and organisational capacity strengthening – our work increasingly focuses on social determinants of HIV and other chronic diseases.

## Projects

This has been a productive and dynamic biennium for the CRHA. In 2011 and 2012 we continued to implement the projects realised through the two founding multi-year large grants based at the SOPH: 'Transforming health and education policies and systems for improved HIV prevention and care' funded by VLIR-UOS and 'Human capacity development to address HIV and AIDS in South Africa' funded by the Centers for Disease Control (CDC) South Africa (CoAG U2GPS001083-05). (See page 42 and 43 for details of these projects.)

These have been complemented by funding for scholarship, writing, and work on research capacity strengthening from the IDRC, while support from WOTRO and the WHO, among others, has enabled the Centre to convene and/or participate in a range of other projects with colleagues within and beyond the University. These include:

- Resilience, social networks and HIV among migrants and local communities (see page 42)
- Increasing access to TB case finding and treatment in Sisonke district, South Africa (see page 44)
- Mainstreaming a health systems approach to delivery of maternal health services: Transdisciplinary research in Rwanda and South Africa (see page 40)

We are increasingly anchoring the Centre's research around the HARICCI Collaboration – HIV and AIDS Research in Complex Contexts of Inequality (see page 41). This was launched in 2011 with an exploratory ethnographic project on resilience and vulnerability to HIV among cross-border migrants in Cape Town.

## Symposia and seminars

### **The annual research symposia: Bridging disciplines, sectors and perspectives**

The annual UWCHIV-in-Context Research Symposium is the flagship event of the Centre. Comprising a highly interactive two- to three-day meeting, the symposia are attended by about a hundred scholars, practitioners, activists, policy makers and students with a view to engaging across disciplines and sectors. The aim is to initiate or deepen cross-disciplinary research and responses to the drivers and impacts of HIV through high-level discussion and debate which seek to engage students and new partners and to re-energize those who have been at the coalface for years. Students and emerging scholars also strengthen research, writing and communication skills through participating in linked workshops or writing retreats.

*3<sup>rd</sup> Symposium: New Research in Gender, Violence and HIV (28 – 31 March 2011)*

How do gender (in)equality and identity link with violence and HIV infection? How do health, political, social, and justice systems and institutions view and address the interconnections among gender, violence and HIV? Are current interventions informed by evidence? This symposium, developed by an international steering committee on the basis of peer-reviewed abstracts, addressed these questions. Plenary and poster sessions, workshops, a lunchtime film series, and an evening celebration of art and performance challenged and inspired participants. This symposium examined violence against women in a broader context of the gendered experience and dynamics of violence – including political, sexual, criminal, interpersonal and structural violence in Africa. After the symposium, 35 delegates participated in a mentored writing retreat to bring concrete scholarly and advocacy communication projects closer to fruition.

*4<sup>th</sup> Symposium: Building an AIDS-Free South Africa – The classroom and beyond (26 – 27 March 2012)*

Co-hosted by the CRHA and UWC's HIV and AIDS Programme, this symposium sought to create a reflective, collegial, scholarly 'space' to address the tension between education imperatives and health and HIV imperatives in South Africa's school system. Anchored in the Department of Basic Education's (DBE) 'Draft Integrated Strategy on HIV and AIDS 2012-2016' this by-invitation symposium emphasized ideas that would practically support the DBE's commitment to improving the HIV response in schools nationally.



One of the outcomes has been the revitalization of the Health Promoting Schools Network in the Western Cape, which is providing opportunities for on-going policy engagement regarding school health with the departments of Health and Education at provincial and national levels.

*For more about the symposia, visit our website at <http://www.hivaid-s-uwc.org.za/index.php/hiv-aids-symposia1>.*

### Seminar series

Our HIV-in-Context Seminar series brought over a dozen local and international speakers to UWC. They addressed a wide variety of topics, ranging from whether HIV experts are paying too much attention to sex and too little to survival (David Harrison) - to HIV stigma in the workplace in the Parliament of South Africa (SOPH Masters graduate Buyile Bashe). The experiences of African migrants in the UK was addressed by Lesley Doyal, while Allan Peterkin offered a workshop on narrative therapy in HIV. Alan Whiteside presented new evidence on HIV and economics and the Treatment Action Campaign's Catherine Tomlinson addressed the need to fix the patent laws of South Africa.

*Details of the seminars, workshops, roundtables and symposia can be found on our website, <http://www.hivaid-s-uwc.org.za/index.php/seminars>.*

### Graduates, fellows and colleagues

The SOPH's Masters students continue to focus significantly on HIV, with over half of the Master of Public Health (MPH) theses completed in the past four years having addressed HIV/AIDS (see page 13). The work of all three SOPH doctoral graduates was also related to HIV/AIDS – and we are particularly delighted to celebrate the graduation in 2012 of Jeannine Uwimana and Simukai Shamu, the first two Centre-affiliated doctoral fellows to complete their PhDs (see page 19).

The CRHA has helped to organize and implement graduates' research and networking days to share this work and to begin to build alumni and peer-mentorship networks across Africa.

SOPH and CRHA partner Marleen Temmerman was awarded an Honorary Doctorate by UWC in September 2011 (see page 48) in recognition of her long-standing efforts relating to gender equality and reproductive rights. While here, she gave a passionate

and challenging seminar on 'Gender equality, reproductive rights and public health: Reflections on research, politics and practice'.

Over this period we hosted two post-doctoral fellows. Until mid-2011, Thomas Achia continued his work on spatial analysis and modelling of inequality and variability in HIV. He was followed by Joshua Aransiola in October 2011 who worked on a baseline situational analysis of irregular migration, human trafficking and HIV/AIDS in South Africa.

Our first sabbaticant joined us from New York University in 2012. Extraordinary professor Sally Guttmacher – who launched our seminar series in December 2010 with a presentation on 'Interrupted education: A public health risk for migrant youth' - is working with the Centre's director on an ethnographic exploration of migration, health and social support in the Cape Metropole.

### HIV at UWC

Through updating the audit of HIV/AIDS-related activities at UWC during 2011, we found that research on HIV and its structural drivers continues to increase at UWC – with the SOPH being responsible for over half of this work.

Three writing retreats and several seminars and workshops on writing and presentation skills helped to transform some of this research into peer-reviewed publications – with emerging African scholars, including the School's postgraduate students, increasingly being first authors.

### Looking ahead: HIV and the social determinants of health

Recognizing the deeply cross-disciplinary efforts needed to address HIV, and the impossibility of 'doing it all', the next phase of our work will be framed by a more modest, grounded, and strategic approach. This will entail building programmes of research and communities of practice organically, through collaborating on specific projects and engaging in policy dialogue as opportunities arise. Our home base in the SOPH is ideal for such an approach, given the multi-disciplinary and multi-sectoral nature of public health itself.



# Projects

This is a listing of projects undertaken in 2011 and 2012 which are not mentioned substantively elsewhere in this report. They were implemented by the staff of the School of Public Health (SOPH), often in collaboration with partners whose organisations are named wherever this is the case. Only the names of the SOPH staff and the School's extraordinary professors are given here, however.

## **The effects of global health initiatives (PEPFAR, GFATM) on country health systems**

*David Sanders, Johann Cailhol, Thubelihle Mathole, Ann Neo Parsons*

For nearly two decades, 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. Diverse views on the consequences of GHIs for the development and functioning of recipient countries' health systems have produced the need for empirical research to determine country experiences with these GHIs.

From 2008 to 2012 and with funding from the European Commission, the SOPH contributed to a study to assess how the rise of GHIs has impacted on the architecture of development partnerships as well as on country-level health systems' functions at national, provincial, district and sub-district levels. While the SOPH team was responsible for the research work in South Africa and Burundi, the study was also conducted in Angola, Lesotho and Mozambique. This entailed collaborating with research institutions in these countries, and included support from three European institutions in Ireland, Belgium and Portugal.

## **Health research capacity strengthening initiative – Global learning strand**

*Christina Zarowsky*

Over the past few years, interest in strengthening research and systems capacity has grown, with a range of nationally and donor-funded initiatives addressing a range of issues and dimensions of capacity strengthening.

This two-year project, which ended in 2012, took stock of, and critically synthesized, learning from and about recent and ongoing initiatives to enhance health research capacity linked to strengthening health systems and improving population health. Project activities sought to foster open dialogue about the dynamics and relationships involved in strengthening comprehensive, multi-disciplinary, systems-level capacities for conducting, actively sharing, and applying research to policy and practice for improved health.

Focussing on Africa, the project comprised a series of case studies, think pieces and a number of reflective workshops, including a symposium and roundtable at the COHRED/GFHR Forum 2012 in Cape Town.

Tangible outputs include a series of project and policy briefs and reflections, "Learning about research capacity strengthening" (available on the CRHA website at <http://www.hivaid-s-wc.org.za/>).

Undertaken with the School of Public Health at Columbia University, this project was conceptually and operationally connected to the IDRC-funded project below – 'Mapping and analysis of public health research and capacity strengthening Initiatives in Africa'.

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

*David Sanders, Nikki Schaay*

Initiated in 2007, the overall aim of this project was to renew the evidence base for comprehensive primary health care (CPHC) and build regional and global networks of researchers and policy makers who want to use research knowledge as one tool for advancing (and revitalizing) CPHC. Undertaken with the University of Ottawa and funded under the Canadian Global Health Research Initiative as part of the Teasdale-Corti Global Health Research Partnership Program, the project was completed in July 2011.

The project brought together about 50 collaborating organizations and institutions from 20 countries in Africa, Asia, Latin America, Europe, North America, Australia and New Zealand – and supported five African research teams based in the Democratic Republic of Congo, Ethiopia, Kenya and South Africa. Importantly it also included a capacity building programme that supported early career researchers to undertake new studies in CPHC, under the guidance of a mentor and in collaboration with a health service colleague.

The significant contextual differences, and the characteristics of health systems' abilities to create and sustain CPHC practices in the various study sites, will be published in a book in 2014. A fuller account of the research projects and the collected publications from the 20 research teams, can be found at: <http://www.globalhealthequity.ca/content/revitalizing-health-all>.

## **Evaluating the effectiveness of comprehensive primary health care in local communities in Australia**

*David Sanders*

This five-year study which started in 2009 draws on the experience of project above 'The Revitalizing 'Health for All': Learning from comprehensive primary health care experiences'.

Funded by the Australian National Health and Medical Research Council, it will contribute to the understanding of Comprehensive Primary Health Care (CPHC) by studying models of CPHC services in the Australian context and evaluating their effectiveness. The study uses a participatory action research approach that engages policy makers, health service personnel and local communities.



Having developed a programme logic model and evaluation framework which articulated how and why CPHC service components and activities were likely to lead to desired individual and population health outcomes, the effectiveness of models of primary health care (PHC) delivery in Australia is being evaluated. This will be undertaken in six case study sites – urban, rural, government, NGO and Aboriginal – against the programme logic of CPHC good practice regarding the scope and style of their activities, as well as how they perform in relation to diabetes and depression. The study will analyse what the case studies reveal about effective models of PHC and how the components of CPHC good practice relate to individual patient and population health outcomes.

### **Researching equity in access to primary health care**

*Helen Schneider*

This five-year project studied equity in access and utilization of health care in four South African districts – two rural and two urban – focusing on three tracer conditions, namely HIV (antiretroviral therapy), TB, and comprehensive essential obstetric care. The findings are represented in a number of the publications listed in this report (from page 61).

The project accompanied Helen Schneider (as co-PI) when she joined the SOPH in 2011, and ended in 2012. It was funded by the Teasdale-Corti Program of the Canadian Global Health Research Initiative and involved a team of collaborators from McMaster University (Canada) and a number of South African partners.

### **External evaluation of the integrated health systems strengthening programme in six African countries**

*Tanya Doherty, Debra Jackson, Kate Kerber, David Sanders, Wim van Damme*

The aim of the evaluation is to determine, in six African countries, the contribution of UNICEF support to health systems strengthening and coverage of child survival interventions, especially community-based case management of sick children by community health workers. The study involves estimations on lives saved and cost effectiveness. Undertaken with the South African Medical Research Council, SOPH staff were involved in country case studies for Niger and Malawi. The other countries were Ghana, Mozambique, Mali and Ethiopia.

### **Mainstreaming a health systems approach to delivery of maternal health services: Trans-disciplinary research in South Africa and Rwanda**

*Debra Jackson, Christina Zarowsky, Thuba Mathole, David Sanders*

This research project aims to generate knowledge on how health systems strengthening can improve maternal health. Through a combination of systematic and realist reviews, primary data collection and analysis and secondary data analysis, the key components of health systems that countries currently

prioritise in their efforts to improve maternal health are to be identified and tested in four sub-projects.

Two sub-projects aim to define the evidence base for the synergies between health (support) systems and maternal health. They comprise a systematic review of peer-reviewed literature (primary studies and previous reviews); and a realist and desk review, involving Rwanda, South Africa and three other purposively selected low- and middle-income countries.

The other two sub-projects aim to improve maternal health policy and practice in Rwanda and selected provinces in South Africa (Gauteng and Eastern Cape). These comprise the primary descriptive research through qualitative interviews, case studies and health system probes; and intervention research / action research, active dissemination of study findings and policy advocacy.

This four-year project is being undertaken from July 2012 to July 2016 and is funded by the Netherlands Organisation for Scientific Research/Science for Global Research (NWO/WOTRO).

### **Innovation and learning in policy implementation for district health system development in South Africa (DIALHS)**

*Uta Lehmann, Nikki Schaay, Helen Schneider, Vera Scott*

The District Innovation, Action and Learning for Health System Development (DIALHS) project is an action research and learning collaboration between the City of Cape Town, the Western Cape Provincial Department of Health, and the schools of public health at the universities of the Western Cape and Cape Town. It aims to strengthen district health systems in South Africa by understanding the key restrainers and enablers at local (sub-district, programme and facility) levels. Its specific objectives are to:

- develop and test strategies for strengthening the district system through improved implementation of existing policies and programmatic innovation;
- identify both key restrainers and enablers of district health system development, and appropriate actions to overcome or enhance these, respectively;
- guide the development and distil practical examples of the leadership and management strategies needed across levels to support effective policy implementation and strengthen the district health system; and
- provide support for postgraduate public health and health management training programmes that draw on such experience.

The specific areas of focus within activities are evolving over time. Every activity is negotiated and agreed with local health officials and implemented by them with support from the research team. Regular reflection, review and documentation of activities, their evolution and rationale, and lessons learned are part of this process.

DIALHS is funded by The Atlantic Philanthropies.

### **Community-based services support project: Policy review of de-hospitalised care services in the Western Cape**

*Helen Schneider, Nikki Schaay*

As part of a general review of community-based health services, the Western Cape Provincial Department of Health commissioned the SOPH, along with the universities of Stellenbosch and Cape Town, to conduct a policy review of so-called 'de-hospitalised care' in the province. These services consist of around 850 beds in 25 contracted-out, step-down, palliative and chronic care facilities.

The review was conducted from July 2011 to July 2012, and entailed an assessment of the place of these facilities in relation to other services (acute hospital care, primary health care, home-based care); surveys of need for this form of care; and the profile and quality of current services. Following the review, 'de-hospitalised' care was renamed 'intermediate care' and a clear policy was defined regarding the scope of services to be provided in these facilities (including a stronger rehabilitative role), referral relationships, staffing needs and monitoring of services.

### **Provision of technical assistance to the Western Cape Department of Health for the policy review and development of home- and community-based care services**

*Helen Schneider, Nikki Schaay, Busi Nkosi, Emilie Effronson (intern)*

In 2012 the SOPH and its partners at the universities of Stellenbosch and Cape Town were commissioned by the Western Cape Department of Health to review its home- and community-based services (HCBC). This was a follow-up to the review of de-hospitalised care services (above), and took place in the context of major new national policies (Primary Health Care Re-engineering) and new provincial strategic directions (Healthcare 2020). The review began in 2012 and is continuing into 2013.

HCBC services have been in existence for some time in the province and are currently provided by around 3,500 community care workers through contracts with more than 70 non-profit organisations. As with the previous commission, the review is grappling with questions of the changing profile of need for HCBC services, the nature and quality of current provision, and the human resource and support systems required for the platform to address health needs and the disease burdens.

### **Generate scientific, evidence-based knowledge that will guide the policy process for systematic formalisation and integration of community health workers into the primary health care system**

*Helen Schneider, Tanya Doherty, Busi Nkosi, Sara Rohde, Hanani Tabana*

With funding support from The Atlantic Philanthropies and the Centers for Disease Control (CDC), the SOPH has provided technical support to the National Department of Health for the design and piloting of monitoring and evaluation (M&E) systems for ward-based primary health care (PHC) outreach teams (see page 29). Started in 2011, the project is ongoing and comprises several components:

- designing systems and tools for M&E of the PHC outreach teams in collaboration with the National Health Information Systems Committee of South Africa (NHISSA); agreeing on the National Indicator Dataset (NIDS); and integrating the new system into the District Health Information System (DHIS);
- piloting the PHC outreach M&E system in the North West Province;
- reviewing mHealth strategies for community-based services;
- piloting an mHealth M&E system in the North West Province (in collaboration with the Medical Research Council and mHealth design company, Mobenzi Outreach); and
- developing a protocol for the rapid assessment of early implementation of PHC outreach teams at provincial and district levels, assessed in a case study of the North West Province.

### **Strengthening African research for responsive health policy and systems: HIV and AIDS Research in Complex Contexts of Inequality (HARICCI)**

*Christina Zarowsky, Naeemah Abrahams, Joshua Aransiola, Sally Guttmacher, Ehi Igumbor, David Sanders*

The HARICCI Collaboration is an interconnected body of work which addresses HIV from a social determinants of health perspective and which links community, policy and health systems interventions on the structural drivers and social impacts of HIV. Migration, inequality, resilience and violence (interpersonal, gender-based, political and structural) are the key entry points and cross-cutting themes.

Opportunities to engage, exchange with, mentor and learn from colleagues in various UWC departments and other institutions are at the heart of HARICCI, which seeks to “join up” diverse and complementary approaches to the individual-family-community-society ecosystem rather than to impose a single “scaled up” approach to research or intervention.

HARICCI comprises an evolving set of research studies, symposia, fellowships, and participatory interventions that build on existing research and partnerships across and beyond the University. The two initial interconnected research projects – funded by UWC – are:

- an ethnographic exploration of migration, health, and social support in the Cape Metropole; and
- irregular migration, human trafficking and HIV/AIDS in South Africa: Baseline situation analysis.

### **Transforming health and education policies and systems for improved HIV prevention and care**

*Christina Zarowsky, Naeemah Abrahams, Debra Jackson, David Sanders, Patricia Struthers*

This project supported the establishment of the Centre for Research in HIV and AIDS (CRHA) within the SOPH, through providing PhD and post-doctoral scholarships, facilitating scholarly exchange across UWC faculties and with Flemish researchers, and providing core funding for the annual UWC HIV-in-Context Research Symposium, the CRHA's flagship event.

The overall aims of the project are to improve HIV and TB prevention and care, to improve the impact of education on HIV/AIDS prevention and to develop proper responses for prevention of and response to gender-based violence. Health systems, schools and education systems, and gender and gender-based violence – formed the three thematic pillars of the Centre.

The first VLIR doctoral scholar, Simukai Shamu, completed his PhD in 2012 on “The Dynamics of Intimate Partner Violence in Pregnancy and Links to HIV in Zimbabwe”.

This work is funded by VLIR-UOS under the ‘Dynamics of Building a Better Society’ partnership with UWC.

### **Collaboration for health systems analysis and innovation (CHESAI)**

*Uta Lehmann, Woldekidan Kifle Amde, Hazel Bradley, Thuba Mathole, Nikki Schaay, Helen Schneider, Vera Scott, Lungiswa Tsolekile, Christina Zarowsky*

The overall goal of this four-year collaboration which began in January 2012 between the schools of public health at the universities of Cape Town and the Western Cape is to contribute to expanding and strengthening the health policy and systems knowledge base in Africa. It does this through building an intellectual hub for health policy and systems research (HPSR) in Cape Town, creating spaces for engagements between researchers and practitioners in South Africa and Africa. An example of its focus on capacity

development in HPSR education and research is its support of the development of African researchers and educators to ensure they are equipped with the skills, confidence and organisational support necessary to provide HPSR training, conduct research and engage with their wider policy networks. CHESAI also aims to strengthen the educational capacity of these African universities by consolidating and extending their HPSR training and evidence-informed decision-making.

Attached to CHESAI are four post-doctoral scholarships, funding for writing retreats and seminars, and resources for practitioner sabbaticals for managers and leaders in health systems (an innovative and untested initiative in this field).

Funded by the Canadian International Development Research Centre (IDRC), this is not a research project but aims to network, build capacity and develop the methodology of the HPSR field.

### **Consortium for health policy and systems analysis in Africa (CHEPSAA)**

*Uta Lehmann, Woldekidan Kifle Amde, Helen Schneider*

The Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA) is an EU-funded network of seven African universities and four European universities working to strengthen the field of Health Policy and Systems Research and Analysis (HPSR+A) in Africa. It focuses on networking, developing the next generations of researchers, teachers and practitioners and developing teaching materials. In the past two years the project has, inter alia,

- designed and documented an approach for assessing the capacity development needs of African consortium members and their national policy networks;
- completed assessments of assets and needs at partner and country levels, using these to plan activities;
- started to develop new health policy and systems training curricula for use in members’ Masters programmes or short courses (to be freely available online as Open Educational Resources); and
- created a health policy and systems resource website and social media presence (<http://www.hpsa-africa.org/>).

### **Mapping and analysis of public health research and capacity strengthening initiatives in Africa**

*Christina Zarowsky*

Developing and synthesising an overview of health policy and systems-oriented capacity development initiatives and approaches – beyond but including those to do with HIV and AIDS – has been a significant aspect of the SOPH's work. This three-year IDRC-funded project, which ended in early 2013, aimed to

- map, analyse and foster linkages between programmes of health policy and systems research, training and capacity strengthening in sub-Saharan Africa, and



- strengthen linkages and exchanges between UWC and Canadian researchers and institutions.

As an important contribution to the initial work of the broad-based Centre for Research in HIV and AIDS, this project complemented the Centre's vision of integrating HIV/AIDS into broader health systems, education, and gender analysis and practice.

### **Strengthening human capacity to address HIV and AIDS in South Africa**

*Christina Zarowsky, Harry Hausler, Verona Mathews, Helen Schneider, Patricia Struthers*

A major challenge in addressing HIV is how to strengthen the capacity of individuals, organizations and systems to integrate curative and preventive activities related to HIV and TB with existing health, education, and community services and programmes – whilst adapting to changing epidemiological, scientific, social and policy contexts.

This multi-faceted programme contributes to addressing this challenge by expanding the delivery of HIV and AIDS treatment and care, strengthening systems, and improving the quality of care in South Africa. It focuses specifically on managers and practitioners working in health, education and in community-based structures. Funded by the Centers for Disease Control and Prevention (CDC) through the President's Emergency Plan for AIDS Relief (PEPFAR), it is being implemented from 2008 to 2014 through the School's Centre for Research in HIV and AIDS (CRHA).

Comprising ten discrete sub-projects (listed below), the programme also has a 'Core, synergies and sustainability' component, which promotes and funds activities to enhance synergies and exchange across UWC projects; and strengthens capacity for research and teaching related to the project's themes. This value-adding component, led by the CRHA's director, is realised through symposia, writing retreats, seminars, networking, conference presentations and the development and dissemination of publications and products.

Half of the sub-projects do not directly involve staff from the SOPH. These are:

- Training health care providers and traditional health care practitioners on collaboration for HIV & AIDS prevention and care
- HIV & AIDS prevention through sports participation
- Training nurse-midwives in community-based PMTCT & HIV/AIDS prevention and management skills and competencies
- Provide management and leadership training for new HIV programme managers and HR managers at the provincial and district levels
- Molecular surveillance by accurate detection of HIV-1 drug resistance mutations in patients on antiviral treatment in Southern Africa: An informatics approach.

The remaining five, involving SOPH staff, are as follows:

- **Addressing TB and HIV through the development of health promoting schools**  
*Patricia Struthers*

Health promoting schools (HPS) have been developed internationally and championed by various bodies, including the WHO. Growing a school environment that provides a healthy setting for learning and working is an intensive process, including the capacity development of individuals and the organisation. Creating a healthy setting in South African schools includes the development of school TB and HIV policies, skills development, addressing challenges in the school physical and psycho-social environment, developing the school-community network, and facilitating links to appropriate support services.

This project works with school management, staff, learners and parents, as well as the district education and health departments – to promote collaboration between sectors; to provide training and consultation to stakeholders working with schools; and to promote policy engagement.

Implemented between 2008 and 2014 in three Western Cape secondary schools, this is the first application of HPS approaches in the secondary school setting in South Africa.

- **A web-based HIV/TB educational programme for South African school learners**  
*Patricia Struthers*

This project aims to develop the capacity of teachers and learners with a view to preventing the spread of HIV/AIDS and TB. Through interactive materials which foreground perspectives and voices of teachers and learners in poorly-resourced local schools, it aims to engage and educate teenagers about TB in particular, within the context of HIV, supporting them in making decisions about their lives that will mitigate some of the risks of infection.

The project is being implemented in several Western Cape secondary schools where the materials were developed in consultation with teachers and learners, as well as through provincial and national consultations with experts, stakeholders and Departments of Education. While the initial distribution of the Resource Kit reached 4,000 learners and teachers in five schools in the Western Cape, the idea is to reach many more grade 7 to grade 9 learners through making this material available to teachers – ideally through formally mainstreaming it in the curricula for these grades. In addition, the materials can be accessed through an interactive website ([www.skills4life.org](http://www.skills4life.org)).



- **Building capacity to monitor and evaluate HIV care in KwaZulu-Natal**

*Harry Hausler*

This project seeks to improve the capturing and use of HIV- and TB-related data through supporting the secondment of three monitoring and evaluation (M&E) officers to the KwaZulu-Natal provincial Department of Health – with a view to improving the capacity of the health system.

The M&E officers have been building the capacity of district-level information teams and HIV/AIDS/STI/TB (HAST) co-ordinators to monitor and evaluate integrated TB and HIV care, both at facility and community levels. In addition, this has included training community care givers, supervisors and community health facilitators involved in the home community-based care programme in M&E generally, and in the use of data collection tools in particular.

The project is also supporting the implementation of the electronic HIV care and antiretroviral treatment register (TIER.net) to replace paper-based registers, following a mandate from the national Department of Health.

- **Human Resource Information System**

*Verona Mathews*

The lack of reliable human resource information hampers the planning and distribution of health workers to locations where their services are needed, which is central to a well-functioning health system. Developing good health programme information systems is a labour intensive and time consuming process, however, and requires that the staff operating these systems are trained and supported.

This project, completed in 2012, aimed to develop a sustainable, decentralized human resource capability to maintain an integrated district-based Human Resource Information Framework for the collection, analysis and use of human resource information. Conducted in two districts in the Western Cape Province using a participatory approach, the project prioritised, planned and implemented all activities with the human resource management staff who were both users and producers of human resource information – and the trainees in this project. It also produced a range of data collection and management tools and prototypes.

- **Improving the quality of community health worker programmes for delivery of HIV/AIDS services**

*Helen Schneider, Busi Nkosi*

Initially intended to develop and implement a training programme for community health workers (CHWs), this project has responded to the rapidly changing policy environment and government priorities by shifting focus to enhancing capacities for policy dialogue and policy development. The implementing team creates spaces for often difficult policy dialogue

and provides technical and expert support to the provincial and national departments of health and to civil society organisations. The focus is on integrating community-based activities with each other and with the formal health system, as well as on formalizing and regulating the status of CHWs. In addition, working closely with the national Department of Health, a monitoring and evaluation (M&E) strategy for ward-based outreach teams had been designed and tested through an extensive consultative process – and piloted in the North West Province (see pg 31). One component of this is an mHealth system of M&E for outreach teams.

#### **Increasing access to TB case finding and treatment in Sisonke district, South Africa**

*Harry Hausler, Christina Zarowsky, Thuba Mathole, Jeannine Uwimana*

The aim of this WHO-funded project was to increase access to early TB diagnosis and treatment in Sisonke, a poor rural district in South Africa. The objectives were:

- to increase TB case finding and treatment through mobile HIV counselling and testing linked with TB symptom screening;
- to diagnose TB with the Gene Xpert in health facilities;
- to intensify TB contact tracing and household TB screening at community level; and
- to evaluate through operational research
  - the feasibility of a facility-community continuous quality improvement (CQI) approach with an initial focus on improving HIV/TB services for pregnant women; and
  - the feasibility and acceptability of a cell phone-based (m-Health) system to enhance TB/HIV case finding, treatment adherence and linkage to care.

The SOPH undertook the operational research. In the CQI component, cohort tracking tools were developed and implemented in seven facilities organised into a Learning Network, who then worked together to achieve clear aims for each step in PMTCT. Improving TB care was integrated with improving the complete antenatal PMTCT process. CQI teams were formed in all participating facilities, where they were mentored and met regularly to review the data, to identify gaps and work together to close them. The mHealth component developed and piloted cell phone applications to enable community care workers to capture and upload household data and to enhance their supervision.

#### **The effect of home-based HIV counselling and testing on HIV testing rates and behavioural changes in rural South Africa**

*Tanya Doherty, Debra Jackson*

This project comprised a community-based randomised controlled trial to measure the effect of home-based HIV counselling and testing (HBHCT) on HIV testing rates and reported behavioural changes

in a rural sub-district of South Africa. Key objectives included informing government policy by assessing the quality of HIV tests conducted by lay counsellors; and assessing the transition to care and treatment for HIV-positive clients. Undertaken with the South African Medical Research Council and funded by the Centers for Disease Control (CDC), the trial was implemented between 2008 and 2011.

Eleven lay counsellors conducted door-to-door home visits offering free counselling and testing (HBHCT) in eight rural communities in the Umzimkulu sub-district of KwaZulu-Natal where there were high levels of HIV-related stigma. The main findings have been that HBHCT increased the uptake of HIV testing – including couple counselling and testing – and reduced risky sexual behaviour. It also found that tests conducted by lay counsellors who were properly trained were reliable.

Findings are likely to have important implications for the training of new cadres of health care workers, the expansion of community-based HIV testing, and the development of mechanisms to improve linkages between community and facility-based services.

#### **Understanding barriers to access and adherence to antiretroviral treatment in the Western Cape**

*Brian van Wyk, Thato Ramela, Paschaline Stevens*

While the Western Cape Province has been a forerunner in the rollout of antiretroviral treatment (ART) and is widely held as a model for the rest of the country, barriers to access and adherence to ART have been identified as a major concern. Like the disease being treated, these barriers are the result of the complex intertwining of political, economic, social-cultural, gender and biological factors. Undertaken from July 2009 to April 2012 with the Centre for Global Health, Trinity College, Dublin, this research project studied the problem through an in-depth ethnographic study within the communities most affected.

The project is funded by the Irish Department of Foreign Affairs (Irish Aid section), the Irish Health Research Board, and the Combat Diseases of Poverty Consortium.

#### **Neonatal and child cause of death in South Africa: A systematic analysis of the available cause of death data for children under five in South Africa, with a focus on the contribution of HIV/AIDS**

*Debra Jackson, Kim Kerber*

Efforts to improve child survival are dependent on reasonably accurate information about the causes of deaths in order to prioritise interventions. In South Africa there are a variety of streams of data relating to cause of death (e.g. vital registration, Perinatal Problem Identification Program (PPIP) and Child PIP, verbal autopsy, etc.) with varying strengths and weaknesses. These have not been integrated, however, resulting in a lack of agreed national estimates of cause of death and poor acceptance of current UN estimates.

The primary objectives of this project – funded by UNICEF Gates and undertaken between February 2011 and September 2012 – are:

- to provide timely estimates of the causes and determinants of child mortality, reflecting the effects of accelerated child survival interventions;
- to provide estimates of morbidities and disabilities for important child health conditions;
- to improve knowledge of the causes of maternal mortality;
- to improve knowledge of the extent of maternal morbidities and disabilities;
- to determine the disease burden attributable to selected risk factors for maternal and child morbidity and mortality; and
- to develop better information and methodologies to enable prioritizing and monitoring maternal and child health intervention.

#### **Workload assessment using a waiting times survey**

*Gavin Reagon, Lynette Cook, Charlene Valentine*

Several years ago, a formula for the calculation of clinical staff's workload was developed based on the types of services provided and the time taken to provide those services at the health facilities of the City of Cape Town. Since then, the types of services as well as the range of staff providing them has changed considerably.

The aim of this project – undertaken for the City of Cape Town between August 2011 and July 2012 – was to develop and apply an updated formula for measuring clinical workload based on average service time, case-mix and routine monthly data. Since a waiting time survey was utilised to measure the average service time per type of service, a by-product was that the waiting times were also measured. As such, a secondary aim of this project was to assess what activities have been implemented to reduce waiting times and to determine their level of effectiveness.

# LINKS, PARTNERS AND FUNDERS

## Links and partners

### **National**

City of Cape Town  
Health Information System Project  
Health Systems Trust  
Medical Research Council  
National Department of Health  
National Research Foundation  
TB/HIV Care Association  
University of Cape Town:  
    Department of Medicine  
    Department of Psychiatry and Mental Health  
    School of Public Health and Family Medicine  
    Primary Health Care Directorate  
University of KwaZulu-Natal, Centre for Rural Health  
University of Pretoria, School of Health Systems and  
    Public Health  
University of Stellenbosch, Division of Community Health  
University of the Witwatersrand, School of Public Health  
Western Cape Provincial Department of Health

### **International**

Addis Ababa University, Ethiopia  
Canadian Global Health Research Initiative, Canada  
Centre Hospitalier de l'université de Montréal  
    (CHUM), Canada  
Centre Muraz, Department of HIV & Reproductive  
    Health, Burkina Faso  
Centros de Estudos Avançados em Educação e  
    Formação Médica, Angola  
Chronic Diseases Initiative in Africa (CDIA), South  
    Africa  
City University of New York, CUNY School of Public  
    Health at Hunter College, USA  
CUNY Municipal Policy and Childhood Obesity  
    Research Collaborative, USA  
Columbia University, Mailman School of Public  
    Health, USA  
Eduardo Mondlane University, Mozambique  
Foundation for Research in Community Health, India  
Great Lakes University of Kisumu (GLUK), Kenya  
HEAL Africa, Democratic Republic of Congo  
Institute of Tropical Medicine Antwerp, Belgium  
Jimma University, Ethiopia  
Karolinska Institutet, Sweden  
London Metropolitan University, Faculty of Applied  
    Social Sciences, UK  
London School of Hygiene and Tropical Medicine, UK  
Mekelle University, Ethiopia

Makerere University, Faculty of Medicine, Uganda  
Mbarara University of Science and Technology,  
    Uganda  
McMaster University, Canada  
Muhimbili University of Health and Allied Sciences  
    (MUHAS), School of Public Health and Social  
    Sciences, Dar es Salaam, Tanzania  
National University of Ireland, Maynooth, Combat  
    Diseases of Poverty Consortium (CDPC), Ireland  
National University of Rwanda, School of Public  
    Health, Rwanda  
New York University, Public Health Program, USA  
Patan Academy of Health Sciences, Kathmandu, Nepal  
Queen Mary University of London, Public Health  
    Research and Policy, UK  
Reitoria da Universidade Eduardo Mondlane,  
    Mozambique  
René Descartes University, Pharmacology and Clinical  
    Research Unit, Cochin Hospital, France  
Royal College of Surgeons, Ireland  
Swiss Tropical and Public Health Institute,  
    Switzerland  
Trinity College, Centre for Global Health, Ireland  
Tropical Institute of Community Health and  
    Development Trust, Kenya  
Universidade Nova de Lisboa, Instituto de Higiene e  
    Medicina Tropical, Portugal  
Université Paris, Département de Pédiatrie, Hôpital  
    Necker Enfants Malades et EA 3620, France  
Universiteit Antwerpen, Katholieke Universiteit  
    Leuven Center voor Instructiepsychologie- &  
    technologie, Belgium  
University of Bergen, Centre for International Health,  
    Norway  
University of Bristol, Health and Social Care, UK  
University of Dar es Salaam, Institute for  
    Development Studies, Tanzania  
University of Ghana, School of Public Health, Ghana  
University of Ghent, Belgium  
University of Leeds, UK  
University of Missouri, USA  
University of Montpellier, France  
University of Nigeria, College of Medicine, Nigeria  
University of Ottawa, Institute of Population Health,  
    Canada  
University of Zambia, School of Medicine, Zambia  
Uppsala University, Department of Women's and  
    Children's Health, Sweden  
World Health Organisation (WHO) / AFRO (Regional  
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WHO (World Health Organisation), Switzerland  
WOTRO (Netherlands Organisation for Scientific  
Research/Science for Global Research), Netherlands



In January 2012 we were visited by a very special guest, Chris Oechsli, now CEO and Vice-President of The Atlantic Philanthropies. A prior visit to us in the early 2000s when Chris was head of the population health programme, was the beginning of a long and fruitful relationship – as it was this visit, to the School's leaky and cramped accommodation in ageing prefab buildings, that ultimately lead to our current building, funded by The Atlantic Philanthropies.

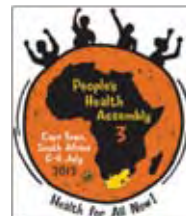
A large staff development grant and several substantial research grants from The Atlantic Philanthropies have also played a significant role in developing the School's work. We were therefore delighted to be able to show Chris the building and how the SOPH has grown in size and stature since those early days.





# Third People's Health Assembly

David Sanders, Chair: People's Health Movement South Africa



In the winter of July 2012, over 850 delegates from about 90 countries descended on the University of the Western Cape (UWC) to attend the Third People's Health Assembly with one goal: 'Health for all now!'

At the previous People's Health Assemblies in Savar, Bangladesh and Cuenca, Ecuador, People's Health Movement (PHM) activists were led to action by analysis and moving testimonies of the failings of governments, the suffering of communities, and the struggle of people to achieve the human right to health. From these Assemblies came the People's Charter for Health and the Cuenca Declaration. In Cape Town, hundreds again came together, now with a deeper understanding of the issues faced and new opportunities for achieving change.

The Third People's Health Assembly (PHA3) of the PHM was a time for reflection and analysis, with a view to planning solid action for a way forward.

## Before PHA3

The main meeting was preceded by a two-week training programme, 'Action for Health'. Held at the School of Public Health (SOPH) from 24 June to 4 July, this 21<sup>st</sup> **International People's Health University** welcomed about 50 young health activists from around the world, engaging them in topics like 'Social determinants of health', 'Primary health care' and 'Strategies for health activism'.

The PHA3 was also preceded by the two-day **South African National Health Assembly**. Over 300 South African health activists attended presentations on 'Funding health systems and rationale for the NHI' and 'What sort of health system do we need?' – and committed to building PHM South Africa and to campaigning on national issues, particularly regarding the proposed National Health Insurance NHI.

## PHA3

PHM activists from both South Africa and abroad shared the stage at the opening plenary of the PHA3. In his opening, the Chair of the Organising Committee, SOPH's David Sanders, highlighted the connections between nations produced through movements and struggles, like those against the excess of wealth and the current rise in health disparities across the world. He also stressed that since 'Health for All' had not been attained by 2000, the PHM must press on until this goal is reached.

Among the range of speakers who followed, the university's Chancellor, Archbishop Thabo Makgoba advocated (through a representative) for the importance of the social determinants of health, emphasizing that "change occurs through sharing, learning, consolidation and making ways forward".

The Minister of Health, Dr Aaron Motsoaledi, described South Africa as a "country of contradictions" from the "very rich and very poor to the extremely healthy and extremely unhealthy", clearly stating that "health systems around the world are designed for the rich, not for the poor". He called on his own government and governments around the world to address these staggering inequities.

Developed over six months by an international programme committee, the final PHA3 programme incorporated suggestions from PHM country circles and network partners from around the world and comprised eight plenary, over 30 sub-plenary sessions, and over 60 workshops. Presenters from 45 countries were officially listed on the programme which combined analysis with stories of struggles, alternatives and actions. Participants likened the final Assembly programme and overview to a mini-UN General Assembly!

Presentations and discussions included 'The global political and economic context of health', 'Social and physical environments that destroy or promote health', 'Universal coverage and equity in integrated health systems', 'Beyond the current crisis: Mobilising for Health for All'. A major part of the programme comprised workshops organised by members of PHM's country circles and network partners – on topics like 'Empowerment: Challenging power relations for the right to health', and 'Community monitoring for accountability and equity in health care services', as well as sub-plenaries on such topics as 'Interculturality and health', and 'Climate crisis and environmental justice'.

Throughout the six days, PHA3 was imbued with purpose and resolve, but was also celebratory and forward-looking. Held against the sombre backdrop of the global economic crisis, the Assembly played a crucial role in consolidating the PHM's advances and in envisioning a different future for countless people being consigned to lead lives that are unfulfilling, unhealthy and lacking in meaningful opportunities for human development. The **Cape Town Call to Action** reflects the commitment of the movement to strengthen its base and take action towards a better world for all. It shows how over 850 activists could agree upon joint action in solidarity with existing struggles – and stresses the importance of building the PHM and of strengthening the connections made during PHA3, while calling on the Movement to keep voicing the principles described in the People's Charter for Health.





# DISTINGUISHED VISITORS

During 2011 and 2012, the School of Public Health (SOPH) hosted a number of distinguished visitors, some of whom visit the School on a regular basis. During their visits, seminars were presented as follows:

- **Sally Guttmacher**, *Professor, Public Health Program, New York University, USA.*  
'Interrupted education: A public health risk for migrant youth' (part of the HIV-in-Context seminar series) (19 January 2011)
- **Lesley Doyal**, *Professor of Health and Social Care, University of Bristol, UK.*  
'African migrants living with HIV in London: Patterns of difference' (part of the HIV-in-Context seminar series) (16 February 2011)
- **Nicholas Freudenberg**, *Distinguished Professor of Public Health and Executive Officer, CUNY Doctor of Public Health Programme; Co-director, CUNY Municipal Policy & Childhood Obesity Research Collaborative, USA.*  
'The role of municipal government in reducing health inequalities: Lessons from campaigns on childhood obesity in New York City and London' (5 July 2011)
- **Allyson Pollock**, *Professor of Public Health Research and Policy, Queen Mary University of London, UK.*  
'National Health System (NHS) privatisation in England' (3 May 2012)



During 2012 we explored possible institutional collaboration with **Arjun Karki**, professor and founding Vice-Chancellor of Patan Academy of Health Sciences, Kathmandu, Nepal. During a Winter School graduation he described the health system challenges in his country and the vision of the newly-established Academy, dedicated to improving the health status of the people of Nepal by producing doctors willing and able to provide health care to disadvantaged communities living in remote or rural areas.

## UWC Honorary Doctorate for Prof Marleen Temmerman



In September 2011, UWC awarded an Honorary Doctorate to Prof Marleen Temmerman in recognition of her longstanding efforts on behalf of gender equality, reproductive health and rights, and research capacity strengthening in Africa in the fields of public health, reproductive health, HIV and gender-based violence.

Prof Temmerman has been working with the Faculty of Community and Health Sciences, and specifically with the SOPH, for the past ten years. She helped conceive and drive the partnership between UWC and the association of Flemish universities in Belgium (VLIR) – particularly the Dynamics of Building a Better Society (DBBS) programme which aims to transform health and education policies and practices related to HIV in South Africa.



## Extraordinary Prof Sylvia Tilford

In January 2009 Prof Sylvia Tilford was made an Extraordinary Professor of the School of Public Health (SOPH) in recognition of the long and supportive collaboration we have enjoyed with her – and hope to continue to do so.

We first met Sylvia when she was director of the Centre for Health Promotion Research at Leeds Metropolitan University, when we entered into a British Council-funded project with them. An initial three-year link turned into a six-year formal collaboration, ending in 2004 – after which we have continued to benefit from an informal professional relationship and warm friendship with Sylvia.



The School's health promotion modules and short courses owe much to Leeds Metropolitan University in general, and to Sylvia in particular. Her text book written with Keith Tones, *Health Promotion, effectiveness, efficiency and equity*, has become a standard reference for our modules at both Diploma and Masters levels, as have her various other articles and chapters on health promotion. During 2011 and 2012, SOPH's Ruth Stern and Sylvia undertook a major revision of the Masters-level health promotion distance learning module which they had originally co-authored.

During these last two years Sylvia's contributions have continued to include ongoing support to SOPH's health promotion team, supervision of MPH students and examinations of MPH mini-theses. And during what was ostensibly a holiday in Cape Town in 2012, Sylvia agreed to co-facilitate two public events - a full-day workshop on 'Working in partnerships with communities: Strategies and challenges' and a more theoretical half-day seminar on 'Health promoting settings: Challenges in development and the measurement of success' - each attracting about 40 people.

The School's staff and students have benefitted enormously from the various generous and informative roles Sylvia has played and will, we hope, continue to play. We are deeply appreciative of her engagement with us and of her friendship – and look forward to enjoying these for many years to come.

Prof Temmerman is Director of Reproductive Health and Research at the WHO, having headed the Department of Obstetrics and Gynecology at Ghent University Hospital, been founding director of the International Centre for Reproductive Health (ICRH), and Senator in the Belgian Parliament. Her work has been characterized by a deep commitment to justice, scientific rigour and integrity, and social transformation. She has worked in difficult contexts with vulnerable populations: refugees in Europe and victims of sexual violence in Kenya and the DRC – and has contributed to rebuilding academic capacity to confront the multiple dimensions of HIV in Mozambique.

Prof Temmerman demands a lot of herself and her colleagues and engagements with her are invariably immensely enriching. The perseverance and willingness to seek, find, and build on common ground despite differences in perspective and without compromising personal or scientific integrity has been a hallmark of our collaboration and again exemplifies the values this partnership seeks to embody and strengthen. Prof Temmerman has made, and continues to make, an important contribution to building capacity in the School and the University.

# Obituaries

## Prof Jakes Gerwel: UWC loses an intellectual fighter for justice



The passing of Jakes Gerwel in November 2012 marked the end of a life largely associated with UWC. As rector of the university in the tumultuous late '80s and early '90s, Prof Gerwel navigated the political contestations of the time and was instrumental in the university's transformation

from an apartheid institution to a leading intellectual resource for the new nation. At a time when the slogan 'Liberation before education' was widely heard, he led UWC to articulating a confident vision of itself as an intellectual place hospitable to socio-political visions excluded from the South African mainstream of the time. His actions resonated through the South African higher education system, inspiring significant changes in other institutions.

Under Jakes Gerwel's leadership, UWC pioneered ways of making university education more widely accessible, and accepting the challenge of helping students thus admitted to surmount their difficulties and succeed. Defying government segregation policy, he opened the university's doors to people of all races, producing a period of rapid growth with students coming from all around the country: UWC had become a national university. Despite severe constraints, students from disadvantaged communities graduated in increasing numbers, equipped to make a professional contribution to the new South Africa. The teaching and learning challenges were (and continue to be) both demanding and exciting.

Under the banner of 'an intellectual home of the left', space was created for curriculum renewal and for innovative research and outreach projects. Important social and policy issues which had been swept under

the carpet by the government of the day received attention. A body of pertinent research was thus available as a basis for policy after the first democratic elections. Among these innovations was support for the establishment in 1992 of the Public Health Programme, whose skeletal staff working out of prefab offices were the foundation for the current School of Public Health. He advocated passionately for, and supported the development of, South Africa's first School of Public Health to be established outside a medical school. He clearly saw the need for UWC to focus on public health practice that led to measurable improvements in peoples' health.

In expressing the School's shock and sadness at the untimely passing of Prof Gerwel, David Sanders noted that "Jakes displayed typical courage and determination in promoting this new academic venture at 'Bush', when most of our academic peers expressed scepticism. Jakes' vision and unwavering support inspired us all to persist and develop a Public Health Programme of which he was proud and for which he can justifiably claim much credit. He continued to support us and show interest in our progress even when he was heavily involved in serving in the highest office in our country. His engaging intellect and warmth will be greatly missed."

### Stop press:

In early 2013, the Mauerberger Foundation and UWC launched the Jakes Gerwel Award in Public Health.

This annual Award is open to all graduates of the School, within and beyond South Africa, who have demonstrated through their work, the ability to have an impact on some aspect of population health. Evidence of impact could be derived from epidemiological or other studies and needs to specify the population who benefitted from a specific set of interventions, policies or measures and the measurable impact on people's health. UWC Faculty, student and graduates are invited to nominate people for this prestigious award that will both bring attention to the work of Prof Gerwel, while at the same time highlighting the importance and leadership role of the School.

## Hamba kahle, Uncle Polly



Appollis 'Uncle Polly' Jacobs, a regular participant in the School's public events and debates, died in June 2011. A champion of under-resourced communities, he was consistent in his participation in fora where he felt it was important for the needs of, and conditions in, these communities to be represented.

Having attended a Black Sash consultative meeting in August 2010 - held in each province to document an initial conceptualization of citizen values on national health system reform - Uncle Polly wrote:

*"On behalf of our communities, please allow me this opportunity to commend you and your team for a job WELL DONE. Attending your two [day] workshop on health really and truly opened the door for our Community Health Committees to continue putting pressure on our Health Authorities to honour their commitment to deliver Quality Health Care Services to our communities. Your two day workshop really gave our communities hope for the future. Thank you very much for opening your doors for active community participation. It is really and*

## Hambani kahle, Gavin and Del

*Prof Diane McIntyre, Health Economics Unit, UCT*

Following the devastating deaths of Gavin Mooney and Del Weston in their Australian home in the early hours of 20 December 2012, tributes to both flooded in from all over the world.

A health economist, Gavin had held positions (or honorary appointments) at Aberdeen University in Scotland; the University of Copenhagen and Aarhus in Denmark; Tromsø in Norway; Maastricht in the Netherlands; Wellington in New Zealand; Sydney, Curtin (Western Australia) and the University of New South Wales in Australia; and the University of Cape Town (UCT) in South Africa. His writings and personal contacts have reached even further. Thousands of people regard Gavin as their father, mentor and friend, from their contact through the distance-learning health economics courses but also because he was warmly responsive to anyone who wrote to him for advice or input.

Throughout their lives, Gavin and Del demonstrated what it means to speak truth to power, to be public intellectuals, activist academics, thinkers and doers. Gavin supported us in our fight for a universal health system (never mincing his words) and to build a decent society based on the health system as a solid social institution. His all-time favourite quote was from Nye Bevan, founder of the British National Health System: "Society becomes more wholesome, more serene, and spiritually healthier, if it knows that its citizens have at the back of their consciousness the knowledge that not only themselves, but all their fellows, have access, when ill, to the best that medical skill can provide." It is deeply unjust that it appears to have been a failure in access to mental health services that led to their unnecessary untimely deaths.

One of Gavin's proudest moments was when he was awarded an Honorary Doctorate by UCT in 2009, with his beloved Del at his side. UCT awards honorary degrees for either exceptional academic contributions or contributions to society; Gavin would have been eligible on both grounds. The citation noted that: "In particular, he has led the way in challenging the pre-

vailing orthodoxy in much of health economics, which prioritises concerns with efficiency over the distributional consequences of decisions. ... Prof. Mooney has also made a critical contribution by shifting the health economics profession from its largely 'academic' and clinical outlook to embrace a broader social role."



Various grants allowed Gavin (and Del) to spend a few months each year for four years in the Health Economics Unit at UCT. When these visits started, Del had just begun her PhD (on the political economy of climate change). Her links with our other doctoral candidates, led to Gavin contributing to mentoring and developing young health economists in several other African countries (particularly Ghana and Nigeria). While Del lived to see her doctorate awarded, its publication as a book by Routledge Press will be posthumous (a draft was filed the week before her death).

Gavin and Del's humanity was illustrated by their personal engagement with refugees in South Africa. During our deeply shameful xenophobic violence in 2008, Del volunteered at the local refugee centre. They have emotionally and financially supported a number of Cape Town refugee families ever since (despite their limited personal means). Their humanity is also borne out by their personal engagement with Aboriginal communities. Another of Gavin's proudest moments was when he was adopted into an Aboriginal family, and given the name of Uncle Ngulla (meaning a tree or one who brings life). Gavin and Del would have been honoured that Ted Wilkes and his son 'smoked their graves' and conducted an Aboriginal ceremony at their funeral on 3 January 2013.

*truly greatly appreciated. I am very well aware of the fact that we cannot perform any miracles but your two day workshop have proved that when we all network, collaborate and join hands and commit ourselves to work together in harmony then our integrated intervention can make a meaningful difference in all our communities.....Yours in Health and Partnerships. Polly Jacobs, Belhar Sub-district Health Forum - Western Cape "Driven by concerns."*

At the time of his passing, David Sanders remembered him:

*"I have known Uncle Polly since before I joined UWC in 1993. We were both involved in the successful bid, and later the funded Western Cape Community Partnerships Project. Uncle Polly was one of the community representatives. He was an exemplar for me of the important role community people were playing, and could play, in the transition to democracy.*

*We remained in frequent contact over the years through the Cape Metro Health Forum, his work at UWC and later through the South African chapter of the People's Health Movement. Polly was my Vice-Chair in this small but energetic group. He was always the one who brought us back to earth in reminding us of the persisting inequities in access to health care and the social determinants of health, exemplifying these by accounts of Belhar clinic and other formerly 'coloured' townships of Cape Town. He was an indomitable fighter for the health rights of the disadvantaged, and as such was an irritant to the powers-that-be. I (and we) shall miss him. Hamba Kahle, Uncle Polly!"*





# STAFF OF THE SCHOOL OF PUBLIC HEALTH

## Director

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

Uta Lehmann joined the SOPH in 1999 and has been director from 2009 to 2012. Having worked in health personnel education since 1991, her interests and expertise lie in human resource development, monitoring and evaluation and qualitative research. 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.

## Professors

**Prof Debra Jackson, BSN (Florida State), MPH (San Diego State), DSc (Boston)**

Debra Jackson, an Extraordinary Professor in the SOPH and principal investigator for a range of research projects, has qualifications in nursing, public health, epidemiology and biostatistics. Her interests are maternal and child health, perinatal health, nutrition, ethics and operations research. Debra has worked in the Pacific Islands and the United States and, now in South Africa, her current research focuses on prevention of mother-to-child transmission of HIV, infant feeding and community health workers, with a view to improving maternal and child health.

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

Originally trained as a nurse, 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. She is rated as a C3 scientist by the National Research Foundation.

**Emeritus Prof David Sanders, MBChB (Birm), DCH (RCS Eng), MRCP (UK), DTPH (London), DSc (Hon Causa) (UCT)**

*(Retired from permanent staff of SOPH August 2010; on part-time contract since then)*

David Sanders headed the SOPH since its inception in 1993 till 2009. He has over 30 years' experience in public health and primary health care in Zimbabwe and South Africa. His qualifications are in paediatrics and public health and his main interests are health and development, child health, nutrition, primary health care and human resource development. David has worked extensively with governments, the WHO, UNICEF and other agencies in child health, nutrition and health human resources – and is the author of three books: *The Struggle for Health; Questioning the Solution; and Fatal Indifference: The G8, Africa and Global Health*. He was Heath Clark Visiting Lecturer at the London School of Hygiene and Tropical Medicine in 2005 and an Honorary Professor at that institution from 2005 to 2007. He is a Visiting Professor at Charité-Universitätsmedizin, Berlin as well as at the Centre for International Health, University of Bergen, Norway with which he continues to collaborate. David was recently awarded an Honorary Doctorate by the University of Cape Town in recognition of his contribution to development of policies and programmes in primary health care nationally and internationally.

**Prof Helen Schneider, MBChB (UCT), MMed (Wits), DCH (SA College of Medicine), DTMH (Wits)**

*(Joined SOPH in March 2011; Director from January 2013)*

Helen Schneider is a medical doctor, public health specialist and health systems and policy researcher who has worked for more than 20 years on the problematics of South Africa's health system. She started her career as a trainer of primary health care nurses in rural Limpopo in the mid-1980s and went on to become a public health specialist at Wits University where she was based until 2007. At Wits she mainly worked at the Centre for Health Policy, which she directed for eight years. Helen has been a long-standing active participant in, and commentator on, health and HIV policy in South Africa and has served on, amongst others, the board of the Medical Research Council, the South African National AIDS Council (SANAC) and the Department of Health's Task Team on Primary Health Care Re-engineering. Her research and policy interests have included an understanding of



the political dynamics of AIDS policy under the Mbeki government and the health system-wide implications of programmatic interventions such as ARV scale-up. More recently, her research interests have shifted towards documenting policy implementation processes and strategies to formalise and integrate lay work and community-based care and support initiatives into primary health care.

**Assoc Prof Patricia Struthers, BSc Physiotherapy (UCT), MPhil Public Health (UWC), PhD (UWC)**

Patricia Struthers, an Associate Professor in the Community and Health Science Faculty, has been working closely with the SOPH since 2010. Her interests and expertise are in the fields of health promotion, in particular support services for inclusive education and health promoting schools. Trish has been leading work on the development of high schools as health promoting schools and has been instrumental in the revival of the Health Promoting Schools Network, including stakeholders from all levels of government, NGOs, and higher education institutions. She has also been undertaking research linked to school health and the Integrated School Health Programme (ISHP) of the departments of Health and Basic Education.

**Prof Christina Zarowsky, MD (McMaster), MPH (Harvard), PhD (McGill)**

Christina Zarowsky joined the SOPH in June 2009 where she also heads the university-wide Centre for Research in HIV and AIDS. A medical doctor and anthropologist, she has specialised in public health. From 2000, Christina worked for the Canadian International Development Research Centre (IDRC) where she led the Research for Health Equity suite of programmes and developed several donor partnerships. Her work at SOPH takes forward the focus of her work at IDRC which examined public health and health systems issues from a governance perspective, emphasising civic engagement, attention to power and process, and strengthening linkages between research, policy, practice, and social change. Her areas of interest include social determinants of health, community and systems perspectives on HIV and AIDS, refugee and migrant health, and research capacity strengthening.

## Senior lecturers

**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's current research is in district-level pharmaceutical human resources and public health education – with other interests being pharmaceutical information systems and rational medicines use. Hazel previously worked in a community-based project on the primary prevention of cardiovascular diseases and in health promotion.

**Dr Ehimario Igumbor, BSc (Hons) (UVenda), MPH (UZ), PhD (UWC)**

*(Left SOPH in October 2012)*

With a first degree in physiotherapy, Ehi Igumbor has a Masters in Public Health (MPH) majoring in Health Measurements (Epidemiology, Biostatistics and Population Studies) and a PhD in Public Health. He joined the SOPH as a senior lecturer in epidemiology and health information systems in 2007, and his research interests include chronic disease epidemiology, burden of disease analyses, public health education and routine health information systems.

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

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

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

Brian van Wyk is a research psychologist with a passion for training and teaching 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 Medical Research Council (MRC), and his current research interests are in access to, and adherence behaviours of, HIV patients on antiretroviral treatment.

## Lecturers

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

Having joined the SOPH in 1999, Verona Mathews initially worked in the health information systems programme where she facilitated and co-ordinated the development, training and implementation of district health information systems in South Africa. Verona's recent research has been on human resources for health and information systems and she is currently researching the development of human resource information systems and use of information at district level.

### **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 – and is currently registered as a PhD student, doing research on health promoting schools.

### **Ms Lungiswa Tsolekile, BSc (Dietetics) (UWC), MPH (UWC)**

Lungiswa Tsolekile is a dietician and is currently registered as a PhD student in the SOPH. She has been involved in research on chronic poverty and her current interests include childhood obesity and the prevention and control of chronic non-communicable diseases (NCDs) in adults. She has been working with community health workers (CHWs) in promoting healthy lifestyles for prevention of chronic NCDs, including the use of motivational interviewing to change eating behaviours. Her current work focuses on the training and curriculum for CHWs involved with chronic NCDs.

## Senior researchers

### **Dr Tanya Doherty, B Nursing (UCT), MSc Nursing (UCT), MPH (Harvard), PhD (Uppsala)**

With qualifications in nursing and public health, Tanya Doherty's research focus areas are prevention of mother-to-child transmission of HIV, child health, infant feeding and community randomised trials. She is currently working on an evaluation of child survival interventions in six African countries, as well as developing a mobile technology platform for community health workers (CHWs) in South Africa to improve monitoring and evaluation, visit completeness, and communication between CHWs, mothers and clinics. Tanya holds a joint position with the SOPH and the Medical Research Council.

### **Prof Justus Hofmeyr, MBCh (Wits), MRC OG (Joined SOPH in March 2011)**

Justus Hofmeyr joined the PROMISE-PEP clinical trials project as principal investigator in March 2011. He is director of the Effective Care Research Unit, Department of Obstetrics and Gynaecology, East London Hospital Complex which is part of the universities of the Witwatersrand and Fort Hare. Prior to this he had been professor of Obstetrics and Gynaecology at the Coronation Hospital and Wits University. Justus has published over 300 papers in peer-reviewed journals, 25 chapters in text books

and 8 audio visual teaching programmes. He is co-editor of the Cochrane Pregnancy and Childbirth Group and the WHO Reproductive Health Library. In 2012 he received the South African Medical Association (SAMA) 'Spirit of Medicine' award.

### **Prof Henry Leng, PhD (UCT), MBA (Stell)**

Henry Leng joined the AMASA (Access to Medicines in Africa and South Asia) project as senior researcher in October 2010, having been a professor in pharmaceutical chemistry in the School of Pharmacy at UWC. He serves on the Executive Committee of the Academy of Pharmaceutical Sciences as well as on the Medicines Control Council where he is also an expert member of both the Pharmaceutical and Analytical Committee and Biological Medicines Committee.

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

Thuba Mathole joined the SOPH as a senior researcher in 2008, bringing wide experience in research, training and programme planning and management. Her experience includes management and implementation of primary health care and public health programmes in both government and non-governmental organizations. Her areas of interest are international/global health, monitoring and evaluation, health systems, HIV, global public policy and maternal and child health.

### **Dr Busisiwe Nkosi, BPaed (Home Economics) (UKZN), BA (Hons) Human Ecology (UWC), MA Environment & Dev (UN), PhD (UMN)**

Busi Nkosi has degrees in home economics, human ecology and in the environment and development – reflected in her interests in rural health, community development, food security and in her extensive work in the rural and peri-urban areas of KwaZulu-Natal, prior to joining the SOPH in August 2009. Busi's work is also on orphans and vulnerable children, HIV/AIDS, and community health workers.

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

Prior to joining the SOPH in 2004, Nikki Schaay worked in the field of HIV. She first managed a local NPO which was one of the first community-based organisations in South Africa to support a cadre of local HIV educators; and later directed a national project which provided technical assistance to the national Department of Health, specifically in relation to HIV multi-sectoral capacity building and policy development. Her current research initiatives involve contributing to a review of home and community-based services for the Western Cape Health Department. Nikki is a past MPH student of the SOPH.

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

A medical doctor, Vera Scott worked as a clinician and programme co-ordinator within a fledgling district health system in Mitchells Plain in Cape Town in the late 1990s. Since joining the SOPH, she has worked extensively on projects aimed at developing and strengthening district health information systems and has contributed to developing a South African HIV Gauge, a Cape Town Equity Gauge and provincial HIV and TB monitoring and evaluation systems. Vera completed the MPH at



the SOPH in 2001 and is currently registered for a PhD through which she hopes to explore the factors that influence how facility managers use health information.

**Ms Mandisa Singata, Madliki Dip Comprehensive Nursing Science (Ciskei Nursing College), MBA (Regent Business School)**

Following an MBA and a qualification in nursing, Mandisa Singata is currently registered as a PhD student at the University of Cape Town where her thesis comprises a randomised control trial 'studying the effects of the copper intrauterine device and injectable progestogen contraceptive on depression and sexual functioning of women in the Eastern Cape'. She is the deputy director of the Effective Care Research Unit (ECRU) in the Department of Obstetrics and Gynaecology, East London Hospital Complex – and joined the SOPH as a research co-ordinator for the PROMISE-PEP study in 2007. Mandisa has published over 10 publications and is a systemic reviewer for the Cochrane Pregnancy and Childbirth Group and Fertility Group.

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

Since joining the SOPH in 2002, Ruth Stern's focus has been on equity, social determinants of health, and the importance of partnerships and community participation in health promotion – the topic of her doctoral research. Ruth was responsible for establishing a three-year British Council collaboration with the London Metropolitan University which ended in 2011, and she currently spends her time between Cape Town and London, teaching the health promotion distance learning module and supervising MPH and doctoral students. Initially trained as a physiotherapist, she has a Diploma in Health Promotion, a Masters in Social Policy, and a Doctorate in Public Health from the London School of Hygiene and Tropical Medicine.

## Researchers

**Mr Woldekidan Kifle Amde, BA (Addis Ababa), MA (Ruhr-Bochum), MA (UWC)**

Woldekidan Kifle Amde joined the SOPH in March 2009 as manager of the WHO-UWC MPH programme focusing on Health Workforce Development. This informs his current PhD work on the complexity of a multi-country capacity development initiative in the area of health workforce development. He also administers the 'HRH for Africa' website, a digital resource centre being implemented by the SOPH as a WHO Collaborative Centre, and manages content for the School's own website. Wolde is a member of the SOPH team engaged in two inter-university collaborative initiatives to develop capacity in the field of health policy and systems analysis in Africa – the Consortium for Health Policy & Systems Analysis in Africa (CHEPSAA) and the Collaboration for Health Systems Analysis and Innovation (CHESAI). Having worked as a development professional in Ethiopia and South Africa, his background is in sociology, development management, administration, and information communication technology.

**Ms Kate Kerber, BA (Hons) (Alberta), MPH (UCT)**

*(Joined SOPH in May 2011, left September 2012)*

Kate Kerber joined the SOPH in 2011, working with national stakeholders through the global Child Health Epidemiology Reference Group on new country-owned estimates for causes of neonatal and child mortality in South Africa. Her research interests include the use of maternal, newborn and child health data for policy and decision making and quality improvement. In 2006 she co-led a multi-agency publication effort *Opportunities for Africa's Newborns* and has a number of publications expanding the evidence base for epidemiology and interventions around the time of birth, including the 2011 *Lancet* series on stillbirths. She is a member of the Countdown to 2015 for Maternal, Newborn and Child Health Working Group on Equity, as well as of the Inter-Agency Technical Working Group on Newborn Health Indicators. She is currently a doctoral candidate at UWC.

**Ms Caroline Kinyua, BSc Hons (UWC), MSc Pharm Sciences (UWC), MPH (Health Economics)(UCT)**

*(Left SOPH in February 2012)*

Caroline Kinyua's research interests are in health care financing and economic evaluation of health care interventions with a keen interest in pharmaco-economics. She has been working on the three-year multi-country study 'Access to Medicines in Africa & South Asia' (AMASA).

**Ms Bvudzai Magadzire, BSc Enviro Health (Solusi University), MPhil HIV/AIDS Management; PGD HIV/AIDS Management (University of Stellenbosch)**

Before joining the SOPH in November 2010, Bvudzai Magadzire had been involved in operational research relating to public health and the evaluation of development projects for donor agencies, non-governmental organisations and governments in South Africa, Zimbabwe, Malawi, Botswana and Uganda. She is currently working on the three-year multi-country study 'Access to Medicines in Africa & South Asia' (AMASA).

**Ms Sarah Rohde, BS Nursing, PG Cert in Public Health, BA (Hons)**

*(Joined SOPH in September 2011)*

Sarah Rohde has a background in clinical nursing from Canada, with a specific focus on HIV care and addiction medicine. While completing her MPH, she has been leading the development and piloting of monitoring and evaluation tools for primary health care ward-based outreach teams, a commission for the national Department of Health. Prior to this, she worked with the Medical Research Council's Health Systems Research Unit. Sarah's interests include primary health care strengthening for improved maternal and child health.

**Ms Hanani Tabana BSc (UCT), BSc Medicine (Hons) Pharmacology (UCT), MPH Epi (UCT)**

*(Joined SOPH in August 2012)*

Hanani Tabana, a senior scientist in the Health Systems Research Unit at the Medical Research Council, has been seconded to the SOPH to develop a proposal and conduct a case study of primary health care outreach team implementation in the North West Province. She is currently completing her PhD in the Department of Public Health Sciences at the Karolinska Institutet.

**Dr Kim Ward, PhD Pharmacy (UWC)**

*(Joined SOPH in January 2011)*

Kim Ward, a senior lecturer at the School of Pharmacy at UWC, has been seconded to the SOPH for three years to co-ordinate the Access to Medicines in Africa and South Asia (AMASA) project. The project examines the registration, production, acquisition, distribution, supply and consumption of essential medicines, with a view to identifying the major bottlenecks to medicine flow in each of these countries. Her area of research in this project focuses on the downstream side of the supply chain, including rational medicine use and distribution. Kim obtained her PhD in Pharmacy Practice at UWC in 2008.

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

Lucy Alexander joined the SOPH in 2002, bringing with her many years of experience in curriculum and materials development in a non-governmental distance education programme. With a background in adult education, she lectured at the Centre for Adult and Continuing Education (CACE) at UWC for six years before moving to the SOPH where she has, until recently, played the role of senior academic co-ordinator and curriculum/materials developer. Lucy is involved with a project in Open Education Resources and the development of case studies for public health education, as well as an inter-country study of the impact of the MPH programme from 2005-2011.

**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.

**Project and field staff****Ms Emma Chademana, BSc (Hons) (AU), DipPers Mgt (IPMZ), MDev (UKZN)**

Prior to joining the SOPH in October 2010 as the CDC Project administrative co-ordinator, Emma worked at the University of KwaZulu-Natal's Doris Duke Medical Research Institute at the Higher Education AIDS Programme's 'Piloting the HIV/AIDS Module into Teacher Education' and World Vision International in Zimbabwe. Emma is registered for a doctorate in the School and her research interests are in wellbeing and quality of life, HIV/AIDS, livelihoods and poverty, orphans and vulnerable children, and food security.

**Ms Lynette Cook**

*(Left SOPH in March 2012)*

Before joining the SOPH in July 2007, Lynette Cook worked at the Western Cape Education Department as an administration clerk. She has been working as a research assistant on the Health Information Systems Project which includes the routine waiting times surveys.

**Ms Ntombodidi Gobile**

Ntombodidi Gobile is currently a field worker for the Prospective Urban and Rural Epidemiology (PURE) study, prior to which she worked as a data capturer. She is enrolled at UNISA for the Certificate in Health Science and Social Services.

**Ms Boniswa Mphiti/Jwili, Dip Enrolled Nurse Assitant (Elliot Hospital)**

Since 2009 Boniswa Mphithi/Jwili has been a field worker and data capturer for the Prospective Urban and Rural Epidemiology (PURE) study. She has worked as a field worker and a moderator for 10 years, prior to which she did market research. Boniswa is currently studying for a BA in Community Health Psychology at UNISA.

**Mr Khumbula Ndibaza, Dip Nursing (Groote Schuur Nursing College)**

Since 2009 Khumbula Desmond Ndibaza has been a field worker and a data capturer for the Prospective Urban and Rural Epidemiology (PURE) study. He has a Diploma in Nursing and is currently studying for a BA in Community Health Psychology at UNISA.

**Mr Lungisani Ngodwana, BSc (Walter Sisulu Univ)**

Since 2009, Lungisani Ngodwana has been a field worker /research assistant for the Prospective Urban and Rural Epidemiology (PURE) study. Born and bred in the Eastern Cape, he has a BSc in Health Promotion from Walter Sisulu University.

**Mr Hilton Snyder**

*(Left SOPH in March 2012)*

Hilton Snyder joined the SOPH as a student assistant during the Winter School of 2006. After a stint in student administration, he became a research assistant in May 2007. He is registered for a BSc in Decision Science through UNISA.

**Ms Natasha Titus**

*(Left SOPH in July 2011)*

Natasha Titus joined the SOPH in January 2005, after obtaining secretarial / PA and Information Technology Systems Support qualifications. She has been the project administrator for the waiting times surveys which have been routinely conducted in health facilities within the Western Cape, KwaZulu-Natal and in a number of regions in Tanzania. She has been involved in database software development and in quality testing and contributes to training and support.

**Ms Charlene Valentine**

*(Left SOPH in July 2012)*

Charlene Valentine joined the SOPH in July 2007, having obtained a Certificate in Bookkeeping and Office Administration. She has worked as a research assistant on the Health Information Systems Project – particularly the waiting times surveys.

## Administrative and support staff

### **Ms Marlene Petersen**

#### ***Senior office co-ordinator***

Marlene Petersen joined the SOPH in 1998. She heads the Administration of the School and her responsibilities include office and personnel management, Summer and Winter Schools and the financial administration of projects.

### **Dr Shun Govender, BA (Unisa), BD (UDW), Drs (Netherlands), ThD (Netherlands)**

#### ***Project manager***

Before joining the SOPH in June 2009, Shun Govender had held senior management positions at the Institute for Democracy in South Africa (IDASA) since 2001. These included managing a public sector budget analysis programme, a governance programme and then a country office in Nigeria. Responsible for the SOPH's Project Unit, Shun provides assistance to project heads, and monitors project progress and reports. He also produces the SOPH Bulletin, the School's monthly newsletter.

### **Ms Sidiqa Abbas**

#### ***Finance administration officer***

Sidiqa Abbas is responsible for the financial administration of various projects in the School which includes the management of various project funds. She came to the University in May 2010, having worked in the private sector.

### **Mr Melvin Adams**

#### ***Office assistant***

Melvin Adams joined the SOPH in 2002 as support for the administrative office and academic staff, after working for Nampak for 19 years. He provides various forms of technical support to meetings, classes and events – including the Summer and Winter Schools – and is the School's driver.

### **Ms Bridget Basson, BAdmin (Hons) (UWC)**

#### ***Administrative officer***

Bridget Basson joined the SOPH in 2000. She provides administrative support to a range of staff, arranges conferences and travel, and is involved in the co-ordination of the Summer and Winter Schools.

### **Ms Corinne Carolissen, ND Exec Sec & NHPSE (Peninsula Tech)**

#### ***Senior programme officer: Postgraduate Programme***

Corinne Carolissen joined the SOPH in March 2001, prior to which she worked in the retail industry for a buying support group, first as a buyer's assistant then secretary to the regional manager. After studying education, she moved to the non-governmental sector where she worked for eight years in finance and administration, taught adult learners and organised national workshops. She now administers the School's Masters and PhD programmes, including co-ordinating thesis administration, assisting with the Winter and Summer Schools and providing support to a range of staff and students.

### **Ms Teresa de Lima**

#### ***Financial administrator***

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

### **Ms Nolitha Komeni, BCom Mgt (UWC)**

#### ***Receptionist***

Before joining the SOPH in December 2009, Nolitha was the administrative officer at Economics Department at UWC. She is responsible for reception and general administration, and assists with the Winter and Summer Schools.

### **Ms Janine Kader**

#### ***Student administrator: Postgraduate Programme***

Janine Kader joined the SOPH in February 2002. She co-ordinates the administration for the Postgraduate Diploma and provides administrative support to the MPH as well as to a range of academic staff and students.

### **Ms Lynette Martin**

#### ***Administrative officer***

Lynette Martin joined the SOPH in 1994. In addition to assisting the Director, she provides secretarial support to other members of academic staff. She co-ordinates the use of venues, and assists with the Summer and Winter Schools.

### **Mr Zaeem Najaar**

#### ***Financial assistant***

Zaeem Najaar first worked at the SOPH as a student, assisting with various administrative tasks and was later employed as financial assistant in February 2009. He is currently completing a BCom degree at UWC.

### **Ms Tamlin Petersen**

#### ***Administrative co-ordinator: Centre for Research in HIV and AIDS***

Tamlin Petersen joined the SOPH in 2002, first working part-time on the Summer and Winter Schools and assisting the School's administrative team. She joined the staff full-time in 2009 as administrative co-ordinator for the newly-formed UWC Centre for Research in HIV and AIDS. In addition to the overall administration of the Centre, Tami is responsible for event management, particularly the annual research symposia. She maintains the Centre's website and serves as secretary to the Board.



## PhD students attached to projects

### **Dr Johann Cailhol, MD (Paris), MPH (Paris)**

*(Left SOPH in December 2011)*

Johann Cailhol is a medical doctor, qualified as an infectious diseases and public health specialist. She holds a Masters degree in Epidemiology and has experience in leading epidemiological surveys. After practicing in a university hospital in Paris, Johann has been responsible for establishing and co-ordinating a collaborative HIV clinic in Burundi. She is currently enrolled for a PhD at the SOPH, researching Global Health Initiatives (GHIs) and health policy and systems.

### **Mr Wondwossen T Lerebo, BEd (Ethiopia), MSc Pop Studies & Demography (UWC)**

*(Left SOPH in December 2012)*

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

### **Mr Moise Muzigaba, BSc Nutr Sc (Zimbabwe), MPH (UWC)**

*(Left SOPH in December 2011)*

Moise Muzigaba joined the SOPH in 2007 as an MPH student and later as a research assistant, after being a research intern at the Scientific Research and Development Centre at the Food and Nutrition Council of Zimbabwe. He has degrees in nutritional sciences and public health and is currently registered as a PhD student in the SOPH. From April 2010 he was employed as a junior researcher on two projects: PURE (a Prospective Urban and Rural Epidemiological study); and a project in the Eastern Cape that seeks to assess the effectiveness of the WHO 10-step treatment guidelines for case management of severe malnourished HIV-positive children.

### **Ms Annie Neo Parsons, BSocSci (UCT), MSc (London)**

Annie Parsons' background is in HIV and AIDS education and adherence in South Africa and the USA. She has conducted research and designed materials for various school-based programmes. She joined the SOPH at the end of 2009, and is currently enrolled for a PhD at the SOPH. Annie is researching Global Health Initiatives (GHIs) and health policy and systems.

### **Dr Simukai Shamu, BSc Soc (Hons) (Zimbabwe), MSc Soc & Soc Anthro (Zimbabwe), PhD (UWC)**

*(Left SOPH in September 2012)*

Simukai Shamu obtained his PhD in Public Health from UWC in 2012, following training in sociology and social anthropology at the University of Zimbabwe where he taught health promotion, medical sociology and health systems research at the Department of Community Medicine from 2004. Simukai joined the SOPH as a PhD candidate and researcher in 2009, and his current

research interests include intimate partner violence and the risk of HIV among pregnant women and school health. Simukai has published in the field of gender, sexual and reproductive health and HIV/AIDS.

### **Dr Jeannine Uwimana, BSc (Hons) (Rwanda), MSc PT (UWC), PGD Public Health (UWC), PGC Int Comm Health (Oslo), PhD (UWC)**

As a practising physiotherapist with training in public health and international community health, Jeannine Uwimana co-ordinated an HIV/AIDS educational programme at Kigali Institute of Science and Technology, after which she joined the School of Public Health, National University of Rwanda where she has been involved in teaching and reviewing the MPH programme to date. Jeannine joined the UWC SOPH in 2006 as a research assistant and graduated with a PhD in Public Health in 2012. Her research interests are developing mechanisms to enhance collaborative TB/HIV activities including PMTCT; community participation; health systems strengthening; and mobile Health. She is currently working on a TB REACH project on improving TB case finding, linkage to care and treatment adherence in KwaZulu-Natal.

## Post-doctoral students

### **Dr Thomas Achia, PhD (Nairobi)**

*(Left SOPH in March 2011)*

Thomas Achia completed his PhD in Mathematical Statistics at the University of Nairobi in 2006. As an expert in the use of general and generalized linear models, multilevel methods (mixed models), multivariate data analysis techniques and spatial data analysis techniques, he taught in the Department of Mathematics for thirteen years before taking up a post-doctoral award at the SOPH, UWC. While here, he worked on several research papers with Christina Zarowsky in the Centre for Research in HIV and AIDS. Thomas left SOPH in 2011 to take up a teaching position at the University of KwaZulu-Natal.

### **Dr Joshua Aransiola, BSc, MSc, PhD (Obafemi Awolowo University, Nigeria)**

*(Joined SOPH in February 2012)*

Joshua Aransiola obtained a BSc, MSc and PhD in Sociology and Anthropology from Obafemi Awolowo University, Ile Ife in Nigeria. His research interests are broadly in the area of the sociology of the family with a focus on women and children's rights. During his post-doc in the Centre for Research in HIV and AIDS at the SOPH, he is extending his PhD work on street children by investigating the possible links between child trafficking and HIV/AIDS epidemics across some African countries.

## Extraordinary professors

Emeritus Prof David Sanders and Extraordinary Prof Debra Jackson are listed with the SOPH staff above, as they are currently contracted to the School.

**Prof Naeemah Abrahams, *Nursing Dip General Nursing and Midwifery (GSH), Dip Community Health (PenTech), Dip Paediatric Nursing (RXH), MPhil Public Health (UWC), PhD Public Health (UCT)***

Naeemah Abrahams is the deputy director of the Gender and Health Research Unit of the Medical Research Council. She has a nursing background and completed an MPH at UWC in 1997, followed by a PhD in Community Health in 2002 at the University of Cape Town. Her research focus includes gender-based violence and the interface with HIV. Her work on intimate partner violence has comprised a range of topics like men as perpetrators; risk factors for perpetrating intimate partner violence; femicide; the role of guns in gender-based violence; health sector responses to gender-based violence; sexual assault services; prevention of HIV following sexual assault; HIV stigma; mental health; and burden of disease studies exploring gender-based violence as a risk factor for health outcomes. Prof Abrahams is the author of more than 45 peer-reviewed journal articles and many other research reports. She was a collaborator on the WHO multi-country study on violence against women and is currently a collaborator on the Global Burden of Disease study working with global data on interpersonal violence.

**Prof Sally Guttmacher, *BA, MPhil (Columbia), PhD (Columbia)***

Sally Guttmacher is Professor in the Department of Nutrition, Food Studies and Public Health at New York University (NYU), where she is also Director of the MPH Programme in Community Health. She has extensive research, teaching, and accreditation experience and has been actively involved in accrediting and advising on the development of public health programmes. Her focus areas are public health education, gender, migration, equity, and substance abuse in relation to reproductive health and HIV. Most recently she has focussed on the use of community health workers employed by community-based organisations in educating ethnic communities in the prevention of coronary heart disease; and the health risks encountered by cross-border migrants in South Africa.

Prof Guttmacher has longstanding collaborations in South Africa with the University of Cape Town and the Medical Research Council – and since August 2010 has also been working with the Centre for Research in HIV and AIDS in the SOPH where she participated in the early development of the HARICCI programme (HIV and AIDS Research in Complex Contexts of Inequality) and where she is a sabbaticant from October 2012 to May 2013.

Prof Guttmacher is a consultant on medical education for Pfizer Pharmaceuticals where she sits on a panel funding interventions developed to promote the use of various types of vaccines to prevent infectious disease in the USA.

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

Harry Hausler is a family physician and preventive medicine specialist. In 1995 he worked with the WHO and from 1996 to 2003 was the National TB/HIV Technical Advisor in the South African Department of Health. After a two-year period at the SOPH, he continues with the School in an honorary capacity.

Prof Hausler's current interests include developing systems and capacity to assist with comprehensive HIV and TB prevention and treatment in the context of comprehensive primary health care. He co-ordinates operational research focused on implementing and evaluating a comprehensive programme of TB/HIV/STI prevention, care and support. As the CEO of the TB/HIV Care Association, he is the principal investigator of a number of research projects: two CDC-PEPFAR co-operative agreements on comprehensive HIV and TB prevention in the general population (in six districts) and among sex workers (in Cape Metro and Ethekwini); a Stop TB Partnership TB REACH project in Sisonke district; and a Global Fund project to increase HIV and TB case finding and treatment in correctional facilities in the Western Cape.

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

John Seager is a freelance research consultant with 30 years' public health research experience in Africa – covering AIDS and development, tuberculosis, diabetes care, urban health systems, and social determinants of health. Prof Seager's main research interest is social determinants of health among the poor in developing countries. Recent work includes health systems evaluation, HIV and AIDS, homeless populations and social aspects of climate change. His publication record spans the authoring and co-authoring of more than 60 journal articles and 50 research reports.

Prof Seager is also a Mellon Senior Scholar at UWC where he is responsible for mentoring academic staff working towards PhDs and publications. He is also an Extraordinary Professor at the University of Stellenbosch, where he is a member of the Transdisciplinary Sustainability Analysis Modelling and Assessment Hub.

Prof Seager holds a BSc (Hons) in Zoology and a PhD in Ecology and Population Dynamics and has completed advanced training in Epidemiology and Public Health in the USA, UK and South Africa.

**Prof Sylvia Tilford, *BSc, MA, PGCE (Leeds)***

Until her retirement, Prof Sylvia Tilford was the Director of the Centre for Health Promotion Research at Leeds Metropolitan University. As a prolific author of books and articles on health promotion and having worked in several African countries, she is highly regarded in health promotion circles internationally. Her expertise includes evidence-based health promotion practice, monitoring and evaluation of health promotion programmes, research capacity building, and running training courses for health promoters. Prof Tilford has been a great source of knowledge, expertise and support to the Health Promotion cluster at the SOPH for many years. (See article on page 49.)

# SOPH founder awarded Honorary Doctorate

The School of Public Health was delighted when, on Friday 8 June 2012, the founder of our School, David Sanders, was awarded the honorary degree of Doctor of Science in Medicine by the University of Cape Town.



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## CITATION

*Vice Chancellor, I have the honour to present, for the award of the degree of Doctor of Science in Medicine, honoris causa, David Mark Sanders.*

*Enter the four horsemen of the apocalypse. Pestilence, War, Famine and Death. Pestilence carries a bow and wears a victor's crown, War brandishes a sword, Famine bears the grain-weighing scales and Death, pallid as a corpse, is empty handed. These four horsemen are mythical characters released as harbingers of the last judgement, inflicting their scourges onto the earth. Most of the developed world lives as if immune to at least Pestilence and Famine, but in the least developed world, the four horsemen constantly ride over the land.*

*David Sanders would add a fifth horseman to the list: Social Injustice.*

*Why do 13 million children still die each year from preventable causes? Why is health care not available to every individual in the world? Why does Ethiopia import emergency rations to treat malnutrition whilst selling off prime land to food transnationals? Why has South Africa's import of processed food products gone up exponentially?*

*David Sanders has spent his life challenging the horsemen at their very source – Greed and Official Complicity. He started a community clinic whilst he was still a fourth year medical student at Harare Hospital in the old Rhodesia. Later, whilst specialising in the UK, he became clearer about the bigger questions of politics and health. He started writing a pamphlet as a guide for health workers in developing countries. What he thought would take 3 weeks took 3 years and turned into his book, "The Struggle for Health". The book was published in 1985 and the key concepts are still relevant today: That social inequities are the cause of health inequities; that access to health is a basic human right and that Health for All can only be attained through a more equitable distribution of wealth, resources, opportunity, and ultimately, power.*

*He is a truth teller – forcing us to confront essential and difficult questions. He is resolute that medical solutions to illness are not solutions if people lack the power to determine their own destinies. He is radical, outspoken and tenacious. His contribution has been as a pioneer thinker around the necessity for a political understanding of health. He has been a role model and a visionary leader in the People's Health Movement, and, through the School of Public Health at the University of the Western Cape, he has helped to grow and develop entirely new paradigms of Public Health.*

*David Sanders is a challenger for the thundering hooves of the apocalyptic horses, doing so with Advocacy and Mobilisation as his weapons, and with Equity, Honour and Justice at his back.*

*Vice Chancellor, I have the honour to invite you to admit to the degree of Doctor of Science in Medicine, honoris causa, David Mark Sanders.*

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# ACADEMIC AND PROFESSIONAL ACHIEVEMENTS OF STAFF

## Publications

### Chapters in books

**Amde W** & Getnet T. (2012). Youth sexuality and HIV/AIDS: Issues and contentions. In: Getnet T & Kloos H (eds.), *Vulnerabilities, Impacts, and Responses to HIV/AIDS in Sub-Saharan Africa*. Hampshire: Palgrave Macmillan.

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**Cailhol J** & Zoungrana L. (2011). Module 3: HIV diagnosis. In: Doin (ed.), *Comprehensive HIV management. A guidebook for non-medical health professionals*. Rueil-Malmaison: Wolters Kluwer): 57-77.

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Rudin J & **Sanders D**. (2011). Chapter 13. Debt, structural adjustment and health. In: Solly, R, Brock, B & Brock, G (eds.), *Global Health and Global Health Ethics*. United Kingdom: Cambridge University Press): 155-165.

**Sanders D**, Reynolds, L & Lake, L. (2012). Addressing inequities in child health: Opportunities and challenges. In: Hall, K, Woolard, I, Lake, L & Smith, C (eds.), *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town): 58-64.

### Articles in peer-reviewed journals

Baum, F & **Sanders D**. Ottawa 25 years on: A more radical agenda for health equity is still required. *Health Promot Int*, 2011 Dec; 26(2):253-7.

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## Papers and reports

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Including the following briefs:

Ager A & **Zarowsky C**. Keys to capacity: Reflections of African health research leaders.



**Amde W & Lehmann U.** Strengthening public health and research capacity through S-S collaboration: Reflections on UWC's WHO Master's Programme in Health Workforce Development.

**Chanda-Kapata P, Campbell S & Zarowsky C.** Developing a national health research system: Participatory approaches to legislative, institutional and networking dimensions in Zambia.

**Shamu S, Ager A & Zarowsky C.** Global, regional and national health research capacity strengthening initiatives relevant to Africa: An inventory.

**Van Wyk, B.** Public health practitioners' approaches to research: An analysis of MPH theses at the UWC School of Public Health.

**Yarmoshuk A & Zarowsky C.** Mapping of health professional programmes in sub-Saharan Africa.

**Zarowsky C & Lehmann U.** "Public Health in the Age of HIV: Reflections and (Re?)directions.

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**Zarowsky C & Morrell P.** (2011 February). Situating research in public health training and practice: Current debates and emerging good practice. PHASA Workshop Report. *Public Health Association of South Africa Newsletter*. <http://www.phasa.org.za/phasa-news/key-messages-from-the-workshops.html>, [http://www.hivaid-s-wc.org.za/docs/PHASA\\_Workshop.pdf](http://www.hivaid-s-wc.org.za/docs/PHASA_Workshop.pdf).

**Zarowsky C.** (2012 July). *Operational guidelines for HIV programmes for key populations in South Africa*, National Department of Health. Pretoria: National Department of Health.

## Other publications

### Newspaper articles

**Doherty T, Sanders D, Goga A, Coutsooudis A & Coovadia H.** Stop dithering at death's door. *Mail & Guardian*, Health Comment, 16 September 2011.

**Reynolds L & Sanders D.** Seeking a remedy for climate change. *The Cape Times*, 21 September 2011.

**Sanders D & Reynolds L.** Community care givers hold the key. *The Cape Times*, 20 September 2011.

**Sanders D & Reynolds L.** Opportunity to heal the nation. *Daily Voice*, 8 May 2012.

## Conferences and workshops

### Presentations and posters

#### National

**Abrahams N, Shamu S, De Vries K, Watts C & Garcia-Moreno C.** Oral presentation: *A systematic review of mental and sexual health effects associated with non-partner sexual violence*. *Global Burden of Disease Study*. Sexual Violence Research Initiative (SVRI) workshop, Cape Town, 11-13 October 2011.

**Alexander L & Matshanda N.** *Development [of] an open education resource repository of case studies for distributed online problem-based learning in public health education*. The Higher Education Learning and Teaching Association of Southern Africa (HELTASA), Port Elizabeth, November 2011.

**Amde W.** *Unpacking capacity development: A systemic investigation of an inter-country collaborative capacity development program to strengthen leadership for health workforce development*. Joint Conference of the Public Health Association of South Africa (PHASA) and the Rural Doctors' Association of South Africa (RUDASA), Bloemfontein, 5-7 September 2012.

**Aransiola JO & Zarowsky C.** Poster presentation: *Assessing the limitations of stakeholders in supporting street children in Nigeria: What policy options are available? 'Don't Turn a Blind Eye'*. Orphans and Vulnerable Children Conference, Midrand, 20 October-2 November 2012.

**Blaauw D, Schneider H & Bärnighausen T.** Oral presentation: *Modelling complex treatment pathways and access barriers across multiple levels*. 7th Annual Conference of the Public Health Association of South Africa (PHASA), Johannesburg, 29-31 November 2011.

**Bradley HA, Butler N & Lehmann U.** *Establishment of 'district' pharmacists in Cape Town*. Joint Conference of the Public Health Association of South Africa (PHASA) and the Rural Doctors' Association of South Africa (RUDASA), Bloemfontein, 5-7 September 2012.

**Cailhol J, Mathole T, Parsons, A & Sanders D.** Poster presentation: *From parallel structures to health system strengthening, the experience of Western Cape with Global Health Initiatives*. 7th Annual Conference of the Public Health Association of South Africa (PHASA), Johannesburg, 29-31 November 2011.

**Crabtree E, Schaay N, Lince N & Makhubele Q.** Poster presentation: *Helping our youth become Fit for Life, Fit for Work*. 5th South African AIDS Conference, Durban, 7-10 June 2011.

**Egieyeh E & Ward KL.** *Inter-professional collaboration between general practitioners and community pharmacists: General practitioners' perspectives*. 32nd Annual Conference of the Academy of Pharmaceutical Science of South Africa, University of KwaZulu-Natal, Durban, September 2011.

**Egieyeh E & Ward KL.** *Inter-professional collaboration between general practitioners and community pharmacists: General practitioners' perspectives*. SA Medical Research Council 5th Annual Research Conference, Cape Town, October 2011.

**Harris B, Birch S, Chimbindi N, Cleary S, Daries VC, Eyles J, Fried J, Govender V, McIntyre D, Moshabela M, Penn-Kekana L, Schneider H & Silal SP.** *Statistics and stories: Mixing methods to research equity in access to South African healthcare*. 7th Annual Conference of the Public Health Association of South Africa (PHASA), Johannesburg, 29-31 November 2011.

**Hofmeyr GJ, Singata M, Fawcus S, Belizan JM, Oyejajo AB, Munjanja SP, Sawchuck D, Von Dadelzsen P, Bergel E, Betran AP, Purnat T & Tahuringana, E.** *Long term calcium supplementation in women at high risk of pre-eclampsia: A randomized, placebo-controlled trial*. 31st Conference on Priorities in Perinatal Care in Southern Africa, Kruger Park, 6-9 March 2012.

**Hughes G, Aboyade O, Igumbor E & Puoane T.** *Utilization of traditional herbal medicines for chronic health conditions in both urban and rural communities: A pilot study*. 7th Annual Conference of the Public Health Association of South Africa (PHASA), Johannesburg, 29-31 November 2011.

**Igumbor EU.** Invited guest speaker: *Blindness and visual impairments through a different lens: Setting an agenda for public health optometry in South Africa*. South African Optometry Association, Crystal Hotel and Towers, Cape Town, 21 July 2011.

**Kerber K.** *SANCHERG Objectives and Goals*. South African Child Health Epidemiology Group meeting, Cape Town, 25 August 2011.



**Kerber K.** *Global child mortality: Estimating causes of death in children 1-59 months.* South African Child Health Epidemiology Group meeting, Cape Town, 25 August 2011.

**Kerber K.** *Neonatal and child cause of death in South Africa: A systematic analysis of available cause of death data for children under five.* 31st Conference on Priorities in Perinatal Care in Southern Africa, Kruger Park, 6-9 March 2012.

**Kerber K.** *Improving estimates for neonatal and under-five mortality in South Africa.* Child Health Priorities, Port Elizabeth, 1 November 2012.

**Kerber K.** *Neonatal mortality in South Africa: Progress and priorities.* National Perinatal Mortality and Morbidity Committee, Johannesburg, 21 November 2012.

**Kruger A, Chifamba J, Igumbor EU, Rangarajan S, Puoane T, Mayosi B, Teo K & Yusuf S.** on behalf of the Prospective Urban and Rural Epidemiology (PURE) Study Investigators. *Use of drugs for secondary prevention of cardiovascular diseases in South Africa and Zimbabwe. Findings from the PURE Study.* Joint Conference of the Public Health Association of South Africa (PHASA) and the Rural Doctors' Association of South Africa (RUDASA), Bloemfontein, 5-7 September 2012.

**Madidi T, Parker M & Ward KL.** *An evaluation of non-pharmacist led drug supply management in Cape Metropole primary healthcare clinics.* 33<sup>rd</sup> Annual Conference of the Academy of Pharmaceutical Science of South Africa, Rhodes University, Grahamstown, September 2012.

**Magafu MG & Igumbor EU.** *Usefulness of highly active anti-retroviral therapy on health-related quality of life of adult recipients in Tanzania.* 7th Annual Conference of the Public Health Association of South Africa (PHASA), Johannesburg, 29-31 November 2011.

**Mathole T, Parsons A, Cailhol J & Sanders D.** Oral presentation: *South Africa's responses to human resources challenges in their implementation of ART programmes.* Joint Conference of the Public Health Association of South Africa (PHASA) and the Rural Doctors' Association of South Africa (RUDASA), Bloemfontein, 5-7 September 2012.

**Ndayi K, Tsolekile L, Muzigaba M, Gobile N, Jwili B, Ndibaza K, Igumbor EU & Puoane TR.** for the PURE Cape Town Investigators Writing Group. *Challenges in the recruitment and follow-up of population-based cohorts for epidemiological investigations in rural South Africa: Lessons from the Prospective Urban and Rural Epidemiology (PURE) Study.* 7th Annual Conference of the Public Health Association of South Africa (PHASA), Johannesburg, 29-31 November 2011.

**Nkosi B, Schneider H & Lehmann U.** Poster presentation: *Trends & topics in publications on CHWs during the past 15 years: A review of literature.* 7th Annual Conference of the Public Health Association of South Africa (PHASA), Johannesburg, 29-31 November 2011.

**Onaga C & Igumbor EU.** *Profile of injury at a district hospital in Makana municipality, Eastern Cape Province.* 7th Annual Conference of the Public Health Association of South Africa (PHASA), Johannesburg, 29-31 November 2011.

**Puoane T.** Seminar presentation: *Pure-Ifying research on chronic diseases in South Africa: The birth of the PURE study at UWC.* Faculty of Health Sciences, University of Pretoria, Pretoria, 24 August 2012.

**Puoane T.** *Use of drugs for secondary prevention of cardiovascular diseases in South Africa and Zimbabwe. Findings from the PURE study.* Joint Conference of the Public Health Association of South Africa (PHASA) and the Rural Doctors' Association of South Africa (RUDASA), Bloemfontein, 5-7 September 2012.

**Reagon G & Igumbor EU.** *Assessing and reducing the wait. Conducting routine waiting time surveys in health facilities in the Western Cape.* 1st Provincial Health Research Day, Department of Health, Provincial Government of the Western Cape, Valkenberg Hospital, Cape Town, 11 November 2011.

**Sanders D.** Invited presentation: *Key actions to revitalise primary health care and address the health crisis in Africa and South Africa.* Global meeting of OXFAM policy advisers, Stellenbosch, 8 April 2011.

**Sanders D.** Invited presentation: *Health in South Africa since 1994: achievements and challenges: Will 'Re-engineering PHC' address the crisis?* National Planning Commission, Pretoria, 19 September 2011.

**Sanders D.** Invited presentation: *Overview of Childhood Ill-Health in Western Cape and Key Actions to Enhance Wellness.* Wellness Summit, Provincial Government of Western Cape, Cape Town, 8 November 2011.

**Sanders D.** Presentation: *People's Health Movement: History, evolution and activities.* 7th Annual Conference of the Public Health Association of South Africa (PHASA), Johannesburg, 29-31 November 2011.

**Sanders D.** Invited lecture: *Health in South Africa since 1994: Will NHI and 'Re-engineering Primary Health Care' address the crisis?* Centre for Social Development, Rhodes University, 27 February 2012.

**Sanders D.** Invited keynote address: *Health and Social Justice: the Possibilities and Challenges for Researchers at UWC.* Faculty Research Day, Faculty of Community and Health Sciences, University of the Western Cape, 10 October 2012.

**Sanders D.** Invited presentation: *Addressing inequalities in child health: Opportunities and challenges. 'Towards Carnegie3: Strategies to Overcome Poverty & Inequality'.* University of Cape Town, Cape Town, 7 September 2012.

**Sanders D.** Presentation at Valedictory Public Lecture: *Public health, politics and social justice: Reflections on the role of research, training, advocacy and social mobilisation.* Cape Town, 9 July 2012.

**Sanders D.** Plenary presentation: *Health in South Africa since 1994: How can NHI and 'Re-engineering Primary Health Care' address the crisis?* National Health Assembly, organised by People's Health Movement, South Africa, Cape Town, 5 July 2012.

**Sanders D.** Plenary presentation: *Africa's health crisis: The role of neoliberal globalisation, selective primary health care and health sector 'reform'.* 3rd People's Health Assembly, organised by People's Health Movement, Cape Town, 9 July 2012.

**Sanders D & Reynolds L.** Workshop: *NHI and primary health care.* South African Academy of Family Practice National Congress 2012, Cape Town, 11-12 May 2012.

**Schneider H.** Invited keynote: *Health systems research and its relevance to provincial stakeholders.* 1<sup>st</sup> Provincial Health Research Day, Department of Health, Provincial Government of the Western Cape, Valkenberg Hospital, Cape Town, 11 November 2011.

**Schneider H.** Invited panelist: *Challenges of PHC revitalization.* 5<sup>th</sup> South African AIDS Conference, Durban, 7-10 June 2011.

**Schneider H.** Invited plenary speaker: *PHC re-engineering: Challenges. 'Building partnerships to implement community-based health services in PHC'.* SANAC Symposium, Boksburg, 20-22 September 2011.

**Schwarz C, Igumbor EU, Puoane TR & Sanders D.** *Surveying the landscape of corporate social responsibility in the South African food and drink industry.* 7th Annual Conference of the Public Health Association of South Africa (PHASA), Johannesburg, 29-31 November 2011.

**Scott V & Sanders D.** Oral presentation: *Exploring dimensions of integration: Evaluating HIV and TB services in rural and urban South Africa*. 7th Annual Conference of the Public Health Association of South Africa (PHASA), Johannesburg, 29-31 November 2011.

**Scott V.** *Exploring information used by facility managers in decision-making: A case study set in Mitchells Plain Sub-District, Cape Town*. Joint Conference of the Public Health Association of South Africa (PHASA) and the Rural Doctors' Association of South Africa (RUDASA), Bloemfontein, 5-7 September 2012.

**Scott V, Zweigenthal, V, Jennings, K.** Oral presentation: *Between HIV diagnosis and initiation of antiretroviral therapy: Assessing the effectiveness of care for people living with HIV in the public primary care service in Cape Town, South Africa*. 1st Provincial Health Research Day, Department of Health, Provincial Government of the Western Cape, Valkenberg Hospital, Cape Town, 11 November 2011.

**Shamu S, Abrahams N, Temmerman M, Zarowsky C.** Oral presentation: *"Perhaps we are treating some headaches which are hidden under that violence": Exploring opportunities and obstacles to screening pregnant women for partner violence by midwives during antenatal care in Zimbabwe*. 7th Annual Conference of the Public Health Association of South Africa (PHASA), Johannesburg, 29-31 November 2011.

**Shamu S, Abrahams N, Temmerman M, Zarowsky C.** Oral presentation: *Missed opportunities and obstacles to screening pregnant women for domestic violence during antenatal care in Zimbabwe. "Gender, sexuality and reproductive health"* Workshop, Johannesburg, 8-12 August 2011.

**Shamu S, Abrahams N, Temmerman M, Zarowsky C.** Oral presentation: *Intimate partner violence during pregnancy in Africa and Zimbabwe: Does qualitative data explain prevalence and risk factors?* 'New Research in Gender, Violence and HIV.' 3rd Annual HIV-in-Context Research Symposium, School of Public Health, University of the Western Cape, Cape Town, 28-29 March, 2011.

**Silal SP, Cleary S, Birch S, Schneider H.** *Utilisation Incidence Analysis: A comparison between the use of and need for public health services in South Africa*. 7th Annual Conference of the Public Health Association of South Africa (PHASA), Johannesburg, 29-31 November 2011.

**Struthers P, Mohamed S, Moolla N.** Poster presentation: *School health: A selective or comprehensive approach?* 7th Annual Conference of the Public Health Association of South Africa (PHASA), Johannesburg, 29-31 November 2011.

**Tsolekile LP, Puoane TR, Schneider H & Levitt N.** *A day in the life of a community health worker: Exploring the roles of community health workers working on non-communicable diseases in an urban township*. Joint Conference of the Public Health Association of South Africa (PHASA) and the Rural Doctors Association of South Africa (RUDASA), Bloemfontein, 5-7 September 2012.

**Uwimana J.** Paper presentation: *TB/HIV integration: What do we know and what do we do?* 3rd South African TB Conference on TB/HIV integration, International Convention Centre, Durban, 12-15 June 2012.

**Zarowsky C.** Oral presentation: *'Look for new heaven': Social determinants and social dynamics of health, migration, and dis-ease. 'Poverty and Inequality in South Africa: Towards Carnegie 3'*. University of Cape Town, Cape Town, 5-7 September 2012.

**Zarowsky C.** Oral presentation: *'Look for new heaven': Social determinants and social dynamics of health, migration, and dis-ease. Exploring and conveying complexity, paradox, public policy, and the human*. 1st Annual Faculty of Community and Health Sciences Research Day, University of the Western Cape, Cape Town, 11 October 2012.

## International

**Adefolalu A, Abrahams N & Shamu S.** Poster presentation: *Prevalence of HIV infection among survivors of sexual assault in a peri-urban area of South Africa*. 6th International AIDS Society (IAS) Conference on HIV Pathogenesis, Treatment and Prevention, Rome, Italy, 17-20 July 2011.

**Amde W.** *Unpacking capacity development: A systemic investigation of an inter-country collaborative capacity development program to strengthen leadership for health workforce development*. Emerging Voice for Global Health. 2nd Global Symposium on Health Systems Research, Beijing, China, 31 October-3 November 2012.

**Bradley HA, Butler N & Lehmann U.** Oral presentation: *Identifying roles and competencies of district pharmacists: A case study from Cape Town, South Africa*. World Congress of Pharmacy and Pharmaceutical Sciences 2012, 72<sup>th</sup> Congress of FIP, Amsterdam, The Netherlands, 3-8 October 2012.

**Bradley HA.** Panel participant: *WHO-FIP Launch Event: 2012 Global Pharmacy Workforce Report*. World Congress of Pharmacy and Pharmaceutical Sciences 2012, 72<sup>th</sup> Congress of FIP, Amsterdam, The Netherlands, 3-8 October 2012.

**Cailhol J.** Workshop moderator: *Human Resources for Health and Global Health Initiatives*. 3rd People's Health Assembly, Cape Town, South Africa, 6-11 July 2012.

**Cailhol J, Mathole T, Parsons A & Sanders D.** Poster presentation: *Global Health Initiatives and Human Resources for Health policy-making process: The case of Burundi*. 16th International Conference on AIDS and STIs in Africa (ICASA 2011), Addis Ababa, Ethiopia, 4-8 December 2011.

**Cameron N, Struthers P, Preiser R, Mohamed S & Lawrence E.** Oral presentation: *Implications for studying health promoting schools as complex systems: A case study in Cape Town*. International colloquium organized by the Peter Wall Institute for Advanced Studies (PWIAS), University of British Columbia, Canada and hosted by the Stellenbosch Institute for Advanced Studies (STIAS), Stellenbosch, South Africa, 9-11 November 2011.

**Goga A, Dinh TH, Jackson D, Dlamini N, Mosala T, Lombard T, Puren A, Sherman G, Crowley S, Woldesenbet W, Solomon W, Ramokolo V, Pillay Y** and the South African PMTCT Evaluation (SAPMTCTE) team. *Impact of the national Prevention of Mother-to-Child Transmission of HIV (PMTCT) Programme on perinatal mother-to-child transmission of HIV (MTCT) measured at 6 weeks postpartum, South Africa (SA): Results of the first year of implementation of the 2010 PMTCT guidelines recommended by the World Health Organization (WHO)*. American Public Health Association Annual Meeting, San Francisco, USA, 27-31 October 2012.

**Goga A, Dinh TH, Jackson D, Dlamini N, Mosala T, Lombard T, Puren A, Sherman G, Crowley S, Woldesenbet W, Solomon W, Ramokolo V, Pillay Y** and the South African PMTCT Evaluation (SAPMTCTE) team. *Impact of the national Prevention of Mother-to-Child Transmission of HIV (PMTCT) Programme on perinatal mother-to-child transmission of HIV (MTCT) measured at 6 weeks postpartum, South Africa (SA): Results of the first year of implementation of the 2010 PMTCT guidelines recommended by the World Health Organization (WHO)*. International AIDS Conference, Washington DC, USA, 22-27 July 2012.

**Hofmeyr GJ, Singata M, Nondlwana N & Booi P.** *Progress on an ongoing randomized controlled trial of DMPA and IUD in South Africa: The ECHO project (Expanding Contraceptive Health Options)*. World Health Organization consultation on hormonal contraception and HIV, Geneva, Switzerland, 31 January-2 February 2012.



**Hofmeyr GJ.** *South Africa: Research/policy dialogue and research gaps (in reproductive, maternal, newborn and child health).* WHO Technical Consultation: Global Research Network for UN SG Strategy, Geneva, Switzerland, 12-13 January 2012.

**Hofmeyr GJ** for the Calcium and Pre-eclampsia (CAP) Study Group. *Use of calcium and vitamin D for prevention of pre-eclampsia/eclampsia.* USAID MCHIP Asia Regional Meeting on Interventions for Impact in Essential Obstetric and Newborn Care, Dhaka, Bangladesh, 3-6 May 2012.

**Igumbor EU & Puoane T.** *Responding to the burden of chronic non-communicable diseases: Cross-cutting research imperatives for universities and research institutions in Nordic and Southern African countries.* 3rd SANORD International Symposium, Aarhus University, Denmark, 6-7 June 2012.

**Igumbor EU.** *Measuring environmental determinants of health and health behavior: A global South comparative perspective.* 13th World Congress on Public Health, Addis Ababa, Ethiopia, 23-27 April 2012.

**Igumbor EU.** Invited guest speaker: *Environmental and ecological determinants of health and health behaviour: The EPOCH Study.* 'Changing stakeholders and local strategies: Urban social-environmental policy in transition contributes to participation and personal choice in health behaviour.' A workshop on the global South comparative perspective for healthy cities. Organized by the Consortium for Comparative Research on Regional Integration and Social Cohesion (RISC), the University of Cape Town and the Universidad de Antioquia, Cape Town, South Africa, 5-6 December 2011.

**Igumbor EU & Knell ME.** *'Thinking systems and systems thinking.'* Are health services in South Africa and USA appropriately oriented for the effective prevention, management and control of acute and chronic pain in primary care? 4th Pan African Pain Congress, Cape Town, South Africa, 11-13 March 2011.

**Igumbor EU, Puoane T, Gansky S & Plesh O.** *Development, validation and translation to isiXhosa of a questionnaire to measure the epidemiology of chronic pain among adults in the Eastern Cape, South Africa.* 4th Pan African Pain Congress, Cape Town, South Africa, 11-13 March 2011.

**Igumbor EU, Puoane T, Gansky S & Plesh O.** *Epidemiology of chronic pain in a rural community in the Eastern Cape Province, South Africa.* 4th Pan African Pain Congress, Cape Town, South Africa, 11-13 March 2011.

**Igumbor EU, Puoane T, Gansky S & Plesh O.** *Epidemiology of chronic pain in a peri-urban community in the Eastern Cape Province.* 4th Pan African Pain Congress, Cape Town, South Africa, 11-13 March 2011.

**Jackson D** for the South African PMTCT Evaluation (SAPMTCTE) team. *Examining the PMTCT Cascade. How well is South Africa doing? Results of the SA PMTCT Evaluation, 2010.* 31st Conference on Priorities in Perinatal Care in Southern Africa, Kruger Park, 6-9 March 2012.

**Jackson D, Tabana H, Naik R, Doherty T & Madurai L.** *Quality of in-home rapid HIV testing by community lay counsellors in rural South Africa.* American Public Health Association Annual Meeting, San Francisco, USA, 27-31 October 2012.

**Jackson D, Woldeesenbet S, Goga A, Dinh TH, Lombard C, Solomon W, Ramokolo V, Koopman F** and the South African PMTCT Evaluation (SAPMTCTE) team. *Identifying gaps along the prevention of mother-to-child transmission of HIV (PMTCT) cascade to achieve the mother-to-child transmission (MTCT) elimination goals: Results from the South African PMTCT Effectiveness Survey (SAPMTCTE), 2011.* American Public Health Association Annual Meeting, San Francisco, USA, 27-31 October 2012.

**Kerber K, Lawn J & Jackson D.** *Update of a systematic analysis of causes of death for South African newborns and children.* Child Health Epidemiology Reference Group, Geneva, Switzerland, 26-28 June 2012.

**Kerber K & Lawn J.** *Neonatal mortality: Priorities for improving the estimates.* Inter-agency Group for Mortality Estimation (IGME) Technical Advisory Meeting, New York, USA, 17-18 December 2012.

Lawn J, **Kerber K & Jackson D.** *Preliminary results of a systematic analysis of causes of death for South African newborns and children.* Child Health Epidemiology Reference Group, New York, USA, 22-24 October 2012.

Lawn J, **Kerber K & Jackson D.** *National estimates of the causes of death for neonates and children under-five in South Africa.* Child Health Epidemiology Reference Group, Geneva, Switzerland, 22-24 June 2011.

Leon N, **Schneider H & Daviaud E.** Poster session: *A health systems framework for appraising the scale-up challenges of mHealth4CBS in South Africa.* 2nd Global Symposium on Health Systems Research, Beijing, China, 31 October-3 November 2012.

**Mathole T & Parsons A.** Oral presentation in workshop: *Summary of findings from GHIs Project.* 2nd Global Symposium on Health Systems Research, Beijing, China, 31 October-3 November 2012.

**Mathole T.** Oral Presentation: *Global health initiatives and health systems research.* COHRED Forum 2012, Cape Town, South Africa, 23 April 2012.

**Mathole T, Parsons A, Cailhol J & Sanders D.** Poster presentation: *Sustainability of global and government responses to health system challenges in implementing HIV programmes in South Africa.* 2nd Global Symposium on Health Systems Research, Beijing, China, 31 October-3 November 2012.

**Matshanda N, Stern R & Alexander L.** *South-North E-dialogue: Learning from each other.* E-learning Africa Conference, Dar es Salaam, Tanzania, June 2011.

**Mohamed S.** Oral presentation: *An overview of school health in South Africa.* 1st International and 4th National Congress on Health Education and Promotion, Tabriz, Iran, 17-19 May 2011.

**Mohamed S.** Oral presentation: *Realistic evaluation of implementation of health promoting schools in South Africa.* 1st International and 4th National Congress on Health Education and Promotion, Tabriz, Iran, 17-19 May 2011.

Moshabela M, **Schneider H, Cleary S, Pronyk P & Eyles J.** Oral presentation: *Gains and losses of down-referral: Decentralisation of ART patients from hospitals to primary health care centres in rural South Africa.* 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention, Rome, Italy, 17-20 July 2011.

**Parsons A.** Oral presentation: *GHIs and accountability.* 3rd People's Health Assembly, Cape Town, South Africa, 6-11 July 2012.

**Parsons A.** Poster presentation: *Taking account of global funding for HIV treatment in South Africa's universal health coverage plan.* 2nd Global Symposium on Health Systems Research, Beijing, China, 31 October-3 November 2012.

**Puoane T.** *An exploration of the perceptions about being thin. HIV/AIDS and body image in black South African women.* International Sports and Development Conference, Cape Town, South Africa, 1-3 December 2011.

**Puoane T.** *An exploration of the determinants for non-communicable diseases: Experiences in peri-urban South Africa.* A workshop on the global South comparative perspective for



healthy cities. Organized by the Consortium for Comparative Research on Regional Integration and Social Cohesion (RISC), the University of Cape Town and the Universidad de Antioquia, Cape Town, South Africa, 5-6 December 2011.

**Puoane T.** Oral presentation: *The role of breastfeeding in the prevention and management of severe malnutrition.* Management of severe malnutrition consultative meeting, UNICEF, Pretoria, South Africa, 26 January 2012.

**Puoane T.** *Impact of policy on health behaviour in the low-income and middle-income countries.* 13<sup>th</sup> World Federation Public Health Association Congress, Addis Ababa, Ethiopia, 23-27 April 2012.

**Puoane T.** *Public Health Associations' experience of influencing national public health policy and practice.* American Public Health Association Annual Meeting, San Francisco, USA, 27-31 October 2012.

**Sanders D.** Invited plenary presentation: *Innovative approaches and key actions for sustainable community health.* International Conference on Community Health, convened by Ministry of Health, Rwanda, 25 January 2011.

**Sanders D.** Invited plenary presentation: *Primary Health Care: A strategy to address health inequity and its social determinants.* National Health Forum, San Salvador, El Salvador, 14 March 2011.

**Sanders D.** Invited panellist in session 'Social Determinants of Health: Going Beyond Rio', 13th World Congress on Public Health, Addis Ababa, Ethiopia, 23-27 April, 2012.

**Sanders D.** Invited keynote presentation: *Innovative approaches and key actions for sustainable community health.* Regional Workshop hosted by UNICEF Regional Office for West and Central Africa, Dakar, 20 June 2011.

**Sanders D.** Invited presentation: *Primary health care: Rationale, history, evolution and revitalisation.* Annual retreat of Centre for International Health, University of Bergen, Finse, Norway, 4 May 2011.

**Sanders D.** Invited keynote presentation: *Los Procesos históricos y el impacto de atención primaria en salud en el mundo: Experiencias de los pueblos.* Bogota Municipal Health Forum, Bogota, Colombia, 13 October 2011.

**Sanders D.** Invited panel presentation: *The 'Human Resource' crisis in the health sector: A view from Africa.* World Health Summit, Berlin, 23 October 2011.

**Sanders D.** Invited public lecture: *Can the Health Transition Fund accelerate progress towards the health-related MDGs? Key actions to revitalise primary health care and address the social determinants of health.* Save the Children, Harare, Zimbabwe, 4 November 2011.

**Sanders D.** Invited public lecture: *The Struggle for Health: The People's Health Movement – rationale, history and activities.* Patan Academy of Health Sciences, Kathmandu, Nepal, 29 January 2012.

**Sanders D.** Presentation: *Global Health Initiatives and the challenges of policy research.* Second Global Symposium on Health Systems Research, Beijing, China, 31 October 2012.

**Sanders D.** Presentation: *Enhancing institutional and organisational capacity to strengthen health systems: Rationale, challenges and required research.* Second Global Symposium on Health Systems Research, Beijing, China, 1 November 2012.

**Sanders D.** Invited plenary presentation: *Primary Health Care: Rationale, evolution and current challenges to its revitalisation and impact.* Symposium 'The future of primary health care in Australia: Opportunities and constraints' Alice Springs, Australia, 27-29 November 2012.

**Sanders D.** Presentation: *Key issues for primary health care in the next 10 years.* Public Seminar: 'PHC in the 21st century: Political and economic perspectives', Adelaide, Australia, 4 December 2012.

**Sanders D.** Invited presentation: *Action and advocacy for child health: The role of the People's Health Movement.* Conference of International Society for Social Pediatrics and Child Health: 'Evidence into practice and evidence into policy', Edinburgh, Scotland, 7 September 2012 (by skype).

**Sanders D.** Invited presentation: *Building capacity of health systems in Africa through public health education and research.* Development workshop to evaluate the Masters programme at Muhimbili University of Health and Allied Sciences and to assess future challenges and prospects, Dar es Salaam, Tanzania, 13 September 2012.

**Sanders D.** Presentation: *Building capacity of health systems through public health education for Africa and enhancing community action.* Workshop 'Strengthening health system capacities through institutional development: Enhancing collaboration between donors and organizations in low-income countries', Rockefeller Bellagio Centre, Italy, 27-31 August 2012.

**Sanders D.** Invited presentation: *Nutrition and the right to food in Africa: The role of globalised trade, climate change and 'selective' primary health care and key actions necessary.* European course: 'Global Health & Migration: Interdisciplinary tools to tackle health inequalities', University of Bologna, Italy, 2 September 2012.

**Sanders D.** Invited public lecture: *Africa's health crisis and its context: What can health policies and social actions offer?* Public meeting of People's Health Movement, Berlin, 2 September, 2012.

**Sanders D.** Invited plenary lecture: *Research challenges in Africa and key approaches.* African Health Systems Governance Network meeting, Uganda, 20 March 2012.

**Sanders D.** Invited plenary lecture: *Key considerations in addressing Africa's health crisis: Can the private sector deliver? A view from civil society.* 'Engaging with the private sector in health in Africa' organized by the GIZ, USAID, R4D, Danida, Dar es Salaam, 15 May 2012.

**Sanders D.** Invited presentation: *Building capacity in research for health equity in Africa: Key challenges, innovations and priority actions.* 7<sup>th</sup> Conference on Global Health and Vaccination Research: Innovation for Global Health, Research Council of Norway, Trondheim, Norway, 26-27 September 2012.

**Sanders D.** Invited plenary presentation: *Capacity development: A crucial strategy to leverage sustainable development.* GIZ (German International Co-operation) Regional meeting, Johannesburg, South Africa, 5 March 2012.

**Sanders D.** Invited plenary presentation: *Nutrition and the right to food in Africa: The role of globalized trade, climate change and selective primary health care and key actions necessary.* World Conference on Nutrition organised by World Public Health Nutrition Association, Rio de Janeiro, Brazil, 28 April 2012.

**Sanders D.** Invited plenary presentation: *Social determinants of health: Their impact on youth and the role of young health professionals in addressing them.* Annual Congress of International Federation of Medical Students Associations, Accra, Ghana, 2 March 2012.

**Sanders D.** Invited presentation: *Research challenges in Africa and key approaches.* Workshop of African Health Systems Governance Network (ASHGOVNET), Kampala, Uganda, 20 March 2012.

**Sanders D.** Invited participant in conference and network: *'International network for food and obesity / non-communicable diseases research, monitoring and action support (INFORMAS).* Rockefeller Bellagio Center, Bellagio, Italy, 19–23 November 2012.

**Schneider H.** et al. Poster: *Facility-level variation in performance: Implications for scaling up of essential health programmes in South Africa.* Innovations in Global Health Research. Global Social Justice and the Social Determinants of Health: Setting the Course for the Future." Global Health Research Initiative: Teasdale-Corti Symposium, Ottawa, Canada, 1–3 October 2012.

**Schneider H.** Invited panelist: *Politics of policy making. Thinking politically about HIV.* UNAIDS Consultation, Bangkok, Thailand, 27–28 April 2011.

**Schneider H.** Presenter: *Equity and universal access in health and health care: Challenges, reflections and experiences.* 'Innovations in Global Health Research. Global Social Justice and the Social Determinants of Health: Setting the Course for the Future.' Global Health Research Initiative: Teasdale-Corti Symposium, Ottawa, Canada, 1–3 October 2012.

**Schneider H.** *Researching equity in access to health care: Insights from the REACH Programme in South Africa.* 'Innovations in Global Health Research. Global Social Justice and the Social Determinants of Health: Setting the Course for the Future.' Global Health Research Initiative: Teasdale-Corti Symposium, Ottawa, Canada, 1–3 October 2012.

**Shamu S, Zarowsky C, Temmerman M & Abrahams N.** Poster presentation: *Harmony or harm? Unpacking the effects of HIV testing and disclosure during pregnancy on intimate partnerships in Zimbabwe.* International AIDS Conference, Washington DC, USA, 22–27 July 2012.

**Shamu S, Zarowsky C, Temmerman M & Abrahams N.** Poster presentation: *Intimate partner violence and HIV testing and disclosure in Zimbabwe.* International AIDS Conference, Washington DC, USA, 22–27 July 2012.

**Uwimana J.** Session chair: *TB in special populations: Mothers, migrants, military and more.* 43rd Union World Conference on Lung Health, Kuala Lumpur, Malaysia, 13–17 November 2012.

**Uwimana J.** Poster presentation: *Provision of TB and HIV integrated services including PMTCT in a rural district in South Africa: Healthcare and patients' perspectives.* 43rd Union World Conference on Lung Health, Kuala Lumpur, Malaysia, 13–17 November 2012.

**Uwimana J.** Poster presentation: *Strengthening health systems research in Africa through operational research: Lessons learned from community engagement in collaboration TB and HIV activities including PMTCT in KwaZulu-Natal, South Africa.* 2nd Global Symposium on Health Systems Research, Beijing, China, 31 October–3 November 2012.

**Uwimana J, Jackson D, Zarowsky C & Hausler H.** *Provision of TB and HIV integrated services including prevention to mother-to-child transmission (PMTCT) in a rural district, South Africa: Healthcare providers and patients' perspectives.* 43rd Union World Conference on Lung Health, Kuala Lumpur, Malaysia, 13–17 November 2012.

**Uwimana J, Jackson D, Zarowsky C & Hausler H, Radebe NS & Makhaye S.** *Operational research in strengthening health systems interventions in Africa: Lessons learned from community engagement in collaborative tuberculosis/ HIV/preventing mother-to-child transmission activities in KwaZulu-Natal, South Africa.* 2nd Global Symposium on Health Systems Research, Beijing, China, 31 October–3 November 2012.

**Van Pletzen E, Schneider H & Moshabela M.** *A descriptive typology of non-governmental organisations as providers of community-based services.* 2nd Global Symposium on Health Systems Research, Beijing, China, 31 October–3 November 2012.

**Van Wyk B.** *Health systems barriers to adherence to antiretroviral treatment programme in rural South Africa.* Irish Forum for Global Health Conference, Dublin, Ireland, 2–3 February 2012.

**Van Wyk B.** Invited speaker: *Doctoral education in Africa. Lessons from the University of the Western Cape.* 4th Annual Development Research Week, Dublin, Ireland, 11 November 2012.

**Woldesenbet A, Jackson D, Lombard C, Dlamini N, Puren A, Sherman G, Mosala T, Crowley S, Solomon W, Ramokolo V, Koopman F & Pillay Y.** *Identifying gaps along the prevention of mother-to-child transmission of HIV (PMTCT) cascade to achieve the mother-to-child elimination goals: Results from the South African PMTCT Effectiveness Survey (SAPMTCTE), 2011.* International AIDS Conference, Washington DC, USA, 22–27 July 2012.

**Yarmoshuk A, Zarowsky C, Cole D & Fitzgerald N.** Poster presentation: *Health professional programs in sub-Saharan Africa mapped by population, burden of disease and economic/development indicators: 'Advancing health equity in the 21st Century'.* Canadian Conference on International Health, Montreal, Canada, 13–15 November 2011.

**Zarowsky C.** Invited participant: *Health in South Africa.* Working Group. 2nd Annual Eidos International Public Policy Congress, Cape Town, South Africa, 9–10 February 2012.

**Zarowsky C.** Plenary chair and moderator: *Equity and universal access in health and health care: Challenges, reflections and experiences.* 'Innovations in Global Health Research. Global Social Justice and the Social Determinants of Health: Setting the Course for the Future.' Global Health Research Initiative: Teasdale-Corti Symposium, Ottawa, Canada, 1–3 October 2012.

**Zarowsky C, Parsons, A, Jackson D, Sanders D, Hamza E, De Oliveira T & Struthers P.** Poster presentation: *The "everyday" politics of HIV policy implementation in post-denialism South Africa.* 16th International Conference on AIDS and STIs in Africa (ICASA), Addis Ababa, Ethiopia, 4–8 December 2011.

## Other professional activities

### Thomas Achia

- Reviewer: *South African Journal of Science*

### Lucy Alexander

- External examiner: Qualitative Research Methods PPH 7071F, School of Public Health & Family Medicine, University of Cape Town

### Hazel Bradley

- Member: General Pharmacy Council of Great Britain (GPhC)
- Member: South African Pharmacy Council (SAPC)
- Member: Pharmaceutical Society of South Africa (PSSA): South African Association of Hospital and Institutional Pharmacists (SAAHIP) sector
- Member: Public Health Association of South Africa (PHASA)
- Member: Royal Pharmaceutical Society of Great Britain (RPS)
- Reviewer: *Community and Health Sciences Faculty Journal (UWC)*
- Reviewer: grant proposal for United Kingdom Medical Research Council
- Editorial advisor (research): *South African Pharmaceutical Journal*

### **Johann Cailhol**

- Member: French Society of Infectious Diseases
- Reviewer: *Bulletin de la Société Française de Pathologie Tropicale* (French)

### **Tanya Doherty**

- Reviewer: *WHO Bulletin*
- Reviewer: *Transactions of the Royal Society of Tropical Medicine and Hygiene*
- Reviewer: *Journal of the International AIDS Society*
- Reviewer: *Maternal and Child Nutrition*
- Reviewer: *British Medical Journal*
- Reviewer: *Health Policy and Planning*
- Reviewer: *African Journal of AIDS Research*
- Reviewer: *Public Health Nutrition*
- External examiner: Department of Development Studies, University of KwaZulu-Natal

### **Ehimario Igumbor**

- Member of executive committee: Public Health Association of South Africa
- External specialist: assisted with appointment of professional advisors/ researchers for the Portfolio Committee on Health, National Parliament of the Republic of South Africa.
- External examiner: MPH dissertation, School of Nursing and Public Health, University of KwaZulu-Natal
- External examiner: MPH dissertation, School of Public Health, University of Limpopo
- External examiner: MPH dissertation, Department of Health Studies, University of South Africa
- External examiner: MPH dissertation, School of Health Systems and Public Health, University of Pretoria
- External examiner: MPH dissertation, School of Public Health, University of the Witwatersrand
- External examiner: Faculty of Science, University of Fort Hare
- External moderator: Introduction to Epidemiology, School of Public Health & Family Medicine, University of Cape Town
- External evaluator of research abstracts: Annual Research Day of the Medical Research Council, October 24-25, 2012
- Reviewer: *African Journal of Primary Health Care and Family Medicine*, 2011
- Reviewer: *Human Resource Research*, 2012
- Reviewer: *Journal of Community Health Sciences*, 2011
- Reviewer: *Rural and Remote Health Journal*, 2011
- Reviewer: *South African Family Practice Journal*, 2011
- Member of editorial board: *Newsletter of the Public Health Association of South Africa*

### **Debra Jackson**

- Invited member: South African National Child Health Epidemiology Reference Group (SANCHERG), 2012-2013
- Member: (MEC-appointed) Western Cape Provincial Health Research Committee (South Africa), 2008-2014
- Member: American Public Health Association (1984-present) APHA Nominations Committee (2002-2004; 2008-10, Chair 2010); Maternal & Child Health Section – Awards Committee Chair (2012-2014), Section Chair (2010-2012), Chair-Elect (2009-10) Governing Council (1999-2001, 2003-08), Web Site Editor (1998-2000), Secretary (1997-98), Secretary-Elect (1995-96), Student Task Force Chair (1996), Program Chair (1995), Co-Chair Innovations in Maternity Care Committee (1991-99), Co-Chair International MCH Committee (1990); Intersectional Council: Member (2009-2014), Steering Committee, 2012-2015

- Member: Association of Women's Health, Obstetric and Neonatal Nurses, 1983-present
- Member: Perinatal Priorities Association of South Africa, 2001-present
- Member: Public Health Association of South Africa (PHASA), 2002-present
- Member: Society for Epidemiologic Research, 1991-present
- Member: Western Cape Provincial Health Research Committee (South Africa), 2008-present
- Member: WHO/RHR maternal and perinatal health research and reproductive epidemiology advisory group (MAPREG), 2009-present
- Review panelist: Focus Area Grants, Freestanding Post-Doctorate Grants, NRF Rating Health Sciences 1, National Research Foundation, 2005-present
- Reviewer: National Research Foundation (South Africa), 2004-present
- Invited reviewer: World Health Organization, WHO-CIDA PMTCT Implementation Research Initiative, 2011-2012
- Reviewer: *BMC Pregnancy & Childbirth*, 2012
- Reviewer: *International Journal of Epidemiology*, 2012
- Reviewer: *Journal of International AIDS Society*, 2011-present
- Reviewer: *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 1996-present
- Reviewer: *Journal of Social Aspects of HIV/AIDS Research Alliance* (SAHARA), 2008-present
- Reviewer: *Lancet*, 2010-present
- Reviewer: *Maternal and Child Health Journal*, 1997-present
- Reviewer: *Public Health Nutrition*, 2012
- Reviewer: *South African Journal of Epidemiology and Infection* (SAJEI), 2010-present

### **Uta Lehmann**

- Member: Global Health Workforce Alliance's international expert panel to develop guidelines for the scaling up of community health worker programmes
- Member: Public Health Association of South Africa (PHASA)
- Member: Research on the State of Nursing (ReSON) national working group, 2011-present
- Member of steering committee: African Health Workforce Observatory
- Member of editorial board: *Human Resources for Health*, since 2006
- Reviewer: *Education for Health*
- Reviewer: *Educational Action Research*
- Reviewer: *Health Policy and Planning*
- Reviewer: *Social Science and Medicine*
- Reviewer: *WHO Bulletin*
- External examiner: Health Management modules, University of KwaZulu-Natal
- External examiner: PhD thesis, Royal Tropical Institute (KIT), Amsterdam, Netherlands
- Co-ordinator: WHO Collaborating Centre for Research and Training in Human Resources for Health, since 2004

### **Verona Mathews**

- Member: Public Health Association of South Africa (PHASA)
- Member: Human Resource Information Reference Group (HIRG), WHO



### **Thuba Mathole**

- Member: Public Health Association of South Africa (PHASA)
- External examiner: MPH thesis, Faculty of Health Sciences, University of KwaZulu-Natal
- Reviewer: British Journal of Medicine and Medical Research®
- Reviewer: Reproductive Health Journal
- Reviewer: The Journal of Social Work
- Invited reviewer: BMC International Health and Human Rights
- Invited peer reviewer: MRC research proposals

### **Suraya Mohamed**

- Member: Public Health Association of South Africa (PHASA)
- Member: The International Union of Health Promotion and Education (IUHPE)
- Member: The IUHPE Early Student and Career Network (ISECN)

### **Busi Nkosi**

- Reviewer: abstracts for the Public Health Association of South Africa (PHASA) conference, 2011

### **Thandi Puoane**

- Member: MRC African Traditional Medicine, Drug Discovery and Drug Development, National Collaborative Research Programme (NCRP)
- Member: South African Medical National Collaborative Research Programme (NCRP)
- Member: Healthy Lifestyle group for the reduction of obesity in school children
- Board member: Mamelani Community project
- Member of editorial board: *Journal of Life Sciences*
- External moderator for the programme: MPH in Community Medicine, Faculty of Health Sciences, Walter Sisulu University
- External examiner: Masters thesis, Department of Community Medicine, Walter Sisulu University
- External examiner: Masters thesis, Department of Human Kinetics and Ergonomics, Rhodes University
- External examiner: Undergraduate Research Projects, MEDUNSA, University of Limpopo
- External examiner: Masters thesis, Department of Human Nutrition, University of Pretoria

### **David Sanders**

- Member: Public Health Association of South Africa (PHASA), 2002-present.
- Life member: Nutrition Society of South Africa
- Member and vice-chair (2009) and Chair (2010): People's Health Movement, South Africa
- Member: Global Co-ordinating Commission, People's Health Movement
- Member: Global Steering Council, People's Health Movement
- Board member: Amandla Publishers
- Board member: Alternative Information and Development Centre (AIDC)
- Board member: Health Systems information Programme (HISP), South Africa
- Member of governing board: Chronic Diseases Initiative in Africa (CDIA)
- Member of advisory board: African Centre for Global Health and Social Transformation (ACHEST), Uganda
- Member of advisory group: IHP+ Results (monitoring group researching International Health Partnership), 2009-present

- Consultant: UNICEF Regional Office for West and Central Africa - undertook a review of country experiences and compilation of good practices in implementing integrated community-based maternal, neonatal and child health and nutrition interventions; and facilitated a Regional Workshop, April-June 2011.
- Technical Assistant: DfID - Commissioned stakeholder analysis and overview of health reform initiatives (South African Health Systems), completed April 2011
- Consultant: South African Presidency - prepared paper on 'Priorities in a human resources strategy for the health sector' for the Health chapter in The National Development Plan. Completed September 2011.
- Regional Health Advisor: Save the Children (UK). September 2011 to June 2012 (part-time).
- Health and HIV consultant: Save the Children (UK) East and Southern Africa. 1 July-31 December 2012.
- Technical Adviser: developed an overview paper of national-level reform initiatives to assist the Department for International Development (DFID) with the co-ordination and sequencing of their technical and programme support to the country's health department. November 2010 - April 2011.
- Member of Reference Group: evaluated the Population Health Programme of The Atlantic Philanthropies in South Africa. November 2011 to March 2012.
- Member: Western Cape Provincial Health Department Nutrition Advisory Committee.
- Member: Western Cape Provincial Health Department Technical Working Group: Infant & Child Nutrition.
- Member: Western Cape Provincial Department of Social Development Early Childhood Development Work Stream.
- Member: Western Cape Provincial Health Department Early Childhood Development Task Team.
- Member: Global Health Workforce Alliance's international expert panel to develop guidelines for the scaling up of community health worker programmes.
- Member: WHO Working Group on Policy and Health System Indicators of Countdown to Track Progress in Maternal, Newborn and Child Survival. 2008-present.
- Reviewer: *British Medical Journal*
- Reviewer: *Health Policy and Planning*
- Reviewer: *Journal of Epidemiology and Community Health*
- Member of editorial advisory board: *Journal of Epidemiology and Community Health*
- Member of editorial board: *Critical Public Health*, Centre for Social and Policy Research, School of Social Sciences, University of Teesside, Middlesbrough, UK.
- Associate Editor: *International Journal of Integrated Care*, Utrecht University, Netherlands.
- External examiner: Professional Doctorate in Public Health Dissertation (DrPH), Discipline of Public Health, Faculty of Health Sciences, Flinders University, Adelaide, Australia.
- Visiting Professor: teaching on the Master Study Program 'Health and Society: International Gender Studies Berlin', Charité – Universitätsmedizin Berlin, October 2012.
- Visiting Professor: teaching on the Masters Study Programme 'Health and Society: International Gender Studies Berlin', Charité – Universitätsmedizin Berlin, October 2012.
- Rated as a B2 researcher by the NRF (National Research Foundation) in January 2012
- Awarded an honorary doctorate by the University of Cape Town in recognition of his contribution to development of policies and programmes in Primary Health Care nationally and internationally, 8 June 2012

### **Nikki Schaay**

- Moderator: Adolescent Health and Qualitative Research modules, Graduate Programme in Public Health, Department of Public Medicine, University of KwaZulu-Natal
- Technical Adviser: developed an overview paper of national-level reform initiatives to assist the Department for International Development (DFID) with the co-ordination and sequencing of their technical and programme support to the country's health department. November 2010 - April 2011.

### **Helen Schneider**

- Member of review panel: Research grant applications on hypertension in developing countries for the UK MRC
- Board member: Health-e (health communication organization)
- Project leader: provided technical support on the development of M&E systems for the PHC outreach teams, National Department of Health, Pretoria.
- Project leader (with Nikki Schaay, Steve Reid, Lilian Dudley, Charlyn Goliath, Theresa Lorenzo, Soraya Maart Emmanuelle Daviaud): undertook a policy review of "intermediate care" services/ de-hospitalized care services for the Western Cape Department of Health - to give effect to the re-conceptualization of this component of community-based services, with the objective of developing policy guidelines on the package, organization, staffing and monitoring of intermediate care in the Western Cape.
- Project leader (with Nikki Schaay, Steve Reid, Lilian Dudley, Charlyn Goliath): undertook a policy review of home and community-based care, Western Cape Department of Health- to describe and analyze current policy, thinking and provision of HCBC in both rural and urban areas of the Western Cape, and propose a future framework for the re-organisation of HCBC in line with the vision and principles outlined in Healthcare 2020.
- Reviewer: *Health Policy & Planning*
- Reviewer: *Human Resources for Health*
- Reviewer: *Lancet Infectious Diseases*
- Reviewer: *Social Science and Medicine*
- External examiner: MPH dissertation, Health Economics, University of Cape Town.
- Rated as a C1 researcher by the NRF (National Research Foundation) in January 2012

### **Vera Scott**

- Member: Public Health Association of South Africa (PHASA)
- Member of task team: Provincial HIV/TB task auditing HAST services, Western Cape Department of Health.
- Reviewer: *African Journal of Primary Health Care and Family Medicine*
- Reviewer: *Journal of Acquired Immune Deficiency Syndrome - Epidemiology*
- Reviewer: *BMC Health Services*
- Reviewer: *WHO Bulletin*
- External examiner: Introduction to Integrated Health Sciences, Fundamentals of Integrated Health Sciences, University of Cape Town

### **John Seager**

- Reviewer: *African Journal of AIDS Research*
- Member of editorial advisory board: *Development Southern Africa*

### **Simukai Shamu**

- Member: Public Health Association of South Africa (PHASA)
- Participating member: Sexual Violence Research Initiative (SVRI) forum

### **Ruth Stern**

- Board member: Medact (international NGO in London)
- Board member: Health Poverty Action (international NGO in London)
- Reviewer: *Bulletin of the World Health Organisation*, 2011
- Reviewer: *International Journal for Equity in Health*, 2012
- Facilitator: International People's Health University, People's Health Movement, on-line course and workshop, 2012
- External examiner: Masters in Health Promotion, University of KwaZulu-Natal, 2012
- Examiner: BSc Health Studies, London Metropolitan University, 2012

### **Lungiswa Tsolekile**

- Member: South African Public Health Association (PHASA)
- Member: Health Professions Council of South Africa
- Vice-chair: CHW Sub-committee: *National Heart, Lung, and Blood Institute (NHLBI)*, UnitedHealth, Centers of Excellence and Developed Country Partners

### **Brian van Wyk**

- Member: Public Health Association of South Africa (PHASA)
- Board member: DOPSTOP-
- Reviewer: *Journal of Advanced Nursing*
- External examiner: MPH dissertation, MEDUNSA, University of Limpopo
- Moderator: Bioethics and Research Methods, University of KwaZulu-Natal

### **Kim Ward**

- Reviewer: Reviewed an application for rating by a scientist in Pharmacy Practice for the NRF (National Research Foundation)

### **Christina Zarowsky**

- Member of peer review committee: National Institutes of Health (NIH)
- Member of peer review committee: Canadian Institutes of Health Research (CIHR)-
- Peer reviewer: *WHO Bulletin*
- Reviewer: *Transcultural Psychiatry*
- Reviewer: *JAIDS*
- Reviewer: *Global Health Promotion*
- Associate editor: *Population Health*
- Associate editor: *Global Public Health*
- Associate editor for Global Health: *Canadian Journal of Public Health*
- External moderation: History of Public Health, University of Cape Town
- External examiner: MSc in Global Health, Trinity College, Dublin
- External examiner: PhD, Humanities, University of the Witwatersrand

## **Acknowledgements**

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