

School of Public Health

FACULTY OF COMMUNITY & HEALTH SCIENCES



Report of Activities 2017-2018



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.

- 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.

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

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

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



Two years ago we started our biennial report with reference to the turmoil engulfing higher education. The problems that gave rise to 'Fees must fall' have not gone away, and the linked debates on decoloniality and the need to decolonise higher education continue.

25 years into our democracy we are faced with ever-increasing inequality, well over half the population living in poverty, deep disenchantment and distrust in the trustworthiness and capability of the state – all of which are mirrored internationally.

However, against this backdrop of crises and concerns, people both locally and globally are responding to challenges with determination and creativity. In the health sector we have seen an acceleration of moves towards a National Health Insurance (NHI), numerous innovations in health facilities and communities and efforts to integrate the Sustainable Development Goals into all aspects of health planning, with a strong focus on inter-sectoral action.

The School of Public Health (SOPH) deliberately locates itself in this landscape of addressing multiple societal challenges, true to its original *raison d'être* of contributing to equity and social justice through health systems development in South Africa, in Africa and in the global south.

With this biennial report we account for our work during 2017 and 2018, highlighting some of the new or particularly prominent activities in the SOPH.

The distance education component of our academic programme (i.e. modules and assignments) has now moved fully onto the University's electronic platform, iKamva. Keenly aware of the limitations that a distance learning programme places on the social aspects of learning, we constantly endeavor to nurture engagement through on-line discussion groups, chat rooms and real-time on-line teaching. Appropriately engaging technology for teaching is an ongoing learning process for all of us, and the SOPH has an e-learning working group leading these efforts.

Seeing our students, all working professionals, through their studies successfully and in good time

remains the core of our mandate, and we have made great efforts in the past two years to better structure and strengthen our growing PhD programme. In 2017/18 we graduated a total of 124 students: 38 with Postgraduate Diplomas, 69 with a Master of Public Health and 17 with doctorates in Public Health.

Our research foci, which inform our teaching as well as contributions to advocacy and policy development, retain a strong emphasis on community and district health system development, non-communicable diseases, maternal and child health, HIV, health along the life course, and pharmaceutical public health. We have several projects focusing on food security and the wider food environment, and emerging foci in mental and men's public health.

Many of these projects are conducted in partnership with practitioners and policy makers in the health sector and in communities, and most are conducted in collaboration with colleagues from local and international academic institutions (as is evident in our list of partners and funders). The Antwerp Institute of Tropical Medicine remains a particularly important partner, as does the University of Missouri, which is involved in or leads several of our research projects.

Our research also continues to inform our contributions to public policy debates, most recently around the sugar tax and obesogenic food environments, around student food security, around the NHI – and, during the 2018 Jakes Gerwel Awards, the importance of decolonising public health curricula.

The School is fortunate to have been joined by two new permanent academic staff members, Assoc Prof Zandile Mchiza and Dr Anam Nyembezi, who are already making important contributions to our teaching and research programmes. However, we have had to say goodbye to some SOPH stalwarts: Marlene Petersen, Melvin Adams and Sandra Williams. We wish them well in their retirements and new endeavours.

The SOPH is its people! I want to take this opportunity to thank the more than 50 staff members – admin and support staff, field workers, lecturers and researchers – for their unique contributions, often way beyond the call of duty. It is a remarkable collective!

- Prof Uta Lehmann

THE ACADEMIC PROGRAMME

For the past 25 years, the School of Public Health (initially the Public Health Programme) has trained public health practitioners in South and sub-Saharan Africa for district health system development and implementation through

- *short courses* offered by staff and visiting experts at annual Winter and Summer Schools; and
- *a multi-level postgraduate programme* delivered through a flexible learning approach.

The Postgraduate Programme

The postgraduate programme consists of three courses and qualifications:

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

The table below reflects our enrolment figures over the past four years, showing some fluctuation in numbers in the Postgraduate Diploma, and increases in MPH and PhD enrolments, with some variations from year to year. Most noteworthy is the increase in PhD enrolments due to the development of a structured support programme for these students, which includes annual inductions, writing retreats, webinars and other capacity development activities. We also have an increasing number of full-time PhD students who are located at the SOPH, either attached to projects or with free-standing PhD scholarships generated particularly by the SARChI chairs (see page 22) and our collaboration with the Belgian Institute for Tropical Medicine.

Students registered for postgraduate programmes: 2015 - 2018

Qualification	2015	2016	2017	2018
Postgraduate Diploma in Public Health	33	32	47	34
Master of Public Health	122	134	134	139
PhD in Public Health	43	45	52	52
Total postgraduate students	198	211	233	225

Students who graduated in 2017 and 2018 are listed on pages 6 to 11. As in previous years, they live and work in Southern, East and West Africa (see map on page 5), with 52% coming from South Africa, 47% from other African countries and 1% from outside of the African continent.



Welcome to Prof Zandile Mchiza

Dr Zandile Mchiza is an obesity, nutrition and non-communicable disease research specialist. Prior to joining the SOPH as an associate professor in early 2017, she was a senior research specialist and a senior specialist scientist at the Human Sciences Research Council and the South African Medical Research Council, respectively. She led and collaborated in projects directed at improving and preventing nutritional disorders, body size and image distortion as well as metabolic diseases in South Africa and other African countries. More recently, her research interests have focused on reviewing legislation and policy documents relating to food, nutrition and health with a view to identifying the key legislation and policy adoption and delivery challenges and to trace their implementation processes. Through this, Dr Mchiza aims to find workable solutions that can, in turn, advise future legislation and policy amendments.

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 complementary qualification for professionals who already have Master and Doctoral degrees, but who want a public health foundation for career purposes.

The Diploma, offered at level 8 on the National Qualifications Framework (NQF), inducts students into the field or discipline of public health; introduces concepts of population health and the burden of disease within the preventive and promotive paradigm; orientates students to public health in an era of globalisation; offers training in a range of key skills for academic study in the field; and, importantly, guides students in conducting a monitoring and evaluation project which responds to the management role that many of our students play.

The Master of Public Health (MPH)

The SOPH considers its Master degree to be its flagship programme which, since its inception in 1994, has attracted large numbers of students from all over Africa. 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 combining to present them with the typical challenges facing mature, part-time students.

In addition our students largely study at a distance. While many attend Summer and Winter Schools, some never come to the School at all. This means

that much of the students' learning experience is mediated, in the first instance, through well-developed learning materials and student support, instead of classroom teaching.

Since the MPH programme was launched, all our modules have been printed and sent to students at the beginning of each year. During the past few years, however, we have begun to distribute study materials electronically and to record and post lectures on UWC's on-line learning platform, iKamva.

Student support is mostly given via e-mail and phone, through extensive feedback on written assignments and mini-theses, as well as through contact sessions such as the mini-thesis weeks. In addition we are increasingly engaging with the opportunities afforded by new technologies – experimenting with Google discussion groups, podcasts, use of blogs, on-line teaching using media such as Skype or Webex. This has been a steep learning curve not just for our students, but for teaching staff as well. Having a staff member specialising in educational technology has assisted greatly in exploring new teaching and learning modalities and supporting staff to make the transition to the University's on-line learning platform.

A growing demand for doctoral study

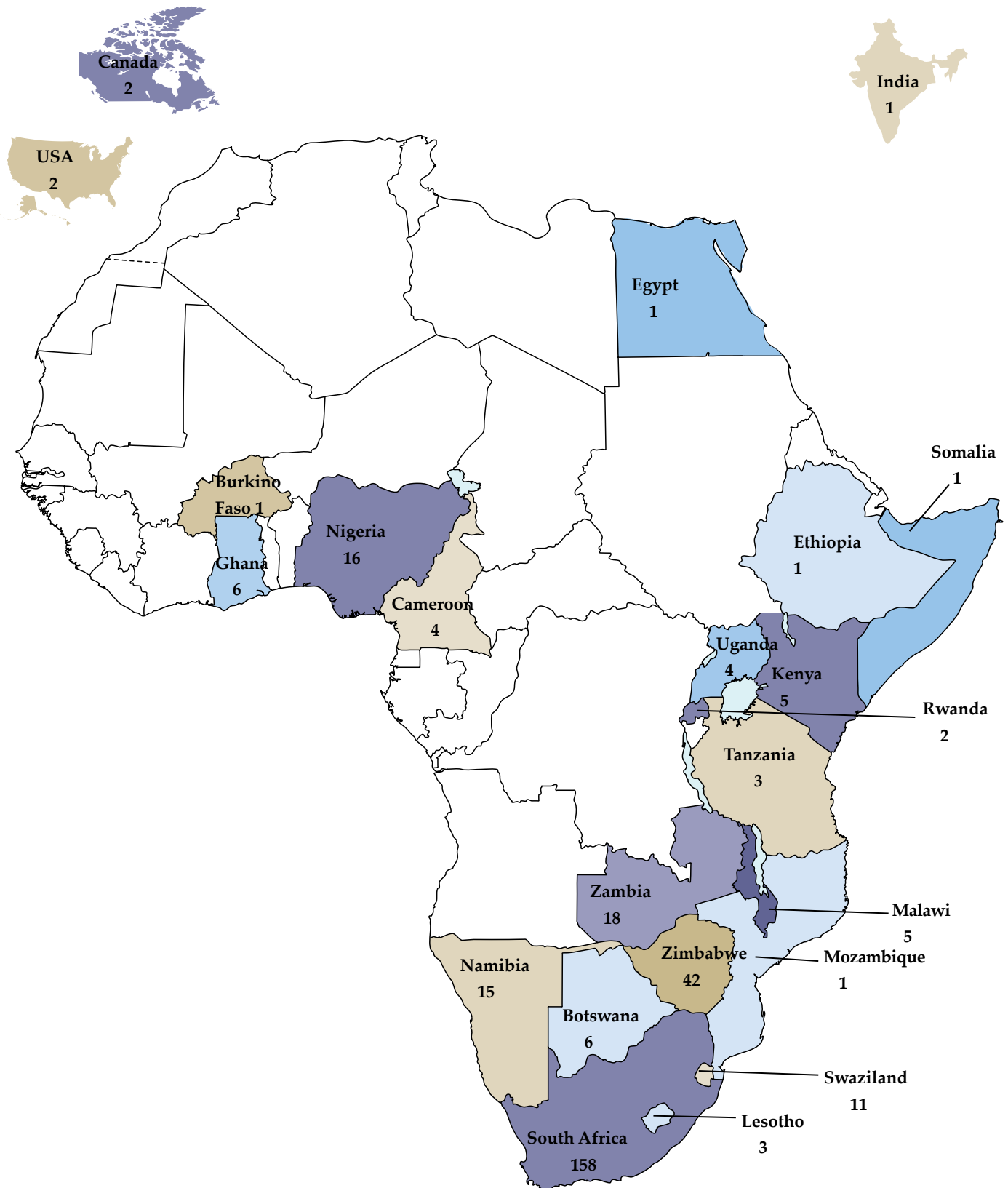
As mentioned above, there is substantial interest in our PhD qualification, both within the country and further afield. In the past twelve years our programme has grown from four to 52 PhD students – some of whom are our own staff, an indication of the School and the University's serious commitment to building senior academic capacity in the country.



Welcome to Dr Anam Nyembezi

Dr Anam Nyembezi trained in work and social psychology and has a passion for men's public health research. Prior to joining the SOPH as a senior lecturer in early 2017, he was a research specialist in Population Health, Health Systems and Innovation at the Human Sciences Research Council, conducting research focusing on maternal and child health, sexual and reproductive health, mental health, and non-communicable diseases (NCDs). Dr Nyembezi also spent several years at the South African Medical Research Council conducting research on youth risk behaviours, including understanding the determinants of HIV behaviours among traditionally circumcised men. His research interests continue to be on men's health with a focus on socio-behavioural aspects of sexual reproductive health, HIV/AIDS, mental health and NCDs.

Our Global Reach: Geographical origins of our students 2017 – 2018



Student Academic Achievements

In 2017 and 2018,

- 38 students graduated with the Postgraduate Diploma in Public Health
- 69 students graduated with the Master of Public Health (MPH)
- 17 students graduated with a PhD in Public Health

Postgraduate Diploma in Public Health

2017

Carolus, Esther Erna
Dlamini, Loraine Ntokozo
Ennos, Fathima
Hlophe, Nokuthula Patience
Jebese, Dumo
Ketelo, Asiphe
Khumalo, Bhikizenzo Kitso Clement
Kriek, Johann Christian
Mamba, Nompumelelo
Mandimika-Mutumbu, Chenaimoyo
Marimo, Tafadzwa
Mukundlu, Banzi
Mumbo, Angeline (cum laude)
Muteka, Justine Ndahepulukha
Ngah, Veranyuy (cum laude)
Nyathi, Nqabutho
Prinsloo, Earl Jason
Ranga, Elnor
Shabodien, Aysha

Tack, Ilse Rita (cum laude)
Thabalaza, Lizeka Cordelia
Ukwimi, Chivuli
Van der Merwe, Leonasha Leigh Ann

2018

April, Malcolm Elridge
Kawanga, Lackeby (cum laude)
Bampton, Ronel
Buis, Michelle
Chitsa, Ndakapara
De Vries, Igshaan
Kammies, Chamandra
Kamwi, Kenneth
Knight, Helene (cum laude)
Koali, Seeiso
Mabizela, Sibongile
Manyike, Mumsy
Matimba, Maxwell
Mokhehle, Thato
Mtabhana, Lithakazi
Van Niekerk, Johann

Master of Public Health

Following their course work, MPH students are required to conduct a small research project. Written up as mini-theses, they cover a range of public health topics that are of interest and concern to the students. A number of themes can be seen across the mini-theses of the students graduating in 2017 and 2018.

Nearly half of the student's studies – 32 of the 69 – addressed some aspect of HIV and TB, often to do with adherence and retention in care. Sexual and reproductive health was addressed by five students who were largely concerned with access to services. Maternal and child health was the topic of six studies, some of which also addressed nutrition and food security which was the focus of seven mini-theses.

Six studies addressed health systems issues affecting the delivery and uptake of services, two of which reviewed experiences of the appointment system. Various aspects of health practitioners' work were addressed in seven studies – like perceptions of, and barriers to inter-professional teamwork; perceptions of practitioners in caring for psychiatric patients and in screening for intimate partner violence. Another two focused on health practitioners' responses to the use of media in professional development – namely WhatsApp and telehealth.

Non-communicable diseases were the focus of five studies – three of which were on diabetes, one on hypertension and one on malaria – while two mini-theses focused on access to, and use of, medication.



'The PGD [postgraduate diploma] programme was my first real experience of distance learning and I had no idea of what to expect. It turned out to be the perfect preparation for my MPH. I thought it would be easier than a classroom learning model but it wasn't. In addition to studying, the special skills of self-discipline, consistency and planning were absolutely necessary for my success in the programme.'

'The MPH programme had a positive impact not just in my profession but also in other aspects of my life. I have become a better manager, a better clinician, a better health educator and promoter and a better researcher. I have learnt to ask more pertinent questions regarding issues. Addressing the root causes of problems has become my modus operandi.'

2017 MPH graduate, Ekene Casmir Igboerika, Nigeria

2017

ABAH, Isaac	Adverse drug reactions to antiretroviral drugs: Effect on virologic failure in a Nigerian cohort of HIV-infected adults on first-line antiretroviral therapy
AMAAH, Penn	Contraceptive use and fertility intentions of HIV-positive women in two health districts in Yaoundé, Cameroon
ARENDS, Nicole	Exploring the perceptions of inter-professional teamwork, and the barriers and facilitators thereof, in in-patient management at a tertiary hospital
ARIEFDIEN, Shaakira	Timely initiation of MDR-TB treatment: A descriptive qualitative study at primary health care facilities in a district of the Cape Metropole
BARASA, Alex	Determinants of TB treatment adherence among patients on anti-TB treatment in Tororo district, Uganda
BEST, Alison (cum laude)	An evaluation of the effectiveness of interventions to change the knowledge of, attitudes towards and practices around, TB and HIV of inmates in the Western and Eastern Cape of South Africa
CHE GILBERT, Ambe	Risk factors for adolescent pregnancy and HIV in Bafoussam, Cameroon
COOMBE, Heather (cum laude)	The clinical presentation of cerebral palsy in children in rural KwaZulu-Natal, South Africa
DE JAGER, Veronique	Trends in the presenting clinical profile of patients with pulmonary tuberculosis in the Western Cape, 1991 - 2009
DLOVA, Nomakhushe	An investigation on food safety of the National School Nutrition Programme in Peddie, Eastern Cape, South Africa
ERASMUS, Michelle	The barriers to access for maternal health care amongst pregnant adolescents in the Mitchells Plain Sub-district
FARIRAI, Tonderai	Predictors of lost to follow-up amongst adolescents on antiretroviral therapy in an urban setting in Botswana
IGBOERIKA, Ekene (cum laude)	The socio-economic and behavioural factors associated with poor glycaemic control among adult type 2 diabetic patients attending the outpatient diabetes clinic in tertiary hospitals in Abuja, Nigeria
IJEZIE, Chukwuemeka	Early impact of the Challenge TB Project on tuberculosis control in Osun State, Nigeria
ITIOLA, Ademola (cum laude)	Evaluation of the effectiveness of prevention of mother-to-child transmission of HIV (PMTCT) interventions in two selected health facilities in Adamawa State, Nigeria
KHABO, Bekezela	Factors associated with uptake of isoniazid preventive therapy among Human Immunodeficiency Virus-infected clients in Zimbabwe
KOLA, Beauty	Understanding the attitudes, perceptions and practices, towards consistent and correct condom use in preventing HIV infection among university students: A qualitative exploratory study at a tertiary institution, Cape Metropole, Western Cape
KRIEL, Ebrahim (cum laude)	Adherence, retention in care and treatment outcomes of adolescents on anti-retroviral therapy in the Western Cape Metropole in South Africa



'My experience as a distance learning student has been largely great. This is due to the good on-line learning platform iKamva at UWC and the constant communication that was received through emails. Also having a schedule of assignments spread throughout the semester from the start made balancing both work and school a lot easier. It was lonely at first as I only managed to attend the mini-thesis writing week at the end of my course work meaning that to a large extent I missed a more personal interaction with my peers from the start. The highlight of my learning as a distance learning student was having a wonderful thesis supervisor who provided both mentorship and support throughout my journey.'

2018 MPH graduate, Shamiso Moyo, Zimbabwe

LINJELWE-MARIELLE, Navoneia	Factors influencing utilization of oral health services in Lesotho
MATSOSO, Tsietsi	An exploration of the perceptions of nurses in caring for psychiatric patients in a rural district hospital, Northern Cape, South Africa
MBACHU, Chinyere	The role of the Health Policy Research Group College of Medicine, University of Nigeria, in building collective capacity for health policy and systems research and analysis in Enugu State
MOTSWERE-CHIRWA, Catherine	Factors influencing infant feeding choices among HIV positive mothers in Francistown, Botswana
MUKULU, Martin	Attitudes and perceptions of nurses and medical doctors on providing intimate partner violence screening at frontline services units of Katutura Intermediate Hospital in an urban area, Windhoek, Namibia
NABWIRE, Juliana	Assessing the implementation of focused antenatal care and factors influencing its implementation across health facilities in Jinja District, Uganda
NMADU, Awawu	Access and utilization of reproductive health services among adolescents in Kaduna North local government, Kaduna State, North West, Nigeria
NWAKO, Azubuike (cum laude)	Prevalence and determinants of low birth weight in Maseru, Lesotho
PRINSLOO, Celeste	Factors affecting health care workers' acceptance and use of telehealth in hospitals in KwaZulu-Natal
QOLES, Sandra	Factors leading to teenage pregnancy in Heidedal location, Mangaung District, Free State Province
SCOTT, Kelly	Exploring the barriers to optimal infant feeding in the first six months of life in the De Doorns community
SERAG, Hani	Barriers to accessibility to antiviral treatment for patients with Chronic Viral Hepatitis C in Egypt
SIMPAMBA, Micah	Risk factors for severe malnutrition in children with cerebral palsy in Lusaka
WILLIAMS, Michelle	The prevalence of immunization and the factors associated with low immunization prevalence in an urban community in the Western Cape
ZVENYIKA, Faustino	The knowledge, attitudes, and practices and compliance regarding the basic prerequisite programs (PRPs) of food safety management systems of food service workers in boarding schools and restaurants in Masvingo Province

2018

BUDAZA, Thokozile	The relationship between self-esteem and uptake of HIV counselling and testing amongst young women in South Africa
BWALYA, Chiti	An exploration of the acceptability of the home-based antiretroviral therapy delivery model among HIV patients in Lusaka District
CALDWELL, Judy	A programme evaluation of the effects of an intensified TB screening strategy on changes in facility level TB case finding in City Health primary health care facilities in Cape Town



'In my current role as a deputy director at the Western Cape Department of Health I am responsible for facilitating research, quality assurance, information management and infrastructure planning. This programme has allowed me to get a better understanding of how and why health system challenges exist, how it can be addressed, the benefits of adopting the "quick wins" and how the political environment can influence the system. I have learnt how to collect and use data for effective programme monitoring and evaluation. Understanding population growth and how social and environmental factors affect health will assist me in my infrastructure planning. This has been a humbling experience.'

2018 MPH graduate, Leilah Najjaar, South Africa

CHIPINDURO, Joseph	Assessment of healthy lifestyle practices in type 2 diabetes patients and association with glycated haemoglobin levels in Harare, Zimbabwe
CHOPERA, Denis	Exploring the trends in prevalence of Human Immunodeficiency Virus drug resistance in South Africa over the course of the HIV epidemic
ESSILFIE-ESSEL, Gabriel	Quality of care of patients presenting prescriptions at community pharmacies in a region of Ghana
HILLAR, Timothy	Investigating musculoskeletal health in the workplace, among employees who are exposed to heavy lifting: A descriptive and correlational study
JANKIE, Thenjiwe	Exploration of factors that influence adherence to antiretroviral therapy amongst patients at Pule Sefatsa primary health care clinic in Mangaung district, South Africa
JKIJELA, Olwethu	Clinical characteristics and treatment outcomes of multi-drug resistant tuberculosis patients attending a hospital in Buffalo City Metropolitan Municipality, Eastern Cape
KARIEM, Abdul	Factors relating to poor glycaemic control amongst diabetic patients attending Mitchells Plain Community Health Centre
MAERO, Athanasius	Treatment events of patients on antiretroviral therapy in Kakamega County General Hospital, Kenya
MAKOKOVE, Rameck	Determining the association between household drinking water handling practices and bacteriological quality of drinking water at the point-of-use in the rural communities of Murewa district, Zimbabwe
MAKONDO, Rulani	Adherence to lifestyle modification recommendations in hypertensive patients at Parirenyatwa Hospital
MBOMA, Sebastian	Exploration of community-based rehabilitation support for children with neurological impairments following cerebral malaria in Blantyre, Malawi
MCLAUGHLIN, Juanita	Knowledge, attitudes and practices of tuberculosis management among clinicians working at primary health care facilities in the Northern Tygerberg Sub-Structure, Cape Town
MEKLER, Kathryn	Factors influencing the decentralization of multi-drug resistant tuberculosis care: A management perspective
MOYO, Shamiso	An exploration of the knowledge and involvement of fathers in the practice of complementary feeding of infants and young children in Tsholotsho district, Zimbabwe
MUNYAYI, Farai (cum laude)	The effects of teen clubs on adherence to antiretroviral therapy and retention in HIV care amongst adolescents in Windhoek, Namibia
MUSARAPASI, Normusa	Review of outcomes for isoniazid preventive therapy among HIV infected clients at a clinic in Swaziland
MWANGI, Anne	Factors associated with viral suppression among adolescents on antiretroviral therapy in Homabay County, Kenya
NAJJAAR, Leilah	Bed utilisation trends in selected wards across eight district hospitals in the Cape Town district
NGHISHEKWA, Bona	Trends in antibiotic consumption in the Namibian public health sector, 2010-2016



'The course has enabled me to shift my management approach from only focusing on input activities and output results to also paying attention to outcomes and impact of our services. I am now keen at maintaining systems and processes that speak to the information needs of senior management in answering the "why" questions as we implement interventions to improve the health of the population. I intend to engage my organization to reignite Primary Health Care in Cameroon. I believe that it is more cost effective to allocate more resources to interventions that promote the health of the population in their communities than to only wait and treat diseases at the health facility levels.'

2018 MPH graduate, Denis Warri, Cameroon

OSHO, Folasade	Knowledge, attitudes and practices of adverse drug reaction (ADR) reporting among nurses in a tertiary hospital in South West Nigeria
PUPUMA, Nomandlakayise	Dietary intake practices associated with obesity and diabetes among black South Africans in the Prospective Urban Rural Epidemiological Study
RUDOLPH-CLAASEN, Zerilda	Hearing loss in DR-TB patients receiving Extended High Frequency Pure Tone Audiometry monitoring (KUDUwave) in KwaZulu-Natal
SIMUYABA, Melvin (cum laude)	Experiences of early antiretroviral therapy (ART) initiation among people living with HIV in Livingstone district in Zambia
SPARKS, Rene	Exploring the clients' experience of primary health care services prior to and post the implementation of appointment systems in City Health Clinics, Western Cape, South Africa
TAIWO, Abdurrazaq	Caregivers' perceptions of cleft deformity and experience in accessing cleft services at a tertiary public hospital in Sokoto, North West, Nigeria
TEMBO, Chazanga	An exploration of the factors which can contribute to nosocomial TB infection amongst health care workers in a public hospital in Free State Province, South Africa
TSHUMA, Mboneni	An exploration of the perceptions and experiences of community members on acceptability and feasibility of HIV self-testing oral fluid test in Neta ward Mberengwa District, Zimbabwe
VAN ASWEGEN, Tanya (cum laude)	Factors associated with morbidity and mortality in children under-five years admitted with severe acute malnutrition to a regional paediatric hospital in KwaZulu-Natal
VAN ZYL, Tharine	An exploration of the reasons for late presentation of pregnant women for antenatal care in Worcester, Cape Winelands District
WALMISLEY, Ulla (cum laude)	Exploring the roles and experiences of health managers participating in the Appointment System Learning Initiative in City health facilities in Cape Town
WARRI, Denis	Perceptions of pregnant women on reasons for late initiation of antenatal care in Nkwen Baptist Health Centre, North West Region, Cameroon
WOODS, Joana	A descriptive analysis of the role of a WhatsApp clinical discussion group as a forum for continuous medical education in the management of complicated HIV/TB clinical cases in a group of doctors in the Eastern Cape
ZIQUBU, Sibusisiwe	Loss to follow up from HIV care among workers in the South African Clothing and Textile Workers Union in Ethekwini district, KwaZulu-Natal



'I have already seen the fruits of the MPH utilised in my professional work. I have started implementing client satisfaction surveys within key population programmes and supporting frontline staff to analysis, interpret and utilise the information to improve clinical services to sex workers, survivors of gender-based violence/intimate partner violence and adolescent girls and young women (AGYW).

'I have also decided to conduct focus group discussions with nurses on sex work and AGYW programmes to improve how I support them in the next grant cycle.'

2018 MPH graduate, Rene Sparks, South Africa

PhD in Public Health

2017

BOLTENA, Sisay	Effectiveness of complementary feeding promotion programme for caregivers of infants using trained agriculture extension workers in a rural area of Ethiopia
CHADEMANA, Emma	Quality of life in a fragile state: A study of orphans and vulnerable children in child-headed households in Zimbabwe
MAGADZIRE, Bvudzai	Understanding the dynamics of accessing chronic medicines in the public sector: Implications for policy in South Africa
MALAMBO, Pasmore	Perceived, built environment and physical activity: Relationships and consequences on prevalent CVD and risk factors in urban and rural South Africa
MATHEWS, Verona	Decentralised human resource management in a district health system: Case studies in the Western Cape Province, South Africa
MENDA, Dhally	Impact of newborn care motivational interviewing in a maternity waiting home setting on early neonatal morbidity in rural Eastern Province of Zambia
MNTAMBO, Mbuso	Development of the public health model of community participation in the KwaZulu-Natal primary health care system
MUKUMBANG, Ferdinand	A realist evaluation of the antiretroviral treatment adherence club programme in selected primary health care facilities in the metropolitan area of the Western Cape Province, South Africa
SANGA, Erica	Linkage to care after testing HIV positive: A comparative analysis of mobile- versus health facility-based models in rural settings, Mbeya, Tanzania
YARMOSHUK, Aaron	The role of international partnerships in building the capacity of health professional programmes in Kenyan and Tanzanian universities

2018

BIRUNGI, Francine	An evaluation of isoniazid prophylaxis treatment and the role of GeneXpert MTB/RIF test in improving the diagnosis and prevention of tuberculosis in children exposed to index cases with pulmonary tuberculosis in Kigali, Rwanda
GOEIMAN, Hilary	Developing a comprehensive nutrition workforce framework for the public health sector to respond to the nutrition-related burden in South Africa
JALAL, Nafeesa	Agricultural migrant workers navigating the health system: Access, continuity of care and the role of community health workers in De Doorns, Western Cape
MUGODE, Raider	Evaluation of the effect of poor water and poor sanitation on growth in infants and young children aged 6-24 months in Zambia
NOJILANA, Beatrice	Policy approaches to prevent chronic non-communicable diseases: The role of population-based data
SPIRES, Mark	Community insights into, and an international perspective on, the role food environments and diet play in the self-management of type 2 diabetes mellitus in urban and rural South Africa
TSOLEKILE, Lungiswa	Development of an integrated model of care for use by community health workers working with chronic non-communicable diseases in Khayelitsha, South Africa



'I started this course because I work in a medical research institution in Tanzania and I thought that to become a good research scientist I need to develop my career. Since I had a Master of Public Health, a PhD in public health was the best for me.'

'This course has helped me improve knowledge and skills especially in writing papers, proposals and grant applications. I believe I will be able to write sound proposals for research in my institution and come up with productive results that will help to improve health in Tanzania. Generally, I will be more resourceful to the institution and the country as a whole.'

2017 PhD graduate, Erica Sanga, Tanzania

Graduated with a PhD in Public Health

About 50 students are currently enrolled for doctoral studies; some are our own staff, some are attached to research projects which carry PhD scholarships, and some are self-funded.

While the number of graduates from the PhD programme was initially small, this is increasing as the programme matures, such that in 2017 and 2018, 17 students graduated with PhDs, two of whom are members of SOPH staff.



FRANCINE BIRUNGI

An evaluation of isoniazid prophylaxis treatment and the role of GeneXpert MTB/RIF test in improving the diagnosis and prevention of tuberculosis in children exposed to index cases with

pulmonary tuberculosis in Kigali Rwanda

Supervisor: Prof B van Wyk

Co-supervisors: Prof J Ntaganira, Prof S Graham, Dr J Uwimana

Citation:

Tuberculosis (TB) is a major cause of morbidity and mortality among children in resource-limited countries such as Rwanda. It is therefore recommended that children who are exposed to an index case (an adult with TB) are screened for TB using Xpert MTB/RIF test in gastric lavage (GL) specimens, and are provided with isoniazid preventive therapy (IPT). This research used a mixed methods design to assess the diagnostic yield of Xpert MTB/RIF in GL among child contacts with suspected pulmonary TB as well as the uptake of and adherence to IPT in Kigali, Rwanda.

The study found that the yield from Xpert MTB/RIF in GL samples was low, and identified multiple implementation challenges in the health system. Uptake and adherence to IPT were high, however, and several areas for improvement were identified.



SISAY BOLTENA

Effectiveness of complementary feeding promotion programme for caregivers of infants using trained agriculture extension workers in a rural area of Ethiopia

Supervisor: Prof T Puoane

Co-supervisor: Dr N Steyn

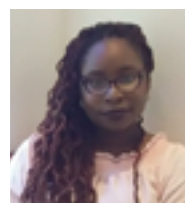
Citation:

Malnutrition is a major developmental challenge in Ethiopia caused mainly by poor feeding practices. Improved quality of diet is one of the major contributors to improving infants' nutrition status.

New ways of promoting complementary feeding are required as in the past years there has been little improvement in complementary feeding practices among infants in Ethiopia.

Agricultural extension workers (AEWs) play a critical role in crop, horticulture and livestock production, spending most of their time in communities, conducting meetings and home visits to individual farmers (men and women) who learn agricultural techniques to implement in their farms.

Several groups and networks are organised solely for only women, and all women in the villages are expected to participate. They produce vegetables, chickens and sheep, and there are also women's saving groups. As AEWs had not used these opportunities to provide education, advice and technical support for mothers to produce diversified food and make an appropriate combination of local staple foods while preparing infants' meals, this study tested and proved that their involvement could contribute to improve the feeding practices among infants.



EMMA CHADEMANA

Quality of life in a fragile state: A study of orphans and vulnerable children in child-headed households in Zimbabwe

Supervisor: Prof B van Wyk

Co-supervisors: Prof C Zarowsky,

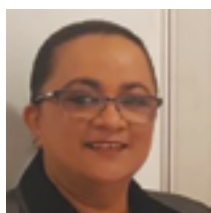
Prof S Mfecane

Citation:

Households headed by children and adolescents are a growing phenomenon across sub-Saharan Africa, and these children experience extreme poverty and deprivation. This research explored the quality of life of orphans in child-headed households in Zimbabwe using a mixed methods study design.

The study found that child-headed households are established as a result of migration, poverty and weak kinship. Lack of resources, poor housing structures, poor living environments, food insecurity, poor access to services, failure to realise education, the absence of adult guardians, social isolation and financial insecurity influenced quality of life negatively. However, cases of resilience were also observed as orphans adopted creative strategies to generate income.

The study concluded that the rights of children living in child-headed households are not realised and makes recommendations to improve connectivity to society and sustained access to education and welfare services.

**HILARY GOEMAN**

Developing a comprehensive nutrition workforce framework for the public health sector to respond to the nutrition-related burden in South Africa

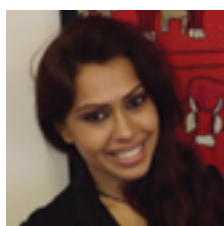
Supervisor: Prof E Swart

Co-supervisor: Prof R Hughes

Citation:

This study explored the provision of nutrition services in South Africa, focusing on the nutrition-specific work components of health personnel at the primary health care level such as doctors, nurses, dieticians, nutritionists, health promoters and community health workers.

Significant shortcomings were found. Inadequate numbers of nutrition professionals are compounded by the lack of capacity of the other health care personnel. To arrest the deteriorating nutritional status of South Africans – seen in the ever-increasing rates of obesity and nutrition-related non-communicable diseases and the constant numbers of stunted children – it is necessary that the nutrition workforce be properly defined, roles and functions delineated and most importantly, knowledge gaps filled.

**NAFEESA JALAL**

Agricultural migrant workers navigating the health system: Access, continuity of care and the role of community health workers in De Doorns, Western Cape

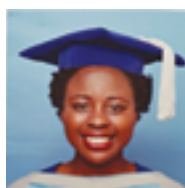
Supervisor: Prof C Zarowsky

Co-supervisor: Dr T Mathole

Citation:

This qualitative study of migrants, clinic staff, managers, and community health workers examined how agricultural migrants navigate the health system to access care and secure continuity of care.

The determination of migrants to survive and be healthy was striking. Migrants face barriers both similar to, and distinct from, those faced by the local population. Key determinants of access lie outside the health system, notably discrimination based on nationality and lack of ID documents, pervasive violence, poverty, and precarious employment. Community health workers' contributions to supporting migrants' access to services are constrained by requirements to check legal documents, by workloads and working conditions.

**BVUDZAI MAGADZIRE**

Understanding the dynamics of accessing chronic medicines in the public sector: Implications for policy in South Africa

Supervisors: Dr K Ward

Co-supervisor: Prof B Marchal

Citation:

At least one third of the world's population has no regular access to medicines (ATM). Fundamental to this challenge is the dearth of in-depth country-level evidence to influence policy making.

This doctoral study utilised a mixed method approach to conduct a situational analysis of chronic medicine provision in a rural and urban province in South Africa. It used a conceptual framework which incorporates availability, affordability, acceptability, accessibility, accommodation and quality. It then evaluated whether innovative ATM models, new to the world and unique to South Africa, were fit-for-purpose.

The thesis highlighted important ATM issues at the levels of policy (e.g. strengthening national level procurement); service delivery (e.g. brokerage roles of frontline health workers); and communities and individuals/households (e.g. roles of patients' socio-economic and cultural contexts). Furthermore, valuable lessons for improved implementation of centralised, automated dispensing and community-based distribution models were learnt.

**PASMORE MALAMBO**

Perceived, built environment and physical activity: Relationships and consequences on prevalent CVD and risk factors in urban and rural South Africa

Supervisor: Prof T Puoane

Co-supervisors: Dr A Kengne, Dr A de Villiers, Prof V Lambert

Citation:

Built environment (BE) attributes have been associated with a variety of health risks and outcomes, including cardiovascular disease (CVD) incidence and mortality. This study was motivated by a lack of evidence between the BE attributes and CVD risks among South African adults. The study assessed the relationship between BE attributes and physical activity among urban and rural adult South Africans and examined the effect of this association on the CVD risk. It further investigated the associations of objectively measured BE attributes and physical activity and CVD risk factors.

This was a cross-sectional, analytical study conducted in three phases. Quantitative methods of data collection were used including Actigraph GT3X accelerometer and Geographic Information Systems to measure physical activity and BE attributes.

The study revealed that residential density, street connectivity, land-mix access and diversity, and safety from traffic were associated with high levels of physical activity, low blood pressure, low body mass index and reduced diabetes mellitus risk.



VERONA MATHEWS

Decentralised human resource management in a district health system: Case studies in the Western Cape Province, South Africa

Supervisor: Prof U Lehmann

Co-supervisor: Prof H Schneider

Citation:

This study examined public sector human resource management systems in two health districts (one urban, one rural) of the Western Cape Department of Health. Through in-depth case studies it provided a detailed and novel account of the dynamics of local human resource management in decentralising health systems. As improvements in this area could positively impact on service delivery, the findings of this research will be disseminated to the public health community and practitioners, with a view to inspiring similar studies in other African countries.



DHALLY MENDA

Impact of newborn care motivational interviewing in a maternity waiting home setting on early neonatal morbidity in rural Eastern Province of Zambia

Supervisor: Dr T Mathole

Co-supervisor: Prof D Jackson

Citation:

The purpose of this cluster randomized unblinded controlled trial was to assess the effect on mothers' essential newborn care (ENC) knowledge, newborn care practice and early neonatal morbidity of a model – the Essential Newborn Care Group Motivational Interviewing Health Education model (ENCGMI-HE) – delivered by Safe Motherhood Action Group members (SMAGs) in a maternity waiting home setting.

The study shows that SMAGs are capable of delivering effective and culturally sensitive ENC-HE. While it did not show the ENCGMI-HE to be superior to traditional ENC-HE, the maternity waiting homes, which are currently being underutilised, provide a strategic platform to deliver ENC-HE messages to

pregnant mothers and their caregivers. This study adds to the body of knowledge by showing the usefulness of maternity waiting homes and SMAGs in the delivery of ENC-HE for the mothers and their caregivers.



ISHMAEL MNTAMBO

Development of the public health model of community participation in the KwaZulu-Natal primary health care system

Supervisor: Prof T Puoane

Co-supervisor: Prof S Reid

Citation:

The aim of this study was to develop the public health model of community participation which integrates health promotion activities in the primary health care system in KwaZulu-Natal.

The study was implemented in three phases. Phase 1 included a situational analysis and identification of challenges of community participation while Phase 2 engaged professionals working in primary health care in the identification of inputs, systems and processes that could constitute the community participation model. Phase 3 involved the implementation and evaluation of pilot health promotion projects.

The findings were used to develop the community participation model and guidelines for its implementation and has the potential of improving the health care system in KwaZulu-Natal.



RAIDER MUGODE

Evaluation of the effect of poor water and poor sanitation on growth in infants and young children aged 6-24 months in Zambia

Supervisor: Dr N Steyn

Co-supervisors: Prof T Puoane, Dr M Sithole, Dr C Michelo

Citation:

Poor water, sanitation and hygiene practices are known to be responsible for most of the infections occurring among infants and young children in developing countries.

This study used a quasi-experimental design, following a cohort of infants and children aged 6-23 months in Monze, Zambia. There were better water facilities in the intervention site than in the control area and both areas were measured at baseline and a year later. Although hygiene practices did not show an association with stunting, negative effects on growth were associated with some hygiene-related factors such as mother's hygiene, diarrhoea and household size.



FERDINAND MUKUMBANG

A realist evaluation of the antiretroviral treatment adherence club programme in selected primary health care facilities in the metropolitan area of the Western Cape Province,

South Africa

Supervisor: Prof B van Wyk

Co-supervisors: Dr S van Belle, Prof B Marchal

Citation:

The antiretroviral adherence club intervention is implemented in health care facilities in South Africa to relieve congestion and improve retention in care and adherence in the face of growing patient loads. This realist evaluation was conducted to determine which aspects of the intervention work, for what sections of the patient population, and in which health systems contexts. A refined programme theory revealed the success of grouping clinically stable patients on antiretroviral treatment in a convenient space to receive a quick uninterrupted supply of medication, health talks, counselling, and immediate access to a clinician while guided by club rules; patients' self-efficacy improved and they became motivated to remain in care and adhere to medication.



BEATRICE NOJILANA

Policy approaches to prevent chronic non-communicable diseases: The role of population-based data

Supervisor: Prof T Puoane

Co-supervisors: Dr D Bradshaw, Prof D Sanders

Citation:

The prevalence of non-communicable diseases (NCDs) continues to rise in South Africa; in 2012 they were responsible for 43% of all deaths.

This research utilised both qualitative and quantitative methods to assess the implementation of policies for reducing risk factors for chronic NCDs (salt and tobacco) and explored the role of population-based data in supporting environmental and policy approaches to preventing NCDs.

The research revealed that although South Africa has adopted policies to reduce and control NCDs, there are gaps in policy implementation. While population-based data revealed a decline in prevalence of smoking and deaths related to tobacco use, they also revealed a high salt intake in both urban and rural settings. Population-based surveys should be used regularly to monitor the prevalence of tobacco use, dietary salt intake, and hypertension, as well as the impact of tobacco control and salt reduction legislation.



ERICA SANGA

Linkage to care after testing HIV positive: A comparative analysis of mobile- versus health facility-based models in rural settings, Mbeya, Tanzania

Supervisor: Prof C Zarowsky

Co-supervisors: Prof B van Wyk, Dr A Mushi, Dr W Lerebo

Citation:

In 2014 only 28% of Tanzanians testing HIV positive had been linked to HIV care in one year. This study followed 1,012 people testing HIV positive for six months, at eight mobile- versus eight facility-based sites, to compare rates and determinants of linkage to care.

While linkage has improved overall, patients being tested at mobile sites were less likely to be linked to care than those testing at facilities (69% vs 84% respectively) despite reporting greater satisfaction with care. Individuals testing at facilities were more ready to accept an HIV diagnosis and seek care. It was found that health system organisational factors, such as on-site services and well-functioning routine procedures, outweighed the more proactive care at mobile sites.



MARK SPIRES

Community insights into, and an international perspective on, the role food environments and diet play in the self-management of type 2 diabetes mellitus in urban and rural South Africa

Supervisor: Prof T Puoane

Co-supervisor: Dr P Delobelle

Citation:

This thesis explored the role local food environments play in either promoting or inhibiting access to healthy foods as part of the self-management of type 2 diabetes in urban and rural communities in South Africa.

Both quantitative and qualitative enquiry revealed that levels of knowledge regarding what healthy food is and how to navigate food environments are high among those living with type 2 diabetes in research settings. Food environments, specifically issues related to 'affordability', 'availability' and 'accessibility' do not facilitate regular, easy access to desired healthy food items, however. Based on specific findings, pertinent policy- and intervention-related recommendations are developed and compared with existing efforts.



LUNGISWA TSOLEKILE

Development of an integrated model of care for use by community health workers working with chronic non-communicable diseases in Khayelitsha, South Africa

Supervisor: Prof T Puoane

Co-supervisors: Prof U Lehmann, Prof B Oldenburg, Prof H Schneider

Citation:

Non-communicable diseases (NCDs) continue to be a public health concern in developing countries, placing a heavy burden on health systems that lack the capacity to manage these diseases. Community health workers (CHWs) have been proposed as a solution for alleviating this burden by extending NCD care to the community.

Using mixed methods, this thesis explored the development of an integrated model of care for CHWs working with clients who have NCDs. Having identified the CHWs' scope of practice and their knowledge of the most prevalent NCDs, it compared the existing and envisaged NCD roles to identify the necessary competencies. The findings showed that CHWs perform numerous tasks, including linking community members with health facilities, providing care, facilitating NCD support groups and peer education – most of these roles being influenced or shaped by the communities they serve. The findings underscore the importance of understanding the roles of CHWs and the support systems necessary

to develop a model of care for CHWs working with clients with NCDs.

Despite the steps taken in strengthening CHW programmes in South Africa, there are apparent misalignments between policy and practice. The findings of the study were used to draft a proposed NCD care model that focuses on the elements pertaining to the work necessary for CHWs to assist clients to self-manage their conditions.



AARON YARMOSHUK

The role of international partnerships in building the capacity of health professional programmes in Kenyan and Tanzanian universities

Supervisor: Prof C Zarowsky

Citation:

This thesis examined 125 international inter-university partnerships of four East African universities, in medicine, nursing and public health. The 192 study participants included senior leaders, academics and students at 30 universities.

Only 25% of the partnerships were considered higher-value in building capacity. Three characteristics were shared by all higher-value partnerships: they addressed a priority need of the focus university; they helped institutionalise the benefit; and the exchange of benefits was seen as fair. Financial and prestige considerations were less important than strategic fit, enduring results, dependability and reciprocity.



Short Courses and Continuing Education

Since 1992 the School of Public Health's (SOPH) annual Summer and Winter Schools have provided learning opportunities for well over 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 Health Professions Council of South Africa (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.

Winter School

Attendance at Winter Schools: 2015 and 2016

2017	307
2018	231
Total	538

90% of the Winter School participants were from South Africa while 10% were from other countries in Africa. Two thirds of the participants were women.

About a third of Winter School registrations in 2017 and 2018 (194 of 538) were from people in management and co-ordinating positions. About 140 participants were health practitioners working within facilities, while 32 worked as community and development workers of some kind. Less than ten percent were involved in research or academic work of some kind (41 of 538).

Courses offered: 2017 – 2018

- An Introduction to Qualitative Research Methods for Health Sciences
- Current Thinking and Practice in Health Promotion
- Epidemiology and Control of HIV/AIDS, Tuberculosis & Malaria in the era of Antiretrovirals
- Globalisation & Health: Key Aspects for Policy Makers, Managers & Practitioners
- Health Committees: A Vehicle for Providers and Communities to realise the Right to Health
- Health Information Systems for Evidence-Based Management
- Health Management
- Information Systems for Human Resources for Health
- Introduction to DHIS 2 - web based - Level 1
- Introduction to Health Policy and Systems Research
- Medicines Supply Management
- Monitoring & Evaluation of Health and Development Programmes (two-week course)
- Pharmaceutical Policy and Management
- Rational Medicines Use
- Understanding and Analysing Health Policy



'The SOPH MPH programme was a wonderful experience for me; it was something that I have never experienced before. ... Attending the Winter and Summer Schools was the climax of the whole programme. Meeting up with colleagues ... and the lecturers made the programme come to life. This MPH programme as a result has enabled me to have a worldwide network of colleagues.'

2018 MPH graduate, Chiti Bwalya, Zambia

Building Public Health Capacity through a Short Course Professional Development Programme: A guide

The School of Public Health (SOPH) has been hosting continuing professional development short course programmes since its inception in 1992. One of these is the three-week Winter School programme comprising 18 to 25 courses, most a week long. Through this programme, between 250 and 500 health and health-related workers are exposed to the latest thinking in public health, enabling them to discuss and exchange ideas on improved planning and implementation of primary health care, district health systems and health equity.

Some of these courses are also used as teaching blocks for our Master of Public Health (MPH) degree which is offered using distance learning methods. In this way our postgraduate students who are studying in various countries, particularly in Africa, come to our School and interact with staff and fellow students – as well as with the local practitioners attending short courses for professional development purposes.

Why this guide

In the past few years we have often been asked by colleagues in schools of public health and similar institutions, both in South Africa and in other parts of the continent, what it takes to set up and continue running such a large and sustained programme in an academic institution; why does interest not wane; and how do we manage the focus, substance and logistics of this programme.

This guide endeavours to respond to these questions - to assist those university colleagues who are considering the development of similar continuing professional development programmes in the health and related social sectors, both in South Africa and further afield.

It does not aim to provide a blueprint, however, as continuing education programmes inevitably have to fit into and respond to specific contexts. Rather it raises the key themes, questions and issues to consider when planning such a programme – enriched with reflections from staff and participants about our programme at the School of Public Health at UWC.

What is in the guide

While the guide focuses on public health, many of the themes are generic to continuing professional development programmes in the public sector and can be used and/or adapted for other fields.

Written by Prof Uta Lehmann and freelancer Penny Morrell – in consultation with various SOPH staff – it was made possible by the support from the Belgium Development Cooperation and the Institute of Tropical Medicine, Antwerp; and the WHO-funded Masters programme with a focus on Health Workforce Development (2009-2015).

The guide is available on the SOPH website at http://www.uwcsoph.co.za/images/annualreports/SOPH-Guide_Building-public-health-capacity-through-a-short-course.pdf



This guide covers the following issues, structured into seven chapters:

- **It provides a history of the programme through the eyes of some of colleagues who initiated, and were involved in, it from its inception.**
Chapter 1: Background: History of the UWC School of Public Health's professional development programme
Chapter 2: Contexts, interests and needs
- **It opens the door to the 'engine room' and logistics of the programme, from advertising and marketing to organising teaching venues and materials, and managing accreditation.**
Chapter 3: Resources
Chapter 4: Administration and logistics
- **It offers insight into our approaches to choosing topics, developing curricula and how we work with adult learners.**
Chapter 5: Designing the curriculum and programme
Chapter 6: Facilitating adult learning
- **It identified the issues you might consider and the decisions you will need to take when offering a professional development programme through short courses.**
Chapter 7: Checklists: Assessing feasibility and designing your short course programme

ACADEMIC LITERACIES FOR PUBLIC HEALTH PROFESSIONALS

A small research project is being undertaken by Nikki Schaay and Dr Hazel Bradley to identify and understand the academic literacies required by public health professionals, both in their roles as students in the School's Postgraduate Diploma and MPH programmes, and in relation to their professional practice. Following this understanding, the project aims to make explicit the ways in which academic literacies are currently integrated and aligned within the SOPH's evolving curricula and highlight how this practice can be strengthened.

Conducted in a participatory manner within SOPH and in collaboration with UWC's Writing Centre (in the Directorate of Teaching and Learning), the outcomes of this project will comprise a template of academic literacies for public health professionals, a set of guidelines for SOPH module writers, and a number of academic papers.

The project was supported in 2018 by UWC Senate Research Funding.





RESEARCH AND PROJECT WORK

On the following pages we report on the SOPH's research and project activities, highlighting some of our recent projects and foci in more detail before listing all of our projects.

Research themes

Thematically our research remains strongly community-based, with a focus on social determinants, health systems policy and governance, gender and equity.

The multiple factors impacting on nutrition and diet-related non-communicable diseases remain a key area of our work, strengthened by the arrival of Assoc Prof Zandile Mchiza. We report here on a project focusing on obesogenic food environments in South Africa and Ghana.

Health policy and systems remains another significant area of research and project activity in the SOPH, clustered around two SARCHI Chairs in health systems (see page 22) and an extra-mural research unit of the South African Medical Research Council (SAMRC) on Health Services to Systems (HSSU) led by Prof Helen Schneider (see page 35). With funding from the HSSU, colleagues in the School evaluated a number of district-based initiatives aimed at addressing the quality and outcomes of maternal neonatal and child health, which we highlight here (on page 24).

Human resources for health remains an important cross-cutting theme in the SOPH. SARCHI chair Prof Asha George led the development of a Health Policy and Systems Research Reader on Human Resources for Health, published by the Alliance for Health Policy and Systems Research. In addition, two research projects have focused on community health workers' roles in addressing non-communicable diseases (on page 27).

Work on pharmaceutical public health continues to develop from strength to strength, and our publications reflect ongoing research on HIV, maternal and child health, and an emerging focus on mental health.

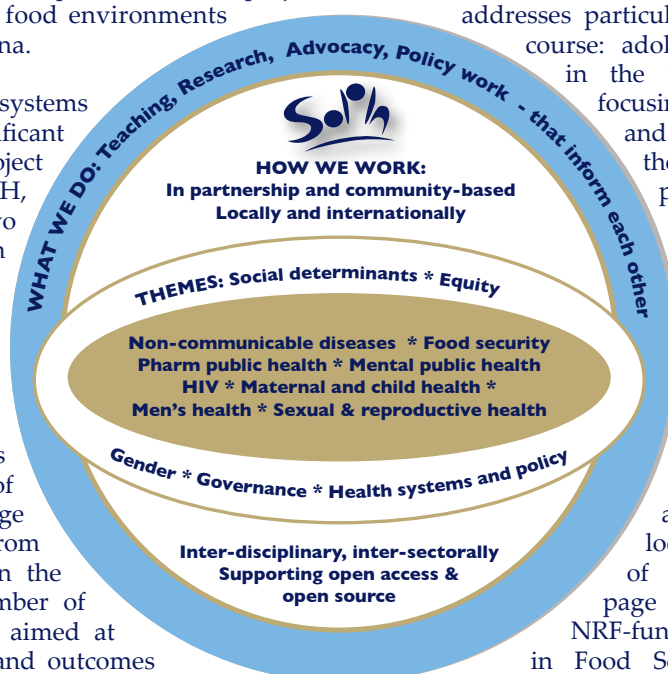
New areas of research

In addition to a new focus on mental health, we are also beginning to address public health issues relating to men. Another new and growing area of research addresses particular phases within the life course: adolescents living with HIV in the transition to adulthood, focusing specifically on sexual and reproductive health; and the health issues of older people living with HIV (see page 28).

Collaboration

The School's research work is invariably conducted through international collaborations as well as through a range of local relationships (see list of partner institutions on page 50). These include the NRF-funded Centre of Excellence in Food Security based at UWC, the SAMRC, our sister higher education institutions as well as the Health Departments at all levels. Our research is supported by a wide range of funders, both large and small, which include, among others, the EU, NIH, IDRC, NRF, SAMRC. Again a full list is given on page 50 below.

A key feature of the health policy and systems research in the SOPH has been its participatory and collaborative nature with health system players. In this regard, the joint UWC-UCT Collaboration for Health Systems Analysis and Innovation (CHESAI) continues to play a seminal role.



SARChI Chairs lead in Health Systems Research

SOPH is privileged to be hosting two South African Research Chairs that are complementary to one another and which together anchor the research foundations of the School.

The first SARChI Chair, established in 2013 and occupied by Prof Asha George since March 2016, is in Health Systems, Complexity and Social Change, while Prof Helen Schneider has been in the second Chair, in Health Systems Governance, since mid-2015. Both Chairs view health systems as socially constructed opportunities to support health justice for all.

In addition to their own programmes of work, they lead the Research Domain at the SOPH as well as the PhD programme comprising about 50 students, while also contributing with UCT to the Collaboration for Health Systems Analysis and Innovation (CHESAI).

Doctoral support 2017

As a result, there is a nascent cohort of PhD students who provide peer support to one another and who actively contribute to the life of the School, making it a lively and interactive space, developing critical perspectives and shared insights into contemporary public health concerns.

The SARChI Chairs also directly fund doctoral and post-doctoral research candidates at SOPH. In 2017/8, doctoral research topics that received support included engendering adolescent HIV policy; midwives' perspectives on disrespectful care; implementation of maternal and perinatal death reviews; continuum of care for maternal health; intersectoral collaboration and the First 1000 days initiative; local accountability for maternal-child health; implementation of multi-drug resistant TB policy and systems of supportive supervision for community health workers (CHWs).

Funded post-doctoral research topics included an analysis of authorship and research partnerships on CHWs; a human rights perspective of accountability in maternal health; and a realist evaluation of anti-retroviral adherence clubs.

The South African Research Chair Initiative (SARChI) was established by the Department of Science and Technology (DST) and the National Research Foundation (NRF) as a strategic intervention to increase scientific research capacity through the development of human resources and the generation of new knowledge, empowering top talent to develop particular fields.

Health policy and systems research

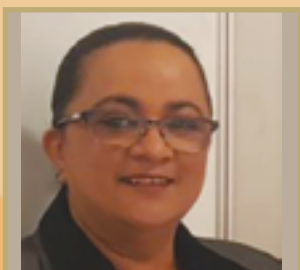
The SARChI Chairs engage and influence health policy and systems research at a global level. Each Chair participates in a WHO Scientific and Technical Advisory Group, thus contributing to two of its three research programmes: the Alliance for Health Policy and Systems, and the Human Reproduction Programme. In addition, Helen Schneider is a core member of WHO's Health Systems Governance Collaborative.

The Chairs also actively participate in Health Systems Global, the first professional association for engaged health policy and systems research and practice – of which Asha George is the chair.

Health systems, complexity and social change

In seeking to develop deeper understandings of, and draw connections between, health systems, complexity and social change, the first SARChI Chair is organised around four mutually reinforcing themes:

1. Gender, intersectionality and other social power relations, as well as the social change methodologies to better understand and transform them.
2. Community health systems and how they are governed and networked across multiple stakeholders and health system levels.
3. Frontline health workers' lived realities and how these influence the negotiated interfaces with quality improvement initiatives, including initiatives that review and respond to maternal deaths.



Asked what she will be doing now that she has a PhD, Hilary Goeiman commented:

'Work on finalising my articles for publication and share my results at conferences, workshops and available opportunities; continue to advocate and highlight the importance of nutrition in public health and particularly the important roles and responsibilities of the nutrition workforce; draw attention to gaps in the system and indicate the need to have dedicated nutrition professionals (nutritionists and dietitians / new nutrition professional) to improve the quality of service at implementation level.

'To further contribute and show leadership by mentoring, guiding, and inspiring the younger generation through their own personal and professional development in work and community spaces. Form new professional networks to share, learn, develop and contribute to the field of public health and nutrition.'

2018 PhD graduate, Hilary Goeiman, South Africa

4. Multi-sectoral policy development and implementation that more holistically addresses how social determinants within health systems influences health outcomes for those most marginalised.

Highlights of this Chair in 2017 and 2018 included the following:

- The publication with the WHO of a Health Policy and Systems Research Reader on Human Resources for Health which was launched in Cape Town, Dublin and Geneva; plus webinars and training materials posted on the WHO website.
- Co-editing a special supplement of Health Policy and Planning on 'Leaving no one behind: The role of gender analysis in strengthening health systems'.
- The publication of a commentary on digital health and gender that was part of a supplement on digital health, equity and health systems strengthening in low- and middle-income countries, launched at the Liverpool Global Health Systems Research Symposium.
- The publication of a synthesis paper on evidence foundations for community health which subsequently served as the basis for a workshop for US non-profits working in international health.
- Curating the theme on multi-sectoral action during the Partnership for Maternal, Newborn and Child Health (PMNCH) Partners Forum in December 2018; also chairing the plenary convening Ministers of Health and other leading global experts.
- Providing support for participatory documentary films made by PhD candidate and UCT colleague Leanne Brady, on the lived experiences of emergency paramedics in the Cape Flats. The films have been screened at community and policy makers events as well as abroad at international conferences and film festivals, engendering conversations changing and challenging existing mindsets about the effects of violence on these health workers.

Health system governance

The overall aim of the Chair in Health System Governance is to develop scholarship in the area of health sector governance with a focus on the South African health system at macro, meso and micro levels. It specifically aims to:

- explore the micro-practices of governance and accountability within local/district health services;
- document and analyse the impact of changing forms of governance in South Africa's health sector at district, provincial and national levels; and
- develop common methodologies and undertake comparative analyses of governance between South Africa and other low- and middle-income countries.

Highlights in 2017 and 2018 included the following:

- the publication of an empirically based multi-level governance framework for national community health worker programmes, contributing to global debates in a topical area;
- the establishment of a new programme of research on district and sub-district level governance for improved health outcomes (see the article on page 24 on '3-feet' evaluation);
- a multi-country analysis of collaborative governance in local health systems; and
- research into multi-sectoral governance (through the tracer of the First 1000 days initiative).

This programme of work was supported by doctoral and post-doctoral students and international collaborations, and was the basis of several presentations and organised sessions at the Global Symposium on Health Systems Research.



SOPH RESEARCHERS RATED BY THE NATIONAL RESEARCH FOUNDATION (NRF)

At the end of 2018, SOPH had seven NRF-rated researchers:

- Emeritus Prof David Sanders and Prof Helen Schneider are B-rated researchers.
- Emeritus Prof Thandi Puoane, Prof Di Cooper and Assoc Prof Zandile Mchiza are C-rated researchers.
- Dr Hanani Tabana and Dr Lucia Knight are Y-rated researchers.

SOPH is also pleased to have a number of NRF-rated researchers amongst its extraordinary staff:

- Prof Lucy Gilson is B-rated.
- Prof Tanya Doherty and Prof Debra Jackson are C-rated researchers.
- Assoc Prof Ehi Igumbhor and Dr Marisa Casale are Y-rated.



District Health System Strengthening and Maternal, Neonatal and Child Health: Evaluation of the '3-feet' initiative in South Africa

District health system strengthening and health programmes have long been core interests of the SOPH. In 2017/18 we evaluated a series of district-based strategies referred to as '3-feet' – so named as they seek to directly engage frontline decision making and service delivery (which are nearby, only '3 feet' away), rather than remaining at the national sphere of '30,000 feet'.

3-feet is an umbrella concept emerging from a national community of MNCH players concerned with South Africa's progress in achieving the Millennium Development Goals.

The 3-feet strategies address the quality and outcomes of maternal, neonatal and child health (MNCH). The two main district-based strategies implemented as part of the the 3-feet initiative have been

- a UNICEF-inspired toolkit of quality improvement (QI) cycles and 'bottleneck analyses' for primary health care (PHC); and
- district and sub-district structures referred to as 'monitoring and response units' (MRUs) working closely with district clinical specialist teams and programme managers.

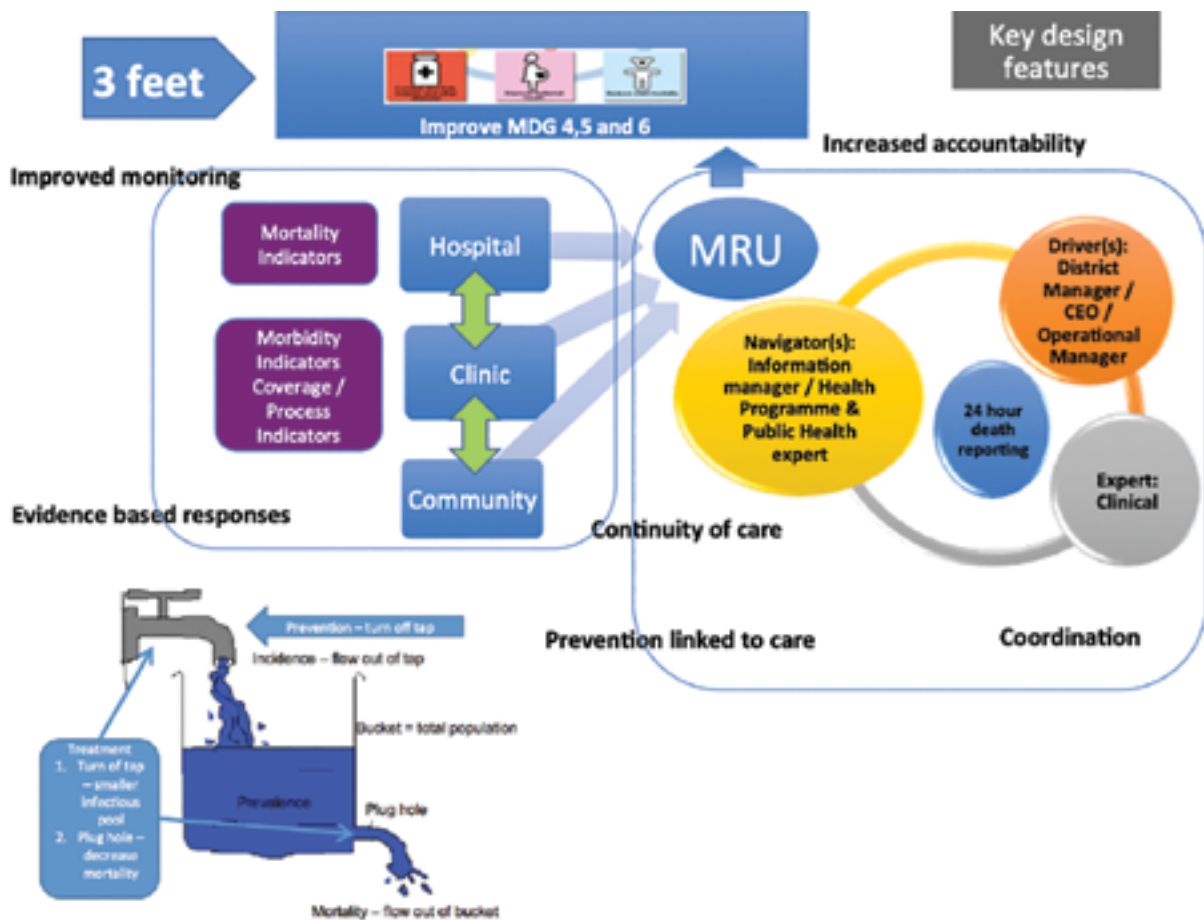


Figure 1: Design of 3-feet model

What we did

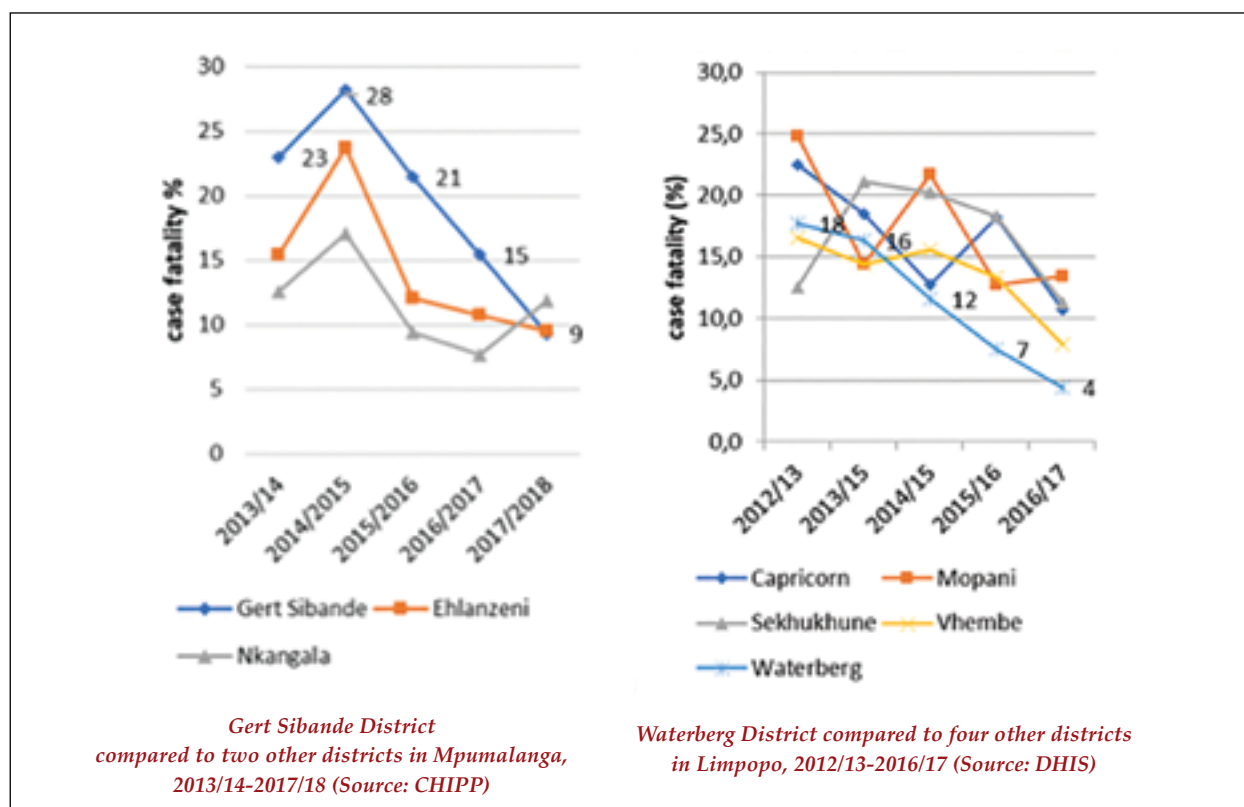
The 3-feet approaches were first implemented (singly or in combination) from 2014 onwards in four South African districts: Gert Sibande (Mpumalanga province), Waterberg (Limpopo province), Nelson Mandela Bay Metro and OR Tambo – both in the Eastern Cape province. Although they were never set up as research projects, promising reports of achievements in three of the four districts prompted a post hoc evaluation which was undertaken in 2017 by a team of researchers – Prof Helen Schneider, Dr Hanani Tabana, Prof Asha George, Fidele Mukinda and Dr Andrew McKenzie – with funding from the SOPH-based Health Services to Systems Unit of the South African Medical Research Council (SAMRC).

The team conducted more than 130 interviews with a wide cross-section of stakeholders from senior to frontline health practitioners/staff, collated large amounts of routine data and observed meetings and

other processes in the four districts. The evaluation concluded that both the QI and the MRU approaches had become well anchored in three of the four districts and their sub-districts, with widespread support for the methods and approaches, even if not implemented equally in all facilities.

Monitoring and response units

Extensive reports of changes in service delivery for MNCH were reported in the two districts implementing the MRU: Waterberg and Gert Sibande. These were made possible by a ‘bundle’ of new organisational practices, which involved new forms of team work (across levels, sectors, professions), better uptake of guidelines, new attitudes to information and greater individual and collective accountability. These service delivery, organisational and mindset changes plausibly accounted for changes in outcomes in the two districts, most noticeable in under-five mortality, as seen in the figure below. (See also the technical report).¹



Figures 2 & 3: Case fatality rates from severe acute malnutrition

1. Schneider H, McKenzie A, Tabana H, Mukinda F, George A. Evaluation of district-based strengthening initiatives for improving the quality and outcomes of maternal, neonatal and child health care in four South African Districts. Cape Town: School of Public Health and SAMRC Health Services to Systems Unit; 2017.

Quality improvement methods

The QI methods introduced in the PHC system were similarly impactful. This was most evident in Nelson Mandela Bay Metro (NMBM) where QI cycles had become fully integrated into routine supervision and review systems – from facility, to cluster, to sub-district and district – functioning as a bottom-up problem identification and planning process.

Similar to the MRU, the QI methods were widely perceived to have changed facility-level practices in the PHC system of NMBM, embedding a new culture of collective responsibility and accountability for reaching targets.



Figure 4: Quality Improvement Cycle in the 3-feet approach

Researching causes for the impacts

In 2018 the team began a new phase of research, seeking to understand in greater depth how and why the 3-feet approaches achieved their impacts. Specifically in Gert Sibande District:

- the SOPH evaluators and key stakeholders at district, provincial and national levels jointly constructed an account of the likely pathways of change in the management of child malnutrition in this district, drawing on the ‘Story of Change’ methodology from the field of nutrition;²
- SOPH PhD student Fidele Mukinda is exploring collective understandings and ecosystems of accountability for MNCH from a governance perspective;³ and
- with the district clinical specialist teams, the SOPH team has begun discussions on a prospective evaluation of further phases of system strengthening, specifically focusing on neonatal services.



Figure 5: Impact of 3-feet

In 2018, we also joined the evaluation team of Mphatlalatsane, a major new partnership led by the national Department of Health which is aiming to comprehensively strengthen local health systems for MNCH across 17 districts, and which has incorporated lessons from 3-feet.

2. Schneider et al. The whole is more than the sum of the parts: Establishing an enabling health system environment for reducing acute child malnutrition in a rural South African district. *Health Policy and planning* (forthcoming).

3. Mukinda et al. The crowded space of local accountability for MNCH: A case study of two districts. Oral presentation, 5th Global Symposium of Health Systems Research, Liverpool, October 2018.

Community Health Workers address Non-Communicable Diseases

Worldwide there has been an increase in the prevalence of non-communicable diseases (NCDs) such as diabetes, hypertension and certain cancers. This is especially in low- and middle-income countries (LMICs), many of which have health care systems geared towards the treatment of infectious diseases – systems which are overstretched and overburdened, with the added pressures of HIV/AIDS. The increase of prevalence in NCDs has further compromised these fragile health systems, thus requiring governments to look at alternative and innovative ways of dealing with the additional burden from these NCDs.

Community health workers

Community health workers (CHWs) have been identified as one way of alleviating the pressure on health human resources. In many countries including South Africa, CHWs work as a link between health facilities and communities, and provide palliative care as well as health promotion activities within communities. More recently the emergence of NCDs has seen CHWs facilitating support groups as well as delivering chronic medication to patients as part of adherence support. In communities where patients with NCDs have been unsuccessful in controlling their conditions or diseases through self-care, CHWs can play a pivotal in assisting them to better help themselves.

Self-management

While self-management is a critical element of NCD treatment, many people in LMICs struggle with this idea, as it requires health literacy as well as self-efficacy and they might lack the confidence and the ability to manage their conditions.

In the past five years, the School has embarked on two research projects that tackle the issue of self-management in the context of diabetes in a low socio-economic setting:

- Sivile Senza: Lifestyle Africa adapts a diabetes prevention programme designed for the developed world for use in developing contexts; and
- SMART2D addresses the pressures on human resources for health by developing services that can be provided by CHWs.

Both studies have utilised CHWs, providing examples of the contribution community-based health workers can make to the management of NCDs as well as the continuity of care.

Sivile Senza

Sivile Senza: Lifestyle Africa is a diabetes prevention programme, funded by the American National Institutes of Health (NIH), that is being adapted for the developing world. It aims to help overweight people change their diets and physical activity levels in order to lose weight and thus significantly reduce their risk for diabetes mellitus and cardiovascular diseases.

Sivile Senza - 'we have heard, now we can do' - involves contextualising the original Diabetes Prevention Programme for an urban setting (Khayelitsha in Cape Town). The original programme has been delivered in numerous countries by professional health personnel such as nurses and dieticians – but in countries such as South Africa where professional health personnel are scarce this had had to be adapted. The use of CHWs to deliver this intervention and to do so through facilitating support groups is thus a novel approach. In addition, this intervention was strengthened through interactive text messaging and by enhancing CHWs' communication skills through simplified motivational interviewing techniques.

This research was undertaken as part of a collaboration with the University of Missouri and Children's Mercy Hospital, USA.

SMART2D

SMART2D - Self-Management Approach and Reciprocal Transfer for Type 2 Diabetes - explores new interventions to address the growing burden of type 2 diabetes in high-, low- and middle-income countries. In this case the interventions were more individual as CHWs followed up clients individually and delivered one-on-one sessions to support them in managing their diabetes.

This study is an EU H2020-funded multi-centre study.

These projects are both described on page 34.



Transitions in the Life Course:

Sexual and reproductive risk and health

Over the life course, people experience a number of key transition points, with related physical, social, economic or demographic changes. There are two primary changes with regards to sexual and reproductive health (SRH) and risk in South Africa which SOPH researchers are currently researching. These are adolescence, and moving into older ages – both of which present unique SRH challenges with associated risks for negative health outcomes.

Adolescence

Adolescence is an important period of cognitive and physical development that usually coincides with sexual maturity and debut. This time of life therefore presents a period of potential risk for South African adolescents, particularly for unwanted pregnancy, sexually transmitted infections and HIV. Adolescent SRH is therefore a major public health concern as it has implications for their future health and wellbeing.

Gender socialisation – learning and internalising beliefs, attitudes and behaviours – is a central predictor of adolescent SRH as it shapes their understanding of themselves and relationships. In early adolescence (11-14 years), most young people assume socially defined gender roles which inform pathways to either safe or risky sexual behaviour, with associated positive or negative SRH outcomes. While evidence shows that gender norms influence SRH choices, how early adolescents acquire these norms and adopt behaviours is not well understood. Improving our understanding of this process would inform efforts towards enabling girls and boys to make healthy choices about their future SRH trajectories.

What we are doing

Prof Diane Cooper, in partnership with the University of Ghent, Belgium, is leading a project to better understand how gender norms and socialisation impact on high risk behaviour and sexual risk taking during adolescence and, possibly, later into life. The aim is to contribute to adolescent SRH research in South Africa particularly, as well as globally, providing policy and intervention recommendations. This work links to a Johns Hopkins University/WHO-led Global Early Adolescence Study (GEAS), the first worldwide research to focus on early adolescence gender norms and SRH.

To complete this work we are currently collecting survey data from about 1,500 school-going young people between 12 and 14 years of age in the Western

Cape. The analysis of this data will explore associations between early adolescent gender socialisation and sexual behaviours and SRH outcomes, with a view to better understanding the impacts of gender norms and socialisation on high risk behaviour and sexual risk taking. Initial results for this study will be released in early 2020.

See page 43 for more information on this project.

Older people

South Africans are living longer. The population aged 50-plus – defined within our context as older people – is projected to triple by 2050. This produces a key policy concern given their vulnerability to experiencing poor health and social outcomes, their risk of developing non-communicable diseases (NCDs), and their possible difficulty in accessing services and support. The number of people living with HIV (PLWH) at older ages is increasing, due to the availability of antiretroviral treatment (ART) as well as due to new infections.

Older people experience a number of transitions as they age. These can include transitions out of antenatal care and routine testing for HIV; reducing or retiring from paid work; changing sexual and marital relationships (e.g. widowhood); increased economic vulnerability; deteriorating health profiles; and increasing NCD prevalence. Despite being perceived as being at low risk for HIV, and seldom considered as a high risk group, evidence suggests that sexual activity and risky behaviour continue into older ages, particularly during life course changes that come with aging. Also, biological aging resulting in frailty and immunosenescence may heighten vulnerability to HIV. In short, older age presents intertwined transitions in health and risk for both HIV and NCDs.

What we are doing

We conducted a qualitative study in and near Khayelitsha, Cape Town, with people who are 50-plus and are living with HIV, as well as with local health care providers. The study found that older PLWHs had tested late for HIV, that women in particular were shocked when learning they were HIV-positive, implying they had not seen themselves to be 'at risk'. The qualitative interviews revealed that HIV testing was a pivotal moment in the older person's recent history – and that as health care providers do not view older people as 'at risk', they do not regularly refer them for HIV testing without advanced symptoms.

In terms of access to care and ART adherence, the findings were that these older people had a range of experiences. Both testing and treatment for HIV and NCDs were siloed, however, producing barriers to integrated holistic care which has possible implications for ART adherence.

Food security among older people was found to be important and requires further exploration – including clarifying the nutritional guidelines that older PLWH receive from providers to ensure this does not result in

reduced adherence or retention in care. The findings also underscored the important role that social welfare plays in ensuring food security of older PLWH.

It is critical to understand how the social contexts and life course affects older adults with respect to HIV testing and relationships to NCDs, as failure to recognise HIV risk in later life has the potential to limit testing access and delay HIV care.

See page 43 for more information on this project.



Researching Obesogenic Food Environments in South Africa and Ghana

Obesity is a public health issue which has reached epidemic proportions both globally and in South Africa. It is linked to such non-communicable diseases as heart disease and diabetes, and is amongst the top causes of premature death. Recent data show that 68% of women in South Africa are overweight or obese, with somewhat lower levels in men, suggesting important gender dimensions to this problem.

Causes of obesity

Obesity is typically attributed to poor dietary choices and inadequate physical activity, leading to many suggested behaviour change strategies. Such approaches place the blame on victims, however, suggesting that ignorance, gluttony and laziness underlie this condition.

Research indicates that a dietary transition is associated with urbanisation and rising incomes, however – and these are, in turn, underpinned by more fundamental social and economic transformations, including the contraction of the agricultural job market with the advent of mechanisation; global trade liberalisation and rapid growth of impoverished urban populations. In addition, there is the expansion of supermarkets and fast food chains even into impoverished rural areas, making cheap, ultra-processed foods increasingly available. These include industrial mass products high in refined carbohydrates, oils, salt, and various additives. Ultra-processed foods are particularly implicated in the obesity problem worldwide.



The focus of this research

To better understand the nature of food environments and its links to the dietary transition, an interdisciplinary team of researchers is undertaking a research project in three phases. The first phase traces the links between individual (plates) and household (baskets) food sourcing and consumption and neighbourhood-scale food environments (shelves and streets). Phase two looks at the configuration and logic of upstream food value chains; while the broader regulatory and policy environment will be reviewed in phase three.

The project is led by UWC professors David Sanders of the SOPH and Rina Swart of Dietetics and Nutrition, in partnership with the Kwame-Nkrumah University of Science and Technology (KNUST) in Kumasi, Ghana, led by Dr Reginald Annan. It is co-ordinated by Florian Kroll, is linked to UWC's DST-NRF Centre of Excellence in Food Security and is funded by the International Development Research Centre (IDRC), Canada.

Phase one

Phase one entailed detailed household and dietary intake surveys in 1,284 households in four research sites - Khayelitsha and Mt Frere in South Africa and Ahodwo and Ejuratia-Ankaanse in Ghana.

The findings suggest that the South African survey population experiences higher levels of poverty than the Ghanaian respondents, both in terms of income and multiple deprivations measured by the Lived Poverty Index. Although hunger was experienced by less than one in five respondent households, food consumption profiles, especially in South Africa, revealed diets likely to promote obesity, with excessive consumption of ultra-processed foods (like industrial bread, processed meat, sugar-sweetened beverages and confectionery) alongside a heavy reliance on carbohydrate staples (e.g. maize meal porridge, rice and potatoes). In South Africa chicken was by far the most commonly consumed animal protein.

A synoptic obesity risk index was modelled using a consumption threshold based on known dietary risk and minimum intakes needed for beneficial health effects. Consumption of ultra-processed and obesogenic foods among South African respondents was significantly higher than in the Ghanaian survey population. Consumption of protective foods like fruit, vegetables, legumes and wholegrain staples was generally inadequate.



South African households sourced most of their ultra-processed food, and a large proportion of fruit and vegetables, from supermarkets and local spaza shops while roadside stalls were key in facilitating access to fresh fruit and vegetables. In Ghana, formal retailers played a less prominent role, with a greater role being played by informal shops and roadside stalls.

Despite similar spatial densities of food outlets, and similar availability of protective foods, the Khayelitsha food environment made obesogenic foods significantly more available and accessible than Ahodwo, the Ghanaian urban site. Although supermarkets dominated as primary sources of food in South Africa, informal outlets such as stalls and small shops predominated numerically.

Phase two

The second phase was co-led by David Neves of PLAAS (the Programme for Land and Agrarian Studies, UWC) and Dr Robert Aidoo of KNUST. They traced key foods identified in phase one – namely fresh vegetables, chicken, sugar-sweetened beverages and confectionery - up the value chains and found the following:

- Fresh produce is governed mainly by the perishability of products and fluctuations in seasonal availability, with complex regional value chains.
- Most of the ultra-processed and packaged goods with long shelf lives have regional or global value chains. The impact on nutrition or obesity is not a key consideration for retailers.

- A particular focus on chicken revealed several different value chains providing to poor consumers in Mt Frere and Khayelitsha.

Phase three

Phase three, currently underway, involves reviewing the regulatory and policy environment shaping food systems and food environments. Interviews, currently being analysed, have been conducted with state officials in various spheres of government in both countries.

This phase, co-led by Dr Reginald Annan and by Dr Anne Marie Thow of the University of Sydney, Australia, also involves a policy dialogue process (in partnership with the Southern Africa Food Lab) with representatives from various spheres of government, researchers, and activists. This dialogue entailed discussion of preliminary findings and an immersive learning journey tracing key food system nodes. Further policy engagement processes are planned for 2019.

Preliminary findings

Preliminary findings have been shared at several fora. In addition, aspects of the policy engagement process were published in a short video <https://www.youtube.com/watch?v=mn89HNQcyhE>

The researchers will soon engage with representatives of the communities surveyed using qualitative and participatory visual methodologies to explore the subjective, gendered meanings informing food consumption, purchasing, and provision.

SOPH's Presence at



In October 2018 the Fifth Global Symposium on Health Systems Research was hosted in Liverpool, UK, by Health Systems Global. Once again it brought together a variety of players – 2,247 health systems researchers, clinicians, policy makers, educators, administrators and advocates from over 125 countries – to discuss key issues in the field of health policy and systems research (HPSR).

Significantly, the conference theme 'Advancing health systems for all in the SDG (Sustainable Development Goals) era' drew on the Alma Ata vision and declaration – forty years after its drafting in 1978 – creating renewed energy amongst global players to address inequalities as a means to achieve universal health coverage and the SDGs.

Staff and students at the School of Public Health (SOPH) were involved in presenting one plenary and three oral sessions and one poster presentation. SOPH colleagues also conceptualised and led three skills-building and four organised sessions collaboratively, illustrating the range of partnerships the SOPH has with various institutions.

Two skills-building sessions were held prior to the main conference. The first was a session convened by CHESAI (Collaboration for Health Systems Analysis and Innovation), a collaboration of health policy and systems researchers based in the Western Cape province. The session focused on capacities required for HPSR including navigating ethical dilemmas and reflexivity, based on shared field experiences from Kenya and South Africa. This session was run collaboratively with South African provincial and local health policy makers, colleagues from the University of Cape Town and from KEMRI-Wellcome Trust in Kenya.

The second skills-building session was organised by the U2U collaboration, a partnership between SOPH and Umeå University (Sweden), to promote research and capacity building in HPSR, specifically focusing on community health systems. Prof Helen Schneider and Dr Fidele Mukinda contributed to organising this session which showcased four approaches to the application of case study research in various settings. This was followed by a very lively discussion on the various applications of the case study approach.

During the main conference, the U2U collaboration led by Prof Helen Schneider also convened an organised session aimed at exploring the experiences of collaborative governance based on community-based health systems. The session drew on the following experiences: the Whole of Society approach presented by Dr Keith Cloete, the chief of operations in the Western Cape Department of Health; the integration of community health assistants in Zambia; the Virtual Health Rooms experience in Sweden; and a primary care epilepsy project in India. Cases from these four settings were explored to determine the range of factors that support or hinder various innovations of community-based health systems using collaborative governance literature. In another session, Nikki Schaay and colleagues participated in a panel session which discussed how community health actors in diverse contexts negotiate between government and community needs, values and relationships, given their dual identities.

It was a great achievement to have SOPH researcher Dr Ferdinand Mukumbang being selected as a participant in the 2018 Emerging Voices for Global Health whose purpose is to facilitate and mentor emerging HPSR researchers into becoming agents of positive change within their local settings. Emerging Voices is held prior to the symposium and provides multi-partner training through distance and face-to-face sessions.

In addition, the Health Policy Analysis Fellowship programme of the Alliance for Health Policy and Systems Research, which provides mentoring and support to early PhD students, hosted two sessions in which Fellows, mentors and supervisors participated. SOPH's Ida Okeyo participated as a Fellow, along with Woldekidan Amde. The sessions focused on addressing the politics of policy change and exploring ways to strengthen the analysis of policy change through southern-led networking.

After a week of engaging in various discussions and debates on HPSR, the closing conference statement offered by the chair of the Health Systems Global board, SOPH's Asha George, highlighted the need to create cross linkages or bridges and to focus on power and privilege as we consider ways of achieving adequate health for all in the SDG era.



Projects

This is a listing of projects undertaken in 2017 and 2018 – many of which have resulted in substantial publications listed at the end of 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 noted here, however.

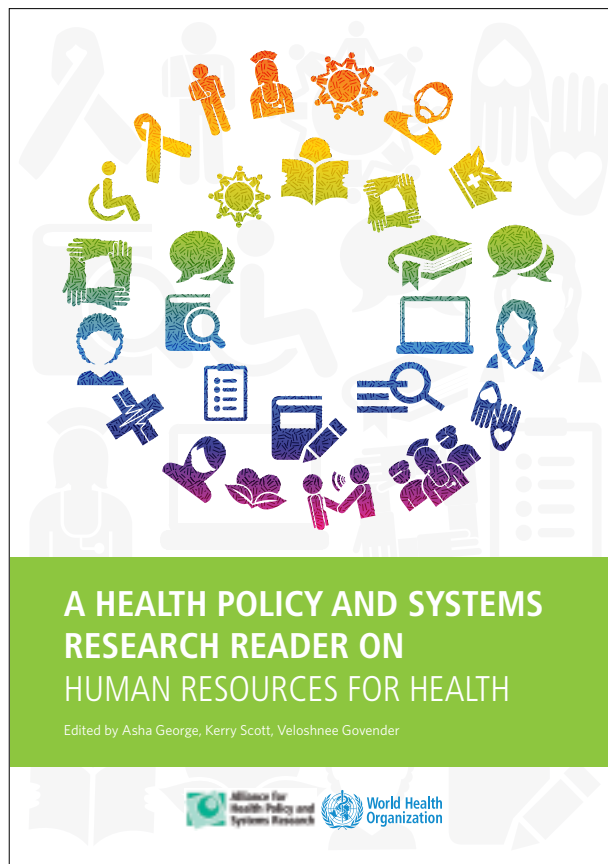
Developing a reader on Human Resources for Health

Asha George, Uta Lehmann

SOPH was commissioned by the World Health Organization (WHO) to produce a reader on Human Resources for Health (HRH) in partnership with colleagues at WHO, Johns Hopkins University (USA), University of Science and Technology (Jordan), Universidad Peruana Cayetano Heredia (Peru) and an international advisory group.

The reader was published in full and abridged versions. It highlights innovative research, and provides guidance on health policy and systems research approaches and methodologies for research on HRH. It is a resource for teaching and capacity development of researchers and practitioners alike.

The reader was launched at the 2017 Global Forum for Human Resources for Health in Dublin, Ireland. It is available from the WHO's Institutional Repository for Information Sharing (iris) site at: <http://www.who.int/iris/handle/10665/259460>.



Strengthening capacity for research, education, policy support, advocacy and networking of the partners in the field of human and animal health

Helen Schneider, Woldekidan Amde, Asha George, Uta Lehmann, Hazel Bradley, Lucy Gilson

In 2017 the School renewed its partnerships with the Institute of Tropical Medicine (ITM), Antwerp, and the University of Pretoria – and invited the University of Cape Town to join. The partnership secured a new five-year grant from the Belgian Development Co-operation to strengthen the partners' capacity for research, education, policy support, advocacy and networking.

SOPH's key focus, with ITM, has been on strengthening south-based knowledge generation based on 'embedded country' health policy and systems research (HPSR) and education. The project involves a focus on three synergistic strategies, namely

- doctoral and post-doctoral level training and curriculum development;
- south-south networking; and
- collaborative HPSR and supervision.

In 2017 and 2018 we have consolidated our systematic support for pre-doctoral and doctoral candidates, providing for a range of flexible modalities of support to enhance student and supervisor capacity and experience through the various phases of the PhD. We have also been able to deepen the collaboration (teaching, research, supervision) between ITM and UWC in a few critical areas: health system governance, pharmaceutical public health, and treatment approaches to adolescent HIV.

In addition we have collaborated with ITM in the development and facilitation of a new short course and on-line module in Pharmaceutical Public Health and Management, this being the third module in the Pharmaceutical Public Health area of specialisation at SOPH.

Monitoring and evaluating the human resources for health – challenges and requirements for an information system

Verona Mathews

There is a dearth of reliable and up-to-date information on monitoring and evaluating human resources for health (HRH) in low- and middle-income countries, especially in South Africa. This study is identifying the challenges, and is assessing the types of evidence produced, in monitoring and evaluating HRH with a view to providing a baseline for the development of a monitoring and evaluation framework for the country's national health system.

This project has been supported by UWC Senate Research Funding.

Scholarly Health Informatics Learning

Verona Mathews

The Millennium Development Goals, and now the Sustainable Development Goals – as well as the WHO's efforts to promote measurement of country-level health indicators – has underscored the need for students of public health, information systems and information technology to be able to manage and interpret large data sets.

The main goal of this project is to increase the quality and relevance of education in health information systems at the universities of Oslo and the Western Cape, and at Nelson Mandela Metropolitan University. This is being done through developing joint educational material on global health information systems, supporting student mobility and fostering collaboration between academic institutions. The project is supported through a four-year grant from the Norwegian Centre for International Co-operation in Education (SIU), and is being undertaken in collaboration with the Norwegian Institute of Public Health and the Health Information Systems Program, South Africa (HISP-SA).

Support to the implementation of the East African Community Regional Centre of Excellence for Vaccines, Immunisation and Health Supply Management

Hazel Bradley, Jenny Birkett

Between 2016 and 2018 SOPH provided expertise in the development of a new Master Programme in Health Supply Chain Management which was being developed by the University of Rwanda as part of the East Africa Community's Regional Centre of Excellence. SOPH led the process of collaborative course development of the first eight modules, while colleagues from the University of Rwanda provided the technical support on blended materials development, including face-to-face and on-line materials and assessments. We used a participatory process to ensure that local capacity was developed and sustainability beyond SOPH's engagement was secured.

The project was managed by Health Research for Action, Belgium, and financially supported by the German Development Bank (KfW).

Systematic review of patterns of authorship on community health workers in low- and middle-income countries

Helen Schneider, Nelisiwe Maleka

Studies of authorship provide a barometer of local research capacity and ownership of research, considered key to defining appropriate research priorities, developing contextualised responses to health problems and ensuring that research informs policy and practice.

This systematic review (and resulting articles) analysed the patterns of research authorship of the now substantial literature on community health workers in low- and middle-income countries for the five-year period 2012–2016.

Sivile Senza: Adapting the Diabetes Prevention Programme for a developing world context

Thandi Puoane, Lungiswa Tsolekile, Mariam Hassen, Asiphe Ketelo, Kenneth Mulalo, Cynthia Paka, Rivalani Derrick Chauke, Smart Mabweazara, Hanani Tabana

The overall purpose of this project is to adapt the Diabetes Prevention Programme (DPP) – a lifestyle modification intervention used in many countries including the United States – for delivery in a developing world setting and to evaluate its feasibility and effectiveness in an urban community in South Africa.

In 2017 we worked collaboratively with our research partners – the Children's Mercy Hospital (USA), the University of Cape Town and South African Christian Leadership Association Health Project (SACLA) – to adapt the materials for local use. A significant adaptation was to change the mode of programme delivery to support groups, known as health clubs, run by community health workers.

Sivile Senza – meaning 'We have heard, now we can do' – was officially launched in 2018, the third year of the project. We began a randomised trial with about 60 existing health clubs, doing baseline measurements and starting the intervention. In early 2019 data from the first group of clubs will be collected, along with baseline data for the control group of clubs, to assess the effect of the intervention.

The project is funded by the National Institutes of Health through the Children's Mercy Hospital. (See related article on page 27.)

A people-centred approach through self-management and reciprocal learning for the prevention and management of type 2 diabetes (SMART2D)

Thandi Puoane, David Sanders, Peter Delobelle, Lungiswa Tsolekile, Mark Spires, Mariam Hassen, Kulukwa Ndayi, Tshilidzi Manuga, Boniswa Mphithi, Khumbula Ndibaza, Kholiswa Mphithi, Sandile Luke, Sunday Onagbiye

Launched in 2015, SMART2D explores new interventions to address the growing burden of type 2 diabetes in high-, middle- and low-income countries. Based on reports from the formative research (led by SOPH), an intervention design has been implemented. During 2017 and 2018, 584 study participants were enrolled, of whom half were recruited for the intervention arm and half for the control arm. Study participants in the intervention arm were assigned to community health workers for individual follow-up and attended structured peer-led support groups as part of the intervention. Participants in the control group received usual care. A process evaluation is underway and the end-line evaluation will be completed in 2019.

Key outputs thus far include two site-specific (South African) articles based on formative research and three consortium-based articles published in major international peer-reviewed journals; several oral / poster presentations at local and international conferences; and one PhD graduation (Mark Spires) who now works at the City University of London.

SMART2D is an EU H2020-funded multi-centre study. The South African research has been supported through close collaboration with the Caring Network and the Chronic Diseases Initiative for Africa (CDIA) at the University of Cape Town. (See related article on page 27.)

Improving maternal and child health (MCH) through the use of cell phone-based technologies integrated into MCH services: Developing and aligning mechanisms and structures for the management of health information systems

Helen Schneider, Peter Delobelle

In 2017 SOPH and Stellenbosch University completed 18 months of national monitoring and evaluation of the national Department of Health's MomConnect initiative which aims to improve maternal and child health using cell phone technology integrated into maternal and child health services.

- A technical report detailing process and outcome measures was prepared and submitted to the Department of Health.
- Several articles have been prepared for publication in peer-reviewed international journals, including *BMJ Global Health*.

Barriers to exclusive breastfeeding in women

Di Cooper, Hanani Tabana

The aim of this research is to describe and explore a range of factors – individual, interpersonal, community, social and health care, and health systems – that shape South African women's lived experience and their capacity to exclusively breastfeed. Interviews are being conducted with women in two urban sites to identify barriers to effective exclusive breastfeeding with a view to identifying potential solutions and improved implementation of infant feeding policies and programmes.

SAMRC/UWC HEALTH SERVICES TO SYSTEM UNIT

The Health Services to Systems Unit (HSSU) is an extra-mural unit of the South African Medical Research Council (SAMRC) based at our School of Public Health. It is led by Helen Schneider who was appointed as its Director in 2015, alongside her UWC appointment.

HSSU's work focuses on the functioning of frontline health systems, from community-based to primary health (PHC) and district health systems. While together they form the most decentralised building blocks of South Africa's public health system, these systems are also regaining attention globally as they are increasingly understood to be central to the achievement of the Sustainable Development Goals.

The Unit has documented emergent forms of delivery (particular in community health systems), evaluated various policy initiatives to strengthen and regulate local health systems, and developed methodologies for assessing access and equity at district level. Cross-cutting themes in this research have been health system change and the 'black box' of policy implementation; the mechanisms of governance of local health systems; and the interactions between the 'hard core' of technical interventions and the 'soft periphery' of implementation.

The research of the HSSU is conducted in close collaboration with health system decision makers in South Africa, from district to provincial and national, and addresses issues of national priority. In 2017 and 2018, the Unit completed a number of research projects, including the following:

- **WBOT case study:** SOPH undertook a case study on the Ward-Based PHC Outreach Team model (WBOT) in the Nelson Mandela District Municipality in the Eastern Cape. This was part of a larger study commissioned by the national Department of Health to explore the potential benefits to the health sector (and to the economy at large) of a well-functioning and well-supported community health worker platform.
- **Evaluation of a district intervention to improve the quality and outcomes of maternal, newborn, and child health. What works, why and how?** This research entailed evaluating the impacts of a national Department of Health initiative to address high maternal, neonatal and child mortality through a health system strengthening approach in four South African districts (referred to as the '3 feet' model and reported on page 24). Through a relatively resource-light, but strategic, process of strengthening governance and accountability within the sites, the evaluation documented significant declines in mortality in these districts. The findings of evaluation were presented to the Technical Committee of the National Health Council in 2018, and the lessons learnt and implications of this system-level intervention have impacted on the revised processes of district planning. This project received additional financial support from UNICEF South Africa.



This collaborative research is conducted in Johannesburg by the universities of Witwatersrand and Massachusetts. SOPH is responsible for the Cape Town study, with financial support through the DST/NRF Centre of Excellence in Food Security.

Mainstreaming a health systems approach to the delivery of maternal health services: Transdisciplinary research in South Africa and Rwanda

Christina Zarowsky, David Sanders, Thuba Mathole, Martina Lembani

This four-year project sought to generate knowledge on how health systems strengthening can improve maternal health, and to identify which health system supply and demand initiatives have the largest impact in low- and middle-income countries (LMICs).

Using a combination of methods – systematic and realist reviews, secondary data analysis and primary data collection and analysis – the project identified and tested the key components of health systems currently prioritised by countries in their efforts to improve maternal health. The objectives were:

- to determine which health system supply and demand initiatives can impact on maternal health in LMICs;
- to define how system changes and patient demand initiatives can impact on maternal health in Rwanda and South Africa; and
- to demonstrate that maternal health programmes can be improved through adoption of a health systems approach.

Undertaken by a consortium in South Africa, Rwanda, Kenya and the Netherlands, SOPH was responsible for developing a realist review study protocol and also led on the action research in the Eastern Cape province.

The project was completed in 2018, having been supported by a grant from the Netherlands Organization for Scientific Research/Science for Global Development (NOW/WOTRO) through the University of the Witwatersrand.

Countdown to 2030

Asha George, Tanya Jacobs, Amnesty LeFevre, Mary Kinney

The main aims of the ‘Countdown to 2030’ programme are to improve the monitoring and measurement of women’s, children’s and adolescents’ health with a focus on intervention coverage and inequality.

SOPH holds a sub-grant from UNICEF USA which supports the work of the Drivers Technical Working Group (Drivers TWG) for the Countdown to 2030 programme – which brings together experts in health systems, policy, and financial analyses, as well as researchers and policy makers to examine key contextual factors affecting equitable and effective coverage of reproductive, maternal, newborn, child and adolescent health and nutrition interventions. In the past two years the TWG has been exploring the drivers related to:

- scaling up digital health tools used at the micro-level of health systems;
- frontline health worker interfaces;
- sustaining quality improvement at meso-level of health systems;
- steering adolescent health at macro-level of health systems; and
- steering gender mainstreaming at macro-level of health systems.

As with all Countdown TWGs, the Drivers TWG is led by two co-chairs: one from an academic institution responsible for driving the analytical work, and one from a multi-lateral agency to increase greater uptake of the findings and to ensure relevance to country governments. The academic co-chair is SOPH’s Prof Asha George, while the multi-lateral co-chair is Dr Mickey Chopra of the World Bank (former co-chair of Countdown to 2015).

Whole System Change in South Africa: Understanding the experience of health system transformation in the Western Cape province

Helen Schneider, Lucy Gilson

This collaborative project – with the provincial Department of Health, the Health Services to Systems Unit of the SA Medical Research Council, Health Systems Trust, and the universities of Stellenbosch and Cape Town – documented the development of the Western Cape’s health system since 1994, identifying the factors that account for its status as a relative ‘pocket of effectiveness’ in South Africa’s health system.

On the basis of this historical analysis (which includes comparisons with other provinces), a framework for prospective monitoring of ‘whole system change’ has been developed jointly with provincial stakeholders. This will focus on the contexts, mechanisms and processes through which initiatives which aim to improve the access, quality and equity of health services become integrated into the everyday practices of the routine institutional environment (‘real-world’ settings); as well as how they achieve sustainable coverage and impacts at scale.

The project was co-funded by the UK Medical Research Council.

Punching Above their Weight: Building capacity for research on why some countries have better life expectancies than predicted by national income

David Sanders, Nikki Schaay

The Punching Above their Weight (PAW) Network brings together academics, public servants, policy makers and civil society activists from 14 countries. Established in 2017 in Bellagio, Italy, the Network’s overall aim is to design and undertake research to increase the understanding of why some countries are able to ‘punch above their weight’ in terms of producing good health outcomes relative to other countries with similar levels of economic development. The Network

has developed a series of research questions related to the complex interplay of political factors, governance regimes, civil society action, and specific policies that are thought to potentially contribute to the ability of a country to 'punch above its weight'.

The PAW Network is chaired by Prof David Sanders of SOPH, Prof Fran Baum of Flinders University, Australia and Prof Jennie Popay of Lancaster University, UK. Network activities have been supported through a Global Challenges Research Fund Networking Grant, part of the UK's Official Development Assistance (ODA).

A case study of South Africa's primary health care system

Helen Schneider, Nikki Schaay, Vera Scott, David Sanders

Health systems around the globe still fall short of providing accessible, good quality, comprehensive and integrated care. As the global health community is mobilising for ambitious goals of universal health coverage and health equity in the post-2015 development era, there is increasing interest in frontline health care delivery systems, including access to and utilisation of primary care in low- and middle-income countries (LMICs).

In order to plan and support complex health systems interventions, a wide array of stakeholders needs a better understanding of primary care schemes. In addition, there is a need to draw cross-cutting lessons across different settings and systems, to inform the organisation of primary care schemes in LMICs.

To bridge the knowledge gap on frontline health care delivery systems, the Alliance for Health Policy and Systems Research commissioned a series of 20 country case studies of primary care systems in LMICs – one of which was on South Africa and was completed in 2018 by SOPH in collaboration with Health Partners International.

The project was funded by the Bill and Melinda Gates Foundation through the Alliance for Health Policy and Systems Research. All case studies are available on their website at: <https://www.who.int/alliance-hpsr/projects/primasys/en/>.

Health policy and systems research: Strengthening community-based health systems

Helen Schneider, Nelisiwe Maleka

This three-year project seeks to enhance research capacity and competence for designing and conducting health policy and systems research with a focus on community-based health systems. The aim is to understand how, for whom and under what circumstances innovations in community-based delivery achieve gains in access to health care and strengthen health systems.

In 2017 a collaborative workshop on key themes, as well as a public seminar on 'International Perspectives

on the Role of Embedded Research in Health Systems', were hosted, with inputs from South Africa, Guatemala, Zambia, India and Sweden. This led to a number of submissions which were included in the Fifth Global Symposium on Health Systems Research in 2018.

A key objective of the project is to develop a platform to exchange learnings – for doctoral students, post-doctoral and senior researchers from participating institutions in South Africa and Sweden, as well as for their networks.

This U2U collaboration with Umeå University (Sweden) is funded by the Swedish Foundation for International Co-operation in Research and Higher Education (STINT) and the South African National Research Foundation.

Strengthening health system responsiveness to citizen feedback about health services in South Africa and Kenya

Nikki Schaay, Helen Schneider, Lucy Gilson

While responsiveness to citizen rights, needs, expectations and values is understood to be an essential quality of health systems, there is a limited understanding of the architecture, implementation and effectiveness of feedback and response mechanisms in health system settings in low- and middle-income countries. This embedded health policy and systems research study undertaken in South Africa and Kenya seeks to answer two questions:

- What policies and mechanisms (formal and informal) work for receiving and responding to citizen feedback on health systems?
- How can health systems responsiveness be strengthened towards the development of learning, equitable health systems?

Starting in 2018, this three-year project involves policy mapping and in-depth, multiple case studies of feedback mechanisms in each country, with an explicit strategy for cross-country analysis and embedding the research in policy processes to inform future improvements.

The project is a partnership between SOPH, Kenya Medical Research Institute (KEMRI) and the universities of Oxford and Cape Town (which also plays the co-ordinator role); an advisory role is undertaken by the Public Health Foundation of India. It is supported by the UK Medical Research Council's Joint Health Systems Research Initiative.

Prospective Urban and Rural Epidemiology (PURE) study: A prospective cohort study to track changing lifestyles, risk factors and chronic disease

Rina Swart, Thandi Puoane, David Sanders, Lungiswa Tsolekile, Kululwa Ndayi, Mark Spires

SOPH continues to be a research partner in this international project which aims to track the changing

lifestyles, risk factors and chronic disease among 225,000 people over 15 years (from 2009-2024) across 25 high- to low-income countries from every major region of the world. In so doing, the Prospective Urban and Rural Epidemiological (PURE) study intends to identify the factors that drive the development of risk for chronic non-communicable diseases, with a view to reducing their prevalence in the entire population. Households are visited every year to determine any life changes that may have occurred over the past year; medical measurements collected at baseline are repeated every three years. In 2017 and 2018 the team undertook the Year 6 follow-up, including documenting annual life events. In addition, two other nested studies were undertaken, namely the food environment study, and the costs of chronic diseases study, both of which are described below.

The Cape Town and Eastern Cape research is led by SOPH, collaborating with researchers from the South African Medical Research Council, Human Sciences Research Council and the University of Cape Town. This research is funded by Hamilton Health Sciences, Canada.

PURE: The influence of the food environment on nutrition-related chronic diseases (diabetes, hypertension)

Thandi Puoane, Lungiswa Tsolekile, Kululwa Ndayi, Kenneth Muhali, David Sanders

This project investigated the factors that influence food choices in social, physical and macro environments, and examined their associations with nutrition-related health problems in urban and rural settings in South Africa. It included an assessment of the prevalence of malnutrition among the PURE study population as well as their dietary practices and health outcomes; it also assessed the potential of having community health workers (CHWs) address dietary habits in contexts that may not support healthy choices.

Completed in 2017, this community-based multi-level research was undertaken at individual, household and community levels. The following findings have informed various research and policy discussions:

- There is both undernutrition and obesity among children. Factors associated with malnutrition included low family socio-economic and education levels; lack of food; sub-optimal food intake because of lower breastfeeding rates or early cessation of breastfeeding; poor environmental and hygiene conditions leading to infections; HIV/AIDS and TB.
- Price seems to be the most mentioned factor for purchasing at preferred stores.
- Gender and socio-economic factors present significant risk factors relating to cardiovascular disease (CVD), highlighting the need to consider these when designing CVD interventions. Participants' readiness to lose

weight was negatively influenced by subjective norms; the belief that being overweight is 'normal' and not a disease; and inaccessibility to physical activity facilities.

- CHWs are perceived to play an essential role in providing nutrition information.

This project was undertaken in partnership with the University of Cape Town's Chronic Diseases Initiative for Africa (CDIA) and was supported by the National Research Foundation and the DST/NRF Centre of Excellence in Food Security at UWC.

PURE project: Cost of chronic diseases: Measuring the impact of CVD costs on equity and impoverishment

Lungiswa Tsolekile, Derrick Chauke, Kululwa Ndayi

This project aims to adapt, develop and implement a standardised methodology to capture health care costs for households of patient with cardiovascular disease (CVD) – and to assess the impact these costs have on health care utilisation and risk of impoverishment. It builds specifically on the initial findings from PURE which showed the large gap in treatment for common CVDs in low- and middle-income countries (LMICs).

The study seeks to answer two questions:

- How do costs associated with health care for CVD affect the care-seeking decisions of households in LMIC?
- Among those who do seek care, do health care costs increase short- and long-term risk of impoverishment?

Using a mixed methods approach, the study concentrated on five conditions which comprise a large share of the total burden of disability related to non-communicable diseases, namely hypertension, hypercholesterolaemia, angina, heart failure and secondary prevention following myocardial infarction (heart attack). Detection, treatment and long-term management of these conditions is essential to avoiding more costly, and often life-threatening, acute CVD events, including heart attack and stroke.

Initiated in 2017 the project will be completed in 2019. It is being undertaken in collaboration with the London School of Hygiene and Tropical Medicine with funding support from Wellcome Trust.

Street food vending model

Zandile Mchiza, Mariam Hassen, Uta Lehmann, Thandi Puoane

The main aim of this ongoing multi-year project is to implement the newly developed, sustainable street food vending business model (SFVBM) for selling healthy and safe foods in the streets of Cape Town and surrounding areas – while enabling street food vendors to make a decent living and consumers to make healthy food choices. The secondary aim is to investigate the metabolic profile, blood pressure, body size and behaviours of taxi drivers who operate at selected locations around Cape Town, who also consume

street foods daily. Other aims are to explore a number of issues including the types and nutritional value of street foods, the regulatory environment governing street food vending, and the knowledge and intentions of consumers to purchase healthy street food.

Initial findings have been integrated within a socio-ecological framework to develop the four components of the SFVBM: a business component, food and nutrition component, hygiene component, and a mobile street food vending cart. This model has been piloted, evaluated, adapted and is now ready for implementation in all South African provinces to test its effectiveness.

This project is being undertaken in partnership with the South African Medical Research Council, the Cape Peninsula University of Technology (CPUT) and the University of Cape Town, and has been supported financially by the National Research Foundation.

FoodEPI: Benchmarking the South African food policy environment

David Sanders, Rina Swart, Mark Spires

The primary aim of this study was to implement an approach known as 'FoodEPI' in South Africa. FoodEPI is a very detailed and thorough tool used to assess and monitor policies to address obesity and its causes. It is designed to monitor and benchmark public sector policies and actions which impact food environments by assessing these against achievable, well-defined standards of good practice or benchmarks. A scoring system was employed to develop an overall policy index. The project has provided South Africa with valuable data towards improved policies and implementation, as well as additional insights into the relative importance placed on these issues by government, academia and civil society organisations.

Completed in 2017, it received valuable technical support from the International Network for Food and Obesity / non-communicable diseases Research, Monitoring and Action Support (INFORMAS).

Researching the obesogenic food environment, its drivers and potential policy levers in South Africa and Ghana

David Sanders, Rina Swart, Florian Kroll

Funded by the Canadian International Development Research Centre (IDRC), this four-year study seeks to better understand the changing nature of food marketed in poor communities in South Africa and Ghana, the drivers of these changes, and the potential policy levers available to improve the healthfulness of the local food environment.

In 2017 the team concluded data collection for Phase 1 which entailed research on individual and household consumption, as well as surveying and mapping the local food geography in two South African and two Ghanaian research sites. In 2018 we undertook Phase 2 – which entailed following food supply chains for

selected case study foods – and began Phase 3 which seeks to engage policy stakeholders.

The project is being undertaken in partnership with UWC's NRF/DST Centre of Excellence in Food Security and the Institute for Poverty, Land and Agrarian Studies (PLAAS) as well as with Kwame Nkrumah University of Science and Technology in Ghana. The policy engagement processes have also included collaboration with the Southern Africa Food Lab at the Stellenbosch University. (See article on page 30.)

COLLABORATIVE PROJECTS WITH THE UWC'S DEPARTMENT OF DIETETICS AND NUTRITION

SOPH is conducting several projects under the ambit of obesity prevention in collaboration with UWC's Department of Dietetics and Nutrition under the leadership of Prof Rina Swart. This work is supported by the University of North Carolina (Gillings School of Public Health) and the Bloomberg Foundation.

- ***Evaluation of the implementation of the health promotion levy***

Rina Swart, David Sanders, Tamryn Jenkins

The purpose of this project is to provide evidence to guide policy actions aimed at promoting healthy diets. The research begun in 2018 with baseline data on food and beverage consumption which was collected from 2,500 household and individuals in Langa, Cape Town, prior to the implementation of the legislated tax ('sugar tax') on sugary beverages. A repeat survey was undertaken six months later, while a one-year follow-up will be undertaken in early 2019.

Knowledge, attitudes and perceptions of sugary beverages and links to obesity and non-communicable diseases will also be collected during each round of the survey. Data analyses will begin to assess any changes in consumption of taxed beverages between the baseline and two follow-ups, as well as the contribution of these beverages to total nutrient intake (especially energy). In addition, prices of all beverages (taxed and non-taxed), as well as any reformulation of the size of units of beverages, will be collected from six supermarket groups and from all spaza shops in Langa on a three-monthly basis to monitor price changes.

- ***Nutrition facts panel data***

Rina Swart, Tamryn Jenkins, Makoma Bopape, David Sanders

The South African Act 54 of 1972 requires that the labels of packaged food should display basic information regarding the producer/manufacturer of the product, the ingredients used and, if a health or nutrition claim is made, detailed information

on the nutrient composition of the food product. Many products now provide the latter.

In support of, and to monitor, potential reformulation of food products following policy action, this project collects photographic information of all packaged food products from food retailers (supermarkets) in the Western Cape, particularly in Langa (in support of the project on the health promotion levy) and Khayelitsha (in support of the project on researching obesogenic food environments). All supermarkets in Durbanville have been included as an additional site. Information from the photographic evidence is captured digitally.

This data will support the health promotion levy project by monitoring any reformulation of products pre- and post-tax. It will also provide information for the implementation planning of the proposed nutrition information label for South Africa and will subsequently translate into food labelling and marketing regulations.

- ***Evaluation of a simplified nutrition information label for packaged food in South Africa***

Rina Swart, Tamryn Jenkins, Makoma Bopape, David Sanders

This project aims to develop a suitable nutrient profiling model for packaged food in South Africa to identify foods high in critical nutrients. Following Rayner's internationally used approach, a stepwise process will be used to develop a model. Together with another three models purposefully selected from other countries, this model will be applied to the food supply information collected in the nutrition facts panel project in order to validate the model.

The number and proportion of foods falling into either the compliant or non-compliant categories will be used to identify the ability of the nutrient profiling model to identify products that contain high levels of critical nutrients. The mean content of critical nutrients will be calculated. Differences between models regarding the proportion of foods identified as compliant will be explored by using tests of proportions.

- ***Food and nutrition security of highly vulnerable groups***

Rina Swart, Tamryn Jenkins, David Sanders

During this period, there were a number of projects supported by UWC's DST/NRF Centre of Excellence (CoE) in Food Security which sought to look at ways in which poor and vulnerable South Africans secure the food they consume. This includes an analysis of how the structural and contextual limitations they experience – through their broader livelihood strategies and through the cultural and social resources on which they draw – shape the way they access food.

The projects seek to complement quantitative research with in-depth anthropological and

qualitative research about the nature of social agency of highly vulnerable people – including students and young adults not employed and not in education and training.

A key aspect of this work is also to support postgraduate research.

- ***Student food security***

In 2017 we explored the food and nutrition security among students at UWC using mixed methods. All registered students (21,964) were invited to participate in an electronic survey, after which 200 randomly selected students agreed to participate in key informant interviews conducted by trained field workers.

The profile of the 278 students (1.3% of student body) who participated in the on-line survey was representative of the student demographics, except for a higher proportion of female respondents. Food insecurity was reported by 28% of respondents, with 22% regularly going to bed hungry and 11% reporting severe food insecurity (regularly going without food for more than 24 hours). Many students (60%) indicated existing engagements with needy students (mostly) by sharing lunch boxes. Respondents demonstrated a preference for assisting those they know rather than anonymous beneficiaries; almost all students (87%) indicated a willingness to assist in intervention projects, underscoring the need to avoid stigmatisation in these initiatives. Suggestions included 'walk-in' food banks, meal-for-all, and learning food production on university land. Initial findings were presented at a seminar on World Food Day in October 2017. Similar on-line studies will also be conducted at all other higher education institutions.

- ***Young adults (not employed and not in education and training)***

In 2018 we started a study to explore the food and nutrition security of young adults (aged 18-25 years) in Langa (Western Cape province) and Ikageng (North West province) who are not employed and are not engaged in education and training. The quantitative component of the study comprises a standardised survey instrument and anthropometric measurements involving 300 participants in each site, while the qualitative component will explore in more depth the young adults' perceptions of food environments.

The project is being undertaken in collaboration with North West University, and includes support for postgraduate students.

- ***Plates Colloquia: Broadening platforms for engagement on nutrition and food security***

Rina Swart, David Sanders

Engagement between researchers, policy makers and practitioners within a broad platform is important to shaping the debates and research agendas regarding nutrition and food security. The objectives of the Plates Colloquia were:

- to enable registered postgraduate students to attend South Africa's National Nutrition Congress held in September 2018; and
- to facilitate a workshop on obesogenic food environments at the Congress.

The 23 students who received sponsorship included 15 Master students and six PhD students from eleven higher education institutions; 14 (70%) were from designated groups. Each student

was required to report on at least one session during the Congress, and the collated collection of was submitted to the congress organisers.

The workshop on obesogenic food environments, attended by 33 delegates, included presentations by nine of the supported researchers.

Body size, mental health, and inequality: A life course approach

Zandile Mchiza

This two-year research project is investigating the social and developmental origins and consequences of overweight and obesity, negative body image, disordered eating, and impaired psychological wellbeing. It will do so across the life course, and across generations, of parents and children in South Africa and Sweden.

A Public Health Intervention: SOPH's "Breakfast on the go"

In March 2017, in response to reports of acute hunger on our campus and knowing that large numbers of students were going to lectures on empty stomachs, the School of Public Health (SOPH) started offering students a basic breakfast twice a week.

From March to June, every Tuesday and Thursday mornings we offered a bowl of porridge, a cup of coffee, a piece of fruit, and, for those who did not have lunch, a peanut butter sandwich. Although we would have liked to expand, budget constraints limited us to these two days, as the breakfasts were made possible by private donations in cash and kind, and by SOPH re-directing their catering budgets to this initiative. We kept it very simple on purpose to make resources stretch. Each breakfast was attended by between 200 and 400 students.

Although the need for the initiative did not disappear as many students remain without financial support and accommodation, the lack of funds meant we could not continue into the second semester of 2017.

Other initiatives on campus, like that of the Gender Equity Unit, have been supporting students through the collection and distribution of non-perishable food for many years. More recently the "Fairy Godmother" initiative has been supporting students via Facebook. SOPH staff continue to actively support these initiatives, as well as providing support to individual students.



In focussing on improving understandings of the role psychological wellbeing plays in the development of overweight and obesity, special attention will be paid to identifying modifiable risk factors and social determinants of health, such as socio-demographic characteristics, family and social environment and social mobility – as these may be important in mediating and/or moderating the relationship between body mass index and psychological wellbeing across life courses. Sub-studies include:

- investigating the socio-demographic and early life determinants of overweight and obesity among men and women across a range of different policy and social contexts;
- quantifying the social and health consequences of overweight and obesity among men and women from different socio-economic groups;
- investigating the role of body image and poor psychological health for body size trajectories across different stages of the life course;
- exploring the long-term health and reproductive outcomes of disordered eating; and
- testing whether effects on body size and mental health of social or health disadvantage and social mobility are transmitted differentially through maternal and paternal lines.

The project is using complementary existing sources of information from surveys, cohort studies and register data linkages in South Africa, Sweden and Australia, and is applying methods from life course and social epidemiology. Preliminary findings were presented at the 2018 National Nutrition Congress.

The project is being undertaken in partnership with the South African Human Sciences Research Council and two Swedish educational institutes – Stockholm University and the Karolinska Institutet. It is being jointly financed by the South African Medical Research Council and the Swedish Research Council for Health, Working Life and Welfare (FORTE).

Using a multi-media entertainment-education programme as a tool to prevent obesity in black South African women

Zandile Mchiza, Asiphe Ketelo

The overall aim of this two-year project is to develop, adjust and validate a multi-media education-entertainment (MM-EE) programme to improve the food and nutrition literacy, as well as body image, of South African women who live in the poorly-resourced communities of Gugulethu, Nyanga and Kensington in Cape Town. It is working with 104 conveniently sampled female community health workers (CHWs) who operate community health clubs in these townships.

The MM-EE programme instruments will comprise entertaining stories with an educational approach which have been co-scripted with the CHWs, as well as researchers, health professionals and local media producers. These will be shared via media platforms including text messages, WhatsApp, radio, television, local newspapers and magazines.

The first three phases of the project have been completed namely focus group discussions; a user-sensitive MM-EE programme instrument development study; and a baseline study. The next three phases to be carried out are the intervention study; the post-intervention assessment study; and the MM-EE programme instrument finalisation study.

This project is being undertaken in partnership with the University of Antwerp and the Katholieke Universiteit (KU) Leuven, with financial support from VLIR-UOS (Belgium).

Addressing the social and health needs of older South Africans living with HIV

Lucia Knight

South Africa has one of the highest HIV prevalence rates in the world and, given the widespread rollout of antiretroviral treatment (ART), is seeing increasing numbers of older persons (aged 50 and over) living with HIV (OPLWH). Older Africans are an understudied and underserved population with regards to HIV, health and social support.

The primary study is about older HIV-positive people's access to ART and health care. An initial systematic review on interventions which might improve access and adherence to ART for OPLWH in low- and middle-income countries found no studies focussing exclusively on OPLWH. Studies that sampled older adults lacked sufficient data to be conclusive regarding the outcomes for this group.

A formative qualitative study conducted with OPLWH and with health care providers in and near Khayelitsha, Cape Town, found that older people tested late for HIV; that women in particular were shocked to hear they were HIV-positive (they had not seen themselves as 'at risk'); and that testing and treatment for HIV and non-communicable diseases were siloed, causing OPLWHs to experience barriers to integrated holistic care. These findings will inform the development of a Testing and Risk History Calendar tool to assess uptake and access to HIV testing among older people within this population.

This study has been enabled by seed funding from the University of Missouri South African Education Program (UMSAEP) in partnership with the University of Missouri. (See related article on page 28.)

Food insecurity and ART adherence among older people living with HIV in the Western Cape, South Africa

Lucia Knight

A secondary study looked at food insecurity and ART adherence among older people living with HIV in the Western Cape. The initial findings highlighted the need to explore the messaging older people are receiving about food and the interaction/need for food; and whether messaging is adequately tailored to their ability to access sufficient food. It also demonstrated the vital role the state-funded old age pension and, in some cases, the disability grant play, both in ensuring food security as well as supporting their families more broadly.

This study was funded by the DST/NRF Centre of Excellence in Food Security.

Households in HIV care: Developing and testing an intervention to capitalise on the intermediate role of the household in community support for chronic HIV care

Lucia Knight

Current research on support for people living with HIV has focused on community-level (community health workers) and the individual (the patient), leaving out the family/household level where the individual is closely connected, especially in the South African context. Working closely with colleagues at the University of Antwerp and three PhD candidates, this four-year project is investigating the potential mediating role of the household in chronic HIV care in South Africa.

The study is framed within the Individual-Household-Community model for comprehensive HIV research in high prevalence, resource-limited settings. It includes developing and testing – in a cluster randomised controlled trial – a household intervention to stimulate HIV competence levels and create HIV competent households; the intention is that this optimises the impact of community health workers' support on individual antiretroviral treatment outcomes. In addition, a qualitative study to assess the acceptability of the intervention is also being undertaken.

The project began in January 2018 and will continue to 2021. It is supported by a number of donors including the Flemish Interuniversity Council (VLIR-UOS), Research Foundation - Flanders (Belgium) and the South African National Research Foundation.

Improving adherence, retention in care and treatment outcomes for adolescents

Brian van Wyk, Ferdinand Mukumbang, Shelley Vickerman, Zaida Orth

Adolescents (10-19 years) on antiretroviral therapy (ART) are doing comparably worse than adults and children with respect to adherence and retention in care. It is hypothesised that, in addition to the well-known challenges with long-term adherence to chronic conditions, the particular reasons for poor treatment outcomes for adolescents may be a lack of support as well as inadequate transition from paediatric to adult HIV programmes. The aim of the study is to develop guidelines to support adolescents during this transition to achieve improved treatment outcomes.

The study

- has described the two-year treatment outcomes of adolescent patients initiated on ART in 2013 in public health facilities in the Metropole of the Western Cape province; and
- is exploring treatment challenges of adolescents living with HIV; and
- describing health services practices and interventions to support adolescents' transitions from paediatric to adult HIV programmes.

A photo-voice study is underway to explore treatment challenges experienced by adolescents living with HIV. This is complemented with qualitative interviews with health workers and managers to understand the health services practices and interventions that target adolescents on ART pre- and post-transition from the paediatric to the adult HIV programmes.

Begun in 2018, this three-year study is being undertaken in partnership with the provincial Department of Health and the University of Missouri-Columbia. The research is supported through grants from UWC Senate Research Funding, the South African Medical Research Council and the University of Missouri-South Africa Education Program (UMSAEP).

Improving adolescent sexual and reproductive health (SRH): The influence of early adolescent gender socialisation on later SRH. A South African-Flemish study

Di Cooper, Lucia Knight, Suraya Mohamed, Hanani Tabana, Ntobeko Nywagi, Michelle Odendaal

This cross-sectional research study seeks to understand how gender norms – including norms related to sexual and gender diversity – evolve and develop during the first years of adolescence (12-15); and to assess the influence of gender norms on adolescents' sexual and reproductive health and access to health services.

An extended piloting of a questionnaire and procedures was undertaken in 2017 and 2018 and a pilot study with 129 learners across two schools was successfully completed. The pilot data will be analysed to identify key issues before the full study is conducted among 12 to 14 year-olds at ten high schools and nine primary schools chosen using a cluster randomised methodology.

A collaborative study with the International Centre for Reproductive Health at Ghent University, Belgium, this project links to the 15-country Global Early Adolescent Study led by Johns Hopkins University, and has research arms in South Africa and Flanders. The team has also participated actively in the Academic Network for Sexual and Reproductive Health and Rights Policy (ANSER). The project is supported through a collaborative research grant from the South African National Research Foundation and the Research Foundation – Flanders.

Understanding the mental health disorders among males who have been traditionally circumcised in the Eastern Cape province of South Africa

Anam Nyembezi

Initiation and traditional male circumcision have become a matter of significant public health concern in recent years, following an increase in the morbidity and mortality rates resulting from botched circumcisions. As little is known about the mental health problems of hospitalised traditionally circumcised men, the aim of this study is to understand the mental health disorders of men undergoing initiation and traditional male circumcision (ITMC) admitted to a public hospital in the Eastern Cape province.

The study comprises a two-phased mixed method design. Phase 1 is a formative qualitative study to gain deeper knowledge of health worker insights into the mental health of ITMC participants, to better understand the surveillance systems and strategies for monitoring mental health disorders like depression, anxiety, post-traumatic stress. Phase 2 will seek to ascertain the utilisation of mental health care services among ITMC men, and to identify contextual factors that enable or prevent the use and implementation of the systems and strategies that are needed.

The project is a partnership with Walter Sisulu University and the Nelson Mandela Academic Hospital and is supported through funds from the South African Medical Research Council and UWC Senate Research Funding.

African Men for Culture & Education (AM4CE): An explorative cultural comparison of male success with traditional initiation

Anam Nyembezi

An additional scoping project is exploring comparative experiences of traditional initiation and male circumcision in South Africa and in the African diaspora in the United States. Using in-depth interviews, participants will be asked to share their knowledge, attitudes, beliefs and mental health issues related to traditional initiation and circumcision.

This qualitative study is being conducted in South Africa, Uganda, Kenya and the United States and is being supported through the University of Missouri-South Africa Education Program (UMSAEP).

The effects of violence and crime on youth access to HIV and sexual and reproductive health care delivery in violence- and crime-vulnerable suburbs in Cape Town

Di Cooper, Nomazizi Cisse, Nomfundo Cisse, Ntobeko Nywagi

This project's purpose is to develop recommendations and interventions to optimise care provision and youth's access to health services in areas of endemic urban violence and crime, such as in Cape Town. The project focuses specifically on the potential effects of urban violence and crime on

- access to antiretroviral treatment for youth living with HIV; and
- more broadly, teenagers' access to sexual and reproductive health services.

Working with a doctoral student and collaborators at the University of Essex, the team has completed a systematic literature review and conducted interviews with health practitioners, key informants in NGO/CBOs and with youth aged 18-24 years. Next, the team will interview youth aged 15-17 and work creatively with partners to ensure the perspectives of young men, whose participation in the study has been a challenge, are incorporated into the research.

The project is funded by the South African Medical Research Council.

SPECIAL EVENTS

A number of special events were held at the School of Public Health (SOPH) during 2017 and 2018. Three more scholars were awarded the Jakes Gerwel Award for an Outstanding Contribution in the field of Public Health which was launched in 2013, while the sixth and seventh Annual David Sanders Lectures in Public Health and Social Justice were held.

Jakes Gerwel Awards: Outstanding Contributions in Public Health

Since 2013, the School of Public Health (SOPH) has recognised some of its former graduates through the annual Jakes Gerwel Award for an Outstanding Contribution in the field of Public Health. This recognises a student who has demonstrated through their work the ability to have an impact on an aspect of population health.



The award honours the late Prof Jakes Gerwel, former Vice-Chancellor of the University of the Western Cape (UWC) who, among other things, advocated passionately for, and supported the development of, South Africa's first School of Public Health to be established outside of a medical school. He clearly saw the need for UWC to focus on public health practice based on solid science that led to measurable improvements in peoples' health. Over the past few years, the School has achieved these aspirations – and the award recognises Prof Gerwel's central role in promoting public health practice.

In 2017 the SOPH bestowed two awards – one held over from the year before:

- The 2016 award went to Anne Mutunda, water and sanitation health surveillance officer with Akros in Zambia; and
 - Dr Rolene Wagner, the CEO of Frere Hospital in East London, South Africa, received the award in 2017.
- In 2018 the recipient was Dr Amir Aman Hagos, Minister of Health of the Federal Democratic Republic of Ethiopia.

2016: Anne Mutunda



An environmental health practitioner by training, Anne Mutunda works as a water and sanitation health surveillance officer with Akros in Zambia. She graduated with a Master of Public Health (MPH) in 2013, focussing her research on exploring the factors influencing the understandings, experiences and practices of menstrual hygiene among adolescent girls in Mongu District in the Western Province of Zambia.

Her thesis found that inadequate information and a lack of knowledge and awareness about the 'coming of age' was influenced by cultural beliefs and taboos associated with menstruation. Other factors which impacted on menstrual hygiene were poverty (both personal and structural), gender discrimination, inadequate water supply, and gender-unfriendly sanitation facilities in schools and homes.

The recommendations made in her thesis have been taken up by her organisation, resulting in a pilot programme with the Ministry of General Education to build 853 latrines equipped with menstrual hygiene management facilities. Further, Anne is involved in piloting a mobile-to-web education management information system through which weaknesses in menstrual hygiene management and hand washing practices at schools, among others, are logged and then shared with school authorities, traditional leaders and communities to enable them to intervene appropriately. Anne Mutunda received the 2016 Award for her sustained community-based work and for highlighting the under-focussed area of menstrual hygiene, a public health issue which has not generally been considered by authorities and policy makers.

2017: Rolene Wagner



The 2017 Award was presented to 2002 graduate Dr Rolene Wagner, a medical doctor and, from December 2012, the CEO of Frere Hospital in East London, South Africa. In this post, Dr Wagner's clear focus was on delivering an efficient, cost-effective and patient-centred health care service. As a result she and her team were able to transform Frere from the hospital known as 'a place where babies go to die' into one which

is now nationally recognised for its achievements. She received the 2017 Award for making this public hospital into a patient-centred site of excellence.

These achievements include a measurable improvement in patient safety with significant reductions in mortality and morbidity. Frere Hospital annual crude death rates have come down by 26% in the past four years and, in the last two years, mortality has been the lowest since 2004.

Successful implementation of key quality improvement projects have also made a difference. For instance, four years ago the waiting time in the pharmacy out-patient's unit was four to six hours; it is now under 45 minutes. In-patient radiology waiting times have been reduced from 10 days to 24 hours.

The hospital prides itself on its ability to innovate as a means to mitigate systemic public health challenges and to improve clinical and corporate governance. Key amongst these is the development of an open source, electronic health management system. In addition Frere Hospital was the first public hospital to launch a website and Facebook page as a means to engage with clients. Dr Wagner also ensures that every positive patient experience that is reported is shared directly with the staff who were involved in the care of that patient.

2018: Amir Aman Hagos



The 2018 recipient of the Jakes Gerwel Award was Dr Amir Aman Hagos, now the Minister of Health of the Federal Democratic Republic of Ethiopia who graduated with an MPH in 2013.

Dr Amir registered for his MPH as a 25-year-old hospital director in one of the worst performing and poorly-resourced hospitals in a remote part of Ethiopia. He set about transforming it into a model hospital for the rest of the country through introducing pioneer governance and accountability systems,

mobilising community, and promoting patient-centred care and primary health care. During his studies Dr Hagos requested a transfer to the Ministry of Health's human resources department (his area of MPH specialisation), from where he quickly moved from Director of Human Resources Development to Director General of Planning, Policy and Finance – then to State (Deputy) Minister. In May 2018 he was appointed Minister of Health.

Under his leadership the health sector has seen many significant successes, particularly in the area of maternal and child health and human resource development. The number of medical schools has increased from 13 to 32, the enrolment of medical student has grown from less than 1,000 in to 3,100 per annum, and an additional 9,000 health extension workers have been deployed throughout the country. Internationally, Dr Amir serves as co-chair of WHO's Transforming International Health Partnership for Universal Health Coverage 2030 which is dedicated to building partnerships to strengthen health systems, and is a member of numerous related committees. He is also Board Chair of the Centers for Disease Control and Prevention (CDC) Africa, and a Board member of Gavi Vaccine Alliance.

Symposium: Public health perspectives on the crisis in higher education

In 2017 we combined the ceremony at which the Jakes Gerwel Award in Public Health for Outstanding Contribution in the field of Public Health was awarded with a symposium on 'Public health perspectives on the crisis in higher education' – in the wake of the #Fees must Fall movement and debates on decolonising higher education. The participants comprised the Deputy Vice-Chancellor for Student Affairs, academics from UWC and sister institutions, representatives of the Mauerberger Foundation, the Gerwel family, friends and families of the 2017 Award winners, and participants at SOPH's Winter School.

The symposium addressed three topics: the conditions under which students study; the content of curricula, and how we might think about a 'decolonised' public health curriculum; and approaches to teaching, focussing particularly on technology in education. Short presentations were followed by facilitated discussions.

As a respected development scholar, Jakes' son Heinrich Gerwel reviewed the current challenges faced by the higher education sector generally and UWC in particular, juxtaposing these with the tumultuous 1980s and '90s. As Gerwel aptly reflected,

'Access to quality affordable higher education under trying socio-economic circumstances is, for me, the most pressing concern being faced currently, that resonates with the struggles faced by universities during the late '80s and early '90s.'

SOPH's Prof Helen Schneider argued that a decolonised curriculum requires that we undertake political economic analyses of the causes of ill-health and wellbeing, an approach which currently



underpins our work at SOPH. The conversation on decoloniality and decolonising curricula and teaching and learning highlighted the importance of interrogating paradigms that inform our curricula and teaching, and to assert the importance of African and Southern history, perspectives and identities in the content, structure and process of our teaching.

Student testimonies, gathered from conversations held at the SOPH's 'Breakfast on the Go' (see page 41), expressed concern over the consequences of delayed NSFAS funding, difficulties with accommodation on and off campus, language challenges, unfamiliarity with computers and limited computer access, safety and food security, and the multiple layers of responsibility and difficulty students have communicating with their families about their struggles (not wanting to burden them further). The discussions raised important challenges and recommendations around the responsibility of universities to ensure care, safety and support for particularly younger students when they come to our campus, focusing on food security, mental health and personal safety.

OUTSTANDING SOPH ALUMNUS

In 2017 Dr Amir Aman Hagos won the UWC Chancellor's Outstanding Alumnus Award for making a significant contribution to his field of study and towards nation building.



The event was celebrated at the Bishops court residence of the Chancellor, Archbishop Thabo Makgoba – and was also attended by the previous Chancellor, Archbishop Emeritus Desmond Tutu.



Annual David Sanders Lecture in Public Health and Social Justice

To celebrate Emeritus Professor David Sanders' contribution as founding director of the School of Public Health at UWC, and his influence in the field of public health generally, an annual lecture was instituted in 2012 in his name. As the title implies, the lecture is also a celebration and a commitment to a set of values – equity, social justice and international solidarity – that are central to the SOPH's identity and endeavours.

- The 2017 lecture was given by Prof Hoosen Coovadia, Director of Maternal, Adolescent and Child Health at the School of Public Health, University of the Witwatersrand and Emeritus Professor of Paediatrics and Child Health and Emeritus Victor Daitz Professor of HIV, both at the University of KwaZulu-Natal. His lecture was entitled 'Mind the gap: Embracing fairness, eliminating inequities in health'.
- Prof Anthony Costello, previously of the WHO and University College London, delivered the 2018 lecture on 'The Social Edge: The Power of sympathy groups for health and sustainable development'.

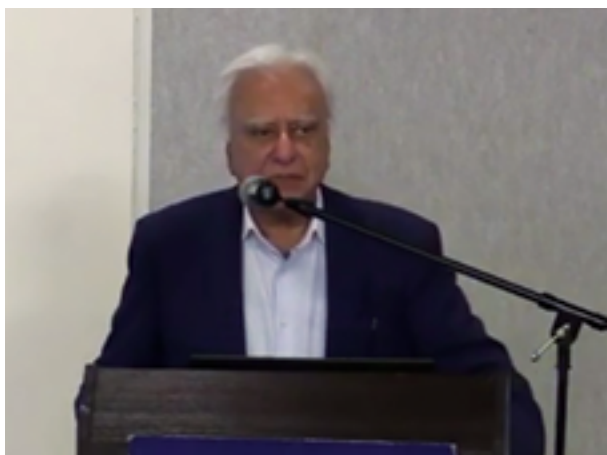
The lectures can be viewed through our website at <https://www.uwcsoph.co.za/index.php/about/annual-david-sanders-lecture>.

2017: Prof Hoosen Coovadia

In his lecture, Prof Hoosen 'Jerry' Coovadia addressed the concepts of fairness, equality and equity, focussing primarily on the stratifications based on race, gender and the private/public dichotomies.

Prof Coovadia has devoted his life to the pursuit of justice, democracy and freedom; he chaired the Mandela government's first Commission on Maternal and Child Health and contributed to designing appropriate national policies.

He has published more than 320 papers in national and international journals. The Lancet once described Prof Coovadia as 'an icon of South African health', who 'broke through the barriers of racist rule to establish himself as a top paediatrician and then became an international authority on HIV/AIDS, especially mother-to-child transmission'.



2018: Prof Anthony Costello

Speaking to 'The Social Edge: The power of sympathy groups for health and sustainable development', Prof Anthony Costello asserted that when it comes to health and social wellness, being part of a small group with a common interest can make all the difference.

For 20 years, he led large studies on the health effects of women's groups in Asia and Africa, finding that functional sympathy groups cut down dramatically on maternal and newborn deaths – even in areas where health services were rudimentary. Defining 'sympathy groups' as a gathering of around 15 people who share a common interest and who meet to face a challenge, he described his multi-disciplinary research into how social capital is built and what this offers for addressing contemporary challenges in health and development.

Prof Costello recently stepped down as Director of the Department of Maternal, Child and Adolescent Health at the World Health Organisation (WHO) in Geneva. He has founded an international charity, Women and Children First, which helps to mobilise women's groups across Africa and south Asia.

Until 2015 he was Professor of International Child Health and Director of the Institute for Global Health at University College London. He chaired the 2009 Lancet Commission on Managing the Health Effects of Climate Change, and was co-chair of the 2015 Lancet Commission on emergency actions to tackle the climate health crisis.

Prof Costello holds fellowships of the Academy of Medical Sciences and the Royal College of Physicians (UK).



LINKS, PARTNERS AND FUNDERS

Links and partners

NATIONAL

Academic

Cape Peninsula University of Technology (CPUT)
Nelson Mandela Metropolitan University (NMMU)
National Research Foundation (NRF)
North-West University
Africa Unit for Transdisciplinary Health Research (AUTHeR)
South African Medical Research Council (SAMRC)
Health Services to Systems Unit
University of Cape Town (UCT)
Health Policy and Systems Division, School of Public Health and Family Medicine
Women's Health Research Unit
Chronic Diseases Initiative for Africa (CDIA)
Department of Paediatrics and Child Health
African Centre for Cities - African Food Security Urban Network (AFSUM)
University of Free State (UFS)
School of Nursing
University of Limpopo
University of Pretoria
Department of Veterinary Tropical Diseases
University of Stellenbosch
Division of Community Health
Southern Africa Food Lab
University of the Western Cape
Department of Dietetics and Nutrition
DST/NRF Centre of Excellence in Food Security
Institute for Poverty, Land and Agrarian Studies (PLAAS)
Writing Centre, Directorate of Teaching and Learning
University of the Witwatersrand
Centre for Health Policy, School of Public Health
Wits Reproductive Health and HIV Institute (WRHI)
University of Venda
Department of Public Health
Walter Sisulu University
Department of Public Health

Government

City of Cape Town: Health Department
Provincial departments of health: Eastern Cape, Mpumalanga, North West, Western Cape
National Department of Health (DoH)

Civil society and research organisations

Anova Health Institute, Health Systems and Advisory Services
Diabetes South Africa (DSA)
Health Information System Project (HISP)
Health Systems Trust (HST)
Human Sciences Research Council (HSRC)
Ikamva Labantu
Mothers2Mothers (M2M)
Population Health, Health Systems and Innovation
Peoples' Health Movement South Africa (PHM)
Society of Midwives South Africa (SOMSA)
South African Christian Leadership Association Health Project (SACLA)
St John, Cape Town
TB/HIV Care Association
The Caring Network

INTERNATIONAL

Academic

Addis Ababa University, Ethiopia
School of Public Health
Amsterdam Institute for Global Health and Development (AMC/AIGHD), The Netherlands
Boston University, USA
School of Public Health
BRAC University, Bangladesh
James P. Grant School of Public Health
Dodowa Health Research Centre, Ghana
Eduardo Mondlane University, Mozambique
Dept of Community Health
Flinders University of South Australia
Southgate Institute for Health, Society and Equity
Ghana Institute for Management and Public Administration (GIMPA), Ghana
Ghent University, Belgium
International Centre for Reproductive Health
Great Lakes University of Kisumu, Kenya
Institute of HIV/AIDS, Disease Prevention & Control (IHDP), Rwanda
Institute of Public Health, Bengaluru, India
Institute of Tropical Medicine, Antwerp, Belgium
Johns Hopkins University, USA
Bloomberg School of Public Health
Karolinska Institutet, Sweden
Katholieke Universiteit Leuven, Belgium
Kenyan Medical Research Institute (KEMRI), Kenya
Kwame Nkrumah University of Science and Technology, Ghana
Lancaster University, UK
Division of Health Research, Faculty of Health & Medicine
Latin American University of Social Sciences (FLACSO)
London School of Hygiene & Tropical Medicine, UK
Makerere University, Uganda
School of Public Health
McMaster University, Canada
Population Health Research Institute
Muhimbili University of Health and Allied Sciences, Tanzania
National University of Rwanda
School of Public Health
Public Health Foundation of India
Radboud University, The Netherlands
REBUILD Consortium, USA
Rwanda Biomedical Center, Rwanda
Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST), India
Achuta Menon Centre for Health Science Studies
Stockholm University, Sweden
Umeå University, Sweden
United Nations University - International Institute for Global Health, Malaysia
Universidad Peruana Cayetano Heredia, Peru
University of Amsterdam, The Netherlands
Academic Medical Center
University of Antwerp, Belgium
University of Buenos Aires (UBA), Argentina
Economics Department
University of Dar es Salaam, Tanzania
Institute of Development Studies
University of Essex, UK
University of Ghana
School of Public Health
University of Leeds, UK
Nuffield Centre for International Health and Development
University of Massachusetts, USA
University of Missouri, USA

University of Missouri-Columbia:
 Dept of Health Sciences/Dept of Women's and Gender Studies
 School of Health Professions
 University of Missouri-St Louis:
 College of Education
 University of Montreal, Canada
 University of Nigeria Enugu, Nigeria
 College of Community Medicine
 University of North Carolina at Chapel Hill, USA
 Gillings School of Global Public Health
 Global Food Research Program
 University of Oslo, Norway
 Department of Informatics
 University of Ottawa, Canada
 University of Oxford, UK
 University of Rwanda
 Regional Centre of Excellence for Vaccines, Immunization and
 Health Supply Chain Management
 University of Science and Technology, Jordan
 University of Sussex, UK
 Institute of Development Studies
 University of Sydney, Australia
 School of Public Health
 University of Uppsala, Sweden
 University of Washington, USA
 Department of Global Health
 International Training and Education Center for Health
 (I-TECH)
 VIVES Noord, Belgium

Government

Ministry of Health, Maternal and Child Health, Rwanda
 National Health Systems Resource Center, India

Professional and civil society organisations

Academic Network for Sexual and Reproductive Health and
 Rights Policy (ANSER), Belgium
 Association of Midwives of Rwanda
 Children's Mercy Hospital, USA
 The Children's Research Institute
 Collaborative Care Systems, Finland
 Empowering Civil Society Organisations in an Unequal Multi-
 Polar World Programme (ECSN-BRICSAM)
 Global Alliance for Chronic Diseases (GACD)
 Health Partners International, UK
 Health Research for Action, Belgium
 Health Systems Global
 Human Rights Watch, Kenya
 International Network for Food and Obesity / non-communicable
 diseases Research, Monitoring and Action Support
 (INFORMAS), Australia
 International Union for Health Promotion and Education,
 France/ Canada
 Norwegian Institute of Public Health, Norway
 Peoples' Health Movement (PHM)
 The George Institute for Global Health, India
 The National Cancer Institute of Brazil

Global institutions

Alliance for Health Policy and Systems Research, WHO, Geneva,
 Switzerland
 UNICEF, East & Southern Africa Regions, Nairobi, Kenya
 Health, Nutrition, HIV and Child Protection Sections
 UNICEF, Pretoria, South Africa,
 Health and HIV Sections
 UNICEF, New York, USA
 Health, Nutrition and HIV Sections
 World Health Organisation, Afro region
 Health Systems and Services Directorate
 World Health Organisation, Geneva, Switzerland

Funders

Funders are considered to be the organisations with whom the SOPH has the funding contract/ relationship. This can include a sub-contract of a larger grant managed by the funding organisation.

NATIONAL

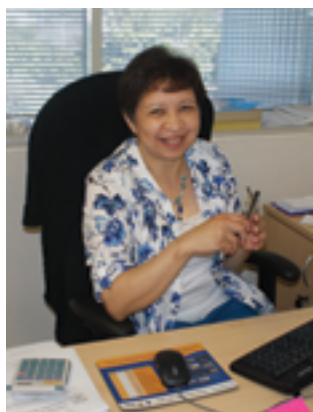
Cape Higher Education Consortium (CHEC)
 DST/NRF Centre of Excellence in Food Security, UWC
 Health Information Systems Program-SA (HISP-SA)
 Human Sciences Research Council (HSRC)
 Mauerberger Family Foundation Fund
 National Research Foundation (NRF)
 South African Medical Research Council (SAMRC)
 UWC Early Career Research Support Programme
 UWC Senate Research Funding
 Western Cape Department of Health

INTERNATIONAL

Belgian Government (via the Framework 4 Agreement
 with the Institute of Tropical Medicine, Belgium)
 Bill and Melinda Gates Foundation, USA
 Bloomberg Foundation, USA
 Children's Mercy Hospital, USA
 The Children's Research Institute
 Directorate-General for International Cooperation (DGIS),
 Ministry of Foreign Affairs, The Netherlands
 ELMA Philanthropies Services, USA
 European Commission
 Flemish Interuniversity Council (VLIR-UOS), Belgium
 German Development Bank (KfW), Germany
 Hamilton Health Sciences Corporation, Canada
 Health Research for Action, Belgium
 International Development Research Centre (IDRC),
 Canada
 Joint Health Systems Research Initiative, UK
 Karolinska Institutet, Sweden
 London School of Hygiene and Tropical Medicine, UK
 Medical Research Council (MRC), UK
 National Institutes of Health (NIH), USA
 Netherlands Organisation for Scientific Research/ Science
 for Global Research (WOTRO), The Netherlands
 Norwegian Centre for International Cooperation in
 Education (SIU), Norway
 Official Development Assistance (ODA), UK
 Global Challenges Research Fund
 Research Foundation – Flanders (FWO), Belgium
 Swedish Foundation for International Co-operation in
 Research and Higher Education (STINT), Sweden
 Swedish Research Council for Health, Working Life and
 Welfare (FORTE), Sweden
 The Atlantic Philanthropies, USA
 UNICEF, South Africa
 University of Antwerp, Belgium
 University of Missouri South African Education Program
 (UMSAEP), USA/SA
 University of North Carolina at Chapel Hill, USA
 University of Ottawa, Canada
 University of Washington (I-Tech), USA
 US Fund for UNICEF, USA

Staff Farewells

In 2017 and 2018 we said goodbye to three long-serving staff members (as well as a number of people who worked with us for shorter periods).



Marlene Petersen

In 2018 Marlene Petersen announced her early retirement after more than 27 years at UWC. Having initially worked with the Education Policy Unit for seven years, she joined the then-Public Health Programme in 1998, and has been its backbone ever since. Over the years the two-woman admin team of Lynette Martin and Marlene grew to the eleven members who now form the formidable engine room of the School, led and co-ordinated by Marlene.

Marlene has run our complex human resources section and managed the SOPH building since its inception. But more than that, because of her long history with the School and her phenomenal institutional memory, she has been the 'go-to' person for all manner of challenges: she knows who to call, where to find funds, remembers people and project histories – particularly valuable for the changing leadership and new staff joining the School. And in the sometimes chaotic environment of winter schools, special events, and multiple project activities she has always been a friendly but firm beacon of calm. A SOPH without Marlene will be a major adjustment. Luckily, Marlene agreed to stay in a part-time capacity for another six months into 2019 to assist with the transition and induct her successor. We will miss her support, expertise and contribution enormously and wish her well in her future endeavours.



Melvin Adams

Melvin Adams started with SOPH in 2003, providing part-time assistance during winter schools, particularly as a driver, but very soon became indispensable to all staff in the School. During winter schools he made sure that venues were always set up and ready, he fetched and delivered equipment, groceries and people, including crack-of-dawn lifts to the airport and long trips to the Eastern Cape.

For all of us Melvin was the first port of call whenever any kind of practical assistance was needed which, at times, was quite overwhelming when we moved into our new and very big building. Melvin was needed when audio equipment was not functioning on the ground floor, lights needed changing on the fourth floor, bread needed collecting, and someone needed a lift to the airport – all at the same time!

So we sent Melvin into his well-deserved retirement with a big armchair and strict instructions to put his feet up – something he does not always stick to.



Sandra Williams

When we had our very first Winter School in 1992, 'Auntie Sandra' was there to assist with catering, and organise our peanut butter and jam teas. She has done so at every single Winter School and Summer School since then, organising over 1,500 tea sessions – but has now retired after the 2018 Winter School.

Organising tea and peanut butter sandwiches may appear simple enough, but below the surface food is a complex and contested terrain: How much is enough? What food? What is healthy? We had many debates about whether our sandwiches are good enough in this day and age – and decided to keep them on purpose. We have had lots of arguments about the need to use peanut butter without added salt and sugar. We tried to curtail sugar intake – quite unsuccessfully in many cases.

Sandra had not only to negotiate and mediate the frontline of these contestations – always engaged and keen to help – but also had to organise queues, make sure we recycle spoons and ensure that bread is delivered on time.

The SOPH staff and Winter School participants will miss her organisational skills, her readiness to help and her welcoming smile – but we wish her a well deserved and restful retirement.

STAFF OF THE SCHOOL OF PUBLIC HEALTH

Professor and Director

Prof Uta Lehmann, MA, PhD (Hannover)

Uta Lehmann joined the SOPH in 1999. She was director from 2009 to 2012, a position she has taken up again from 2017.

Having worked in health personnel education since 1991, Uta's interests and expertise lie in human resource development, monitoring and evaluation and qualitative research. She has worked extensively with the WHO and is the co-ordinator of the WHO Collaborating Centre for research and training in human resources for health. She was also 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.

Emeritus professors

Emeritus Prof David Sanders, MBChB (Birmingham), DCH (RCS Eng), MRCP (UK), DTPH (London), DSc (Hon Causa) (Cape Town)

David Sanders headed the SOPH from its inception in 1993 till 2009. He has over 35 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*.

In 2012 David was awarded an Honorary Doctorate by UCT in recognition of his contribution to the development of policies and programmes in primary health care nationally and internationally. In 2013 he was the recipient of an International Academic Partnership Merit Award from the Faculty of Medicine, University Eduardo Mondlane, Mozambique – and in 2014 he received the Public Health Innovation and Lifetime Achievement Award from the Public Health Association of South Africa. He is chair of the governing board of the Chronic Disease Initiative for Africa.

David is active in various civil society organisations that promote social justice and health for all, is a member of the steering committee of the Health Equity Initiative in South Africa, and is currently global co-chair of the Peoples' Health Movement.

Emeritus Prof Thandi Puoane, B(Cur), BA SocSci (UNISA), MPH, DrPH (Berkeley)

Thandi Puoane has a background in nursing, has taught at universities in South Africa and the USA and has been a principal investigator for a range of research projects.

Thandi's areas of specialisation are nutrition, child health and monitoring and evaluation of programmes. Her research areas include nutrition, obesity and risk factors for chronic non-communicable diseases (NCDs). Recently she has been working with community health workers in developing and implementing community-based programmes for prevention and control of NCDs.

Thandi is rated as a C2 scientist by the National Research Foundation. She has written several chapters in books and has published widely in local and international peer reviewed journals.



Lifetime achievement award for Prof Puoane

The 2018 Public Health Innovation and Lifetime Achievement Award was given to Emeritus Prof Thandi Puoane during the annual conference of the Public Health Association of South Africa (PHASA). This award honours the recipient's life time of excellence and commitment to public health research, education and service.

Thandi has extensive experience in nursing, 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 (NCDs) 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 programme implementation.

Thandi was a senior co-investigator in research studies on the hospital management of severe child malnutrition conducted in the Eastern Cape in the early 2000s. This work resulted in several high impact publications and was very influential in changing national and provincial policy in this field.

Thandi's innovative work with community health workers in townships around Cape Town has contributed to improved community-based health care and awareness of NCD risk factors among community members. This approach is now being implemented in different parts of the country. As a pioneer researcher on obesity, Thandi was part of a national task team for the prevention and control of obesity; as such, she participated in a panel to discuss South African targets for reducing NCDs prior to the 2011 UN High Level Meeting on NCDs. Thandi also presented at the public hearings for the 'sugar tax' in national parliament in January 2017.

Thandi's course on 'Monitoring and Evaluation of Public Health Programmes', held over many years at SOPH's Summer and Winter Schools, has been attended by thousands of policy makers and public health practitioners. Many have reported that this course has helped them in the management of health services.

Thandi is a teacher and researcher who serves as an inspirational role model to younger black students and colleagues. She has offered opportunities to scores of aspiring black (especially female) researchers, often employing them as field workers in her numerous research projects. She also has mentored students, many of whom participated in her research.

NRF SARChI Chairs

Prof Asha George, MSc (Harvard), DPhil (Sussex)

Asha George joined the SOPH in 2016 as the South African Research Chair (SARChI) in Health Systems, Complexity and Social Change and continues at the Johns Hopkins School of Public Health as an adjunct professor. She is a qualitative researcher engaged with health systems to advance health and social justice in low- and middle-income countries. With a gender and rights lens, she focuses on the frontline interface and governance of services, taking into consideration community and health worker perspectives.

Asha's work in public health started in 1994 in Mexico where she supported government ministries and the UN system to advance the Beijing and Cairo agendas for women's health and rights. Subsequently, while based in India, she partnered with allies across community, district, state and national health systems to advance maternal health from a gender and rights perspective. Since 2007, she has worked as an advisor to UNICEF, WHO and USAID on community-based approaches. At the end of 2016, she was elected to the board of Health Systems Global and now serves as its Chairperson.

Prof Helen Schneider, MBChB (Cape Town), MMed (Witwatersrand), DCH (SA College of Medicine), DTMH (Witwatersrand)

Helen Schneider is a public health specialist and health systems and policy researcher who has worked for more than 25 years on the problematics of South Africa's health system. She joined the SOPH in 2011 and was director from 2013 to 2016. Since 2015, she has been the director of the UWC/MRC Health Services to Systems Unit, and since 2016 has occupied the South African Research Chair (SARChI) in Health Systems Governance.

Helen's 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; the implementation of South Africa's Ward-Based Outreach Team Strategy; governance and leadership of national community health worker programmes; and most recently, contemporary approaches to district health system strengthening and governance.

Professors

Prof Di Cooper, BSocSc, BA (Hons), PhD (Cape Town)

Prior to joining the SOPH as a professor in January 2015, Diane Cooper was an associate professor in the Women's Health Research Unit in the School of Public Health and Family Medicine at UCT where she retains an honorary professor appointment. Diane has 27 years of experience in public health teaching and research, particularly in the areas of qualitative research methodology, sexual and reproductive health (SRH), gender and health, and women's health. She has served on a number of consultative national and international committees in various areas of women's reproductive health.

Her current research interests include gender norms and early adolescent SRH; the impact of violence and crime on youth access to SRH services; SRH and HIV integration; contraception; teenage pregnancy; maternal health; and the SRH needs of, and service provision for, women and youth. She has served on the boards of several South African NGOs and is currently on the board a Cape Town-based national youth SRH NGO. Diane has a social science background and a PhD in Public Health.

Associate professors

Assoc Prof Lucia Knight, BSc (Cape Town), MPopStuds (UKZN), PhD (London)

Lucia Knight is a family demographer with particular experience in the study of HIV, families, poverty and social protection in Southern Africa. She is currently working on a study designing and testing a model for a family-based intervention to improve ART adherence in collaboration with colleagues at the University of Antwerp. She is also working on a project exploring access to care and ART adherence among older people living with HIV in the Western Cape. Lucia has previously worked on research projects dealing with family-based, self- and home-based testing for HIV, assessing the impacts of maternal mortality for families, and a large-scale cohort study exploring the wellbeing of children growing up with the dual burdens of HIV and poverty.

Lucia convenes the Qualitative Methodology course at the Masters level.

Assoc Prof Zandile June-Rose Mchiza, BSc (Nutrition & Dietetics) (UWC), MSc, PhD (Cape Town) (Joined SOPH in January 2018)

Interested in the scope, extent and determinants of metabolic diseases in South Africa, Zandile Mchiza focuses specifically on obesity, hypertension and diabetes, and the unmet need for responses to these health conditions in the country. At SOPH she co-ordinates the Non-Communicable Disease (NCD) research cluster and convenes the Descriptive Epidemiology and Nutritional and NCD Epidemiology modules.

Zandile collaborates with various local and international researchers and has authored and co-authored a wide range of scholarly publications.

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

Brian van Wyk is a research psychologist with an interest in 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. He trained in health systems research at the South African Medical Research Council, and his current research interests are in access to, and adherence behaviours of, HIV patients on antiretroviral treatment.

Senior lecturers

Dr Hazel Bradley, B Pharm (Hons) (Bath), MPH, PhD (UWC)

Hazel Bradley leads the area of specialisation in Pharmaceutical Public Health within the MPH and teaches courses in Public Health, Rational Medicines Use, Pharmaceutical Policy and Management and Medicines Supply Management. From 2013 to 2017 she was the Senior Academic Programme Co-ordinator at SOPH.

Hazel's current research areas include: systems approaches to investigate and improve medicines management and access; pharmaceutical human resources and district level services; and pharmaceutical and public health education and training. She works closely with international collaborators from Boston University School of Public Health and the Institute of Tropical Medicine, Antwerp.

Hazel trained as pharmacist in the UK and, prior to joining the SOPH in 2003, worked with a Cape Town NGO delivering community-based primary health care services.

Dr Verona Mathews, BA (Hons) Social Work, MPH, PhD (UWC)

Verona Mathews specialises in Health Information Systems. Having worked with a national rollout of the District Health Information System in South Africa where she facilitated and co-ordinated the development, training and implementation of the system, more recently she has expanded this field, specifically focussing on the decentralisation of human resource management in the public health sector. Her research focus is on the human resources for health specifically in the areas of monitoring and evaluation, human resource management and information system. She works on both national and district levels to design and implement a human resource information system to inform evidence-based planning and decision-making. Verona obtained her PhD in Public Health in 2017.

Dr Anam Nyembezi, BA (Hons), MPP (UKZN), PhD (Maastricht)
(Joined SOPH in January 2018)

Prior to joining SOPH in January 2018 as a senior lecturer, Anam Nyembezi was a research specialist in Population Health, Health Systems and Innovation at the Human Sciences Research Council conducting research focused on maternal and child health, sexual and reproductive health, mental health, and non-communicable diseases. He also spent several years at the South African Medical Research Council conducting research on youth risk behaviours, including understanding the determinants of HIV behaviours among traditionally circumcised men. His research interests continue to be in men's health with a focus on socio-behavioural aspects of sexual and reproductive health, HIV/AIDS, mental health and non-communicable diseases.

Anam is the convener of Health Promotion for Public Health module and co-ordinates the Postgraduate Diploma. He has a Master of Public Policy from the University of Natal (now KwaZulu-Natal) and a PhD from Maastricht University in the Netherlands.

Dr Hanani Tabana, BSc (Hons), MPH (Cape Town), PhD (Karolinska)

Hanani Tabana's training is in Epidemiology. Prior to joining the SOPH, she lectured in the Community Health Division at Stellenbosch University and spent several years at the South African Medical Research Council conducting HIV prevention research. Her research continues to be around HIV/AIDS, focussing on maternal and child health, sexual and reproductive health, and HIV co-morbidity with other chronic illnesses such as mental illness. In addition, Hanani conducts economic evaluations alongside research studies.

Lecturers

Dr Suraya Mohamed, Nat Dip (Rad) (Cape Technikon), MPH, PhD (UWC)

Suraya Mohamed has worked as a radiographer in various state and private hospitals. She is involved with health promotion and health promoting schools including the Health Promoting Schools Network. She teaches and convenes the Health Promotion and Alcohol Problems modules. Suraya's current research interest is adolescent health and wellbeing, including sexual and reproductive health.

Dr Lungiswa Tsolekile, BSc (Hons) (Dietetics), MPH, PhD (UWC)

Lungiswa Tsolekile is a dietician who has been involved in research on chronic poverty. 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, as well exploring the use of motivational interviewing by CHWs to change the eating behaviours of community members. Her current work focuses on training CHWs involved with chronic NCDs.

In 2018 Lungi obtained her PhD in Public Health. Her thesis addressed the development of an integrated model of care for use by CHWs working with chronic NCDs in Khayelitsha, South Africa.

Senior researchers

Dr Peter Delobelle, Doctor in Medicine, Surgery and Obstetrics, PhD (Belgium)

Peter Delobelle is a medical doctor with a background in the public and private sectors. Having worked as general practitioner, specialist in training, and medical journalist (as associate editor of several newsletters) he eventually became a public health practitioner through his field work for the medical humanitarian organisation Médecins Sans Frontières.

On arriving in South Africa in 2004, Peter worked on HIV/AIDS/TB referral systems in Limpopo province which resulted in the development of a health promoting hospital. He became interested in global health and health systems research through his affiliation with the Institute for Tropical Medicine in Belgium, and with SOPH. His research focuses on health systems and promotion in the fields of HIV/AIDS, non-communicable disease (especially diabetes), maternal and child health, and health information systems. He has a keen interest in system dynamics modelling and complexity science and is involved in projects with national and international partners. Peter was actively involved in the International Union for Health Promotion & Education and acted as the European co-ordinator for its student and early career network.

Dr Amnesty LeFevre, MHS, PhD (Johns Hopkins)
(Joined SOPH in March 2018)

Amnesty LeFevre supports the Countdown 2030 project at SOPH, while also holding joint appointments at the Faculty of Health Sciences, University of Cape Town and the School of Public Health, Johns Hopkins University. She has over 15 years of experience conducting large scale evaluations of maternal and child health programmes in many countries in Asia and Africa.

Since 2012, Amnesty's work has focused on the evaluation of digital health programmes. At a global level, she sits on WHO's Digital Health Guidelines Committee and has led the development of standardised guidelines for evaluating digital health programmes. She is currently the principal investigator of the Mobile Academy and Kilkari evaluations in India: two of the largest mobile health programmes currently being implemented at scale globally. She is the co-Founder of the Community of Research and Practice for Digital Health with the National Health Systems Resource Center in India. In South Africa, Amnesty is a member of the national Department of Health's MomConnect Task Team and helped to co-edit a special supplement on digital health in South Africa.

Dr Thubelihle Mathole, BSc (Hons), MPA (Zimbabwe), PhD (Uppsala)

When Thuba Mathole joined the SOPH in 2008, she brought with her wide experience in research, training, and programme planning and management – including in management and implementation of primary health care and public health programmes in both government and non-governmental organisations. Her areas of interest are international/global health, monitoring and evaluation, health systems, HIV, global public policy and maternal and child health.

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

As a senior researcher Nikki Schaay convenes one of the core modules of the MPH programme - Population Health and Development: A Comprehensive Primary Health Care Approach - and facilitates a course on community participation. Both of these issues, along with an interest in the social determinants of health, are the focus of her current research interests.

Prior to joining the School in 2004, Nikki worked in the field of HIV, initially managing a local NGO which was one of the first community-based organisations in South Africa to support a cadre of grassroots HIV educators. She then co-ordinated a provincial HIV advocacy network, 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.

Mr Gary Spolander, MPH (Birmingham), MHRD (Wolverhampton), MBA (Wolverhampton), BSocSci (UCT)

Gary Spolander supports health management teaching in the SOPH since 2017. Trained as a social worker, he worked in human resource development and in the social services in the UK for several years, and then taught leadership and management at Coventry University. He is presently completing his PhD with Keele University in the UK.

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-funded Masters programme focusing on Health Workforce Development. This has informed his current PhD work on the complexity of a multi-country capacity development initiative in the area of health workforce development.

Woldekidan has been involved in a number of inter-university collaborative teaching and research initiatives focusing on health policy and systems: namely the Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA); Collaboration for Health Systems Analysis and Innovation (CHESAI); and a project on strengthening capacity for research, education, policy support, advocacy, and networking of the partners in the field of human and animal health.

Woldekidan serves as a focal person for SOPH's PhD programme – and also manages content for the School's website and social media.

Ms Nomazizi Cishe, Dip SocWk (Fort Hare), BSc Chemistry (Cape Town)

(Left SOPH in July 2018)

Nomazizi is a researcher with considerable training and experience in qualitative research. She co-ordinated and conducted research for several qualitative research projects within the SOPH. Most recently she has been involved in field activities for the project examining the impact of violence and crime on youth health service access.

Ms Nomfundo Cishe

(Joined SOPH in 2018)

Nomfundo has worked as a transcriber, data capturer and field worker in various research projects, including at the Desmond Tutu Health Foundation and the University of Cape Town. She is currently working on two studies at UWC: one at the Centre of Excellence in Food Security and the other at SOPH, examining the impact of violence and crime on youth health service access.

Ms Tanya Jacobs, BSocSc (Cape Town), Hons (Psych) (Rhodes), MPH (UWC)

(Joined SOPH in May 2017)

Tanya Jacobs joined the SOPH as a consultant to the Partnership for Health Leadership and Management (PAHLM) project, a collaboration between the universities of the Western Cape and Cape Town and the city and provincial health departments.

Tanya is also a researcher in the Countdown 2030 team, a global initiative focussing on reproductive, maternal, new-born, adolescent and child health. Her focus is on adolescent health, including multi-sectoral adolescent collaboration, provision of sexual and reproductive health interventions in humanitarian settings, as well as an analysis of the global financing facility investment cases and project appraisal documentation. Tanya teaches on the Management Strategies Course, and is currently a PhD candidate with the SOPH.

Ms Mary Kinney, BA (Ohio Wesleyan Univ), MSc (Cape Town)

(Joined SOPH in November 2017)

Mary Kinney joined the SOPH in November 2017 as a researcher for the Countdown to 2030 Drivers Group, assessing implementation factors of quality improvement initiatives for maternal and newborn health. A case study of the maternal and perinatal death audit will inform her PhD research in the SOPH. Her research interests include health system and policy research, maternal and child health and implementation science.

Farewell to Martina and Kululwa

**Dr Martina Lembani, PhD (Ruhr-Bochum)**

(Left in August 2018)

Martina Lembani joined the SOPH in January 2014 as a post-doctoral fellow with the 'REBUILD' project, having completed her PhD in International Development Studies in 2013 at Ruhr University of Bochum, Germany. Having worked for over ten years with various organisations in the fields of community

development, research, monitoring and evaluation, HIV/AIDS, and rural livelihoods, Martina has substantial experience in both quantitative and qualitative research, including participatory methods of data collection and analysis. She has specialised skills in research design, monitoring and evaluation (M&E) of development programmes at various levels, having worked for CARE International as an M&E specialist for just under five years.

Ms Kululwa Ndayi, BSc, PGD Health Promotion (Walter Sisulu), MPH (UWC)

(Left in January 2018)

Kululwa Ndayi has a background in health promotion and her main research interests are non-communicable diseases (NCDs), food environments and obesity. Since June 2010, she has been a research co-ordinator at SOPH within two major multi-country studies - SMART2D (people-centred approach for the prevention and management of type-2 diabetes) and the Prospective Urban Rural Epidemiological (PURE) studies. Her contributions included developing manuals detailing field work activities; training and overseeing field workers in all data collection activities; co-authoring the formative manuscript for SMART2D and contributing to the manual for peer support groups. She also liaised with the funders of the PURE project.

Kululwa was also involved in various research projects on chronic NCDs such as the food environment study, an air pollution monitoring study and a health systems research project – and participated in training community-health workers as needed. She left the SOPH for a lecturing post at Walter Sisulu University.



For the past ten years, Mary has worked at Save the Children as a researcher and advocacy specialist for maternal and newborn health. She has over 40 peer-reviewed publications and has been an author or editor on several high-impact global reports. Mary holds a Masters degree in International Relations from UCT where she researched HIV/AIDS governance and foreign assistance.

Dr Smart Mabweazara, Dip Ed, Sports & Phys Ed (Zimbabwe), BSc Hons (Nat Univ of Sc & Tech), MA, PhD (UWC)
(Joined SOPH in January 2018)

Smart Mabweazara's main research interest is in the prevention and management of non-communicable diseases using physical activity, as well as in the development of contextualised physical activity interventions for low-income populations. His doctoral research addressed the promotion of physical activity among HIV-positive adults of low socio-economic status, from which he published five articles in peer-reviewed and accredited journals. His Master and PhD degrees are in Sport, Recreation and Exercise Science.

Mr Ntobeko Nywagi, BSocSc, (Hons) (Cape Town)
(Joined SOPH in October 2017)

Ntobeko Nywagi joined the SOPH as research leader for the three-year bilateral collaborative research study with Ghent University on 'improving adolescent sexual and reproductive health (SRH): the influence of early adolescent gender socialisation on later sexual and reproductive health'. Funded by the South African National Research Foundation and Belgian Research Foundation, Flanders (FWO), the study is part of a 15-country Global Early Adolescent Study (GEAS) led by Johns Hopkins University.

Prior to this, Ntobeko worked in research projects focussing on HIV/AIDS, women's health and gender, SRH, youth and health studies. He has had extensive experience in research supervision and liaison with all levels of stakeholders in projects undertaken in communities. Ntobeko is a social scientist. He has successfully completed the course work of a Masters in Social Development at UCT and is currently completing his MPH by thesis with UWC's SOPH.

Dr Sunday Onagbiye, BEd (Hons), MA (OAU, Ife), PhD (NWU, Potchefstroom), Cert. Prevention Strategies for NCDs (Oxford)
(Joined SOPH in July 2018)

Sunday Onagbiye joined the SOPH as a researcher in the four-year collaborative research project, SMART2D (Self-Management Approach and Reciprocal Transfer for Type 2 Diabetes). Sunday is a human movement scientist/physical activity and health specialist. His research interests are in public health promotion in the areas of physical activity intervention and non-communicable diseases (NCDs) risk factors, health-related quality of life, cardio-metabolic disease, energy expenditure, obesity, health risks behaviour, mental and musculoskeletal health, and PA and climate change.

His PhD is in Human Movement Science and he has a Certificate in Prevention Strategies for NCDs from Oxford.

Dr Mark Spire, BA, MPH (Brigham), Grad Cert Health & Human Rights (Johns Hopkins), PhD (UWC)
(Left SOPH in June 2018)

Mark Spire has been researching community access to safe and nutritious food as part of his work towards his PhD in Public Health which he obtained in 2018. His thesis addressed 'Community insights into, and an international perspective on, the role food environments and diet play in the self-management of type 2 diabetes mellitus in urban and rural South Africa'. He has been implementing a study to monitor and benchmark public sector policies and actions impacting food environments in South Africa.

Mark has worked on evaluating the sustainability of hygiene promotion education in South Africa and interned with the WHO's Department of Chronic Diseases and Health Promotion in Geneva, Switzerland.

Research managers and co-ordinators

Ms Mariam Hassen, BHMS (Rhodes), BSc Med (Hons)
(Cape Town)

Following 12 years in biokinetics in the private sector, Mariam Hassen entered the field of public health when she joined the SOPH in 2016. She works with two projects focusing on the management of diabetes, both of which are looking at strengthening systems regarding diabetes intervention and prevention in local communities. Mariam is interested in contributing to understandings of diabetes epidemiology, management and social innovation in introducing opportunities in diabetes prevention and management.

Ms Tamryn Jenkins, BSc Dietetics, M Nutrition (Stellenbosch)
(Joined SOPH in January 2018)

Tamryn Jenkins joined the SOPH as a researcher, working in the field of obesity and non-communicable disease prevention. Her current PhD work addresses obesity prevention policies in low-income settings.

Prior to joining the SOPH, Tamryn worked as a primary health care dietician for the departments of Health, both in the Eastern and Western Cape. Her Masters research - through Stellenbosch University in South Africa, Makerere University in Uganda and Oslo University in Norway - focused on human rights and food security.

Mr Florian Kroll, MA (Albert-Ludwigs Univ, Freiburg)
(Joined SOPH in April 2017)

Florian is a researcher and project manager with a keen interest in the links between food systems transitions, poverty, governance and public health, especially in African cities. Following his Masters degree in historical anthropology, he consulted to the NGO sector on agro-ecology, ethnobotany and health. Having conducted research and training on urban food insecurity in Johannesburg since 2008, Florian's collaboration with the DST-NRF Centre of Excellence in Food Security (CoE) led to his involvement with the SOPH, where he currently manages the IDRC-funded project 'Researching obesogenic food environments in South Africa and Ghana'.

A PhD student at PLAAS, Florian is also collaborating with the CoE Food Policy and Governance Programme, where his role as co-convenor of the Western Cape and Gauteng Communities of Practice on Food Governance provides a platform for policy engagement foregrounding food environments and health.

Education specialists

Ms Jenny Birkett, BA, HDip Ed (Natal), MEd Applied Language
(Cape Town)

Jenny Birkett's background is mainly in adult education. She worked for many years teaching and developing training materials for adult literacy and adult education NGOs, and lectured at Cape Peninsula University of Technology (CPUT) and on UCT's Adult Education Certificate programme. She also has experience in language education and academic development, having trained language educators at UWC, and worked on academic support programmes in UWC's Education Faculty and at CPUT. Since 2014, Jenny has been assisting with SOPH's materials development and other initiatives.

Ms Barbara Hutton, BSocSc (Hons), BEd (Hons) (Witwatersrand)

Barbara Hutton is a senior educationist with strong foundations in adult education, distance learning and in writing and editing learning material for different audiences, with a specific focus on public health. Her interest is in making learning accessible to students and in helping to enhance their on-line learning experiences by providing feedback and coaching, and by building their confidence in order to facilitate their overall success. Barbara also convenes the Postgraduate Diploma module on Population Health and Development: A Primary Health Care Approach I.

Ms Ziyanda Mwanda, BSc (UWC), PGD Ed Tech (Cape Town)
Ziyanda Mwanda joined the SOPH as a research assistant in 2012 – the year she graduated with a BSc in Biotechnology. She is now an e-Learning specialist and assists both students and staff with technical issues regarding UWC's on-line platform, iKamva, and other teaching multimedia. She is registered for a Masters in Education specialising in educational technologies.

Project and field staff

Mr Rivalani Derrick Chauke, BSc Nutrition (Venda)
(Joined SOPH in April 2017)

Rivalani is a fieldworker on the Sivile Senza-Lifestyle Africa, a diabetes prevention programme that focuses on eating and exercise behaviour change in two townships in Cape Town.

Ms Boniswa Jwili, Dip ENA
(Elliot Hospital)

Since 2009 Boniswa Jwili has been a field worker and data capturer for the PURE project and is now with the SMART2D project, having worked as a fieldworker and a moderator for ten years. Prior to this, she worked in market research. Boniswa is currently studying for a BA in Community Health Psychology at UNISA.

Ms Asiphe Ketelo, B Env Stud (Walter Sisulu)

As a National Research Foundation (NRF) intern at the SOPH, Asiphe Ketelo worked on the global PURE project as a research assistant for two and a half years, collecting data in the field and undertaking administrative duties. In 2016 she joined Sivile Senza-Lifestyle Africa, a diabetes prevention programme that focuses on eating and exercise behaviour change in two townships in Cape Town.

Mr Sandile Luke, BComm (Acc) (Walter Sisulu)

Sandile Luke has worked for the global PURE project as a research assistant for four years collecting data in the field and undertaking administration duties as a fieldworker co-ordinator at the Eastern Cape site in Mount Frere. In May 2017 he joined SMART2D as a fieldworker.

Ms Tshilidzi Manuga, BSc (Nutrition) (Venda)

Tshilidzi Manuga is a research assistant for the SMART2D project, having been a research assistant for the PURE project. She has a BSc degree in Nutrition and is currently an MPH student.

Ms Kholiswa Mphithi

Kholiswa Mphithi brought her experience from various research projects, especially market research, to the PURE project when she joined in 2009 as a fieldworker. She is now a fieldworker with the SMART2D project.

Mr Mulalo Kenneth Muhali, BEnvSc (Venda)

Kenneth Muhali joined SOPH in 2013 as a National Research Foundation (NRF) intern, working as a research assistant for the PURE project that focuses on environmental, biological and societal influences on obesity and non-communicable diseases. In 2016 he became a research officer with the Sivile Senza-Lifestyle Africa, a study that aims to reduce community members' risk for non-communicable diseases by motivating them to eat healthily and engage in physical activity. He is also working on an HIV adherence project as an intervention manager.

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

Since 2009 Khumbula Ndibaza has been a field worker and a data capturer for the PURE project. He is now a fieldworker with the SMART2D project.

Khumbula has a Diploma in Nursing from Groote Schuur Nursing College and is currently studying for a BA in Community Health Psychology at UNISA.

Ms Michelle Odendaal, Electronics Technician (Wingfield College)

(Joined SOPH in March 2018)

Michelle Odendaal joined SOPH as a research assistant on the Global Early Adolescent Study, having initially joined the SOPH in 2007 as a fieldworker and data capturer on the 'Waiting and service time' study and the Global Health Initiatives. Michelle has varied experience in fieldwork, data capturing and transcribing.

Ms Cynthia Paka, Dip Gen Nursing & Midwifery (College of Nursing), Dip PaedNursSc (Cecelia Makiwane Nursing College)

Cynthia Paka does community liaison for the diabetes prevention programme, Sivile Senza-Lifestyle Africa.

Cynthia studied nursing at Livingstone Hospital, followed by a Diploma in Paediatric Nursing Science at Cecelia Makiwane Hospital in the Eastern Cape. She continued to work mostly in paediatrics as a professional nurse, until she retired in 2000. Since then Cynthia has been working in communities with the SACL Health Project.

Administrative and support staff

Ms Marlene Petersen, Nat Higher Sec Dip (CPUT)
Senior office co-ordinator

(Left SOPH in November 2018)

Marlene Petersen joined the SOPH in March 1998 as the administrative officer, working with the departmental secretary under the leadership of Prof David Sanders. Over the years, SOPH has grown substantially in staff, student and project numbers such that Marlene eventually headed an administrative team of ten. In addition to managing these staff, her responsibilities included office, personnel and building management, as well as oversight of the Summer and Winter Schools and the financial administration of various donor-funded projects.

Before joining SOPH, Marlene had worked at UWC as office administrator for the Desmond Tutu Educational Trust after which she became the administrative officer for the Education Policy Unit under the directorship of the late Prof Harold Wolpe. Prior to UWC, Marlene's administrative experience included, amongst others, secretary at SA Nylon Spinners, travel assistant at Rennie's Travel, legal secretary at Mallinck, Ress, Richman & Closenbergh, PA to the financial director of Jordan Shoes and project administrator, and later personnel / administrative officer at the Urban Foundation.

Ms Carnita Ernest, BA, BSocSc (Hons) (Cape Town)
Project manager

Carnita Ernest re-joined SOPH to manage the Project Unit in August 2016, having occupied this post when it was first established in 2008. As project manager she oversees all funded projects, providing assistance to academics, monitoring the progress of projects and reporting.

Carnita is a development practitioner with more than 15 years of experience in civil society organisations in South Africa and more broadly on the African continent, focusing on issues of governance, peace-building, health and development. She has worked for the Centre for the Study of Violence and Reconciliation, and the Centre for Citizens' Participation in the African Union – as well as as an independent consultant. Carnita has conceptualised and led complex multi-country projects, undertaken fundraising for project and institutional needs, and overseen end-of-cycle evaluations of programmes, working with a diverse range of individuals and stakeholders. Her work is underpinned by her personal commitment to human rights, gender equity and social justice.

Ms Sidiqa Abbas**Finance administrative 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**

(Left SOPH in December 2017)

Melvin Adams joined the SOPH in 2002 as support for the administrative office and academic staff, after working for Nampak for 19 years. He has provided various forms of technical support to meetings, classes and events – including the Summer and Winter Schools – and has been 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 & NHDPSE (PenTech)**Senior programme officer**

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 and then as 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 at the Independent Development Trust 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 Janine Kader, HCED (UWC)**Administrative officer: Postgraduate Programme**

Janine Kader joined the SOPH in February 2002. She co-ordinates the administration for the Postgraduate Diploma and Master of Public Health. She co-ordinates the intake of new students and their registration and provides administrative support to a range of academic staff and students.

Janine is currently enrolled in the Advanced Diploma in Public Administration Programme at UWC.

Ms Tamlin Petersen, Mgt Dev Prog (UWC)**Administrative officer**

Tamlin Petersen joined the SOPH in 2002, initially working part-time on the Summer and Winter Schools. She joined the staff full-time in 2009 when she became the administrative co-ordinator for the newly-formed UWC Centre for Research in HIV and AIDS, a position she held for five years. This comprised the overall administration of the Centre and event management, particularly the annual international HIV-in-Context Research Symposiums. Following this, Tamlin has become the Events and Grants Administrator for the School.

In 2018 Tamlin completed the Management Development Programme at UWC and is currently enrolled in the Senior Management Development Programme.

Extraordinary professors

Prof Tanya Doherty, BNursing, MSc Nursing (Cape Town), MPH (Harvard), PhD (Uppsala)

With qualifications in nursing and public health, Tanya Doherty's main research focus areas are community interventions to improve child health and nutrition. She has led cluster-randomised trials, cohort studies and multi-country evaluations of programmes across Africa and has published over 100 peer-reviewed articles. Tanya holds a joint position with the SOPH and the South African Medical Research Council.

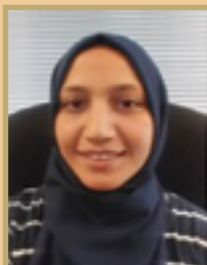
Prof Lucy Gilson, BA (Hons) (Oxford), MA (East Anglia), PhD (London)

Lucy Gilson holds the appointment of professor both at the University of Cape Town and the London School of Hygiene and Tropical Medicine, UK, and is an honorary professor at the University of the Witwatersrand. Throughout her career, her research has been driven by a concern for equity in health and health care. This has involved conceptual and empirical work on issues of health care financing, organisation, management, and policy change. Lucy has also played a leading role in developing the field of health policy analysis, and currently manages a continental initiative to strengthen training in this field. She has also conducted collaborative research with colleagues in other countries in Eastern and Southern Africa, and in Asia.

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

Since November 2013 Debra Jackson has been senior health advisor and chief of the Implementation Research and Delivery Science Unit, Health Section, UNICEF, which focuses on maternal, newborn, child and adolescent health programme research, data and digital health.

Welcome to Tasneem and Buzani

**Ms Tasneem Abrahams-Abbas****Administrative officer**

(Joined SOPH in June 2017)

Tasneem Abrahams-Abbas joined the SOPH after a short-term contract at UWC's Business Innovation Centre. She is responsible for building management, venue allocation and provides support to a range of staff. She also procures the equipment and assists with Winter and Summer School administration.

**Ms Ntombomzi Buzani****Receptionist**

(Joined SOPH in March 2017)

While working for Securitas as a security officer at UWC, Ntombomzi Buzani was posted in the SOPH building from 2013. In March 2017 SOPH appointed her as office assistant, and six months later as receptionist. She is responsible for the switchboard, general administration and venue bookings and assists with Winter and Summer Schools.

Debra lived in South Africa from 2000 to 2013 and has experience working across Africa, Asia Pacific Islands and the USA. At the SOPH she has served as principal investigator for a range of research projects, such as the multi-country PROMISE-EBF trial on promoting exclusive breastfeeding and the national evaluation of the South African Prevention of Mother-to-Child Transmission of HIV.

Debra has qualifications in nursing, public health, epidemiology and biostatistics. Her interests are maternal and child health (MCH), nutrition, research ethics, health systems and imbedded implementation research, MCH data and digital health. Her most recent research focus has been on prevention of mother-to-child transmission of HIV, infant feeding, birth registration, newborn health in emergencies and community health workers. She has over 100 peer-reviewed publications.

Prof Richard O Laing, MD (Zimbabwe), MSc (London), DA (South Africa), MBChB (Zimbabwe)

Richard Laing is a physician who worked for 18 years at all levels in the Ministry of Health in Zimbabwe. After receiving postgraduate degrees in public health and health policy, he spent 13 years in Boston, USA, where he initially worked for an international consulting company, Management Sciences for Health, establishing the International Network for the Rational Use of Drugs, and was an editor for *Managing Drug Supply* (2nd edition). He taught international public health at Boston University School of Public Health before joining the WHO in mid-2003 as a medical officer. During his ten years at WHO, Richard served on a number of expert committees and has been engaged in working on measurement of medicines pricing and availability as part of the joint WHO/HAI project on medicine prices.

Richard has an extensive list of academic publications: he edited the *Essential Drugs Monitor*; he was one of the authors of the *Priority Medicines for Europe and The World* reports; and was also the editor of the *WHO World Medicine Situation* (3rd edition). In 2014 Richard became Professor of International Health at Boston University School of Public Health, teaching primarily in the pharmaceuticals track. His research has focused on access to medicines such as insulin and on evaluating pharmaceutical company access initiatives such as Novartis NCD Access and the IFPMA multi-country Accelerating Access for NCDs. He has received two Carnegie African Diaspora Fellowships to spend time at UWC.

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

Christina Zarowsky was a professor in the SOPH where she also headed the university-wide Centre for Research in HIV and AIDS from 2009 to 2013. At the end of that year she left to become the Professor and Director of the Department of Social and Preventive Medicine in the School of Public Health of the University of Montreal – and is also a researcher at the University of Montreal Hospital Research Centre.

A medical doctor and anthropologist, Christina has specialised in public health. From 2000, she 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 took 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.

Extraordinary associate professors

Assoc Prof Ehimario Igumbor, BSc (Hons) (Zimbabwe), MPH (Venda), PhD (UWC)

After spending almost six years at the SOPH, Ehi Igumbor joined the US Centers for Disease Control and Prevention (CDC) in 2012 as a public health specialist, where he provides technical oversight to several epidemiological surveys, surveillance and operation research projects supported by the US government in South Africa.

Ehi has served on several technical advisory boards and expert panels of WHO, UNAIDS, the Global Fund, the South African National Department of Health and the South African National AIDS Council (SANAC). He is also a regular reviewer for the National Research Foundation (NRF), external evaluator to Umalusi, among other quality standards organisations in the higher education landscape. Between 2010 and 2013, Ehi served on the national executive committee of the Public Health Association of South Africa (PHASA).

As an extraordinary associate professor, Ehi continues to support SOPH's training programmes in Epidemiology and Health Information Systems, supervising Masters and Doctoral students. He has a broad research interest in public health and has published extensively in the areas of chronic disease epidemiology, burden of disease analyses, public health education, and monitoring and evaluation of routine health information systems. In his MPH, Ehi specialised in Health Measurements (Epidemiology, Biostatistics and Population Studies). He also has a PhD in Public Health.

Dr Vera Scott, MBChB, DCH (Cape Town), MPH, PhD (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. While at the SOPH, she worked extensively on projects aimed at developing and strengthening district health information systems and contributed to developing a South African HIV Gauge, a Cape Town Equity Gauge and provincial HIV and TB monitoring and evaluation systems. She left the SOPH in February 2016 to help establish the Tekano Fellowship programme.

Vera completed an MPH at the SOPH in 2001, and her PhD in 2015 through which she explored the factors that influence how facility managers use health information.

Extraordinary senior researcher

Dr Marisa Casale, Banking & Econ Sc (Siena), Masters Dev Studs (Padua), PhD Health Psychology (Cape Town)

While Marisa Casale started her career in finance working for an Italian development bank, she has spent the past twelve years conducting health research in South and Southern Africa. Her multi-disciplinary research foci include HIV prevention among youth, the economic aspects of HIV, social networks and health, and caregiver and child health in Southern Africa. Marisa has extensive international networks and has more recently been collaborating on health research projects at the Department of Social Policy and Intervention at Oxford University where she is also a research associate.

From 2005 to 2015, she was based at the Health Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu-Natal, where she co-ordinated a Health Governance and Finance programme.

Marisa is a NRF Y-rated researcher. She has been an Extraordinary Senior Researcher with SOPH since April 2017.

PUBLICATIONS

Chapters in books

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