

# School of Public Health

FACULTY OF COMMUNITY & HEALTH SCIENCES



## Report of Activities 2015 – 2016



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

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: The quest for equity and justice in higher education



The last two years have seen unprecedented mobilisation on higher education campuses across South Africa. While these have taken different forms on each campus, fundamentally they have all been concerned with two issues: a growing crisis of affordability and therefore access to higher education; and, as a new generation of South Africans have asserted their place in the academy, a critique of the knowledge project in universities, which in the words of one commentator 'remain[s] rooted in colonial, apartheid and Western worldviews and epistemological traditions'.

Over the last decade and a half, government funding to universities has not kept pace with increasing enrolments, and the proportion of university income from student fees has consequently increased: from 24% in 2000 to 33% in 2013, with government's share declining from 49% to 40%. This is compounded by ongoing inequities between universities along historically racial lines - a three-fold difference in per capita income between the least and most resourced university. For many young people in South Africa, obtaining a higher degree has become an intense battle for survival, and in late 2015, when universities announced above inflation tuition fee increases, a wave of protest action swept across universities under the banner of #FeesMustFall, including at UWC. Campuses became spaces of mobilisation, but also violent confrontation, with weeks of closure and levels of securitisation reminiscent of the apartheid era. Government eventually announced a moratorium on fee increases for 2016, and committed to real increases in

year-on-year funding for higher education. Within a few months the student protests had achieved a paradigm shift in policy and public opinion, in which the goal of free higher education was no longer universally portrayed as an impossible pipe dream. Despite the difficulties and disruptions, the events on campuses drew necessary national attention to the ongoing stark realities of South Africa as one of the most unequal societies in the world, where extensive privilege exists alongside severe marginalisation. The protests fundamentally challenged the status quo in higher education, generating new conversations and critical self-examination, and jolting the nation out of a creeping acceptance of inequality in access and resourcing.

As a postgraduate School with a largely distance-based and part-time student population, these struggles have had relatively little direct impact on the delivery of our educational programmes over the last two years. Although the UWC campus was shut for extended periods in 2015 and 2016, we met regularly as staff and found ways of working off campus, thanks in particular to a committed and experienced administrative team. However, the events on campus provoked considerable internal discussion and reflection in the SOPH on our role and position in, at times, a highly conflicted and polarised university environment. We became more focused on the conditions of undergraduate students and ways of engaging their problems and issues, such as food security, and in establishing the SOPH as a space of solidarity on campus. We have also begun to interrogate the meanings of "decoloniality" in relation to our curriculum and the field of public health more generally, and the way our School functions as a collective. The struggles in higher education are far from resolved and will form a powerful backdrop to our endeavours in the years to come.

In this context, our approach to educational programmes, research and public engagement, centred on values of equity and social justice and the promotion of public value in health and health care, remain as relevant as ever. Our postgraduate programmes continue to be popular in South Africa and across the African continent, with demands for places outstripping our capacity to meet them. An advert for doctoral and post-doctoral scholarships in 2016, linked to two health systems research chairs in the SOPH, led to 169 applicants from 25 sub-Saharan African countries. It highlighted the need to build stronger institutional capacity at African universities to train and supervise students who are increasingly demanding doctoral and post-doctoral training opportunities within their geographic and financial reach.



In other developments, our MPH Programme saw the consolidation of the Pharmaceutical Public Health track, designed and run in collaboration with Professor Richard Laing of Boston University. Two new MPH courses (also offered as standalone accredited continuing education courses) were developed and taught, and a third is in preparation. A total of 25 people involved in access to essential medicines in one way or another in South Africa and the region, enrolled in these courses. In 2016 the SOPH began supporting curriculum and materials development for Masters-level training in Supply Chain Management at the Rwandan Centre of Excellence.

Making use of a rapidly changing environment of digital access, we completed the shift of our core diploma and masters courses from paper-based distance learning materials to UWC's integrated on-line learning management system, iKamva. In the process we also considerably enhanced our capacities in e-learning, and appointed a full time e-learning co-ordinator, Ziyanda Mwanda, who is profiled in this report. Our long-standing experience with distance education has prepared us well for the general shift in higher education towards on-line pedagogies. Following a number of requests from partner institutions to assist in the development of distance learning programmes, we convened and organised a two-part workshop series in 2015. This was attended by 16 public health institutions from Africa and Asia and led to the launch of a guide in 2016 entitled: The process of transitioning from face-to-face to distance teaching and learning in postgraduate public health education for health systems development.

Linked to these developments we collectively designed and launched an integrated social media policy for the SOPH. The platform includes Facebook as an alumni networking and communication portal (with growth of 'fans' from 200 in 2014 to over 2,700 in early 2017), active use of twitter (616 followers), launch of a SOPH YouTube channel, and extensive redesign of the SOPH website (to be launched in 2017). SOPH's Twitter handle (@sophuwc) featured in the Top 10 list of Twitter handles related to during the 4th Global Symposium on Health Systems Research held in Vancouver in November 2016.

As is evident in these pages, our research activities and collaborations are as vibrant as ever, addressing a wide range of themes relevant to policy and practice, spanning programmatic (Type 2 Diabetes; HIV/TB; nutrition; maternal, child and reproductive health), health systems (human resources for health, medicines,

governance, leadership), social and educational research, and playing a vital role in the training of doctoral and post-doctoral researchers. Drawing on this knowledge base, the SOPH has engaged in national health policy developments, writing submissions on the National Health Insurance White Paper, a proposed tax on sugar sweetened beverages, and the draft Bill on the creation of the National Public Health Institute for South Africa. In 2016, we co-hosted the World Nutrition Congress of the World Public Health Nutrition Association, and participated actively in the Global Symposium on Health Systems Research in Vancouver.

Our external collaborations remain numerous. They include government players at all levels in South Africa, the University of Cape Town and other higher education institutions in South Africa, and a network of collaborators in Africa and Asia. In this report, we specifically profile our exchanges with researchers and health system actors in India with whom we have increasingly come to recognise a common language and set of interests. The Antwerp Institute of Tropical Medicine also continues to be one of our most significant international partners - a partnership generously supported by the Belgian Development Co-operation - which contributes to several of the capacity building initiatives described above.

In 2015 we were awarded a second South African Research Chair (SARChI) in Health Systems Governance. We were also very fortunate to appoint Professor Asha George to our existing SARChI Chair in Health Systems, Complexity and Social Change, replacing Wim van Damme who occupied the position for two years. We welcomed three new core staff members: Di Cooper (professor), Hanani Tabana (senior lecturer) and Carnita Ernest (project manager) — and said goodbye to long-serving senior lecturer Gavin Reagon (who took up a position with the Western Cape Provincial Health Department). Departmental secretary Lynette Martin and project manager Shun Govender both retired at the end of 2016. We were deeply saddened by the untimely passing of our long-time collaborator and former staff member Kirstie Rendall-Mkosi.

Despite a rapidly changing and often uncertain context, the SOPH remains resilient, continuing to adapt and renew itself in ways that speak to the many realities we are confronting. This has been made possible by an incredible team of academic and administrative staff, acting collectively in support of each other and the SOPH's mandate. As I wrap up my four-year term as Director, I am deeply grateful to them all.

# 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 a slight decrease in numbers in the Postgraduate Diploma, a moderate increase in MPH enrolments, and stable PhD enrolments, with some variations from year to year. Most noteworthy is the increase in MPH enrolments. We feel confident that our MPH targets are now sustainable at present staffing levels, and that growth will focus on our PhD programme, and possibly a diversification of our postgraduate diploma, as we have begun to explore the feasibility of offering more specialised postgraduate diplomas in areas of identified need.

### Students registered for postgraduate programmes: 2013 - 2016

Qualification	2013	2014	2015	2016
Postgraduate Diploma in Public Health	+38	38	33	32
Master of Public Health	115	113	122	134
PhD in Public Health	46	42	42	45
<b>Total</b>	<b>199</b>	<b>193</b>	<b>198</b>	<b>211</b>

Students who graduated in 2015 and 2016 are listed on pages 10 to 13. As in previous years, they live and work in Southern, East and West Africa (see map on page 6), with 51% coming from South Africa, 46% from other African countries and 3% from outside of the African continent.

### 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 Masters and Doctoral degrees, but who want a public health foundation for career purposes.

The Diploma, offered at Level 8 on the National Qualifications Framework, 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.



#### Welcome to Prof Diane Cooper

Diane Cooper joined the SOPH as a professor in January 2015, having worked at UCT's School of Public Health and Family Medicine (originally the Dept of Community Health) for 25 years –largely in the Women's Health Research Unit.

As Di started out as a trade unionist with the Transport and General Workers Union, it is not surprising that her academic interests initially focused on worker health and occupational health - with an interest in women's health and gender issues. This has led to her current research interests which include sexual and reproductive health and HIV integration, teenage pregnancy, maternal health and the SRH needs of, and service provision for, women and youth.

Di appreciated the prospect of 'teaching and engaging with students who themselves are engaged in the communities, in health services and policy' - in addition to which she was attracted by the School's research 'with its strong focus on health systems and social determinants'.

## The Master of Public Health (MPH)

The SOPH considers its Masters 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 most 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.

When the MPH programme was launched, all our modules were printed and sent to students at the beginning of each year. Since then we have increasingly distributed study materials on memory sticks as well as made use of Ikamva, UWC's on-line learning platform, on which we also post recorded lectures. Student support is mostly provided via e-mail and phone, through extensive feedback on their written assignments and mini-theses, as well as through contact sessions such as the mini-thesis weeks.

We are increasingly engaging with the opportunities afforded by new technologies, however, experimenting with Google discussion groups, podcasts, use of blogs, and on-line teaching using media such as Skype or Webex. This has been a steep learning curve for our students as well as for the teaching staff. In 2015 we hosted 15 institutions from across Africa and Asia in two workshops to learn about and share experiences in this new teaching environment (see article on Emerging Opportunities on page 7).

## A growing demand for doctoral study

There is also substantial interest in our PhD qualification, both within the country and further afield. In the past eleven years our programme has grown from four to 45 students – some of whom are our own staff, an indication of the School's and the University's serious commitment to building senior academic capacity in the country.

We are responding in two ways to this growing demand:

- we are developing a PhD training and support programme, which includes pre-doctoral training for potential PhD candidates; and
- with colleagues from other African universities, we have worked on plans for a multi-country, professionally-oriented Doctorate in Public Health programme. This has become more feasible with the gazettement of the Higher Education Qualifications Sub-Framework (HEQSF) of 2014, which introduces a professional doctoral degree “for a career in the professions and/or industry and (...) designed around the development of high-level performance and innovation in a professional context” (HEQSF, p 41).

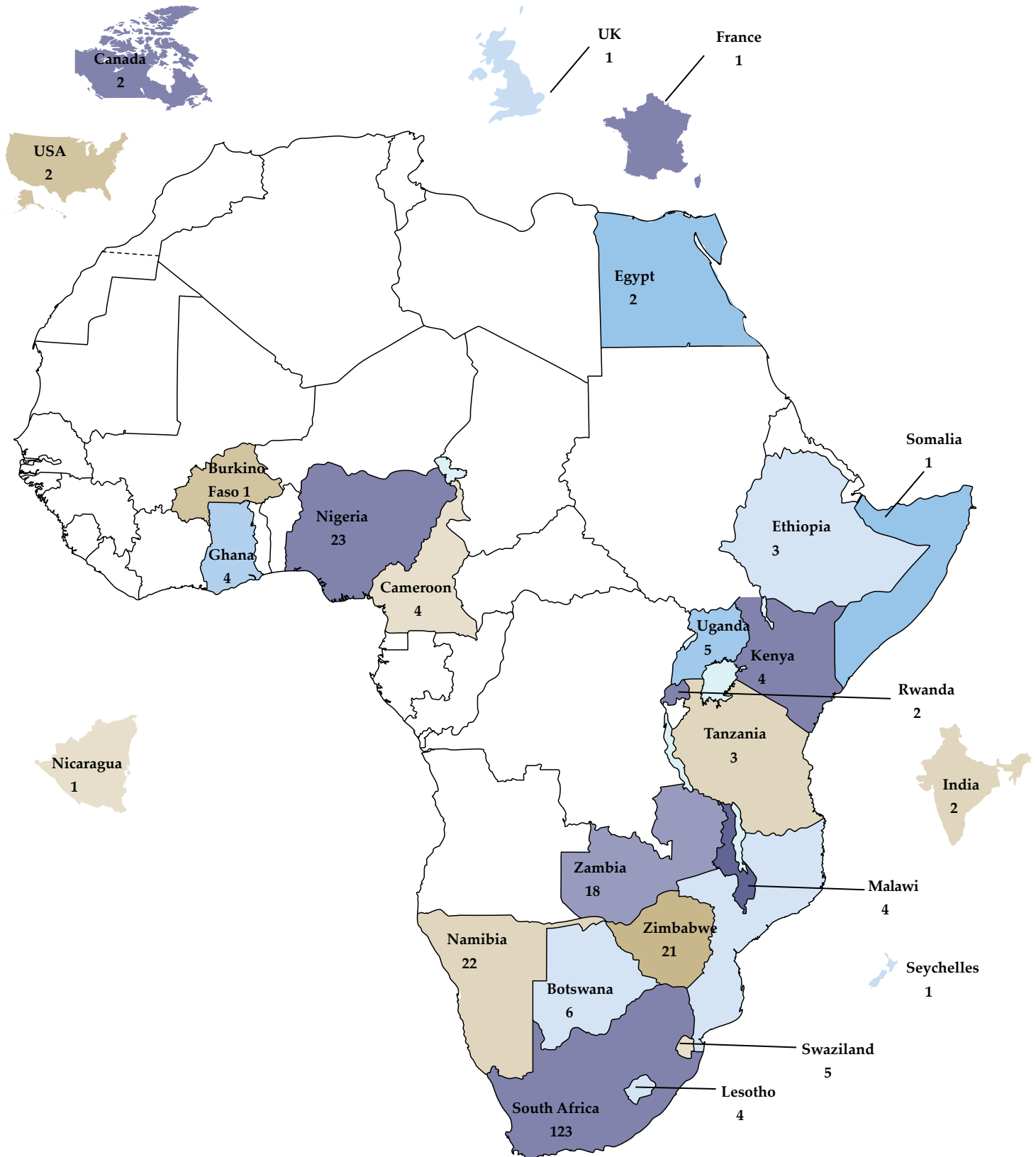


### Welcome to Dr Hanani Tabana

Hanani Tabana joined the SOPH as a senior lecturer in 2015, commenting that it was like ‘coming back home’ as she had previously worked with the School on a rapid assessment of the ward-based PHC re-engineering outreach teams. While doing her MPH at UCT focusing on epidemiology, Hanani developed an interest in maternal and child health, which she hopes to pursue at SOPH.

An internship at the Medical Research Council exposed Hanani to a trial investigating home-based HIV counselling and testing as a way of overcoming some of the barriers to care, particularly for rural ‘hard-to-reach’ populations. This became the topic of her PhD at the Karolinska Institutet in Sweden. Returning to South Africa, Hanani lectured at Stellenbosch University's Community Health Division, prior to joining the SOPH in 2015. In terms of her research, Hanani is interested in ‘using epidemiology in combination with biostatistics and economic evaluations, to design research studies on sustainability of interventions that have been proven to work’.

# Our Global Reach: Geographical origins of our students 2015 – 2016





# Emerging Opportunities: Navigating the distance from classroom to e-learning

Educators working in the field of public health - and in health policy and systems research in particular - are re-thinking how they deliver, and how students might access, postgraduate programmes. The transition to a distance - and specifically an on-line and mobile (e-learning) - platform, is particularly appealing as it allows students to

- continue to work whilst studying; and
- engage with their peers through on-line forums which extend beyond the duration and geographical limitation of a class or lecture held in a physical classroom.

This transition to e-learning can be challenging, however, as seen in a comment from an educator attending one of our workshops:

*'Coming from a more traditional teaching background where face-to-face teaching has been the norm, I find this new e-terminology a bit intimidating. Increasingly I hear about things like "flipped classrooms" or that a good "MOOC" is running... last week I was asked what "LMS" we are using in our institution. None at present! ... I know we have to move to e-learning, but how on earth does one know where to begin?'*

## Navigating the terrain

In 2015, the School of Public Health (SOPH) hosted a two-part workshop series with a view to navigating the e-learning terrain through

- mapping the field of e- and flexible learning;
- getting acquainted with some of the e-learning terminology and emerging technologies; and
- providing participating institutions with an opportunity to consider how they might, more effectively, transition aspects of their curricula and courses into a distance or onto an on-line learning platform.

Entitled *Emerging Opportunities*, the workshops were attended by 53 educators representing 16 public health training institutions across eleven countries in Africa and Asia. The initiative was part of the SOPH's ongoing work with sister institutions in Africa and the global south to strengthen postgraduate public health education generally, and training in health systems analysis and research specifically.

The first workshop, held in May 2015, had participants reflect on their contexts and consider what they saw as the emerging opportunities for their institutions in relation to developing new models and approaches to postgraduate public health education.

Through the medium of drawing a 'rich picture', participants depicted the complexity of their contexts. These included their external and institutional regulatory environments, the state of information and communication technologies (ICTs) in their contexts, the sustainability and funding of their courses, the stakeholders that needed to be brought on board, and the needs and expectations of their students. By situating these in the context of the critical public health needs within the community and the related human resources for health and workplace needs, the teams developed a solid foundation on which they could then consider issues related to curriculum content.



## Shifting the curriculum on-line

The second workshop, convened in October 2015, took participants through a series of steps focusing on

- the principles of good curriculum design;
- the process of designing distance teaching and learning materials;
- considering the specific teaching and learning advantages of using various on-line options (such as blogs, chat rooms, podcasts and digital stories); and
- getting to grips with the practicalities of running an on-line programme.

Some of the questions considered during this process were:

- *Given that most of our students are mature learners and working professionals, what implications does this have for their learning and for the mechanisms that we*

*must put in place to support them - and to ensure good retention and throughput?*

- *How can we provide students with an authentic learning experience where their workplace or 'the field' is the 'classroom' and the centre of learning?*
- *What are the advantages and constraints of moving on-line and relying on technology and how does one decide on the most appropriate approach across the spectrum of delivery platforms?*
- *What kind of technical support is required in developing and facilitating an e-learning programme? For example, apart from the public health or health policy and systems content specialists, who else is an integral part of the e-learning team: an educational specialist, an IT specialist, a student administrator? And if so, are these not just un-fundable pipe dreams?*

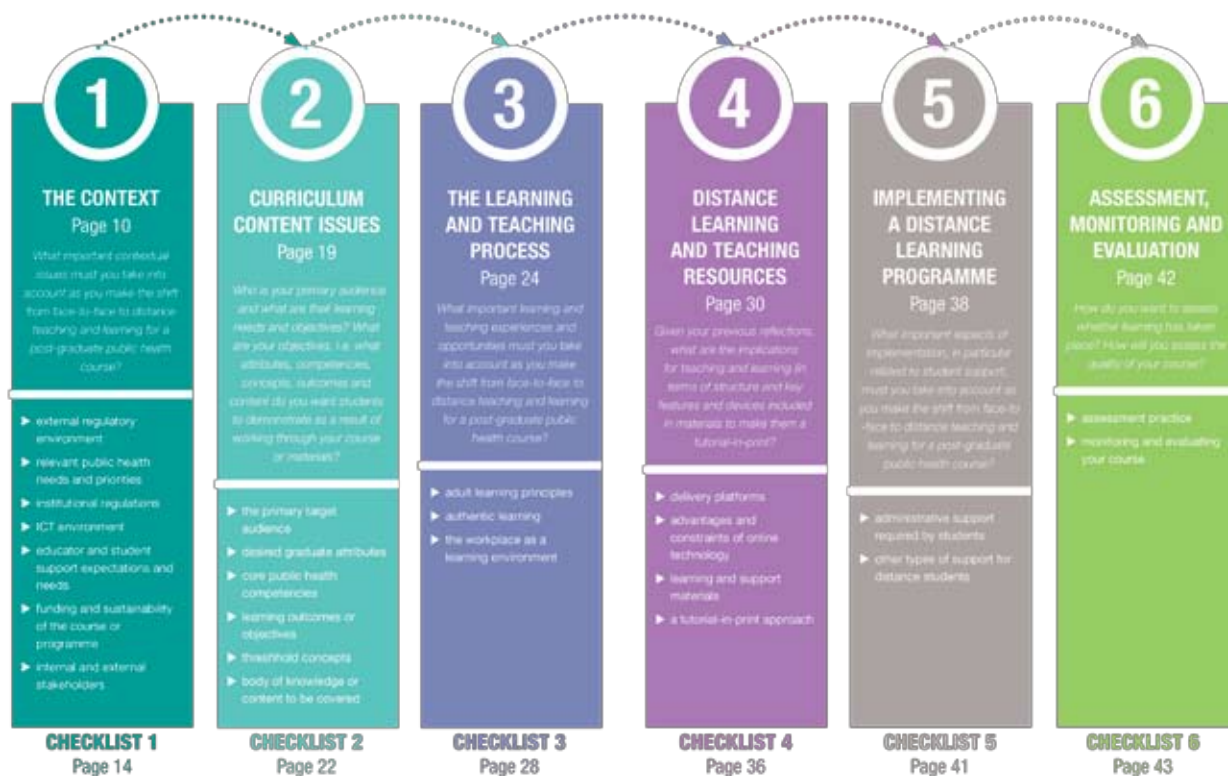
## A guide

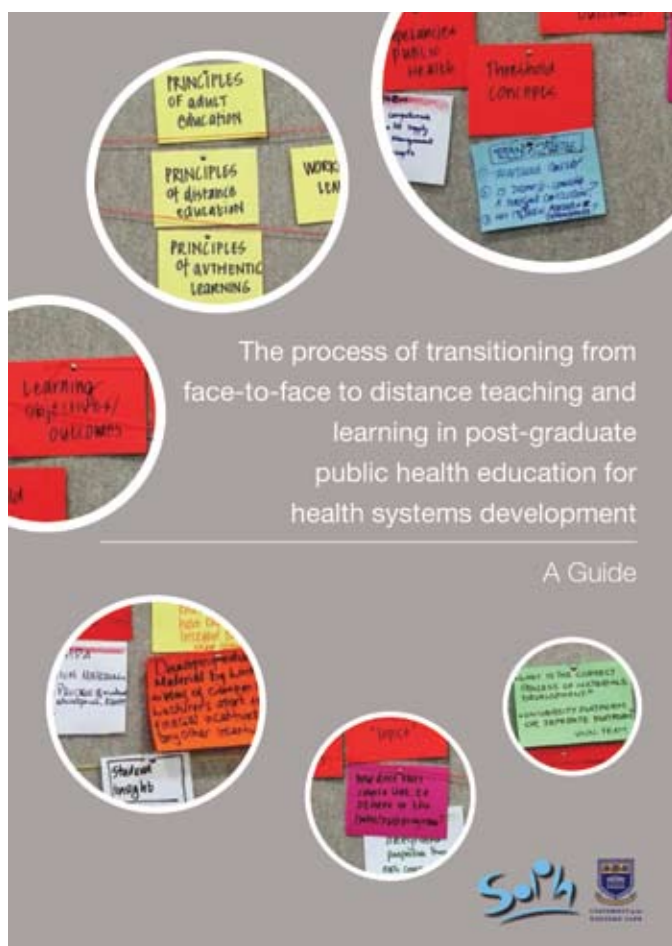
Drawing on the interactions, conversations, rich experiences and knowledge of the participants evoked through participatory learning experiences in the workshops, the SOPH has developed a guide: *The process of transitioning from face-to-face to distance teaching and learning in postgraduate public health education for health systems development.*

Launched in November 2016 at the 4<sup>th</sup> Global Symposium on Health Systems Research held in Vancouver, Canada, the guide reflects the School's understanding of education as an active process of critical engagement and meaning-making, rather than the simple transmission of information. The content, activities and suggested process outlined in the guide attempt to reflect this participatory philosophy and invite readers to think through learning and teaching issues relevant to their own contexts.

### THE SIX PHASES OF DEVELOPING DISTANCE LEARNING RESOURCES

(see page 8 & 9 of the guide)





The guide is organised around the six main phases of designing and developing appropriate and accessible distance learning – namely:

- the context
- curriculum context issues
- the learning and teaching process
- distance learning and teaching resources
- implementing a distance learning programme
- assessment, monitoring and evaluation

Through its holistic approach the guide aims to support educators in dealing with the many challenges they might face. Apart from providing readers with practical processes to navigate the transition from face-to-face to distance and on-line learning, the guide consists of a series of case studies and presentations that provide insights about how the School and our colleagues at the University of the Western Cape and the University of Cape Town have engaged with the world of distance and e-learning.

The guide is available to download as an open education resource from

- the School's website <http://www.uwcsoph.co.za/index.php/resources/open-education-resources>
- the CHEPSAA (Collaboration for Health Policy and Systems Analysis in Africa) website at [www.hpsa-africa.org](http://www.hpsa-africa.org).

## PARTICIPATING INSTITUTIONS



*School of Public Health, Addis Ababa University, Ethiopia*



*James P Grant School of Public Health, BRAC University, Bangladesh*



*Health Policy and Systems Division, School of Public Health, University of Cape Town, South Africa*



*Institute of Development Studies, University of Dar es Salaam, Tanzania*



*Department of Community Health, Eduardo Mondlane University, Mozambique*



*School of Public Health, University of Ghana*



*Institute of Public Health, Bengaluru, India*



*Public Health Foundation of India*



*Great Lakes University of Kisumu, Kenya*



*Department of Community Health, Policy & Management, Makerere University, Uganda*



*Muhimbili University of Health and Allied Sciences, Tanzania*



*Department of Community Medicine, University of Nigeria, Enugu Campus*



*Faculty of Veterinary Science, University of Pretoria, South Africa*



*School of Public Health, University of Rwanda*



*School of Public Health, University of the Western Cape, South Africa*



*Centre for Health Policy, University of the Witwatersrand, South Africa*



# Student Academic Achievements

In 2015 and 2016, 88 students graduated from one of the School of Public Health's (SOPH) postgraduate programmes:

- 35 students graduated with the Postgraduate Diploma in Public Health
- 44 students graduated with the Master of Public Health (MPH)
- 9 students graduated with the PhD in Public Health.

## Postgraduate Diploma in Public Health

### 2015

Aihuki, Vistorina Kaunahafo  
Cloete, Angzelle  
Janse van Rensburg, Joanna (cum laude)  
Kalungwa, Zaharani  
Kengela, Disanka Pierrette  
Magqibelo, Lungile  
Makokove, Rameck  
Mavuna, Esman Zibiso  
Mgugu, Dorcas  
Morrow, Merlen Pamela  
Munyayi, Farai Kevin (cum laude)  
Mutama, Reuben  
Mwanza, Nora  
Ngambi, Baleke  
Ngwenya, Songezo  
Noveve, Princess Nobuntu  
Poswa, King Kayalendlovu  
Prusente, Sandile Simon  
Sharara, Esther  
Somwe, Jean-Jacques Kalonji  
Van der Walt, Nicolette  
Yola, Ntando

### 2016

April, Malcolm Elridge  
Chikukwa, Shonhiwa Margaret  
Engle, Eugene David  
Karume, Mushagalusa  
Mackriel, Edith Agnes Pearl  
Mohlala, Antoinette Amanda  
Mpota, Tsongoane Charmaine  
Muhali, Mulalo Kenneth  
Mutunda, Mary Manyando  
Mwasiti, Nabeba Christine  
Shaw, Melanie  
Simelane, Lungile Cynthia  
Zaleni, Pumela

## Master of Public Health

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

A number of themes can be seen across the theses of the students graduating in 2015 and 2016.

Ten of the 44 studies were concerned with maternal and child health, some of which also included HIV and TB, which were addressed in 20.

Five addressed systems issues affecting the delivery of services – like factors within primary health care settings, the acceptability of the Family Health Model; the collection and availability of medication; and the value of telephonic reminders – and a sixth focused on the capturing of quality data relating to service delivery.

Five studies were concerned with aspects of health practitioners' work – including their perceptions, behaviours and levels of satisfaction – while four examined people's health-related behaviours, like girls' use of sanitation facilities, residents' discernment of the quality of drinking water, and the co-payment for medication.

Two were biomedical, relating to malaria and diabetes while another two explored people's perception of diabetes.



*'As a public health physician working in Nigeria in the areas of HIV/AIDS and reproductive health, I was able to draw from rich course content at SOPH - and it has impacted on the way I develop and implement public health interventions in my country.'*

*The practical approach to public health education utilised in the MPH has helped bridge the gap between theoretical and practical application of public health concepts. The mode of assessment that emphasised continuous learning, and the prodigious amount of writing involved in the course, has helped hone my skills for academic writing. The very high standards and the instructors' eye for detail have positively impacted my own approach in public health management.'*

*'I consider SOPH UWC as a centre of excellence in public health learning and would recommend the School for scholars who are after academic excellence.'*

2016 MPH graduate, Kolawole Seyi Olatunbosun, Nigeria



## 2015

ADAH-OGOH, Anne	Assessment of job satisfaction among health care workers in primary health care
ADAMS, Siraaj	Effectiveness of a monetary incentive on general practitioners' behaviour of promoting HIV testing for pregnant women in the private sector
AMUTENYA, Kaarina Nduuvunawa	An analysis of the development of the 2010-2016 Namibian Malaria Strategic Plan and its relation to health promotion
GURUPIRA, Wilfred Tafirenyika	Barriers to condom use in serodiscordant couples where one partner is on ART at the UZ Clinical Research Centre, Harare, Zimbabwe
LIFALAZA, Alice	The perceptions of mothers and caregivers about the factors affecting low uptake of measles immunization among children under 5 years of age in the Nyangana district, Kavango region, Namibia
MAKWINDI, Chrispen Christopher	Retention in care amongst women initiated on antiretroviral therapy whilst pregnant at King Sobhuza II Public Health Unit in Swaziland
MPOTULO, Nombuto Gloria	Prevalence of syphilis, anaemia and human immunodeficiency virus screening and factors affecting antenatal point of care testing for them in primary health care centres in Sedibeng District, South Africa
MWALE, Evans Landilani	Assessment of the clinical management of children suspected of having malaria in Lusaka district, Zambia
NEPOLO, Ester Ndahekelekw	Effects of treatment compliance on treatment outcomes for pulmonary tuberculosis patients on Directly Observed Treatment-Short course in Windhoek District, Namibia
NGOMA, Sarah	Factors influencing the uptake of couples HIV counseling and testing among males in Livingstone district, Zambia
RAJI, Tajudeen Mohammed	Assessment of factors associated with incomplete immunization among children aged 12-23 months in Ethiopia
SHININGAVAMWE, Andreas Ndafudifwa	Contributing factors for patients failing first-line regimen and HIV-1 drug mutation patterns in Oshikoto and Oshana regions, Namibia
SIMFUKWE, Patrick	Perceptions, attitudes and challenges about obesity and adopting a healthy lifestyle among health workers in Pietermaritzburg, KwaZulu-Natal province
UGBURO, Emmanuel	Effects of telephonic reminders influence on adherence to scheduled appointments among adults on antiretrovirals at the Swakopmund State Hospital Antiretroviral Clinic
WILLIAMS, Charles Jonathan	Perceptions and experiences of reporting of adverse drug reactions by public sector pharmacists in a rural district in the Western Cape

## 2016

ADEJUMO, Adedapo	Assessment of data quality in routine health information systems in Oyo State, Nigeria
AIYEGORO, Olayinka Ayobami	Determinants of adherence to tuberculosis therapy among patients receiving Directly Observed Treatment from a district hospital in Pretoria, South Africa
ALEXANDER, Henry George	Factors associated with diabetic retinopathy requiring treatment on fundal photography in participants of the Cape Town Diabetic Retinopathy Screening
AWOR, Anna Colletar	Determinants of long term survival of patients initiated on HAART at the AIDS support organization, Uganda



*'While my MBA provided a great business foundation, the MPH rounded off my clinical acumen and broader public health understanding. My vocabulary and strategic thinking has fundamentally changed from a private sector-only perspective to a more population and public health-integrated approach.'*

*As a direct benefit of my course, I developed a national medical male circumcision (MMC) training programme to increase the MMC uptake. The programme was endorsed by the national Department of Health, which resulted in a \$5million grant from USAID to develop the programme and ensure the highest quality and safety.'*

2015 MPH graduate, Siraaj Adams, South Africa

CHANDIWANA, Precious	Exploration of factors influencing the use of family planning among HIV-positive women participating in a prevention of mother-to-child transmission program in a peri-urban setting in Zimbabwe
COCKBURN, Jonathan (cum laude)	Barriers and enabling factors for the uptake of voluntary medical male circumcision among coloured males between the ages of 15 and 49 years in the Cape Metro Municipality
DARE, Kunle	Predictors of death among tuberculosis patients while on treatment in local health facilities in Francistown
DAVIDS, Lee-Ann Crystal	Exploration of adherence to anti-retroviral treatment amongst adolescents in a low socio-economic urban setting in Cape Town, South Africa
DEMISSIE, Motuma	Risk factors associated with serious and fatal road traffic accidents in Manzini district, Swaziland
DUBE, Lorraine Tanyaradzwa (cum laude)	Exploring pre-and post-partum barriers to antiretroviral therapy adherence for HIV positive women initiated onto Option B Plus in Harare, Zimbabwe
EBEID, Yasser	The acceptability of the Family Health Model, that replaces Primary Health Care, as currently implemented in Wardan Village, Giza, Egypt
EFIFIE, Uchechukwu	Assessing the awareness and adherence to universal safety precautions among health care workers in Kogi State Specialist Hospital Lokoja, Kogi State, Nigeria
ELIPHAS, Hatutale John	Barriers to adherence to antiretroviral treatment among adolescents in Onandjokwe District, Namibia
HITCHCOCK, Henriette	Factors that influence collection of chronic medication parcels by patients with Type 2 diabetes from a primary health care facility in the Western Cape Province
IJEZIE, Echey	An exploration of male participation in a PMTCT programme in West Itam, Akwa Ibom State, Nigeria
KAMBINDA, Dorothy Nasilele	Knowledge, attitudes and perceptions about diabetes mellitus among an urban adult population in Windhoek, Namibia
KANYERERE, Joyce	Understanding the factors that influence learners' use of the sanitation facilities and personal hygiene practices in a girls boarding secondary school in Zomba District, Malawi
LONSAKO, Shumet (cum laude)	Assessment of an integrated TB/HIV Programme at health facilities in Hawassa district, Ethiopia
MAHTO, Haldhar	Exploring the knowledge and practices of Anganwadi workers and mothers on importance of nutritional care of a child during the first 3 years of life, India
MASOKWANE, Patrick Maburu Dintle	The prevalence of non-AIDS defining conditions in adult patients on anti-retroviral treatment and their association with HIV virologic treatment failure in Botswana
MPANZA, Ntobeko Magnate	Factors that influence medical aid scheme insured consumers to co-pay for prescription medicines at private community pharmacies in Pretoria, Gauteng Province, South Africa
MUSEKURA, Ruth	To explore the facilitators and barriers to HIV testing for infants of caregivers who delivered at Entebbe Hospital, Wakiso District Uganda
MWALE, Joyce Chali (cum laude)	Factors affecting retention in care of patients on antiretroviral treatment in the Kabwe District, Zambia
MWENDA, John	Drinking water quality and the long handled 'Mukombe' cup: Acceptability and effectiveness in a peri-urban settlement in Zimbabwe



*'As a pharmacist, I developed a special interest in health policy research and social determinants of health as a result of my interaction with patients in the ART clinic. I chose my research theme — effects of telephonic SMS reminders on adherence to scheduled medication pick-up appointments among adults on antiretrovirals at the ART clinic in Swakopmund, Namibia - out of a desire to improve treatment outcomes.*

*It was a tortuous journey with a happy ending – and I find fulfilment in the possibility that our findings could be generalised to other ART sites/clinics in Namibia.'*

*'This would not have been possible without the support of my supervisor and the administrative staff. A big thank you to them for providing direction and timely information; you made a big difference in my UWC experience as a distance-learning student.'*

2015 MPH graduate, Emmanuel Ugboro, Namibia

MWONDELA, Malala	An exploration of the strengths and weaknesses of the referral and counter referral system for maternal and neonatal health services between primary level health facilities and a tertiary hospital in Lusaka, Zambia
NOSHIR, Cynthia Yara Sheela	Individual, social, economic and school factors that influence Seychellois teenage mothers returning to school after childbirth
OLATUNBOSUN, Kolawole Seyi	The knowledge, attitude and practices of Akwa Ibom citizens about diabetes mellitus
PHIRI, Ephraim	Assessment of the rational use and availability of antimicrobials at primary level health facilities under the Lusaka district community health office, Zambia
VALLIE, Razia	Assessing and comparing the effectiveness of treatment for multi drug resistant tuberculosis between specialized TB hospital in-patient and general outpatient clinic settings within the Western Cape Province, South Africa

## PhD in Public Health

### 2015

CAILHOL, Johann	Analysis of aid coordination in a post-conflict country: the case of Burundi and human resources for health policies
MUZIGABA, Moïse	Paediatric severe malnutrition and the recommended WHO Treatment modality. An epidemiological and care quality assessment in the context of HIV/AIDS co-morbidity
HILL, Jillian	The development of a street-food vending business model that offers healthy foods for sale
MOHAMED, Suraya	Factors influencing the implementation of Health Promoting Schools: A multiple case study of three secondary schools in a resource limited community in Cape Town
OTIENO, Fredrick Odhiambo	Use of Modified Respondent Driven Sampling Methodology to Enhance Identification and Recruitment of Most at Risk Persons into an HIV Prevention trial in Kisumu, Western Kenya
SCOTT, Vera Eileen	A health system perspective on factors influencing the use of health information for decision-making in a district health system
YAYA BOCOUM, Fadima Inna Kamina	Feasibility of introducing onsite test for syphilis in the package of antenatal care at primary health care level in Burkina Faso

### 2016

TSAGUE DONGMO, Landry	Analysis of the Cascade of the National Programme for Prevention of Mother to Child HIV Transmission (PMTCT) during transition to WHO-Option B in Rwanda
OKOP, Kufre Joseph	Exploring the association between body image, body fat, and total cardiovascular risk among adults in rural and urban communities of South Africa



*'The knowledge I have acquired from my MPH degree is very useful. I am using it to solve problems at work, integrating contents from core courses, the electives and -last but not least - the mini-thesis.*

*For instance, as a middle nurse manager, I am able to use practical examples from "Managers who lead" to mentor other first line managers to understand the transition into their new level - to ensure that our hospital is a "health-promoting hospital". My future career plan is to venture into the academic world for me to contribute to the development of a qualified and competent health workforce.'*

2015 MPH graduate, Alice Lifalaza, Namibia

# Graduated with a PhD in Public Health

At present 45 students are 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 2015 and 2016 nine students graduated with PhDs.



## JOHANN CAILHOL

*Analysis of aid co-ordination in a post-conflict country: The case of Burundi and human resources for health policies*

Supervisor: Prof U Lehmann  
Co-supervisor: Prof L Gilson

### Citation:

Johann Cailhol's thesis reports on a study of the co-ordination – or lack thereof – of policies related to human resources for health in Burundi in the post-conflict period 2002-2008. It is based on extensive participant observation by the candidate from 2005 and formal interviews and documentary analysis in 2009 and 2011.

The thesis begins with an historical and political overview of Burundi in the regional context, examines the literature on health and health systems and on aid effectiveness and aid co-ordination, with a particular emphasis on fragile and post-conflict states/settings, and interrogates concepts and definitions related to the subject. It introduces and outlines the 19 major actors/organisations active in Burundi in the reference period, and analyses the content, process and power relations around aid co-ordination with a focus on policies directly related to human resources for health.

The discussion then applies frameworks and approaches proposed by Pierre Bourdieu, emphasizing 'capital', 'habitus', power, and historically-conditioned mistrust as key to understanding the situation in Burundi – above and beyond the challenges to aid co-ordination described previously in relation to other contexts.

The strength of the thesis lies in two main areas: the richness of the empirical description and analysis of aid co-ordination in Burundi over the reference period, and the originality of applying Bourdieu's concepts of 'capital' and 'habitus', together with an interrogation of power, leadership and trust to this analysis. All three examiners emphasised that the study forms an original and important contribution to the understanding of aid co-ordination in fragile states. As one examiner commented: "I congratulate the candidate on this important, complex and delicate work and strongly encourage her to publish both the empirical findings and the analysis as soon as possible. I very much appreciated the overall work, and particularly the final synthesis and discussion chapters and congratulate the candidate on this excellent work."



## JILLIAN HILL

*The development of a street-food vending business model that offers healthy foods for sale*

Supervisor: Prof T Puoane  
Co-supervisors: Z Mchiza,  
Prof N Steyn

### Citation:

Street foods contribute significantly to the nutrition intake of adults and children in developing countries. They are inexpensive and a major source of income for the majority. This study aimed to develop a sustainable street food vending model for selling healthy and safe street food in the City of Cape Town to help vendors make a decent living and consumers make healthy choices regarding food purchasing.

Street vendors and consumers were interviewed about preferences, selling and purchasing habits followed by observations of practices. The literature was reviewed to determine available regulations and policies for street food vending. Research findings were used to develop a street food vending model using participatory methods involving street food vendors. The application of this model could reduce the risk of food poisoning; improve the nutritional status of consumers and improve the financial status of vendors and ultimately reduce the unemployment rate. All examiners stated that the thesis made a valuable contribution to public health.



## SURAYA MOHAMED

*Factors influencing the implementation of health promoting schools: A multiple case study of three secondary schools in a resource limited community in Cape Town*

Supervisors: Prof P Struthers, Dr R Stern

### Citation:

Health promoting secondary schools in South Africa is a new phenomenon. This study explored the complexity of the factors, both internal and external, that influenced the implementation process in three secondary schools in a resource-limited setting in Cape Town using qualitative methodology with a multiple case study design.

The study demonstrates the paradox of health promoting school implementation. Even where there is recognition of the value of health promoting schools and a commitment to change, the challenges to address the complexity of factors influencing change through a whole-school approach were too great. In all three schools it was too difficult to change from what was routinely done to a more radical, holistic way of working. This was due to both the traditional approaches to education, and the wider context influencing this approach. It was therefore only possible to develop discrete projects and strategies that were not too resource intensive and that did not fundamentally challenge the status quo. The contribution of this study has been to take the debate on the complexity of the factors influencing health promoting school implementation forward.



**MOÏSE MUZIGABA**

*Paediatric severe-acute malnutrition and the recommended WHO treatment modality: An epidemiological and quality care assessment in the*

*context of HIV/AIDS comorbidity*

Supervisor: Prof T Puoane

Co-supervisors: Prof D Sanders, Prof A Ashworth

**Citation:**

Moïse Muzigaba's PhD study was prompted by the high case fatality rates for severe-acute malnutrition (SAM) in two district hospitals in the Eastern Cape province which were being attributed to HIV infection rather than to mismanagement by health care workers.

He framed his PhD study as a hybrid of an operations research and theory-driven enquiry, which he undertook using a four-phased approach. Firstly, he developed a multipronged and evidence-based intervention to improve SAM treatment outcomes among children admitted with or without HIV infection to the two district hospitals. He then implemented the intervention and evaluated its effectiveness and sustainability using a Sequential Explanatory Mixed Method design. This study was the first in this domain to use advanced epidemiological and biostatistical techniques to model singular and interactive effects of HIV infection, HIV clinical stages, lower respiratory tract infections, case severity and other comorbidities - on survival, hospital duration and nutritional recovery.

He also conducted an ethnographic study throughout the study period and held focus group discussions with the health care workers to generate data that helped contextualise the intervention effectiveness. His results confirmed that HIV-infected SAM cases had worse survival prospects and poorer nutritional recovery than their HIV-uninfected counterparts over the study period when the WHO treatment modality was used.

The new finding was that, compared to earlier stages of HIV infection, survival was poorest for HIV-positive SAM cases that were at stage 3 and 4 at admission, despite being put on antiretroviral therapy using standard guidelines. HIV status and case severity at admission were the strongest predictors of death, both in the singular and interactive models. The application of the segmented Poisson regression model to interrupted time series data was feasible and showed that the impact of the intervention was generally sustainable after it was discontinued. Traditional medical use, parental negligence, lack of HIV status disclosure, poor adherence to antiretroviral therapy before admission, and misdiagnosis at the first point of care, preceded critical illness and early death at admission. Low hospital-level expertise to deal with complex presentations, high staff turnover and lack of resources to sustain the quality of care, contributed to high case fatality rates.

**FREDRICK ODHIAMBO OTIENO**

*Use of modified respondent-driven sampling methodology to enhance identification and recruitment of most at-risk persons into an HIV prevention trial in Kisumu, Western Kenya*

Supervisor: Prof G Hughes

Co-supervisor: Prof T Puoane

**Citation:**

Fredrick Otieno's thesis presents research on the use of modified respondent-driven sampling (RDS) methodology to enhance identification and recruitment of key populations into an HIV prevention trial in Kisumu, western Kenya, through a three-phase mixed method study. Phase I included identification and determination of categories of key populations and techniques of locating and motivating them to participate in HIV prevention trials; in Phase II, he designed and implemented a modified respondent-driven sampling methodology to recruit key populations into HIV prevention trials; and in Phase III he evaluated the modified respondent-driven sampling methodology skilfully assessing recruitment of key populations into an HIV incidence cohort study.

This research is instructive because there is an identification of important considerations for future RDS with hidden populations. This important research provides exploration of research participants' experiences in strengthening future epidemiologic research efforts that plan to use RDS to sample and estimate hidden epidemics.

**KUFRE JOSEPH OKOP**

*Exploring the association between body image, body fat, and total cardiovascular risk among adults in rural and urban communities of South Africa*

Supervisors: Prof T Puoane, Prof N Levitt

**Citation:**

Perception about body image is considered an important contributor to the increasing rates of obesity in black African populations. This study used a mixed methods design to explore the association between body image perceptions and perceived obesity threat, changes in body weight over time, and the risk for dying from cardiovascular disease in a longitudinal cohort study involving adults aged 35-78 years in South Africa.

Excessive body fat at baseline and at five-year follow-up were higher in women than men. The majority of the obese and overweight participants underestimated their weight, and those who did not view their weight as a problem were less willing to lose weight. Findings of this study have important implications for future interventions to reduce the prevalence of overweight and obesity in South African adults.



### VERA SCOTT

*A health system perspective on factors influencing the use of health information for decision-making in a district health system*

Supervisors: Prof U Lehmann, Prof H Schneider

#### Citation:

Vera Scott's research explores a poorly understood area of health systems: the nature of managerial decision making in primary healthcare facilities, and the information that informs decision making at this level. Located in the emerging field of health policy and system research, this research draws on constructivist and participatory perspectives to understand the role of information and, more broadly, learning and knowledge in decisions that primary healthcare managers make, and the systemic factors influencing this.

Her three examiners concurred that this is an excellent thesis, which makes genuine theoretical and methodological contributions to the field. One of the international examiners commented that "the most outstanding feature of this research is the participatory process adopted which conceptualises and implements what is meant by participatory research. The involvement of participants throughout the research process was conducted respectfully and is admirable. The practical application in this action research project (...) results in a more in-depth understanding of the complex area of decision making at the 'coal-face'."



### LANDRY TSAGUE DONGMO

*Coverage of a Prevention of Mother-To-Child HIV Transmission (PMTCT) Program implementing options B and B+: Results from the National PMTCT impact study, Rwanda, 2010-2012*

Supervisor: Prof D Jackson

Co-supervisors: Prof D Mbori-Ngacha, Dr A Lyambabaje

#### Citation:

This thesis addresses the topic of coverage and uptake of Prevention of Mother to Child Transmission of HIV interventions in Rwanda, drawing on data from the national PMTCT impact study. The University of the Western Cape School of Public Health and other

partners assisted to conduct the Rwanda PMTCT impact study which was the second conducted in Africa and the first conducted in an option B-plus country. Rwanda was one of the first two countries in Africa to offer option B-plus triple antiviral therapy to all HIV-positive pregnant women to prevent transmission of the HIV virus to their infants and also protect the mothers' health.

The Rwanda study is important as it provides insight into the transition to the World Health Organization option B-plus guideline in Rwanda. Option B-plus is now the standard across Africa with the majority of countries in the process of changing to this option. The thesis defines constructs to measure site transition and coverage indicators. The findings will be useful for the national and provincial PMTCT programmes across Africa as well as international agencies supporting this programme.



### FADIMAYAYA BOCOUM

*Feasibility of introducing onsite test for syphilis in the package of antenatal care at the rural primary health care level in Burkina Faso*

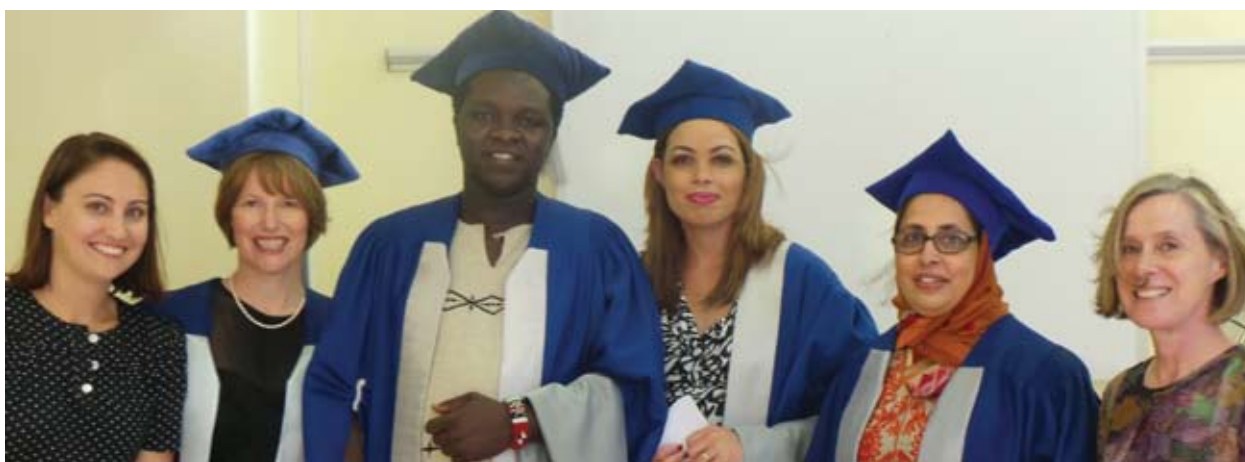
Supervisors: Prof C Zarowsky, Prof S Kouanda

#### Citation:

Syphilis remains a global problem, with an estimated 12 million people infected each year, 90% in low-income countries. It causes serious and preventable adverse pregnancy outcomes for both mother and infant. Ideally, syphilis screening should be part of a package of maternal and newborn health services.

This mixed methods study contributes to understanding why a proven, cost-effective intervention is not implemented – and to changing this. First, barriers to implementation and uptake of syphilis testing were identified. Next, candidate rapid tests were evaluated for both technical quality and real-world use. Finally, an intervention including on-site training, quality control and supervision was developed, implemented, costed and evaluated in rural Burkina Faso.

The findings suggest that point of care testing for syphilis during antenatal care is feasible and of comparable costs to HIV screening. However, unlike HIV, funding is not available. Supervision is essential to achieve optimal levels of screening and quality control, and barriers identified by health workers must be overcome if this intervention – of direct benefit to women and girls – is to succeed.



# 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.

The short courses 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.

The Summer and Winter 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. Attendance numbers and course topics vary.

Three quarters of the participants in these schools were from South Africa while a quarter were from other countries in Africa.

## Winter School

About a third of Winter School registrations in 2015 and 2016 (206 of 607) were from people in management and co-ordinating positions. A total of 102 were health practitioners, while 13 worked as community workers of some kind. Nearly a third were involved in research or academic work – 30% or 186 of 607.

### Attendance at Winter Schools: 2015 and 2016

2015	276
2016	331
Total	607

### Courses offered: 2015 and 2016

- Current Thinking and Practice in Health Promotion
- Diet and Disease
- Epidemiology and Control of HIV and Tuberculosis
- Globalisation and Health: Key aspects for policy makers, managers and practitioners
- Health Committees: A vehicle for providers and communities to realize the right to health
- Health Management
- Introduction to Complex Health Systems
- Introduction to DHIS 2 – web-based
- Introduction to Health Policy and Systems Research
- Medicines Supply Management
- Monitoring and Evaluation of Primary Health Care Programmes (I)
- Qualitative Research Methods
- Rational Medicines Use
- Understanding and Analysing Health Policy
- Using Health Information for Effective Management: Intermediate



*'I am a trained paediatrician and I work for the African Union. Adding an MPH to my paediatric background will surely improve my knowledge, skill and practice as a child health specialist. I will be able to make much impact at the continental level given the fact that child morbidity and mortality still remain a major challenge in Africa.'*

*'Despite the fact that my work entails traveling around Africa, I could still follow my programme and attend on-line classes. Another interesting experience was that given my busy schedule, the distance learning programme offered me the flexibility of going at my own pace. My attendance of the annual summer and winter schools gave me the opportunity to have live interactions with my instructors and colleagues. So, for me, my MPH course was close to a traditional classroom programme.'*

2015 MPH graduate, Tajudeen Raji, Ethiopia





**Health & Community**

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**McDonald's**

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**Kim - Labour Union Leader**

For the...  
I am...  
The...  
The...

**KHANJIE**

- 1. Khanyisa Mkhosi from Cape Town, South Africa
- 2. Employee - City of Cape Town
- 3. Environmental Health Assistant
- 4. Plant worker, Cape Town, South Africa
- 5. Member of 21st and 22nd

**MONICA**

For Cape Town, South Africa  
City of Cape Town, South Africa  
Member of 21st and 22nd



**THINKING IN ACTION**

**Khanyisa**

**University of Cape Town**

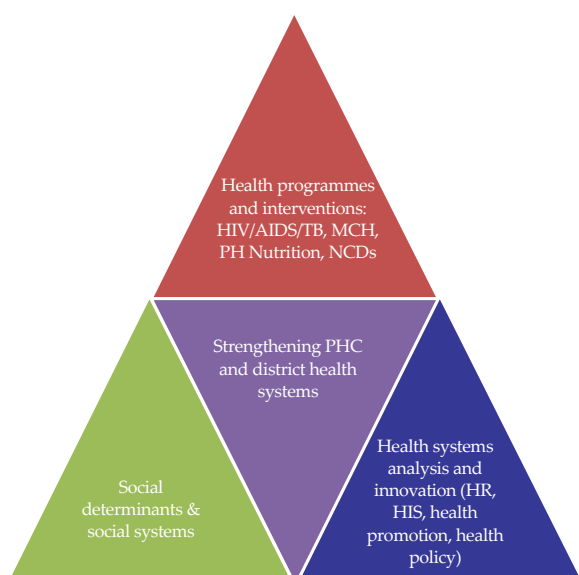


# RESEARCH AND PROJECT WORK:

## An engaged and active agenda of programmatic and health system research

In the pages that follow, the SOPH's wide-ranging research and project activities are reported. As attested from the 150-odd scientific publications emanating from the SOPH and its collaborators over 2015 and 2016, they include a large portfolio of work on nutrition and diet-related non-communicable diseases, developed and led for many years by professors Thandi Puoane and David Sanders. This work has spanned the life course, from infant breast-feeding to the prevention and control of type 2 diabetes in the middle-aged; holistically considered causes from global trade to local food environments to behavioural risk factors; designed and tested service delivery interventions for diet-related chronic diseases; and developed community-based strategies based on community health workers.

These research activities have been nested in a number of large multi-year projects, notably the PURE (Prospective Urban Rural Epidemiology) cohort study and two more recent intervention studies addressing type 2 diabetes. The SOPH is also a partner in the NRF-funded Centre of Excellence in Food Security, based at UWC; and with the Department of Dietetics and Nutrition successfully co-hosted the World Nutrition Congress at UWC in 2016, also featured in this report.



Health policy and systems was another significant area of research and project activity in the SOPH, bolstered by the awarding of a second SARCHI Chair in Health Systems Governance and an extra-mural MRC Research Unit (Health Services to Systems). As can be seen from the listed projects and publications, human resources for health remains an important cross-cutting theme in the SOPH. The new pharmaceutical public health focus has also spawned a number of research activities, and we specifically profile the research of doctoral candidate, Bvudzai Magadzire, who evaluated the Western Cape's Chronic Dispensing Unit, a public-private partnership for the dispensing and distribution of chronic medication.

A key feature of the health policy and systems research (HPSR) 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), a project led by professors Uta Lehmann (UWC) and Lucy Gilson (UCT), has played a seminal role. CHESAI has developed into a potent south-based hub of HPSR, creating opportunities for dialogue and exchange between a wide range of actors. It has deepened conceptual and methodological understandings of HPSR, and practices such as co-production and embedded research. In 2016 it hosted an international writing workshop on the theme of Health System Governance, the products of which will feature in two special journal editions in 2017. CHESAI also contributed to a number of sessions at the Health Systems Research Symposium in Vancouver in November 2016.

In addition to these nodal areas, SOPH staff and doctoral students were engaged in projects developing household- and community-based interventions for HIV testing and treatment, and evaluating maternal health and reproductive health programmes. We provide a more in-depth look at the application of realistic evaluation methods by PhD student, Ferdinand Mukumbang, assessing the mechanisms underpinning the successful implementation of community anti-retroviral therapy clubs in urban Cape Town; and research into family-based HIV testing and counseling by senior lecturer Dr Lucia Knight.

# Two Chairs for SOPH

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.

While UNESCO notes that 42% of South African researchers are women, gender disparity remains a challenge. Only 30% of NRF-rated researchers are women, and only 11.3% of women with post-school education in South Africa are in natural sciences, computer sciences and engineering, according to SA Census data.



In 2015, 42 SARChI research chairs were awarded to South African universities, all of which have been filled by women. Two of these are at the University of the Western Cape.

In celebrating the awarding of these chairs, UWC's Deputy Vice-Chancellor of Research & Innovation, Prof Frans Swanepoel, noted that they are 'testimony to an effective support structure, to UWC's growing reputation and standing as a research institution of note, and to the unique and pioneering nature of the work being done by our scholars'. He added that they 'are committed to some very novel and critical fields of research ... [and] are filled by leading women researchers'.

## New Chair: Health Systems Governance

One of the two new UWC SARChI chairs was awarded to the SOPH's director, Prof Helen Schneider, and is dedicated to Health Systems Governance. It joins the School's existing SARChI chair whose focus is Health Systems, Complexity and Social Change – both of which are occupied by leading women researchers.

The intention of this new Chair is to build the field of health policy and systems research, with particular focus on health systems governance – and will provide the opportunity to consolidate a world-class hub in the global south in the emerging field of health policy and systems research.

Helen is well placed to take on this brief. She has been a long-standing active participant in, and commentator on, health policy in South Africa and has served on, amongst others, the Medical Research Council board, the South African National AIDS Council (SANAC) and the Department of Health's Task Team on Primary Health Care Re-engineering. Her research and policy interests have included an understanding of the political dynamics of AIDS policy under the Mbeki government and the health system-wide implications of programmatic interventions such as ARV scale-up. More recently, her research interests have shifted towards documenting policy implementation processes and strategies to formalise and integrate lay and community-based care and support initiatives into primary health care, which feeds directly into the new agenda of work linked to her Chair in Health Systems Governance.

## Asha George appointed to SARChI Chair: Health Systems, Complexity and Social Change

Established in 2012, the SOPH's first SARChI Chair in Health Systems, Complexity and Social Change was originally occupied by Prof Wim van Damme and colleagues from the Institute of Tropical Medicine in Antwerp, Belgium. From March 2016, Prof Asha George was appointed to this post, leaving Johns Hopkins University to join UWC's School of Public Health.

The purpose of this SARChI chair is to build the field of health systems research, with a particular focus on understanding and intervening in complex systems. It builds on and substantially expands UWC's existing expertise in health policy and systems research, systems level responses to chronic and non-communicable diseases, primary health care and the social determinants of health. The motivation for this post emphasised the importance of building theory, methods, and advanced research capacity in health systems as complex adaptive systems, to complement the School's programmatic work which addresses specific health problems and individual elements of health systems.

### **Welcome to Asha George**

Originally from India 'where you just look outside your window to realise ... that not everyone has the same opportunities', Asha George finds that public health brings together many people concerned with social justice, thus finding a place to address her childhood questions about inequality and social justice. At the same time she recognises there are pressures in public health that are sometimes at odds with activism, reflecting her understanding of one of the many complexities that led to her appointment to the SARChI Chair in Health Systems, Complexity and Social Change.

Initially working in gender and public health, Asha worked with a research team in a rural district in India for almost seven years where she learned 'how a district health office functions, what kinds of challenges government health workers face in providing services', particularly in an unregulated market like India where informal providers work alongside private qualified doctors, 'some of whom are running for political office!' It was in this 'very dynamic and complex area' that led her to understanding how important a health systems perspective is: 'You have to understand service delivery and the broader contextual factors that influence the health systems context that explain why women fall through the cracks. ...But you have to work with the working environment and the conditions of the people who are meant to respond. Some of the issues are at the level of the individual but that individual is within a broader context.'

Asha's Masters in Public Health was followed by a PhD in Development Studies focussing on maternal mortality and health workers in India 'as you can't work in public health in low- and middle-income settings without understanding the social context in which public health was embedded'.

Asha's arrival at UWC from Johns Hopkins University represented a deviation from her earlier opinion that being trained 'in big institutions' did not necessarily equip her with the skills to change the world. 'But after working with different organisations and contexts, I realised that I really enjoy teaching, working with young people in dialogue, encouraging them to explore new avenues - and that there's a freedom unique to research and training.'

She remains concerned about 'the resilience and robustness of teaching and research institutions in Sub-Saharan Africa and in India', seeing them as a 'strategic investment that for a whole range of reasons are faltering'. Teaching students is an investment in the next generation and is 'a huge motivating factor' in Asha's life: 'After being part of some very large organisations, such as the UN, it was refreshing to be back in a teaching institution...to see people so enthusiastic about the field of public health and for what they can contribute. I think it's important to give back to people who are starting their careers, and hope that they keep that flame burning even as they move up in the world and not get swallowed by these large organisations.'

Asha underscores the importance of doing research and writing to 'record, reflect and effect change' - as 'you can't be engaged in policy processes or informing programmes if you don't have evidence and learning to bring to the table'; but at the same time 'there's a lot of learning by working with policymakers and practitioners'.

Commenting on her post at UWC's SOPH, Asha noted that 'some very innovative things happening in health systems research and policy are happening here', citing as really important, 'the learning sites working with local managers, seeing how we embed health systems research with practice, the long-distance training that UWC does with people who work within the health system'.



Nelisiwe Maleka is currently a post-doctoral research fellow at the SOPH in Health Systems Governance, with particular interest in community health workers in low- and middle-income countries. She is community practitioner with a particular interest in strengthening monitoring and evaluation of community development programmes. Her experience involves working in the field of HIV/AIDS at NGO level, local government and in the higher education sector.

Her main post-doctoral objective is to contribute to implementation research that leads to feasible and sustainable community-based health interventions.







# Growing Collaboration with India

The last two years have seen a growth in our interactions with health sector researchers, practitioners and activists from Indian institutions. Long-standing links between the SOPH and India through the People's Health Movement (PHM) have diversified into collaborations with the Health Governance Hub of the Public Health Foundation of India (PHFI) and exchanges with the Institute for Public Health (IPH), Bengaluru (facilitated by a common partner, Antwerp Institute of Tropical Medicine) and with the Tata Institute of Social Sciences (School of Health Systems Studies). Members of these networks are participants and board members in Health Systems Global (HSG), the recently-formed international organisation of health system and policy researchers.

Despite the obvious differences between South Africa and India – with respect to scale, economy, culture and health system – we have increasingly come to appreciate a common language and set of interests with Indian colleagues. The two countries share significant challenges of inequity in health and health care, a decentralised federal political system and legacies of colonialism and liberation movements. Perhaps most significantly, both countries have growing researcher and practitioner communities concerned with equity and social justice and the promotion of public value in their health sectors.

In our interactions with Indian colleagues we are exploring and defining a terrain of southern, country-based health systems and policy research and lesson-learning. At the heart of this positioning is embedded (but independent) research that focuses on locally- and nationally-defined problems and which seeks co-production of knowledge with policy makers and practitioners. In a joint opinion piece with colleagues from India, Ghana and the University of Cape Town, we have argued that these engagements (within and across countries) constitute new forms of boundary spanning that have relevance for thinking about the field of global health more generally.

In a similar vein, on the occasion of the 4<sup>th</sup> Annual David Sanders lecture, Prof Sundararaman, Dean of the School of Health Systems Studies at the Tata Institute of Social Sciences, delivered a wide ranging and magisterial analysis of contemporary thinking in health system development (see page 47). He showed how global discourses such as the purchaser-provider split have influenced both India and South Africa and how the Indian experience could inform the unfolding developments in South Africa's National Health Insurance Scheme.

In addition to ongoing exchanges and joint funding proposals with colleagues from PHFI (Kabir Sheikh, Surekha Garimella, Jo Varghese, Kerry Scott), we were fortunate to have the participation of colleagues from the Institute of Public Health (Upendra Bhojani, Diljith Kannan, Neethi Rao) at our Emerging Opportunities in Public Health Education workshop series in 2015 (see page 7). IPH has developed unique expertise in e-learning technologies which they have used extensively in distance learning programmes for district-level managers. With IPH as the lead partner, we were also co-hosts of the Emerging Voices for Health programme at the Vancouver Health Systems Global Conference (see page 26).

## Students as links

Sulakshana Nandi, a PhD student in the SOPH and member of PHM in India, was one of a cohort of Indian colleagues who completed our distance-based MPH. Sulakshana lives and works in Chhattisgarh State where, for many years, she was an active player in the successful Mitandin (community health worker) Programme. For her MPH dissertation, she documented the processes through which the Mitandin were able to address the social determinants of health such as food security and violence against women. Her work has also encompassed a wide range of advocacy and mobilisation, with respect to both health care and broader issues of social justice and equity.

For her PhD Sulakshana is evaluating the access and equity impacts of a recently introduced universal state health insurance scheme covering hospital care. Chhattisgarh State is one of the poorest in India and concentrates a high proportion of socially marginalised and vulnerable tribal communities. Her research combines analysis of household survey data on the insurance coverage, utilisation patterns and financial risk protection across the intersections of social strata, geography, gender and income. In a qualitative component she is exploring how new insurance mechanisms impact on access, use and acceptability in marginalised communities. Helen Schneider accompanied Sulakshana on a trip to one such community to prepare the ground for her qualitative fieldwork in 2015 (see her description of this community in the box on the next page).

*Under the National Rural Health Mission (NRHM), rural health workers provide oral polio vaccination to a child in a remote village of West Bengal, India.*

© 2014 Somenath Mukhopadhyay, Courtesy of Photoshare

## Visiting deep rural area in Chhattisgarh - PhD student Sulakshana Nandi

Helen and I visited Kabirdham district in Chhattisgarh State on 9th September during her visit to India. We visited Pandariya block, which has a significant population of indigenous communities. We visited Vicharpur, Baigapara, a habitation of the Baiga community, which is a Particularly Vulnerable Tribal Group (PVTG) who face a higher degree of impoverishment, marginalisation and government neglect. Even though this area is rich in natural resources like forests and minerals, large-scale mining and deforestation has led to further impoverishment of the indigenous groups. The traditional rights of these groups over the Common Property Resources (CPR) - like forests, land, rivers - have been taken away from them and regulated in a way which denies them access, let alone control. An important dimension of poverty in these areas is chronic hunger and food insecurity.

Government has implemented various schemes and programmes to address this. A near-universal Public Distribution System (PDS) provides highly

subsidised grain to the families and has been one of the more successful programmes in the State. The other significant programmes include the universal rural employment guarantee scheme that guarantees 150 days of employment for all families, large-scale feeding programmes in the government schools and pre-schools, and various schemes for health services like the provision of free services for deliveries and a universal insurance scheme. However, in the absence of social accountability these schemes can easily fall apart in implementation.

There are various non-governmental organisations and community-based organisations in Chhattisgarh that are mobilising communities to become aware of their entitlements, demand for them and monitor the implementation of the programmes. These organisations come together as part of the Peoples' Health Movement and the Right to Food Campaign, both of which are very active in India and in Chhattisgarh State.



*Sulakshana Nandi (right) in conversation with community members*

# UWC/SAMRC

## Health Services to Systems Unit

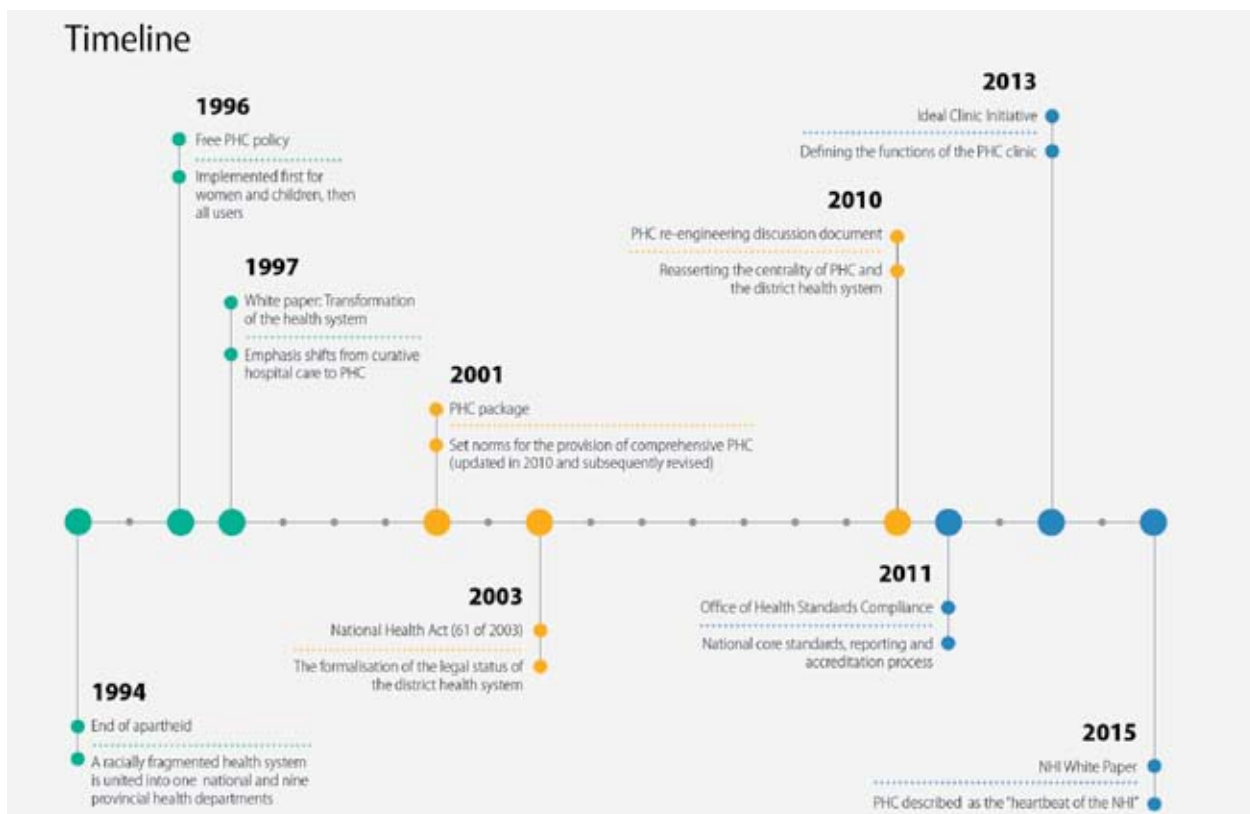


In 2015 the South African Medical Research Council (MRC) awarded the SOPH an extra-mural unit entitled 'Health Services to Systems', with Helen Schneider as its director. The Unit forms an integral part of the School's Health Policy and Systems Research (HPSR) work and its purpose is as follows:

'To generate evidence on health system strengthening relevant to current health system reforms in South Africa, whilst contributing to international knowledge and debates. In general terms, it will focus on the contexts, mechanisms and processes through which initiatives to improve the access, quality and equity of health services become integrated into the everyday practices of the routine institutional environment ("real-world" settings), on the one hand; and achieve sustainable coverage and impacts at scale, on the other hand.'

Over the last two years the activities of the Unit have involved, amongst others:

- A mixed methods evaluation of the effectiveness of the ward-based outreach teams (WBOTs) in the North West Province, conducted by researcher Tumelo Mampe, and supported by SOPH senior lecturer Gavin Reagon. The quantitative component compared trends in Primary Health Care (PHC) indicators from the district health information system in facilities with and without WBOTs, showing significant differences in the number of maternal, child and reproductive health indicators. The methodology was presented at a national conference and ongoing analyses are feeding into the development of a national WBOT investment case.
- The commissioning of a case study of South Africa's PHC system for the Alliance for Health Policy and Systems Research, as part of a suite of five country case studies. It resulted in a technical report and a briefing document summarising, amongst others, the key reform initiatives in PHC over the last 20 years (see figure below).
- The development of a database of publications on community health workers (CHWs) with Uta Lehmann, and now being updated by post-doctoral fellow Nelisiwe Maleka. It formed the basis of a scoping review of trends in publications on CHWs in low- and middle-income countries, an oral presentation at the Vancouver conference entitled: The global pendulum swing towards CHWs in low- and middle-income countries: Are the issues being addressed? Further reviews are planned based on the database.
- The development of a proposal, for the National Department of Health, to evaluate a district-level quality improvement and health system strengthening initiative (referred to as the '3-feet model') in four districts identified as having high maternal, neonatal and child mortality. This project will be implemented in 2017.





# SOPH's Presence at



'Resilient and responsive health systems for a changing world' was the theme of the Fourth Global Symposium on Health Systems Research (HSR) attended by about 2,000 delegates from 101 countries from 14-18 November 2016 in Vancouver, Canada.

This followed the Third Global Symposium which had been held in Cape Town in 2014, for which the School of Public Health (SOPH) was one of five local research institutions actively involved in the South African Local Organising Consortium. Organising duties behind us, the Vancouver Symposium proved to be another opportunity for the School and our local partners to shine – this time, with more time to present our insights and findings from a range of Southern-led research initiatives.

## *SOPH's participation*

Staff and students of the School contributed to the Symposium in a variety of ways - participating in the plenary sessions, presenting input over a number of panel discussions or through posters, and facilitating skills-building and satellite sessions. Ten staff members also reviewed abstracts prior to the Symposium as part of the Scientific Committee.

Members of the School were also centrally involved in arranging six organised sessions (which are conceptualised by a team of collaborators, co-created by the presenters themselves rather than by the scientific committee and are more participatory in nature). Two of these, involving David Sanders and Asha George respectively, focused on the power of civil society organisations (and specifically the Peoples' Health Movement) and the capabilities of communities to strengthen health systems, transform health outcomes and to promote public value.

Another session, facilitated by Nikki Schaay and Woldekidan Amde, drew together health policy and systems research (HPSR) capacity-development initiatives in Ghana, India and South Africa, and reflected on how these Southern-led collaborations between the country teams had served to nurture their development as HPSR educators.

The Symposium's focus on the concept of resilience in health systems was explored in an organised session by SOPH staff member Martina Lembani and extraordinary professor Christina Zarowsky (a former staff member, now at the University of Montreal). They described how a common methodology, Group Model Building, was used to analyse threats to health systems functioning in the context of adversity and conflict. The case study of the Côte d'Ivoire was the focus of the School's presentation, the other cases being in northern Nigeria and Gaza.

Another organised session drew on the School's experiences from two long-term, action-learning collaborations. Teams from Kenya and South Africa shared examples of the everyday leadership strategies and reflective practices that can nurture resilience within a health system – with Vera Scott pairing up with Soraya Elloker, a sub-district manager from the City of Cape Town Health Department, to share their insights from the Mitchells Plain DIALHS learning site (described on page 39).

The sixth session in which the School was involved was convened by CHESAI (the Collaborative for Health Systems Analysis and Innovation), a research project run jointly with the School of Public Health and Family Medicine at the University of Cape Town. Facilitated by Helen Schneider, this session was also run collaboratively with our provincial and local government health service colleagues. Entitled 'The bridges that span resilient health systems: Interdisciplines and intersections', they looked at how competencies in health policy and systems research are required to bridge divides and to communicate and act across territories and ideas.

Given the School's focus on health systems, the Symposium was once again a valuable meeting place to engage with our many colleagues and discuss our health systems and policy analysis research work.

Staff and students of the School contributed to the Symposium in a variety of ways. This included presenting in:

- 1 plenary session
- 4 oral sessions
- 6 organised sessions
- 2 skills-building sessions
- 2 satellite sessions
- 4 posters / e-posters

The Global Symposium on Health Systems Research is organised by Health Systems Global every two years. Health Systems Global is an international membership organisation dedicated to promoting health systems research and knowledge translation. It has an elected, eleven-member board – one of its current board members being SOPH's Prof Asha George, SARCHI chair in Health Systems, Complexity and Social Change (see page 20). HSG Website: <http://healthsystemsglobal.org/> HSR 2016 Website: <http://healthsystemsresearch.org/hsr2016/>

Building on the on-going collaboration that CHESAI has had with the provincial and local government health departments, CHESAI invited a number of colleagues to be part of the CHESAI delegation to the Symposium. Four people from the Provincial Health Department attended - Patti Olckers, Dr Krish Vallabhjee, Dr Keith Cloete and Dr Tracey Naledi - while Soraya Elloker from the City of Cape Town Health Department also participated. She reflected as follows:

*'During the HSR 2016 conference in Vancouver, implementers, policy makers and researchers attended as a team from Cape Town. As an implementer... it was a worldview-changing experience. The opportunities to engage with actors who produce evidence, the opportunity to engage with the evidence, the opportunity to engage with policy makers, the opportunity to engage with other implementers were indeed powerful. Relationships were nurtured and strengthened between all these actors.'*

*The Cape Town team supported colleagues who presented and chaired sessions at the conference. This speaks volumes for the collective ownership and leadership in this team — the leadership to actively involve implementers and policy makers in knowledge co-production, sense-making and distribution; the leadership to open spaces for different contexts and voices to be heard; the leadership displayed through action which in itself is a mirror of reflection for others to learn; the leadership which assists with building resilience in health systems. Being actively “pulled” into this process has resulted in internal reflection of wanting to contribute towards knowledge and evidence co-creation. This process has indeed encouraged implementers to document stories. Much needs to be learned on this path. Implementers, the ball is in our court to engage in this collective space. This space created can broaden our perspective.'*

Soraya Elloker, sub-district manager Mitchells Plain, City of Cape Town Health Department  
(Source: <http://chesai.org.www17.jnbl.host-h.net/index.php/blog/17-first-blog-post>)





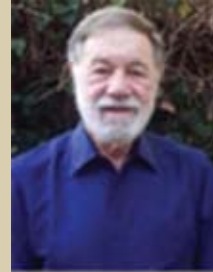
# Addressing the Double Burden of Malnutrition in a Globalised World

The second World Nutrition Congress of the World Public Health Nutrition Association (WPHNA) was co-hosted by the University of the Western Cape's (UWC) School of Public Health and its DST/NRF Centre of Excellence in Food Security. David Sanders and Rina Swart were co-convenors of this four-day event which was held at UWC from 30 August – 2 September 2016.

The congress took place at a time of unprecedented challenges in population nutrition. As a result of the global South's rapid 'nutrition transition', an increasing number of Southern countries are being faced with a 'double burden' of malnutrition: persisting high levels of chronic undernutrition alongside escalating rates of overweight and obesity, with their accompanying diseases. The obesity epidemic is well-established in high-income countries, and is increasingly affecting the poorest communities.

These challenges are ultimately a reflection of flaws in the food, nutrition and health systems. Global and national food systems are increasingly concentrated and globalised, with small-scale food production being rapidly marginalised in countries where such activity previously predominated. In many countries people are mobilising to defend their rights and taking action to recover and preserve indigenous and environmentally-sustainable food systems.

South African food companies (manufacturers and retailers) increasingly influence many sub-Saharan countries' food environments and nutritional indicators as they expand into the region. This provides an opportunity for South Africa's experience and policies to inform improved understanding and policy making on the continent, as well as provide a platform for all concerned with the impact of the food system on the health of humanity and our planet. As such, South Africa provided a potentially influential location for the WPHNA Congress.



SOPH's Emeritus Prof David Sanders is a paediatrician who, for 36 years, has been exploring the links between politics, poverty and nutrition. He is outspoken on the steps that need to be taken to improve childhood nutrition and address the growing problem of obesity, and is a passionate advocate for breastfeeding.

Researchers, policy makers, students and activists from different fields – ranging from land and agriculture through food retail and advertising to diets, health systems and nutritional outcomes – engaged in the conference themes which included

- the impact of food systems on livelihoods, nutrition, diet and health;
- community health and nutrition programmes and interventions;
- malnutrition treatment and prevention;
- the right to health, food, water, land and resources;
- the economics of public health nutrition;
- law and regulation in public health nutrition;
- the first 1000 days, infant feeding and early childhood development;
- food and nutrition security;
- the political economy of public health nutrition; and
- capacity development for public health nutrition.





## Some keynote speakers

Keynote speakers at the conference included leading local and international researchers and advocates.

### **Vandana Prasad**

Among the keynote speakers was Vandana Prasad from the Peoples' Health Movement and the Right to Food Movement in India. She is also an MPH graduate of the SOPH. Vandana highlighted the essential role of community-based action on nutrition as a component of social change, comparing a 'true' community-based process for managing acute malnutrition (CMAM) with the thinly disguised medical approach that calls itself CMAM.



Vandana Prasad also commented on the often-overlooked gendered view of the double burden. She identified the economics of purchase and women's time, energy and motivation as primary 'feeders' which should be taken into consideration, costed and supported, if people are to eat better, fresh foods; if children are to be breastfed exclusively for six months; and if a one-year old child is to be fed mashed, fresh food five times a day. She pointed to the importance of universal maternity leave / entitlements, crèches in worksites etc in order for exclusive breastfeeding to become a reality, noting that these 'micro issues' inform macro policies.

She commented that 'the Congress was extremely well organised, with typical large-heartedness, sensitivity, and positive energy. The programme was crammed full of many excellent speakers and fairly comprehensive.' She did feel, though, that it was 'heavily tilted towards policy analysis with too little consideration of the limitations of policy advocacy'.

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Two other keynote speakers were Carlos Monteiro and Joan Matji.

### **Carlos Monteiro**



Carlos A. Monteiro, MD, PhD, is Professor of Nutrition and Public Health at the School of Public Health, University of Sao Paulo, Brazil. His research interests include population nutritional and dietary assessment methods; secular trends and biological and socio-economic determinants of nutritional deficiencies and obesity and other nutrition-

related chronic diseases; impact of food processing on diet quality, health outcomes and sustainability; food and nutrition programmes and policies evaluation; and food-based dietary guidelines. He is a member of the WHO Nutrition Expert Advisory Group and, in 2010, received the PAHO Abraham Horwitz Award for Excellence in Leadership in Inter-American Health.

### **Joan Matji**



Prior to taking up her post in 2015 in the UNICEF Eastern and Southern Africa Regional Office as the Regional Nutrition Advisor, Joan Matji worked as the UNICEF Chief of Nutrition in Ethiopia and as Senior Nutrition Specialist in South Africa. During her time in the South African office, she co-ordinated

the implementation of the national food fortification programme in the country.

Joan worked on PMTCT while a research fellow in a University of Pretoria-Yale University partnership that culminated in her doctoral qualification. She also has a Masters of Science in Human Nutrition from the London School of Hygiene and Tropical Medicine. Joan is a recipient of the Fogarty International Center Fellowship and previously held a visiting lectureship at the University of Pretoria and the Medical University Southern Africa in Pretoria.

# Addressing the Growing Pandemic of Non-Communicable Diseases

The SOPH is undertaking several major international studies around non-communicable diseases (NCDs) – three of which are described here.

The **PURE (Prospective Urban and Rural Epidemiological)** study is a longitudinal cohort study in which changing lifestyles and chronic disease risk factors are tracked over a period of 15 years among 150,000 people spread across 17 high- to low-income countries worldwide. From 2009, the SOPH has been leading the study in South Africa, collaborating with researchers from the Medical Research Council, Human Sciences Research Council and University of Cape Town. The two sites selected for this study are Langa in the Western Cape (urban site) and Mount Frere in the Eastern Cape (rural site).

The NIH-funded **Diabetes Prevention Program (DPP)** for the developing world was initiated as part of the collaboration with the University of Missouri. The study involves contextualising DPP for the study setting (Khayelitsha) including intervention in groups for community health workers (CHWs); enhancing the intervention through interactive text messaging; and enhancing CHW communication skills through simplified Motivational Interviewing techniques. The feasibility and effectiveness of the intervention will be tested in the second phase, which consists of a two-year cluster randomised trial of sixty health clubs in the study site, with a cross-over from usual care to intervention after one year.

**SMART2D (Self-Management Approach and Reciprocal Transfer for Type 2 Diabetes)** is an EU H2020 funded multi-centre study. Launched in 2015 it explores new interventions to address the growing burden of type 2 diabetes in high-, middle- and low-income countries.

South Africa was responsible for the formative research focusing on dietary behaviour, lifestyle, health services delivery and NCD care and management to inform intervention strategies and a pragmatic trial in the intervention site (Khayelitsha). A situational analysis of policy and civil society stakeholders was conducted as was a literature review focusing on community interventions and models of NCD care. A food environment survey was added to explore dietary household patterns and assess its impact on risk factors for diet-related NCDs.

The formative research was completed in June 2016 and a synthesised report submitted to the EU in September 2016. The research resulted in

- a presentation on health behaviour and education needs to the Junior Symposium of the Public Health Association of South Africa (PHASA) in 2015;
- a poster presentation on the role of CHWs in type-2 diabetes self-management (PHASA, 2016);
- three posters at the World Public Health Nutrition Congress in 2016 – on the literature; the impact of the food environment on nutrition-related NCDs in Cape Town; and the obesity prevention landscape in South Africa;
- two articles being published on the impact of the food environment and a news article in *The Cape Times* followed by an expanded paper on diabetes;
- two articles being submitted for publication in international peer-reviewed journals; and
- a consultancy report submitted to ELMA Philanthropies, mapping the actors and efforts involved in obesity prevention in South Africa.

Food environment research specifically looked at the navigation of local food environments, and how the community perceives environmental influences on healthy food choices. Work is being done on the extent of government policy as regards the food environment by comparing local implementation against international best practice. This has involved the grading of government performance in terms of policy development and implementation against the international Healthy Food Environment Policy Index (Food-EPI), and using selected domains to inform and adapt an environmental assessment tool (EPOCH).

A community-based participatory research method (PhotoVoice) is also developed within SMART2D in conjunction with EPOCH as part of a PhD track. Two other PhDs have been focussing on early detection, prevention and self-management of type-2 diabetes and hypertension, and developing an evidence base for primary care level type-2 diabetes management based on CHW-supported self management.

## The 'sugar tax'

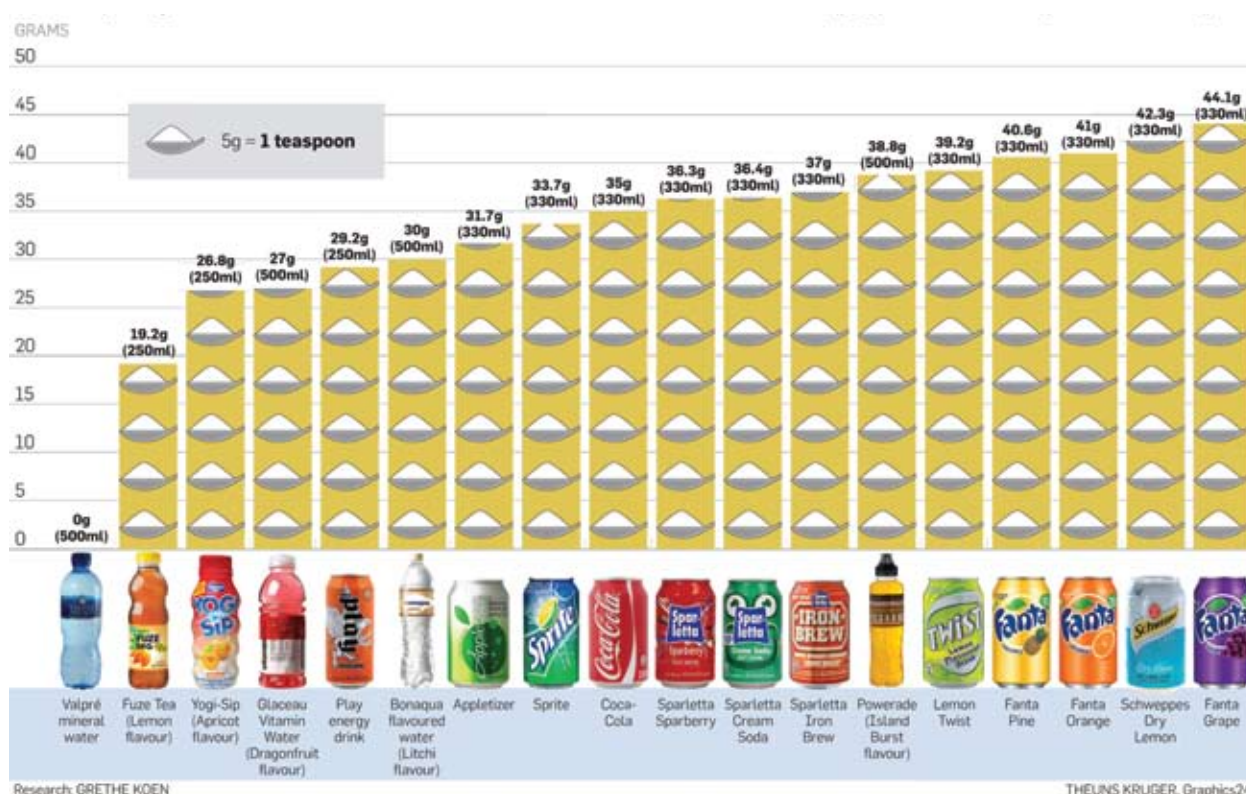
The work on upstream determinants of NCD risk factors has involved SOPH's undertaking advocacy regarding the implementation of the so-called 'sugar tax' proposed by National Treasury in its budget speech in February 2016. A policy paper regarding the proposed sugar tax was released in July 2016 and SOPH's NCD cluster submitted a written comment to National Treasury. This emphasised that

- national efforts to address diet-related NCDs have to be strengthened, co-ordinated and sustained if they are to combat trends and to achieve reductions in the burden of NCDs;

- revenues from the sugar tax should be earmarked for health promotion funding; and
- the proposed taxation levels should be adequate to reach the goals set out in National Strategic Plans.

A presentation was made at the Public Hearings on the taxation of sugar-sweetened beverages in Parliament in January 2017. In addition a pledge was made to more actively pursue advocacy efforts by participating in the newly-established PHASA Special Interest Group on Health Promotion.

## THE SUGAR SCALE



<http://www.health24.com/Medical/Diabetes/Multimedia/Whats-SAs-most-sugary-drink-20150309>



# Family-based Counselling and Testing: Facilitating HIV testing, disclosure and intergenerational communication

Most voluntary HIV counselling and testing services in South Africa are accessed at healthcare facilities. However, this may not reach everyone at risk, including children (under 18 years). These missed testing opportunities highlight the need to provide targeted, age-appropriate HIV testing for children and adolescents, in addition to creating testing opportunities for adults not accessing facility-based services.

The delivery of home-based HIV counselling and testing by lay counsellors to individual adults has been demonstrated to be acceptable and cost-effective in rural South Africa - and is particularly successful in reaching first-time testers and making referrals to HIV care and antiretroviral therapy (ART).

## Why family-based HIV counselling and testing?

While home-based counselling and testing has been successful in multiple settings, very few models exist that test entire families and link them to treatment. A family-based counselling and testing model presents a number of opportunities, including a chance for facilitated disclosure of HIV status to family members, including children. Family-based counselling and testing could reduce the opportunity costs of seeking facility-based care, reduce the stigma and responsibility

that clinic-identified HIV-positive family members may feel, and encourage a more family-focused and shared response to HIV and AIDS.

Thus, the challenge and opportunity was to design an effective family intervention to support HIV testing and disclosure, which would hopefully also strengthen the family and support health awareness and prevention among children and adolescents. The intention was that this be low-intensity and scalable within the high HIV prevalence and risk context of South Africa.

## Intervention development

The family-based counselling and testing intervention was designed and developed using the Six Steps in Quality Intervention Development (6SQuID) model. The approach taken in this research was not to develop a new intervention, but instead to augment a current successful home-based counselling and testing intervention to include families.

The research team conducted a number of formative research activities to inform the design of the intervention, the first being a systematic review to assess existing family-based interventions in South Africa. In addition formative qualitative research was conducted to assess the potential acceptability of family-based counselling and testing and to understand the factors that may act as facilitators or barriers to the delivery of such an intervention in households and families within the study community.

The results of these two pieces of formative research were used as the basis for two interactive workshops with the community and stakeholders. The workshops not only synthesised the formative data but enabled the research team to understand the causal and contextual factors that had the potential to impact the family-based counselling and testing model outcomes, as well as to identify which intervention activities would have the greatest scope for change.

Three important modifiable causal and contextual factors were identified, which could form the intervention target. These included hierarchical relationships between generations, inability to discuss sex across generations, and poor communication skills across generations. The formative work and the literature review identified great value in parent-child communication in mitigating high-risk behaviour. Our intervention aims to address these outcomes through changing participants' knowledge, perceptions of risks and benefits, awareness, social norms, skills, self-efficacy, and intentions regarding testing, treatment, and disclosure.



## What does the intervention look like?

Operationalising the intervention was an iterative process drawing on all prior steps. It included two intervention design workshops with counsellors and implementation staff supplemented by consultations with experts in child and adolescent development to produce and adapt tools and materials to test children, adolescents, and adults for HIV. The focus was on encouraging disclosure and to improve intergenerational communication.

The proposed family-based counselling and testing behavioural intervention consists of up to five sessions delivered within the household, plus an optional session for high-risk or vulnerable family situations (see Figure 1 below). The intervention, delivered by trained counsellors/facilitators, was expected to cater to three configurations of families: young families, mixed families and older families.

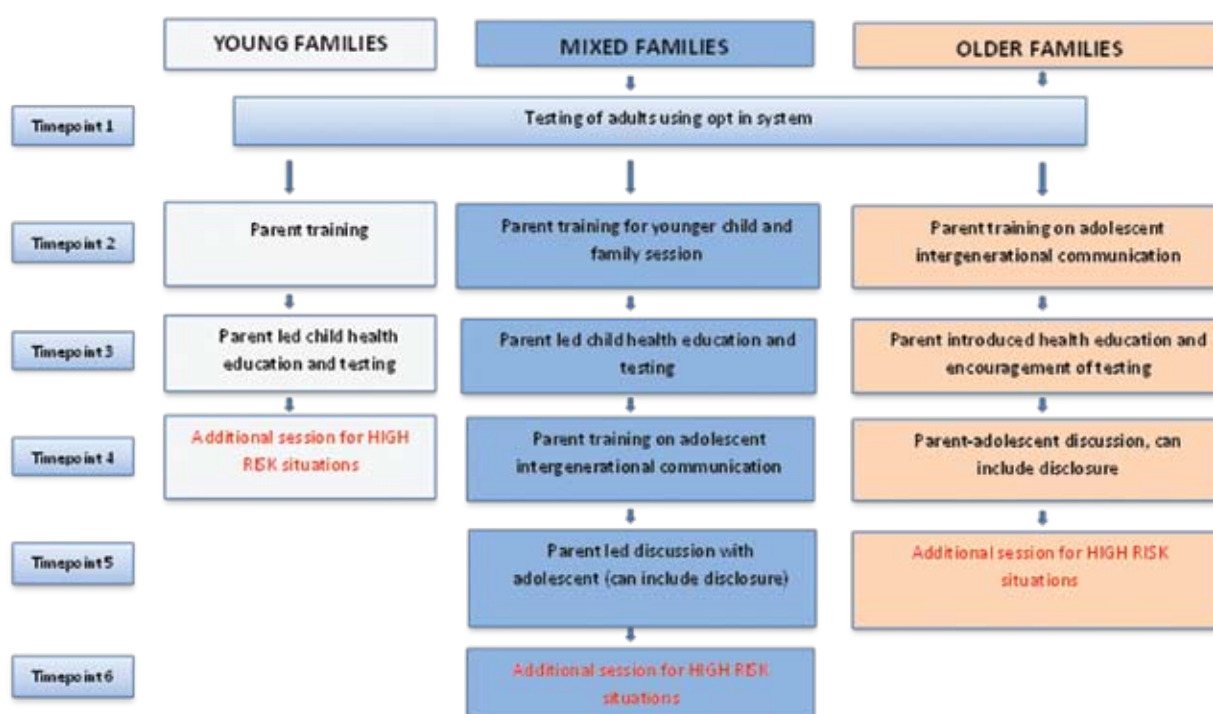


Figure 1: Flowchart of the family-based counselling and testing intervention for different configurations of family (van Rooyen et al. 2016).

## Next steps

In the next phase of the study, the intervention will be tested and refined collecting sufficient evidence of effectiveness to proceed to rigorous evaluation.

This research is supported by funding from the National Institutes of Mental Health (1 R21 MH103066-01). The principal investigator on the project is Dr Heidi van Rooyen and it is led by a team at the Human Sciences Research Council. Dr Lucia Knight from SoPH is a co-investigator on this project.

# Theorising how Adherence Clubs can improve Access and Adherence to ART

The challenges faced by people on antiretroviral therapy (ART) for HIV are well known - but in the South African public health service include clinic congestion, poor retention in care and sub-optimal adherence to medication. A possible solution to this are adherence clubs, designed to shift the majority of consultations and ART collections for stable patients. The Department of Health piloted, and subsequently implemented, adherence clubs in the Western Cape as a systems improvement intervention to manage stable patients on ART.

There has been little understanding of how the adherence clubs achieve their intended outcomes however, despite empirical studies that demonstrate that they have the potential to relieve clinic congestion, improve retention in care and treatment adherence in the context of rapidly growing patient populations on ART. The aim of this project was, therefore, to understand *how* and *why* the adherence club intervention works, using a realist evaluation framework.

## What is realist evaluation?

Realist evaluation is a theory-driven evaluation approach, drawn from the seminal work of Pawson and Tilley. Realists seek to understand how and why a programme works, for whom, and in what circumstances. Realism, its philosophical basis, assumes that an external reality can be assessed through configurations of contexts, mechanisms and outcomes.

It is generally acknowledged, therefore, that approaches such as realist evaluation can potentially open the 'black box' of programme mechanisms and provide greater insights on programme causality.

## Programme theories

Realist evaluations typically start by eliciting an initial programme theory (hypothesis) and work towards a more refined theory. A programme theory is a set of explicit or implicit assumptions of how the programme should be organised and why it is expected to work. They link activities and outcomes to explain how and why the desired change is expected to take place and represent how the mechanisms introduced by the programme into pre-existing contexts can generate outcomes. Developing a programme theory follows from the notion that programmes are theory-incarnate.

Based on our analysis, we identified two possible testable hypotheses for the adherence club intervention:

### **Hypothesis 1:**

*IF patients with similar treatment characteristics (health-literate adults, 18+) are provided with quick symptom checks, quick access to medication, consistent counselling and social support from the peer counsellor,*

*THEN patients are likely to adhere to medication and remain in care,*

*BECAUSE they develop a group identity which improves their perceived social support, satisfaction and trust; and acquire knowledge which helps them to understand their perceived threat and perceived benefits and improves their self-efficacy.*

*As a result, they become encouraged, empowered and motivated, thus, more likely to remain in care and adhere to the treatment.*

### **Hypothesis 2:**

*IF operational staff receive goals and targets set to continuously enrol patients in the adherence club and strictly monitor their participation through strict standard operating practices (pill counting, and the promise of exclusion in the event of missed appointment and active patient tracing),*

*THEN patients are likely to adhere to medication and remain in care,*

*BECAUSE they fear losing the benefits of the club system (easy access to medication, peer support, reduced waiting times, and two-month ART collection) and they are coerced through adhesive club rules.*

*As a result, they decide to remain in care and adhere to the treatment which might, in turn, decongest the health facility.*

Testing the two hypotheses in contrasting sites will allow us to confirm, refute, modify or consolidate the two possible initial programme theories to obtain a 'middle range theory' that explains how and why the adherence club intervention works – i.e. a theory that provides explanations that are sufficiently general to explain outcomes across settings and social activities. Middle range theories are applicable to a certain behaviour in any social setting and are more abstract than the programme theory. Obtaining the final programme theory from the various cases is achieved through the processes of comparative analysis and analytical generalisability.

This theoretical understanding is critical for understanding not only whether the adherence club intervention has been successful in a particular context, but also how and why it works and under what context conditions it can be scaled up or replicated.



# Accessing Medicines in the Western Cape: The Chronic Dispensing Unit

Overburdened health facilities, a shortage of pharmacists in the public sector and a growing demand for chronic medication led to the establishment in 2005 of the Chronic Dispensing Unit (CDU) in the Western Cape province. An out-sourced, public sector centralised dispensing service, the CDU dispenses medicines as a separate service to stable patients with chronic conditions - as a response to the challenges in the health system.

In 2015, the CDU dispensed approximately 300,000 patient medicine parcels each month – but they also reported the non-collection of medication by patients who missed appointments in at least 8% to 12% of cases. The causes of this were not well understood but the implications were clear and included a cost to government for services rendered by the contractor, potential losses due to expired medicines, additional workload for the contractor and healthcare facility staff and potential negative therapeutic outcomes for patients.

A multi-level assessment incorporating a combination of qualitative methods and a retrospective review of medical records was conducted to establish the causes of these missed appointments, with a view to addressing them.

Missed appointments were attributed to a combination of socio-economic factors including mobility, work commitments and temporary switches to private healthcare (where patients accessed services they perceived to be better, but which they left when funds ran out, switching back to public sector).

Some barriers seemed to be of a temporary nature as many patients who missed appointments presented voluntarily at a later time to collect their medicines. For example in a sub-sample of 89 'appointment defaulters' noted in the medical records, 67% presented voluntarily later to obtain their medicines. This caused unnecessary system complications, however. Firstly the parallel information systems in the CDU and health facilities' pharmacies were not interoperable, which meant that decision makers were not informed of patients' status if they presented late. Secondly, and most importantly, it produced extra time-consuming administrative processes for pharmacists at the facility level.

It also became evident through the missed appointments enquiry, however, that some patients were erroneously recorded as appointment defaulters, flagging the need to distinguish between true defaulters and misclassified patients. The latter attended the health facilities on the correct date or within the permitted timeframe ( $\leq 3$  days before or  $\leq 5$  days after) but obtained their medicines from the traditional (internal) pharmacy system instead of their CDU parcel.



In the remaining 33% of the sub-sample of 89 'appointment defaulters' noted in the medical records, some patients who transferred out of a health facility were kept on record while others followed a different appointment system with the health facility (not the CDU's). Health workers reported that confusion of appointments often occurred when patients reported to the health facility for an acute illness episode on a day different from their CDU appointment. In these cases they prescribed treatment for acute together with chronic medication, thus initiating another treatment cycle which was not in sync with their CDU appointments. Although there was a good reason for doing this (to reduce the frequency of patient visits to the facility and save on transport costs), it resulted in an increase of non-collected patient medicine parcels.

In other cases, it was not clear why patients had not returned to the health facility. In instances where patients had been clinically unstable at their last assessment, however, health workers suspected they could have been hospitalised or died. Again, information systems which were not interoperable meant that patients hospitalised at other levels of care could not be flagged.

This research identified three key recommendations:

1. ensure that the patient-care model is responsive to socio-economic and cultural realities of patients;
2. reach consensus with health workers on how to handle cases of CDU patients accessing services for acute care; and
3. work on the interoperability of the different information systems so that a complete picture on the patients' status can be obtained when required.

# Projects

This is a listing of projects undertaken in 2015 and 2016 which are not mentioned substantively elsewhere in this report. They were implemented by the staff of the School of Public Health (SOPH), often in collaboration with partners whose organisations are named wherever this is the case. Only the names of the SOPH staff and the School's extraordinary professors are given here, however.

## Research on lifelong learning and National Qualifications Frameworks (NQFs)

*Lucy Alexander, Ziyanda Mwanda*

The two aims of this project undertaken with UWC's Division of Lifelong Learning were

- to qualitatively strengthen the SOPH's postgraduate learning programme materials, by infusing them with multimedia methods, thereby increasing interactivity and enhancing students' motivation in learning; and
- to lodge SOPH distance materials on the SOPH-UWC website as well as on the Open Education Resources (OER) Africa website.

The quiz-making software I-Spring was procured to increase interactive learning possibilities of on-line courses. Other equipment obtained enables direct video recording into the Camtasia programme; enables lecturers to demonstrate and write on the screen while teaching during video-conferencing sessions; and ensures there is minimum audio-signal interference.

36 modules of SOPH's materials were uploaded onto the UWC website as OERs under a Creative Commons license - and have also been sent to the OER Africa platform for uploading at their site.

Funded by the South African Qualifications Authority, this project completed its work in 2015.

## Support to the implementation of the EAC Regional Centre of Excellence for Vaccines, Immunisation and Health Supply Management

*Hazel Bradley, Jennifer Birkett, Richard Laing, Ziyanda Mwanda*

In supporting the implementation of the EAC (East African Community) Regional Centre of Excellence for Vaccines, Immunisation and Health Supply Chain Management, UWC / SOPH is providing expertise in

- the development and co-ordination of short-course training; and
- continuous development of training support for the Masters programme, focussing especially on learning management systems and open source e-learning platforms.

The Regional Centre is based at the University of Rwanda – and this work to support the University of Rwanda is funded by the German Development Bank (KfW) through Health Research for Action.

## 'Switching the Poles': Building capacity for animal and human health in South Africa and the African continent through multi-disciplinary research, teaching and networking

*Helen Schneider*

This programme's objective was to increase the School's capacity to provide, and support others in providing, postgraduate public health training. It was funded from 2014 to 2016 by the Belgian government under the Third Framework Agreement between Belgian Development Co-operation and the Institute of Tropical Medicine (ITM). This specifically supported the development of open-access distance learning materials, enabling the sharing of experiences in flexible, distance and on-line modes of delivery for postgraduate programmes in our partner institutions across the continent. This included exchanges around e-learning with ITM's other major partner in South Africa, the Faculty of Veterinary Sciences at University of Pretoria. It also provided PhD scholarship funding for non-South African students wishing to study at UWC, and supported regular exchanges between SOPH and ITM.

## Collaboration to support the development of a Pan-African Programme in Health Leadership

*Uta Lehmann*

Working with Makerere University and the universities of Ghana, Cape Town and North Carolina, this project's main aim is the development of a professional doctoral degree programme. Comprising both course work and practical work, it is intended for working people who wish to enhance their health systems skills within their work environment, rather than become researchers.

Funded by the Rockefeller Foundation through the University of Ghana, the project included a small research component which involved needs assessments and consultations. The externally-funded period of the project ended in 2015, but the work on the development of a professional doctorate continues.



### Carnita Ernest - SOPH's new Project Manager

Carnita Ernest re-joined SOPH as project manager in August 2016, after working in the NGO sector at a continental level. She occupied this post prior to Shun Govender who retired at the end of 2016 and from whom she now takes over.

*'I was inspired to return to the SOPH because of its expertise in global public health research and training and staff who are socially and politically engaged. SOPH has been innovative in developing alternative funding streams with long-term and nascent partnerships in place. I believe that amplifying this is important especially within the current higher education context. Grant writing and management has become a key competence not only for academics but also for all our graduates, who have/will have senior positions within various institutions.'*

*'I intend to contribute to the institutional strengthening of SOPH by providing strategic support with grant writing and management to both seasoned and emerging researchers, developing integrated administrative systems, and nurturing relationships with funders that support SOPH's research programme.'*

### **Leadership and management development strategy: Defining competency profiles and competency assessment of managers**

*Helen Schneider, Uta Lehmann, Vera Scott, Boroto Hwabamugu*

PAHLM – the Partnership in Health Leadership and Management – is a joint project of the universities of Cape Town, Western Cape and Stellenbosch, in partnership with the Western Cape Department of Health. Its objectives are to identify leadership and management competencies across all levels of the health system, identify gaps in these competencies and propose systemic approaches to the development of leadership and management capacity.

Given the plethora of donor-funded initiatives targeting health service managers, the idea is to develop ways of channeling lessons into sustainable systems of leadership and management development.

One of PAHLM's initial outcomes was to contribute to a leadership competency framework that links individual, team and system leadership and management competencies. The goal is for this competency framework to be used more broadly in building capacity in management in the Western Cape.

The project was initially funded by I-Tech, Washington. Work on the project continues.

### **Country perspectives on the migration of highly-trained health personnel: Causes, consequences and responses**

*Thubelihle Mathole, David Sanders*

This study funded by the Canadian Institutes of Health Research (CIHR) aimed to better understand the causes, consequences and responses of four countries – the Philippines, India, Jamaica and South Africa – regarding the migration of their highly skilled health personnel to Canada and other countries, with a view to providing new evidence on the implications of this migration for these countries. The SOPH worked on the South African study with the University of Limpopo and Ottawa University, Canada.

In the near past, South Africa's health worker shortages as a result of emigration were viewed as significant and harmful. The study found that domestic policies to improve health care and the health workforce, including innovations such as new skilled health worker (SHW) cadres and occupational-specific dispensation policies, appear to have mitigated SHW shortages to some extent. Decreased global demand for health workers

and indications that South African SHWs primarily use migratory routes for professional development suggest that health worker shortages as a result of permanent migration is no longer a dominant factor in South Africa.

### **Community health workers and their effective engagements in health service delivery within the broader health workforce**

*Uta Lehmann*

This project entailed producing a technical paper on community health workers (CHWs) which included proposals for their effective engagements in health service delivery as well as the ways in which they might be situated in the broader health workforce in countries. It

- described the ways in which CHWs are identified, trained, utilised, compensated, motivated, evaluated and how they are situated in the broader health workforce;
- analysed what has worked/is working, has not worked and why – with respect to the ways in which they are trained, utilised, equipped, compensated, supervised, etc; and
- proposed policy options relating to CHWs including the type(s), scope of activities, training/curricula, incentives and motivation, voluntary vs pay, job specification, supervision, and links to the health workforce.

The production of this technical paper was funded by WHO – Global Service Centre.

### **Developing a reader on human resources for health research**

*Asha George, Uta Lehmann, Kerry Scott*

We are developing a reader on human resources for health (HRH) research, which is intended to promote greater understanding of the varied research approaches that can be applied to this field: spur interest and discussion on the value of, and rigour required in, HRH research; and provide resources that can be used for teaching and capacity development of researchers and practitioners alike. In addition, the process employed in developing the reader is intended to serve as a stimulus to the HRH community and its engagement with health systems research. Activities include, among others,

- a series of webinar consultations in conjunction with other key groups engaged with health systems research;
- a series of blogs supporting some of the key themes explored by the reader;

**Ziyanda Mwanda** joined the SOPH as a research assistant in 2012, the year she graduated from UWC with a BSc in Biotechnology. When, in 2014, the School transitioned all of its materials from a paper-based to an on-line distance learning platform, Ziyanda worked closely with the materials development team to pilot the transition with one of the School's core MPH modules: Management Strategies in Public Health Services.

*'My key role was to support staff, introducing them to the emerging educational technologies, and supporting students in navigating their way around the University's e-learning platform, Ikamva. It was at this point that I developed an interest in understanding the impact that technology has on distance education.'*

Encouraged by the School to formalise her skills, Ziyanda completed a Postgraduate Diploma in Educational Technology at UCT in 2016. She is currently doing an MEd in Educational Technology. With additional e-learning training and support being provided by the Institute of Tropical Medicine, Belgium, Ziyanda is now firmly placed as our resident expert on all things related to educational technologies. *'My experiences and the opportunities I have had at the SOPH have resulted in me gaining a sharper interest in the research about the complex impact technology has on our teaching and learning experiences.'*





- key commentaries published in international journals reflecting on HRH research to date; and
- the development of a package of educational material, made accessible for testing or mainstreaming into other HRH or health systems research.

Funded by the Alliance for Health Systems and Policy Research/ WHO, the SOPH is developing this resource with Johns Hopkins University (USA), the University of Science and Technology (Jordan), and the Universidad Peruana Cayetano Heredia (Peru).

### Health systems resilience: A complex adaptive systems analysis

*Christina Zarowsky, Peter Delobelle, Martina Lembani, Thubelithle Mathole*

This project aimed to understand what characterises health systems resilience in contexts of adversity. This entailed exploring the determinants of system vulnerability and resilience using a systems dynamic approach, which learnt itself to group model building through intensive, participatory consultation with local stakeholders and representation and refinement of models using graphical systems tools.

The project worked with three case studies:

- technical assistance provided to HIV services in Cote d'Ivoire during the civil unrest following the disputed presidential election of 2010;
- health service provision in Yobe State, Nigeria in the context of Boko Haram insurgency, and
- maternal health service provision in a district in the Eastern Cape in the context of chronic poor health performance.

A model of health systems resilience was developed through

- developing graphical system dynamic models of factors influencing health systems performance in the context of environmental 'shocks' and refining these models through sensitivity analysis;
- collating case study reports, indicating areas of vulnerability (and of adaptation and resilience) and potential points of leverage for systems strengthening work;
- developing a graphic, accessible model of health systems resilience;
- defining policy options for strengthening health systems resilience in situations of adversity by running simulations of alternative scenarios with policy makers; and

- developing capacity for system dynamic (SD) modelling within health researchers in West Africa and beyond.

This project was undertaken with Columbia University and the ReBUILD Consortium Responsive Fund who was responsible for the funding from DfID. It was completed in 2015.

### Collaboration for Health Systems Analysis and Innovation (CHESAI)

*Uta Lehmann, Lucy Gilson, Woldekidan Amde, Asha George, Boroto Hwabamungu Martina Lembani, Nikki Schaay, Helen Schneider, Vera Scott*

The Collaboration for Health Systems Analysis and Innovation (CHESAI) project was a five-year collaboration (2012 – 2016) between the schools of Public Health at the universities of Cape Town and the Western Cape, funded by the Canadian International Development Research Centre.

It was based on the understanding that Health Policy and Systems Research (HPSR) is an emerging field within the broader terrain of health research, with conceptual and methodological foundations that require substantial development. The overall aim for CHESAI was, therefore, to contribute to expanding and strengthening the health policy and systems knowledge base in Africa through building an intellectual hub for HPSR in Cape Town. It did this through creating spaces for engagements between researchers and practitioners, through supporting African HPSR capacity development and through sharing/ disseminating HPSR conceptual and methodological innovations.

After five years, notable successes of the project have been:

- the introduction and institutionalisation of a HPSR journal club as a platform for conversation between academics, policy makers and managers in the Western Cape, which has impacted both research and policy;
- the successful co-hosting by the CHESAI team of the Third Global HSR Symposium in Cape Town in 2014, and strong contribution to the 2016 Symposium in Vancouver;
- collegial engagement with the growing Ghana and wider West African HPSR network (with its own links within West Africa), the Indian PHFI/ KEYSTONE networks, and the Kenyan HPSR work of the KEMRI-Wellcome Trust programme;
- the institutionalisation of HPSR in our organisational environments;



Since January 2014 **Dr Martina Lembani** has been a post-doctoral researcher at the SOPH. She has participated in the Collaboration for Health Systems Analysis and Innovation (CHESAI) project, a collaborative initiative between the SOPH and the University of Cape Town which aimed to contribute to expanding and strengthening the health policy and systems knowledge base in Africa through building an intellectual hub in Cape Town.

Prior to this, Martina was a senior programme officer in the School, working on another collaborative project - Health Systems Resilience: A Complex Adaptive Systems Analysis - this time with the Mailman School of Public Health, Columbia University. Through her engagement in these projects, Martina has gained considerable experience in the field of Health Policy and Systems Research and has built her academic career in the areas of teaching, Master students supervision, academic writing and research. Her current research interests include health systems analysis using systems dynamics modeling and participatory group model building approaches, quality of health care and leadership development, non-profit sector and human resources for health.

- strengthening the organisational capacity of our and our collaborators' institutions, and the teaching and research capacity of staff in our institutions and institutions in our southern networks; and
- the publication of 52 papers and book chapters, with 62 in progress.

While the funded period of the project has come to an end, the collaboration continues.

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

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

This four-year research project aimed 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. Using a range of methods, the key components of health systems which were prioritised by countries to improve maternal health were identified and tested in four sub-projects.

The project documented illustrative cases of successes and failures in maternal health services in Rwanda and South Africa, with a view to identifying opportunities to improve the way these services are provided, and to enhance workers' motivation and leadership. Through working closely with policy leaders and civil society, it took joint actions to improve maternal services. In both countries, the major reforms underway and the relative inclusiveness of policy processes provided major opportunities to positively influence policy directions and their implementation.

Partners in this project were from Kenya, Rwanda, Netherlands, Switzerland and South Africa. It was funded by WOTRO, Netherlands, and completed in 2016.

### **Use of continuous quality approach to increase access to TB case-finding and treatment in Sisonke District, South Africa**

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

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

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

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

### **Whole system change in South Africa: Understanding the experience of health system transformation in the Western Cape province**

*Helen Schneider*

This project addresses the question: What public health system performance improvements have been achieved in the Western Cape province over the last 20 years, and what factors have enabled or constrained these improvements? In doing so it brings three new perspectives to bear in understanding large-scale health system transformation:

- it draws on the combined insights of a team of policy makers and researchers with long-term experience of the South African health system, recognising the importance of embedded research to HPSR;
- it applies conceptual insights drawn from the development literature that highlight three interlocking elements of organisational capacity entailed in whole system change; and
- it examines the politics of implementing health system change, paying particular attention to policy actors, decision-making processes and governance contexts, and drawing on policy analysis and political economy theory.

Funded by the UK Medical Research Council, the SOPH is working with the universities of Cape Town and Stellenbosch, the Western Cape Provincial Department of Health, SAMRC's Health Systems Research Unit and the Health Systems Trust.

### **District Innovation, Action and Learning for Health Systems (DIALHS)**

*Uta Lehmann and Lucy Gilson, Nikki Schaay, Vera Scott*

The District Innovation, Action and Learning for Health Systems (DIALHS) project is an action research and learning collaboration between the City of Cape Town, the Western Cape Provincial Department of Health, and the schools of Public Health at the universities of the Western Cape and Cape Town. It aims to strengthen district health systems in South Africa by understanding the key restrainers and enablers at local (sub-district, programme and facility) levels. Project activities are not only jointly conceptualised and implemented with local health officials, but also jointly presented at conferences and written up.

DIALHS' specific objectives have been to:

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

Over the last six years, areas of focus within activities have evolved over time. Particular attention has always been paid to supporting and strengthening relationships between sub-district management teams, primary care facility managers, environmental health practitioners and community members. In alignment with the PAHLM project we are furthermore developing models of team coaching and leadership development at scale. A growing focus has been on the dissemination of lessons from the project, particularly through a series of policy briefs, as well as conference presentations and academic publications. DIALHS is funded by The Atlantic Philanthropies.

#### **Primary health care systems' profiles & performance (PRIMASYS): South African case study**

*Helen Schneider, Andrew McKenzie (consultant), David Sanders, Nikki Schaay, Vera Scott*

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 healthcare delivery systems, including access to and utilisation of primary care in low- and middle-income countries (LMICs). A wide array of stakeholders including development agencies, global health funders, as well as policy planners and health systems decision-makers, need a better understanding of the primary care schemes, in order to plan and support complex health systems interventions. In addition, there is a need to draw cross-cutting lessons across different settings and systems, so as to inform the organisation of primary care schemes in LMICs. We need more evidence on successes and failures in improving access to, and performance of primary care. How are primary care systems operating across the globe? What can we learn from different primary care experiences?

To bridge the knowledge gap on frontline healthcare delivery systems, the Alliance for Health Policy and Systems Research (HPSR) commissioned a series of country case studies of primary care systems in LMICs. South Africa was selected as one of five countries (with Nigeria, Bangladesh, Pakistan and Tanzania) for a first

round of PRIMASYS case studies. The South African case study was completed in 2016, and a technical report and briefing note distributed.

The project was funded by the Bill and Melinda Gates Foundation through the Alliance for Health Policy and Systems Research.

#### **Taking treatment of lifelong chronic conditions to scale: Applying the positive deviance approach to health programme management**

*Brian van Wyk, Hazel Bradley, Ferdinand Mukumbang*

The SOPH worked with the Institute for Development Studies, UK, to investigate the systems issues entailed in taking treatment of lifelong chronic conditions to scale. The study found pockets of positive deviance, which contributed to improved retention in care in the study sites. These innovations included, in various forms:

- peer support in ART clubs;
- appropriate support for self-management;
- functioning tracking system for those lost to care;
- strong community partnerships;
- streamlined approach to differentiated care;
- staff responsiveness to facility-level barriers and constraints experienced by patients;
- decentralised medication delivery; and
- dedicated and accurate entry for health information management systems.

Lessons learnt from the largely successful HIV treatment programme can be extended to include other chronic conditions such as hypertension and diabetes, to develop an integrated programme for all chronic life-long conditions. This project was funded by the Medical Research Council (MRC) (UK) and was completed in 2015.

#### **A people-centred approach through self-management and reciprocal learning for the prevention and management of Type-2 Diabetes**

*Thandi Puoane, David Sanders, Peter Delobelle, Lungiswa Tsolekile, Mariam Hassen, Boniswa Jili, Tshilidizi Manuga, Kululwa Ndayi, Khumbula Ndibaza, Thabani Noncungu, Mark Spires*

The aim of this project is to strengthen the capacity for the provision of Type-2 diabetes (T2DM) care (prevention and management) through proven strategies like task-shifting to non-physician health care providers and community health workers, and expanding care networks through community-based peer support groups.

The project has two components:

- to formulate and implement a contextually appropriate self-management approach through facility and community components for prevention and control of T2DM in three settings: a rural area in a low-income country (Uganda), an urban township in a middle-income country (South Africa), and vulnerable immigrant populations in a high-income country (Sweden); and



- to evaluate the outcome of the self-management approach and the added benefit of the community component compared to the facility component; and in dialogue with stakeholders, translate the research findings into relevant input for national guidelines and policies in each setting and for reciprocal transfer of knowledge across sites.

SOPH is working with the Karolinska Institutet and Uppsala Universitet, Sweden; the Institute of Tropical Medicine (ITM), Belgium; Collaborative Care Systems Finland, Finland; and the Makerere University School of Public Health, Uganda. The project is funded by the European Commission through the Karolinska Institutet.

### **Adapting the Diabetes Prevention Program for a developing world context**

*Thandi Puoane, Lungiswa Tsolekile, Mariam Hassen, Asiphe Ketelo, Kenneth Mulalo, Cynthia Paka, Hanani Tabana*

The purpose of this project, which began in 2016, is to adapt the NIH's Diabetes Prevention Program (DPP) and evaluate the feasibility and effectiveness of its delivery largely through community health workers (CHWs) in an urban community in South Africa. The project has two phases – the first for adaptation and the second an evaluation trial to determine effectiveness.

Adaptations to the DPP for this setting includes the delivery of treatment in a group format using CHWs; enhancing the DPP through interactive text messaging; and enhancing CHWs' communications skills through simplified Motivational Interviewing (MI) training. This will be followed by a cluster randomised trial comparing the adapted programme to usual care, working with about 60 health clubs. Feasibility and process outcomes will be assessed among the staff of the host NGO, CHWs, and participants. We will assess the cost-effectiveness of the intervention with respect to cost per kg of weight loss and key secondary outcomes.

The DPP materials will be disseminated through training curricula, university training courses, and engaging other stakeholders.

The SOPH is partnering locally with the South African Christian Leadership Association Health Project (SACLA) and with the Center for Children's Healthy Lifestyles & Nutrition at the Children's Mercy Hospitals and Clinics, Missouri, USA, through whom the funding from the National Institute of Health comes.

### **A systematic review of community-based interventions to improve access to medicines for Chronic Life-Long Conditions (CLLCs) in lower- and middle-income countries and vulnerable communities in high-income countries: A scoping review protocol**

*Brian van Wyk, Hazel Bradley*

This project comprised a systematic review of community-based interventions – with a view to improving access to medicines for patients with chronic life-long conditions in resource-constrained settings and hard-to-reach population groups.

It was funded by the Alliance for Health Policy and Systems Research, WHO - through the Systematic Reviews on Health Policies and Systems of the South African Medical Research Council.

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

*Thandi Puoane, David Sanders, Lungiswa Tsolekile, Kululwa Ndayi, Mark Spire*

*Western Cape team: Ntombodidi Gobile, Thozama Honono-Kasozi, Boniswa Jwili, Asiphe Ketelo, Tshilidzi Manuga, Kholiswa Mphithi, Mulalo Kenneth Muhali, Khumbula Ndibaza, Thabani Noncungu, Cynthia Paka*

*Eastern Cape team: Xakathile Dabula, Sandile Luke, Thamkazi Macwili, Busisiwe Madikane, Anam Madikizela, Mtandazo Mbuthuma*

This study is part of an international project which aims to track the changing lifestyles, risk factors and chronic disease among 150,000 people over 15 years (from 2009-2024) across 17 high- to low-income countries from every major region of the world. In so doing, the Prospective Urban and Rural Epidemiological (PURE) study intends identifying 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 - and every three years medical measurements collected at baseline are repeated.

There are two sites in South Africa, the North West University and Cape Town sites led by the SOPH, UWC, collaborating with researchers from the South African Medical Research Council (MRC), Human Sciences Research Council and the University of Cape Town.

This research is funded by Hamilton Health Sciences and McMaster University, Canada, the MRC and the National Research Foundation in South Africa.

In 2015 and 2016 four additional studies were nested within the larger PURE Study: a health systems study, two food environment studies and the cost of chronic diseases study (see below).

### **1. PURE project: Health Systems Study**

*Ehimario Igumbor, Thandi Puoane and Gavin Reagon*

This research is housed within the PURE longitudinal cohort study with the aim of developing evidence-based strategies to reduce the burden of cardio-vascular disease (CVD) by producing policy-relevant information on key elements of health care systems that can help those at risk. This will be achieved by documenting the use of evidence-based CVD treatments and prevention measures in communities from which the PURE study cohort is drawn, and identifying both levels of uptake and the extent of variation for five sentinel conditions (hypertension, stable angina, acute myocardial infarction, heart failure, stroke).

## 2. PURE project: Food environment study funded by CoE; Food security study funded by NRF-DST

*Thandi Puoane, Lungiswa Tsolekile, David Sanders*

The purpose of this sub-study is to provide insights into the complex relationships between societal factors and nutrition-related risk factors for non-communicable diseases (NCDs). This study has two phases:

### *Phase 1. Assessing the prevalence of malnutrition among the PURE population, dietary practices and health outcomes.*

This phase of the study seeks to answer the following questions within the contexts of an urban (Cape Town) and rural (Mount Frere) nutrition-transitional community:

- What is the level of awareness of the local community about the health impacts of obesogenic foods?
- What are the key factors (access, price, taste, cultural norms etc.) influencing the accessibility of obesogenic foods in the community?
- What is the extent of availability of healthy food in the community?
- What are the key factors (access, price, taste, cultural norms etc.) influencing the availability of healthy foods in the community?
- What is the prevalence of overweight, obesity and underweight within the households?

### *Phase 2. Assessing the potential of utilising community health workers to influence dietary habits in an environmental context that may not support healthy choices*

After the assessment of the food environment, this study seeks to utilise CHWs to develop and implement an intervention for influencing healthy dietary practices in an environmental context that may not support healthy food choices. Building on the first phase, this phase again seeks to answer the following questions within the same contexts:

- Can CHWs be used effectively to implement interventions to increase awareness about healthy food in their communities and to change dietary practices towards healthy eating?
- What household and community/environmental factors are associated with changed dietary practices?
- What are the enablers or inhibitors of healthy eating among the intervention participants?

The interventions are being implemented among the participants of the PURE study which seeks to identify the population-level factors that drive the development of known risk factors for chronic NCDs, so that their distribution in the entire population can be shifted favourably by appropriate societal interventions (primordial prevention).

## 3. PURE project: The influence of food environment on nutrition-related chronic diseases (diabetes, hypertension)

*Thandi Puoane, Lungiswa Tsolekile and David Sanders*

This three-year study funded by the NRF seeks, through multi-level (individual, household and community) community-based research, to investigate the factors that influence food choices in social environments, physical environments and macro-environments - and their association with nutrition-related health problems in urban and rural settings in South Africa.

Framed around the food environment and the determinants of dietary habits, it will build on data collected in the PURE study which seeks to identify the population level factors that drive the development of known risk factors for chronic non-communicable diseases, so that their distribution in the entire population can be shifted favourably by appropriate societal interventions (primordial prevention).



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

This project aims to adapt, develop and implement a standardised methodology to capture healthcare costs for patient households of cardio-vascular disease (CVD) - and the impact these costs have on healthcare utilisation and risk of impoverishment. It builds specifically on the initial findings from PURE which show the large gap in treatment for common CVDs in low- and middle-income countries (LMIC) and which point to the contribution of weak health systems.

The study seeks to answer two questions:

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

Using a mixed-methods approach, it concentrates on five conditions, which together comprise a large share of the total burden of disability related to non-communicable diseases (NCD) – 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.

This project is funded by Wellcome Trust through the London School of Hygiene & Tropical Medicine.

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

*Lucia Knight*

The aim of this project is to improve the wellbeing of a particularly vulnerable group of older African-South Africans, aged 60 and over, who are living with HIV (PLWH). In this pilot study, preliminary data on their social and health needs will be collected towards developing a larger proposal for an intervention study to reduce older persons' barriers to ART access and adherence, and improve older persons' access to health services more generally.

Older Africans are an understudied and underserved population with regards to HIV, health and social support – and are at great risk for poor mental and physical health outcomes, overburdened, marginalised, and growing quickly. In addition, given the dominant focus in the health services and research on those under the age of 49 as the primary cohorts for intervention and treatment, our preliminary research has shown that older PLWH are also hard to find, particularly men and those over the age of 60. This study is being conducted in Langa and Khayelitsha and is undertaken with the University of Missouri-Columbia (Dept of Health Sciences/Dept of Women's and Gender Studies). Seed funding comes from UMSAEP (University of South Missouri South African Education Program), an Early

Career Research Support grant from UWC and funding for an extension of the project to explore the role of food security in ART Adherence from the Centre of Excellence in Food Security.

#### **Formative research on the effects of violence on ARV access for youth living with HIV**

*Di Cooper, Lucia Knight, Suraya Mohamed, Hanani Tabana*

This study explores the multi-level risk and protective factors/ processes involved in providing HIV/AIDS treatment in primary care facilities in areas of endemic violence, and crime. The aim is to make recommendations for better care and treatment provision within health care services in these contexts – which will also have implications for healthcare delivery in other areas of acute and chronic health care. The focus of the study is healthcare workers and their HIV-positive clients who are between 18 and 30 years and are on ART.

The project was conceived in collaboration with, and is being funded by the University of Essex, UK as well as a NRF rated researcher grant.

#### **Formative research on uptake of long-acting methods of contraception (the implant and IUDs) in health services in Cape Town**

*Di Cooper, Lucia Knight, Hanani Tabana*

In 2014 the South African National Department of Health launched revised Fertility Planning Guidelines and a campaign promoting the provision of long-acting reversible contraception (LARC), particularly the sub-dermal hormonal implant, Implanon, and the Intrauterine Device (IUD) together with condoms for pregnancy and STI prevention. The aim of this study was to explore the provision and uptake of Implanon and the IUD within the broader context of public sector contraceptive provision in selected public sector contraceptive services in the City of Cape Town. The study's purpose was to provide preliminary data towards improving our knowledge and understanding of LARC guidelines' implementation and use. Data collection was completed in 2016 and analysis is currently underway. The project was conceived and conducted in collaboration with the Women's Health Research Unit (WHRU) at the University of Cape Town. It has been funded by an NRF-rated researcher grant and the WHRU.

#### **A qualitative, exploratory study on young women's experiences of long-acting reversible contraception to avoid unintended pregnancies in Cape Town, South Africa**

*Di Cooper, Lucia Knight, Suraya Mohamed, Hanani Tabana*

This study, which began in 2016, has been nested within the broader study being conducted on the provision and uptake of long-acting methods of contraception in Cape Town. It has focused specifically on the promotion and use



of long-acting contraception (LARC) in conjunction with barrier methods of contraception among teenagers. The study has explored the experiences of health care providers in providing contraception to teenagers as well as teenage contraceptive clients' attitudes towards and experiences of LARC and barrier contraceptive methods.

The project has been in collaboration with the WHRU at UCT and funded by a joint grant from the Cape Higher Education Consortium (CHEC) / Western Cape Research Programme.

### **The development of health promoting schools in addressing TB and HIV**

*Trish Struthers, Suraya Mohamed*

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

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

Implemented in three Western Cape secondary schools, this was the first application of HPS approaches to the secondary school setting in South Africa.

The project was funded by the Center for Diseases Control and ended in 2015.

### **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 managements of health information systems**

*Helen Schneider, Peter Delobelle*

MomConnect is an initiative of the National Department of Health to improve maternal and child health (MCH) based on the use of cell phone technology integrated into MCH services. The objective is to register all pregnant women in the country on a central database; send stage-based health education messages during pregnancy, childbirth, and the first year of life; provide a platform for feedback including service ratings, compliments and complaints; and strengthen the demand for and accountability of MCH services in order to improve access, coverage and quality of care.

In an 18-month partnership programme, the SOPH and Stellenbosch University have been tasked with conducting national monitoring and evaluation of MomConnect. Partners in implementation are the National Department of Health and the Health Information System Programme (HISP), responsible for the funding from the Center for Diseases Control and USAID.

### **Birth registration for maternal and child health in South Sudan, Ethiopia, Mali and Senegal**

*Debra Jackson*

UNICEF and the Government of Canada's Department of Foreign Affairs, Trade and Development signed an agreement for the period 2014 - 2017 to enhance newborn and child health and protection. This would be done through improved and inter-operable Health Management Information System (HMIS) and Civil Registration and Vital Statistics (CRVS) systems, with a particular focus on improved health information systems, birth registration within the CRVS system, and innovations in four countries: Ethiopia, Mali, Senegal, and South Sudan.

The initiative responds directly to ongoing government initiatives to improve the CRVS as detailed in government plans and policies, and builds on previous good practice initiatives to link health service delivery and birth registration.

### **Maternal and newborn health and nutrition: 2014 - 2017**

*Debra Jackson*

This project aims to improve facility-based quality of care for mother and newborns, increase optimal breastfeeding practices, improve postnatal care for mothers and newborns, and community care for infants – as well as to support countries to develop, implement and monitor in real time costed data-driven national and subnational plans. This requires integrated efforts to improve quality of, and access to, high-impact maternal and newborn health, child survival and nutrition services, and to gather and use data strategically for advocacy and accountability. In order to accelerate progress, the project will test the use of innovative approaches at scale to address the challenges identified.

The four primary outcomes are:

- improved leadership, policies, and partnerships to support the scale up of maternal and newborn health care including breastfeeding programmes in target countries;
- improved quality of facility-based maternal and newborn care including breastfeeding counselling and support services;
- increased demand and access to quality maternal, newborn and community child care including breastfeeding counselling and support services; and
- strengthened accountability processes for maternal and newborn care including breastfeeding.

The project is being undertaken by UNICEF in partnership with the Bill and Melinda Gates Foundation.

### **Cross-country research on the role of multinational corporations in food systems: The cases of South Africa, Mexico and Brazil**

*David Sanders*

This cross-country research explored the role of multinational corporations (MNCs) on food systems, and the impact of their role on marginalised groups. It examined:

- the role and influence of MNCs over food production, processing, distribution and sale, and the impact of this on small scale producers and operators;
- public policies related to the regulation and proper taxation of MNCs, and ways in which MNCs are able to influence decision-making in regard to these, in their own favour to monopolise food systems; and
- the interaction between existing inequality (wealth, land and power) and the more recent domination by MNCs of food systems and worsening this same inequality.

This study was funded by the European Union and Oxfam, through the Economic Justice Network of the Fellowship of Christian Councils in Southern Africa (EJN).

### **Centre of Excellence (CoE) in Food Security**

Established at UWC in 2014, the Centre of Excellence (CoE) in Food Security is a virtual centre funded by the Department of Science and Technology (DST) and the National Research Foundation (NRF). The main units involved are the School of Public Health (SOPH) and PLAAS (Institute of Poverty, Land and Agrarian Studies) – who work with other members of the CoE in South Africa at the universities of Cape Town, Fort Hare, Johannesburg, Limpopo, Nelson Mandela, North West, Stellenbosch, and Venda, as well as Tshwane University of Technology, the Agricultural Research Council, and the Water Research Commission. International partners are the Australian National University, City University of New York, International Food Policy Research Institute, Institute of Development Studies at Sussex University, Michigan State University and Missouri University.

Two of the research programmes within the CoE are ‘health and nutrition’ led by Rina Swart of UWC’s Department of Nutrition and Dietetics and ‘consumer choice and the food environment’ led by SOPH’s David Sanders. The following two projects are part of these:

#### **• Barriers to exclusive breastfeeding in women**

*Di Cooper, Hanani Tabana*

This research explores individual and healthcare or health system factors that promote or hinder women’s capacity to exclusively breastfeed. In identifying barriers to effective exclusive breastfeeding, the results will contribute to developing potential solutions and improved implementation of infant feeding policies and programmes.

The study was conceived of and will be conducted in collaboration with the Wits Reproductive Health and HIV Institute (WRHI). The research will be conducted in Cape Town by the SOPH and in Johannesburg by the WRHI. The Cape Town research is being funded by the Centre of Excellence in Food Security at UWC.

#### **• Benchmarking the South African food policy environment**

*David Sanders, Mark Spires*

The aim of this study is to monitor and benchmark public sector policies and actions impacting food environments in South Africa by assessing government policies and actions on food environments against achievable, well-defined standards of good practice or benchmarks.

A scoring system is being employed to develop an overall policy index that will be conveyed to policy makers to induce and improve policy actions to reduce obesity and non-communicable diseases. This index could be used as a ‘baseline’ to monitor future progress in development and implementation of such policies. SOPH is working in conjunction with UWC’s Department of Nutrition and Dietetics.

# SPECIAL EVENTS

A number of special events were held at the School of Public Health (SOPH) during 2015 and 2016.

Another scholar was awarded the Jakes Gerwel Award for Outstanding Contribution in the field of Public Health which was launched in 2013, while the fourth and fifth Annual David Sanders Lectures in Public Health and Social Justice were held.

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## 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 2015 lecture was given on 8 July by Dr Mary Bassett, Commissioner of Health of New York City on '#BlackLivesMatter'.
- Prof Thiagarajan Sundararaman of the School of Health Systems Studies at the Tata Institute of Social Sciences in Mumbai, India presented the 2016 lecture on 29 June, addressing the issue of 'Strengthening public health systems: What works – what does not'.

### 2015: Dr Mary Bassett



Moved by the attacks on Americans of African descent in the USA, Dr Mary Bassett addressed the link between race and health, noting the health disparities as they affect people of colour. With her long medical and research background of work in Africa, she was ideally placed to highlight this link in both the US and South African contexts:

'While efforts to advance social justice are often local – taking place in the streets, in neighbourhoods, in communities – injustice and oppression is reproduced through dynamics at a larger scale, so situating this discussion within the broader context of globalisation and history, is important. Our struggles are not independent.'

In her role as commissioner of the New York Health Department, her focus is on ensuring that every New York City neighbourhood supports the health of its residents, with the goal of closing gaps in population health across this diverse city. Additionally, she promotes continued use of innovative policy tools to reduce tobacco use, unhealthy food and lack of physical activity that together drive contemporary mortality patterns.

In her lecture she argued that, while many health professionals recognised the unfairness of the different health experiences and outcomes of their Black patients which they witness daily, they 'stumble toward inaction because tackling racism is daunting and often viewed as divisive and requiring action outside our purview'. She noted the dearth of scholarly research on health inequity linked to race and proposed that



there are 'at least three types of action through which we can make a difference: critical research, internal reform, and public advocacy.' These would enable 'health practitioners to engage with this movement and seize the opportunity of public outcry to advocate for change'.

Originally from New York City, Mary Bassett lived for nearly 20 years in Zimbabwe, teaching at the University of Zimbabwe. She received her BA in

History and Science from Harvard University and her MD from Columbia University's College of Physicians and Surgeons. She completed her medical residency at Harlem Hospital Center, and has a Masters degree in Public Health from the University of Washington. Prior to her current position, Mary Bassett was a Programme Director for the African Health Initiative and the Child Wellbeing Program at the Doris Duke Charitable Foundation.



*Ms Nita Lawton-Misra (UWC Registrar), Prof David Sanders, Dr Mary Bassett (Commissioner of Health, New York City), Prof Helen Schneider (Director, SOPH), Mr Thulani Masilela (Deputy Director General, Dept. Planning, Monitoring and Evaluation, Office of the Presidency of South Africa)*

## 2016: Prof Thiagarajan Sundararaman

Thiagarajan Sundararaman, a former professor of Medicine in Pondicherry, is a founder member of the People's Health Movement in India where he has been an activist for over three decades. While working from 2002 – 2014 with the state government in Chhattisgarh State and then the federal government, he contributed to the design and implementation of India's National Rural Health Mission. As such he is well placed to comment on what works and what does not in public health systems.

Prof Sundararaman noted that public health systems invariably under-perform. While he attributed part of the problem to under investment, he noted that public health systems are characterised by a lack of staff, lack of drugs and consumables, inefficient use of resources, poor attitudes of providers, poor accountability, and poor quality of leadership.



So, for example, in neo-liberal reforms which involved the contracting out of public services through public-private partnerships, he noted a series of failures for more than 20 years, 'except in some ancillary services' as the 'change in ownership makes little difference to performance when the main bottlenecks are elsewhere'.

Using a political economy approach - an 'alternative framework' to the neo-liberal one - Sundararaman outlined some 'problematic' of public health services, like the fact that there is very selective care with 'less than 15 % of health care needs addressed'; that it is important to get the community to be 'active participants, not passive beneficiaries; as responsible co-producers and not as eager consumers'; and noted the critical role of leadership and governance. He pointed to the importance of looking at examples of how 'what works' corresponds with respect to theory, and how reforms driven by theoretical approaches fare in practice.

Prof Sundararaman has written over fifty books and many articles, mainly on health issues, in both popular communications and public health texts. He now teaches at the School of Health Systems Studies at the Tata Institute of Social Sciences, India.

# Jakes Gerwel Award for an Outstanding Contribution in the field of Public Health



This Award honours the late Prof Jakes Gerwel, former Vice Chancellor of the University of the Western Cape (UWC) who, among many 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 last few years the School has achieved these aspirations.

This annual award for an Outstanding Contribution in the field of Public Health, honours and recognises Jakes Gerwel's central role in promoting public health practice. Launched in 2013, it is open to all former graduates of the SOPH within and beyond South Africa who have demonstrated through their work the ability to have an impact on an aspect of population health.

The 2015 recipient was Evans Sagwa, country director for two USAID-funded pharmaceutical systems-strengthening projects in Namibia. The ceremony took place on 17 February 2016.

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## 2015: Evans Sagwa



'One of the most important things I learned at the University of the Western Cape is that we should commit to action through knowledge. Not unconsidered actions, or knowledge for the sake of it, but knowledge that translates into action that causes change in people's lives.' So said MPH graduate Evans Sagwa, now a doctoral student in the Pharmaceutical Policy and Regulation programme at

Utrecht University in the Netherlands. He brings a wide range of professional and management skills to his commitment to 'action through knowledge' honed during fifteen years' experience in pharmaceutical management in sub-Saharan Africa and informed by his Bachelor of Pharmacy and Masters in Business Administration degrees.

Evans Sagwa is country director for two USAID-funded projects in Namibia: SIAPS (Systems for Improved Access to Pharmaceuticals and Services) and SCMS (Supply Chain Management Systems). Through these he has been instrumental in supporting the Namibian government through a range of initiatives to strengthen the public sector health services, particularly in the pharmaceutical sector including those relating to HIV and AIDS. This requires that he liaises with the Ministry of Health and Social Services as well as other key partners.

It was for this system strengthening of pharmaceutical public sector services as well as his enthusiastic and energetic commitment and contributions to Public Health, that SOPH's Dr Hazel Bradley recognized him in the award citation.

In his acceptance speech, Mr Sagwa outlined an holistic approach to strengthening national pharmaceutical systems, with particular reference to his experiences in Namibia. 'It's about looking at the whole system', he explained. 'Namibia has a small, dispersed population, and it can be difficult to provide services far away from population centres - so we need to do what we can to make sure that people get the services and medications they need.'

He explored how actions at the top of the system can influence the everyday experience at its base. These range from basic issues (such as the very definition of health systems and pharmaceutical systems), to the frameworks that guide the relevant structures and organisations, to capacity development, implementation, service delivery, and even technological interventions (like making all records digital and searchable).

UWC's Rector and Vice-Chancellor, Prof Tyrone Pretorius, thanked the Gerwel family for their ongoing relationship with UWC, noting that the award serves as a reminder of the intellectual impact of universities, and of the School of Public Health in particular, on society at large. He also thanked the Mauerberger Foundation for making this celebration of achievements possible through their ongoing philanthropic support.

In congratulating Evans Sagwa the Chairperson and Director of the Mauerberger Foundation Fund, Ms Dianna Yach, affirmed the positive working relationship between the Mauerberger Foundation Fund and UWC – adding that 'as a small but committed and enthusiastic donor, now more than ever before is the time for us to support universities'. Invoking the recent student protests, she added that 'students have given us an opportunity to think about who we are and what we want to achieve - and what is important is that we are all engaged in the discussion about the future of higher education and society.'





# LINKS, PARTNERS AND FUNDERS

## Links and partners

### NATIONAL

#### Academic

National Research Foundation  
South African Medical Research Council  
Health Services to Systems Research Unit  
University of Cape Town  
Health Policy and Systems Division, School of Public Health and Family Medicine  
Women's Health Research Unit  
Chronic Disease Initiative for Africa (CDIA)  
Department of Paediatrics and Child Health  
African Centre for Cities - African Food Security Urban Network (AFSUM)  
University of KwaZulu-Natal  
African Centre for Health and Population Studies  
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 Witwatersrand  
Centre for Health Policy, School of Public Health  
African Centre for Migration and Society  
Wits Reproductive Health and HIV Institute (WRHI)

#### Government

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

#### NGOs and research organisations

Anova Health Institute  
Health Systems and Advisory Services  
Health Information System Project (HISP)  
Health Systems Trust (HST)  
Khanya-African Institute for Community-Driven Development (Khanya-AICDD)  
Management Sciences for Health (MSH)  
Médecins Sans Frontières (MSF)  
Mothers2Mothers  
Peoples' Health Movement South Africa  
Society of Midwives South Africa (SOMSA)  
South African Christian Leadership Association Health Project (SACLA)  
South African Network on Inequality (SANI)  
TB/HIV Care Association

### INTERNATIONAL

#### Academic

Addis Ababa University, Ethiopia  
School of Public Health  
Amsterdam Institute for Global Health and Development (AMC/AIGHD), The Netherlands  
Antwerp Institute of Tropical Medicine (ITM), Belgium  
Boston University, USA  
BRAC University, Bangladesh  
James P. Grant School of Public Health  
Columbia University, USA  
Mailman School of Public Health  
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  
Great Lakes University of Kisumu, Kenya  
Health Research for Action, Belgium  
Health Systems Global (HSG)  
Institute of HIV/AIDS, Disease Prevention & Control (IHDPIC), Rwanda  
Institute of Public Health, Bengaluru, India  
Johns Hopkins University, USA  
Bloomberg School of Public Health,  
Karolinska Institutet, Sweden  
Latin American University of Social Sciences (FLACSO)  
London School of Hygiene & Tropical Medicine, UK  
Makerere University, Uganda  
School of Public Health (Department of Health Policy Planning and Management)  
McMaster University, Canada  
Muhimbili University of Health and Allied Sciences, Tanzania  
National Health System Resource Centre, India  
National University of Rwanda  
School of Public Health  
Public Health Foundation of India  
Radboud University, The Netherlands  
REBUILD Consortium, USA  
Rwanda Biomedical Center, Rwanda  
The City University of New York (CUNY), USA  
School of Public Health  
Universidad Peruana Cayetano Heredia, Peru  
University of Amsterdam, The Netherlands  
Academic Medical Center  
University of Basel, Switzerland  
Swiss Tropical and Public Health Institute  
University of Bergen, Norway  
Centre for International Health  
University of Buenos Aires (UBA), Argentina  
Economics Department  
University of Dar es Salaam, Tanzania  
Institute of Development Studies  
University of East London, UK  
University of Ghana

School of Public Health  
 University of Ghent, Belgium  
 University of Leeds, UK  
 Nuffield Centre for International Health and Development  
 University of Missouri, USA  
 University of Missouri-Columbia, USA  
 Dept of Health Sciences/Dept of Women's & Gender Studies  
 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  
 University of Ottawa, Canada  
 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)

### **Government**

Ministry of Health, Maternal and Child Health, Rwanda

### **Professional and civil society organisations**

Association of Midwives of Rwanda  
 Center for Children's Healthy Lifestyles & Nutrition - Children's  
 Mercy Hospitals and Clinics, Missouri, USA  
 Collaborative Care Systems, Finland  
 Empowering Civil Society Organisations in an Unequal Multi-  
 Polar World Programme (ECSN-BRICSAM)  
 Health Research for Action, Belgium  
 Health Systems Global  
 Human Rights Watch, Kenya  
 Peoples' Health Movement (PHM)  
 The National Cancer Institute of Brazil

### **Global institutions**

Alliance for Health Policy and Systems Research, Geneva,  
 Switzerland  
 UNICEF, East & Southern Africa Regions, Nairobi, Kenya  
 Health, Nutrition, HIV and Child Protection Sections  
 UNICEF, South Africa, Pretoria,  
 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**

The funders listed here are 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  
 Economic Justice Network of the Fellowship of Christian  
 Councils in Southern Africa (EJN)  
 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 (MRC)  
 South African Qualification Authority (SAQA)  
 TBReach  
 UWC Early Career Research Support Programme  
 Western Cape Department of Health

### **INTERNATIONAL**

African Population and Health Research Centre, Kenya  
 Belgian Government (via the Framework III Agreement  
 with the Institute of Tropical Medicine, Belgium)  
 Bill and Melinda Gates Foundation, USA  
 Canada Department of Foreign Affairs Trade and  
 Development  
 Centers for Disease Control (CDC), USA  
 Children's Mercy Hospitals and Clinics, USA  
 Columbia University (ReBUILD Consortium Responsive  
 Fund), USA  
 Department for International Development (DfID), UK  
 Directorate-General for International Cooperation  
 (DGIS), Ministry of Foreign Affairs, The Netherlands  
 ELMA Philanthropies Services, USA  
 European / Commission  
 Hamilton Health Sciences Corporation, Canada  
 Health Research for Action, USA  
 IDRC (International Development Research Centre),  
 Canada  
 Karolinska Institute, Sweden  
 London School of Hygiene and Tropical Medicine, UK  
 Medical Research Council, UK  
 Rockefeller Foundation, USA  
 The Atlantic Philanthropies, USA  
 UNICEF  
 University of Essex, UK  
 University of Missouri South African Education Program  
 (UMSAEP), USA  
 University of Ottawa, Canada  
 University of Washington (I-Tech), USA  
 WHO AFRO  
 WHO (World Health Organisation), Geneva,  
 Switzerland  
 WOTRO (Netherlands Organisation for Scientific  
 Research/ Science for Global Research), The  
 Netherlands

# STAFFING

## Staff farewells

### Lynette Martin and Shun Govender retire



At the end of 2016 we had to say goodbye to Lynette Martin, who retired after 22 years of service to the SOPH which had begun, in her time, as the Public Health Programme.

Lynette was not only the Director's secretary but also, over the years, departmental travel agent, events organiser, venues manager, mentor to new staff and institutional memory. It is hard to imagine the SOPH without her. Not only does she know everybody in the University and in the Western Cape public health community, but everybody knows her.

Lynette has been an incredibly steadying, albeit quiet and self-deprecating, presence in an often turbulent department. Whether long e-mail sessions with David Sanders and last minute travel arrangements for a host of staff members in the early days; whether dealing with demanding colleagues urgently needing venue bookings; whether assisting in the compilation of endless documents (like this annual report); or whether ensuring that SOPH meetings and events ran smoothly – we could all be sure that Lynette would make sure that things got done. And almost more importantly, it was always a comfort to walk into her office sure of a warm greeting and certain support.

It is hard to imagine the SOPH without her also because she has remained agile and young in body and soul, walking with colleagues and actively participating in staff team-building.

We wish her well in her retirement, with hopefully many years of good health, and lots of time to spend with her large and beloved family.



Another young-at-heart retiree at the end of 2016 was Shun Govender, who joined the SOPH in 2009 as project manager and co-ordinator, taking charge of our stable of grant-funded research and intervention projects.

Shun has had a varied and illustrious career, starting as a theologian (he has a PhD in theology), co-founder and research director of the Desmond Tutu Peace Foundation, and country director and programme manager at IDASA (the Institute for a Democratic Alternative in South Africa).

As our project manager, Shun co-ordinated projects, provided assistance to project heads, and monitored project progress and reports.

One of his most important innovations and contributions to the SOPH has been the establishment and publication of the SOPH Bulletin, the School's monthly newsletter. He interviewed new and departing staff, new students and graduates, and connected us to our alumni.

We will miss his wry sense of humour and his great wisdom, but hope that he will find retirement is just the start of new adventures and endeavours.



## Gavin moves to the provincial Department of Health

Dr Gavin Reagon left SOPH in 2016 to join the Western Cape Department of Health. During his 16 years at the School, Gavin developed and taught health information systems, quantitative research, and epidemiology modules – as well as supervised a large number of MPH students, particularly those relating to health information systems.



As a public health specialist Gavin has a special interest in health financing and health systems research – and in his earlier years at SOPH, played a pivotal role in the development and national rollout of the District Health Information System in South Africa. Gavin's more recent work has focussed on surveying the times that patients wait in state health facilities which led to innovative approaches in health service delivery to manage patient flows and decrease the waiting times of public health patients. The waiting times survey has been replicated and implemented by several provinces and districts in the South African public health system.

Gavin's work has been characterised by his social justice ethics and meticulous attention to detail. We are delighted that we will retain a link with Gavin through joint projects with the Department of Health.

## Ruth Stern retires



Dr Ruth Stern has a long association with the School, dating back to 1996 when she returned to South Africa from England for a year. Ruth was inspired by the emerging role that UWC generally, and the School in particular, could play in training health professionals for our post-1994 health system.

During her initial stay, Ruth was instrumental in setting up a local group that established the Healthy Cities Initiative in Cape Town – which led to the later development of the School's Health Promotion Settings module and a related short course. In this work Ruth was honoured to have worked with Prof Fran Baum, Director of the Southgate Institute for Health, Society and Equity at Flinders University, Australia.

In 2002 Ruth joined the School as a full-time member of staff - and as founding director Prof David Sanders, noted:

*'When Ruth formally joined us in 2002 she got deeply involved in the work of the School and in assisting us to develop the School's health promotion teaching programme in collaboration with Leeds Metropolitan University – and in particular with Professor Sylvia Tilford. Together with other members of staff Ruth established an innovative and socially relevant health promotion hub within our School.'*

One of things Ruth was especially pleased about, and considers one of the strengths of the health promotion curriculum, is 'its focus on social determinants and the way in which we look at the wider context in which

health develops – so with a focus away from individual responsibility in health, the dominance of health education and the notion that individuals always are in a position to make a "healthy lifestyle" choice. Our health promotion modules challenge that.'

Ruth also co-ordinated the Cape Town Equity Gauge initiative, the local chapter of the international Global Equity Gauge Alliance, which highlighted the importance of promoting equity to achieve health. As part of this initiative, Ruth helped to co-ordinate a water and sanitation project in Khayelitsha, and engaged with community structures and other sectors to address the problem of diarrhoea through the establishment of a community forum and a pilot study into the acceptability of dry sanitation toilets.

After her return to London in 2006, Ruth continued to work closely with the School, revising modules, teaching through the distance learning and short-course programme, and supervising students.

Ruth's skill in facilitation and teaching were equally treasured, as noted by one of Ruth's long-standing colleagues, Suraya Mohamed:

*'I attribute my teaching ability to Ruth. I had no academic background when I started working at SOPH and much of what I practice in my teaching today is what I learned from Ruth. I always admired her ability to draw on the students' experiences and weave that into her teaching...I will surely miss her continued presence but am comfortable in the knowledge that she will always be available when I need her advice and support.'*

We wish Ruth and Paul many rewarding years with their children and grandchildren in the UK. As valued colleagues and friends who were with the programme from the start, they will always be part of the School of Public Health.

# Obituary: Kirstie Rendall-Mkosi (1962-2015)



Kirstie Rendall-Mkosi was associated with the University of the Western Cape for just over 25 years - although her professional web of relationships and activities in Cape Town was much wider than UWC, including as it did the League of the Friends of the Blind, DopStop and Women on Farms.

Kirstie joined the Occupational Therapy Department at UWC in 1988, and very quickly became involved in several critical developments in the UWC health sector: the 'Building a Peoples' University' conference the 'Health and Welfare Mission Project', and the interdisciplinary courses which continue to this day.

In the mid-1990s, she was among the first student cohorts to enroll for the then-MPhil in Public Health at UWC. Several years later she joined the SOPH as a lecturer, and for many years co-ordinated our academic programme, while also developing important work on alcoholism and public health.

Even when Kirstie moved to Gauteng with her family she remained connected and involved in our work. She taught during our winter schools and completed her PhD on the development and implementation of a woman's health handbook, using participatory methodology with women on the West Coast.

Kirstie worked and inspired quietly – both her colleagues and her many students - through her commitment and dependability, loyalty, care and deep respect for every human being which she never spoke about but simply lived every single day.

## **Jakes Gerwel Award**

In 2012 the Mauerberger Foundation bequeathed an award honouring Jakes Gerwel 'to an alumnus or an alumna of the School of Public Health, who has gone on to make an important contribution in our field'. That there could be no better or more worthy first recipient than Kirstie was agreed to instantly and with unanimity within the School. On 28 November 2013 we celebrated Kirstie's work when she received the award in the presence of many of her family, UWC's Vice-Chancellor, Brian O'Connell, colleagues and friends. In his citation David Sanders said about Kirstie's work:

'She has demonstrated leadership in areas of teaching, research and community engagement including health promotion, health systems research, primary health care and district health. Her leadership skills and independence in securing research funding have enabled her to support junior staff and contribute to research outputs. During 2012 she became Chairperson of the SHSPH, but for health reasons stepped down before the end of the year. She continues to be on the Executive Committee of the SHSPH and is currently leading academic strategic planning on developing postgraduate programmes. In addition to her commitment to public health research and education, Kirstie has overcome serious illness while continuing to work. We admire her strength and intellectual contributions to the field of public health in South Africa and believe she is very deserving of the inaugural Jakes Gerwel Award in Public Health.'

Kirstie lost her battle with cancer on 24 October 2015. She will always be missed by those of us in the SOPH who knew her – as a colleague and great friend.



# STAFF OF THE SCHOOL OF PUBLIC HEALTH

## Professor and director

**Prof Helen Schneider, MBChB (UCT), 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 assumed the directorship from 2013 -2016. Since 2015, she has also been the director of the UWC/MRC Health Services to Systems Research Unit, and was recently awarded a 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. More recently, her research interests have shifted towards documenting policy implementation processes and strategies to formalise and integrate lay work and community-based care and support initiatives into primary health care. This feeds into a new agenda of work linked to her SARChI Chair which begins in 2017.

## Emeritus professors

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

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 (PHILA) 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.

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

*(Retired from permanent staff of SOPH December 2014; on contract since then)*

Originally trained as a nurse, Thandi Puoane has extensive experience in nursing, research, nutrition and chronic diseases. Her main research areas include improving the hospital management of severe malnutrition, and prevention of risk factors for non-communicable diseases among peri-urban women using a participatory action research approach. She has worked with several provincial departments of health developing programmes and establishing monitoring and evaluation systems to improve the programme implementation. She is a member of the Obesity Task Team in the National Department of Health as well as of the Chronic Disease Initiative for Africa.

## NRF SARChI Chair in Health Systems, Complexity and Social Change

**Prof Asha George, MSc (Harvard), DPhil (Sussex)**  
*(Joined SOPH March 2016)*

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, when she returned to Mexico to support 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 serves as its vice-chairperson.

## Professors

**Prof Diane Cooper, BSocSc, BA (Hons), PhD (UCT)**  
*(Joined SOPH January 2015)*

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 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 board of several South African NGOs and is currently on the board of trustees of a Cape Town-based national youth SRH NGO. Diane has a social science background and a PhD in Public Health.

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

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

### **Associate professors**

#### **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 HSRC. He trained in health systems research at the MRC, 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 trained as a 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, and in primary level drug management. Hazel is the senior academic programme co-ordinator at the SOPH and leads a new area of specialisation in the Master of Public Health (MPH) focussing on Pharmaceutical Public Health. She currently teaches courses in Public Health, Rational Medicines Use and Medicines Supply Management - and her research interests include pharmaceutical human resources, using systems approaches to improve medicines management and supply, and pharmaceutical public health education. Hazel's doctoral research used a systems approach to explore district and sub-district level pharmaceutical services in Cape Town.

#### **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 Lucia Knight, BSc (UCT), MPopStuds (UKZN), PhD (London)**

Lucia Knight is a family demographer with particular experience in the study of HIV/AIDS, families, poverty and social protection in Southern Africa. She convenes the Descriptive Epidemiology course at the Diploma level and the Qualitative Methodology course at the Masters level. Prior to joining the SOPH, Lucia worked as a research specialist in the HIV, STI & TB Unit at the HSRC. She is currently working on a study designing and testing a model for family-based testing for HIV in collaboration with the HSRC, and is also working on a project assessing 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 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.

#### **Dr Gavin Reagon, MBChB, FCPHM (UCT) (Left SOPH July 2016)**

A medical doctor and a public health specialist, Gavin Reagon left the SOPH after 17 years. He is involved in developing health management and information systems in South Africa and is experienced in health financing and health systems research.

**Dr Ruth Stern, BScPhysio (Witwatersrand), Dip Health Promotion, MA, DrPH (London)**  
(Left SOPH December 2016)

Since joining the SOPH in 2002, Ruth Stern's focus has been on equity, social determinants of health, and the importance of partnerships and community participation in health promotion, which was the topic of her doctoral research. Since moving to live in the UK in 2006, she has spent her time between Cape Town and London, teaching the Health Promotion distance learning module and supervising MPH and doctoral students. Initially trained as a physiotherapist, Ruth has a Diploma in Health Promotion, a Masters in Social Policy, and a Doctorate in Public Health from the London School of Hygiene and Tropical Medicine.

**Dr Hanani Tabana, BSc (Hons), MPH (UCT), PhD (Karolinska)**  
(Joined SOPH July 2015)

Hanani Tabana's training is in Epidemiology. Prior to joining the SOPH, she lectured in the Community Health Division at Stellenbosch University. Hanani Tabana spent several years at the South African MRC 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, she conducts economic evaluations alongside research studies.

## Lecturers

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

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

**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. The research for her PhD, which she obtained in 2015, focused on the implementation of health promoting schools in South Africa. Her current research interest is adolescent health and wellbeing, including sexual and reproductive health.

**Ms Nondumiso Ncube, BSc (Bio/Chem) (Swaziland), BPharm (Witwatersrand), MScMedSc Clinical Epidemiology (Stellenbosch)**  
(Joined SOPH January 2015)

After qualifying as a pharmacist and completing her internship in South Africa, Nondumiso Ncube returned to Swaziland where she worked in wholesale pharmacy and hospital pharmacy before being promoted to Regional Pharmacist in 2010.

In 2012 Nondumiso began a Masters degree at Stellenbosch University, where she also worked as a teaching assistant for a first year MCLin Epi module and as a data manager for the Health Research Ethics office. She was been a member of the ethics committee since May 2014.

As a lecturer at the SOPH Nondumiso is involved in developing the pharmaceutical track within the MPH programme on which she also teaches. She plans to work towards doing a PhD in Pharmaceutical Public Health.

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

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

## Senior researchers

**Dr Bruno Marchal, MD, MPH (Belgium), Dip Tropical Med & Hygiene (ITM, Belgium), PhD (VUB, Belgium)**  
(Left SOPH December 2015)

Bruno Marchal was a visiting researcher at the SOPH, coming from the Department of Public Health at the Institute of Tropical Medicine, Antwerp (Belgium) where, as an associate professor, he leads the Health Services Organisation unit. His current research focuses on stewardship and strategic management of local health systems, as well as on research approaches for complex issues in health (including realist research).

Bruno carried out his doctoral research on the influence of health workforce management practices on performance of hospitals in Ghana and Tanzania, using realist evaluation as the main methodology.

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

Thuba Mathole joined the SOPH as a senior researcher in 2008, bringing wide experience in research, training, and programme planning and management. Her experience includes management and implementation of primary health care and public health programmes in both government and non-governmental 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 ill-health, are the focus of Nikki's 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.

**Dr Vera Scott, MBChB, DCH (UCT), 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. Since joining the SOPH, she has worked extensively on projects aimed at developing and strengthening district health information systems and has contributed to developing a South African HIV Gauge, a Cape Town Equity Gauge and provincial HIV and TB monitoring and evaluation systems. Vera completed 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.

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

(Joined SOPH March 2016, left December 2016)

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

**Dr Sara van Belle, BA (Antwerp), MA (Ghent), PhD in Public Health (LSHTM)**

(Left SOPH December 2015)

Sara van Belle has a background in cultural anthropology and the political sciences, and obtained her PhD in public health from the London School of Hygiene and Tropical Medicine. She forms part of the ITM team that has been collaborating with the SOPH, through the SARChI Chair in Health Systems, Complexity and Social Change, and the Framework Agreement funded by Belgian Technical Co-operation. Sara currently works on accountability and governance in health systems and applies realist evaluation in health policy and systems research.

## 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 – which 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 (UCT)**

(Joined SOPH May 2016)

Nomazizi is a researcher with considerable training and experience in qualitative research. She has co-ordinated and conducted research for several qualitative research projects underway within the SOPH.

**Dr Fidele Mukinda, BSc (Bio-Med), MBChB (UNILU/DRC), MScMedSc (Stellenbosch)**

(Joined SOPH October 2016)

Fidele Kanyimbu Mukinda is a medical doctor trained in the Democratic Republic of Congo. In addition to his BSc and MBChB from the University of Lubumbashi, he has a Master of Science in Medical Sciences (Clinical Epidemiology) from Stellenbosch University, where he worked for six years as a researcher and lecturer. His research interests include health systems governance and leadership, district health system strengthening, health system and policy research, maternal and child health, and infectious diseases (TB, HIV/AIDS). As a researcher and PhD candidate at the SOPH, Fidele is involved in an evaluation of an intervention to reduce maternal and child mortality.

**Mr Ferdinand Mukumbang, MNursing (UWC), MPhil, PGDip HIV/AIDS Mgt (Stellenbosch), BNS (Buea, Cameroon)**

(Left SOPH November 2016)

Ferdinand Mukumbang has been working on a realist evaluation of the antiretroviral-adherence club model in the Cape Metropole in the Western Cape. He is also currently doing work for his doctoral degree.

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

Kululwa Ndayi has a background in health promotion and is a research co-ordinator, tailored around two major multi-country studies, namely SMART2D (people-centred approach for the prevention and management of Type-2 diabetes) and PURE studies. She is also involved in various research projects on chronic non-communicable diseases, such as the food environment study, a diet and non-communicable disease project, air pollution monitoring study and health systems research project. Her main research interests are non-communicable diseases, food environment and obesity.

**Mr Mark Spires, BA, MPH (Brigham), Grad Cert Health & Human Rights (Johns Hopkins)**

(Joined SOPH April 2015)

Mark Spires is researching community access to safe and nutritious food as part of his work towards his PhD in Public Health. He is implementing a study to monitor and benchmark public sector policies and actions impacting food environments in South Africa. Mark is also currently working as a research programme manager at the Johns Hopkins Bloomberg School of Public Health where he is responsible for managing a number of tobacco control research projects. These include investigating ways of utilising social media and on-line communities to encourage higher levels of public engagement in smoke-free issues, as well as a number of projects evaluating levels of policy compliance and implementation fidelity.

Prior to his current research endeavours, Mark 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 co-ordinator

### **Ms Mariam Hassen, BHMS (Rhodes), BSc Med (Hons) (UCT)**

*(Joined SOPH September 2016)*

Mariam Hassen entered the field of public health for the first time when she joined the SOPH in 2016, following 12 years in biokinetics in the private sector. Having registered as an MPH student, she went on to become an SOPH staff member, working with two projects focusing on the management of diabetes, both of which are looking at strengthening systems, and 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.

## Education specialists

### **Ms Jenny Birkett, BA, HDip Ed (Natal), MEd in Applied Language Studies (UCT)**

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 and an interest 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 providing education and language input to assist with SOPH's materials development and other initiatives.

### **Ms Ziyanda Mwanda, BSc (UWC), PGD in Educational Technologies (UCT)**

*Research assistant*

Ziyanda Mwanda joined the SOPH as a research assistant in 2012 – the year she graduated from UWC with a BSc in Biotechnology. She is now an e-Learning specialist and assists both students and staff with technical issues regarding iKamva and other teaching multimedia. She has recently started her Masters in Education, specialising in Educational Technologies.

## Project and field staff

### **Based in Cape Town**

#### **Ms Ntombodidi Gobile**

*(Left SOPH December 2015)*

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

#### **Ms Thozama Honono-Kasozi, BAdmin (UWC)**

*(Joined SOPH February 2015)*

Thozama Honono-Kasozi has been working for the Prospective Urban and Rural Epidemiology (PURE) as a fieldworker, data capturer and driver.

#### **Mr Thabani Noncungu, BNursing (Hons) (UWC)**

*(Joined SOPH April 2016)*

Thabani Noncungu has been the fieldwork co-ordinator on the SMART2D project. After graduating his first post was as a Community Professional Nurse at the Worcester Hospital after which he worked as a Registered Nurse at the Khayelitsha District Hospital and the Somerset Hospital.

#### **Ms Asiphe Ketelo, B Env Stud (Walter Sisulu)**

*(Joined SOPH April 2015)*

As a National Research Foundation (NRF) intern at the SOPH, Asiphe Ketelo has 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 Sivila Senza, a diabetes prevention programme that focuses on eating and exercise behaviour change in two of the biggest townships in Cape Town.

#### **Ms Boniswa Jwili, Dip Enrolled Nurse Assistant (Elliot Hospital)**

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

#### **Ms Tshilidzi Manuga, BSc Nutrition (Venda)**

*(Joined SOPH June 2016)*

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**

*(Joined SOPH February 2015)*

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

#### **Mr Mulalo Kenneth Muhali, BEnvSc (Venda)**

As a National Research Foundation (NRF) intern at the SOPH, Mulalo Kenneth Muhali is working on the global PURE project on environmental, biological and societal influences on obesity and chronic health conditions such as heart disease, diabetes and cancer. He is also involved in data management of the Diabetes Prevention Programme, a study that aims to change behaviour of community members by motivating them to eat healthily and engage in physical activity.

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

Since 2009 Khumbula Desmond Ndibaza has been a field worker and a data capturer for the PURE project. He has a Diploma in Nursing from Groote Schuur Nursing College and is currently studying for a BA in Community Health Psychology at UNISA.

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

*(Joined SOPH June 2016)*

Cynthia Paka 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 SACLAL Health Project. Her current role is community liaison for the Diabetes Prevention Programme-Sivila Senza-Lifestyle Africa programme.

## Based in the Eastern Cape:

### **Mr Xakathile Dabula**

*(Joined SOPH March 2013, left December 2016)*

Xakathile Dabula is an experienced driver who has been working for the PURE project since 2009 – most recently since 2013. He is also a liaison person between PURE participants and the PURE research team.

### **Mr Sandile Luke, BCom Acc (Walter Sisulu)**

*(Joined SOPH January 2014, left December 2016)*

Sandile Luke has been employed as a fieldworker with the PURE project based in Mount Frere since 2013. He was promoted to site co-ordinator in 2014, given his experience in working with people and his strong leadership skills.

### **Ms Thamkazi Macwili, BSc Health Promotion (Walter Sisulu)**

*(Joined SOPH September 2014, left December 2016)*

Following the completion of her bachelors' degree in Health Promotion in 2013, Thamkazi Macwili has been working for the PURE project from 2014 until 2016.

### **Ms Busisiwe Madikane, BScHEP (Walter Sisulu)**

*(Joined SOPH June 2016, left December 2016)*

Busisiwe Annelissa Madikane worked with the PURE project as a research assistant in 2016. Having graduated with a Bachelor's degree in Health Promotion from Walter Sisulu University in 2014, she has registered for the Postgraduate Diploma in Health Promotion.

### **Ms Anam Madikizela, BScHEP, Postgrad Dip Health Prom (Walter Sisulu)**

*(Joined SOPH July 2013, left December 2016)*

In 2013 Anam Madikizela worked as a field worker with the PURE project based in Mount Frere, and from 2014 she was a field coordinator. During 2015 to 2016 she was a NRF research intern under the same project for 12 months.

### **Mr Mthandazo Mbuthuma, BScHEP (Walter Sisulu)**

*(Joined SOPH January 2014, left December 2016)*

Mthandazo Mbuthuma was employed as a fieldworker for the PURE project based in Mount Frere.

## Administrative and support staff

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

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

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

*Project manager*

*(Left SOPH December 2016)*

From 2001 Shun Govender held senior management positions at the Institute for Democracy in South Africa (IDASA), which included managing a public sector budget analysis programme, a governance programme and then a country office for IDASA in Nigeria. He joined the SOPH in June 2009 and was responsible for overall management of the SOPH's Project Unit. Shun has provided assistance to project heads, monitored project progress and reports and also produced the SOPH Bulletin, the School's monthly newsletter. He retired at the end of 2016.

### **Ms Carnita Ernest, BA, BSocSc (Hons) (UCT)**

*Project manager*

*(Joined SOPH August 2016)*

Carnita Ernest re-joined SOPH to manage the SOPH's Project Unit in August 2016, having occupied this post of project manager when it was first established in 2008. 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 (CSV), and the Centre for Citizens' Participation in the African Union (CCPAU) – as well as worked 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.

As project manager within SOPH, Carnita oversees all funded projects, providing assistance to academics and monitoring project progress and reporting.

### **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*

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

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

*Administrative officer*

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

### **Ms Corinne Carolissen, ND Exec Sec & 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 (IDT) and the European Parliamentarians for Africa. She is responsible for the financial administration of various projects in the School which includes the management of many project funds.

### **Ms Janine Kader**

#### ***Administrative Officer: Postgraduate Programme***

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

### **Ms Lynette Martin**

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

*(Retired from SOPH November 2016)*

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

### **Mr Zaeem Najaar**

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

*(Left SOPH April 2015)*

Zaeem Najaar first worked at the SOPH as a student, assisting with various administrative tasks and was later employed as financial assistant in February 2009.

### **Ms Tasneem Parker, Dip Adv Exec Sec (PC Training & Business College)**

#### ***Receptionist***

*(Left SOPH December 2016)*

Prior to joining SOPH, Tasneem Parker worked for eight years as a personal assistant in the financial services industry and six years as a recruitment consultant/personnel manager in the hospitality industry. At SOPH she was responsible for reception, provided administrative support to the administrative and academic staff and assisted with the Winter and Summer School Programmes.

### **Ms Tamlin Petersen**

#### ***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, working as the administrative co-ordinator for the newly-formed UWC Centre for Research in HIV and AIDS from 2009 until 2014. This comprised the overall administration of the Centre and event management, particularly the annual international HIV-in-Context Research Symposium. She is currently the Events and Grants Administrator for SOPH.

## **Extraordinary professors**

### **Prof Tanya Doherty, BNursing, MSc Nursing (UCT), MPH (Harvard), PhD (Uppsala)**

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

### **Prof 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, as well, conducted collaborative research with colleagues in other countries in Eastern and Southern Africa, and in Asia.

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

Sally Guttmacher is Professor of Public Health in the Department of Nutrition, Food Studies and Public Health and the Global Institute of Public Health at New York University (NYU). She has extensive research, teaching, and accreditation experience and has been actively involved in accrediting and advising on the development of public health programmes. Her focus areas are gender, migration, health equity, prevention of infectious disease – and her recent research has been on the use of community health workers employed by community-based organisations in educating ethnic communities in NYC in the prevention of chronic disease; and the health risks encountered by cross-border migrants in South Africa.

Since August 2010 Sally worked with the UWC Centre for Research in HIV and AIDS in the SOPH where she participated in the early development of the HARICCI programme (HIV and AIDS Research in Complex Contexts of Inequality) and where she was a sabbaticant from October 2012 to May 2013.

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

Debra Jackson joined the Health Section of the UNICEF Knowledge Management and Implementation Research Unit as a senior health scientist in 2013, maintaining her appointment as an extraordinary professor at SOPH. While at the SOPH she 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 South African PMTCT Evaluation.

Debra has qualifications in nursing, public health, epidemiology and biostatistics. Her interests are maternal and child health, perinatal health, nutrition, ethics and health systems research. Her most recent research focus has been on prevention of mother-to-child transmission of HIV, infant feeding and community health workers.

Debra lived in South Africa for 14 years and has experience in several African countries, including South Africa, Uganda, Zambia, Burkina Faso, Malawi, South Sudan, Ghana and Rwanda. She has also worked in the Pacific Islands and the United States.

Debra is active in several professional organisations, and in particular has held leadership positions within the American Public Health Association, including Maternal and Child Health Section Chair, Governing Councillor, chair of the APHA Nominating Committee, member of the Intersectional Council Steering Committee and the APHA Awards Committee. She has over 90 peer-reviewed publications and has consulted for both WHO and UNICEF in the areas of PMTCT and iCCM.

### **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 (MSH), 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. He 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 report; 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 John Seager, BSc (Hons), PhD (Wales)**

John Seager is a freelance research consultant with over 30 years' public health research experience in Africa – covering AIDS and development, tuberculosis, diabetes care, urban health systems, and social determinants of health. He was director of the WHO Collaborating Centre for Urban Health between 1995 and 2003.

John's main research interest is the social determinants of health among the poor in developing countries. Recent work has focused on health systems monitoring and evaluation in South Africa, Lesotho and Mozambique. John holds a BSc (Hons) in Zoology and a PhD in Ecology and Population Dynamics from the University of Wales and has completed advanced training in epidemiology and public health in the USA, UK and South Africa.

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

Harry Hausler is a family physician and preventive medicine specialist. In 1995 he worked with WHO and from 1996 to 2003 was the national TB/HIV technical advisor in the South African Department of Health. A two-year period at the SOPH from 2005 to 2007 was followed by his continuing with the School in an honorary capacity. Harry's current interests include developing systems and capacity to assist with comprehensive HIV and TB prevention and treatment in the context of comprehensive primary health care – and to this end he co-ordinates operational research focused on implementing and evaluating a comprehensive programme of TB/HIV/STI prevention, care and support. As the CEO of the NGO TB/HIV Care Association, he has been the principal investigator on a number of research projects: two CDC-PEPFAR co-operative agreements on comprehensive HIV and TB prevention in the general population (in six districts) and among sex workers (in Cape Metro and Ethekweni); a Stop TB Partnership TB REACH project in Sisonke district; and a Global Fund project to increase HIV and TB case finding and treatment in correctional facilities in the Western Cape.

#### **Assoc Prof Ehimario Igumbor, BSc (Hons)(UZ), MPH (Venda), PhD (UWC)**

Ehi Igumbor spent almost six years (2007- 2012) at the SOPH after which he joined the US Centers for Disease Control and Prevention (CDC) 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 several 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.

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

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

### **Extraordinary lecturer**

#### **Mr Percival Daames, BPharm (UWC), MSc (Birmingham)**

Percival Daames worked at the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Programme, Management Sciences for Health, an international NPO where he provided technical assistance to support activities aimed at strengthening pharmaceutical systems and services, especially in relation to evidence-based decision making and the rational use of medicines. Previously, he worked as health advisor at the Commonwealth Secretariat in the UK; as a pharmaceutical policy specialist/chief pharmacist at the South African National Department of Health (where he gained experience in pharmaceutical regulation, health policy, health economics, pricing and reimbursement and international pharmaceutical policies); and in the medical insurance industry, retail and private hospital pharmacies.

Percival is a registered pharmacist and has an MSc in Health Economics and Health Policy from the University of Birmingham. He has been assisting the SOPH in the development of learning materials and delivery of courses in the new area of Pharmaceutical Public Health.

# PUBLICATIONS

## Chapters in books

**Bradley H.** Participatory action research in pharmacy practice. In: Babar Z-U-D (ed.), *Pharmacy Practice Research Methods*. Switzerland: Springer, 2015.

Cleary S, **Schaay N**, Botes E, Figlan N, **Lehmann U**, **Gilson L**. Re-imagining community participation at the district level: Lessons from the DIALHS collaboration. In: Padarath A, King J, English R (eds.), *South African Health Review 2014/15*. Durban: Health Systems Trust, 2015.

**Cooper D**, De Lannoy A & Rule C. Youth and well-being: Why it matters. In De Lannoy A, Swartz S, Lake L & Smith C (eds.), *2015 South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town, 2015.

Crush J, Chikanda A, **Sanders D**, Maswikwa B. The rise of medical tourism to South Africa. In: Lunt N, Horsfall D, Hanefeld J (eds.), *Handbook on Medical Tourism and Patient Mobility 2015*. UK: Edward Elgar Publishing Ltd., 2015.

Hendricks MK, Kruger HS, **Puoane T**. Nutritional management of multiple nutrient deficiencies. In: Temple NJ & Steyn N (eds.), *Community Nutrition for Developing Countries*. Canada: AU Press and SA: UNISA Press, 2016.

Labonté R, Packer C, **Schaay N** & **Sanders D**. Improving 'research-to-action' through research triads. In: Edwards N, Owino Kaseje DC & Kokuangisa Kahwa E, *Building and Evaluating Research Capacity in Healthcare Systems: Case Studies and Innovative Models*. Cape Town: UCT Press, IDRC, 2016.

Levendal E, English R, **Schneider H**, London L, Haricharan H. Health governance. In: Matsoso P, Fryatt R, Andrews G (eds.), *The South African Health Reforms 2009-2014: Moving Towards Universal Health Coverage*. Pretoria: Juta Academic, 2015.

**Scott V**, Crawford-Browne S, **Sanders D**. Critiquing the response to the ebola epidemic through a primary health care approach. *BMC Public Health*, 2016; 16:410

**Scott V**, Dinginto N, Xapile Z. Operational health service management: Understanding the role of information in decision-making. *South African Health Review*, 2014/2015. Durban: Health Systems Trust, 2015.

Setorglo J, Steiner-Asiedu M, **Puoane T**, **Sanders D**, Pereko KKA. Achieving success in community-based nutrition programmes. In: Temple NJ & Steyn N (eds.), *Community Nutrition for Developing Countries*. Canada: AU Press and SA: UNISA Press, 2016.

Spires M, **Delobelle P**, **Sanders D**, **Puoane T**, Hoelzel P, Swart R. Diet-related non-communicable diseases in South Africa: Determinants and policy responses. In: Padarath A, King J, Mackie E, Casciola J (eds.), *South African Health Review 2016*. Durban: Health Systems Trust, 2016.

## Articles in peer-reviewed journals

Aboyade OM, Beaclair R, Mbamalu ON, **Puoane TR**, Hughes GD. Health-seeking behaviours of older black women living with non-communicable diseases in an urban township in South Africa. *BMC Complementary and Alternative Medicine*, 2016; 16(1): 410.

Abrahams-Gessel S, Denman CA, Gaziano T A, Levitt NS, **Puoane T**. Challenges facing successful scaling up of effective screening for cardiovascular disease by community health workers in Mexico and South Africa: Policy implications. *Health Systems and Policy Research*, 2016; 3(1).

Abrahams-Gessel, Denman CA, Montano CM, Gaziano TA, Levitt N, Rivera-Andrade A, Munguía Carrasco D, Zulu J,....**Puoane T**. The training and fieldwork experiences of community health workers conducting population-based, noninvasive screening for CVD in LMIC. *Global Heart*, March 2015; 10(1):45-54.

Ager A, **Lembani M**, Mohammed A, Mohammed Ashir G, Abdulwahab A, De Pinho H, et al. Health service resilience in Yobe state, Nigeria in the context of the Boko Haram insurgency: A systems dynamics analysis using group model building. *Conflict and Health*, 2015; 9(1):30.

Ager A, **Zarowsky C**. Balancing the personal, local, institutional and global: Multiple case study and multidimensional scaling analysis of African experiences in addressing complexity and political economy in health research capacity strengthening. *Health Research Policy Systems*, 2015; 3(5).

Avong Y, **van Wyk B**, Njab J & seven others. Adherence to anti-retroviral therapy in North Central Nigeria. *Current HIV Research*, 2015; 13(4):268-78.

Azia IN, **Mukumbang FC**, **Van Wyk B**. Barriers to adherence to antiretroviral treatment in a regional hospital in Vredenburg, Western Cape, South Africa. *South African Journal of HIV Medicine*, 2016; 17(1).

Bai D, Leu Cheng-Shiun, Mantell JE, Exner TM, **Cooper D**, Hoffman S, Kelvin EA, Myer L, Constant D, Moodley J. An approach to developing a prediction model of fertility intent among HIV-positive women and men in Cape Town, South Africa: A case study. *AIDS Behaviour*, 13 June 2016; 21(2):597-609.

Bauleth MF, **Van Wyk B**, Ashipala DO. Factors associated with poor adherence amongst patients receiving antiretroviral therapy at the Oshakati intermediate hospital in Namibia. *International Journal of Healthcare*, 2016; 2(2):89-100.

Baum F, Freeman T, **Sanders D**, Labonté, Lawless A. Comprehensive primary health care under neo-liberalism in Australia. *Social Science & Medicine*, 2016; 168:43-52

Bemelmans M, Goux D, Baert S, van Cutsem G, Motsamai M, Philips M, **Van Damme W**, Mwale H, Biot M, Van den Akker T. The uncertain future of lay counsellors: Continuation of HIV services in Lesotho under pressure. *Health Policy and Planning*, 2015; 31(5): 592-599.

Besada D, Kerber K, Leon N, **Sanders D**, Daviaud E, Rohde S, Rohde J, Van Damme W, Kinney M, Manda S, Oliphant NP, Hachimou F, Ouedraogo A, Yaroh Ghali A, **Doherty T**. Niger's child survival success, contributing factors and challenges to sustainability: A retrospective analysis. *PLoS ONE*, 2016; 11(1):e0146945.

Besada D, Rohde S, Goga A, Raphaely N, Daviaud E, Ramokolo V, Magasana N, Noveve N, **Doherty T**. Strategies to improve male involvement in PMTCT Option B+ in four African countries: A qualitative rapid appraisal. *Global Health Action*, 2016; 9:33507.

Bhatnagar A, **George AS**. Motivating health workers up to a limit: Partial effects of performance based financing on working environments in Nigeria. *Health Policy and Planning*, 2016; 31(7):868-77.

Bhatnagar A, Gupta S, Alonge K, **George AS**. Primary healthcare workers' views of motivating factors at individual, community and organizational levels: A qualitative study from Nasarawa and Ondo States, Nigeria. *International Journal of Health Management and Planning*, online 6 April 2016; doi: 10.1002/hpm.2342.

- Bheekie A & **Bradley H**. Re-engineering of South Africa's primary health care system: Where is the pharmacist? *South African Family Practice*, 2016; 1(1):1-7.
- Bigdeli M, **Laing R**, Tomson G, & Babar ZUD. Medicines and universal health coverage: Challenges and opportunities. *Journal of Pharmaceutical Policy and Practice*, 2015; 8(1):8.
- Bradley H**, Adams S, Kettledas R, Mathys T, Von Zeil M, **Laing R**. Innovations to improve access to and use of medicines for chronic conditions. *South African Pharmaceutical Journal*, 2016; 83(5):36-40.
- Bradley H**, **Lehmann U**, Butler, N. Emerging roles and competencies of district and sub-district pharmacists: A case study from Cape Town. *Human Resources for Health*, 2015; 13:88.
- Brittain K, Giddy J, Myer L, **Cooper D**, Harries J & Stinson K. Pregnant women's experiences of male partner involvement in the context of prevention of mother-to-child transmission in Khayelitsha, South Africa. *AIDS Care*, 2015; 27(8):1020-4.
- Burman CJ, Aphane M, **Delobelle P**. Weak signal detection: A discrete window of opportunity for achieving 'Vision 90:90:90'? *SAHARA-J: Journal of Social Aspects of HIV/AIDS Research Alliance*, 2016; 13(1):17-34.
- Burman CJ, Aphane M, **Delobelle P**. Reducing the overall HIV-burden in South Africa: Is 'reviving ABC' an appropriate fit for a complex, adaptive epidemiological HIV landscape? *African Journal of AIDS Research*, 2015; 14(1):13-28.
- Burman CJ, Aphane M, Mamabolo R, Mtapuri O, **Delobelle P**. The process of developing distributed-efficacy and social practice in the context of 'ending AIDS'. *The Journal for Transdisciplinary Research in Southern Africa*, 2015; 11(1):39-63.
- Burman CJ, Aphane M, Mtapuri O, **Delobelle P**. Expanding the prevention armamentarium portfolio: A framework for promoting HIV-conversant communities within a complex, adaptive epidemiological landscape. *SAHARA-J: Journal of Social Aspects of HIV/AIDS Research Alliance*, Dec 2015;12(1):18-29.
- Burman CJ, Moerschell L, Mamabolo R, Aphane M, **Delobelle P**. Re-imagining decision making: Addressing a discrete social driver of HIV/AIDS through the lens of complexity science. *African Journal of AIDS Research*, 2015; 14(1):75-84.
- Businge CB, Longo-Mbenza B, **Mathews V**. Risk factors for incident HIV infection among antenatal mothers in rural Eastern Cape, South Africa. *Global Health Action*, 2016; 9:29060.
- Cañigual-Vila N, Chen JC, Frenkel-Rorden L, **Laing R**. Improvements for international medicine donations: A review of the World Health Organization Guidelines for Medicine Donations, 3rd edition. *Journal of Pharmaceutical Policy and Practice*, 2015; 8(28).
- Charalambous S, Grant AD, Churchyard GJ, Mukora R, **Schneider H**, Fielding KL. Clinic-level factors influencing patient outcomes on antiretroviral therapy in primary health clinics in South Africa. *AIDS*, 24 April 2016; 30(7):1099-109.
- Cooper D**, Harries J, Moodley J, Constant D, Hodes R, Mathews C, Morroni C, Hoffman M. Coming of age? Women's sexual and reproductive health after twenty-one years of democracy in South Africa. *Reproductive Health Matters*, 2016; 24(48):79-89.
- Cooper D**, Mantell J, Moodley J and Mall S. The HIV epidemic and sexual and reproductive health policy integration: Views of South African policymakers. *BMC Public Health*, 2015; 15:217.
- Cooper D**, Mantell JE, Nywagi N, Cisse N, Austin-Evelyn K. Narrative methods and sociocultural linguistic approaches in facilitating in-depth understanding of HIV disclosure in a cohort of women and men in Cape Town, South Africa. *Frontiers in Public Health*, 2016; 4:95.
- Daniels K, Loewenson R, **George A**, Howard N, Koleva G, Lewin S, **Marchal B**, Nambiar D, Paina L, Sacks E, Sheikh K, Tetui M, Theobald S, Topp SM, Zwi AB & SHAPES, EQUINET, EV. Fair publication of qualitative research in health systems: A call by health policy and systems researchers. *International Journal for Equity in Health*, 2016; 15:98.
- Daniels K, **Sanders D**, Daviaud E, **Doherty T**. Valuing and sustaining (or not) the ability of volunteer community health workers to deliver integrated community case management in northern Ghana: A qualitative study. *PLoS ONE*, 16 June 2015; 10(6):e0126322.
- Delobelle P**, **Sanders D**, **Puoane T**, Freudenberg N. Reducing the role of the food, tobacco, and alcohol industries in noncommunicable disease risk in South Africa. *Health Education & Behavior*, 2016; 43(1S):70S-81S.
- Dewing S, Mathews C, **Schaay N**, Cloete A, Simbayi L, Louw J. Improving the counselling skills of lay counsellors in antiretroviral adherence settings: A cluster randomised controlled trial in the Western Cape, SA. *AIDS Behaviour*, 2015; 19.
- Dinh TH, Delaney K, Goga A, **Jackson D**, Lombard C, Woldeesenbet S, Mogashoa M, Pillay Y, Shaffer N. Impact of maternal HIV seroconversion during pregnancy on early mother to child transmission of HIV (MTCT) measured at 4-8 weeks postpartum in South Africa 2011-2012: A national population-based evaluation. *PLoS ONE*, 2015; 10(5): e0125525.
- Doherty T**, Kroon M, Rhoda N, Sanders D. Ending preventable child deaths in South Africa: What role can ward-based outreach teams play? *South African Medical Journal*, 2016; 106(7): 672-674.
- Doherty T**, Rohde S, Besada D, Kerber K, Manda S, Loveday M, Nsibande D, Daviaud E, Kinney M, Zembe W, Leon N, Rudan I, Degefie T, **Sanders D**. Reduction in child mortality in Ethiopia: Analysis of data from demographic and health surveys. *Journal of Global Health*, 2016; 6(2): 020401
- Doherty T**, Zembe W, Ngandu N, Kinney M, Manda S, Besada D, **Jackson D**, Daniels K, Rohde S, **Van Damme W**, Kerber K, Daviaud E, Rudan I, Muniz M, Oliphant NP, Zamasiya T, Rohde J, **Sanders D**. Assessment of Malawi's success in child mortality reduction through the lens of the Catalytic Initiative Integrated Health Systems Strengthening programme: Retrospective evaluation. *Journal of Global Health*, December 2015; 5(2): 020412.
- Egbujie BA, **Igumbor EU**, **Puoane T**. A cross-sectional study of socioeconomic status and cardiovascular disease risk among participants in the Prospective Urban Rural Epidemiological (PURE) study. *South African Medical Journal*, 2016; 106(9):900-906.
- Ekirapa-Kiracho E, Namazzi G, Tetui M, Mutebi A, Bua J, Waiswa P, Oo H, Peters D, **George AS**. Unlocking community capabilities for improving maternal and newborn health: participatory action research to improve birth preparedness, health facility access, and newborn care in rural Uganda. *BMC Health Services Research*, 2016; 16(Suppl7):1864.
- Erasmus E, **Lehmann U**, Agyepong I, Alwar J, de Savigny D, Kamuzora P, Mirzoev T, Nxumalo N, Tomson G, Uzochukwu B, Gilson L. Strengthening post-graduate educational capacity for health policy and systems research and analysis: The strategy of the Consortium for Health Policy and Systems Analysis in Africa. *Health Research Policy and Systems*, 2016; 14(29).
- Freeman T, Baum F, **Sanders D** & six others. Revisiting the ability of Australian primary healthcare services to respond to health inequity. *Australian Journal of Primary Health*, 2015; Vol 22(4): 332-338
- Freeman T, Baum F, Lawless A, Labonté R, **Sanders D**, Boffa J, Edwards T, Javanparast. Case study of an aboriginal community-controlled health service in Australia: Universal, rights-based, publicly funded comprehensive primary health care in action. *Health and Human Rights Journal*, 2016; 18(2):93-108.
- Gaziano T, Abrahams-Gessel S, Surka S, Sy S; Pandya A, Denman



- CA, Mendoza C, **Puoane T**. Cardiovascular disease screening by community health workers can be cost-effective in low-resource countries. *Health Affairs*, 2015; 34 (9).
- Gaziano TA, Abrahams-Gessel S, **Puoane T** and four others. An assessment of community health workers' ability to screen for cardiovascular disease risk with a simple, non-invasive risk assessment instrument in Bangladesh, Guatemala, Mexico, and South Africa: An observational study. *Lancet Global Health*, 2015; 3(9):e556-63.
- George AS**, Erchick D, Mahmud M, Yau I, Wonodi C. Sparking, supporting, and steering change: Grounding an accountability framework with viewpoints from Nigerian routine immunization and primary health care government officials. *Health Policy and Planning*, 2016; 31(9):1326-32.
- George AS**, Scott K, Mehra V, Sriram V. Synergies, strengths and challenges: Findings on community capability from a systematic health systems research literature review. *BMC Health Services Research*, 2016;16 (Suppl7):1860.
- George AS**, Scott K, Sarriot E, Kanjilal B, Peters DH. Unlocking community capabilities across health systems in low- and middle-income countries: Lessons learned from research and reflective practice. *BMC Health Services Research*, 2016; 16(Suppl7):1859.
- Godfrey EB, Gordon, ND, **Knight, LC**, Aber JL, Allen L, & Richter L. Which eligible households get grants? Demographic correlates of receipt in South Africa. *Development Southern Africa*, October 2016; 3637:1-16.
- Goga A, Dinh T-H, **Jackson D**, Lombard C, Puren A, Sherman G, Ramokolo V, Woldesenbet S, **Doherty T**, Noveve N, Magasana V, Singh Y, Ramraj T, Bhardwaj S, Pillay Y. Population-level effectiveness of PMTCT Option A on early mother-to-child (MTCT) transmission of HIV in South Africa: implications for eliminating MTCT. *Journal of Global Health*, 2016; 6(2).
- Gray G, Laher F, **Doherty T**, Abdool Karim S, Hammer S, Mascola J, Beyrer C, Corey L. Which new health technologies do we need to achieve an end to HIV/AIDS? *Plos Biology*, 2016; 14(3): e1002372.
- Hartmann M, Khosla R, Krishnan S, **George AS**, Gruskin S, Amin A. How are gender equality and human rights interventions included in sexual and reproductive health programmes and policies: A systematic review of existing research foci and gaps. *PLoS ONE*, 21Dec 2016; 11(12):e0167542.
- Hill J, Draper C, De Villiers A, Fourie JM, **Mohamed S**, Parker WP, Steyn NP. Promoting healthy lifestyle behaviour through the Life Orientation curriculum: Teachers' perceptions of the HealthKick intervention. *South African Journal of Education*, 2015; 35(1):1-9, article 981.
- Hill J, Mchiza Z, Fourie J, **Puoane T**, Steyn N. Consumption patterns of street food consumers in Cape Town. *Journal of Family Ecology and Consumer Sciences*, 2016; Special edition.
- Humphries H, Van Rooyen H, **Knight L**, Barnabas R, Celum C. "If you are circumcised, you are the best": Understandings and perceptions of voluntary medical male circumcision among men from KwaZulu-Natal, South Africa. *Culture, Health & Sexuality*, January 2015; 17(7):920-31.
- Ijumba P, **Doherty T**, **Jackson D**, Tomlinson M, **Sanders D**, Swanevelder S, Persson LÅ. Effect of an integrated community-based package for maternal and newborn care on feeding patterns during the first 12 weeks of life: A cluster-randomized trial in a South African township. *Public Health Nutrition*, Feb 2015; 9:1-9.
- Ir P, Korachais C, Chheng K, Horemans D, **Van Damme W**, Meessen B. Boosting facility deliveries with results-based financing: A mixed-methods evaluation of the government midwifery incentive scheme in Cambodia. *BMC Pregnancy and Childbirth*, 2015; 15:170.
- Iroezindu MO, Ofondu EO, Mbata GC, **Van Wyk B**, **Hausler HP**, Au DH, Lynen L, Hopewell PC. Factors associated with prevalent tuberculosis among patients receiving highly active antiretroviral therapy in a Nigeria. *Annals of Medical and Health Sciences Research*, 2016; 6(2): 120-8.
- Khatib R, McKee M, Shannon H, Chow C, Rangarajan S, Teo K, Wei L, Mony P, Mohan V, Gupta R, Kumar R, Vijayakumar K, Lear SA, Diaz R, Avezum A, Lopez-Jaramillo P, Lanus F, Yusuf K, Ismail N, Kazmi K, Rahman O, Rosengren A, Monsef N, Kelishadi R, Kruger A, **Puoane T** ... & Kumar R. Availability and affordability of cardiovascular disease medicines and their effect on use in high-income, middle-income, and low-income countries: An analysis of the PURE study data. *The Lancet*, 2016; 387(10013):61-69.
- Kinney M, Smith J, **Doherty T**, Hermida J, Daniels K, Belizán J. Feasibility of community level interventions for pre-eclampsia: Perspectives, knowledge and task-sharing from Nigeria, Mozambique, Pakistan and India. *Reproductive Health*, 2016; 13:125.
- Knight L**, Hosegood V, Timæus IM. Obligation to family during times of transition: Care, support and the response to HIV and AIDS in rural South Africa. *AIDS Care*, 2016; 28(Suppl 4):18-29.
- Knight L**, Van Rooyen H, Humphries H, Barnabas RV, Celum C. Empowering patients to link to care and treatment: Qualitative findings about the role of a home-based HIV counselling, testing and linkage intervention in South Africa. *AIDS Care*, May 2015; 27(9):1162-7.
- Knight L**, Yamin A. "Without a mother": Caregivers' and community members' views about the impacts of maternal mortality on families in KwaZulu-Natal, South Africa. *Reproductive Health*, 2015; 12(Suppl 1):S5.
- Labonté R, **Sanders D**, **Mathole T**, Crush J, Chikanda A, Dambisya Y, Runnels V, Packer C, MacKenzie A, Tomblin Murphy G, Bourgeault IL. Health worker migration from South Africa: causes, consequences and policy responses. *Human Resources for Health*, 2015; 13(92).
- Lahme AM, **Stern R**, **Cooper D**. Factors impacting on menstrual hygiene and their implications for health promotion. *Global Health Promotion*, 5 July 2016; epub: 1757975916648301.
- Larkan F, **Van Wyk B**, Stevens P, Saris A. Between the clinic and the community: Temporality and patterns of ART adherence in the Western Cape Province, South Africa. *African Sociological Review*, 2015; 19(2).
- Larson E, **George A**, Morgan R, Poteat T. Top 10 resources on intersectionality in LMIC. *Health Policy and Planning*, 2016; 31(8):964-9.
- Lawrence E, **Struthers P**, Van Hove G. HIV counselling and testing in secondary schools: What students want. *South African Journal of HIV Medicine*, 2015;16(1):article390.
- Lehmann U**. Strengthening human resources for health systems resilience to care for mothers and children. *BMC Health Services Research*, 2015; 15(Suppl 1):S6.
- Lembani M**, Teddy G, Molosiwa D, **Hwabamungu B**. Post-doctoral research fellowship as a health policy and systems research capacity development intervention: A case of CHESAI initiative. *Health Research Policy and Systems*, 2016; 14(89).
- Leng HMJ, **Sanders D**, Pollock AM. Pro-generics policies and the backlog in medicines registration in South Africa: Implications for access to essential and affordable medicines. *GaBI Journal*, 2015; 4(2).
- Leon N, **Sanders D**, **Van Damme W**, Besada D, Daviaud E, Oliphant NP, Berzal R, Mason J and **Doherty T**. The role of 'hidden' community volunteers in community-based health service delivery platforms: Examples from sub-Saharan Africa. *Global Health Action*, 2015; 8:27214.

- Levitt NS, **Puoane T**, Denman CA, Abrahams-Gessel S, Surka S, Mendoza C, Khanam M, Alam S, Gaziano TA. Referral outcomes of individuals identified at high risk of cardiovascular disease by community health workers in Bangladesh, Guatemala, Mexico and South Africa. *Global Health Action*, 2015; 8.
- Libman K, Freudenberg N, **Sanders D**, **Puoane T**, **Tsolekile L**. The role of urban food policy in preventing diet-related non-communicable diseases in Cape Town and New York. *Public Health*, 2015; 129(4):327–335.
- Magadzire BP**, **Marchal B**, Ward K. Improving access to medicines through centralised dispensing in the public sector: A case study of the Chronic Dispensing Unit in the Western Cape Province, South Africa. *BMC Health Services Research*, 2015; 15.
- Magasana V, Zembe W, **Tabana H**, Naik R, **Jackson D**, Swanevelder S, **Doherty T**. An assessment of quality of home-based HIV counselling and testing performed by lay counsellors in a rural sub-district of KwaZulu-Natal, South Africa. *SAHARA-J: Journal of Social Aspects of HIV/AIDS Research Alliance*, 2016; 13(1):188-196.
- Makusha T**, **Knight L**, Taegtmeier M, Tulloch O, Davids A, Lim J, ... Van Rooyen H. HIV self-testing could “revolutionize testing in South Africa, but it has got to be done properly”: Perceptions of key stakeholders. *PLoS ONE*, 2015; 10(3):e0122783.
- Malambo P, Kengne AP, De Villiers A, Lambert EV, **Puoane T**. Built environment, selected risk factors and major cardiovascular disease outcomes: A systematic review. *PLoS ONE*, 2016; 11(11):e0166846.
- Malambo P, Kengne AP, Lambert EV, De Villiers A, **Puoane T**. Prevalence and socio-demographic correlates of physical activity levels among South African adults in Cape Town and Mount Frere communities in 2008-2009. *Archives of Public Health*, 2016; 74:54.
- Malambo P, Kengne AP, Lambert EV, Villers AD, **Puoane T**. Association between perceived built environment and prevalent hypertension among South African adults. *Advances in Epidemiology*, 2016; 2016:article 1038715.
- Mantell JE, **Cooper D**, Exner TM, Moodley J, Hoffman S, Myer L, Leu CS, Bai D, Kelvin EA, Jennings K, Stein ZA, Zweigenthal V, Cisse N, Nywagi N. Emtongeni—A structural intervention to integrate sexual and reproductive health into public sector HIV care in Cape Town, South Africa: Results of a Phase II Study. *AIDS and Behavior*, 2 Nov 2016 (online).
- Masquillier C, Wouters E, Mortelmans D, **Van Wyk B**, **Hausler H**, **Van Damme W**. HIV/AIDS competent households: Interaction between a health-enabling environment and community-based treatment adherence support for people living with HIV/AIDS in South Africa. *PLoS ONE*, 2016; DOI:10.1371/journal.pone.0151379.
- Masquillier C, Wouters E, **Van Wyk B**, Mortelmans D. On the road to HIV/AIDS competence in the household: Building a health-enabling environment for people living with HIV/AIDS. *International Journal of Environmental Research and Public Health*, 2015; 12.
- Miller V, Yusuf S, Chow CK, Dehghan M, Corsi DJ, Lock K, Popkin B, Rangarajan S, Khatib R, Lear SA, Mony P, Kaur M, Mohan V, Vijayakumar K, Gupta R, Kruger A, **Tsolekile L**, Mohammadifard N, Rahman O, Rosengren A, Avezum A, Orlandini A, Ismail N, Lopez-Jaramillo P, Yusufali A, Karsidag K, Iqbal R, Chifamba J, Oakley SM, Ariffin F, Zatonska K, Poirier P, Wei L, Jian B, Hui C, Xu L, Xiulin B, Teo K, Mente A. Availability, affordability, and consumption of fruits and vegetables in 18 countries across income levels: Findings from the Prospective Urban Rural Epidemiology (PURE) study. *The Lancet Global Health*, 2016; 4(10):e695-e703.
- Mindry DL, **Knight L**, Van Rooyen H. Men’s moralising discourses on gender and HIV risk in rural KwaZulu-Natal, South Africa. *Culture, Health & Sexuality*, April 2015; 17(8):1035-48.
- Mlotshwa L, Harris B, **Schneider H**, Moshabela M. Exploring the perceptions and experiences of community health workers using role identity theory. *Global Health Action*, 2015; 8(1):1–9.
- Mohlalane N, Peltzer K, Mwisongo A, Ntespe Y, Tutchana B, Van Rooyen H, **Knight L**. Quality of HIV Counselling in South Africa. *Journal of Psychology*, 2015; 6(1):19–31.
- Morgan R, **George AS**, Ssali S, Hawkins K, Molyneux S, Theobald S. How to do gender analysis in health systems research. *Health Policy and Planning*, 2016; 31(8):1069-78.
- Mukumbang FC**, Van Belle S, **Marchal B**, **Van Wyk B**. Towards developing an initial programme theory: Programme designers’ and managers’ assumptions on the antiretroviral treatment adherence club programme in primary health care facilities in the metropolitan area of Western Cape Province, South Africa. *PLoS ONE*, 2016; 11(8):e0161790.
- Mukumbang FC**, Van Belle S, **Marchal B**, **Van Wyk B**. Realist evaluation of the antiretroviral treatment adherence club programme in selected primary healthcare facilities in the metropolitan area of Western Cape Province, South Africa: A study protocol. *BMJ Open*, 2016; 6(4):e009977.
- Musoke D, Ndejo R, Ekirapa-Kiracho E, **George AS**. Supporting youth and community capacity through photovoice: Experiences from facilitating participatory research on maternal health in Wakiso district, Uganda. *Global Public Health*, 2016; 11(5-6):683-98.
- Muzigaba M, **Puoane T**, **Sanders D**. The paradox of undernutrition and obesity in South Africa: A contextual overview of food quality, access and availability in the new democracy. *Food Poverty and Insecurity: International Food Inequalities*. Springer International Publishing, 2016
- Mwanza M, **Okop KJ** and **Puoane T**. Evaluation of outpatient therapeutic programme for management of severe acute malnutrition in three districts of the Eastern Province, Zambia. *BMC Nutrition*, 2016; 2:62.
- Nagot N, Kankasa C, Tumwine JK, Meda N, Hofmeyr GJ, Vallo R, Mwiya M, Kwagala M, Traore H, Sunday A, **Singata M**, Siuluta C, Some E, Rutagwera D, Neboua D, Ndeezzi G, **Jackson D**, Maréchal V, Neveu D, Engebretsen IM, Lombard C, Blanche S, Sommerfelt H, Rekacewicz C, Tylleskär T and Van de Perre P, for the ANRS 12174 Trial Group. Extended pre-exposure prophylaxis with lopinavir–ritonavir versus lamivudine to prevent HIV-1 transmission through breastfeeding up to 50 weeks in infants in Africa (ANRS 12174): A randomised controlled trial. *The Lancet*, February 2016; 387(10018):566–573.
- Naik R, **Doherty T**, **Jackson D**, **Tabana H**, Swanevelder S, Thea DM, Feeley FG, Fox MP. Linkage to care following a home-based HIV counselling and testing intervention in rural South Africa. *Journal of the International AIDS Society*, 2015; 18(1).
- Neethling I, Jelsma J, Ramma L, **Schneider H**, Bradshaw D. Disability weights from a household survey in a low socio-economic setting: How does it compare to the global burden of disease 2010 study? *Global Health Action*, 2016; 9:31754
- Ngandu N, Manda S, Besada D, Rohde S, Oliphant N, **Doherty T**. Does adjusting for recall in trend analysis affect coverage estimates for maternal and child health indicators? An analysis of DHS and MICS survey data. *Global Health Action*, 2016; 9:32408.
- Okop KJ**, **Mukumbang FC**, **Mathole T**, Levitt N, **Puoane T**. Perceptions of body size, obesity threat and the willingness to lose weight among black South African adults: A qualitative study. *BMC Public Health*, 2016; 16:365.

- Palafox B, McKee M, Balabanova D, AlHabib KF, Avezum AJ, Bahonar A, Ismail N, Chifamba J, Chow CK, Corsi DJ, Dagenais GR, Diaz R, Gupta R, Iqbal R, Kaur M, Khatib R, Kruger A, Kruger IM, Lanas F, Lopez-Jaramillo P, Minfan F, Mohan V, Mony PK, Oguz A, Palileo-Villanueva LM, Perel P, Poirier P, Rangarajan S, Rensheng L, Rosengren A, Soman B, Stuckler D, Subramanian SV, Teo K, **Tsolekile LP**, Wielgosz A, Yaguang P, Yeates K, Yongzhen M, Yusoff K, Yusuf R, Yusufali A, Zatońska K, Yusuf S. Wealth and cardiovascular health: A cross-sectional study of wealth-related inequalities in the awareness, treatment and control of hypertension in high-, middle- and low-income countries. *International Journal of Equity Health*, 2016; 15(1):199.
- Ramokolo V, Lombard C, **Chhagan M**, Engebretsen IMS, **Doherty T**, Goga A, Fadnes LT, Zembe W, **Jackson D**, Van den Broeck J. Effects of early feeding on growth velocity and overweight/obesity in a cohort HIV unexposed South African infants and children. *International Breastfeeding Journal*, 2015; 10(14).
- Rockers PC, Wirtz VJ, Vian T, Onyango MA, Ashigbie PG, **Laing R**. Study protocol for a cluster-randomised controlled trial of an NCD access to medicines initiative: Evaluation of Novartis access in Kenya. *BMJ Open*, 2016; 6(11):e013386.
- Ruger JP, Hammonds R, Ooms G, Barry D, Chapman A, **Van Damme W**. From conceptual pluralism to practical agreement on policy: Global responsibility for global health. *BMC International Health and Human Rights*, 2015; 15:30.
- Sanders D**, McCoy D, Legge D, Birn AE, Sengupta A. Social and political remedies needed for the Ebola tragedy. *The Lancet*, 22 August 2015; 386 :738.
- Sanders D**, Sengupta A, **Scott V**. Ebola epidemic exposes the pathology of the global economic and political system. *International Journal of Health Services*, 2015; 45(4):643–56.
- Schneider H**, **Lehmann U**. From community health workers to community health systems: Time to widen the horizon? *Health Systems & Reform*, 2016; 2(2):112–118.
- Schneider H**, Okello D, **Lehmann U**. The global pendulum swing towards community health workers in low- and middle-income countries: A scoping review of trends, geographical distribution and programmatic orientations, 2005 to 2014. *Human Resources for Health*, 2016; 14:65.
- Schneider H**, **Schaay N**, Dudley L, Goliath C, Qukula T. The challenges of reshaping disease specific and care-oriented community-based services towards comprehensive goals: A situation appraisal in the Western Cape Province, South Africa. *BMC Health Services Research*, 2015; 15(1).
- Shamu S**, **Zarowsky C**, Roelens K, Temmerman M, **Abrahams N**. High frequency intimate partner violence during pregnancy, post-natal depression and suicidal tendencies in Harare, Zimbabwe. *General Hospital Psychiatry*, 2016; 38:109–114.
- Sheikh K, **Schneider H**, Agyepong I, **Lehmann U**, **Gilson L**. Boundary-spanning: Reflections of the practices and principles of Global Health. *BMJ Global Health*, 2016; 1:e000058.
- Stern E, Buikema R, **Cooper D**. South African women's conceptualisations of and responses to sexual coercion in relation to hegemonic masculinities. *Global Public Health*, 2016; 11(1-2):135–52.
- Stern E, Rau A, **Cooper D**. Sexual and reproductive health perceptions and practices as revealed in the sexual history narratives of South African men living in a time of HIV/AIDS. *SAHARA-J: Journal of Social Aspects of HIV/AIDS Research Alliance*, 2015; 11:1, 233–244.
- Surka S, Edirippulige S, Steyn K, Gaziano T, **Puoane T**, Levitt N. Evaluating the use of mobile phone technology to enhance cardiovascular disease screening by community health workers. *International Journal of Medical Informatics*, 2015; 83.
- Swanson C, Atun R, **Sanders D**, **Van Damme W** & twelve others. Strengthening health systems in low-income countries by enhancing organizational capacities and improving institutions. *Globalization and Health*, 2015; 11(5).
- Tabana H**, Dudley LD, Knight S, Cameron N, Mahomed H, Goliath C, Eggers R, Wiysonge CS. The acceptability of three vaccine injections given to infants during a single clinic visit in South Africa. *BMC Public Health*, 2016; 16(1):1–10.
- Tabana H**, Nkonki L, Hongoro C, Doherty T, Ekström AM, Naik R, Zembe W, Jackson D, Thorson A. A cost-effectiveness analysis of a home-based HIV counselling and testing intervention versus the standard (facility based) HIV testing strategy in rural South Africa. *PLoS ONE*, 2015; 10(8): e0135048.
- Thow AM, **Sanders D**, Drury E, **Puoane T**, Chowdhury SN, **Tsolekile L**, Negin J. Regional trade and the nutrition transition: Opportunities to strengthen NCD prevention policy in the Southern African Development Community. *Global Health Action*, 2015; 8:28338.
- Tobin MR, **Laing R**. Generic medicine: Boston University students' perceptions and surprising lack of knowledge. *Journal of Generic Medicines*, 2015; 1741134315596012.
- Topp SM, Black J, Morrow M, Chipukuma JM, **Van Damme W**. The impact of human immunodeficiency virus (HIV) service scale-up on mechanisms of accountability in Zambian primary health centres: A case-based health systems analysis. *BMC Health Services Research*, 2015; 15:67.
- Tsolekile LP**, Abrahams-Gessel S, **Puoane T**. Healthcare professional shortage and task-shifting to prevent cardiovascular disease: Implications for low- and middle-income countries. *Current cardiology reports*, 2015; 17(12):1–6.
- Van Rooyen H, Tulloch O, Mukoma W, Makusha T, Chepuka L, **Knight L**, ... Taegtmeier M. What are the constraints and opportunities for HIVST scale-up in Africa? Evidence from Kenya, Malawi and South Africa. *Journal of the International AIDS Society*, 2015; 18:1–9.
- Van Rooyen, H, Essack, Z, Roach, T, Wight, D, **Knight L**, Bland R, Celum C. Taking HIV Testing to families: Designing a family-based intervention to facilitate HIV testing, disclosure, and intergenerational communication. *Frontiers in Public Health*, August 2016; 4:1–14.
- Woldesenbet S, **Jackson D**, Goga AE, Crowley S, **Doherty T**, Mogashoa M, Dinh TH, Sherman G. Missed opportunities for early infant HIV diagnosis: Results of a national study in South Africa. *Journal of Acquired Immune Deficiency Syndrome*, 2015; 68:3.
- Woldesenbet S, **Jackson DJ**, Lombard C, Dinh TH, Puren A, Sherman G, Ramokolo V, Crowley S, **Doherty T**, Mogashoa M, Chopra M, Shaffer N, Pillay Y, Goga AE for the South African PMTCT Evaluation (SAPMCTE) Team. Missed opportunities along the prevention of mother-to-child transmission services cascade in South Africa: Uptake, determinants, and attributable risk (the SAPMCTE). *PLoS ONE*, 2015; 10(7):e0132425.
- Yamin AE, Bazile J, **Knight L**, Molla M, Maistrellis E, Leaning J. Tracing shadows: How gendered power relations shape the impacts of maternal death on living children in sub-Saharan Africa. *Social Science & Medicine*, 2015; 135 :143–150.
- Yarmoshuk A**, Gauntai A, Mwangi M, Cole D, **Zarowsky C**. Mapping international university partnerships identified by East African Universities as strengthening their medicine, nursing, and public health programs. *Annals of Global Health*, online 27 July 2016; online DOI: 10.1016/j.aogh.2016.07.006.
- Zarowsky C**, Haddad S, O'Hearn S, Belaid L, Fregonese F. Strengthening systems and scholarship for global health – and public health (reviewed editorial). *Canadian Journal of Public Health*, 2016; 107(4-5):e339–e341.



Zembe-Mkabile W, Ramokolo V, **Sanders D, Jackson D, Doherty T**. The dynamic relationship between cash transfers and child health: Can the child support grant in South Africa make a difference to child nutrition? *Public Health Nutrition*, Feb 2016;19(2):356-62.

Zembe-Mkabile W, Surrender R, **Sanders D, Jackson D, Doherty T**. The experience of cash transfers in alleviating childhood poverty in South Africa: Mothers' experiences of the child support grant". *Global Public Health*, 2015; 10(7):834-51.

Zembe-Mkabile WZ, **Jackson D, Sanders D**, Besada D, Daniels K, Zamasiya T, **Doherty T**. The 'community' in community case management of childhood illnesses in Malawi. *Global Health Action*, 2016; 9:29177.

Zwanikken PAC, **Alexander L**, Scherpbier A. Impact of MPH programs: Contributing to health system strengthening in low- and middle-income countries? *Human Resources for Health*, 2016; 14:52.

## Papers and reports

Blaauw D, Bijlmakers L, **Mathole T**, Sipiwe T, Sayinzoga, **Sanders D**. Annual report: *Mainstreaming a health systems approach to delivery of maternal health services: transdisciplinary research in Rwanda and South Africa: Global Health Policy and Health Systems Research Programme*, 2015.

**Bradley H**, Osman L, Tlala V, Masiza H. Country Case Study: South Africa. Development of scopes of practice and required qualifications for specialist pharmacists and pharmacist prescribers. In: Bruno A (ed.), *FIP Advanced Practice and Specialisation in Pharmacy: Global Report 2015*. The Hague: International Pharmacy Federation, 2015.

**Delobelle P, Chiliza J, Puoane T, Sanders D**. Report to Elma Philantropies. *Landscape Review of Obesity Prevention in South Africa*. Cape Town: School of Public Health, University of the Western Cape, 2016.

**Lembani M**, De Pinho H, **Delobelle P, Zarowsky C, Mathole T**, Ager A. Report to the ReBUILD Consortium: *A case study of maternal health service provision in OR Tambo District, Eastern Cape, in the context of chronic poor health performance*. New York: MSPH, Columbia University, 2015.

**Mampe T, Schneider H, Reagon G**. *Effectiveness of ward based outreach teams in the North West Province: An evaluation*. Cape Town: School of Public Health, University of the Western Cape, 2016.

**Schneider H**. Final Report to I-Tech and the Western Cape Department of Health: *Defining competency profiles and competency assessment of managers for the Western Cape Department of Health*. Cape Town: School of Public Health, University of the Western Cape, October 2015.

**Schneider H, McKenzie A, Schaay N, Scott V, Sanders D**. Technical report: *Primary care systems profiles & performance (PRIMASYS): South Africa Case Study*. Geneva: Alliance for Health Policy and Systems Research, 2016. (Also issued as briefing document).

Wainwright M, Cloete L, **Mukumbang FC**. Report on the Brocher Foundation Workshop: *The humanization of health sciences through innovation in health professions education. The rationale, trends, obstacles and ways forward for integrating the Humanities and Social Sciences in Health Sciences curricula*. Geneva: Medical and Health Humanities Africa, 2016.

## Other publications

### Articles

**Bradley H, Laing R**. Access to medicines – overcoming the barriers. *Eastern Mediterranean Health Journal*, 2015; 21(8):553-4.

**Cooper D**. Policy brief, presented to Western Cape Department of Health: *A structural intervention study in Cape Town to integrate reproductive health into public sector HIV care*. Cape Town: School of Public Health, University of the Western Cape, 2015.

Daitz E, **Sanders D**. Tactic condemned. *The Cape Times*, 18 May 2015.

**Doherty T**, Kerber K, Kinney M, Mason J. Letter to the Editor: Approaches to evaluate the impact of community-based delivery strategies. *American Journal of Tropical Medicine & Hygiene*, 2016; 94(6):1433.

Furlong A. South Africa's real nutrition problems. Interview with **David Sanders**. *GroundUp*, 2 October 2015.

McIntyre D, McKee M, Balabanova D, Atim C, Srinath Reddy K, Patcharanarumol W, on behalf of 250 signatories (incl **Zarowsky C**). Open letter on the SDGs: A robust measure for universal health coverage is essential. *The Lancet*, 10 December 2016; 388:2871-2872.

McKenzie A, **Schneider H, Schaay N, Scott V, Sanders D**. Interview for PRIMASYS. Reported on AHPSR website <http://www.who.int/alliance-hpsr/news/2016/strengthening-primary-care-services/en/> - 2016.

**Puoane T, Delobelle P, Tsolekile L, Sanders D**. Highs and lows of diabetes under spotlight. *The Cape Times*, 24 March 2015, p28-29.

**Sanders D**. Book review: *Comrades in health: U.S. health internationalists, abroad and at home*, (eds) Birn, A-E & Brown, TM. *Bulletin of the History of Medicine*, Fall 2015, 89(3):633-635. Project MUSE. Published by The Johns Hopkins University Press. <http://muse.jhu.edu/journals/bhm/summary/v089/89.3.sanders.html>.

**Sanders D**. Nutrition may be as big a challenge today as HIV/AIDS was 15 years ago. *The Conversation*, 22 August 2016; SAST. [https://theconversation.com/nutrition-may-be-as-big-a-challenge-today-as-hiv-aids-was-15-years-ago-64208?utm\\_medium=email&utm\\_campaign=Latest%20from%20The%20Conversation%20for%20August%2022%202016%20-%205462&utm\\_content=Latest%20from%20The%20Conversation%20for%20August%2022%202016%20-%205462+CID\\_5d58886a199add15e9b4f398ebc0962b&utm\\_source=campaign\\_monitor\\_africa&utm\\_term=Nutrition%20may%20be%20as%20big%20a%20challenge%20today%20as%20HIVAIDS%20was%2015%20years%20ago](https://theconversation.com/nutrition-may-be-as-big-a-challenge-today-as-hiv-aids-was-15-years-ago-64208?utm_medium=email&utm_campaign=Latest%20from%20The%20Conversation%20for%20August%2022%202016%20-%205462&utm_content=Latest%20from%20The%20Conversation%20for%20August%2022%202016%20-%205462+CID_5d58886a199add15e9b4f398ebc0962b&utm_source=campaign_monitor_africa&utm_term=Nutrition%20may%20be%20as%20big%20a%20challenge%20today%20as%20HIVAIDS%20was%2015%20years%20ago)

**Sanders D, Tsolekile L, Spires M, Puoane T**. Obesity weighs heavily on Africa's meagre resources. *The Mail and Guardian*, 5 Apr 2016.

## Resources / materials

Hutton B, Schaay N, Lehmann U, Schneider H, Amde W, Mwanda Z. *Curriculum design and the process of transitioning from face-to-face to distance teaching and learning in the post-graduate public health field: A guide*. Cape Town: School of Public Health, University of the Western Cape, 2016.

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