



HL 340 PUBLIC HEALTH DYNAMICS IN SOUTH AFRICA

IES Abroad Cape Town

DESCRIPTION:

This course aims at providing insights into the public health issues and dynamics within the South African context. This course will explore the political and socio-economic context of South Africa, the prevailing quadruple burden of diseases, contributing factors related to healthcare delivery and health systems. Further, the course will examine interactions between communities, health and social care environments, and the organizations providing and regulating health service as well as contemporary issues, including social action, empowerment, community and political leadership development, and advocacy. Political and socio-economic lenses will be used throughout the course to discuss the social and economic impact of health in South Africa. The South African healthcare system, including efforts made to transform it through significant political changes, HIV/AIDS, TB, chronic and infectious diseases, as well as their prevention, treatment and health promotion will be covered. This course will also include exposure to a variety of health-related environments, as well as traditional medicine and its contributions to healthcare delivery in South Africa.

CREDITS: 3 credits

CONTACT HOURS: 45 hours

LANGUAGE OF INSTRUCTION: English

PREREQUISITES: None

ADDITIONAL COST: None

METHOD OF PRESENTATION:

- Lectures and presentations
- Facilitated class discussions and exercises
- Student presentations
- Guest lectures
- Course-related trips

REQUIRED WORK AND FORM OF ASSESSMENT:

- Attendance and Participation - 10%
- Mid-Term Exam OR Research Project - 25%
- Course-Related Trip Reports - 25%
- Final Exam - 40%

COURSE PARTICIPATION

Participation in all class sessions and attendance for all course trips is mandatory. Students are expected to prepare for each session by doing the necessary reading, work and reflection, in addition to regularly checking notices on the MOODLE website. In the event of late arrival to class, the lecturer will mark the student absent if they are more than 15min late. All assignments must be submitted via the MOODLE platform.

The University of Cape Town late assignment policy will apply and is as follows: All Assignments late by one day will receive a 5% penalty. For every day late thereafter, 2% will be deducted and no assignments will be accepted later than 6 days after the deadline (this includes weekends).

PLEASE NOTE: students are expected to prepare and read ALL the prescribed readings listed below in the content chart in preparation for each class session. Additional readings from the reference list of the prescribed readings are also encouraged.



Midterm Exam

This will be a closed book examination and students will be tested on selected content covered in the course. Structured short and long answer questions will be set so that students can demonstrate their understanding and application of theories, concepts and approaches to practical situations and/or case studies. Examination is based on content covered in the course to date. The exam will be 1 hour.

Course Related Trip Reports

After each of the two Course Related Trips, students will submit 1,500-2,000 words reflecting on and analysing their experience, on Moodle. Students are expected to write what they learned during the trip and need to incorporate readings to connect lessons and theories from class, with their experiences outside of the classroom. Students should also draw from their experiences during observational rotations to enhance their reflections about the broader field of public health and health care providers in Cape Town and South Africa. A total of two Course Related Trip Reports will be submitted. Students will be marked according to the development of their reflection and analysis, and integration of course readings.

OR

Research Report

Students will be working individually on this report. It will be desktop-based and attempts to answer their research question. Students are required to investigate a service delivery issue relating to health and community development in the South African context as covered in the course. Students are encouraged to consult with the lecturer throughout the research process; to gain support and enable the research project to be tracked and completed on time.

Students are expected to outline the:

(1) Theoretical background of the research (2) Objectives of the research (3) Methodology used to answer the question (4) Results of the research (5) Conclusions and recommendations of the research.

Final Research Report (A maximum of 7,500 words - 15 pages) (Font – Times New Roman, Letter size - 12) (1.5 - line spacing) should be structured using the following subheadings:

- i. Introduction: (background to the topic as well as context, preliminary literature review and rationale for the report)
- ii. Research Question and objectives: (the identified need / problem that the research addresses and the reasons why)
- iii. Methodology: (the exact methods used in the research)
- iv. Results: (findings of the report and the discussion thereof)
- v. Summary: (conclusions and recommendations that the organization should consider in addressing the identified problem)
- vi. Reference list

Final Exam

In Session 18, students will be briefed on a take home task which is designed to demonstrate understanding and application of theories, concepts, and approaches to community health in South Africa, and draw from practical situations and/or case studies, by drawing from their experiential learning.

LEARNING OUTCOMES

By the end of the course, students will be able to:

- Analyze the historical evolution and transformation of the policy and legal frameworks South African Health system from a fragmented, racist, and disempowering to a developmental, participatory, and inclusive system.
- Articulate the political and socio-economic status of health in South Africa, in particular socio-economic determinants of health, including inequalities.
- Assess the policy landscape of healthcare delivery in South Africa

- Identify and explore the contributing factors related to healthcare delivery in South Africa and how community health and systems methods can be used to tackle the social determinants of health and promote health
- Articulate why HIV/AIDS, TB, GBV, chronic, non-communicable and infectious diseases, and related healthcare issues are seen as contributors to the double burden of disease in South Africa. In addition, understand why and how it impacts on the current healthcare system.
- Identify the challenges in ensuring effective local healthcare delivery and their impact on social and economic wellbeing.
- Examine development in South Africa using the lens of public health, development and rights and poverty, disease, and access.

ATTENDANCE POLICY:

Attendance is mandatory for all IES Abroad Cape Town classes, and programming elements including course-related trips, guest lectures, observational rotations, etc. Excused absences are permitted in the cases of documented illness, a family emergency or when class is held on a recognized religious holiday traditionally observed by a student. In this case, an IES Abroad Excused Absence Form and supporting documents must be submitted to the Academic Manager at least 24 hours before the class. For illness, the Excused Absence Form must be submitted to the Academic Manager within 24 hours after class with the doctor's note. In the event of late arrival to class, the instructor will mark the student absent if they are more than ten minutes late.

More than two unexcused absences will result in two percentage points (2%) being deducted from the final grade for every additional unexcused absence thereafter. Any exams, presentations, or other work missed due to student absences can only be rescheduled in cases of documented medical or family emergencies. If an assignment or exam is missed during an unexcused absence, it cannot be made up. It is the student's responsibility to contact the lecturer and request information on the missed class as well as any relevant reading or homework information.

CONTENT

Week	Content	Readings
Session 1	Course Introduction <ul style="list-style-type: none"> • Welcome and Introductions Expectations (lecturer and students). Learning objectives, assessment, support. • Reading and research guidance 	
Session 2	Perspectives of Health and/or Wellness	<ul style="list-style-type: none"> • Blaauw, D., & Pretorius, A. (2013). The determinants of subjective well-being in South Africa-an exploratory enquiry. <i>Journal of Economic and Financial Sciences</i>, 6(1), 179-194. (16 pgs) • Mahali, A., Lynch, I., Wilson Fadiji, A., Tolla, T., Khumalo, S. & Naicker, S. (2018). Networks of Well-being in the Global South: A Critical Review of Current Scholarship. <i>Journal of Developing Societies</i> 34(3). 1-28.

Week	Content	Readings
Session 3	Epidemiology	<ul style="list-style-type: none"> • Merrill, R. M. (2024). <i>Introduction to epidemiology</i>. Jones & Bartlett Learning. Pgs 1-25 • Timmreck, T. C. (2002). <i>An introduction to epidemiology</i>. Jones & Bartlett Learning. Pgs 1-25
Session 4	Global Health and Africa <ul style="list-style-type: none"> • How do global health and global health politics impact Africa? 	<ul style="list-style-type: none"> • Patterson, Amy S. (2018) African States and Global Health Governance in Africa and Global Health Governance: Domestic Politics and International Structures. John Hopkins University Press, pp. 1-27 • Gilson, Lucy, and Raphaely, N. (2008). The terrain of health policy analysis in low- and middle-income countries: a review of published literature 1994-2007. <i>Health Policy and Planning</i>. 23, pp. 294–307. • Comaroff, Jean. (1993). The Diseased Heart of Africa: Medicine, Colonialism, and the Black Body. In: Lindenbaum, S. and Lock, M. eds. <i>Knowledge, Power and Practice: The Anthropology of Medicine and Everyday Life</i>. Berkeley: University of California Press, pp.305-329. • Patterson, Amy S. (2018) When all factors Align: Acceptance of Global AIDS Governance in Africa and Global Health Governance: Domestic Politics and International Structures. John Hopkins University Press, pp. 31-41.
Session 5	South African Healthcare System: History & Structure	Assignment(s) and/or Reading(s) <ul style="list-style-type: none"> • Dookie, S. & Singh, S. (2012). Primary health services at district level in South Africa: A critique of the primary health care approach. <i>BMC Family Practice</i> 13(67). • Rensberg, R. (2021). Healthcare in South Africa: how inequity is contributing to inefficiency. <i>University of the Witwatersrand</i>. • Mbunge, E. (2020). Effects of COVID-19 in South African health system and society: An explanatory study. <i>Elsevier</i>. • Pillay, Y., Pienaar, S., Barron, P. & Zondi, T. (2021). Impact of COVID-19 on routine primary healthcare services in South Africa. <i>South African Medical Journal</i>, 111(8). • Columbia Public Health. (2022). South Africa: Summary. <i>Comparative Health Policy Library</i>. June 7, 2022.

Week	Content	Readings
Session 6	Colonialism and Apartheid : Meanings for Health <ul style="list-style-type: none"> How is health and health services in South Africa shaped by the political context? 	<ul style="list-style-type: none"> Coovadia, H., Jewkes R., Barron, P., Sanders, D. and McIntyre, D. (2009). The health and health system of South Africa: historical roots of current public health challenges. <i>The Lancet</i>. 374(9692), pp.817-834. Digby, Anne. (2006). Past Inequities and present problems in <i>Diversity and Division in Medicine: Health care in South Africa from the 1800s</i>. Bern: Peter Lang AG. (SECTIONS: The Apartheid era, Transformation) pp. 413- de Beer Cedric. (1984). Rhetoric and Reality: Urban Health and State Policies in <i>The South Africa Disease Apartheid Health and Health Services</i>. South Africa: Southern African Research Services; London: Catholic Institute for International Relations. pp. 31-46. Deacon, H. (1998). Midwives and Medical Men in the Cape Colony before 1860. <i>The Journal of African History</i>. 39(2), pp.271-292
Session 7	Healthcare Delivery in Communities: Rural vs. Urban.	<ul style="list-style-type: none"> S. Wong, S. Regan, (2009). Patient perspectives on primary health care in rural communities: effects of geography on access, continuity and efficiency Rural and Remote Health 9: 1142. (12 pgs) Tanser, F. (2006). Methodology for optimising location of new primary health care facilities in rural communities: a case study in KwaZulu-Natal, South Africa. <i>Journal of Epidemiology & Community Health</i>, 60(10), 846-850. (6 pgs) Mars, M. (2013). Telemedicine and advances in urban and rural healthcare delivery in Africa. <i>Progress in cardiovascular diseases</i>, 56(3), 326-335. (10 pgs)
Session 8	Planned NHI for South Africa & Leadership in Healthcare Settings	<ul style="list-style-type: none"> Setswe, G., Witthuhn, J., Muyanga, S., & Nyasulu, P. (2016). The new national health insurance policy in South Africa: public perceptions and expectations. <i>International Journal of Healthcare Management</i>, 9(2), 77-82. (7 pgs) Okello, D. (2021). The Leadership Trinity: Examining the interplay between healthcare organisational context, collective leadership and leadership effectiveness in the Health Sector – A Multiple Case Study of District Hospitals in the Western Cape Province, South Africa. Unpublished Thesis, Faculty of Health Sciences, University of Cape Town. <u>ONLY CHAPTERS 1 & 5</u>

Week	Content	Readings
Session 9	Introduction to Communicable Diseases: HIV & TB <ul style="list-style-type: none"> HIV/AIDS (Introduction to disease, pathology, epidemiology, stages & timeline) HIV/AIDS treatment (overview of treatment process) The relationship between HIV/AIDS & TB SA's goal/vision for HIV/AIDS 	<ul style="list-style-type: none"> Tenkorang, E. Y. (2016). Perceived vulnerability and HIV testing among youth in Cape Town, South Africa. <i>Health promotion international</i>, 31(2), 270-279. (10 pgs) Churchyard, G. et al. (2014). Tuberculosis control in South Africa: Successes, challenges and recommendations. <i>SAMJ: South African Medical Journal</i>, 104(3), 234-248. (5 pgs) Cluver, L., Orkin, M., Moshabela, M., Kuo, C., & Boyes, M. (2013). The hidden harm of home-based care: pulmonary tuberculosis symptoms among children providing home medical care to HIV/AIDS-affected adults in South Africa. <i>AIDS care</i>, 25(6), 748-755. (9 pgs) Scott, V., Azevedo, V., & Caldwell, J. (2012). Improving access and quality of care in a TB control programme. <i>SAMJ: South African Medical Journal</i>, 102(11), 837-840. (4 pgs)
Session 10	HIV Globally and in South Africa	<ul style="list-style-type: none"> Amy S. Patterson (2018) When all Factors Align: Acceptance of Global AIDS Governance in <i>Africa and Global Health Governance: Domestic Politics and International Structures</i>. John Hopkins University Press, pp. 49-71.(22 pgs) Knijn, T., & Slabbert, M. (2012). Transferring HIV/AIDS Related Healthcare from Non-governmental Organizations to the Public Healthcare System in South Africa: Opportunities and Challenges. <i>Social Policy & Administration</i>, 46(6), 636-653. (19 pgs) Tenkorang, E. Y. (2016). Perceived vulnerability and HIV testing among youth in Cape Town, South Africa. <i>Health promotion international</i>, 31(2), 270-279. (10 pgs)
Session 11	TB: The Other Epidemic <ul style="list-style-type: none"> TB (Introduction to disease, pathology, epidemiology, stages & timeline) TB treatment (overview of treatment process) 	<ul style="list-style-type: none"> de Beer Cedric. (1984). Digging their own graves: A social history of TB in <i>The South Africa Disease Apartheid Health and Health Services</i>. South Africa: Southern African Research Services; London: Catholic Institute for International Relations. pp. 1-15. (14pgs) Churchyard, G. et al. (2014). Tuberculosis control in South Africa: Successes, challenges and recommendations. <i>SAMJ: South African Medical Journal</i>, 104(3), 234-248. (5 pgs)
Session 12	Course-Related Trip	

Week	Content	Readings
Session 13	COVID-19 South Africa	<ul style="list-style-type: none"> • Yogan Pillay et al (2021). Impact of Covid-19 n routine primary healthcare services in South Africa. South African Medical Journal 111(8).
Session 14	Non-Communicable Diseases: Diabetics and Hypertension	<ul style="list-style-type: none"> • Tripathy, J. P., Thakur, J. S., Jeet, G., & Jain, S. (2017). Prevalence and determinants of comorbid diabetes and hypertension: Evidence from non-communicable disease risk factor STEPS survey, India. Diabetes & Metabolic Syndrome: Clinical Research & Reviews, 11, S459-S465. (6 pgs) • Dalal, S., Beunza, J. J., Volmink, J., Adebamowo, C., Bajunirwe, F., Njelekela, M., ... & Holmes, M. D. (2011). Non-communicable diseases in sub-Saharan Africa: what we know now. International journal of epidemiology, 40(4), 885-901. (16 pgs) • Modjadji, P. (2021). Communicable and non-communicable diseases coexisting in South Africa. The Lancet Global Health, 9(7), pp. e889-e895. (6 pgs)
Session 15	Non-Communicable Diseases: Cancer	<ul style="list-style-type: none"> • Mayosi, B.M., Flisher, A.J., Lalloo, U.G., Sitas, F., Tollman, S.M. and Bradshaw, D., (2009). The burden of non-communicable diseases in South Africa. The lancet, 374 (9693), pp.934-947. (13pgs) • Samodien, E., Abrahams, Y., Muller, C., Louw, J. and Chellan, N., (2021). Non-communicable diseases-a catastrophe for South Africa. South African Journal of Science, 117(5-6), pp.1-6. (5pgs)
Session 16	Drug use & Gangsterism in South Africa and on the Cape Flats	<ul style="list-style-type: none"> • Chetty, R., (2015). Social complexity of drug abuse, gangsterism and crime in Cape Flats' schools, Western Cape. Acta Criminologica: African Journal of Criminology & Victimology, 2015(sed-3), pp.54-65. (11 pgs) • Chetty, R., (2017). Naming my reality: A youth narrative on drug abuse and gangsterism in the Cape Flats. Acta Criminologica: African Journal of Criminology & Victimology, 30(1), pp.80-95. (15 pgs)

Week	Content	Readings
Session 17	Mental Health in South Africa	<ul style="list-style-type: none"> • Lund, C., Kleintjes, S., Kakuma, R., Flisher, A. J., & MHaPP Research Programme Consortium. (2010). Public sector mental health systems in South Africa: inter-provincial comparisons and policy implications. <i>Social psychiatry and psychiatric epidemiology</i>, 45(3), 393-404. (12 pgs) • Petersen, I., & Lund, C. (2011). Mental health service delivery in South Africa from 2000 to 2010: one step forward, one step back. <i>South African Medical Journal</i>, 101(10), 751-757. (7 pgs) • Berg, A. (2003). Ancestor reverence and mental health in South Africa. <i>Transcultural psychiatry</i>, 40(2), 194-207. (14 pgs)
Session 18	Midterm Exam	
Session 19	Introduction to Sexual & Reproductive Health, Rights & Realities in South Africa	<ul style="list-style-type: none"> • Galappaththi-Arachchige, H. N., Zulu, S. G., Kleppa, E., Lillebo, K., Qvigstad, E., Ndhlovu, P., Vennervald, B. J., Gundersen, S. G. Kjetland, E. F. & Taylor, M. (2018). Reproductive health problems in rural South African women: risk behaviour and risk factors. <i>Reproductive Health</i>, 15. 138. • Lince-Deroche, N., Pleaner, M., Harries, J., Morroni, C., Mullick, S., Firnhaber, C., Mulongo, M., Molefe, P., Sinanovic, E. (2016). <i>Achieving universal access to sexual and reproductive health services: the potential and pitfalls for contraceptive services in South Africa.</i> Health Systems Trust.
Session 20	Sexual and Reproductive Health	<ul style="list-style-type: none"> • Cooper, D., Harries, J. and Momberg, M. 2015. Assessing the cycle of accountability for Maternal and Child Health and Human Rights: South Africa Report. Cape Town: University of Cape Town. pp- 5-13. • Farrell, E. and Pattison, R.C. 2004. Out of the Mouths of Babes—Innocent reporting of harmful labour ward practices. <i>South African Medical Journal</i>. 94(11), pp.896-897.

Week	Content	Readings
Session 21	Contraception in South Africa	<ul style="list-style-type: none"> • Catriona A. Towriss, et al (2019) The injection or the injection? Restricted contraceptive choices among women living with HIV, <i>Sexual and Reproductive Health Matters</i>, 27:1, 215-227 • Sethembiso-Promise Mthembu (2022) My body, my womb, my rights, my decisions: Feminist advocacy to seek justice for HIV positive women who are victims of forced sterilizations in South Africa, <i>Agenda</i>, 36:3, 22-31 • Essack, Z. and Strode, A. 2012. “I feel like half a woman all the time”: The impacts of coerced and forced sterilizations on HIV-positive women in South Africa. <i>Agenda</i>. 26(2), pp.24-34
Session 22	Reproductive Choice	<ul style="list-style-type: none"> • Favier, M. et. al. (2018). Safe abortion in South Africa: “We have wonderful laws but we don’t have people to implement those laws. <i>International Journal of Gynecology and Obstetric</i>. (143) pp. 38-44. (6 pgs) • Harries, J. & Constant, D. (2020). Providing safe abortion services: Experiences and perspectives of providers in South Africa, <i>Best Practice & Research Clinical Obstetrics & Gynecology</i>, Volume 62 Pp. 79-89. (10 pgs)
Session 23	Issues in Reproductive Healthcare - Gender Based Violence	<ul style="list-style-type: none"> • Bannister, T. (2014). Equal access to health care services for survivors of gender-based violence: A South African Perspective. <i>Equal Rights Review</i>, 12. Pp.62-76. • Heidari, S. & Moreno, C.G., (2016). Gender-based violence: a barrier to sexual and reproductive health and rights. <i>Reproductive health matters</i>, 24(47), pp.1-4. (3 pgs)

Week	Content	Readings
Session 24	Approaches to Equality: Universal Healthcare <ul style="list-style-type: none"> How does healthcare coverage or lack of health coverage impact equality? 	<ul style="list-style-type: none"> Naidoo, S. (2012). The South African national health insurance: A revolution in health-care delivery! <i>Journal of Public Health</i>, 34(1), 149-150. (2 pgs) Passchier, R. V. (2017). Exploring the barriers to implementing National Health Insurance in South Africa: The people's perspective. <i>SAMJ: South African Medical Journal</i>, 107(10), 836-838. (3 pgs) Fusheini, A., & Eyles, J. (2016). Achieving universal health coverage in South Africa through a district health system approach: conflicting ideologies of health care provision. <i>BMC health services research</i>, 16(1), 558. (11 pgs) Health Justice Initiative (2021). Vaccine Equity, Access and Allocation. WTO Deal Explained. https://healthjusticeinitiative.org.za/2022/06/30/the-wto-deal-explainer/
Session 25	African Medicine <ul style="list-style-type: none"> How has the dual relationship between indigenous knowledge and biomedicine impacted health and healthcare? 	<ul style="list-style-type: none"> Summerton, J.V. (2006). The organization and infrastructure of the African Traditional Healing System: Reflections of a Sub-district of South Africa. <i>African Studies</i>, 65 (2), 297-319. (24 pgs) Berg, A. (2003). Ancestor reverence and mental health in South Africa. <i>Transcultural psychiatry</i>, 40(2), 194-207. (14 pgs) Gqaleni, N., Moodley, I., Kruger, H., Ntuli, A., & McLeod, H. (2007). Traditional and complementary medicine: health care delivery. <i>South African Health Review</i>, 2007(1), 175-188. (14 pgs)
Session 26	Health Research Ethics	<ul style="list-style-type: none"> Macleod, C.I., et al (2018) Traversing ethical imperatives: Learning from the field in <i>The Palgrave Handbook of Ethics in Critical Research</i> London: Palgrave, pp. 429-449 Rucell, J. 2018. "Ethical review and the social powerlessness of data: Reflections from a study of violence in South Africa's reproductive health system". In Macleod, C.I., et al Eds. <i>The Palgrave Handbook of Ethics in Critical Research</i> London: Palgrave, pp. 291-306.
Session 27	Final Exam	