DESCRIPTION:
This course will examine the socioeconomic factors that affect the proliferation and treatment of endemic diseases in South Africa. This course will also study examples from other Southern African countries to give students insight into how region-specific contexts, as well as cultural differences, inform and shape the various approaches to treatment. The course will also provide the necessary historical background to demonstrate how the current state of health and health policy in these countries emerged over time. Since South Africa is a country with high economic inequality and geographical variation, access to effective medical treatment is inconsistent, which requires health professionals to have familiarity with, and knowledge of, the differences that affect how endemic diseases are treated.

CREDITS: 3

CONTACT HOURS: 45

LANGUAGE OF INSTRUCTION: English

PREREQUISITES: None

ADDITIONAL COST: None

METHOD OF PRESENTATION:
Classes will involve a combination of lectures, class discussions and case studies. Supplementary course information will also be provided through Moodle. In addition, guest lectures, site visits, course related trips and observational rotations are incorporated to help bring knowledge to demonstrate how some of the theory focused on in class is deployed in practical settings. Observational rotations are integral to the academic programme and are intended to provide students with additional exposure to the broader public health and health care environment in Cape Town and South Africa.

REQUIRED WORK AND FORM OF ASSESSMENT:
- Course participation: 10%
- Midterm Test: 25%
- Course Related Trip Report: 25%
- Final Exam: 40%

Course Participation
Participation in all class discussions/debates and attendance for all guest lectures, observational rotations, course related trips and site visits is mandatory. Students are expected to prepare for each class by doing the required reading and reflection, in addition to regularly checking notices on Moodle. Students will, however, be required to do more than simply complete the readings and attend the contact sessions. They will be asked to engage thoughtfully and openly with the material and come to class prepared to respectfully question, engage and explore concepts raised.

Midterm Exam
Students will write an exam on the South African context of endemic diseases, the pathology of HIV and TB and the role of cultural beliefs in relation to endemic diseases. This test will be completed in class, and will be comprised of a combination of multiple choice questions, as well as short answer responses.

Course Related Trip Reports
After each of the two Course Related Trips, students will submit 1,500-2,000 words (6-8 pages) reflecting on and analyzing 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. 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. A total of two Course Related Trip Reports will be submitted. Students will be marked according to a rubric, on the development of their reflection and analysis, and integration of course readings. Additional information will be provided by your lecturer.

Final Exam
This will be a closed book examination, and students will be examined on selected content covered during the course. Students will answer multiple choice questions, as well as structured short and long answer questions to demonstrate an understanding and application of theories, concepts and approaches to endemic diseases and their socioeconomic context in South Africa. The exam questions will require students to apply theories, concepts and approaches learnt in class, to practical situations and/or case studies, by drawing from their experiential learning. The exam will be 1.5 hours.

LEARNING OUTCOMES:
By the end of the course, students will be able to:
- Demonstrate understanding of the pathology of endemic diseases.
- Articulate how the socioeconomic context influences the prevalence of the endemic diseases, as well as shape how they are treated.
- Demonstrate knowledge of the impact of the historical context on the present day socioeconomic landscape.
- Analyse the different interventions that government and other stakeholders have implemented or are implementing in response to treating endemic diseases.
- Evaluate the effectiveness of interventions that are in place to tackle endemic diseases in South Africa.
- Integrate knowledge acquired from the lectures, class discussions, course-related trips, site visits and guest lectures in order to come up with proposed interventions for dealing with endemic diseases that are sensitive to the socioeconomic contexts that influence their prevalence.

ATTENDANCE POLICY:
Attendance is mandatory for all IES Abroad 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, tests, presentations, or other work missed due to student absences can only be rescheduled in cases of documented medical emergencies or family emergencies. If a test 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.
<table>
<thead>
<tr>
<th>Week</th>
<th>Content</th>
<th>Assignments and Readings</th>
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</table>
| Week 1| **Session 1:**
      Introduction to the Course and the Endemic diseases
      Pathology of HIV/AIDS and TB | • Centre for Disease Control (CDC), “Introduction to epidemiology”, 2012. Web. (2 pages)
|       | **Session 2:**
      Interlinkage between the two diseases
• World Health Organisation (WHO). “More people are currently dying from TB than HIV”. 2015.
• Green, A. “Tuberculosis: This ‘terrible twin’ is killing more South Africans”. 2017.
|       | **Session 3:**
      Political transition and the legacy of Apartheid (spatial planning migratory labour, poverty etc)
• Scrubb, V. “Political Systems and Health Inequity: Connecting Apartheid Policies to the HIV/AIDS Epidemic in South Africa”. 2011. (3 pages) |
<table>
<thead>
<tr>
<th>Session 4:</th>
<th>Lack of knowledge and misconceptions about HIV/AIDS</th>
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<tbody>
<tr>
<td></td>
<td>Jackson, L. “Apartheid’s Lingering effects on HIV/AIDS”. 2016. (2 pages)</td>
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**Week 2**

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<tr>
<th>Session 5:</th>
<th>Data Management, Monitoring and Evaluation of HIV/AIDS Programmes in South Africa</th>
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<td></td>
<td>Jonsson, G. “Knowledge, attitudes and personal beliefs about HIV/AIDS among mentally ill patients in Soweto”. 2011. (3 pages)</td>
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<tr>
<th>Session 6:</th>
<th>Course Related Trip 1- Brooklyn TB Chest Hospital</th>
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<th>Session 7:</th>
<th>Other Endemic Diseases in Southern Africa (Malaria)</th>
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<tbody>
<tr>
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<td>WHO. “Malaria Fact Sheet”. 2017. (8 pages)</td>
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<tr>
<th>Session 8:</th>
<th>Guest Lecture- Treatment Action Campaign (Stigma and Discrimination; HIV/AIDS denialism and the case for ARVs)</th>
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<tr>
<td></td>
<td>Kharsany, A HIV Infection and AIDS in Sub-Saharan Africa: Current Status, Challenges and Opportunities (9 pages)</td>
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<td>TAC, Debunking AIDS Denialism (1 page)</td>
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**Week 3**

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<tr>
<th>Session 9:</th>
<th>Endemic Diseases Mid-Term Test Preparation for Observational Rotation Sessions</th>
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<th>Session 10:</th>
<th>Observational Rotations</th>
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<tr>
<td>Observational Rotations</td>
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<tr>
<td>Guest Lecture</td>
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<tr>
<td><strong>Session 12:</strong></td>
<td>Horwitz, S. “<em>Health and Health Care Under Apartheid, 2009</em>”. 2009. Pp. 4-9, 11-14, 31-2.</td>
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<tr>
<td>Guest Lecture</td>
<td></td>
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<tr>
<td><strong>Session 13:</strong></td>
<td>Ledwaba, L. &amp; Sadiki, L. <em>Broken &amp; Broken: The shameful legacy of gold mining in South Africa</em>. Blackbird Books, 2016, “waya waya, hamba khaya”, Chapters 1, 7, 11-14, 16. (48 pages)</td>
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<tr>
<td></td>
<td>WHO, “<em>Yellow Fever: A current threat</em>”. (1 page)</td>
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**Deliverables**

Course Related Trip Report 1 due on Moodle the day before Session 14

<table>
<thead>
<tr>
<th>Week 4</th>
<th><strong>Session 14:</strong> Culture and HIV</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Mswela, M. “<em>Cultural practices and HIV in South Africa: a legal perspective, 2009</em>”. 2009. (33 pages)</td>
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| Course Related Trip 2- Khayelitsha Site B Youth Clinic | |

| **Session 16:** | |
| HIV/AIDS Discrimination | |

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**Session 17:**
Commercialisation of sex and impact on HIV/AIDS

- Avert. “*Sex workers, HIV and AIDS*”. 2017. (8 pages)
- Stoebenau, K, et al. “*Revisiting the understanding of ‘transactional sex in sub-Saharan Africa: A review and synthesis of the literature*”. 2016. (11 pages)

**Week 5**
**Session 18:**
Government policy on HIV/AIDS and TB
Preparation for Observational Rotations

- Cullinan, K. “*Private sector vs public sector*”. 2003. (2 pages)
- Malan, M. “*When public health trumps private*”. 2011. (3 pages)

**Session 19:**
Observational Rotations
Site Visit: Groote Schuur Heart Museum

**Session 20:**
Observational Rotations
Guest Lecture
**Session 21:**
Observational Rotations

**Session 22:**
Organisations involved in Research, Activism and Awareness about HIV/AIDS and TB in South Africa
Insights from Loren Cobb about her work at TB/HIV Care with people who inject drugs (PWID)

- Anova Health. “Primary Programmes”. 2018. (1 page)

**Deliverables**
Course Related Trip Report 2 due on Moodle the day before Session 23.

**Week 6**

**Session 23:**
Guest Lecture TB/HIV Care

- Courtwright, A. “Tuberculosis and Stigmatization: Pathways and Interventions”. 2010. (7 pages)

**Session 24:**
Other Endemic Diseases in Southern Africa: Hepatitis and yellow fever

- Muir, A. The ABC’s of Hepatitis. Division of Gastroenterology, Duke University Medical Center.
Session 25:
Latest topical research around endemic diseases in South Africa
Debrief and roundtable discussion of Observational Rotations

King, B. “States of Disease Political Environments and Human Health; Chapter 1 'Social Ecology of Health'”. 2016. (32 pages)

Session 26:
Endemic Diseases Final Examination

COURSE-RELATED TRIPS:
- TB Lung Institute: This institute is part of the University of Cape Town’s Faculty of Health Sciences. The institute provides services for respiratory medicine, TB, allergies, as well as occupational medicine and dermatology. In addition, it also conducts research, with special emphasis given to researching epidemiology, allergy diagnostics, lung physiology and clinical pharmacology. The institute works in conjunction with students to provide training for health professionals and researchers.
- Kheth’Impilo: This organization focuses on creating solutions and enhancing implementations for health and community systems in marginalized communities. They offer services for treatment, care and support of HIV and TV, along with a host of innovative community based models to be utilized in different environments, like school health training.

REQUIRED READINGS:
• Gilbert, J, Shenoi, S, Moll, A, Friedland, G, Paltiel, A, & Galvani, A 2016, 'Cost-Effectiveness of Community-Based TB/HIV Screening and Linkage to Care in Rural South Africa', Plos ONE, 11, 12, pp. 1-19, Academic Search Premier, EBSCOhost, viewed 25 March 2018
• Green, A. 2017 'Tuberculosis: This 'terrible twin' is killing more South Africans’ http://www.health24.com/Medical/Tuberculosis/News/this-terrible-twin-is-killing-more-south-africans-20170822#cxrecs_s
• Jackson, L. 2016 ‘Apartheid’s Lingering effects on HIV/AIDS http://news.psu.edu/story/440531/2016/12/06/research/apartheid%E2%80%99s-lingering-effects-hiv-and-aids
• King, B. 2016 ‘States of Disease Political Environments and Human Health; Chapter 1 'Social Ecology of Health' https://content.ucpress.edu/chapters/11928.ch01.pdf
pp1-34
• Muir, A. The ABC's of Hepatitis. Division of Gastroenterology, Duke University Medical Center.


• Singh, JA 2013, ‘Bigotry and Oppressive Laws in Africa Drive HIV in Men Who Have Sex with Men’, Plos Medicine, 10, 6, pp. 1-2, Academic Search Premier, EBSCOhost, viewed 23 March 2018


• U.S. Department of Health and Human Services, Centers for Disease Control. The ABCs of Hepatitis. 2016.


• Vermund, S. 2015 ‘Southern Africa: The highest priority region for HIV prevention and care interventions’ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4536916/

• World Health Organisation (WHO), 2015 ‘More people are currently dying from TB than HIV’
• Zhao, S, Stone, L, Gao, D, & He, D 2018, ‘Modelling the large-scale yellow fever outbreak in Luanda, Angola, and the impact of vaccination’, Plos Neglected Tropical Diseases, 12, 1, pp. 1-24, Academic Search Premier, EBSCOhost, viewed 23 March 2018

RECOMMENDED READINGS:
• Wallis, M J. The contribution of culture to the spread of HIV
• TB Facts,’ Drug resistant TB in South Africa – Hospitalization, statistics & costs’
• Schneider, H. et.al 'Small fish in a big pond? External aid and the health sector in South Africa'
  https://academic.oup.com/heapol/article/14/3/264/606590