



**HE/SO 347 HEALTH & COMMUNITY**  
IES Abroad Cape Town

**DESCRIPTION:**

This course will focus on and provide insight into health and healthcare within community settings in South Africa. The socio-economic landscape of South Africa will be introduced in order to provide a backdrop for how healthcare is delivered within different communities in South Africa, and the prevailing diseases that affect them. It will also briefly touch upon healthcare for people with disabilities, a field which is rarely addressed in South Africa. The course will include exposure to healthcare organizations who focus on addressing the healthcare needs of some of South Africa's most vulnerable populations: women, children and those with disabilities.

**CREDITS:** 3

**CONTACT HOURS:** 45

**LANGUAGE OF INSTRUCTION:** English

**PREREQUISITES:** None

**ADDITIONAL COST:** None

**METHOD OF PRESENTATION:**

The course shall be presented and facilitated through lectures, individual and group exercises, debates and discussions, assignments, selected guests (practitioners), site visits and observational rotations. Lectures will focus on the theory and practice of healthcare in order to get a better understanding of community health in the South African context. Course-related trips will further expose students to the applications of the concepts discussed during the lectures. Students will also be given an opportunity to deepen their understanding of particular issues of interest to them through research and observational rotations during their service learning. 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 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**

In session 9, students will write a test on the conventions of community health in South Africa, such as perspectives of health and wellness, primary healthcare in South Africa and the socioeconomic status of South African healthcare. This test will be completed in class and will be comprised of short and long answer questions that will test student knowledge. The test will be an hour long.

**Date: Session 9**

**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. 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.

**Dates: Due the day before Sessions 14 and 23**

### **Final Exam**

In session 25, students will write a closed book examination and will be examined on selected content covered during the course. Structured short and long answer questions will be set to demonstrate understanding and application of theories, concepts and approaches to community health in South Africa. The exam questions will require students to apply theories, concepts and approaches learnt to practical situations and/or case studies, by drawing from their experiential learning. The exam will be 1.5 hours.

**Date: Session 26**

### **LEARNING OUTCOMES:**

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

- Identify the contributing factors related to healthcare delivery in South Africa.
- Articulate why HIV/AIDS and TB are seen as contributors to the double burden of disease in South Africa.
- Differentiate between healthcare provision for people with disabilities in developed and developing countries.
- Critique district health systems and their service delivery.
- Analyse the development and evolution of the healthcare system in South Africa.
- Describe healthcare delivery in resource rich and under resourced communities in South Africa.

### **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.

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

### **CONTENT:**

Week	Content	Assignments and Readings
Week 1	<p><b>Session 1:</b> Introduction to course. Learning objectives and assessment. Administration and support.</p>	<ul style="list-style-type: none"> <li>• <b>Kautzky, K., &amp; Tollman, S. M. (2008).</b> A perspective on Primary Health Care in South Africa: Primary Health Care: in context. <i>South African health review</i>, 2008(1), 17-30. (<a href="#">14 pgs</a>)</li> </ul>
	<p><b>Session 2:</b> Perspectives of health and/or wellness. Dimensions of health. Primary health care.</p>	<ul style="list-style-type: none"> <li>• <b>Freeman, M., Nkomo, N., Kafaar, Z., &amp; Kelly, K. (2007).</b> Factors associated with prevalence of mental disorder in people living with HIV/AIDS in South Africa. <i>AIDS care</i>, 19(10), 1201-1209. (<a href="#">11 pgs</a>)</li> <li>• <b>Gilson, L., &amp; McIntyre, D. (2005).</b> Removing user fees for primary care in Africa: the need for careful action. <i>Bmj</i>, 331(7519), 762-765. (<a href="#">4 pgs</a>)</li> <li>• <b>Rothmann, S. (2003).</b> Burnout and engagement: A South African perspective. <i>SA Journal of Industrial Psychology</i>, 29(4), 16-25. (<a href="#">10 pgs</a>)</li> <li>• <b>Tanser, F., Hosegood, V., Benzler, J., &amp; Solarsh, G. (2001).</b> New approaches to spatially analyse primary health care usage patterns in rural South Africa. <i>Tropical medicine &amp; international health</i>, 6(10), 826-838. (<a href="#">13 pgs</a>)</li> </ul>
	<p><b>Session 3:</b> Models of health. Determinants of health. Socio-economic status of South Africa and its relation to healthcare.</p>	<ul style="list-style-type: none"> <li>• <b>Lazarus, S. (2006).</b> Indigenous approaches to health promotion: Challenges for education support in South Africa. <i>South African Journal of Psychology</i>, 36(3), 521-546. (<a href="#">26 pgs</a>)</li> <li>• <b>Marmot, M. (2005).</b> Social determinants of health inequalities. <i>The Lancet</i>, 365(9464), 1099-1104. (<a href="#">6 pgs</a>)</li> <li>• <b>Marmot, M., Friel, S., Bell, R., Houweling, T. A., Taylor, S., &amp; Commission on Social Determinants of Health. (2008).</b> Closing the gap in a generation: health equity through action on the social determinants of health. <i>The lancet</i>, 372(9650), 1661-1669. (<a href="#">18 pgs</a>)</li> </ul>
	<p><b>Session 4:</b> Healthcare issues facing resource rich communities in South Africa: communicable diseases</p>	<ul style="list-style-type: none"> <li>• <b>De Wet, H., Nzama, V. N., &amp; Van Vuuren, S. F. (2012).</b> Medicinal plants used for the treatment of sexually transmitted infections by lay people in northern Maputaland, KwaZulu–Natal Province, South Africa. <i>South African Journal of Botany</i>, 78, 12-20. (<a href="#">9 pgs</a>)</li> </ul>
Week 2	<p><b>Session 5:</b> Healthcare issues facing resource poor communities in South Africa: communicable diseases.</p>	<ul style="list-style-type: none"> <li>• <b>Preker, A. S., Carrin, G., Dror, D., Jakab, M., Hsiao, W., &amp; Arhin-Tenkorang, D. (2002).</b> Effectiveness of community health financing in meeting the cost of illness. <i>Bulletin of the World Health</i></li> </ul>

		<p><i>Organization</i>, 80(2), 143-150. (8 pgs)<b>Aliber, M. (2003)</b>. Chronic poverty in South Africa: Incidence, causes and policies. <i>World Development</i>, 31(3), 473-490. (18 pgs)</p>
	<p><b>Session 6:</b> <u>Course Related Trip 1:</u> Western Cape Rehabilitation Centre</p>	
	<p><b>Session 7:</b> Status of HIV/AIDS in Africa and South Africa and the double burden it presents with TB. <i>Guest Lecturer: Dr. Jim Lees</i> (Senior lecturer Faculty of Education/HIV/AIDS Unit at the University of the Western Cape)</p>	<ul style="list-style-type: none"> <li>• <b>Gandhi, N. R., Moll, A., Sturm, A. W., Pawinski, R., Govender, T., Laloo, U., ... &amp; Friedland, G. (2006)</b>. Extensively drug-resistant tuberculosis as a cause of death in patients co-infected with tuberculosis and HIV in a rural area of South Africa. <i>The Lancet</i>, 368(9547), 1575-1580. (6 pgs)</li> <li>• <b>Gilbert, L., &amp; Walker, L. (2002)</b>. Treading the path of least resistance: HIV/AIDS and social inequalities—a South African case study. <i>Social science &amp; medicine</i>, 54(7), 1093-1110. (18 pgs)</li> <li>• <b>Karim, S. S. A., Churchyard, G. J., Karim, Q. A., &amp; Lawn, S. D. (2009)</b>. HIV infection and tuberculosis in South Africa: an urgent need to escalate the public health response. <i>the Lancet</i>, 374(9693), 921-933. (13 pgs)</li> <li>• <b>Marks, S. (2002)</b>. An epidemic waiting to happen? The spread of HIV/AIDS in South Africa in social and historical perspective. <i>African Studies</i>, 61(1), 13-26. (15 pgs)</li> </ul>
	<p><b>Session 8:</b> Healthcare for people with disabilities in South Africa.</p>	<ul style="list-style-type: none"> <li>• <b>Eide, A. H., Loeb, M. E., Nhwatiwa, S., Munthali, A., Ngulube, T. J., &amp; Van Rooy, G. (2011)</b>. Living conditions among people with disabilities in developing countries. <i>Disability and poverty: A global challenge</i>, 55-70. (15 pgs)</li> <li>• <b>Kritzinger, J., Schneider, M., Swartz, L., &amp; Braathen, S. H. (2014)</b>. “I just answer ‘yes’ to everything they say”: Access to health care for deaf people in Worcester, South Africa and the politics of exclusion. <i>Patient Education and Counseling</i>, 94(3), 379-383. (5 pgs)</li> <li>• <b>Loeb, M., Eide, A. H., Jelsma, J., Toni, M. K., &amp; Maart, S. (2008)</b>. Poverty and disability in eastern and western cape provinces, South Africa. <i>Disability &amp; Society</i>, 23(4), 311-321. (12 pgs)</li> <li>• <b>Saloojee, G., Phohole, M., Saloojee, H., &amp; Ijsselmuiden, C. (2007)</b>. Unmet health, welfare and educational needs of disabled children in an impoverished South African peri-urban township. <i>Child: care, health and development</i>, 33(3), 230-235. (9 pgs)</li> </ul>

		<ul style="list-style-type: none"> <li>• <b>Tomlinson, M., Swartz, L., Officer, A., Chan, K. Y., Rudan, I., &amp; Saxena, S. (2009).</b> Research priorities for health of people with disabilities: an expert opinion exercise. <i>The Lancet</i>, 374(9704), 1857-1862. (<a href="#">6 pgs</a>)</li> </ul>
<b>Week 3</b>	<b>Session 9:</b> Midterm test	
	<b>Session 10:</b> Observational Rotations <b>Guest Lecturers</b>	
	<b>Session 11:</b> Observational Rotations <b>Guest Lecturers</b>	
	<b>Session 12:</b> Observational Rotations	
	<b>Session 13:</b> Interdisciplinary health promotion. Differences in health and healthcare between developed and developing countries.	<p><b><u>READINGS – Session 13:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Aliber, M. (2003).</b> Chronic poverty in South Africa: Incidence, causes and policies. <i>World Development</i>, 31(3), 473-490. (<a href="#">18 pgs</a>)</li> <li>• <b>Newton, J. T. (2012).</b> Interdisciplinary health promotion: a call for theory-based interventions drawing on the skills of multiple disciplines. <i>Community dentistry and oral epidemiology</i>, 40, 49-54 (<a href="#">6 pgs</a>).</li> <li>• <b>Vujcic, M., Zurn, P., Diallo, K., Adams, O., &amp; Dal Poz, M. R. (2004).</b> The role of wages in the migration of health care professionals from developing countries. <i>Human resources for Health</i>, 2(1), 3. (<a href="#">14 pgs</a>)</li> <li>• <b>Waggie, F., Gordon, N., &amp; Brijlal, P. (2004).</b> The school, a viable educational site for interdisciplinary health promotion. <i>Education for Health</i>, 17(3), 303-312. (<a href="#">10 pgs</a>)</li> <li>• <b>Waggie, F. (2015).</b> Development of an evaluation matrix for a community-based interdisciplinary health-promotion course. <i>African Journal of Health Professions Education</i>, 7(1), 58-63. (<a href="#">6 pgs</a>)</li> <li>• <b>World Health Organization. (2003).</b> Primary health care: 25 years after ALMA-ATA. (<a href="#">25 pgs</a>)</li> </ul>

		<p><b>Deliverables</b></p> <p>Course Related Trip Report 1 due on Moodle before Session 14.</p>
<p><b>Week 4</b></p>	<p><b>Session 14:</b> District health systems, health management and leadership development</p> <p><i>Guest Lecturer: Dr Verona Mathews</i> (Senior Lecturer in: Health Management, Health Information Systems, Human Resource Management, Information Systems for Human Resources for Health, Descriptive Epidemiology at the University of the Western Cape)</p>	<ul style="list-style-type: none"> <li>• <b>Coovadia, H., Jewkes, R., Barron, P., Sanders, D., &amp; McIntyre, D. (2009).</b> The health and health system of South Africa: historical roots of current public health challenges. <i>The Lancet</i>, 374(9692), 817-834. (<a href="#">18 pgs</a>)</li> <li>• <b>Garrib, A., Herbst, K., Dlamini, L., McKenzie, A., Stoops, N., Govender, T., &amp; Rohde, J. (2008).</b> An evaluation of the district health information system in rural South Africa. <i>SAMJ: South African Medical Journal</i>, 98(7), 549-552. (<a href="#">4 pgs</a>)</li> <li>• <b>Mayosi, B. M., &amp; Benatar, S. R. (2014).</b> Health and health care in South Africa—20 years after Mandela. <i>New England Journal of Medicine</i>, 371(14), 1344-1353. (<a href="#">10 pgs</a>)</li> </ul>
	<p><b>Session 15:</b> <u>Course Related Trip 2: Desmond Tutu Youth Centre</u></p>	
	<p><b>Session 16:</b> Healthcare delivery in communities: rural vs urban.</p>	<ul style="list-style-type: none"> <li>• <b>Demiris, G. (2006).</b> The diffusion of virtual communities in health care: concepts and challenges. <i>Patient education and counseling</i>, 62(2), 178-188. (<a href="#">11 pgs</a>)</li> <li>• <b>Mars, M. (2013).</b> Telemedicine and advances in urban and rural healthcare delivery in Africa. <i>Progress in cardiovascular diseases</i>, 56(3), 326-335. (<a href="#">10 pgs</a>)</li> <li>• <b>Petersen, I., &amp; Lund, C. (2011).</b> Mental health service delivery in South Africa from 2000 to 2010: one step forward, one step back. <i>SAMJ: South African Medical Journal</i>, 101(10), 751-757. (<a href="#">7 pgs</a>)</li> <li>• <b>S Wong, S Regan, 2009.</b> Patient perspectives on primary health care in rural communities: effects of geography on access, continuity and efficiency Rural and Remote Health 9: 1142. (<a href="#">12 pgs</a>)</li> <li>• <b>Tanser, F. (2006).</b> 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 &amp; Community Health</i>, 60(10), 846-850. (<a href="#">6 pgs</a>)</li> </ul>
	<p><b>Session 17:</b> Healthcare issues facing resource rich communities in South Africa: non-communicable diseases.</p>	<ul style="list-style-type: none"> <li>• <b>Reubi, D., Herrick, C., &amp; Brown, T. (2016).</b> The politics of non-communicable diseases in the global South. <i>Health &amp; place</i>, 39, 179-187. (<a href="#">9 pgs</a>)</li> <li>• <b>Schneider, M., Bradshaw, D., Steyn, K., Norman, R., &amp; Laubscher, R. (2009).</b> Poverty and non-communicable diseases in South</li> </ul>

		<p>Africa. <i>Scandinavian Journal of Social Medicine</i>, 37(2), 176-186. (<a href="#">12 pgs</a>)</p>
<p><b>Week 5</b></p>	<p><b>Session 18:</b> Healthcare issues facing resource poor communities in South Africa: non-communicable diseases.</p>	<ul style="list-style-type: none"> <li>• <b>Reubi, D., Herrick, C., &amp; Brown, T. (2016).</b> The politics of non-communicable diseases in the global South. <i>Health &amp; place</i>, 39, 179-187. (<a href="#">9 pgs</a>)</li> <li>• <b>Schneider, M., Bradshaw, D., Steyn, K., Norman, R., &amp; Laubscher, R. (2009).</b> Poverty and non-communicable diseases in South Africa. <i>Scandinavian Journal of Social Medicine</i>, 37(2), 176-186. (<a href="#">12 pgs</a>)</li> </ul>
	<p><b>Session 19:</b> Observational Rotations <u>Site visit:</u> Groote Schuur Heart Museum</p>	
	<p><b>Session 20:</b> Observational Rotations <b>Guest Lecturers</b></p>	
	<p><b>Session 21:</b> Observational Rotations</p>	
	<p><b>Session 22:</b> Differences in healthcare provision and delivery between the US and South Africa</p> <p>Debrief and roundtable discussion of Observational Rotations</p>	<ul style="list-style-type: none"> <li>• <b>Chopra, M., Lawn, J. E., Sanders, D., Barron, P., Karim, S. S. A., Bradshaw, D., ... &amp; Tollman, S. M. (2009).</b> Achieving the health Millennium Development Goals for South Africa: challenges and priorities. <i>The Lancet</i>, 374(9694), 1023-1031. (<a href="#">9 pgs</a>)</li> <li>• <b>Cort, D. A., &amp; Tu, H. F. (2017).</b> Safety in stigmatizing? Instrumental stigma beliefs and protective sexual behavior in Sub-Saharan Africa. <i>Social Science &amp; Medicine</i>. (<a href="#">9 pgs</a>)</li> <li>• <b>Daly, F., Spicer, N., &amp; Willan, S. (2016).</b> Sexual rights but not the right to health? Lesbian and bisexual women in South Africa's National Strategic Plans on HIV and STIs. <i>Reproductive health matters</i>, 24(47), 185-194. (<a href="#">11 pgs</a>)</li> <li>• <b>Hagopian, A., Thompson, M. J., Fordyce, M., Johnson, K. E., &amp; Hart, L. G. (2004).</b> The migration of physicians from sub-Saharan Africa to the United States of America: measures of the African brain drain. <i>Human resources for health</i>, 2(1), 17. (<a href="#">10 pgs</a>)</li> </ul> <p><b>Deliverables</b> Course Related Trip Report 2 due on Moodle before Session 23.</p>



<p><b>Week 6</b></p>	<p><b>Session 23:</b> Health promotion approaches.</p>	<ul style="list-style-type: none"> <li>• <b>Kreuter, M. W., Lukwago, S. N., Bucholtz, D. C., Clark, E. M., &amp; Sanders-Thompson, V. (2003).</b> Achieving cultural appropriateness in health promotion programs: targeted and tailored approaches. <i>Health Education &amp; Behavior</i>, 30(2), 133-146. (<a href="#">14 pgs</a>)</li> <li>• <b>van Rensburg, H. C. (2014).</b> South Africa's protracted struggle for equal distribution and equitable access—still not there. <i>Human resources for health</i>, 12(1), 26. (<a href="#">16 pgs</a>)</li> </ul>
	<p><b>Session 24:</b> Those most affected in South Africa by poor community health.</p>	<ul style="list-style-type: none"> <li>• <b>Benatar, S. (2013).</b> The challenges of health disparities in South Africa. <i>SAMJ: South African Medical Journal</i>, 103(3), 154-155. (<a href="#">2 pgs</a>)</li> <li>• <b>Goodman, R. M., Wandersman, A., Chinman, M., Imm, P., &amp; Morrissey, E. (1996).</b> An ecological assessment of community-based interventions for prevention and health promotion: approaches to measuring community coalitions. <i>American Journal of Community Psychology</i>, 24(1), 33-61. (<a href="#">29 pgs</a>)</li> </ul>
	<p><b>Session 25:</b> Planned NHI for South Africa.</p>	<ul style="list-style-type: none"> <li>• <b>Ataguba, J. (2010).</b> Health care financing in South Africa: moving towards universal coverage. <i>Continuing Medical Education</i>, 28(2). (<a href="#">5 pgs</a>)</li> <li>• <b>Matsoso, M. P., &amp; Fryatt, R. (2013).</b> National Health Insurance: the first 18 months. <i>SAMJ: South African Medical Journal</i>, 103(3), 154-155. (<a href="#">3 pgs</a>)</li> <li>• <b>Passchier, R. V. (2017).</b> 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. (<a href="#">3 pgs</a>)</li> <li>• <b>Setswe, G., Witthuhn, J., Muyanga, S., &amp; Nyasulu, P. (2016).</b> 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)</li> </ul>
	<p><b>Session 26:</b> FINAL EXAM</p>	

**COURSE-RELATED TRIPS:**

- **Western Cape Rehabilitation Centre:** Western Cape Rehabilitation Centre, for Persons with Physical Disabilities, is a specialised rehabilitation centre, which accepts appropriate referrals from all levels of health services (i.e. tertiary, secondary, district and primary level health services).
- **The Desmond Tutu HIV Foundation Youth Centre and The Zimele Project:** The Desmond Tutu Youth Centre is there to assist adolescents in the Masiphumelele community in discovering their own working tools that can perpetuate their potential, while encouraging their confidence to make healthy life choices. The YC provides a safe environment where youth aged 12-22 from diverse communities have access to reproductive healthcare as well as a space to gather, play, and prosper. The



Zimele Project aims to provide healthcare services tailored for adolescent needs, coupled with strong educational support and social empowerment.

#### REQUIRED READINGS:

- **Aliber, M. (2003).** Chronic poverty in South Africa: Incidence, causes and policies. *World Development*, 31(3), 473-490.
- **Alwan, A., MacLean, D. R., Riley, L. M., d'Espaignet, E. T., Mathers, C. D., Stevens, G. A., & Bettcher, D. (2010).** Monitoring and surveillance of chronic non-communicable diseases: progress and capacity in high-burden countries. *The Lancet*, 376(9755), 1861-1868.
- **Ataguba, J. (2010).** Health care financing in South Africa: moving towards universal coverage. *Continuing Medical Education*, 28(2).
- **Benatar, S. (2013).** The challenges of health disparities in South Africa. *SAMJ: South African Medical Journal*, 103(3), 154-155.
- **Chopra, M., Lawn, J. E., Sanders, D., Barron, P., Karim, S. S. A., Bradshaw, D., ... & Tollman, S. M. (2009).** Achieving the health Millennium Development Goals for South Africa: challenges and priorities. *The Lancet*, 374(9694), 1023-1031.
- **Coovadia, H., Jewkes, R., Barron, P., Sanders, D., & McIntyre, D. (2009).** The health and health system of South Africa: historical roots of current public health challenges. *The Lancet*, 374(9692), 817-834.
- **Cort, D. A., & Tu, H. F. (2017).** Safety in stigmatizing? Instrumental stigma beliefs and protective sexual behavior in Sub-Saharan Africa. *Social Science & Medicine*.
- **Daly, F., Spicer, N., & Willan, S. (2016).** Sexual rights but not the right to health? Lesbian and bisexual women in South Africa's National Strategic Plans on HIV and STIs. *Reproductive health matters*, 24(47), 185-194.
- **De Wet, H., Nzama, V. N., & Van Vuuren, S. F. (2012).** Medicinal plants used for the treatment of sexually transmitted infections by lay people in northern Maputaland, KwaZulu-Natal Province, South Africa. *South African Journal of Botany*, 78, 12-20.
- **Demiris, G. (2006).** The diffusion of virtual communities in health care: concepts and challenges. *Patient education and counseling*, 62(2), 178-188.
- **Determinants of Health. (2008).** Closing the gap in a generation: health equity through action on the social determinants of health. *The Lancet*, 372(9650), 1661-1669.
- **Eide, A. H., Loeb, M. E., Nhiwatiwa, S., Munthali, A., Ngulube, T. J., & Van Rooy, G. (2011).** Living conditions among people with disabilities in developing countries. *Disability and poverty: A global challenge*, 55-70.
- **Freeman, M., Nkomo, N., Kafaar, Z., & Kelly, K. (2007).** Factors associated with prevalence of mental disorder in people living with HIV/AIDS in South Africa. *AIDS care*, 19(10), 1201-1209.
- **Gandhi, N. R., Moll, A., Sturm, A. W., Pawinski, R., Govender, T., Lalloo, U., ... & Friedland, G. (2006).** Extensively drug-resistant tuberculosis as a cause of death in patients co-infected with tuberculosis and HIV in a rural area of South Africa. *The Lancet*, 368(9547), 1575-1580.
- **Garrib, A., Herbst, K., Dlamini, L., McKenzie, A., Stoops, N., Govender, T., & Rohde, J. (2008).** An evaluation of the district health information system in rural South Africa. *SAMJ: South African Medical Journal*, 98(7), 549-552.
- **Gilbert, L., & Walker, L. (2002).** Treading the path of least resistance: HIV/AIDS and social inequalities—a South African case study. *Social science & medicine*, 54(7), 1093-1110.
- **Gilson, L., & McIntyre, D. (2005).** Removing user fees for primary care in Africa: the need for careful action. *Bmj*, 331(7519), 762-765.
- **Goodman, R. M., Wandersman, A., Chinman, M., Imm, P., & Morrissey, E. (1996).** An ecological assessment of community-based interventions for prevention and health promotion: approaches to measuring community coalitions. *American Journal of Community Psychology*, 24(1), 33-61.
- **Hagopian, A., Thompson, M. J., Fordyce, M., Johnson, K. E., & Hart, L. G. (2004).** The migration of physicians from sub-Saharan Africa to the United States of America: measures of the African brain drain. *Human resources for health*, 2(1), 17.
- **Karim, S. S. A., Churchyard, G. J., Karim, Q. A., & Lawn, S. D. (2009).** HIV infection and tuberculosis in South Africa: an urgent need to escalate the public health response. *the Lancet*, 374(9693), 921-933.
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