



HE/SO 323: ENDEMIC DISEASES & THEIR SOCIOECONOMIC CONTEXT

IES Abroad Cape Town

COURSE 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 PRESENTATION: English

ADDITIONAL COST: None

PREREQUISITES: 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 and site visits are incorporated to help to bring knowledge to demonstrate how some of the theory focused on in class is deployed in practical settings.

REQUIRED WORK AND FORM OF ASSESSMENT

- Class Participation: 10%
- Weekly Reflective Journals: 10%
- Essay: 25%
- Field Study Journals: 15%
- Group Project & Presentation: 10%
- Final Exam: 30%

Class Participation (10%)

Participation in all class discussions, and attendance for all site visits, is mandatory. Students are expected to prepare for each class by doing the necessary reading and reflection, in addition to regularly checking notices on Moodle.

Weekly Reflective Journals (10%)

Students will be required to write and submit 10 weekly reflective journals on Moodle throughout the semester. Each journal entry should be a minimum of 1 page (400 words). Entries must demonstrate a thoughtful interpretation of the lessons learnt in that week, and reflect on any insights into the relationship(s) between endemic diseases and their socio-economic context. Submissions will be graded based on the number of entries submitted, and whether the entries are relevant to the lessons learnt in that week. Journal entries are due on the Monday following the week's activities by 08:00. **Due Date: All Journals are due weekly up to Session 30**

Research Essay (25%)

All students will be expected to write a research essay examining the interplay between 2-3 socioeconomic factors and endemic diseases that they would like to explore based on the South African context. The research paper should be 10-12 pages (2,500-3,000

words) double spaced with 12 pt Times New Roman font, 1.5 line spacing. Grading of the essay will be done using the Assessment Grid in Appendix A. **Due Date: Session 18**

Field Study Journals (15%)

Two pages (800-1000 words). Each student will write two field study journals on Moodle after Course-related Trips 1 and 2, reflecting on lessons learnt about how sites are working to treat endemic diseases in South Africa. These journals do not need to incorporate research articles, though students are welcome to refer to research that guides their thinking. **Due Date: Session 10 and 34**

Group Project (10%)

As a way to promote the cross pollination of ideas, students will work on a group project comparing the nature of endemic diseases in the South African and American socioeconomic contexts. Students will be placed into groups randomly by the instructor. Similarities and differences will be highlighted along with any other points of interest. Topics will be decided upon by the group. A class presentation of 20 minutes per group will be conducted using a maximum of 7 powerpoint slides. **Date: Session 31**

Final Exam (30%)

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. There are certain baseline concepts which students need to know about Endemic Diseases which will be tested using the multiple-choice questions. These questions will constitute not more than a quarter of the Final Exam. 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.

Date: Session 40

LEARNING OUTCOMES

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

- Demonstrate an understanding of the pathology of endemic diseases.
- Articulate how socioeconomic contexts influence the prevalence of endemic diseases, as well as shape how they are treated.
- Demonstrate knowledge of the impact of the historical context on the contemporary socioeconomic landscape.
- Analyse the different interventions which government bodies and other stakeholders have implemented or are implementing in response to treating endemic diseases.
- Evaluate the effectiveness of interventions which 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, including all course related trips. 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 the class with a doctor's note.

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 they 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 and Assignments
<p>Week 1</p>	<p>Session 1 Introduction to the Course and the Endemic diseases</p>	<p>Centre for Disease Control (CDC), "Introduction to epidemiology", 2012. Web. (2 pages) Avert. "HIV and AIDS in South Africa", 2017. Web. (12 pages)</p>
	<p>Session 2 Pathology of HIV/AIDS and TB</p>	<p>Klatt, E.C. "Pathology of HIV/AIDS". 2016. (9 pages) Knechel, N. "Tuberculosis: Pathophysiology, Clinical Features, and Diagnosis". <i>Critical Care Nurse</i>, 29(2), 2009. pp. 34-43.</p>
	<p>Session 3 Interlinkage between HIV/AIDS and TB</p>	<p>TB Facts. "TB & HIV – Co-infection, statistics, diagnosis & treatment". (2 pages) Bassett, Ingrid V, et al. "Drug-Resistant Tuberculosis among HIV-Infected Patients Starting Antiretroviral Therapy in Durban, South Africa (Drug-Resistant Tuberculosis in South Africa)". <i>PLoS ONE</i>, 8(7), 2012. Pp. 1-5. Chuchryard, Gavin J, et al. "Tuberculosis prevention in South Africa". <i>PLoS ONE</i>, 10(4), 2015. Pp. 1-9 World Health Organisation (WHO). "More people are currently dying from TB than HIV". 2015. (1 page) Green, A. "Tuberculosis: This 'terrible twin' is killing more South Africans". 2017. (1 page) Deliverable Weekly Reflective Journal due Monday, July 30</p>

Week 2	Session 4 Other Endemic Diseases in Southern Africa (Malaria, Yellow Fever)	WHO. " Malaria Fact Sheet ". 2017. (8 pages) WHO, " Yellow Fever: A current threat ". (1 page) Kanyangarara, M, et al. "Malara knowledge and bed net use in three transmission settings in southern Africa." <i>Malaria Journal</i> , 17, 2018. Pp. 1-12. Ihantamalala, F, et al. "Spatial and temporal dynamics of malaria in Madagascar". <i>Malaria Journal</i> , 17, 2018. Pp. 1-13. "Yellow fever in Southern Africa". <i>Pulse</i> , 25, 2011. Pp. 29.
	Session 5 Guest Lecture- Kingsley Holgate on Malaria via Skype (TBC)	Zhao, S, et al. "Modelling the large-scale yellow fever outbreak in Luanda, Angola, and the impact of vaccination". <i>Plos Neglected Tropical Diseases</i> , 12(1), 2011. Pp. 1-24.
	Session 6 HIV/AIDS prevalence in Southern Africa and South Africa	Kebede, S. " Trends of major disease outbreaks in the African region, 2003-2007 ". Abdool Karin, Salim S, et al. "Health in South Africa: changes and challenges since 2009". <i>The Lancet</i> , 380(9858), 2012. Pp. 2029-2043. Vermund, S. " Southern Africa: The highest priority region for HIV prevention and care interventions ". <i>Curr HIV/AIDS Rep</i> , 12(2). 2015. Pp. 191-5. Deliverable Weekly Reflective Journal due Monday, August 6
Week 3	Session 7 Health and Health Care under Apartheid	Berridge, Virginia, et al. "The emergence of community health worker programmes in the late apartheid era in South Africa: An historical analysis". <i>Social Science & Medicine</i> , 71(6), 2010. Pp. 1110-8. Bateman, C. " HIV/AIDS Pandemic- A legacy of conquest and mistrust ". 2005. (2 pages)

	<p>Session 8</p> <p>Political transition and the legacy of Apartheid (spatial planning migratory labour, poverty etc)</p>	<p>Sawers, L. "Understanding the Southern African 'Anomaly': Poverty, Endemic Disease and HIV". <i>Development and Change</i>, 41(2), 2010. Pp. 195-217.</p> <p>Basu, Sanjay, et al. "Health care capacity and allocations among south Africa's provinces: infrastructure-inequality traps after the end of apartheid". <i>American journal of public health</i>, 101(1), 2011. Pp. 165-72.</p> <p>Benatar, Solomon R, et al. "Health and Health Care in South Africa – 20 Years after Mandela". <i>The New England Journal of Medicine</i>, 371(14), 2014. Pp. 1344-1353.</p> <p>Scrubb, V. "Political Systems and Health Inequity: Connecting Apartheid Policies to the HIV/AIDS Epidemic in South Africa". <i>The Journal of Global Health</i>, 2011. (4 pages)</p> <p>Jackson, L. "Apartheid's Lingering effects on HIV/AIDS". 2016. (2 pages)</p>
	<p>Session 9</p> <p>Influence of Geospatial planning on TB Prevalence</p> <p>Course-related Trip 1: UCT TB Lung Institute</p>	<p>Patterson, B, et al. "Mapping sites of high TB transmission risk: Integrating the shared air and social behaviour of TB cases and adolescents in a South African township". <i>Science of the total Environment</i>, 583, 2017. Pp. 97-103.</p> <p>TB Facts. "TB and Mining-South Africa, Southern Africa". (2 pages)</p> <p>Adams, L, et al. "Barriers to tuberculosis care delivery among miners and their families in South Africa: an ethnographic study". <i>The International Journal of Tuberculosis and Lung Disease</i>, 5(21), 2017. Pp. 571-8.</p> <p>Richardson, T, et al. "Forced removals embodied as tuberculosis". <i>Social Science & Medicine</i>, 161, 2016. Pp. 13-18.</p> <p>Brust, James C, et al. "Spatial distribution of extensively drug-resistant tuberculosis (XDR TB) patients in KwaZulu-Natal". <i>PLoS ONE</i>, 12(10), 2017. Pp. 1-12.</p> <p>Deliverables</p> <p>Weekly Reflective Journal due on Monday, August 13</p> <p>Field Study Journal 1 due in session 10</p>

Week 4	Session 10 Cultural beliefs and practices contributing to prevalence of HIV/AIDS	Mofolo, T. " The Role of Culture in Contributing to the Spread of HIV/AIDS ". <i>Policy Brief</i> , 29, 2010. Pp. 1-12. Mswela, M. " Cultural practices and HIV in South Africa: a legal perspective ". <i>PER</i> , 12(4), 2009. Pp. 1-34.
	Session 11 Lack of knowledge and misconceptions about HIV/AIDS	Jonsson, G, et al. " Knowledge, attitudes and personal beliefs about HIV/AIDS among mentally ill patients in Soweto ". <i>Southern African Journal of Medicine</i> , 3(12), 2011. (10 pages) Bogart, L.M, et al. " HIV/AIDS misconceptions associated with condom use among black South Africans: an exploratory study ". <i>African Journal of AIDS Research</i> , 2(10), 2011. Pp. 181-7.
	Session 12 Gender Inequality and male dominance	Coetzee, J, et al. "Predictors of parent–adolescent communication in post-apartheid South Africa: A protective factor in adolescent sexual and reproductive health". <i>Journal of Adolescence</i> , 3(37), 2014. Pp. 313-24. De Vries, H, et al. "Adolescents' Beliefs About Forced Sex in KwaZulu-Natal". <i>Archives of Sexual Behavior</i> , 6(43), 2014. Pp. 1087-1095. Deliverable Weekly Reflective Journal due on Monday, August 20
Week 5	Session 13 Guest Lecture- Treatment Action Campaign (Stigma and Discrimination; HIV/AIDS denialism and the case for ARVs)	Treatment Action Campaign. " Debunking AIDS Denialism ". Heywood, M. "The Price of Politically Supported AIDS Denialism in South Africa". <i>Development Update</i> , 5(3), 2004. Nattrass, S, et al. "The Politics and Psychology of AIDS Denialism". <i>HIV/AIDS in South Africa 25 Years On</i> , 2009. pp. 123-134.
	Session 14 The contribution of culture to the spread of HIV	Wallis, M.J. et al, " The contribution of culture to the spread of HIV ". Pp. 70-97.

	<p>Session 15</p> <p>Commercialisation of sex and impact on HIV/AIDS</p>	<p>Avert. "Sex workers, HIV and AIDS". (4 pages)</p> <p>Loggarenberg, F, et al. "HIV Prevention in High-Risk Women in South Africa: Condom Use and the Need for Change". <i>PLoS ONE</i>, 2012. (7 pages)</p> <p>Kharsany, A "HIV Infection and AIDS in Sub-Saharan Africa: Current Status, Challenges and Opportunities". <i>The Open AIDS Journal</i>, 10, 2016. Pp. 34-48.</p> <p>Deliverable Weekly Reflective Journal due on Monday, August 27</p>
<p>Week 6</p>	<p>Session 16</p> <p>Violence and sexual violence</p>	<p>Shannon, K, et al. "Gender inequity norms are associated with increased male perpetrated rape and sexual risks for HIV infection in Botswana and Swaziland". <i>PLoS ONE</i>, 2012. (8 pages)</p> <p>Sigsworth, R. "Anyone can be a rapist- An overview of sexual violence in South Africa". 2009. Pp. 5-33.</p> <p>Dineo-Gqola, P. <i>Rape: A South African Nightmare</i>. 2015. Chapter 1.</p>
	<p>Session 17</p> <p>Uptake of Pre exposure prophylaxis by high risk individuals</p>	
	<p>Session 18</p> <p>HIV prevalence among people who inject drugs (PWID)</p>	<p>Scheibe, A, et al. "HIV prevalence and risk among people who inject drugs in five South African cities". <i>International Journal of Drug Policy</i>, 30, 2016. Pp. 107-115.</p> <p>Deliverables Research Essay Due in Session 19</p>
<p>Week 7</p>	<p>Session 19</p> <p>Hepatitis B HIV-coinfection</p>	<p>WHO. "Hepatitis B Fact Sheet". 2017. (3 pages)</p> <p>Mayaphi, S, et al. "HBV/HIV co-infection: The dynamics of HBV in South African patients with AIDS". <i>The South African Medical Journal</i>, 3(102), 2012. (4 pages)</p>
	<p>Session 20</p> <p>Multi-drug resistant TB (MDR-TB) and Extremely Drug Resistant TB (XDR-TB)</p>	<p>TB Facts. "Drug resistant TB in South Africa – Hospitalization, statistics & costs". (4 pages).</p> <p>WHO. "Multidrug-Resistant Tuberculosis: 2017 Update". 2017. (2 pages)</p> <p>WHO. "Drug-resistant TB: XDR-TB FAQ". (3 pages)</p>

	<p>Session 21</p> <p>Treatment regimens for TB</p>	<p>WHO. "Frequently asked questions about the implementation of the new WHO recommendation on the use of the shorter MDR-TB regimen under programmatic conditions". 2016. Pp. 1-12.</p> <p>WHO. "WHO treatment guidelines for drug resistant tuberculosis". 2016. Pp. 9-58.</p> <p>Deliverable</p> <p>Weekly Reflective Journal due on Monday, September 17</p>
Week 8	<p>Session 22</p> <p>Government policy on HIV/AIDS and TB</p>	<p>Cullinan, K. "Private sector vs public sector". 2003. (2 pages)</p> <p>Malan, M. "When public health trumps private". <i>Mail & Guardian</i>, 3 June 2011. (3 pages)</p>
	<p>Session 23</p> <p>Organisations involved in Research, Activism and Awareness about HIV/AIDS and TB in South Africa</p>	<p>South African National Aids Council. "South African Civil Society and the AIDS Response". 2017. Pp. 5-50</p> <p>Human Sciences Research Council. "Strategic Plan 2016/2017 – 2020/2021". <i>Department of Health, South Africa</i>, 2016. Pp. 5-15</p>
	<p>Session 24</p> <p>Guest Lecture TB/HIV Care & Insights from Loren Cobb about her work at TB/HIV Care with people who inject drugs (PWID)</p>	<p>TB/HIV Care. "What we do".</p> <p>Deliverable</p> <p>Weekly Reflective Journal due on Tuesday, September 52 (Monday, the 24th, is a public holiday)</p>
Week 9	<p>Session 25</p> <p>Effects of prejudice on societal responses to HIV and TB</p>	<p>Courtwright, A. "Tuberculosis and Stigmatization: Pathways and interventions". <i>Public Health Reports</i>, 4(125), 2010. Pp. 1-9</p> <p>Mahajan, A, et al. "Stigma in the HIV/AIDS epidemic: A review of the literature and recommendations for the way forward". <i>AIDS</i>, 2(22), 2008. (20 pages)</p> <p>Avert. "HIV Stigma and Discrimination". (5 pages)</p>
	<p>Session 26</p> <p>HIV and TB awareness amongst adolescents</p>	<p>Taukeni, S. "HIV and/or AIDS awareness among adolescents in a South African at-risk rural community". <i>Southern African Journal of HIV Medicine</i>, 17(1), 2016. Pp. 1-7</p> <p>Southern African Development Community. "Minimum Standards for Child and Adolescent HIV, TB</p>

	<p>Session 27</p> <p>Comparing the nature of care in the Public and Private health sectors: The case of HIV and TB</p>	<p>and Malaria Continuum of care and Support in the SADC Region". 2013-2017. (Pp. 5-21)</p> <p>Education Training Unit. "How to run prevention and education programmes and campaigns".</p> <p>Deliverable</p> <p>Weekly Reflective Journal due on Monday, October 1</p>
Week 10	<p>Session 28</p> <p>HIV and TB in the workplace</p>	<p>WEF Global Health Initiative. "TB, what employers should know". <i>The South African Labour Guide</i>. (4 pages)</p>
	<p>Session 29</p> <p>Data Management, Monitoring and Evaluation of HIV/AIDS Programmes in South Africa</p>	<p>Murphy, J, et al. "Feedback: Where data finally get thrilling' – tools for facility managers to use data for improved health outcomes in the prevention of mother-to-child transmission of HIV and antiretroviral therapy". <i>Southern African Journal of Medicine</i>, 14(3), 2013. (5 pages)</p> <p>National Department of Health. "District Health Management Information System (DHMIS) Policy". <i>National Department of Health, South Africa</i>, 2011. Pp. 9-36.</p>
	<p>Session 30</p> <p>Guest Lecturer: Imeraam Cassiem- Health Data Management/M&E in South Africa</p>	<p>Deliverable</p> <p>Group Presentations in session 31</p>
Week 11	<p>Session 31</p> <p>Group Presentations</p>	
	<p>Session 32</p> <p>Latest topical research around endemic diseases in South Africa</p>	<p>Fustos, K. "Gender-Based Violence Increases Risk of HIV/AIDS for Women in Sub-Saharan Africa". <i>Population Reference Bureau</i>, 2011. (4 pages)</p> <p>King, B. "States of Disease Political Environments and Human Health". <i>Social Ecology of Health</i>, Chapter 1, 2017. (32 pages)</p>
	<p>Session 33</p> <p>Southern Africa response preparedness for fighting Malaria</p> <p>Course-related Trip 2:</p> <p>Kheth'Impilo</p>	<p>Da Silva, J, et al. "Improving epidemic malaria planning, preparedness and response in Southern Africa". <i>Malaria Journal</i>, 3(37), 2004. (8 pages)</p> <p>Deliverable</p> <p>Weekly Reflective Journal due on Monday, October 8</p> <p>Field Study Journal 2 due in Session 34</p>

Week 12	Session 34 Healthcare financing in South Africa	Ataguba, J, et al. " Healthcare financing in South Africa: moving towards universal coverage ". 2010. (5 pages) Maillacheruvu, P. " South Africa's Return to Primary Care: The Struggles and Strides of the Primary Health Care System ". <i>The Journal of Global Health</i> , 2014. (13 pages) Health Policy Project. " Health Financing Profile- South Africa ". 2016. (2 pages)
	Session 35 Influence of Donor funds in shaping program focus in South Africa's health sector	Schneider, H, et al. " Small fish in a big pond? External aid and the health sector in South Africa ". <i>Health, Policy and Planning</i> , 14(3), 1999. Pp. 264-272.
	Session 36 Living positively with HIV	Kuhnert, K. " The impact of private international donor foundations on sexual and reproductive health organisations in South Africa ". Partial Master's thesis, University of Cape Town, 2014. pp. 17-50. Health24. " HIV positive for 30 years ". 2017. (3 pages)
Week 13	Session 37 Instructor-led round table discussion of key themes related to contextualising endemic diseases in South Africa	Wits. " Lessons on rolling out an HIV prevention pill in South Africa ". 2017. (2 pages) Delaney-Moretlwe, S, et al. "Hidden harms: Women's narratives of intimate partner violence in a microbicide trial, South Africa". <i>Social Science & Medicine</i> , 110, 2014. Pp 49-55. Angotti, N, et al. "HIV after 40 in rural South Africa: A life course approach to HIV vulnerability among middle aged and older adults". <i>Social Science & Medicine</i> , 143, 2015. Pp 204-212. Johnson, LF. " The demographic and epidemiological impact of HIV/AIDS treatment and prevention programmes: an evaluation based on the assa2000 model ". Paper presented at the 2002 Demographic Association of Southern Africa Conference. Pp. 1-39.
	Session 38 Lecture on the ways in which South Africa can be an example for grappling with endemic diseases around the world	Zeitz, P. " Lessons from South Africa's experience of HIV/AIDS ". Muula, A. " South Africa's National Response to HIV and AIDS Treatment: Popular Media's Perspective ". <i>Croatian Medical Journal</i> , 49(1), 2008. Pp. 114-119. Achmat, Z. " Combining prevention, treatment and care: lessons from South Africa ". <i>AIDS</i> , 21(4), 2007. Pp. 11-20.

	Session 39 Career opportunity aligned with tackling endemic diseases	Deliverables Final exam in Session 40
Week 14	Session 40 Final exam	

COURSE RELATED TRIPS

- TB Lung Institute:

The UCT Lung Institute provides clinical services and conducts research in the fields of respiratory medicine, tuberculosis, allergy, occupational medicine and dermatology. Students will be taken on a visit to the Institute to be exposed to the type or work being conducted and to interact with highly experienced researchers in the field of TB.

- Kheth’Impilo:

Kheth’Impilo specialises in solution development and implementation for health and community systems and services strengthening in marginalised communities. The comprehensive Health care solutions include treatment, care and support for people infected and affected with HIV and TB as well as a range of innovative community based models of care that include community adherence, ECD, school health and accredited training. Students will visit one of the supported sites to get exposure to how work in the community is done by the organisation.

REQUIRED READINGS

- Abdool Karin, Salim S, et al. “Health in South Africa: changes and challenges since 2009”. *The Lancet*, 380(9858), 2012.
- Achmat, Z. “Combining prevention, treatment and care: lessons from South Africa”. *AIDS*, 21(4), 2007.
- Adams, L, et al. “Barriers to tuberculosis care delivery among miners and their families in South Africa: an ethnographic study”. *The International Journal of Tuberculosis and Lung Disease*, 5(21), 2017.
- Angotti, N, et al. “HIV after 40 in rural South Africa: A life course approach to HIV vulnerability among middle aged and older adults”. *Social Science & Medicine*, 143, 2015.
- Ataguba, J, et al. “Healthcare financing in South Africa: moving towards universal coverage”. 2010.
- Avert. “HIV and AIDS in South Africa”, 2017.
 - “HIV Stigma and Discrimination”.
 - “Sex workers, HIV and AIDS”.
- Bassett, Ingrid V, et al. “Drug-Resistant Tuberculosis among HIV-Infected Patients Starting Antiretroviral Therapy in Durban, South Africa (Drug-Resistant Tuberculosis in South Africa)”. *PLoS ONE*, 8(7), 2012.
- Basu, Sanjay, et al. “Health care capacity and allocations among south Africa’s provinces: infrastructure-inequality traps after the end of apartheid”. *American journal of public health*, 101(1), 2011.
- Bateman, C. “HIV/AIDS Pandemic- A legacy of conquest and mistrust”. 2005.
- Benatar, Solomon R, et al. “Health and Health Care in South Africa – 20 Years after Mandela”. *The New England Journal of Medicine*, 371(14), 2014.
- Berridge, Virginia, et al. “The emergence of community health worker programmes in the late apartheid era in South Africa: An historical analysis”. *Social Science & Medicine*, 71(6), 2010.
- Bogart, L.M, et al. “HIV/AIDS misconceptions associated with condom use among black South Africans: an exploratory study”. *African Journal of AIDS Research*, 2(10), 2011.
- Brust, James C, et al. “Spatial distribution of extensively drug-resistant tuberculosis (XDR TB) patients in KwaZulu-Natal”. *PLoS ONE*, 12(10), 2017.

- Centre for Disease Control (CDC), "Introduction to epidemiology", 2012. Web
- Churchyard, Gavin J, et al. "Tuberculosis prevention in South Africa". *PLoS ONE*, 10(4), 2015.
- Coetzee, J, et al. "Predictors of parent-adolescent communication in post-apartheid South Africa: A protective factor in adolescent sexual and reproductive health". *Journal of Adolescence*, 3(37), 2014.
- Cullinan, K. "Private sector vs public sector". 2003.
- Courtwright, A. "Tuberculosis and Stigmatization: Pathways and interventions". *Public Health Reports*, 4(125), 2010.
- Da Silva, J, et al. "Improving epidemic malaria planning, preparedness and response in Southern Africa". *Malaria Journal*, 3(37), 2004.
- Delaney-Moretlwe, S, et al. "Hidden harms: Women's narratives of intimate partner violence in a microbicide trial, South Africa". *Social Science & Medicine*, 110, 2014.
- De Vries, H, et al. "Adolescents' Beliefs About Forced Sex in KwaZulu-Natal". *Archives of Sexual Behavior*, 6(43), 2014.
- Dineo-Gqola, P. *Rape: A South African Nightmare*. 2015.
- Education Training Unit. "How to run prevention and education programmes and campaigns".
- Fustos, K. "Gender-Based Violence Increases Risk of HIV/AIDS for Women in Sub-Saharan Africa". *Population Reference Bureau*, 2011.
- Green, A. "Tuberculosis: This 'terrible twin' is killing more South Africans". 2017.
- Health24. "HIV positive for 30 years". 2017.
- Health Policy Project. "Health Financing Profile- South Africa". 2016.
- Heywood, M. "The Price of Politically Supported AIDS Denialism in South Africa". *Development Update*, 5(3), 2004.
- Human Sciences Research Council. "Strategic Plan 2016/2017 – 2020/2021". *Department of Health, South Africa*, 2016.
- Ithantamalala, F, et al. "Spatial and temporal dynamics of malaria in Madagascar". *Malaria Journal*, 17, 2018.
- Jackson, L. "Apartheid's Lingering effects on HIV/AIDS". 2016.
- Johnson, LF. "The demographic and epidemiological impact of HIV/AIDS treatment and prevention programmes: an evaluation based on the assa2000 model". Paper presented at the 2002 Demographic Association of Southern Africa Conference.
- Jonsson, G, et al. "Knowledge, attitudes and personal beliefs about HIV/AIDS among mentally ill patients in Soweto". *Southern African Journal of Medicine*, 3(12), 2011.
- Kanyangarara, M, et al. "Malaria knowledge and bed net use in three transmission settings in southern Africa." *Malaria Journal*, 17, 2018.
- Kebede, S. "Trends of major disease outbreaks in the African region, 2003-2007".
- King, B. "States of Disease Political Environments and Human Health". *Social Ecology of Health*. 2017.
- Klatt, E.C. "Pathology of HIV/AIDS". 2016.
- Knechel, N. "Tuberculosis: Pathophysiology, Clinical Features, and Diagnosis". *Critical Care Nurse*, 29(2), 2009.
- Kuhnert, K. "The impact of private international donor foundations on sexual and reproductive health organisations in South Africa". Partial Master's thesis, University of Cape Town, 2014.
- Loggerenberg, F, et al. "HIV Prevention in High-Risk Women in South Africa: Condom Use and the Need for Change". *PLoS ONE*, 2012.
- Mahajan, A, et al. "Stigma in the HIV/AIDS epidemic: A review of the literature and recommendations for the way forward". *AIDS*, 2(22), 2008.
- Maillacheruvu, P. "South Africa's Return to Primary Care: The Struggles and Strides of the Primary Health Care System". *The Journal of Global Health*, 2014.
- Malan, M. "When public health trumps private". *Mail & Guardian*, 3 June 2011.
- Mayaphi, S, et al. ".HBV/HIV co-infection: The dynamics of HBV in South African patients with AIDS". *The South African Medical Journal*, 3(102), 2012.
- Mofolo, T. "The Role of Culture in Contributing to the Spread of HIV/AIDS". *Policy Brief*, 29, 2010.

- Mswela, M. “Cultural practices and HIV in South Africa: a legal perspective”. *PER*, 12(4), 2009.
- Murphy, J, et al. “Feedback: Where data finally get thrilling’ – tools for facility managers to use data for improved health outcomes in the prevention of mother-to-child transmission of HIV and antiretroviral therapy”. *Southern African Journal of Medicine*, 14(3), 2013.
- Muula, A. “South Africa’s National Response to HIV and AIDS Treatment: Popular Media’s Perspective”. *Croatian Medical Journal*, 49(1), 2008.
- National Department of Health. “District Health Management Information System (DHMIS) Policy”. *National Department of Health, South Africa*, 2011.
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RECOMMENDED READINGS

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Appendix A: Assessment Grid HE/SO Endemic Diseases and their Socioeconomic Context

SCORE:	100%-80%	70%-79%	60%-68%	50%-59%	49%-20%
Explanation of Issue/s	Issue is stated clearly and described comprehensively with an explanation given on why this topic is relevant and in need of critical engagement.	Topic or issue is stated clearly and described with an explanation given on why this topic is relevant but some information is missing which does not seriously impede on the understanding of the issue or topic.	Topic or issue is introduced but is lacking in description. Furthermore, some explanation is given on why this topic is relevant but not enough to show why critical engagement is necessary.	Topic or issue is stated and described with no explanation on why the topic is relevant and in need of critical engagement.	Topic or issue is not introduced and, as such, there is no description or explanation on why this topic is relevant and in need of critical engagement.
Student's perspective	Position is clear and acknowledges the limits of this position, while also synthesizing others' points of view.	Position is clear and attempts to acknowledge others' points of view as well as the limits of their position.	Simply describes different positions but own position is unclear.	Student's position is simplistic with little engagement with this position.	Student's position is unclear and different positions are ignored.
Evidence i.e. Selecting and using information	Relevant and extensive information taken from sources is used with the viewpoints of experts being questioned thoroughly.	Relevant information taken from sources is used with some viewpoints of experts being questioned.	Information taken from sources is enough to explain the issue but little demonstration questioning.	Not enough information taken from sources and/or some irrelevant information taken from sources and used without questioning.	Little or no information taken from sources and/or does not respond to the topic.
Connections to Experience i.e. Connects relevant experience and academic knowledge	Meaningfully synthesizes connections among own experiences to deepen their understanding and broaden their position, while also using the experiences of others to illuminate concepts and theories relevant to the topic.	Effectively selects examples of experiences to infer differences, as well as similarities to academic knowledge. Student acknowledges the perspectives others and attempts to engage with these.	Student includes their own experiences and uses this to confirm or disconfirm information from academic sources. Different perspectives or experiences are not acknowledged or engage with.	Student describes own experiences, but not in a critically engaging way with different experiences being ignored.	Student does not include reference to their own experiences OR Student simply uses their own experiences with little or no link academic literature and different experiences are ignored or dismissed.

Reflection	Student reflects on their own problematic assumptions and beliefs and how these could negatively impact on others around them, as well as envision a future self which takes into account the new information they have gained.	Student acknowledges their own problematic assumptions and beliefs and is able to see how these may negatively impact on others around them but does not reflect on the possibility of a future self who takes these things into account.	Student merely articulates the strengths and challenges they faced with little engagement with their own problematic assumptions and beliefs.	Student simply refers to the challenges they have faced and does not critically engage with these.	Student's reflection is non-existent or superficial and simplistic.
Style and Formatting	Formatting meets the criteria and work is neat and well-presented.	A few formatting issues, but work is still neat and well-presented.	Formatting is inconsistent with departmental guidelines, but work is still neat and well-presented.	Many errors in formatting and work is somewhat untidy.	Formatting does not meet the criteria and work is untidy and not well-presented.
Organisation	Main points divided into paragraphs and signalled by use of smooth transitions, where sentences within each paragraph relate to each other and are relevant to the overall topic. There is clear evidence of an Introduction and conclusion effectively related to the overall topic and the reader has no problem following the assignment.	Most main points are separated into paragraphs and mostly signalled by smooth transitions. There is an introduction and conclusion which introduces the topic and the reader has no problem following the assignment.	Many main points are separated into paragraphs and signalled by (sometimes awkward) transitions. There may be a few minor points that digress from the topic but no major ones. There is an introduction and conclusion but these tend to repeat the assignment topic.	Only some main points are set off by paragraphs with transitions that are awkward but some points digress significantly from the topic. The introduction and conclusion repeat the assignment topic and the reader has some difficulty following the essay.	No organisation or structure and paragraphs are clumsy or non-existent. No introduction and/or conclusion and no transition between paragraphs.
Use of Sources	Extensive use of required sources and <i>more</i> than four additional academic sources included which are relevant to the topic.	Required sources included with at least four additional academic sources included which are relevant to the topic.	Some use of required sources with two to three additional academic sources included which are relevant to the topic.	Some use of required sources with only one additional academic source included with some irrelevant sources.	Minimal use of required sources and no additional academic sources included or irrelevant sources included.