



**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 found within these communities. It will also briefly touch upon healthcare for people with disabilities, a field which is rarely addressed in Southern Africa, along with identifying differences in healthcare provision for people with disabilities in South Africa and the United States. Additionally, the course shall introduce examples from other Southern African countries, to provide perspective on differences/similarities in community health in the region. The course will also provide exposure to healthcare organizations that focus on addressing the healthcare needs of some of Southern Africa's most vulnerable populations: women, children and those with disabilities.

**CREDITS:** 3

**CONTACT HOURS:** 45

**LANGUAGE OF PRESENTATION:** English

**ADDITIONAL COST:** None

**PREREQUISITES:** None

**METHOD OF PRESENTATION:**

The course shall be presented and facilitated through lectures, individual and group exercises, debates and discussions, assignments, selected guests (practitioners) and fieldtrips. Lectures will focus on the theory and practice of healthcare in order to get a better understanding of community health in the Southern African context. Site visits 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.

**REQUIRED WORK AND FORM OF ASSESSMENT:**

- Reaction Paper – 10%
- Blog Assignment – 15%
- Mid term Exam – 30%
- Personal reflection paper – 10%
- Research Report – 25%
- Symposium – 10%

**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 necessary reading and reflection, in addition to regularly checking notices on Moodle.

**1. REACTION PAPER (10%)**

Two pages (800-1000 words). Each student will submit a reaction paper in response to an assigned academic article/research paper. Students are expected to provide a critical analysis and overview of the material read. They are also expected to provide their own personal response/critique of the article/research paper with respect to whether or not they agree with the study done, the findings presented and possible recommendations that they would offer for similar studies in the future.

**Due Date: Session 9**

**2. BLOG ASSIGNMENT (15%)**

Students will be paired up during the 1st session of the course. Each pair will be allowed to choose a topic as it relates to health and community development in South Africa and their assigned service learning sites. They will be expected to provide an interactive



blog with pictures, video clips and relevant information that will educate the reader (lecturer and a group assigned to comment) on elements of their chosen topic. The written part of the blog will be limited to 300 – 500 words. However, carte blanche will be given on how the rest of blog will be presented.

The blog will be set up by the groups using [www.blogger.com](http://www.blogger.com) which allows for registration using a Gmail account, with instructions being provided during the 1st session of the course. Access to the blogs will be shared before or on the assignment due date with the lecturer and the rest of the class to allow for comments and grading respectively. Students will be given 3 days from the due date to comment on each other's' blogs. Students are expected to equally share the workload on this assignment, as one grade will be given and they will be graded according to the creativity, content, technical expertise (lay out) and comments received on their blogs.

**Due Date: Session 18**

### **3. MID TERM EXAM (30%)**

This will be a closed book examination and students will be examined on selected content covered in 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 Southern 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.

**Exam Date: Session 21**

### **4. PERSONAL REFLECTION PAPER (10%)**

This will be an individual assignment. Students will be expected to write a 2-4 page reflection of their learning throughout the course.

**Due Date: Session 36**

#### **Framework for Reflection Paper**

##### **1. Pre-conception/perceptions of the course**

Students are to reflect on their personal conceptions, misconceptions and/or expectations of South African healthcare as it relates to Community Health prior to arrival. They must also include how towards the end of the course, this would have been confirmed, reinforced, contradicted or furthered by their experiential learning process related to the course and their experience(s) outside of the course.

##### **2. Experiential Learning Analysis**

Students are to reflect upon the highs and lows of their experiential learning, with explanations as to why they are considered highs and lows, in relation to what their expectations were, prior to beginning the fieldwork. The reflections should focus on their interactions and experiences with their service learning organizations and the community(s) that they serve and the emotions felt during this learning journey. Lessons of experience should also be shared regarding the successes, failures and challenges experienced during this time.

##### **3. Engaged scholarship**

Students are encouraged to bring in and include theoretical and analytical concepts that were taught in class. They need to indicate how these theories and concepts helped them to make sense of the organizations and communities that they found themselves in and how it helped them gain a greater understanding of community health in South Africa. They are to reflect upon they feel they have evolved by taking this course and the impact that it may have upon their future journeys within their chosen field, especially when it comes to social change and why they feel this is so.

##### **4. Recommendations**

In light of what the students would have discussed already, students would be expected to provide concluding remarks and give advice and possible recommendations that would benefit future students planning to take the course. They can also include areas that they feel they themselves need to improve upon going forward.

### **5. RESEARCH PROJECT REPORT (25%)**



The research report will be a desktop-based research done in consultation with the service learning sites that students have been assigned to. Students will be required to investigate if there are any desk based / issues based / project based research that their assigned sites may have in order to improve their offerings or functionality within health and community development. Through this investigation, students need to produce a final report that will meet the identified and stated requirements of the organization. In producing this report, students must consider elements of health and community development in the South African context.

Students will be working individually on this paper, and are expected to outline the (1) Theoretical background of the research (2) Objectives of the research (3) Methodology used (4) Results of the research (5) Conclusions and recommendations of the research. In the advent that there are no research projects at the assigned service learning sites, students will be required to develop and devise a research question that identifies and addresses an issue that impacts on service delivery of community healthcare in South Africa. They will need to do an academic desktop-based research project that attempts to answer their research question.

The research report will outline the (1) Theoretical back-ground of the research (2) Objectives of the research (3) Methodology used (4) Results of the research (5) Conclusions and recommendations of the research.

Students are encouraged to consult with the lecturer throughout the research process. The consultations with the lecturer enables each research project to be tracked, and completed on time.

**Due Date: Session 40**

**Final Research Report** (15 pages max.) (Font – Times New Roman 12; 1.5 line spacing) should be structured using the following subheadings:

- i. **Introduction:** (background to the topic as well as context and rationale for the study)
- ii. **Research question and objectives:** (the identified need / problem that they are trying to assist in resolving and the reasons why)
- iii. **Literature review:** (key theoretical concepts that will be drawn on (prescribed and recommended readings would be good resources, and additional readings are encouraged)
- iv. **Methodology:** (the exact methods used in the research)
- v. **Results/key findings:** (findings of the study and the discussion thereof – based on secondary data found and interpretation and analysis of the information)
- vi. **Summary:** (conclusions and recommendations that they feel the organization should consider in addressing the identified need / problem. Suggestions for further research is encouraged)
- vii. **Reference list**
- viii. **Appendices** (if applicable)

## 6. SYMPOSIUM (10%)

The symposium presents an opportunity for all IES Abroad students to come together to learn about each other's research. Each student will get a maximum of 10 minutes to do a short power point presentation. Thereafter, 5 minutes will be allocated per student for a question and answer session on what was presented.

The same format of the research paper as described above can be used as a guideline to structure the presentation. In addition, the following will also be taken into consideration including: presentation style, responding to questions, body language and appearance, eye contact with audience and audibility.

Credit will be given to students who present their work holistically using literature, developing an academic argument and with innovation.

**Date: Session 40**

## LEARNING OUTCOMES:

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

- Identify the contributing factors related to healthcare delivery in Southern Africa.
- Articulate why HIV/AIDS and TB are seen as contributors to the double burden of disease in South Africa.



- identify differences in healthcare provision for people with disabilities in South Africa and the US.
- 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 Southern Africa.

**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.

**ATTENDANCE POLICY:**

Attendance is **mandatory** for all IES 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 class with the 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	ASSIGNMENTS & READINGS
Week 1	<p><b>Session 1</b> Introduction to course. Learning objectives and assessment. Administration and support.</p> <p><b>Session 2</b> Perspectives of health and/or wellness. Dimensions of health.</p> <p><b>Session 3</b> Determinants of health.</p>	<p><b>READINGS</b> <b>Rothmann, S. (2003).</b> Burnout and engagement: A South African perspective. <i>SA Journal of Industrial Psychology, 29(4)</i>, 16-25. (10 pgs)</p> <p><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, 19(10)</i>, 1201-1209. (11 pgs)</p> <p><b>Marmot, M. (2005).</b> Social determinants of health inequalities. <i>The Lancet, 365(9464)</i>, 1099-1104. (6 pgs)</p> <p><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, 372(9650)</i>, 1661-1669. (18 pgs)</p> <p><b>Sieberhagen, C., Rothmann, S., &amp; Pienaar, J. (2009).</b> Employee health and wellness in South Africa: The role of legislation and management standards. <i>SA Journal of Human Resource Management, 7(1)</i>, 1-9. (9 pgs)</p>
	<b>Session 4</b>	<b>READINGS</b>

<p><b>Week 2</b></p>	<p>Models of health in the developed world.</p> <p><b>Session 5</b> Models of health in the developing world.</p> <p><b>Session 6</b> Ottawa Charter for health promotion.</p>	<p><b>Potvin, L., &amp; Jones, C. M. (2011).</b> Twenty-five years after the Ottawa Charter: the critical role of health promotion for public health. <i>Canadian Journal of Public Health/Revue Canadienne de Sante'e Publique</i>, 244-248. (<a href="#">6 pgs</a>)</p> <p><b>Eriksson, M., &amp; Lindström, B. (2008).</b> A salutogenic interpretation of the Ottawa Charter. <i>Health promotion international</i>, 23(2), 190-199. (<a href="#">10 pgs</a>)</p> <p><b>Badri, M. A., Taher Attia, S., &amp; Ustadi, A. M. (2008).</b> Testing not-so-obvious models of healthcare quality. <i>International journal of health care quality assurance</i>, 21(2), 159-174. (<a href="#">17 pgs</a>)</p> <p><b>Eckman, M., Gigliotti, C., Sutermaster, S., Butler, P. J., &amp; Mehta, K. (2016).</b> Using handgrip strength to screen for diabetes in developing countries. <i>Journal of medical engineering &amp; technology</i>, 40(1), 8-14. (<a href="#">8 pgs</a>)</p> <p><b>Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., Evans, T., ... &amp; Kistnasamy, B. (2010).</b> Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. <i>The lancet</i>, 376(9756), 1923-1958. (<a href="#">37 pgs</a>)</p>
<p><b>Week 3</b></p>	<p><b>Session 7</b> Primary health care in the developed world.</p> <p><b>Session 8</b> Primary health care in the developing world.</p> <p><b>Session 9</b> Interdisciplinary health promotion and education: approaches in the developed world.</p>	<p><b>DELIVERABLES</b> <u>Reaction paper due:</u> Session 9</p> <p><b>READINGS</b> <b>World Health Organization. (2003).</b> Primary health care: 25 years after ALMA-ATA. (<a href="#">25 pgs</a>)</p> <p><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>)</p> <p><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>)</p> <p><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>)</p> <p><b>Misra, S., Harvey, R. H., Stokols, D., Pine, K. H., Fuqua, J., Shokair, S. M., &amp; Whiteley, J. M. (2009).</b> Evaluating an interdisciplinary undergraduate training</p>

		<p>program in health promotion research. <i>American Journal of Preventive Medicine</i>, 36(4), 358-365. (<a href="#">8 pgs</a>)</p> <p><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(s2), 49-54. (<a href="#">6 pgs</a>)</p>
<b>Week 4</b>	<p><b>Session 10</b> Interdisciplinary health promotion and education: approaches in the developed world (cont).</p> <p><b>Session 11</b> Interdisciplinary health promotion and education: approaches in the developing world.</p> <p><b>Session 12</b> Interdisciplinary health promotion and education: approaches in the developing world (cont).</p>	<p><b>READINGS</b></p> <p><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>)</p> <p><b>Baldwin Jr, D. C., &amp; Baldwin, M. A. (2007).</b> Interdisciplinary education and health team training: A model for learning and service. <i>Journal of Interprofessional Care</i>, 21(sup1), 52-69. (<a href="#">20 pgs</a>)</p> <p><b>Kvarnström, S. (2008).</b> Difficulties in collaboration: a critical incident study of interprofessional healthcare teamwork. <i>Journal of interprofessional care</i>, 22(2), 191-203. (<a href="#">14 pgs</a>)</p> <p><b>Reeves, S., Zwarenstein, M., Goldman, J., Barr, H., Freeth, D., Hammick, M., &amp; Koppel, I. (2008).</b> Interprofessional education: effects on professional practice and health care outcomes. <i>Cochrane Database Syst Rev</i>, 1(1). (<a href="#">23 pgs</a>)</p> <p><b>Rodger, S., J. Hoffman, S., &amp; World Health Organization Study Group on Interprofessional Education and Collaborative Practice. (2010).</b> Where in the world is interprofessional education? A global environmental scan. <i>Journal of Interprofessional Care</i>, 24(5), 479-491. (<a href="#">14 pgs</a>)</p>
<b>Week 5</b>	<p><b>Session 13</b> Socio-economic status of South Africa and its relation to healthcare.</p> <p><b>Session 14</b> Status of HIV/AIDS globally</p> <p><i>Guest Lecturer: Dr Jim Lees (Senior lecturer Faculty of Education/HIV/AIDS Unit at the University of the Western Cape)</i></p> <p><b>Session 15</b> Status of HIV/AIDS in Africa and South Africa and the double burden it presents with TB.</p> <p><i>Guest Lecturer: Dr Jim Lees</i></p>	<p><b>READINGS</b></p> <p><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>)</p> <p><b>Vujicic, 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>)</p> <p><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. (<a href="#">15 pgs</a>)</p>

	(Senior lecturer Faculty of Education/HIV/AIDS Unit at the University of the Western Cape)	<p><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)</p> <p><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)</p>
<b>Week 6</b>	<p><b>Session 16</b> Socio-economic status of select African countries in relation to their healthcare: Zimbabwe</p> <p><b>Session 17</b> Socio-economic status of select African countries in relation to their healthcare: Zambia</p> <p><b>Session 18</b> Healthcare delivery in communities: rural vs urban.</p>	<p><b>DELIVERABLES</b> <u>Blog assignment due:</u> Session 18</p> <p><b>READINGS</b> <b>Kevany, S., Murima, O., Singh, B., Hlubinka, D., Kulich, M., Morin, S. F., &amp; Sweat, M. (2012).</b> Socio-economic status and health care utilization in rural Zimbabwe: findings from Project Accept (HPTN 043). <i>Journal of public health in Africa</i>, 3(1), 46. (6 pgs)</p> <p><b>Abas, M. A., Nhwatiwa, S. M., Mangezi, W., Jack, H., Piette, A., Cowan, F. M., ... &amp; Chibanda, D. (2014).</b> Building mental health workforce capacity through training and retention of psychiatrists in Zimbabwe. <i>International Review of Psychiatry</i>, 26(4), 453-459. (8 pgs)</p> <p><b>Watkins, C., Loudon, G., Gill, S., &amp; Hall, J. (2014).</b> Can design thinking be used to improve healthcare in Lusaka Province, Zambia?. (11 pgs)</p> <p><b>Ferrinho, P., Siziya, S., Goma, F., &amp; Dussault, G. (2011).</b> The human resource for health situation in Zambia: deficit and maldistribution. <i>Human resources for health</i>, 9(1), 30. (12 pgs)</p> <p><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. (6 pgs)</p> <p><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. (12 pgs)</p> <p><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. (10 pgs)</p>
<b>Week 7</b>	<b>Session 19</b>	<b>READINGS</b>

	<p>Healthcare for people with physical disabilities: select Southern African countries</p> <p><b>Session 20</b> Healthcare for people with physical disabilities: select Southern African countries (cont).</p> <p><b>Session 21</b> Mid term exam</p>	<p><b>Van Rooy, G., Amadhila, E. M., Mufune, P., Swartz, L., Mannan, H., &amp; MacLachlan, M. (2012).</b> Perceived barriers to accessing health services among people with disabilities in rural northern Namibia. <i>Disability &amp; Society</i>, 27(6), 761-775. (<a href="#">16 pgs</a>)</p> <p><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>)</p> <p><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. (<a href="#">5 pgs</a>)</p> <p><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. (<a href="#">15 pgs</a>)</p> <p><b>Saloojee, G., Phohole, M., Saloojee, H., &amp; Jsselmuiden, 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. (<a href="#">6 pgs</a>)</p>
<p><b>Week 8</b></p>	<p><b>Session 22</b> Healthcare for people with intellectual disabilities: select Southern African countries</p> <p><b>Session 23</b> Healthcare for people with intellectual disabilities: select Southern African countries (cont).</p> <p><b>Session 24</b> Differences in healthcare for people with physical disabilities in South Africa and the US.</p>	<p><b>READINGS</b></p> <p><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>)</p> <p><b>Emerson, E. (2007).</b> Poverty and people with intellectual disabilities. <i>Developmental Disabilities Research Reviews</i>, 13(2), 107-113. (<a href="#">8 pgs</a>)</p> <p><b>Mckenzie, J., McConkey, R., &amp; Adnams, C. (2013).</b> Health conditions and support needs of persons living in residential facilities for adults with intellectual disability in Western Cape Province. <i>SAMJ: South African Medical Journal</i>, 103(7), 481-484. (<a href="#">4 pgs</a>)</p> <p><b>Kroll, T., Jones, G. C., Kehn, M., &amp; Neri, M. T. (2006).</b> Barriers and strategies affecting the utilisation of primary preventive services for people with physical disabilities: a qualitative inquiry. <i>Health &amp; social care in the community</i>, 14(4), 284-293. (<a href="#">11 pgs</a>)</p>



		<p><b>Drainoni, M. L., Lee-Hood, E., Tobias, C., Bachman, S. S., Andrew, J., &amp; Maisels, L. (2006).</b> Cross-disability experiences of barriers to health-care access: consumer perspectives. <i>Journal of Disability Policy Studies</i>, 17(2), 101-115. (<a href="#">17 pgs</a>)</p>
<b>Week 9</b>	<p><b>Session 25</b> Differences in healthcare for people with intellectual disabilities in South Africa and the US.</p> <p><b>Session 26</b> Healthcare issues facing resource rich communities in South Africa: communicable diseases.</p> <p><b>Session 27</b> Healthcare issues facing resource poor communities in South Africa: communicable diseases.</p>	<p><b>READINGS</b></p> <p><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>)</p> <p><b>Krahn, G., Fox, M. H., Campbell, V. A., Ramon, I., &amp; Jesien, G. (2010).</b> Developing a health surveillance system for people with intellectual disabilities in the United States. <i>Journal of Policy and Practice in Intellectual Disabilities</i>, 7(3), 155-166. (<a href="#">13 pgs</a>)</p> <p><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="#">37 pgs</a>)</p> <p><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>)</p> <p><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>)</p>
<b>Week 10</b>	<p><b>Session 28</b> Healthcare issues facing resource rich communities in South Africa: non-communicable diseases.</p> <p><b>Session 29</b> Healthcare issues facing resource poor communities in South Africa: non-communicable diseases.</p> <p><b>Session 30</b> District health systems in South Africa.</p> <p><i>Guest Lecturer: Dr Vera Scott (Medical doctor and Senior Researcher at the School of Public Health at the University of the Western Cape)</i></p>	<p><b>READINGS</b></p> <p><b>Mayosi, B. M., Flisher, A. J., Lalloo, U. G., Sitas, F., Tollman, S. M., &amp; Bradshaw, D. (2009).</b> The burden of non-communicable diseases in South Africa. <i>The Lancet</i>, 374(9693), 934-947. (<a href="#">14 pgs</a>)</p> <p><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>)</p> <p><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>)</p> <p><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</p>

		<p>rural South Africa. <i>SAMJ: South African Medical Journal</i>, 98(7), 549-552. (<a href="#">4 pgs</a>)</p> <p><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>)</p>
<b>Week 11</b>	<p><b>Session 31</b> Health management and leadership development in South Africa. <i>Guest Lecturer: Dr Vera Scott</i> (<i>Medical doctor and Senior Researcher at the School of Public Health at the University of the Western Cape</i>)</p> <p><b>Session 32</b> Health promoting schools in South Africa.</p> <p><b>Session 33</b> Those most affected by poor community health.</p>	<p><b>READINGS</b></p> <p><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>)</p> <p><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>)</p> <p><b>Macnab, A. J., Stewart, D., &amp; Gagnon, F. A. (2014).</b> Health promoting schools: initiatives in Africa. <i>Health education</i>, 114(4), 246-259. (<a href="#">16 pgs</a>)</p> <p><b>Keshavarz, N., Nutbeam, D., Rowling, L., &amp; Khavarpour, F. (2010).</b> Schools as social complex adaptive systems: a new way to understand the challenges of introducing the health promoting schools concept. <i>Social science &amp; medicine</i>, 70(10), 1467-1474. (<a href="#">9 pgs</a>)</p> <p><b>Keshavarz Mohammadi, N., Rowling, L., &amp; Nutbeam, D. (2010).</b> Acknowledging educational perspectives on health promoting schools. <i>Health Education</i>, 110(4), 240-251. (<a href="#">13 pgs</a>)</p> <p><b>Johnson, B., &amp; Lazarus, S. (2003).</b> Building health promoting and inclusive schools in South Africa: Community-based prevention in action. <i>Journal of Prevention &amp; Intervention in the Community</i>, 25(1), 81-97. (<a href="#">18 pgs</a>)</p>
<b>Week 12</b>	<p><b>Session 34</b> National health insurance in developed countries.</p> <p><b>Session 35</b> Planned NHI for South Africa.</p> <p><b>Session 36</b> State of planned NHI for South Africa.</p>	<p><b>DELIVERABLES</b> <u>Personal reflection paper due:</u> Session 36</p> <p><b>READINGS</b></p> <p><b>Nghiem, S., Graves, N., Barnett, A., &amp; Haden, C. (2017).</b> Cost-effectiveness of national health insurance programs in high-income countries: A systematic review. <i>PloS one</i>, 12(12), e0189173. (<a href="#">12 pgs</a>)</p> <p><b>Van Doorslaer, E., Masseria, C., Koolman, X., &amp; OECD Health Equity Research Group. (2006).</b> Inequalities in access to medical care by income in developed</p>

		<p>countries. Canadian medical association journal, 174(2), 177-183. (<a href="#">7 pgs</a>)</p> <p><b>Ataguba, J. (2010).</b> Health care financing in South Africa: moving towards universal coverage. Continuing Medical Education, 28(2). (<a href="#">5 pgs</a>)</p> <p><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>)</p> <p><b>Keeton, C. (2010).</b> Bridging the gap in South Africa. (<a href="#">3 pgs</a>)</p> <p><b>Mills, A., Ataguba, J. E., Akazili, J., Borghi, J., Garshong, B., Makawia, S., ... &amp; McIntyre, D. (2012).</b> Equity in financing and use of health care in Ghana, South Africa, and Tanzania: implications for paths to universal coverage. <i>The Lancet</i>, 380(9837), 126-133. (<a href="#">8 pgs</a>)</p>
<b>Week 13</b>	<p><b>Session 37</b> The way forward for community health in South Africa.</p> <p><b>Session 38</b> Instructor-led discussion and debate regarding possible solutions and implementations for community health in Southern Africa.</p> <p><b>Session 39</b> Closing lecture on multiple meanings of 'community' in the context of South African healthcare.</p>	<p><b>DELIVERABLES</b> <u>Research project report due:</u> Session 40</p> <p><b>READINGS</b> <b>McIntyre, D. (2010).</b> Private sector involvement in funding and providing health services in South Africa: implications for equity and access to health care. Regional network for equity in health in east and southern Africa (EQUINET). (<a href="#">29 pgs</a>)</p> <p><b>Ogilvie, L., Mill, J. E., Astle, B., Fanning, A., &amp; Opare, M. (2007).</b> The exodus of health professionals from sub-Saharan Africa: balancing human rights and societal needs in the twenty-first century. <i>Nursing inquiry</i>, 14(2), 114-124. (<a href="#">11 pgs</a>)</p> <p><b>Dambisya, Y. M. (2007).</b> A review of non-financial incentives for health worker retention in east and southern Africa. Health Systems Research Group, Department of Pharmacy, School of Health Sciences, University of Limpopo, South Africa, (44), 49-50. (<a href="#">60 pgs</a>)</p>
<b>Week 14</b>	<p><b>Session 40</b> Research symposium Research project due</p>	

#### COURSE RELATED TRIPS:

- 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.

- **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).

**REQUIRED READINGS:** Readings will be posted on VULA, unless a free download is available online.

- **Abas, M. A., Nhiwatiwa, S. M., Mangezi, W., Jack, H., Piette, A., Cowan, F. M., ... & Chibanda, D. (2014).** Building mental health workforce capacity through training and retention of psychiatrists in Zimbabwe. *International Review of Psychiatry*, 26(4), 453-459.
- **Aliber, M. (2003).** Chronic poverty in South Africa: Incidence, causes and policies. *World Development*, 31(3), 473-490.
- **Ataguba, J. (2010).** Health care financing in South Africa: moving towards universal coverage. *Continuing Medical Education*, 28(2).
- **Badri, M. A., Taher Attia, S., & Ustadi, A. M. (2008).** Testing not-so-obvious models of healthcare quality. *International journal of health care quality assurance*, 21(2), 159-174.
- **Baldwin Jr, D. C., & Baldwin, M. A. (2007).** Interdisciplinary education and health team training: A model for learning and service. *Journal of Interprofessional Care*, 21(sup1), 52-69.
- **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.
- **Dambisya, Y. M. (2007).** A review of non-financial incentives for health worker retention in east and southern Africa.
- **Drainoni, M. L., Lee-Hood, E., Tobias, C., Bachman, S. S., Andrew, J., & Maisels, L. (2006).** Cross-disability experiences of barriers to health-care access: consumer perspectives. *Journal of Disability Policy Studies*, 17(2), 101-115.
- **Eckman, M., Gigliotti, C., Sutermeister, S., Butler, P. J., & Mehta, K. (2016).** Using handgrip strength to screen for diabetes in developing countries. *Journal of medical engineering & technology*, 40(1), 8-14.
- **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.
- **Emerson, E. (2007).** Poverty and people with intellectual disabilities. *Developmental Disabilities Research Reviews*, 13(2), 107-113.
- **Eriksson, M., & Lindström, B. (2008).** A salutogenic interpretation of the Ottawa Charter. *Health promotion international*, 23(2), 190-199.
- **Ferrinho, P., Siziya, S., Goma, F., & Dussault, G. (2011).** The human resource for health situation in Zambia: deficit and maldistribution. *Human resources for health*, 9(1), 30.
- **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.
- **Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., Evans, T., ... & Kistnasamy, B. (2010).** Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, 376(9756), 1923-1958.
- **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.
- **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.

- **Johnson, B., & Lazarus, S. (2003).** Building health promoting and inclusive schools in South Africa: Community-based prevention in action. *Journal of Prevention & Intervention in the Community*, 25(1), 81-97.
- **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.
- **Keeton, C. (2010).** Bridging the gap in South Africa.
- **Keshavarz Mohammadi, N., Rowling, L., & Nutbeam, D. (2010).** Acknowledging educational perspectives on health promoting schools. *Health Education*, 110(4), 240-251.
- **Keshavarz, N., Nutbeam, D., Rowling, L., & Khavarpour, F. (2010).** Schools as social complex adaptive systems: a new way to understand the challenges of introducing the health promoting schools concept. *Social science & medicine*, 70(10), 1467-1474.
- **Kevany, S., Murima, O., Singh, B., Hlubinka, D., Kulich, M., Morin, S. F., & Sweat, M. (2012).** Socio-economic status and health care utilization in rural Zimbabwe: findings from Project Accept (HPTN 043). *Journal of public health in Africa*, 3(1), 46.
- **Krahn, G., Fox, M. H., Campbell, V. A., Ramon, I., & Jesien, G. (2010).** Developing a health surveillance system for people with intellectual disabilities in the United States. *Journal of Policy and Practice in Intellectual Disabilities*, 7(3), 155-166.
- **Kroll, T., Jones, G. C., Kehn, M., & Neri, M. T. (2006).** Barriers and strategies affecting the utilisation of primary preventive services for people with physical disabilities: a qualitative inquiry. *Health & social care in the community*, 14(4), 284-293.
- **Kvarnström, S. (2008).** Difficulties in collaboration: a critical incident study of interprofessional healthcare teamwork. *Journal of interprofessional care*, 22(2), 191-203.
- **Kritzinger, J., Schneider, M., Swartz, L., & Braathen, S. H. (2014).** "I just answer 'yes' to everything they say": Access to health care for deaf people in Worcester, South Africa and the politics of exclusion. *Patient Education and Counseling*, 94(3), 379-383.
- **Lazarus, S. (2006).** Indigenous approaches to health promotion: Challenges for education support in South Africa. *South African Journal of Psychology*, 36(3), 521-546.
- **Macnab, A. J., Stewart, D., & Gagnon, F. A. (2014).** Health promoting schools: initiatives in Africa. *Health education*, 114(4), 246-259.
- **Marks, S. (2002).** An epidemic waiting to happen? The spread of HIV/AIDS in South Africa in social and historical perspective. *African Studies*, 61(1), 13-26.
- **Marmot, M. (2005).** Social determinants of health inequalities. *The Lancet*, 365(9464), 1099-1104.
- **Marmot, M., Friel, S., Bell, R., Houweling, T. A., Taylor, S., & Commission on Social 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.
- **Mars, M. (2013).** Telemedicine and advances in urban and rural healthcare delivery in Africa. *Progress in cardiovascular diseases*, 56(3), 326-335.
- **Matsoo, M. P., & Fryatt, R. (2013).** National Health Insurance: the first 18 months. *SAMJ: South African Medical Journal*, 103(3), 154-155.
- **Mayosi, B. M., & Benatar, S. R. (2014).** Health and health care in South Africa—20 years after Mandela. *New England Journal of Medicine*, 371(14), 1344-1353.
- **Mayosi, B. M., Flisher, A. J., Lalloo, U. G., Sitas, F., Tollman, S. M., & Bradshaw, D. (2009).** The burden of non-communicable diseases in South Africa. *The Lancet*, 374(9693), 934-947.
- **McIntyre, D. (2010).** Private sector involvement in funding and providing health services in South Africa: implications for equity and access to health care. *Regional network for equity in health in east and southern Africa (EQUINET)*.
- **McKenzie, J., McConkey, R., & Adnams, C. (2013).** Health conditions and support needs of persons living in residential facilities for adults with intellectual disability in Western Cape Province. *SAMJ: South African Medical Journal*, 103(7), 481-484.
- **Mills, A., Ataguba, J. E., Akazili, J., Borghi, J., Garshong, B., Makawia, S., ... & McIntyre, D. (2012).** Equity in financing and use of health care in Ghana, South Africa, and Tanzania: implications for paths to universal coverage. *The Lancet*, 380(9837), 126-133.
- **Misra, S., Harvey, R. H., Stokols, D., Pine, K. H., Fuqua, J., Shokair, S. M., & Whiteley, J. M. (2009).** Evaluating an interdisciplinary undergraduate training program in health promotion research. *American Journal of Preventive Medicine*, 36(4), 358-365.
- **Newton, J. T. (2012).** Interdisciplinary health promotion: a call for theory-based interventions drawing on the skills of multiple disciplines. *Community dentistry and oral epidemiology*, 40(s2), 49-54.
- **Nghiem, S., Graves, N., Barnett, A., & Haden, C. (2017).** Cost-effectiveness of national health insurance programs in high-income countries: A systematic review. *PLoS one*, 12(12), e0189173.

- **Ogilvie, L., Mill, J. E., Astle, B., Fanning, A., & Opere, M. (2007).** The exodus of health professionals from sub-Saharan Africa: balancing human rights and societal needs in the twenty-first century. *Nursing inquiry*, 14(2), 114-124.
- **Petersen, I., & Lund, C. (2011).** Mental health service delivery in South Africa from 2000 to 2010: one step forward, one step back. *SAMJ: South African Medical Journal*, 101(10), 751-757.
- **Potvin, L., & Jones, C. M. (2011).** Twenty-five years after the Ottawa Charter: the critical role of health promotion for public health. *Canadian Journal of Public Health/Revue Canadienne de Sante'e Publique*, 244-248.
- **Reeves, S., Zwarenstein, M., Goldman, J., Barr, H., Freeth, D., Hammick, M., & Koppel, I. (2008).** Interprofessional education: effects on professional practice and health care outcomes. *Cochrane Database Syst Rev*, 1(1).
- **Rodger, S., J. Hoffman, S., & World Health Organization Study Group on Interprofessional Education and Collaborative Practice. (2010).** Where in the world is interprofessional education? A global environmental scan. *Journal of Interprofessional Care*, 24(5), 479-491.
- **Rothmann, S. (2003).** Burnout and engagement: A South African perspective. *SA Journal of Industrial Psychology*, 29(4), 16-25.
- **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
- **Saloojee, G., Phohole, M., Saloojee, H., & IJsselmuiden, C. (2007).** Unmet health, welfare and educational needs of disabled children in an impoverished South African peri-urban township. *Child: care, health and development*, 33(3), 230-235.
- **Schneider, M., Bradshaw, D., Steyn, K., Norman, R., & Laubscher, R. (2009).** Poverty and non-communicable diseases in South Africa. *Scandinavian Journal of Social Medicine*, 37(2), 176-186.
- **Sieberhagen, C., Rothmann, S., & Pienaar, J. (2009).** Employee health and wellness in South Africa: The role of legislation and management standards. *SA Journal of Human Resource Management*, 7(1), 1-9.
- **Tanser, F. (2006).** Methodology for optimising location of new primary health care facilities in rural communities: a case study in KwaZulu-Natal, South Africa. *Journal of Epidemiology & Community Health*, 60(10), 846-850.
- **Tanser, F., Hosegood, V., Benzler, J., & Solarsh, G. (2001).** New approaches to spatially analyse primary health care usage patterns in rural South Africa. *Tropical medicine & international health*, 6(10), 826-838.
- **Tomlinson, M., Swartz, L., Officer, A., Chan, K. Y., Rudan, I., & Saxena, S. (2009).** Research priorities for health of people with disabilities: an expert opinion exercise. *The Lancet*, 374(9704), 1857-1862.
- **Van Doorslaer, E., Masseria, C., Koolman, X., & OECD Health Equity Research Group. (2006).** Inequalities in access to medical care by income in developed countries. *Canadian medical association journal*, 174(2), 177-183.
- **van Rensburg, H. C. (2014).** South Africa's protracted struggle for equal distribution and equitable access—still not there. *Human resources for health*, 12(1), 26.
- **Van Rooy, G., Amadhila, E. M., Mufune, P., Swartz, L., Mannan, H., & MacLachlan, M. (2012).** Perceived barriers to accessing health services among people with disabilities in rural northern Namibia. *Disability & Society*, 27(6), 761-775.
- **Vujcic, M., Zurn, P., Diallo, K., Adams, O., & Dal Poz, M. R. (2004).** The role of wages in the migration of health care professionals from developing countries. *Human resources for Health*, 2(1), 3.
- **Waggie, F. (2015).** Development of an evaluation matrix for a community-based interdisciplinary health-promotion course. *African Journal of Health Professions Education*, 7(1), 58-63.
- **Watkins, C., Loudon, G., Gill, S., & Hall, J. (2014).** Can design thinking be used to improve healthcare in Lusaka Province, Zambia?.
- **World Health Organization. (2003).** Primary health care: 25 years after ALMA-ATA.

#### RECOMMENDED READINGS:

- Langford, R., Campbell, R., Magnus, D., Bonell, C. P., Murphy, S. M., Waters, E., ... & Gibbs, L. F. (2011). The WHO Health Promoting School framework for improving the health and well-being of students and staff. *Cochrane Database Syst Rev*, 1.
- 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.
- Simbayi, L. C., Kalichman, S., Strebel, A., Cloete, A., Henda, N., & Mqeketo, A. (2007). Internalized stigma, discrimination, and depression among men and women living with HIV/AIDS in Cape Town, South Africa. *Social science & medicine*, 64(9), 1823-1831.
- Makoae, L. N., Greeff, M., Phetlhu, R. D., Uys, L. R., Naidoo, J. R., Kohi, T. W., ... & Holzemer, W. L. (2008). Coping with HIV-related stigma in five African countries. *Journal of the Association of Nurses in AIDS Care*, 19(2), 137-146.



- Loeb, M., Eide, A. H., Jelsma, J., Toni, M. K., & Maart, S. (2008). Poverty and disability in eastern and western cape provinces, South Africa. *Disability & Society*, 23(4), 311-321.
- McIntyre, D., Garshong, B., Mtei, G., Meheus, F., Thiede, M., Akazili, J., ... & Goudge, J. (2008). Beyond fragmentation and towards universal coverage: insights from Ghana, South Africa and the United Republic of Tanzania. *Bulletin of the World Health Organization*, 86(11), 871-876.
- Mayosi, B. M., Lawn, J. E., Van Niekerk, A., Bradshaw, D., Karim, S. S. A., Coovadia, H. M., & Lancet South Africa team. (2012). Health in South Africa: changes and challenges since 2009. *The Lancet*, 380(9858), 2029-2043.