UNIVERSITY of the WESTERN CAPE

# SoPH BULLETIN

**The UWC School of Public Health Newsletter** **April 2012**

## UWC Centre for HIV and AIDS Research 4th Annual *"HIV In Context"* Symposium


*Prof Struthers*

***Prof Patricia Struthers***

***The 4th Annual University of the Western Cape 'HIV in Context' Research Symposium, Building an AIDS Free South Africa: The Classroom and Beyond, took place from 26 – 27 March 2012 at the School of Public Health, UWC.***

***The symposium, presented by the UWC HIV and AIDS Research Centre and the UWC HIV & AIDS Programme, was designed to bring key stakeholders concerned with HIV in the school sector together and, through a carefully facilitated process, to promote intersectoral partnerships and practical ways of moving forward together.***

We invited participants from national, provincial and district levels of the Departments of Education and Health; schools including principals, teachers, learners and school governing bodies; trade unions; NGOs; funders and academic institutions. Over 90 participants came from all sectors and most attended for the full two days. There was institutional support from Prof Hester Klopper, Dean Community and Health Sciences (CHS), and Prof Lulu Tshiwula, Deputy Vice-Chancellor (Student Development), who attended for as much of the time as they were able.

In the official opening, Prof Ramesh Bharuthram, the Deputy Vice-Chancellor (Academic), highlighted the importance of considering both learners and teachers. He spoke of the evidence that each additional year of education and well planned life-skills education act as protective factors against HIV. Additionally, there is evidence that the loss, and potential further loss, of teachers to AIDS in South Africa has reduced resources in the education sector and had an impact on schools. He emphasised the need for intersectoral action to address both these concerns and the important role of this symposium in enabling the voices of all sectors to be heard.

The first session described the context of the crisis of HIV in the school sector. Prof Sandy Lazarus (UWC-SAPPRU, MRC, UNISA) emphasised the importance of building a partnership. She spoke of how we struggle with the implementation of policy: "We have the words, but we struggle with the action". She spoke of the need for creative thinking and problem solving while focusing on using a systems thinking approach with health and education links supporting community partnership. This includes radically rethinking what



three key things we want (overburdened) teachers to do; unions focusing on schools as workplaces; and developing school connectedness for learners.

Prof Leickness Simbayi (HSRC) presented research findings indicating an HIV prevalence of 12.7% (18% general population nationally) amongst teachers, suggesting a link with teaching as a protective factor. Prof Arvin Bhana (HSRC) presented findings from a 2008 study with children indicating the links between the developmental age of the children and their knowledge of sexuality. While some of this was age appropriate, there is evidence that parents, teachers and health service providers seldom talk about sexuality with children with very little support to promote healthy sexuality as part of a comprehensive approach to healthy lifestyles.

The main purpose of the symposium and its design was to create a reflective, collegial, scholarly "space" and approach to the issues in an attempt to come up with innovative ways of addressing the problem of HIV in our school system that would practically support the Department of Basic Education's (DBE) commitment to improving the HIV response in schools nationally. The DBE *Draft Integrated Strategy on HIV and AIDS 2012-2016* summary document was circulated to all participants prior to the symposium. The second session *Policies and Responses* included presentations from national and provincial Departments of Education and Health representatives: Dr Faith Khumalo, Chief Director of Health in Education, DBE; Ms Prudence Monyelo, Deputy Director Health Promotion, Dept of Health; Ms Berenice Daniels, Director Specialised Education Support, WCED; Ms Juanita Arendse, Director HIV & AIDS and TB (HAST), WC DoH.

The afternoon session started with lively interactive presentations on HIV and the curriculum by Dr Edna Rooth and UWC's HIV programme for training teachers by Dr Jim Lees. A panel of learners and teachers spoke of their personal experiences of learning and teaching about sexuality and HIV opening the way to a lively discussion with all participants which highlighted difficulties some teachers experience teaching this topic and learners not getting appropriate information or being taught using appropriate methodology.

The second day started with the fascinating 2010 Ted talk Sugata Mitra's *New Experiments in Self-teaching* to encourage participants to think creatively and out of the box for implementation of policy.

In the first session of the day NGOs doing HIV related work with schools shared their work including the current challenges of getting access to schools in the Western Cape resulting from the WCED's insistence that it is teachers, regardless of their willingness, and not outsiders who teach the curriculum including on HIV and sexuality. The speakers were Ms Sofia Neves of Life Choices, Dr Theo van den Handel of Right to Care, Mr Tony Nzanza of Scripture Union South Africa, and Ms Feryal Domingo of Grassroots Soccer.

This was followed by a session that focused on the work of universities. In Prof Trish Struthers' (UWC) presentation, *Universities working with schools – Building health promoting schools*, she spoke of the lack of official support and follow-through for intersectoral training from the both WCED and WC DoH. Dr Jim Lees (UWC) spoke on the work of UWC with *Parents and communities*. Dr Kristien Michielsen (Ghent University, Belgium) spoke on the *Evidence for HIV and prevention* indicating where the DBE Strategy was based on evidence. Prof Cathy Mathews (MRC, UCT) spoke on *Research: HIV and schools* describing current difficulties experienced with working with the WCED and the need for a very clear set of WCED principles, developed with researchers, for school-linked research that are consistently applied to all researchers.

The organisers tried to create a closed and supportive environment at the symposium to encourage participants to be open with each other. Facilitators from SynNovation were involved to enable participants to listen in new, open-minded ways to all the inputs, so that all would get the maximum value out of the symposium. They shared some practical principles and tools that participants could use to promote creative problem-solving in their work environment. SynNovation uses a process to enable strategic innovation, through energizing people, to help optimize operations and systems, and develop skills, knowledge and personal attributes needed for implementation.

In summary, the symposium brought together role-players from many school linked sectors. We came to the symposium keenly aware of the tension between education imperatives and health and HIV imperatives and realities and how these are playing out with essentially competing departments and realities. There has been suspicion and defensiveness against research and against "distractions" from core educational activities, and also some lack of awareness and sensitivity on the part of some researchers and HIV activists to others' priorities.

In this broader context, the symposium provided an environment where participants were able to have their voices heard. The creativity of the participants was facilitated and energy created amongst all with the willingness to go forward together and continue the conversation. In the words of one participant: *"Let us celebrate every step of achievement"*.

This year's symposium was been made possible through support from the Vlaamse Interuniversitaire Raad - the Flemish Inter-University Committee/ Dynamics of Building a Better Society (VLIR/DBBS) and the President's Emergency Plan For AIDS Relief (PEPFAR) through the Centres for Disease Control (CDC).

The UWC Symposium Steering Committee included Prof Trish Struthers (Chairperson), Physiotherapy Dept, Community and Health Science Faculty, Joachim Jacobs, HIV & AIDS Programme, Dr Jim Lees, Dr Nadeen Moolla, Faculty of Education, HIV & AIDS Programme, Prof Tania Vergnani, HIV & AIDS Programme, and Prof Christina Zarowsky, HIV & AIDS Research Centre, School of Public Health, Community and Health Science Faculty.

# *Dr Estelle Lawrence*
# *A Medical Doctor's Journey to Recovery*

*Dr Estelle Lawrence*

***"In some way medical training is like a disease. It would be years before I fully recover from mine."***
***Rachel Naomi Remen, Kitchen Table Wisdom***

**Infection**
In my third year of medical school I realised that I had been infected with 'the disease'. I realised I didn't want to be a doctor - I loved working with the patients, but the human body didn't interest me at all. Not brave enough to quit, I soldiered on (part of the medical training disease is that one feels too proud to admit that you have made a mistake). The best part of the 6 years of my medical school training was the 4 weeks spent doing Family Medicine/Community Health. It was the first time the focus was on preventing illness rather than curing it. It was the first time we looked at the *whole* person and the community that he/she came from. This was a short-lived remission of 'the disease'.

**Recovery**
After qualifying I did a diploma in Family Medicine, worked at a local 'day hospital' in Cape Town, and then at a clinic in Soweto. Seeing 60 patients a day I became more and more disillusioned (dis-eased?), until I went to a lecture by a dentist who was studying Public Health. The first slide she put up was of a health care provider mopping water up off the floor as it spilled over the sides of a basin with the tap running. She explained how she had started studying Public Health because she was tired of mopping and wanted to find ways of turning the tap off. A light bulb moment for me, which changed my life! Shortly thereafter I received a scholarship to do a Masters in Public Health (MPH) through MEDUNSA. My recovery from 'the disease' began…I have never looked back.

**Staying in remission**
After finishing my MPH I started working as a medical officer in schools for the Department of Health. What drew me to this job was the focus on Health Promoting Schools (HPS) (which has since become one of my passions). This is a WHO initiative based on the Ottawa Charter that aims to "develop schools as places where all members of the school community continuously work together to promote the health and well-being of learners, staff, parents and the wider community" (Western Cape Reference Group for HPS). It encourages schools to "provide effective skills-based health education; to implement school policies and practices that support health; to provide a safe, healthy and supportive environment, both physical and psycho-social; to strengthen relationships with the community; and to draw on local and regional support services"(UWC HPS Forum).

I had found a way to stay in recovery/remission from 'the disease'.

For the past 10 years I have been mostly in 'remission' with only minor relapses. I call myself 'The Ritalin Doctor' (a title which I hope to shed soon), because I spend my mornings seeing learners with ADHD. I console myself that this is not just 'curing' but that it is health promoting too, as it prevents other illnesses that are caused by untreated ADHD e.g. conduct disorders, depression, substance abuse.

The rest of my time is spent with my school health team (school nurses and doctors, health promotion officers and community care workers) introducing schools to the HPS concept and supporting them as they develop into Health Promoting Schools. We focus on encouraging school communities to modify their lifestyles to prevent diseases in later life e.g. by promoting healthy nutrition physical activity.

I enjoy being part of a team that works at 'closing the tap'. Up until recently we have been fighting an ongoing battle against those who didn't see School Health Services as an essential

element of the Primary Health Care Package offered by the Department of Health (those who still have 'the disease'). Unfortunately priority was given to curative services, and health promotion was regarded as the ugly stepsister. Our Metro school health teams were constantly under threat of being dissolved into health facilities as had happened in the rural districts more than ten years ago. Luckily our teams have always believed in the importance of health promotion and with passion have refused to give up a service that is now a priority in the National Department of Health's Restructuring of Primary Health Care.

I am fortunate to be on the task team (comprising representatives from both the Department of Health and the Western Cape Education Department) that has been assigned to develop an implementation plan for the National Integrated School Health Plan in the Western Cape. It has become a frustration for me that the skills that I have acquired through my studies in Public Health are not being put to full use in my role as school doctor, but this gives me the opportunity to use my knowledge of policy development and implementation, and of monitoring and evaluation.

**Full recovery**

It is through HPS that I have come to do my PhD in Public Health at the SOPH at UWC. I met my later-to-become PhD supervisor, Prof Trish Struthers, at the UWC HPS Forum, and have been privileged to work on the UWC HIV/TB HPS Project in schools in Elsies River and Ravensmead with members of the forum.

My PhD focuses on HIV testing in schools and has highlighted for me the urgent need for youth-friendly health services. It is my dream, once my PhD is done (13 November is D day!) to be the 'inside advocate' for youth-friendly services in the Department of Health.
I see my PhD in Public Health as the door to full recovery from a 'disease' which results in health professionals that struggle to see the whole person or the bigger picture, and who focus on mopping up the floor instead of turning off the tap.

# *Prof Thandi Puoane*
# *8th International Congress on Sustainable Development in Higher Education*
## *13-17 February 2012, Havana Cuba*

*SA Delegates, Prof Puoane, 2nd top left*

***Together with representatives from the universities of Walter Sisulu, Limpopo and Witwatersrand I attended the Eighth International Congress on Sustainable Development in Higher Education conference that was held at the Palco hotel in Havana Cuba from the 13th to the 17th February 2012.***

There were 3000 delegates with Ministers from numerous countries including a representative from UNESCO, and the Ministers of Education from amongst others:- Argentina, Venezuela, Mexico, Chile, and South Africa (Honourable Minister of Higher Education and Training: Bonginkosi Emmanuel (Blade) Nzimande).

This trip was part of the ministerial delegation to sign the Bilateral Agreement between the Ministers of Education of Cuba and South Africa which will address the following:

Promoting the studying of the Spanish language in one or more South African Institutions of Higher Learning and encourage South African citizens to study the Spanish language, as self-paying students or on government scholarships, in Cuban institutions of higher education by:

1. Establishing Spanish and Latin American studies programmes in one or more South African Institutions of Higher Learning for the purpose of promoting an understanding of the history, politics, economy and educational experiences of Latin America in the Republic of South Africa. The programme has to be in accordance with the National Qualifications Framework Act and recognised in South Africa;
2. Encouraging various exchanges amongst institutions of higher education of each Party for educational purposes including visits of academics, students and experts. This will include collaborations and mutual learning in the areas of:
    - Teacher education:
    - Models of university delivery: and
    - Agricultural studies

***Highlights of the visit***

**The tour of the Computer Sciences University (UCI)**

We met with the rector and the senior officials of the university staff who presented the university structure and their educational program.

The program began in 2002 with 200 students enrolled. The programme is run over three years. Currently they have 7000 students registered and approximately 75% of these students complete their degree in a minimum of 3 years. The aim of the programme is to train information science professionals and to produce software for use in information services. The areas covered include the use of IT in Economics, Health Sciences, Education, Public Health, and Sports Sciences. The IT knowledge is developed around specialised programs or projects. Students are expected to produce software that link to programs of individual interest and expertise. Upon completion of the course, graduates are distributed to different provinces facilitating appropriate use of personnel where needed the most.

This is a university campus on the scale of a university city; spread across 275 hectors of land. The campus has:

7 faculties situated centrally in Havana
3 regional faculties
17 developmental centres
3000 professionals (including academic and service staff)

Both academic and support staff are recruited from different disciplines and representing various universities in Cuba. The campus boasts accommodation for staff and their families has appropriate facilities such as a hospital, schools, shopping areas, even hairdressing salons and all other living requirements including banking services. Essentially the campus is completely self-sustaining.

**The Opening Speech at the Karl Marx Theatre by the Minister of Higher Education of Cuba**

1. The minister focused on avenues that provide reflection on the sharing of interests that would enable institutions of higher education to significantly contribute to the building of a world reflecting justice, social equity, food security and a safe environment in which scientific and technological advances are placed at the services of human development.

2. The minister emphasised the need for life styles to become more rational, such that hunger rather than human kind is eradicated.

3. Knowledge gained should be capable of increasing the social impact of the university research and development programmes, innovation and the extension of activities that are relevant to, and derived from society. This would allow society to strive to have a greater impact on improving social interaction and transformation. There is an expectation that universities would set an example to demonstrate the full commitment to the principles of sustainability.

4. Two closely related tenets have therefore to be defended. These are:
   (a) Higher education should be considered a public social good to the betterment of society as a whole, and;
   (b) Universities are to promote changes rather than react to new events

5. He focused on the challenges faced by universities that would identify processes in which design, management and implementation of programs would lead to the assurance of quality with efficacy and efficiency; and above all that would entail social inclusion. A feature of this approach would be that graduates are equipped in terms of ethics, environmental awareness, critical and creative thinking and economic empowerment, in favour of social development for inclusive participation.

6. The focus for Cuba is to strengthen inter-university collaboration both nationally and internationally. With regard to the latter, South–South collaboration between various institutions would result in the promotion of enhanced knowledge and efficient and socially meaningful use of resources.

7. The aspirations therefore are to focus on the university community being completely engaged in the topics and practicalities of social and economic sustainability. These would include bioethics, social communication, and promotion of peace, equity, healthy lifestyles, biodiversity and its protection, the means to reduce poverty and inequality, and the preservation of cultural heritage such that we collectively promote a comprehensive approach to sustainable human development

## Signing of the Bilateral Agreement between the Ministers of Education of Cuba and South Africa

The delegation was honoured to be present at the signing of the agreement between South Africa and Cuba on the future training of post-graduate students and academic exchanges between the two countries. This would include exchange programs at the level of PhD's, post-doctoral training, research and teaching including the exchange of lecturers between the two countries. Once the two ministers had signed the agreement the Minister of Higher Education of Cuba welcomed the delegation and informed the gathering that Cuba had already graduated 3000 South Africans and that there were currently 31 students in active training in the country. He further welcomed this initiative to promote the research, teaching and learning opportunities and felt that the agreement would open various avenues for further cooperation. He was of the strong belief that as reflected in the conference, universities had a major social responsibility to play in the world.

## Learning about the Cuban Education System

Educational policy is all encompassing articulating systems from kindergarten level, in a sequential manner, with scaffolding to post-graduate training and research and an expectation of educational reform and growth. In the educational system, the emphasis is placed on the notion that schooling does not educate but provides an opportunity for training. The real education derives from families and communities, with the inculcation of appropriate value systems. The entire system is seen as an investment whereby 1 million graduates are produced annually, out of a population of 11million inhabitants.

Teachers are expected to undergo specific training programs regardless of their field of focus, such that an additional 2 years is added to lecturer training programs. Each province has consequently introduced a University of Pedagogical Sciences. In addition to several interventions, the education relating to the comprehensive care of the student's physical, sexual, emotional and other education needs has been introduced with the inclusion of families and communities. Consequently 80% of their budget is allocated to education. For entry to a university, applicants must at least demonstrated proficiency in Mathematics, Spanish and History. Programs generally run on 5 year projections. Mathematics is introduced as early as the 3rd or 4th grade in a child's education.

## A Personal Reflection on the Protégée/Mentor Relationship

*Dr Busi Nkosi*

***Dr Busisiwe (Busi) Nkosi***

***Whether it is an encounter between Morrie Schwartz and Mitch Albom on Tuesdays, or conversations between Atticus Finch explaining the concept of '...walking in someone else's shoes...' to seven year old Jean Scott Finch in To kill a Mockingbird, the parallels are unmistakable.***

What sets these individuals apart? Did they break with convention? Did they offend the establishment? Did they not fit the paradigm? Possibly all of those things. Regardless of how one looks at it, these are human encounters characterised by openness, communication, courage, acceptance and values.

In this lens, this is a reflection on the mentor/protégé relationship that has shaped my life as a student and importantly, as a human being. It is the story of my encounter with the Emeritus Prof. I.A. le Roux, a teacher, and mentor who I met in 1991 when I studied for BA (Hons) at the Department of Human Ecology, UWC. Always practical and a catalyst for social change, Prof le Roux worked tirelessly to challenge the injustices and the malaise which pervaded our society in small ways to advance the course of human justice, respect and tolerance. She had immense appreciation of what other groups of women did to fight for equality and got so little credit. Her drive, passion and commitment in creating opportunities for women's education has been an impetus and a boon to my scholarship and certainly to the many scholars who have crossed paths with her.

*Emeritus Prof. I.A. le Roux*

As a teacher, mentor and role model, Prof. le Roux was very caring, supportive, and inspiring. She believed in her students –underestimate the power of belief at your own peril! Her compassion, empathy and a sense of humour are endearing qualities. Having to supervise and mentor students in the MPH programme, I find myself reflecting and drawing on previous experiences and I find myself at ease in both worlds.

Even as she battles Alzheimer's disease in her witty ways Prof continues to teach me that we never really understand a person until we consider things from their point of view . . . until we climb into their skin and walk around in it. We just never know how somewhere, at some point our lives might touch someone else's life.

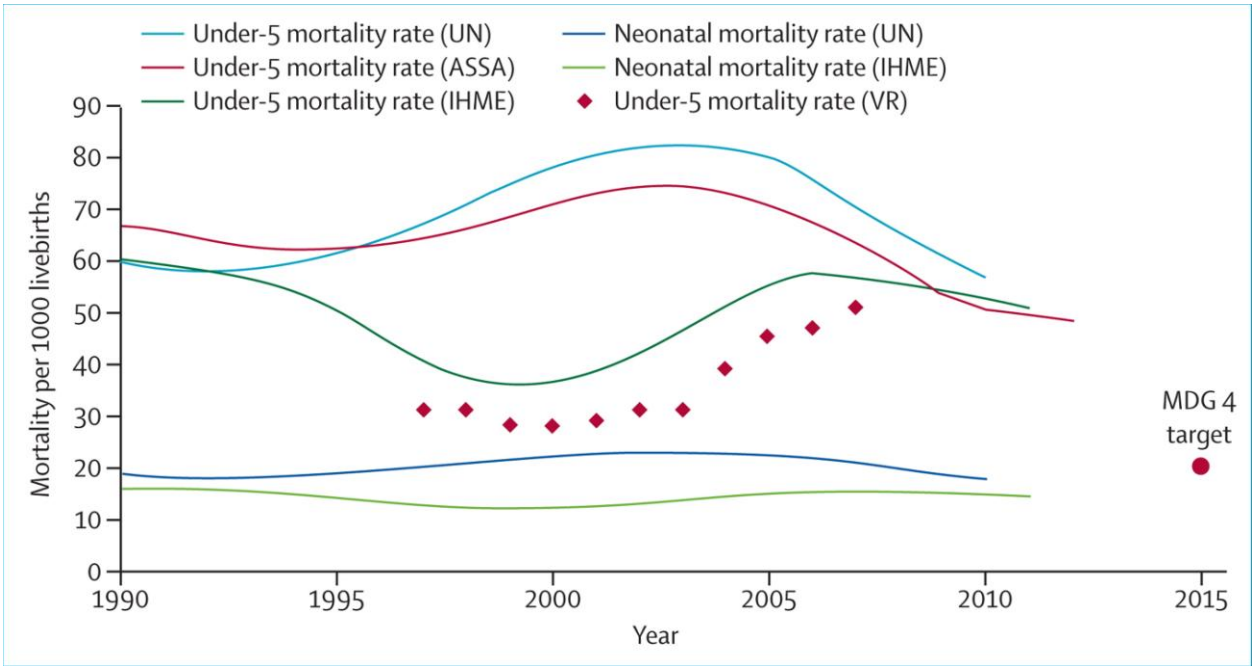
# Letter to The Lancet

## *Progress towards Millennium Development Goal 4 on Maternal and Child Mortality: an updated systematic analysis*

***Kate Kerber, Maletela Tuaone-Nkhasi, Rob E Dorrington, Nadine Nannan, Debbie Bradshaw, Debra Jackson, Joy E Lawn***

Rafael Lozano and colleagues (Sept 24, p 1139)1 from the Institute for Health Metrics and Evaluation (IHME) have published revised estimates of under-5 mortality rates (U5MR) and neonatal mortality rates between 1990 and 2011. For some countries, these estimates exemplify the hazard of using national data without national dialogue.

For South Africa, they suggest that the U5MR declined from 1990 to a low point around 2000, rising after that. Although the point estimate for 2011 might be plausible, the trend over the past 20 years is not. The IHME estimates after 1997 parallel increasing under-5 deaths captured via the national vital registration system (figure), for which completeness of reporting improved substantially after 2000.2, 3 Thus the 87% increase in numbers of child deaths is likely to be largely an artifact of improved data capture. U5MR estimates by others, including the UN4 and the Actuarial Society of South Africa,5 suggest that U5MR increased through the 1990s, peaked around 2000, and thereafter declined as antiretroviral therapy and prevention of mother-to-child transmission services for HIV/AIDS became available.




*Trends for under-5 and neonatal mortality in South Africa, 1990 - 2005*
*ASSA= Actuarial Society of South Africa. VR=vital registration*

A further challenge faced by all models that use U5MR as the basis for estimating neonatal mortality rate is that factors that selectively reduce post-neonatal deaths (eg, use of bednets for prevention of childhood malaria) might lead to an underestimation of neonatal mortality rate. South Africa could be an example of the opposite problem. Estimates of neonatal mortality rate might be artificially inflated owing to the proportionately greater effect of very high HIV/AIDS on post-neonatal mortality, which drives up U5MR, in turn affecting estimation of neonatal mortality rate.

These issues are not simply statistical semantics—the various estimates pose a real challenge for policy makers in South Africa. The IHME estimates suggest a reversal of progress since 2000, with an annual *increase* of U5MR of 3·08% per year whereas UN estimates for this same period suggest a *decrease* in U5MR of 3·14% per year. There is a need for dialogue and consensus to inform current investment and priorities in health for South Africa.

We acknowledge funding from the Bill & Melinda Gates Foundation through Saving Newborn Lives—a programme of Save the Children—and through the Child Health Epidemiology Reference Group. We declare that we have no conflicts of interest.

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b Statistics South Africa, Pretoria, South Africa
c Centre for Actuarial Research, University of Cape Town, Cape Town, South Africa
d Medical Research Council of South Africa, Cape Town, South Africa
e University of the Western Cape, Cape Town, South Africa
f Child Health Epidemiology Reference Group, Geneva, Switzerland
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*http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2960502-9/fulltext?elsca1=ETOC-LANCET&elsca2=email&elsca3=Public%20Health#*

# Letter to The Lancet
# Progress towards Millennium Development Goal 4 — Authors' reply

***Rafael Lozano, Haidong Wang, Laura Dwyer-Lindgren***

Kate Kerber and colleagues contrast estimates of mortality in children younger than 5 years (U5MR) in South Africa produced by the Institute for Health Metrics and Evaluation (IHME) with other recent estimates. The estimates they cite are based on work done by the Inter-agency Group for Child Mortality Estimation (IGME). Looking at the time trend, one can see that IHME estimates of U5MR closely track those produced by IGME1 until the mid 1990s, at which point they diverge. IGME estimates an increase in mortality that peaks in the mid 2000s, and IHME predicts a decline in mortality up until 2000 and then a rise in mortality until the late 2000s.

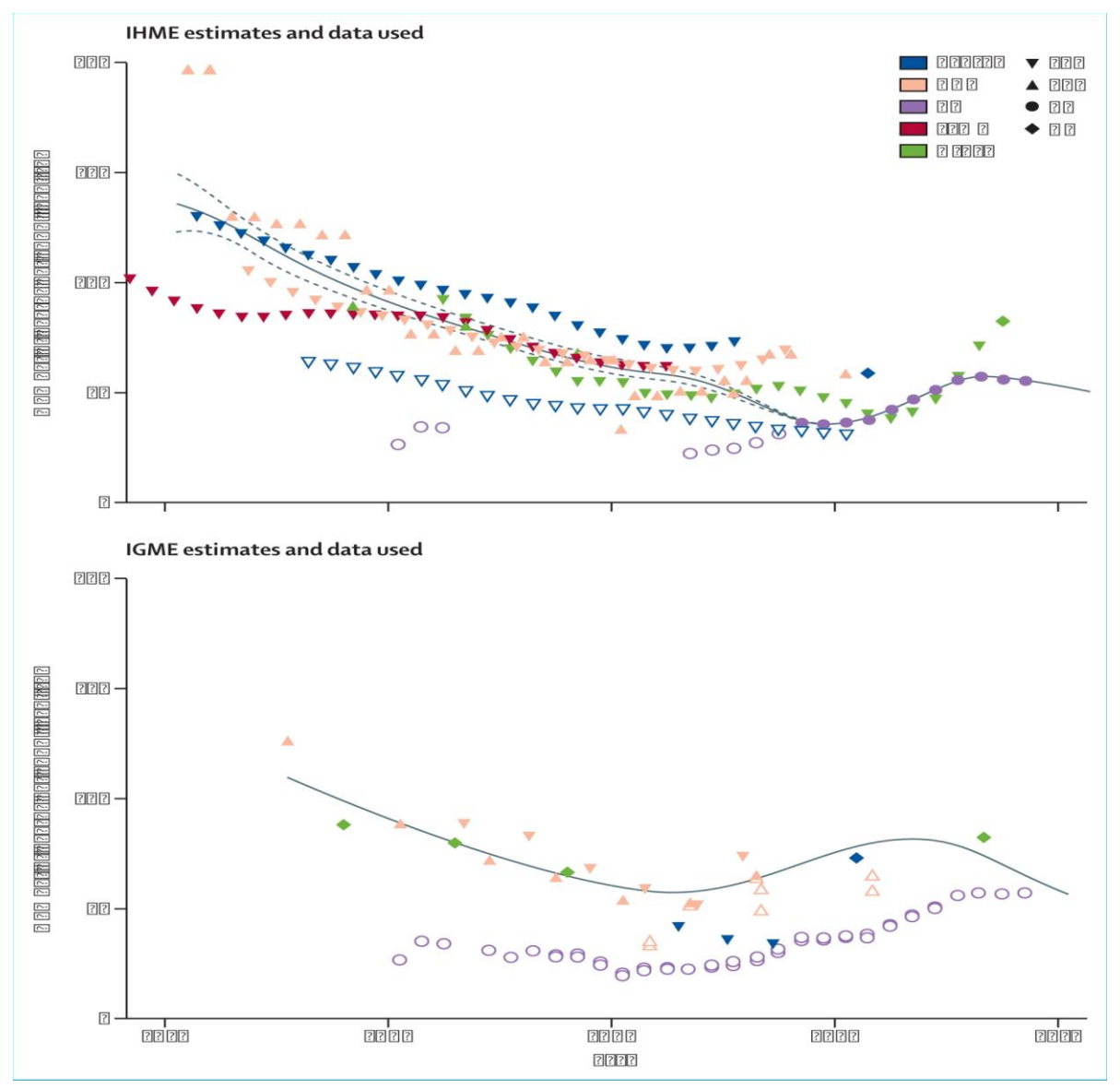
The different estimates are at least partly explained by differences in the data included in the models. The IGME estimates for South Africa are based on empirical estimates derived from the 1998 Demographic and Health Survey, the 1990 Human Sciences Research Council survey, the 2001 Census, and the 2007 Community Health Survey. IHME also uses these empirical estimates but additionally includes estimates from the 1996 Census, the 2003 Demographic and Health Survey, the 1993 Living Standards and Measurement Study, and vital registration from 1998 to 2008.

We agree with Kerber and colleagues on the changing quality of coverage of vital registration in South Africa, and such data from the early and mid-1990s were dropped in our analysis owing to quality concerns. However, given the progress made in the coverage of vital registration and the similarities in the level of U5MR provided by vital registration after 1998 and those provided by survey instruments, we retained all vital registration data from 1998 onwards in our final analysis.

Additionally, for the 2007 Community Health Survey, IGME uses only the estimate derived from questions regarding household deaths, whereas IHME uses estimates derived both from household deaths and summary birth histories. Further, IHME analyses summary birth

histories using more recently developed methods,[2] which provide somewhat different estimates from the same data as well as a time series that covers a wider range of years than do estimates derived from traditional methods. Similarly, IHME analyses complete birth histories in 2-year periods, by contrast with the 5-year periods typically used by IGME.

The IHME and IGME estimates and data for South Africa are displayed in the figure. The IHME estimates from the late 1990s onward closely track the available vital registration data. The increase in mortality in the IHME estimates starts in about 2000 and tracks vital registration data and the summary birth history estimates from the 2007 Community Health Survey. By contrast, the IGME estimates do not make use of available vital registration data nor the summary birth history series from the 2007 Community Health Survey.




*Under 5 mortality (U5MR) in South Africa, as estimated by the Institute for Health Metrics and Evaluation (IHME) and the Inter-agency Group for Child Mortality Estimation (IGME). Filled points indicate data that are included; hollow points indicate data that are ultimately excluded from the models that generate the final time series of U5MR estimates. DHS=Demographic and Health Survey. VR=vital registration. LSMS=Living Standards and Measurement Study. SBH=summary birth histories. CBH=complete birth histories. HH=household deaths. Solid lines=mean estimate. Dashed lines=upper and lower bounds.*

S V Subramanian and Emre Özaltin raise a valid point about the correlation between maternal height and population health. As they note in their letter and in their paper in *JAMA*,[3] the intergenerational transfer of poor health, if it were found to be a significant factor across a large number of countries, could lead to a slowdown in the progress we have

seen in reductions in child mortality. Unfortunately, we have found that there is no complete, high-quality time series of data on maternal height in most countries.

Additionally, on the basis of our research published in *The Lancet*,4 we would argue that the evidence for continued declines in child mortality can be seen over the past four decades in most countries. We see little evidence from the past that this trend in improvement will be reversed in the near future. Because we are committed to gathering the most and best data for measuring population health, we would applaud any efforts to study further the association between maternal height and child mortality and the effect of that association on the ability of countries to achieve the Millennium Development Goals.
We declare that we have no conflicts of interest.

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a Institute for Health Metrics and Evaluation, University of Washington, Seattle, WA 98121, USA



*http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2960504-2/fulltext?elsca1=ETOC-LANCET&elsca2=email&elsca3=Public%20Health*


# New Arrivals at SOPH!

*CONGRATULATIONS TO:*

**WONDWOSSEN LEREBO on the arrival of your baby boy!**

**ANNIE NEO PARSONS on the arrival of your baby girl!**


ANNIE NEO PARSONS on the arrival of your baby girl!