

Prof Helen Schneider, Director of the School of Public Health, pays Tribute to Prof Brian O'Connell, outgoing Rector and Vice Chancellor of UWC...

Brian O'Connell has undoubtedly been associated with a phenomenal turnaround of the University of the Western Cape



In the 1970s, 80s and early 90s UWC positioned itself as the University of the Left. That, as we all now know, was an identity that was hard to sustain in its original form in a post-apartheid setting, where one shifted from a position of opposition to one of being part of a transformation process. A lot of talent from the University at the time went into that project, into government, into the policy and policy-implementation side to make changes.

When Brian O'Connell took over, the university was in dire straits financially and probably also with respect to its new identity in a post-apartheid South Africa. I was not at UWC at the time, so cannot speak firsthand about this. But what has been clear for me in the last four years, is an incredible project of leadership and institution building that at its centre has a very sophisticated notion of leadership - which is about positioning an institution in a complex world where things increasingly seem to unravel in both the belief and capacity of the state as an institution that can deliver on the post-apartheid promises, and also in the sense of the implosion of the political space nationally that holds the country together. There is definitely a feeling in the country of growing difficulty, growing inequalities, anger and protest at what actually hasn't been the realisation of the post-apartheid dream. UWC has to be seen in this broader context, and actually, in the midst of all these negatives, UWC is one institution that has had an upward trajectory!

For the institution this was about delivering on the formal mandates of a university: which is to teach, do research and publish, to engage. UWC has outperformed its peers massively in this respect and achieved a particular status in higher education that it was very far away from when Brian O'Connell joined UWC.

The formal project of positioning the university, which led to its material success, is underpinned by Brian O'Connell's leadership and his understanding that

we live in a complex world, where there are no easy solutions and actually we as academics and as members of society have to be engaged in a continual process of sense-making. I think the idea of sense-making is central; it is about observing reality around one and being able to describe it and chart a way through it. That has been incredibly important. Sense-making is not about targets, it's not about concrete direction. It *is* about everybody having to think, observe and figure out, without necessarily any right or wrong answers. That for me is what sense-making is: that you are constantly working and adjusting and thinking about your reality.

Another is the notion of hope: that fundamentally you believe in the human condition and the capacity to move forward somewhere - that basically progress *is* possible. Underpinning all of this at UWC, for me, has been a combination of *access* – that is, ensuring that people can get into a higher education institution, through for example lowering of fees – and *quality* – that people coming to UWC have a right to excellent education. I like the idea of working class kids graduating in Physics, knowing that our Physics Department is regarded as the best in the country! That image goes against all the ideas that South Africa as a society is still stuck in the past. Such a combination of attributes has attracted top people who see UWC as a desirable place to come to, as a niche and innovative space to be in. I would say that this is part of Brian O'Connell's unique legacy.

Seen from the School of Public Health, we're the beneficiaries in the first instance of Jakes Gerwel's vision and interest in public health which got us going. In his turn Brian O'Connell's ability to woo the donors such as the Atlantic Philanthropies has attracted a huge amount of funding for us.

About his leadership style – and this was reflected on at his farewell function in the Harold Wolpe Lecture – there's something about Brian O'Connell that represents a free spirit. He is not shackled by rhetoric; he seems like someone who is his own person. I don't see him as someone who's been corrupted by power. I think that he is driven internally by a set of visions of society, and perhaps of religious convictions. He doesn't ever come across as being interested in the trappings of power and glamour. Somewhere he is his own man and that is quite important particularly in South Africa which is such a polarised society where people have such rigid discourses. He comes across as someone who's not trapped by binaries; he is able to find new spaces and ways of talking. There is agency and freedom in that!

As I said, he does not pretend that the world's a simple place. I think this idea of meaning, or sense-making is a key attribute of his leadership. He's not a systems and bureaucracy man, but rather engaged with the context in his own original fresh way - building on the history and the good people who were here.

Interview with the Rector...

Prof Brian O'Connell reflects his Passion for UWC, Public Health, Tertiary Education, the Youth and South Africa

Shun

My sense is that for you the promotion of Public Health as a discipline at UWC goes beyond just an educational academic issue, and that it is tied to a deeper passion you have for the country and its future. Would this be a fair assessment?

Prof O'Connell

Public Health has been part of what drew me to UWC in the first place. I've not told this to many people before, but I did not have any intention of applying for the position of Rector and Vice Chancellor at the University of the Western Cape (UWC). This changed when I met Prof Uta Lehmann in District Six one day and she asked me to consider applying for the position. I thought about it for a while and decided to do so without any expectations at all that I would be successful! So it's the School of Public Health (SOPH) connection that led me here.

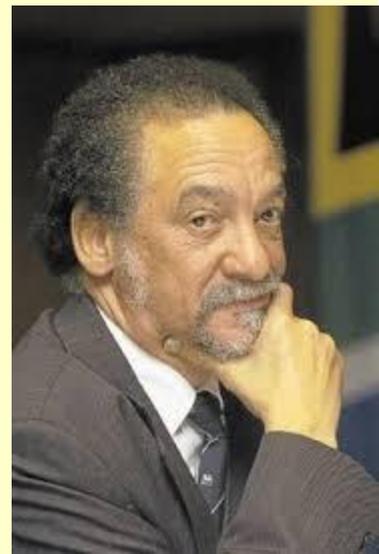
At that time I knew that SOPH at UWC had begun to impress itself on the consciousness of health professions globally as an extremely competent and, dare I say, passionate organisation. It was already standing out with respect to its philosophy of outreach to health professionals across the world, but particularly Africa and enabling them to develop the competences necessary for them to teach their citizens to take responsibility for their own health. Large numbers of health professionals were already associated with SOPH and the potential for growing this programme was obvious.



So when we began to think about our Institutional Operational Plan (IOP), one of the big challenges was to identify those departments or programmes here at UWC that were already operating at high levels of competence, where the prospects for growth were high, and whose programmes were nationally strategic. Our strategy was to support such programmes and move them to higher standards of competence as quickly as possible. They would be our initial flagship programmes and we believed that they would win widespread recognition for UWC.

Our hope was that the self-esteem of everyone connected to UWC would be enhanced by this national and international recognition. In addition to this, our sense of self-worth flowing from such recognition would send the message to all South Africans and our brothers and sisters in Africa and the African Diaspora that it was possible for Africans to accomplish great things even though we did not have the resources that others who benefitted largely from the apartheid state and colonialism had. Public Health stood out for me in that way, hence our focus on it that resulted in the beautiful and much used Public Health building.

To Jakes Gerwel (*right*) I believe goes the credit for creating our SOPH. Jakes understood that the only way to build a vibrant nation on the terrible ruins of Apartheid was to involve our people in their own well-being: we must all take responsibility for our own lives. What apartheid had done was to destroy the families and communities of the oppressed. They did this with malice and forethought because they understood that if they allowed people to be together, to work together, to create a sense of common-purpose





together, that eventually this togetherness would lead to a strengthening of the opposition to the dominant apartheid minority. For that reason they separated the majority of South Africans racially and ethnically, hence the homelands and segregated universities, each designed to strengthen the idea and practice of segregation. This was all part of a plan over time to make sure that people would never unite and rebel to create a single nation.

In the SOPH we had an institution that was already speaking to the world as it were, but especially the African world. We had a School that was operating in another sphere, the sphere of international engagement and recognition. It therefore became important for us to move the School along. We did not have much money at the time, so we could not give to the SOPH the number of posts that we might have wanted to. But in SOPH we did have incredible leadership in the person of Prof. David Sanders (*right*) supported so ably by Prof. Uta Lehman (*left*) who later took over the reins from him. David is a very dynamic and focused man who - because of the quality and significance of the work being done here - was able to obtain donor funds that allowed UWC to expand the School. Later, when more resources became available, we were able to make more of the posts in Public Health permanent.



SOPH has as one of its core principles the notion that we must meet our health challenges by taking care of ourselves before the need for medical intervention arises. This philosophy is one that resonates strongly with me and shapes my own sense of sense-making. It argues that individually we must take ownership of the objects that we desire and we must also encourage those around us to take ownership of their individual object. And where the objects find connection with others, to take ownership collectively. But ownership on its own is not enough, it must be supported by commitment, competence and collaboration and a willingness to change when environments change. In the case of SOPH these ideas are at the heart of its mission and find expression not only through its academic work, but also in the ways it connects with the people of our country and of our continent to assist them to take the lead in the quest to have their citizens be responsible for their own health in community, with the help of the state and good friends.

Shun:

You have a global vision for the university as a place where there would be world class research excellence. Does what has happened and is happening in the School of Public Health fit into that global vision for the university?

Prof O'Connell:

The vision is global. We humans set out at some point in the past to do something magnificent: we said we wanted to be human by connecting all of humankind through the concept of humanity. This is extraordinary! Because, in a sense we are declaring our relationship with all other humans, that we will hold one another in our consciousness consistently and that we will always act towards one another with care. In its purest form it means that with every decision we make we will consider the impact on the other, and will always be looking to ensure that the impact of our decisions is not harmful to the other.



This sense of caring and engaging with the respective sites and communities, which characterises the work of SOPH, has helped me to understand that if one of UWC's engagement goals is to enable all of our people to take ownership of their own lives within their own environments, UWC must demonstrate that it is possible.

We have to prove and model the idea that even if we are poor, (relatively speaking), to survive and flourish in this world today we must develop certain competences, many up to the level of excellence, if we are to endure.



SOPH, along with other community engagement programmes at UWC, have all adopted this modality: we are in service to the communities and not the owners of the challenges facing local communities. We can show what is possible but the ownership lies in those communities which, with the help of critical friends, must make sense of things themselves. They must also implement the sense they have made, again often with help from others where needed. Anything else is hugely arrogant and disrespectful and will not succeed.

For UWC to be authentic it has to use its considerable brain-power to prove and then model its response to its own internal and external challenges. Here again SOPH is in the vanguard. It is highly regarded internationally for its services to other nations and has helped us to understand what excellence is, how we achieve it and how we maintain it. One indicator of excellence is when the work you are doing is widely applauded and celebrated, particularly by your peers. We have some such examples on our Campus and SOPH is one of them.

Examples like SOPH have stimulated responses from colleagues and students and UWC has gone from a place that was declared hapless and hopeless by the National Working Group in 2002 to a very powerful university, holding its own nationally, and globally.

What it has accomplished is widely viewed as something extraordinary. It is being spoken of as Africa's Higher Education miracle. The UWC story is a story that our nation should hear. It is a story of resilience, determination, hope, action and success. This story concerns the determination of a cohort of people at the southern-most tip of Africa who in 12 years have, from being declared unable to sustain itself and which could only be rescued if merged with a stronger university, catapulted itself into the top 10 of African universities, the top 100 on the BRICS ratings, and in the top 15% in the world.

The knowledge underpinning UWC's research and teaching missions is that everywhere on the planet both the social and natural environments are changing dramatically and that developing new knowledge to equip us to engage with these changes is imperative. The stark truth is that knowledge matters and without access to knowledge in this time of turbulence our very future may be in doubt. So as long as we have a clear vision about the importance of education and particularly higher education, we must continue to understand what excellence looks like and how it is achieved and maintained. We must also continue to commit ourselves to excellence in teaching and research. If we do this well we will have served humankind and have helped people everywhere to endure.

Shun

You're going to be known as someone who has made a huge contribution to building the infrastructure of this university. How did this impact the School?

Prof O'Connell

Once again SOPH played a very significant role. Our Atlantic Philanthropies (AP) connection came through SOPH which had received a fairly small grant from them initially. In September 2005 the entire AP Board, along with the AP benefactor, Chuck Feeney, came to visit us. That visit changed UWC's trajectory because I connected immediately with Chuck Feeney, or should I say, I was lucky enough that Chuck Feeney connected with me. I told Chuck and his Board the UWC story and they were overwhelmed by the amazing contribution UWC had made and continued to make in our struggle for freedom.



At that time David Sanders and Uta Lehman were already engaging the South African AP office about a building for SOPH and the signs were good that AP would support us with money for such a building. When we were given the go-ahead on the SOPH building, David and Uta sprang to work and the result is the building you see now. Atlantic Philanthropies did not intend to erect such a large building but David, Uta and I convinced them that the School of Public Health building had to be special as it had to serve many functions, not least the function of bolstering our pride and self-confidence.



The symbolism attached to infrastructure is extremely important. Can you imagine how people in ancient Greece travelling to Athens from their rural setting must have felt when they approached the Acropolis and saw the Parthenon? This gigantic building must have filled them with awe and pride. The same goes for the Taj Mahal in India and the Pyramids in Egypt. Buildings tell stories that last for many generations, even centuries and our SOPH building is in a class of its own while being hugely functional. Everybody who looks at it and other buildings on our campus sees what is possible.

Shun:

In your presentations and public speeches you often use the 15%-85% framework to describe the set of basic problems we face as well as the opportunities we have as a nation. In terms of this framework, are we as South Africans a healthy nation? Is this issue, namely our health, going to turn out to be one of our success stories, that we will have turned the corner on our health?

Prof O'Connell:

I would say that it's touch-and-go. It really is touch-and-go. I use the 15%-85% framework to illustrate the situation in 1994 when, where about 15% of our people had adequate resources to live comfortable lives and the rest did not. The South African challenge now is to bring the 85% into the mainstream as urgently as possible. Everything possible must be done to move this majority into participating fully in every aspect of the nation's life. The future of our country depends on this. In other words, the challenge for South Africa is not what happens at the formally advantaged universities. It's what happens at UWC, at Zululand, at Venda, because that's where the 85% of the people are connected to.

I am on record as saying to the Department of Higher Education and Training that if it really wants to accelerate the knowledge project in our country, every one of the historically black institutions must be the best in all of Africa in at least one discipline of research. And the infrastructure that goes with that must be provided. My argument is that those institutions, like the 85% of our people, are relatively poor and do not have the resources made available to the historically white institutions by the Apartheid state, donors and wealthy alumni. They have to start from scratch just like the 85%. What better message to all South Africans than that the 85% can achieve incredible things if they are given a good start, even if only in one area of endeavour. If every one of our HDIs rose to the top of the continent in that single programme, the self-esteem of all those connected to it will ensure that the energy for more and more successful endeavours will be unleashed because they now know that it is possible.

South Africans in general will never match the resources of the 15%. They cannot match it because it was an aberration brought about by Apartheid and Colonial discrimination. Even when resources began to be equitably distributed after 1994, the per capita increase to the 85% was slight. So the 85% must have far more modest expectations of what it takes to have a good life. But together we can reach that point where we all can have a good life if we take control of our lives and the spaces we are connected with and we develop the knowledge needed to support our development. For this to happen the 85% must take full ownership of their future, commit time and energy to create that future and be passionate in pursuing the growth and development of our major enterprise, in this case our nation our education and our health.

At UWC during the past decade we have tried to make sense of things. We decided on a number of buildings like Public Health and the Life and Chemical Sciences. We also put resources behind programmes like the Centre for the Study of the Humanities. And at the same time we were looking at the people inside those buildings and the quality of what happens there. The outcome of all of this is a University with top class competences in a number of areas and has led to other programmes being supported by donors or clients. In this way UWC clawed its way back into the top universities in Africa. We've had to say to some faculties that we could not give them what they wished but asked for patience, for time. We've had to say to them: In the meanwhile do your best to write more and to increase your number of PhDs. Do that and over time the other things will come.

You asked me if we are in good health. It depends critically on what happens in the next five to ten years in the minds of our leaders and the youngsters in the universities of South Africa. Our leaders must amplify the message that we must all commit to the development of our country and what we as universities have got to do is speak to our nation as a single unit and tell the nation that if we do not change the way we are behaving now, our future will be dim indeed. Why must the universities do it? Because Universities have been given the responsibility by the nation to help it understand itself! We must speak truth to our nation, engaging with our people when we are going down the wrong path, like we did with HIV. And why is this a special responsibility for UWC and the other historically disadvantaged universities? Because we are connected to the 85%. We have a much better chance that they will believe what we tell them, because we are trusted by them.



I am beginning to see that especially amongst our female students there is a real earnestness about the educational project. I went into the Life Sciences Building one day with an international visitor. We walked to a group of young South Africans, ninety percent Black. I asked them what they were doing and a female student told me without effort what the group was working on. As I walked away with this visitor from America, he said to me, 'You know that's quite interesting!' I asked what was and he said, 'That group of students weren't thrown by you, that you are the Rector. They related to you as a person and as your equal, and she rattled off the group's work with such panache that it's clear they know what they are doing.' But he was more influenced by the fact that they were so self-assured. It is for this reason that I say that our future depends on what this group will do in the next five to ten years - this group of youngsters who in their minds don't live in our time, and whose time is still to come. But we cannot forget the role of our leaders. Without the vision right from the top we will struggle to change. .

Shun:

As the leader at the helm of the university, do you have a word to the leadership in the School of Public Health?

Prof O'Connell:

I think the School, together with the many other areas of our work at the university, already knows what it takes. We are already engaged at very high levels of competence. We match many of the big guns and many of our programmes are international standard programmes. All we've got to do is understand that the next five to ten years are going to be difficult globally and that South Africa is struggling financially. We've already heard that our subsidy from the State will be less than inflation. So we've got to go on trying to make sense of what we're doing. And we must convince government and all South Africans that the universities are their treasure and that they have a cardinal role to play in securing a good

future for all South Africans as well as our continental sisters and brothers. This is only possible if we consistently make sure that the best staff with the best levels of competence, engage with the best and brightest of our young people and take them to ever higher levels of competence, quickly

We must all also accept that Government cannot solve our problems. But government should consistently enable our citizens to engage with the challenges we have and with its help to find good responses to these challenges. Every day you experience service delivery challenges and government sends out its officers largely to placate that community and patch up the particular problems: today in De Noon, tomorrow in Grassy Park. We are a relatively poor country with huge backlogs created by Apartheid and our economy is experiencing real problems. Government does not have the resources needed to support the promises made to us. Corruption and wasteful expenditure does not help but the amounts needed to satisfy all our needs and expectations are huge, at least tens of times our annual national budget. We must all understand this and we must accept that the next twenty years is going to be a time of real sacrifice and hard work and we must all engage with this through sense-making. The future of our nation lies in the hands of the current generation of leaders and us. The knowledge role that the university must play well is also crucial for our success.



I am also asking our leaders not to get back into a form of struggle which argues that breaking down on its own builds the future, because it doesn't. *Breaking down just breaks down.* Building is another matter altogether! The sadness I have is about how on a daily basis, still today, we are choosing to break down. Communities that are angry with government break down state facilities instead of using those facilities for sense-making engagements followed by joint action in support of dealing with the challenges, which must include engagement in partnership with government. That is what I wish for our leaders: whatever the challenges are, let our emotions be accompanied with reflection and good sense-making. On this matter I end with an example. Between 2000 and 2010 everyone at UWC made sacrifices with respect to remuneration; we just did not have the money, but we said we'll get there. And now we've reached the median while building a highly rated university. This is sense making.

Shun:

You've brought a human face and presence to your work at UWC and certainly from the side of the School you will be remembered with appreciation and fondness. Will you remember us with fondness?

Prof O'Connell:

I have great expectations for the School of Public Health. It already has this glow. Again it's going to be about sense making, about how we continue to think about ways in which we raise our levels of competence.

I cannot imagine that SOPH will be anything but a school that will continue to shine. This is what happens when you accept responsibility for your own life, when you start giving expression to that acceptance by the ways in which you behave and lift yourself to ever higher levels of service and competence. Others recognise you, they see what you are doing and are impressed by it and they want to move closer to you to share in the magic. In the case of SOPH, this actually happened.

Appointments in the Faculty of Community and Health Sciences

We are pleased to announce the appointment of Prof Anthea Rhoda (left) as Deputy Dean Teaching and Learning and Prof Rina Swart (right) as Deputy Dean Clinical and Community Engagement.





Challenges in Combating Childhood Obesity in Black Township Schools of South Africa

Tsolekile, Lerebo, Muzigaba and Puoane

Abstract

Childhood obesity in South Africa has become a public health problem. Statistics from a recent survey reported that 14% of children were overweight or obese.

The purpose of this study was to determine overweight and obesity prevalence among 10 to 17 year-old learners and also describe environmental factors within schools that influence the development of the health behaviours of the learners. This was a cross-sectional study and data were collected through interviewer-administered questionnaires. In addition, observations of the school environment were carried out to identify promoters and inhibitors of physical activity and healthy eating practices. Data were analysed using SPSS (version 18.0). Observations of the school environment were interpreted from a checklist used during data collection. Dietary data were manually coded and quantified, and analysed using Foodfinder, a computer programme of the Medical Research Council South Africa. A total of 211 learners participated in the study.

The number of overweight (15.4%) and obese (20%) females in the study exceeded the number of overweight (6.2%) and obese (6.2%) males. Overweight and obesity increased with age and was highest in those 13 to 15 years. When the age group, education level or the number of people living together in the household increased, the proportion of overweight and obese learners increased and this was statistically significant.

This study shows that childhood obesity is becoming a problem in disadvantaged communities and highlights some of the challenges in reducing childhood obesity in poorly-resourced school settings.

African Journal for Physical, Health Education, Recreation and Dance, October (Supplement 2:1), 121-135.



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The Lancet

The Health of India: a Future that must be devoid of Caste

The UCL Lancet Lecture 2014 was given by Arundhati Roy, acclaimed novelist and political activist.



In 2011, The Lancet published a special Series on the progress and future of health in India. The central message was a call for universal health coverage by 2020. Despite India's Prime Minister at the time, Manmohan Singh, being supportive of this goal, the move towards universal health coverage in India has gained little traction. Public health spending remains desperately low at 1.3% of gross domestic product, while more than 40 million Indians are driven into impoverishment from out-of-pocket health expenditure every year.

In May, 2014, a landslide victory by the Bharatiya Janata Party ushered in their leader, Narendra Modi, as the new Prime Minister of India. His actions on health have included a new drive on hygiene and sanitation. He continues to support the National Rural Health Mission's efforts on maternal and child health, as

UCL/Kirsten Holst Photography

well as the National Urban Health Mission. Efforts to bolster tertiary care have been announced: new All India Institutes of Medical Sciences (AIIMS) are to be established in every state. Modi has also taken positive action on raising tobacco taxes and strengthening provision of childhood vaccines.

Modi is supportive of universal health coverage, but he is vague about how to achieve it. Recent reports suggest his priority is to set up a National Health Assurance Mission—a health insurance scheme for all that will provide a package of benefits and services, one that could be launched as early as January, 2015. Many have criticised this insurance model. Others have called for strengthening of the health system first, including tackling corruption and reforming health professional education. More recently, Modi has proclaimed a strong vision for India's future. He has said India would play the role of “Visvaguru” (or teacher) to the world, and “would use the strengths of its democracy and young population to benefit mankind”. It seems his aim is to reposition India as a global power. But Modi has an Achilles heel—his country is one trapped within a myth that has become a cruel reality.

Last week, Arundhati Roy gave the annual UCL—Lancet lecture entitled *The Half-Life of Caste: The Ill-health of a Nation*. She explained how the modern idea of India is closely tied to the life and teachings of Mahatma Gandhi, who she described as the soul of a nation, an almost Christ-like figure. But what is less discussed, she argued, is Gandhi's acceptance of the idea of hereditary occupation and the social practice of caste. Caste is based on a hierarchical sliding scale of entitlement and duty. The four categories, in descending order, are Brahmins, Kshatriyas, Vaishyas, and Shudras. Below the Shudras are those who live on the fringes of society—the Dalits, also known as the untouchables. The notion of purity and pollution underpin this caste system, whereby the higher castes are associated with purity and the lowest castes with pollution. Although Gandhi created the conditions for India's independence, he also allowed Indian democracy to entrench inequality through caste across society. Gandhi defended the hereditary principle on the grounds that, without it, India would fall into chaos. But the result of his defense of institutionalised inequality has been a mass paralysis within India's society. Caste has been invisibilised and has escaped scrutiny because it has been so linked to Gandhi's vision of India. Today, the caste system continues to affect the country's economy, politics, and media, while discriminatory attacks against Dalits persist, with women and young girls often killed or subjected to extreme forms of violence with impunity because of their caste.

This ingrained inequality has led to tacit acceptance of the caste system, which has created, among other challenges, a preventable epidemic of mortality among women and children. Indeed, many of India's health indicators fare poorly in comparison with its neighbouring countries and economic peers. To improve the nation's health, the message of Arundhati Roy's Lancet lecture is that politicians need to address the caste system. They must work towards creating equality, opportunity, and investment in health and education. Roy's message is clear. Caste can no longer be ignored in Indian society.

In a speech in June, Modi said his aim was to bring about a “complete transformation” of the health sector through research, innovation, and technology. These intentions are positive and hopeful. But Narendra Modi's legacy should be judged by his commitment to address one of the most disturbing of all India's predicaments—a disabling myth, the caste system, which disfigures and disables a nation. Gandhi, Roy argued, was the saint of the status quo. It is time that status quo ended.

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DOI: [http://dx.doi.org/10.1016/S0140-6736\(14\)62261-3](http://dx.doi.org/10.1016/S0140-6736(14)62261-3)

Mortality and Causes of Death in South Africa, 2012: Findings from Death Notification

Major causes of death

Major causes of death can be classified into three groups as per the Global Burden of Disease cause list:



The South Africa I know, the home I understand

Group 1: Communicable diseases (e.g. TB, pneumonia, diarrhoea), maternal and perinatal causes (e.g. maternal haemorrhage and birth trauma) and nutritional conditions (e.g. protein-energy malnutrition)

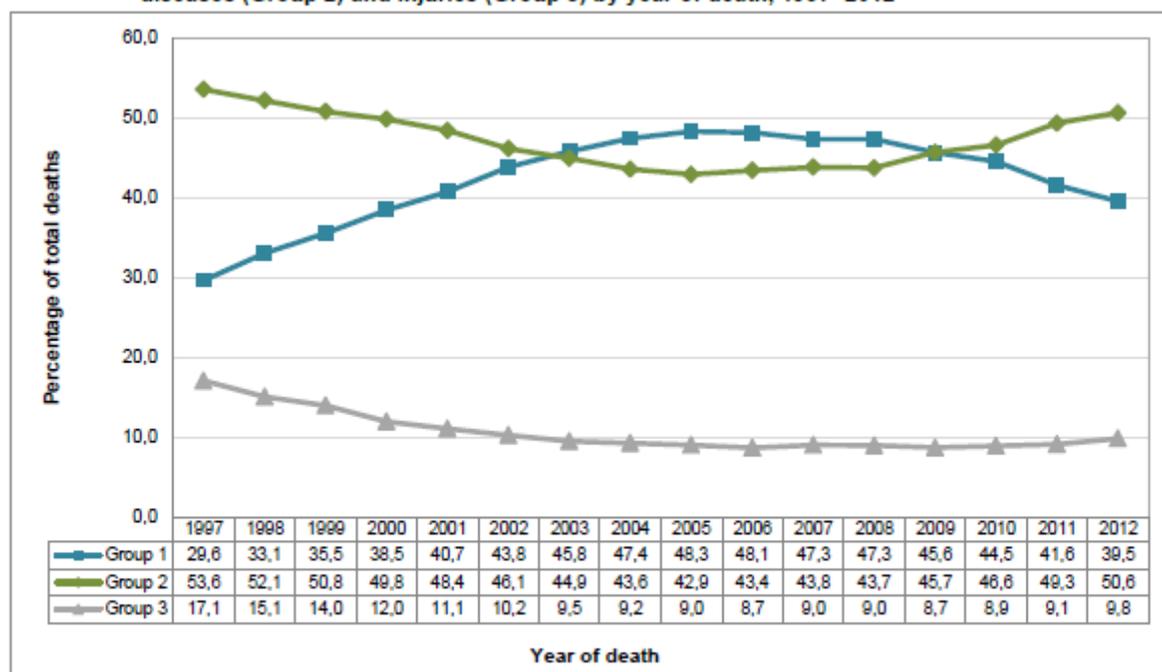
Group 2: Non-communicable diseases (e.g. cancer, diabetes, and stroke)

Group 3: Injuries (e.g. accidents, assault and suicide)

Non-communicable diseases are defined as diseases that are non-infectious, are of long duration and generally slow progression and include amongst other cerebrovascular diseases, diabetes mellitus and ischaemic heart diseases. Communicable diseases are diseases that are infectious and include among other tuberculosis, intestinal infectious diseases, and influenza and pneumonia. Figure 4.4 shows the percentage distribution of deaths by group type and year of death.

Three distinct patterns can be observed from Figure 4.4.

Figure 4.4: Percentage distribution of deaths due to communicable diseases (Group 1), non-communicable diseases (Group 2) and injuries (Group 3) by year of death, 1997–2012*



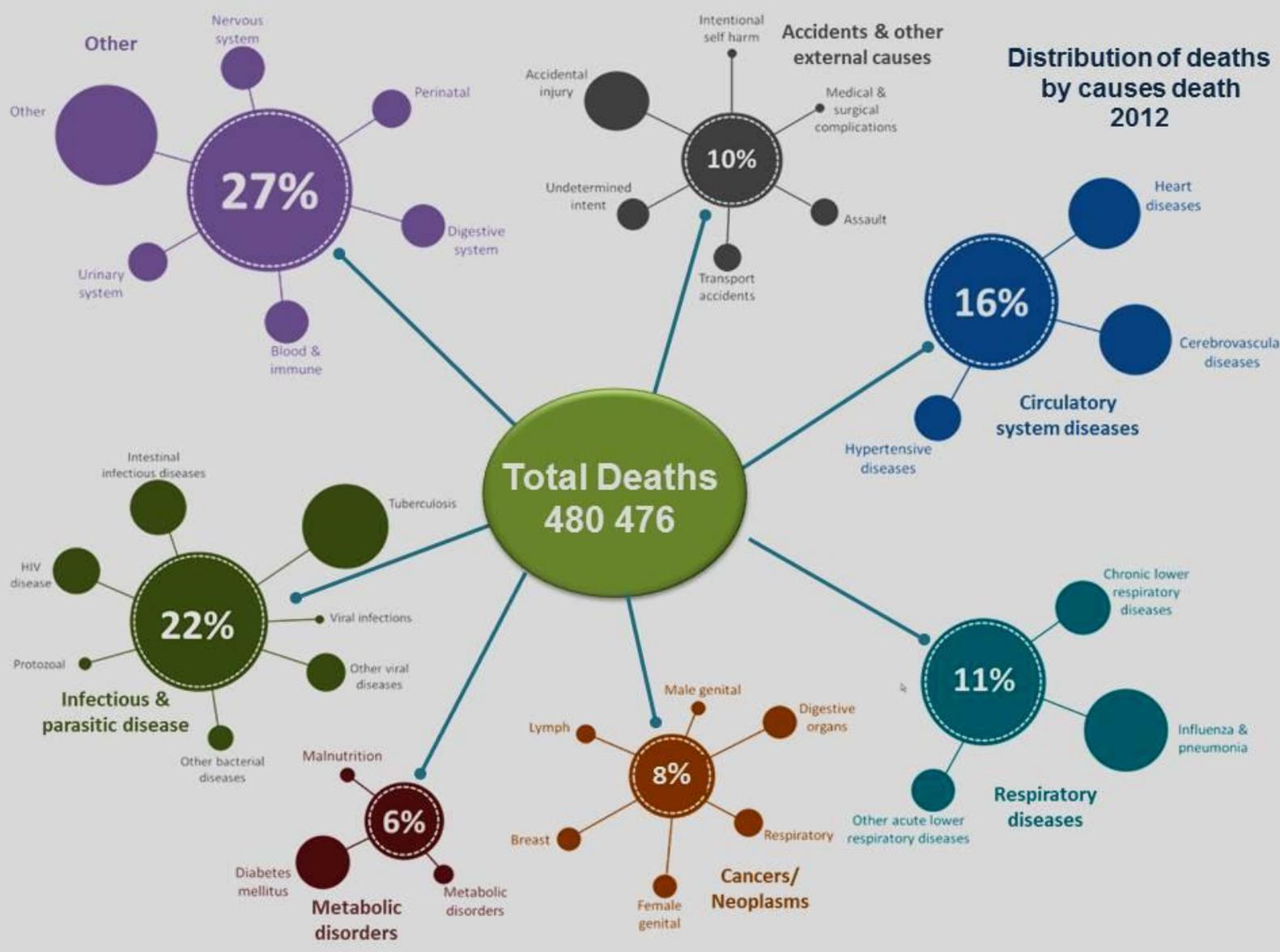
* (1) Data for 1997–2011 have been updated to include late registrations processed in 2013/14.
 (2) Redistributed ill-defined diseases R00-R99 proportionately to causes in Group 1 and Group 2.
 (3) Redistributed unknown age proportionately to causes in Group 1, Group 2 and Group 3.

<http://www.gov.za/mortality-and-causes-death-2013>

Prior to 2004 the proportion of deaths due to non-communicable diseases continuously decreased, while that of communicable diseases increased. In 2003, there were almost equal proportions of non-communicable deaths and communicable deaths.

The second pattern shows that from 2004 to 2009, the proportion of communicable deaths increased, while a downward trend was observed for non-communicable deaths. In 2009, there were almost as many communicable deaths as non-communicable deaths. However, the third pattern shows an upward trend in the proportion of deaths due to non-communicable diseases from 46,6% in 2010 to 50,6% in 2012. Conversely, during the same period the proportion of deaths due to communicable diseases narrowed from 44,5% in 2010 to 39,5% in 2012.

The figure further shows that between 1997 and 2012 the proportion of deaths due to injuries was consistently lower than the proportion of deaths due to communicable and non-communicable diseases. The proportion of deaths attributed to injuries declined yearly from a high of 17,1% in 1997 to a low of 8,7% in 2006, thereafter fluctuated between the years 2007 and 2009, and increased continuously from 8,9% in 2010 to 9,8% in 2012.



<http://beta2.statssa.gov.za/publications/P03093/P030932012.pdf>

Causes of Death 2012

The registration of deaths in South Africa is governed by the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992), as amended. The Department of Home Affairs (DHA) uses death notification form DHA-1663 to register all deaths and stillbirths. Stats SA collects completed death notification forms from the DHA head office for data processing, analysis, report writing and dissemination. Causes of death statistics are compiled in accordance with the World Health Organization (WHO) regulations that require that member nations classify and code causes of death using the tenth revision of the International Classification of Diseases and Related Health Problems (ICD-10).

Statistics from civil registration are the only national source of information on mortality and causes of death in South Africa. Such information is invaluable for the assessment and monitoring of the health status of the population and for planning of adequate health interventions. Accordingly, these statistics are also essential in tracking progress and monitoring key development objectives outlined in the National Development Plan (NDP) adopted by the South African government in 2012. The plan asserts that health care can be improved through decreasing mortality by combating infectious diseases such as tuberculosis and HIV/AIDS and the emerging tide of non-communicable diseases. The government objective, 'Health care for all by 2030' outlined in the NDP is aimed at reducing child and infant mortality; maternal mortality; and combating HIV/AIDS and other diseases by 2030.

Acknowledgements: Thanks for contributions to the December 2014 Bulletin from: Helen Schneider, Brian O'Connell, Lungi Tsolekile, Thandi Puoane, Lucy Alexander, CHS Faculty, The Lancet, STATS SA.