UNIVERSITY of the WESTERN CAPE

# SoPH BULLETIN

The UWC School of Public Health Newsletter March 2016

World Nutrition Cape Town 2016
Knowledge Policy Action



## Addressing the Double Burden of Malnutrition in a Globalised World

http://wphna.org/conferences/capetown2016/

## WORLD NUTRITION CAPE TOWN
## 30 August – 2 September 2016
## University of the Western Cape

Dr Fabio Gomes
WPHNA President

Prof David Sanders
Congress Chair

***The 2nd edition of the World Public Health Nutrition Association's World Nutrition Congress is co-hosted by the University of the Western Cape in Cape Town, South Africa.***

***This congress is taking place at a time of unprecedented challenges in population nutrition. The Global South is experiencing a rapid 'nutrition transition', where an increasing number of Southern countries are faced with a 'double burden' of malnutrition, with persisting high levels of chronic undernutrition and escalating rates of overweight and obesity, with their accompanying diseases. In the high-income countries, the obesity epidemic is well-established and increasingly affecting the poorest communities.***

These challenges are ultimately a reflection of flaws in food, nutrition and health systems. Global and national food systems are increasingly concentrated and globalised, with small scale food production being rapidly marginalised in countries where such activity previously predominated. In many countries people are mobilising to defend their rights and taking action to recover and preserve indigenous and environmentally sustainable food systems.

Several African countries are experiencing a 'nutrition transition' but are not yet as advanced along this trajectory as is South Africa, your host country. Together with 'Big Food' – large corporations in the food system – South African food companies (manufacturers and retailers) are expanding into Sub-Saharan Africa, influencing many countries' food environments and nutritional indicators. Hence, South Africa's experience and policies can inform improved understanding and policy making on the continent and can also provide a platform for all concerned with the impact of the food system on the health of humanity and our planet. The holding of the WPHNA Congress in South Africa has the potential to inform key policy makers and researchers and significantly shape the food and nutrition policy landscape in South Africa, Africa and beyond.

The University of the Western Cape, a public university in Cape Town, South Africa will be the venue hosting scientific presentations, critical debates and planned actions. Researchers, policymakers, students and activists will come together from different fields ranging from land and agriculture through food retail and advertising to diets, health systems and nutritional outcomes. We warmly encourage you to participate in this process.

## Congress Themes

Poster- and oral presentations as well as workshops will be organised into one of the following themes

- The impact of food systems on livelihoods, nutrition, diet and health
- Community health and nutrition programmes and interventions
- Malnutrition treatment and prevention
- The right to health, food, water, land and resources
- The economics of public health nutrition
- Law and regulation in public health nutrition
- The first 1000 days, infant feeding and early childhood development
- Food and nutrition security
- The political economy of public health nutrition
- Capacity development for public health nutrition

## Call for abstracts for workshop sessions:

We are pleased to invite submission of abstracts for **interactive workshop sessions** at the World Nutrition Congress to be held from 30th August – 2nd September in Cape Town, South Africa. Each interactive workshop session will be allocated 90 minutes. Only sessions with explicit action oriented outcome(s) will be considered. Each workshop will be expected to produce a one page summary that includes recommendations for future action. Acceptance of a submitted abstract for a workshop session does not imply funding support from the conference organisers. However, venues for workshop sessions will be made available at no cost.

## Topics:

Abstracts must be submitted under the theme of the Congress that best fits your topic:
The impact of food systems on livelihoods, nutrition, diet and health

- Community health and nutrition programmes and interventions
- Malnutrition treatment and prevention
- The right to health, food, water, land and resources

- The economics of public health nutrition
- Law and regulation in public health nutrition
- The first 1000 days, infant feeding and early childhood development
- Food and nutrition security
- The political economy of public health nutrition
- Capacity development for public health nutrition
- The political economy of public health nutrition

**Timelines**:
The online submission process will open in the first week of February 2016 and will close on 03 April 2016. The outcome of the review process will be communicated to proposers by the end of April 2016.

Should you have any queries throughout the abstract submission process, please contact Rina Swart at*abstract@wncapetown2016.com*

## Rapid Mortality Surveillance Report 2014


### EXECUTIVE SUMMARY

This is the fourth report based on the Rapid Mortality Surveillance (RMS) system. Originally set up to monitor the trend in adult deaths recorded on the National Population Register at a time when there was a substantial time lag in the cause-ofdeath reports produced by Stats SA, the RMS still provides timely empirical estimates of the mortality-based high-level indicators for Outputs 1 and 2 of the health-related targets of the Negotiated Service Delivery Agreement (NSDA) up to 2014. In addition, the RMS data provide a check on consistency of the VR data and for the past couple of years have highlighted an increasingly worrying trend in under-recording by the vital registration system.

Estimates of the neonatal mortality rate (NMR) and the maternal mortality ratio (MMR) cannot, however, be obtained from this source. The NMR up to 2014 is based on adjusted data from the District Health Information System (DHIS) and the MMR on adjusted data from cause-of-death data from Stats SA up to 2013.

The latest estimates show that the average life expectancy in South Africa has reached nearly 63 years, an increase of nearly 9 years since the low in 2005. The increase in life expectancy is due to a drop in the levels of child mortality as well as young adult mortality.

In 2013, the mortality of young adults continued to decline, albeit at a reduced level. All indicators are now below the NSDA targets set for 2014/15. However, as was the case last year, compared to the levels in 2011, the decline in infant and under-five mortality rates continues to stagnate with rates at 28 and 39 per 1 000 live births, respectively. Similarly, neonatal mortality rates which improved, gradually, since 2009 have remained at 11 per 1 000 live births since 2012. The maternal mortality ratio peaked in 2009 and has declined to 155 per 100 000 live births.

There is still a need to develop a methodology to provide estimates of sub-national trends for the provinces and health districts. The increase in the ratio of the number of deaths from the RMS to the cause-of-death numbers could indicate that deaths are being missed in the cause-of-death data, particularly in the most recent year (2013), and it is important that this issue not be ignored any longer.

## KEY MORTALITY INDICATORS, RMS 2009-2014

| LIFE EXPECTANCY AND ADULT MORTALITY (OUTPUT 1) | | | | | | | |
|---|---|---|---|---|---|---|---|
| **INDICATOR** | **TARGET 2014** | **2009** | **2010** | **2011** | **2012** | **2013[5]** | **2014** |
| Life expectancy at birth Total | 59.1 (Increase of 2 years) | 57.1 | 58.5 | 60.5 | 61.3 | 62.2 | 62.9 |
| Life expectancy at birth Male | 56.6 (Increase of 2 years) | 54.6 | 56.0 | 57.8 | 58.5 | 59.4 | 60.0 |
| Life expectancy at birth Female | 61.7 (Increase of 2 years) | 59.7 | 61.2 | 63.2 | 64.0 | 65.1 | 65.8 |
| Adult mortality (${}_{45}q_{15}$) Total | 43% (10% reduction) | 46% | 43% | 40% | 38% | 36% | 34% |
| Adult mortality (${}_{45}q_{15}$) Male | 48% (10% reduction) | 51% | 48% | 46% | 44% | 42% | 40% |
| Adult mortality (${}_{45}q_{15}$) Female | 37% (10% reduction) | 40% | 38% | 35% | 32% | 30% | 28% |
| **MATERNAL AND CHILD MORTALITY (OUTPUT 2)** | | | | | | | |
| **INDICATOR** | **TARGET 2014** | **2009** | **2010** | **2011** | **2012** | **2013[5]** | **2014** |
| Under-5 mortality rate (U5MR) per 1 000 live births | 50 (10% reduction) | 56 | 52 | 40 | 41 | 41 | 39 |
| Infant mortality rate (IMR) per 1 000 live births | 35 (10% reduction) | 39 | 35 | 28 | 27 | 29 | 28 |
| Neonatal mortality rate[2] (<28 days) per 1 000 live births | 12 (10% reduction) | 14 | 13 | 13 | 11 | 11 | 11 |
| **INDICATOR** | **TARGET 2014** | **2008[4]** | **2009** | **2010** | **2011** | **2012** | **2013** |
| Maternal mortality ratio[3] (MMR) per 100 000 live births | 252 (reverse increasing trend and achieve 10% reduction) | 281 | 302 | 267 | 200 | 166 | 155 |

1. DHIS data
2. Stats SA data
3. Baseline for MMR set at 2008 due to lag in availability of data
4. Baseline set to 2008 due to lag in availability of data
5. Based on RMS data rather than VR data because of apparent significant under-recording by the VR data

*http://www.mrc.ac.za/bod/RapidMortalitySurveillanceReport2014.pdf*

# Is Online Teaching Better than Face-to-Face Lectures?

***Lecturers at the University of Pretoria and especially at Onderstepoort have been actively encouraged over the last few years to embrace the blended learning model. Does it mean they should throw away their proven didactic teaching approach and feed students with endless documents on clickUP? Certainly not!***

Prof Anita Michel and Dr Jannie Crafford of the Department of Veterinary Tropical Diseases, University of Pretoria attended a workshop in October 2015. The workshop, entitled "Emerging opportunities in postgraduate public health education for health systems development", was organised by the University of the Western Cape's School of Public Health. Although the workshop was designed for public health specialists, it was a useful platform to take a fresh look at the motivation for transferring a face-to-face course to a partially or fully delivered online undergraduate or postgraduate course. During the workshop, several case studies were discussed with some innovative examples of how to implement authentic learning principles in a blended course or module.

It is true that not all is doom and gloom with didactic teaching, but if one thinks about some of its limitations and one is open to explore what the online space has to offer, one may just discover a way to enrich the existing course and make it a better learning experience for students. On the other hand, one should not be led to believe that all new brooms sweep clean, and that online teaching can miraculously solve all teaching problems. Online teaching has some concrete disadvantages, and the more one is aware of these, the better one can make an informed decision on what is best for a specific course or module. One thing is certain: There is no time to reinvent the wheel.

# Agricultural Migrant Workers Navigating the health System: Access, Continuity of Care and the Role of Community Health Workers in De Doorns, Western Cape

*Nafeesa Jalal*

I was raised as a global citizen, with a father working with the United Nations and other leading humanitarian organizations. Whenever asked as a child what I wanted to be when I grew up, it was the same answer consistently..."I want to make the world a better place." Hence, when the time came to choose a focus for academics and a career, the path I chose was no surprise to anyone.

I did my Honors in International Development, and my M.Sc in Capacity Building for underprivileged communities. With this academic background, I have been employed with admirable organizations in the Canadian and international non-governmental sectors, particularly with a focus on work in public health, for the past 7 years. Feeling like I still needed to accomplish more in order to make the kind of impact I desired in this field, with someday wanting to impact policies and influence change at a higher level, I decided to pursue a Doctorate in Public Health. The University of Guelph in Canada, where I had completed my M.Sc, welcomed me into an academic career at their institution.

In 2013, I took a break from my PhD and consultancy work in Canada, and accepted a research position in South Africa for 6 months, with Canada's Department of Foreign Affairs. I was based at the University of the Western Cape, in Cape Town, working with Prof. Christina Zarowsky. It was an excellent opportunity, and I became very interested in the work projects I was involved with, particularly pertaining to African migrants and their access to health services. As my time in South Africa came to an end, I made the decision to move my PhD to this university, to continue working in this subject matter, with Prof. Zarowsky as my primary supervisor and Dr. Mathole as my co-supervisor. After two years of working remotely from Toronto, Canada, I am back in South Africa for my PhD fieldwork, and loving each day of waking up to sunshine and heat!

The title of my PhD research is *Agricultural migrant workers navigating the health system: Access, Continuity of Care and the Role of Community Health Workers in De Doorns, Western Cape*. The aim of the study is to understand how agricultural migrants in the Cape Winelands District navigate the healthcare system to access healthcare services, including securing continuity of care, and in particular the role of CHWs in this process, in order to inform policy and practice.

Each day in the field brings forth new challenges, and teaches me more about the context and realities on the ground. Each day I come home amazed at the strength and resiliency of the migrants and local populations I work with.

My PhD topic builds on the work of my colleague James Kruger, a manager within the district health system, in the Cape Winelands District. His Masters in Public Health focused on primary health care and crèche services for the agricultural rural migrant communities of Lubisi and Stofland in De Doorns, Western Cape. I have adopted the same two communities as my fieldwork sites.

Because agricultural migrant workers often travel between locations as different crops mature, they are at particular risk of sub-optimal access to, and continuity of, care, which can lead to poor health outcomes for both the migrants themselves and the communities where they reside. Studies have found, however, that when

migrants are able to access health services, including antiretroviral therapy, they demonstrate outcomes and adherence at least as good as, and sometimes better than, local non-migrant populations (MSF, 2012; IOM, 2010; retrieved from Kruger, J.A., 2014).

I look forward to the remainder of my data collection and time in the field, and am already heavy-hearted at the thought of having to leave in mid-May. I recall the very first time I drove to De Doorns, how nervous I was navigating through the sharp, mountainous roads, how unfamiliar everything looked once I reached there, and even how unsafe the informal settlements felt. Now each day I head to the field, I look forward to the winding, mountainous roads with breathtaking scenery, which bring me to the communities I feel at home within...where I am greeted by friendly faces and children excited to hug me. Certainly I shall be returning to Canada with much more than the data I have collected for my PhD. It is the relationships I have built here and the memories made which will define this experience for me.

*References:*

Kruger, J.A. (2014). *Community perceptions of comprehensive primary health care and crèche services for an agricultural rural migrant community in De Doorns in the Western Cape.* Thesis (MPH): University of Western Cape. 2014.

IOM (2010). *Migration and health in South Africa: A review of the current situation and recommendations for achieving the World Health Assembly Resolution on the Health of Migrants*. World Migration Report 2010. November 2010. IOM Regional Office for Southern Africa, Pretoria: South Africa.

Note: All guardians of the children photographed have given consent to these images being taken and used based upon my discretion.

## Joint SOPH Staff Publications

PLoS BIOLOGY
www.plosbiology.org

### Which New Health Technologies Do We Need to Achieve an End to HIV/AIDS?

***Glenda E. Gray, Fatima Laher, Tanya Doherty, Salim Abdool Karim, Scott Hammer, John Mascola, Chris Beyrer, Larry Corey***

**Abstract**

In the last 15 years, antiretroviral therapy (ART) has been the most globally impactful lifesaving development of medical research. Antiretrovirals (ARVs) are used with great success for both the treatment and prevention of HIV infection. Despite these remarkable advances, this epidemic grows relentlessly worldwide. Over 2.1 million new infections occur each year, two-thirds in women and 240,000 in children. The widespread elimination of HIV will require the development of new, more potent prevention tools. Such efforts are imperative on a global scale. However, it must also be recognised that true containment of the epidemic requires the development and widespread implementation of a scientific advancement that has eluded us to date—a highly effective vaccine. Striving for such medical advances is what is required to achieve the end of AIDS.

*PLoS Biol 14(3): e1002372. doi:10.1371/journal.pbio.1002372*

# University of the Western Cape
# Faculty of Community and Health Sciences
# School of Public Health

Private Bag X17, Bellville, 753,5South Africa Tel: +27 (0) 21 959 2809/2166 Fax: +27 (0) 21 9592872

## School of Public Health, University of Western Cape (UWC)
## SARCHI CHAIR IN HEALTH SYSTEMS, COMPLEXITY AND SOCIAL CHANGE
## POSTDOCTORAL RESEARCH FELLOWSHIP
## Open Call

A SARCHI Postdoctoral Fellowship is available from May 2016. The Fellowship is linked to the SARCHI Chair in Health Systems, Complexity and Social Change in the School of Public Health, University of the Western Cape.

### Purpose of the SARCHI Postdoctoral Research Fellowship

To contribute to:

- the support of career development in the specific area of public health;
- to building this field in South Africa, other parts of Africa and with other partners, and
- the enhancement of the capacity of the UWC School of Public Health

The successful candidate will be required to register at the University of the Western Cape. The Research Fellow will be expected to work closely with the head of the SARCHI Chair, Professor Asha George.

### Academic Criteria:

Applicants must

(i). have citizenship of a sub-Saharan African country, be an expatriate African;

(ii).have achieved a PhD in the last five years in any suitable field, such as health sciences or social sciences;

(iii). not have held previous permanent academic positions: however, emerging researchers, or those who have previously primarily worked in university teaching positions, or who have held health systems management positions are eligible to apply;

(iv). show clear evidence of robust scholarly performance;

(v). have some relevant experience, preferably including research;

(vi). applicants will be asked to propose a relevant area of work, and

(vii). demonstrate English language proficiency.

The incumbent will not be expected to provide a service or services in return for the fellowship, although some academic activities, such as limited teaching or student support, may be required as part of the PDRF's professional development;

The fellowship is tenable for one year and is valued, tax-free at a minimum of R240,000 per annum. Renewal for a second year will be considered depending on satisfactory academic progress.

## Application Process

Applicants should submit the following documents:

(i) A letter of application stating the applicant's areas of expertise, research interests, academic qualifications and work experience (an academic CV including a list of publications).

(ii) Copies of academic transcripts, including those pertaining to both the undergraduate and postgraduate degrees.

(iii) Names and contact details OR letters of reference from at least three referees.

Contact details for submission of applications and for enquiries: Dr Shun Govender at shgovender@uwc.ac.za

Selection of short-listed candidates will be made by the head of the SARCHI Chair and the Director of the School of Public Health.

The University the Western Cape reserves the right to change the conditions of award or to make no award at all.

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