

# **School of Public Health and Family Medicine**

## **Research report 2008**

**Director:** Prof Leslie London

### **Profile**

The School of Public Health and Family Medicine is a strong multidisciplinary department in the Faculty of Health Sciences at the University of Cape Town. Its teaching, research and service extends to a wide range of settings and content areas consistent with the evolving disciplines of Public Health and Family Medicine.

Structurally, the School emerged from the amalgamation of the former Departments of Community Health and Primary Health Care and is comprised of two Divisions – the Division of Public Health and the Division of Family Medicine.

The Division of Public Health has a wide variety of service, policy, research and training activities. A focus continues to be the training of masters graduates in public health and public health medicine specialists for consultant and leadership roles in the public sector. Registrars are placed at Groote Schuur Hospital, the Provincial Health Department Head Office and the Metropole region. The WorkHealth Occupational Diseases Clinic at GSH, a joint enterprise with the Respiratory Unit, is the only public sector occupational diseases clinic in the Western Cape and one of three in the country. A recently started programme in occupational medicine has also produced the first occupational medicine specialists in South Africa.

The Division of Family Medicine, headed by Assoc. Prof. Derek Hellenberg, has as its focus the training of primary level medical practitioners (family physicians) in the health (public) sector. It houses the pioneering South African programme in Palliative Medicine. The Division has staff on the joint establishment (with the PGWC Health Department) who have clinical, teaching and clinical governance responsibilities at a number of Community Health Centres which will shortly extend to District Hospitals as well. The Division began training Family Medicine registrars in February 2008, after family medicine was recognized as a specialty by the HPCSA.

### **Teaching**

The School runs a very large a large postgraduate programme, with approximately 268 postgraduate candidates during 2008.

The School is also playing an increasing role in the new undergraduate medical curriculum with the aim of producing medical professionals able to function effectively at the primary care level and imbued with an understanding of public health. Public Health and Health Promotion training to undergraduates take place in community-based settings and has been instrumental in pioneering community-placements for MB ChB students at

UCT. A number of initiatives are underway to develop off-campus teaching sites linked to Community Health Centres and district hospitals. The Family Medicine division has been closely involved in developing and opening a new student learning centre, with funds raised by the faculty, at Vanguard Community Health Centre and remains centrally involved in plans to develop a rural rotation for undergraduate students.

### **Research - overview**

In addition to the Divisions, there are four research units within the School: Health Economics, Infectious Disease Epidemiology, Women's Health and Occupational and Environmental Health, as well as growing programmes in Health Management Studies and Health and Human Rights. In fact, the size of the staff complement involved in research (approximately 75% of the staff establishment of the department are in externally funded research contract posts) is testament to the very high level of research activity in the school which produces about 70 to 80 publications annually, and about 8-14% of the Faculty's annual publication subsidy, as well as the basis for increasing numbers of postgraduate students and research-led teaching in the School's training programmes. Further, in addition to subsidy-attracting publications, academic staff produce a number of technical and policy papers, which do not necessarily find their way into peer reviewed journals, but which are part of the department's advocacy and service mission.

Indeed, the School has two recipients of the Alan Pifer award for socially relevant research and has had three citations in the University's annual Social Responsiveness Report since 2005 when the University began acknowledging research that contributes to the University's development mission (including the Industrial Health Research Group, the Women's Health Research Unit and the Health and Human Rights programme) <http://www.uct.ac.za/downloads/uct.ac.za/services/ipd/sr> .

The School's research mission is reflected in the wide range of research areas and Units in the School and the department's research outputs are notable for their multidisciplinary perspective. In infectious diseases, publications cover preparation for HIV vaccine trials; adolescent risk behaviour and educational interventions; economic analysis of tuberculosis and malaria treatment; antiretroviral treatment; the relationship between HIV and cervical cancer; and the psychosocial burden of caregivers of people living with AIDS. The integration of human rights considerations into public health policy and health systems practice receives attention in a number of publications, including experiences of the Deaf and dual loyalties among health professionals. The department continues its pre-eminent role in occupational and environmental health research with investigations into occupational allergy, pesticides, hazardous metals and lung disease due to mineral dust. Finally, the question of equity of resource allocation in health, and particularly in primary health care, continues to occupy researchers in health economics. The School hosts one of 26 National Research Foundation Chairs at UCT in its Health Economics Unit on the theme of poverty and health. The School has 3 NRF-rated researchers.

## **Division of Family Medicine**

The mission of the Division of Family Medicine (which includes Palliative Medicine) is to graduate doctors who to enter their internship and community service years with the appropriate level of confidence and competence when diagnosing and managing common primary care problems; who understand the need for postgraduate training in order to qualify as a Family Physician able to apply the principles of family medicine and PHC independently to complex, undifferentiated problems and able to function fully in the PHC team, and able to take the lead in district-based health care, teaching and research in any community setting in South(ern) Africa.

Our postgraduate students enrolled for the M Fam Med, M Med (Fam Med), and M Phil (Pall Med) degrees are all required to complete a research dissertation.

Research projects in progress include

- early screening and brief motivational interviewing studies of substance abuse and HIV risk behaviours in Cape Town primary health care service users (SA-USA)
- chronic care audits of hypertension and diabetes mellitus at Community Health Centres in Cape Town,
- Community situational analysis in the Mitchell's Plain sub-district, follow up HIV+ve patients with low CD4 counts
- brief motivational interviewing to improve adherence to ARV treatment (SA-USA)
- assessing the extent of social accountability in health science teaching, service and research.(TUFH)
- Ensuring core outcomes for palliative care interventions in sub-saharan Africa, evaluation of the value of early clinical exposure for improving medical students' understanding of the primary health care approach, Partner in Southern Africa Twinning project, and ongoing work on the Southern African Sentinel Practitioners Research Network (SASPREN). The Palliative Medicine arm has a strong postgraduate training programme which attracts students from diverse African and other countries.

## **Occupational and Environmental Health Research Unit (OEHRU)**

The unit undertakes a wide range of research, teaching and policy activities in the field of occupational and environmental health. Its goals are to:

- Promote and conduct epidemiological and health systems research into priority occupational and environmental problems in South Africa and the region;
- Develop capacity, through training and collaboration, in environmental and occupational health areas in South Africa and the region;
- Provide consultancy and technical support to government, public and private sector organisations, NGO's and trade unions in solving occupational and environmental health problems;

- Collaborate with national, regional and international groups in the field of environmental and occupational health.

Specific areas of research include health effects of hexavalent chromium and the nervous system effects of manganese, burden of lung disease in miners, biological exposure monitoring and medical surveillance systems; compensation for occupational diseases; diagnostic challenges for occupational asthma in developing countries, including early markers of allergic sensitisation and airway inflammation; exposure assessment, allergen characterisation and interventions for occupational allergy and asthma in the seafood, bakery, grain milling and grape farming industries; long term effects of irritant - induced asthma associated with sulphur-dioxide exposures, endocrine disruption caused by commonly used pesticides; the effects of pesticides on women and children; health impacts of industrial air pollution; environmental causes of asthma and COPD; the investigation of suicide in relation to pesticide exposure; ethical issues in occupational health; child labour, interventions to address foetal alcohol syndrome in rural farming populations in the Western Cape and risk perceptions and chemical hazard communication methods and practices. The Unit plays an important role in facilitating research collaboration, research training and capacity development in Southern Africa through the Work and Health in Southern Africa (WAHSA) and Fogarty International Centre / University of Michigan Southern Africa programme in training and research in environmental and occupational health, and is a World Health Organisation Collaborating Centre in Occupational Health.

### **Industrial Health Resource Group (IHRG)**

Within the OEHRU, the Industrial Health Resource Group (IHRG) operates as an established action research and socially responsive development group, who provide occupational health and safety research, education, curriculum development, advice, and resource development for trade unions and their members on occupational health. The IHRG collaborates locally, nationally, regionally and globally with other labour service organisations, non-governmental organisations, adult educationists, occupational health experts, various academic programmes, and health research institutions. The work of IHRG is guided by a vision of building the capacity of trade unions and their members to independently enforce, defend, and advance the workplace health and safety rights of workers. IHRG has been featured in UCT's Social Responsiveness portfolio for 2005.

(see URL:

[http://www.uct.ac.za/downloads/uct.ac.za/services/ipd/sr/annual/SR\\_Report2005.pdf](http://www.uct.ac.za/downloads/uct.ac.za/services/ipd/sr/annual/SR_Report2005.pdf).

The group is currently developing occupational health and safety training curricula for trade unions in the construction, iron and steel, municipal, and public health sectors. An important component to its participatory training and research work is a focus on HIV in the workplace. The IHRG provides an advice service to workers who have experienced workplace injury or illness. The IHRG also plays an important advocacy role within a national, regional and global context of deregulation, outsourcing, and casualisation of labour -

trends which enable public and private sector employers to shed responsibility for workplace health and safety.

Research activity of the IHRG has contributed towards the production and distribution of a variety of popular and accessible resources (including posters, newsletters, research reports, workshop materials) for trade unions and their members on issues of occupational health and safety; publications in the South African Labour Bulletin; education programmes of Cosatu and Ditsela; academic teaching in the Department of Sociology (UCT); the development of training curricula; as well as contributions to labour and health equity conferences on health and safety and social justice.

### **Infectious Disease Epidemiology Group**

The Group has concluded a large Randomised Controlled Trial to determine the efficacy and safety of a candidate vaginal microbicide Carraguard® in preventing HIV at its Centre for Wellness Studies in Gugulethu in 2007. A second trial aims to measure the efficacy of twice daily acyclovir suppressive therapy in preventing HIV transmission among heterosexual HIV-discordant couples in which the HIV-infected partner is Herpes Simplex Virus-2 seropositive. Two new HIV Prevention trials are planned and will commence early in 2008. The first trial will evaluate the impact of oral pre-exposure prophylaxis with antiretrovirals on HIV transmission while the second will evaluate and compare both vaginal and oral prophylaxis with antiretrovirals. Another large study is determining the natural history of HPV in sexually active couples. Smaller studies are being conducted to evaluate different means of diagnosing sexually transmitted infections. The Clinical Trials site is part of the Microbicides Trials Network of the National Institutes of Health in the US.

Another area of work relates to the development of easy-to-implement tools and indicators for measuring and evaluating PMTCT programmes in resource limited settings for the Centers for Disease Control and Prevention. This research is being conducted in the Western Cape and the Free State as part of a four-country study.

The Group continues to support HIV/AIDS activities and conduct research for the provincial and national Departments of Health, including:

- Monitoring the Programme for the Prevention of Mother to Child Transmission of HIV;
- Facilitating the development of a routine monitoring system for antiretroviral treatment and prototyping an electronic system for this purpose;
- Providing projections of the service and financial implications of HIV for the province
- Assessing different models of care for the management of persons with HIV/AIDS, including HIV/TB integration;
- Providing technical assistance to the province to evaluate vaccination coverage;
- Providing technical assistance to the TB programme;
- Evaluating new tools for the diagnosis of TB;
- Reviewing surveillance of sexually transmitted infections in South Africa.

The Group continues, together with Médecins Sans Frontières, to evaluate the first public primary care service to provide antiretroviral medication in Khayelitsha. This site is being developed as a sentinel surveillance site as well as a site for operational research on HIV in the Province.

Two grants have assisted the Group in consolidating the work around monitoring antiretroviral treatment services. Within the province, the Group is funded by the Global Fund for Aids, Tuberculosis and Malaria to conduct sentinel surveillance of treatment outcomes based on sentinel cohorts. Within the region, the Group is part of an National Institutes of Health-funded initiative to combine antiretroviral cohort data from various settings. The project, the International Epidemiological Databases to Evaluate Aids (IeDEA) Southern Africa collaboration, combines data from 20 cohorts in Southern Africa. The IDEU in partnership with the University of Berne in Switzerland is responsible for managing this collaboration.

The Group is also involved in the estimation of current mortality rates from HIV/AIDS in South Africa using empirical data and mathematical models. A system of Rapid Surveillance of AIDS mortality has been established in collaboration with the Medical Research Council. A surveillance system for birth defects, modelled on the requirements of the International Clearinghouse of Birth Defects Monitoring Systems, is operated by the Group for the Department of Health, in collaboration with various participating hospitals throughout the country.

### **Women's Health Research Unit (WHRU)**

The Women's Health Research Unit (WHRU) is involved in research, teaching, technical health service support, policy development, and advocacy in the area of women's health, particularly sexual and reproductive health and gender and health issues. The Unit is made up of a multidisciplinary team of researchers with expertise in public health, epidemiology, psychology, sociology and anthropology. The group continues to work closely with the reproductive health and HIV/AIDS directorates at the Department of Provincial Health and the City of Cape Town and collaborates with other academic institutions and NGO's in reproductive and women's health. It has advised the National Department of Health on a number of women's health issues.

Research activities include:

- Structural intervention to integrate reproductive health into HIV care;
- Serving the Contraceptive Needs of PMTCT Clients in South Africa Phase 1: Formative Research to Inform Intervention Design;
- Cervical intraepithelial lesions in HIV positive women initiating highly active antiretroviral therapy (HAART);
- An evaluation of the strategies for care and support of women who test positive for HIV during the "Phase 3 Study of the Efficacy and Safety of the Microbicide Carraguard® ;

- Microbicide acceptability: A qualitative study to explore social and cultural norms, interpersonal relations and product attributes;
- Improving the management of late presentation depot-medroxyprogesterone acetate (DMPA) and nor ethisterone enanthate (NET-EN) clients in South Africa;
- Health care providers' attitudes towards termination of pregnancy;
- Second trimester abortions: reasons for delay
- Delivering an integrated cervical cancer primary and secondary prevention project in the Western Cape Province of South Africa: A study of policy and programming implications and public perceptions
- The natural history of HPV infection in South African men and women

### **Health Economics Unit (HEU)**

The HEU conducts research in health economics and management with an emphasis on equity in health and health care, health sector reform, health care financing and expenditure, pharmaceutical policy and regulation and the economic evaluation of key health care programmes. The HEU tries to maintain a balance between conceptual and applied research as well as between topics of local and international relevance.

Research undertaken can be summarised to include the following three thematic areas: 1) health systems and health equity research; 2) health financing and 3) economic evaluation of disease-priority areas.

The HEU has been extensively involved in research and technical support on the equitable allocation of limited public sector health care resources. Initially, this took the form of consideration of alternative needs-based resource allocation formulae within the health sector. More recently, this has focused on mechanisms for promoting equity within a fiscal federal context, which includes analysing the distribution of material and social deprivation in South Africa and exploring how this could be incorporated into Treasury's inter-provincial 'equitable shares'. During 2007, the HEU completed a project on "Fiscal Federalism, Equity and Governance in the Financing of Primary Health Care in South Africa". The aim of this study was to investigate the implications of fiscal federalism on the equitable distribution of primary health care (PHC) resources and mechanisms for promoting equity within a fiscal federal context. The study provides recommendations on how the South African Government and the National Department of Health can promote the equitable distribution of PHC expenditure across provinces within a fiscal federal context.

A new project entitled REACH – Researching Equity in Access to Health Care – was initiated during 2007. This integrated program of research, capacity building and knowledge translation focuses on how health systems could contribute more effectively to achieving development goals by actively promoting equitable access to health care. This will be explored through the case of South Africa's health system, focusing on three tracer health interventions of particular relevance to the Millennium Development Goals and

which are crucial to addressing the burden of ill-health in South Africa. These are maternal health services and tuberculosis and HIV care. The HEU collaborates with the Center for Health Policy at the University of Witwatersrand and McMaster University in Canada in this project which runs from 2007 to 2010.

In the area of health financing, the HEU's research portfolio has expanded to encompass alternative financing mechanisms. Much of the earlier work in health financing has laid the ground work for a recently initiated 3 year project entitled "Strategies for health insurance for equity in less developed countries" (SHIELD). This is a collaborative project between research institutions from three African and three European countries. It aims to identify the major equity challenges in the health systems of three African countries (Ghana, Tanzania and South Africa) through an understanding of financing and benefit incidence. This information will form the basis for considering alternative approaches to health insurance within these countries as a mechanism for addressing health system equity challenges and contributing to the achievement of the Millennium Development Goals. Combining economic and policy analysis will enable scrutiny of the technical options for policy design and the political acceptability of these options. This project actively involves policy-makers in key aspects of the research and findings will be made available to them at an early stage to maximise the potential for the research to inform health insurance policy development.

In the area of economic evaluation, the HEU has particularly been involved in assessing the cost-effectiveness of alternative models of TB, HIV and malaria treatment and prevention. Given the importance of scaling up HIV treatment and prevention, the HEU has been extensively involved in providing technical support to the National Department of Health on the costs of the "Strategic Plan for HIV and AIDS & STIs 2007-2011" and gave input to the costs of moving to a short course PMTCT regimen in the public health care sector. A more recent project is considering the cost-effectiveness of the introduction of an HPV vaccine to cervical cancer prevention programmes.

Finally, the HEU is part of a consortium of research groups from South Africa, Nigeria, Kenya, Tanzania, India and Thailand under the leadership of the London School of Hygiene and Tropical Medicine. The consortium aims to increase knowledge on how to strengthen health systems in ways that preferentially benefit the poorest and to strengthen the capacity of partners to support local and global policy development. Work under the four themes of health sector reform, financial risk protection, workforce performance and scaling up began in 2005 and will continue until mid 2009.

### **Health and Human Rights Programme**

The Health and Human Rights Programme undertakes a range of teaching, research and advocacy with the aim of helping to build a culture of human rights in South Africa, and has extended its work into southern Africa. Research areas include the relationship between health equity and human

rights; development of an Implementation Tool for the Patients' Rights Charter; the rights of the Deaf in the health care system; human rights issues in relation to HIV and the human rights and ethical implications of Dual Loyalties in the health professions. Recent research has begun to explore the role of civil society organisations using human rights approaches to promote health. Much of this research takes place through collaboration with human rights non-governmental organizations, other research and training institutions and human rights activists within and outside South Africa (such as EQUINET, Centre for Health Policy, Physicians for Human Rights) and feeds into practical applications (guidelines, implementation tools, teaching material). Another focus has been research into core competencies in human rights required by health professionals.

## School Statistics

### Permanent and long-term contract staff

Professors *	5
Associate Professors *	5
Senior Lecturer/Specialist	14
Lecturer/Specialist	4
Chief Research/Scientific Officers	2
Senior Research Officers	5
Research Officers/Associates	12
Community Site facilitators	3
Research Assistants	11
Administrative and Clerical Staff	16
Departmental Assistants	1
<b>Total</b>	<b>78</b>

\* includes joint appointments with faculty office

### Honorary staff

Honorary lecturers	16
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### Students

Doctoral	21
Masters	174
Diplomas	68
Undergraduate	1000
<b>Total</b>	<b>1263</b>

## **Research Fields and Staff**

### **Permanent staff**

Professor Leslie London

Director of School/Head of Department and Associate Director: Occupational and Environmental Health Research Unit: Occupational and environmental health; AIDS prevention and control; primary health care service development; Head: Health and Human Rights programme.

Professor Rodney Ehrlich

Occupational and Environmental Health Research Unit; respiratory disease; epidemiology; occupational and environmental health

Associate Professor Derek Hellenberg

Head of Division of Family Medicine; Family medicine, ethics and law

Professor Jonny Myers

Director, Occupational and Environmental Health Research Unit: Occupational health; epidemiology

Professor Lucy Gilson

Health Policy and Systems; convenor of the Oliver Tambo Fellowship Programme, a postgraduate diploma in Health Management

Professor Gonda Perez

Deputy Dean: joint Faculty-School appointment

Professor Diane McIntyre

Health economics; health care financing; health expenditure; resource allocation; equity and health

Associate Professor Mary-Lou Thompson (part-time)

Biostatistics; occupational and environmental health; women's health

Dr David Coetzee

Senior Lecturer and Director, Infectious Diseases Epidemiology Group: Prevention and control of communicable diseases; epidemiology; health systems research; health informatics; TB/HIV prevention and treatment

Dr Jennifer Moodley

Senior Specialist and Director, Women's Health Research Unit: Women's health; health systems research; HIV and reproductive health

Mr Rauf Sayed

Senior Biometrician; biostatistical support; birth defects surveillance; mortality and health; health information

Dr Graham Bresick

Senior Lecturer, Division of Family Medicine; family medicine; quality of care; faith and health

Dr Beverley Schweitzer  
Senior Lecturer, Division of Family Medicine; family medicine

Dr Elma de Vries  
Senior Lecturer, Division of Family Medicine; family medicine; rural medicine

Dr Nomsedi Namane  
Lecturer, Division of Family Medicine; family medicine

Ms Johannah Keikelame  
Lecturer (jointly with Primary Health Care Directorate); primary health care; community needs assessment

Mr Gavin Weir  
Lecturer; primary health care

Ms Lorna Olckers  
Lecturer; primary health care; health sciences education

### **Contract research staff**

Associate Professor Mohamed Jeebhay  
Deputy Director, Occupational and Environmental Health Research Unit; occupational allergy and asthma; health of mineworkers and foodworkers; occupational health services; occupational health and safety policy and legislation

Dr Liz Gwyther  
Senior Lecturer (part-time), Division of Family Medicine; palliative medicine

Dr Landon Myer  
Senior Lecturer (part-time); infectious diseases; social epidemiology

Associate Professor Margaret Hoffman  
Women's and reproductive health

Dr Diane Cooper  
Senior Lecturer; breast and cervical cancer; contraception; social determinants of women's health; sexually transmitted illnesses

Dr Andrew Boulle  
Senior Lecturer; HIV; TB; modelling; epidemiology; economics; health information systems

Mr David Bourne

Chief Research Officer; birth defects surveillance; health informatics; vital statistics

Dr Andrea Rother  
Senior Research Officer; pesticide policy; hazard communication; occupational and environmental health

Dr Aqiel Dalvie  
Senior Research Officer; occupational and environmental health; agrichemicals

Dr Jim te Water Naude  
Chief Research Officer; occupational health surveillance; occupational lung disease

Dr Cathy Matthews  
Chief Research Officer; HIV prevention; health systems research; women's health

Dr Edina Sinanovic  
Senior Lecturer; health economics and policy

Mr Okore Okorafor  
Research Officer; health care financing and equity in health; resource allocation

Dr Susan Cleary  
Senior Lecturer and Director: Health Economics Unit; economic evaluation of infectious diseases; equity

Ms Marianella Castillo  
Research Officer; economic evaluation; infectious diseases; modelling

Ms Veloshnee Govender  
Research Officer; health systems; equity; gender issues

Mr Evan Blecher  
Research Officer; economics of tobacco and alcohol control

Ms Sheetal Silal  
Junior Researcher; operations research

Ms Phyllis Orner  
Senior Research Officer; women's health

Ms Jane Harries  
Senior Research Officer; women's health

Ms Debbie Constant  
Researcher; women's health

Dr Chelsea Morrone  
Senior Research Officer; women's health

Ms Alana de Kock  
Research Officer; HIV/sexually transmitted disease prevention

Ms Des Michaels  
Research Officer; HIV; antiretroviral treatment adherence

Ms Nontobeko Jacobs  
Research Officer: FAS prevention project

Ms Josephine Nixon  
Technical Officer; birth defects surveillance

Ms Regina Mlobeli  
Researcher; women's health

Ms S Mall  
Researcher; women's health

Ms Yolisa Mtshizana  
Research Assistant; adolescent health

Mr Nick Henwood  
Senior Research Officer and Director, Industrial Health Research Group;  
occupational health and safety education

Ms Zelda Holtman  
Research Officer; patient rights; neurotoxicity of pesticides

Ms Roslyn Baatjies  
Research Assistant; occupational allergy; occupational asthma in bakers

Mr Algernon Africa  
Research Assistant; pesticide exposure; obsolete pesticides

Mr Tembinkosi Qondela  
Research Assistant; chemical hazards, occupational health and safety

Ms Katherine Hildebrand  
Honorary Research Officer; HIV; tuberculosis

Ms Jackie Thomas  
Research Assistant; human rights

Mr Michael Mzilakazi  
Research Assistant; pesticide hazards, occupational health and safety

Dr Marion Heap

Research Associate; health and human rights; human rights; access to healthcare for the deaf who use South African sign language

## Research Output

### Edited books

Bennett, S., Gilson, L. and Mills, A. (eds). 2008. Health, Economic Development and Household Poverty: From Understanding to Action. 276pp. Abingdon, UK: Routledge. ISBN 978-0-415-34428-9.

### Chapters in books

Bastien, S., Flisher, A.J., Mathews, C. and Klepp, K. 2008. Peer Education for Adolescent Reproductive Health. In K.-I. Klepp, A.J. Flisher and S.F. Kaaya (eds), Promoting Adolescent Sexual and Reproductive Health in East & Southern Africa: 185-213. South Africa: HSRC Press. ISBN 978-0-7969-2210-6.

Bennett, S., Mills, A. and Gilson, L. 2008. Conclusions: from evidence to action. In S. Bennett, L. Gilson and A. Mills (eds), Health, Economic Development and Household Poverty: From Understanding to Action: 225-233. Abingdon, UK: Routledge. ISBN 978-0-415-34428-9.

Bennett, S. and Gilson, L. 2008. Protecting the poor from the cost of services through health financing reform. In S. Bennett, L. Gilson and A. Mills (eds), Health, Economic Development and Household Poverty: From Understanding to Action: 155-172. Abingdon, UK: Routledge. ISBN 978-0-415-34428-9.

McIntyre, D.E. and Thiede, M. 2008. Illness, health service costs and their consequences for households. In S. Bennett, L. Gilson and A. Mills (eds), Health, Economic Development and Household Poverty: From Understanding to Action: 75-89. Abingdon, UK: Routledge. ISBN 978-0-415-34428-9.

Mills, A., Bennett, S. and Gilson, L. 2008. Health, economic development, and household poverty: the role of the health sector. In S. Bennett, L. Gilson and A. Mills (eds), Health, Economic Development and Household Poverty: From Understanding to Action: 1-17. Abingdon, UK: Routledge. ISBN 978-0-415-34428-9.

Myer, L., Susser, E., Link, B. and Morroni, C. 2008. Social Epidemiology. In H.K. Heggenhugen and S.R. Quah (eds), International Encyclopaedia of Public Health: 74-87. USA: Academic Press Inc Elsevier Science. ISBN 978-0-122272250.

Orner, P.J. 2007. Sexuality of Older Women. In E. Maticka-Tyndale, R. Tiemoko and P. Makinwa-Adebusoye (eds), Human Sexuality in Africa: 173-185. Auckland Park, South Africa: Fanele. ISBN 978-1-920196-02-8.

Rother, H. and London, L. 2008. Classification and Labeling of Chemicals: New Globally Harmonized System (GHS). In D. Pimentel (ed.), Encyclopedia of Pest Management: 1-6. London, UK: Taylor & Francis. ISBN 978-0-8247-0632-6.

## Peer-reviewed Journals (DoE Accredited)

Cohen, K., Van Cutsem, G.V., Boulle, A.M., McIlleron, H., Goemaere, E., Smith, P.J. and Maartens, G. 2008. Effect of rifampicin-based antitubercular therapy on nevirapine plasma concentrations in South African adults with HIV associated tuberculosis. *Journal of Antimicrobial Chemotherapy*, 61: 389-393.

Allan, B.R., Marais, D.J., Hoffman, M., Shapiro, S. and Williamson, A.-L. 2008. Cervical Human Papillomavirus (HPV) Infection in South African women: Implications for HPV Screening and Vaccine Strategies. *Journal of Clinical Microbiology*, 46(2): 740-742.

Arrive, E., Kyabayinze, D.J., Marquis, B., Tumwesigye, N., Kieffer, M., Azondekon, A., Wemin, L., Fassinou, P., Newell, M.-L., Leroy, V., Abrams, E., Cotton, M., Boulle, A.M., Mbori-Ngacha, D. and Dabis, F. 2008. Cohort profile: The paediatric antiretroviral treatment programmes in lower-income countries (KIDS-ART-LINC) collaboration. *International Journal of Epidemiology*, 37: 474-480.

Blecher, E.H. 2008. The impact of tobacco advertising bans on consumption in developing countries. *Journal of Health Economics*, 27: 930-942.

Bock, P., Boulle, A.M., White, C., Osler, M. and Eley, B.S. 2008. Provision of antiretroviral therapy to children within the public sector of South Africa. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 102: 905-911.

Boulle, A.M., Bock, P., Osler, M., Cohen, K., Channing, L., Hilderbrand, K., Mothibi, E., Zweigenthal, V., Slingers, N., Cloete, K. and Abdullah, F. 2008. Antiretroviral therapy and early mortality in South Africa. *Bulletin of the World Health Organization*, 86: 678-687.

Boulle, A.M., Hilderbrand, K., Menten, J., Coetzee, D.J., Ford, N., Matthys, F., Boelaert, M. and Van der Stuyft, P. 2008. Exploring HIV risk perception and behaviour in the context of antiretroviral treatment: results from a township household survey. *Aids Care*, 20(7): 771-781.

Boulle, A.M., Van Cutsem, G.V., Cohen, K., Hilderbrand, K., Mathee, S., Abrahams, M., Goemaere, E., Coetzee, D.J. and Maartens, G. 2008. Outcomes of nevirapine- and efavirenz-based antiretroviral therapy when coadministered with rifampicin-based antitubercular therapy. *Jama-Journal of the American Medical Association*, 300(5): 530-539.

Braitstein, P., Boulle, A.M., Nash, D., Brinkhof, M.W.G., Dabis, F., Laurent, C., Schechter, M., Tuboi, S., Sprinz, E., Miotti, P., Hosseinipour, M., May, M., Egger, E., Bangsberg, D. and Low, N. 2008. Gender and the use of antiretroviral treatment in resource-constrained settings: Findings from a multicenter collaboration. *Journal of Women's Health*, 17(1): 47-55.

Breen, A., Swartz, L., Joska, J., Flisher, A.J. and Corrigan, J. 2007. Adherence to treatment in poorer countries: a new research direction? *Psychiatric Services*, 58(4): 567-568.

Brinkhof, W., Dabis, F., Myer, L., Bangsberg, D., Boulle, A.M., Nash, D., Schechter, M., Laurent, C., Keiser, O., May, M., Sprinz, E., Egger, M. and Anglaret, X. 2008. Early loss of HIV-infected patients on potent antiretroviral therapy programmes in lower-income countries. *Bulletin of the World Health Organization*, 86(7): 559-567.

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#### **Peer-reviewed Journals (not DoE Accredited)**

Davies, M., Boule, A.M., Fakir, T., Nuttall, J. and Eley, B.S. 2008. Adherence to antiretroviral therapy in young children in Cape Town, South Africa, measured by medication return and caregiver self-report: a prospective cohort study. *BMC Pediatrics*, 8:34.

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### **Peer-reviewed published conference proceedings**

Raulf-Heimsoth, M., Jappe, U., Arif, S.A.M., Rihs, H.P., Lopata, A.L., Jeebhay, M.F. and Bruning, T. 2008. Relevance of Carbohydrate Determinants in Differentiating True Latex Allergy from Asymptomatic IgE Reactivity. In S. Holgate, G. Marone and J. Ring (eds), *Proceedings of the 26th Symposium of the Collegium Internationale Allergologicum, Supplement, 5 – 10 May 2006, Malta*. Gottingen: Hogrefe & Hubber Publishers. ISBN: 978-0-88937-358-7.

### **Masters degrees (by research)**

Allen, E. 2008. Efficacy and safety of sulfadoxine-pyrimethamine with and without artesunate in the treatment of uncomplicated malaria in Mozambique. Master in Public Health. 1-87 Supervised by A. Boule and F. Little.

Bandason, N. 2008. Utilisation of orthodox health care services in the urban community in Zimbabwe amidst an economic crisis. Master in Public Health. 1-80. Supervised by Dr O. Okorafor.

Border, W. 2008. The diagnostic accuracy of echocardiography in pediatric heart disease. Master in Public Health. 1-80. Supervised by Prof. G. Swingler.

Cornell, M. 2008. Presentation and Survival of men and women with HIV in an antiretroviral therapy programme. Master in Public Health. 1-85. Supervised by L. Myer.

Grimsrud, A.T. 2008. Relationship between hypertension and common mental disorders in South Africa. Master in Public Health. 1-115. Supervised by L. Myer.

Kim, B. 2008. Conservative Management of Abdominal Gunshot wounds at Groote Schuur Hospital: A cohort study on clinical outcomes and Financial costs. Master in Public Health. 1-89 Supervised by L. Myer and P. Navsaria.

Masuka, P. 2008. Access to diabetes treatment and management services in Zimbabwe. Master in Public Health. 1-89. Supervised by Dr D. McIntyre.

Mirimo, F. 2008. The economic consequences and coping mechanisms used by households affected by HIV/AIDS in Uganda. Master in Public Health. 1-85. Supervised by M. Castillo and E. Sinanovic.

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- Setshedi, M. 2008. Risk of malignancy in patients with inflammatory bowel disease treated with Azathioprine or 6-Mercaptopurine: the Cape Town experience. Master in Public Health. 1-81. Supervised by G. Watermeyer and L. Myer.
- Skinner, D. 2008. A factor analysis of the threats influencing vulnerability of children in two communities of South Africa. Master in Public Health. 1-120. Supervised by L. Myer.
- Van Cutsem,G. 2008. Late mortality, loss to follow up, and associated factors in adults on long term antiretroviral therapy in Khayelitsha. Master in Public Health. 1-80. Supervised by A. Boule.
- Van Pletzen, ED.2008. The relationship between early non-fatal suicidal behaviour, race and birth cohort in a nationally representative sample of South African adults. Master in Public Health. 1-100 Supervised by L. Myer.