

Faculty of Health Sciences

School of Public Health and Family Medicine

Research Report 2010

Director: Professor Leslie London

Deputy Director: Associate Professor Derek Hellenberg

Deputy Head for Public Health: Professor Mohamed Jeebhay

School 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 extend 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 Master's graduates in public health and public health medicine specialists for consultant and leadership roles in the public sector. Registrars are placed at the Provincial Health Department Head Office, in its programmes directorate and in the various districts as well as providing support to the Chief Directorate for health strategy. 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.

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 and District Hospitals. The Division began training Family Medicine registrars in February 2008, after family medicine was recognized as a specialty by the Health Professions Council of South Africa (HPCSA).

Teaching

The School runs a very large postgraduate programme, including 5 postgraduate diplomas, 4 Master's programmes, 4 professional Master's programmes and a PhD programme. In 2010, there were 261 postgraduate students in the School including 24 PhD students. Eighty-two postgraduate students graduated in 2010, including 5 PhDs, 31 Master's and 46 postgraduate diploma students

The Advanced Diploma in Health Management, also known as the Oliver Tambo Fellowship Programme, continued to graduate senior health managers from around the country under its new configuration as a joint programme offered with the Graduate School of Business. The MPH continues to operate as the largest taught Master's programme in the Faculty, and expanded its intake substantially. We had 177 applicants to the programme in 2010, of whom 65 (37%) were accepted. This is a similar figure to the 2009 intake of 167 applicants and 62 acceptees (37%). There were 9 candidates on the clinical research stream of the MPH aimed at hospital-based clinician-researchers, which commenced in 2009. Of the 65 students accepted onto the MPH, 11 from SADC countries, 9 were students from non-SADC countries and 7 were other international students.

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 supporting the new student learning centre at Vanguard Community Health Centre and remains centrally involved in plans to develop a rural rotation for undergraduate students as well as developing innovations regarding language skills in courses teaching undergraduates professionalism.

Research - overview

There are four research entities within the School, residing under the Public Health Division: Health Economics, Infectious Disease Epidemiology, Women's Health Research and Occupational and Environmental Health Research, as well as growing activities in Health Policy and Health Systems Studies and in Health and Human Rights. Research outputs in 2010 included 104 peer-reviewed journal publications and 6 book chapters which was more or less similar to the output in 2009. The School has thus maintained the 30% over publications in 2008 through 2009 and 2010. However, total research grant and contract income to the School declined from R42.1 million in 2009 to R 28 million in 2010.

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 integral to the department's advocacy and service mission. The School has a strong social profile in research and scholarly activity. In 2010, the University awarded Dr Hanna-Andrea Rother the award for Social Responsiveness in recognition of her public engagement around hazards of pesticides sold in the informal market for children. This award builds on similar kinds of recognition to staff in the school in terms of two previous recipients of the Alan Pifer award for socially relevant research and three units featured in the University's annual Social Responsiveness report since 2005 (<http://www.uct.ac.za/downloads/uct.ac.za/services/ipd/sr>) and Prof Di McIntyre's Social Responsiveness award in 2009.

The School's research mission is reflected in the wide range of research areas and entities in the School and the department's research outputs are notable for their multidisciplinary perspective. In infectious diseases and women's health, publications cover childhood and adult tuberculosis prevention, diagnosis and treatment; HIV risk factors, treatment outcomes, adherence and mortality; adolescent risk behaviour and educational interventions; economic analysis of tuberculosis and malaria treatment; HPV vaccination and cervical cancer prevention. 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, who remain the leading South African source of peer-reviewed publications in this field. The School has 4 NRF-rated researchers, including Prof Mohamed Jeebhay, newly rated at B3 and Prof Lucy Gilson, re-rated at B1.

The School also made its first award of the David Bourne prize for the best student in the MPH programme to Ms Gabriela Glattstein-Young. The prize commemorates David Bourne, a demographer in the School who died in 2009, and whose death left a huge gap in the HIV research world.

Division of Family Medicine

The mission of the Division of Family Medicine is to graduate doctors who are able to enter their internship and community service years with the appropriate level of confidence and competence when diagnosing and managing common primary care problems. They are 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 and Southern 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 (2009)

- 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,
- The utility of Language learning during the BaDr course as applied in the workplace: A survey of the first cohort of graduates from the new curriculum
- The Palliative Medicine arm has a strong postgraduate training programme which attracts students from diverse African and other countries.

Centre for Occupational and Environmental Health Research (COEHR)

The Centre, a WHO collaborating centre in occupational health since 2005, was upgraded in 2009, following its initial establishment as a research unit in 1993. The recent WHO redesignation has resulted in a consolidation and realignment of its goals in line with its broader international mandate to the following:

- To be a principal centre of occupational and environmental health research, teaching and training, occupational medical clinical services, policy advisory, technical consultancy services, advocacy and a source of supportive outreach activities in South Africa, in the Southern and Eastern regions of Africa, Africa more generally, and internationally.
- To conduct multidisciplinary research, teaching and service provision integrating laboratory, clinical, epidemiological and policy skills in relation to occupational health problems that have high priority in Southern Africa in order to facilitate identification and improved characterisation of these and other problems and to better understand the determinants of these problems and their solutions
- To explore and develop means of maintaining the health of individuals and the environment, especially the work environment, and of preventing the development of health problems in those exposed to injurious environments at work or more generally.
- To conduct public policy research into issues ranging from toxic or injurious exposures through to health surveillance, and the functioning of relevant health services including promotive, preventive, curative and rehabilitative/compensation aspects.
- To foster inter-institutional research, teaching and service (including outreach) collaboration and capacity development.

- To foster local and global networks for occupational and environmental health promotion through collaboration with United Nations and other agencies.
- To implement the results of research in teaching, training, policy, service provision and outreach

Specific areas of research include:

- Risk factors, surveillance and interventions for allergens and asthma in the workplace
- Endocrine disrupting effects of pesticides in farming communities
- Control of Occupational hazards associated with pesticides in agriculture
- Determinants of TB infection and diagnostic approaches among health care workers
- Silicosis elimination and mitigation in South African goldminers
- Occupational and environmental health systems research
- OHS capacity development through research and training

The Centre plays an important role in facilitating research collaboration, research training and capacity development in Southern Africa through the Fogarty International Centre International Training and Research in Environmental and Occupational Health (ITREOH) and the Millennium Promise Programme (MPP) for non communicable chronic diseases. Being a WHO Collaborating Centre in Occupational Health the centre contributes to the global research agenda.

Health Risk Management Programme

The Health Risk Management Programme within the COEHR conducts research, capacity building (teaching and networking), social responsiveness, and develops risk communication materials in the area of pesticides and chemical risk reduction. Research in 2010 focused on the silent public and environmental health problem of informal vendors selling agricultural pesticides for domestic use in low-socio economic peri-urban communities of Cape Town; child poisonings from street pesticides; occupational herbicide exposures of community workers removing alien vegetation in the Working for Water programme. These research projects involve engagement with NGOs, community leaders/members, national, provincial and municipal government departments (health, agriculture and water affairs). Capacity building is through information sharing of research findings and policy information through UCT established electronic list servers, an on-line discussion forum with African Pesticide regulators, and a new Post Graduate Diploma in Pesticide Risk Management. The African Pesticide Regulators on-line discussion forum has been an innovative approach to information dissemination to government officials tasked with regulating pesticides as well as risk reduction management through the use of Vula. The new post graduate diploma in pesticide risk management is structured around the United Nations Code of Conduct on the Distribution and Use of Pesticides and has been developed in conjunction with the United Nations Food and Agricultural Organizations. The first 20 students from all over Africa, Fiji and St. Lucia start in 2011.

A broad range of students have actively participated in research projects in the Health Risk Management programme both from the Health Sciences Faculty (SSM, 4th year blocks, MPH) and anthropology (undergraduate, honours and masters). Students have developed risk communication tools, and presented findings at conferences and to health professionals (e.g., Environmental Health Professionals and Community Health Promoters).

The Health Risk Management programme also develops a range of risk communication materials, algorithm, and policy briefs based on research findings. These mediums are used in order to disseminate and translate research findings for a broad range of stakeholders.

Industrial Health Resource Group (IHRG)

Within the COEHR, the Industrial Health Resource Group (IHRG) operates as an action research and socially responsive development group, providing occupational health and safety research,

curriculum development, training, advice, and resource development services for trade unions and their members. 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 does representation, investigative and advocacy work for workers and trade unions in relation to workplace health and safety incidents and cases of work-related injury and disease. In this regard, IHRG engages with Department of Labour's (DoL) Compensation Commissioner and Health and Safety Inspectorate, and with the Public Protector. Important experiences during 2010 include IHRG's participation in an OHS Act Section 32 Inquiry, a Section 56 submission on employer negligence, three COIDA Act Section 91 appeals and section 90 investigations. IHRG is also helping to facilitate negotiations between the families of workers killed in a workplace incident and their employer for increased compensation to address the low amounts provided for in Coida. IHRG made several submissions to the Public Protector on behalf of individual workers regarding DoL enforcement and administration of the OH&S legislation. IHRG co-operated with the DoL on its provincial blitz inspections of workplaces in the public health, chemical, and engineering sectors. IHRG provides an advice service to workers who have experienced workplace injury or illness.

IHRG also plays an 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. In this regard, IHRG is collaborating with the Federatie Nederlandse Vakbeweging and its South African partners in a campaign for decent work that is directed particularly at vulnerable workers. Our advocacy work included issues relating to the administration, enforcement and the amendment of the OH&S legislation.

IHRG works in partnership with trade unions in a variety of programmes. In particular during 2010 substantial work continued with trade unions in the public health sector and in the motor and iron and steel industries with regards to trade union representatives' capacity to monitor and enforce OH&S rights. IHRG gave support to municipal trade unions in their negotiation of a General Administrative Regulation 6 agreement with the City of Cape Town. Further IHRG facilitated trade union review of the OHS Act and the development of extensive amendments to the legislation which were submitted to the DoL.

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. During 2010, IHRG collaborated with - amongst others - the Public Services International, the World Health Organisation, Naledi and Labour Research Service on a project funded by the DGB, Equinet, Ditsela, Workers World Media Productions, Social Law Project at UWC, Division of Lifelong Learning at UWC, and the Department of Occupational and Environmental Health at UKZN. IHRG also engaged with the DoL nationally and provincially around the access to information (reports and injury and disease statistics) and with an independent labour lawyer around DoL enforcement and in particular, their reporting on inspection, prohibition, contravention and prosecution statistics.

IHRG has developed and piloted a curriculum in occupational health and safety training for shop stewards and elected health and safety representatives 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. Research activity of IHRG has contributed towards the production and distribution of a variety of popular and accessible resources (including posters, newsletters, research reports, workshop materials, and handbooks) for trade unions and their members on issues of occupational health and safety. In 2010 IHRG produced issue 6 of the *Health and Safety Networker* and two educational DVDs. The IHRG director wrote the editorial for the first 2010 edition of the African Newsletter in Occupational Health, published by the Finnish Institute of Occupational Health. An article on adult education methodology written by an IHRG staff member was accepted for publication in early 2011 by the Adult Education Quarterly.

Centre for Infectious Disease Epidemiology and Research (CIDER)

The former Infectious Disease Epidemiology Unit (IDEU) formally changed its name to the Centre for Infectious Disease Epidemiology and Research (CIDER) in 2010 following a recommendation from the URC the previous year. The Centre objectives are:

- To conduct public health research integrating laboratory, clinical, epidemiological, social science and health systems research into infectious diseases that have high priority in southern Africa (in particular HIV, tuberculosis and sexually transmitted infections) in order to improve the prevention and management of these diseases.
- To be a service-led research entity, maintaining very strong links with health services at all levels, and to assist policy makers, programme and services managers with the implementation of the results of research.
- To be a centre of expertise in the surveillance and monitoring of infectious diseases and infectious disease programmes and services, and in the conduct of robust observational research based on routine data sources.
- To provide postgraduate teaching and supervision in epidemiology.

The Centre has a strong track record in researching strategies for HIV prevention. Historically the Centre ran field sites for two large multicentre HIV prevention trials. The first trial tested the efficacy and safety of the candidate vaginal microbicide Carraguard® in preventing HIV in women and reported in 2008. The second trial tested 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, and reported findings in a series of publications in 2010. Linked to the latter trial was a study conducted with the Department of Virology to describe the natural history of HPV in sexually active couples and to measure the impact of HIV on HPV prevalence.

Furthering the focus on HIV prevention the Centre is developing tools and indicators for measuring and evaluating PMTCT programmes in resource limited settings. This has included research into the true coverage and impact of PMTCT programmes in the Western Cape and Free State Provinces as part of a four-country study, the characterisation of barriers to the integration of highly active antiretroviral therapy into maternal health and paediatric services in the Western Cape Province, and operational research to strengthen PMTCT programmes in the Free State. A further focus of the work of the Centre is in the area of treatment and service delivery for HIV and tuberculosis. This encompasses an expanding portfolio of health systems research as well as the clinical epidemiology of treatment interventions in individual cohorts. Health system projects have focussed on the use of lay health workers and community-based care, and the integration of TB and HIV services in the Western Cape, Free State and Gauteng. A major strength of the Centre is cohort studies of patients receiving antiretroviral therapy. This includes work with individual cohorts in Khayelitsha and Gugulethu, through to running an NIH-funded data centre for collaborative cohort research combining data from 14 cohorts in South Africa.

The Centre has an excellent working relationship with the Provincial Department of Health, with staff supporting the conduct and analysis of the annual antenatal HIV seroprevalence survey, the development and maintenance of information systems to monitor HIV programmes, and assistance with infectious disease surveillance and outbreak investigations. The work on context-appropriate information systems for HIV programmes has led to further collaborations nationally, regionally and with the World Health Organization.

The Centre has a strong multidisciplinary team of PhD scientists and continues to be a significant resource for epidemiology, biostatistics, infectious disease modelling and qualitative research support within the Faculty. There are active collaborations with a range of clinical and laboratory departments, including with the Departments of Psychiatry and Mental Health, Virology, Obstetrics and Gynaecology, and Medicine.

Women's Health Research Unit (WHRU)

The Women's Health Research Unit continued its research work in the field of women's reproductive health. Notable achievements in 2010 included:

- The WHRU implemented its Mellon award to mentor staff towards completion of their PhDs. Dr Anna Strebel was appointed in August 2009 and continued the mentorship in 2010 where she continued to work with 3 Unit researchers and other SOPHFM staff, all women, to assist them in progressing their PhD plans and in two instances completing their PhDs.
- A wide range of research collaborators and other visitors visited the Unit and included, Dr Grossman from Ibis Reproductive Health, USA, Dr Hatzell Hoke, from Family Health International (FHI) North Carolina, USA, Dr Joanne Mantell, HIV Center, Columbia University, USA, Dr Glen Wagner, RAND Corporation, Non-profit Research Policy Institute, Santa Monica, California, USA, and Professor Kathleen Goggin, Director, HIV Research Unit, Department of Psychology, University of Missouri, USA.
- The Unit also continued to host a study abroad programme from New York University in collaboration with Prof Sally Guttmacher, Professor of Public Health and Director of Masters in Public Health Program in Community Health, New York University.
- Hosted the first Global Doctors For Choice meeting in South Africa.

Health Economics Unit (HEU)

The Health Economics Unit (HEU) conducts research in health economics and health system issues. The HEU maintains a balance between conceptual and applied research as well as between topics of local and international relevance and focuses on three thematic areas of research, namely health systems and health equity research; health financing and the economic evaluation of disease-priority areas.

The DST/National Research Foundation South African Research Chairholder in Health and Wealth focuses on the inter-play of health and wealth in the South African context and the impact of a range of government policies on health. Researchers contextualised the social determinants of health within an African context to increase awareness about this issue and to take into account health equity issues to address the root causes of socioeconomic health inequalities. Using 2009 UNDP and UNICEF data sets for most African countries (including South Africa), the relationship between poverty and income inequality on the one hand and health inequality on the other hand was explored. Another key area of research relates to providing a strong evidence base to contribute to current policy debates on health care financing reform. The Chair will run until 2012.

The Researching Equity in Access to Health Care (REACH) project, initiated in 2007, focuses on how health systems could contribute more effectively to achieving development goals by actively promoting equitable access to health care. This is being explored through the case of South Africa's health system, focusing on three tracer health interventions of particular relevance to the Millennium Development Goals (MDGs) and which are crucial to addressing the burden of ill-health in South Africa. The tracers are maternal health services, tuberculosis and HIV care. Phase 1 was completed in 2009 and involved investigating who the users of services were and assessed whether they reflected the population in need. Phase 1 also analysed the access challenges they experience with respect to availability, affordability and acceptability. Phase 2 involves detailed qualitative investigation of access barriers from both the community and health care providers' perspectives. Analysis of phase 2 data is underway. The HEU collaborates with the Centre for Health Policy at the University of Witwatersrand and McMaster University in Canada and the project will run until the end of 2011.

The Strategies for Health Insurance for Equity in Less Developed Countries (SHIELD) project aims to identify the major equity challenges in the health systems of Ghana, Tanzania and South Africa through an understanding of financing and benefit incidence. This information has formed the basis for considering alternative approaches to providing more universal financial protection and access to needed care within these countries. By using a combination of economic and policy analysis, it is possible to assess not only the technical options for policy design but also the political acceptability of these options. This project actively involves policy-makers in key aspects of the research and findings have been made available to them at an early stage to maximise the potential for the research to inform health insurance policy development. This is a collaborative project with research institutions from three African and three European countries and will be completed by the end of 2010. The HEU is supporting similar work being undertaken in Kenya. The HEU provided ongoing input into the Ministerial Advisory Committee on National Health Insurance and its various sub-committees.

A new five-year research project (UNITAS – Universal coverage in Tanzania and South Africa: Monitoring and evaluating progress) will begin in 2011. It is a collaborative project with 2 other South African institutions, a Tanzanian institution and 2 European institutions.

In the area of economic evaluation, the HEU has started a study on the cost-effectiveness of a novel rapid diagnostic test for tuberculosis (GeneXpert MTB/Rif), in collaboration with the Institute of Infectious Diseases and Molecular Medicine, UCT. The aim is to perform a cost-effectiveness analysis to estimate the cost per TB patient diagnosed and the cost per MDR TB care diagnosed for the health system compared to routine culture and LPA as well as to quantify costs to the health system when taking into account reduced transmission rates due to early diagnosis and lower drop-out rates with on the spot diagnosis.

The HEU is part of the Consortium for Research on Equitable Health Systems (CREHS) involving 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 ended in 2010.

Coordination work for EQUINET (Regional Network for Equity in Health in East and Southern Africa) continued in 2010 around equitable financing of health systems and equitable allocation of health care resources in a range of East and Southern African countries. Funding has been secured for comparable analyses to those of the SHIELD project to be undertaken in Uganda and Zambia.

Short-term research projects focus on two projects. First, the cost of scaling up the integrated cervical cancer prevention programme with an aim to estimate future resource requirements for adding the human papillomavirus vaccine (HPV) vaccine to the existing screening programme to prevent cervical cancer in South Africa. Second, an economic analysis of increased access to TB and HIV diagnosis, treatment and adherence support through estimating the costs and cost-effectiveness of community-based adherence support for patients on TB treatment and antiretroviral therapy (ART). The study aims to compare integrated and non-integrated models of providing these services.

Health Policy and Systems

The Health Policy and Systems programme encompasses a range of activities aiming to build this area of work through networking within and outside the SOPHFM.

One particular focus of our work is health policy analysis. Current activities include post graduate teaching in the field within UCT, engagement with a network to support curriculum development for

health policy analysis within African universities and a project seeking to test out and develop approaches to synthesising health policy analysis material, as well as to conduct such syntheses. In 2010 we held a very successful workshop for the last two projects bringing together colleagues with interest in health policy analysis from Africa and Europe. In this workshop we presented draft synthesis papers (on agenda setting, policy formulation, and implementation issues) as well as a set of draft guidance notes derived from the work, as well as shared experiences of teaching and support related research. We have also been successful in securing funding from the European Commission for an eleven partner Africa-Europe network to support curriculum development, staff development and engagement with policy makers around health policy and systems analysis. This new network (CHPESAA, the Consortium for Health Policy and Systems Analysis in Africa) will initiate work in 2011 and will run for four years.

Finally, we began a new research project in 2010, which is being implemented in collaboration with the University of the Western Cape, the Western Cape provincial Department of Health and the City of Cape Town health directorate. This project (DIALHS – district innovation and action for health system development) is working with local managers through a process of action research to address priority planning and management needs in one sub-district of the City of Cape Town. Work will also be initiated in a second site in 2011.

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; 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. 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. Another focus has been research into core competencies in human rights required by health professionals.

Recent research has begun to explore the role of civil society organisations (CSOs) using human rights approaches to promote health. In particular, the establishment of a Learning Network for Health & Human Rights (LN) with 6 CSOs in partnership with Universities of Maastricht, Warwick and Western Cape has provided opportunities to identify best practice for realising health rights. This network draws on a multidisciplinary team of researchers in partnership with CSOs to develop best practice for realising the right to health. In 2010, the Learning Network raised grants from the NRF and UCT's Programme for Enhancing Research Capacity to explore different aspects of Knowledge Production in partnership with Community Organisations, all centred around health rights approaches.

Departmental Statistics

Permanent and long-term contract staff

Professors	5
Associate Professors	6
Senior Lecturers	14
Lecturers (including part-time)	17
Postdoctoral and Research Staff	67
Facilitators	26
Admin and Clerical Staff	29

Total	164
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Students

Doctoral	24
Masters	168
PG Diploma	69
Undergraduate	1200
Total	1461

Research Output

Chapters in books

Articles in Peer-reviewed Journals