



School of Public Health and Family Medicine  
Isikolo Sempilo Yoluntu kunye Namayeza Osapho  
Departement Openbare Gesondheid en Huisartskunde

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**UNIVERSITY OF CAPE TOWN**  
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

## **Master of Public Health Programme Brochure: 2019**

Welcome to the Master of Public Health Programme at the University of Cape Town.

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. The School of Public Health and Family Medicine is committed to the concept of a healthy population having equitable access to resources and highly competent health care professionals to achieve a better quality of life. Our guiding values include:

Openness, Social engagement, Mutual respect, Social justice and Lifelong learning.

## **Master of Public Health (MPH) Programme Convenors 2019**

### **Programme Convenor (Overall, Epidemiology & Biostatistics track)**

Professor Landon Myer, BA (Brown), MA, MBChB (Cape Town), MPhil, PhD (Columbia)

### **Assistant Convenor (Health Economics track)**

Dr Olufunke A. Alaba, BSc (Hons) (Ado-Ekiti), MSc, PhD (Ibadan)

### **Assistant Convenor (Health Systems track)**

Associate Professor Jill Olivier, BA (Hons), MPhil, PhD (Cape Town)

### **Assistant Convenor (Community Eye Health track)**

Mr D Minnies, NHDMedTech (CPUT), NDMedTech (CPUT), MPH (Cape Town)

### **Assistant Convenors (Social & Behavioural Sciences track)**

Associate Professor Christopher J. Colvin, BA (Virginia Tech), MA, PhD (Virginia), MPH (Cape Town)

Dr Alison Swartz, BSocSci, MPH, PhD (Cape Town)

### **Assistant Convenor (Environmental Health track)**

Professor Hanna-Andrea Rother, BA, MA, PhD (Michigan State)

### **COLLABORATING DEPARTMENTS AT UCT**

- Division of Ophthalmology, Department of Surgery, Faculty of Health Sciences
- Department of Medicine, Faculty of Health Sciences
- Department of Historical Studies, Faculty of Humanities
- Primary Health Care Directorate, Faculty of Health Sciences

## TABLE OF CONTENTS

---

INTRODUCTION	4
DEGREE OBJECTIVES	6
CURRICULUM REQUIREMENTS AND ORGANISATION	10
GENERAL INFORMATION	22
COURSES /MODULES	26
<b>SEMESTER 1</b>	
Public Health and Society (PPH7016F)	26
Introduction to Epidemiology (PPH7018F)	27
Biostatistics I (PPH7021F)	28
Advanced Epidemiology (PPH7029F)	29
Theory and Application of Economic Evaluation in Health Care (PPH7039F)	31
Microeconomics for the Health Sector (PPH7050F)	32
Gender and Health (PPH7054F)	33
Quantitative Methods for Health Economists (PPH7064F)	34
Qualitative Research Methods (PPH7071F)	35
Introduction to Health Systems (PPH7093F)	37
Biostatistics III (PPH7095F)	38
Cancer Prevention and Control (PPH7096F)	39
Environmental Health & Policy (PPH7098F)	40
Community Eye Health 1 (PPH6022F)	41
Community Eye Health 2 (PPH6023F)	42
<b>SEMESTER 2</b>	
Evidence-Based Health Care (PPH7022S)	43
Health Policy and Planning (PPH7041S)	44
Public Health and Human Rights (PPH7053S)	45
Epidemiology of Infectious Diseases (PPH7063S)	47
Epidemiology of Non-Communicable Diseases (PPH7065S)	48
Quantitative Research Methods (PPH7070S)	49
The Economics of Health Systems (PPH7077S)	50
Qualitative Data Analysis (PPH7091S)	51
Biostatistics II (PPH7092S)	53
Health Systems Research and Evaluation (PPH7094S)	54
Public Health Practicum (PPH7089F/S)	55
Seminars in Epidemiology (PPH7090F/S)	56
Climate Change, Pollution and Health (PPH7097S)	58
Children's Environmental Health (PPH7099S)	59
EXAMPLES OF OUTSIDE ELECTIVES	61
TRACK DESCRIPTIONS AND TIMETABLES	62
GUIDELINES: DISSERTATION	80

## INTRODUCTION

This brochure provides details for students regarding specific aspects of the UCT MPH programme. It also may be used to assist prospective candidates in deciding whether the UCT MPH programme suits their needs.

A coursework plus dissertation Master of Public Health has been offered in the Faculty of Health Sciences since 1999. It is offered as a multidisciplinary Public Health degree and is based on established strengths at UCT, resulting in an emphasis on epidemiology & biostatistics, health economics, health systems & policy, social & behavioural sciences and environmental health.

Degree candidates from a variety of backgrounds will acquire knowledge and skills to assist them to contribute towards an effective and equitable health system based on population- and individual-level approaches.

There are six specialised **tracks or streams**: *Epidemiology & Biostatistics*, *Health Systems*, *Health Economics*, *Community Eye Health*, *Social & Behavioural Sciences*, and *Environmental Health*. Each of these has its own course requirements though requirements and electives overlap considerably across tracks.

The programme is taught as a series of semester length **courses** (sometimes called **modules**) some of which are compulsory for the degree and others elective. The flexible course structure enables collaboration with different departments at UCT and other institutions.

- For all tracks (other than Health Economics), candidates will need to complete **10 courses plus a mini-dissertation**, achievable in approximately 18 months of full-time study or longer with part-time study.
- Health Economics track candidates will need to complete **8 courses plus a mini-dissertation**, achievable in 18 months of full-time study or longer with part-time study.

### Specific track requirements:

- For an Epidemiology & Biostatistics specialisation, the candidate must have completed the required courses (see page 65) and a mini-dissertation in the field of Epidemiology and/or Biostatistics. *There are also pass mark minima on certain courses within the track required for progression to higher level courses.*
- For a Health Economics specialisation, the candidate must have completed the required courses (see page 67) and a mini-dissertation in the field of Health Economics.
- For a Health Systems specialisation, the candidate must have completed the required courses (see page 69) and a mini-dissertation in the field of Health Systems.
- For a Community Eye Health specialisation, the candidate must have completed the required courses (see page 72) and a mini-dissertation in the field of Community Eye Health.
- For a Social & Behavioural Sciences specialisation, the candidate must have completed the required courses (see page 74) and a mini-dissertation in the field of Social and Behavioural Sciences.
- For an Environmental Health specialisation, the candidate must have completed the required courses (see page 76) and a mini-dissertation in the field of Environmental Health.

Note that all applications to the UCT MPH must go via the University's central admissions process, and can be completed online:

<http://www.uct.ac.za/apply/applications/forms/>

## 1. DEGREE OBJECTIVES

### 1.1 What is Public Health?

**Public Health is the collection of disciplines that seek to promote health and prevent morbidity and mortality, using a population or community as the unit of understanding and intervention.**

- This is in contrast to *other disciplines in the health sciences* that may focus on the individual patient, or even the organ or organ system, as the primary focus.
- This is also in contrast to *other disciplines in the sciences or humanities* that focus on the population or community but may have a less explicit intention of ameliorating health states.

As part of this, there is a strong emphasis in public health on understanding the individual psychosocial, socioeconomic and structural determinants of health, in addition to biomedical understandings.

In Public Health, major areas of activity include:

- the *measurement and analysis of states of health* (including disease, injury and well-being) at an individual and population level;
- the *prevention of disease and/or promotion of health* in individuals and groups of people through a variety of activities;
- and the *fostering of equity, efficiency and effectiveness* in the provision of health care services and in health systems more generally.

Importantly, Public Health does not focus on a single set of diseases but can encompass the range of health conditions and health-related behaviours that influence morbidity and mortality at a population level.

In addition, the epidemiological and biostatistical concepts and methods that are at the core of Public Health can also be applied to address *clinical questions* regarding the aetiology, presentation, management and course of disease.

## 1.2 Target candidates

The UCT MPH programme was originally developed to help professionals already on career paths to advance their skills, opportunities and effectiveness in their current or future positions. To this end the programme was designed to support *part-time* study. However a large number of candidates attend on a *full-time* basis. In addition to academic and work history, the selection process places value on experience in public health related (or clinical) work.

In the past, successful candidates have included:

- Individuals interested in different aspects of health-related research and/or service delivery, including clinical researchers;
- University graduates in Medicine and in the Allied Health Sciences wanting to broaden their skills and fill roles beyond professional boundaries, or to develop specific research skills;
- Non-health science graduates, e.g. from the physical and biological sciences; social sciences; commerce; journalism and media; engineering; and/or environmental sciences, who want an entry point into the health sector and/or to strengthen their activities in their own disciplines;
- Health sector managers and health professionals responsible for running health programmes or services, for whom a public health perspective is important.

## 1.3 Non-degree candidates

Individual courses are open, subject to any limitation on numbers and candidate suitability, to students from other postgraduate degrees at UCT as well as to individuals who want single-semester courses not for degree purposes. Such **non-degree candidates** may register for a maximum of three courses and must pay full course fees. Non-degree candidates routinely apply for entry into the MPH degree programme and, if accepted, transfer course credits towards the full degree.

In all cases, candidates are encouraged to contact the course convenors involved and need to apply to the programme administrator. If accepted as a non-degree candidate, students would still need to apply online to UCT and confirm your application with the post graduate office.

## **1.4 Perspectives and skills**

Perspectives emphasised in the course are:

- An appreciation of diverse, population-based approaches to thinking about human health and its determinants, as well as health services and health systems;
- An ability to ask focused questions related to health and disease in individuals and populations, as well as to apply critical thinking and conduct high-quality research to answer such questions;
- An ability to use evidence in different forms to inform different types of interventions to improve population health;
- An appreciation of the social and economic determinants of health and health services;
- An appreciation of the goal of achieving greater equity in health, health services and health systems development; and,
- Scholarship that helps to address real-world problems.

In addition to track-specific skills and abilities, cross-cutting attributes that the programme seeks to promote across courses and tracks include:

- Critical thinking and problem-solving skills
- Creative thinking and innovation
- Ability to work in teams and adapt to diverse health concerns
- Academic and scientific communication & leadership

## **1.5 Outcomes**

Across tracks, graduates should emerge with certain generic skills, including: population, interdisciplinary and systems perspectives on health and health care; different kinds of research skills; an understanding of the political, economic and cultural basis of health determinants, health services and health policy; the ability to critically evaluate evidence related to health and health care; and the ability to argue or advocate for specific policies or practices.

Graduates could be employed in any sector with health functions, including but not limited to health services or related organizations (whether in the public or private sector), academia, research, finance, labour, community-based groups



and non-governmental organisations. While the focus of the UCT MPH is on strengthening the public health workforce for South Africa and the continent, increasingly careers in public health are international in scope.

In such jobs, graduates would perform functions with a population, systems or organisational focus, including: setting up, managing and/or supporting health-related services or programmes; developing health-related strategies and/or policies; evaluating health services or programmes; carrying out and reporting on health research; and/or conducting training and support related to health promotion and health care. Some graduates entering the programme from clinical backgrounds will continue to provide clinical services with greatly enhanced research and population perspectives. Others will build on skills learned to pursue a career in research or academia.

## 2. CURRICULUM REQUIREMENTS AND ORGANISATION

### 2.1 Time commitment

The programme may be taken part-time or full-time. **The programme does not currently provide for distance learning candidates and residence in Cape Town is a requirement.** Most courses and other learning activities expect regular attendance at face-to-face meetings in Cape Town. *Candidates may choose to undertake the programme while living outside of Cape Town but take full responsibility for their studies and recognise that this is not a distance learning degree.*

The projected formal commitment for the degree is a minimum of 1800 “notional” hours divided approximately as follows:

#### **Epidemiology & Biostatistics, Health Systems, Community Eye Health, Social & Behavioural Sciences and Environmental Health tracks:**

- Classroom/Practicals: 320 hours (approximately 32 hours per course);
- Formal assignments, reading, course project work: 880 hours (approximately 88 hours per course outside the classroom);
- Mini-dissertation: 600 hours (at a minimum, or approximately 4 months full-time for the entire mini-dissertation process).

#### **Health Economics track:**

- Classroom/Practicals: 260 hours (approximately 32 hours per course);
- Formal assignments, reading, course project work: 700 hours;
- Dissertation: 900 hours (minimum)

Note that these are notional hours, and do not necessarily reflect actual time commitments involved which may be more or less in different circumstances.

While the coursework component of the degree can be completed in 2-3 semesters for certain tracks, the minimum time to completion of the degree is unlikely to be less than 18-24 months. Candidates are encouraged to aim to complete their coursework and dissertation within 24 months, but some may

elect to take three or four years for this. The University expects that the degree will be completed within four years. A fifth year of registration is allowed, and registration to complete the MPH over longer periods requires special consideration from the programme convenor and postgraduate office.

## **2.2 Entry requirements**

*Minimum* entry requirements are:

- An appropriate 4-year Bachelors course, 4-year Honours course or any degree recognised by the University Senate as equivalent;
- Evidence of adequate quantitative and critical thinking skills as judged by the selection panel;
- Evidence of proficiency in written and spoken English. A formal test of English proficiency is required of applicants from non-English speaking countries (see page 18).

## **2.3 Diversity of backgrounds**

Candidates with training other than in the health sciences, e.g. biology, psychology, anthropology or statistics, are strongly encouraged to apply for admission. Course combinations and teaching will to some extent take this diversity of background into account.

Numeric and writing skills may be tested before and/or after admission for diagnostic purposes. Teaching assistants are available in some courses but candidates with deficiencies in numeracy and/or writing skills may be requested to seek additional tuition at their own expense. The University also provides writing skills support (see page 21), and candidates may be referred to the UCT Writing Centre after assessment of their written English.

## **2.4 Degree structure**

The building block of the degree is the *course* (also called a *module*): a self-contained one-semester course, which might require pre-requisite courses to be completed. The degree programme consists of 10 courses (or 8 for the Health Economics track), including *core* and *elective* courses, plus a research-based mini-dissertation. Each course consists of approximately 32 classroom hours, plus

approximately 88 hours of independent reading, studying and assignments. *Core* courses are offered annually. All *elective* courses are offered annually in most years but may take place less frequently based on demand. The University reserves the right to cancel any elective if there is insufficient demand, or to change the timetabling of any course. Numbers for a course may also be capped in certain instances, for example, to prioritize students for whom a given course is *core* over those for whom that course is an *elective*.

All courses are taught as a half-week *block* (14-16 hours) plus eight or nine 2- hour sessions spread through the semester. Block (whole day) teaching will take place during February and March (Semester 1) and in July and August (Semester 2) each year, from 8h30 - 16h00 daily. Note that both semesters start earlier than do other postgraduate programmes in the University.

The semester sessions for each course take place every 1-2 weeks on Monday-Thursday afternoons during the semester. Semester sessions take place in one of two 2-hour sessions, usually held either from 13.30 to 15.30 or 16h00 to 18h00. Courses may be scheduled to other time slots and this will be communicated by the individual course convenors.

The MPH degree is suitable for students who are working on either a part-time or full-time basis. However, students who are working while in the MPH programme should clear attendance commitments with their employer in advance for the whole programme, including study leave and examinations.

## **2.5 Outside Electives** (See page 61)

## **2.6 Graduation requirements, degree time limits and degree certificates**

A total of 10 courses (8 in the case of Health Economics track candidates) successfully completed are required for the degree, plus a pass on the mini-dissertation. Upon graduation, the specialisation track is inscribed on the degree certificate, in parentheses after "Master of Public Health".

## 2.7 Mini-dissertation

The *mini-dissertation* (so named because it is substantially shorter than the full-length dissertation that is standard in dissertation-only Master's degree programmes) carries one-third of the weighting of the degree (50% in the case of Health Economics track candidates).

Candidates will be required to complete a mini-dissertation in a research area related to their track. The candidate will be expected to find an approved supervisor, with the assistance of the programme and track convenors, within their area of interest. To ensure appropriate support to students, primary supervisors must be drawn from the School of Public Health & Family Medicine. External co-supervisors (i.e. non-UCT) may also be drawn from any appropriate tertiary or research institution. (See page 80 for further details on the mini-dissertation). The programme does not provide funding for research, although candidates may apply for such research funding through any available channel.

## 2.8 Assessment of student performance

Each course convenor will determine the appropriate form of assessment in that module. Such assessment will consist of some combination of take-home assignments, semester projects and/or final examinations. Generally, the examination carries 50% of the assessment weight. The examination for each course will be written off at the end of the semester in question. Generally, a **pass mark of 50% is required overall, with a 45% sub-minimum on each of the examination and semester mark separately.**

An external examiner is appointed for every course. The external examiner for each course retains the discretion to alter the final course mark based on assessment of the candidate's performance across the course as a whole.

**Candidates may be allowed to repeat a course they have failed, at the course convenor's discretion. No course may be undertaken more than twice. Where a candidate fails (a) any core course twice, or (b) any 3 courses, a recommendation will be made to the Dean to refuse the candidate further registration in the programme.** This applies to both core and elective courses.

***No supplementary examinations will be offered to candidates who fail a course.***

Candidates will have to repeat core courses they have failed. This may prolong the period of residence in Cape Town or extend registration.

The coursework and dissertation components must be passed independently. The dissertation will be marked by two examiners, both external to the university. The *highest* standard aimed for will be that of a manuscript potentially capable of publication as a single paper in a peer reviewed journal (although it need not be submitted for publication, nor be at the level of a peer-reviewed scientific publication in order to pass for the degree).

### **2.8.1 Deferred examination and access to examination scripts**

*Deferred* examinations may be offered on medical and other grounds. For more detailed information, please see the UCT examinations site. *Access to marked examination scripts will be provided based on the UCT General Rules and Policies Handbook.*

## **2.9 Distinction**

Rules for distinction are determined by the Faculty and are subject to change. At the time of writing, the MPH degree will be awarded with distinction to candidates who average 75% or above on coursework plus dissertation, with a 70% sub-minimum on each component. (i.e. at least 70% average across all courses and at least 70% on the dissertation.)

## **2.10 Quality assurance**

Each course will be evaluated by candidates using a standard questionnaire or via VULA, the electronic teaching platform. Course convenors may hold open discussions during the semester to provide feedback. The programme convenor will work with track and course convenors in considering evaluations, solving problems, and maintaining the coherence of the programme.

The programme convenor will also hold meetings with the whole MPH class from time to time. The external examiner for each course is asked to submit a report on the quality of the course and the examination.

All student feedback is welcome and is considered highly valuable towards strengthening the programme and improving student learning. In addition to the mechanisms described above, confidential feedback can be communicated to the programme convenor.

## **2.11 University and programme rules**

### **2.11.1 Entry**

**All participants, including non-degree candidates, or candidates for other UCT degrees, must register and pay fees for every course.**

*Participants may not “audit” courses, i.e. may not sit in for non-examination purposes.*

*The only exception to this is PhD students registered in SPH&FM in the year in which they would like to take a particular module.*

The final decision on admission of degree candidates sits with the programme and track convenors. The final decision on admission of non-degree candidates sits with the programme and course convenors.

### **2.11.2 Attendance**

Attendance at face-to-face learning activities is mandatory. Students should inform the module convenor if they are going to be absent for any part of a course or learning activity.

- **Anyone missing the initial block of a module (40-50 percent of the teaching time) may *not* join that course afterwards.** This is a Duly Performed (DP) requirement. Candidates should plan travel, conference attendance and private schedules accordingly.
- **Students should also ensure that the examination weeks are kept free of any competing engagements.**
- **Students missing sessions must make their own arrangements to obtain material they have missed.**
- **Semester timetables should be consulted well in advance. These are posted on VULA and the School website.**

### 2.11.3 Communication

Primary communication with students about a module will take place via VULA and email or in class, as arranged by the module convenor. **It is essential that the correct email address used by candidates appears on all lists.**

It is the responsibility of the student to ensure that the programme administrator has all their correct contact details, including any change in email address or phone numbers. Email communication, typically using VULA, will also be used for routine programme-level matters.

### 2.11.4 Assignments

There are generally two or three assignments per course, with hand in deadlines; extensions must be sought well **in advance** of the advertised deadline. Penalties are determined by the convenor; some assignments may not be handed in late at all.

### 2.11.5 Outside electives

Students may take up to two courses outside the UCT MPH programme modules. These may be from other programmes at UCT, or at other academic institutions. Please note that such electives are not administered through the MPH programme. It is therefore the responsibility of interested students to obtain administrative information from the relevant department or University.

Approval to undertake outside courses must be obtained *in advance* from the MPH programme convenor, who will check equivalence (e.g. 120 notional hours; suitable assignments and examination) and appropriate content. Additional approval may be required by the track convenor. Courses completed in the North American system must carry a minimum of a “3 semester credit” weighting at a Masters level.

Courses can be chosen from those offered by other UCT programmes. **Attendance at a short course, even if a week long in duration, is not sufficient - the course must be a university Master’s level course with appropriate summative evaluations of student performance.**



Students must register and pay fees for these outside electives as required by the institution. There is no provision for feetransfers.

### **2.11.6 Credits and exemptions**

(a) *Credits* towards the degree, or (b) *Exemption* (with substitution) from a core module, based on Masters-level courses passed elsewhere, may be considered on production of appropriate documentation to the programme convenor. Additional approval may be required by the track convenor.

For credits, such courses must have been undertaken as part of a degree programme at another institution but cannot have formed part of an obtained qualification. This criterion does not apply to exemptions, which are aimed at avoiding duplication of prior study and do not reduce the number of courses required.

### **2.11.7 Plagiarism**

**The University has strict rules against plagiarism, i.e. presenting the work of others, including fellow students, as one's own without acknowledgement. This includes re-presenting text from written or electronic sources (e.g., the internet) without attribution. Generally, a complaint involving plagiarism results in immediate and automatic expulsion from the MPH programme and the University, from which individuals may appeal or later apply for readmission.**

The subject of plagiarism, and how to avoid it, will be discussed at the beginning of the programme and at regular intervals thereafter. Candidates will be expected to submit signed declarations with all written work. Plagiarized work will earn zero credit, and the student reported via the University disciplinary process. This may result in a course failure, loss of financial support and/or expulsion. Convictions for plagiarism are endorsed on academic transcripts.

### **2.11.8 Punctuality and lecture courtesy**

Please be seated with your notes open by the advertised starting time. It is disruptive to have people walking in once the session has started. All cell phones

should be switched off or on silent during sessions. Eating in lecture rooms is not permitted. Please discuss with your course convenor or University facilitator for lecture recordings. Audio and/or video recording of lectures without the permission of the lecturer is not allowed.

### **2.11.9 Summarised University language policy**

English Foreign Language (EFL) or Foreign Permanent (FP) applicants whose primary language is not English are required to submit one of the following:

- A recent score of at least 570 (paper-based TOEFL test) or a score 230 (computer-based TOEFL test) or a score of 90 (Internet-based TOEFL test). A recent test is a score that is obtained within 3 to 5 years before applying for admission to UCT.
- A recent overall band score of 7.0 (with no individual element of the test scoring below 6.5) on the International English Language Testing System (IELTS).
- *See also:*  
<http://www.uct.ac.za/apply/intlapplicants/degree/applications/language/>

### **2.11.10 Registration**

**All candidates – new and returning - must register promptly at the beginning of each year. This is not discretionary.** This applies even if the courses commence only in the second semester and applies even for students who have only the mini-dissertation remaining to complete before graduation. Unregistered students may be asked to leave class or be refused supervision. **Failure to register in a timely manner every year (until graduation) may result in additional fees.** Fee penalties are levied for late registration and fees charged retrospectively for any years “missed”.

Where a candidate is still completing coursework and does not intend to submit the dissertation in that year, registration for the dissertation should be deferred. *This does not preclude a candidate from starting work on the dissertation and being assigned a supervisor as soon as he or she is ready to do so.*

Candidates must register for the dissertation in the year in which they intend to

submit their dissertation. Candidates must pay the full dissertation fee at least once. If registration for the dissertation is continued into a subsequent year, a rebate may be earned for early submission depending on the date of submission. (The “year” for submission purposes extends to mid-February of the following year). “Dissertation only” students must, however, register and pay fees in **every** year in which the dissertation remains uncompleted. *As a result, we recommend that students register for the dissertation ONLY after they and their supervisors are both confident that they will hand in the dissertation during the year.*

#### **2.11.11 Notice to leave: Withdrawal of registration**

Students or their parents or guardians must give notice of intention to discontinue studies in writing by completing the Cancellation of Registration Form and submitting this to their Faculty Office in person **or by registered mail**.

**The deadlines for rebates on fees for first and second semester courses are available from the MPH programme administrator, the Faculty of Health Sciences Postgraduate Office and the University Fees Office. These dates will be strictly adhered to.** *Any fees owing are due immediately on cancellation of studies.*

See also <http://www.uct.ac.za/usr/finance/fees/fees2014.pdf> [‘Drop an Individual Course’ (in Section 2.3)]

No reduction in fees will be granted if the notice of intention to discontinue studies is received by the Faculty office after these deadlines. Change of “Curriculum Forms” are to be handed to the programme administrator at least a week before the deadline date to allow for signatures, etc. and for onward forwarding to the Postgraduate Faculty Office before the deadline date.

**Candidates who stop attending a course yet either do not formally withdraw or withdraw after the last date above will have an ‘absent’ recorded for that course in that year.** An “absent” (AB) mark is equivalent to a failure (F) in the programme and University. This will appear on the official transcript even if the course is later successfully completed.

### **2.11.12 Leave of absence**

A postgraduate student is required to have unbroken registration across a year of study until graduation and cannot merely absent him-herself without faculty approval.

Should Leave of Absence (LOA) be approved by the Deputy Dean: Postgraduate Education, on recommendation of the programme convenor and HOD, this will be valid for up to one year only. To apply for LOA the student must write to the Manager: PG Administration, setting out the circumstances, and attach substantiating documentation. If the student is applying on medical grounds he/she will need a medical certificate. Members of the staff in the Student Wellness Services do not have discretion to grant leave of absence. While a member of the Clinical Staff (or the student's own doctor) may discuss a leave of absence with the student as part of managing his/her condition, they may not request or instruct the Faculty to grant leave of absence. They may only provide a medical opinion.

**Retrospective leave of absence is not granted.** In such cases, full payment of fees for any "missed years" is required before re-registration.

### **2.12 University resources**

UCT's postgraduate and postdoctoral hub is a useful clearing house for information related to postgraduate studies, including the Master of Public Health, at UCT. For more information see:

<http://www.uct.ac.za/students/postgraduates/administration/>

#### **2.12.1 Student representation**

The university and faculty have a Postgraduate Students' Association to represent the interests of postgraduate students. Membership is encouraged.

In the past, students in each enrollment years of the programme have elected a 'class representative' to be the focal point for feedback to the programme on students facing issues. As the programme grew larger this approach proved less useful, and now we recommend to course convenors of larger courses (eg, >20-

30 students) that they elect 'class representatives' for that specific module, if desired.

### **2.12.2 Computing facilities**

The Barnard Fuller Computer Laboratory (Level 1, alongside the Postgraduate seminar lecture rooms) is available for use by all postgraduate students. Other computer facilities on campus are shared between undergraduate and postgraduate students.

- Students must use their UCT swipe card to gain access to computer labs. Should a card be left at home or not function, students can go to Student Administration to gain access.
- The opening times are 24 hours a day, 365 days a year.
- Wireless access areas (via Eduroam) are available across campus.

### **2.12.3 Parking**

Student parking on campus is available at the standard university fee that is payable annually.

### **2.12.4 Continuing Professional Development (CPD) credits**

For individuals registered with the Health Professions Council of South Africa, 30 CPD points are awarded on graduation; this does not include ethics points.

### **2.12.5 The Writing Centre**

The Writing Centre at UCT forms part of the Language Development Group in the Academic Development Programme (Centre for Higher Education Development). This Centre offers students assistance with academic writing. Please visit their website: <http://www.ched.uct.ac.za>

Candidates may be referred to the Writing Centre by staff on the basis of performance in written work during the programme.

### 3. GENERAL INFORMATION

#### 3.1 Fees

See the latest University Fee Handbook for up-to-date fee information:  
<http://www.uct.ac.za/students/postgraduates/fees/handbook/>

The University's course-based fee structures will enable students to accurately calculate the cost of their academic studies at UCT. Students can use the course codes listed in this document to look up the all-inclusive cost of the degree in the fees handbook. The sum of these costs will give the total cost for the set of chosen courses per semester and per year.

All students from outside South Africa or other Southern African Development Community (SADC) countries should refer to fees for international students in the Fees booklet on the website above.

**All students will be billed in South African Rand regardless of the country of origin. For students who are not from SADC countries, an 'international fee' called the *International Term Fee*, will be charged in addition to standard registration fees. Both the International Term Fee plus the individual course based fees must be paid prior to registration. The full annual International Term Fee is charged even if registration commences in the second semester.**

#### 3.2. Financial Assistance

Information regarding scholarships and bursaries is available on request from the Postgraduate Centre and Funding Office:

Tel: +27 21 650 3629 Fax: +27 21 650 4352

Email: [pgfunding@uct.ac.za](mailto:pgfunding@uct.ac.za)

Website: [www.uct.ac.za/apply/funding/postgraduate/applications/](http://www.uct.ac.za/apply/funding/postgraduate/applications/)

There are a number of University-administered Masters level scholarships for which both entering candidates and those already in the programme may apply. Deadlines are typically six months to one year in advance. Applications for the programme must be submitted by new applicants in parallel with any scholarship applications.

International students can apply for scholarships via the International Academic Programmes Office (IAPO). Forms will be available on the IAPO website (<http://www.uct.ac.za/about/iapo/overview/intro/>).

Generally, financial assistance for postgraduate studies at UCT is highly competitive.

### **3.3. Accommodation**

University accommodation is limited although specific residences close to the Health Sciences campus are available for postgraduate students. All inquiries about housing should be directed to:

Student Housing Accommodation & Advocacy Services (SHAAS)

University of Cape Town

Phone: +27 21 650 2977 Fax: +27-21- 650 4014

Email: [res@uct.ac.za](mailto:res@uct.ac.za)

<http://www.uct.ac.za/apply/residence/life/overview/>

### **3.4. Study permits for international students**

International students must obtain a study permit before entering South Africa. Please consult the nearest South African embassy/consulate well in advance. Further information for international students is available from the International Academic Programmes Office (IAPO):

<http://www.uct.ac.za/about/iapo/overview/welcome/>.

### **3.5. MPH Peer Mentorship**

Settling into a new country and starting a demanding postgraduate programme can be quite daunting for many. To help with this, current MPH students have identified the need for a support system for new students. The peer mentorship programme assists students with accessing UCT resources such as the library, writing centre and computer labs. International students are assisted with the pre-registration process at IAPO, an important step before international students are permitted to register. More information on this is available at orientation or from the programme convenor.

### 3.6. Emergency Contacts

<b>Employee Wellness</b>	<b>021-650-5685</b>	<a href="mailto:Blanche.claasen-hoskins@uct.ac.za"><u>Blanche.claasen-hoskins@uct.ac.za</u></a>
<b>Occupational health and safety</b>	<b>021-650-3873</b>	<a href="mailto:ohs@uct.ac.za"><u>ohs@uct.ac.za</u></a> <a href="mailto:key@uct.ac.za"><u>key@uct.ac.za</u></a>
<b>Campus safety</b>	<b>021-650-2222/3</b>  <b>24 hours</b>	
<b>Sexual-assault response team</b>	<b>072-393-7824</b>  <b>24 hours</b>	<a href="mailto:sart@uct.ac.za"><u>sart@uct.ac.za</u></a>
<b>Office for inclusivity and change Rashieda Khan</b>	<b>021-650-3530</b>	
<b>Sexual and gender violence Francois Botha</b>	<b>021-650-5948</b>	
<b>Whistle-blowing hotline</b>	<b>0800 650 0000</b>  <b>24 hours</b>	<a href="mailto:uct@whistleblowing.co.za"><u>uct@whistleblowing.co.za</u></a>
<b>Ombud</b>	<b>021-650-0000</b>	<a href="mailto:ombud@uct.ac.za"><u>ombud@uct.ac.za</u></a>



### 3.7. MPH enquiries

The MPH programme office is located in the School of Public Health & Family Medicine in Falmouth Building on the Health Sciences Campus. The physical location is:

School of Public Health & Family Medicine  
Falmouth Building, Entrance 5, Level 5  
University of Cape Town Faculty of Health Sciences  
Anzio Road, Observatory 7925, Cape Town, South Africa  
<http://www.publichealth.uct.ac.za/>

Logistical and administrative enquiries may be directed to the MPH programme administrative team:

General enquiries: [mphadmin@uct.ac.za](mailto:mphadmin@uct.ac.za)

Mrs. Jolene Brooks (MPH Senior Secretary)  
Tel: 021 406 6578  
Email: [jolene.brooks@uct.ac.za](mailto:jolene.brooks@uct.ac.za)

Ms. Nazlie Farista (Programme Administrator)  
Tel: 021 650 1098  
Email: [nazlie.farista@uct.ac.za](mailto:nazlie.farista@uct.ac.za)

Academic enquiries may be directed to the MPH Programme Convenor:

Professor Landon Myer  
Tel: 021 406 6661  
Email: [landon.myer@uct.ac.za](mailto:landon.myer@uct.ac.za)

## 4. COURSES / MODULES

### 4.1 PUBLIC HEALTH AND SOCIETY (PPH7016F)

#### Convenors

Dr Alison Swartz, BSocSci, MPH, PhD (Cape Town), School of Public Health and Family Medicine, UCT

Associate Professor Christopher J. Colvin, BA (Virginia Tech), MA, PhD (Virginia), MPH (Cape Town), School of Public Health and Family Medicine, UCT

Professor Howard Phillips, BA (Hons) (Cape Town), MA (London), PhD (Cape Town), Department of Historical Studies, UCT

#### Structure

- Compulsory for Epidemiology & Biostatistics, Health Systems and Social & Behavioural Sciences tracks.
- Semester 1: one half-week block in February/March
- One two-hour session approximately every week during the semester.

#### Skill Objectives

In this course, students will develop a broad understanding of the field of public health. By the end of the course students should be able to:

- Describe how the idea of public health has changed over time, depending on its particular socio-historical and scientific context.
- Describe how public health has been taught in universities and translated into legislation over time.
- Describe the major disciplinary contributions, key concepts, and core research tools that are central to public health knowledge and practice.
- Describe the state of the “public’s health” in South Africa, with special reference to the distribution, causes and control of race, class, gender and geographic disparities in health.
- Describe opportunities and challenges for public health interventions beyond the biological, in the context of health systems, communities, cultures, political and economic structures, and the environment.
- Use this multi-disciplinary and multi-levelled approach—the public health perspective—to develop a richer understanding of health problems and the ways that public health knowledge and practice can address these problems.

## **Content**

The course will consist of two related components. The first will provide an historical analysis of the concept of public health and the growth and development of a public health movement in Europe and South Africa. The second will consider the many tools and theories the field of public health uses to understand the causes and distribution of health and illnesses as well as the ways public health professionals intervene to improve population health.

## **Requirements**

As for degree (see section 2.2)

## **4.2 INTRODUCTION TO EPIDEMIOLOGY (PPH7018F)**

### **Convenors**

Dr Kirsty Brittain, BSocSci (KwaZulu-Natal), MPH PhD (Cape Town)

Dr Jabulani Ncayiyana, BSc (KwaZulu-Natal), MSc (Wits), PhD (North Carolina)

### **Structure**

- Compulsory for Epidemiology & Biostatistics, Community Eye Health, Health Systems and Social & Behavioural Sciences tracks
- Semester 1: one half week block in February/March
- One two-hour session approximately every week during the semester

### **Skill Objectives**

The course aims to introduce the basic principles and methods of epidemiology. At the end of the course candidates should be able to demonstrate knowledge of:

- The nature and uses of epidemiology
- The strengths and limitations of epidemiological study designs
- The epidemiological approach to defining and measuring the occurrence of health-related states in the population
- The epidemiological approach to assessing study validity and disease causation

### **Content**

- Basic measures of disease occurrence and disease association
- Types of study designs

- Random error, bias and confounding
- Introduction to demography and standardization
- Epidemiology in prevention and screening
- Causal inference in epidemiology
- Introduction to critical appraisal of the literature

### **Requirements**

As for degree (see section 2.2)

## **4.3 BIOSTATISTICS I (PPH7021F)**

### **Convenor**

Dr Tamsin Phillips, BSc, BSc Hons, MPH PhD (UCT)

### **Structure**

- Required for General, Epidemiology & Biostatistics, Community Eye Health tracks
- Semester 1: one half week block in February/March
- One two-hour session approximately every week during the semester

### **Skill Objectives**

This course provides an introduction to the basic concepts and methods of biostatistics. At the end of the course candidates should be able to demonstrate knowledge of:

- The importance of statistics
- Descriptive statistics
- Inferential statistical procedures
- Critically interpreting statistical output
- An application to all techniques by statistical software

### **Content**

- Populations and samples, and sampling methods
- Descriptive measures and graphical techniques
- Distributions

- Estimation: Point and Interval estimation
- Hypothesis testing
- Power, Effect, and Sample size
- Measures of effect – risk ratio and odds ratio

## **Requirements**

As for degree (see section 2.2)

## **4.4 ADVANCED EPIDEMIOLOGY (PPH7029F)**

### **Convenor**

Professor Landon Myer, BA (Brown), MA, MBChB, (Cape Town), MPhil, PhD (Columbia)

### **Structure**

- Compulsory for Epidemiology & Biostatistics track
- Semester 1: one half-week block in February/March
- Face-to-face learning sessions during the semester approximately every week supplemented by notes and discussion board learning on VULA.

### **Skill Objectives**

To provide candidates with a deeper understanding of quantitative research concepts learned in the Introduction to Epidemiology course such as:

- Causation, measures of occurrence, and measures of association
- A framework for understanding the relationships between observational and experimental study designs, and an understanding of how different observational designs are inter-related
- An appreciation of the role of variable measurement in research, with emphasis on bias and misclassification and their effects
- A deeper understanding of confounding and how confounding is controlled in epidemiological research, and of the uses and limitations of matching in analytical studies
- A deeper understanding of intermediate variables and the role of intermediate variables in investigating the determinants of disease

- A deeper understanding of effect modification/interaction, including the relevance of these concepts to public health and the difficulties in identifying these phenomena in data
- The ability to integrate and apply different epidemiological concepts to provide a thorough critique of study design, conduct and analysis

### **Content**

- Overview of study design and epidemiologic principles
- Measures of occurrence & effect
- Approaches to the assessment of causality
- Cohort studies and randomised control trials
- Case control and cross-sectional studies: appropriate effect measures
- Bias and validity
- Confounding (including standardisation)
- Effect measure modification
- Matching
- Critical appraisal

### **Requirements**

- A pass of at least 65% in Introduction to Epidemiology (PPH7018H)
- Biostatistics I and Biostatistics II (PPH7021F) (completed)
- Biostatistics III (PPH7092S) (completed or co-enrolled)
- One or more of:
  - Evidence Based Health Care (PPH7022S)
  - Epidemiology of Infectious Diseases (PPH7063S)
  - Epidemiology of Non-communicable diseases (PPH7065S)

## **4.5 THEORY & APPLICATION OF ECONOMIC EVALUATION IN HEALTH CARE (PPH7039F)**

### **Convenor**

Associate Professor Susan Cleary, BA (Rhodes), MA PhD (Cape Town)

### **Structure**

- Compulsory for Health Economics track
- Semester: one half-week block in February/March
- One two-hour session approximately every week during the semester

### **Skill Objectives**

This module aims to enable students to understand and apply current methods in the economic evaluation of health care programmes and interventions. The main skill objectives are:

- To gain insights into the theory underlying the application of economic evaluation to health care programmes and interventions
- To develop an understanding of economic evaluation methodologies
- To be able to judge the quality of economic evaluations
- To develop skills in economic evaluation modelling

### **Content**

- Introduction to economic evaluation
- Costing in economic evaluation
- Outcome measurement and valuation
- Cost, cost-effectiveness, cost-utility, and budget-impact analyses
- Critical appraisal of economic evaluation
- Use of economic evaluation in health system decision making
- Uncertainty in economic evaluation
- Modelling in economic evaluation

### **Requirements**

As for degree (see section 2.2); computer literacy: Microsoft Excel skills required

## **4.6 MICROECONOMICS FOR THE HEALTH SECTOR (PPH7050F)**

### **Convenor**

Associate Professor John E. Ataguba, BSc (Hons) (Nigeria), MPH PhD (Cape Town)

### **Structure**

- Compulsory for Health Economics track
- Semester 1: one half-week block in February/March
- One two-hour session approximately every second week during the semester

### **Skill Objectives**

To apply the theory and principles of microeconomics to health and healthcare, including the analysis of the structure and characteristics of the health care market, noting the differences between the market for health care and traditional markets in economics with a view to informing health care planning and policy.

### **Content**

- Introduction to microeconomics and behavioural economic theory
- Definition, scope and role of microeconomics in the health sector
- The market for health care and the public sector
- Individual and household demand for health and health care
- Household-level analyses: the medical poverty trap and related issues
- Need, agency theory and supplier-induced demand
- Health care production and cost functions
- Efficiency in health care provision
- Health insurance contracts and incentive effects

### **Requirements**

As for Health Economics track (see section 2.2) preferably with a background in economics or health related research.



## **4.7 GENDER AND HEALTH (PPH7054F)**

### **Convenor:**

Associate Professor Jane Harries, BA Hons, MPhil, MPH, PhD (Cape Town)

### **Structure**

- Compulsory for Social and Behavioural Sciences track
- Elective for other tracks
- Semester 1: one half week block in February/March
- One two-hour seminar approximately every week during the first semester

### **Skill Objectives**

The course is intended for students interested in understanding the impact of gender on health, health care, and health systems. The course content provides students with the tools and perspectives to promote equity goals pertaining to women's and men's health within the broad arena of public health.

The course aims to answer such questions as: How has gender influenced the construction of public health in diverse societies? How do social frameworks and structures, such as gender, affect people's experiences and expectations of health?

### **Content**

- The gendered stratification of societies and its differential impact on the health of women, men, transgender and non-confirming people
- Global patterns in gender and health
- Gender and health in South Africa
- Changing practices: strategic and practical approaches to gender and health

Specific topics will be used to examine the impact of gender and health. These include:

- Gender and HIV/AIDS
- Sexual and gender minority health
- Masculinities and health

- Gender-based violence
- Domestic violence
- Sexual and reproductive health and rights including abortion
- Sex worker & reproductive rights
- Maternal health
- Cervical cancer
- mHealth (from a gender perspective)
- Gender and health planning

### **Requirements**

As for degree (see section 2.2)

## **4.8 QUANTITATIVE METHODS FOR HEALTH ECONOMISTS (PPH7064F)**

### **Convenor**

Dr. Olufunke A. Alaba, BSc (Ado-Ekiti), MSc, PhD (Ibadan)

### **Structure**

- Compulsory to candidates in the Health Economics track
- Semester 1: one half-week block in February/March
- One two-hour session approximately every week during semester

### **Skill objectives**

The aim of this module is to introduce students to the fundamentals of statistics and quantitative techniques as they apply to health economics. By the completion of the course, students will have acquired a good understanding of basic statistics and the essentials of econometrics to analyse and present data relevant to health economics settings. Different data sets will be used throughout the module.

### **Content**

- Descriptive statistics
- Introduction to probability theory and probability distributions
- Estimation: standard errors, variance, confidence intervals
- Hypothesis testing

- Regression analysis and modelling
- Diagnostic tests for regression models
- Discrete choice models
- Principal components analysis
- Introduction to sampling and sampling processes
- Introduction to multilevel models applicable to social determinants of health

## **Requirements**

Entry: As for Health Economics track (see section 2.2)

## **4.9 QUALITATIVE RESEARCH METHODS (PPH7071F)**

### **Convenors**

Dr Alison Swartz, BSocSci, MPH PhD (Cape Town)

Associate Professor Christopher Colvin, BA (Virginia Tech), MA, PhD (Virginia), MPH (Cape Town)

### **Structure**

- Compulsory for Social and Behavioural Sciences tracks
- Semester 1: one half-week block in February/March
- One two-hour session approximately every week during the semester

### **Skill Objectives**

To enable candidates to:

- Identify and describe key concepts and theories related to qualitative inquiry, study design, data collection methods, analysis, and report writing
- Develop basic qualitative research designs of their own and interpret and evaluate qualitative research reports and articles in the public health literature
- Explain how qualitative and quantitative research studies differ and when it is appropriate/necessary to use qualitative methods in public health research

- Understand the basics of computer-aided qualitative data management and analysis
- Understand the ethical and logistical issues involved in qualitative research

### **Content**

- Conceptual/theoretical foundations of qualitative research
- Relationship/differences between qualitative and quantitative research designs and theoretical perspectives
- Qualitative data collection methods and study designs (e.g. in-depth interviews, focus group discussions, participant-observation, document reviews)
- Qualitative data analysis and interpretation of data (including introduction to computer-aided data management and analysis)
- Formats and strategies for write-up, reporting and dissemination of qualitative research results
- Ethical issues in qualitative research
- Evaluating the quality of qualitative research projects

### **Requirements**

As for degree (see section 2.2)

Please note that this course relies on group work for semester assignments, students are expected to attend all semester sessions unless otherwise discussed with the course convener. A sub-minimum of 80% of the semester sessions must be attended in order to qualify to write the exam.

## **4.10 INTRODUCTION TO HEALTH SYSTEMS (PPH7093F)**

### **Convenors**

Professor Lucy Gilson, BA (Hons) (Oxon), MA (East Anglia), PhD (London)  
Associate Professor Jill Olivier, BA (Hons), MPhil, PhD (Cape Town)

### **Structure**

- Compulsory for Health Systems track
- Semester 1: one half-week block in February/March followed by sessions approximately every week during semester

### **Skill Objectives**

By the end of this course students should be able to:

- Show an understanding of the dynamic and complex nature of health systems by reflecting on and describing their value bases and functioning, their components and the central roles and behaviours of a range of agents
- Discuss health systems as social constructions, influenced by and influencing the agents within them, as well as influenced by broader political and economic forces, generating public value and contributing to societal development
- Apply these understandings to assessment of our own health system and comparison between health systems
- Apply relevant analytical skills and an understanding of complex systems in order to develop ideas about action to strengthen health systems
- Develop the personal communication, teamwork and leadership skills which are important for supporting health system change
- Demonstrate understanding of and openness to different perspectives on the nature of health systems

### **Content**

- Core elements of health systems
- Frameworks for conceptualizing health systems
- Key issues in strengthening health systems

- Understanding health systems as complex systems comprised of components, actors and inter-relationships
- Modes of health systems analysis and action

## **Requirements**

As for degree (see section 2.2)

### **4.11 BIOSTATISTICS III (PPH7095F)**

#### **Convenor**

Associate Professor Maia Lesosky, BSc, MSc, PhD (Guelph), PGDip Healthcare Professional Education (Cape Town)

#### **Structure**

- Compulsory for Epidemiology & Biostatistics track
- Semester 1
- This class meets weekly throughout the semester with extra sessions scheduled at the start of the semester

#### **Skill Objectives**

- To provide candidates with a thorough understanding of the analysis of “time-to-event” and longitudinal data and a capability to perform such analyses themselves
- To introduce students to other more advanced statistical methods relevant to medical research, so that they are aware of their availability for application to specific problems in medical research

#### **Course content**

- Survival analysis – techniques for the analysis of “time-to-event” data
- Analysis of longitudinal data
- Advanced topics in statistical modeling

#### **Requirements**

Candidates failing Biostatistics III will be allowed to repeat the course only at the discretion of the course convenor. Candidates registered for a track in the MPH

programme for which the course is compulsory will have a higher priority for readmission than those seeking to repeat the course as an elective.

#### **4.12 CANCER PREVENTION AND CONTROL (PPH7096F)**

##### **Convener**

Professor Jennifer Moodley, MBChB, MMed (Public Health) PhD (Cape Town)

##### **Structure**

- Elective; semester 1; one half-week block in February/March
- One two-hour session every week during semester

##### **Skill Objectives**

By the end of the course participants should be able to:

- Understand the principles of cancer prevention and control
- Identify key modifiable and non-modifiable cancer risk factors
- Understand the role of molecular biomarkers and cancer genetics in assessing cancer risk and outcome
- Evaluate cancer prevention and early detection interventions including screening programs and behavioural and lifestyle interventions
- Understand issues related to cancer survivorship
- Understand issues related to palliative care
- Discuss the role of cancer registries and surveillance systems in cancer control
- Understand key cancer prevention and control strategies
- Understand the elements of a cancer control program

##### **Content**

This course provides an introduction to the principles of cancer prevention and control. It covers a broad range of topics including: the global burden of cancer, the hallmarks of cancer, cancer genetics, biomarkers to assess cancer risk and determine outcome, infection and cancer, cancer screening, surveillance and cancer registries, cancer control plans, behavioural and lifestyle interventions, chemoprevention, palliative care and survivorship. The module adopts an

interdisciplinary approach and teaching staff include clinical, public health and basic scientists.

### **Requirements**

As for degree (see section 2.2)

## **4.13 ENVIRONMENTAL HEALTH & POLICY (PPH7098F)**

### **Convenor**

Professor Leslie London, BSc (Med) (Hons), MBChB (Cape Town), MMed, DOH (Witwatersrand), MD (Comm. Health)

### **Structure**

- Compulsory for Environmental Health track
- Semester 1: one half week block in February/March followed by sessions approximately every week during semester

### **Skill Objectives**

By the end of this course students should be able to:

- Critically analyse environmental health policy
- Apply ethics and human rights to environmental health
- Apply the link between ethics and human rights to environmental health
- Demonstrate a strengthened understanding and commitment to environmental justice
- Interpret and apply different approaches to risk management in environmental health
- Apply an understanding of how environmental health policy relates to broader public health policy

### **Content**

- Environmental ethics and environmental Justice: participation and rights-based approaches to protecting vulnerable groups
- Sustainable development
- The precautionary principle and dealing with scientific uncertainty



- Conflict of interest in environmental health policy
- Global environmental health conventions
- The role of social movements in responding to environmental health challenge

## **Requirements**

(As for degree (see section 2.2))

### **4.14 COMMUNITY EYE HEALTH 1 - PLANNING & MANAGING EYE CARE SERVICES (PPH6022F)**

#### **Convenor**

Mr D Minnies, NHDMedTech (CPUT), NDMedTech (CPUT), MPH (Cape Town)

#### **Structure**

- Compulsory for Community Eye Health track
- Semester 1: weekly on-line teaching and a weekly tutorial over six weeks
- Two assignments during the semester and an end of course examination

#### **Skill Objectives**

To enable candidates to:

- Understand the magnitude, causes, and control strategies for the major blinding eye diseases in the world and in Africa
- Understand the components of the WHO/IAPB Vision 2020 initiative
- Understand the principles of programme planning
- Understand the principles of the control of cataract blindness
- Understand the principles of the control of visual impairment due to refractive error

#### **Content**

- Epidemiology and visual impairment
- Vision 2020 and GAP
- Cataract
- Refractive error

- Principles of planning
- Planning activities and budget, monitoring and evaluation

### **Requirements**

As for degree (see section 2.2)

## **4.14 COMMUNITY EYE HEALTH 2 – EPIDEMIOLOGY FOR EYE HEALTH (PPH6023F)**

### **Convenor**

Mr D Minnies, NHDMedTech (CPUT), NDMedTech (CPUT), MPH (Cape Town)

### **Structure**

- Compulsory for Community Eye Health track
- Semester 1: weekly online teaching and a weekly tutorial over 6 weeks
- Two assignments during the semester and an end of course examination

### **Skill Objectives**

To enable candidates to:

- Understand study designs as applicable to eye health

### **Content**

- Basic epidemiology, research questions, study designs
- Cross sectional studies for cataract
- Case control studies for age related macular degeneration
- Cohort studies for diabetic retinopathy
- Randomised controlled trials for glaucoma
- Key informant methods, Cochrane reviews, qualitative studies for eye health

### **Requirements**

As for degree (see section 2.2)

## **4.15 EVIDENCE-BASED HEALTH CARE (PPH7022S)**

### **Convenor**

Associate Professor Mark E. Engel, BSc(Med) Hons, MPH, PhD (Cape Town)

### **Structure**

- Semester 2: one half week block in July/August
- One two-hour session approximately weekly during the semester

### **Skill Objectives**

To enable candidates to:

- Convert health care information needs into answerable questions
- Identify the best evidence with which to answer them
- Critically appraise the evidence for validity and usefulness
- Apply the evidence in health care practice and policy

Elements involved in developing a protocol for systematic reviews will be highlighted.

### **Content**

- Formulating answerable questions
- Systematic and comprehensive searches for evidence
- Evaluating articles about treatment or prevention, diagnosis, prognosis, harm, clinical decision analysis and clinical practice guidelines
- Data abstraction, synthesis and interpretation

### **Requirements**

*A pass of at least 55% in Introduction to Epidemiology (PPH7018H).*

### **Recommended**

- Biostatistics I (PPH7021F)

## **4.16 HEALTH POLICY AND PLANNING (PPH7041S)**

### **Convenors**

Professor Lucy Gilson, BA (Hons) (Oxon), MA (East Anglia), PhD (London)

Ms. Marsha Orgill, BAdmin (Hons) (UWC), MPhil (Cape Town)

### **Structure**

- Compulsory for Health Economics and Health Systems tracks
- Semester 2: one half week block in July/August
- One two-hour session every week during semester.

### **Skill Objectives**

At the end of the module participants should be able to:

- Demonstrate understanding of the nature of health policy and the policy process
- Recognise the socio-political factors – and especially power - acting on and through health policy
- Conduct comprehensive analyses of policy development and implementation processes, including stakeholder analysis
- Develop strategies to influence health policy change, that take account of power flows
- Apply theoretical frameworks and concepts in the analysis of policy processes
- Demonstrate understanding of the complexities of developing and implementing health policies intended to promote equity.

### **Content**

- What is health policy and policy analysis?
- How do policies emerge and unfold?
- What do policies aim to achieve?
- Why and how do policy actors exercise power in health policy processes?
- How does gender influence policy and policy change processes?
- How does power play out in policy processes?
- What global actors and forces matter in health policy?

- Which government actors matter in health policy processes?
- What is agenda setting and how do policy networks influence it?
- Where is the politics in policy formulation and planning?
- What is bottom up implementation and what role do street level bureaucrats play in implementation?
- Governance lessons: advocacy
- Governance lessons: leading policy change
- Governance lessons: co-production and citizen engagement

## **Requirements**

As for degree (see section 2.2)

## **4.17 PUBLIC HEALTH AND HUMAN RIGHTS (PPH7053S)**

### **Convenors**

Professor Leslie London, BSc(Med) (Hons), MBChB (Cape Town), MMed, DOH (Witwatersrand) MD (Comm. Health)

Ms. Pat Mayers, BA Nursing (Stellenbosch), BCur (UNISA), MSc(Med)(Psych)(Cape Town), D Phil (Psychology)(US)

### **Structure**

- Compulsory for Social and Behavioural Sciences track; elective for other tracks
- Semester 2: one half-week block in July/August
- One two-hour session approximately every week during the second semester

### **Skill Objectives**

The module will take students through an introduction to human rights and its relevance to public health. Students will be given opportunities to develop critical skills to analyse public health policies from a human rights perspective, and understand how trade-offs should be made between public health and individual entitlements within a human rights framework. Important debates in the human rights literature will be aired, particularly through the use of South

African and regional case studies, so that students can apply these insights in their current and future work. Students will cover the international and national frameworks for human rights, particularly the human rights dimensions of South Africa's constitution and its post-apartheid legal framework. Case studies involving different vulnerable groups will be explored. The module will aim to enhance students' capacity to be self-reflective in dealing with public health problems, and to apply human rights approaches to their resolution.

## **Content**

- Theoretical and historical background to human rights, including ideas of rights in an African context
- International and national human rights instruments and institutions
- Contemporary debates in defining human rights and their implementability
- The relationship of human rights to health
- The right to health, and of access to health care in national and international law; health as a socioeconomic right
- When it may be legitimate to restrict rights and the public health rationale
- Instruments to examine the human rights impact of public health policies, and to incorporate human rights in public health planning and practice
- Vulnerable groups, human rights and health
- Dual loyalty and health rights
- Trade policies and practices, intellectual property, human rights and public health
- Health systems and human rights

## **Requirements**

As for degree (see section 2.2)

## **4.18 EPIDEMIOLOGY OF INFECTIOUS DISEASES (PPH7063S)**

### **Convenor**

Associate Professor Mary-Ann Davies, MBChB PhD (Cape Town), FCPHM (SA)

### **Structure**

- Elective; semester 2: one half-week block in July/August
- One two-hour session approximately every week during the semester

### **Skill Objectives**

By the end of the course candidates should be able to:

- Apply descriptive epidemiology to communicable diseases and their control and to outbreak situations
- Classify infectious diseases epidemiologically and use common terms and definitions appropriately
- Discuss transmission dynamics and mathematical modelling of epidemics
- Discuss routine and sentinel surveillance
- Discuss the epidemiology and development of vaccines
- Apply epidemiology to specific communicable diseases including HIV/AIDS, tuberculosis (TB), sexually transmitted illnesses (STIs), malaria, hospital-acquired infections and childhood communicable diseases

### **Content**

Commonly used terms and definitions, descriptive epidemiology, outbreak investigation, transmission dynamics, mathematical modelling, surveillance, vaccination efficacy and effectiveness, epidemiology applied to HIV/AIDS, TB, STIs, malaria and childhood communicable diseases.

### **Requirements**

*A pass of at least 55% in Introduction to Epidemiology (PPH7018F)*

## **4.19 EPIDEMIOLOGY OF NON-COMMUNICABLE DISEASES (PPH7065S)**

### **Convenors**

Dr Virginia Zweigenthal BSc (Wits), BSocSci (Cape Town), MBChB (Cape Town), DTM&H, DPH (Wits), FCPHM(SA), PhD (Cape Town)

### **Structure**

- Elective: Semester 2; one half-week block in July/August
- One two-hour session most weeks during the semester

### **Skill Objectives**

By the end of the course candidates should be able to:

- Understand definitions of NCDs, debates in their designation and factors underlying their emergence
- Know the epidemiology of the determinants of NCDs applying frameworks to understand social determinants, risk factors, and infectious agents (causation)
- Interpret the population burden of non-communicable disease measures and data
- Use appropriate conceptual frameworks, such as the socio-ecological framework, the life-course approach to study and understand non-communicable disease occurrence and control at an individual and population levels
- Demonstrate familiarity with methodological issues and epidemiological methods in the study of non-communicable disease including the limits of observational evidence, life-course epidemiology and genetic associations
- Evaluate different interventions at individual, community and societal level to prevent and control chronic diseases including screening and surveillance

### **Content**

Burden of non-communicable disease; Conceptual frameworks for studying chronic disease causation and control; Epidemiology of cardiovascular disease,



diabetes, respiratory disease, cancer, mental ill-health, neurodegenerative diseases, injuries and environmental hazards; Epidemiologic transition in relation to risk factors for the major chronic diseases, e.g. nutrition, obesity, physical exercise, alcohol and tobacco use as well as upstream factors impacting on diseases such as food policy and the built environment; Integrated health services interventions; Genetics and public health. Study designs used to assess to associations between exposures and NCDs.

## **4.20 QUANTITATIVE RESEARCH METHODS (PPH7070S)**

### **Convenor**

Ms. Thokozile Malaba, BSc Hons, MPH (Cape Town)

### **Structure**

- Compulsory for General, Epidemiology & Biostatistics, Community Eye Health and Health Economics tracks
- Semester 2
- This class meets twice weekly during the semester

### **Skill Objectives**

- To enable students to formulate pertinent research questions and hypotheses in public health and write detailed research proposals that utilize quantitative methods
- To promote research reading, review and writing skills (including citation and scientific argument) for purposes of research proposals
- To introduce students to data handling best practices (mainly in the post data collection to analysis steps) for analysis, sharing and reporting on data
- To introduce students to the application of quantitative research methods in the monitoring and evaluation of programmes

### **Content**

- Programme Monitoring and Evaluation
- Formulation of research questions

- Writing Skills
- Research protocol, research ethics, literature review
- Population, sampling and subject selection; sample size calculation
- Measurement: questionnaires; validity and reliability
- Conducting quantitative research
- Data management and manipulation

## **Requirements**

As for degree (see section 2.2)

### **4.21 THE ECONOMICS OF HEALTH SYSTEMS (PPH7077S)**

#### **Convenor**

Associate Professor John E. Ataguba, BSc (Hons) (Nigeria), MPH PhD (Cape Town)

#### **Structure**

- Compulsory for Health Economics track
- Semester 2: one half-week block in July/August
- One two-hour session approximately every week during the semester

#### **Skill Objectives**

At the end of the module, participants should be able to:

- Demonstrate an understanding of the complex nature of health systems and the interrelationships between the various components of the health systems
- Identify key functions of health care financing
- Recognise the advantages and disadvantages of various health care financing options
- Engage in debate about health financing reforms
- Use a range of analytical tools to examine specific issues in health systems

#### **Content**

Following an initial session providing an overview of health systems and introducing the module, the module is divided into three parts:

- Part 1 focuses on health systems financing and discusses issues relating to universal coverage in low- and middle-income country settings;
- Part 2 introduces some analytical tools for assessing health financing systems, with a focus on progress towards universal coverage; and
- Part 3 discusses the interrelationships between health care financing and other components of health systems (e.g. human resources, gender and health care service provision)

While the module introduces theories and methodologies used to examine the economics of health systems, it also integrates practical sessions (including group exercises and appraisal of empirical studies) to help students better understand the application of those theories and methodologies in the context of low-and middle-income countries.

### **Requirements**

- As for degree (see section 2.2)
- Computer literacy: Microsoft Excel competence required

## **4.22 QUALITATIVE DATA ANALYSIS (PPH7091S)**

### **Convenors**

Dr Alison Swartz, BSocSci, MPH, PhD (Cape Town)

Associate Professor Christopher J. Colvin, BA (Virginia Tech), MA, PhD (Virginia), MPH (Cape Town)

### **Structure**

- Compulsory for Social & Behavioural Sciences track
- Semester 2: one half-week block in July/August
- One two-hour session approximately every week during the semester

### **Skill Objectives**

This module provides an in-depth introduction to: the theoretical foundations of qualitative data analysis; the relationships between qualitative research designs and analytic strategies; qualitative data analysis methods; mixed methods

analysis; electronic qualitative data management software; reporting and dissemination of qualitative research results, and evaluating the quality and appropriateness of qualitative analysis strategies

### **Course Outline**

This course aims to provide students with a practical introduction to data analysis in health social science research. Building on the conceptual and protocol design work undertaken in the first qualitative research methods module (PPH7071F), this module will lead students through the process of analysing and writing up their qualitative research data. Students can either bring in their own qualitative dataset or will be provided one by the convenor.

### **Key Outcomes**

By the end of course students will be able to:

- Describe the conceptual/theoretical foundations of qualitative data analysis
- Describe the range of possible analytic strategies in qualitative research and select an appropriate strategy for analysing their dataset
- Prepare and manage their dataset effectively and carry out their chosen analytic strategy
- Critically reflect on the strengths and weaknesses of their chosen strategy and their own application of that strategy, and
- Select an appropriate format for writing up their results and produce a complete qualitative research report

### **Assessment**

Course mark continues 50% and comprises of the following:

- Data analysis project: 40%
- Analysis exercise: 10% Final examination contributes: 50%

### **Requirements:**

PPH7071F Qualitative Research Methods

Please note that this course relies on group work for semester assignments, students are expected to attend all semester sessions unless otherwise discussed

with the course convener. A sub-minimum of 80% of the semester sessions must be attended in order to qualify to write the exam.

#### **4.23 BIOSTATISTICS II (PPH7092S)**

##### **Convenor**

Associate Professor Maia Lesosky, BSc, MSc, PhD (Guelph), PGDip Healthcare Professional Education (Cape Town)

##### **Structure**

- Compulsory for Epidemiology & Biostatistics, Community Eye Health tracks
- This class meets twice weekly during the semester

##### **Skill Objectives**

To equip candidates with a good understanding of modelling the relationship between a response and a set of risk factors, so as to be able to perform such analyses themselves using sophisticated statistical software.

##### **Content**

- Multiple linear regression for modelling and identifying the relationship between a continuous response and a set of risk factors
- Logistic regression for modelling and analysing the relationship between a dichotomous indicator of disease status and a set of risk factors
- Extensions of logistic regression models; Poisson regression models

##### **Requirements**

- Biostatistics I (PPH7021F)
- Introduction to Epidemiology (PPH7018F)

Candidates failing Biostatistics II will be allowed to repeat the course only at the discretion of the course convener. Candidates registered for a track in the MPH programme for which the course is compulsory will have a higher priority for readmission than those seeking to repeat the course as an elective.

## 4.24 HEALTH SYSTEMS RESEARCH AND EVALUATION (PPH7094S)

### Convenors

Associate Professor Jill Olivier, BA (Hons), MPhil, PhD (Cape Town)

Professor Lucy Gilson, BA (Hons) (Oxon), MA (East Anglia), PhD (London)

### Structure

- Compulsory for Health Systems track
- Semester 2: one half week block in July/August followed by sessions approximately every week during semester

### Skill Objectives

By the end of this course students should be able to:

- Identify researchable health policy and systems issues, including those focused on action to strengthen health systems and the processes of policy change
- Formulate substantively relevant health policy or health systems research questions, by drawing on relevant empirical work, practice knowledge, and theoretical insights
- Be familiar with the range of research purposes, questions and strategies used within HPSR
- Identify appropriate research strategies and study designs for different HPSR issues, purposes and question types
- Show awareness of critical issues in, and approaches to, ensuring rigour in HPSR
- Be aware of critical ethical issues for HPSR
- Be able to source HPSR materials and critically appraise HPSR empirical papers
- Appreciate the value of multiple perspectives (positional and disciplinary) in conducting HPSR
- Have some understanding of how the complex and socially constructed nature of health policy and health systems is addressed in HPSR methodology

- Plan activities that support the use of research evidence for and in decision-making, through researcher–policy maker/practitioner engagement
- Recognize that personal skills, such as reflexivity, listening and facilitation, are critical to being a health policy and systems researcher

### **Content**

- Different disciplinary perspectives on health systems dimensions and challenges
- Introductory content on health systems research and evaluation methods
- More in-depth content on some key study designs and analytical approaches common in HPSR

### **Requirements**

- Introduction to Health Systems (PPH7093F)
- As for degree (see section 2.2)

## **4.25 PRACTICUM IN PUBLIC HEALTH (PPH7089F/S)**

### **Convenor**

Professor Leslie London, BSc (Med) (Hons), MBChB (Cape Town), MMed, DOH (Witwatersrand) MD (Comm. Health)

### **Structure**

- Elective, restricted to a maximum of four candidates annually
- Timing will be flexible depending on host needs and candidate availability
- The candidate will be expected to spend 120 notional hours during either semester 1 or semester 2 (or across both semesters) on the practicum including service work, approved self-learning, and writing/communication
- Selection will be conducted by the course convenor in consultation with the host

## **Skill Objectives**

The purpose of the Practicum in Public Health is to provide candidates with an experience of practical application of public health skills in a community, organizational or other service context. Each practicum attachment will have specific learning outcomes that relate to the placement. The outcomes will reflect:

- (a) ability to apply public health skills to a client/organizational problem;
- (b) ability to adapt to a service setting and meet client need; and
- (c) ability to process and communicate the practical experience

## **Assessment**

This will include:

- Continuous reflective journal
- Oral presentation of the project output
- Written project report, including description of the organisation and genesis of the project
- Assessment by practicum host of students' performance

## **Requirements**

As for degree (see section 2.2)

## **4.26 SEMINARS IN EPIDEMIOLOGY & BIostatISTICS (PPH7090F/S)**

### **Convenor**

Associate Professor Maia Lesosky, BSc, MSc, PhD (Guelph), PGDip Healthcare Professional Education (Cape Town)

### **Structure**

- Only open to students in Epidemiology & Biostatistics track; admission requires permission of course convenor
- Semesters 1-2 (Register in semester 1 of year 2)
- Weekly two-hour sessions mixing student reading presentations and sample analyses with critical discussion and didactic seminars, supplemented by VULA-based readings and discussion



## **Skill Objectives**

To provide a working understanding of advanced epidemiological principles and proficiency in advanced epidemiological analytic methods, including: causal modelling, including the application of marginal structural models; infectious diseases modelling; directed acyclic graphs and estimator biases; instrumental variables, propensity scoring and alternative methods for adjusting for confounding.

## **Content**

- The purpose of Seminars in Epidemiology & Biostatistics is to provide select MPH candidates in the Epidemiology & Biostatistics track with advanced training in epidemiological and/or biostatistical methods. The course is structured as a reading and tutorial seminar over one semester that provides students with understanding of recent developments in epidemiological principles as well as proficiency in advanced epidemiological analytic methods.
- Students will meet the convenor or designated lecturer for weekly 2-hour sessions and are expected to undertake an additional 4–6 hours of reading or demonstration analyses each week.
- Admission is only by prior arrangement with the track convenor.
- Assessment is by student critical reading summaries and class participation (33%); a student project based on coursework (33%) and final examination (34%)

## **Prerequisites**

- Introduction to Epidemiology (PPH7018F)
- Advanced Epidemiology (PPH7029F)
- Biostatistics I (PPH7021F)
- Biostatistics II (PPH7092S)
- Biostatistics III (PPH7095F)
- Permission of the course convenor

## **4.27 CLIMATE CHANGE, POLLUTION AND HEALTH (PPH7097S)**

### **Convenors**

Professor Aqiel Dalvie BSc, BSc(MED) Hons, MSc, PhD, (Cape Town)

Mr James Irlam BSc (MED) Hons, MPhil (Epidemiology), MSc (Cape Town)

### **Structure**

- Compulsory for Environmental Health track
- Semester 2: one half-week block in July/August
- One two-hour session approximately every week during semester 2
- Learning will take place through a combination of formal seminars and group work in class

### **Skill Objectives**

By the end of this course students should be able to:

- Understand environmental health from a global and local perspective
- Understand the major environmental health issues which impact local and global burden of disease
- Critically analyse environmental health problems
- Study environmental health problems
- Understand how climate change directly and indirectly impacts public health
- Understand how climate change increases health risks due to pollution among vulnerable groups in South Africa
- Understand climate and health co-benefits of mitigation and adaptation measures
- Understand the key principles of green health care
- Identify the priorities in policy, governance, implementation and research to address public health impacts from climate change and pollution in South Africa

### **Content**

- Environmental Epidemiology
- Environmental Burden of Disease

- Air & Water Pollution and Health
- Toxic Chemicals and Health (Including pesticides, persistent organic pollutants, metals and endocrine disruptors)
- Climate Change and Health Impacts
- Climate change mitigation and adaptation measures
- Green health care in principle and practice

## **Requirements**

As for degree (see section 2.2)

### **4.28 CHILDREN’S ENVIRONMENTAL HEALTH (PPH7099S)**

#### **Convenor**

Professor Hanna-Andrea Rother, BA MA, PhD (Michigan State)

#### **Structure**

- Compulsory for Environmental Health track
- Semester 2: one half-week block in July/August
- One two-hour session approximately every week during the semester

#### **Skill Objectives**

By the end of this course students should be able to:

- Recognize children’s environmental health issues from a regulatory, preventative and community action perspective particularly in Africa and Low and Middle Income Countries (LMIC)
- Identify the nature of children’s health problems, especially their vulnerability to toxic agents and harmful pollutants at the different growth and development stages
- Describe children’s health risk to environmental factors through epidemiology and epigenetics
- Apply children’s rights to preventing health risks from exposure risks including environmental injustices and child labour
- Identify and apply children’s health risk assessment, risk management, and risk communication approaches

- Critically evaluate health promotion interventions to address children's environmental health issues
- Identify and apply innovative/effective health mitigation strategies

## **Content**

The course sessions fall into five key themes. These are:

1. Children's environmental health policy
2. Specific environmental health factors impacting on children's health
3. Health impacts on children from exposures to environmental factors
4. Methods for evaluating the impacts on children's environmental health
5. Health promotion methods

Sessions include:

- Children's Environmental Health (CEH) and Vulnerabilities
- Environmental epidemiology and CEH
- Air pollution, Contaminated Water and CEH
- Health Risk Assessments, Risk Management & Risk Communication
- CEH Prevention and Behaviour Change
- Economics of CEH
- Chemicals and CEH
- Children's Rights and Environmental Justice
- Child labour
- Neurodevelopmental Disorders and Epigenetics
- Children in a Changing Climate
- Urban CEH, Housing and Planning
- CEH indicators
- Children's mental health

## **Requirements**

As for degree (see section 2.2)

## 5. EXAMPLES OF OUTSIDE ELECTIVES

1. **UCT Graduate School in Humanities (see handbook & website):**  
[http://www.uct.ac.za/downloads/uct.ac.za/apply/handbooks/fac\\_hum\\_PG\\_2\\_013.pdf](http://www.uct.ac.za/downloads/uct.ac.za/apply/handbooks/fac_hum_PG_2_013.pdf)
2. **School of Public Health, University of the Western Cape**  
<http://www.uwc.ac.za/Faculties/CHS/soph/Pages/default.aspx>
3. **Master of Philosophy in Maternal and Child Health, Child Health Unit, UCT**  
<http://web.uct.ac.za/depts/chu/mphil/>

### **Note:**

Prior approval must be obtained from the MPH programme convenor and the relevant track convenor to take any of these or other potential electives identified by the candidate for credit. Courses taken without prior approval may be refused credit. The MPH programme carries no responsibility for the administration of these courses. Fees payable are determined by the faculty/institution offering the elective. Candidates must arrange for their marks to be communicated directly by the department offering the course to the programme administrator.

## 6. TRACK DESCRIPTIONS

### **Epidemiology & Biostatistics specialisation (MM012PPH02)**

#### Compulsory courses

PPH7016F	Public Health & Society
PPH7018F	Introduction to Epidemiology
PPH7021F	Biostatistics I
PPH7070S	Quantitative Research Methods
PPH7092S	Biostatistics II
PPH7095F	Biostatistics III
PPH7029F	Advanced Epidemiology

#### *Two of:*

PPH7022S	Evidence-Based Health Care
PPH7063S	Epidemiology of Infectious Diseases
PPH7065S	Epidemiology of Non-Communicable Diseases

#### *One of:*

PPH7093F	Introduction to Health Systems
PPH7041S	Health Policy & Planning
PPH7039F	Theory & Application of Economic Evaluation in Healthcare

### **Health Economics specialisation (MM012ECO07)**

#### Compulsory courses

PPH7039F	Theory & Application of Economic Evaluation in Healthcare
PPH7041S	Health Policy & Planning
PPH7050F	Microeconomics for the Health Sector
PPH7064F	Quantitative Methods for Health Economists
PPH7070S	Quantitative Research Methods
PPH7077S	The Economics of Health Systems

### **Health Systems specialisation (MM012PPH12)**

#### Compulsory courses

PPH7016F	Public Health & Society
PPH7018F	Introduction to Epidemiology
PPH7041S	Health Policy & Planning
PPH7070S	Quantitative Research Methods
PPH7077S	The Economics of Health Systems
PPH7093F	Introduction to Health Systems

PPH7094S Health Systems Research & Evaluation

**Community Eye Health specialisation (MM012CHM03)**

Compulsory courses

PPH6022F Community Eye Health 1

PPH6023F Community Eye Health 2

**Social & Behavioural Sciences specialisation (MM012PPH14)**

Compulsory courses

PPH7016F Public Health & Society

PPH7018F Introduction to Epidemiology

PPH7053S Public Health & Human Rights

PPH7054F Gender & Health

PPH7071F Qualitative Research Methods

PPH7091S Qualitative Data Analysis

**Environmental Health specialisation (MM012PPH15)**

Compulsory courses

PPH7016F Public Health & Society

PPH7018F Introduction to Epidemiology

PPH7070S Quantitative Research Methods

PPH7097S Climate Change, Pollution & Health

PPH7098F Environmental Health & Policy

PPH7099S Children's Environmental Health

## Prerequisites

Course	Prerequisites
Advanced Epidemiology (PPH7029F)	A pass of 65% for Introduction to Epidemiology Pass in Biostatistics I and Biostatistics II Pass in or co-enrolled in Biostatistics III One or more of: Evidence Based Healthcare Epidemiology of Infectious Disease Epidemiology of Non-Communicable Disease
Microeconomics for the Health Sector (PPH7050F)	Preferably a background in economics or health related research
Qualitative Data Analysis (PPH7091S)	Pass in Qualitative Research Methods
Biostatistics II (PPH7092S)	Completed Biostatistics I Completed Introduction to Epidemiology
Health Systems Research & Evaluation (PPH7094S)	Pass in Introduction to Health Systems
Biostatistics III (PPH7095S)	Completed Biostatistics II



## EPIDEMIOLOGY & BIOSTATISTICS TRACK

### Track Convenor:

**Professor Landon Myer**

Epidemiology is the study of the distribution of disease, injury and other health states in populations. This includes the study of factors that influence health states and the interventions that may be used to ameliorate these. Often considered the ‘basic science’ of public health, epidemiology is predominantly quantitative in its approaches. Epidemiology is often closely linked with biostatistics, which involves the application of statistical techniques to address problems in the health sciences, including the analysis of data from quantitative investigations in public health.

The Epidemiology & Biostatistics track is aimed at candidates who wish to develop a broad understanding of quantitative thinking in the health sciences. Of the ten courses required, they will complete four courses in Epidemiology, three in Biostatistics and one in general Quantitative Research Methods. This will suit candidates who envisage a career that requires skills in understanding and synthesising epidemiological data and other quantitative data sources. Many students who complete the Epidemiology & Biostatistics track go on to work in research, including further postgraduate studies. In addition, the track may be of interest to clinicians who want to enhance their research skills and acquire a public health perspective at the same time.

The Biostatistics courses are a complement to the Epidemiology training but do not offer the equivalent of a Masters in Statistics.

Candidates who wish to be admitted to the Epidemiology & Biostatistics track will need to provide evidence of quantitative skills in their previous training. Admission to higher level Epidemiology courses is subject to a minimum of 55% pass in the introductory level subjects. Admission to Advanced Epidemiology requires a minimum pass of 65% in Introduction to Epidemiology. Admission to Biostatistics II requires a minimum pass of 65% on Biostatistics I. *Candidates who do not meet these requirements will have to switch to another track, usually the General Public Health track.*

To complete this track, candidates must use quantitative methods in their dissertation. Candidates should seek advice from the track convenor if they are unsure about the suitability of a proposed dissertation.

**EXAMPLE OF TWO YEAR COURSE WORK TIMETABLE:  
EPIDEMIOLOGY & BIOSTATISTICSTRACK**

<b>2019</b>				
Semester 1	Public Health and Society	Biostatistics I	Introduction to Epidemiology	
Semester 2	Biostatistics II	Quantitative Research Methods	* *	* *
<b>2020</b>				
Semester 1	Biostatistics III	Advanced Epidemiology	Introduction to Health Systems *	
Semester 2	* *	* *	Health Policy and Planning *	* *

The “unstarred” courses are compulsory.

- \* Alternates for fifth compulsory course
- \*\* Any *two of* Evidence Based Health Care, Epidemiology of Non-Communicable Diseases, Epidemiology of Infectious Diseases. Alternatively, Seminars in Epidemiology with permission of track convenor.

## **HEALTH ECONOMICS TRACK**

**Track convenor:**

**Dr Olufunke A. Alaba**

**Co-convenor:**

**Ms Lucy Cunnama**

The MPH Health Economics track examines health economics from both the macro- and micro-economic perspectives. The curriculum focuses on health economics and health systems in the African context and, while theoretical components are included, the programme concentrates on the development of practical research skills useful to graduates working in African health systems.

The MPH Health Economics is an 18-month program. The course is designed for those who have a social or health sciences background and have worked and/or will work in the health sector in low and middle-income settings. As part of the programme, all students are required to complete a minimum of eight modules: six core modules and two elective modules.

Candidates are also required to produce a Masters dissertation based on their own research in an area related to health economics. The Masters dissertation accounts for 50% of the final assessment for the Master's degree, i.e. equal weight is given to both the course work and dissertation components of the programme. (The other MPH tracks weight the dissertation at 33%).

**ONE YEAR COURSE WORK TIMETABLE:  
HEALTH ECONOMICS TRACK**

2019				
Semester 1	Micro-economics for the Health Sector	Quantitative Methods for Health Economists	Theory and Application of Economic Evaluation in Health Care	Elective 1 *
Semester 2	The Economics of Health Systems	Quantitative Research Methods	Health Policy and Planning	Elective 2 *

The “unstarred” courses are compulsory. Two electives\* are required.

**Possible Electives:**

**Within the programme**

- Qualitative Research Methods (Semester 1)
- Introduction to Epidemiology (Semester 1)
- Public Health and Society (Semester 1)
- Introduction to Health Systems (Semester 1)

**Outside the programme**

- Financial Administration Public Finance and Budgeting\*\* (Semester 1)
- Religion and Public Health in Africa\*\* (Semester 2)
- Public Policy\*\* (Semester 2)
- Monitoring and Evaluation in Primary Health Care\*\*\* (Semester 1)

\*\* Eligibility for these courses is subject to availability and approval by the relevant department in the Faculty of Humanities, University of Cape Town

\*\*\* Eligibility for this course is subject to approval by the School of Public Health, University of the Western Cape

## **HEALTH SYSTEMS TRACK**

### **Track Convenor:**

**Associate Professor Jill Olivier**

The Health Systems track is intended for those candidates who have an interest in seeking to change, managing within, or researching the health system. The focus is the health system as a whole - rather than particular health services, or condition specific programmes or health problems. Health system concerns address the complex range of factors that underpin service delivery (such as human resource development and management, financing and resource allocation, information systems, supply chain management and overarching models of care).

Understanding how these factors interact and influence health system performance is an essential starting point for thinking about how to change and strengthen the system. Also important is understanding the politics of policy change, the factors influencing whether health system reforms and wider health interventions are developed and implemented in ways that support achievement of their goals.

Students in the Health Systems track come from multidisciplinary backgrounds (such as the social sciences, clinical, economic, management studies and many others), and in the degree are encouraged to build interdisciplinary skills.

The course requirements are set out on the following page. The six compulsory courses give a grounding in the multi-disciplinary perspectives relevant to understanding and working at the level of the overarching health system. Four electives can be taken from other courses within the MPH, from courses offered in other faculties or from courses offered by the University of the Western Cape. MPH students on the track can choose from a range of electives, as they are encouraged to gain a broad set of skills and experiences.

The dissertation must address health systems issues and must employ methods suitable to the question of focus. Candidates may only switch to the Health Systems track from other tracks with the permission of the convenor. Since places are limited, such permission is not guaranteed.

**EXAMPLE OF TWO YEAR COURSEWORK TIMETABLE:  
HEALTH SYSTEMS TRACK**

<b>2019</b>			
Semester 1	Introduction to Health Systems	Public Health and Society	Introduction to Epidemiology
Semester 2	Health Systems Research and Evaluation	Health Policy and Planning	The Economics of Health Systems
<b>2020</b>			
Semester 1	*Elective	*Elective	
Semester 2	*Elective	*Elective	

The above courses are compulsory.

Students may take up courses in different configurations than demonstrated in the above example.

Introduction to Health Systems and then Health Systems Research and Evaluation should be undertaken in the first year of study for HS track students.

Possible electives (4) chosen from \*:

- The Master of Public Health Programme
- Approved masters level courses from other UCT departments (e.g. Faculty of Humanities)
- Other universities (e.g. UWC approved courses)

We encourage HS students to select widely from available elective courses – the track convenor can assist you in selecting courses that will balance out your particular interdisciplinary skills/experience.

HS Track students that do not come from a social science background are

strongly encouraged to take Introduction to Qualitative Research Methods (PPH7071F) in their first year of study.

It is important for candidates to confirm the timetable and their eligibility for the elective course that they have chosen and to obtain approval both from the department offering the elective courses and from the convener of the MPH Health Systems specialization

Suggested MPH HS electives are:

- PPH7071F Qualitative Research Methods
- PPH7070S Quantitative Research Methods
- PPH7091S Qualitative Data Analysis
- PPH7039F Theory and Application of Economic Evaluation in Healthcare
- PPH7054F Gender and Health
- PPH7053S Public Health and Human Rights
- PPH7065S Epidemiology of Non-communicable Diseases
- PPH7089S Public Health Practicum

Plus the required Public Health minor dissertation (PPH7015W) Health Systems Track students are usually encouraged to begin framing their thesis proposal in the second semester of their first year of study (during Health Systems Research and Evaluation).

## **COMMUNITY EYE HEALTH TRACK**

### **Track Convenor:**

**Mr Deon Minnies**

Community eye health is the application of health promotion and disease prevention, together with the delivery of curative services, at the primary, secondary, and tertiary level of health care, in order to reduce eye disease, visual loss, and disability in a community. Community eye health considers the eye health of whole populations, and how these can be assessed and provided for.

The community eye health track is aimed at candidates who are working or plan to work in blindness prevention programmes. These may include national Vision 2020 coordinators, district Vision 2020 programme managers, and clinical professionals working in Vision 2020 programmes. It is planned primarily with the intention that the participants would be able to undertake appropriate clinical and operational research that might inform the planning and management of Vision 2020 programmes.

There are two compulsory courses. The courses might be taken over one year as a full-time student, or over two or more years in a part time capacity. The dissertation should address a relevant community eye health issue and should include appropriate research methods.



**EXAMPLE OF ONE YEAR COURSE WORK TIMETABLE:  
COMMUNITY EYE HEALTH (CEH)**

<b>2019</b>					
Semester 1	CEH 1	CEH 2	Introduction to Epidemiology	Introduction to Health Systems	Biostatistics I
Semester 2	Biostatistics II	Quantitative Research Methods	Epidemiology of non-Communicable Disease	Health Policy and Planning	Evidence Based Health Care

Variations in this timetable may be discussed with the track convenor.

## **SOCIAL & BEHAVIOURAL SCIENCES TRACK**

### **Track Convenors:**

**Dr Alison Swartz, Associate Professor Christopher J. Colvin**

The Social and Behavioural Sciences track is intended for those candidates who come with some experience or training in social or behavioural sciences and who are interested in applying their experience in the field of public health. We seek candidates who want to understand how knowledge and methods in these disciplines can be applied in public health practice.

Graduates from the SBS track will emerge with skills in conducting social and behavioural science research, with a particular focus on qualitative research skills. Students will also gain knowledge about the field of social and behavioural sciences, its intersections with other public health-relevant disciplines, and its application in a public health context.

Ten courses—of which six are core—are required, as is a mini-dissertation. Four electives can be taken from other courses within the MPH, from courses offered in other Faculties, or from courses offered by the University of the Western Cape. Please note that two of the core courses, Qualitative Research Methods and Qualitative Data Analysis, both include group work components for which class time is allocated. Students are therefore expected to attend all of the semester sessions, in addition to the block week sessions unless this has been discussed and approved by the course convener.

The mini-dissertation must address a social or behavioural science research question, and must employ qualitative and/or quantitative methods suitable to the question of focus. The track convener will set overall guidelines for the theoretical and methodological content of the mini-dissertations. Individual dissertation topics and methods must also be approved by the track convener.

Candidates may only switch to the Social and Behavioural Sciences track from other tracks with the permission of the convener. Since places are limited, such permission is not guaranteed.

**EXAMPLE OF TWO YEAR COURSEWORK TIMETABLE: SOCIAL AND BEHAVIOURAL SCIENCES TRACK**

<b>2019</b>				
Semester 1	Public Health and Society	Qualitative Research Methods	Introduction to Epidemiology	*
Semester 2	Public Health and Human Rights	*	*	*
<b>2020</b>				
Semester 1	Gender and Health	*	*	*
Semester 2	Qualitative Data Analysis	*	*	*

The above courses are compulsory. Please note that Qualitative Data Analysis may also be taken in the first year of registration if students wish to do so.

**\*Possible electives:**

- Public Health Practicum (Semester 1 or 2)
- Introduction to Health Systems (Semester 1)
- Health Policy and Planning (Semester 2)
- Quantitative Research Methods (Semester 2)

## **ENVIRONMENTAL HEALTH TRACK**

### **Track Convener:**

**Professor Hanna-Andrea Rother**

The Environmental Health track is intended for those candidates who are interested in understanding the environmental influences on human health, the policy implications, and how to identify, reduce and manage environmental health risks. Candidates will develop an understanding of key environmental health burden of diseases (i.e., chemicals, climate change, indoor and outdoor air pollution and the built environment) with a particular focus on children's environmental health issues. Coursework will prepare candidates to identify suitable interventions from decision makers to community residents.

Ten courses (six core and four electives) and a mini-dissertation is required for this track (see table). The six compulsory courses provide grounding in environmental health policy (e.g., environmental justice, rights-based risk management, public policy), risk management and assessment, as well as risk communication and interventions (e.g., implementation science, research translation). Four electives can be taken from other courses within the MPH, from courses offered in other faculties or from the Post Graduate Diploma in Pesticide Risk Management (MG012) offered by the Division of Environmental Health.

The mini-dissertation must address an environmental health related research question and must employ the appropriate quantitative or qualitative research methods for this question. Students are expected to choose a supervisor in relation to their research question. Individual dissertation topics and methods must be approved by the track.

## EXAMPLE OF TWO YEAR COURSEWORK TIMETABLE: ENVIRONMENTAL HEALTH TRACK

The “unstarred” courses are compulsory. Four electives\* are required.

2019				
Semester 1	Environmental Health and Policy	Public Health and Society	Introduction to Epidemiology	
Semester 2	Children’s Environmental Health	Climate Change Pollution and Health	Quantitative Research Methods	
2020				
Semester 1	* Elective	* Elective		
Semester 2	* Elective	* Elective		

Electives (\*) students can choose from include:

- Public Health and Pesticides (Vector Management; MG021 course); Semester 1
- Toxicology (MG021 course); Semester 1 and 2
- Ecotoxicology (MG021 course); Semester 2
- Public Health and Human Rights; Semester 2
- Biostatistics I; Semester 1
- Public Health Practicum; Semester 1 and 2
- Qualitative Research Methods (requires convener approval; Semester 1)
- Qualitative Data Analysis (requires convener approval; Semester 2)
- Epidemiology of Non-communicable Diseases (Semester 2)
- Climate Change & Sustainability
- Introduction to Climate Change and Sustainable Development
- Climate Change Adaption and Mitigation

## **GENERAL PUBLIC HEALTH TRACK**

### **Track Convenors:**

**Associate Professor Jill Olivier, Professor Landon Myer**

The General Public Health track provides a broad grounding in public health principles and methods. This track also allows candidates the most varied choice of electives. It will therefore suit candidates who are seeking a broad spread of subjects in Public Health rather than a specialization focus. It will also suit candidates under time constraints to complete the course work who may not be able to complete all the subjects required for a specialization track in the time they have available.

Candidates may complete their dissertation in any suitable subject area in Public Health.

As of 2019, we do not offer admission into the General track. However candidates may switch from the Epidemiology & Biostatistics, Health Systems, Social & Behavioural Sciences or Environmental Health tracks to the General Public Health track at any stage with the permission of the track and programme convenors.

**EXAMPLE OF TWO YEAR COURSEWORK TIMETABLE:  
GENERAL TRACK**

2018				
Semester 1	Public Health and Society	Introduction to Epidemiology	Biostatistics 1	* *
Semester 2	* *	Quantitative Research Methods	* *	* *
2019				
Semester 1	Introduction to Health Systems*	* *	* *	* *
Semester 2	Health Policy and Planning *	* *	* *	* *

The “unstarred” courses are compulsory.

- \* Alternates for fifth compulsory course
- \*\* Potential slots for electives (maximum 5)
- \*\* Health Economics courses may be chosen as electives subject to entry requirements for each course.

Note: Candidates may do up to five courses per semester, although this is very demanding, and is subject to timetabling.

### 7.1 Scope and standard

The MPH is primarily a coursework degree. The mini-dissertation thus needs to be distinguished from that required for a Masters by thesis alone. The purpose of the dissertation is to show that the candidate is able to carry out supervised research, has a grasp of the research tools in the chosen field and is familiar with the more important publications on the subject. It should also demonstrate that the candidate is able to communicate results and to evaluate his or her own work and that of others critically.

A dissertation should have a limited focus, e.g. on one research question rather than many. Candidates will need to work closely with their supervisor to focus the question to make the project manageable with limited resources. The research could be one part of a larger research project.

The literature review should indicate that the candidate is capable of identifying the most important and up to date works in the field, of reading them critically and of synthesising the findings

**Note that the mini-dissertation is marked on the entire submission, including protocol, literature review and manuscript.** For the manuscript, the standard *aimed for* should be that of a "potentially publishable" article in a peer-reviewed journal. *This should not be interpreted as a "pass" criterion.* A dissertation which does not meet this standard may still pass, with a mark (50% or above) appropriate to the quality. Conversely, the fewer changes required in the view of the examiner for an article to be rendered competitive for publication, the higher the mark that would be expected to be awarded.

### 7.2 Weighting

The MPH (Epidemiology & Biostatistics, Environmental Health, Health Systems, Community Eye Health, or Social & Behavioural Sciences track) currently weights the "mini- dissertation" at 33.3% of the total programme mark. The MPH (Health Economics) weights the dissertation at 50% of the programme mark.



The dissertation and coursework have to be passed independently, i.e. the coursework marks cannot compensate for a fail on the dissertation, nor vice versa. To be awarded the degree with distinction, at least 70% is required on the dissertation.

### **7.3. Structure**

The dissertation should follow the following structure:

#### **Part 0: Preamble (or 'Front Matter')**

1. Title page
2. Dedication page (if desired)
3. Abstract. This should be unstructured and should address the *entire* dissertation. This will distinguish it from the article abstract appearing at the start of Part C.
4. Acknowledgements, including, but not limited to, a description of the role played by each person who would, for example, be expected to be an author on any published article arising from the dissertation. (In a dissertation derived from research started by others, the candidate's contribution must have been made after his/her registration and therefore under supervision).
5. Table of Contents. It is suggested that each Part have its own pagination, i.e. starting at page 1 each time. Tables and Figures can be listed separately under Contents, each identified by Part and page.

#### **Part A: Protocol**

This section should include:

1. Study protocol (as approved by the Departmental Research Committee and the Faculty Human Research Ethics Committee). (The protocol *can be updated for purposes of final dissertation submission as long as there are no ethics implications of any changes made*). The protocol should include the problem statement together with the research justification and statement of objectives. There should be enough literature to support this. *A full literature review should not be incorporated into the protocol*. If there is need for an Abbreviations and Definitions section, it should come in the protocol.

2. References cited in the protocol.
3. Questionnaire or data capture instrument; consent and participant information forms. (These will appear under Appendices in the final dissertation).

Detailed guidelines will be given during the programme for the writing of protocols. The length must be appropriate to the study – a typical protocol without references and appendices will range from 15 to 25 pages.

### **Part B: Structured literature review**

The structured literature review should be appropriate to the subject matter and methods of the dissertation. The review should be between 3 000 and 4 000 words, extending on the brief literature review that may be part of the protocol. This will not ordinarily be of the detail or standard required for a “Cochrane type” systematic review but will have a structured format. It needs to include important literature in the field but does not have to be exhaustive.

The review should not be handed in for faculty approval with the protocol and can be finalized at the time of dissertation submission. A *suggested* structure for the literature review is as follows:

- a) Objectives of literature review
- b) Literature search strategy, including inclusion and exclusion criteria and quality criteria, if relevant
- c) Summary and interpretation of literature
- d) Identification of gaps or needs for further research
- e) References (which will overlap with, but will not be the same lists as, those included for the journal article and protocol)

For the Health Economics stream, the structured literature review should be up to 10 000 words.

### **Part C: Journal “ready” Manuscript**

This section is comprised of a manuscript ready to be submitted to a journal for consideration as a full-length research article. For formatting purposes, a named peer reviewed journal should be chosen. The manuscript should meet all the requirements set out in the Instructions for Authors of that journal, including word count and referencing style. (The journal must allow *at least 3 000 and preferably 4 000 words*).

The Instructions to Authors must be included in the dissertation as an Appendix. Supervisors will assist candidates to identify an appropriate journal.

The article should have its own abstract and own references list. (The abstract will overlap with the “dissertation abstract” at the front of dissertation).

#### **Variations from journal requirements:**

1. For readability, figures and tables can be inserted in the text of the dissertation rather than be appended at the end of the article. (Most journals request these to be appended).
2. The article can refer to supplementary material in the Appendices section of the thesis. (In a submitted journal article, this might be referred to as “not shown” or even loaded as supplementary material if allowed by the journal and if relevant).
3. *No co-authors should be listed.* Supervisors and other collaborators should be listed under “Acknowledgements” at the start of the dissertation, with a clear statement of contribution by each, and should be footnoted on the title page of the article.

For the Health Economics track the article must be up to 8 000 words.

The article does *not* need to be submitted to the journal in order to meet the requirements of the MPH mini-dissertation requirements. (See also note under 7.1 above). Also, should it eventually be submitted, the choice of journal may change.

## **Systematic reviews**

Formal (“Cochrane type”) systematic reviews are acceptable as mini-dissertations. These will have *two* literature reviews: an extended review (Part B) and a “journal ready” component (Part C).

In such cases the Appendices section may include some of the plots and analyses used for obtaining summary values and some of the data pertaining to articles included and excluded.

## **Part D: Appendices to the dissertation**

These will vary with the study but may typically include:

1. Questionnaire/data capture instrument(s).
2. Consent form and participant information form.
3. Letter of approval from UCT Human Research Ethics Committee.
4. Instructions for Authors of journal whose format has been used.
5. If desired, selected supplementary tables or figures, with brief explanatory text, that would be useful for the examiner to see as part of the analyses, but which could not be included in the article for reasons of space. These should not simply be a collection of analysis printouts but should be readable as an addendum with reference to the article. The article can make reference to these addenda.
6. Any technical appendices needed – for example, laboratory techniques, statistical formulae.

## **Part E: Policy Brief (Health Economics track only)**

A *policy brief* of up to 3000 words is required for students in the Health Economics track. Guidance will be given on how to write this brief, and this must not simply duplicate the article.

### **7.4 Total length and page set-up**

**There is no strict overall length requirement. Added together, the protocol, literature review and manuscript (including tables and figures but excluding references and appendices) will be between 10 000 and 15 000 words in length.**

**Page set-up:**

- Left margin at least 2.5cm; right margin about 2.5cm.
- Use A4 page set-up
- Page numbers in the same font as the font you are using for the text. Use fonts such as Arial, Times New Roman, Book Antiqua, or Bookman Old Style. Avoid the “**comic**” fonts.
- Font size 11 or 12
- Set language to English [South Africa] – avoid the American spellings e.g. *behavior*
- Line spacing of 1.5 is recommended. We also suggest that you set your spacing to allow 6pts after each paragraph – this improves the look of the document and you don’t have to put in an extra paragraph break.

Using size 12 font, A4 size pages and double spacing, this will typically be around 40 pages at 350 words per page. References and appendices may add another 15 to 25 pages. As the dissertation for the Health Economics track requires longer individual components, a typical Health Economics dissertation will be closer to 100 pages in all.

**7.5 Choice of subject matter**

The dissertation can be done in any area in which coursework has been done and in which a suitable supervisor can be found. This includes health economics, epidemiology, biostatistics, health systems, health services management, clinical epidemiology and social and behavioural sciences applied to health and health care. It must be appropriate to the track chosen. If in doubt the advice of the track or programme convenor should be sought. There may be limitations on choice of a subject, research methodology or subject area owing to lack of a suitable supervisor.

**7.6 Choice of methodology**

The research should involve collection of data using quantitative or qualitative methods or a combination of the two (or formal review methods if a systematic review). Data may derive from interviewing, observing or examining research

participants, or from publications, records, registration or notification systems or other databases.

### **7.7 Use of prior or collaborative work**

Candidates are encouraged to arrive with a topic of interest. However, the principle is that a substantial part of the research should be completed during the degree period under supervision. *Analysis of already collected data or secondary data analysis is allowed.* In such cases, analysis and write up of these data would form the basis of the dissertation.

In the case of collaborative work, the role of each contributor should be clearly stated in the Acknowledgements section. (In collaborative work, the candidate would be expected to be the first author of any publication arising from the dissertation work).

### **7.8 Time planning**

The earlier the protocol development is commenced, the better. Candidates need to pace their dissertation progress according to graduation horizon. For example, candidates seeking to graduate within two years should have their protocol ready towards the end of the first year and data collected and/or analysis completed by May of the second year. See section 7.11 below for hand-in deadlines. See section 2.6 earlier in this brochure for rules regarding time limits on registration.

### **7.9 Finding supervisors**

Candidates are encouraged to seek out their own supervisor within the School, faculty or university, who should ideally be knowledgeable in the content and methods of the subject area. Candidates should feel free to approach the programme convenor or staff for guidance. Additional statistics guidance may be needed – candidates should approach the staff who teach biostatistics in the first instance.

**Please take note of the following when selecting a supervisor:**

It is now a rule that the student must be registered for a degree in the department of the main supervisor. The co-supervisors may be from other departments/faculties or even may be external. This applies to both full research Masters and PhD students.

A co-supervisor may be based inside or outside the university – in all cases, at least one internal (UCT) supervisor is required to serve as a guide and link to university procedures.

Both the supervisors and co-supervisors retain responsibilities to the candidate and the University, and their willingness and ability to meet these responsibilities until the dissertation process is complete, i.e. graduation, needs to be established by the candidate in advance. **Supervisors and candidates are required to sign a Memorandum of Understanding and Progress Report annually.**

First time supervisors must have a UCT co-supervisor. There is no provision for payment of external co-supervisors.

## **7.10. Approval of Research Protocol**

### **7.10.1 Departmental approval**

Departmental (“School”) approval for a research proposal must be sought by submitting a proposal form (*available on the postgraduate website*) and the proposal as soon as it is ready, to the Departmental Research Committee Administrator, Liza Smith. The form should be signed by the supervisor(s) undertaking to act as supervisor(s) and approving the proposal.

The Head of Department (School Director) must countersign. A research protocol will suffice as a proposal.

Should you require further assistance, email [phfm-drcethics@uct.ac.za](mailto:phfm-drcethics@uct.ac.za)

### **7.10.2 Ethics approval**

*This is not the same as Departmental approval.* This should be sought by submitting a proposal to the Faculty of Health Sciences Human Research Ethics

Committee, using the Ethics Committee application form (*available on the postgraduate website*) Many sections of this form will not be applicable, and should be marked "N/A".

Please note that per University guidelines, the supervisor of the student must be listed as the Principal Investigator on the submission to the Faculty of Health Sciences Human Research Ethics Committee.

If the protocol is later changed in a way which has ethical implications, fresh approval of the change needs to be sought.

No data should be collected before a letter is received from the Human Research Ethics Committee, with at least provisional approval. Such letters should be kept by the candidate.

If the research has received ethics approval from an outside institution, the proposal must still be reviewed by the Faculty Human Research Ethics Committee. The prior approval letter must be submitted. Dissertation proposals based on analysis of secondary data not in the public domain should also be submitted.

Expedited review is given in most cases. If in doubt, the chairperson of the Departmental Research Committee should be contacted for advice.

### **7.10.3 Department of Health Approval**

In addition to UCT Research Ethics Committee approval, any primary research taking place in a provincial or local authority health department facility, such as hospitals or clinics, must be submitted to the relevant provincial or local authority for access approval. This can only be done after departmental and ethics approval have been obtained.

### **7.11 Submission of dissertation**

Details on the process of submitting the mini-dissertation are available from the programme administrator and the Faculty of Health Sciences Postgraduate Office. All submissions are digitally uploaded, hard copies are not required.



The submission deadline for April graduation is generally around **1 September** and for December graduation around **the end of June** of the same year. The Faculty of Health Sciences Postgraduate Office must be informed at least 4 – 6 weeks in advance by way of a digitally uploaded Intention to Submit form. The contact person at the Post Graduate office is: Mrs. Adri Winckler, Ph: +27 21 406 6327 or email: adri.winckler@uct.ac.za

The supervisor will be asked by the Faculty Officer to submit a form supporting submission. Co-supervisors should do this in cooperation with the supervisor. Candidates are strongly advised to have their supervisors' approval before submitting.

All candidates have to pay the full dissertation fee at least once. A rebate on the annual dissertation fee may be obtained in the second or subsequent years of registration of the dissertation if the dissertation is submitted early in the year.

Candidates who do not or cannot make the end of June deadline may hold over submission to the beginning of the following year. If submission occurs before the last date permitted for registration (see below), the candidate will be given a "technical registration" for purposes of dissertation examination and no fees will be charged.

Dissertations thus need to be submitted before the beginning of the first semester i.e. February 15, to avoid attracting further fees (should February 15 fall on a Saturday or a Sunday, then dissertations must be submitted the Monday of the week **before** February 15); for rebates the dissertation must be submitted before the start of the second semester (mid-July) for a 50% fee rebate of fees; before March 15 (or the Monday the week **before** should March 15 fall on a Saturday or a Sunday) for a 75% rebate and before August 14 for a 25% rebate.

### **7.12 Examiners**

Three examiners are nominated by the supervisor, two of whom are invited to examine, and one held as an alternate. One examiner must be internationally based. All examiners must be external to UCT. These nominations are circulated to the Faculty Dissertations Committee for approval.

It is *the supervisor's* responsibility (with co-supervisors as relevant) to submit names of potential examiners to the Faculty Officer when the candidate is ready to submit. The examiners will be sent this dissertation guideline to enable them to judge the standard required.

Supervisors are encouraged to secure agreement in advance from examiners as this expedites the process. The details required from each examiner are: position and institutional affiliation, academic qualifications, postal and or physical address, telephone and fax numbers and email address, and a one paragraph description of their standing in the relevant field. Examiners will be asked by the faculty not to communicate with supervisors during the examination process, but rather with the faculty postgraduate officer, if they have any queries.

*The candidate may not be informed of the identity of the examiners.* After the outcome of the dissertation has been finalised, the examiners' identities are made known if the examiners have indicated that they do not object to this.

### **7.13 Publication**

Candidates are *not* required to publish their research for purposes of the qualification. However, where research participants have contributed time, effort or resources, failure to meet dissemination or publication commitments made in the Ethics section of the research protocol or on a consent form can be regarded as unethical. Reporting or dissemination commitments should be met as soon as possible after the research is completed. Likelihood of being able to meet such commitments should be taken into account when preparing the protocol and consent form.

Candidates are encouraged to undertake to publish the study if of appropriate standard, with the supervisor(s) as a co-author(s). This will almost always require work beyond the graduation date.

Other co-authors on a publication arising out of the dissertation could include anyone who has made a substantial intellectual or academic contribution to the study. Measures of this contribution include time spent on developing the proposal, assisting with the analysis, reviewing results and assisting with their interpretation.

### **7.14 Language and writing**

Clear, grammatically correct English is essential. Candidates who have difficulties are encouraged to seek help from the writing support facilities on main campus (see: <http://www.ched.uct.ac.za/adp/writing/>). Supervisors are *not* required to do detailed editing or correction of spelling, grammar or style. They may refer candidates elsewhere for this, at the candidate's own expense.

### **7.15 Layout, style, etc.**

As long as the thesis is readable and internally consistent, any of a number of styles is acceptable. The Harvard style for referencing is recommended. In this style, referencing is by first author in parentheses in the text and the bibliography is listed alphabetically (rather than using numerical superscripts in the text). A guide to the Harvard (and other styles) can be found at <http://www.lib.uct.ac.za/wp-content/uploads/2012/08/harvarduct-2012.pdf>

It is suggested that candidates look at previous examples of MPH theses in the library for appealing layouts. The School has a database of previous dissertation titles on the School's website: <http://www.publichealth.uct.ac.za/>

Previous MPH dissertations are available in hard copy in the Health Sciences Library. MPH dissertations date from 2000 onwards. The library should be asked for assistance. A number of dissertations from recent years are available online (which includes PhD theses and MMed dissertations in public health): The URL can be found on the MPH website.