School for International Training | 1 Kipling Road, PO Box 676 | Brattleboro, VT 05302-0676 USA
Tel 888 272-7881 | Fax 802 258-3296 | studyabroad.sit.edu

Global Health in South Africa: History, Challenges, and the Future

IPBH-3005 (3 credits)

South Africa: Choose Your Track—Multiculturalism, Education, Health OR Climate

This syllabus is representative of a typical semester. Because courses develop and change over time to take advantage of unique learning opportunities, actual course content varies from semester to semester.

Course Description

This course examines South Africa's health challenges through multiple lenses, analyzing how historical legacies of colonialism and apartheid continue to shape health inequalities and policy responses. The course focuses on the complex interplay between democracy, health, and human rights, exploring how South Africa's fragmented healthcare system reflects broader social and political dynamics.

Through field visits, guest lectures, and critical engagement with diverse scholarship, students will analyze key healthcare challenges including healthcare access disparities, infectious diseases like HIV and TB, maternal and child health, and current healthcare reforms. The course emphasizes the intersectional nature of health issues, exploring how race, class, and gender shape exposure to health risks and access to resources. Students will develop practical skills in health systems analysis while gaining theoretical frameworks to understand health justice in the South African context and beyond.

Learning Outcomes

Upon completion of the course, students will be able to:

- Analyze how South Africa's colonial and apartheid legacies continue to shape contemporary health landscapes and inequalities
- Critically evaluate post-apartheid healthcare systems, challenges, and reform initiatives including Community Health Systems and National Health Insurance
- Assess the relationships between democracy, citizenship, and health access in the South African context
- Examine South Africa's responses to major public health challenges including HIV/AIDS, TB, and COVID-19
- Compare urban and rural health disparities with attention to social determinants of health

- Apply theoretical frameworks from health justice, medical anthropology, and public health to analyze real-world challenges

Language of Instruction

This course is taught in English.

Instructional Methods

This course uses experiential learning methods grounded in the theory developed by Kolb (1984; 2015) and informed by various scholars, such as Dewey, Piaget, and Lewin. The learning process involves concrete experiences, reflective observation, abstract conceptualization, and active experimentation. These stages—taking part in a shared experience; reflecting on that experience; challenging assumptions to generate new knowledge; and applying new awareness and skills in various contexts—are essential for empowered lifelong learning.

Learning methods include:

- Lectures and seminars with South African health experts
- Field visits to healthcare facilities, community organizations, and informal settlements
- Dialogical learning through guest speakers and community engagement
- Research projects using qualitative methods
- Critical reflection through journaling and group discussions

Required Texts

See the course schedule for a full list of reading assignments.

Assignment Descriptions and Grading Criteria

In-Class Participation and Field Engagement (10%)

Active participation is essential for learning in this course. Students are expected to engage meaningfully in class discussions, field activities, and interactions with guest speakers and local organizations. Students will be evaluated on the quality of their contributions, critical thinking skills, respectful engagement with diverse perspectives, and ability to connect field experiences to course concepts. Participation is assessed through instructor observation during class sessions and field visits.

Field Reflection Journal (30%)

Maintain a structured reflection journal throughout the course that documents your observations during site visits, guest lectures, and community engagements in South Africa's

healthcare environments. Each entry should connect what you witness to specific course readings and concepts, moving beyond description to analyze how theory meets practice. Include brief sketches or diagrams where relevant, and pose thoughtful questions that emerged from your experiences. Entries should be completed within 48 hours of each activity and will be reviewed at five points during the semester to provide developmental feedback.

Healthcare System Analysis Paper (25%)

Write a focused 4-5 page paper analyzing how South Africa's healthcare system developed its current fragmented structure. Examine historical factors, governance challenges, and resulting inequities you've observed during site visits. Evaluate either Community Health Systems or National Health Insurance as potential solutions, drawing specific connections to field observations and course readings. Your paper should demonstrate critical thinking about how policy reforms might address the healthcare divisions you've witnessed firsthand, incorporating feedback from class discussions.

Health Initiative Presentation (35%)

Working in pairs, create a 15-minute presentation about a specific health challenge or initiative you've encountered during the course. Your presentation should include: 1) observations from your site visits with supporting visual elements, 2) insights from conversations with at least one stakeholder (arranged by instructor), 3) analysis of how the initiative addresses community needs, and 4) thoughtful discussion questions. Lead a 10-minute class discussion following your presentation. Assessment will focus on your ability to connect field experiences with course concepts, present a balanced analysis, and facilitate meaningful discussion about healthcare approaches.

Attendance and Participation

Due to the nature of this experiential program, and the importance of student and instructor contributions in each and every class session, attendance at all classes and program excursions is required. Criteria for evaluation include attendance and participation in program activities. Students may not voluntarily opt out of required program activities. Valid reasons for absence—such as illness—must be discussed with the academic director or other designated staff person. Absences impact academic performance, may impact grades, and could result in dismissal from the program.

Late Assignments

The curriculum is designed to build on itself and progress to culmination. It is critical that students complete assignments in a timely manner to benefit from the sequences in assignments, reflections, and experiences throughout the program.

Students may request a justified extension for one paper/assignment during the semester. Requests must be made in writing and at least 12 hours before the posted due date and time. If the reason for the request is accepted, an extension of up to one week may be granted. Any

further requests for extensions will not be granted. Students who fail to submit the assignment within the extension period will receive an 'F' for the assignment.

Grading Scale

94-100% A
90-93% A-
87-89% B+
84-86% B
80-83% B-
77-79% C+
74-76% C
70-73% C-
67-69% D+
64-66% D
below 64 F

Program Expectations

- **Show up prepared.** For an interactive course to succeed, you must be present, on time, and have your readings completed and points in mind for discussion or clarification. Being prepared with these elements raises the level of class discussion for everyone. Moreover, the content of this course is learned collaboratively, meaning that when a student isn't here, they take away from everyone's opportunity to learn. The only way to maximize our collective learning potential is if we are all here contributing. Valid reasons for absence – such as illness – must be discussed with the academic director or other designated staff person. Absences impact academic performance, may impact grades, and could result in dismissal from the program
- **Submit assignments on time:** SIT Study Abroad programs integrate traditional classroom lectures and discussion with field- based experiences, site visits and debriefs. The curriculum is designed to build on itself and progress to the culmination (projects, ISP, case studies, internship, etc.). It is critical that students complete assignments in a timely manner to continue to benefit from the sequences in assignments, reflections and experiences throughout the program.
- **Bring your curiosity:** Ask questions in class**.** Engage the guest lecturers, as these are often very busy professionals who are doing us an honor by coming to speak. Remember, there are no foolish questions, and your inquiries might help others in class who have similar ideas/thoughts. By actively participating and showing curiosity, you demonstrate respect for our guests and contribute to creating a dynamic learning environment for everyone.
- **Maintain academic Integrity:** As members of a learning community, we all want to submit work that reflects our own ideas and efforts. Even if it is unintentional, plagiarism

can have serious consequences. Before you submit each assignment, ask yourself these questions:

- Did I reference ideas, quotes, phrases, or facts I read about in a book, article, or website, without citing the author and year of the source where I read about them?
- Did I paraphrase by changing only a word or two or moving the words around?
- Did you answer "yes" to any of the above questions? If so, you are committing plagiarism and need to give credit to appropriate sources before you submit your assignment

- **Principled Disagreement**: Learning often involves discomfort. Some discomfort can facilitate personal and collective growth. You, your peers, guest lecturers, instructors, and local constituents, have diverse experiences, values, beliefs, affiliations, and identities. Reflecting on these differences can be emotionally challenging, even when it deepens self-awareness and mutual understanding. In this course, we aim to encourage brave spaces were principled disagreement is encouraged rather than avoiding difficult conversations. *This is challenging work, and we will inevitably make mistakes.* Our goal is to thoughtfully critique ideas rather than attacking individuals. We aim to embrace productive discomfort and minimize unproductive discomfort, striving for principled disagreement.
- **Content Considerations**: Some texts and activities you will encounter in this course delve into sensitive topics that may be emotionally and intellectually challenging. Our classroom is a brave space where we can engage with challenging ideas, question assumptions, and navigate difficult topics with respect and maturity. As possible, I will flag content and activities that are especially graphic or intense, so we are prepared to address them soberly and sensitively. If you are struggling to keep up with the work or participate in the course because of the nature of the content and activities, you should speak with me and/or seek help from counseling services.
- **Our social identities** – Our social identities - race/ethnicity, class, gender, sexual identity, religion, mental and physical ability, size, national origin, citizenship status, and more – shape how we are perceived, represented, and treated. They also influence what knowledge and learning is deemed valuable and legitimate. To challenge hegemonic paradigms and perspectives, this course intentionally includes readings, topics, videos, and assignments from authors and perspectives of diverse backgrounds. However, there may be gaps we have overlooked. Your constructive feedback is always welcome on how to make this course more inclusive and transformative.

- **Storing Your Work**: Keep several copies of your work as back up and keep one copy accessible to you through an online forum, such as an attachment in your email, the course learning management system, or cloud-based storage. This way your work will always be available to despite technical issues. Lost files, deleted drives, or computer crashes are not excuses for late, missing work.
- **Personal Technology Use:** Cell phones and other personal electronics can be used for taking notes and other class activities. Off-task usage is not acceptable. You may be marked as absent for habitually using them for something other than classroom activities.

- **Course Communication**: Although the course calendar provides a broad overview and the general sequence of work and assignments for the course, what we accomplish in class will vary, and revisions to the calendar will be posted at the course site. You will need to check the course site regularly. You are responsible for letting me know about any network-related problems that prevent you from accessing or submitting assignments.
- **Classroom recording policy:** To ensure the free and open discussion of ideas, students may not record classroom lectures, discussion and/or activities without the advance written permission of the instructor, and any such recording properly approved in advance can be used solely for the student's own private use.

SIT Policies and Resources

Please refer to the SIT Study Abroad Handbook and the Policies section of the SIT website for all academic and student affairs policies. Students are accountable for complying with all published policies. Of particular relevance to this course are the policies regarding: academic integrity, Family Educational Rights and Privacy Act (FERPA), research and ethics in field study and internships, late assignments, academic status, academic appeals, diversity and disability, sexual harassment and misconduct, and the student code of conduct.

Please refer to the SIT Study Abroad Handbook and SIT website for information on important resources and services provided through our central administration in Vermont, such as Library resources and research support, Accessibility Services, Counseling Services, Title IX information, and Equity, Diversity, and Inclusion resources.

Course Schedule

**Please be aware that topics and excursions may vary to take advantage of any emerging events, to accommodate changes in our lecturers' availability, and to respect any changes that would affect student safety. Students will be notified if this occurs*

Module 1: South Africa's Historical Health Context

This module establishes the historical context for understanding contemporary health challenges in South Africa. Through lectures, readings, and field visits, students will examine how colonial and apartheid policies shaped health systems, resource distribution, and health inequalities that persist today.

Required Readings:

Coovadia H, Jewkes R, Barron P, Sanders D, & McIntyre D. (2009). "The health and health system of South Africa: Historical roots of current public health challenges." Lancet, 374(9692):817-34.

Mayosi BM & Benatar, SR (2014). "Health and health care in South Africa-20 years after Mandela." N Engl J Med., 371(14):1344-53.

Klein, N. (2007). "Democracy born in chains: South Africa's constricted freedom." The shock doctrine: The rise of disaster capitalism, pp.194-217.

Possible Field Visit: District Six Museum and a walking tour exploring the spatial legacies of apartheid on healthcare access in Cape Town's urban spaces.

Module 2: Democracy, Health, and Rights

This module examines the relationships between democracy, citizenship, and health in post-apartheid South Africa. Students will analyze concepts of biological and therapeutic citizenship, neoliberalism, and how health systems both reflect and reproduce broader social and political dynamics.

Required Readings:

Robins, S. (2006). "From 'rights' to 'ritual': AIDS activism in South Africa." American Anthropologist, 108(2), 312-323.

Whyle, E. B., & Olivier, J. (2023). "A socio-political history of South Africa's National Health Insurance." International Journal for Equity in Health, 22(1), 247.

Hörbst, V. & Wolf, A. (2014). "ARVs and ARTs: Medicoscapes and the Unequal Place-making for Biomedical Treatments in sub-Saharan Africa." Medical Anthropology Quarterly, 28(2), 182–202.

Field Visit: Visit to a community health center and meeting with healthcare workers and community organizers.

Module 3: South Africa's Fragmented Health System and Reform Initiatives

This module focuses on South Africa's current health system structure, challenges, and ongoing reform initiatives. Students will examine the public-private divide, biomedical and traditional health sectors, and efforts to create more equitable healthcare access through Community Health Systems and National Health Insurance.

Required Readings:

Vitalis, P. N., & Tabenyang, T. C. (2020). Traditional medicine, colonialism and apartheid in South Africa. In P. N. Vitalis & T. C. Tabenyang, Biomedical hegemony and democracy in South Africa (pp. 47-76). BRILL. https://ebookcentral-proquest-com.ncat.idm.oclc.org/lib/ncatebooks/detail.action?docID=6631800

Vitalis, P. N., & Tabenyang, T. C. (2020). "African diseases" and the epistemology of South African healers' knowledge. In P. N. Vitalis & T. C. Tabenyang, Biomedical hegemony and democracy in South Africa (pp. 159-189). BRILL. https://ebookcentral-proquest-com.ncat.idm.oclc.org/lib/ncat-ebooks/detail.action?docID=6631800

Boulle, T. M., Cromhout, P., August, K., & Woods, D. (2021). Skills2Care: An innovative, cooperative learning programme for community health workers in South Africa. African Journal of Primary Health Care & Family Medicine, 13(1), a2922. https://doi.org/10.4102/phcfm.v13i1.2922

Field Activities: Visits to public and private healthcare facilities; meeting with healthcare policy experts and advocates for National Health Insurance reform.

Module 4: Health Mobility, Migration, and Crisis Response

This module explores the dynamics of health access for mobile populations in South Africa and examines how the health system responds to crises, including the COVID-19 pandemic. Students will analyze how migration status affects healthcare access, the concept of "medical citizenship," and how health emergencies reveal and exacerbate existing systemic inequities.

Required Readings:

Chekero, T. & Ross, F.C. (2018) "'On paper' and 'having papers': Zimbabwean migrant women's experiences in accessing healthcare in Giyani, Limpopo province, South Africa." Anthropology Southern Africa, 41(1), 41-5.

Pillay, Y., Pienaar, S., Barron, P., & Zondi, T. (2021). "Impact of COVID-19 on routine primary healthcare services in South Africa." South African Medical Journal, 111(8), 714-719.

Nardell, M. F., Govathson, C., Mngadi-Ncube, S., Ngcobo, N., Letswalo, D., Lurie, M., Miot, J., Long, L., Katz, I. T., & Pascoe, S. (2024). Migrant men and HIV care engagement in Johannesburg, South Africa. BMC Public Health, 24(1), 435. https://doi.org/10.1186/s12889-024-17833-2

Possible Field Activity: Meeting with organizations working with migrant communities on healthcare access and discussions with healthcare workers about pandemic impacts on routine healthcare services.

Module 5: Comparative analysis of health care systems in Johannesburg and Cape Town.

Health issues – screened for TB and government responses – a lot of infections happening in the mines. Many abandoned mining – health mines. Alcohol fetal syndrome because of the wine farms (cheap wines). Specific health issue.

Module 6: Future of Healthcare in South Africa

This module examines emerging trends and future directions for healthcare in South Africa, incorporating lessons learned from the COVID-19 pandemic. Students will analyze innovative approaches to healthcare delivery, policy reforms, and community-based solutions that aim to address historical inequities and build a more equitable and resilient health system.

Required Readings:

National Health Insurance Act, 2023 (May 2024).
https://www.saflii.org/za/legis/consol_act/nhia20o2023261.pdf

Fusheini, A., & Eyles, J. (2016). "Achieving universal health coverage in South Africa through a district health system approach: conflicting ideologies of health care provision." BMC HealthServices Research, 16(1), 558.

Duminy, J., & Parnell, S. M. (2021). The shifting interface of public health and urban policy in South Africa. Journal of Planning History, 21(1), 86-102.
https://doi.org/10.1177/15385132211047542

Blumberg, L., Jassat, W., Mendelson, M., & Cohen, C. (2021). "The COVID-19 crisis in South Africa: Protecting the vulnerable." South African Medical Journal, 111(8), 698-699.

de Villiers, K. (2021). Bridging the health inequality gap: An examination of South Africa's social innovation in health landscape. Infectious Diseases of Poverty, 10, 19.
https://doi.org/10.1186/s40249-021-00804-9

Field Activities: Visit to innovative healthcare delivery models developed during and after the pandemic; discussions with healthcare planners, practitioners, and community health workers about how COVID-19 has influenced their vision for the future of healthcare in South Africa.