NEW HUMAN RESOURCES PLAN FORESEES FEWER FOREIGN DOCTORS

HSRC

Human Sciences
Research Council

CONTENTS

MESSAGE FROM THE CEO

TRANSFORMATION OF THE HSRC – PUBLIC POLICIES

IN THE HSRC REVIEW of March 2006, I focused on how we see the HSRC's participation in other African countries. In this message, I would like to expand on the HSRC's role in policy development.

Given the massive social challenges facing Africa and the continent, it has become imperative that the HSRC generates information relevant to social policy development. There is an urgent need for social policies that should be developed by in-depth analysis and think tanks, and we have established a Policy Analysis unit in the HSRC for this purpose. The Department of Science and Technology has provided R29 million over the next three financial years to cover the operations of the unit, allowing us to appoint professionals – such as health economists, economists, development specialists, socio-logists – who could focus their attention on these areas.

Under the auspices of this unit, policy briefs will be prepared to strengthen the nexus between research and policy, opportunities for public policy discourse will be created, a 'State of the Nation' document will be produced, and public policies will be assessed and evaluated.

The task of the Policy Analysis unit is to synthesise available evidence on social policies and to generate a selection of these for the state, focusing on areas of national priority. These areas are poverty alleviation, service delivery, unemployment and growth, HIV/AIDS, the quality of education, skills development and human rights. The Policy Analysis unit has already undertaken several key projects which focus on the impact assessments of progress towards the Millennium Development Goals. These projects are:

◗ The eradication of extreme poverty and hunger;
◗ Improving the lives of people living in slums and informal settlements;
◗ Granting access to primary education and the elimination of gender disparity;
◗ Assessing the impact of gender policies and interventions on gender equality and the empowering of women in South Africa;
◗ Assessing the impact of HIV/AIDS prevention and care programmes.

These projects aim to assess the impact of policies and programmes aimed at addressing these areas and to develop monitoring and evaluation indicators on South Africa's progress in addressing these challenges. Once the studies are completed, the Policy Analysis unit will convene public forums to debate the policy options arising from the work done.

The unit also has a global function. It will be responsible for managing UNESCO's Management of Social Transformations Programme (MOST), serving as South Africa's focal point for this global initiative.

The formation of the Policy Analysis unit is well-timed given the global initiatives to put social policy back on the agenda. A statutory body like the HSRC is strategically placed to contribute to this effort, even if in a small way, and we hope the combined impact will be huge.

NEW @ HSRC

MS VUYISWA MATHAMBO is a research manager in the Child, Youth, Family and Social Development (CYFSD) research programme. Before joining the HSRC, Vuyiswa worked as a researcher at the Health Systems Trust.

DR NEO MOLOTJA has been appointed as a researcher in the Knowledge Systems unit. Before joining the HSRC, she trained as a postdoctoral fellow at the University of Cape Town, the Instituto di Studi Chimico-Fisici di Macromolecole Sintetiche e Naturali (IMAG), and the Centre for National Research in Italy.

MR JULIEN RUMBELOW has joined the Knowledge Systems unit as a research manager. He previously consulted on short-term insurance and risk management, both in his private capacity and for Alexander Forbes in Johannesburg.

PROFESSOR GEOFFREY SETSWE, former professor and head of the Department of Environmental and Occupational Health Sciences at the National School of Public Health, University of Limpopo, has been appointed as a chief research specialist in the Social Aspects of HIV/AIDS and Health research programme.

MS JUDITH STREAK has been appointed as a senior research manager in CYFSD. Before joining the HSRC, she was a senior researcher in the Children's Budget Unit at the Institute for Democracy in South Africa (Idasa). She has also worked as a lecturer in Economics at Rhodes University and the University of Cape Town.

DR VIRGINIA TILLEY has been appointed as a chief research specialist in the Democracy and Governance programme. She is on extended research leave from Hobart and William Smith Colleges (Geneva, NY, USA), where she holds a tenured position as associate professor of Political Science and serves as co-director of the International Relations Program.

NewsRoundup

MVELEDZANDIVHO, CREATING KNOWLEDGE FOR SCHOOL KIDS

JET Education Services has awarded the Education, Science and Skills Development research programme a tender to evaluate a programme designed to improve and support the quality of education and life of children in 28 schools in six provinces attended by significant numbers of children of BHP Billiton employees. The *Mveledzandhivho* project, meaning 'knowledge creation', aims to ensure sustainable teaching and learning improvements in the participating primary, secondary and combined schools.

Research-team leader, Dr Cas Prinsloo, says service providers are busy implementing support programmes in each of the main areas of the intervention. These interventions include teacher and curriculum support, governance and management development, youth development, early childhood development, and district development. Each intervention will be monitored throughout the project to determine whether it achieves the objectives.

Before the interventions started in 2004, JET Education Services collected baseline information (in 2003) on learner performance and the relevant aspects of school and classroom functioning. After the two-year period of school support or interventions, the second round involves collecting evaluation information to establish progress and to ensure the success of *Mveledzandivho.* Another period of school support will follow before the final evaluation in May 2008.

News**Roundup**

MEASURING THE HEALTH OF SAGES

The HSRC will conduct the South African leg of a World Health Organisation (WHO) Study on Global AGEing and Adult Health (SAGE), designed to improve the understanding of the health and well-being of older adults and ageing in developing countries. SAGE will provide high quality health and well-being data needed to inform policy and programme debates. It also aims to improve the capacity of researchers to analyse the effects of social, economic, health care and policy changes on current and future health.

The study will be conducted in six of the countries that WHO worked with to implement the World Health Survey (WHS) in 2002 and 2003: China, Ghana, India, Mexico, the Russian Federation and South Africa.

According to the WHS, the number of people of 50+ years is growing in the major areas of the world and in the vast majority of countries, as set out in Table 3.1. By the year 2025, the global population of people over 50 will have exceeded the number of persons younger than 15 years. The median age is projected to increase from 28.1 years in 2005 to 32.8 in 2025 – with the rate of increase larger in less developed than more developed countries.

The demographic shift in all regions of the world will drive a health transition with adult health issues becoming more prominent in all countries. Health research in less developed countries has historically been more heavily focused on younger age populations, so as global populations age, there is an increasing need for valid and comparable data on the health and well-being of older adults, especially in developing countries.

The survey instruments to be used in these countries are based on the WHS, with substantial revisions and additions based on recommendations from a group of experts. SAGE will be a longitudinal, cross-sequential household face-to-face survey. Pending the results of this survey and funding levels, this survey programme is projected to run over five to ten years.

The target sample size for SAGE in each country is 5 000 people aged 50+ years and 1 000 people in the 18–49 age group. Professor Nancy Phaswana-Mafuya of the Social Aspects of HIV/AIDS and Health research programme is the project leader.

CONFERENCE ON LAND, MEMORY AND RECONSTRUCTION

The Urban and Rural Economic Development research programme of the HSRC is co-hosting a multi-disciplinary conference on land restitution with the Programme on Land and Agrarian Studies (PLAAS), University of the Western Cape, and the Department of Sociology and Social Anthropology, Stellenbosch University.

The conference, entitled *Land, Memory, Reconstruction and Justice: Perspectives on Land Restitution in South Africa*, will deal with rural and urban issues. It will take place from 13–15 September at Houw Hoek Inn, near Grabouw in the Western Cape.

More information is available on http://academic.sun.ac.za/sociology/restitutionconference/

CONFERENCE ON GENDER AND TRANSPORT

The first international African conference on *Gender, Transport and Development*, co-hosted by the Gender and Development unit of the HSRC, the South African Department of Transport and the South African National Roads Agency Ltd., will take place from 27–30 August at the Nelson Mandela Metropolitan University, Port Elizabeth.

The theme is bridging the gaps between development goals, research and policy in developing countries. It originated from the recognition that there are differences in travel and travel-related activities of men and women, but that relatively few of the recent insights have infiltrated transport planning and policy-making practice.

More information is available on http://www.gendertransportconf.com/index.aspx

TABLE 3.1. Percentage and number of persons aged 50 and 60 years and older, by year and area/country

Major Area, Country	Percentage 50+, by year		Number (in thousands) 50+, by year		Percentage 60+, by year		Number (in thousands) 60+, by year	
	2005	2025	2005	2025	2005	2025	2005	2025
World	19.3	26.1	1 246 893	2 064 186	10.4	15.1	672 386	1 192 603
More developed	33.2	40.8	402 437	509 472	20.2	27.5	244 083	342 951
Less developed	16.1	23.4	844 455	1 554 714	8.2	12.8	428 304	849 652
China	21.9	36.1	287 808	520 689	10.9	20.1	143 907	289 985
Ghana	11.3	14.7	2 507	4 538	5.7	7.7	1,257	2 369
India	15.5	22.3	170 694	311 006	7.9	12.0	87 509	168 146
Mexico	14.8	26.2	15 880	33 918	7.8	14.2	8 354	18 337
Russian Federation	30.2	37.0	43 287	47 814	17.1	24.3	24 475	31 412
South Africa	14.3	18.4	6 764	8 891	6.8	11.5	3 213	5 559

Source: *UN Population Division, 2005*

TRADITIONAL HEALERS
on board to fight HIV/AIDS

Traditional healers can play an important role in the prevention, care and treatment of HIV infection and AIDS, according to a study commissioned by the KwaZulu-Natal (KZN) Department of Health, writes NOLWANDLE MNGQUNDANISO.

AN HSRC TEAM, lead by research director Professor Karl Peltzer, investigated a whole range of issues concerning traditional healers, their knowledge about HIV/AIDS, prevention, care and treatment. The researchers developed training material, a clinical referral system for traditional healers, and methods to monitor and evaluate the effectiveness of interventions by traditional healers.

The research involved 233 traditional healers (161 in an experimental group and 72 in a control group), 19 nurses, and 33 community health workers. The experimental group received training whereas the control group, who received information booklets, did not.

The majority of the traditional healers in both groups could be classified as diviners (59% in the experimental and 39% in the control group), followed by herbalists (15% and 29% respectively) and diviner-herbalists (13% and 22% respectively).

A training manual was compiled, called *Traditional healing and STI/HIV/AIDS/TB in South Africa: A trainer's manual for traditional health practitioners, community health workers and nurses* and is waiting for approval from the national Department of Health, when it will be translated into other languages.

Before the training started, the traditional healers were asked about the five most common conditions they treat. These were sexually transmitted infections (72%), arthritis or rheumatism (43%), stroke (36%), headache (31%), sores (30%), children's problems (24%), ancestral problems (23%), sharp pains (22%), spirit illness (21%) and stomach problems (21%). Only a few (6%) mentioned HIV/AIDS.

Although most healers had correct knowledge of the major HIV transmission routes (multiple sexual partners, blood contact, reusing needles or razors), prevention methods (condom use), and that antiretroviral treatment has to be taken for life, their knowledge was poorer on other HIV transmission routes (breast feeding, oral sex, and dry sex). Their knowledge of HIV/AIDS myths, such as having sex with a virgin, was also poor. This was also the case concerning their knowledge of the nature of HIV/AIDS – for example, that someone with HIV could still look healthy, or that there was no cure for HIV/AIDS.

The first four-day training session took place in May 2004, followed by another five training sessions. The experimental and control groups were assessed before the training and again seven to nine months later.

The results showed an attitude change in nurses and healthcare workers towards traditional healers, and the discussions during training helped to promote understanding among the groups. Encouragingly, 99.1% of traditional healers in the experimental and 100% in the control group indicated that they are prepared to work with medical health practitioners.

Before training started, HIV knowledge was not significantly different between the experimental and the control group. Following training, the experimental group had significantly increased HIV knowledge as compared to the control group, and after training almost all traditional healers approved of distributing condoms to clients. They also reduced risk-practices such as performing incisions or scarifications. Only 2% had used the same razor blade for scarifications in the three-month period before follow-up, and only 5% used an enema on patients without sterilisation during the same period.

Traditional healers improved and retained their knowledge of HIV/AIDS/TB, even seven to nine months after their training. They reduced their HIV risk-practices and played an important role in giving culturally acceptable sexually transmitted infections (STI) and HIV/AIDS assessment, counselling and community education. The research showed that involving traditional healers in future HIV/AIDS programmes could further strengthen their contribution. ●

Ms Nolwandle Mngqundaniso is a research intern in the Social Aspects of HIV/AIDS and Health research programme.

Traditional healers and nurses express their appreciation in dance at one of the training sessions.

On MARRYING, MIXING and EVERYTHING ELSE

The changing face of family life in South Africa

In the face of increasing modernisation and globalisation, how are South African families shaping up? YAW AMOATENG analyses results from the HSRC's 2005 South African Social Attitudes Survey, to which 5 734 people responded.

THE EVIDENCE PRODUCED so far from the 2005 survey points to growing generational, racial and gender gaps in South Africans' attitudes towards several important aspects of family life. A noteworthy trend is the difference in attitudes towards the institution of marriage between the younger and older generations.

Considering these attitudes and South Africa's relatively low marriage rates in comparison with other sub-Saharan African countries, it would appear that marriages will continue to decline with corresponding increases in cohabitation.

This is despite the fact that South Africans strongly believe in the importance of marriage and express near universal support for marital monogamy, both of which are perceived to be associated with better living standards and emotional security. On average, almost one in two (49%) of South Africans agree that married people are generally happier than unmarried people. Africans are more likely to view marriage positively, with 50% of Africans agreeing with the statement compared to 49.4%, 45.8% and 39.3% of coloureds, Indians and whites respectively (see FIG 1).

Attitudes towards marriage are changing, as is understood from the fact that older people are more likely than younger people (between 16–18 years old) to have positive attitudes towards marriage. For example, 57% of people 50 years and older agree with the statement that 'married people are generally happier than unmarried people' compared to 47.3% of young adults.

The survey found widespread support for marital monogamy, with an average of 87% of all race groups supporting marriage to one partner for life (84% of men versus 90% of women), yet there are significant racial and

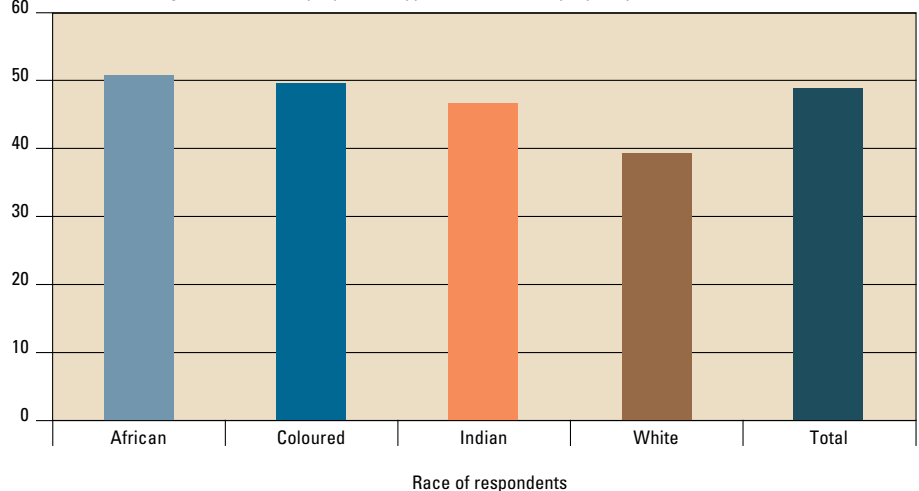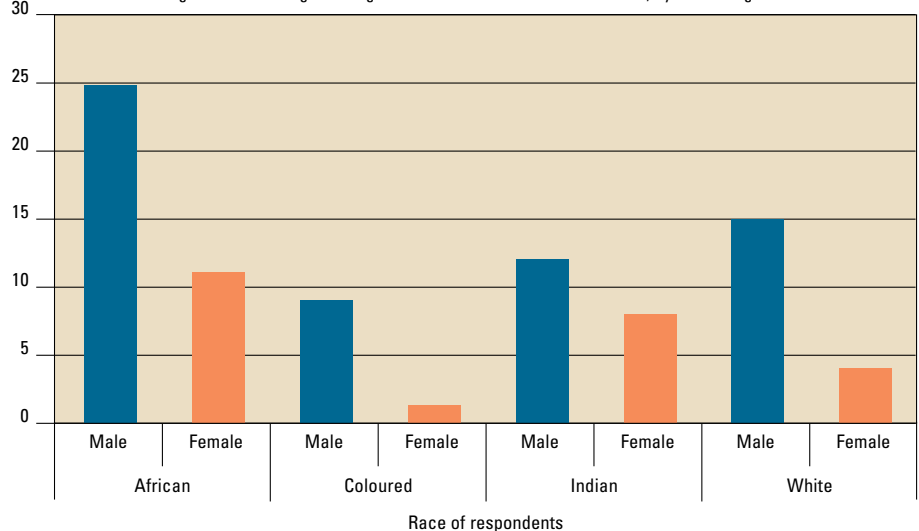FIG 1: % who agreed that married people are happier than unmarried people, by race

Race of respondents

FIG 2: % who agreed that it is a good thing for a man to have more than one wife, by race and gender

Race of respondents

other differences in the support for polygamy.

Africans are somewhat more likely to endorse this practice, with 18% agreeing with the statement that 'it is a good thing for a man to have more than one wife if he wants to'. This compares to 4.4% for coloureds and 11% for both Indians and whites.

As expected, within race groups, men are more likely than women to accept the idea of having more than one spouse. African and white men are more than twice as likely as African women (25% versus 11%) and white women (15% versus 3.7%) to endorse polygamy. And

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while 9% and 12% of coloured and Indian men support polygamy, only 1% and 8% of coloured and Indian women support this type of arrangement (see FIG 2).

Conversely, women are more likely than men to support monogamy, with coloured and white women voicing the most support for it (93%). In contrast to this trend, Indian men and women equally support monogamy.

For Africans, among whom lobola is an important marriage custom, economic and cultural reasons appear to underlie less positive attitudes towards marriage among young people. For instance, among Africans, more than one in four (44%) agree that lobola is the main reason why people do not get married. As far as age is concerned, almost half (48%) of young Africans agree with the suggestion that lobola discourages marriage compared to four out of ten (38%) older Africans. Older African females are the least likely to agree that lobola discourages marriage, while younger African males are the most likely to agree with this assertion (see FIG 3).

FIG 3: % Africans who agree that lobola discourages marriage, by gender and age
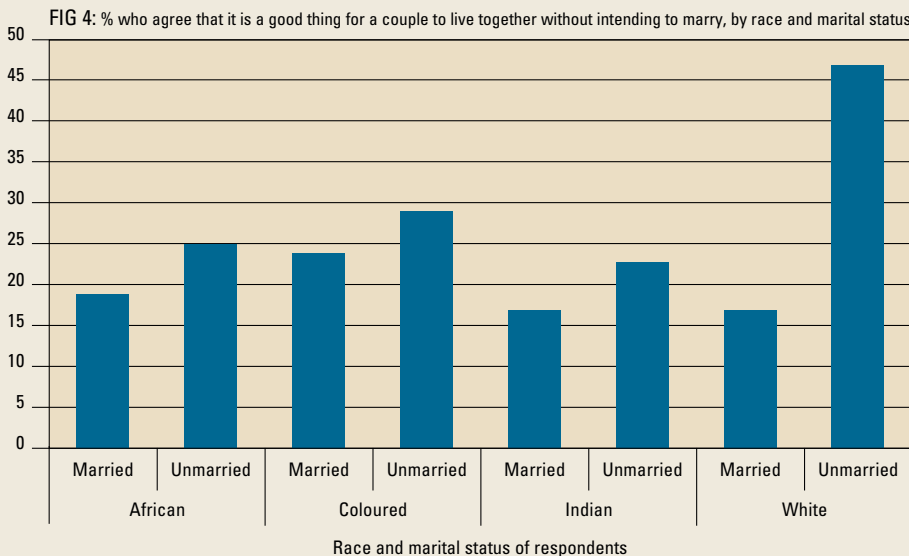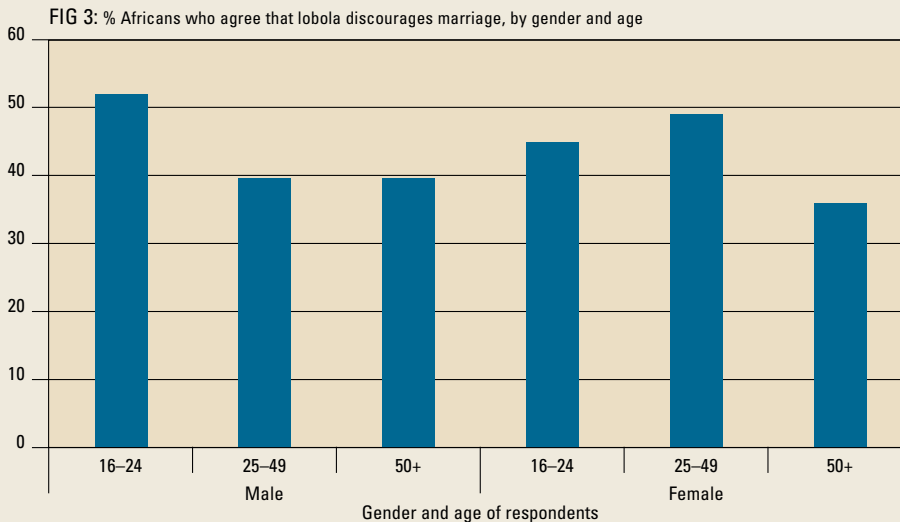
As might be anticipated, married people across the races are more likely than singles to endorse marriage as an institution and to be against cohabitation and polygamy. Whereas 27% of unmarried participants accept the idea of cohabitation between couples who do not intend to get married, only 19% of married people favour this type of living arrangement.

Within race groups, unmarried whites are the most likely to favour cohabitation (47%), compared to 25%, 29% and 23% for unmarried Africans, coloureds and Indians respectively (see FIG 4). And, on polygamy, 17% of unmarried people agree with the statement

that 'it is a good thing for a man to have more than one wife' compared to 14% of married people.

On attitudes towards mixed marriages, it was found that 38% of coloureds agreed with the statement that 'people should marry someone of the same race' compared to 43% Africans, 49% Indians and 61% whites, the latter voicing the most support for racial homogamy.

Overall, South Africans show liberal attitudes towards the changing status of women in the family. For example, only 37% of respondents, and mainly people over 50, support the idea that a woman should focus on her role as wife and mother, while six in ten (60%) agree that 'South African women should feel free to remain unmarried and get interesting jobs'.

Whites, Indians, and to a lesser degree coloureds, are less supportive of traditional roles for women than Africans, who are the most inclined to support traditional roles for women. For example, 43% of Africans agree with the statement that 'the only satisfying role for a woman is as a wife and mother' compared to 24%, 25% and 15% of coloureds, Indians, and whites.

What the survey shows is that the institution of the South African family is far from becoming an endangered species. Nevertheless, it is increasingly being transformed by a combination of both ideological and material forces engulfing the broader society – especially a shift towards the tolerance of alternative views and choices.

There are a few other trends worth noting. Homogamy, in terms of social class, is likely to increase, with people being more likely to partner with someone of a like standing to themselves, while it is likely to decrease in terms of sex and race.

Cohabitation, rather than replacing marriage, is becoming an accepted life stage, as many marriages are preceded by this type of living arrangement. And to the extent that females continue to be educated and pursue careers, decision-making in families will be a joint effort by couples and will even involve children, while household tasks will be equally shared among family members.

As for having children, the survey showed that they will continue to characterise families. However, families are becoming smaller as the emphasis in parenting shifts from the quantity of children to the quality of their lives. ●

Professor Yaw Amoateng is a chief research specialist in the Child, Youth, Family and Social Development research programme.

FIG 4: % who agree that it is a good thing for a couple to live together without intending to marry, by race and marital status

The brown house rat that has invaded, and now rules, Cato Crest.

Living with RATS

An HSRC research team has been to Cato Manor to investigate residents' attitudes to living alongside rodents, with a view to improving living conditions there. DAVID HEMSON and SUZANNE LECLERC-MADLALA report.

FORCIBLY DISPLACED from Cato Manor in the early 1960s, Conrad Buthelezi has since returned and painstakingly constructed a single-roomed dwelling, brick by brick. Additional rooms, marked out on the ground, will have to wait until he scrapes together enough money from whatever temporary jobs come his way. Although happy to be back, he is nevertheless adamant that other fruits of freedom have yet to come to Cato Crest. The way he sees it, he and the other slum residents are last in line for the benefits of progress and development.

As the leader of the local Communist Party, he canvassed for the new ANC councillor, Gloria Borman. Together, Borman and the HSRC are exploring the possibilities of participatory implementation research, with the aim of meeting people's post-democracy expectations and generating immediate improvements in their lives.

Some progress has been made: tarred roads and drains now separate the conclave of shacks. But of abiding concern are the health hazards caused by the absence of really effective sanitation. Animal-borne diseases are a particularly serious matter in dire need of investigation. Health conditions in Cato Crest are, in the words of the councillor, 'horrendous'. A walk through the community confirms that toilets are non-existent, mountains of rubbish lie adjacent to water points, and children are playing near stinking pools of stagnant water. The filth is appalling and disease hangs in the air.

Researchers visiting Cato Crest Primary School have been amazed by how well the school functions, despite class sizes of up to 57 and no playing fields. The school has support from various organisations, including the Salvation Army, who provide sandwiches twice a day.

However, learners from Grade 1 to 7 lack sufficient textbooks. And, at an event organised by the HSRC during Water Week, the learners related their negative experiences around water provision and their health. While they welcomed the improved water supply, learners complained about the total lack of toilets in their area. They told researchers that, as a toilet, they either use the bush or plastic bags, which they then dump by the road. When asked if they suffered from worm infections, more than 6% raised their hands. Only 20% of these learners had sought help at the clinic.

Zoonotic diseases – diseases transmitted to humans via animals – are becoming a growing problem in Cato Crest, as in other slums around the world. A combination of increased exposure to the effects of globalisation, climate change, urbanisation and poor sanitation are fuelling the increase in rodent invasions. The real possibility of bubonic plague outbreaks are causing alarm everywhere.

In 2004, a consortium of European and South African research institutions, including the HSRC, undertook a project to understand the risks that rodent-borne diseases pose to the residents of Cato Manor.

Focusing on Cato Crest as a particularly densely populated and degraded section of the settlement, the project, called Ratzooman, undertook a socioeconomic survey of households, more than 30% of which claimed a family member had been bitten by rats at some stage. The project also undertook to
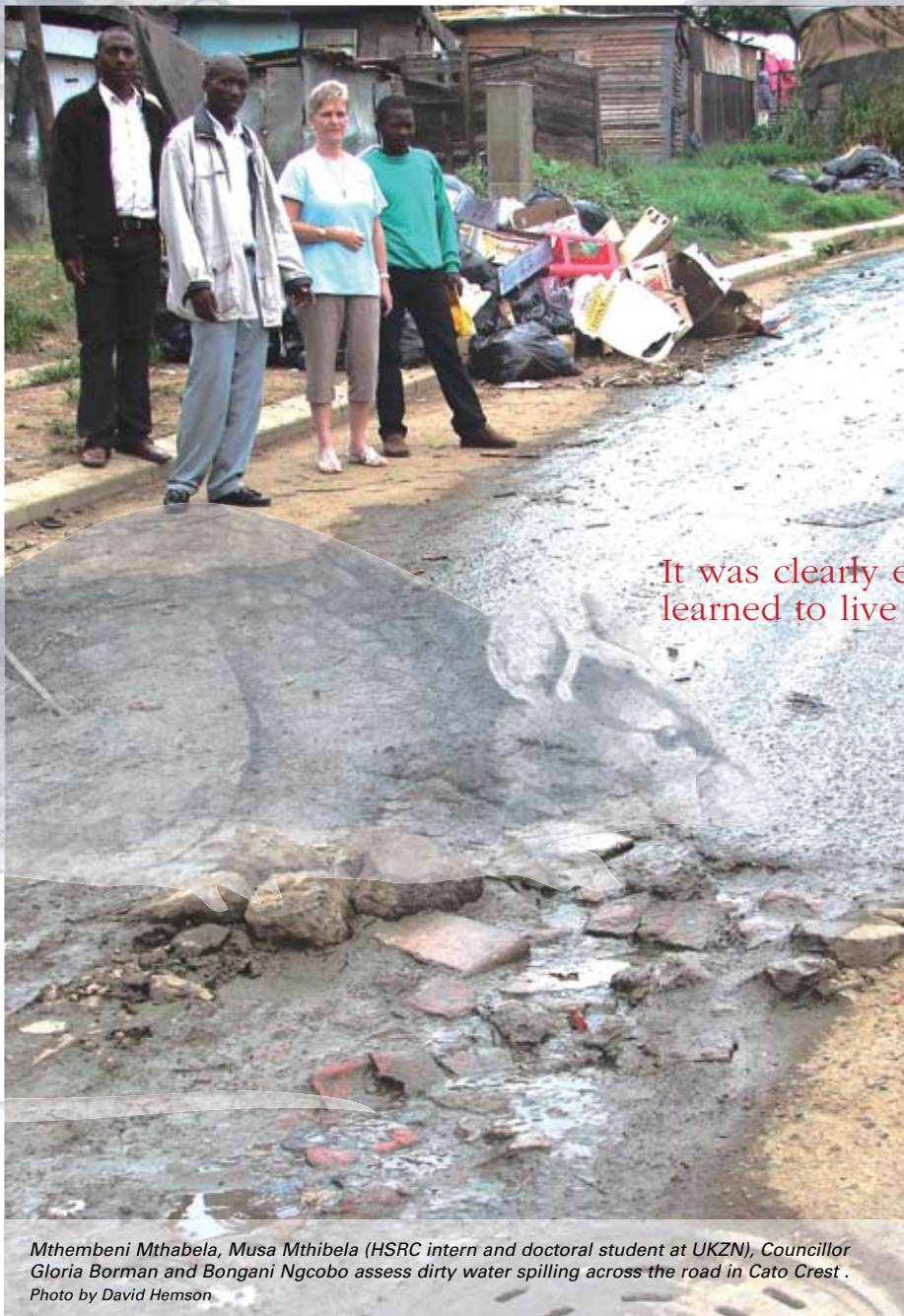
Mthembeni Mthabela, Musa Mthibela (HSRC intern and doctoral student at UKZN), Councillor Gloria Borman and Bongani Ngcobo assess dirty water spilling across the road in Cato Crest . *Photo by David Hemson*

disease conductors is extremely difficult when they are far more concerned about other diseases as well as other hazardous aspects of their environment, namely, high rates of violence, rape, child abuse and everyday crime.

Research revealed that people tend to describe rats much in the same way they describe thieves: scoundrels, who break in at night or when they are not at home to eat and destroy their few possessions.

> **It was clearly evident that poor people had learned to live with their rats**

Interestingly, rat-management strategies appear to be gender-specific. Men reported either using traps or pouncing on the rats in the kitchen, frightening them off with bright torchlight and loud shouting. Woman on the other hand prefer to sprinkle judicious amounts of rat poison in selected areas, hoping the unwanted vermin will creep off and die.

Analysis of the data showed that although people tried their best to create oases of cleanliness and order in their shack homes, they nevertheless tended to adapt to the filth of their larger environment, resigned to the inevitability of rats in their midst. As one senior citizen put it, 'Rats need food too. They are trying everything to survive, just like us'.

At the Water Week event, Conrad Buthelezi sang a song of old *uMkhumbane* (as Cato Manor is popularly known) about children in the 1950s longing for a swimming pool. The yearning for a swimming pool may remain, but far more important to the people, particularly the children, is the immediate instigation of urgent measures to deal with all the environmental causes of ill-health. Rats included.

We hope, with this investigation, to support the implementation of better conditions by working with Councillor Borman to identify problems and monitor improvements. ●

Dr David Hemson is a research director in the Urban, Rural and Economic Development research programme, and Dr Suzanne Leclerc-Madlala is Professor of Anthropology at the University of Kwazulu-Natal.

capture and test local rats for diseases such as leptospirosis, toxoplasmosis and plague.

Post-graduate student field workers from the Anthropology Department at the University of KwaZulu-Natal (UKZN) adopted some innovative research methods to record the locals' perceptions, beliefs and ways of dealing with the health threats that rats bring into their environment. Since rats are especially active at night, daytime interviews were supplemented with night-watch activities, such as participant observation with strong torches around garbage heaps and litter-strewn pathways.

From the anthropological study of current perceptions and practices of Cato Crest residents in relation to rodent pests (specifically to large Norwegian brown rats), it was clearly evident that poor people had learned to live with their rats.

While local clinic records reveal the high prevalence of a variety of illnesses that patients present with – including illnesses related to HIV/AIDS (55%), tuberculosis (30%), diarrhoea (15%), and an incalculable amount of skin sores, common colds, and influenza – it is only when the rats actually bite either them or their children at night that they seek help from clinics.

Getting people to see rats as dangerous

New human resources plan foresees
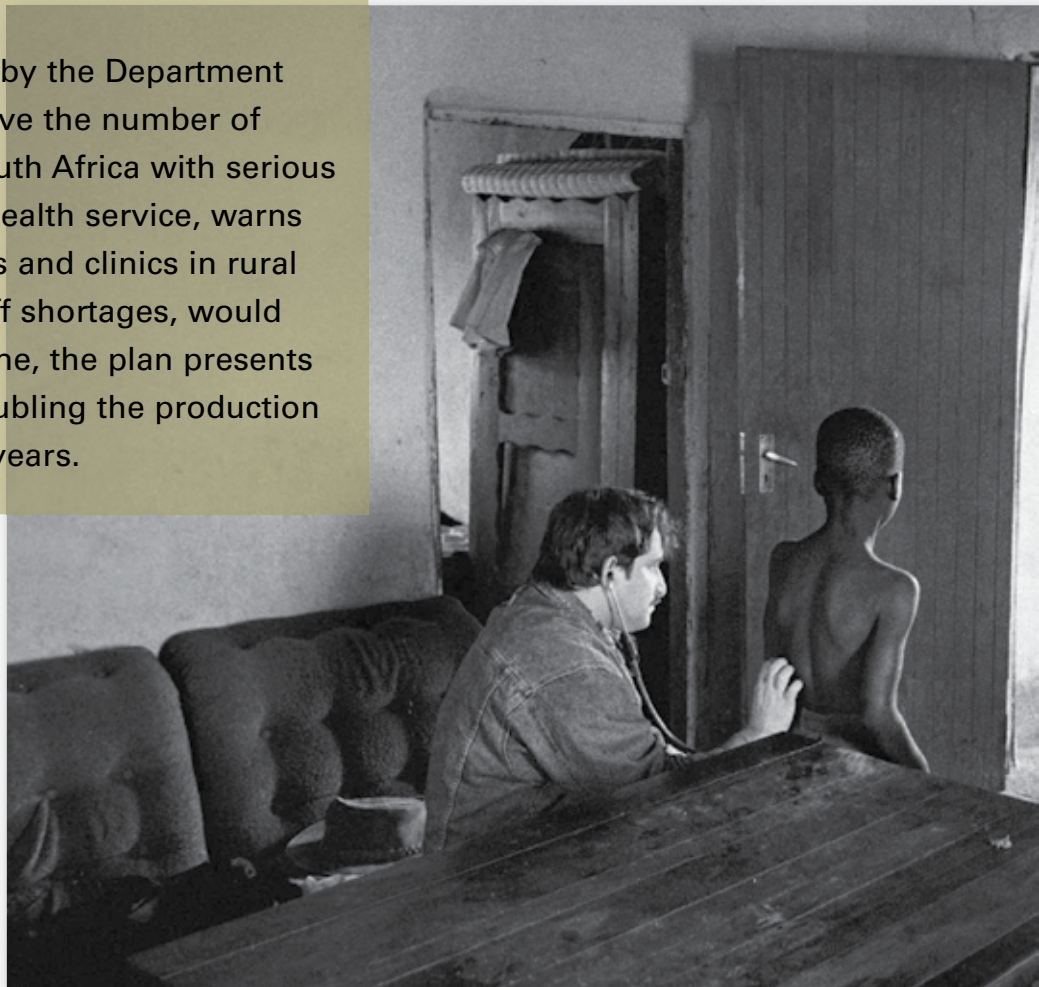# FEWER FOREIGN DOCTORS

A new human resources plan by the Department of Health could more than halve the number of foreign medical doctors in South Africa with serious consequences for the public health service, warns MIGNONNE BREIER. Hospitals and clinics in rural areas, already crippled by staff shortages, would be hardest hit. At the same time, the plan presents unrealistic expectations of doubling the production of local doctors in only eight years.

POLICY PLANS TO REDUCE the number of foreign doctors are particularly difficult to understand when one considers South Africa has less than 7 doctors per 10 000 people whereas the UK has around 21, the United States around 24 and many European countries more than 30. Our own doctors emigrate in significant numbers (estimated at 150 per year) and, of those who stay, more than 60% work in the private sector, where they serve less than 20% of the population. With the majority of these doctors opting to work in urban centres, rural areas have been heavily reliant on foreign doctors.

Now the department plans to limit the percentage of foreign doctors to no more than 5% of the total medical workforce, where there are currently around 5 277 foreign qualified doctors, forming about 16% of the total number of 33 347. In future, the department will give preference to government-to-government agreements and employment contracts will be limited to three years and will be non-renewable.

Research by the HSRC – published in a monograph entitled *Doctors in a Divided Society: The Profession and Education of Medical Practitioners in South Africa* – gives an account of the role of foreign doctors in and around Mthatha in the Eastern Cape.

In Mthatha, it is not uncommon for ten people to live off a single old age or disability pension, in other words, about R82 each per month. HIV/AIDS is rife and the area's exceptionally high suicide rate is thought to be closely linked. Health services in the area are crippled by a shortage of nurses and doctors. There is a state-of-the-art academic hospital in Mthatha, but it has only about half the medical staff it needs. The surgical department is particularly understaffed with only 40% of the specialists and 30% of the surgical nursing staff required, according to a senior surgeon. In the Eastern Cape as a whole, there are fewer than 3 doctors per 10 000 people. And barely one of these is in the public sector.

The medical services that do exist in this area are being provided largely by foreign doctors, many of whom are attached to the medical school at the Walter Sisulu University (formerly the University of Transkei). Their countries of origin include India, Sri Lanka, Bangladesh, Nigeria, Uganda and Zimbabwe. The greatest number is from Cuba, which produces the most doctors in the world: around 59 per 10 000 people.

In interviews, the foreign doctors gave many different reasons why they came to this country: to escape political violence or worsening professional conditions, to earn more money, to acquire specialist training, or to link up with family who emigrated earlier. Several spoke of their desire to serve the poor and 'make a difference'. The Cubans

> *It is clear that the government will have to invest a great deal of money in the education of medical doctors if it wants to double numbers in the next eight years*

came under the conditions of a government-to-government agreement in the mid-90s. Others have worked in the area for decades.

Several questionable assumptions underlie the Department of Health's new policy. Firstly, the department claims that the restrictions will limit the brain drain from other countries in Africa, where there are even fewer doctors: less than 1 per 10 000 people in Lesotho, Malawi, Mozambique, Zambia, Uganda and Tanzania, for example.

It is true that many of the doctors who have come to this country are from elsewhere in Africa and that they fill the gaps caused by those of our doctors who emigrate to countries like the US, UK, Canada and New Zealand. And, understandably, the South African government does not want to deplete the health resources of its neighbours any further. But there is no guarantee their doctors will stay at home just because South Africa closes its doors. Of the medical practitioners in America who had received their medical training abroad, a study found that 5 334 had trained in Africa, of whom 1 943 (36%) were from South Africa and the rest from other African countries. The biggest number (2 158, or 40%) were from Nigeria.

Secondly, there is the assumption that South Africa can make up the shortfall by rapidly increasing its output from medical schools. The aim is to double the number of graduates from 1 200 to 2 400 per year by 2014. How this is to be achieved is difficult to understand, given that the plan also provides statistics showing that the number of graduates from the eight medical schools has only increased by 32% in the 12 years between 1994 and 2005. Most of the growth has been in the historically black medical schools, which produced 737 doctors in 2005, compared to 231 in 1994. The Walter Sisulu University showed the biggest growth, albeit from a low base, quadrupling its graduates from 18 to 78. Nevertheless, it is difficult to imagine how the medical school can maintain this trajectory, as it is almost totally reliant on foreigners for its academic staff. In contrast, the historically white medical schools produced only 8% more doctors in 2005 than in 1994 (840 compared with 779).

A third assumption is that a change in recruitment strategy to target students from 'rural and under-serviced' areas will help to produce doctors who are more likely to return to those deprived areas to work than students from urban and less disadvantaged backgrounds. This assumption suggests that the post-1994 changes in admissions criteria and curricula have failed to produce sufficient numbers of this kind of doctor.

It is clear that the government will have to invest a great deal of money in the education of medical doctors if it wants to double numbers in the next eight years. Learner-centred teaching methodologies found in community- and problem-based curricula are expensive to implement because students have to be transported to community centres. In addition, the problem-based curricula are labour intensive. In the past, one lecturer would address a group of 200. Now 20 staff members are required to facilitate groups of 10 or fewer.

The universities will need more staff, facilities and hospital posts. If a sizeable proportion of students are to come from rural backgrounds in the hope that they will return there to work, then there will also have to be sizeable investment in rural education to produce the maths and science passes needed to gain access to a medical school.

In the meantime, we need to take note of the reasons why health professionals leave this country. A study by the Organisation for Economic Co-operation and Development (OECD) found primary concerns were crime, affirmative action, the deteriorating state of public education and uncertainties about the future. The Global Commission for International Migration advised countries that are losing professionals to be 'good employers'.

Doctors who work in the Mthatha area complained not only of poor salaries, but also of impossible workloads, inefficient administrations and an inhospitable social environment.

They say the roads are neglected and the drivers unlicensed and dangerous, the schools are of poor standard, and that the town offers little entertainment. At the university where they teach, students are often without hot water or electricity and there is only one sports field.

The medical school is renowned for problem-based learning, but the rooms in which it offers the small group sessions are windowless cubicles in a converted library with crumbling paint and lifts that do not work.

There is clearly a need for a multi-faceted approach to the human resource problems in the health sector. Such an approach would not only involve more government departments than just the Department of Health, but would be long term as well. Restricting the number of foreign doctors in the short term would certainly not be a feature. •

Dr Olive Shisana
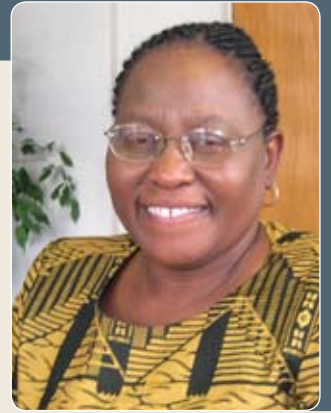
PURSUING
'social science that makes a difference' – how the HSRC sees its mission

THE SOCIAL SCIENCES and humanities are currently under considerable threat in South Africa – both as academic disciplines and as priority research areas. For all the right reasons, the country is focused on promoting the 'hard sciences' of mathematics, the physical sciences and technology. The modern, rapidly globalising economy rides on hard science-based technology and South Africa admittedly has a critical human resource deficit in this regard.

However, this single-minded focus on technology and the hard sciences poses the risk of relegating the social sciences and humanities to second-class status in terms of resource allocation and prestige. The subsidy to universities for these disciplines is already considerably lower than that for the natural sciences. Funding for social science research at academic institutions is diminishing and some universities are severely reducing their social science departments, or closing them down altogether. Furthermore, the present higher education system is designed to attract the brightest students away from the social sciences, and there is an alarmingly lackadaisical attitude towards the critical shortage of social scientists in the country.

The HSRC seeks to reverse the perception of the social sciences as less worthy and less relevant with regards to the country's development. The HSRC's motto – 'social science that makes a difference' – seeks to convey the indispensable role of the social sciences in the reconstruction and development policies of our country and society. Today, societal development can no longer be exclusively measured in economic/technological terms at the expense of its human aspects.

Development planning has profound implications for people and their environment that only social scientists can unpack, whether for a new health system, a new housing project, a programme to target 6% national economic growth or for building the contentious freeway along the Wild Coast. There is an inevitable and inextricable partnership between policy-making and social science. A society that ignores social science-generated research in its planning does so at its peril.

South Africa is unlikely to benefit from the lessons of the past or fashion a thriving, cohesive and harmonious society for the future if we fail to take our history, diverse cultures and artistic heritage into account in our developmental planning and policy-making. We will also have failed this country if we do not conduct research that documents and analyses our democratic and social transition to provide a context for our future development.

> A society that ignores social science-generated research in its planning does so at its peril

The disjuncture between social science research and national policy-making is also a matter of concern at international level. I recently attended a thought-provoking conference on this theme, convened by the UNESCO Forum on Social Science/Policy Nexus, whose current president is Zola Skweyiya, South Africa's Minister of Social Development. The Forum identified as a target the enhancement of policy-relevant, social science research capacities, particularly in Africa, and pledged to invest financial resources in this regard.

The perceived importance of the natural sciences notwithstanding, social scientists must accept a portion of the blame for the low profile of their discipline. They have not always been the most effective advocates of their own calling, nor have they trumpeted the value of their research in advancing the cause of society. Historians have not enlightened society about the value of history, and neither have sociologists, linguists, nor other social scientists with regard to their respective disciplines.

Social scientists have tended to remain in their ivory towers, limiting their activities to publishing inaccessible articles in learned journals. They have not put enough effort into seeking recognition of their work as important building blocks in nation building. This hands-off stance has tended to make social sciences rather irrelevant to development efforts. A variety of think tanks which fed into pre-democracy planning were dismantled, leaving little collective capacity to inform policy.

Through a variety of initiatives, the HSRC seeks to place social science and humanities at the centre of the development agenda. It has restructured itself in order to create capacity for public policy analysis and to contribute to policy-making. It is establishing structured ties with universities for a collective and more cohesive visibility and effectiveness of the national social science community. This partnership will also create enhanced opportunities for the training of young scientists to help augment the dwindling pool of social science experts across the country.

The HSRC is partnering with researchers elsewhere on the African continent to tackle the problems of poverty alleviation, HIV and AIDS, and other common developmental challenges as reflected in the Millennium Goals. It seeks to establish implementation networks and partnerships with stakeholders, from the planning and execution of research to its implementation in the public domain.

With these and other initiatives, the HSRC intends – with its university and other research partners – to restore the prestige and position of social science on the ladder of intellectual pursuit. ●

Dr Olive Shisana is president and CEO of the HSRC.

Tackling the CHALLENGE of QUALITY EDUCATION

Providing quality education for all is recognised as a crucial step in improving people's socio-economic situation. The HSRC has established the National Education Quality Initiative to support government and other key role-players in education, explains ANIL KANJEE.

IN AUGUST 2005, the Minister of Education declared, 'improving the quality of education is a national priority in South Africa that requires involvement and engagement throughout all levels of our society'. The primary purpose of the new National Education Quality Initiative is to support government and other key role-players by enhancing evidence-based policy research that could contribute towards the quality of education in schools. And especially in those schools where a harsh environment makes it difficult to teach and learn.

In this initiative, we will use a systems approach – known as the 'AQEE to improve learning' model. This model accounts for the inextricable links between the policy goals of access, quality, equity and efficiency and the effect they have on learning at the system, school and community level.

The primary objectives of this initiative are to:

◗ Consolidate and disseminate relevant research findings with specific emphasis on 'what works', based on national (and international) data and experiences;
◗ Identify evidence-based strategies to provide relevant and practical policy options;
◗ Engage in high-level policy dialogue to obtain consensus from relevant role-players to address key challenges.

The approach will be stakeholder-driven and will harness local and international experience and knowledge. The initiative will comprise a combination of the following activities:

◗ Review of current and past school improvement projects/studies;
◗ Policy dialogue forums, round table discussions, regional and national conferences;
◗ Policy briefs, 'what works' manuals and other publications.

It is also likely that a number of studies will be commissioned to address specific questions.

The intended outcome of this initiative will revolve around issues identified by stakeholders in education which include:

◗ Enhanced evidence-based policy decisions;
◗ Creating greater dialogue and understanding between key decision makers in the system;
◗ Increased use of relevant information for policy implementation and monitoring;
◗ Synthesising state-of-the-art policy research pertaining to education quality;
◗ Drawing up codes of practice/commitment or charters/action plans where appropriate;
◗ Increased awareness and visibility of critical issues affecting education quality by focusing on key policy constituencies, for example, the Department of Education, teacher unions, parents, teachers.

The initiative will work closely with government, donors and other role-players in education to address these challenges. We offer a number of fellowships (short- and long-term) and joint appointment positions to attract the best local and international experience and expertise. Two advisory committees, national and international, will be established to add value to the initiative and ensure its success.

Following a series of consultations with senior education department officials and a range of other national and international role-players, three key focus areas have been identified:

◗ Improving reading and writing in schools;
◗ Developing indicators for local role-players to monitor education quality;
◗ Evaluating the impact of free education on quality.

Given the enormity of the challenge, the initiative aims to make a substantial contribution towards providing quality education for all. As a starting point, a critical focus would be to ensure that all education role-players are on the same path and walking in the same direction. ●

Dr Anil Kanjee is executive director of the National Education Quality Initiative.

South Africans
pin job creation hopes on 2010

South Africans are very confident that the 2010 Soccer World Cup will bring increased job opportunities and improved economic growth to the country. They also believe that it will consolidate South Africa's position in the international arena, reports UDESH PILLAY.

OPTIMISTIC RESPONSES AROUND job creation, economic growth and our international standing were given by almost 85% of respondents in the national longitudinal survey conducted by the HSRC to measure attitudes towards the 2010 Soccer World Cup. However, respondents were almost equally divided over whether these expected benefits would be of a 'lasting' or 'short-term' nature. Some 47% believed the benefits of hosting the event would be long-term, while 44% said the benefits would be short-term only.

In a representative sample, some 2 884 respondents across the country were polled during the latter half of last year for their views and opinions on the World Cup and a wide range of other public policy issues.

The survey probed the expectations of respondents for the country as a whole, the city or area in which they lived, their neighbourhood and, finally, for them personally. While respondents consistently cited job creation and work opportunities as their predicted primary benefit of hosting the 2010 World Cup, they did so at different rates across the different domains.

Job creation was an expected benefit at national level for 34% of respondents, at city level for 28% and at neighbourhood level for only 15%. Interestingly, while 33% of the respondents expected to gain personally from the World Cup, an equal number of respondents said they did not expect to receive any personal job creation benefits.

Only a quarter of black African respondents said they did not expect personal benefits, rising to 69% for white respondents. White and Indian/Asian respondents also tended to point to the short-term benefits of the event,

while black African respondents believed the event would bring more longer-term benefits.

Perhaps surprisingly, there are few differences in attitudes among men and women in their perception of the benefits and disadvantages of hosting the World Cup, except that women respondents expect to benefit more from job creation than men do.

The data reveal that public knowledge of the event is high, especially in urban areas. Three quarters of respondents knew South Africa had been chosen by FIFA to host the Cup, of whom 93% correctly said it would be held in 2010.

But knowledge drops rapidly when respondents live in former homeland areas, rural towns or commercial farms. Only 44% of respondents in the latter areas said they knew that South Africa would be hosting the event. But even then the overwhelming majority of these particular respondents could correctly name 2010 as the year in which the event would be held.

The survey also probed public attitudes towards seven statements drawn from the public debate generated by the prospect of hosting the 2010 World Cup. They ranged from the readiness of the country to host the event to the impact that it would have on regenerating run-down areas in South African cities. The results, in summary form, are as follows:

◗ 82% of respondents indicated that they 'strongly agreed' or 'agreed' with the statement that South Africa would be ready to host the World Cup;
◗ 52% of respondents 'strongly agreed' or 'agreed' that local government in the area in which they lived would be able to meet

the needs of the FIFA World Cup;
◗ 47% of respondents 'strongly agreed' or 'agreed' with the proposition that the World Cup would delay the provision of basic services to poor areas in the country;
◗ 81% of respondents 'strongly agreed' or 'agreed' with the proposition that small businesses would benefit;
◗ 78% 'strongly agreed' or 'agreed' that hosting the World Cup would improve black economic empowerment;
◗ 75% 'strongly agreed' or 'agreed' that hosting the event would help upgrade run-down parts of the locality in which they lived;
◗ 85% of respondents 'strongly agreed' or 'agreed' with the view that hosting the event would make South African cities more competitive internationally.

Respondents were also asked for their views on which areas they expected to benefit most from hosting the event. The majority of respondents (61%) believed that the benefits would accrue either to Gauteng or to the two major urban areas in the province, namely, Johannesburg and Tshwane.

Similarly, 39% of respondents said benefits would accrue to businesses, 29% said they would accrue to wealthy or rich persons and 17% said they would go to persons living in towns and cities in South Africa. Only 8% believed benefits would go to the 'poor and disadvantaged' or to persons living in rural areas.

The survey provides benchmark indicators on public attitudes towards the international showpiece. The HSRC intends to undertake an annual poll of public attitudes towards the World Cup – to be hosted by an African country for the first time – in order to conduct a longitudinal analysis. This will allow

changing attitudes to be analysed, providing policy-makers and practitioners alike with decisive planning information in the run-up to the event. The HSRC's World Cup project extends beyond the annual survey, with a bi-annual digest assessing the state of development interventions ahead of the event, a special journal issue and a 'flagship' book in 2008, among the anticipated outputs.

As a result of the interest generated from the first wave of the public attitude survey, the HSRC has been invited by government, through its Communication Services (GCIS), to sit on the National Communication Team for 2010. Meeting recently at the invitation of the GCIS, the HSRC's programme of 2010 research activities was strongly supported and endorsed, with particular emphasis placed on the amount of public-purpose research already conducted by the HSRC since the announcement of South Africa as the host country.

Partnerships with the South African Cities Network (SACN) and the Centre for Urban and Built Environment Studies (CUBES) at the University of the Witwatersrand have also been forged. A two-day international symposium will be held with CUBES and the Witwatersrand Institute for Social and Economic Research (WISER) in September 2006 as part of an ongoing dialogue on the meaning of hosting 2010. ●

Dr Udesh Pillay is the executive director of the Urban, Rural and Economic Development research programme.

47% of respondents 'strongly agreed' or 'agreed' with the proposition that the World Cup would delay the provision of basic services to poor areas in the country "

How BLACK is BLACK ENOUGH?

Seeking norms for blackness and identity

People who claim that culture is the sole indicator of blackness are in danger of ignoring black identity's political dimensions, warns MCEBISI NDLETYANA.

RECENTLY, CERTAIN MEMBERS of the black community have charged the middle-class with betraying their black identity. The accusation stems mostly from the black bourgeoisie's distinct life-style and set of norms vis-à-vis the rest of their community. For instance, after attending elite private schools, black children from middle-class backgrounds may be less inclined to use their native language, preferring English instead. The betrayal may also manifest itself in a distaste for certain cultural practices as a result of moving away from neighbourhoods where such practices are commonly observed. Does this mean that some people are more black than others? Is the observance of black culture a sufficient marker of blackness? And, since there are many cultural practices, which ones authenticate one's blackness?

Perhaps an even more crucial question is whether there has ever been a uniform black identity. Implicit in the charge of betrayal is the assumption that there is a homogenous black identity to which all black people should ascribe – an assumption that is neither historically accurate nor factually true.

Blackness – from its initial conceptualisation as such in the Cape Colony of the 19th century by its first interlocutor, Tiyo Soga (1829-1871) – has always been multi-dimensional, comprising both cultural and political elements. Politically, blackness encompasses all those who suffered colonial prejudice and were consequently denied the opportunities for which, on merit, they were eligible. To overcome this political legacy, Soga counselled unity and co-operation among black people as the key to self-improvement: 'Assist one another, patronise talent in one another, prefer one another's business, shops, etc., just for the reason that it is better to prefer and elevate kindred and countrymen before all others…Union in every good thing is strength; and to a weak party or race, union above all things is strength'.

On black culture, however, Soga was ambivalent. A product of the missionary enterprise and the first overseas-educated African with a degree in theology, Soga thought highly of chiefs as 'specimens of nature's own nobility' on one hand, whilst being stridently opposed to *ulwaluko* – a ritual marking the right of passage from boyhood to manhood – on the other. His admired chiefs were guardians of the very practice he denounced.

His cultural ambivalence is not actually such a contradiction. It serves to illustrate culture not as a homogenous monolith, but as a continuum which allows for degrees of adherence and variation. Consequently, Africans have had access to multiple cultural identities since their initial encounter with colonial influence, dating back to the 19th century. Some Africans embraced modern influences; others shunned them. The result was a cultural schism between the 'educated' and the 'non-educated', known as *Amakholwa* and *Amaqaba* in Natal, and *Amaqgoboka* and *Ababomvu* in the Cape. The latter charged the former of complicity in colonial conquest – *bagqobokile*: a hole through which settlers infiltrated the indigenous society. They thought of themselves alone as authentic Africans.

However, the black consciousness movement was not triggered by an urge to rediscover a more authentic, pre-colonial Africanness. But, rather, it grew out of a sense of political betrayal. The 'civilizing mission' had failed to honour its promise to give full citizenship to civilized black people and prompted an inward gaze into the culture and heritage of the self. However,

this cultural self was not articulated as being autonomous – it was inextricably linked to political claims of inclusion. The intention of black consciousness was to refute colonial notions of black inferiority and thereby prove worthy of citizenship.

Interestingly, the black cultural identity that has come to dominate the black imagination is in fact the one that was articulated by the *Amagqoboka*, who had been considered less African by their more traditional counterparts. If we are to posit authenticity as a qualifier for blackness, then our contemporary definition of the black cultural identity does not qualify because it is not, by any stretch of imagination, authentic– nor did its inventors lay any claim to authenticity. After all, as products of the 'civilizing mission', they were the very personification of cultural hybridity and their definition of a black identity put more emphasis on the political than the cultural.

Actually, the notion of a natural correlation between culture and blackness emanates from apartheid scholarship, particularly cultural anthropology. This view was a function of the shift in colonial policy from assimilation

> ## The notion of an authentic black identity that resides solely in culture is frighteningly reminiscent of colonial rhetoric

to segregation, particularly after the formation of the Union in 1910. Cultural anthropologists came up with elaborate cultural theories to justify segregation: because they are black, they therefore have a different culture.

The apartheid definition of African culture was, needless to say, underpinned by racial prejudice. It defined African culture as static, incapable of change and progress, and with no cultural differentiation. The 1927 Native Administrative Act, for instance, decreed that all Africans were tribespeople, whose natural habitat was a village under the rule of a chief. It did not matter how sophisticated or urbanite one considered oneself to be, the law made all Africans tribespeople by virtue of their black skin. According to this weird colonial logic, people who happened to be tribe-less could easily be constituted into a tribe by the Native Commissioner, who would find them a village and assign

them a chief. Ordinary folks, with no claims to chieftaincy, were made chiefs on the saying so of anthropologists, who claimed to have uncovered traces of royalty in their lineage!

Thus, the notion of an authentic black identity that resides solely in culture is frighteningly reminiscent of colonial rhetoric. It completely ignores cultural dynamism and heterogeneity within African society, as if African cultural norms have withstood societal changes and remained frozen in time. That there is a shared ethos within the African community as a result of common history and experience is indisputable. But insisting that there is uniform cultural behaviour among Africans assumes a causal relationship between race and culture where none exists. ●

Dr Mcebisi Ndletyana is a senior research specialist in the Society, Culture and Identity research programme.

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profile: Dr Laetitia Rispel

Executive director of the Social Aspects of HIV/AIDS and Health research programme

BORN: Upington, Northern Cape

MARITAL STATUS: Married to Dr Edward Hank, a medical practitioner. They have two children, Andrew (14), and Nadine (10).

QUALIFICATIONS: Health professional, PhD in Health Systems, University of the Witwatersrand, and formal management and leadership certificates. Currently doing a post-graduate course in economics through the University of London.

RESEARCH INTEREST: Public Health and policy, HIV/AIDS, health systems, gender and social determinants of health.

AWARDS: Two degrees with distinction, winner of the health category, Shoprite Checkers/SABC2 Women of the Year award; yearly performance bonuses from 2000 to 2005 from the Gauteng Department of Health; Educational Opportunities Council to study public health at the University of California, USA; several top student awards from the University of Cape Town.

RELAXATION: Spending time with family and friends, reading, good movies and theatre, gym, walking the dogs, the occasional Thai spa massage and travelling to exotic places.

How did you land up in health policy and the Gauteng Department of Health?

It goes back to around mid-1987 when a friend encouraged me to apply for a job at the newly created Centre for Health Policy at Wits that did post-apartheid research into health policy. I combined my formal qualifications with my passion for anti-apartheid work. The team researched strategies for transformation and did a critical assessment of post-apartheid health policy and how to improve health systems. There were robust debates and, at the time of democratic transition, I thought I would be able to put theory into practice by working for government. I always knew it was a useful detour, rather than a final destination.

I was initially appointed chief director for strategic management, with responsibilities for health policy, information technology, health promotion and communication, but soon got catapulted into many other issues. In 1999, several hospitals received bad press and the then MEC for Health, Mr Mondli Gungubele, wanted to do something drastic to improve the situation. He moved me into the position of chief director of hospital services, overseeing the management and operation of 28 public hospitals and three oral and dental schools. My mandate was to turn hospital services around.

That was not a position I would have considered applying for, but it gave me tremendous experience of hospitals, how they function, mediating the needs and conflicts of different stakeholders, and managing difficult heads of clinical departments. When I took over, the hospital budget overspending was R300 million and the department's approval for appointments was under treasury control. This meant we had to get special permission for every new appointment and the very people who left were those most needed.

I first tried to get buy-in from CEOs, staff and heads of clinical departments. Between June and October of 1999, I travelled more than 5 000 km in Gauteng, visiting every hospital. I took the directors along with me, spoke to CEOs and staff, asked them for ideas on cost-containment, and encouraged them to innovate. We had networking workshops and people learned more from each other than they would have learnt from someone telling them how to do things.

We empowered hospital management and I learnt the importance of taking people along on a change-management process. We developed a budget-driven service plan and, by the end of that financial year, we came in within budget.

What do you regard as the most important characteristic necessary for achieving a turn-around in a huge, unyielding government department?

The most difficult aspect of any change process is people. If you do not take people along with you, you are sunk. The key ingredient was interaction with people, earning their respect, and listening, learning from them and providing silent guidance to bring out the best in them.

My formal research training and background gave me a road map for systematic analysis of problems. The hardest part was winning the trust of the old guard, who thought I was a political appointment. Some were racist chauvinists. For example, one director would crack jokes and had no idea that it was potentially hurtful. It was one of the most difficult years of my life: my mother died and I got trusted with a difficult job which was not exactly what I wanted to do. My daughter was still small and needed a lot of attention.

In the end, I think I have made a big diff-

erence, not only to staff, but to the health system in Gauteng. This was confirmed by the mostly unlikely supporters, such as male clinical heads of departments – many sent me encouraging messages and thanked me for my contribution and leadership.

What is your vision for the Social Aspects of HIV/AIDS and Health (SAHA) research programme at the HSRC?

SAHA is one of those success stories, with the former executive director, Dr Olive Shisana, managing to build it within a short period of time to become a force to be reckoned with at both national and international levels. We would like to maintain the high profile and the national and international status of the programme. We must stay focused on the goals of the programme and our trademark

national, community-based HIV/AIDS survey. But I would also like to see other aspects of health and health policy being developed to a similar status. One example is the collaborative work with the World Health Organisation around social exclusion and the social determinants of health. Another aspect I would like to expand is the social aspects of reproductive health, with particular focus on maternal health.

Do you find that some donor fatigue has developed when it comes to HIV/AIDS research funding and, if so, how will this influence funding for future HIV/AIDS research?

There is still a lot of interest and we expect that it will occupy health sector and academic agendas for at least the next ten years, but

it will be more selective and the funding of projects will become tighter. It will be interesting to see what comes out of the June UNAIDS meeting. We expect the international funding arena to change dramatically over the next few years and have to find a sustainable way of dealing with it – probably a combination of consolidation, maintaining high standards of research and the ability to identify gaps in research in order to hold on to the competitive edge in generating new knowledge and influencing policy shifts.

We have to prove to funders that what we deliver is of value and, precisely for that reason, we also need to develop other areas of health research, focus on long-term multi-year projects, and ensure the effective management of these projects. ●

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Edited by Glenda Kruss

The new science and technology framework has challenged higher education institutions in South Africa to create research partnerships with industry and to contribute to growing a national system of innovation. Through detailed case studies, this monograph explores how one new organisational form typical of the knowledge society, the network, is currently being created in practice in three high technology fields. It is the third volume in the *Working Partnerships: Higher Education, Industry and Innovation* series.

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Debating high skills and joined-up policy

Andre Kraak, Hugh Lauder, Phillip Brown & David Ashton

This monograph introduces the debate about the importance of state coordination or 'joining up' in the area of 'education and work'. It does so, firstly, by adapting the highly influential British scholarship on 'high skills societies' to South Africa's inherited 'low skills' development trajectory. Secondly, he invites the leading scholars behind the 'high skills' thesis to debate some of the issues of 'joined-up' government, cross-sectoral state coordination and high skills in the South African context.

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South Africa's role in conflict resolution and peacemaking in Africa: Conference proceedings

Edited by Roger Southall

This collection – drawn from a workshop conducted on behalf of the Nelson Mandela Foundation – offers overviews of key aspects of South Africa's attempts to bring various African wars and conflicts to an end, alongside analyses of its vigorous peace-making engagements in particular countries (Lesotho, Zimbabwe, Burundi, the Democratic Republic of Congo and the Ivory Coast). It concludes with considerations of the exportability of the South African 'miracle' principles of best practice and gendered involvement in peace-making and the difficulties presented by the country's simultaneous existence as an arms manufacturer and exporter.

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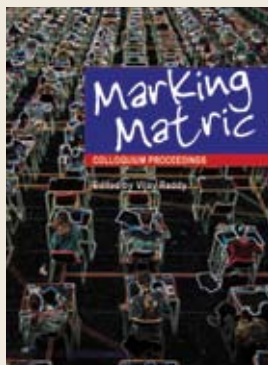
Marking Matric: Colloquium proceedings

Edited by Vijay Reddy

To deepen the discussion around the matriculation examination, the HSRC hosted a colloquium in November 2003, with participants from national and provincial government, Umalusi and academics. This collection grapples with issues to do with testing, particularly the matric examination – as well as the issues of standards, reliability, validity, centralisation or decentralisation of examinations and their predictive value.

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South African Social Attitudes: Changing Times, Diverse Voices

Edited by Udesh Pillay, Benjamin Roberts & Stephen Rule

Presenting the public's responses during extensive nation-wide interviews conducted by the HSRC in 2003, *South African Social Attitudes: Changing Times, Diverse Voices* is the first volume in a new series that aims to provide an analysis of attitudes and values towards a wide range of social and political issues relevant to life in contemporary South African society. As the series develops, readers will be able to draw meaningful comparisons with the findings of previous years and thus develop a richer picture and deeper appreciation of changing South African social values.

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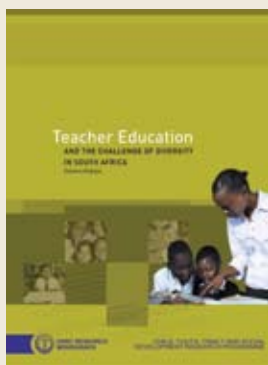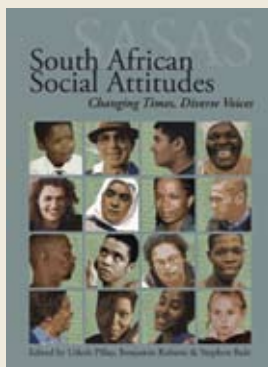
Teacher Education and the Challenge of Diversity in South Africa

Crispin Hemson

This volume is part of a wider, cross-disciplinary school integration research project initiated by the HSRC to investigate the ways in which teachers, texts, managers and policy-makers make sense of and actively address the challenges posed by integration. This study focuses on how three teacher education institutions are preparing students through the Postgraduate Certificate of Education (PGCE) for teaching in schools that are different from the ones they experienced as learners.

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