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UCT public health expert gets top varsity award for human rights

"While our post-1994 democracy has removed formal race discrimination from the statute book and ushered in a constitutional dispensation that prioritises human rights across our society, we still see the consequences of inequality and discrimination today." This reality has driven the University of Cape Town's (UCT) Professor Leslie London, the head of the Division of Public Health Medicine based in the School of Public Health and Family Medicine in UCT's Faculty of Health Sciences, to change the status quo and make his own contribution towards achieving social justice in healthcare.

Prioritising vulnerable communities and empowering them to speak up to improve the state and quality of healthcare in South Africa have always been high on his to-do list.

As a public health expert, London has been on the ground in some of the country's most marginalised communities for more than three decades. He has worked with women farmworkers, health committee members and community and civil society activists across a range of sites in the country and abroad, and has witnessed first-hand how inequality continues to manifest. For his unwavering commitment to promoting social justice in his discipline, UCT presented him with the 2021 Social Responsiveness Award.

"This award has been so gratifying. I have been at UCT for 31 years and have never stopped using my teaching, research and service to work towards reducing inequalities, improving access to care and re-enforcing community agency to change the conditions of the disempowered. I feel like [the Social Responsiveness Award] is a validation of a career's work," London said.

"I am so proud that UCT supports my work and has now validated it by presenting me with this award. I know other academics at other universities who struggle to have their social justice work recognised. In fact, some are even victimised for speaking truth to power. I am grateful to be in a completely different position."

This award recognises London's commitment to promoting community participation and community members' voices in various health systems. According to him, this approach is important because South Africa has a sad and terrible history of how health systems and public health practices did the complete opposite of its intended purpose under apartheid.

“The system excluded people of colour from any form of participation and voice. This resulted in extremely unequal and unethical services, with multiple human rights violations. Therefore, it is important that healthcare workers today learn from this past, recognise that human rights are an essential component of what we respect, protect, promote and fulfil as healthcare workers today. Sadly, what was challenging in the past, remains with us as a challenge on the ground today. And so, as engaged scholars, we have to use our skills, research and teaching to meet that ongoing challenge,” he said.

In his work over the years, London has witnessed the benefits of community engagement and participation.

“There is already much literature which argues that community participation is good for health. But much of this remains at high level and opinion based. My work intends to provide a body of empirical evidence to demonstrate how community agency leads to both better processes and to better outcomes,” he said.

“With this engaged approach, we have succeeded in giving a voice to communities so that they can better articulate their own health services’ needs. At the end of the day, this will contribute substantially to providing the evidence-based approach needed to shape policies and to realise the World Health Assembly’s 1977 goal of “Health for All”. Through strengthening community voice, we are not only generating better health outcomes, but we are also improving capacity to address social challenges, such as sexual and gender-based violence, which traditionally fall outside of the health sector.”

In order to successfully attain health equity, London said it is absolutely essential that communities most affected by inequities and human rights violations are meaningfully empowered to change the conditions that give rise to inequalities and violations.

“It’s obviously not an easy or quick fix but what it does is signal the need to pay attention to processes and not just outcomes,” he said.

“Health equity demands that communities be involved in the process. If they have insight into the decisions and strategies agreed on, then they will monitor and ensure community members play their part. But for that to happen, there needs to be trust. Communities have long experienced unresponsive systems and an unresponsive government, so this requires active relationship building. Too often service providers and managers are threatened by community accountability. Trust from both sides is key. Non-governmental organisations (NGO) like the People’s Health Movement and others can play key roles in catalysing change for communities.”

Story by Niémah Davids, UCT News



Professor Leslie London

Photo: Supplied

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