

Social Responsiveness Award: UCT lauds champion for human rights

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Prof Leslie London is the recipient of UCT's 2021 Social Responsiveness Award.

“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, Professor 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.



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“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.

Niémah Davids (ND): This award recognises your commitment to promoting community participation and community members' voices in various health systems. Why is this approach so important?

Leslie London (LL): 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.

ND: In your work over the years, you've witnessed the benefits of community engagement and participation. Tell us about this.

LL: 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.

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.

ND: What kind of role do communities need to play in order to successfully attain health equity?

LL: It is absolutely essential that those 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.



"Communities have long experienced unresponsive systems and an unresponsive government, so this requires active relationship building."

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.

ND: Talk to us about the Learning Network (LN) which enables learning and reflection and supports best practice guidelines to achieve health equity.

LL: This work started in 2007 when I co-supervised a master's student in adult education. The thesis explored how three NGOs in Cape Town understood human rights.

At the end, the student recommended that civil society organisations would benefit from an interactive learning space where NGOs and activists can join forces, reflect on their practices, explore ways of understanding human rights, and how these principles could be integrated into other existing programmes.

As a result, we secured some funding from the South Africa-Netherlands Programme for Alternative Development, which helped us to establish the LN for Health and Human Rights. The network adopted the spiral learning model to ensure action was informed by reflection and vice versa. This month, one of the network's members submitted her PhD which

explored how reflective learning could impact health and human rights programmes. This thesis found that cohesive relationships fostered agency and resulted in positive, collaborative organisational outcomes.

While the LN has changed and waned at times, it is a model that has had huge resonance with our partners. We hope that this learning and reflection can become something useful for social change, while also being a focus of engaged scholarship.

ND: What's been most beneficial about the network's work?

LL: The work we do is directly linked to empowering groups who have been disempowered in our society. We provide science and research findings and give it to those most affected by inequalities and human rights violations. We give these marginalised groups the agency to improve health systems and conditions.



“The aim is for them to use their training to lead action from the bottom up.”

Through this project we've already funded 25 health committee members and community activists who were each able to successfully complete the Adult Education Higher Certificate at UCT. The aim is for them to use their training to lead action from the bottom up, rather than solely relying on solving problems from the top down. A strong community voice is important and will hold service providers and the state to account in order to deliver services to address basic needs.

ND: How are you encouraging your students to mimic your way of working?

LL: We have a number of students who have completed their dissertations and practical projects working with communities and civil society organisations on health equity and human rights issues. We make available structured opportunities for students to work with community groups in an environment where all parties learn about mutual respect during the research process. In so doing, students become part of the team and learn as much about the nature of social responsiveness as they do about the research topic that they have chosen.

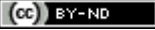
ND: Overall, what are your sentiments on this prestigious UCT award?

LL: 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.

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“I learn every day and I am struck by how communities find ways to overcome adversity.”

In many ways I feel like I've come full circle. My journey at UCT started 31 years ago and I learned about inequality from day one. I haven't stopped learning. I learn from my students and the community members in the areas that I work in. I learn every day, and I am struck by how communities find ways to overcome adversity. If only we could give communities the resources they need, they will mobilise amazing capacities to turn around poor service delivery. We must trust them and learn from them.

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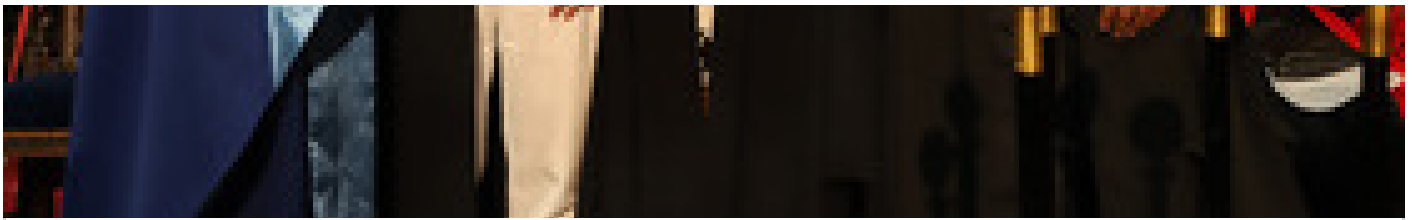


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