



PHASA

Public Health Association
of South Africa

January – March 2025

The Pulse

NEWSLETTER



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Message from the PHASA President- Lwando Maki

Dear PHASA members

There has been a renewal in PHASA leadership with the election of PHASA board members and Special Interest Group(SIG) Chairpersons. On behalf of the board, I would like to thank the outgoing PHASA Board members and SIG chairperson for their dedication, time and hard work to PHASA; Thank you :

It is a pleasure to share that the PHASA audit is near its completion; this will allow PHASA to pay its historical debt to the South African Revenue Services and will allow for PHASA to fundraise to increase its financial stability and long-term sustainability. On behalf of the board, I would like to thank those involved in achieving this and special thanks to the PHASA treasurer Tiaan Eksteen who has driven this process since his first term as treasurer. I would like to also encourage PHASA members to please update their membership if expired and for those who are not PHASA members currently, to please sign up and join the PHASA family.

There have also been achievements in PHASA increasing its footprint and reach in the region and globally, with the election of our PHASA treasurer, Mr. Tiaan Eksteen, being elected as Treasurer of the African Federation of Public Health Associations, and myself being elected on the Governing Council of the World Federation of Public Health Associations. PHASA has also supported and endorsed several advocacy campaigns and petitions by the World Federation of Public Health Association and from submissions made to PHASA board by SIG chairs and PHASA stalwarts. I would like to thank PHASA Advocacy chair, Dr. Natisha Dukhi, for streamlining the advocacy submission and review process; It is a pleasure to congratulate Prof. Takalani Tshitangano ,who has been a member of the PHASA board and advocacy subcommittee , on her new role as the new PHASA advocacy chair, PHASA has some exciting activities ahead and wish her the very best in her new role. I would also congratulate the following board members on their new roles Dr. Ndumiso Tshuma-research coordinator, Prof. Patrick - Public Relations officer, Dr. Itumeleng Ntatamala- training coordinator.

On behalf of the PHASA board, I would like to invite the PHASA family that the PHASA 2025 Conference which was postponed from September 2024, to the 6 to 9 April 2025. This is unfortunately due to venue cancellation and ensuring conference delegate safety.

The PHASA Conference organising committee is continuing its hard work to ensure that the PHASA conference in 2025 is the best conference for our PHASA members, friends and colleagues. Congratulations to those who have had their abstracts accepted and we look forward to hosting you. Thank you to those who have already registered and paid for the conference, we can only host 300 delegates this year and spaces limited, we encourage you to secure your attendance to avoid disappointment. For any conference queries please email Jodi.nefdt@mrc.ac.za.

The change in dates of the conference has not impacted an exciting program; we are very excited about the Susser and Stein Keynote lecture, which will be renowned speakers and will give a talk touching on current challenges in public health in Africa and the new era without foreign funding. We also look forward to relevant and thought-provoking plenary sessions that will focus on the conference theme. In addition to the scientific programme, the organised sessions at the start of the conference will also be of key interest to conference delegates, addressing public health priorities from various vantage points, including the health policy, health system, civil society, and even artificial intelligence perspectives. The PHASA board had a successful induction and fulfilled the duty to elect a PHASA secretary; I would like to congratulate Prof. Sean Patrick on being elected as PHASA secretary. He has served PHASA exceptionally well in the Climate Energy Health SIG and he also serves as the current vice president of the Association of Schools of Public Health for Africa. Sean will also be the lead for JUPHASA (Junior Public Health Association of South Africa) Revival and will roll out the campaign in the coming months.

Finally, on behalf of the PHASA Board and 2024/2025 conference organising committee, we look forward to welcoming all delegates to the PHASA conference and four remarkable days of topical scientific research and community projects, engaging organised sessions, significant conversations on current public health priorities, and energising reconnections.

My warmest wishes

Lwando

Message from PHASA Treasurer- Tiaan Eksteen



Dear PHASA members,

I want to commend the PHASA secretariat, for working closely with the BGC audit and tax advisory team in streamlining the auditing process for 2019–2023. PHASA faced challenges with historical information that had to be sourced from external suppliers due to lack of internal expertise and capacity. We are pleased to announce that the financial statements were reconciled, audit sampling and testing started in September 2024. All processes are documented, and guidelines are established to inform future audits and to guide the Board on how these processes are conducted and facilitated. We appreciate the detailed and accurate work that was put into the audit to date to achieve a clean audit. It gives us great pleasure to announce that the financial reporting for the PHASA 2023 Conference is concluded and that the organisation has exceeded its financial expectation for 2023. It is, however, important to acknowledge that PHASA cannot sustain itself through conferences alone and is working closely with members and stakeholders to leverage and share resources to find more dynamic and innovative avenues to improve on current marketing, communication and revenue-generation mechanisms.

Warm regards,

Tiaan



Message from PHASA Secretary- Sean Patrick



Dear PHASA members,

Warm greetings to all of you. Reflecting on the tremendous success of the Global Public Health Week (GPHW) organized by the World Federation of Public Health Associations (WFPHA) earlier this year, we were inspired and invigorated by the impactful dialogues and collaborative spirit demonstrated throughout the event. Under the theme "*Fostering Peace as a Prerequisite for Equitable Health*" the week's activities highlighted the critical intersections between peace, health equity, and community engagement. PHASA's participation in GPHW not only brought together public health practitioners, researchers, and policymakers from around the world but also underscored the importance of community-led health initiatives in South Africa.

We were excited to carry forward the momentum from GPHW as we prepared for our own Annual Conference. However, due to unforeseen circumstances, we made the difficult decision to postpone the conference to April 2025. Our commitment to providing a platform for advancing public health remains unwavering. The PHASA Annual Conference is a cornerstone event, bringing together public health practitioners, researchers, policymakers, and students to share knowledge, discuss pressing issues, and foster collaborations.

As we look forward to the PHASA Annual Conference in April 2025, we are excited to align with the theme "*Partnerships for Public Health: Sculpting a Healthier Future Together.*" This theme resonates with our core values and underscores the importance of collaboration in achieving our public health goals. Let us continue to build on the successes of the past and embrace the opportunities ahead, united in our commitment to a healthier future for all. Thank you for your continued commitment to PHASA.

Warm regards,

Sean

Changes to PHASA Board Members and SIGs

Outgoing Board Members

On behalf of PHASA, I would like to thank the following board members for their time and service to PHASA: Rene Sparks, Coceka Mdiya, Antionette Stafford-Cloete, Tlamelo Mothudi, Robin Dyers, Tiaan Eksteen (Treasurer), Natisha Dukhi (Advocacy Chair) and Tawanda Chivese (Chair of Membership sub-committee).

Outgoing SIG Chairpersons

Climate Energy Health SIG: James Irlam

Health Policy Systems and Research SIG: Jill Olivier.

As in the true spirit of PHASA, outgoing leaders of PHASA are still part of PHASA and their experience will forever be valuable to the PHASA family. It is also a pleasure to share that Harsha Somaroo and Natisha Dukhi will continue the board as ex-officio; they will continue to serve and represent PHASA with Harsha continuing as lead for our World Congress 2026 work and Natisha will continue completing the foundation laying work in the advocacy chair role. Please also join me, in thanking all PHASA members who availed themselves and ran for elections; PHASA is nothing without its members and their efforts for PHASA. I would also like to congratulate the elected board members and SIG chairpersons. The following were elected PHASA members:

Elected Board Members

Sean Patrick, Itumeleng Ntatamala

Co-opted Board Members

Charissa Carpenter, Munyadziwa (Munya) Rabambi, Joyce Shirinde, Ndumiso Tshuma and Patrick Ngassa Piotie

Elected SIG Chairpersons

Public Mental Health: Saira Abdulla

Occupation and environmental health: Sujatha Hariparsad

Dental Public Health: Jemima Ramphoma

Health Promotion: Anam Nyembezi

Climate Energy Health: Mafoko Phomane

Health Policy Systems and Research: Tumelo Assegai

Health Information and Technology: Muzzamil Ismail

The newly elected members were inducted and have already begun serving the PHASA membership. There will be communication to all members to choose which SIG they would like to join/re-join and to also update their contact details. The SIG chairs will then have a completed membership list for their SIG members and work can be more streamlined.

Reflecting on PHASA 2023

Delegate feedback for the PHASA Conference 2023



Participants enjoyed the networking and engagement opportunities with a diverse group spanning young public health practitioners to public health experts.

The keynote speakers were found to be inspiring and offered valuable insights into current public health challenges and innovations; and the presentations were of a high quality and covered an interesting range of topics. On the downside, many participants were unhappy with the format of poster presentations, and it was recommended that there should be a traditional poster gallery.

The organising and scientific committees are working hard to ensure an optimal experience at the next Conference in 2025.

The PHASA Conference 2023 feedback form was completed by 102 delegates. Their critique of the conference was mostly positive, but some constructive criticism was well received by the conference committees.

PHASA



Partnerships for Public Health:
Sculpting a Healthier Future Together

6 - 9 April 2025

Western Cape, Goudini Spa, Worcester



Worcester (Western Cape)

The 2025 PHASA Conference will be held in Worcester on the 6-9 April 2025. Only an hour from Cape Town, in the heart of the Boland mountains, you'll find ATKV Goudini Spa resort with its healing mineral baths and more fun activities than you'll ever be able to fit into one holiday. PHASA has traditionally held conferences in areas where mostly events would not choose due to logistics and costs, but we continue this tradition as we serve these communities and we want to highlight their stories whilst bringing economic opportunities into those communities. Goudini Spa's range of self-catering holiday accommodation, entertainment and recreational facilities will meet absolutely everyone's needs, from the free-spirited to the fussy. Activities on the resort include an array of natural hot pools, hot supertube, tennis and volleyball court, games room and picturesque nature walks/hikes. ATKV Goudini Spa offers a variety of self-catering accommodation. Bookings can be made directly with Goudini Spa, Contact: Mustapha Solomons MustaphaS@atkv.org.za. There is also have a list of hotels and local bed & breakfasts available, we understand that transport in these rural communities can be challenge and have included contact details for those who want to book transport between venue and their accommodation. Please see conference website:

Registration information

Registration will be in South African Rands (ZAR). The conference registration fee includes attendance to all sessions on the conference Programme.

Registration Fees

- Early Registration – R5,900.00
- Early Student Registration - R4,900.00
- Late Registration - R6,400.00
- Late Student Registration – R5,400.00

Group Registration

A 10% discount will be given to a registration of 10 or more delegates from the same organisation. Please complete the [Group Form](#) and email it to Celine Beneke at celine.beneke@mrc.ac.za. In person conference registration fee includes the following:

- Attendance to all sessions in the Programme
- Conference package
- Teas and lunches during the Conference
- Welcome reception for in person attendance delegates.
-

PHASA



Partnerships for Public Health: Sculpting a Healthier Future Together

6 - 9 April 2025
Western Cape, Goudini Spa, Worcester



Plenary 1: Partnerships for public health: sculpting a healthier future together

Session Chair:

Dr Lwando Maki, PHASA Board Chair

Keynote Speaker

Prof Ntobeko Ntusi, President & CEO of the South African Medical Research Council

Plenary 2: Thirty Years of Oral Health in the New South Africa: A Reflection

Session Chair:

Dr Nashna Rampersad, University of the Western Cape, PHASA DPH, SIG Secretary

- **Dr Mzimkhulu Mcuba**, National Department of Health, acting National Director for Oral Health
- **Dr Bulela Vava**, Public Oral Health Forum, President.
- **Mr KC Makhubele**, South African Dental Association (SADA), CEO
- **Prof Faheema Kimmie-Dhansay**, University of the Western Cape, Senior Lecturer
- **Prof Pagollang Motloba**, Sefako Makgatho Health Sciences University, HOD Community Dentistry

Plenary 3: South Africa's National Health Insurance Act and the path to Universal Health Coverage

Session Chair:

Prof. Tracey Naledi, Public Health Medicine Specialist. Deputy Dean of Social Accountability and Health Systems, University of Cape Town

- **Dr Aaron P Motsoaledi**, Minister of Health
- **Ms Fatima Hassan**, Human Rights Lawyer. Director of the Health Justice Initiative
- **Ms Sasha Stevenson**, Human Rights Lawyer. Executive Director of Section 27

Things to do at Goudini



Hiking: (at own risk)

Starting point behind Rondawel 56. Monday to Wednesday at 5am. Those interested in this should complete google form by **25th March 2025**.



Putt Putt area:

R50 deposit is required which is refundable. Scoring sheets are available, each team should manage its own scoring. Putt Putt delegates to return the scoring sheets to the registration desk – **winner gets a prize**.

CPD

A CDP form will be in the Programme book. After each session a unique code will be displayed on the screen. Delegates need to complete the form after every session and return the form to the registration desk by the 9 April.

Link to hiking form - <https://forms.office.com/r/P47wmjdZrS>

PHASA



Partnerships for Public Health:
Sculpting a Healthier Future Together

6 - 9 April 2025

Western Cape, Goudini Spa
Worcester



PHASA wishes all 2025 PHASA Conference attendees to join in the exciting



TIK TOK challenge

TikToker's must upload their videos using
#PHASA2025 and below captions

TOPIC/ CAPTIONS FOR VIDEO'S

Humor in health: Showing the fun side of public health
• What is the 'fun' in health? Show us!!!

Video Submission channels

Delegates create and upload video on TIKTOK
Use the correct caption for your video
Tag/mention **@PHASA2025** on your uploaded video on TIKTOK

Email the video to **kefiloe.Masemola@mrc.ac.za**
once videos are received, a quick screening will be done.



Closing date:

15 March 2025
4pm South Africa Time

Individuals and Organizations can enter the challenge.



The Collapse of Healthcare in Gaza: A Public Health Crisis

On October 10, 2024, the United Nations (UN) Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem and Israel, released a damning report detailing a horrific campaign of violence by Israel against Gaza's healthcare system since October 7, 2023.¹ The report quotes the World Health Organization (WHO) as follows: "...between 7 October 2023 and 30 July 2024, Israel carried out 498 attacks on health-care facilities in the Gaza Strip. A total of 747 persons were killed directly in those attacks and 969 others were injured, and 110 facilities were affected."¹ The report also noted, "As at 15 July, of the 36 hospitals in Gaza, 20 were completely non-functional and only 16 were still partially operating, 11 with severe overcrowding and a bed capacity of only 1 490."¹ Although international humanitarian law protects health workers and facilities during war, this report highlights Israel's deliberate disregard for these provisions.

Since October 7, 2023, Israeli armed forces are documented to have killed over 42 000 people in Gaza, primarily women and children (70%).² Indirect causes, including water and food shortages, malnutrition, infections, and lack of health care, have contributed to an estimated death toll of nearly 200 000.³

The apartheid conditions endured by Palestinians in Gaza and the occupied territories, including attacks on the health system, began long before October 7, 2023.⁴ A plausible case of genocide has been made at the International Court of Justice (ICJ), but Israel has blatantly refused to implement the ICJ's provisional measures. Tragically, calls for an immediate ceasefire and the rebuilding of Gaza and its healthcare system by the UN, various aid agencies, and South Africa's own health experts⁵ have not halted the carnage.

Gaza through the WHO Health Systems Building Blocks

Service Delivery

The targeted destruction of hospitals, clinics, and ambulance services has drastically reduced access to and provision of basic health services.⁶ Patients with chronic illnesses cannot receive necessary care as makeshift hospitals are forced to prioritize emergencies. The complete collapse of health services and targeted destruction of basic infrastructure, like sewerage systems, has led to outbreaks of communicable diseases like hepatitis A and the first confirmed polio case in Gaza in 25 years that has left a 10-month-old child paralyzed.⁷ Some Israeli leaders have openly welcomed the possibility that severe epidemics would "bring victory closer and reduce casualties among IDF soldiers".⁸

Health Workforce

The murder, imprisonment and torture of healthcare personnel by Israel have worsened the severe shortage of providers.¹ The destruction of universities has halted training for new healthcare workers, creating a reliance on volunteer staff whose entry is controlled by Israel, putting existing healthcare workers under severe pressure.

Information Systems

The ongoing blockade, power outages, and destruction of communication networks in Gaza have crippled health data collection. Data on health outcomes and resources is vital for operation of any health system.

Medical Products, Vaccines, and Technologies

For years, Gaza and the occupied territories have endured medical apartheid, with Israel controlling the movement of medication, vaccines, and health technologies.⁹ During the COVID-19 vaccination campaign, Israel excluded 5 million Palestinians from accessing the vaccine.⁹ Following the discovery of polio in Gaza, the UN launched a vaccination campaign in northern Gaza, which was obstructed by Israeli armed forces.¹⁰

Financing

The prolonged conflict and blockade have crippled the Palestinian economy, severely limiting funding for health services. International financial aid often fails to reach Gaza due to Israeli restrictions on goods and services.¹ Healthcare workers have worked without salaries for the past year because Israel controls access to tax revenue owed to the Palestinians.

Leadership and Governance

In Gaza, the destruction of administrative offices, communication networks, and the killing of management personnel have made local governance structures ineffective. Israeli doctors have endorsed the bombing of Gaza hospitals,¹¹ and been accused of complicity in torture.¹² The silence of global health organisations has compromised their ethical credibility, enabling the continued destruction of Gaza's healthcare system amid a worsening humanitarian crisis.⁵

Conclusion

The deliberate destruction of Gaza's healthcare system is not merely a by-product of ongoing military operations, but rather part of a long-term systematic assault on the health and well-being of the Palestinian population. Immediate and sustained international action is crucial, not only to address the immediate humanitarian needs but to hold accountable those responsible for the erosion of the right to health.

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By Masudah Paleker¹, Mohammed Ishaq Datay², Samah El-Boraei¹, Leslie London³, Hassan Mahomed⁴

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School of Health Systems and Public Health Research Day

The University of Pretoria's [School of Health Systems and Public Health \(SHSPH\)](#) hosted its second Research Day on June 26, 2024, under the theme "Building Africa's Public Health Leadership and Research Capacity: The next 25 years."

The event, sponsored by the [Public Health Association of South Africa \(PHASA\)](#), brought together postgraduate students, staff, and faculty to engage in meaningful discussions around the future of public health in Africa.

The event opened with a keynote address from [Professor Ntobeko Ntusi, the incoming President of the South African Medical Research Council \(SAMRC\)](#), who outlined the current landscape and future priorities for health research in South Africa, emphasizing the alignment of research efforts with pressing challenges such as governance crises, planetary health, and the decolonization of global health.

A highlight of the event was the launch of the [SHSPH 25th Anniversary Supplement in the South African Medical Journal \(SAMJ\)](#), introduced by Professor Lekan Ayo-Yusuf, Chairperson of SHSPH.

The supplement, featuring papers from recent postgraduate students, showcases the school's significant contributions to public health over the past 25 years, including research on critical health system challenges, maternal and child health.

The event also featured a virtual keynote address by [Dr. Ahmed Ogwel, Vice President of Global Health Strategy at the UN Foundation](#), who underscored the importance of youth engagement in health security and innovation. Dr. Ogwel highlighted the vital role of Africa's youth in addressing the continent's health challenges, emphasizing their agility, tech-savviness, and potential for driving change.

The day concluded with a panel discussion by distinguished alumni on developing Africa's next generation of public health leaders, providing insights and recommendations for ensuring SHSPH graduates are well-prepared to tackle the continent's pressing public health issues.

The event's focus on building Africa's public health leadership and research capacity aligns with PHASA's [mission](#) to promote a healthier South Africa by strengthening local expertise and addressing the continent's unique health challenges. By supporting such initiatives, PHASA reinforces its dedication to fostering innovation, advocating for evidence-based policies, and ensuring equitable access to quality healthcare for all South Africans. The outcomes of this event underscore the shared goal of both SHSPH and PHASA to empower the next generation of public health leaders and contribute to a robust, responsive public health system in South Africa and across the continent.



afpha

African Federation of Public Health
Associations

The African Federation of Public Health Associations (AFPHA) was launched at the 61st Session of the WHO Regional Committee for Africa, held in Yamoussoukro, Republic of Côte d'Ivoire, from August 29 to September 2, 2011. PHASA has had strong relations and collaboration with AFPHA since its founding, with PHASA being one of its founding members and PHASA being represented by Prof. Flavia Senkubuge as the Vice-President of AFPHA.

The AFPHA hasn't reached its full potential due to several challenges from funding to the recent covid pandemic. The AFPHA is working towards reaching its full potential and began its renewal with elections for a new board on 30th November 2023 at their Annual General Meeting held in Zambia

On behalf of PHASA, I would like to thank the AFPHA President Dr. Somé Mathias, Vice-President Prof. Flavia Senkubuge, Secretary Tewabech Bishaw and AFPHA board for their commitment to advancing public health and health for all in Africa. The AFPHA has bright future and will reach its full potential with time.

On behalf of PHASA, I would like to congratulate newly elected AFPHA President Prof. Michael Asuzu, AFPHA Treasurer Mr Tiaan Eksteen and the new AFPHA board on their elections. It is a pleasure to also note that Mr Tiaan Eksteen is the PHASA treasurer, and we have full confidence in him flying the PHASA flag high in the region.

2024 Mira Aghi Award



Congratulations Professor Lekan Ayo-Yusuf for receiving the 2024 Mira Aghi Award

Professor Lekan Ayo-Yusuf, Chair of the School of Health Systems and Public Health at the University of Pretoria and Executive Director of the National Council Against Smoking has been awarded the 2024 Mira Aghi Award by the Society for Research on Nicotine and Tobacco (SRNT). Named after the dedicated SRNT member, Mira Aghi, this prestigious award is a testament to Prof. Ayo-Yusuf's outstanding research in low-and middle-income countries (LMICs).

As the inaugural recipient of this distinguished accolade, Prof. Ayo-Yusuf's work exemplifies excellence in public health and serves as a beacon of inspiration for researchers globally. His dedication to tackling critical issues in tobacco control underscores his commitment to improving global health outcomes.

The PHASA Health Promotion Special Interest Group congratulates him on this well-deserved accolade.

RHAP launches Health Tax Alliance to help save the public health system

South Africa spends a significant amount of public health resources treating diseases caused by smoking and drinking alcoholic beverages and cool drinks. If the government significantly raised the taxes on these products, this would increase their price, making them more expensive. And this in turn will result in a drop in its consumption and an increase in the revenue collected from these products.

But it would also result in a drop in the disease burden that the health system needs to treat. Until now though, the government has not increased the taxes on these products significantly and only marginally in line with inflation. This could all change with the launch of the Health Tax Alliance. The alliance is a group of public health advocates working in these sectors which will effectively combine their efforts across the sectors to collectively drive calls to the government for increases for health taxes.

The alliance was launched in Cape Town last week. As part of the launch of the alliance, public health researchers and advocates working in tobacco control, alcohol control and sugar sectors gathered to discuss the need for a co-ordinated effort to encourage calls for increases in health taxes.

Globally, health taxes which are levied on products that have a negative public health impact like tobacco sugar and alcohol, have been mooted as a mechanism that saves lives, prevents disease and generates revenue. In South Africa, however, the health taxes currently imposed on these products have remained inflation-based and not in line with calls by global health bodies like the World Health Organisation.

The two-day symposium included an address by former deputy director general in the National Department of Health, Dr. Yogan Pillay, as well as Dr. Chengetai Dare and Yolanda Radu from Priceless SA, Dr. Nicole Vellios from UCT's Research Unit on the Economics of Excisable Products and the Southern Centre for Inequality Studies researchers Rashaad Amra and Thoko Madonko. Pillay noted that there were inadequate responses to the commercial determinants of health, which are strategies, practises and pathways that commercial actions undermine health and create inequities.

He highlighted the need to reorientate societies and build trust and solidarity. Raising taxes was just part of the solution to a healthy society, he noted. As part of the discussions, participants heard about various studies that have been conducted and initiatives that have launched showing the impact of alcohol, tobacco and sugar. These products all lead to the increase of non-communicable diseases in the health system including diabetes, cancer, cardiovascular diseases. Dare, for example, highlighted how the direct cost of diabetes to South Africa's health system is R2.7 billion and that is only for those patients who are diagnosed. This is estimated to increase to R35 billion by 2030.

Extending the health promotion levy on sugar sweetened beverages to include juices could cut more than 150 000 cases of diabetes. Going forward the alliance will call for increases in health taxes to save the public health system the cost of the burden of these diseases. South Africa is yet to see an amalgamated alliance that can advocate for these taxes collectively.

The alliance will include the Southern African Alcohol Policy Alliance, the Treatment Action Campaign, Priceless SA, the Campaign for Tobacco Free Kids, the National Council Against Smoking, the Public Health Association of South Africa, the SA Medical Association, the South African National Aids Council and the TB Accountability Consortium. Speaking at the launch RHAP executive director Russell Rensburg said: "Tobacco sugar and alcohol cost the South African health system a significant amount of money." He added: "The direct and indirect costs cannot be denied. Something must be done to navigate these costs and save the ailing public healthcare system."

RHAP is one of the organisations driving the alliance.

info@rhap.org.za

The Rural Health Advocacy Project is a division of Wits Health Consortium (Pty) Ltd

www.witshealth.co.za

Special Interest Groups (SIGS)

Occupational & Environmental Health SIG

Since the inception of the SIG, the members of the group have attempted to garner awareness about the relevance of occupational & environmental health.

Through this goal, the SIG together with national and international stakeholders participated in a National Symposium on Occupational Heat Exposure on the 25th and 26th of November 2024. The virtual symposium was attended by over 200 participants from across the globe.

The symposium highlighted the importance of occupational heat exposure and showcased emerging research in the field. Occupational heat exposure is fast becoming a global threat to workers and the lack of awareness and appropriate legislation is a challenge especially to developing countries.

The OEH SIG hopes to make strides in continuing to advocate for environmental and occupational health. We encourage all like-minded individuals to join the SIG so we can broaden our footprint nationally and internationally. We look forward to further collaboration and engagement with organisations in the future.

PHASA Climate, Energy and Health SIG

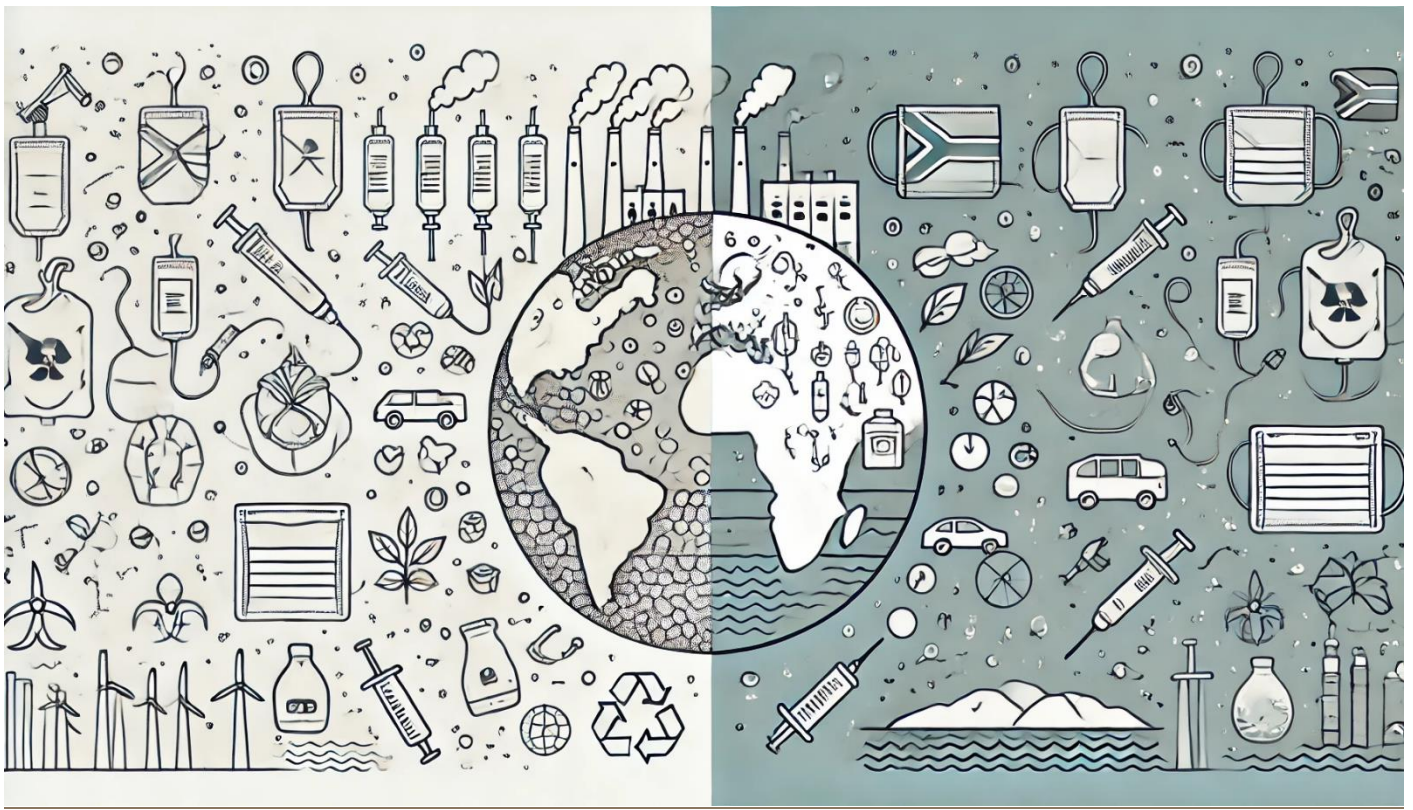
The Climate, Energy and Health Special Interest Group brings together health sector partners, public health experts, climate experts, other disciplines and civil society organizations to understand the intersection of climate, energy, and health. The SIG held its annual strategic planning meeting where we reflected on the year that passed and used the learnings to develop our advocacy focus for the current year. We Participated in various panels for the World Federation for Public Health Association at its Global Public Health Week GPHW24, where we highlighted the role of Health Professionals in acquiring advocacy skills in order to enhance rights competencies within the health workforce in a webinar organised by PHASA. We presented in another webinar organised by Health Care Without Harm titled *“Fuelling Change: Unveiling the Health Impacts of Fossil Fuels and the Imperative for Just Transition.”*

PHASA initiated a Memorandum of Understanding process between the Directorate: Environmental Health, National Department of Health and the Public Health Association of South Africa and Climate Energy and Health Special Interest Group, which we hope to finalize this year. With MOU we hope to continue to advocate for a climate resilient health system.

We represented PHASA by presenting in the Rural Health Advocacy Projects webinar where RHAP launched their policy brief on *“Strengthening Primary Health Care for Climate Resilience and Universal Health Coverage”* [Policy Brief](#). At the same webinar we shared our joint PHASA publication which serves as a guidance document for Health Professionals in South Africa titled [Suffocating Under Fossil Fuels](#).

The year saw us meet with the Parliamentary Public Education Office in our efforts to engage the Parliamentary Portfolio Committee on Health to highlight the role that the health sector plays in the Just Transition. The office hopes to re-establish the Public Participation Civil Society Working Group, where we hope to hold a colloquium on climate and health. We were consequently invited to the Parliamentary Portfolio meeting for Forestry Fisheries and the Environment on their oversight visit to Komati where the decommissioning of the Komati Power Station, a coal-fired power plant operated by Eskom, has left communities with ill health and polluted environments.

We are excited to announce our SIGs Organized session at the upcoming PHASA 2025 Conference with which we will engage on *“The role of healthcare in a climate crisis”* where we will share local interventions for low-carbon sustainable healthcare through case studies from South African hospitals that have committed to the Global Green Healthy Hospitals agenda.



Plastics and health. An urgent environmental, climate and health issue.

In March 2022, during a session of the UN Environment Assembly (UNEA-5.2), a historic resolution was adopted to develop an international legally binding instrument on plastic pollution, including in the marine environment. The resolution (UNEA 5/14) requested the Executive Director of the UN Environment Programme (UNEP) to convene an Intergovernmental Negotiating Committee (INC) to develop "the instrument," which is to be based on a comprehensive approach that addresses the full life cycle of plastic, including its production, design, and disposal. The INC began its work during the second half of 2022, with the ambition to complete the negotiations by the end of 2024.

Why is there a plastics crisis?

Over the last 30 years, global plastic consumption has quadrupled, and in 2019, reached a total of 460 Million Tonnes (Mt) per annum - a figure that is expected to grow to 1231Mt by 2050 if global policies do not change. In 2019, plastics accounted for a staggering 3.4% of global greenhouse gas emissions, almost double the emissions caused by the aviation industry.

The global medical plastics market is also exploding. It is forecast to increase from 26 to 41 billion dollars in the next five years - a 10% compound annual growth rate.

Almost all plastics (99%) are made from oil and gas fossil fuels along with chemical additives to give them their properties, and impact health and the environment along their entire lifecycle - from production and refining emissions on the fence line of petro-chemicals refineries, to, manufacturing, transportation, disposal and post-disposal. It is estimated that global plastic production emits 2.8 gigatons of carbon dioxide per year, equivalent to the emissions of over 500 million gasoline-powered cars driven for a year. Additionally, over 16,000 chemicals are used in various combinations in the plastics industry, of which at least a quarter are known to be hazardous - worryingly fewer than 1,000 are regulated. Recycling and disposal systems cannot cope and cannot be designed to cope with the vast quantities of different plastic materials made each year.

Additionally, over 16,000 chemicals are used in various combinations in the plastics industry, of which at least a quarter are known to be hazardous – worryingly fewer than 1,000 are regulated. Recycling and disposal systems cannot cope and cannot be designed to cope with the vast quantities of different plastic materials made each year. For this reason, hundreds of millions of tonnes of plastics are leaking into the environment, clogging rivers, entangling wildlife and spreading microplastics and nanoplastics around the globe. Plastics also have a long lifecycle, specifically post-disposal. On a global scale, only 9% of plastic has ever been recycled, demonstrating the inherently unsustainable nature of the plastics industry, intended mostly for single use, and ultimately disposal.

How do plastics affect our health?

Microplastics are now found worldwide and are transported in water and air. We are exposed to microplastics through what we eat, drink, and the air that we breathe, and even through medical treatment. Hypertonic fluids packed in both PVC and polyethylene can expose patients to microplastics, including fragments and fibres of 12 synthetic polymers, predominantly polyethylene and cellulose.

Micro and nanoplastics have been found in almost every tissue of our bodies including placentas, lungs, liver, breast milk, urine, blood, testes (and brains in animal tests) and although we are just beginning to understand their effects, there is already evidence suggesting harm. Patients who had micro or nanoplastics in the plaques in their arteries were more likely to have a heart attack or stroke or die from any cause over a three-year follow-up period. Micro and nano plastics can be neurotoxic, passing through the protective blood-brain barrier and initiating harmful responses through several different mechanisms.

The global plastics treaty

As the global process to negotiate an international legally binding instrument on plastic pollution, health needs to remain a central part of the discussion. The COVID-19 pandemic has not only exacerbated the production, trade and use of single use plastics in healthcare but also it has shown the world the power of this sector. Healthcare represents almost 10% of the global economy and will continue to grow to provide equitable access to healthcare to the growing population worldwide. If the sector continues to expand its reliance on single use and toxic plastics, it will undermine efforts to reduce plastic pollution.

South Africa is a key player in the plastics industry on the continent. On average, it consumes over 2.5 million tons of plastic per year. The leading markets for plastics in South Africa are in packaging, construction and automotive industries. Over 50% of the plastic consumed in the country are in the form of packaging - a highly disposable form of plastic, often disposed of after a single use - foreshadowing the colossal plastic waste generated in the country.

Compounded with these large emissions is the plastic waste that South Africa produces. South Africa is the 11th worst plastic polluter in the world, generating about 2.4Mt of plastic waste each year, or about 41kg per citizen, compared to the global average of 29kg. More than half of the country's post-consumer plastic is either disposed of improperly, uncollected or seeps into the environment.

Yet, South Africa has announced that it intends to import more plastic waste intended for recycling, ultimately increasing the strain on an already-weakened waste management system. Given the current inability to manage plastic waste on a national and global scale, the expansion of the plastics industry is alarming. Compounded with its fossil feedstock, enduring waste, and emissions, the expansion of the industry gravely threatens the environment, biodiversity, and human health.

The way forward

The expansion of the petrochemical - and consequently fossil fuel - industry poses a great threat to the environment, climate, human health, and human rights. Africa, and South Africa in particular, are key to the expansion of petrochemical products like fertilizers, pesticides, and plastics. Across the continent, trade patterns and consumption are on the rise and show no signs of slowing down. This rapid expansion is concerning, especially because it is yet to be met with adequate and informed pushback.

Healthcare consumes around 15 million tonnes per year, plus medical facilities generate non-medical plastics such as single use plates, drinks bottles and toiletry items. In most cases, these non-medical plastics will outweigh the medical devices.

Plastic makes up between 22% to 83% of the health care waste stream, depending on region, facility and department. 35-40% of all plastic products produced globally are single use and it is higher in healthcare. Packaging is almost always single use, and that can account for up to quarter of the plastic waste from a hospital. The perception that single use plastics are safer is not supported by the evidence. Typically, they are used because they are more convenient.

The plastics treaty can set legally binding goals and deadlines to reduce and detoxify healthcare plastics. That will stimulate manufacturers to phase out older, less well-designed products, and prioritize development of new ones where they are needed. It will also provide a level playing field, so that innovative products and practices are incentivized, and help support the existing momentum for change in the sector.

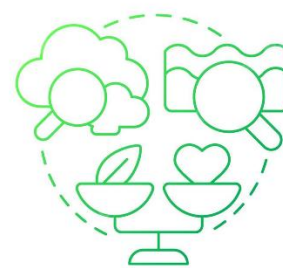
The chemical Industry has highlighted the medical uses of plastics to argue that current plastic production saves lives. Instead, we know that plastic production and disposal is responsible for significant disease. We also know that plastic reduction and detoxification in health care is already underway, and is necessary to protect people, patients, and the environment.

For more information on plastics and health care and your role in reducing unnecessary plastics use please consult Health Care Without Harm's (2024) [Resources on plastics and health](#)

By Rico Euripidou – Member of the Climate, Energy and Health Special Interest Group

Legislation for Climate and Environmental Health SIG

1. Climate Change Act 2024 ([here](#))
2. National Climate Change and Health Adaptation Plan
3. Heat Health Action Guidelines ([here](#))
4. Domestic Indoor Air Quality Guidelines ([here](#))
5. Climate Change and Health Indicators



CLIMATE AND HEALTH

The Public Mental Health SIG aims to spread awareness and promote a comprehensive understanding of mental health. Reflecting on our activities over the past year provides valuable insights into our impact and contributions to mental health care.

PHASA conference: 11 September 2023

Mental health activities: Our team conducted brief mental health activities for plenary sessions to promote well-being and encourage mindfulness. The activities included breathing exercises, light stretches, and positive self-affirmations. The activities were well received by PHASA delegates.

Skills building session: Including People with Mental Illness in Decision Making Processes: Despite ongoing efforts to promote mental health awareness and reduce stigma, people living with mental illness continue to face barriers to meaningful participation in matters that affect their lives. To address this, we hosted our first skills-building session focused on including people with mental illness in decision-making processes. The purpose of the workshop was to identify the challenges and opportunities of involving people with mental illness in decisions that affect them, whether in healthcare, research, policy, or advocacy. The session was attended primarily by mental health advocates, caregivers, and family members of people with mental health conditions.

Research presentations: Some of our SIG members shared their research work to spread awareness and promote understanding of mental health. The following research topics were presented:

- *Integrating community psychiatric services in primary healthcare settings: Comparing physically integrated with separate, co-located services. A mixed methods study of healthcare users' experiences in SA.* By Saira Abdulla, Lesley Robertson, Sherianne Kramer, and Jane Goudge
- *Community-based Collaborative Care Strategies in Primary Healthcare Settings for People living with Serious Mental Illness: A Qualitative Rapid Evidence Review.* By Saira Abdulla, Sherianne Kramer, Lesley Robertson, Samantha Mhlanga, Campion Zharima, and Jane Goudge.

Wits research day September 2023

The public mental health SIGs stand: The SIG shared mental health resources to delegates at the CARTA and Wits research day. We also created our first art piece, representing the potential for individuals to grow, heal, and become stronger over time. This piece provided attendees the opportunity to write positive mental health messages to improve mental health awareness. Research presentations: Some of our SIG members shared their research work to spread awareness and promote understanding of mental health. The following research topics were presented:

- Service Users' and Providers' Experiences and Perceptions of Mental Health Accommodation Services: A Rapid Qualitative Synthesis of International Evidence by Samantha Mhlanga, Frances Griffiths, Campion Zharima, Lesley Robertson, Saira Abdulla and Jane Goudge
- Income-related inequality in mental health during the COVID-19 pandemic: Insights from South Africa. By Trust Gangaidzo, Ronelle Burger, Marisa von Fintel, Ulf-G Gerdtham

Coffee culture

The SIG facilitated a coffee culture session at the WITS school of Public Health on the 18th of October. We conducted breathing and stretching exercises to promote relaxation, release muscle tension, and reduce stress. We also conducted a 'River of Life at the workplace' activity, aimed at providing attendees with an opportunity to identify key events and challenges, encouraging them to reflect on their mental health in the workplace."

Mental Health Awareness and Suicide Prevention Webinar

PHASA partnered with the South African Depression and Anxiety Group (SADAG) during World Mental Health Awareness Month to host a webinar on the 2nd of October 2024, aimed at raising awareness and driving impactful discussions around mental health. The event highlighted South Africa's alarming mental health crisis, revealing that 1 in 3 people will or do have a mental illness at some point in their lifetime, with only 1 in 10 receiving treatments. Suicide rates are also a growing concern, with an estimated 23 known suicides daily, and men are four times more likely to die by suicide than women. Particularly troubling is the rise in suicide among young people.

The discussion addressed the impact of COVID-19 on mental health, particularly among frontline workers, and stressed the importance of open conversations to debunk myths about mental health and suicide. Personal stories shared during the webinar illustrated the power of resilience and support in overcoming mental health struggles. The focus also extended to integrating mental health care into primary health systems, and training future healthcare professionals in mental health competencies to reduce stigma and improve care.

The event concluded with plans for further initiatives to improve mental health awareness, education, and access to care. Join the PHASA Public Mental Health Special Interest Group (SIG) to contribute to ongoing efforts in raising mental health awareness and strengthening community collaboration. For more information, please email us at publicmentalhealth.sig@gmail.com.

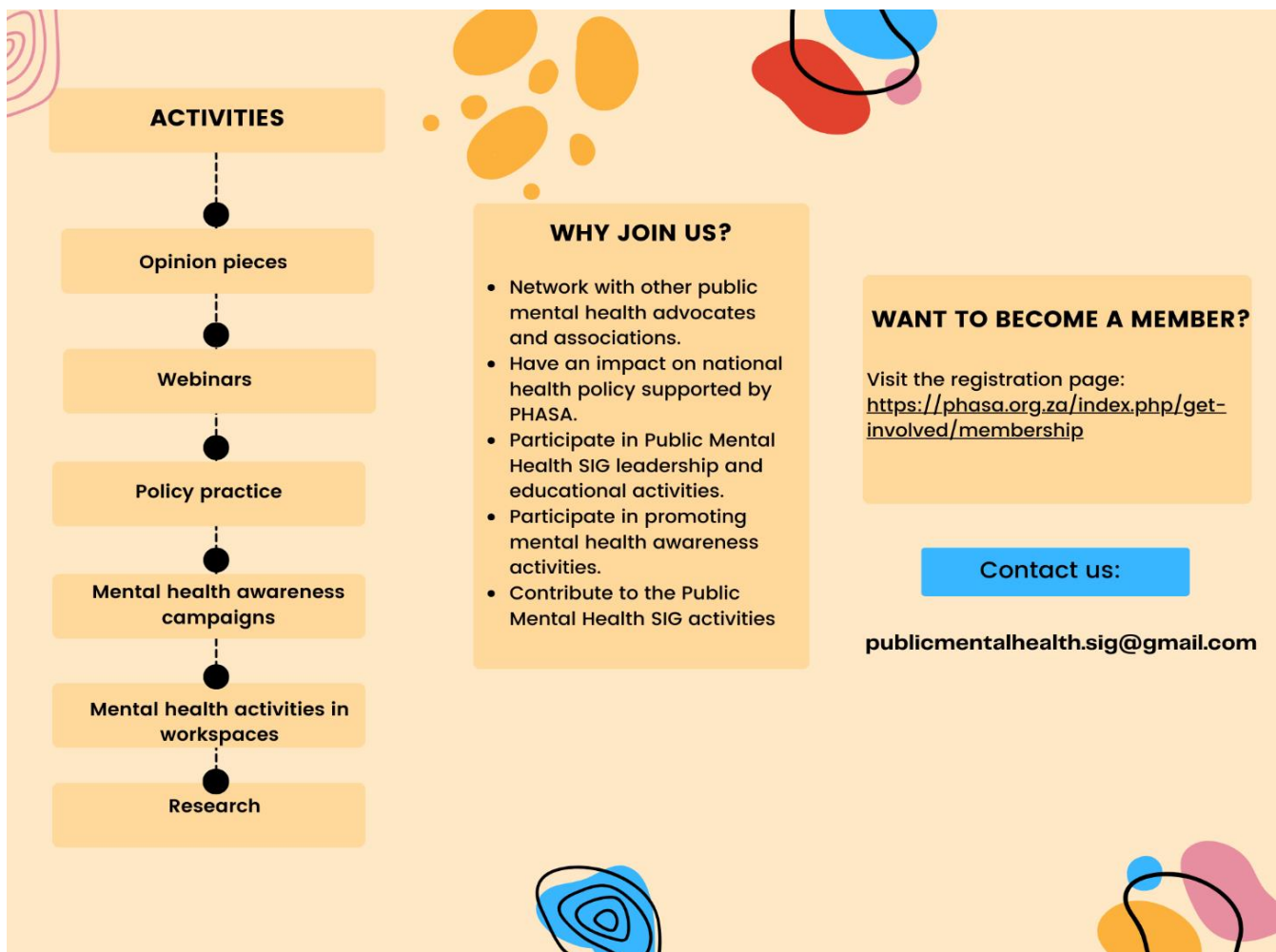
PUBLIC MENTAL HEALTH SPECIAL INTEREST GROUP

- **ABOUT US:**

PHASA public mental health is a special interest group that is passionate about elevating a collective voice to improve mental health through sharing of knowledge, building capacity, collaboration and partnership.
- **MISSION:**

The mission of the Mental Health SIG is to advocate for mental health awareness and research initiatives to promote policy development and reduce barriers to accessing care.
- **GOAL:**

Reduce stigma and include people living with mental health issues in decision making processes and to strengthen mental healthcare
- **WORKSHOPS:**
 - Facilitate skills building workshops,
 - Promote mental health awareness,
 - Advocate for public mental health in schools, communities, health facilities,
 - Advocate and promote inclusion of people living with mental illness in decision and policy making.
 - Create evidence-based practises to promote mental health through research.



Health Promotion SIG

PHASA HPSR SIG participated in the Global Health Week (8-12 April) as part of PHASA advocacy activities under the World Federation of Public Health Associations.

- The HPSR chair participated at the PHASA Global Health week in April. She was a panel member on the webinar: **Rethinking Public Health Paradigms - Which paradigms will effectively tackle future health issues both nationally and globally?** This was one of the topics under the Community engagement as a toolkit to equitable health and a means of fostering peace in South Africa webinar series.
- HPSR SIG, together with South Africa Learning Alliance for District Health Systems (SALAD), jointly hosted a webinar titled **The DHS in South Africa: Looking back to look forward** on 10 April. This webinar offered a historical account of the development of the DHS in South Africa, explored challenges and opportunities, and concluded with a discussion on the importance of the DHS in light of the country's ongoing health reforms. The link to the webinar is <https://www.youtube.com/watch?v=fQja3ExqNSg>.

The SIG chair hosted 3 meetings and one with the broader audience, the PHASA board members and other participants invited from the Google SIG listserv attended. The SIG chair attended PHASA Board meetings and provided feedback on SIG activities.

A new special interest group will be established within PHASA, to focus on healthcare quality and safety. The advent of NHI provides an opportune moment to convene a group of likeminded professionals, passionate about the provision of quality health care services, to explore ways of improving health care delivery to improve health outcomes for users of health care services. The goal of Universal Health Coverage is equitable provision of comprehensive health services of sufficient quality to be effective, without users incurring financial hardship. Unless the quality of health care services is sufficient to be effective, UHC will simply represent wasteful expenditure by the state. The media focusses on the shortcomings of quality in the public sector and uses this to stoke negativity towards NHI, but the Health Market Inquiry report highlighted equally concerning shortcomings in the quality of care in the private sector. In reality, both public and private sectors must address their shortcomings if the new health system envisaged in the NHI Act is to provide users with health services of sufficient quality to be effective.

The purpose of this SIG will be to raise the profile of healthcare quality and patient safety as a public health priority in the South African national health system, providing a platform for public health practitioners and health care professionals from public and private sectors, academics, civil society and patient representative groups to collaborate in drawing lessons from existing research, conducting new research, contributing to policy development, and advocating for the implementation of these learnings and recommendations to improve our health system for health care providers and users alike. The SIG will seek to establish links with similar organisations elsewhere in Africa and the global community, to benefit from their experience and contribute to their activities as we all work towards building quality, resilient health systems. If this sounds like a worthwhile, enjoyable investment of your time, why not join us at the inaugural meeting of the SIG at the PHASA conference in Worcester in April 2025. For those not able to attend in person, but interested in participating in the SIG activities, please contact either Lilian Dudley or Grace Labadarios at grace.labadarios@health.gov.za or ldudley@sun.ac.za.



Community engagement as a toolkit to equitable health and a means of fostering peace in South Africa.

In alignment with the Global Public Health Week organised by the World Federation of Public Health Associations (WFPHA), the Public Health Association of South Africa (PHASA) initiated virtual stakeholders' engagements to discuss community-led health promotion, aligned with national strategies. From April 8-12, engagements sessions on public health paradigms, global health governance, mental wellbeing, sustainable living, and development of healthcare competencies were held. These dialogues featured keynotes & panel discussions with stakeholders across sectors, aiming to inform and enhance South African public health policies. The week-long sessions ran daily from **10:00 to 12:00 (GMT + 2)**. The session outline and streaming YouTube video links are provided below:

MONDAY 8 APRIL

Webinar Theme: Rethinking Public Health Paradigms_

Community participation, behaviour analysis, and ecology, crucial for past public health challenges, emphasized interdisciplinary approaches and direct engagement with populations. This prompts the question: which paradigms will effectively tackle future health issues both nationally and globally?

Session Chair: Dr. Natisha Dukhi (PHASA Board)

Opening address: Dr. Lwando Maki (PHASA President)

Keynote address: Prof. Ndhjeka (NDOH Chief Director HIV/TB/STIs)

Panel Members:

Dr. Tumelo Assegai (UCT & PHASA Health Policy SIG Chair)

Dr. Ndumiso Tshuma (Civil Society - Best Health Solutions)

Dr. Isthaaq Datay (UCT & PHASA Former Health promotion SIG Chair)

The keynote speaker used the example of HIV/TB /STIs programme to demonstrate how South Africa has started to re-think public health paradigms by observing the principles of government stewardship and accountability; building a strong coalition with civil society and communities; protecting and promoting human rights, ethics and equity; and adaptation of the strategy and targets at country and global level.

The panellists and audience suggested the following paradigms to tackle health issues in South Africa:

- We have left communities behind, so to take them along we need community focussed (people centred) approaches, where community engagement empowers communities to be the drivers of change taking into consideration their culture and religious believes during intervention planning.
- Given the socio-economic gradient seen in communities, digital messaging may not be effective.
- Community health systems need to be strengthened for monitoring service challenges and reporting them to the district.
- Systems thinking approach will help us to work as a health system and not a program in our health service provision
- Incentivising healthy behaviours such as remaining in care to address loss to follow-up challenges, should be considered.

The anticipated challenges:

- Budget constraints
- The need for a neutral civil society
- Bringing public health paradigm shift requires buy-in of the health professionals, which takes long to get.

Streaming YouTube video Link:

[CLICK HERE TO WATCH](#)

TUESDAY 9 APRIL

Webinar Theme: Enhancing and Democratizing Governance in Global Health

Addressing health inequities globally and within nations surpasses health sector capabilities and national actions, necessitating political solutions on a global scale. Transnational norms and policies act as political determinants maintaining these disparities. How do we enhance and democratize governance in South Africa to reduce inequalities and foster peace?

Session Chair: Rev. Zwo Nevhutalu (SANAC)

Keynote address: Panel of Discussants

Panel Members:

Dr. Anam Nyembezi (UWC & PHASA Health Promotion SIG Chair) –

Ms. Tsenolo Tshoamedi (Civil Society - CAOSA)

Dr. Natisha Dukhi (HSRC & PHASA Board)

Dr. Harsha Somaroo (WITS, Charlotte Matjeke & PHASA)

Since there was no keynote speaker, the panel of discussants were to dissect the theme through own reflections and the following key messages transpired:

- Our policies and strategies should consider local community's needs, service expectations, and local determinants of health including culture; and that resource allocation should be based on local burden of diseases.
- Legal community empowerment should be intensified among traditional cultural community leaders to advocate for, mediate on and enable service delivery geared towards local determinants interventions.
- PHASA to do shadow report about systematic reform (including the clinic, hospital, districts, provincial and national boards and councils), to demonstrate if the system is working or not towards SDG goal 3: health and wellbeing achievement in South Africa.
- Bottom-up strategies considering age, race and gender groups of the communities (inclusivity) is needed for cocreation/design of solutions that address local people problems.
- Health service delivery should be more transparent, more engaging and accountable at all levels.
- Local and very committed CBO/NGOs that are sustainable should be prioritized for funding since they require limited resources to deliver bulk of services.
- Ubuntu Approaches where people from various educational training and economic background meet on weekly basis for planning & evaluation of implementation.

Streaming YouTube video Link:

[CLICK HERE TO WATCH](#)

WEDNESDAY DAY 10 APRIL

Webinar Theme: Putting Mental Wellbeing on the Health Agenda

With mental disorders among the top global disease burdens—970 million affected in 2019, mainly by anxiety and depression—impacting all life aspects and leading to challenges in education and employment, it's crucial for governments and the global health community to implement effective prevention and treatment. Where are we as a country in this endeavour?

Session Chair: Ms. Connie Raphahleo (Office: Premier Limpopo)

Keynote: Dr. Saiendhra Moodley (University of Pretoria)

Panel Members:

Prof. Lesley Robertson (Sedibeng District Psychiatrist & University of the Witwatersrand)

Prof. Ramneek Ahluwalia (CEO Higher Health)

Dr. Anam Nyembezi (PHASA Health Promotion SIG Chair)

Dr. Nondumiso Tshuma (Civil Society - Best Health Solutions)

The following transpired from the engagements:

- The burden of mental health symptoms among communities is not clear in the country, but 50 % of symptoms starts at 13 years and 75% at age 24yrs.
- Intensify funding for prevalence survey in communities to identify the burden of mental health. South Africa is spending huge amount of money, time and energy on mental illnesses.
- There is a critical shortage (0.68 mental nurses: 10 000 population) of specialised mental health workforce pose significant challenges in the provision of such services in South African public sector.
- No guidelines on PHC mental illness care. No meaningful mental health indicators either than reduce suicide attempts. There is a need for a holistic patient-oriented mental health care with the help of traditional and religious leaders.
- Organised information via education and awareness sessions is needed across the life-span to strengthen communities coping and resilience skills, such as emotional intelligence. Utilise digital online platforms to disseminate simple messages of mental health promotion and prevention environments.
- Higher health has developed a mental health skills program at NQF level 5 suitable for untrained nurses and community health workers; with various stakeholder. Prof. Ramneek wish to partner with PHASA regarding Higher Health Mental Health model.
- PHASA needs to be intentional about promoting mental wellbeing and give advocacy media statements about mental health promotion and prevention using settings approach based on happiness report.

Streaming YouTube video Link:

[CLICK HERE TO WATCH](#)

THURSDAY 11 APRIL

Webinar Theme: Promoting a Sustainable Life for Thriving Communities

Sustainable development, harmonizing economic growth, social inclusion, and environmental protection, ensures future generations aren't compromised. It relies on communities, where collaboration on resources, knowledge, and innovation addresses challenges for a sustainable future. The question remains, "How do we foster these community collaborations to promote sustainable life for thriving communities?"

Session Chair: Mr. Mabalane Mfundisi (Civil society - SMYN) -

Keynote address: Dr. Natisha Dukhi (HSRC & PHASA Board)

Panel Members:

Dr. Anam Nyembezi (PHASA Health promotion SIG Chair)

Prof. Takalani Tshitangano (UL & PHASA Board)

Dr. Lwando Maki (Phasa President)

Dr. Harhsa Somaroo (WITS, Charlotte Matjeke & PHASA)

Key messages:

- To promote sustainable life for thriving communities, corruption need to be dealt with decisively to ensure delivery of services regarding the above-stated social determinants.
- In the process of addressing the above-stated determinants, we should be intentional to avoid malnutrition and obesity leading to non-communicable diseases.
- Efforts to promote sustainable life for thriving communities should begin with children, adolescence and youth since they represent a powerful resource in the society.
- Service providers such as local municipalities should work together (collaboration) with researchers, civil society and communities (young people being in leadership) to address the social determinants of health identified above.
- The following may help foster collaboration to promote sustainable life for thriving communities:
 - Clear common goal in the form of sustainable development initiatives geared towards addressing identified social determinants. Sense of individual and collective responsibility among involved parties.
 - Empowerment through workshops & trainings such as project management skills, etc., to acquire shared knowledge and sustainable practices. In addition, partner with higher education institution to access expertise and funding for identified initiatives.
 - Cherishing multi-disciplinarity/diversity for inclusivity.
 - Authenticity and trust values.

Streaming YouTube video Link:

[CLICK HERE TO WATCH](#)

FRIDAY 12 APRIL

Webinar Theme: Fostering the Development of the Right Competencies within Tomorrow's Health Workforce

Health professions education develops essential competencies in healthcare professionals, including patient-centred care, interdisciplinary teamwork, evidence-based practice, quality improvement, and informatics use. The critical questions are: Where do our healthcare training programs stand in nurturing and cultivating these competencies? Which competencies are pivotal for our health system?

Session Chair: Dr. Ndumiso Tshuma (Civil Society - Best Health Solutions)

Keynote address: Dr. Sean Patrick (UP & PHASA Secretary)

Discussants:

Ms. Mafoko Phomane (PHASA Climate, Energy & Health SIG Chair)

Dr. Anam Nyembezi (UWC & PHASA Health Promotion SIG Chair)

Prof. Takalani Tshitangano (UL & PHASA Board)

Ms. Rene Sparks – HACCSA Health & Wellness

Dr. Natisha Dukhi (HSRC & PHASA Board)

The following were identified as essential competencies for tomorrow's public health workforce.

- Digital literacy and health informatics skills to collect, analyse and use health data effectively. Interdisciplinary collaboration skills to foster comprehensive public health strategies. Evidence synthesis skills to inform health practices
- Adaptability skills to develop a flexible approach to rapidly adapt a new health threat, technology and changing global health needs landscape. Coaching and mentoring skills for knowledge transfer between those who can do and those who cannot.

Current Public Health competencies challenges

- Artificial intelligence not largely welcome, seen as threat for employment replacement. Health communication not covered in all public health modules except health promotion. Putting theory into real-world practice for graduate not maximal.

Recommendations in light of NHI required competencies

- Health promotion undergraduate degree to support NHI and PHC re-engineering health initiatives. Skills programs to empower community health workers to be effective as the first point of contact with the south African Health system.

Recommendations to foster future right competencies development

- Identify current and changing health needs of the society and review curriculum as appropriate. Continually update skills and knowledge of the current professionals through in-service-CPD-point-based professional development courses.

Streaming YouTube video Link:

[CLICK HERE TO WATCH](#)



The **18th World Congress on Public Health** will occur from **September 6 to 9, 2026**, in the vibrant **Cape Town, South Africa**. Organized by the **World Federation of Public Health Associations (WFPHA)** and the **Public Health Association of South Africa (PHASA)**, this prestigious event will unite public health professionals, policymakers, and advocates worldwide to address the most pressing global health challenges.

The Congress's theme, **“Equity Without Borders: Equity, Inclusion, and Sustainability,”** reflects the urgent need for collective action in a world shaped by war, political instability, epidemics, and systemic injustices. These principles are not just themes—they are the foundation of a healthier, more equitable future for all.

Key Themes of the Congress

1. **Equity in Public Health:** Addressing disparities and ensuring access to healthcare for all.
2. **Inclusion and Diversity:** Promoting inclusive policies and practices in global health.
3. **Sustainability and Resilience:** Building sustainable health systems to protect people and the planet.

Key Dates

- **Abstract Submissions:** Opening soon – stay tuned for updates.
- **Registration:** Early bird registration begins in 2025.

Visit the Congress Website

For the latest updates, visit the official **World Congress on Public Health** website.

We look forward to welcoming you to Cape Town in 2026 for an inspiring and impactful event that will shape the future of global public health!



CMSA

The Colleges of Medicine of South Africa NPC

JOB ADVERTISEMENT

Executive Assistant to the CEO: Policy and Strategy

The Colleges of Medicine of South Africa (CMSA) is a not-for-profit membership organisation of approximately 11 000 medical and dental specialist and diplomates. Its purpose is to *"promote the highest degree of skill and efficiency in medical and dental practice and to cultivate the highest ethical standards and professional conduct ... not for pecuniary profit, but for the betterment of humanity"*.

In line with its purpose, the CMSA has been expanding its work and advocacy in health policy and organisational strategy. The CMSA's Social and Ethics and Health Policy Committee offers the foundation for its health policies. The CMSA engages a wide range of stakeholders, including Departments of Health, the Health Professions Council of SA and the SA Committee of Medical Deans, to advance health care and the role of specialists and diplomates in the health system and is building collaborations with sister Colleges in Africa and around the world. The CMSA hosts events, the pinnacle of which will be its 70th Anniversary Conference in 2025 under the theme of *"Advancing Specialist Medicine in South Africa and Africa."*

The CMSA wishes to enhance its value proposition in policy and strategy and the CEO is seeking an executive assistant to support him in this regard.

Key Performance Areas:

- Support the CEO and the Social and Ethics and Health Policy Committees
- Assist with a situation analysis of specialist training and practice across the 29 Colleges of the CMSA
- Assist with the development of proposals for the health system and for medical and dental specialists, sub-specialists and diplomates
- Support relations with key stakeholders in South Africa, Africa and globally
- Work with the CEO to enhance the strategy of the CMSA and develop advocacy and position papers
- Organise events and write funding proposals

Minimum requirements:

- A 4 year degree or Hons in a relevant discipline
- Knowledge of and experience in the SA health system

Recommendations:

- Relevant Masters e.g. MPH, MBA, MPA, MA
- Knowledge about global and African health systems
- Experience in human resources development
- Efficiency in office management

Attributes

- Writing, research, advocacy and presentation skills
- Strategic thinking, critical analysis and problem solving
- Teamwork, self-motivated, well organised

"The CMSA is opposed to all forms of discrimination as we uphold the ethical practice of medicine and dentistry"

Interested applicants should send a motivation, detailed curriculum vitae, a sample of their health writing or research report, copies of academic qualifications and the names of three contactable referees to: bianca.vdwesthuizen@cmsa.co.za

Work location: CMSA Johannesburg Office, 27 Rhodes Avenue, Parktown, Johannesburg

Salary range: R500 000 – R600 000 per annum including benefits

Enquiries: eric.buch@cmsa.co.za or Whatsapp 083 391 6962

Closing date: 16 April 2025

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