



**PHASA**  
NEWSLETTER



# The Pulse

*July 2018 Edition 2*



*All hands*



From the Desk of  
**Dr ANDRÉ ROSE**  
PHASA President

Welcome. As the President of PHASA, I am proud to have published the 2nd Edition of The Pulse. In this edition we look at back at those people who have left a legacy in the life of our country. I trust that you, the reader will be left informed and inspired. Make sure you are all set for the upcoming PHASA Annual Conference .

**70<sup>TH</sup>**

Anniversary of the  
World Health  
Organization (WHO)



**PHASA**

**Annual Conference 2018**

Khaya iBhubesi, Parys 10 - 12 Sep



Health for All, Thinking Globally Acting Locally

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# WINDS OF CHANGE

FROM THE  
EDITORS DESK

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This year marks the centennial celebrations of the birth of Albertina Sisulu and Nelson Mandela. These South African icons left a legacy that was instrumental in shaping our struggle history for freedom. Their unwavering commitment to the freedom of millions of South Africans etches deeply into the lives of South Africans, Africans and the global citizenry. Health as a basic human right was a core component of their advocacy for an equitable society. It is 24 years post our democratic transition and many strides have been made to realise a less disparate health system in South Africa, but the divide is still a gaping chasm.

Health leadership in the democratic dispensation has often been plagued by controversy. The decision by Mandela to insist on free healthcare to pregnant mothers and under six-year olds attracted criticism at the time. Thabo Mbeki's AIDS denialism policy invited violent national and international resistance. The unscientific quackery supported by the then Minister of Health, Manto Tshabalala Msimang, invited mockery and boiling anger for the ludicrous stance adopted by the Minister. In recent years the Health sector has continued in this vein with denialist and impassionate leadership demonstrated during the Life Esidimeni debacle by Qedani Mahlangu. Her department's blame-shifting and failure to accept responsibility and be held accountable for their actions eroded health leadership in South Africa and substantially added to rapidly deteriorating public confidence in the abilities of the Department of Health. The failure of the health system in several provinces – notably in North West – add weight to a national health system that has buckled under the strain of demands placed on it that exceeds its carrying capacity. And testimony after testimony of provincial collapse; hospitals struggling to deliver even basic care; clinics failing to provide services and medication; and escalating litigation cases substantiate the argument that the South African National Health System is not merely under crisis or struggling but has collapsed.

The current Minister of Health, Dr Aaron Motsoaledi, has often been hailed as a level-headed, rational and progressive Health Minister, but his tendency to brush over the dire status quo health system is troubling. His unwavering commitment to protecting political sacred cows may well be the sacrifice that ushers him into the same halls of disgrace that have welcomed his preceding Ministers of Health and the likes of Qedani Mahlangu. Presently, his legacy as minister is underwritten by an inability to recognise the current calamity in the health system. This myopic view raises the question if it is not time for the current Minister of Health to step down?

In August 1985 apartheid prime minister P.W. Botha delivered his infamous Rubicon speech. The winds of change were blowing, and South Africans and the world waited that Botha would acknowledge this change and usher in a new dispensation. His stubborn resistance to transformation is central to his legacy. South Africa finds itself at the tipping point of health systems reform. The impending National Health Insurance (NHI) looms ominously, waiting to steer South Africa towards a more equitable health landscape. Politicians erroneously hail the NHI as the panacea for all health ills in the country. The lack of clear strategies on the implementation and financing of the system – along with a perpetual ignoring of basic, critical health system failures – threatens its demise even before its inception. The paucity of leadership in the current health system may well be a legacy that is passed to the NHI which threatens its success. There is an urgent need to develop and implement strong governance structures to ensure the success of the NHI.

Leadership is an intricate, complex and multi-layered construct. In the ensuing articles the layers of this construct are explored. Vundle argues that there are gaps in the current leadership structures within the health system that require urgent attention if we are to deliver on the mandate of providing health for all. She argues that government is the custodian of ensuring its leaders are apt capable leaders in the health sector. Quality care hinges on strong leadership. Burgess proposes that the shift in providing healthcare requires a change in the quality of leaders and their approach to operating within the system. He deftly argues the need for capacitating prospective leadership with skills that will ensure the success of the NHI. Mosam drives home the point that leadership cannot depend on politicians and an external locus of control. The need for individual responsibilities to ensuring capable leadership has to be factored into our leadership paradigm. Finally, Seekoe et al. remind us that ethical leadership must underpin the ethos of health leadership in South Africa. The “useful links” offer additional information on the topic.

The South African health landscape has been a battleground since the dawn of the new democracy. Political manoeuvring has jostled with social justice as they tried to find common ground for ensuring equitable healthcare. Politicians, civil society and social justice advocates have tussled with each other in this space. South Africa now finds itself at a watershed: we can partner with each other and use the NHI to see the realisation of equitable care or we can contest the space. Nine years of corrupt political leadership has eroded the fabric of our country and our health system and the destructive effects will be apparent for many years to come. The “dawn of a new era” should not be the honey that traps us into complacency. Decisive, ethical, transparent, “people first, party last” leadership is imperative to see the realisation of a “united and diverse South Africa that belongs to all that live in it.” Leadership in health has the opportunity to lay this foundation for South Africa.

## USEFUL LINKS ON LEADERSHIP IN HEALTHCARE

<http://www.equinetafrica.org/content/governance-and-participation-health>

[http://www.who.int/profiles\\_information/index.php/South\\_Africa:Leadership\\_and\\_governance\\_-\\_The\\_Health\\_System](http://www.who.int/profiles_information/index.php/South_Africa:Leadership_and_governance_-_The_Health_System)

<http://www.ahImn.org/>

<https://www.sexrightsafrika.net/wp-content/uploads/2016/11/Chap-6-Leadership-Governance-pgs-69-80.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3478191/>

## QUOTES ON LEADERSHIP

*“The supreme quality of leadership is unquestionably integrity. Without it, no real success is possible, no matter whether it is on a section gang, a football field, in an army, or in an office.”*

Dwight D. Eisenhower





## HEALTHCARE LEADERSHIP NEEDS DRASTIC CHANGE

*Dr Ziyanda Vundle  
Head of Department, Department of  
Community Health, Walter Sisulu University*

Health and healthcare is mentioned as part of the fundamental human right to an adequate standard of living. This “right” remains contested and controversial on many platforms. One’s health, or lack thereof, is influenced by factors beyond individual abilities and control. It is for this reason that the provision of healthcare, ensuring health and wellness of individuals, has to move beyond individual efforts and means. The provision of healthcare, ensuring health and wellness, requires a population approach that seeks to: prevent diseases and injuries, promote health and wellbeing, treat and optimally manage diseases and injuries.

Success of population approaches depends on strong institutions and systems, in combination with effective leadership, within and among countries. In the absence of effective leadership, even the strongest institutions and systems collapse. Leadership is the foundation to building strong institutions and systems, the fuel that propels continuous improvement of such institutions and systems, and the glue to their sustenance for current and future generations.

Although government takes the role of being the custodian for the population healthcare provision, comprehensive healthcare provision requires input from, and collaboration among various stakeholders, including government sectors, private sectors, non-governmental organisations, not-for-profit organisations, civil organisations, institutions of learning and communities at large. If these are all the stakeholders involved in healthcare provision, who are the leaders that one should look to for leadership in healthcare? What is the responsibility of leaders in government as the custodians for the population healthcare provision?

Healthcare in South Africa is curative focused and largely hospi-centric. This approach positions the health system as more of a disease care system which is unsustainable. Disease preventive and health promotive care is often left to individual efforts. If very little is done to prevent diseases and injuries, while promoting health and wellbeing, more and more people in the population will fall sick, be disabled and die from otherwise preventable causes. What effects do prolonged medical care, disability care and premature mortality have on the country’s resources, economy and further development?

Whose responsibility is it to collaborate with all sectors, ensuring that existing and new policies, agreements and plans made do not expose South Africans to conditions that will eventually lead to their ill-health and death; to build and develop structures and a system to foster disease prevention and promote health and wellbeing, while still ensuring quality “disease care”; to set priorities and give direction for which all those in the health service delivery platform (government, for-profit and not-for profit organisations) can act upon?

Are these not the responsibilities of the leaders in healthcare? But, what makes a leader? Is it political affiliation? Is it competence in a specific area? For success and sustainability of healthcare, leaders (at all levels) need to have a high level of cognitive, emotional, moral, innovative, social and spiritual intelligence. The following questions need to be answered:

What competencies and expertise do healthcare leaders have that put them in the position to lead healthcare in South Africa?

Do leaders in healthcare possess high moral standards to lead with integrity and sound ethics; standards necessary for putting personal interest aside for the greater good?

Do leaders in healthcare keep abreast of social and international developments and trends to ensure that they keep relevant and be innovative to lead change and development?

Do leaders in healthcare possess the level of emotional intelligence necessary to manage one’s emotions in pursuit of self-improvement, building others and work towards a common goal?

Do leaders in healthcare know what their purpose in healthcare and in life is, an answer needed for one to continue being able to motivate self and others even through difficult times?

Answers to all earlier questions and the ones above will give one an indication of what the current state of the leadership in healthcare is and what may need to be done to improve the situation. Irrespective of one’s answer, there is always room for improvement.

Although the health and healthcare provision of the population is a collective responsibility, government, as the custodian of the population, needs to provide well informed direction and set the tone for the leadership, management and provision of healthcare. This necessitates leaders in government to have the required expertise for leading healthcare, to possess high moral standards necessary to lead with integrity and sound ethics, to understand that healthcare is a social need and responsibility whose success requires leaders to pursue solutions necessary for the common good, and to have the ability to drive performance across all platforms, especially in environments of limited resources.

South Africa has a paucity of great leaders in healthcare and in the sea of chaos, confusion, incompetence, corruption and self-servitude, they are a lone voice. Self-examination, reflection, peer-review and performance review is required from those in leadership and all stakeholders in healthcare. Decisive and drastic action needs to be taken soon for the realisation of the fundamental right of health for the population of South Africa.



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## STRONGER LEADERSHIP NEEDED FOR A FLOURISH- ING HEALTHCARE SYSTEM

*Marlon Burges*

*Affiliaion: CEO Afri-Sky Holdings*

When it comes to Healthcare provision, South Africa is at a crossroads. Minister Motsoaledi recently launched the new Medical Schemes Act and the NHI Bill which will radically alter the way Healthcare is delivered in South Africa. In recent times there has been several changes to the Healthcare ecosystem, like the launch of the Competition Commission investigation into the high cost of private care and the abolition of the Prescribed Minimum Benefits (PMB) regime, geared toward preparing the health system for the NHI.

A new type of leadership in Healthcare will be required in order for the health system to adapt to these legislative changes. The biggest change is that in an NHI environment, the public and private sectors will merge as patients will be able to access care at any health facility. Payment for these services will be covered by the NHI fund, the source of which is yet to be determined by National Treasury.

Leaders in an NHI environment will have to adapt to this new funding regime. The focus should be on enabling the health facilities to become self-sustainable. They will have to come to terms with achieving more with less as services will be capitated and budgets will be constricted. Leaders will have to be creative and innovative in order to survive in this challenging environment. These budgetary challenges could foster greater collaboration between health professionals and break down the silos that currently exist which have been detrimental to healthcare delivery in both the public and private sectors.

Leaders in healthcare will survive under NHI if they are trained to deliver healthcare holistically. Medical schools will play an important role in the transition to NHI. They will need to incorporate collaborative training into their curricula and focus on soft skills development and students will have to be trained to manage the movement of patients through entire healthcare ecosystem. Leaders in healthcare should design incentives to promote teamwork as it will be imperative that health professionals are trained to work in teams.. This will call for a greater EQ than what currently exists. The "Life Esidimeni" saga is the worst example of the type of leadership that is "not" required.

A increased focus on Health Outcomes will be required. This will call for a greater level of transparency from all role players in the system. Health data will have to be collected and stored in a far more efficient manner to facilitate the movement of patients through the health system and to protect patient data. Leaders should firstly understand, and then focus on improving the IT infrastructure at their respective facilities. Health Leaders will be required to embrace Technologies that will expedite the transition to improved health outcomes.

More emphasis on performance management in the Health system will be necessary. Stronger leaders are required at all levels, in both the Public and Private sectors including Doctors, Nurses, Allied Health professionals, Community Healthcare Workers, Administrators, Financiers, Economists, Union Leaders and Civil society. Healthcare leaders will constantly have to be trained on how to deal with the softer issues they have to face on a daily basis. This should not be a box-ticking exercise but a key performance indicator for all healthcare leaders.

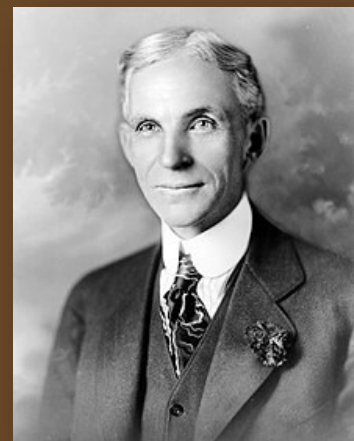
In this changing environment Healthcare leaders should have greater empathy for patients and should not be solely motivated by economic considerations. They should recognize the huge responsibility they have to keep the nation healthy and the associated impact on South Africa's economy. If managed correctly, by strong healthcare leaders, the transition to the NHI could become an exercise in nation building.



## QUOTES ON LEADERSHIP

*"You don't have to hold a position to be a leader."*

Henry Ford





## LEADING BEYOND AUTHORITY

*Dr Atiya Mosam*

*Affiliation: University of the Witwatersrand &  
Gauteng Department of Health*

A few days ago, I dreamt that I was frantically trying to sort out a venue mix-up for undergraduate teaching when I happened upon our President, Cyril Ramaphosa, to whom I exclaimed, “Mr President, why is administration such an issue in our country?” His reply was a somber, “Yes, I agree that our country needs better administration.” I followed up with, “What about accountability?” He walked away without responding.

Politicians will be politicians... they have been for centuries and they will continue to remain as elected leaders that commonly evade accountability, either of themselves or of others. Even in Japan, where personal ethos, integrity and accountability is highly valued, politicians are viewed with a lens of skepticism. Despite this, the citizens of the country aspire to a high level of virtue and integrity. They clean up foreign stadiums even after their national team has lost the match, they apologise on national television if they are found to be taking three extra minutes for lunch each day and less positively, are known for a high prevalence of suicides due to perceived failure to society. I am certainly not proposing that we adopt such drastic measures as to induce suicide but I do think that active citizenship which includes personal accountability is definitely a stumbling block for us South Africans.

I have pondered this issue of leadership for a long time and have been an advocate for “Leading Beyond Authority” or “Leading Where You Are”. I have spoken to students and young leaders about developing personal power to lead but lately I am beginning to wonder if in developing everyday leaders, we have failed to instill everyday accountability and integrity.

It is very difficult to hold someone accountable when we ourselves have blurred the boundaries of integrity. If the danger of exposing an irregular tender means the possibility of the whistle blower also undergoing scrutiny, the chances of speaking up diminish. If a doctor or nurse spends their paid public-sector time in private practice, are they likely to highlight human resource constraints at public facilities?

These are issues that may seem trivial in light of South Africa's larger issues of State Capture, the Life Esidimeni tragedy and general lack of accountability of government officials but they are not far-fetched and are slowly eroding the moral fabric of our society. In a recent Sunday Independent article (01 July 2018) by John Foster Pedley, Dean of Henley Business School, he unpacks the role businesses and academia play in allowing situations such as State Capture. The article is headlined, "We get the leadership we deserve, unless we act" and the premise again is that corporate activism is needed to inculcate the responsibility and courage to speak up in the face of bad practices.

I, therefore, think that the time has come for us as a country to focus instead on ourselves and our contribution to society's ills instead of endlessly espousing our woes at the leadership that is failing us and the healthcare system that is slowly degenerating. Maybe personal integrity and accountability is the foundation upon which we strive to achieve the social solidarity of the NHI and prevent further Life Esidimenis and disintegration of our health system.

## QUOTES ON LEADERSHIP

*"The price of greatness is responsibility."*

Winston Churchill





THE SOUTH AFRICAN HEALTH REVIEW 2018

## Emerging Public Health Practitioner Award (EPHPA)

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**In particular, papers that address the following range of topics are sought:**

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- Responses to the prevention and management of non-communicable diseases.
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**Closing Date:  
3 August  
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**The following criteria will be considered in the assessment of submitted manuscripts:**

- The manuscript should demonstrate scientific rigour and intellectual clarity.
- Identification of good practices and hindrances to policy implementation, as well as possible implications for policy reform, would strengthen the paper.
- The degree of innovation and originality represented in the piece will be measured.
- The manuscript may not exceed 5000 words.

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The applicant must be the **SOLE** author of the paper. Any other contributions may only be recognised as acknowledgements.

To apply, please send your complete and final chapter to [sahr@hst.org.za](mailto:sahr@hst.org.za) no later than **3 Aug 2018**. More information and full guidelines for submission are available on our website: [www.hst.org.za](http://www.hst.org.za)

Entries will be assessed by a panel of public health experts. The official prize-giving ceremony will take place at the launch of the 21st Edition of the SAHR.

## ETHICAL LEADERSHIP REQUIRED FOR QUALITY HEALTHCARE



*Prof Eunice Seekoe,  
Dean: Faculty of  
Health Sciences,  
University of Fort Hare*



*Prof Daniel Ter Goon,  
Deputy Dean, Faculty  
of Health Sciences,  
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*Prof Stephen Hendricks,  
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Sefako Makgatho Health  
Sciences Faculty &  
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It is incontestable that the rapid and complex political and social transitions of South African society in the past two decades has ushered in great challenges for the delivery of South Africa's health system. In trying to address these challenges and ensure a functional health system that caters for all, the South African government has adopted several health initiatives: 'A long and healthy life for all South Africans' and the National Health Insurance scheme as the funding model. These health agendas are geared towards essentially providing equitable, accessible, affordable and efficient quality healthcare services to all South Africans regardless of their socio-economic status. The health system of every society is juxtaposed uniquely on two issues: one set of people who need services and another set who have been entrusted to deliver the services. This trust is a special one, earned through blending technical competence and service orientation, driven by ethical commitment and social accountability, which forms the essence of health professional work.

Infusing ethical leadership ethos in the health transformation agenda in the South African context is not only imperative but a critical necessity. The ASELPH (Albertina Sisulu Executive Leadership Program in Health) Alumni identified several issues not only bordering on, but also intrinsically related to ethical leadership at the workplace which includes:

corruption;

poor implementation and monitoring of the policies;

poor accountability;

poor quality of reports; and

limited or no feedback from supervisors on workplace performance.

The personal conduct of the manager at the workplace in relation to the management of Human Resources for Health (HRH) to ensure honesty and integrity is crucial. In addition, ethical leadership is linked to moral values and calls for no compromise on leadership skills. Ethics, therefore, should be viewed within an ethical/professional/legal environment with the objective of understanding ethics of the past, measuring ethics in the present and determining how to create an appropriate ethical climate and code of professional conduct for the future.

Ethical leadership is defined as a type of leadership approach that upholds the principle of organisational and professional integrity and as a vital ingredient and requirement for transforming scandal and corruption in an organisation into functional and reputable entities. It is free from unethical practices including corruption, bribery in public and private sectors and the abuse of power in the leadership. This treatise on ethical leadership highlights the importance of the building block of an ethically led organisation and raises three main issues, namely a) standards, b) people and c) consequence management. While consequences management is very important, it is important to note that such an approach can cultivate a culture of fear, where workers are motivated to uphold standards purely because of not wanting to be punished.

Ethical leadership is influenced by role modelling and mentoring. It is against this background that the ASELPH program run at UFH and UP has designed a Mentorship program to support managers undergoing Leadership development training. According to the social learning theory, role models facilitate the acquisition of morals and other types of behaviour. Moral managers make ethics an explicit part of their leadership agenda by a) communicating an ethics and values message, b) by visibly and intentionally role modelling ethical behaviour and c) by using the reward system (rewards and discipline). There is strong relationship between career mentoring and the ethical leader. Ethical leadership builds trust and sustains organisations where it is permitted to flourish and grow. One of the challenges is that there appears to be a fear of higher level authorities and so managers will do work along the lines of administrative correctness but without ensuring that they are accountable to the communities where they serve.

A disconnect exists between progressive and far reaching health policies in South Africa and the fault lines in implementation, namely a) tolerance of ineptitude as well as leadership, management and governance failures, b) lack of fully functional district health systems and c) inability or failure to deal decisively with the health workforce crises. Integrity in ethical leadership requires that if the people are promised improved availability and accessibility of healthcare services, that promise must be actualised. The South African government has put in place a wide range of policies to improve the quality of healthcare services. However, the transformation of health care begins with an understanding of what it means to be a leader. If the leadership or health executive demonstrates the principles of ethical leadership, it becomes easy for employees to model the behaviour. Improving the quality of the health services is imperative for the public to regain confidence in public health facilities which requires a lifetime commitment of leadership at all levels by changing their attitude towards service delivery.

Ethical leadership is very critical and a better understanding and ownership by all health workers will lead to a more efficient, effective and quality health workforce outputs and outcomes for the public. For South Africa to optimally realise its objective of providing 'A long and healthy life for all South Africans', and more importantly the National Health Insurance scheme, the issue of ethical leadership is fundamentally crucial and must be entrenched in our health care system to ensure quality health care delivery builds on the values of trust, honesty, accountability and transparency.



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- Middle East Respiratory Syndrome (MERS) in Saudi Arabia (2012)
- Undiagnosed hemorrhagic fever in Guinea – later confirmed as Ebola (2014)
- Early Zika spread in the Americas (2015)
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June 2018

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*The views expressed in “the Pulse” are not necessarily the views of PHASA, but rather the views of the respective authors*

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## QUOTES ON LEADERSHIP

*“What you do has far greater impact than what you say.”*

Stephen Covey