PHASA NEWSLETTER

The Pulse

May 2019 - Edition 7

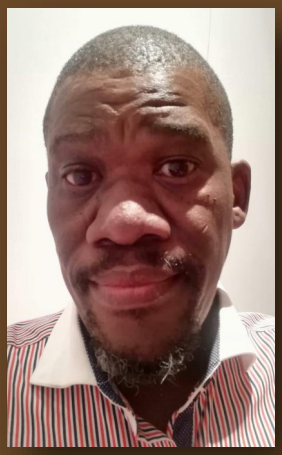
Read about the New PHASA President on page 2 & 3 as he shares his Vision for PHASA and what Inspires him

PHASA

From the Desk of Dr ANDRÉ ROSE The Pulse - Editor

In this edition of the Pulse we look at the issue of environmental health and the role of advocacy to support and mitigate the public health challenges we face. The impact of air pollution and its impact of morbidity and mortality is discussed. The Climate Energy and Health Special Interest Group (SIG) explain why the issue of energy is a public health concern. Joining this group will open up opportunities to make a difference in public health. Shakira offers insights on how advocacy can shape the public health of the communities we live in.

"RENEWABLE ENERGY COULD REDUCE EMISSIONS BUT ALSO CREATE JOBS AND IMPROVE PUBLIC HEALTH."



Interview with Moeketsi Modisenyane

The New PHASA President

Moeketsi Modisenyane was elected as the new president of PHASA following André Rose stepping down as president to pursue an appointment at the National Cancer Institute in the USA. In this two part series we get to know the new incumbent better.

What is your vision for PHASA?

My vision is based on the founding principles of Public Health, which include equity, fairness and inclusiveness, empowerment, effectiveness and evidence-based practice. My vision for PHASA is founded on my motivation for, and commitment to, responding to population health which should be underscored by the core values that guide both what we do and how we work as a National Association.

At the centre of our work is our commitment to:

Valuing human life;

Respecting the dignity of all people;

Respecting diversity and promoting the equality of all people without distinction of any kind,

Preventing and eliminating human suffering;

Supporting community values that encourage respect for others and a willingness to work together to find solutions, in the spirit of compassion and mutual support; and

Addressing social and economic inequities and fostering social justice.

These values are and should be common to our work as an Association in responding to population health, whether we are addressing specific diseases; prevention; health promotion; treatment, care and support; palliative services; development; human rights or humanitarian responses. Many of these values expressed in the United Nations Universal Declaration of Human Rights.

Who inspires you as a leader?

Someone who leads through consensus. Today there is a high level of intolerance to divergent views in many organisations. In the battle of ideas, persuasions or engagements until a consensus is reached is deteriorating in many organisations and sometimes people rely on numbers and their position in society; whether in government, academia, the private sector or society in general.

The late President of the ANC, Oliver Reginald Tambo, is a leader that truly inspires me. The former president of the ANC, Thabo Mbeki, said: “What distinguished Oliver Tambo from other leaders was an unwavering commitment to serve the people of South Africa with no expectation of any personal benefit.”

Even if our Association were going through various challenges, we should remember the following words of the late Nelson Mandela at Tambo’s funeral on 2 May 1993 in Johannesburg: “Oliver Tambo has not died, because the ideals of freedom, human dignity and a colour-blind respect for every individual cannot perish.” Tambo said this about Mandela: “Nelson Mandela is on Robben Island today. His inspiration lives on in the heart of every African patriot. He is the symbol of the self-sacrificing leadership our struggle has thrown up and our people need.”

As aspiring and emerging leaders running the gauntlet of life, it is up to us to be brave, like Tambo, and take up the challenge to be ethical and accountable influencers and leaders while inspiring and motivating others around us. For many leaders in South Africa, Tambo represents the finest example of how a leader should contribute to transcending performance and service to others. We need a new calibre of a leadership that will touch the deepest essence of all South Africans to inspire them to do better, to be better.

A QUOTE BY A LEADER THAT INSPIRES MOEKETSI MODISENYANE

“We have a vision of South Africa in which black and white shall live and work together as equals in conditions of peace and prosperity.”

Oliver Tambo

WE ARE THE AIR WE BREATHE

From the Editor's Desk

Waterloo Bridge by Claude Monet (1903)

The Impressionists artists were inspired by the play of light and shadow caused by the urban smog of the sprawl cities like London during the Industrial Revolution. Beneath the layers of colour and the play of light is the unfortunate stories of the maladies of the people that suffered and died as a result of the pollution.

The environment we live in has a profound effect on our health. The air we breathe, the water we drink and the soil that feeds us are all intricate to the health of individuals and the communities they come from. The spread of communicable diseases and managing the surge is non-communicable disease are all directly link to the health of the environment.

The environment is largely affected by anthropogenic activities. We pollute the rivers, oceans, soil and air that is meant to be a life force to us. We are thus able to mitigate these destructive influences. This however requires awareness at an individual, community, country and global level. Arguably the biggest environmental catastrophe we as a human civilisation are facing is the

the impact climate change is having. The commitment to avert the changes as a result of climate change or to mitigate for adaptation to these changes are dependent on strong political commitment from all nations. This commitment has principally been lacking by the power bloc in the world.

Air pollution is largely the result of the burning of fossil fuels. Exhaust fumes and coal fuelled electrical power stations continue to be the main sources of pollution. Greenhouse gases such as methane, carbon dioxide and sulphur dioxide contribute to the growing effects of climate change. The results of air pollution includes upper and lower respiratory tract infections and allergic mediated illnesses such sinusitis, asthma and exacerbations of conditions such as chronic obstructive pulmonary disease.

Indoor air pollution is a result of the burning of fossil fuels such as paraffin and coal in the home for heating and cooking. This inefficient methods produces particulate matter and harmful gases that have a detrimental effect on those in the home. The ripple effects include an increase in respiratory related conditions; stunting in children which affects neurodevelopment and decreased scholastic achievement. This fuels the social determinants of health and perpetuates the cycle of poverty.

The effects of air pollution are contained by national or geographic borders. Massive air contamination in one geographical area can easily spread to the adjacent countries with plumes trekking across vast oceans and not contained by mountain ranges. For this reason it is imperative that the global community joins forces to address this growing concern. The collective effort of all nations is required to advocate for the changes required to affect change.

In this edition of the Pulse we look at the issue of environmental health and the role of advocacy to support and mitigate the public health challenges we face. The impact of air pollution and its impact of morbidity and mortality is discussed. The Climate Energy and Health Special Interest Group (SIG) explain why the issue of energy is a public health concern. Joining this group will open up opportunities to make a difference in public health. Shakira offers insights on how advocacy can shape the public health of the communities we live in.

“The Earth is what we all have in common”

Wendell Berry

SEFAKO MAKGATHO
HEALTH SCIENCES UNIVERSITY

New qualification: HCert (Vaccinology)

offered by

School of Pharmacy, Sefako Makgatho Health Sciences University

Designed to equip healthcare workers with the theoretical knowledge and practical expertise necessary for running an up-to-date clinic that offers infant/ childhood vaccination services.

Admission requirements: 3-year qualification in relevant health science and registered with the relevant statutory professional body.

Duration: Minimum 1 year; maximum 2 years of online study.

CURRICULUM

Modules 1-5: Entirely online; Modules 6-11: Combined online teaching with practical assignments

MODULES		CREDITS
Module 1	Introduction to human infectious disease immunology	4
Module 2	Introduction to vaccinology	4
Module 3	Introduction to vaccine manufacturing and distribution	4
Module 4	Introduction to the Expanded Programme on Immunisation of South Africa	4
Module 4	Introduction to the epidemiology of vaccine-preventable diseases and the corresponding vaccines used within the EPI	32
Module 6	EPI vaccination schedules and strategies in South Africa	12
Module 7	Introduction to cold chain management	12
Module 8	Introduction to the safe administration of vaccines	12
Module 9	Introduction to adverse events following immunisation	12
Module 10	Introduction to advocacy, communication and social mobilisation to increase vaccination uptake	12
Module 11	Monitoring and evaluation of EPI-SA	12
	Total credits	120

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Evidence + Advocacy (Policies, Communications, Legal) = Change in Social Norms

Dr Shakira Choonara – African Union Youth Council & NCD Child Youth Advocate

I have spent the last seven months or so immersing myself in literature, policies and advocacy work around non-communicable diseases (NCDs). Trust me, it dawns on you, just how vast the field of public health really is.

Just a year prior I was leading youth engagement work in sexual and reproductive health rights (SRHR), rapidly writing in my notebook as the ever so energetic Executive Director, Jonathan Gunthorp from the SRHR Africa Trust (SAT) whizzed into a room and threw out acronyms and new policies. It's always daunting to enter a new dimension of public health but so fulfilling once the penny drops and you become an expert of sorts (enthralling)!

For the new gig in obesity prevention/ NCDs, I attended an orientation training at the Campaign for Tobacco Free Kids in Washington DC and learnt how in tobacco, 1) research/ evidence is a crucial tool to convince policy makers and fight off industry, 2) once the evidence is gathered you need to cover all your bases (legal wise) and understand which policy makers and processes to target, 3) the message has to be effectively communicated, amplified and finally 4) you need policy champions, those who will garner support, push the agenda and ensure implementation. To sum it up, for the first time, I understood the term "strategic policy advocacy", i.e. research + advocacy (law + communications etc) = policy change which is set to eventually lead to a change in social norms. Now this is certainly one formula I have been looking for! Think about it, a policy on smoking in public areas has changed social norms for our generation, we don't know what it's like to sit in a restaurant in South Africa (SA) where people smoke openly, well that is until you get to Doha of course and so I heard Egypt.

Other interesting interactions, I had been fortunate to encounter resulted in understanding youth engagement and what it means for chronic patients, those who live with NCDs from the well-known diseases such as cancer to the lesser known and rare diseases such as sickle cell disease. Thanks to NCD Child, I was not only given the opportunity to attend the 71st World Health Assembly but also given the space to innovatively lead a discussion with the ever so inspirational previous front-runner for the World Health Organization (WHO), Director General (DG) post Dr Sania Nishtar. Dr Nishtar challenged youth in the room for recommendations for the United Nations (UN) High Level General Meeting to which we were even stronger than the WHO High Level Commission on NCDs, we came outright with recommendations, supporting taxes on sugary sweetened beverages.

But it doesn't stop there. There are other interesting interactions and experiences I'm burning to share! Dietetics expert Professor Rina Swart from the University of Western Cape (UWC) pointedly remarked and changed my views for eternity, "For apple juice you would need between 3-5 apples, an no one usually eats that number of fruit in one sitting". Aadielah Maker Diedericks from the Southern Africa Alcohol Policy Alliance (SAAPA), (who I met thanks to a PHASA survey circulated) explained how KFC sponsors children's cricket in SA and how she was interested in looking at Sunfoil being a case-study for how alternative funding can be used to fund physical activity aka cricket in SA versus South African Breweries (SAB). Last words of wisdom and an absolutely must watch is the renowned Jamie Oliver's documentary Sugar Rush. I leave you with some hard-hitting facts and eye-openers;

A "so called healthy" breakfast of cereal and juice has a whopping 14 TEASPOONS OF SUGAR!

The average sugar consumption in the United Kingdom is roughly 36 TEASPOONS per day versus the recommended WHO 7 TEASPOONS per day!

The UK has 7000 AMPUTATIONS a month!

Mexico has an unbelievable 75 000 AMPUTATIONS per month, even babies have Coke in their bottles.

Go on, get to YouTube and have a watch of Sugar Rush https://www.youtube.com/watch?v=spCVTRHnZ1E , become an advocate today either around individual norms or at the ever-so-effective policy level otherwise our failing health system will have even more trouble dealing with what we as public health experts, could have, must and should prevent!

*Opinions expressed are solely those of the author of the write-up.

USEFUL LINKS:

https://www.acog.org/About-ACOG/ACOG-Departments/Global-Womens-Health?IsMobileSet=false

http://globalhealth.thelancet.com/2014/08/08/empowering-women-and-girls-impact-gender-equality-public-health

https://www.hsph.harvard.edu/women-and-health-initiative/

https://www.wits.ac.za/publichealth/research-entities/gender--health/womens-health-project/

https://www.womeningh.org/

https://www.who.int/gho/women_and_health/en/

https://cbhd.org/Initiatives/Global-Womens-Health-Initiative

https://www.womeningh.org/initiatives

https://www.bmj.com/content/351/bmj.h4147

https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.13023

QUOTES

"Saving our planet, lifting people out of poverty, advancing economic growth... these are one and the same fight. We must connect the dots between climate change, water scarcity, energy shortages, global health, food security and women's empowerment. Solutions to one problem must be solutions for all."

Ban Ki-moon

Energy is a major public health issue

The Climate Energy and Health Special Interest Group calls for a "Just Energy Transition"

The Climate Energy and Health (CEH) Special Interest Group (SIG) of PHASA is a network of public health advocates for healthy energy policy and practice, which recognises that energy is a major public health issue in South Africa, polluting local communities and driving global climate change emissions.

The CEH SIG therefore sees the draft Integrated Resource Plan (IRP) 2018, South Africa's energy "roadmap" for the next generation, as a significant opportunity for the national government to mitigate climate change emissions, air pollution and improve public health by excluding new coal generation capacity. The CEH SIG has therefore added its voice to calls for a "Just Energy Transition", from an inequitable fossil fuel-based economy to one based on clean renewable energy and social justice for affected energy sector workers and their communities. Renewable energy use has been rising rapidly in South Africa, while the cost, notably of solar PV and wind power, has fallen by 80% and 60% respectively in just four years, making renewable capacity considerably cheaper than new coal-fired power plants.

Health professionals, hospitals, and health systems are increasingly joining this energy transition by reducing their carbon footprints, investing in climate resilience, and advocating for transformative climate change mitigation and adaptation policies. The Global Green and Healthy Hospitals Network, for example, is a project of Health Care without Harm, which includes South African hospitals and members of the CEH SIG that are demonstrating the substantial climate and environmental health benefits of more efficient energy, water, and waste management, among other initiatives.

Our CEH SIG encourages other public health professionals to join a growing global network of change within their health institutions, health system, and broader society. Make your voice and actions count for a sustainable future!

James Irlam

Chair: Climate Energy and Health (CEH) Special Interest Group

Email James.Irlam@uct.ac.za to join the CEH SIG

James Irlam is a Senior Lecturer in the Primary Health Care Directorate at the UCT Faculty of Health Sciences. He is an associate of the of Environmental Health (EH) Division in the School of Public Health and Family Medicine and a co-convener of the MPH EH track. He is a graduate of the MPhil (Epidemiology) and the MSc (Climate Change and Development) programmes at UCT. James is a teacher, researcher and advocate for mitigating climate change and improving public health by means of healthy energy and lifestyle choices – and an avid commuter cyclist and runner.

1. Full submission by the CEH SIG to the Director-General of the Department of Energy https://www.phasa.org.za/special-interest-groups/climate-energy-and-health-sig/
2. Parliament hears call to cut air pollution, improve health, 23 October 2018) on CEH SIG presentation on draft IRP 2018 at Parliament hearings by Portfolio Committee on Energy: http://m.engineeringnews.co.za/article/parliament-hears-calls-to-cut-air-pollution-improve-health-2018-10-23/rep_id:4433Climate Change and Health Impacts
3. Coal transitions in South Africa https://www.iddri.org/en/publications-and-events/report/coal-transitions-south-africa
4. Global Green and Healthy Hospitals Network https://www.greenhospitals.net/
5. Groote Schuur Hospital tackles Climate Change https://youtu.be/5ApmE7kJUQo

Divest from Fossil Fuels for a Sustainable Healthy Future for All

The Climate Energy and Health (CEH) SIG supports fossil fuel divestment campaigns

Climate change is widely considered the greatest public health challenge of the 21st century, threatening all aspects of society. The severity of its impacts on human health are clearer than ever and will worsen if significant action is not taken now.

The Intergovernmental Panel on Climate Change's (IPCC) special report (released 8 October 2018) on global warming of 1.5□ above pre-industrial levels had a sobering and urgent message for the world: humans have already caused about 1□ of global warming, and we're on course for 1.5□ by about 2040 and 3□ warming by 2100. This is a grim prospect for the survival of our planet. A drastic and unprecedented effort to curb global CO_2 emissions 45% by 2030 (relative to 2010) and to reach "net zero" emissions by 2050 is now required to have a 50% chance of remaining below 1.5□ of warming .

The report illustrates the difference between 1.5□ and 2□ worlds in several ways. Summertime Arctic sea ice might disappear once per century at 1.5□, compared to once per decade at 2□; 8% of plants would lose half their suitable habitat, compared to 16%; sea level would rise 10cm less than at 2□ (affecting 10 million fewer people at current population levels); and coral reefs might decline by 80% at 1.5□, compared to almost 100% at 2□.

Various emissions reduction scenarios to limit warming to 1.5□ are described by the IPCC, based on assumptions such as future economic strategy, population growth and the transition to low carbon energy. To accelerate the transition to a more stable climate and a healthier planet requires governments and the energy industry to switch swiftly from fossil fuels such as oil, gas and coal to clean renewable sources such as wind and solar energy.

Divestment from fossil fuels – and a just reinvestment in renewable energy – is a successful and massive global strategy to help slow climate change and reduce the public health and economic risks of fossil fuel investments. Fossil Free South Africa is the local chapter of this worldwide divestment movement.

Its campaign calls on South Africa's top asset and pension fund managers to offer decarbonised, accessible unit trusts and other investment vehicles to the public, and to invest the assets of the state pension fund in ways that support a sustainable healthy future for all. The campaign is enjoying increasing success: Nedbank, Standard Bank and FNB have very recently announced that they have withdrawn financing for proposed new coal projects that they had previously committed to.

Our CEH SIG supports the call for fossil fuel divestment; we believe that public health professionals should help the public understand that what is good for the climate is good for our health, our economy and our planet's survival.

James Irlam

Chair: Climate Energy and Health (CEH) Special Interest Group

WHO Global Conference on Air Pollution and Health, 2018

An Action Agenda to Combat Air Pollution

The first World Health Organization (WHO) Global Conference on Air Pollution and Health in Geneva, Switzerland (30 Oct – 1 Nov 2018) highlighted the urgent need to scale up the global response to meet health and environmental targets in the 2030 Agenda for Sustainable Development.

Air pollution, both ambient and indoor, is estimated to cause 7 million deaths per year: 5.6 million from noncommunicable diseases and 1.5 million from pneumonia. More than half of all pneumonia deaths in children under-five years of age are caused by air pollution. Effective interventions are feasible, effective and compatible with economic growth with clear benefits for public health.

In order to reach the aspirational goal of reducing the number of deaths from air pollution by two thirds by 2030, the Geneva Action Agenda to Combat Air Pollution calls for action to:

- Massively implement solutions to burn less in any form. This includes open burning, and fuel burning in transport, cooking, heating and in other processes. Implement cleaner and more efficient energy and transport solutions. Redesign cities around less fossil-fuel burning and less polluting human mobility. Enhance walking and cycling. Develop circular economies based on maximizing value of, and recovering and regenerating products and materials as much as possible. Aim for zero-emission solutions.
- Greatly increase access to clean energy and technologies in Africa and other areas with populations in greatest need. Efforts are required to simultaneously reduce high exposures to smoke in households, increase energy access in health care facilities, reduce ambient air pollution, obtain climate and health co-benefits, and contribute to lifting people out of poverty. New initiatives, such as "Access to clean energy and health in Africa" will enhance progress towards the achievement of SDGs 3 and 7.

Our CEH SIG fully supports this agenda for action, particularly since South Africa is so heavily burdened by air pollution and yet so full of potential for more efficient and cleaner energy solutions. Furthermore our CEH SIG is working with our WHO country officer to host a national meeting based on the WHO Global Conference on Air Pollution and Health. This presents a unique opportunity for the WHO country office and the National Department of Health to address air pollution, and its associated severe public health impacts and significant climate change impacts.

Rico Euripidou

Secretary: Climate Energy and Health (CEH) Special Interest Group

Rico Euripidou is groundWork's (Friends of the Earth, South Africa) Environmental Health Campaigner. He trained as an Environmental Epidemiologist at the London School of Hygiene and Tropical Medicine and Contaminated Land Management in the UK. Rico's interests lie in working on issues of energy policy, climate change and public health, all of which are of course closely interrelated.

9. related to Sustainable Development Goals 3 (on health), 7.2 (access to clean energy in the home), 11.6 (air quality in cities), 11.2 (access to sustainable transport), and 13 (on climate change), and the Paris Agreement on climate change

WHO Resources on Air Pollution

One third of deaths from stroke, lung cancer and heart disease are due to air pollution. This is an equivalent effect to that of smoking tobacco, & much higher than the effects of eating too much salt.

Health effects of air pollution are serious: watch How air pollution is destroying our health http://bit.ly/2Dd7HPi

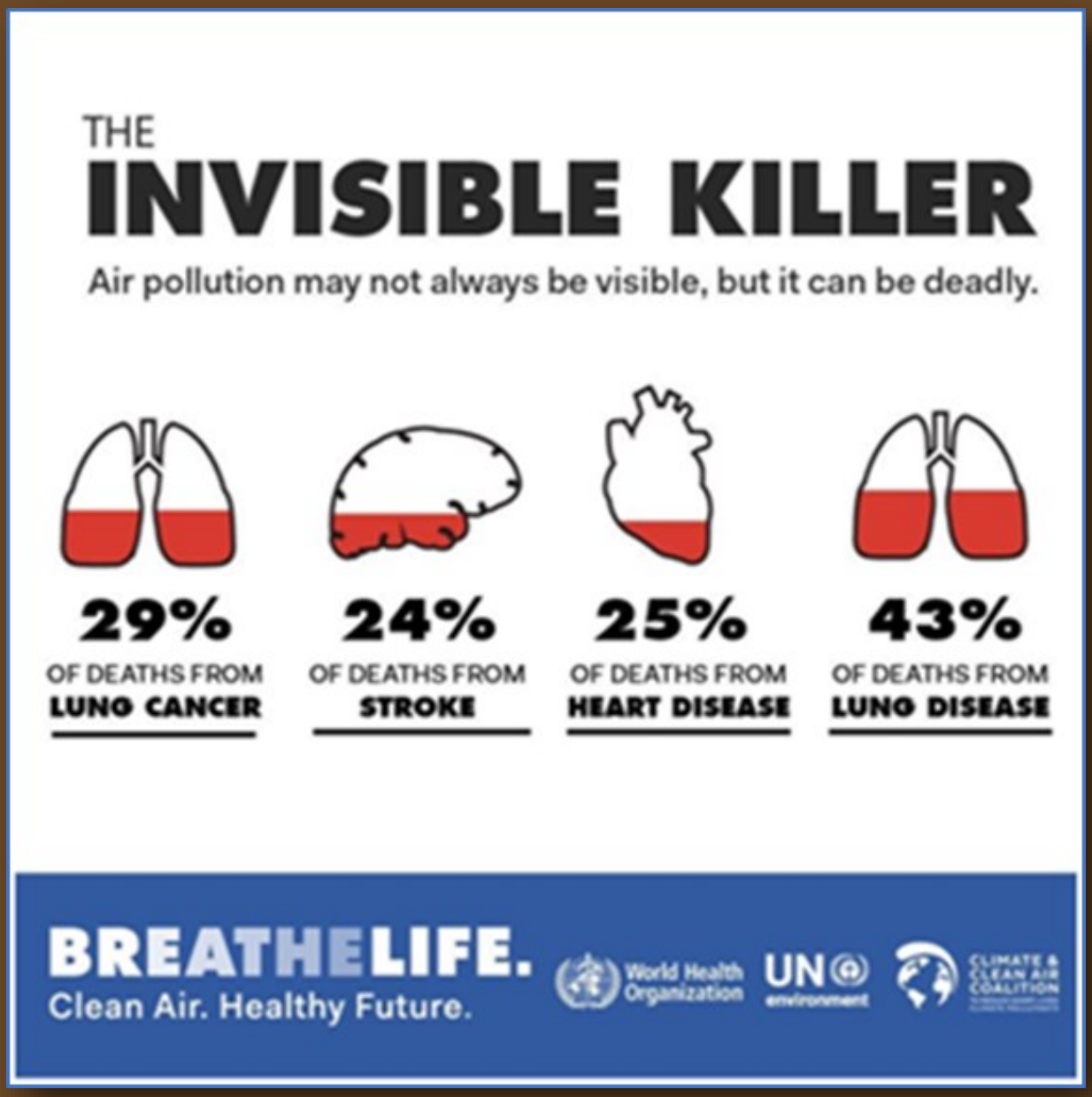
Report on Air Pollution and Child Health: This report summarizes the latest scientific knowledge on the links between exposure to air pollution and adverse health effects in children http://www.who.int/air-pollution/news-and-events/how-air-pollution-is-destroying-our-health

Main WHO webpage: More than 90% of the world's children breathe toxic air every day: http://www.who.int/news-room/detail/29-10-2018-more-than-90-of-the-world%E2%80%99s-children-breathe-toxic-air-every-day

Infographics: http://www.who.int/phe/infographics/air-pollution/en/

Audio press briefing url: http://terrance.who.int/mediacentre/presser/WHO-RUSH_Environment_air_pollution_and_children_health_report_VPC_29OCT2018.mp3

WHO Social media toolkit for Air pollution and Child Health: Prescribing Clean Air Launch http://www.who.int/ceh/publications/Social_Media_Toolkit_AirPollution_Chidren_Health_Report_Launch.pdf?ua=1


THE
INVISIBLE KILLER
Air pollution may not always be visible, but it can be deadly.
29%
OF DEATHS FROM
LUNG CANCER
24%
OF DEATHS FROM
STROKE
25%
OF DEATHS FROM
HEART DISEASE
43%
OF DEATHS FROM
LUNG DISEASE
BREATHELIFE.
Clean Air. Healthy Future.
World Health Organization
UN environment
CLIMATE & CLEAN AIR COALITION


PHASA
Annual Conference 2019
College of Cape Town
Cape Town, 16 - 18 September
YEARS
25
The right to health
25 years into our
constitutional
democracy

Air pollution and climate change

Nine out of ten people now breathe polluted air, which kills 7 million people every year. The health effects of air pollution are serious – one third of deaths from stroke, lung cancer and heart disease are due to air pollution. Around 90% of these deaths are in low- and middle-income countries, with high volumes of emissions from industry, transport and agriculture, as well as dirty cookstoves and fuels in homes. Air pollution is closely linked to climate change. Between 2030 and 2050, climate change is expected to cause 250 000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress. Therefore, efforts to mitigate one can improve the other.

In South Africa, climate change is a health issue which needs an urgent multisectoral response. Extreme weather events have the most noticeable effects to date, such as the droughts in the Western Cape; outbreaks of food and waterborne diseases. WHO and partners are convened the first ever Global Conference on Air Pollution and Health in Geneva (https://www.who.int/airpollution/events/conference/en/) on 29 October – 1 November 2018. The main aim was to rally the world towards major commitments to fight this problem. The conference raised awareness of this growing public health challenge and shared information and tools on the health risks of air pollution and its interventions.

The United Nations Climate Summit (https://www.un.org/en/climatechange/) in September 2019 will aim to strengthen climate action and ambition worldwide. Even if all the commitments made by countries for the Paris Agreement are achieved, the world is still on a course to warm by more than 3°C this century. Following on the World Health Assembly Resolution A68, (http://apps.who.int/gb/ebwha/pdf_files/wha68-rec1/a68_r1_rec1-en.pdf) and as recommended by the World Health Assembly Resolution A69 and planned “Road Map for an enhanced global response to the adverse health effects of air pollution”, (https://apps.who.int/iris/handle/10665/250653) it is important that South Africa doubles its efforts to identify, address and prevent the health impacts of air pollution, and assume a greater leadership role in promoting policies that protect the public’s health, address inequities and advance the country’s commitments to climate change accords. Furthermore, the health sector needs to participate more actively in intersectoral policies addressing air pollution, strengthen collaboration with international organizations involved in air quality data collection and processing to ensure breaking down silos amongst various stakeholders, especially with ministries of environmental affairs.

Influenza- Are we ready the next pandemic?

In September 2018, 100 passengers on a flight from Dubai to New York fell ill with respiratory symptoms, health officials were concerned that they might be carrying a serious respiratory illness called MERS-CoV (Middle East respiratory syndrome Coronavirus) and quarantined the plane until further health checks could be completed. This event indicated that the world could face another influenza pandemic caused by a new influenza virus. However, the world does not know when it will happen, what virus strain it will be and how severe the disease will be.

Pandemics disrupt the economy and social functions like school, work and other mass gatherings. An influenza pandemic would also likely have significant impacts on the overall functioning of a country's health system, as it would draw heavily on resources and health workers. Unlike the world affected by the 1918 influenza pandemic, known colloquially as “Spanish flu”, the world now has more tools to combat pandemics than ever before. These include the development of a global influenza surveillance system that constantly monitors the evolution of circulating influenza strains.

However, for the next influenza pandemic, there are still challenges ahead and in particular ensuring optimum global collaboration between all countries in the world and committing to effective and sustainable mechanisms that would allow equitable access to vaccines, treatments and diagnostics for everyone, everywhere. Therefore, South African needs to strength not only its core public-health capacities, but also increase its R&D capabilities, enhance a multisectoral approach, strengthened health-care delivery systems and to constantly monitor circulation of influenza viruses causing seasonal outbreaks in people, zoonotic outbreaks, and potential pandemics.

At the core of South Africa’s pandemic preparedness, should be a strong, well-resourced health system that includes adequately trained and paid health workers; functioning water, sanitation, and hygiene systems; quality laboratory services for rapid diagnosis; access to medical

PLEASE NOTE

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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Website:	http://www.phasa.org.za
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LinkedIn:	https://www.linkedin.com/company/public-health-association-of-south-africa-phasa-/