College of Public Health Medicine
NEWSLETTER

Volume 5 Issue 1
2023

Message from the President of the College of Public Health Medicine

The term of the current Council of the College of Public Health Medicine is rapidly drawing to an end with a new Council set to take office in October. I am glad to report that substantial progress has been made with respect to the objectives we set ourselves at the start of the triennium and I will report on this at the next National PHM/Occ Med Ward Round on 25 August 2023.

The First Semester 2023 FCPHM(SA) examinations saw major changes in the written component of the exam with the introduction of a second multiple choice question paper and a second short answer question paper with the long answer question paper falling away. These changes were successfully implemented by the examination panel led by Prof. Hassan Mahomed and we wish to convey our appreciation to them for their efforts. We will now enter a relatively stable period over the next 18 months as we seek to evaluate the changes we have made to our FCPHM(SA) assessment practices and prepare for the introduction of workplace-based assessment (WBA). The ongoing curriculum review is also expected to impact assessment and specifically WBA through the establishment of entrustable professional activities (EPAs) for the specialty. The FCPHM(SA) Curriculum and Assessment Practices Subcommittee is expected to report back to Council in July on their progress to date. However, the finalisation of the EPAs for public health medicine is likely to only be completed next year. We did not hold a FCPHM(SA) Occ Med examination in the first semester but both FCPHM (SA) and FCPHM(SA) Occ Med panels are hard at work with second semester examinations.

The first six months of 2023 have been particularly productive with respect to our international collaborations. Our MOU with the Faculty of Public Health in the UK has seen some concrete results with two successful joint webinars being held related to competency-based education. There has been ongoing work with respect to WHO Roadmap for Public Health and Emergency Workforce. There are also plans for a joint organised session at 2023 PHASA Conference. We are also engaging with our colleagues from the Faculty of Community Health of the West African College of Physicians, and the East, Central, and Southern African (ECSA) College of Public Health Medicine as we seek to strengthen collaboration within the specialty in Africa.

This year will see our second Pholela Lecture. It will be held during the week of the PHASA Conference (10 – 13 September) in Gqeberha. The lecture this year will be delivered by Dr Waasila Jassat. It is a fitting honour given her outstanding work during the COVID-19 pandemic. Many congratulations to Dr Jassat! We will confirm the CPHM activities planned for the PHASA Conference in due course.

Looking forward to catching up with everyone in Gqeberha!

Dr Saiendhra Moodley
President,
College of Public Health Medicine

A word from the Occupational Medicine Desk

Dr Sujatha Hariparsad

Dr Sujatha Hariparsad

The world of work has evolved significantly from the First Industrial Revolution in the 1760s to a new era of digitisation and cybernetics. This shift in technologies has resulted in the rapid digital revolution of the workplace or "work 4.0". Not only has the revolution impacted the workplace, but it has also impacted the individual and their perceptions of technology.

With these inescapable changes, new challenges face the world of occupational health and safety. Nanotechnologies for example, have become ground-breaking in medicine, consumer products and in the field of energy production. However, with these new technologies, we need to ask; is it possible that these nanomaterials have an adverse health effect on workers handling and manufacturing these nano-products?

The digital revolution with all its complexities has also been successful in breaking borders and creating a "global village" in which human interaction is as simple as clicking on a link. These wide networks of knowledge and experience sharing have proved to be a great advantage to innovative teaching and learning strategies in all sectors.

University of Stellenbosch

The University of Stellenbosch Division of Health Systems and Public Health would like to extend a warm welcome to Dr Blanche Andrews. Dr Andrews has been appointed as Senior Lecturer/Occupational Medicine Specialist as of the 1st of February 2023.

University of Cape Town (UCT) Occupational Medicine ECHO project launched 23rd March 2023

The UCT Occupational Medicine ECHO was recently launched by the Division of Occupational Medicine. The goal of this ECHO project, the first in Africa, is to develop a training program that builds occupational medicine clinical capacity and provides a community of practice for occupational medical practitioners from Southern Africa and beyond.

Aside from medical practitioners from various provinces in South Africa, doctors from Botswana, Lesotho, Namibia, Nigeria, Rwanda, Sudan, Tanzania, Zambia and Zimbabwe will attend this monthly capacity building programme, which has enlisted over 80 registrants to date.

Project ECHO (Extension for Community Healthcare Outcomes) is an innovative tele-mentoring programme designed to create virtual communities of learners by bringing together healthcare providers and subject matter experts using videoconference technology, brief lecture presentations, and case-based learning, fostering an "all learn, all teach" approach. The main objectives of the programme are to enable participants to:

- Recognise work-related health problems and develop enhanced clinical capacity in their assessment, diagnosis and management
- Access support/advice for appropriate management/referral of complex work-related health problems
- Develop effective approaches for assessment of impairment, workplace accommodation of impaired workers and return to work strategies
- Assist workers to access worker's compensation systems through improved reporting of occupational diseases and injuries.

The sessions will be facilitated by a team of occupational medicine specialists in the Occupational Medicine Division, led by Assoc Prof Shahieda Adams and Dr Itumeleng Ntatamala. Each session will also host a subject matter expert relevant to the cases being presented in the session.

Prof Mohamed Jeebhay, the head of Occupational Medicine at UCT, commented that through this programme UCT will further consolidate its footprint in Africa to build occupational health capacity given the increasing economic activity on the continent. Furthermore, the COVID-19 pandemic has also demonstrated the need and value that occupational health and safety expertise can contribute towards preparedness in dealing with pandemics of such a nature.

Sessions held since the launch on 23rd March 2023 include, pneumoconiosis linked to silica dust and asbestos exposure. Further details on the background to the project and future sessions is provided on the Occupational Medicine webpage. For further enquiries, you can use the following email:

ECHO-OccMed@uct.ac.za

UKZN—DOEH Collaborations

The Discipline was privileged to collaborate with the University of Gothenburg on a Toolbox project focusing on Occupational Epidemiology. The Discipline hosted an applied occupational epidemiology course in March, which was the second of three courses for the year. The first course was held in eSwatini in November 2022, which focused primarily on Heat Stress in the Workplace.

Climate change has become a priority globally and, in that regard, Prof Rajen Naidoo has been appointed a member of the National Climate Change and Health Steering Committee. This Committee has been established by the National Department of Health to assist in the development of adaptation and mitigation strategies to protect the health of communities. He was recently invited to the Occupational Heat Stress conference convened by the International Labour Organisation and the Qatar Ministry of Labour. The conference was held in Doha, Qatar from 9-10 May 2023. He was asked to present on the challenges in Africa and particularly southern Africa, and to explore policy strategies in the continent.

Prof Rajen Naidoo has been appointed a member of the National Climate Change and Health Steering Committee.

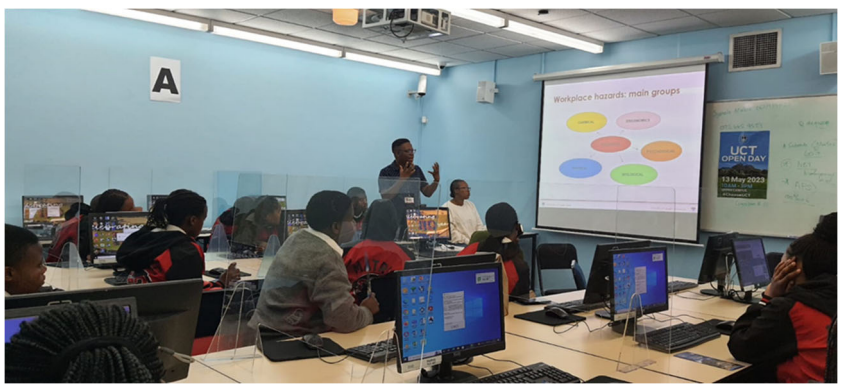
UKZN DOEH will also be hosting the **7th International Conference on the History of Occupational and Environmental Health,** which is scheduled from the 15th to the 17th of November 2023. The conference theme is *"Occupational and Environmental Health: At the Crossroads of Migrations, Empires and Social Movements"*. A a diverse group of role players and experts in the field are expected who will be sharing their expertise and knowledge over the three days. Please visit the official website to register ICOH History 2023 – Official Website of the ICOH History Conference, Durban, 2020 (ukzn.ac.za).

UCT career guidance with a twist – Qaphela! WorkSafe and StayHealthy message for young workers

Thirty-seven Life Sciences learners from Silikamva High School in Imizamo Yethu were part of the first group of Grade 10-12 learners hosted at UCT's Faculty of Health Sciences campus on the 29th of April 2023 by Dr Itumeleng Ntatamala (School of Public Health), Dr Kentse Mpolokeng and Ms Jeshika Luckrajh (Department of Human Biology) as part of the 'Science-Is-Fun' high school learner outreach programme. This initiative aims to provide practical anatomy demonstration sessions to help improve the learning of key Grade 10-12 life sciences and human biology concepts in the curriculum and provide tailored career guidance as the learners begin contemplating future careers and workplaces to enter. A session on 'what every learner needs to know' regarding the UCT application process was delivered by Ms Nambita Ntshongwana, Student Recruitment Officer at UCT, followed by motivational talks by undergraduate health sciences students of rural background studying the faculty and staff.

.The career guidance and workplace preparedness session were organized by Dr Itumeleng Ntatamala, Occupational Medicine Specialist and Senior Lecturer in the UCT Occupational Medicine Division. The session was provided under the auspices of the Qaphela! WorkSafe and Stay Healthy Initiative, which focuses on occupational health and safety training for young workers and teens at high schools, technical and vocational colleges, and workplaces. Qaphela! is an isi-Xhosa and isi-Zulu term for 'be careful, be safe, and be watchful!'. The initiative aims to train young workers and teens on the identification of common hazards and risks in the workplace, prevention of occupational injuries and diseases and 'staying healthy', characteristics of 'decent work/good job', and importantly the rights of young workers as contained in South Africa's occupational health and safety legislation. The learners further discussed where to get help should health and safety problems arise in the workplace.

The career and workplace preparedness session received positive feedback from the learners, with some reflecting that *"I learned a lot that I did not know and that got me thinking about the future and mainly what I want to do after school"* and that *"It was exciting! Your lecturers and students were amazing – I could not stop admiring that…I felt welcome at UCT and would love to come back if given a chance".*



Career guidance and workplace preparedness session.

SAVE the DATE

International Commission on Occupational Health
Founded in 1906 as Permanent Commission

7th International Conference on the History of Occupational and Environmental Health

Wednesday 15th to Friday 17th November 2023,
Durban, South Africa

Occupational and Environmental Health:
At the Crossroads of Migrations, Empires and Social Movements

The **7th International Conference on the History of Occupational and Environmental Health** is being organized by the Scientific Committee on the History of Prevention of Occupational and Environmental Diseases of the International Commission on Occupational Health (ICOH). The planned 2020 Conference was cancelled due to the COVID-19 pandemic. With the opportunity to host in-person meetings, the Scientific Committee has decided to return to Durban, South Africa. The scientific programme will focus on the migration of workers in various time periods, the interconnections of empires, public health in post-colonial periods, and the role of trade unions and other social movements in occupational and environmental health. The evolution of occupational and environmental health especially in Africa, as well as globally, will be addressed.

All conference and programme updates, registration process, fees and the submission of abstracts information will be available at the conference website at ***https://icohhistory.ukzn.ac.za/*** The conference is intended to promote interconnections among historians, social scientists and occupational and environmental practitioners/researchers. Leading historians in occupational and environmental health have been invited to give keynote lectures. In addition, there will be an open call for abstracts for oral and poster presentations and a pre-conference methods training workshop.

We look forward to seeing you in Durban
Take a virtual tour of our city and surrounds
www.zulu.org.za

RAJEN NAIDOO
University of KwaZulu-Natal
Chair, The Conference Scientific Organizing Committee

PAUL BLANC
University of California - San Francisco
Chair, Scientific Committee on the History of Prevention of Occupational and Environmental Diseases of ICOH Conference

Conference Email: icohhistory@ukzn.ac.za

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI
NATIONAL INSTITUTE FOR OCCUPATIONAL HEALTH
SASOM South African Society of Occupational Medicine
SASOHN
COLLEGIUM RAMAZZINI

INSPIRING GREATNESS

Green Light, Green Light? Red Light? Amber? How Research Ethics Committees can manage Conflict of Interest in health research

Leslie London, University of Cape Town

Research is key to promoting and health and preventing disease. But what if health research is subverted from its aim by the presence of conflict of interest? We have already seen this during the COVID-19 epidemic and in relation to non-communicable disease research. For example, researchers who failed to disclose their conflicts of interest, produced research that downplayed the health hazards of chrysotile asbestos[1], findings that allowed this toxin and the asbestos industry an extended shelf -life at the expense of human lives.

The gatekeepers of ethical research are institutions – typically Research Ethics Committees (RECs), which provide oversight to ensure that health research is implemented in line with ethical standards.

In a context of scarce resources for health research, when research funding provided by corporations with vested interests, the independence of the research process may be compromised. If ethical oversight fails to deal with conflict of interest, flawed research findings can undermine evidence-based policy. A 2020 study of the willingness of Schools of Public Health in the African, Eastern Mediterranean, European and US regions found widespread openness amongst respondents to the idea of accepting funding from corporate sources with vested interests in research on non-communicable diseases[2]. This is not surprising, given the pressures under which low-income country researchers operate, often with little or no research funding. In contrast, corporates can bring immense power and financial resources to influence research for health policy so as to best protect their profits[3].

Empowering REC members with the skills to identify, obviate and manage conflict of interest effectively is thus essential if health research is to realise the benefits of scientific progress for people most in need. This is particularly the case in sub-Saharan Africa, where research systems are fragile and starved of the resources needed to ensure researcher independence[4].

Conflict of interest (COI) arises in circumstances where professional judgment concerning a primary interest (validity of research) tends to be unduly influenced by a secondary interest (such as financial gain)[5]. COI can only be effectively addressed if systems are designed to insulate decision-making processes from vested interest and to protect researcher independence, objectivity. People in those systems must also gain skills to manage COI better.

A collaborative initiative, funded by the Canadian IDRC, involving researchers from South Africa, Kenya, Cameroon and Lebanon, developed two online open-access resources - an online course and a toolkit - aimed to empower REC members to better manage COI in the research process.

The toolkit offers examples of how to identify and manage COI, ranging from prohibition, disclosure through to mitigation/resolution. It emphasizes that reliance on disclosure alone is insufficient, as it may be counter-productive if it legitimizes any kind of COI, including COIs that should trigger red lights.

The toolkit outlines three scenarios. The first is where 'moral certainty' exists that that the research should not proceed, such as when the funding source is an organisation whose products are harmful and where the organisation holds a direct interest in the outcome of the research (e.g. tobacco industry funding for tobacco-related research). In the second scenario, the funding source has no interest in the study outcome and does not produce commodities harmful to health, so it is also easy to conclude the study should proceed. But usually, we encounter a third scenario where there is moral uncertainty.

In this gap, the toolkit proposes a series of key questions could be used to identify COI and characterise its scope, such as whether anyone on the REC will benefit financially from the research, whether a financial loss will be avoided if the research is approved or whether the research serves a marketing purpose for the funder. Depending on the case, different strategies may be applied – such as recusal of a committee member who has direct interest in the outcome of the decision; barring a funder from any say in publication decisions; or mandating an independent oversight committee to monitor study implementation. The toolkit also maps the elements of policy that institutions might adopt to manage COI more effectively. Coupled with skills development, such initiatives are important to finding the right balance between diversifying funding and retaining independence of the research process.

Finding the green light for health research is the ultimate goal. But much of what we encounter in practice is amber, located in that space where careful reasoning, drawing on ethical principles, is needed to ensure that health research findings can provide the necessary unbiased evidence, free of vested interests, to advance health.

The Toolkit and online course are available at Conflict of Interest in Health Research | University of Cape Town (https://tinyurl.com/5bp4k8b7). Feedback to the team would be very welcome – comments to leslie.london@uct.ac.za.

[1] Baur, X., Frank, A.L. Ongoing downplaying of the carcinogenicity of chrysotile asbestos by vested interests. *J Occup Med Toxicol* **16**, 6 (2021). https://doi.org/10.1186/s12995-021-00295-2.
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[3] Freudenberg N. Lethal But Legal: Corporations, Consumption, and Protecting Public Health. Oxford: University Press; 2014.
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Lessons learned from commissioning a new hospital

Vidaisha Naidoo
University of KwaZulu-Natal

The commissioning of a new health facility is a rare event and being part of a commissioning team is even rarer still. During my clinical attachment, I had the opportunity to join the commissioning team at Dr Pixley Ka Isaka Seme Memorial Hospital (DPKIMSH). DPKISMH is a 500-bedded regional hospital located in Durban, KwaZulu-Natal. DPKISMH first commissioned clinical services in August 2021, and to date, most clinical departments in the facility are open. The following details my experiences in commissioning a health facility.

Data in decision making:

Data was essential in commissioning and informed referral pathways, shift systems, staff allocations and procurement. When commissioning the Emergency Department, the commissioning team needed to estimate emergency patient caseloads to prepare shift rosters. This emergency data is not currently available in health information systems. Data was then sourced from Emergency Medical Services and an audit of emergency case records was done in the sub-district. The audit provided information on emergency referrals, including peak times for referrals and the days of the month with the highest patient numbers.

Process mapping:

The commissioning of clinical departments is a highly technical activity. It requires comprehensive planning across clinical components including staffing, equipment, infrastructure and administration. Clinical departments are highly varied and commissioning one clinical discipline is vastly different from commissioning another. One standard activity, however, was process mapping. Process maps were developed to mimic patient pathways through each clinical discipline starting from admission through to discharge and follow-up. A checklist of the required resources and expertise was created at each step in the process map. Process mapping was an essential tool for the planning of clinical departments.

Communication and collaboration:

Communication and intersectoral collaboration were key to commissioning. Before the commissioning of DPKISMH, some regional health services were being provided at a neighbouring district hospital. Once DPKISMH was ready to commission, an entire regional department migrated from the district hospital to DPKIMH. The migration included specialists, medical officers and patients, who required regional-level care. This task, which was successfully implemented in a single day, required collaboration between DPKISMH management, emergency services, health facilities and police services. Dry runs were conducted with all stakeholders to test the transport route, handover process and emergency preparedness.

Sequencing and adaptability:

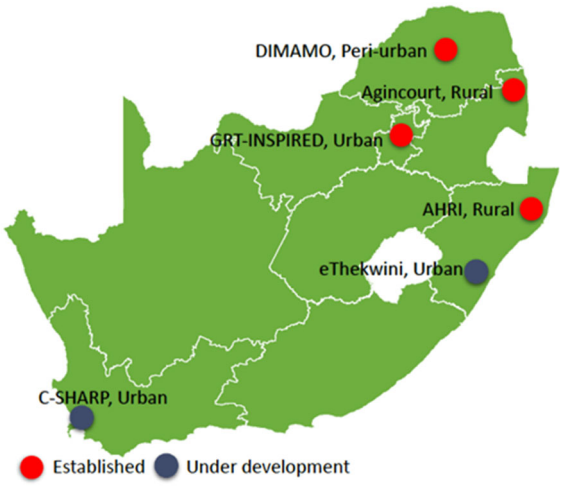
During commissioning, the sequencing of events is a careful balancing act. A balance must be struck between procuring equipment, hiring staff and having the building ready for occupancy. For example, if equipment is procured too early, the warranty may expire before commissioning. The greatest quality of the DPKISMH team was adaptability in this unpredictable environment. At DPKISMH, when clinical departments were not ready to be commissioned, hired staff were seconded to other health facilities to assist with patient care and to receive ongoing training.

My time at DPKISMH was invaluable and gave me insight into a unique process. I would like to thank the DPKISMH team for the knowledge and skills imparted to me.

SAPRIN: Collecting data to reimagine health

André Rose
South African Population Research Infrastructure Network

The South African Population Research Infrastructure Network (SAPRIN) is a network of public, private, and academic institutions, and stakeholders in a long-term partnership to produce high quality research. SAPRIN is part of the Department of Science and Innovation's (DSI) strategy to build and strengthen research capacity in the country and forms part of the DSI's South African Research Infrastructure Roadmap (SARIR). SAPRIN is hosted within the South African Medical Research Council (SAMRC). SAPRIN has three rural Health and Demographic Surveillance Sites (HDSS), or nodes located in Bushbuckridge, Mpumalanga (Agincourt), Polokwane, Limpopo (DIMAMO), and Mtubatuba, northern KwaZulu-Natal (AHRI). There are three recently established HDSSs located in the Western Cape (C-SHARP located in Bishop Lavis and Nomzamo in the Cape Town City Metro), Gauteng (GRT-INSPIRED located in Hillbrow, Atteridgeville and Melusi), and KwaZulu-Natal (USINGA located in Umlazi, eThekwini). Each node has a minimum population of 100 000 people. There are more than 600 000 people and 120 000 geolocated households across the six nodes. This represents approximately 1% of the South African population.



Distribution of SAPRIN research nodes

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The network endeavours to produce accessible, dynamic, and timely coordinated and collaborative population-based health and demographic data. SAPRIN has a standardised surveillance questionnaire which collects data from all the nodes across the network. Data are collected from the households in person once per annum and twice per annum via telephone. The data from the surveillance sites can provide current, representative, longitudinal data of South Africa's disparate communities. It further offers an opportunity to aid in calibrating national datasets such as those from Statistics South Africa. National civil registration systems, health facility data, electronic medical records, labour, and educational outcomes can also be linked to the longitudinal geolocated surveillance data.

A strength of the network is that it allows for studies to be embedded within the network. This allows investigating e.g., the co-occurrence of chronic diseases such as hypertension, diabetes, cardiovascular disease, mental health, and substance abuse. This provides important insights when trying to understand multi-morbidity disease patterns. The research platform brings together various institutions, sectors and researchers which allow for transdisciplinary cross-pollination of ideas, and an exchange of knowledge and expertise. The network provides a platform that allows researchers from various South African, African, and international universities and research institutions to collaborate. This further provides opportunities for honing the skills of local scientists and to grow the base of the next generation of scientists.

The platform streamlines the research process in that it reduces the cost for conducting research. This produces an evidence base that can produce accurate cost-efficient information for data-driven decision making. This ultimately yields improved programme delivery and health outcomes for the poorest South Africans. Community engagement is a strong component of the SAPRIN strategy. The nodes have and continue to build strong rapport with the communities they are located within. This strength is leveraged on to help co-create the science within these communities. This forged important relationships with communities which has resulted in strong buy in from the communities. This asset can aid to understand health challenges and together develop intervention strategies that will change health outcomes in a positive way.

Overall, SAPRIN is a valuable resource for researchers and policymakers working to improve the health and wellbeing of South African communities. Through its focus on collaboration, partnership, and ethical research practices, SAPRIN is helping to build a more robust and responsive research infrastructure in South Africa, and to support evidence-based decision-making and policy development. If you require any information please visit our website (www.saprin.mrc.ac.za) or contact André Rose by email at andre.rose@mrc.ac.za

Subcommittee Feedback

FCPHM(SA) Curriculum and Assessment Practices Subcommittee

Dr Harsha Somaroo

The FCPHM Curriculum and Assessment Practices (CAP) subcommittee has been working to complete the FCPHM curriculum mapping exercise. Thus far, existing FCPHM curriculum domains were reviewed by PHM specialists with expertise in the domain area, and the existing knowledge and skills were analysed to determine whether these were core or non-core content areas for the revised curriculum, as relevant PHM competencies, significance to current societal needs for public health medicine expertise, and benchmarking with five purposively selected international PHM curricula i.e. from Canada, Hong Kong, India, Nigeria, and the United Kingdom.

This output was reviewed with feedback from the consultative workshop with the broader PHM community at the 2022 PHASA conference. The eventual knowledge and skills areas that emerged were documented and are currently being reviewed by the original domain experts, and benchmarked with local and global public health priorities, to ensure that recommendations for the PHM curriculum are globally relevant and locally responsive.

The subcommittee also presented on "Public Health Medicine Specialist Training in South Africa," at the College of Public Health Medicine and UK Faculty of Public Health webinars for bilateral knowledge exchange on approaches to public health specialist workforce training in South Africa and UK. These webinars were held earlier this year and can be viewed again using the following links:

23 March 2023: https://us02web.zoom.us/rec/share/uNKh04LERQEV9TSG7jPfrRX3PKExMqaxBerZE8Cmd4I-o1RnBODi0uusRSl93AxH.jLbISTZSqYjpwPZu

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13 April 2023: https://m.youtube.com/watch?v=Z207QG8htUU&pp=ygUYZmFjdWx0eSBvZiBwdWJsaWMgaGVhbHRo

Medical Management Subcommittee

Dr Shrikant Peters

The Medical Management Subcommittee has been formally constituted with membership representing Public Health Medicine Specialists who are either currently in managerial roles or have had past management experience.

Activities for the newly reactivated Subcommittee started with a presentation and discussion at the Public Health Medicine Huddle held in February of this year. Thereafter, the subcommittee Chair was requested to brief the Gauteng Department of Health Human Resources Chief Directorate on future plans and timelines for academic medical management programmes for medical doctors in South Africa, which the provincial department of health is eager to support.

The Sub-Committee has drafted a Terms of Reference document which is to be finalized and adopted for the next triennium. The roles and responsibilities drafted for the subcommittee include the following:

1. To develop guidelines, regulations, blueprints and academic programme content for promulgation
2. To oversee the implementation of training in academic medical management programmes
3. To foster, coordinate and sustain a community of practice of networked medical managers in the country
4. To supervise the examinations processes for higher academic qualifications in medical management
5. To advocate for the improvement of medical management practices in the country

The Committee will review and finalize the draft regulations and guidelines for the Diploma Medical Management programme which is currently awaiting authorisation and implementation. Further activities planned include the development of a network of mentors in medical management in the country, the revitalizing of the South African Society of Medical Managers, and the soliciting of a series of articles from medical managers and doctors in leadership positions in the country, for publication in journals such as the BMJ, CME and SAMJ.

If any Public Health Medicine Specialists, Registrars or Associates of the Council of Public Health Medicine would like to be involved in the above activities of the Medical Management Subcommittee, or have any further suggestions or networking advice, please email Shrikant.Peters@WesternCape.Gov.Za.

Membership and Career-Pathing Subcommittee

Prof. Mary Kawonga

Since the last CPHM newsletter, the membership and career-pathing sub-committee has engaged in the following activities.

a. Conducting a survey of all College of Public Health Medicine (CPHM) members – including both active and defaulted public health medicine (PHM) and occupational medicine (OM) specialists across the country. The survey aims to determine specialists' areas of expertise and interests in participating in future projects towards supporting national health priority plans and strengthening public health individual and institutional capacity at national and provincial health departments. Sixty-four specialists based in South Africa (located across six provinces) and outside South Africa participated in the survey. Data analysis is underway, and a report will be disseminated to CPHM members. The survey findings will form the beginnings of a database of specialists (including contact details and CVs) which the CPHM will draw on for content experts for the above-mentioned and related future projects.

b. Nomination of speaker for the 2023 Pholela Lecture. The College of Public Health medicine's 2023 Pholela lecture will be delivered by Dr Waasila Jassat, a public health medicine specialist with experience in health systems and disease surveillance. The lecture will be delivered during the 2nd week of September 2023. The specific date will be shared later.

c. Engaging with the District Health System (DHS) Strategy national working group convened by the National Department of Health to review and update the existing DHS strategy and develop new structures for district health management office structures. Sub-committee members contributed inputs on strengthening health information systems at district level and integrating public health workforce within the district health system structure, with the aim to enhance availability of

The 2023 Pholela Lecture

Dr Waasila Jassat

This year's lecture will be delivered by Dr Waasila Jassat, who while at the National Institute for Communicable Diseases in South Africa, led the design and implementation of DATCOV, a COVID-19 hospital surveillance system that collected, analysed, and disseminated health information that was used by policymakers for the national response to COVID-19 in South Africa.

The DATCOV experience provides a practical example of translating surveillance evidence into public health action. As the world emerges from COVID-19 as a public health emergency of international concern, this is an apt time to reflect and discuss opportunities for creating responsive and resilient health systems and strengthening future pandemic preparedness.

Dr Jassat will share her experience of establishing DATCOV, using innovative approaches and technologies to strengthen COVID-19 surveillance, and enhancing the uptake of surveillance evidence by decision-makers. Opportunities, challenges, and transferable lessons for other settings and the future will also be shared.

New Fellows

Dr.Muzzammil Ismail

Dr. Muzzammil Ismail is a recently qualified Public Health Medicine Specialist based at the Health Intelligence Directorate in the Western Cape Department of Health.

After completing his medical degree at the University of Cape Town (UCT) he has worked in the public, military, and private sector as a Medical Practitioner. This experience spanned across both rural and metropolitan settings in the Eastern Cape and Western Cape.

He also has a background as a business analyst in the health department in the Systems Development, Information Management directorate where he was fortunate to have been exposed to an array of health information systems. During his time as a UCT Public Health Medicine Registrar he has made contributions to district, provincial, and national level planning and leveraged data and technology for public health communication, programmatic interventions, and advocacy for public health policy. His passion lies in policy and population level healthcare systems improvement and believes that we find ourselves at a unique crossroads where data, information systems, and new technology holds the potential to bring about significant efficiencies in the quality of healthcare delivery in South Africa.

Membership

Members are requested to kindly update their details and membership status, as this may affect correspondence, examiner status and CMSA matters from reaching you timeously.

Link: https://www.cmsa.co.za/view_pageaspx?PageID=26

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