



Public Health Association of South Africa

PRESIDENT'S REPORT

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2013 Annual General Meeting (AGM) of the Public Health Association of South Africa (PHASA)

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LIST OF ABBREVIATIONS AND ACRONYMS

AGM	Annual General Meeting
AFPHA	African Federation of Public Health Associations
AoA	Articles of Association
APHA	American Public Health Association
ASPHA	Association of Schools of Public Health in Africa
CPHA	Canadian Public Health Association
FDSP	Funding, Donations and Sponsorship Policy
MOI	Memorandum of Incorporation
NPO	Non-profit Organisation
POA	Programme of Action
PHA	Public Health Association
PHASA	Public Health Association of South Africa
PHILA	Public Health Innovation and Leadership Awards
SIG	Special Interest Group
WFPHA	World Federation of Public Health Associations
WHO	World Health Organization

1. INTRODUCTION

The Public Health Association of South Africa (PHASA) was established in 2000¹ to provide a disciplinary 'home' to public health researchers, professionals and practitioners. Its formation was, in part, a response to the increasing use of, and need for, public health approaches and methods in health policy formulation, health service provision and health professional education in South Africa's new democracy, and to ensure a strong civil society voice in public health.

The mission of PHASA is to build a strong organisation of those involved in health and health-related activities to promote greater health equity in South Africa and to impact positively on population health outcomes. PHASA recognises the importance of the social determinants of health and advocates for equitable access to the basic conditions necessary to achieve health for all South Africans.

PHASA's main strategies for achieving its mission are to:

- Build an *effective organisation* of interested individuals committed to public health principles
- Create an *enabling environment* of multi-disciplinary professional activity, exchange and debate through its annual conferences
- Support the *publication* of relevant public health knowledge and information through its website and quarterly newsletters
- Create a *platform for young researchers* to grow professionally and to showcase their work
- *Network* and partner with other national public health associations and federations, notably the World Federation of Public Health Associations (WFPHA), AFPHA and the Association of Schools of Public Health in Africa (ASPHA).

As I step down as PHASA president at the end of this 2013 conference, this report to the annual general meeting (AGM) reflects on milestones and developments over the past five years in line with the strategies to achieve PHASA mission statement. The second half of the report highlights challenges, includes some pointers for future action.

¹ PHASA's Certificate of Incorporation as a non-profit company was issued in April 2001

2. REFLECTION ON PHASA: 2008-2013

2.1 Build an effective organisation

The highlights are shown in Table 1, and discussed further below.

Table 1: Achievements in building an effective organisation: 2008-2013

Main achievements
<ul style="list-style-type: none">• Annual lekgotla to develop programme of action for the executive• Institution of annual, rotating conferences• Review of AoA to bring these in line with the ‘public good’ mission of PHASA• Efforts to ensure compliance with Articles of Association (AoA) e.g. ensuring that financial audits are up to date• Formalising secretariat functions via the Medical Research Council• Developed guidelines on sub-groups or member groups• Developed draft “Funding, Donations and Sponsorship Policy”• Initiated the Public Health Innovation and Leadership awards (PHILA)

The period under review (2008-2013) has seen greater coherence in the activities of PHASA. We have instituted an annual lekgotla (meeting) to encourage teamwork among executive committee members, reflect on progress for the preceding year and to develop a clear programme of action (POA) for the following year. At the inaugural lekgotla in 2008, PHASA took a decision to have annual conferences and to rotate the venue among the big South African cities and smaller cities or large towns (see below). Although the executive committee (Table 1) members serve in a voluntary capacity, the PHASA executive has been very active and regular tele-meetings (every six weeks) are held.

At the 2009 AGM, the PHASA executive was challenged on certain procedural aspects of the AoA, including the term of office of executive members, and election of executive committee members. This necessitated an in-depth look at the original AoA, formalised in 2001. The executive realised that there were some aspects in the document that were out of sync with the mission and goals of PHASA. We then set a process in motion to revise the AoA, led by Drs Irwin Friedman and Waasila Jassat. Following extensive review of the AoA and technical work during 2010, a draft of the revised AoA was circulated to all members in May 2011. Following members’ comments and extensive discussion in the executive, a lawyer was contracted to finalise the AoA. On the advice of the lawyers, the document subsequently became the memorandum of incorporation (MOI). The MOI was discussed at both the 2011 and 2012 AGMs. The legal aspects of the document have now been finalised and will be posted onto the PHASA website once signed.

Table 2: Executive committee members, September 2013

Portfolio	Name
President/Chairperson	Prof Laetitia Rispel
Deputy President	Dr Flavia Senkubuge
Secretary	Dr Waasila Jassat
Treasurer	Dr Stephen Knight
Other members	Dr Annette Gerritsen Prof Gail Hughes Dr Julia Moorman Dr Ehi Igumbor Dr Saiendhra Moodley Dr Tracey Naledi Dr Tladi Ledibane Ms Maggie Mokonoto Dr Yolandi Swart Ms Siyasanga Mbiza

In line with *good corporate governance* and in accordance with the original AoA, during 2010, the executive commenced a formal process of appointing external auditors to ensure that a financial audit was done for each year since PHASA's inception. This effort was formalised and accelerated during 2011, and finally concluded at the beginning of 2012. I am pleased to say that these *financial audits* are now up to date, and a formalised process is in place to ensure annual financial audits, in line with the original AoA.

Since 2008, the PHASA executive has discussed the appointment of a *permanent secretary* in recognition of the importance of executing the organisational POA and of supporting an executive that consists of volunteers with full-time jobs. During 2010, the MRC Conference Centre and Event Management Office presented a proposal to provide secretariat services to PHASA. The contract was formalised during 2010. The main secretariat responsibilities include the following:

- Provide support to the Executive to ensure that strategic goals of the organisation are met
- Management of the administrative function of PHASA
- Liaison with PHASA stakeholders
- Assist the treasurer and executive with financial management of PHASA
- Perform any other functions necessary in order to achieve the objectives of PHASA

The relationship between PHASA and the MRC has worked well. The MRC Event office has taken operational responsibility for PHASA's financial audits and has done a huge amount of work to respond to auditor queries and to ensure compliance with general accounting process and auditing requirements. In 2011, for the first time, PHASA was represented at the annual general assembly of the World Federation of Public Health Associations (WFPHA), as the secretariat organised the trip to Geneva in an efficient manner. The contract was revised and renewed during 2012 for a further two-year period until 2014.

At the 2012 annual lekgotla, Dr Ehi Igumbor presented a proposal on the creation of *sub-groups* of PHASA, the main goal of which is to stimulate more regular interaction among members and to advance the discipline of public health. It was noted that the special interest groups (SIGs) have emerged as groups of self-selected PHASA members sharing a common occupational discipline or educational /background. Although the executive recognised the common interests of occupational or professional categories, it was felt that it may be antithetical to the *multi-/inter- disciplinary nature of public health*. A draft set of guidelines were developed for the establishment of sub-groups within PHASA, and these were presented for input at the 2012 conference. We hope to ratify the proposal for sub-groups at the AGM in 2013.

During 2013, the executive also developed a draft *Funding, Donations and Sponsorship Policy* (FDSP) that describes the criteria and a review and oversight process for evaluating potential relationships with external funding entities (EFE). This FDSP is intended to protect PHASA's mission and integrity while supporting its revenue-generating efforts. The FDSP was drafted with the following considerations in mind: relationships with EFES should be considered as opportunities to build alliances, partnerships and support for public health for the long term; the criteria for review should be reasonable and realistic; the review and oversight process should not be overly cumbersome; and over time, the review process will build a body of knowledge for accepting and soliciting funding, donations and sponsorships. The FDSP will be reassessed after one year and thereafter as necessary, taking into consideration PHASA's experience of implementing the policy.

The *Public Health Innovation and Leadership Awards* (PHILA) were instituted during 2013, although the awards were conceptualised during 2009. The PHILA award will be given each year to an individual in recognition of their contribution to public health in South Africa during the previous year. This award honours excellence in and commitment to public health research, education and/or service. Individuals nominated for this award should have made a significant and well recognised contribution to public health in South Africa. The Award consists of an attractive trophy and a R5000 honorarium. In addition, the recipient will be flown to the PHASA conference to receive the award and will receive two nights' accommodation and complimentary conference registration. PHASA will issue a call for nominations for this award and the recipient will be selected from the nominations received.

In addition to the annual award, a *life time achievement award* will also be made. This award will honour an individual for a life time of commitment to public health, and who has made a significant contribution to public health research, education and/or service. Specific criteria include:

- Outstanding leadership in public health and whose quality of work continues to raise public health standards and to whom colleagues in the field look up to as a role model.
- Exceptional accomplishments as a public health practitioner/ specialist,
- High standard of professionalism and a track record of building public health capacity of younger individuals
- Influence of the individual's work in population health, health policy and/or health services in South Africa or beyond.
- At least two decades of experience in public health in South Africa

The inaugural PHILA will be announced during the 2013 conference dinner on Thursday 26 September 2013.

2.2 Create an enabling environment of multi-disciplinary professional activity

Undoubtedly, the annual conferences of PHASA have been hugely successful, bringing together more than 300 people per year. Commencing with the 2009 PHASA conference in Durban where the idea of a Federation of Public Health Associations was discussed, the 2013 conference will be held in collaboration with the African Federation of Public Health Associations (AFPHA) that was established in 2011. A record number of 384 abstracts were submitted for the 2013 conference, as well as proposals for 11 satellite sessions. In addition to a large contingent of South Africans, delegates from 20 other African countries, as well as delegates from Asia, Australia, Europe, Canada, the United Kingdom and the United States of America will network and interact with one another at the 2013 conference. Table 2 shows the various conference themes and venues.

Table 3: Annual conference themes

Year	Theme	Venue
2009	Millennium Development Goals: Measuring progress in public health in South Africa	Durban
2010	Healthy environments, healthy people and public health advocacy	East London
2011	Closing the health equity gap: Public health leadership, education and practice	Johannesburg
2012*	Bridging the health divide: from Policy to Practice	Bloemfontein
2013*	Africa's public health legacy-beyond the MDGs	Cape Town

*joint conferences

Each PHASA conference provides a forum to discuss and debate critical public health issues, and offers an opportunity to influence the national and/or international public health agenda. A highlight of the 2013 conference is the *Student Symposium*, held on 24 September 2013. The Symposium provides the opportunity for students to present their work, build a student movement in public health, to network with one another, and to learn from experienced public health professionals.

The annual PHASA conference has become a national, and increasingly a regional networking event and has played an important role in skills-building. The standard structure of the conference is a first day of workshops followed by a two-day scientific programme. The target audience of PHASA conferences is policy makers, public health academics and students, health professionals, health service managers and individuals from non-governmental and community-based health organisations. The generic outcomes of annual PHASA conferences are highlighted in Table 3.

Table 4: Generic outcomes of PHASA conferences

Key outcomes
<ul style="list-style-type: none">• Provide a forum to present the findings of cutting edge public health research in South Africa and increasingly in the Africa region• Increase the visibility of public health as an essential component of a nation's health system• Provide a forum for a wide range of professional skills and interests to focus on specific public health issues from a multi-disciplinary perspective• Contribute to the professional development and enhance the capacity of young, emerging public health professionals and students• Provide an opportunity for networking among public health professionals and students• Raise the level of awareness and understanding of the impact of public policy on health and well-being.

2.3 Communication

In 2010, the PHASA executive took a bold decision to revamp our website, move towards more effective on-line communication and to go with electronic newsletters. We entered into a contract with Dr Annette Gerritsen, who is a PHASA executive member and one of the owners of Epi Result.

We have managed to achieve a user-friendly website for PHASA in terms functionalities, lay-out and a new template for e-newsletter and these developments have been a huge success. Quarterly e-newsletters have been produced. At least one public health news item has been posted per week, and there has been a significant increase in the number of jobs advertised on the website. In 2013, the subscribers to the newsletter exceeded 2000. Communication has also been enhanced with Tweets/Facebook/Google+ messages that are sent out for each item published on the website. In 2013, we extended the website with a PHASA community/ forum. Since the launch of the PHASA community in February 2013, 574 people have registered as a member on the community; eight forums have started, including a total of 29 topics and 84 postings. The forums with the highest number of postings are epidemiology, studying public health in South Africa, working in public health in South Africa and internships.

Webpage: <http://www.phasa.org.za>

2.4 Create a platform for young researchers

PHASA has been very successful in building the future generation of public health leaders, and each conference sees a large number of first time presenters. During 2009 and 2010, we ran physical workshops in four cities with students and emerging researchers to enhance their abstract writing skills and to increase the acceptance of their abstracts. This changed to an on-

line mentoring process during 2011, and continued for 2012 and 2012. As indicated, the Student Symposium was one of the highlights of the 2013 conference, with 120 participants.

The PHASA executive committee has also been an opportunity to expose emerging public health leaders to organisational development and more than 50% of current executive committee members are under the age of 40.

2.5 Networking and partnerships

At the 2009 PHASA conference in Durban, the American Public Health Association (APHA) funded a two-day workshop that focused on the theme of *Strengthening Global Public Health Associations*. The skills-building workshop focused on how to develop strategic and business plans, as well as communication and marketing plans for Public Health Associations (PHAs). Representatives of African PHAs attended the workshop and also used the opportunity to discuss the idea of the AFPHA. PHASA was a major catalyst for the establishment of the AFPHA, and continues to support them. Dr Flavia Senkubuge serves as the Vice- President of the AFPHA. We also have collegial relationships with the Association of Schools of Public Health in Africa (ASPHA), who will hold their annual general meeting at the tail end of the 2013 PHASA conference.

During 2011, PHASA was part of a joint bid lead by the Canadian Public Health Association (CPHA), in conjunction with other public health associations in Africa, on smoke-free workplaces. The bid was submitted to Health Canada, and was successful. In 2012, PHASA hosted the first meeting of the consortium consisting of the Public Health Associations of Canada, South Africa, Tanzania and Uganda. PHASA continues to have close working relationships with APHA and CPHA. Another APHA sponsored workshop will be held at the 2013 conference and APHA also ran a satellite session at the conference.

Many of our executive members are from Schools of Public Health in South Africa, and PHASA has very close, collegial relationships with colleagues from these various Schools. We have also started working closely with the country office of the World Health Organization (WHO). An encouraging development in the past year, is that the national Department of Health has provided funding for the PHASA conference, with the support of the national Treasury. This is an indication of the importance with which PHASA is viewed in government circles.

Our networking and collaboration also include joint conferences: in 2012 the PHASA conference was held jointly with the Rural Doctors Association of South Africa, and in 2013 it is a joint conference with AFPHA.

PHASA has continued to maintain good relationships with the World Federation of Public Health Associations (WFPHA), and is represented on the governing council of the Federation. During 2012, eight PHASA Executive members attended the 13th World Congress on Public Health in Ethiopia. At the conference, PHASA hosted a workshop entitled *Increasing Policy Influence and Engagement of National Public Health Associations in Africa: Progress and*

Challenges which was attended by close to 300 delegates from 25 countries. PHASA is increasingly seen as a vocal, visible, dynamic and important PHA on the world stage.

3. BEYOND 2013

Although PHASA is growing into a vibrant PHA with increasing interest from public health professionals in South Africa and other African countries, the Executive has identified a number of areas that need improvement and that need attention in future. These include:

1. Long term sustainability

Each year, there is huge amount of effort that goes into fund-raising as part of the conference. Conference registration fees are also used as a mechanism to cross-subsidise the general activities of PHASA. However, PHASA needs to find a way to achieve long-term financial sustainability to enable it to appoint permanent staff to take the organisation to the next level. Although membership fees are a small proportion of the funding base of PHAs, this is an important area of growth, as the members are able to leverage resources and additional networks for the organisation. We also need to move forward towards more corporate, government, and key entities sponsorship, hence our draft FDSP policy will assist in that regard.

- 2. Organisational development and growth:** Notwithstanding more than more 1000 unique visitors to our website and the distribution of the newsletter to more than 2000 people, this has not translated into paid-up membership. At the time of the conference, PHASA had 157 paid up members. One of the challenges is to explore benefits of membership in order to encourage greater registration by individuals, encouraging greater activity between conferences through sub-groups; focus on attracting core funding for PHASA's activities, and commitment to continue hosting joint annual conferences with relevant and strategically chosen organisations (where relevant).

There are numerous intangible benefits of belonging to PHASA: networking and exposure to scientific information, liaison and networking with colleagues, access to information on the website (which includes possible job opportunities) and contribution to a broader goal of equity, social justice, population health improvements, and health system strengthening. We need to grow our membership across the country, and draw students with their youthful energy into the organisation, so they can translate that energy into concrete action.

- 3. Policy advocacy and influence:** More effort is needed to encourage appropriate public health research and to influence the national research agenda. We also need a lot more capacity to enable us to do policy advocacy around key public health issues, work with partners to do policy briefs and communicate key resolutions that will influence public policy.
- 4. Social mobilisation / communication:** We need to use PHASA community and forums to encourage information sharing and advocacy around key public health issues, and with a much closer link to policy advocacy activities.

5. ***Public health website and newsletter:*** Expand the PHASA website through new interactive features including the PHASA community discussion forum; continue to produce high quality topical newsletters and increase circulation; investigate the possibility of establishing an accredited public health journal, or to go into partnerships with an existing journal.
6. ***Partnerships, networking and collaboration:*** Strengthen existing relationships with WFPHA and the AFPHA, and other public health associations in general. We also need to explore a closer working relationship between professional organisations of nurses (DENOSA) and doctors (SAMA).

4. ACKNOWLEDGEMENTS

The past five years have been a rewarding and enriching experience. The growth and achievements of PHASA would not be possible without the dedication, hard work and support of numerous individuals and organisations, and we owe them a depth of gratitude.

A very big thank you to our donors who have continued to believe in the public health casue, and who have provided much needed funding over the past five years: The Atlantic Philanthropies; Colgate-Palmolive; Medical Research Council; national Department of Health; Schools of Public Health in South Africa; small and large exhibitors whose contributions have been invaluable.

I wish to thank the other members of the PHASA executive for their hard work, dedication and commitment to public health and to the organisation. They are: Drs Flavia Senkubuge (vice-president), Waasila Jassat (secretary), Julia Moorman, Yolandi Swart, Tracey Naledi, Saiendhra Moodley, Tladi Ledibane, Ehi Igumbor, Stephen Knight (treasurer), Professor Gail Hughes, Ms Maggie Mokonoto and Ms Siyasanga Mbiza.

A special thank you to Mandy Salomo for providing secretariat services, her leadership of the conference organisation, for her tireless efforts, for going beyond the call of duty to ensure that the conference is a success, and for her competent steering of her team at the MRC conference and events management division.

Thanks also to Jim Chauvin of the World Federation of Public Health Associations (WFPHA) for his support to PHASA. I want to acknowledge the contribution of the American Public Health Association and Canadian Public Health Association.

Most importantly, thank you to our members who challenge us where necessary, read our newsletters, attend our conferences and continue to support us.