This issue of the PHASA newsletter advertises the forthcoming 4th Public Health Association of South Africa (PHASA) Conference in Cape Town in early June, and the workshops that precede it; and draws attention to a 2-week WHO course *Promoting Rational Medicines Use in the Community*, during the University of Western Cape’s School of Public Health Winter School in July 2008. We look at three audit reports highlighting the high death rates amongst mothers, babies and children each year in South Africa. We publish the Declaration of the National Consultative Health Forum on Primary Health Care, at the Birchwood Conference Centre, Gauteng, April 2008; we note the recognition of the World Federation of Public Health Associations (WFPHA) as a Group on Earth Observations (GEO); we promote the remarkable book by Professor William Pick, which recalls his personal history in the midst of extraordinary transformations in South Africa; we publish an obituary from the Treatment Action Campaign (TAC) on Dr. Ivan Toms and we draw attention to the long-awaited report on burns, now available from the World Health Organisation.

The 4th Public Health Association of South Africa (PHASA) Conference will be held from 2-4 June 2008 at the Southern Sun Cape Sun, Cape Town, South Africa, preceded by seven workshops. The theme of the conference, in keeping with the 30th anniversary of the Alma Ata Declaration, will be: 'Making Alma Ata principles a 21st century reality: What will it take?' The theme will enable critical review of the progress that Southern Africa has made in terms of providing health care for all.

The University of Western Cape is hosting a 2-week WHO course *Promoting Rational Medicines Use in the Community* during the School of Public Health Winter School in July 2008.

Three South African health reports - *Saving Mothers, Saving Babies and Saving Children* - provide data on thousands of deaths annually, and make recommendations to strengthen the quality of care provided to mothers, babies and children at the time when they most need it. In *Every Death Counts*, the authors of these three audit reports present a set of unified recommendations with specific actions for government officials, policy makers, health managers and healthcare providers to save lives.

Letter from the World Federation of Public Health Associations (WFPHA), concerning the situation in Zimbabwe and its effect on the health of citizens, as well as the ability of health and humanitarian aid workers to provide care and assistance to those in need.

We publish an obituary from the Treatment Action Campaign (TAC) on Dr. Ivan Toms – Peoples’ Doctor, Apartheid War Resister, Gay Activist, Public Health Official and PLHWA Friend.

The long-awaited report on burns is now available from the World Health Organisation. This document is a road map for international activities in burn prevention for the next five years.
The 2008 Conference marks the thirtieth anniversary of the WHO/UNICEF Conference on Primary Health Care held in Alma Ata, USSR (now Kazakhstan). Primary Health Care (PHC) remains the strategy of WHO for achieving Health for All and is the philosophy informing South Africa’s health policies. There is currently renewed interest globally in PHC and the potential of this approach to address continuing health and health care challenges, not least in addressing the major problems of HIV, TB and malaria. PHASA is dedicating its 2008 Conference to PHC in recognition of the above and in the hope that research presented and ensuing discussions will assist in defining more precisely the role of Public Health in developing PHC to implement South Africa’s bold health policies.

**Conference goals:**

As an African public health association, PHASA

- is committed to strengthening local and regional capacity in public health skills
- intends to use the conference both as a regional networking exercise and as a formal skills-building exercise.

**Conference theme:**

The theme of the conference, in keeping with the 30th anniversary of the Alma Ata Declaration, will be: “Making Alma Ata principles a 21st century reality: What will it take?” The theme will enable critical review of the progress that Southern Africa has made in terms of providing health care for all.

**The three conference tracks will be:**

1. Evidence for action and evidence of action, epidemiology, health informatics, qualitative research and policy choices,
2. Health in context, which looks at issues around environments, communities and households,
3. Necessity and invention, novel approaches and successes in primary health care.

As is evident from the chosen tracks we hope to generate a lively discussion around the opportunities and challenges facing health in the 21st century. In this regard, HIV/AIDS and TB strategies will feature in various tracks of the conference. Prominence will also be given to discussions about the public health benefits of improving access to the basic determinants of health such as water, sanitation and food. The conference will open and close with an internationally recognised plenary speaker.

**Workshops:**

Seven exciting workshops will be held on 2 June 2008, the details of which are as follows.

1. Your Life or your Liberty. When is it legitimate to limit Human Rights for the Public good?
2. Significant differences or Significant others? Reconciling Qualitative and Quantitative research traditions in Public Health.
4. “If you don’t like the news go out and make some of your own”. Media advocacy and Public Health.
5. HIV, Sexual and Reproductive Health: Understanding and claiming rights
6. Getting the evidence right. Practicing evidence-based Public Health
7. Task-shifting: second-rate care or opportunity for health systems?

**Guest Speaker: Dr T Sundararaman**

Dr Sundararaman is Executive Director of the National Health Systems Resource Centre (NHSRC) in New Delhi. Funded by the government of India, the centre provides technical assistance to the Ministry of Health and Family Welfare to support the rural health sector reform process. Trained as a physician at the Jawaharlal Institute of Postgraduate Medical Education and Research in Pondicherry, Dr Sundararaman is an active public health practitioner, committed to improving the health of the poor. He is also a founder member of the People’s Health Movement in India, the Tamil Nadu and Pondicherry science forums, the All India People’s Science Network and the Public Health Resource Network that provides resource support and builds capacities of public health practitioners. Dr Sundararaman headed the programme design and programme implementation of the Mitanin programme, India’s largest ongoing community health worker programme with an outreach to all 58,000 habitations of Chhattisgarh state (population : 20 million people).

The Mitanin programme has resulted in an infant mortality rate decline, with little change in the utilisation of hospital based services; household and community-level health care practices, however, changed dramatically. An important change has been observed in the huge increase in the percent of mothers initiating breastfeeding in the first 24 hours after birth. ORS use and health-seeking behaviour for Acute Respiratory Infections (ARI) have also improved.

The improvements are due to the work of Mitanins as well as improvements of all outreach services as a consequence of large scale social mobilisation and strengthening of the health sector. Most importantly, it has brought back credibility to the role of community participation in health sector reform and has given the whole health sector reform process a renewed confidence and dynamism as well as public visibility and grassroots support.
The University of Western Cape is hosting a 2-week WHO course Promoting Rational Medicines Use in the Community during the School of Public Health Winter School in July 2008.

**PRMUC 2008**
The World Health Organization (WHO), School of Public Health, University of Western Cape (SOPH UWC), University of Amsterdam (UvA) and Netherlands Royal Tropical Institute (KIT) announce the 5th International training course on Promoting Rational Medicines Use in the Community (PRMUC 2008), 29 June to 11 July 2008, at the University of the Western Cape, Bellville, South Africa.

This course was developed to meet requests from individuals and organisations, for more effective planning, research and implementation of rational medicines use activities in the community.

**Objectives**
The Course aims to:
- study and remedy inappropriate medicines use in the community
- investigate and prioritise medicines use problems, and to develop effective strategies for change
- address challenges in the use of medicines in the treatment of HIV/AIDS, tuberculosis and chronic diseases; including issues on treatment literacy and adherence.

**Participatory Course**
The course is participatory and uses the knowledge, skills and experiences of participants as a major resource. Teaching methods include group activities, fieldwork, presentations and discussions. The course will be conducted in English by international experts using course materials developed by WHO, UvA and KIT, in collaboration with colleagues throughout the world.

**Trainers**
Course trainers will include Anita Hardon & Trudie Gerrits (UvA), Andrew Chetley (Healthlink), Ane Haaland (University of Oslo), Catherine Hodgkin (KIT), Kathy Holloway & Richard Laing (WHO) and Hazel Bradley & Diana Gibson (UWC).

**To whom is this course applicable?**
This two-week course is aimed at policy makers, management staff from Ministries of Health, ARV programme managers, NGO officials responsible for national and local programmes, development aid agencies, social scientists, pharmacists and other public health practitioners.

**Fees and Application**
The international fee of US$1,100 covers tuition, course materials (including a core library for participants to take home) and lunches. The subsidised fee for local participants without accommodation, breakfast or dinner is R2,800 (approx. US$ 400). Accommodation is available on campus (US$ 900) or in a bed and breakfast lodge (US$ 1,250).

**Deadline**
The deadline for receipt of applications is 2 May 2008.

**Application**
The course flyer and application form can be printed out directly from the Medicines web page at http://mednet3.who.int/prduc or www.uwc.ac.za/comhealth/soph

**For further details please contact:**
Local Course Coordinator: Hazel Bradley: hbradley@uwc.ac.za

International Course Coordinator: Aryanti Radyowijati: Aryanti@chd consultants.nl

**PHASA’s mission is to:**
build an association of those involved in health and health-related activities to promote greater equity in health in South Africa.

PHASA advocates equitable access to the basic conditions necessary to achieve health for all South Africans as well as equitable access to effective health care. PHASA will work with other public health associations and related organisations and advocate on national and international issues that impact on the conditions for a healthy society.

**The objectives of PHASA are to:**
- advocate for the conditions for a healthy society
- build an effective organisation
- create a multi-disciplinary environment of professional exchange and debate, study and activity through meetings, conferences and workshops for interested people
- promote teaching and research in public health issues
- support the publication of relevant materials
- network with other public health organisations and related organisations
- encourage and facilitate measures for disease prevention and health promotion.
Three South African health reports - Saving Mothers, Saving Babies and Saving Children - provide valuable data on thousands of deaths that occur each year, and make recommendations to strengthen the quality of care provided to mothers, babies and children at the time when they need it most. The Honourable Minister of Health Manto Tshabala-Msimang highlighted these mortality audit reports when she launched three committees to oversee the audit process, on 25 February 2008, in Boksburg. She said:

“We chose to focus on this group because maternal and child health are the best indicators of the performance of the health system.”

In Every Death Counts, the authors of these three audit reports present a set of unified recommendations with specific actions for government officials, policy makers, health managers and healthcare providers to save lives.

Situation

Each year in South Africa:

- at least 1 600 mothers die due to complications of pregnancy and childbirth.
- 20 000 babies are stillborn, and another 22 000 die before they reach one month of age.
- in total, at least 75 000 children die before their fifth birthday.

This toll of over 260 deaths every day is due to five major health challenges:

- Pregnancy and childbirth complications
- Newborn illness
- Childhood illness
- HIV & AIDS
- Malnutrition.

South Africa needs to address these ‘Big Five’ in order to meet the Millennium Development Goals (MDGs) for maternal and child survival and for combating HIV & AIDS by 2015. South Africa is one of only a dozen countries not making progress towards the child survival MDGs.

Some countries that had similar mortality rates and similar gross national incomes to South Africa, such as Brazil, Mexico, and Egypt, are on track to meet the MDG for child survival and have halved their under-five mortality rate since 1990.

There are a number of factors contributing to the lack of progress in reducing deaths. HIV & Aids is a major contributing factor. HIV prevalence among pregnant women remains extremely high though progress has been made to improve testing, prevention of mother-to-child transmission (PMTCT), and provision of antiretroviral treatment. Still, each year 300 000 pregnant women with HIV need PMTCT services for themselves and their babies. Poverty and extreme inequity are barriers to accessing high quality essential services and limit the ability of families to make healthy choices.

These deaths are more than just statistics. Andiswa Mateza returned to the Eastern Cape to be closer to her family when she found she was pregnant with twins. Andiswa started experiencing very high blood pressure when she was 22 weeks pregnant and had an emergency caesarean section to deliver the twins. The babies were both very small; the boy died just two days after birth, and the girl died at 8 weeks. Edward Mateza, Andiswa’s husband said,

“On the night of 18 January the baby stopped breathing, but there was no transport and the clinic was too far. On 19 January my wife took her to the hospital, but it was too late. On 25 January I was taking leave from work in Cape Town to visit my wife and parents so the baby could be named, but she died too soon. My baby girl was never named.”

Solutions

Solutions exist to address the ‘Big Five’ health challenges and prevent these deaths. In South Africa a high percentage of births take place in healthcare facilities, and we have high coverage for many primary healthcare interventions, such as contraception, antenatal visits, and immunisation of children. Effective life-saving interventions are in place, but what is required is high quality implementation, especially for the poorest citizens. According to Dr Robert Pattinson, report author and Director of Maternal and Infant Health Care Strategies Unit, Medical Research Council, “providing quality care means doing the right thing right, right away.”

Saving Lives

Many of these lives could be saved - over 40 000 lives each year - if well-known solutions are implemented.

“A new analysis for this report revealed that at least 40 200 babies and children could be saved every year if high-impact interventions reached all families in South Africa. A high proportion of women’s lives would also be saved with more investment in the same solutions that save the lives of babies and children.”

Dr Joy Lawn, report author and Senior Policy and Research Advisor for Save the Children USA.
Experts available for interviews

- Prof Mickey Chopra, Director of Health Systems Research Unit, Medical Research Council. mickey.chopra@mrc.ac.za
- Dr Robert Pattinson, Director of Maternal and Infant Health Care Strategies Unit, Medical Research Council. Robert.Pattinson@up.ac.za
- Dr Sithembiso Velaphi, Neonatalogist, University of the Witwatersrand. velaphisc@medicine.wits.ac.za

The recent investigations into mortality at Frere Hospital and the lack of essential equipment at Chris Hani-Baragwanath Hospital reveal that more can be done, and that everyone has a role to play in ensuring the best care for South Africa’s future.

Not all of the solutions can be found in the health system. Poverty is an important underlying cause of death related to each of the ‘Big Five’ health challenges. Consistent leadership and accountability to address cross-cutting health system and equity issues is required.

Steps to Action

Success stories exist, involving South Africans using audit data to make a difference in healthcare provision.

For example in Witbank Hospital, Mpumalanga, when Saving Children audit data indicated that only 15% of mothers agreed to be tested for HIV, counselling practices were investigated. The low testing rate was thought to be due to poor understanding of HIV on the part of both counsellors and mothers, and because only group counselling was offered with no opportunity for confidentiality. With a change in the local protocol for HIV testing and improved counselling skills, healthcare providers were able to see an increase in HIV testing for mothers and reduced child deaths.

This is just one example demonstrating that everyone has a role to play - government officials and policy makers, health managers, healthcare providers, and communities must all take steps to provide every woman, newborn and child with essential care. Dr Mark Patrick, report author and paediatrician at Grey’s Hospital, Pietermaritzburg, believes that

“We all need to use our talent to improve the quality of care that mothers, babies and children receive in South Africa. By doing this, at the very least, we can honour those of our country’s people who died earlier than they should have.”

Every Death Counts presents recommendations and strategies to address the most pressing problems, but these words must be fully implemented if South Africa is to see a reduction in maternal, neonatal and child mortality, for every death to truly count and be counted.

Left: An expectant mother seeks antenatal care early in pregnancy in preparation for a healthy pregnancy and safe delivery.

Right: An expectant mother and her husband prepare for a safe delivery.

Credit: Chris Taylor/Save the Children, 2008

Proper equipment is essential during delivery. Health care devices, like the wind-up fetal heart rate monitor (left), must be robust, easy to use, inexpensive, and offer alternative power sources.

Credit: Chris Taylor/Save the Children, 2008

A doctor examines a dehydrated infant at a Durban hospital.

Credit: Marilyn Keegan, COHSASA / Photoshare, 2005

A newborn baby delivered at Mowbray Maternity Hospital in Cape Town.

Credit: Chris Taylor/Save the Children, 2008

Mothers practices Kangaroo Mother Care with their newborn babies at Barberton Hospital, Mpumalanga. Kangaroo Mother Care is a simple way to care for small babies, saving lives and enabling mothers to go home sooner with their newborns.

Credit: Anne-Marie Bergh

A volunteer student doctor examines a young child inside a mobile clinic in Cape Town.

Credit: Sangini Shah / Photoshare, 2005

Dr Mark Patrick, Saving Children editor and paediatrician at Grey’s Hospital, Pietermaritzburg. mark.patrick@kznhealth.gov.za

Dr Joy Lawn, Senior Policy and Research Advisor for Saving Newborn Lives/Save the Children US. joylawn@yahoo.co.uk

Dr Ngashi Ngongo Chief, Health and Nutrition Section, UNICEF South Africa. nngongo@unicef.org
PHASA endorsed the WFPHA letter concerning the situation in Zimbabwe and its effect on the health of its citizens, as well as the ability of health and humanitarian aid workers to provide care and assistance to those in need.

May 9, 2008

Ban Ki-moon
Secretary General
United Nations
First Ave. at 46th St.
New York, NY 10017

Alpha Oumar Konare
Chairperson
African Union
P.O. Box 3243
Addis Ababa, Ethiopia

Dear Secretary General Ban Ki-moon and Chairperson Alpha Oumar Konare:

On behalf of the World Federation of Public Health Associations (WFPHA), the only worldwide professional society representing and serving the broad area of public health, as distinct from single disciplines or occupations, I write to express my concern about the situation in Zimbabwe and its effect on the health of citizens, as well as the ability of health and humanitarian aid workers to provide care and assistance to those in need. Founded in 1967, the WFPHA and its 73 member organizations across the globe have a long-standing commitment to equity and social justice in health. Our membership is committed to promoting global health and protecting the health of all citizens of the world from preventable, serious health threats.

Since the election in Zimbabwe on March 29, 2008, credible reports from human rights organizations, medical organizations, embassies in Zimbabwe, and journalists, as well as sworn statements by citizens of Zimbabwe, have demonstrated that the government and ruling ZANU-PF party have inflicted terror, violence and intimidation against individuals associated with the opposition Movement for Democratic Change or citizens who might in the future vote for the opposition. The violence has included beatings and other forms of physical assault, burning of homes and villages, and torture.¹

As of April 23, 2008, the independent, non-partisan Zimbabwean Association of Doctors for Human Rights (ZADHR) has evaluated 323 individuals who were physically assaulted by government and government-sponsored forces since April 1, and these cases only represent a fraction of the assaults. ZADHR found many cases of fractures, soft tissue injuries, hematomas, and falanga, the last a form of torture in which bars or sticks are used to beat a person’s feet and which can cause life-long disability.²

⁴ Zimbabwe health minister accused as terror campaign reaches hospital wards, Times Online, April 29, 2008. http://www.timesonline.co.uk/tol/news/world/africa/article3835622.ece

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Moreover, health and humanitarian aid workers are also being targeted and prevented from providing medical care and other forms of aid to citizens associated with the opposition. The UN High Commissioner for Human Rights, Louise Arbour, has expressed “concern about reports of threats, intimidation, abuse and violence directed against NGOs, election monitors, human rights defenders and other representatives of civil society.”

In April 2007, the World Federation of Public Health Associations (WFPHA) condemned assaults and torture on peaceful demonstrators in Zimbabwe and the denial of medical care to persons suffering injuries as a result. The situation in Zimbabwe is of special concern to the WFPHA, as one of our member associations, the Canadian Public Health Association (CPHA), has had programmatic ties with Zimbabwe since the late 1980s. The CPHA supported the Zimbabwe Public Health Association (ZPHA) in its efforts to strengthen that country’s public health capacity in the 1990s and also supported several NGOs and the Ministry of Health in Zimbabwe in their efforts to expand and improve the effectiveness of the country’s Expanded Program on Immunization (EPI). Since 1991, CPHA, through the Southern African AIDS Training Program, has supported many Zimbabwean NGOs and community-based organizations to build organizational capacity and to contribute to the design and implementation of local HIV/AIDS prevention, care, support and treatment activities within their respective communities.

The WFPHA urges the United Nations and the African Union to condemn the violence inflicted by the government of Zimbabwe and its proxies on citizens of that country and to take all steps needed to protect people from assault, to assure respect for the rule of law, to meet the health and humanitarian needs of the people of Zimbabwe, and to protect organizations in Zimbabwe working to protect health and human rights.

Further, the WFPHA and its member, the CPHA, are committed to identifying how our organizations might contribute, once the situation permits it, to rebuilding the public health system in Zimbabwe and to also rebuild the ZPHA. The WFPHA, along with the undersigned national public health associations, express their solidarity with their Zimbabwean counterparts and to all the people of Zimbabwe in getting through the difficult times and to lead a healthy life through the expression of their public health rights.

Sincerely,

[Signature]

S.M. Asib Nasim
S.M. Asib Nasim, M.D., MPH
President

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4 World Federation of Public Health Associations Condemns Human Rights Abuses in Zimbabwe. Statement by Dr. S.M. Asib Nasim, President, and Barbara Hatcher, Interim Secretary General, April 27, 2007.
The Birchwood National Consultative Health Forum Declaration on Primary Health Care

We, the members of the National Consultative Health Forum, representing government, public and private health sectors, statutory bodies, academic and research institutions, community organisations, civil society, non-governmental organisations and organised labour, in our meeting Primary on Health Care at Birchwood Conference Centre, Gauteng Province, held on 10-11 April 2008, to commemorate the 30th anniversary of the Alma Ata Declaration, hereby:

Note:
1. the achievements that have been made in the implementation of the Alma Ata declaration globally, including improving access to Primary Health Care (PHC) services and equitable allocation of resources.
2. the Kopanong Declaration on Primary Health Care in 2003 which, inter alia, resolved to implement concrete strategies and processes, with clear targets, to reduce inequities in the allocation of resources for primary health care with a focus on both horizontal and vertical equity.
3. that there have been many achievements in the delivery of Primary Health Care services in South Africa, but there are still many challenges, including availability of adequate human resources for health, improving quality of care, strengthening district management and community participation.

Reaffirm:
1. our commitment to the principles in the Declaration of Alma Ata, adopted in September 1978.
2. that health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, and that access to healthcare is a fundamental human right. The attainment of the highest possible level of health is a most important worldwide social goal whose realisation requires the action of many other social and economic sectors in addition to the health sector.

Resolve:
That the revisioned and revitalised Primary Health Care strategy for South Africa will include:
1. advocating for an increase in the resource allocation for PHC, by at least doubling the current per capita expenditure over the next ten years.
2. better alignment at district level of key interventions that impact on health, notably provision of water and sanitation, early childhood development, recreational programmes, health education and other activities that focus on encouraging healthy lifestyles especially amongst the youth.
3. strengthening the role, responsibilities, authority and accountability of the district health management team so as to achieve improved health outcomes.
4. strengthening the health information system to generate good quality data for monitoring health outcomes and informing decision making.
5. strengthening national and provincial support to districts as well as ensuring that provincial managers are accountable for PHC outcomes.
6. strengthening various models including those that focus on a catchment population and further explore a South African model for the delivery of comprehensive PHC services.
7. maximising the benefit of political leadership in supporting the provision of health care and the positive impact of healthy lifestyles.
8. ensuring that PHC provided by the private health sector is made more affordable to the public.
9. improving the provision of support by hospitals to comprehensive PHC to strengthen continuum of care.
10. re-orientating all health workers and managers to the PHC approach.
11. the PHC approach in the training of health workers to ensure their appropriate professional socialisation.

We, the delegates gathered here, therefore undertake to use every opportunity to ensure that progress is made in improving the health status of all those who live in South Africa.


GEOSS Symposium, Brazil

The Group on Earth Observation (GEO) Symposium was held in Brazil in September 2007. Sixty-six participants from twelve countries attended the meeting.

What are GEO and GEOSS?
The Group on Earth Observations (or GEO) is coordinating international efforts to build a Global Earth Observation System of Systems (GEOSS). This emerging public infrastructure is interconnecting a diverse and growing array of instruments and systems for monitoring and forecasting changes in the global environment. This ‘system of systems’ supports policymakers, resource managers, science researchers and many other experts and decision-makers.

The WFPHA and GEO
The World Federation of Public Health Associations (WFPHA) applied for membership into GEO as a means to serving public health in general. Membership will broaden possibilities of tracking environmental sustainability, combating emerging and re-emerging diseases, being prepared for disasters, nutritional disorders and other health related issues.

WFPHA contributed to the session on public health, and a primary outcome of this discussion involved the development of clear conclusions about how GEOSS and the public health community can strengthen their relationships to ensure effective and efficient production and use of geospatial information, both domestically and globally.

WFPHA’s application was reviewed and approved during the following board meeting in Cape Town.
The World Federation of Public Health Associations (WFPHA) received notification that it had been recognised as a participating organisation in the Group on Earth Observations (GEO). This was announced on 28 November 2007 at the GEO-IV Plenary Session in Cape Town, South Africa. The GEO is coordinating efforts to build a Global Earth Observation System of Systems, or GEOSS. The WFPHA was enthusiastically welcomed as a participating organisation and is expected to make major impact on key areas within the Health Societal Benefit Area.

GEO was launched in response to calls for action by the 2002 World Summit on Sustainable Development and the G8 (Group of Eight) leading industrialised countries. These high-level meetings recognised that international collaboration is essential for exploiting the growing potential of Earth observations to support decision making in an increasingly complex and environmentally stressed world.

GEO is a voluntary partnership of governments and international organisations. It provides a framework within which these partners can develop new projects and coordinate their strategies and investments. As of November 2007, GEO’s Members include 72 governments (including South Africa) and the European Commission. In addition, 46 intergovernmental, international, and regional organisations with a mandate in Earth observation or related issues have been recognised as Participating Organisations.

GEO is constructing GEOSS on the basis of a 10-Year Implementation Plan for the period 2005 to 2015. The Plan defines a vision statement for GEOSS, its purpose and scope, expected benefits, and the nine ‘Societal Benefit Areas’ of disasters, health, energy, climate, water, weather, ecosystems, agriculture and biodiversity. For further information, please see the GEO website: http://www.earthissions.org/.

WFPHA President S.M. Asib Nasim said that this is an exciting opportunity for the Federation to use its collective expertise. Over the years to come, the WFPHA will contribute to the world’s improved understanding of how the environment affects human health and well-being.

WFPHA Press Release, December 26, 2007

The World Federation of Public Health Associations is an international, nongovernmental, multi-professional and civil society organisation bringing together public health professionals interested and active in safeguarding and promoting the public’s health through professional exchange, collaboration, and action. Founded in 1967, it is the only worldwide professional society representing and serving the broad area of public health, as distinct from single disciplines or occupations. The Federation’s members are national and regional public health associations, as well as regional associations of schools of public health presently numbering more than 70.

WFPHA Joins GEO

‘The Slave has Overcome’: William Pick’s remarkable personal story

Professor William Pick’s autobiography, The Slave has Overcome, is now available. It traces his ancestry from a freed East African slave and the earliest Khoisan groups at the Cape, and tells the story of his childhood and schooling on the Cape Flats. His first encounters with apartheid, his increasing conscientisation and activism, with its attendant risks and some narrow escapes, are described in vivid detail. As one of the youngest graduates in medicine at the University of Cape Town, his career followed an extraordinary trajectory from family practice in Ravensmead, through academic Public Health, to the headship of the University of the Witwatersrand’s School of Public Health and ultimately the interim Presidency of the South African Medical Research Council. He describes the agony of declining a personal professorship at the University of Cape Town and moving to the University of the Witwatersrand, and marvels at the unique opportunity to contribute to national health policy. The account of the time spent in England and at Harvard in the USA, provides interesting insights into his international academic activities, and his honest and outspoken account of the struggle for a nonracial, non-sexist, equitable South Africa in academia and public institutions makes for compelling reading.

“……..remarkable accomplishment of a descendant of the historically repressed indigenous Khoisan people…..”

Mervyn Susser, Sergievsky Professor of Epidemiology, Columbia University, New York.

“William Pick’s remarkable personal story in 20th century South Africa is not one of meek submission to fate ….”

Michael Reich, Taro Takemi Professor of International Health Policy, Harvard University, Boston.

Price: R159

Enquiries: pickwm@mweb.co.za

or A106 Dolphin Beach, 1 Marine Drive, Table View 7441

or tel 021 556 5678; fax 086 648 1473
Dr. Ivan Toms (1953-2008)

We publish an obituary from the Treatment Action Campaign (TAC) on Dr. Ivan Toms - Peoples’ Doctor, Apartheid War Resister, Gay Activist, Public Health Official and PLWHA Friend

The Treatment Action Campaign (TAC) mourns the premature and sudden death of Dr. Ivan Toms, the head of City Health in the Cape Town Metro. Ivan was known to many TAC leaders since the early 1980s. We remember Ivan as a friend, comrade, gay activist and public health official.

Ivan Toms was a courageous doctor at the SACLA Clinic in Crossroads who resisted forced removals, military incursions and pass law enforcement in townships. He became a conscientious objector in the Conscientious Objector Support Group and the End Conscription Campaign (ECC) who served time in prison for refusing to serve in the apartheid army. He was also a doctor who volunteered his time for the free clinic run by the Bellville Community Health Projects in the 1980s.

Ivan was as a leader in OLGA, the Organisation of Lesbian and Gay Activists - an affiliate of the United Democratic Front (UDF). He was a founder of the Progressive Primary Healthcare Network. Ivan was also a pioneer of HIV prevention work.

Recently, as head of City Health in the Cape Town Metro, Ivan regularly attended TAC Western Cape planning meetings and through Dr. Virginia Azevedo developed a partnership with TAC’s model district in Khayelitsha. Key to joint work between City Health and TAC Khayelitsha is HIV prevention work with the distribution of more than 9 million condoms in the community in 2007. Joint work by TAC, City Health, the Provincial Health Department, MSF and others as partners on TB increased the cure rate from 53% to 68%. City Health also increased the number of antiretroviral roll-out sites.

Fredalene Booyens (TAC Western Cape Co-ordinator) said: “The death of Dr. Toms has saddened all of us. TAC will ensure that he is remembered through the prevention of HIV and TB infections, treating both illnesses, improving maternal and child health, and building a quality public health system.”

Mandla Majola (TAC Khayelitsha) said: “Ivan Toms will be remembered as a peoples’ doctor who cared deeply about working class and poor communities, as well as, marginalized groups. People living with HIV/AIDS have lost a friend and our communities a doctor who cared. He still had much work to do in our country.”

Zackie Achmat (TAC Deputy General-Secretary) said: “I met Ivan Toms in 1982, he was always committed to public health. He was an energetic, humorous and dedicated activist. Anti-apartheid activists will mourn his premature death.”

The Treatment Action Campaign extends condolences to his family, friends, comrades and colleagues.

Issued by: Vuyiseka Dubula (TAC General-Secretary)

A WHO plan for Burn Prevention and Care

Burns constitute a major public health problem, especially in low- and middle-income countries where over 95% of all burn deaths occur. Fire-related burns alone account for over 300 000 deaths per year, with more deaths from scalds, electricity, chemical burns and other forms of burns. However, deaths are only part of the problem; for every person who dies as a result of their burns, many more are left with lifelong disabilities and disfigurements. For some this means living with the stigma and rejection that all too often comes with disability and disfigurement.

In high-income countries, much has been achieved in terms of reducing the burden of injury from burns. Implementation of proven interventions, such as smoke detectors, regulation of hot water heater temperature and flame retardant children’s sleepwear, has meant that mortality rates from burns have steadily declined over the past 30-40 years. However, such strategies have yet to be widely applied in low- and middle-income countries. The goal is to promote the development of the spectrum of burn control measures, to include improvements in burn prevention and strengthened burn care, as well as better information and surveillance systems, and more investment in research and training.

We hope that the broad-based strategic plan presented in this document will catalyse burn prevention and care efforts globally and will assist the many people and agencies worldwide who are currently working to prevent burns and improve the care of burn victims in their communities.