



# College of Public Health Medicine

## NEWSLETTER

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### Message from the President of the College of Public Health Medicine

This has been a busy year for the Council of the College of Public Health Medicine. In addition to our normal activities, Council took a decision early in the year to hold our inaugural eponymous lecture at the 2022 PHASA Conference. The inaugural Pholela Lecture was delivered virtually by Prof. Lilian Dudley at the CPHM plenary session at the PHASA Conference. It was titled “Community Oriented Primary Care (COPC): building on social medicine in South Africa” and stands out as a highlight of 2022. Our plenary session also highlighted the important evidence-based work done by CPHM during the COVID-19 pandemic with Dr Nandi Siegfried providing an overview of the development of the CPHM COVID-19 guidance documents.

CPHM also hosted three other organised sessions during the conference. Our FCPHM(SA) Curriculum and Assessment Subcommittee hosted a workshop on the work they have been doing related to the FCPHM(SA) curriculum. The workshop elicited valuable feedback for Dr Harsha Somaroo and her subcommittee from the specialists and registrars in attendance. A career pathing panel discussion convened by our Membership Subcommittee identified key action areas which Dr Shrikant Peters highlights in his overview later in the newsletter. Our Division of Occupational Medicine hosted a panel discussion on strengthening occupational health systems. This session resulted in a position statement which is included in this newsletter. From a personal perspective, it was great to engage with members of Council and the broader College in person for the first time since the start of our triennium in 2020. We have included some photos from the Conference in this newsletter but do login to our [Linkedin](#) page where you will find additional photos.

In 2022, we continued to strengthen our assessment practices. The second semester FCPHM(SA) exams saw the introduction of our long-anticipated objective structured practical examination (OSPE). This required we use 16 examiners in addition to the convenor and

moderator which is double the number of examiners we would normally need. I would like to thank all the colleagues who made themselves available for this task as well as Prof. Leslie London as convenor for managing this logistically demanding undertaking. Our preparation for the first semester 2023 examinations are well underway which we will see significant changes to the FCPHM(SA) written component.

One of our priority areas identified for 2023 is to prepare for the rollout of our Higher Diploma in Medical Management. This qualification has been awaiting approval by the HPCSA for several years. Our understanding from CMSA is that there is reason to be optimistic that this may come through quite soon. We have, therefore, decided to establish a fifth subcommittee viz. Curriculum and Assessment Practices (H Dip Med Man (SA)) to prepare for implementation. The new subcommittee will be chaired by Dr Shrikant Peters supported by Dr Kerrin Begg who was involved with the initial work on this qualification. In order to allow Dr Peters and Dr Begg to focus on the Diploma, Prof. Mary Kawonga will now chair our Membership Subcommittee and Prof. Rene English will chair our Evidence-based Advocacy Subcommittee.

Wishing everyone a relaxing December and we look forward to engaging further in 2023!



**Dr Saiendhra Moodley**  
President, College of Public  
Health Medicine

# A word from the Occupational Medicine Desk

*Professor Shahieda Adams*

## Occupational Medicine at PHASA

The PHASA Conference was held in eThekweni, KwaZulu-Natal in September this year. In keeping with the theme of “Building Back Better”, it was an opportunity for the Occupational & Environmental Health fields to highlight their extensive work conducted during the pandemic and the recent flooding disaster in KZN.

The Occupational Medicine Division held a successful panel session with an aim to identify high level interventions to strengthen the occupational health system in South Africa based on the experiences of the responses to the COVID-19 pandemic, and in the context of the experienced Occupational Medicine specialists with extensive experience of working on various governmental organisations and task teams during the Covid 19 pandemic. The conference also

highlighted the work of emerging young researchers in the field of Occupational and Environmental Health by means of two abstract sessions respectively. The abstract sessions were both informative and inspiring as we were exposed to the excellent research that individuals in the field are engaged in.

The Occupational Medicine Division within the College has instituted the planning of an Occupational & Environmental Health Special Interest Group (SIG) within PHASA. The aim of this SIG will be to develop and strengthen strategies to focus on and mitigate the increasing burden of occupational and environmental health diseases nationally and globally.

We hope that future PHASA conferences can now be used as a means to raise awareness of occupational health matters that are becoming increasingly relevant globally.



*Prof. Rajen Naidoo, Dr. Sujatha Hariparsad, Prof. Muzimkhulu Zungu, Dr. Itumeleng Ntatamala, Prof. Mohamed Jeebhay*

## ***UKZN actively collaborating in research initiatives in occupational and environmental health research***

Thor Chemicals has been gaining widespread media attention over the recent years regarding mercury poisoning within the Cato Ridge community and their ex-workers. The Compensation Fund (DoEL) approached the Discipline (UKZN) to collaborate on a project to assess work related disorders among mercury exposed ex-Thor Chemicals employees for the purposes of determining qualification for benefits in terms of the Compensation for Occupational Injuries and Diseases Act (COIDA). A multi-disciplinary team has been assembled to address these concerns and assist with reaching closure on this matter for the ex-workers and their families.

Profs Saloshni Naidoo and Rajen Naidoo are

participating with colleagues from the Universities of Gothenburg, Birmingham, Zimbabwe and eSwatini in a project on *heat stress among agricultural workers*. Through funds by the Swedish Research Agency, the first of a three week-long courses was organized in eSwatini from 7<sup>th</sup> to 11<sup>th</sup> of November 2022, bringing together researchers, academics and industry stakeholders from Zimbabwe and eSwatini.

Prof Rajen Naidoo was invited by the Nordic Institute for Advanced Training in Occupational Health (NIVA) to present at their course, “*Occupational Respiratory Diseases – Prevention and Risk Factors*” in Gothenburg, Sweden on the 10<sup>th</sup> – 13<sup>th</sup> of October 2022.

UKZN would also like to congratulate Dr Rosebud Nyadizo Mandimika on successfully passing her College exams and we welcome her into the fraternity.

## University of Cape Town MMed training overview

A review of the MMed programme at UCT revealed the following statistics in terms of its contribution towards training occupational medicine specialists since 2004. To date UCT has graduated 13 (38%) of the total of 34 nationally (21 female; 62%; 13 male; 38%).

Among these graduates, UCT registered students were awarded the 5 medals for the best student in the national examinations over this period. Among the 13 trained by UCT, 7 (54%) were provincially funded and 6 (46%) were supernumerary; 7 (54%) were women and 6 (46%) were men; 10 (77%) students were from designated groups.

Congratulations are conveyed to Dr Zahida Sondag for successfully passing her College examinations. We wish her excellence and success in her future endeavours.

## University of Stellenbosch

Dr Fredrick Weinand successfully passed his CMSA examinations. He returned to Tanzania and is most likely to take up employment in the mining sector there.

## Occupational Medicine Mailing List

The current CPHM database does not distinguish between public health medicine and occupational medicine specialists. The Occupational Medicine Division would like to develop a mailing list for occupational medicine specialists to receive additional occupational medicine specific content. Occupational medicine specialists wishing to be part of this mailing list should e-mail Dr Sujatha Hariparsad at [HariparsadS1@ukzn.ac.za](mailto:HariparsadS1@ukzn.ac.za).

## Curriculum and Assessment Practices for the FCPHM(SA): Sub Committee Workshop at the PHASA 2022 conference

*Dr Harsha Somaroo*

The College of Public Health Medicine (CPHM) invited the FCPHM Curriculum and Assessment Practices (CAP) subcommittee to hold a consultative workshop at the PHASA 2022 conference. This was held on Sunday, 11 September 2022 and attended by PHASA conference attendees and other CPHM members who were able to join. It was a wonderful occasion where the PHM community met in-person after some time, engaged on the curriculum review presentations from FCPHM CAP subcommittee members, and shared their thoughts on the outcomes thus far.

The subcommittee shared progress on the first phase of the curriculum review process i.e. the curriculum mapping exercise. The 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 it was likely to be a core or non-core aspect for the revised curriculum, based on perspectives on 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.

The workshop provided an ideal space for the broader PHM community to provide valuable feedback on the different domain presentations, which the subcommittee will now consider as the domain mapping is finalised and the committee moves on to the next phases of the curriculum review process.



# Career Pathing and Membership

*Dr Shrikant Peters*

The Career Pathing Sub-Committee hosted a session on Career Pathing in Public Health Medicine at PHASA 2022. It was well attended by public health medicine specialists and others in attendance at the Conference.

A panel of Specialists of differing levels of experience were asked to weigh in on the issue of standardized career paths for South African PHM Specialists, given their experiences. Discussions centred on four main areas: Career Pathing from junior to senior positions in Public Health Medicine, advocacy for Public Health

(marketing and external relations)

- How do we attract people to the specialty? (junior career pathing)
- Where should we be based? (advocacy for consultant posts)
- Who should we work with? (defining and describing public health workforce and our role therein).



*Dr Thabiso Makola, Dr Atiya Mosam, Prof. Noddy Jinabhai, Prof. Eric Buch*

Medicine in political and technical decision-making spaces, cognizance of the intense period of change which the health system is undergoing, and will continue to undergo, and the need to conceptualize public health medicine within the broader general public health workforce, as is being outlined by the WHO's Road Mapping exercise for the Essential Public Health Functions.

The following questions and action areas emanated from the session, for the Career Pathing Sub-Committee and the community in general to consider:

- Who are we and what value do we bring? (curriculum and competencies)
- How do we sell ourselves to decision makers?

The next set of Sub-Committee activities will emanate from these areas, and will include:

- Conducting of a survey of all PHM specialists' interest and expertise areas, both active and defaulted
- Engagement with the District Health System Strategy Team tasked to develop new DHMO structures
- Strengthening links with the WHO Country Office for greater collaboration and strengthening of local public health structures in districts and provinces

# Update: WHO Road Map for Developing the Public Health And Emergency Workforce

—Dr Atiya Mosam

In May 2022, the World Health Organisation (WHO) and partners (including CPHM) launched a [road map](#) to guide countries in their endeavours to strengthen the public health and emergency workforce. In order to operationalise this roadmap, a first Steering Committee meeting was in October 2022.

The meeting aimed to promote the implementation of the Roadmap and Action Plan in order to

develop, test and improve WHO's existing guidance and tools for country application and;

achieve the milestone of national benchmarking in more than 100 countries by May 2024.

The three-day hybrid meeting included partners involved in the development of the roadmap as well as those who endorsed the roadmap post launch. The range of institutions included Association of Schools of Public Health in various regions, Centers for Disease Control and Prevention in various regions, the Global Network for Academic Public Health (GNAPH), Health Education England, Public Health Networks and Institutes, Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), United Kingdom Health Security Agency (UKHSA), Universities, WHO Collaborating Centre for Public Health Education and Training and WHO Regional Offices. Along with CPHM, the African region was represented by the Africa Centres for Disease Control and Prevention (Africa CDC), the Association of Schools of Public Health of Africa (ASPHA), and Seed Global Health.

Meeting outcomes included

1. Consensus on the functions and scope of work of the Steering Committee
2. A detailed review of progress across the five action areas and identification of next steps. These action areas are:
  - a. Defining the Essential Public Health Functions (EPHFs), subfunctions and services
  - b. Competency-based education (CBE)
  - c. Mapping and measurement of occupations
  - d. Knowledge translation and dissemination
  - e. General coordination

3. An evolving engagement strategy to develop a global network of partners and stakeholders, particularly with respect to global governance initiatives such as the Intergovernmental Negotiating Body, the Pandemic Fund, G7 preparedness pact, UNGA high-level meeting on pandemic preparedness, prevention and response.
4. Identification of WHO and partners' contributions and opportunities for resource mobilization for the implementation.



**The Roadmap Steering Committee. Photo credit: WHO**

CPHM is currently involved in the following activities: co-chair of Workstream 1 related to the EPHFs and contribution to Workstream 2 on CBE as part of the technical working group (TWGs). Opportunities for CPHM members to be involved in TWGs and peer-review networks are anticipated and will be communicated as they arise.

Other work related to the roadmap with specific relevance to South Africa includes discussions to develop an approach to operationalise this roadmap in our context as well as to connect to other regional and global initiatives and organisations such as the AU Health Workforce Task Team established by President Cyril Ramaphosa, the Intergovernmental Negotiating Body co-chaired by Ms Precious Matsoso, Africa CDC and WHO SA.

The CPHM community will be kept abreast of any developments regarding the implementation of the roadmap and opportunities for CPHM member engagement.

For more information, e-mail [atiya.sph@gmail.com](mailto:atiya.sph@gmail.com)

# Position Statement: Strengthening Occupational Health Systems in the post COVID-19 and the State of Disaster era in South Africa – strategies for the road ahead

## Background and Introduction

South Africa has emerged from the COVID-19 pandemic with major impacts on communities – from loss of family members, severe disabilities and considerable economic consequences. During the pandemic, South Africa called on its workers to be on the frontline to protect the health of people and communities, or ensure that our factories, mines, educational institutions, markets and commercial centres continued to drive the economy. This placed workers in many economic sectors at risk of being infected, and a considerable number experiencing the more severe forms of the disease. Stakeholders in various occupational contexts responded in a variety of ways.

In keeping with Conference theme “Building Back Better”, the overall purpose of the panel was to identify high level interventions to strengthen the overall occupational health system in South Africa that will promote and protect the health of all workers in the country, based on the experiences during the COVID-19 pandemic.

## Purpose of this position statement

1. *To report on the pre-pandemic deficiencies in occupational health (OH) in South Africa and strategies that emerged during the pandemic to address these shortcomings.*
2. *To emphasise the need for a strengthened, sustainable, and integrated OH services across all sectors (formal and informal, public and private) in the country.*
3. *To recommend new and innovative paradigms for implementation within occupational health whilst promoting and strengthening intersectoral collaboration.*

## Occupational Health Status in the period before the pandemic

Research has shown that, at best, only 20% of SA workplaces have occupational health services, and these are generally available within larger workplaces.<sup>1,2</sup> Workers in the public sector (other than health workers), small enterprises, and the informal economy have limited access to OH services.<sup>3</sup> Although SA already has reasonably progressive OH legislation, it is poorly enforced. In addition, the legislative framework in the country is extremely fragmented, with the Department of Minerals Resources and Energy responsible for monitoring and of OH on mines and works while the Department of

Employment and Labour is responsible for the same in other workplaces. The latter Department is responsible for compensation of workers, but mining related respiratory diseases are compensable through processes within the Department of Health, which is also responsible for providing occupational health services only for health workers.

## The impact of the pandemic on workplaces

This fragmentation, poor enforcement of legislation and lack of services for the majority of workers impacted negatively on workplaces as the pandemic unfolded. Employers failed to respond to legislation and guidelines, mostly because of the lack of capacity at a workplace level. Furthermore, differential responses to protect workers meant that certain categories of workers, such as health workers and miners, were better protected whilst others were neglected – especially those in small and medium enterprises (SMMEs) and the ever-growing informal economy. There was an absence of worker understanding, limited behavioural change, and apprehensions regarding COVID-19 infection, severe disease, effective prevention measures and no coherent plan for return of affected workers back to work. Many work sectors, including retail, small businesses and mining, reached out for additional technical support and assistance.

## The national response relating to Occupational Health

Several drivers contributed to the development of multidisciplinary OH teams of experts in various government agencies during the pandemic. Some of these include recognition of the pending disaster, lack of OH capacity for ground-level implementation and strong coordination for OHS teams with rapid responsiveness. The national Department of Health, the Department of Employment and Labour, and Department of Minerals Resources and Energy, together with academic institutions, NIOH, tripartite structures such as NEDLAC and professional bodies such as SASOM, SASOHN and SAIOH formed a national OH Task Team. Trade unions and worker organisations also had direct involvement pertaining to areas of concern, a significant issue being workplace trust in PPE provided and COVID-19 vaccine hesitancy.

## Strengthening Occupational Health systems in South Africa

The need for equitable and sustainable OH service delivery integrated across both public and private sectors

## Position Statement continued....

covering formal and informal workers beyond the COVID-19 pandemic was identified. It has been a longstanding challenge and requires transparency with broad collaborative engagement to protect workers' health. It is widely accepted that an organised effort for service delivery must involve the Departments of Health, Employment and Labour, Minerals and Energy and Environmental Affairs. Participation of local municipalities in this initiative is crucial to address OH service delivery in the informal economy. A paradigm shift is needed where multidisciplinary teams that investigate and address future outbreaks should have the necessary expertise, such as Environmental Health Practitioners that can assist in workplace interventions.

A platform for identifying occupational diseases, disability and rehabilitation needs to be created to address the impact of the pandemic on the current occupational health system. Post COVID-19 condition or 'Long COVID' represents a unique challenge in developing guidelines for fitness to work and occupational disease compensation.

To overcome fragmented and under-resourced OH systems, a monitoring and response system with clearly defined roles and responsibilities at multiple levels is proposed. This should include the establishment of 1) a technical framework to address OH emergencies, 2) a surveillance system with access to dynamic data to assess the impact of policies and interventions in workplaces, 3) integration of occupational health within the public sector health services, and 4) an independent OH coordinating authority to pool resources and strengthen networks for addressing challenges. In addition, the DOEL requires capacitation to enforce technical aspects of legislation. A medical inspectorate is also needed for non-mining

industrial sectors, akin to the structure that exists for mineworkers.

### Conclusion

In summary, to protect workers' health, enablers needed for OHS include strengthened resources, a deliberate and strengthened role for health departments, access to information, collaborative and responsible teams, workplace interventions, surveillance, inspection and enforcement. Although the COVID-19 pandemic was a major threat to OHS systems, our resilience, responsiveness, and ability to innovate were evident. These lessons learnt must not be forgotten, and the momentum for establishing and improving OHS systems must be sustained.

### STATEMENT AUTHORS

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### References

1. Jeebhay M, Jacobs B. Occupational health services in South Africa. South African health review. 1999;29(19):257-76
2. Rantanen J, Lehtinen S, Valenti A, Iavicoli S. A global survey on occupational health services in selected international commission on occupational health (ICOH) member countries. BMC public health. 2017;17(1):787.

### 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\\_page.aspx?PageID=26](https://www.cmsa.co.za/view_page.aspx?PageID=26)

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# Holding the Flag High for Public Health Medicine

Dr Muzzammil Ismail, a public health medicine registrar, from the University of Cape Town has been recognized this year on both a national and an international stage for his significant contribution to the field of Public Health.

During his time as a registrar he had made contributions to district, provincial, and national level planning and managed to harness the knowledge garnered through health systems research, policy and systems thinking and applied it in several innovative ways including: Establishing an award-winning provincial level COVID-19 communication platform to garner public trust and confidence and directly influence cross sector planning and behaviour, to translating evidence to inform service redesign and improve the performance of the health system through a data-driven telemedicine programme and model that attracted global recognition by the [Schmidt Futures Foundation](#). Perhaps most importantly he was able to demonstrate evidence-based advocacy for alcohol regulation that translated into policy implementation and protected health services during one of the worst COVID-19 waves in the country.

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 particularly in developing contexts. He believes that it is our public health responsibility to unlock this potential and subtly weave it into the daily fabric of healthcare delivery.

Based on both this passion and the contribution he has

made to the space he was awarded the national PHILA Emerging Practitioner Award 2022 by the Public Health Association of South Africa (PHASA) at the PHASA 2022 Conference in September in Durban. Furthermore, he was also awarded the international HPSR (Health Policy and Systems Research) Societal Award in the Young Professional category, for outstanding promotion of HPSR knowledge generation and use or advocacy of the field. This latter award was presented in November in Bogotá, Colombia at the HPSR/HSG (Health Systems Global) 2022 Conference.

We congratulate Dr Ismail and wish him well in his endeavours to continue championing innovation, health system improvement and policy strengthening in the country.



*Dr Muzzammil Ismail congratulated by Prof Eric Buch, CEO of the Colleges of Medicine of South Africa*

## Public Health Medicine Job Opportunities

### Limpopo Department of Health

PHM Specialists X 2

Closing Date: Open

Contact: Dr Tumi Malatji

[tumimalatji79@gmail.com](mailto:tumimalatji79@gmail.com)

### University of KwaZulu-Natal

Principal Specialist

Deadline: 15 December 2022

Contact: Prof. Saloshni Naidoo

[Naidoos71@ukzn.ac.za](mailto:Naidoos71@ukzn.ac.za)

### Walter Sisulu University

PHM Specialist/Senior Lecturer X 2

Closing date: Open

Contact: Prof. Francis Hyera

[fhyera@wsu.ac.za](mailto:fhyera@wsu.ac.za)



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# New Fellows

CPHM would like to welcome its new Fellows who recently passed the 2022 Second Semester Fellowship Exams.

## *Occupational Medicine*

**DR NMR Mandimika** graduated as a doctor in Zimbabwe in 2000 and completed my internship in 2002. She then immigrated to South Africa in 2002 to accompany her husband in his new role. After HPCSA registration, she worked as a medical officer, clinical manager and acting medical manager in various institutions in the Western Cape and Kwa-Zulu Natal. She has had the opportunity to practice medicine in Zimbabwe, Namibia, and South Africa. This has broadened her perspective of public health issues that affect disease occurrence.

The extensive clinical and management experience she has had in under resourced hospitals arouse a passion for preventative medicine. In 2015, she enrolled as a registrar in the Department of Occupational and Environmental Medicine at UKZN. Respiratory health is her passion in occupational medicine and she notes that we have been taught by the COVID-19 era the ability to breathe effortlessly is priceless. She believes that no worker should

acquire a respiratory disease whilst trying to feed their family. This inspired her MMed thesis which focused on the respiratory health of firefighters.

As a newly qualified specialist, she believes she is now equipped to ground myself in a career in occupational and environmental health in any institution which offers the opportunity to develop new frontiers. She looks to the future with anticipation to establish an occupational health



**Dr Zahida Sondag** worked as a medical officer in local community health centres, after which she established a family practice in the southern suburbs and worked as a dispensing general practitioner. During this time, she completed her Diploma in Occupational Health and discovered her enthusiasm for the discipline. She returned to the public

sector to serve as an occupational medicine practitioner, before becoming a registrar at the University of Cape Town.

Her special areas of interest in occupational medicine include occupational dermatology, allergy, and occupational lung diseases. She also has interests in health policy and planning, and occupational health systems management. In the future, she is keen on strengthening occupational health and safety services in the South African public sector to improve availability and accessibility for all workers.



**Dr Fredrick J Weinand** is a newly qualified occupational medicine consultant from Stellenbosch University. He is

originally from Tanzania. He has a background of working in the large-scale mining industry in Tanzania for five years, and is again looking forward to working in the mining field in Tanzania. He is passionate about management and conducting research related to occupational lung diseases, especially in the mining field. He expects to add value to his country by participating in policy formulation, research and legislative framework regarding occupational health.

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## Public Health Medicine



**Dr Amilcar Juggernath** is newly qualified Public Health Medicine specialist. After his internship at RK Khan Hospital in Durban, he worked at Bethesda Hospital, a rural district hospital in northern KZN.

He now works at Charlotte Maxeke Johannesburg Academic Hospital within the Gauteng Department of Health and is an associate lecturer

at the Wits School of Public Health. He is currently seconded to the NHI Branch of the National Department of Health. Amilcar has attained his undergraduate medical degree at Wits and also has a Diploma in HIV Management, MMed in Community Health – Public Health Medicine and is a Fellow of the College of Public Health Medicine of South Africa. Amilcar has a keen interest in improving population health through policy reform, health systems strengthening, and addressing determinants of health. In his spare time, he enjoys reading, travelling and tinkering on the piano.

**Dr Tabea Manyane.** A mother of 4, born in a remote village in rural North-West, completed a bachelor's degree in Radiography at the University of Pretoria in 2001. While working as a radiographer as a shift worker, she enrolled for a medical degree (MBChB) at the University of Pretoria which she completed in 2007. Her passion to serve the underprivileged and marginalized community led her to work in the mental health care unit at Jubilee District Hospital for 2 years post-community service. She proceeded to work as a medical officer in a level 1 PHC clinic, serving communities of the informal settlements around the Soshanguve area in Tshwane for 5 years before she joined the University of the Witwatersrand for specialist training in Community Health/ Public Health Medicine. In addition to Primary Health Care and District Health Services, her interests include health system strengthening, health planning, mental health care

and health promotion. She is currently working at Tshwane District Health Services as a Public Health Medicine Specialist offering technical support to Public Health and Outreach Programs which includes communicable disease control and outbreak response, Integrated School Health Program, Child health and Nutrition, Maternal and Women Health. As Bono said, "Where you live should not determine whether you live, or whether you die". In all her endeavours, Dr Tabea desires to see victory in the fight for equitable health care for all.



**Dr Mazvita Mberi** completed her undergraduate medical degree at Wits University in 2004. She delivered direct patient care in three provinces, and at the peak of the HIV pandemic she did a diploma in HIV management.

She later went on to do a Masters in Public health (Field Epidemiology).

After experiencing the inequity and inefficiencies in the different spaces of the health system, she decided to return to Wits to specialise in Public Health Medicine.

She has a passion for Health Systems Strengthening and believes we can see more equitable, efficient, responsive and resilient health systems in Africa in our lifetimes.

**Dr Velile Ngidi** is passionate about fairness and justice and intends dedicating her life to what makes a difference in the lives of those most vulnerable in society especially, women and children. To be part of the solution fighting against the social determinants of health. Including getting more involved with climate change related work. She is a graduate of the Class of 1999 from the University of Natal. Post community service, she spent two years working in the UK healthcare system. On her return to South Africa, she enrolled with the UKZN graduate School of Business for an MBA where she chose an elective in entrepreneurship. Studying while she worked in the private sector as a medical assessor for life insurance. In 2008, she rejoined the Department of Health as medical manager at the rural Estcourt District Hospital. In 2017, she joined the PHM registrar program at UKZN School of Nursing & Public Health. She spent a year supporting the

Sisonke rollout in early 2020, as a UKZN senior Public Health Medicine registrar. In 2021, she joined the DG Murray Trust to support the KwaZulu-Natal Department of Health provincial vaccination program where she currently manages an integrated Covid-19 vaccination mobile outreach clinic project predominantly targeting youth and communities in peri-urban and informal settlements. She is a very typical Virgo, a mother to two very handsome boys. One a 15-year-old human boy and the other a 6-year-old Miniature Schnauzer.

