All South Africans must have access to quality health services irrespective of their economic status, the Minister of Health Dr Aaron Motsoaledi has again emphasised.

Speaking in the National Assembly during a debate on the health budget vote, the minister said the government had a constitutional obligation to implement the United Nations programme of Universal Health Coverage, which in South Africa will be known as the National Health Insurance (NHI).

NHI is defined as a health financing system that pools funds to provide access to quality health services for all South Africans, based on their health needs, irrespective of their economic status. Dr Motsoaledi said while the definition of NHI may be similar to that of a medical aid scheme, there are two very notable differences, the first being that NHI will cater for all South Africans while medical aid caters for a privileged few. The second is that NHI will cater for people regardless of their socio-economic status.

He said currently only 16 percent of South Africans are on medical aid, while the remaining 84 percent are not, a situation he described as unacceptable in a democratic country like South Africa. He said it cannot be fair nor just to have such a situation, especially in a country with a history of injustice like South Africa.

He said under the current medical aid scheme, the more you earn, the better the quality of healthcare you get, and the lesser you earn, the lesser the quality of healthcare you get.

“We can no longer allow this to go on. It is a flagrant disregard of our Constitution because the Constitution does not recognise economic status in the provision of health services. It is also a flagrant disregard of the Constitution because it makes healthcare a condition of service rather than a right,” Dr Motsoaledi said.

The Minister gave a breakdown of what has been achieved so far since the preparatory phase of NHI started five years ago. He said a pilot scheme had been launched to try and figure...
NHI a constitutional imperative – minister

out how the healthcare system could be reorganised, based on values of justice, fairness and social solidarity.

Within the 10 pilot districts, 34 new clinics and replacement clinics have been built, while 48 others are under construction. Outside the 10 pilot districts, 96 clinics have been completed and 132 others are still being built. Once all are completed, there will be a total of 310 new and replacement clinics.

Under the same period, 154 clinics have been refurbished within the pilot districts while 192 others are still undergoing refurbishment. Outside the pilot districts, 135 clinics have been refurbished, while work is in progress on 220 others. When all work is completed, there will be a grand total of 701 new and refurbished clinics across the country.

The department has also separately put up consulting rooms for doctors who visit these clinics, and so far 142 have been completed, while 21 others are still being built. So far R40 342 973 108.00 has been spent on building infrastructure and R1 706 562 156 on equipment during this preparatory phase.

Initiatives to improve access to medicines have also been undertaken during this preparatory stage. An electronic way of monitoring stock at clinics the Stock Visibility System (SVS) has been introduced. Medicines are scanned as they are dispensed, and the clinic’s stock level is automatically relayed to the central tower in Pretoria. This system has already been installed in 3 163 clinics country-wide in partnership with the Vodacom Foundation and has been very successful in controlling medicine stocks.

“Only 16 % of South Africans are on medical aid, while the remaining 84 % are not......It is a flagrant disregard of our Constitution because the Constitution does not recognise economic status in the provision of health services.

A similar system, the Electronic Stock Management System (ESMS) has been installed in 80 percent of the country’s 10 central hospitals, 90 percent of the 18 provincial tertiary hospitals, 83 percent of the 47 regional hospitals and 71 percent of the country’s 254 district hospitals.

Dr Motsoaledi said with the SVS system alone, stocks in the country’s clinics had improved as follows: ARVs from 69,5 percent to 92,5 percent, TB medication from 65,7 percent to 88,5 percent, and vaccines from 64,5 percent to 94,5 percent.

A programme for dispensing chronic medicines has also been introduced. Under the programme, patients who are stable on chronic medication no longer have to visit clinics, except maybe after six months for check-up, as they can now collect their medicines from 401 pick-up points around the country. About 1 300 000 patients are using this system, substantially reducing congestion at clinics and hospitals.

A patient identifier system has also been introduced in preparation for the NHI. This enables the department to follow a patient from one facility to another. Prior to the introduction of this system, a patient could abuse the healthcare system by collecting medicines for the same ailment at different clinics without anyone knowing.

Dr Motsoaledi said under NHI there would be a massive reorganisation of the school health system which has already started. So far 3,2 million school children have been screened for various physical barriers to learning like poor eyesight, hearing, speech and oral health. A total of 500 004 children of those screened have been found to have various problems. Nearly 9 000
have speech problems and will need to see speech therapists, while just over 34 000 have hearing problems and will need to be attended to by audiologists and may be get hearing aids.

Close to 120 000 have eyesight problems and will need the attention of eye specialists and probably get spectacles. About 337 700 others have oral health problems that will require medical attention.

Under the NHI free ante-natal care would be provided to women in the form of at least eight visits to a doctor for each pregnant woman. Better services would be provided for the disabled, the elderly and mental patients.

The Minister said various funding options would be explored for NHI, including possible adjustments to the tax credit on medical aid contributions. He said currently a whooping R20 billion went to the pockets of the rich through tax credits simply because they are members of medical schemes. However, a DA member contributing to the debate said the minister would be challenged in court if he went ahead with his plans to tamper with the tax credits.

Meanwhile, the minister has announced those who would be found to have been negligent in the Life Esidimeni debacle would be brought to book. He said files would be handed to the National Prosecution Authority (NPA) for prosecution of those found to have been criminally negligent.

Dr Motsoaledi got a pat on the back for his diligent service and commitment to improving the country’s health system. Even opposition MPs from the DA, NFP and Cope described the minister as hardworking, a man of high moral standards and someone whose integrity commitment to his job could not be questioned.

The Minister’s proposed budget of R42 625 723 000.00 was seconded by all parties except the Economic Free-
Deputy minister outlines department’s objectives

STAFF REPORTER

The Deputy Minister of Health, Dr Joe Phaahla has said the health system should brace for a shake-up in July next year when about 900 out of the current 919 fourth year students studying medicine in Cuba will come back home to complete their final year of study.

Currently a total of 2905 students are studying medicine in Cuba under the Nelson Mandela/Fidel Castro Medical collaboration programme, with 76 in the fifth year of study.

Dr Phaahla said this will be a big jump from the average of 70 who have been coming home each year. “We are working with all the medical schools and the provincial health departments to prepare for the intake and integration of this big number of final years,” he said.

In his budget vote speech, the deputy minister said his department had agreed with all stakeholders that this presents a challenge and an opportunity to fast track:

- the broadening of the training platform which will help to reduce the need to send large numbers of South Africans abroad for medical training.
- will provide impetus for department to speed up transformation of its undergraduate training system from the current city based hospice-centric approach to one based on primary health care approach.

“We believe that if the bigger number of Cuban-trained doctors are properly utilised they can add lot of value to the implementation of the NHI with primary health as its foundation,” the deputy minister said.

According the 2015 report by Statistics South Africa on causes of death, non-communicable diseases (NCDs) continued to rise in ranking amongst the top 10 leading causes of death, with diabetes mellitus moving from third in 2014 to second in 2015. NCDs which contributed to the highest causes of death include diseases of circulatory system at 17.8%, respiratory system at 9.6%, neoplasms at 9.1% and metabolic diseases at 6.9%.

Dr Phaahla said cancer was also a cause for concern, saying that the latest National Cancer Registry reported that the top five cancers in men are prostate cancer accounting for 18.45% of deaths, squamous carcinoma of skin at 10.43%, colorectal 4.98%, lung at 4.72% and karpotai at 3.2%. In females the top five are CA-breast accounting for 21.79% of deaths, CA-Cervix 15.3%, CA Skin 6.94%, colorectal 4.14% and CA-Uterus 3.19%.

The deputy minister said as the strategic plan for prevention and control of non-communicable diseases 2013-2017 was coming to an end, there was need to start the process of reviewing the impact and shortcomings so as to inform the new strategy to be launched in 2018.

There was need to maximise access to effective, efficient and affordable means of treatment, including putting pressure on pharmaceutical companies to reduce prices of life saving cancer medications, Dr Phaahla said.

“We believe that if the bigger number of Cuban-trained doctors are properly utilised they can add lot of value to the implementation of the NHI with primary health as its foundation.”

Turning to palliative care the deputy minister said the department was pleased that SA had joined only a handful of countries in adopting a National Policy Framework and Strategy on Palliative Care, which is based on a World Health Assembly resolution.

“This creates an enabling framework for the care of patients and families facing life-threatening illnesses, improving quality of life while maintaining dignity from time of diagnosis until death,” he said, adding that the implementation of the policy would be overseen by a steering committee on Palliative Care chaired Dr SM Dhlomo, MEC for Health in KZN who is an ex-
pert in this field.

He said the department’s efforts against malaria had generally been successful, with the department’s set target of 0.2 malaria cases per 1000 population at risk for the 2016/17 financial year being achieved in two of the three malaria affected provinces. Mpumalanga recorded an incidence of 0.20 and KwaZulu-Natal 0.01 per 1000 population at risk. However, Limpopo province had an incidence of 0.62 cases per 1000 population at risk, with the increase being attributed to favourable weather conditions for transmission in Southern Africa following good summer rains received.

He said the national department in collaboration with the provinces were responding to the increase in malaria cases by strengthening case management at the primary health care level by ensuring adequate stocks of diagnostic tests, drugs and training in front line healthcare workers. In addition malaria prevention is being scaled-up through community behavioural change programmes and focal indoor residual spraying. Screening and mobile treatment facilities have been set up close to the malaria transmission hot spots.

“We will strengthen even more the capacity of our health facilities to respond to violence against women and children and also in support of the Criminal Justice System.”

The deputy minister said an initiative to eliminate malaria in Southern Africa had been started in collaboration with other countries in the region, namely Angola, Botswana, Mozambique, Namibia, SA, Swaziland, Zambia and Zimbabwe, and is bearing fruit.

The deputy minister hailed the South African Medical Research Council for continuing to provide invaluable support to the health service system. He said the council plans to extend a 3-year memorandum of understanding with the National Institute of Health in the USA by two more years with the aim of funding biomedical and behavioural health research in HIV/TB and HIV-associated malignancies, and to build long term collaboration between service providers, South African universities and other Institutions. This collaboration is projected to make a significant impact on HIV and TB outcomes in South Africa.

Regulations relating to the provision of emergency medical services have been finalised after a wide range of consultations with public and private sector stakeholders, the deputy minister said. These regulations will facilitate the standardisation of EMS in the country and will be promulgated this financial year, the deputy minister said.

Regulations relating to rendering of Forensic Pathology Services have been reviewed in order to meet the needs relating to non natural causes of death and to fast track autopsy reports.

Trauma and injuries remain a major challenge in SA’s health facilities and the department is therefore making sure that EMS personnel are well skilled to deal with this, especially violence against women and children. “We will strengthen even more the capacity of our health facilities to respond to violence against women and children and also in support of the Criminal Justice System,” Dr Phaahla said.

He said notable progress on strengthening eye health services has been made and was confident that targets for cataract surgery would meet for the first time in many years.
Japan ups fight against infectious diseases in South Africa

STAFF REPORTER

Japan is determined to continue with efforts to fight infectious disease in South Africa and globally until infectious diseases, including MDR-TB, are eradicated, the Japanese Ambassador to South Africa, His Excellency Yutaka Yoshizawa has said.

In an interview with Amity Public Health Watch, the Ambassador said the Embassy of Japan in South Africa will continue to support and monitor the roll-out of Delamanid, a new anti-TB drug specifically developed for MDR-TB, under the Delamanid Clinical Access Programme (DCAP), as well as its further expansion following registration of the product in the country.

“We will also continue seeking opportunities to bring together the private innovation of the Japanese industry for the improvement of health and well-being of people in South Africa and around the world,” said His Excellency.

In addition to Otsuka Pharmaceuticals, the producer of Delamanid, several medical-related companies are present in SA. These include Termo Corporation, a worldwide manufacturer of medical products and equipment. Fujifilm merged with medical companies and made a contribution to the fight against infectious diseases, including Ebola. Another company, Eisai is applying to register an anti-cancer drug “Lenvima” by the Medical Control Council (MCC).

The Ambassador said the DCAP was developed in close collaboration between Otsuka, an NGO called Right to Care, and South Africa’s Department of Health and the National TB Programme. The project aims to provide Delamanid through a novel, pre-approval pilot project for 400 patients, focusing on three often underserved groups, namely children aged 12-18, HIV co-infected patients, and diabetes patients with poor treatment outcomes.

In addition to Delamanid, Japan is ready to cooperate with the Department of Health to support the National Health Insurance (NHI) project, championed by Health Minister Dr Aaron Motsoaledi, through renovating health facilities, the provision of mobile clinics and the dispatching of Japanese experts and volunteers to help vulnerable people, including MDR-TB patients.

“I was very moved by their challenges in fighting prejudice against MDR-TB patients, living lives far from their families for a long time, and I was also encouraged by their commitment to enlighten people to get correct information on MDR-TB,” the Ambassador said.

He said Japan has a historic legacy of scientific excellence and leadership in addressing global health issues.

“The government of Japan has shown steadfast leadership in global health through its long-time financial support of multilateral initiatives such as the Global Fund to Fight AIDS, Tubercu-
losis and Malaria or the Access and Delivery Partnership, and public-private partnerships such as the Global Health Innovative Technology Fund (GHIT Fund), which brings together Japanese R&D to the global fight against infectious diseases,” said His Excellency.

The Ambassador said TB is one of the major causes of death in South Africa, and Japan, as one of the G7 countries, is determined to tackle major infectious diseases.

“We will also continue seeking opportunities to bring together the private innovation of the Japanese industry for the improvement of health and well-being of people in South Africa and around the world.”

“I was pleased to participate in the launch of the Delamanid Clinical Access Programme on World TB Day, March 24, 2017 at Sizwe Hospital along with the honourable Minister of Health of South Africa, Dr. Aaron Motsoaledi,” he said, adding that the government of Japan played a leading role in helping to secure access to Delamanid.

He said Japan is a major trading partner of South Africa, along with China, the US and Germany. Exports from SA to Japan amount to R50.7 billion (4.6% of total SA export). Imports from Japan to SA is R37.5 billion and account for 3.4% of total SA imports. SA exports are mainly raw materials like platinum, as well as passenger cars. SA imports are mostly manufactured goods dominated by vehicles and their components. Toyota SA last year decided to further invest R 6.1 billion to expand production capacity.

My mission in SA is to create more jobs in this country. The number of Japanese companies in SA has significantly increased to 140 in 2017, and directly and indirectly contributed to more than 150,000 jobs. Direct investment from Japan has increased, and stood at more than R90 billion by the end of 2015.

The Ambassador said during his tenure, Deputy President Cyril Ramaphosa visited Japan in August 2015, while President Jacob Zuma met with Prime Minister Shinzo Abe in August last year in Kenya.

“Japan and South Africa have been in a “strategic cooperation relationship, and I am determined to further enhance the reciprocal visits of political and economic leaders as well as people-to-people exchanges between the two countries,” he said.

I will reflect on my experience in SA as one of the best in my entire career, because I am surrounded by very friendly people, beautiful nature and culinary delights, and I have been able to learn a lot from the history of SA and its diversity.

He said South Africa is also a gateway for Japanese companies to do business in Africa. “One of my priorities as Ambassador of Japan to South Africa is to strengthen our economic ties with this country. I am glad to see that trade and investments between the two countries are a steadily increasing,” he said.
HIV reverses gains made against TB

STAFF REPORTER

HIV remains the number one factor in fuelling tuberculosis, while other factors include poverty, overcrowding, and poor ventilation in crowded settings.

According to the chief director of the National TB Control Programme, David Mametja, cases of TB were generally on the decline world-wide, especially in America and Europe," until HIV came to spoil these gains". He said TB was an old disease, yet it continued to kill many people.

Mametja said when Dr Robert Koch announced his discovery of Mycobacterium Tuberculosis, 24 March has been declared World TB Day. This commemorates the date in 1882 when Dr Robert Koch announced his discovery of the bacillus bacteria that causes tuberculosis. The first World TB Day was sponsored by the World Health Organization (WHO) and the International Union Against Tuberculosis and Lung Disease (IUATLD) in 1982, a century after Dr Koch’s announcement.

This event provides an opportunity to raise awareness about the devastation tuberculosis can spread and how it can be stopped. It is also an opportunity to mobilize political and social commitment against the disease.

Mametja said the number of drug-resistant TB cases is increasing. “This is mainly due to the fact that we now have rapid molecular tests that help diagnose Rifampicin Resistant TB within two hours instead of two months or more. We have observed a three-fold increase in our MDR-TB case finding after the introduction of the new test, Gene Xpert during the year 2010,” he said.

He said MDR-TB care had been decentralised as from 2011, a measure which helped the department cope with patient’s care. To date, two out of every individuals who are or have received Bedaquiline globally are in South Africa, he said. Besides, the introduction of new drug and drug regimen including Bedaquiline has led to significantly improvement of treatment success rate and reduction in death rate.

Mametja said a decrease in mortality has been observed among the patients that receive a treatment regimen that contain Bedaquiline and it is hoped that similar results will be achieved with Delamanid which was introduced on 24 March 2017.

Mametja applauded Amity Public Health Watch and Metro Rhythm Online radio station for educating the public about the TB disease burden. “These are important issues that will help us stop TB transmission in future,” he said.

SA commemorates World TB Day in Bloem

Above and right: Deputy President Cyril Ramaphosa launched the National Strategic Plan (NSP) on HIV, TB and STIs (2017-2022) in Mangaung at this year’s commemoration of World TB Day. He was joined by the Minister of Health Dr Aaron Motsoaledi (centre) and UNAIDS Executive Director Michel Sidibe (right). The NSP is the strategic guide for the national response to HIV, TB and STIs in SA. Photos: GCIS
While many of his peers are still adapting to their new environment as grade eight learners, 15 years old Khethani Mokela has been trying to adapt to a new cocktail of small pills as part of his treatment against a strong strand of Tuberculosis (TB) known as extensively drug resistant (XDR) TB.

Khethani was only recently diagnosed with XDR-TB, but has been on treatment since 2015. He was initially diagnosed with the lung infection in 2015, but was treated on an outpatient basis at his home in Botshabelo. When he completed his six-months treatment on 15 October 2015, his parents Makgahliso and Sabata, thought this was the last they had seen of the disease; but this was not the case.

According to the Global TB Report 2016, about 25 000 children develop MDR-TB every year, while children younger that 15 years accounted for 6.3% of the new cases that were notified in 2015.

In March 2016, Khethani started losing more weight, not eating well and lost most of the use of his legs.

“Khethani has always been slim; but this time my son was all skin and bones, sometimes weighing 25kg. He couldn't walk, and couldn't keep his food down,” explains his mom. More tests at the local hospital revealed that he had contracted Multi-Drug Resistant (MDR) TB, a more aggressive form than they had previously dealt with.

While this was a huge setback for the Mokela family, it was not the first time they witnessed their son fighting a health-related battle. At the tender age of seven, Khethani went semi-blind in both his eyes due to an allergy. In a matter of months, he went from learning to read and write as a Grade One pupil at a local school, to learning Braille at the Bartimea School for the Dead and Blind in Thaba Nchu, about 20kms from his home town. His blindness, he had known most of his life; but the TB was an entirely new experience, he says.

Following his diagnosis, he was transferred to the specialist MDR-Unit at Moroka Hospital in Thaba Nchu, where he spent close to six months undergoing treatment.

“Even though I was more informed about TB, it still hurt because I didn’t know what I had done to deserve it. Before I went to Moroka, there was a time when I thought I would never walk again. I missed my friends, and was afraid of falling behind with my school work,” says Khethani.

At one point, they never thought he’d go back to school, his father says. “We had already arranged whatever money we had to prepare for his funeral; he was that sick. But about two weeks after admission at Moroka, our son started glowing again, with big fat cheeks,” he says with disbelief. They kept on asking what the nurses had pumped him with, Makgahliso recalls with a laugh.

One of the nurses who took care of Khethani says she’s always been in awe of the support his parents show him. His mother, who works in Bloemfontein, would take the daily one hour bus journey at 5PM to Thaba Nchu to see him even if just for a few minutes, and later travel home to Botshabelo. Throughout the entire journey, his dad has always been by his side.

His relentless fighting spirit and support from family and his teachers are some of the factors that contributed towards his quick recovery, says the nurse.

Khethani has vowed to fight the lung-disease, starting by knowing every pill he has to take as part of his treatment. Before his doctor changed his treatment a few weeks ago, he knew his pills like the back of his hand. He has also taken on the responsibility to teach his friends and peers about the infection, always emphasising that it is curable when one sticks to their treatment.

“I refuse to die because of TB. I want to be a successful businessman and give my parents whatever their hearts desire,” he says.
The occurrence of malaria at this time of the year in South Africa is common and does not necessarily mean an outbreak of the disease.

According to Professor Lucille Blumberg of the National Institute of Communicable Diseases (NICD), a rise in the number of cases does not mean there is an outbreak. Blumberg said there was nothing strange about the increase, and that those cases that were reported over the past few weeks certainly did not point to an outbreak.

Several cases of the illness have been reported in rural Thabazimbi and Lephalale areas in Limpopo.

"It is pertinent to point out that Thabazimbi, Lephalale and surrounding areas have historically been known for the occurrence of malaria in favourable seasons," Blumberg said. This is usually between the months of January and April.

In addition, two cases were also detected in Doornpoort in Tshwane, with NICD confirming that two people had died from the disease.

According to Blumberg, if diagnosed in the early stages, malaria can be treated very effectively. But often diagnosis occurs too late because the symptoms are non-specific or because the patient hadn’t recently visited a malaria area. The emphasis is therefore to adopt preventive measures.

"If malaria is diagnosed within the first two days after symptoms start, it can be easily treated," Blumberg said. She described the recent cases as unfortunate, but not unusual. The NICD is investigating each individual case.

As a result of the foregoing, the NICD has urged those travelling to malaria areas to take precautions, and is also urging healthcare practitioners to be vigilant about malaria in all patients who have an inexplicably high fever (more than 38 °C) and flu-like symptoms, even if they hadn’t travelled recently.

People living in or visiting malaria areas are advised to seek immediate medical attention and get tested for malaria if they develop flu-like symptoms and fever. Malaria symptoms include fever, headache, muscle aches, chills and sweating.

Malaria in humans is caused by the protozoan parasite, Plasmodium. There are four different species of Plasmodium, namely P. falciparum, P. malariae, P. ovale and P. vivax. The malaria parasite is transmitted by female Anopheles mosquitoes, which bite mainly between dusk and dawn.
The Minister of Health Dr Aaron Motsoaledi has launched a campaign called *Phila - Inspired to Live* which is meant to contribute to his department’s mission of a long and healthy life for all South Africans.

The Minister said South Africa is experiencing a quadruple burden of disease which includes HIV & Aids Tuberculosis (TB), maternal and child mortality, non-communicable diseases (NCDs) and violence, injuries and trauma.

“Thus as a country we need to find creative and innovative ways to deal with all four contributors to morbidity and mortality in a way that balances national needs,” he said.

Dr Motsoaledi said in order to address these epidemics, every South African must take action to prevent the transmission of HIV and TB, live healthy lives by eating healthy foods, exercising often, not smoking, and not abusing alcohol and drugs. He urged all people to use condoms, and females to use contraceptives.

The Minister said people should ensure that whenever they have any symptoms of illness, they must quickly go to a clinic and take medicine as prescribed by doctors or nurses. He said it is important that pregnant women go to the clinic for antenatal care.

To decrease maternal deaths the department has increased clinic visits for pregnant women to eight.

“I would like to encourage all pregnant women to use these clinic visits to ensure healthy pregnancies and healthy babies,” he said.

The Minister urged all members of the public to exercise due care during public holidays.

He said while public holidays were important as they offered people time to relax and spend time with family, unfortunately the number of motor vehicle accidents and drowning during these holidays is far too high.

“I ask you to please drive safely, take time to stop and relax during long journeys and ensure that children are safe when swimming. Adults should not drink and drive or use alcohol when swimming. These simple actions will help save lives,” Dr Motsoaledi said.

**Navigating through the 4 highways of disease**

Four highways of disease have been identified and Phila is all about navigating through them, in order to get to a place of good health and a good life.

The process to overcoming the four highways of disease starts with YOU! You get the knowledge, you take active prevention measures and you get the treatment, care and support that you need.
The advancement in Information Technology as its benefits have equally led to the emergence of diseases that require due attention and medication in compared to the living a decade ago. Health being a vital factor to be addressed promptly, the healthcare sector will require the adequate infrastructure to cater to the needs of the increasing population for a healthy and a sound society.

The 3rd International Conference on Public Health 2017 (ICOPH 2017) is believed to stage the voice of the stakeholders for the betterment of the world at large.

The 1st World NCD Congress 2017 promises to attract experts and champions working in the field of NCD control from around the world. The congress will showcase a cutting-edge educational and scientific experience, focusing on the latest developments in NCD detection, prevention, management, and surveillance with a special focus on implementation sciences.

The congress provides a professional platform to understand different perspectives and develop new ideas of Non-Communicable Diseases at a global level. The scientific program of the Congress includes symposia, workshops, invited lectures, plenary sessions, oral papers and posters.

AHC in strategic partnership with Department of Health

Members of the public are set to benefit by receiving fresh and accurate information on health issues following a strategic partnership between the Department of Health and Amity Health Consortium (AHC).

AHC is a pro-health organisation working closely with department in fighting HIV and tuberculosis, as well as other public health issues i.e. communicable and non-communicable diseases.

AHC boss Dr Martin Enwere who is a consultant on TB and HIV said he was excited about the partnership as this ensured that the newsletter and the radio station would get accurate information straight from the department as opposed to getting it through secondary sources.

He applauded the department for availing its calendar of events to AHC, and said his organisation would try its best to cover as many events of interest to the public as it could.

Conversely, the department has pledged to support both the newsletter and radio station by facilitating interviews with health officials when necessary. Nombulelo Leburu, the department’s director of external communication said the two have also been placed on the department’s media data base and will receive all press releases issued by the department.

Refilwe Shuping, the deputy director for stakeholder support on HIV, AIDS and STIs said the department would facilitate the distribution of AHC’s newsletter through the department’s existing distribution channels.

Foster Mohale, Director Media Relations commended Amity Public Health Watch and Metro Rhythm Internet Radio station for availing their platform to support Department of Health on its fight to ensure quality health to all South Africans and assured of their commitment to work in partnership.

AHC in strategic partnership with Department of Health

Upcoming conferences:

**3rd International Conference on Public Health 2017**

23rd - 25th July 2017, Kuala Lumpur, Malaysia

**The First World NCD Congress 2017**

10th - 13th September 2017, Milan, Italy

**ERS International Congress 2017**

22nd - 25th August 2017, Milan, Italy

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STAFF REPORTER

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