

# ACHIEVING THE SUSTAINABLE DEVELOPMENT GOALS: TRANSFORMING PUBLIC HEALTH EDUCATION AND PRACTICE

## Report from a national conference

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### ABSTRACT

A national conference titled “Achieving the sustainable development goals: Transforming public health education and practice” was held at the International Conference Centre in East London, South Africa, September 18\_22, 2016. The event was jointly organised by the University of Fort Hare and the Public Health Association of South Africa. There were 300 registrants. They included policy-makers, public health academics, students, health professionals, health service managers, non-governmental and community-based health organisations. The conference included 8 workshops, 4 satellite sessions, 4 panel discussions, 106 oral and 58 poster presentations and site visits. The conference focused on transforming public health education and practice in the context of South Africa. It enabled new networks to be established and existing ones consolidated.

### INTRODUCTION

South Africa is facing a quadruple disease burden. This includes 1) the HIV/AIDS pandemic; 2) personal and domestic violence, and road injury; 3) infectious diseases, such as tuberculosis, diarrhoea and pneumonia; and 4) the growing epidemic of lifestyle diseases related to relative



affluence, such as type 2 diabetes, asthma, coronary heart disease, cerebrovascular disease, peripheral vascular disease, obesity, hypertension, cancer, alcoholism and gout.

Trying to tackle these many challenges and to ensure a good

health system that caters for all, the South African government has adopted several health initiatives. “A long and healthy life for all South Africans” is one of the twelve key outcomes that have been recently adopted by the government and which transcend

the UN Sustainable Development Goals (SDG) matrix of sustainability. Also, the newly crafted National Health Insurance (NHI) policy to transform the South African health system, both public and private, as it derives its mandate from the National Development Plan (NDP). Universal health coverage is fronted as the most sustainable approach to improving the health status of the population. This innovative system of healthcare financing would entail far-reaching consequences for the health of South Africans, in terms of administration, human resources, financing, service delivery, orientation of infrastructure and affordability.

Drawing on international evidence, countries such as Turkey, Brazil, Costa Rica, Thailand and South Korea have strengthened and transformed their health system through NHI, which has resulted in significant and sustainable economic and social benefits. The implementation of NHI will provide an opportunity to yield significant and widespread economic and social benefits to the South African population. The benefits of NHI include improved financial risk protection through prepayment funding; reduced fragmentation in funding and provision of health services in both the public and private health sectors; reduced inequities; improved access to quality healthcare; improved efficiency and cost containment through streamlined strategic purchasing; improved accountability of the use of public funds through appropriate governance mechanisms and transparency in performance reporting; and better health outcomes across all socio-economic groups through improved coverage (NDoH, 2015). A functional health system in South Africa is critical to the country's strength,

stability and prosperity, particularly for the most marginalised communities. The functionality or workability of the envisioned healthcare system entails building and strengthening the leadership capacity of doctors, nurses, midwives, community health workers and other health staff who promote health and deliver healthcare services in their communities. Improved healthcare for the people could feasibly be achieved through a multi-sectoral approach at all levels of the governance structure.

In September 2015, the United Nations General Assembly adopted the Global Charter on Sustainable Development Goals (SDGs) and Public Health. Thus, the timing was right for a forum that brought together South Africans and national policymakers, administrators, clinicians, practitioners, community partners, researchers, students, and private industry to synthesise the dynamics of health transformation, sustainability and practice unique to South Africa, taking into account the complexity of issues on all fronts; to x-ray national health-target programmes that treat TB, HIV/AIDS-related death, child mortality, immunisation, environmental health, and other communicable and non-communicable disease, and disseminate the results; and to plan and explore continuing future collaborations for a holistic health transformation in South Africa.

The Conference allowed a more in-depth discussion and debate in terms

of the SDGs and the transformation that needs to take place in public health and health sciences education. It stressed the need for young people in key policy-making platforms; addressing a wide-range of participants from policymakers to students.

## CONFERENCE OBJECTIVES

The conference addressed several key questions:

- What public health education and practice transformation options are feasible in order to achieve the Sustainable Development Goals?
- What can we do to address the challenges of health equity posed by the social determinants of health, racism, gender and universal health coverage?
- How can we do to improve health system and care of all South Africans?

## PLENARY ADDRESSES

Fran Baum, Distinguished Professor of Public Health and Foundation Director of the Southgate Institute for Health, Society and Equity at Flinders University, Adelaide, Australia, discussed health issues related to achievement of global health equity and social justice.

Plenary addresses by the following distinguished invited guests discussed different aspects of public health transformation, education and practice in South Africa for



achieving health SDGs, and the NHI was teased out as a unique recipe for the transformation paradigm:

- Leslie London, Professor of Public Health and the Head of the School of Public Health, University of Cape Town, South Africa
- Laetitia Rispel, Professor of Public Health and the Head of the School of Public Health at the University of the Witwatersrand, Johannesburg, South Africa
- Eunice Seekoe, Professor of Nursing Education, Faculty of Health Sciences, University of Fort Hare, East London, South Africa
- Kebongile Mokwena, Professor and HOD: Public Health, at Sefako Makgatho Health Sciences University, South Africa
- Eric Buch, Dean of Health Sciences, University of Pretoria, Pretoria, South Africa.

Another panel discussion highlighted challenges to health equity posed by the social determinants of health, racism, gender and universal health coverage. Dr Percy Mahlathi, Director of Selizwe Leadership Academy, highlighted the obstinate challenge of social change, while Dr T. Mbengashe, the Superintendent-General for the Department of Health in the Eastern Cape Province discussed the role of the discipline of public health medicine in addressing key challenges in the Eastern Cape. It was stressed that public health is key to a functional district health system in order to achieve a better life for all South Africans. Thus, public-health studies must be introduced to students from undergraduate level, and student learning, in-service training, conferences, networking, rewards and research publications must be strengthened.

## PRESENTATION THEMES AND TOPICS

The Conference was organised around several themes: public health transformation; adolescent sexual health; sexual health and family planning; youth sexual risk behaviours; HIV/AIDS; maternal and child health; communicable diseases (tuberculosis (TB)); non-communicable diseases and risk factors; health education; leadership and governance; patient care and support; healthcare seeking behaviour and utilisation; and geographic information system (GIS). In addition to the plenary addresses, there were 8 workshops, 4 satellite sessions, 106 oral and 58 poster presentations and site visits. The content of papers presented in parallel sessions at the Conference is discussed under the relevant themes.

## PUBLIC HEALTH TRANSFORMATION

This track highlights the Global Charter as a useful tool for health management and public health. One presentation concerned management in NHI era, which includes decentralisation, public healthcare re-engineering, international benchmarking, leadership development and proper curriculum development. Loren Gower discussed the use of therapeutic communication with children and its relevance for NHI, highlighting the emotional link between care workers, child and family as well as the need for training being very important to the nurses and teachers.

Elliot discussed the use of information technology (IT) in public health measurements and delivery, and stressed the need for more integration of IT into public health. The rollout of the National Health Insurance was a key point of discussion. The accomplishment of universal healthcare

is fundamental to health transformation in South Africa. This approach has many benefits for services such as primary healthcare, allied health services, human resources, IT, accountability, standardisation, price regulation and gatekeeping, quality, equity, efficiency and single fund. It was stressed that Thailand took forty years to implement NHI, which makes one question the utility of South Africa's 14-year target for implementing NHI. It also pointed to a lack of community engagement on NHI.

## ADOLESCENT SEXUAL HEALTH

Adolescents' health is important for ensuring a healthy, strong, vibrant population and workforce. As such, issues of teenage pregnancy, sexual health and family planning in HIV-positive adolescents, HIV status disclosure amongst adolescents, youth sexual risk behaviour and teenage pregnancy need to be addressed. Health professionals need adequate training to deal with sexuality and reproductive issues of adolescents. Community structures, community members and family members must be involved in issues affecting / challenging adolescents' sexual health. The unanswered and puzzling question is that sexual health messages are reaching adolescents: why are they still practising unsafe sex? Further discussion on this topical issue revealed that increased teenage pregnancy in families without a father figure is associated with mothers in relationship with multiple partners, sex before marriage, lower parental control, and lack of communication between the single mother and the daughter. It was recommended that single mothers should be educated to take the role of the father, and research is warranted on the elements of functionally absent fathers.

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## **SEXUAL HEALTH AND FAMILY PLANNING**

Generally, teenagers are more scared about getting pregnant than contracting HIV-related disease. From this presentation, it was discovered that HIV-positive girls are more prone to engage in unprotected sex than boys of the same age; and non-adherence to antiretroviral therapy (ART) is very high amongst adolescents. The discussion of HIV status disclosure amongst adolescents highlighted a need for more assertiveness capacitation for women to be able to negotiate protective sexual practices. Morongoa Rasesemola highlighted the power of men to influence the reproductive health choices of their partners and the reasons they do not want to use contraceptives.

## **YOUTH SEXUAL RISK BEHAVIOUR**

It was indicated that disclosure to partner does not result in practising protected sex, and that disclosure is a complex phenomenon which may lead to alienation by peers, friends and family. HIV-positive girls' negotiation for safe sex is difficult because of fear of rejection. It was highlighted that adolescents need more support from healthcare professionals and community members than merely instructing them to disclose their HIV status to their family and partners.

Young people are surrounded by layers of relationships, in micro-systems, exo-systems and macro-systems. The attitude of clinic nurses (micro-system) was mentioned as a reason why adolescents are not accessing contraceptives in primary health settings. Exo-system is related to socio economic status of the family and community, and macro-system to cultural customs, laws and values.

The sessions demonstrated that the prevention of youth sexual risk behaviours is a primary challenge for public health practitioners that needs an aggressive approach.

A paper on educational outcomes of HIV-positive adolescents in the Eastern Cape noted that they struggled to remain at school: some are not enrolled at school, others are repeating grades, bullied by peers, often sick and absent from school, and discriminated against by peers and friends. Yet, after 12 months of initiation of ART an increase in viral load unsuppressed was observed amongst certain individuals. Transition of adolescents from paediatric to adult ART facilities resulted in viral load suppressed. It was stated that the contextual adherence related to predictors of virological failure are: social instability, inaccessibility of clinics, negative experiences with ART, transport problems, social instability, missed 10% of treatment, depression, alcohol consumption, etc.

## **MATERNAL AND CHILD HEALTH**

It was emphasised that oral health must be started early when the baby is cutting the first two teeth and consumption of sweet foodstuffs like sweets must be reduced. Constance Mongwenyana identified self-induced late abortion as a threat for achieving SDG 3 in a presentation on the Implementation of the Prevention of Mother-to-Child Transmission (PMTCT) Option B+ and Midwife Obstetrics Units. It was stated that health professionals should be vigilant in the investigating of the cause of late abortion in all cases presenting themselves in maternity units: it was discovered six months of investigation and observation that the actual cause of the abortion was self-induced abortion. A presentation on

the lessons learned from healthcare referral system for under-5 children, showed flaw in the referral pathways policy and recommended the inclusion of the community healthcare workers in the policy.

## **COMMUNICABLE DISEASES**

A review of food-borne illness outbreaks in South Africa reported to National Institute of Communicable Diseases from January to December 2015 indicated that diarrhoeal diseases are responsible for 70% of the burden of diseases; and there is under reporting of food-borne diarrhoeal diseases outbreaks. Therefore, food-borne illnesses should be thoroughly investigated and the necessary surveillance instituted. Hassina Ismail's presentation on a diarrhoeal outbreak in a correctional facility explored the circumstances and the health outcomes of this case, while France Ncube explored the health risks of those who live around landfills. A presentation on the suspected typhoid fever outbreak in the city of Johannesburg in January–February 2016 indicated that most cases of typhoid fever were related to travellers returning to South Africa from outside the country. Another paper on a suspected outbreak of ESBL- producing *Klebsiella pneumoniae* among infants admitted to a public sector hospital in April–May 2016 stressed the need for proper hand hygiene practices, and the availability of hand-washing materials. Regarding *Listeria monocytogenes* cases in the Western Cape, there is a paucity of data on listeriosis in South Africa and it is recommended that members of the community above the age of 50 years should be educated about this disease.

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## TUBERCULOSIS (TB)

A Quality Improvement Project came up with the idea of centralised TB screening in one area. More clients were captured and TB screening tools were done using one tool. There was no under-reporting, the facilities progressed to 10% baseline, and performance was sustained. Centralising TB screening dramatically improves TB screening rates in primary healthcare facilities. The outcomes for patient diagnosed with Rifampicin Drug Resistant by GeneXpert but negative culture and DST presentation shows that patients came with 28% positive result. There was a delay getting specimens to the laboratory, and no clear guidelines to assess clients, no record of sputum and clinical condition of clients.

A retrospective study on predictors of time to sputum conversion in MDR & XDR TB patients from 2012 to 2015 revealed that patients with a 68% weight converted faster than underweight patients. This raises the question: what are the critical interventions that could improve management of XDR & MDR TB? There was recommendation for further study on nutritional support for all TB XDR & MDR TB patients.

Perspectives of hospital staff on barriers to the implementation of smoking cessation services for hospitalised drug-resistant TB patients in South Africa was fraught with conflicting views on the effects of smoking on these TB patients. The paper highlights the need for cessation support integration with existing counselling services and methods.

## NON-COMMUNICABLE DISEASES AND RISK FACTORS

The prevalence of high blood pressure in 5 urban poor settlements in Johannesburg using secondary data from 2006–2012 indicated a very low prevalence. Age, gender, race were significantly associated with high blood pressure in the urban poor. The prevalence of high blood pressure was reported even among the children

A study examining whether allergic rhinitis, rhino-conjunctivitis and hay-fever symptoms among children are associated with frequency of truck traffic near residences, shows that there is high prevalence of allergic rhinitis symptoms amongst children 13–14 years of age that is associated with frequency of truck traffic near residences. The presentation stressed the need to examine high traffic volumes, and as well conduct more exposure assessments because allergies could be caused by anything else.

A paper on factors contributing to women's poor uptake of cervical cancer screening in Ephraim Mogale Subdistrict indicated that cervical cancer screening procedure seems uncomfortable, embarrassing and lacked privacy. The nurses who were interviewed reported that they had a fear of both the procedure and results. The outcome was poor uptake of screening, worsened by work commitments, staff shortage, myths, poor education and lack of awareness. These results were an eye-opener to health professionals dealing with clients seeking screening for cervical cancer.

## GEOGRAPHIC INFORMATION SYSTEMS

Geographic information systems (GIS) were discussed in terms of their ability to provide spatial distribution of diseases. The advantages and problems associated with the use of the mHealth SMS system by community health workers to monitor pregnant mothers, and the need for health professionals to use various mobile communication methods in assisting clients' adherence to treatment were advocated.

## OUTCOMES ACHIEVED

This Conference has shown that there are enough mechanisms and enough approaches to ensure the achievement of sustainable development goals through the transformation of public health education. All the speakers highlighted the nature of the healthcare system in South Africa. Issues of health-related social determinants and equity shape the lives of South Africans. In order to achieve NHI, it is important to mobilise and equalise resources between private and public healthcare. The production and promotion of technology is being integrated into healthcare. The strengthening of programmes such as the Albertina Sisulu Executive Leadership Programme in Health (ASELPH) is very important in transforming public health education. Overall, this was a successful contribution to the discourse and realisation of the sustainable development goals. It was recommended that the 2017 PHASA Conference continue these discussions and further expand the role and contributions of public health to improve and expand the public health sector in South Africa.