

Reflections on the SAPHPMA symposium – where public health medicine stands today

The recent South African Public Health and Preventive Medicine Association (SAPHPMA) symposium, held on 28 February and 1 March 2025, brought together a diverse group of public health medicine specialists, researchers, and international partners. Over the two days, the sessions highlighted how much the field of public health has grown and what the future of the discipline could be.

In his opening address, Dr Mvuyisi Mzukwa, Chairperson of the South African Medical Association (SAMA), emphasised the vital role of public health physicians in South Africa (SA) as the country moves towards preventive medicine, health promotion, and systems thinking. Dr Mzukwa acknowledged the public health challenges the country continues to face – HIV, TB, maternal and child mortality, and social drivers such as poverty and unemployment. Importantly, he stressed the need to invest in preventive health and to support public health medicine specialists, particularly as the country navigates post-COVID recovery.

International perspectives on public health were brought to light in the second session. Speakers from the World Health Organization (WHO), World Bank, International Committee of the Red Cross (ICRC), and International Organization for Migration (IOM) explored global health governance, migration health, and humanitarian action. A memorable moment came from ICRC's Stephen Fonseca, who spoke about the thousands of unidentified people buried in SA each year and the emotional and administrative consequences for their families. This accentuated the often-forgotten human dimensions of public health crises.

Prof. Shan Naidoo led the session on the local landscape, which focused on the public health environment in SA. Prof Naidoo reflected on the determinants of health and reminded delegates why they chose public health medicine: to serve the most vulnerable and to push for system change. The subsequent panel discussions showcased the breadth of public health medicine specialists, who

reflected on their work in district health management, hospital governance, clinical research, and prison health. The overarching message from the panel was clear: the future of public health medicine depends on data-driven decision-making, multisectoral collaboration, and continuous research.

One of the most thought-provoking discussions addressed homelessness as a global public health challenge. Learning from Finland's "Housing First" model – which offers permanent housing before tackling other social issues – reminded participants how much can be learned from global approaches. The panel drew attention to the deeply under-addressed problem of homelessness in SA and the importance of formal housing as a foundational step towards addressing health inequities.

Finally, the workshop on artificial intelligence (AI) in public health was inspiring. There is no doubt about AI's potential, and panellists demonstrated this through their work with AI-assisted diagnostics and monitoring. However, participants were reminded of the complex ethical issues involved, including bias, data ownership, and accountability. As public health physicians, we need to participate not only as users but also as decision-makers in how AI is applied within our context.

As Dr Khanyisile Tshabalala reminded attendees in her closing remarks, the real work begins after the symposium ends. She highlighted the importance of the event in creating opportunities to reflect, discuss, and connect, but urged everyone to take the conversation back to their research, advocacy, and workplaces. Public health medicine in SA is constantly evolving, and each of us has a role to play in shaping its future.

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