

Africa's Public Health Legacy – Vibrant and Visionary

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I was honoured to speak at both the opening and closing plenary sessions during the 9th conference of the Public Health Association of South Africa (PHASA). I was invited to talk about leadership in and for public health and the power of civil society to confront health inequities, both themes of immense importance to the future of public health and to the future health and human development agenda in Africa.

(In)visible public health

Public health in Africa, as elsewhere in the world, is largely invisible. Most of the work that supports public health functions (disease and injury prevention, health promotion and health protection) takes place 'behind the scenes'. The public and political class seem to talk about 'public health' when there is an imminent or actual crisis – for example, an outbreak of measles, food poisoning, contaminated water, H1N1 (swine flu). The spotlight is then focused on the public health sector to solve the problem. Once the issue is resolved and out of the public spotlight, public health goes back to being invisible, until the next emergency.

To be effective in creating a world of positive health benefits for all, not just for some, we need to make public health more visible. Public health should be on the minds of every person around the globe as a means of contributing to sustainable human and ecosystem development through positive health benefits and health equity. If we are to really tackle the 'wicked problems', and move towards solutions that tackle the non-biomedical, non-health care sector determinants of health, we should support and foster public health leadership.

Building and fostering public health leadership

What is public health leadership? Building leadership capacity for the management of health facilities and services is important. But we should go beyond this definition. Leadership capacity building should include nurturing the characteristics of leadership: creating and acting on vision; building and sustaining confidence and trust; being accountable and transparent; knowing when and how to act as a leader (when to take the lead; when to play a support role); thinking laterally (being able to 'connect the dots' and reach out to other disciplines and sectors for ideas and solutions); engaging people for transformative decision-making and action (leader as a catalyst for change); speaking truth to power (a Quaker concept which over the years has come to mean standing firm in one's convictions and speaking out with authority and independence to those in authority); understanding and considering the context and community (leader as a servant of the communities being served); mentoring (teaching others, while at the same time, listens and learns); and activism (being an ardent, authoritative and evidence-informed advocate for a cause).

National public health associations, schools and programs of public health and the World Federation of Public Health Associations (WFPHA) have a role to play in building and fostering

leadership in and for public health. This includes putting into place and supporting the conditions that foster leadership. These include but are not limited to:

- Build on the power of communities to effectively address public health issues and give communities the space and opportunity to lead;
- Strengthen public health human resources development, including a particular emphasis on youth;
- Define what we mean by public health and identify and put into place the means to support both essential public health functions as well as actions to benefit the public's health;
- Advocate for and support an integrated and comprehensive approach to universal health coverage including the social and ecological determinants of health as the cornerstone for human development;
- Advocate for and implement responsible, transparent, accountable and open governance structures and processes at all levels of health systems;
- Engage in and support independent and valid evidence and knowledge generation and their application to policy and practice;
- Harness information technology, including its use for the advancement of knowledge and its dissemination and effective use.

Over the course of the conference, I almost filled a notebook with quotations and notations from the various presentations and meetings. However, they all coalesced to two messages, that we, civil society, have a responsibility to advocate for and create transformative change; and that we have the leadership, the resources and the wherewithal to make it happen.

Function of public health associations

In my second presentation, I talked about the role of public health associations and the WFPHA as advocates for transformative and sustainable change for better health, health equity and human development. Public health associations are a unique type of organization. They are the non-governmental organizations (NGOs), multi-sectoral and multi-disciplinary, politically independent and authoritative voice for public health. In some countries, they are its only voice. They are voluntary membership organizations, wherein there is no obligation for members of a country's public health workforce to be members. In other words, the members of national public health associations become active members because they believe out of their own personal conviction in health as a human right and in health equity as a primary principle within human development.

National public health associations play a variety of roles. Several have played leadership roles in tobacco control, public health education and training, the prevention and control of infectious and non-communicable diseases, and on access to and the quality of essential public health services such as immunization, reproductive health and maternal-newborn-child health. Most public health associations have made social justice and health equity pillars for action. Many have championed politically unpopular causes, gaining hard-won advances on important public health issues. Some have spoken out and pushed the boundaries on public health issues. In some cases, they have been lauded for their efforts; in other instances, they have paid a price for doing so, politically as well as financially.

The WFPHA, for its part, is the unique civil society world body representing the interests and voice of public health and the global community of national and regional public health associations and other parties interested in public health. The WFPHA remains, since its founding in 1967, the only international NGO in official relations with the World Health Organization representing exclusively public health.

Collectively, national public health associations and the WFPHA create a strong and vibrant civil society to defend and promote the interests of the public's health. In my closing remarks, I encouraged conference participants to become active members of their country's national public health association, and through its efforts, contribute to strengthen the capacity of the WFPHA to influence global issues that affect the public's health.

I was very impressed by the number and calibre of the young, energetic public health activists I met at the conference. They are the emerging public health leadership. I was also impressed with the stories I heard about innovative population health-based approaches being taken in South Africa and elsewhere in Africa to tackle the important public health issues. I left the conference with optimism. I have no doubt Africa's public health legacy is strong and vibrant, and will be sustained and substantial well beyond the conference and beyond the end of the Millennium Development Goals cycle in 2015.

Note that the views expressed in this article are those of the author(s) and do not necessarily represent the views of PHASA.