

CENTRE FOR RURAL HEALTH

BIENNIAL REPORT

2012-2013



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ACRONYMS	
AHP	Africa Health Placements
AIHA	American International Health Alliance
BCMP	Bachelor of Clinical Medical Practice
CBE	Community Based Education
CDC	Centres for Disease Control
COPC	Community Oriented Primary Care
CRH	Centre for Rural Health
CSIR	Council for Scientific and Industrial Research
DEC	District Educational Project
Euripa	European Rural and Isolated Practitioners Association
GEMP	Graduate Entry Medical Programme
HR4RH	Human Resources for Rural Health
IAPAE	International Academy of Physician Associate Educators
IPC	Integrated Primary Care
M&E	Monitoring and Evaluation
MEPI	Medical Education Partnership Initiative
MPH	Master's in Public Health
MUN	Memorial University of Newfoundland
NDoH	National Department of Health
NWP	North West Province
PHC	Primary Health Care
RHAP	Rural Health Advocacy Project
RuDASA	Rural Doctors Association of Southern Africa
RPP	Rural-Proofing Policy and Budget Programme
SADEC	Southern African Development Community
SANBS	South African National Blood Services
SA SURE	South Africa's Sustainable Response to HIV/AIDS
SAQA	South African Qualifications Authority
TAC	Treatment Action Campaign
UCM	Catholic University of Mozambique
UP	University of Pretoria
VC	Vice Chancellor
VLIR	Flemish Inter-university Council
WHO	World Health Organisation
WIRHE	Wits Initiative for Rural Health Education
Wonca	World Organisation of Family Doctors
WSU	Walter Sisulu University

What is the Centre for Rural Health?

As part of its on-going commitment to assisting the development of health care for all people in South Africa, the University of the Witwatersrand established the Centre for Rural Health in the Faculty of Health Sciences in 2008. It is an academic centre recognised by the University Council, with an advisory board appointed by the Faculty Board, to which its Director reports. Its focus is on human resource development for rural health care.

The Centre for Rural Health aims to contribute to human development through training and the nurturing of intellectual capacity in rural health. It aims to operate through district learning centres based within health districts, which serve as models for human resource development in the health care service. The Centre is positioned to act as a link across four schools in the Faculty, namely the Schools of Clinical Medicine, Oral Health Sciences, Public Health and Therapeutic Sciences.

The Centre takes a lead in developing activities that go beyond the usual academic role of departments and divisions within the university, in support of the broader academic goals outlined above, and serves as a vehicle for a number of important projects in the field of rural health, such as the Wits Initiative for Rural Health Education (WIRHE) scholarship programme, the Rural Health Advocacy Project (RHAP), and the Lehurutshe District Educational Campus project. It seeks to develop opportunities in support of academic programmes, such as the North West Clinical Associates programme, and to work in collaboration with others to improve the delivery of primary health care in rural areas, such as through the SA SURE project, led by the Health Systems Trust.



The "STARS" focus on HR4RH – strategic planning in 2013.
(L to R): Back - Ian Couper, Richard Cooke, Abigail Dreyer, Audrey Gibbs;
Front - Lilo du Toit, Nontsikelelo Mapukata-Sondzaba



Strategic Plan 2013-2017: Overview

Vision

Towards equal access to quality health care for all rural people.

Mission

We are an engaged academic centre, working with partners and communities to achieve equitable access to skilled and caring rural health care providers.

We do this by capacitating and supporting current and future human resources for rural health (HR4RH), with a focus on Southern Africa.

We foster the development of universally accessible, high quality rural health care through:

- ★ **Service**
- ★ **Training**
- ★ **Advocacy**
- ★ **Research, and**
- ★ **Sustainable growth**

Goals

Nurturing STARS by:

1. **Supporting** the development of rural health services
2. Recruiting, educating and **training** undergraduate and postgraduate students for rural health care
3. **Advocating** for equal access to rural health care
4. Conducting **research**, particularly in the area of human resources for rural health
5. Ensuring **sustainable growth** of the centre



Chair, Advisory Board, Centre for
Rural Health
Professor Stephen Tollman

Message from the Chairperson of the Advisory Board

On behalf of the Advisory Board, it is a pleasure to contribute this foreword to the Centre for Rural Health's Biennial Report 2012-13.

The Centre is unusual in several respects. These include:

- The quality and commitment of its staff
- Strategic contributions to areas of national need (and sometimes neglect)
- The guidance and support that are freely contributed by members of an active Advisory Board.

Led by Ian Couper, with Ntsiki Mapukata-Sondzaba, Marije Versteeg-Mojanaga, Abigail Dreyer and Richard Cooke, and ably supported by Sizwe Dhlamini, the Centre has enjoyed a clearly successful if always challenging period.

Highlights – which in many ways break new ground – range across the decentralised district-based training initiative (a vehicle for the emerging cadre of clinical associates in South Africa); to the WIRHE programme providing opportunities at Wits for promising school graduates (who otherwise might never get the opportunity and are expected to return to work in rural environments); to RHAP, the Rural Health Advocacy Project (in partnership with Section 27 and RuDASA) that continues to shine a spotlight where public attention and action are most needed. These and more are outlined in this report.

An exceptional element is the partnership forged with the North-West Provincial Department of Health; their leadership and constant support at all levels is in part responsible for the successes of the Centre. Similarly, the Wits Faculty of Health Sciences provides an essential platform for the Centre which enables its growing regional and international profile. A special note of thanks to the Centre's generous funding partners whose identification with the ideals of the Centre are warmly recognised.

In closing, I must acknowledge the committed and inspiring leadership of Ian Couper – an example to us all. No doubt, in years to come, his and the team's contributions to the South African rural health sector will extend to Southern Africa and the sub-Saharan region more broadly.

Professor Stephen Tollman

Chair, Advisory Board, Wits Centre for Rural Health



Director of Centre for Rural Health
Professor Ian Couper

Director's message

For a range of reasons, in consultation with the Centre's Advisory Board, we have produced a report to cover the two years 2012-2013 together. It was my privilege to have sabbatical leave during the last 6 months of this period; this provided a wonderful opportunity to reflect on the development of the Centre and its progress. It is very exciting to see how the Centre has grown and matured.

In 2012, the Advisory Board decided that the initial strategic plan established as part of developing the Centre, needed to be reviewed and revised. This was undertaken during 2012 and, with external support, in early 2013, leading to the endorsement by the Board of a new strategic plan in March 2013, the overview of which is presented above. The plan, with its focus on fostering the development of high quality rural health care through **Service, Training, Advocacy, Research, and Sustainable** growth (STARS), has helped us to crystallize our efforts and be clearer in our decision-making about what we are and should be doing.

These two years have been very busy and rich. The timeline that follows provides some of the many highlights. The specific projects report on their activities thereafter. I am very proud of the CRH team for what we have achieved, punching far above our weight! The way that the Centre continued to function in my absence on sabbatical was an encouraging sign of sustainability and the strength of the team. I want to acknowledge particularly Dr Richard Cooke, who took over as acting Director in my absence, and Dr Audrey Gibbs, who acted as head of the Division of Rural Health. I have produced a separate report on my sabbatical, which is available on request. It includes a briefing note for the North West on possible collaborative models for a medical school in the province, based on my visits to North American institutions.

I am very grateful to the Advisory Board and to its chair, Professor Steve Tollman, for their support and the time they give to guiding the Centre. In particular I want to acknowledge a founding member, Mr Ken Duncan from the Swiss South Africa Cooperation Initiative, to whom the Board said farewell during 2012; his very valuable contribution is greatly missed.

We appreciate your support and always welcome visitors from near and far. Your feedback on this report, especially the biennial nature and the new format, would be valuable.

A handwritten signature in black ink, appearing to read 'Ian Couper', with a stylized flourish at the end.

Professor Ian Couper
Director: Centre for Rural Health



The Period in Brief: Timeline - 2012	
January	<ul style="list-style-type: none"> Professor Ian Couper visited the College of Medicine of Malawi in Blantyre as part of the on-going twinning partnership, where he conducted a workshop with preceptors for the undergraduate programme and contributed to discussions on developing postgraduate family medicine training. Professors Bob Miller and Cheri Bethune from Memorial University of Newfoundland joined CRH for 2 months of their sabbatical.
February	<ul style="list-style-type: none"> CRH hosted a joint workshop with Monash University on the development of rural clinical academic leadership. In addition to Professors Judi Walker (Head of the Rural Clinical School, Monash University) and David Campbell (Senior lecturer, Rural Clinical School, Monash), Professors Bob Miller and Cheri Bethune as well as colleagues from Stellenbosch, UCT and UKZN contributed. The discussion has continued at a number of conferences since then, with ongoing work between CRH and Monash School of Rural Health. RHAP, CRH and rural partners published "The WHO Global policy recommendations on increasing access to health workers in rural areas through improved retention and recruitment: The SA Context" document. RHAP and CRH staff co-authored two chapters in the South African Health Review, on Human Resources for Rural Health and on the Right to Rural Health RHAP presented to the Wits Faculty of Health Sciences Transformation Committee, on rural selection and admission criteria, with adoption of recommendations.
March	<ul style="list-style-type: none"> Professor Ian Couper attended the second meeting of the Core Guidelines Development group for the WHO initiative on transforming and scaling up health professional education and training. A successful Careers Day was hosted at Lehurutshe Hospital in the North West, with about 400 high school students and educators attending. RHAP issued a discussion document on the impact of transport on the health of rural communities.
January to March	<ul style="list-style-type: none"> CRH worked with the Centre for Health Sciences Education (CHSE) and James Cook University colleagues to develop a policy brief on Faculty Development for the World Health Organization (WHO), subsequently published in November 2013, as part of the Core Guidelines on Scaling Up and Transforming Health Professions Education.
April	<ul style="list-style-type: none"> Dr Richard Cooke was appointed as lead for the SA SURE project. RHAP staff and the Director met with the Chair of the Health Portfolio Committee of the National Assembly, Dr Goqwana, to discuss issues relating to access to health care in rural areas. RHAP issued a discussion document on the scope of work for home-based carers.
May	<ul style="list-style-type: none"> The Director presented a plenary address to the third invitational forum of the European Rural and Isolated Practitioners Association (EURIPA), in Novalja, Croatia. Following issues with stock-outs of ARVs for HIV-positive patients and a moratorium on filling of posts in the Eastern Cape, RHAP, RuDASA and SECTION27 issued a press statement and started compiling a report on the extent of the crisis in that province, which was subsequently submitted to the national Minister of Health.
June	<ul style="list-style-type: none"> The Director participated in and presented at the Medical Education Partnership Initiative (MEPI) Workshop, "Linking Medical Education and Health Systems Strengthening", in Cape Town.



July	<ul style="list-style-type: none"> CRH hosted a peer review of Community based educational partnerships at Wits by the Collaboration for Health Equity through Education and Research (CHEER).
August	<ul style="list-style-type: none"> The Director participated in the annual Medical Education Partnership Initiative (MEPI) meeting in Addis Ababa, Ethiopia; this was part of a new consultancy for Capacity Plus, a USAID-funded global project focused on the health workforce, to provide technical assistance to MEPI partners in relation to Community Based Education (CBE). CRH hosted Professor Roger Strasser, AM, dean of the Northern Ontario School of Medicine, for the annual rural health week. Events included a very positive symposium in North West, the annual CRH seminar on the topic of distributed learning (characterised by the attendance of some very interested and interesting students), and a number of other workshops.  <p>Speakers at the 2012 annual CRH seminar: (L to R) Professors Steve Tollman (Wits), Steve Reid (UCT), AJ Neusy (Training for Health Equity network), Roger Strasser (NOSM), Ian Couper and Yosuf Veriava (Wits)</p>
September	<ul style="list-style-type: none"> CRH staff made substantial contributions to the Rural Health Conference, co-hosted with the Public Health Association of South Africa (PHASA), held in Bloemfontein. CRH hosted the International Academy of Physician Associate Educators (IAPAE) conference at Wits Medical School, supported by the American International Health Alliance (AIHA) Twinning Center. CRH took over the secretariat function for the Rural Doctors Association of Southern Africa (RuDASA).

October	<ul style="list-style-type: none"> • RHAP was announced to be the winner of the Wits Vice-Chancellor's Team Award for Academic Citizenship for 2012. The award recognised RHAP's commitment to human rights in relation to rural health care. • Dr Richard Cooke visited the Catholic University of Mozambique (UCM) medical school in Beira to provide support as per the agreement signed between the Faculty (on behalf of CRH) and UCM. • Professor Ian Couper presented the inaugural John McLeod Oration entitled "Outsiders, Outlaws & Outliers: A view from the inside", at the Rendez-vous 2012 conference in Thunder Bay, Canada, as well as presenting to the Joint Standing Committee on Rural Health of British Columbia
November	<ul style="list-style-type: none"> • The Director and Dr Colin Pfaff attended the 3rd Wonca Africa Regional Conference in Victoria Falls, Zimbabwe, and the 5th annual PRIMAFAMED workshop, which included discussions on the on-going twinning partnerships with the College of Medicine of Malawi and UCM, Beira. • One.org identified RHAP as a Top 5 Finalist for 2012 ONE Africa Award out of 250 applications, commenting that "RHAP has become the de facto source for the most innovative policies and practices to improve rural healthcare and whilst at it, has given a voice to rural health workers they have never had before". • RHAP co-convened a meeting with civil society partners around the launch of a joint project to stop stock outs.
December	<ul style="list-style-type: none"> • Graduation of second group of BCMP students (27) as clinical associates. • RHAP issued a discussion document on matters of equity in financing allocations to districts and districts hospitals.
The Period in Brief: Timeline - 2013	
February	<ul style="list-style-type: none"> • Dr Colin Pfaff and Professor Ian Couper spent 3 days at UCM in Beira, as part of that twinning partnership. • Mr Daygan Eagar (RHAP) presented at a Treatment Action Campaign (TAC) NHI Workshop in the Eastern Cape on "Monitoring the piloting of the NHI at the district level: a tool for activists"
March	<ul style="list-style-type: none"> • Mr Daygan Eagar published an opinion piece in the Mail and Guardian, entitled "Economic Policy: The Poor Still Lose".
April	<ul style="list-style-type: none"> • Ms Marije Versteeg-Mojanaga (RHAP) presented at the TAC Annual General Meeting on "Resourcing Rural Areas for the Right to Health" in Johannesburg • Mr Daygan Eagar presented on "Health care reform in South Africa: equity, social justice and the NHI" at the Alternative Information and Development Centre (AIDC) Budget Justice Seminar in Cape Town • Mr Daygan Eagar published an opinion piece in the Mail and Guardian entitled "Taking Care over the Next Hill"



<p>May</p>	<ul style="list-style-type: none"> The annual rural health week was held with international visitors Professor Fortunato Cristobal, dean of the Ateneo de Zamboanga School of Medicine in the Philippines, and John Michael Dellariarte, a graduating student of the school; they delivered a truly inspiring series of seminars and workshops under the theme of “Educational strategies to impact on rural health care”.  <p>International guest speakers at the 2013 annual seminar, Dr John Michael Dellariarte and Professor Fortunato Cristobal</p> <ul style="list-style-type: none"> Dr Richard Cooke visited UCM in Beira. RHAP convened two Eastern Cape Health Consultations in Mthatha and East London in partnership with RuDASA, TAC and SECTION27 Mr Daygan Eagar met with the National Treasury Social Sector Division to introduce the Rural Proofing Policy and Budgets Programme.
<p>June</p>	<ul style="list-style-type: none"> The Director presented a series of addresses at the Brazilian Society of Family and Community Medicine in Belem in the Amazon region of Brazil, attended by about 3400 family and community doctors. Ms Nontsikelelo Mapukata-Sondzaba and Dr Rainy Dube spent three days at the College of Medicine in Malawi as part of the twinning partnership. The Director handed over as chair of the international Working Party on Rural Practice of the World Organisation of Family Doctors (Wonca) at the Global Family Doctors conference in Prague. Ms Abigail Dreyer graduated as a fellow of the Southern African Regional FAIMER Institute (SAFRI), FAIMER being the Foundation for the Advancement of International Medical Education and Research. The Eastern Cape Health Crisis Action Coalition was launched in East London by SECTION27, TAC, RHAP, RuDASA, JuDASA, SAMA, SECTION27, TAC, DENOSA, PSAM, RuRESA, and Democracy from Below; within the following months to grow into a coalition of over 30 organisations Dr Richard Cooke joined the National Task Team on GP contracting following earlier rural-proofing input into the GP contracting project proposal.



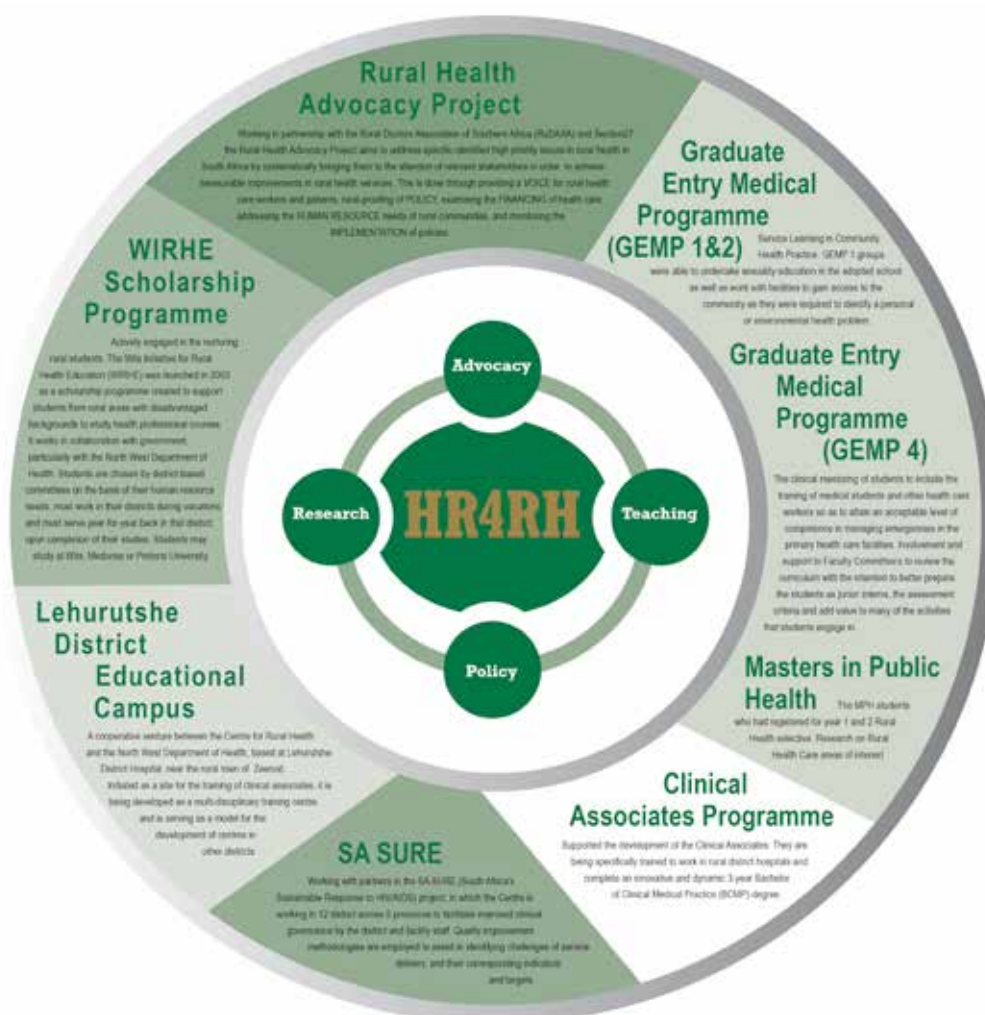
July	<ul style="list-style-type: none"> • Professor Ian Couper commenced his sabbatical at the University of Washington, Seattle, and Dr Richard Cooke took over as acting Director. • Ms Abigail Dreyer appointed in an academic position • RHAP held its first bi-annual Rural-Proofing Policy and Budgets Stakeholder Forum attended by DoH, Treasury, Health Workers, DENOSA and civil society
August	<ul style="list-style-type: none"> • A good contingent from the Centre participated in the Annual Rural Health conference held in northern KwaZulu-Natal. • RHAP developed a concept note entitled “Health Care Worker Reporting: Processes, Strategies, Tools”.
September	<ul style="list-style-type: none"> • The Director coordinated the submission of a document to the National Health Council on the reorientation of medical education towards primary care and rural health. • Mr Scott Smalley and Dr Audrey Gibbs attended the 6th Annual International Academy of Physician Associate Educators (IAPAE) Conference in Birmingham, England, where they presented on the Wits BCMP curriculum to promote awareness of the new mid-level health worker educational training and profession. • The Stop Stock Outs Projects was formally constituted as a consortium between the SA HIV Clinicians Society, RHAP, RuDASA, TAC and MSF.
October	<ul style="list-style-type: none"> • RHAP staff met with the DDG: Human Resources, National Department of Health; the Department resolved to constitute a task team for the implementation of the rural chapter of the national HRH plan. • Richard Cooke and Professor Ian Couper were appointed to an Expect Reference Group to develop a blueprint for a medical programme at the Nelson Mandela Metropolitan University.
November	<ul style="list-style-type: none"> • RHAP publishes the report “Rural Proofing Policy - International Best Practice”. • RHAP and TAC co-host community dialogues in EC and KZN • The Clinical Associates team was awarded the Vice Chancellor’s Team teaching award, recognising their innovative approach to education. • Mr Scott Smalley attended the African Network of Associate Clinicians (ANAC) Annual meeting in Malawi to draft a constitution for the promotion of mid-level health workers throughout Africa. • Professor Ian Couper was appointed to be a member of the WHO’s Guidelines Review Committee for 2014-2016. • Dr Richard Cooke attended the Third Global Forum on Human Resources for Health in Recife, Brazil
December	<ul style="list-style-type: none"> • Graduation of third group of BCMP students (52) as clinical associates. • Ms Abigail Dreyer joined SAFRI as faculty.



International guest speakers at the 2013 annual seminar, Dr John Michael Dellariarte and Professor Fortunato Cristobal

KEY FOCUS AREAS

The wheel below summarises the Centre's focus areas along with our key projects and activities.



What do we do? STAR Projects of the Centre

SERVICE SUPPORT



CRH lead:
Dr Richard Cooke

South Africa's Sustainable Response to HIV/AIDS (SA SURE)

The Centres for Disease Control (CDC) awarded a grant (through the Presidents Emergency Plan for AIDS Relief PEPFAR) to a group of SA partners (led by Health Systems Trust) to plan and implement SA SURE. The grant was awarded to strengthen the effectiveness of the District Health System by building local capacity in the supported districts (6 provinces, 16 districts). The grant period is for five years, from September 2011 to 2016.

CDC decided on a realignment of the PEPFAR partners' support of districts beginning October 2012. The impact on SA SURE was a decrease in numbers of districts supported from 16 to 12. The support is now provided for 4 districts in Kwazulu Natal, 4 in the Free State, 1 in the Eastern Cape, 1 in Limpopo, and 2 in the Northern Cape. Beginning in April 2012, the CRH continues to support this project. The other two partners are Management Sciences for Health (Management and

Leadership) and UCT's Centre for Disease and Epidemiology Research (M&E).

The SA SURE team in each district comprises of one mentor per district in each of clinical, monitoring and evaluation, and management/leadership disciplines. "Facility mentors" are being employed to support initiatives in quality improvement at facility level. Each will support 5-6 facilities. CRH's involvement focuses on improving clinical governance by the district and facility staff, working across all three work streams. Quality improvement methodologies are employed to assist in identifying challenges of service delivery, and their corresponding quantified indicators and targets. Root causes of problems are established, and remedial actions are planned and implemented.

The registration of the Quality Improvement in Health Care as a Wits Faculty of Health Sciences short course facilitated the running of one such course in 2012 for SA SURE staff specifically. A second has been arranged, specifically customised for the SA SURE project for April 2014.

The current CRH budget on this project was calculated for the second year at R1.7 million, increased to R2.2 million for the 2012/2013 year. The main budget line items comprise the salary for the clinical lead, professional fees paid to the Centre for the services of CRH Director and expert consultants (used as needs dictate), as well as costs of travel to the districts for the CRH Clinical Lead on SA SURE.

Involvement by Wits CRH in this project contributes to our specific goal of supporting rural health services, particularly in promoting clinical governance in districts, as well as providing mentoring and training to managers and health professionals.

In the first two years of the SA SURE project, the SA SURE district teams have developed work plans to partner district stakeholders in improving the performance of measured indicators at weaker performing facilities. Adequate for their breadth and structure in Year 2, the Wits CRH work plan in 2013 included a focus on depth; improving the quality of clinical governance on a facility and district level, as well as improving the quality of care provided to the individual patients.



The Wits CRH Clinical Governance Work Plan under SA SURE supports delivery of quality primary health care for patients and communities, and is characterised by the following highlights:

1. Training in clinical consultations and management of patients, emphasising a holistic bio-psychosocial approach for the clinical, NIMART and Facility Mentors in all supported districts
2. Training facility mentors and DoH staff in the new HIV (April 2013) guidelines in each of the five provinces
3. Clinical Governance resources (clinical guidelines and other tools) developed and distributed to all SA SURE mentors in both electronic and select hard-copy versions
4. Training plans for the clinicians in the PHC team at clinic level, especially given the contracting of sessional doctors, both private and public, to work in facilities
5. Orientation and induction of the newly-contracted General Practitioners in NHI pilot districts, in collaboration with the National Department of Health
6. Collaboration with the Quality Assurance work stream in the development and delivery of a customised SA SURE Quality in Health Care short course, accredited under the Wits Centre for Rural Health
7. Assist in the development and implementation of DoH district health plans in the supported districts
8. Identify success stories, and assist in the documentation thereof
9. Assist in the development and use of a PHC Support Manual
10. Quality improvement plans to address gaps identified for improved clinical governance developed and implemented

TRAINING



Coordinator:
**Ms Nontsikelelo
Mapukata-Sondzaba**

The major focus of the Centre with respect to training is providing platforms for academic rural health programmes and developing human resources.

Wits Initiative for Rural Health Education (WIRHE)

The Wits Initiative for Rural Health Education (WIRHE) programme continues to demonstrate growth in the academic performance of the active students, service contribution, social engagement and in the number of students who complete their studies in record time. Our alumni have already demonstrated an affinity to lifelong learning as one of our rural based graduates completed a post graduate diploma in hand therapy at the University of Pretoria. Other graduates are also keen to pursue post graduate studies in their respective fields.

In 2012, we started off the year with majority of the fees of the active students still outstanding from the previous year, due to administrative challenges in the North West province. Through the fundraising office at

Wits, we were able to secure a donation from the Vice Chancellor's discretionary fund. The amount of R54 000 was used as an interrim resource for students who desperately needed financial support. With the cooperation of the North West premier's office, and the support of the DDG Health Services, there was much improvement in the latter part of 2012 in as far as administrative processes were concerned, and even more in 2013.

A number of students who were identified as being 'at risk' continue to benefit from the mentoring services provided through the WIRHE office by an external consultant. Based on these early interventions, students are consistently achieving a healthy pass rate.

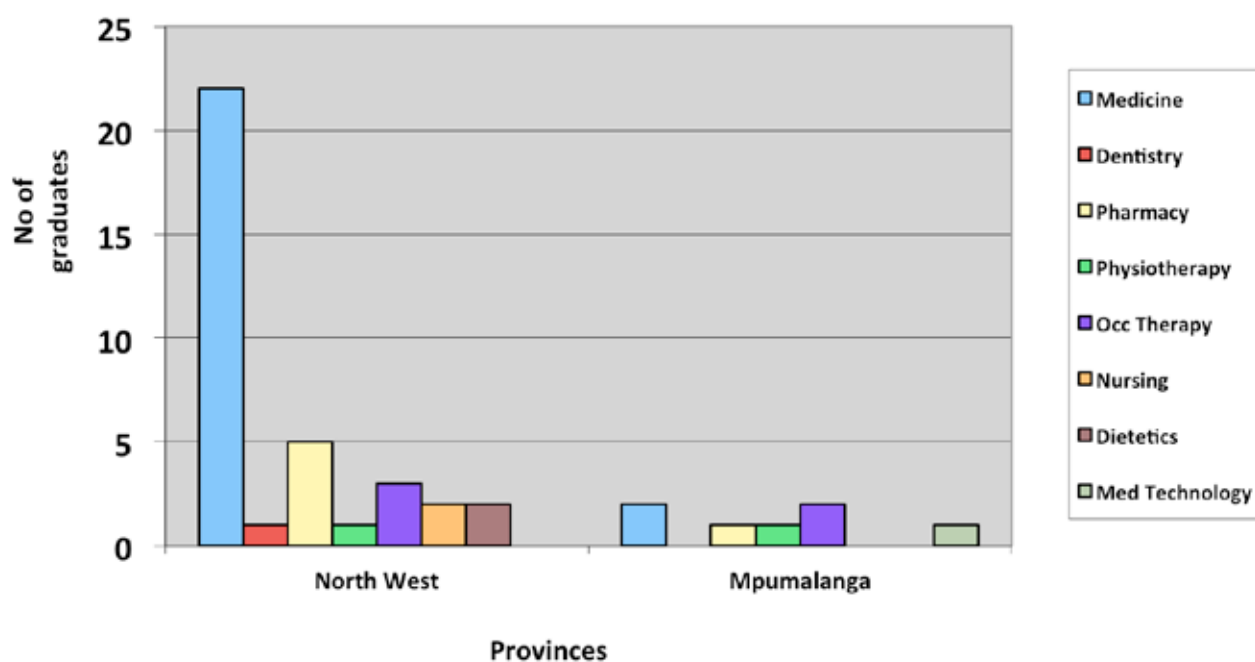
Our alumni now stand at 43, inclusive of all graduates, with 36 from the North West and 7 from Mpumalanga. The majority of the graduates are doctors (25) followed by pharmacists (6) and other categories of health professionals. Twelve MBChB graduates are in their first or second year of internship whilst two nursing graduates are fulfilling their contractual obligations with Gauteng province. One pharmacy graduate has opted out of his service obligation, and will be pursued legally. The other 28 graduates are back in their own communities providing ongoing service. The profile of our graduates is presented in the figure below.

Our social responsibility programme, the Rural Careers Day was extended to the Lehurutshe sub-district to cover schools in that area hosted at the Lehurutshe District Education Campus in March 2012. The volunteers included WIRHE students and graduates, members of the Wits Rural Club and other senior students from the faculty. The day was dedicated to promoting health sciences careers as well as providing health information to the 322 Grade 12 learners from 35 schools, accompanied by their Life Orientation teachers. The Centre extended the platform to include representation from other relevant groups including the Faculty of Health Sciences of the University of Johannesburg, the Council for Scientific and Industrial Research (CSIR), the NHLS (Pretoria), South African Qualifications Authority (SAQA), a Home Affairs Mobile Unit, the South African National Blood Services (SANBS) and the local Emergency Medical Services. We are indebted to the Mr Price Foundation for their generous donation of the red t-shirts worn by the student volunteers



MBBCh graduates at Wits

WIRHE Alumni Profile





Health professional students from Wits demonstrating their skills to Grade 12 learners in Lehurutshe



Project Manager:
Ms Abigail Dreyer

Lehurutshe District Educational Campus Project

The District Educational Campus (DEC) is based at the Lehurutshe-Zeerust Hospital, in the Ramotshere Moiloa sub-district of Ngaka Modiri Molema District. To support the development of increasing the rural work-force, this site allowed for local students on scholarships to work in their Province of origin alongside their studies in Health Sciences.

This site is a successful, collaborative arrangement between the Centre for Rural Health, University of the Witwatersrand and the North West Department of Health.

The aim of the project is to provide decentralised education and training of primary health care personnel in rural areas, starting with Clinical Associates, as a model for further training development in the province. The objectives of the project are:

- To create a centre of excellence for continued education and training for rural health care workers;
- To develop a self-sustaining decentralised health-professional education model for Clinical Associates training that can be rolled out to other districts;
- To improve the standard of care in North West Province (NWP) hospitals;
- To expand the training programmes to include physiotherapy, occupational therapy and medical students, Primary Health Care (PHC) Nurses and allied health professionals;
- To use the DEC to undertake research, advocacy and policy development;
- To provide opportunities to network with other local and international groups.

“Having had experience with many collaborative projects, it is such a fine balance, because if you can’t get the relationship right, any funded project can fail.”

Abigail Dreyer, Project Manager, Lehurutshe District Training Centre, March 2012

“We’ve got to grow our own timber, we can’t get logs from elsewhere, and they are few and far between”

Mr Gerhard Henning: Chief Director: Health Services, Lehurutshe District Training Centre, February 2012

The site boasts shared on-site accommodation for the students, where each room is equipped with two single beds, two study desks and a fan/heater. The bathrooms and kitchen are shared by all students making use of the site. The small group and larger group teaching space and the computer laboratory with full internet access are used by students and staff at the Hospital Complex.

The site currently supports and hosts medical, occupational therapy, physiotherapy and clinical associate students, as well as local and international medical students on electives, and visiting international staff.

The Ngaka Modiri Molema District Department of Health appointed a new manager, Ms Sheillah Mboweni, in September 2013, representing a transition from the CRH-employed manager. The ongoing collaboration between the district and Wits is vital to the sustainability and success of the educational campus. The district also advertised the tutor position which has been filled by Mr Bright Sithole, who was previously employed in Gauteng. He will support the Bachelor of Clinical Medical Practice Programme in the District.

Ms Abigail Dreyer started her academic role in CRH as a Lecturer/Coordinator. She will continue to co-ordinate activities within the North West and expand the presence of the Centre at other facilities in the Province. The relationship with the Lehurutshe/Zeerust Hospital Complex continues as the site provides space for a range of Wits students to complete rotations at the facility.



A clinical associate student from Wits during routine round in the paediatric ward at Lehurutshe

“I really got to work at the site, there are so many patients to help. This is different to work back home.”

Veronica Ortiz, USA Resident from Reading Hospital, January 2013

The District Educational Campus has been captured in the BEST PRACTICE publication of Health Systems Trust. Atlantic Philanthropies commissioned a photographer to go out to site and capture the project in a photographic report. The Discovery Foundation also commissioned a film crew to film the achievements of the District Educational Campus while the project was funded. The Foundation also funded a park home for the Taung site, to serve as a Resource Centre; it will be equipped for students and staff to use for educational purposes.

In September 2013, Abigail attended the 40th Anniversary Conference of Association-for-Medical-Education-in-Europe (AMEE 2013) in Prague, Czech Republic where she presented a poster on her work with Community Health Workers in the Ramotshere Moiloa Sub District.



Clinical Associates

The Clinical Associate Programme continued to grow and flourish. The interest in registration to the degree has reflected an increasing demand for the course. In 2009 the first cohort of students was 25 students and in 2012 the programme had 139 students across the three years of the degree. Of the 900 applications for Year 1, the programme offered 60 places in 2013, with a total student number of 161 in 2013.

The staff members are dedicated and passionate about the programme. In 2012, the team received the Vice Chancellor's team teaching award as recognition of the innovation, together with improvements in curriculum and teaching. To date the high throughput rate of extremely competent graduates continues to be the programme's greatest achievement.

We continued to benefit from the Twinning partnership with Emory University, Atlanta, funded by the American International Health Alliance (AIHA). The three universities with Clin A programmes (Wits, UP and WSU) collaborated and attended joint workshops in 2012, and again in 2013, supported and funded by AIHA. We feel this collaboration lends strength and legitimacy to the Clinical Associate Programme, including the final National exam written by all students from the three universities. AIHA also funded a volunteer US Physician Assistant to join our teaching team for three months.

We have had a number of visitors to the CRH in 2012 and 2013, who have also observed, assisted and advised the Clinical Associate programme. Some staff and students became "actors" in Professor Tarun Sen Gupta's training of trainers videos. Outside input is always welcome and beneficial. We have also had visitors from Nelson Mandela Metropolitan University (NMMU), Medunsa, as well as the nursing department at Wits to learn about our integrated approach to teaching. We have definitely begun to be noticed and to influence others to rethink their teaching curriculum and methods.

Our first 25 graduates began work in January 2012, the second cohort in January 2013. All reports have been very positive, about their attitude, competence and the benefit to the hospitals. It was reported that a referral hospital believed there were two new very good 'doctors' in one of the district hospitals due to the quality of referrals received, when in fact they were two new Clinical Associate graduates.



BCMP students at work

There is still a lot of work to be done on marketing this new profession, both to health care staff as well as to the public. Posters have been made and distributed and a video is being prepared to help do this, both funded by AIHA. Research on the impact of the Clinical Associates needs to be done to back up the anecdotal reports with evidence.

The next step is to develop postgraduate programmes, much in demand by the graduates. The Clinical Associate Programme will continue to grow and break new ground.



Rural health coordinator:
**Ms Nontsikelelo
Mapukata-Sondzaba**

Graduate Entry Medical Programme

GEMP 1 and 2

Community Oriented Primary Care (COPC) as the end stage of a two year project was phased with 80 groups presenting their posters on projects they had worked on in communities all over South Africa and in the neighbouring Southern African Development Communities (SADEC) countries, in 2012. The project that was unanimously voted to be the best project in meeting the objectives of COPC was based in Ermelo, Mpumalanga. The two students worked with the community in identifying a culturally sensitive and acceptable intervention that addressed an increasing incidence of illegal abortions in that particular community.

Service Learning in Community Health Practice replacing COPC was implemented successfully. The majority of the GEMP 1 groups were able to undertake sexuality education in the adopted school as well as work with facilities to gain access to the community as they were required to identify a personal or environmental health problem. Students have also identified a variety of projects that will have benefits to the community in the long run. One such project evaluated the status of mortuaries in Soweto where the medical students evaluated current practice and identified owners who were non-compliant with current legislation such as not having an on-site facility and having to rent storage from a neighbouring mortuary.

GEMP 4

We managed to place students in four provinces, namely Gauteng, North West, Mpumalanga and Limpopo, for their Integrated Primary Care rotation. Through their Quality Improvement projects, students continue to contribute to quality health care.

We were fortunate to secure the services of a young and dynamic clinical lecturer – Dr Rainy Dube, a Wits Alumnus – who is ensuring we continue to be innovative in our content and approach. She focused on giving support to the clinical sites and to students in the sites; the clinical mentoring of students has had a positive effect particularly on the Cuban Trained medical students. Other initiatives included the training of medical students and other health care workers in managing emergencies in the primary health care facilities in which they are based.

An ongoing challenge is the lack of resources, particularly with respect to accommodation facilities, to the extent where we were not able to use some of the sites that have been previously commended for good clinical supervision.



Vryburg Hospital, North West. One of the several sites that are used for the GEMP 4 practicals.

MPH Rural Health

The MPH students continue to draw a diverse group of applicants with gradual increases in the number of students admitted in the field of study. Students registered for year 1 MPH selective, The Rural Health Care Context, achieved a pass rate of 80% whilst the MPH 2 class attained a 100% pass rate for the field of study courses. Two students graduated, while a third student, who had been expected to complete his studies in December, was offered an international scholarship to Italy and delayed his submission.

The programme is expected to make some gains with the appointment of a dedicated coordinator, Ms Abigail Dreyer who is keen to introduce students to the eLearning platform. Students are conducting some very interesting research projects in a range of rural contexts, within Southern Africa; we look forward to seeing these reach publication stage.

ADVOCACY



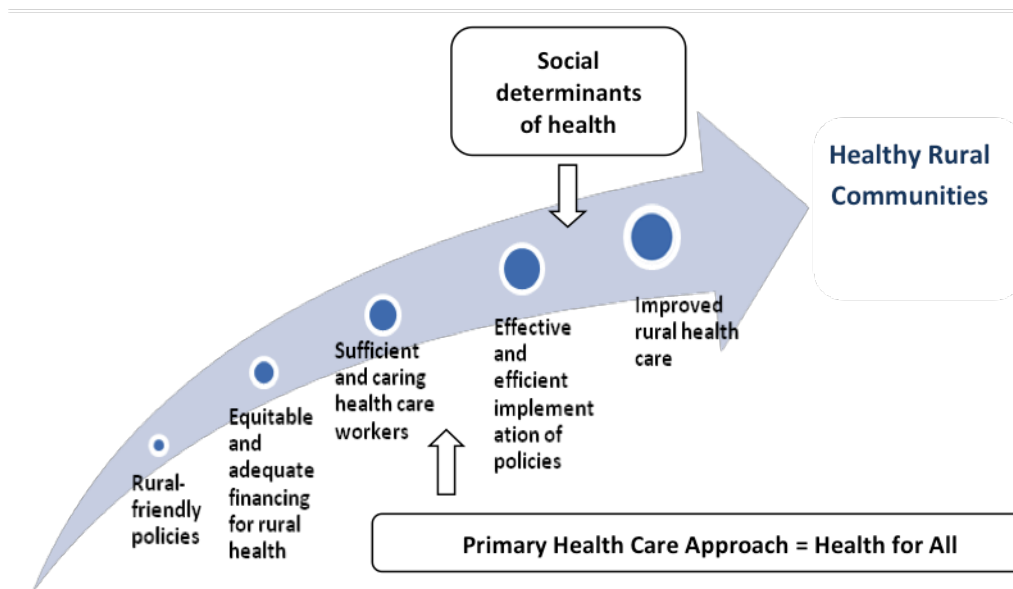
Project director:
Ms Marije Versteeg-Mojanaga

Rural Health Advocacy Project

Over the past two years the RHAP, established in 2009 as a partnership between Wits Centre for Rural Health, RuDASA and SECTION27, was able to consolidate itself further towards a vibrant civil society project aimed at advocating for the health rights of rural communities. We continue to focus on four key strategic objectives:

- 1) Rural-friendly policies
- 2) Adequate financing for rural health
- 3) Access to caring and sufficient health care workers
- 4) Monitoring implementation

We believe that these four objectives together in the presence of the required social determinants of health, will lead to improved rural health care which will result in healthy rural communities:



RHAP's Theory of Change - Pathway to rural health

In order to achieve our goals the RHAP facilitates the building of a strong, goal-focused advocacy platform for rural health based on well researched evidence, civil society alliance building and effective engagement with policy makers.

In 2012 and 2013, our advocacy work stretched across the four areas, from building the evidence base of rural health challenges and priorities to policy engagement and monitoring implementation.

RHAP worked across various rural provinces, including the Eastern Cape, which was faced by the freezing of posts and the subsequent staffing challenges at clinics and hospitals. Together with our partners RuDASA, SECTION27, TAC, RuRESA and Africa Health Placements (AHP) we compiled a status quo report and handed this over to the Minister in May 2012. Several press statements were also issued. In 2013 RHAP was part of the formation of the Eastern Cape Health Crisis Action Coalition, which now was over 25 member organisations. At the time of writing, the situation remains very fragile, and it continues to feature highly on our agenda.

We also collaborated with partners on the stock-out problems that continue to plague the country. RHAP and the HIV Clinicians Society launched an on-line reporting tool in 2012, together with SECTION 27, in order to address the Mthatha Medicines Depot crisis. This ultimately led to the MSF and Treatment Action Campaign (TAC) sending in their own staff to manage the running of the Mthatha Medicines Depot to ensure continued delivery of life-saving drugs to patients, mostly ARVs, over the December period. In 2013, the Stop Stock Outs

Project was formed as a consortium between MSF, TAC, RHAP, RuDASA, the SA HIV Clinicians Society and SECTION27.

In 2013 the Rural-Proofing Policy and Budget Programme (RPP) kicked off in full strength. With the appointment of Daygan Eager, the RPP's Manager, RHAP has seen a growth in its research capacity and the RPP produced a number of evidence-based articles and reports. A bi-annual stakeholder forum took place in 2013 where engagement around the growing evidence-base of rural inequities and rural-proofing needs took place with government officials, civil society partners and other stakeholders. This platform provided a space to our rural partners such as RuDASA and RuRESA, as well as coalface health care workers, to be heard on rural realities affecting service delivery to communities. Further, policy engagement took place around important HRH developments. For instance, Dr Richard Cooke joined the DoH task team on GP contracting and the RHAP team met with NDoH officials around staffing norms and the implementation of the rural HRH chapter.

A number of important position papers and fact sheets were published during the period; these and other documents are available at www.rhap.org.za.

Summary of RHAP key developments 2012 and 2013:

- A growth in research outputs on rural health, as well as policy papers, rural health updates and the 2013 rural health factsheet
- An increase in strategic work between rural health organisations resulting in joint submissions, campaigns, and the amplification of diverse voices in rural health
- Strategic alliances with other civil society partners, the formation of Eastern Cape Health Crisis Action Coalition and StopStockOuts Project
- The development of the implementation plan for the rural chapter of the National HRH Strategy.
- Policy input into various processes such as staffing norms, community health workers, Office of Health Standards Compliance, GP contracting in rural areas
- Tangible support to rural health workers in difficult working environments, such as Tintswalo and various Eastern Cape facilities
- Launch of the Rural-Proofing Policy and Budgeting Programme (RPP)
- RHAP was awarded the Wits Vice-Chancellor's Team Award for Academic Citizenship in 2012 and was also the final runner-up for the 2012 One Africa Award.

"RHAP has made 'rural-proofing' a new buzzword in the advocacy world – they give rural health practitioners the ability to speak out."

Nealon DeVore, ONE.org

RESEARCH

Research activities



Coordinator:
Ms Lilo du Toit

The research team at the Centre for Rural Health has been involved in several studies during 2012-3, with a number of publications in that period (see appendix 1). Research is currently focusing in three broad areas, namely monitoring and evaluation (M&E), human resources for health as well as social accountability.

Ms. du Toit received a three-month scholarship from the Flemish Inter-university Council (VLIR) to visit the Department of Family Medicine and Primary Care at Gent University, Belgium, from December 2011 to February 2012, to work on finalising a number of papers.

The illness and subsequent departure of Lilo du Toit, the Centre's researcher, at the end of 2013, was a major blow to research efforts. Two interns were employed for the last part of 2013, Nasiha Soofie and Himani Pandya; the positive experience with these two has led to a decision to continue to employ interns in CRH going forward, not only for research but for a range of different functions.



Study	Description
Clinical Associates Programme	<ul style="list-style-type: none"> Collection of data among students at different levels of study Evaluation among students of the quality of teaching and of the teaching site Tracking of first cohort of graduates (who started working in 2012) Recruitment of students from rural areas
Twinning programme with Emory University	<ul style="list-style-type: none"> Proposed study to evaluate the impact of the twinning programme
Integrated primary care rotation (IPC)	<ul style="list-style-type: none"> Student evaluation of the IPC block before and after going through the block, including a self-rating of objectives and skills
Wits Initiative for Rural Health Education WIRHE	<ul style="list-style-type: none"> Student experiences of the WIRHE programme, which is aimed at recruiting students from rural areas in particular.
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Wits Initiative for Rural Health Education WIRHE	<ul style="list-style-type: none"> Student experiences of the WIRHE programme, which is aimed at recruiting students from rural areas in particular.
District Educational Campus (DEC) in Lehurutshe, North West	<ul style="list-style-type: none"> Evaluation of the campus after three years of operation.
Community Health Workers' perception of their own capacity to do the work described for them under the new District Health Teams programme	<ul style="list-style-type: none"> This study includes an intervention, so the perceptions of CHW's will be tested before the intervention (intervention will be planned according to information coming out of the first stage) and after the intervention.
The role of the District Family Physician	<ul style="list-style-type: none"> This study gathers qualitative information on the perceived roles of DFP in their districts, what hinders the fulfilment of their roles and what supports it.
The impact of undergraduate students on health facilities (in our case, Lehurutshe DEC)	<ul style="list-style-type: none"> This is a CHEER study that seeks to understand how health workers in facilities feel about supervising undergraduate students: is it a hindrance to them, or do they appreciate the extra help?
Life skills of rural origin students	<ul style="list-style-type: none"> This study aims to examine how students from deep rural areas that attended workshops on accessing higher education are now actively pursuing careers and/or further study

APPENDIX 1: Publications 2012-2013

2012

Cooke R, Couper I, Versteeg M. Human Resources for Rural Health. In: Padarath A, English R, editors. South African Health Review 2011. Durban: Health Systems Trust; 2011. <http://www.hst.org.za/publications/south-african-health-review-2011>

Gaede B, Versteeg M. The State of the Right to Health in Rural South Africa. In: Padarath A, English R, editors. South African Health Review 2011. Durban: Health Systems Trust; 2011. <http://www.hst.org.za/publications/south-african-health-review-2011>

Couper I, Mash B, Smith S, Schweitzer B. Outcomes for family medicine postgraduate training in South Africa. *S Afr Fam Pract* 2012; 54(6):501-506

Doherty J, Couper I, Fonn S. Will clinical associates be effective for South Africa? *S Afr Med J* 2012; 102(11):833-835.

Gaede B, Versteeg M. The State of the Right to Health in Rural South Africa. In: Padarath A, English R, editors. South African Health Review 2011. Durban: Health Systems Trust; 2011.

Green-Thompson LP, McInerney P, Manning DM, Mapukata-Sondzaba N, Chipamaunga S, Maswanganyi T. Reflections of students graduating from a transforming medical curriculum in South Africa: a qualitative study. *BMC Medical Education*. 2012; 12:49. <http://www.biomedcentral.com/1472-6920/12/49>

Van Deventer C, Sondzaba N. The Impact of Brief Quality Improvement (QI) Projects by Medical Students in Primary Care. *Afr J Prm Health Care Fam Med*. 2012; 4(1), Art. #383, 6 pages. <http://dx.doi.org/10.4102/phcfm.v4i1.383>

2013

Versteeg M, du Toit L, Couper I. Building consensus on key priorities for rural health care in South Africa using the Delphi technique. *Global Health Action*. 2013; 6:1-8. doi: 10.3402/gha.v6i0.19522.

Doherty J, Conco D, Couper I, Fonn S. Developing a new mid-level health worker: lessons from South Africa's experience with clinical associates. *Global Health Action*. 2013; 6:1-10. doi: 10.3402/gha.v6i0.19282.

Couper I, Fehrsen S, Hugo J. Thoughts on the state of family medicine in South Africa. *S Afr Fam Pract* 2013; 55(3):208-210

Doherty JE, Couper ID, Campbell D, Walker J. Transforming rural health systems through clinical academic leadership: lessons from South Africa. *Rural and Remote Health* 13: 2618 (Online) 2013. Available at <http://www.rrh.org.au>

Ahmadu-Ali U, Couper I. The practice of exclusive breastfeeding among mothers attending a postnatal clinic in Tswaing subdistrict, North West province. *S Afr Fam Pract*. 2013; 55(4):385-90.

Semakula D, Van Deventer C. Delays by people living with HIV/AIDS in accessing antiretroviral therapy. *S Afr Fam Pract*. 2013; 55 (6): 574 - 578.

Worley PS, Couper ID. In the Community. In Dent JA, Harden RM (editors). *A Practical Guide for Medical Teachers*. 4th edition. London: Churchill Livingstone Elsevier, 2013. Pp. 103-11.

Buchan J, Couper ID, Tangcharoensathien V, Thepannya K, Jaskiewicz W, Perfilieva G, et al. Early implementation of WHO recommendations for the retention of health workers in remote and rural areas. *Bulletin of the WHO*. 2013; 91(11):834-40.

Couper I, Sen Gupta T, McNerney P, Larkins S, Evans R. Transforming and Scaling up Health Professional Education and Training. Policy Brief on Faculty Development. Geneva: World Health Organization, 2013. Available at <http://whoeducationguidelines.org/content/policy-briefs>

Couper I. Firing on a few cylinders – the problem of burnout. Heart Matters. 2013; 4(3): 4-5

Eagar, D. Health Care Financing on South Africa: Equity, Social Justice and NHI. In Dick Forslund (Ed) The Alternative Information and Development Centre (AIDC) Budget Justice 2013 booklet. AIDC/ Oxfam, November 2013. <http://www.health-e.org.za/wp-content/uploads/2013/11/AIDC-Budget-Justice-Book-1-OCT-2013.pdf>

APPENDIX 2: Conference and workshop presentations

2012

Couper I. Being an effective supervisor: How to assess and give feedback to trainees. Supervisors workshop conducted at the College of Medicine, University of Malawi, Blantyre. January 2012.

Couper I, Walker J, Campbell D. (Co-facilitators). Developing Academic Leadership in Rural Medical Education. A 2-day workshop hosted jointly by the Wits Centre for Rural Health and the Monash University School of Rural Health. Wits Medical School, Johannesburg. February 2012.

Van Deventer C. The Terrible Two: Malnutrition and HIV. 15th National Family Practitioners' Conference. Cape Town. May 2012. (Paper)

Versteeg M. National Health Insurance - A rural perspective on NHI: RURAL NOW! TAC Activist Dialogue. Johannesburg. May 2012. (Paper)

Couper I. Ensuring rural doctors for the future: The Medical Education Pipeline. 3rd Euripa Rural Health Invitational Forum. Pag, Croatia. May 2012. (Invited plenary)

Mapukata-Sondzaba NO. BCMP Students Experiences of Professionalism during Clinical Rotations. Pan African Ethics Conference. Expo Centre Johannesburg, May 2012. (Paper)

Versteeg M. National Health Insurance. A rural perspective on NHI: RURAL NOW! TAC Activist Dialogue, Johannesburg, May 2012

Couper I. Developing competencies for rural medical service provision. MEPI Medical Education Workshop: Linking Medical Education and Health Systems Strengthening. Stellenbosch University, Cape Town. June 2012. (Invited plenary)

Mapukata-Sondzaba NO. BCMP Students Experiences of Professionalism during Clinical Rotations. Conference of the South African Association of Health Educators (SAAHE). Bloemfontein, June 2012. (Paper)

Couper I, McNerney P. Faculty development: a review. South African Association of Health Educators (SAAHE) 5th National Conference. Bloemfontein. June 2012. (Paper)

Couper I, Worley P, Strasser R. Rural longitudinal integrated clerkships: lessons from two programs on different continents. South African Association of Health Educators (SAAHE) 5th National Conference. Bloemfontein. June 2012. (Paper)

Van Deventer C, Sondzaba N. The impact of brief quality improvement projects (QIPs) by medical students. South African Association of Health Educators (SAAHE) 5th National Conference. Bloemfontein. June 2012. (Poster)

Van Deventer C. Patient centredness in quality improvement: Fact or Fiction? SAMA National Conference. Johannesburg. July 2012.

Couper I. Scaling up and transforming health professional education: Global and local initiatives. Presentation to School of Public Health Academic Meeting. August 2012.

Mapukata-Sondzaba NO, Gibbs A. BCMP Students Experiences of Professionalism during Clinical Rotations. Joint conference of the Public Health Association of South Africa (PHASA) and the Rural Doctors Association of Southern Africa (RuDASA): Bridging the health divide: from Policy to Practice. Bloemfontein, South Africa. September 2012. (Paper)

Couper I. Fit for Purpose: The Importance of Context in Training. International Academy of Physician Associate Educators (IAPAE) Conference 2012. Wits Medical School, Johannesburg. September 2012. (Invited plenary)

Ahmadu-Ali U, Couper I. Practice of exclusive breast feeding amongst mothers attending postnatal clinic in Tswaing sub-district, North West province. Wits Faculty of Health Sciences Research Day 2012. Johannesburg: Wits Medical School, September 2012. (Poster)

Couper I, Worley P, Strasser R. Rural longitudinal integrated clerkships: lessons from two programs on different continents. Wits Faculty of Health Sciences Research Day 2012. Johannesburg: Wits Medical School, September 2012. (Poster)

Du Toit L, Couper I, Gibbs A, Smalley S, Dreyer A, Mngapu P. Clinical Associates Programme Wits Snap Survey: initial experiences of working at district level – 1st graduating cohort 2012. Wits Faculty of Health Sciences Research Day 2012. Johannesburg: Wits Medical School, September 2012. (Paper)

Du Toit L, Couper I, Gibbs A. The role of family physicians in districts: what is best practice? Preliminary findings from a qualitative study. Wits Faculty of Health Sciences Research Day 2012. Johannesburg: Wits Medical School, September 2012. (Poster)

Dreyer A, Couper I. Superheroes of Primary Health Care. Wits Faculty of Health Sciences Research Day 2012. Johannesburg: Wits Medical School, September 2012. (Poster)

Erumeda NJ, Couper ID. Are doctors competent in procedural skills at peri-urban district hospitals of Gauteng, South Africa? Wits Faculty of Health Sciences Research Day 2012. Johannesburg: Wits Medical School, September 2012. (Poster)

Malatji TAP, Couper ID. Rewards and stress experienced by healthcare workers in the era of increased access to antiretroviral treatment in Limpopo province. Wits Faculty of Health Sciences Research Day 2012. Johannesburg: Wits Medical School, September 2012. (Poster)

Van Deventer C, Sondzaba N. The impact of brief quality improvement projects (QIPs) by medical students. Wits Faculty of Health Sciences Research Day 2012. Johannesburg: Wits Medical School, September 2012. (Poster)

Couper I. Transforming Primary Health Care for Rural Communities in order to improve the Delivery of Health Services. 3rd Annual Rural & Remote Health Congress. OR Tambo International Airport, Kempton Park: September 2012. (Invited paper)

Smalley S. Closing the Gap: Inter-rater Improvement of OSCE Evaluator Marks for the BCMP Clinical Practicals. 5th Annual International Academy of Physician Associate Educators Conference. Parktown, South Africa, September 2012. (Presentation)

Dreyer A, Couper I. Preliminary Findings of Self-perceived Confidence Levels of Community Health Workers. Wits Faculty of Health Sciences Research Day 2012. Johannesburg: Wits Medical School, September 2012. (Poster)

Dreyer A. Superheroes of Primary Health Care. Joint conference of the Public Health Association of South Africa (PHASA) and the Rural Doctors Association of South Africa (RuDASA): Bridging the health divide: from Policy to Practice. Bloemfontein, South Africa. September 2012. (Poster)

Couper I. Outsiders, Outlaws & Outliers: A view from the inside. The John McLeod Oration: Rendez-vous



2012 Conference, Thunder Bay, Canada. October 2012. (Invited plenary)

Walker J, Couper I, Campbell D. Rendez-vous 2012 Workshop: Academic Leadership in rural health professional education - defining the roles of rural clinical academics. Rendez-vous 2012 Conference, Thunder Bay, Canada. October 2012. (Workshop)

Reid S, Couper I, Mabuza H, Naidu C. Rendez-vous 2012 Workshop: The value of peer review to enhance health science education for health equity - a collaborative approach. Rendez-vous 2012 Conference, Thunder Bay, Canada. October 2012. (Workshop)

Couper I. The Rural Health Workforce: Can we make a difference? Invited presentation to the Joint Standing Committee on Rural Health of British Columbia. Vancouver, BC. October 2012.

Couper I. Recruiting and Retaining Health Professionals in Rural and Remote Areas: The Pipeline. Invited presentation to the Rural Coordinating Centre of British Columbia meeting in Kelowna, BC. Canada. October 2012.

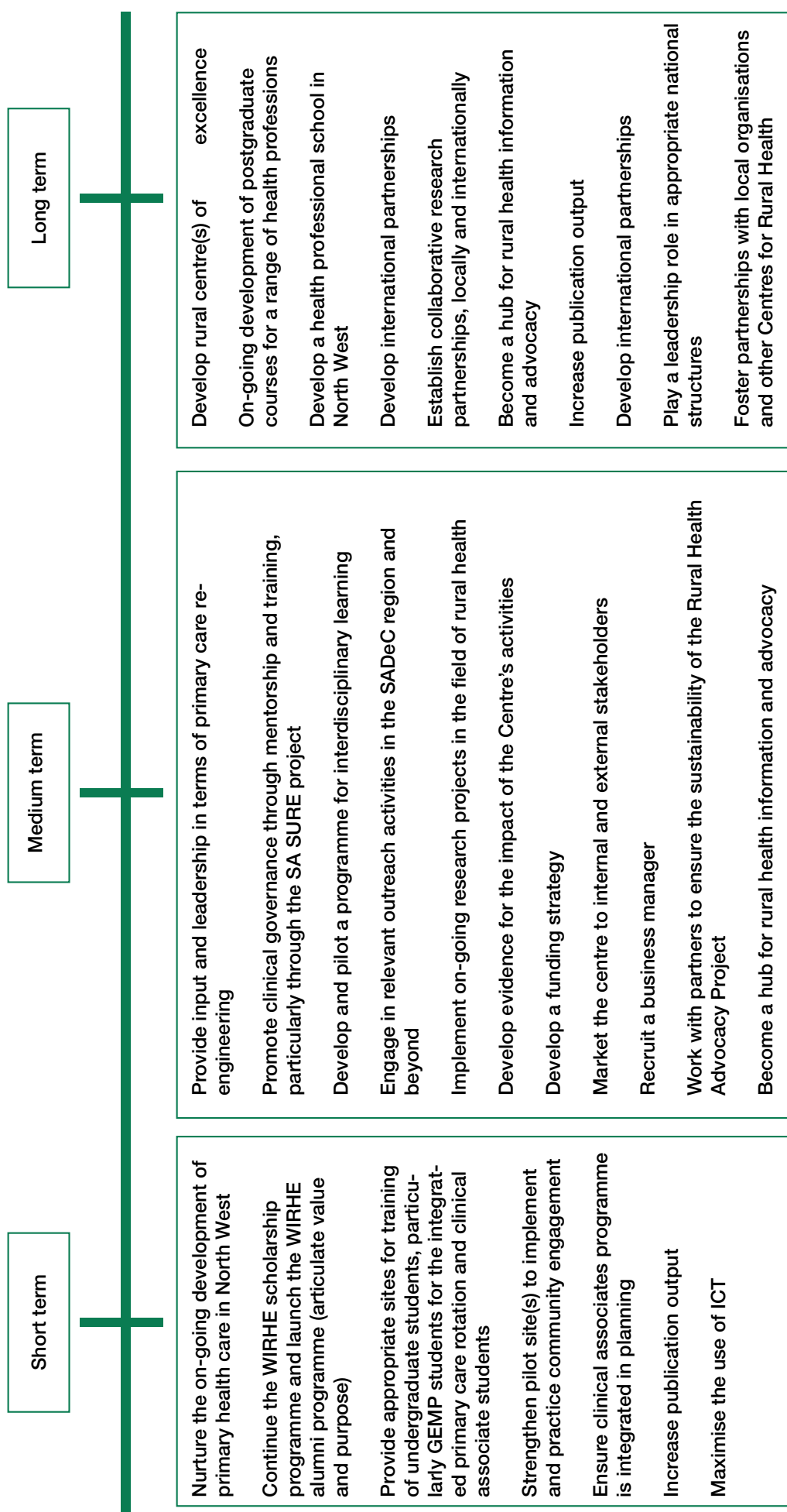
Cooke R. Looking after those on the fringes: "rural-proofing" policy and practice in South African health care. HIV Clinicians Society's Conference. Durban. November 2012

Versteeg M. The Rural-Proofing and Budgeting Programme for Improved Access to Health Care in Rural South Africa. 8th meeting of the Budget Expenditure Monitoring Forum. Johannesburg. November 2012.

Cooke R. Equity in budget allocations to rural hospitals: Is there a needs-based solution? 8th meeting of the Budget Expenditure Monitoring Forum. Johannesburg. November 2012.

Couper I, Namatovu J. Empowering Family Medicine Research and Faculty Development. 5th annual PRIMAFAMED workshop: Family Physicians in the developing world - making it happen! Victoria Falls, Zimbabwe. November 2012. (Workshop)

APPENDIX 3: STRATEGIC PLAN - GOALS



APPENDIX 4: BOARD OF THE CENTRE FOR RURAL HEALTH

(As of 31 December 2012)

Function: To provide strategic direction and governance oversight for the Centre for Rural Health

Frequency of meeting: 3 times a year

Members:

1. Chair: Prof Steve Tollman (Nominated by the Dean)
2. Director of Centre (Ex officio)
3. Head of School of Clinical Medicine – Prof Mkhululi Lukhele
4. Representative of School of Therapeutic Sciences – Prof Pat de Witt
5. Representative of School of Public Health – Dr Julia Moorman
6. Head of Community Paediatrics – Prof Haroon Saloojee
7. Head of Wits/MRC Rural Public Health research Unit – Prof Steve Tollman
8. North West Department of Health – Ms Mmule Rakau, Chief Director, Bojanala District (or alternate)
9. Mpumalanga Department of Health – Ms Ida Makwetla, Chief Director, Primary Health Care (or alternate)
10. NGO sector – Ms Jeanette Hunter, CEO, Health Systems Trust
11. NGO sector – Mr John Capati, AIHA Twinning Center
12. Private sector – Mr. Jackie Tau, Group CSI Manager, Aspen Pharmacare
13. Private sector – Mr. Rowan Duvel, Civil Engineer, Waterbility
14. Research sector – Mr. Dan Mosia, COO, Wits Health Consortium

APPENDIX 5: DONORS

Project	Source	Purpose	Period
North West Clinical Associates (Lehurutshe) Project	Atlantic Philanthropies	Development of District Educational Campus, Lehurutshe and Clinical Associates programme in NW province	2009-2013
WIRHE Mpumalanga	SSACI	Extend scholarship into Mpumalanga	2011-2013
WIRHE Scholarships	Aspen Pharmacare	Funding of WIRHE students	2012-2014
Lehurutshe District Educational Campus grant	Discovery Fund	Development of training facilities in Lehurutshe DEC	2011-2012
North West development: WIRHE alumni and District Educational Campus	Discovery Fund	Supporting WIRHE alumni Developing training facilities in Taung	2013-2014
Clinical Associates programme	American International Health Alliance (AIHA) Twinning Center	Twining partnership between the Wits Clinical Associates programme and the Emory University Physician Assistants Program	2010-2015
CHEER	Atlantic Philanthropies via UKZN Centre for Rural Health	Research collaboration on socially accountable health science education – employment of research assistant, peer reviews, meetings	2008-2013
Rural Health Advocacy Project	Atlantic Philanthropies	Ongoing development of the rural health advocacy project, in its goal areas	2012-2016
Rural Health Advocacy Project	Open Society Foundation	Rural proofing and budgeting programme	2012-2013
SA SURE	CDC via HST	National health systems strengthening project in 12 districts across 5 provinces led by HST; CRH focus is on clinical governance	2012-2016

(Note: CRH has managed a number of Discovery Foundation Rural Fellowship Awards on behalf of districts in North West; these have not been included in this list. Bursary funding from North West for WIRHE and Clinical Associate students also not included.)



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