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JOHANNESBURG

FACULTY OF HEALTH SCIENCES



CENTRE FOR RURAL HEALTH
ANNUAL REPORT
2009

(INCORPORATING THE DIVISION OF RURAL HEALTH)



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INTRODUCTION

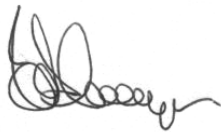
It gives me pleasure to present this Annual Report, the seventh since I joined the Wits Faculty of Health Sciences. It covers the period 1st January to 31st December 2009. This report differs from previous ones in that its focus is much more on the Centre for Rural Health itself, rather than the related Division of Rural Health, whereas this had prominence before, and its structure has changed from previous reports (see below).

The report is intended to inform Faculty and University, provincial partners, donors, collaborators and other stakeholders of our progress in terms of the activities and development of the Wits Centre for Rural Health (CRH).

There has been significant progress during 2009, the highlight of which was the formal launch of the Centre in August.

The report is structured as follows. An overview section presents a summary, which may be sufficient for many readers. This is followed by a review of goals, commenting on progress in terms of the four goals set by the CRH Advisory Board in 2008. The next section reports on other activities of the Division of Rural Health which are not covered under these goals. Finally a set of appendices give more details on past and future goals of the division, the strategic plan of the CRH, staffing, and scholarly activities.

Enjoy reading this report. We welcome your feedback and support.



Ian Couper

Professor

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31st March 2010

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Professors Steve Tollman and Ian Couper at the launch of the Centre for Rural Health, with the keynote address title slide and CRH banners in the background

OVERVIEW

Towards the end of 2008, the Advisory Board of the Centre adopted a strategic plan for the Centre. The agreed upon vision of the Centre is:

To become a leading academic body in the field of human resources for rural health, in Southern Africa and internationally, through facilitating education and training of current and future health care workers, supporting recruitment and retention of personnel for rural health services, research, advocacy and policy development, and networking with other groups.

This vision is based on the need to strengthen rural health services and improve the delivery of health care in rural areas.

The plan included a set of four broad goals which were agreed upon for the period 2009-2011. (See Appendix C). The goals are:

1. Support undergraduate education in rural health care, for medical and other health science students.
2. Develop, deliver, research and evaluate postgraduate programmes in rural medicine and rural health (clinical and non-clinical areas) for all health care professionals.
3. Conduct collaborative research in the area of rural health, especially with respect to human resources for rural health, and engage in evaluation and monitoring of selected rural health services.
4. Advocate for improvements in rural health care, in cooperation with rural communities and other relevant stakeholders.

A review of each of these goals is presented below.

2009 was a year of launches! The major achievements in the year were as follows:

- Formal launch of the Centre for Rural Health in August 2009
- Visit of Professor Tom Norris from the University of Washington, Seattle
- Launch of the Lehurutshe District Educational Campus
- Inaugural symposium on Decentralised Health Sciences Education,
- Launch of the Rural Health Advocacy Project
- Launch of the Bachelor of Clinical Medical Practice (BCMP) degree, with enrolment of the first students

- Receipt of a substantial 3-year grant from the Atlantic Philanthropies for the development of the North West Clinical Associates programme and the Lehurutshe District Educational Campus
- Basic Emergency Skills Training (BEST) course launched in South Africa, in partnership with the Wits Division of Emergency Medicine and the School of Rural Health of Monash University, Australia.
- Co-convening the RuDASA annual Rural Health Conference
- Total WIRHE scholarship student enrolments reached 50
- First WIRHE scholarship graduates produced
- Like skills programme in schools conducted in two North West districts
- First international elective students came on the “package deal” elective (2 weeks emergency medicine and 4 weeks in a rural hospital)
- 5 skills courses conducted

Launch of the Centre for Rural Health and related events

The Wits Centre for Rural Health (CRH) was officially launched at a function held in the Adler Museum, Wits Medical School on 13th August 2009. The launch function, hosted by the Dean of the Faculty of Health Sciences, Professor Helen Laburn, was wonderfully supported with more than 120 people present including deans and colleagues from other Universities. We were honoured by the presence amongst these of the Deputy Health Minister, Dr. Molefi Sefularo; the Vice Chancellor Professor Loyiso Nongxa; the Vice Dean for Academic Affairs, University of Washington School of Medicine, Seattle, Professor Tom Norris; Dr Andrew Robinson, Deputy Director-General for North West Provincial Department of Health; Dr Roger Glass, Director of the Fogarty International Centre, US National Institutes of Health; and Drs Zola Madikizela and Le Nhan Phuong from Atlantic Philanthropies.

The Master of Ceremonies for the occasion was Professor Stephen Tollman, Chairperson of the Centre for Rural Health Advisory Board, who spoke about the relationship between access to health and social justice, and expressed his expectations that the Centre would be a beacon of Justice and Excellence. Professor Helen Laburn portrayed the launch as the CRH setting off, in line with its vision, to

become a peak academic body in the field of human resources for rural health, of which the faculty is a strong and enthusiastic supporter. Dr Molefi Sefularo indicated that the leadership of the CRH “have something more than academics that drive them: a real commitment to the country and its people.” He pointed out the huge inequities in the human resource availability between the private and public sectors, as well as between urban and rural areas in South Africa, which meant that the crucial role of human resource and health systems development cannot be over-emphasised. Professor Loyiso Nongxa stated, “There are projects that appeal to my academic side. There are projects that appeal to my emotional and spiritual side. This one, the Centre for Rural Health, appeals to both.”



Professors Steve Tollman, Helen Laburn, Loyiso Nongxa, Ian Couper and Tom Norris with the Deputy Minister for Health, Dr Molefi Sefularo, at the launch of the Centre for Rural Health

Professor Tom Norris, Vice Dean for Academic Affairs, and Interim Vice Dean for Regional Affairs and Rural Health, University of Washington School of Medicine, Seattle, delivered the keynote address. Using the metaphor of an agricultural irrigation system, Prof Norris spoke about the need for “Pipelines and Plumbers” to develop human resources for rural health care. The educational system for rural healthcare workers must become the irrigation system that prepares these people to

be rural healthcare providers. The teachers and those who support rural health care must serve as the plumbers who keep the pipes flowing.

The launch of the CRH was the highpoint in a week of activities involving Professor Norris, who had been accorded Distinguished Visitor status by the University. He also conducted a training workshop for the Department of Family Medicine on clinical supervision of postgraduates and presented an open seminar for that Department on chronic pain management. He presented two workshops in the Centre for Health Sciences Education, on skills teaching and on longitudinal integrated clerkships. He spent a day at the University of Pretoria addressing their Faculty of Health Sciences on similar topics.

He was the guest speaker at the launch of the Lehurutshe District Educational Campus, on Friday 7th August, where he discussed the importance of decentralised training in health sciences. The Ngaka Modiri Molema District Department of Health hosted a function at Lehurutshe hospital outside Zeerust to mark the launch of the Clinical Associates programme in the North West province and the development of the campus, the main future training base for the Clinical Associates programme in North West province. All 25 BCMP students travelled to Zeerust for the function, as well as a faculty delegation which included the dean Professor Helen Laburn, the vice dean Professor Merryll Vorster, the director of the Centre for Rural Health Professor Ian Couper, the coordinator of the Wits Clinical Associates Programme Dr Andrew Truscott and staff of the Division of Rural Health.

On Friday 14th August, Professor Tom Norris was also the keynote speaker at the CRH's inaugural symposium, which focused on decentralised health sciences education. The symposium attracted over 50 participants from the faculty and around the country, with colleagues coming from most other health science faculties. The symposium looked both at the theoretical basis for decentralised health sciences education as well as practical experiences in such educational programmes. Other invited speakers included Professor Khaya Mfenyana (Dean, Faculty of Health Sciences, Walter Sisulu University), Professor Steve Reid (Director of the Centre for Rural Health, University of KwaZuluNatal), Dr Therese Fish (Deputy Dean for Community Service and Interaction, Faculty of Health Sciences, University of

Stellenbosch), Ms Karien Mostert-Wentzel (University of Pretoria), and Professor Ratie Mpofu (Dean, Faculty of Community and Health Sciences, University of the Western Cape).



Posing with the BCMP students: Ms Nontsikelelo Sondzaba (lecturer, rural health), Professor Helen Laburn, Professor Kate Hammond, Mr Konrad Motlhabane (Chief Director, Dr Ruth Segomotsi Mompoti District), Professor Ian Couper, Dr Andrew Robinson (Deputy Director General, North West Department of Health)

(All the symposium presentations as well as the presentations Professor Norris gave during his visit are available on the CRH website at <http://web.wits.ac.za/Academic/Health/Entities/RuralHealth>)

Other activities

In February the first group of Clinical Associate students commenced the Bachelor of Clinical Medical Practice degree programme. Twenty five students enrolled in the three year course: 14 from Gauteng and 11 from North West Province. Apart from two private students, the remainder were funded by the National Department of Health. The first year was rolled out successfully, with students learning in an

integrated fashion, with theoretical discussions in the mornings at Wits being linked to clinical experiences at South Rand district hospital. All 25 students completed the year and were promoted to second year.

In March, the Basic Emergency Skills Training (BEST) course was launched, as a joint venture of the Divisions of Rural Health and Emergency Medicine, in collaboration with the Monash University School of Rural Health. A team of five faculty members from Australia came over to assist the course director in developing a local faculty and to train the first instructors

In April Dr Andrew Truscott was invited as an expert to attend an informal working meeting to plan Pre-Service Education Content for HIV, TB, malaria and chronic illness for the World Health Organisation (WHO), in Addis Ababa, Ethiopia,

In June, Professor Couper chaired the annual meeting of the international Working Party on Rural Practice of the World Organisation of Family Doctors (Wonca) during the 9th World Rural Health Conference in Heraklion, Crete, where he also delivered a keynote address. Immediately prior to that, he joined colleagues from the School of Public Health for a meeting in Bellagio, Italy, to discuss the Gates Foundation-funded project exploring directions for training and development of mid-level workers in Africa.

In August the Rural Health Advocacy project was launched, following the appointment of Ms Marije Versteeg as project manager. The project, funded by the Atlantic Philanthropies, is a collaborative venture with the Rural Doctors Association of Southern Africa (RuDASA) and the AIDS Law Project, hosted by the Wits CRH. Although it is a two-year pilot project, it is already raising the profile of rural health issues in the country.

The 13th annual Rural Health Conference, under the auspices of the Rural Doctors Association of Southern Africa (RuDASA), took place in Broederstroom, North West Province, from 27th to 29th August. It was co-convened by the Wits CRH and the Reproductive Health and HIV Research Unit (RHRU). The conference attracted over 250 participants from across and beyond the country, representing various health

care professions and health service managers. For the first time in its history, the conference also hosted a special student track, attended by 50 students, including a good contingent from Wits. The theme of the conference was “Tackling the Big 5: HIV-AIDS, TB, Diabetes, Hypertension and Mental Illness”. These ‘Big 5’ served to provide examples of the challenges faced generally in addressing the rapidly increasing burden of chronic illness.

In September, Dr Colin Pfaff spent three weeks in Malawi seeking to catalyse the process to develop family medicine training there, for which the Wits Department of Family Medicine has received some funding as part of a broader twinning project. The visit was followed up by a meeting in Rustenburg in October 2009, including partners from Malawi and Scotland, leading to the submission of a joint concept paper and recommendations, entitled “Partnership to Strengthen District Level Clinical Services in Malawi through Development of a Post-Graduate Training Program in Family Medicine”, to the College of Medicine of Malawi and the Ministry of Health, together with colleagues from Boston and Edinburgh Universities. (This has been accepted in principle but funding is being sought.)

In October news was received that a proposal to develop Clinical Associates and other health science training in the North West province, using the Lehurutshe District Education Campus as a model, was awarded a grant of R9,3 million by the Atlantic Philanthropies. This is expected to take off early in 2010.



Lehurutshe Hospital

In November, Professor Couper was invited to speak at the fourth meeting of the Asia-Pacific Action Alliance on Human Resources for Health, in Hanoi, Vietnam, and to participate in a meeting of the WHO Expert Group on Access to Health workers in Rural and Remote Areas through Improved Retention. He was invited to continue as a member of that Expert Group.

The WIRHE Scholarship Programme, together with its major partners, the Swiss South Africa Co-operation Initiative (SSACI) and North West Province, reached a total of 50 students being supported. At the end of the year we produced our first 3 Wits graduates (physio, nursing, pharmacy) and first Medunsa graduate (OT), an important and exciting milestone.

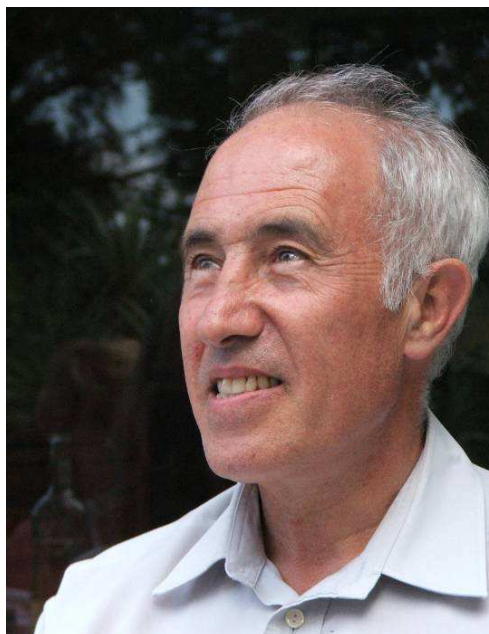
Professor Couper continued to meet regularly through the year with the district family physicians in all four districts in the North West Province, and with members of the Health Services Delivery Branch Executive, with whose members he has an excellent relationship. A number of successful programmes were conducted in the North West by the family medicine team, including BEST courses, neonatal resuscitation training courses, two provincial family medicine forum meetings, and two provincial clinical skills courses, to supplement the three Wits skills courses.

The Collaboration for Health Equity through Education and Research (CHEER) has been active throughout the year. The CHEER group, which has members from nine health science faculties, supported a symposium in Worcester on rural clinical schools. This was organised by the University of Stellenbosch, and Professor Couper was invited to speak at the event. CHEER members also participated actively in the Wits CRH inaugural symposium. We are pursuing a number of collaborative research projects with CHEER and the appointment of a research intern was made possible by CHEER funding.

There was a small improvement in the publication output, but more is expected in the next year as the writing workshops bear fruit.

Staffing news

The sudden death of Dr Andrew Truscott, coordinator of the Clinical Associates programme, on 1st December was a huge blow to the Division. His passing has left a massive hole – not just in the programme but in terms of the care and support he offered to all who were associated with the Centre and Division. We have discussed the possibility of introducing a prize for the BCMP programme in his memory.



The late Dr Andrew Truscott

Ms Marije Versteeg joined the Centre as project manager of the Rural Health Advocacy Project in September. Ms Barbra Nyangairi was employed as a research intern, as part of the CHEER project, in the same month.

One new staff member joined the division in North West province; Dr Rotimi Adeyemi was appointed as a Chief Medical Officer (family medicine) at Taung District Hospital. Dr Indiran Govender, from Dr Kenneth Kaunda District, left the team to take up a position at Medunsa.

(The 2009 staff complement is listed in Appendix D.)

REVIEW OF CRH GOALS

1. Support undergraduate education in rural health care, for medical and other health science students.

The **WIRHE scholarship programme** has now completed its seventh year, and supported 50 students in 2009, providing 47 scholarships, the additional three now being funded directly by provincial bursaries. Its aim continues to be to address human resource shortages by providing opportunities to disadvantaged students from rural areas of the North West and Mpumalanga Provinces, where Wits has links, to study for health science professional careers. This is done in collaboration with local health districts in such a way that it maximises the likelihood of students returning to these districts on completion of their studies, not only because of contractual obligations but also because of vacation work experience and relationships developed over the years.

The profile of the 47 fully funded students is as follows:

❖ MBChB:	28 (59.6%)
❖ BSc Occupational Therapy:	7 (14.9%)
❖ BSc Pharmacy:	5 (10.6%)
❖ BSc Physiotherapy:	3 (6.4%)
❖ BSc Dietetics	2 (4.3%)
❖ BDS	1 (2.1%)
❖ B Nursing:	1 (2.1%)

The majority of students are part of the scheme in collaboration with the North West province, with their first year being funded by the Swiss South African Cooperation Initiative (SSACI) and their subsequent years funded by North West Department of Health. Two students were funded by Aspen Pharmacare and one by Novartis. Of the 37 students from North West, 14 are from Ngaka Modiri Molema District (Mafikeng area), 12 are from Bojanala District (Rustenburg area), six are from Dr Kenneth Kaunda District (Klerksdorp area) and five are from Dr Ruth Segomotsi Mompati District (Vryburg area).

Although the majority of students (28) are still at Wits, there is a sizable group at

Medunsa (17) and two students at Pretoria University.

A major milestone was achieved with the first WIRHE graduands from Wits; previously we had only one successful graduate, a medical technologist from the University of Johannesburg, who is still working in Bushbuckridge. Four students completed their degrees, with two of them graduating in the December ceremony at Wits, having completed their courses in Physiotherapy and Nursing science. Another finished Pharmacy but will only graduate in 2010, and a student finished Occupational therapy at Medunsa, but their graduation ceremony usually takes place in May. This is an important achievement for the programme.



WIRHE students who helped as ushers at the launch of the Centre for Rural Health, pose with the Deputy Minister of Health and Ms Nontsikelelo Sondzaba (WIRHE Coordinator)

An additional component to the WIRHE scholarship scheme in 2009 was the start of a school-based life skills programme. This was in response to the difficulties found in identifying suitable applicants for the scholarship from rural schools. For example in 2008 there were no suitable applicants from the Dr Ruth Segomotsi Mompati district. From March to June 2009 two Life Skills facilitators were based in Vryburg and aimed at reaching the top ten Grade 12 learners in maths and science in each school in the

district. They conducted a programme in each school, after school hours, lasting for five days. The aim of the programme was to make students aware of the scholarship, identifying potential applicants and also to increase life skills in areas such as vision and goal setting, communication and relationships. A total of 39 schools were targeted, of which 23 sent participants, totalling 158 learners.

Interviews for the scholarship were held in May 2009 and there was a significant increase in the number of suitable candidates compared to 2008. Unfortunately not all these applications eventually reached the University due to a gap in communication with the District Health Office. It has been decided that in 2010 the Family Physicians will take responsibility to get these applicants in place.

From July to October 2009 a similar life skills programme was conducted in rural high schools around Mafikeng, for Grade 11 pupils, to highlight the scheme for 2010. Here 50 schools were targeted of which 26 sent participants totalling 311 students. There are plans to extend this support to Mpumalanga in 2010, as part of an extension of the WIRHE programme in that province.

Plans for an evaluation of the WIRHE scheme are under development. (A separate report on the WIRHE programme is available on request.)

The **development of rural training sites** continues to be a goal of the Centre. As part of the development of Clinical Associate training in the North West province, renovations were undertaken at Lehurutshe Hospital, funded by the European Union, both in terms of teaching facilities and accommodation. The district, with approval from the province, decided to combine this with the Regional Training Centre, funded under the HIV-AIDS programme, which will bring greater synergy. Employment offers were made to a number of staff who were expected to assume duty in 2010. The funding from Atlantic Philanthropies (see below) will provide a further boost to these developments.

In Mpumalanga, further extensive discussions were held with Tintswalo hospital and district authorities; despite good intentions on both sides, and promises of support, progress has been slow. Dr Colin Pfaff spent two months there at the end of the year

to try to move things forward. Currently a draft Memorandum of Agreement between the province and the university is awaiting further input from the Wits legal office; this is a critical step in moving the process forward.

While the **Integrated Primary Care Block** for final year medical students (a collaboration among seven departments in the faculty) is not solely rural, it uses underserved rural, peri-urban and urban primary care and district-based sites for exposing students to integrated primary care in resource-constrained environments. The plan is to continue to develop more rural sites and options for students, who generally report better experiences the further they go from Johannesburg (with notable exceptions). Not only is the block a positive learning experience for students, but their contribution – both clinically and through their quality improvement projects – is appreciated at the sites.

The table below outlines the sites used during 2009, and the performance of students during the rotations:

Province	Site	Rotation 1	Rotation 2	Rotation 3	Rotation 4	Rotation 5	Rotation 6	Rotation 7	Site Utilization/Annum
Gauteng	Alex CHC	Rested	✓	✓	✓	Rested	✓	✓	5
Gauteng	Dr Yusuf Dadoo Hospital	✓	Rested	✓	Rested	Rested	Rested	✓	3
Gauteng	Germiston Hospital	Rested	✓	✓	✓	✓	✓	✓	6
Gauteng	Hillbrow CHC	✓	Rested	Rested	✓	✓	Rested	✓	4
Gauteng	Far East Rand Hospital	✓	✓	Rested	✓	✓	Rested	✓	5
Gauteng	Kopanong Hospital	✓	✓	Rested	✓	✓	✓	Rested	5
Gauteng	Mofolo CHC			New Site		✓	Rested	Rested	1
Gauteng	South Rand Hospital	Rested	✓	✓	✓	Rested	Rested	Rested	3
North West	Delareyville CHC	✓	Rested	✓	Rested	✓	Rested	Rested	3
North West	Klerksdorp Hospital*	✓	Rested	Rested	Rested	Rested	✓	✓	3
North West	Lichtenburg Hospital*	✓	✓	✓	✓	✓	✓	Rested	6
North West	Mafikeng Hospital*	Rested	✓	✓	Rested	✓	✓	✓	5
North West	Taung Hospital	✓	✓	✓	✓	Rested	✓	Rested	5
North West	Vryburg Hospital			New Site	✓	Rested	✓	Rested	2
Total No of Sites Used per Rotation		8	8	8	9	8	8	7	
No of Students per Rotation		33	34	29	36	27	28	26	213
No of Students (failed)		3	1	7	1	5	2	1	20
No of students (distinctions)		0	1	0	6	3	0	1	11
Rotation 4 utilised the maximum number of sites Lichtenburg and Germiston Hospital were utilised the most during the year.									
9.4 % of the class failed the block (50% of those were Cuban trained students)									
5.2 % of the class passed with distinctions									
Highest Mark Achieved for 3 Wits Based Assessments = 80.2%									
Lowest Mark Achieved for 3 Wits Based Assessments = 46.4%									
Highest Number of Distinctions was achieved in Rotation 4 = 6 students									
Highest Number of Failures was in Rotation 3 = 7 students									
*Hospital complex									

2. Develop, deliver, research and evaluate postgraduate programmes in rural medicine and rural health (clinical and non clinical areas) for all health care professionals.

Plans for the new **MPH in the field of rural health** were advanced, with a number of students applying for 2010 admission. A re-structuring of the MPH programme ensured that these students will undertake one field-specific module in 2010. Preparation of that module was commenced.

There was further development of **Family Medicine registrar training in North West** with five new registrars being taken on in 2009.

Professor Couper and Dr Pfaff attended a three-day workshop in Rustenburg in October organised by the Primafamed Network, which supports development of family medicine in Africa. Linked to this was a meeting about the twinning project, a European Union-funded partnership between Belgian Universities and the eight departments of family medicine in South Africa, which involves supporting the development of family medicine training in Southern Africa. Wits is linked to Malawi in this project, and we are thus seeking to support the **development of family medicine training in Malawi**.

Following the workshop attended by Prof Couper in Blantyre in 2008, several meetings were held in May and July 2009 with visiting members of faculty from the College of Medicine, Malawi, regarding the establishment of a postgraduate programme in family medicine in that country. Dr Colin Pfaff made a three week visit to Malawi in September 2009 and met with various heads of departments at the College of Medicine, Blantyre and the University of Mzuzu, officials from Ministry of health, representatives from Christian Hospital Association of Malawi and other Malawian doctors. This was followed by accompanying a visiting team from Boston University who are interesting in fund raising to support such a project, on a site visit. The visit produced a concept paper which was later presented to the Malawi Ministry of Health and the College of Medicine.

The Belgian grant also enabled two representatives from Malawi to attend the Wonca

Family Medicine in Africa conference, including Mr Tinkani Msondo from the Planning department of the Ministry of health.

The College of Medicine has indicated their willingness to appoint someone to develop training in family medicine. They have also committed to start undergraduate training in family medicine by January 2011. The Ministry of Health have started discussions on recognising family medicine in the national human resource plan but have yet to finalise the matter.

3. Conduct collaborative research in the area of rural health, especially with respect to human resources, and engage in evaluation and monitoring of selected rural health services.

Professor Couper continued to participate in the national Collaboration for Health Equity through Education and Research (CHEER), which held a number of teleconference meetings as well as a face-to-face meeting at the University of Western Cape. As part of this, he attended a workshop in Worcester on the development of rural clinical schools, which included discussions on possible related research. The inaugural symposium of the CRH on decentralised health science education brought together key thinkers in this area from around South Africa, thus extending the collaborative efforts.



Speakers at the Inaugural symposium

Professor Couper led a peer review team to the University of Pretoria which launched a new phase of the programme to look at faculty interactions with partners (provincial and local departments of health, Not-for-Profit Organisations, Community-based Organisations, etc.)

Ms Barbra Nyangairi was appointed as a CHEER research intern in the Centre and immediately commenced work on a number of projects, particularly related to the impact of the Integrated Primary Care (IPC) block. She assisted with collaborative research between Wits and the University of Pretoria to look at the impact of district based blocks on final phase medical students.

Professor Couper chaired the Scientific Programme Committee of the annual Rural Health Conference in August, and Dr Pfaff was responsible for structuring the academic programme for this conference. All staff linked to the Division were involved in reviewing abstracts for the conference, and a number of staff members presented during the conference.

The CRH was requested by the North West Department of Health to investigate and write a report on the situation at Brits hospital. This had resulted from the decision to build a new hospital on the site of the old hospital, which was pulled down, and, during construction, to run hospital services from a makeshift hospital. This had resulted in poor patient care, including a doubling of perinatal mortality. An in-depth evaluation was conducted. The final report was presented to the district which committed itself to act on the recommendations.

A research project on teamwork in the consultation, planned three years before, was finally commenced, having received approval from the provincial department of health.

Professor Couper also attended a meeting in Italy, as part of a group from the Wits School of Public Health, to discuss progress on the Gates Foundation-funded research project related to training of mid-level medical workers in Africa.

Various research projects continued and a number of new protocols were developed.

Two collaborative proposals were developed in response to funding calls but were not awarded funding.

In order to broaden and improve publication output, three one-day writing workshops were held during the year. A number of articles arising from these were accepted for publication. (See Appendix G for publications and presentations.)

4. Advocate for improvements in rural health care, in cooperation with rural communities and other relevant stakeholders.

The ongoing contribution of the CRH to national policy debates and to advocacy took a major step forward when the **Rural Health Advocacy Project** was launched in August 2009, under the direction of Ms Marije Versteeg, the project manager.

The Rural Health Advocacy Project (RHAP) advocates for “improved access to high quality, comprehensive health care services in rural areas with the aim of improving the nation’s health”. It is a partnership between the Wits CRH, the Rural Doctors Association of Southern Africa (RuDASA) and the AIDS Law Project (ALP). It is governed by a Steering Committee which includes the above partners, the Wits Centre for Health Policy (CHP) and Africa Health Placements (AHP), chaired by Professor Ian Couper

The project focuses on three specific areas:

- i. Voice: This priority addresses the need to make rural health more visible to key stakeholders, such as the government, the media and the general public, by highlighting challenges and good practices
- ii. Policy: This priority entails the rural-proofing of existing and new policies and guidelines.
- iii. Implementation: This priority area focuses on actual implementation on the ground in relation to HR and Health Systems. The RHAP will monitor and gather evidence on these issues and give them to the relevant stakeholders to act upon

Activities in 2009 included the following:

- an official launch and press release during the launch of the Centre for Rural Health (see appendix H);
- an advocacy workshop at the Annual Rural Health Conference in August Broederstroom, North West;
- the setting of project priorities during the first formal Steering Committee meeting in September;
- a press release “Rural communities disadvantaged by KZN Community Service Medical Officer placements for 2010” in December;
- ad-hoc advocacy around various issues, such as engagement with the Free State Department of Health after announcements that ambulances would be withdrawn from rural areas to service the World Cup; and
- a field visit to Mopani District in Limpopo, including a presentation at the Mopani Conference on Integrated Comprehensive HIV Care at Clinic Level.

Objectives for 2010 include the development of a rural health position paper on the key challenges and priority interventions; presentation of findings at the annual rural health conference; ongoing ad-hoc advocacy; and engagement with the Minister of Health on Human Resource blockages.

In terms of other advocacy-related activities of the CRH, together with CHEER members, a Memorandum on Education for Equity was drafted for both the Committee of Health Science Deans and the Committee of Medical Deans.

A paper on the principle of equity in family medicine training in Africa was drafted, with colleagues from three other universities, as preparation for the Wonca Family Medicine in Africa conference in October.

OTHER ACTIVITIES OF THE DIVISION OF RURAL HEALTH

A brief summary of the achievements of the Division in relation to its 2009 goals is provided in appendix A. Details of specific activities are provided below.

1. Development of primary health care in North West

The family medicine team continues to take a lead in coordinating and delivering clinical services in the districts, and in clinical governance, engaging in a wide range of activities in the province, from supporting clinical managers to training of doctors and primary health care nurses, leading chronic illness and Comprehensive Care, Management and Treatment (CCMT) forums, chairing patient safety committees, facilitating quality improvement projects, developing protocols, supporting the HIV/AIDS programme, etc.

In September, Dr Rotimi Adeyemi was appointed chief medical officer (family medicine)/lecturer in Taung Hospital, Dr Ruth Segomotsi Mompoti District. Dr Sunny Abizu continues to act as the district family physician in this district.

Professor Couper met every six weeks with Dr Claire van Deventer (Dr KK district/Wits), Dr Alhagi Njie (Ngaka Modiri Molema district/Wits), Dr Sunny Abizu (Dr RSM District/Wits) and Dr John Tumbo (Bojanala/Medunsa) to pursue the development of primary care and family medicine in the province.

Provincial family medicine forum meetings were held during the year in Schweizer-Reneke in May and in Klerksdorp in September. All family physicians or family medicine students, in public or private practice, in North West province are invited to attend; the May meeting had a record turnout with 42 people being present.

One day skills courses for provincial staff – two people (a doctor and a nurse) from each sub-district – were presented in Rustenburg in March and Lichtenburg in September, the latter being attended by over 50 participants. Feedback was very positive, indicating a continued need for such training.

Following the visit of Dr Jim Thurley from Australia, who trained additional instructors in neonatal resuscitation in March (see below), neonatal resuscitation training courses were held regularly in all four districts of the province.

In the Dr Kenneth Kaunda (KK) district, training was commenced on the BEST course, with two courses run at the Orkney EMRS College during 2009. Neonatal resuscitation courses have doubled due to the extra trainers trained in February by the Australian contingent.

The quality improvement (QI) projects task team has organized a workshop on QI methods with new information being shared from the International Forum on Quality and Safety in Health attended by Dr van Deventer. The asthma and diabetic QI projects continued with collaboration from the University of North West Potchefstroom campus.

A NGO forum was formed where training and service provision are discussed so that overlaps are minimized and interaction between NGOs and the district is established. The CCMT forum met quarterly to discuss standardised approaches to down referral of ARV clients to clinics, development of sites (clinics and health centres for accreditation as initiation sites), new protocols etc. The chronic illness forum continued with its work regarding outreach of ophthalmology services, VIA, cancer association activities, home based oxygen and clinic inspections.

Family physicians in Ngaka Modiri Molema (NMM) District continued to lead district clinical committee meetings in promoting patient safety, drugs and therapeutics, research and training of health workers. Dr AB Njie, district family physician, and Dr John Musonda, senior family physician, chaired those as well as postgraduate student meetings. Three clinical committee meetings were held in 2009, in addition to an inaugural meeting for clinical managers and clinic doctor supervisors. In the latter, family physicians managed to standardize performance agreements and commuted overtime weighted calls for doctors.

NMM district competed with other districts and was chosen by the North West Department of Health Research Committee to host the next provincial research

conference.

In 2009 chronic care workshops were held in all the five sub-districts of the Dr Ruth Segomotsi Mompati (RSM) district. Three public symposia were organised. The first, on hypertension, was organised in partnership with the Provincial Chronic Diseases directorate, and was well attended by a cross section of the public. The second, on Saving Mothers and Babies, organised in partnership with the provincial Mother Child and Women's Health directorate, raised awareness about measures to safeguard mothers and infants throughout the pregnancy and delivery. The third, held in Vryburg on 16th June 2009, focused on the H1N1 influenza outbreak, with Dr Abizu as the main speaker.

The annual district research conference was held in the Taung sub-district to raise awareness about the need for research. Dr Abizu gave the keynote address.

During 2009, 66% of the Medical officers in the district completed Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) courses; about 15 doctors completed the Advanced Trauma Life Support (ATLS) course while other medical officers completed the BEST course. Several doctors and nurses attended courses on Integrated Management of Childhood Illnesses (IMCI), neonatal resuscitation and HIV/AIDS, STI and TB management.

The internship programmes are continuing, two family medicine registrars started in the district and two medical students from the UK did their elective in Christiana Hospital for three weeks. The Integrated Primary Care (IPC) rotation helped to improve health care in the district through some of the QI Projects done by the students; for example, a chronic illness card designed by some of the student is being adopted for use in the district.

In partnership with NGO's like RHRU, ARV down referral was expanded to clinics in all the sub-districts in the Dr RSM district. In the Taung sub-district for instance, 18 out of 28 clinics are seeing HIV patients. The main challenges in the district include a shortage of staff and the lack of any retention strategy.

2. Clinical associates

Following an intensive period of preparation, the Bachelor of Clinical Medical Practice (BCMP) degree programme for training clinical associates was launched. The BCMP course was started with 25 students in February 2009, consisting of 12 Gauteng-funded, 11 North West-funded and two privately-funded students. The students were accommodated at South Rand hospital for the year. North West students were not able to go to Lehurutshe because the facilities and teaching staff were not yet available.

Modules covered during the year included Introduction to Medical and Clinical Sciences; Nutrition and Metabolism; Movement, Respiration, Circulation, Blood and Lymph; Excretion and Reproduction; and Nervous Response and Special Senses. Theoretical teaching took place at medical school and practicals were held mainly at South Rand Hospital.

All students passed the end of year exams. The external examiners were impressed with their level of theoretical knowledge, but there were some concerns around skills, which will be addressed this year. The exams clarified the focus of the course; it was agreed that clinical questions should be framed to reflect the role the students would have as graduates.

Professor Kate Hammond and Dr Andrew Truscott were responsible for the bulk of the teaching, with assistance from others in the Department of Family Medicine and beyond. The support of the Centre for Health Science Education (CHSE) was much appreciated. In addition, in his role as coordinator, Dr Truscott took on major responsibilities for negotiating with the national Department of Health and their funders regarding finances for students, staff, development of training facilities, and other issues. Very late payment of monies owed – some which have still not been paid – and faculty concerns around the viability of the programme added to the stress. Yet despite the problems, planning went ahead to take in another 35 students in 2010, including a group from the South African Military Health Services.



The inaugural BCMP class

The sudden death of Dr Truscott in December was a major blow to this programme, but everyone involved was determined to push ahead with the course he was so committed to. Dr Audrey Gibbs stepped into the role of acting coordinator of the programme, with the plan that she would take on this responsibility full-time once another person is appointed to take over her current duties. The critical need for administration and teaching support was also recognised in this process and decisions were made to appoint additional staff to assist.

Dr Truscott joined an HPCSA accreditation visit to Walter Sisulu University in September to inspect their clinical associate programme. He was very impressed with what they have been able to achieve, and felt that we could learn important lessons from them.

He also attended a meeting in Addis Ababa, Ethiopia, in April to advise a WHO meeting regarding approaches to training for mid-level health care providers, especially in relation to the priority diseases in Africa. He came away with the sense that the model used at Wits has much to teach other educational institutions working in Africa.

Renovations were completed at Lehurutshe Hospital in preparation for the commencement of training of student there in 2010; by the end of 2009, only the need to employ staff was delaying this process.

In selecting students for 2010, interviews were held throughout North West province in concert with interviews for the WIRHE scholarship scheme. This identified potential students from each district. Problems with the coordination of applications by HR officials at the district level led to a breakdown in the process so that many of the identified students' applications were not received by Wits; nevertheless important lessons were learnt in terms of the process, which is expected to be smoother in 2010.

There was ongoing discussion and liaison throughout the year between the clinical associate training units of Wits, Pretoria, and Walter Sisulu universities, and the developing unit at Free State University.

3. Undergraduate Education

The rural site visits for students in **GEMP 2** continued. However, as per decisions made in 2008, a new programme was commenced for **GEMP 1** students, called *Adopting a Community*. Students work within their own or neighbouring communities (rural or underserved) over a two year period, in groups of 2-4, and are required to carry out a Community Oriented Primary Care (COPC) project, with deliverables due at the end of each year. This is coordinated by Ms Nontsikelelo Sondzaba.

The Integrated Primary Care (IPC) Block in **GEMP 4** continued to be a major activity. It is discussed above, under the review of the CRH goals.

4. Support and training of rural doctors

Three skills training workshops were held at Wits in 2009, covering a wide range of common clinical, diagnostic and procedural skills relevant to primary and secondary care. A total of 115 doctors attended the courses, a record number. Since the inception of the workshops in 2003, we have run 18 courses (until the end of 2009),

with a total of 635 participants.

A decision was taken to include more advanced skills, and to ensure the focus is on doctors in primary and district health care in South Africa, rather than on foreign qualified doctors seeking to pass the HPCSA exams.

A major new initiative was the Basic Emergency Skills Training (BEST) course, discussed below. The neonatal resuscitation training programme continued throughout North West province.

5. The Thusa Project

5.1 Basic Emergency Skills Training (BEST) Course

Following a request from Professor Ian Couper, in his capacity as Chair of the World Organisation of Family Doctors (Wonca) Working Party on Rural Practice, a series of meetings was held from early 2007 to plan the design and delivery of a short course in emergency medicine applicable to the South African clinical environment.

In part, this was based on the successful Neonatal Resuscitation Course project conducted in rural South Africa in 2004, which was initiated by Professor Couper and Dr Jane Greacen from the Rural Workforce Agency Victoria. This course was delivered by Dr Jim Thurley from Alice Springs, and supported by the Rural Workforce Agency Victoria and the NT Workforce Agency (since re-named General Practice Network Northern Territory, GPNNT). The program trained over 90 trainers and over 400 doctors and nurses in neonatal resuscitation skills. Since then ongoing training has continued in a number of districts around the country, particularly in North West province.

It was considered that a similar course, with a focus on emergency and resuscitation skills, would have similar benefits in very poor areas in rural SA.

The Rural Workforce Agency Victoria (RWAV) provided access to their Manual for the Rural Emergency Skills Course (REST), and their REST Instructor Training

Program, as well as funding to assist Dr Jim Thurley to travel to South Africa. Associate Professor David Campbell of the Monash University School of Rural Health, who was responsible for developing the REST manual and for the delivery of REST on behalf of RWAV in Australia, agreed to contribute his support. The Rural Health Workforce Queensland offered additional sponsorship and a grant was received from the Monash University International Strategic Initiatives Program. The Monash University East Gippsland Regional Clinical School provided support for regular teleconference meetings of the project planning committee.

Professor Couper had discussions with his counterpart, Professor Efraim Kramer, head of the Division of Emergency Medicine at Wits University. He agreed to get involved and to manage the course development jointly with Professor Couper. As a result, during 2008, a small group of experts in the field of emergency medicine led by Dr Anita Groenewald in South Africa, worked on developing an emergency skills training manual relevant and appropriate to the SA situation. This was based on current clinical and teaching practice in Emergency Medicine in South Africa, and a number of resources including the RWAV REST Course manual and guidelines from the International Liaison Committee on Resuscitation. This process included many teleconference discussions and a visit to Australia by Dr Groenewald in November 2008 to observe and participate in a REST course in Darwin, and meet with key people from Australia involved in the project.

The resulting SA course was called the Basic Emergency Skills Training (BEST) Course, supported by a BEST manual and an associated BEST Instructor Training Course. The BEST course is intended as a general emergency skills training programme for doctors working in emergency departments/casualties in district hospitals.

The name Thusa, meaning “help” or “save”, was chosen for the Project as an appropriate umbrella for all the emergency and resuscitation skills training courses.

The Project roll-out in March 2009 involved four experienced REST instructors/medical educators and a REST Course Manager from Australia who travelled to Johannesburg and ran the inaugural one-day BEST Instructor Training

(IT) course. They then delivered the two-day BEST Course to two groups of potential instructors, using the local instructor-trainers who had completed the inaugural BEST IT Course. This was repeated in the following week in Johannesburg and in Orkney, North West Province, where the provincial EMRS College is situated. Potential instructors were identified from each BEST course and invited to participate in the next BEST Instructor Training course. The purpose of this process was to establish a core group of instructors who will lead the ongoing roll-out of the programme in South Africa.

The role of the Australian instructors in the second week was to work alongside the new BEST instructors to ensure standardisation of the course and that the new instructors were sufficiently equipped to continue on their own. This process was very successful.

The course was rolled out under the auspices of the Divisions of Rural Health and Emergency Medicine of the University of the Witwatersrand, which provide accreditation of the course, in collaboration with Monash University and with the endorsement of the national Emergency Medicine and Family Practice Associations.

The Instructor-training courses were overwhelmingly successful. This was largely due to the initial stage of the project being run for health professionals experienced in emergency medicine (EM), many of whom were also emergency medicine trainers. Dr Anita Groenewald and Prof Ian Couper were responsible for this recruitment, selecting doctors, nurses and paramedics from amongst their EM and academic peers. Candidate performance in the BEST courses reflected a diversity of knowledge and skills amongst the candidates, as was expected.

The BEST course contains a consistent assessment component, ensuring that candidates have pre-read the Manual and are assessed for competence in managing common emergency presentations. Candidates are required to demonstrate competence in five of the clinical skills taught on the course. These five skills are considered essential for doctors working in rural areas or hospital environments. Several candidates were required to present at a later date to complete components of the assessment (e.g. final MCQ test, final examination scenario). This was

arranged with Instructors who were trained in the first two weeks of the project.

During 2009 another two courses were held in Orkney, in partnership with the North West EMRS training college and another five courses in Gauteng. By October 2009 92 candidates had been trained in the course, of whom 61 passed and 18 were invited to be instructors. Further courses are planned in Gauteng and Orkney in 2010.

Participants are required to prepare by studying the BEST Manual beforehand. They will write a multiple choice question test at the start of the two-day course, which is a requirement for certification. At the end they will be assessed on their practical skills and will be awarded a certificate if they are successful.



Launch of the BEST programme

5.2 Neonatal resuscitation training

Dr Jim Thurley stayed on after the rest of the team returned to Australia, in order to conduct training of trainers courses for neonatal resuscitation in the North West province in March. The programme followed the one that was used when the project was first launched in 2004. The Southern African Neonatal Resuscitation Handbook was the set pre-reading component for the course. Participants did a pre- and post-course MCQ test, as well as post-course skills stations, to confirm that they had successfully mastered the theoretical and practical content.

Dr Thurley spent a week in Rustenburg where he ran a Neonatal Resuscitation Course for 14 potential trainers from the Bojanala and Dr Kenneth Kaunda districts. These 14 all showed promise, and attended a one day Train the Trainer Course. They were then divided into groups so that they could attend a course over the next few days as trainers with Dr Thurley guiding them. Successful courses of Neonatal Resuscitation were then conducted, with 22 doctors and midwives being trained.

Dr Thurley then spent a week in Mafikeng, where the same model was followed. He trained 11 Instructors from the Ngaka Modiri Molema and Dr Ruth Segomotsi Mompati districts. A total of 53 doctors and nurses received neonatal resuscitation training in Mafikeng.

Since then, the new trainers have been running courses in all four districts in the province on a regular basis, seeking to ensure that all doctors and midwives in the province are trained in neonatal resuscitation.

CONCLUDING REMARKS

Once again, the year ahead has much potential for growth, particularly as new staff join the Centre and the Division. We will continue to work towards the strategic goals of the Centre (appendix C). The goals of the Division for 2010 are set out in Appendix B.

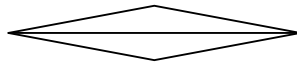
A major focus will be the ongoing development of the advocacy project and the planned expansion of the District Educational Campus project in Lehurutshe.

The Centre can only continue to progress because of the contributions of many people. The support of the Advisory Board, chaired by Professor Steve Tollman, is much appreciated, as is the support given to both the Centre and the Division by the Faculty and North West province. The contributions of the staff associated with these endeavours continue to be exemplary. Their burden has been increased not only by expansion of the CRH but also because Professor Couper was acting head of the Department of Family Medicine for almost the entire year in 2009, following the retirement of Professor Bruce Sparks.

Much of what we do would not be possible without external funders. A list of these funders is provided in Appendix F. We are very grateful to them for their generous contributions.



Dr Andrew Robinson (DDG, North West DOH), Mr Jackie Tau (Aspen Pharmacare & CRH Advisory Board member), Prof Pat de Witt (Head, OT & CRH Advisory Board member), Prof Ian Couper, Ms Nontsikelelo Sondzaba (Lecturer, Rural Health), Mr Wallace Mayne (Consulting Engineer & CRH Advisory Board member), Mr Dan Mosia (COO, RHRU & CRH Advisory Board member), Dr Molefi Sefularo, Mr Sizwe Dhlamini (Secretary, CRH Advisory Board) and Professor Steve Tollman



APPENDIX A

DIVISION OF RURAL HEALTH: ASSESSMENT OF 2009 GOALS

1. Centre for Rural Health

- Launched the Centre for Rural Health
- Rural Health Advocacy Project – Project launched
- Two symposia arranged, including successful inaugural symposium.
- Logo finalised

2. Marketing

- Plan a marketing strategy
- Centre for Rural Health logo developed and standard banners made by Wits Marketing.
- Brochures developed for MPH in Rural Health and WIRHE Scholarship.

3. Clinical Associates

- BCMP degree programme launched
- Achieved 100% pass rate amongst students
- Identified additional training sites for 2010: Kopanong; Lehurutshe; Swartruggens
- Still seeking to appoint appropriate teaching staff
- Problems with student selection

4. District Educational Campuses (DECs)

- Start made in facilitating the development of peripheral district teaching sites
- Funding sourced for development of the Lehurutshe site
- Preparation to send IPC students to Tintswalo

5. GEMP

IPC Block (GEMP 4)

- 2006 Evaluation completed.
- Submitted two articles; one accepted

Rural site visits (GEMP 1 and 2)

- Restructured site visits into a 2-year “Adopt a Community project”

6. WIRHE

- Better candidates for selection for 2010, but some did not submit their applications
- Logo not yet designed.
- Launch NW programme not yet launched.
- No new sponsors

7. Special projects

- Hosted very successful RuDASA conference
- Launched the Basic Emergency Skills Training (BEST) course
- Trained instructors for neonatal resuscitation training courses in NW
- Discussions on establishing a model chronic illness clinic in Ventersdorp continued
- Attempted to support development of family medicine training in Malawi

8. Research and Publications

- 6 articles published.
- Arranged 3 one-day writing workshops
- Consultation research commenced
- Impact of district-based blocks research completed
- Employed a research intern

9. Post-graduate training

- Enrolled students for MPH in Rural Health
- Other post-graduate programmes not explored further.

10. Foundation for Health Care Certificate

- No funding

11. North West Family Medicine (FM)

- Trained FM registrars in all districts
- Arranged 2 provincial FM forum meetings
- Arranged 2 provincial skills courses

APPENDIX B

DIVISION OF RURAL HEALTH: GOALS FOR 2010

1. Clinical Associates

- Market the programme – increase the awareness of students and potential health care workers.
- Employ a full complement of teaching staff.
- Early selection for 2011 and meet minimum numbers.
- Ensure high quality assessment of students in order to produce confident competent skilled students
- Successful accreditation visit by the HPCSA
- Collaborate with other universities for standardised National Exams, and clarify the place of the national exams
- Meet with the National Minister of Health
- Explore possible national clinical associates meeting.

2. District Educational Campuses

- Establish Lehurutshe DEC including appointing staff
- Get DEC's functioning and impacting on local Quality of Care: Lehurutshe, South Rand, Tintswalo
- Get Mpumalanga MOU signed
- Get accommodation built at Wits Rural Facility

3. GEMP

IPC Block (GEMP 4)

- Complete evaluation
- Standardise training across sites
- Develop assessment data base
- Arrange signage at sites
- Facilitate more students rotating at Klerksdorp Hospital in other disciplines

Rural site visits (GEMP 1 and 2)

- Get all students signed up by June
- Successful poster presentation event

4. Centre for Rural Health

- Arrange a high level symposium
- Arrange a North West symposium (funding from Cheer)
- Become a known resource for information and training in HR4RH, including sabbaticals
- Promote the recommendations of the WHO Expert group
- Develop partnerships with local and international partners

5. Advocacy Project

- Develop position paper on Rural Health
- Identify key interventions for rural health care
- Explore stock outs project.
- Arrange a symposium around the key interventions and the position paper
- Push for the adoption of the national rural health strategy.
- Convene a national stakeholders meeting to plan way forward.

6. WIRHE

- Develop a logo
- Approach new sponsors
- Launch the Mpumalanga project
- Develop links with graduates.
- Finalise and implement evaluation research
- Improve the admission process through involvement of district family physicians.
- Identify district-based mentors.

7. Research and Publications

- Conduct literature review on South-South collaboration for the Primafamed network
- Hold 4 day-long writing workshops
- Finish team work research
- Publish 5 articles in 2010
- Each academic staff member to be engaged in a research or writing project
- Develop a research project coming out of the clinical associates programme

8. Postgraduate training

- Offer first year MPH module (The rural health context)
- Develop second year modules
- Develop post graduate diploma – explore a series of skills courses that build credits to be a diploma.
- Explore telemedicine educational broadcasts

9. Foundation Health Care Certificate.

- Find a champion.

10. North West Family Medicine

- Develop clear targets in common for all districts with indicators
- Obtain accreditation for additional registrar positions
- Prepare posts for registrars for 2011
- Motive for additional FP posts to be funded
- Facilitate clinical associate and WIRHE interviews and selection
- Hold 2 provincial forum meetings and 2 skills courses
- Develop a DEC in each district

11. Special projects

- Explore meeting by video conference
- Implement chronic illness project

APPENDIX C

Centre for Rural Health: SUMMARY OF KEY GOALS FOR 2009-2011

GOAL	ACTIVITY	TIMEFRAME	OUTPUT	POTENTIAL IMPACT
1. Support undergraduate education in rural health care, for medical and other health science students.	Extend scholarship scheme through additional funding past 2010	2010	Finances for 12 students per year on continuing basis from 2011	Increasing rural students studying health professions
	Evaluate impact of scholarship scheme	2010	Develop funded proposal for longitudinal evaluation of graduating WIRHE students	Monitor success of programme
	Develop rural training site in North West	2010	Establishment of a training site where undergraduate students from different disciplines are accommodated and trained together	Increased exposure of undergraduate students to rural practice in a positive environment, increasing chance of later recruitment.
	Develop rural training site in Mpumalanga	2010	Establishment of a training site where undergraduate students from different disciplines are accommodated and trained together	Increased exposure of undergraduate students to rural practice in a positive environment, increasing chance of later recruitment.
	Works towards establishing a rural clinical school in North West province	2011	Concept proposal accepted by University and Province, with firm commitment to implementation	Training of medical students from North West for North West in North West.
2. Develop, deliver, research and evaluate postgraduate programmes in rural medicine and rural health (clinical and non clinical areas) for all health care professionals.	Implement the MPH in the field of Rural Health	2010	Students enrolled on MPH programme	Train cadre of professionals with public health understanding to work in rural areas
	Develop and submit a proposal for the Masters in Rural Health (MRH) or MSc in Rural Health.	2011	Approved Masters degree programme for rural health	Developing opportunities for further study for rural health care workers
	Develop a Postgraduate Diploma in Rural Medicine	2011	Approved Postgraduate Diploma	Develop opportunities for skills training for rural doctors

	Explore Postgraduate Clinical Nursing training programmes with the Department of Nursing Education.	2010	Plan for development of new course(s)	Potential for training opportunities for nurse clinicians
3. Conduct collaborative research in the area of rural health, especially with respect to human resources for rural health, and engage in evaluation and monitoring of selected rural health services.	Submit proposal for appropriate research call	Annually, 2009-2011	Ongoing research plan	Research findings to impact on human resources development
	Employ a research assistant	2009	Support for ongoing research	Development of further research proposals
	Investigate collaborative research with other institutions	Ongoing	Submit research proposal	Research findings of broader significance
	Investigate the optimum skills mix for rural district hospitals	2011	Proposal for discussion	More rural friendly HR policies
4. Advocate for improvements in rural health care, in cooperation with rural communities and other relevant stakeholders.	Establish rural health advocacy unit	2010	Rural health advocacy strategy	Rural health is accorded higher priority in policy development and planning
	Develop process of “rural proofing” of policy initiatives, in collaboration with other units.	2011	Awareness of need to examine policies with a rural lens	All new health and social policies are “rural-proofed”
	Conduct 1 symposium or workshop related to rural health care issues in 2009 and 2 per year thereafter	Ongoing	Reports of symposia/ workshops	Development of human resource for rural health related policies and plans

IDC
31/10/08

APPENDIX D

STAFF

As at 31st December 2009, the following staff were members of the Centre and/or Division of Rural Health

Name	Position(s)	Main activities	Main location	Email address
CORE UNIT				
Prof Ian Couper	Head of Division of Rural Health/Director of Centre for Rural Health/Director of Rural Health, North West Province/Principal specialist, North West province	Coordination and leadership of Division, Centre, and North West team.	Wits Medical School/North West province	ian.couper@wits.ac.za
Ms Nontsikelelo Sondzaba	Lecturer	Coordinator, WIRHE programme Coordinator, IPC block Coordinator, rural site visits	Wits Medical School	Nontsikelelo.Sondzaba@wits.ac.za
Dr Audrey Gibbs	Lecturer	Acting Coordinator, Clinical Associates programme	Wits Medical School	Audrey.gibbs@wits.ac.za
Mr Sizwe Dhlamini	Secretary	WIRHE programme (50%) PA to Prof Couper (50%)	Wits Medical School	Sizwe.Dhlamini@wits.ac.za
Prof Kate Hammond	Part-time consultant	Clinical Associates programme	Wits Medical School	Kate.Hammond@wits.ac.za
Ms Marije Versteeg	Project manager	Rural Health Advocacy Project	AIDS Law project	Marije.versteeg@wits.ac.za
Ms Barbra Nyangairi	Research Intern	CHEER-related research	Wits Medical School	Barbra.nyangairi@wits.ac.za

NW PROVINCIAL UNIT				
Dr Claire van Deventer	Senior lecturer Principal family physician, Dr Kenneth Kaunda district, North West province	Primary care service delivery Health service development Undergraduate and postgraduate training	Potchefstroom	cvandeventer@nwpag.gov.za
Dr Alhagi Njie	Lecturer Principal family physician, Ngaka Modiri Molema (Central) district, North West province	Primary care service delivery Health service development Undergraduate and postgraduate training	Mafikeng	ANjie@nwpag.gov.za
Dr Dammika Ratnayake	Lecturer Senior family physician, Mafikeng hospital, North West province	Health service delivery and development Undergraduate and postgraduate training	Mafikeng	jdratnayake@yahoo.com
Dr John Musonda	Lecturer Medical Manager, General de la Rey-Thusong Hospital Complex, Lichtenburg, North West province	Health service delivery and development Undergraduate and postgraduate training	Lichtenburg	JMusonda@nwpag.gov.za
Dr Sunny Abizu	Lecturer Senior family physician, Dr Ruth Segomotsi Mompoti (Bophirima) district, North West province	Health service delivery and development Undergraduate and postgraduate training	Vryburg	dr.abizu@gmail.com
Dr Rotimi Adeyemi	Lecturer Chief Medical Officer (family medicine), Taung Hospital, Dr Ruth Segomotsi Mompoti (Bophirima) district, North West province	Health service delivery and development Undergraduate and postgraduate training	Taung	rotekzy@hotmail.com

APPENDIX E

BOARD OF THE CENTRE FOR RURAL HEALTH

January 2009

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

Frequency of meeting: Three times a year

Members:

1. Chair: Prof Steve Tollman (Nominated by the Dean)
2. Director of Centre (Ex officio) – Prof Ian Couper
3. Head of School of Clinical Medicine – Prof Merryll Vorster
4. Representative of School of Therapeutic Sciences – Prof Pat de Witt
5. Representative of School of Public Health – Dr Mosa Moshabela
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, Central District
9. Mpumalanga Department of Health – Ms Ida Makwetla, Chief Director, Primary Health Care
10. NGO sector – Mr. Junior Potloane, CEO, Water Institute of South Africa
11. NGO sector – Mr. Ken Duncan, CEO, Swiss South Africa Cooperation Initiative
12. Private sector – Mr. Jackie Tau, Group CSI Manager, Aspen Pharmacare
13. Private sector – Mr. Wallace Mayne, Consulting Engineers South Africa (CESA)
14. Research sector – Mr. Dan Mosia, COO, Reproductive Health and HIV Research Unit

APPENDIX F

LIST OF FUNDERS

We are grateful to the following donors for their support during 2009:

<i>Donor</i>	<i>Focus</i>
The Atlantic Philanthropies	Rural Health Advocacy project;
The Atlantic Philanthropies	CHEER project
The Atlantic Philanthropies	North West Clinical Associates project
Swiss South Africa Cooperation Initiative (SSACI)	WIRHE
North West Province Department of Health	WIRHE
Aspen Pharmacare	WIRHE
Novartis	WIRHE
The European Union, DFID and CDC through the National Department of Health	Clinical Associates Programme
Aspen Pharmacare	Centre for Rural Health Launch
Wits Distinguished Visitor's Fund	Visit of Professor Tom Norris
Victoria Hospital, Mafikeng (Life Healthcare)	Thusa Project (North West)

APPENDIX G

SUMMARY OF SCHOLARLY ACTIVITIES

1. Research, Publications and Related:

Publications:

- Tumbo JM, Couper ID, Hugo JFM. Rural-origin health science students at South African universities. *S Afr Med J* 2009; 99(1): 54-56
- Wilson NW, Couper ID, De Vries E, Reid S, Fish T, Marais BJ. A critical review of interventions to redress the inequitable distribution of healthcare professionals to rural and remote areas. *Rural and Remote Health* 9 (online), 2009: 1060. Available from: <http://www.rrh.org.au>
- Van Deventer, C. The role of a Multidisciplinary Team at Potchefstroom Wellness Clinic. *SA Journal of HIV Medicine*. July 2009.
- Pfaff C, Couper I. How do doctors learn the spoken language of their patients? *S Afr Med J* 2009; 99: 520-522.
- Van Deventer C, Couper I, Sondzaba N. Chronic Patient Care at North West Province Clinics. *Afr J Prim Health Care & Fam Med*. 2009; 1(1), Art. #8, 5 pages. Available from <http://www.phcfm.org>
- Pfaff CA, Tollman S, Kahn K. Developing Community-Oriented Primary Care in contemporary rural South Africa: The case of stroke. In: Gofin J, Gofin R. *Essentials of Community Health*. Massachusetts: Jones and Bartlett, 2009

Research reports:

- Pfaff CA, Couper I. Revitalisation of Brits hospital and its consequences for service delivery. August 2009

Presentations:

- Couper I. Exposure to Rural Health Services at Wits. (Invited paper) Stellenbosch University Invitational Seminar: Rural Clinical Schools - Expanding the opportunity for Health Sciences Education, Worcester, Cape: March 2009
- Van Deventer C. A primary care diabetic quality improvement project: the hypo's and hyper's. The International Forum on Quality and Safety in Health Care, Berlin, March 2009
- Sondzaba NO, Meyer G, Meyer N, Hassen M, Couper ID. Students Contributing to Quality Health Care: Designing a Chronic Care Card. (Poster) Wits School of Public Health Research Day, May 2009.
- Couper I. (E)quality in Rural Health: the Need for Equity. (Invited plenary address) 9th Wonca Rural Health World Conference, Heraklion, Crete, June 2009
- Couper I. Context or Pre-Text? The Role of Site in Training. (Paper) 9th Wonca Rural Health World Conference, Heraklion, Crete, June 2009
- Couper I. The PHC Team. (Workshop) 9th Wonca Rural Health World Conference, Heraklion, Crete, June 2009
- Pfaff CA. Activism through innovation – the trials and triumphs of rural health care (Seminar) Wits Department of Family Medicine, June 2009

- Couper I, Sondzaba N. Evaluation of the Integrated Primary Care Block for Final Year Medical Students. (Paper) Second National Health Sciences Education Conference of the South African Association of Health Educationalists (SAAHE), Cape Town; July 2009
- Couper I. Evaluation of the Comprehensive Community Clerkship Programme at the Northern Ontario School of Medicine. (Paper) Second National Health Sciences Education Conference of SAAHE, Cape Town; July 2009
- Couper ID, Sondzaba NO. Students Contributing to Quality Health Care: A Review of the Quality Improvement Projects Undertaken by Wits Final Year Medical Students 2006 – 2008 (Free Paper) Second National Health Sciences Education Conference of SAAHE, Cape Town; July 2009
- Pfaff C. Desperately seeking students - using a life skills programme in schools to increase suitable applicants for a rural scholarship scheme. (Poster) Second National Health Sciences Education Conference of SAAHE, Cape Town; July 2009
- Pfaff CA. Desperately seeking students – using a school based life skills programme to increase suitable applicants for a rural scholarship scheme (Poster). Second National Health Sciences Education Conference of SAAHE, Cape Town; July 2009
- Couper I. The mini-clinical exam (Mini-CEX). (Paper) Teaching and Learning Symposium, Wits Faculty of Health Sciences, July 2009
- Couper I. Standard setting in an OSCE – the integrated primary care experience. (Paper) Teaching and Learning Symposium, Wits Faculty of Health Sciences, July 2009
- Van Deventer C. The impact of brief quality improvement projects (QIPs) by Medical Students. RuDASA 13th Annual Rural Health Conference, Broederstroom, August 2009
- Versteeg M. Advocacy workshop: the way forward for the Rural Health Advocacy project. (Workshop) RuDASA 13th Annual Rural Health Conference, Broederstroom, August 2009
- Van Deventer C. The hypers and hypos of a chronic diabetic quality improvement project: Wonca Family Medicine in Africa Conference, Rustenburg, October 2009.
- Van Deventer C. Chronic Illness in the Southern District, North West Province. (Poster) Wonca Family Medicine in Africa Conference, Rustenburg, October 2009.
- Couper I, Derese A. Mentoring in Family Medicine training. (Workshop) Primafamed Workshop Training the Trainers - Development of departments of Family Medicine and PHC, Rustenburg, October 2009.
- Couper I. Training Professionals for Rural Health Care - Developing the pipeline in South Africa. (Invited paper) Fourth Conference of the Asia Pacific Action Alliance for Human Resources for Health (AAAH), Hanoi, Vietnam, November 2009
- Versteeg M. The Rural Health Advocacy project. Integrated Comprehensive HIV Care and Treatment at PHC clinics Symposium, Kutsho Khurula, Mopani District, Limpopo, November 2009

2. Conferences attended

Prof ID Couper

- Stellenbosch University Invitational Seminar: Rural Clinical Schools - Expanding the opportunity for Health Sciences Education, Worcester, Cape: March 2009.
- 9th Wonca Rural Health World Conference, Heraklion, Crete, June 2009
- Second National Health Sciences Education Conference of the South African Association of Health Educationalists (SAAHE), Cape Town; July 2009
- RuDASA 13th Annual Rural Health Conference, Broederstroom, August 2009
- Wonca Family Medicine in Africa Conference, Rustenburg, October 2009
- Primafamed Workshop Training the Trainers - Development of departments of Family Medicine and PHC, Rustenburg, October 2009
- Fourth Conference of the Asia Pacific Action Alliance for Human Resources for Health (AAAH), Hanoi, Vietnam, November 2009

Ms NO Sondzaba

- RuDASA 13th Annual Rural Health Conference, Broederstroom, August 2009

Dr C van Deventer

- RuDASA 13th Annual Rural Health Conference, Broederstroom, August 2009
- Wonca Family Medicine in Africa Conference, Rustenburg, October 2009

Dr AG Truscott

- RuDASA 13th Annual Rural Health Conference, Broederstroom, August 2009
- Wonca Family Medicine in Africa Conference, Rustenburg, October 2009

Dr A Njie

- RuDASA 13th Annual Rural Health Conference, Broederstroom, August 2009
- Wonca Family Medicine in Africa Conference, Rustenburg, October 2009

Dr J Musonda

- Annual National Child PIP Conference, Johannesburg, May 2009
- RuDASA 13th Annual Rural Health Conference, Broederstroom, August 2009
- Wonca Family Medicine in Africa Conference, Rustenburg, October 2009
- Pain Symposium, Pretoria, October 2009
- Gender, Sex, and HIV, Johannesburg, November 2009
- Socio-cultural Aspects of HIV/ AIDS Research Alliance (SAHARA) Africa Regional Conference, Johannesburg, December 2009

Dr CA Pfaff

- RuDASA 13th Annual Rural Health Conference, Broederstroom, August 2009
- Wonca Family Medicine in Africa Conference, Rustenburg, October 2009
- Primafamed Workshop Training the Trainers - Development of departments of Family Medicine and PHC, Rustenburg, October 2009

Dr SE Abizu

- RuDASA 13th Annual Rural Health Conference, Broederstroom, August 2009
- Wonca Family Medicine in Africa Conference, Rustenburg, October 2009
- North West Research showcase, Rustenburg, November 2009

3. Other

Prof ID Couper

- Co-convenor and chairperson, Scientific Programme committee, RuDASA 13th Annual Rural Health Conference, Broederstroom, August 2009

Dr A Truscott

- Invited expert, informal working meeting to plan Pre-Service Education Content for HIV, TB, malaria and chronic illness for the WHO, Addis Ababa, Ethiopia,
- Member of HPCSA Accreditation Panel, BCMP degree programme, Walter Sisulu University, October 2009

Ms NO Sondzaba

- Member of organizing Committee: 13th Annual RuDASA Conference

Dr CA Pfaff

- Member of organizing Committee: 13th Annual RuDASA Conference

Ms M Versteeg

- Press release "Launch of the Rural Health Advocacy Project", August 2009
- Conference report Annual Rural Health Conference, September 2009
- Report "Launch of Centre for Rural Health", September 2009
- Press release "Wits Centre for Rural Health awarded 3-year grant for Rural-Based Education Campus in North West Province", October 2009
- Press release "Rural communities disadvantaged by KZN Community Service Medical Officer placements for 2010", December 2009

PRESS RELEASE 13 August 2009

Launch of the Rural Health Advocacy Project

On 13th Aug 2009 the Rural Health Advocacy Project was launched at the University of the Witwatersrand in Johannesburg, coinciding with the launch of the Wits Centre for Rural Health. A renewed focus on access to health care in rural areas is vital in a context of worsening key health indicators in South Africa, a 34% national vacancy rate for doctors, and inequitable access to quality health care.

In South Africa, as in many other countries worldwide, rural communities have poorer health status, less access to health care facilities, fewer resources, less information and an inequitable distribution of health care professionals.

The Advocacy Project, brought alive by the Wits Centre for Rural Health in partnership with the Rural Doctors Association of Southern Africa (RuDASA) and the AIDS Law Project (ALP) aims to tackle these inequities by achieving measurable improvements in rural health services through:

- **Contributing towards policy development including human resources policies for rural health at provincial, national and international levels**
- **Advocating for improvements in rural health care in cooperation with rural communities and stakeholders such as government, academic institutions and the private sector**
- **Highlighting challenges and achievements in rural health care**

The above processes, including the development of an advocacy framework, will be driven by the recently appointed Project Director, Ms. Marije Versteeg. Versteeg previously worked for 3½ years as health researcher in rural communities in the North West Province and another 3½ years with local government on issues relating to HIV/AIDS and development.

The project, which aims to work with all who support improvements in rural health, comes at a critical time. Despite significant achievements in health reform since the dismantling of the apartheid system in 1994, life expectancy is falling, while maternal mortality is rising. South Africa has the highest TB incidence in the world, more than one in six adults is HIV infected, and there is a growing incidence of non-communicable diseases. The health crisis hits rural areas hardest.

Whereas a range of interventions are required to improve health outcomes, equitable healthcare delivery in rural areas should be among the highest priorities. This would demand improved quality and accessibility to services through sufficient funding and human resources as well as an urgent strengthening of the strained health system.

The Rural Health Advocacy Project will systematically seek to inspire others towards such improvements in rural health in order to ultimately achieve the progressive realization of the constitutional right of health for all, including the rural poor.

For further comment and information contact Marije Versteeg, Project Director, Rural Health Advocacy Project at cell 074 106 3800; fax 011 7172558; email: ruralhealthadvocacy@gmail.com; or visit <http://web.wits.ac.za/Academic/Health/Entities/RuralHealth/>, www.rudasa.org.za or www.alp.org.za