UNIVERSITY OF THE WITWATERSRAND

JOHANNESBURG

FACULTY OF HEALTH SCIENCES

CENTRE FOR RURAL HEALTH

ANNUAL REPORT
2010

(INCORPORATING THE DIVISION OF RURAL HEALTH)

Centre for Rural Health

CONTENTS

INTRODUCTION

Once again it is with great pleasure that I present this Annual Report of the Wits Centre for Rural Health. It covers the period 1st January to 31st December 2010.

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

There has been significant progress during 2010, the highlights of which were:

- the launch of the new Lehurutshe District Educational Campus project,
- the first MPH in the field of Rural health module,
- the launch of the WHO recommendations on Access to Health Workers in Rural and Remote Areas, hosted by the CRH, and
- passing the milestone of 10 WIRHE graduates

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 4 goals set by the CRH Advisory Board in 2008.
The next section briefly 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, progress on the strategic plan of the CRH, staffing, and scholarly activities.

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

Professor Ian Couper
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30th April 2011

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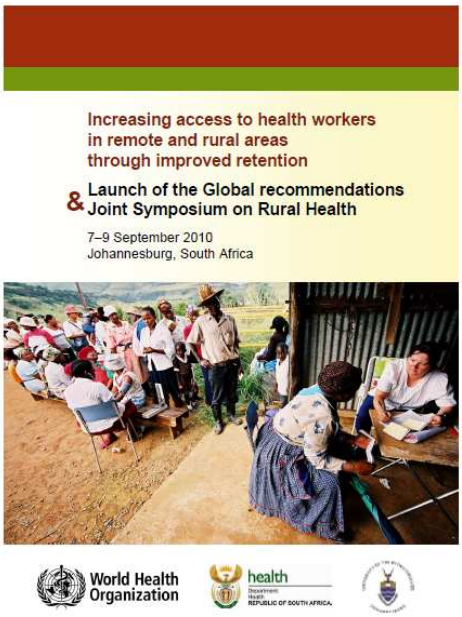


Launch of the WHO Recommendations - Ms Laura Stormont (WHO, Geneva), Mr Jean-Marc Braichet (WHO, Geneva), Dr Carmen Dolea (WHO, Geneva), Prof Ian Couper (Wits), Ms Precious Matsoso (National Department of Health), Dr Manuel Dayrit (Director, Human Resources for Health, WHO), Dr Stella Anyangwe (WHO Representative, South Africa)

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 4 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 rapid appraisal of these goals, presented to the CRH Advisory Board in December, can be found in Appendix D. A review of activities related to each of these goals is presented below.

Highlights

The major achievements in the year 2010 were as follows:

- Major expansion of staff in the Division and Centre
- Total WIRHE scholarship student enrolments reached 56.
- WIRHE programme achieved the milestone of 12 graduates
- The Lehurutshe District Educational Campus established
- The Global Launch of the WHO Global Recommendations on Increasing Access to Health workers in Rural and Remote Areas through Improved Retention and Joint Symposium on Rural Health, hosted by CRH at Wits Medical School
- First rural careers day held in Mafikeng
- The first module of the MPH in rural health delivered
- 32 new clinical associate students enrolled in BCMP programme
- The Rural Health Advocacy Project consulted regularly by the national Department of Health
- Development of a draft position paper on rural health and a draft rural health advocacy framework
- The students Rural Health Club conducted an outreach visit to Taung sub-district in North West.
- WIRHE scholarship logo adopted
- Support obtained from SSACI for extension of the WIRHE programme to Mpumalanga
- A life skills programme in schools conducted in Mpumalanga
- The Rural Health Advocacy Project (RHAP) ran the first ever 2-day Advocacy Track at the Annual RuDASA Rural Health Conference

2010 in brief

January:

- The first group of Clinical Associate students (25) entered their second year, and in February our second intake (33) commenced studies, bringing the total to 55. This was achieved under great stress, after Dr Audrey Gibbs stepped into the breach to coordinate the programme, following the sudden death of Dr Andrew Truscott. It is a testament to the team and faculty support that this was achieved so smoothly.
- 5 new staff joined the Division of Rural Health

February:

- Professor Couper attended a meeting of the WHO Expert Group on Increasing Access to Health workers in Rural and Remote Areas through Improved Retention.

March:

- Professor Couper visited Brazil to see firsthand the family health teams (subsequently adopted as a model for primary health care in South Africa) and to deliver a keynote address at the 5th International Seminar on Primary Health Care in Rio de Janeiro.
- A successful Careers Day was held in Mafikeng, attended by over 200 learners as well as their life orientation teachers.
- New WIRHE scholarship logo was presented and adopted (see below).

WIRHE
Wits Initiative for Rural Health Education
WIRHE'd to Lifelong Learning

April:

- The Lehurutshe District Educational Campus and North West Clinical Associates Programme project, funded by the Atlantic Philanthropies, commenced in earnest, when the project manager, Abigail Dreyer, and the researcher, Lilo du Toit, started in their positions.
- The Wits students Rural Health Club conducted an outreach visit to Taung sub-district in North West, supported by CRH, visiting schools and giving career guidance.
- We mourned the passing of Dr Molefi Sefularo, Deputy Minister of Health, who had officiated at the launch of the Centre in 2009.

May:

- Professor Couper chaired the annual meeting of the international Working Party on Rural Practice of the World Organisation of Family Doctors (Wonca) in Cancun, Mexico.

- Wits CRH Advisory Board meeting held at Lehurutshe DEC
- The first Medunsa WIRHE graduate was capped, having completed his Occupational Therapy degree in December.
- Discovery Foundation Distinguished Visitor's Awards were presented to Dr Kenneth Kaunda and Ngaka Modiri Molema districts in North West, in partnership with CRH, as well as an Institutional Award to Tintswalo Hospital (supported by CRH).

June:

- The American International Health Alliance (AIHA) announced the formation of a new Twinning Center partnership in South Africa, with support from CDC/South Africa and in close cooperation with the South Africa National Department of Health, linking the Wits Clinical Associates Programme with the Emory University School of Medicine's Physician Assistant Program in Atlanta. The focus is on strengthening our Clinical Associates Programme. (See press release, Appendix I)
- RHAP launched its website www.rhap.org.za

July:

- The team had a strong presence at the Third National Health Sciences Education Conference of the South African Association of Health Educationalists (SAAHE), held at Wits in July. Two papers and two posters were presented, with Nontsikelelo Sondzaba being awarded runner-up prize in the best poster competition.
- Two WIRHE students graduated from Wits, receiving medicine and pharmacy degrees.
- The first module of the first ever Masters in Public Health (MPH) in the field of rural health – the only such programme we are aware of internationally – was successfully delivered.
- RHAP was invited by the Health Systems Trust to sit on its Research Review Panel

August:

- Three faculty members from the Physician Assistants programme of Emory University visited Wits and participated in a number of activities of the Clinical Associates programme. This was followed by return visits in November and December.
- A number of staff members of the Centre attended the 14th annual Rural Health Conference, under the auspices of the Rural Doctors Association of Southern Africa (RuDASA), which took place in Ezulwini, Swaziland, delivering

a number of papers and playing key roles in the conference. The conference included the first ever 2-day Advocacy Track facilitated by the RHAP, coordinated by Marije Versteeg, who also gave a closing plenary address.

September:

- A key event was the Launch of the WHO Global Recommendations on Increasing Access to Health workers in Rural and Remote Areas through Improved Retention and Joint Symposium on Rural Health, hosted by CRH at Wits Medical School, in collaboration with the WHO and the national Department of Health. This prestigious event incorporated a global launch of the first ever guidelines developed by WHO on human resources for rural health, to which Professor Couper had contributed as a member of the Expert Panel. A 3-day symposium with presentations from leading international experts highlighted key aspects of the recommendations. (Details of the symposium and copies of the presentations are available at http://www.wits.ac.za/academic/health/entities/ruralhealth/who-launch-symposium/10099/who_launch_symposium.html)

Members of the WHO expert panel who were present at the launch function.

- Three papers were presented at the biennial Faculty of health Sciences Research Day; Lilo du Toit, presenting on behalf of a team from the Centre, was awarded the prize for Best oral presentation in the Health care delivery, education and management theme.
- Dr Peter Millard from the Catholic University of Mozambique in Beira joined the IPC team as an external examiner, and to observe the feedback and orientation for the block. Potential future partnerships are being explored.

October:

- Professor Couper participated in the Global Consensus on Social Accountability in Medical Education conference in East London, South Africa, and contributed to the subsequent consensus document released in December.
- Professor Couper delivered an invited plenary address at the Rural Medicine Australia 2010 conference in Hobart, Tasmania, as well as a number of workshops. He also presented a number of papers at the Global Community Engaged Medical Education Muster 2010 in the Barossa, South Australia.
- Dr Audrey Gibbs and Ms Abigail Dreyer travelled to Atlanta, Georgia, to learn more about the Emory University Physician Assistant program, as part of the twinning partnership.

November

- The Faculty Executive established a Faculty Task Team on Rural Training, chaired by Professor Couper, to make recommendations on the way forward for rural training of health professionals at Wits.

December

- The WIRHE Scholarship Programme celebrated with 4 students who graduated at 2 Wits ceremonies, having completed degrees in physiotherapy, pharmacy and nursing. This brought the total number of graduates to 12.
- Representatives of the Centre, RHAP, Africa Health Placements and RuDASA met with the national DG of Health to discuss HRH challenges and solutions

Staffing issues

Mr Bright Sithole joined the clinical associates programme (Gauteng) as a tutor in December 2009 (but this was not reported last year). He was followed by Mr Scott Smalley, an American-trained physician assistant, who joined as a lecturer in January. Dr Akingba also joined the clinical associate programme (North West province) in January as a family physician/educator, based at Lehurutshe. Ms Stephanie Joe joined the programme in the same month, first temporarily and later permanently, as the programme administrator. Ms Dimpho Chweneyegae was seconded by SAMHS as a tutor for the programme, from February to November. Dr Adrienne Wulfsohn (Gauteng) was returned to the programme by Gauteng DOH during the year.

Dr Olubunmi Johnson was appointed as a lecturer in primary care in January, with a particular responsibility for the Integrated Primary Care rotation.

Ms Abigail Dreyer (project manager) and Ms Lilo du Toit (researcher) joined the Centre as part of the Lehurutshe DEC/North West Clinical Associates project.

Ms Barbra Nyangairi, the research intern in the CHEER project, was forced to return to Zimbabwe in March for family reasons. She was replaced in August by Ms Mpumi Mnqapu.

Mr Lebo Molete spent 6 months on the Centre staff complement as a project officer for the Rural Health Advocacy Project.

Three new staff members joined the division in North West province: Drs Joseph Kanku and Chitta Das in Dr Kenneth Kaunda District, and Dr Joyce Musonda in Ngaka Modiri Molema District. Dr John Musonda (Lichtenburg) left in December.

(The 2010 staff complement as of December is listed in Appendix E.)

REVIEW OF CRH GOALS

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

1.1 WIRHE

The **Wits Initiative for Rural Health Education** (**WIRHE) scholarship programme**, coordinated by Ms Nontsikelelo Sondzaba, has now completed its eighth year, and supported 56 students in 2010. The profile of the students remains unchanged as the majority are registered for medicine, most of whom are now in their 5th year. Although the majority of students (30) are based at Wits, there is a sizable group at Medunsa (24) and 2 students at Pretoria University.

A gathering of the WIRHE "family": WIRHE students with Professor Couper, Ms Ntsiki Sondzaba (Coordinator) and Mr Sizwe Dhlamini (Administrator) (on right).

The majority of students are beneficiaries of the 2006-8 collaborative effort between North West province and the Swiss South African Cooperation Initiative (SSACI) whose subsequent years of study are funded by North West Department of Health. Of the 48 students who are part of the North West programme, 16 are from Ngaka Modiri Molema District (Mafikeng area), 14 are from Bojanala District (Rustenburg area), 6 are from Dr Kenneth Kaunda District (Klerksdorp area) and 7 are from Dr Ruth Segomotsi Mompati Distinct (Vryburg area); five are privately funded by

Novartis, Aspen Pharmacare and Dr Marion Bergman Fund.

The 2010 intake of twelve students was funded using a once-off grant received from the Discovery Foundation; as with previous groups their funding will be taken over by the province from 2011. Seven of the 12 students were admitted to the University of Limpopo (Medunsa) and remaining five students are at Wits.

The breakdown of all WIRHE scholarship students is presented below:

Medicine:	39 (70%)
BSc Occupational Therapy:	6 (11%)
BSc Pharmacy:	4 (7%)
BSc Physiotherapy:	2
BSc Dietetics	2
BDS:	1
BSc Dental Therapy:	1
B Nursing:	1

The highlight of the year is the graduation which validates the success of the programme. At the end of 2010 academic year, eight students completed their studies, six of them based at Wits. The first two completed their studies in late 2009 and early 2010 and were invited to the July graduation ceremony; the four who completed their studies in November graduated in the December ceremony. The remaining two based in Medunsa completed in November but will graduate in May 2011. This brings the total number of students completed to 12 – an important milestone.

The selection of new students continues to improve as we gain support from other members of staff such as Ms Abigail Dreyer, the Project Manager of the Lehurutshe District Education Campus. At the interviews in Dr Kenneth Kaunda district, many of the interviewees were part of the previous year's group whose applications had not been successful, partly because of a communication breakdown in 2009; this again highlights the financial challenges faced by these candidates, and the hopes and aspirations that WIRHE fulfils.

In terms of supporting students**,** the lines of communication with the training managers within the sub-district offices have improved in all but one district. This co-operation is the desired partnership as the students have a responsibility to their districts, and ultimately their communities, and have to be managed locally. This has been extended with students reporting positively on their community engagement activities and learning critical skills from professional workers in their local facilities. The district family physicians continue to play an active role, and are an important conduit between the university, the district, our centre and the community. This has been realized with the first group of graduates going back to their own districts.

In realizing the objectives of the WIRHE scholarship to impact communities, Friday 5th March represented the first step in pursuing meaningful partnerships with the Departments of Basic Education and Health. A **rural Careers Day** was launched as a pilot project on the Mafikeng Hospital grounds where five matric learners from each of 85 high schools in the district were invited to attend a career counselling and health promotion workshop. The 225 learners were accompanied by their life orientation teachers. WIRHE students representing different disciplines together with other students from the faculty played an active role in promoting health sciences careers to the Grade 12 learners, as well as providing health information.

Careers Day: BSc Occupational Therapy Students from Wits (white t-shirts) were joined by a qualified Occupational Therapist based at Mafikeng Hospital

Mr Mandla Ngcobo, who was initially co-opted to work with high schools in North West in 2009 as part of the Schools-based Life Skills project, moved to Mpumalanga in 2010 and continued to work with local high schools in the Bushbuckridge area, supported by Dr Colin Pfaff. Mr Ngcobo was considered to be a great resource in helping the Centre identify students who will benefit from the SSACI-funded Mpumalanga project, which will be supporting students based at Pretoria and Wits.

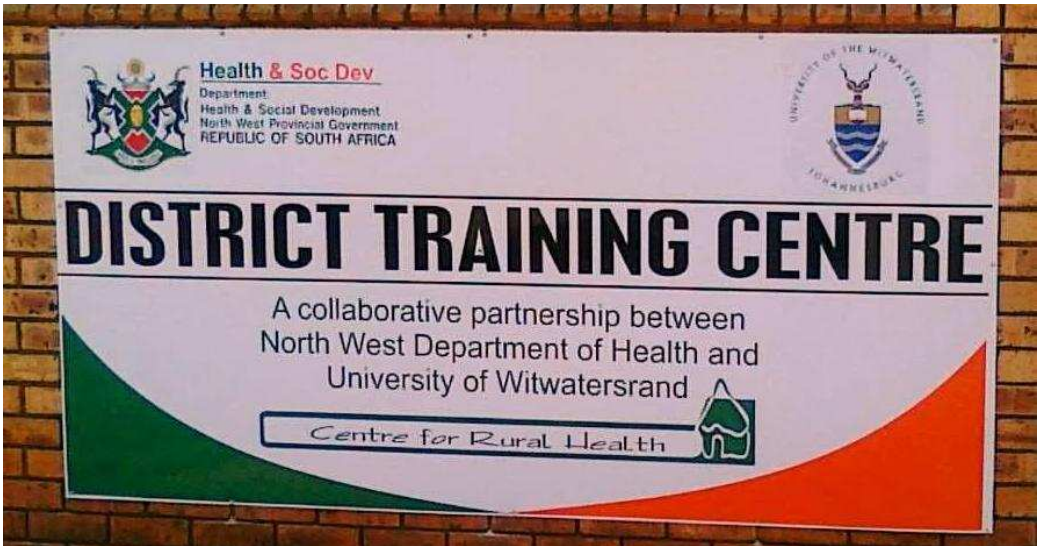
The late payment of fees by the North West province proved to be the greatest challenge as it meant that the Centre had to utilize funds reserved for other activities to pay outstanding fees. Generally all students were affected by the late payment and were greatly distressed as they could not get their end of the year results. This was particularly relevant in the case of the two Medunsa students who were almost barred from participating in their oath ceremony as their fees were still outstanding.

1.2 Lehurutshe District Education Campus (DEC) Project

The Lehurutshe District Educational Campus (DEC) Project was launched with the appointment of Ms Abigail Dreyer as Project Manager based in Zeerust, and Ms Lilo du Toit as a researcher, based in the CRH at Wits Medical School.

Since April the majority of activities have supported the North West Clinical Associates programme. The essential site renovations have been completed to adapt the nurses' home into the students' accommodation. The site also offers shared kitchen and laundry facilities and a computer room with internet access.

Staffing of the District Training Centre has been successful in the recruitment and placement of the necessary people to support this initiative; the staff complement of the DEC comprise the Project Manager, a family physician/educator, a training manager, an administrative clerk, a driver and a cleaner. The Project Manager, in a wonderful testament to the partnership between Wits and the province, has also been delegated to be the responsible manager from the side of the North West Department of Health, and is actively involved in local management structures.



Lehurutshe DEC signboard

The DEC facilitated successful completion of Block 2, 3 and 4 for Clinical Associates students. Block 2 was completed at the site having adapted to include rotations at Mafikeng Provincial Hospital. A successful OSCE was conducted at the Lehurutshe Hospital and the exam was written on site. Block 3 started with all the second year Clinical Associates students housed at the Lehurutshe site. Block 4 had Gauteng based students complete their rotation at the site.

A total of 12 final year medical students completed their IPC rotations at the site. A successful quality improvement project at the Paediatric ward at Lehurutshe Hospital was implemented as a result. The initiative, *Red Flags Saves Lives*, was aimed at having a reduction of preventable morbidity and mortality in the ward through comprehensive record keeping, team work, the continuity of care and communication between all health professionals caring for children.

Four French Medical students completed an international rural elective at Lehurutshe in June-July and managed to remain focused throughout the World Cup. The site continues to have requests from international students wanting to complete a rural elective there.

The inclusion of business in supporting this initiative commenced and 6 private game lodges were approached to partner with this project and look at incentives to retain medical professionals in the province.

A comprehensive strategic plan is being developed for 2011 that will start to realise the vision of the site as a District Educational Campus. This plan will look at incorporating placements for physiotherapists and pharmacy assistants, the development of an E-teaching platform and more web-based teaching and training, exploring additional stakeholder involvement and better use of the facility. A research protocol to monitor and evaluate the Clinical Associates Programme at the Lehurutshe District Educational Campus has been approved.

1.3 Clinical Associates

The **Bachelor of Clinical Medical Practice (BCMP) degree programme** for training clinical associates was launched in 2009 with 25 students. All the students passed and were promoted to second year in 2010. These second years did their clinical work at South Rand and Kopanong Hospitals in Gauteng and Mafikeng Hospital and Lehurutshe-Zeerust Hospital complex in North West. Again all these students passed, and will complete their final year of the three year degree course in 2011.

In November 2011, these students will write a common final National examination together with the students from Walter Sisulu and Pretoria Universities. This is an internal agreement between the three programmes and will be developed together. There is ongoing communication and co-operation between the three universities about the curriculum, examinations and other issues.

The Department of Health finally issued a circular with the job description, post level (grade 7) and other details, in December 2010, which will enable future employment of the successful graduates in 2012.

The programme enrolled 32 first year students in February 2010, including students from North West, Gauteng and the South African Military Health Services. One student failed the examinations, and the remaining 31 were promoted to second year in 2011. First year students were taught at Wits Medical School with clinicals at South Rand Hospital.

It is proposed that 50 students will be accepted in first year in 2011, as there is a need to increase the number of students.

Dr Audrey Gibbs took over as coordinator of the programme following the sudden death of Dr Andrew Truscott in December 2009. She was joined by Mr Bright Sithole and Mr Scott Smalley, both trained Clinical Associates. Dr Kayode Akingba, a family physician, was employed to co-ordinate and teach in the North West. Dr Adrienne Wulfsohn returned to the programme later in 2010, to be based at South Rand. The staff complement was also increased by an administrator, Ms Stephanie Joe.

The highlight of the year was a very successful twinning partnership with the Physician Assistant Programme at Emory University in Atlanta USA. This was facilitated and funded by the American International Health Alliance, though the country director Mr John Capati. The initiative was entered into with some reservations, as the workload of the programme was significant. However, it has proved to be a most worthwhile and beneficial ongoing partnership. Professors Dana Stanhope, Alan Otsuki and Marquitha Mayfield came to Wits in August. They visited the various teaching facilities in Gauteng and North West, participating in some sessions. They were extremely positive about our programme and the partnership, contributing many suggestions as well as sharing resources, exam questions etc. It was interesting to hear the challenges that beset the early American programmes.

Dr Audrey Gibbs and Ms Abigail Dreyer went on a return visit to Emory University in October-November 2010, visiting both urban and rural facilities and watching Physician Assistant students in action in the classroom, clinical areas and exams.

Professor Stanhope then returned to South Africa and was the external examiner for the November examinations. She was enormous help in preparing the exams, and was extremely complimentary in her examiner’s report. She returned again in December with Dr Alan Otsuki, presenting a 2 day preceptor’s course in Lehurutshe and a three day workshop for Faculty at Wits. This was extremely beneficial and well received by the Clinical Associate faculty at Wits, Pretoria and Walter Sisulu Universities, as well as other Wits staff. Further visits and activities are planned for 2011. AIHA has also facilitated meetings between staff of the three universities.

Emory visit to Wits: Ms Marquitha Mayfield (Academic Co-ordinator, Emory Physician Assistant Programme); Ms Abigail Dreyer (Wits North West Clinical Associates Project Manager); Professor Alan Otsuki (Associate Dean for Medical Education at Emory School of Medicine); Prof Ian Couper (Head, Division of Rural health); Professor Dana Sayre-Stanhope (Programme Director, Emory Physician Assistant Programme), Professor Helen Laburn (Dean); Dr Audrey Gibbs (Wits Clinical Associate Programme co-ordinator); Mr John Capati (Country Director, Twinning Center, American International Health Alliance)

Professor Merryll Vorster has been of great assistance to the Clinical Associates programme and visited Kopanong Hospital with the team, resulting in increased accommodation for students and future plans to develop a training centre there.

Ongoing challenges to the programme include the need to increase the number of teaching facilities, accommodation issues, staff shortages, and Department of Health challenges including late payments and the Gauteng Department of Health bursary process. Despite these challenges, the programme is growing in size and stature, and the first graduates are eagerly awaited in December 2011.

We are very proud of Professor Stanhope's external examiner's report, in which she says, "I cannot speak enthusiastically enough about the strong performance(s) exhibited by the Witwatersrand Clinical Associate students. As the first and second cohorts of a new program, and a new, as yet untried profession these students were

largely recruited without a full and complete understanding of what they would be expected to master, how their training would progress and what their deployment would be upon graduation. Yet they demonstrated through their examination performance both in the year end assessment and in their block performance their capacity to engage in higher order learning consistent with traditional medical students. Frankly, I went into this examination process with grave doubts as to the students' abilities given on their age and experience and was proved wrong. The university should be justly proud of the faculty, the curriculum and the students".

1.4 Graduate Entry Medical Programme (GEMP)

The GEMP 2 students presented their year 2 projects as part of the Community Oriented Primary Care (COPC) project, called **Adopt a Community***.* In total 60 groups presented their posters to panels consisting of faculty members and family physicians representing the health service. The intervention plans ranged from simple cost effective projects to far-reaching initiatives with wider-reaching benefits for the community in which they were based. Students who worked in their own communities showed the greatest commitment and experienced the fewest challenges in implementing their plans. Groups who most successfully presented and implemented their plans, and whose projects were considered to be sustainable, were awarded book prizes.

The **Integrated Primary Care Block** for final year medical students (a collaboration among seven departments in the faculty) uses underserved rural, peri-urban and urban primary care and district-based sites for exposing students to integrated primary care in resource-constrained environments. A review of the student evaluations for the block from 2007-2009 showed that the block was successful in increasing the interest of students to practice in primary care and rural sites. 2010 saw the collaboration from our supervisors and faculty members at Wits in developing accreditation criteria for the teaching sites to aid further improvement in the experience students have during the block and encourage them to consider a career in primary care and rural health after graduation.

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. Several of the rural sites also benefitted in 2010 from support from Wits to obtain Discovery Award training grants and equipment for the accommodation facilities from Wits, and all sites received signage to recognise their involvement in teaching Wits students. The plan is to continue to develop more rural sites and options for students.

Dr Bunmi Johnson, who joined the Division in January, has worked hard at improving liaison with and support to sites during the year, as well as ensuring the quality of assessment and feedback.

The table below outlines the sites used during 2010, and the performance of students during the block:

Province	Site	Rotation 1	Rotation 2	Rotation 3	Rotation 4	Rotation 5	Rotation 6	Rotation 7	Site Utilization/Annum
Gauteng	Alex CHC	√	Rested	√	Rested	√	Rested	√	4
Gauteng	Dr Yusuf Dadoo Hospital	Rested	√	Rested	√	√	Rested	√	4
Gauteng	Germiston Hospital	√	√	Rested	√	√	√	√	6
Gauteng	Hillbrow CHC	√	√	√	Rested	√	Rested	√	5
Gauteng	Far East Rand Hospital	Rested	Rested	√	Rested	Rested	Rested	Rested	1
Gauteng	Kopanong Hospital	√	√	√	√	√	√	√	7
Gauteng	Lillian Ngoyi CHC	Rested	Rested	Rested	√	Rested	√	√	3
Gauteng	Mofolo CHC	Rested	Rested	Rested	Rested	Rested	√	Rested	1
Gauteng	South Rand Hospital	Rested	Rested	√	Rested	Rested	√	Rested	2
North West	Delareyville CHC	√	Rested	Rested	Rested	Rested	Rested	Rested	1
North West	Klerksdorp Hospital*	√	√	√	Rested	√	√	√	6
North West	Lichtenburg Hospital*	√	√	√	√	√	√	√	7
North West	Lehurutshe Hospital*	Rested	Rested	√	Rested	√	√	Rested	3
North West	Mafikeng Hospital*	Rested	Rested	Rested	Rested	Rested	Rested	Rested	0
North West	Taung Hospital	√	√	Rested	√	Rested	Rested	Rested	3
North West	Vryburg Hospital	Rested	Rested	Rested	Rested	Rested	√	Rested	1
Mpumalanga	Tintswalo Hospital	√	Rested	Rested	√	Rested	Rested	Rested	2
Total No of Sites Used per Rotation		9	7	8	7	8	9	8	
	No of Students per Rotation	32	28	31	28	31	33	29	212
	No of Students (failed)	0	2	0	0	4	2	3	11
	No of students (distinctions)	0	3	3	2	3	2	4	17
	Rotation 1&6 utilised the maximum number of sites. Lichtenburg and Kopanong Hospitals were utilised the most during the year.								
	5.2 % of the class failed the block (63.6% of those were Wits trained students)								
	8.1 % of the class passed with distinctions								
	Highest Mark Achieved for 3 Wits Based Assessments = 82.7%								
	Lowest Mark Achieved for 3 Wits Based Assessments = 47.1%								
	Highest Number of Distictions was achieved in Rotation 7 = 4 students								
	Highest Number of Failures was in Rotation 5 = 4 students								
	***Hospital complex**								

2. Develop, deliver, research and evaluate postgraduate programmes in rural medicine and rural health for all health care professionals

The **MPH in Rural Health** had its first intake with 10 students taking up the selective course, the Rural Health Care Context, as part of their year one curriculum. There was much excitement in the realisation of this goal. Teachers were drawn from all parts of the country and innovative teaching strategies were introduced in keeping with the rural context.

First MPH in Rural Health group - Rural Health Context module

The further development of **Family Medicine registrar training in North West** led to eight new registrars being taken on in 2010. However, many of these struggled to cope with the demands of service and learning, and a few later dropped out.

Professor Couper attended a three-day workshop in Swaziland in August hosted by the Primafamed Network, which supports development of family medicine in Africa. As part of this, there was a meeting of the twinning project, a European Union-funded partnership, which involves supporting the development of family medicine training in Southern Africa. Wits is linked to Malawi in this project. A family physician from Malawi attended, and discussions were held regarding planning for the establishment of a district-based family medicine rotation for undergraduate students at the Malawi College of Medicine. Another family physician subsequently came to observe the IPC block at Wits. This was done with the thinking that the long-term development of postgraduate training depends on undergraduate training.

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

The CRH continued to be an active member of the Collaboration for Health Equity through Education and Research (CHEER) group during 2010, with a number of studies being presented at conferences as part of the CHEER research programme. The CRH furthermore welcomed a research intern, Ms. Mpumi Mnqapu, to the programme in August 2010.

The continual development of research (from protocol and implementation stage, through to analysis and publication) that supports advocacy and policy formulation around the provision of quality health care for rural people, forms the main focus of the research team in the CRH.

In this regard, research activities relate quite strongly to the evaluation of the impact of the Integrated Primary Care (IPC) rotation for final year medical students placed in the district health system. In this ongoing study, the aim is to understand the experiences of medical students at Primary Care level in district hospitals, and the factors that encourage and discourage them from considering careers in rural areas.

The CRH research team was present at a number of conferences during 2010:

- South African Association of Health Educationalists (SAAHE) at Wits Med school June 2010
- Rural Doctors' Association of South Africa (RuDASA) in Swaziland July 2010
- Wits Faculty of Health Sciences' Research Day at Wits Medical School, September 2010. (Ms Lilo du Toit won the prize for best oral presentation in the Health Services and Management category.)

(Please see Appendix H for a list of these conference papers.)

Particular studies that the CRH initiated or took part in during 2010 include:

- Student experiences/evaluation of Integrated Primary Care block (with reference to factors that influence the site experience, student perceptions of sites/district hospitals and system/mentorship in primary care);
- Evaluation of final phase of MBBCh, with University of Pretoria (UP): effect of primary care rotations on students' career plans, and understanding of the district health system and roles of other professionals in a healthcare team;
- South-South Cooperation in Health Science Education (Literature Review);
- Delphi Study on the key challenges and priorities in rural health care (with RHAP)

The CRH research team has big plans for 2011, continuing with studies as mentioned above, and furthermore aiming specifically to develop research and publications around the following key areas:

- Family Physicians (FPs) in Districts: What is best practice? - Roles and responsibilities of districts FPs.
- Peer Review of postgraduate programmes in family medicine with UP and Medunsa.
- WIRHE student experiences, specifically focussing on factors that contribute to the failure and success of rural origin students in Health Sciences at Wits, career goals and lifestyle aspirations of rural origin students.
- WIRHE Life skills programme, specifically focussing on current situation of rural high school top achievers – did they use information on bursaries, courses etc in health sciences, and what are the barriers for promising rural high school students to enter tertiary education
- Monitoring and Evaluation of the District Educational Campus in Lehurutshe, Zeerust, also incorporating the Clinical Associates programme.

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

Launched in 2009, the **Rural Health Advocacy Project**, a partnership between Wits Centre for Rural Health, RuDASA and SECTION27, incorporating the AIDS Law Project, experienced further growth in 2010. Focusing on Voice, Policy and Implementation, an increasing awareness of the work of the RHAP by a range of different rural health stakeholders has become evident by the growing requests for rural health inputs and support and invitations to events. This has provided good opportunities to channel concerns, advice and expertise from the rural health workforce to key influencers and decision-makers. Some highlights of RHAP's work in 2010:

- **Engagement with Department of Health:** Several letters were submitted together with partners to national and provincial Departments of Health. A letter highlighting key challenges in relation to Human Resources for Health (HRH) resulted in a high delegation meeting with the Director General of Health in December. Other letters related to the moratorium on the filling of posts, and the rural-friendly Community Service Policy adopted by the KZN Department of Health, after a campaign by RHAP and UKZN Centre for Rural Health in 2009.
- **Field visits:** Doctors of a district hospital in Mpumalanga asked the RHAP for support in bringing a number of human resource and quality of care challenges to the attention of the provincial health leadership. After a field visit, a report was compiled and shared with the relevant parties, leading to corrective measures being taken. Field visits to KZN and WC were also conducted this year.
- **HST Review Panel**: RHAP was invited by the Health Systems Trust to sit on its Research Review Panel. The purpose was to review the work by HST in terms of 1) alignment HST mission and vision, 2) research relevance, 3) HST comparative advantage, and 4) quality. RHAP provided input from a rural angle.

Key meetings and conferences:

- In August the RHAP facilitated the first ever **Advocacy Track** at the 14th Annual

RuDASA Rural Health conference, co-hosted by RuDASA and Médecins Sans Frontierès (MSF). The track was well-attended, and drew inputs from rural doctors and other health care workers, especially allied health workers, NGOs, as well as government officials. Some of the sessions included: the Mental Health Care Act, RuDASA SWOT Analysis, the Rural Allowance, and the Public Sector Strike. The last session on public sector strikes led to a press statement by RuDASA endorsed by the delegates of the conferences. RHAP provided a report back of the Advocacy Track at the plenary closing session.

- In September RHAP sat on the **Human Resources for Health Panel at the Section27/HIVSA Civil Society Dialogue**, where RHAP addressed the participants on the rural HR challenges. This led to a joint civil society statement distributed widely in which RHAP's concerns were also addressed.
- RHAP participated in two key civil society gatherings in October: the **5th National Congress of the Treatment Action Campaign (TAC)** and the **COSATU/TAC/Section27 joint civil society conference**. RHAP gave input around HR issues and National Health Insurance (NHI) at commission level, and the relevant resolutions reflected some of the matters raised. For instance, the COSATU statement on the resolution called upon the Department of Health to fill all vacancies and stop the practice of freezing posts across the country as a cost curtailment measure.
- Also in October, a planning meeting on NHI took place between Section27, TAC and RHAP to prepare for the expected Green or White Paper.
- The **National Health Consultative Forum** convened by the Department of Health in November was also attended by the RHAP, which provided plenary feedback on the recommendations of the HRH break-away group.

A number of press releases, opinion pieces and popular publications were produced in 2010, some of them well covered in the newspapers, on radio and on TV:

Publications:

- Opinion piece on budget and rural health, Mail and Guardian, February 2010
- How to get redress when your health rights are not respected, Equal Treatment, September 2010

Press releases:

- Wits Launches first Rural Health Career Day (5 March 2010)
- Current OSD offer still disadvantages rural communities (9 June 2010). See Appendix J.
- IST reports on the state of the health system and the public's right to know, Joint RHAP/Section 27 Press release (3 September 2010). See Appendix K.
- Beyond the Strike: More is required to ensure rural patients will enjoy better and equitable access to health care (9 September 2010). See Appendix L.
- Rural Doctor of the Year Award Press Release (edited and distributed by RHAP, written by RuDASA, 22 September 2010)

Submissions:

- RHAP contributed to and endorsed a Section27 Submission on the Division of Revenue Bill (DORA) to advocate for DORA to be rural-friendly.

A warm welcome was provided at Witrand Hospital, Potchefstroom for the WHO visit: (from left to right) Professor Ian Couper, Ms Laura Stormont (WHO), Ms Ntsiki Sondzaba (Wits CRH), Ms Abigail Dreyer (Wits CRH), Dr Carmen Dolea (WHO), Dr Andrew Robinson (DDG: Health Services, NWDOH), Dr Uma Nagpal (Chief Director, Dr Kenneth Kaunda District, NWDOH)

OTHER ACTIVITIES OF THE DIVISION OF RURAL HEALTH

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.

Professor Couper continued to meet regularly with Drs Claire van Deventer (Dr KK district/Wits), Alhagi Njie (Ngaka Modiri Molema district/Wits), Sunny Abizu (Dr RSM District/Wits) and John Tumbo (Bojanala/Medunsa) to pursue the development of primary care and family medicine in the province. Having a stable team allowed for steady development.

During the year, the team was joined by Drs Chitta Das and Josef Kanku in Dr Kenneth Kaunda districts, and Dr Joyce Musonda in Ngaka Modiri Molema district, all appointed to senior family physician/lecturer posts. In December we said farewell to Dr John Musonda who has been an important member of the North West team, based at General de la Rey hospital, Lichtenburg, for a number of years; he was not, however, lost to the broader department of family medicine, having moved to Ekurhuleni in Gauteng.

Two provincial family medicine forum meetings were held during the year. The first, held in Lehurutshe in March, focussed on TB, and highlighted the key role clinicians need to play not only in management but in the overall TB control programme. There was a record attendance of close to 50 participants. The second forum, held in Orkney in November, focused on Maternal and Child Health (MCH) and led to some key commitments being made (see under goals of the division) in order to improve MCH outcomes in the districts.

Two one-day skills courses for provincial staff – two people (a doctor and a nurse) from each sub-district – were presented. The first was held in the EMRS College in Orkney in May and focused on emergency skills, in preparation for the World Cup. The second was held in September to inaugurate the new regional training centre in Swartruggens, Bojanala; this Centre has been a partnership between the district, private funders, Medunsa and Wits CRH, with the latter serving as the grant holder and fund manager for the project. The training of Community Health Workers is now taking place there on an ongoing basis.

Neonatal resuscitation training courses continued to be held regularly in all four districts of the province. In addition, three provincial Basic Emergency Skills Training (BEST) courses were conducted at the Orkney EMRS College during 2010. Dr Claire van Deventer serves as the provincial coordinator, working with Dr Anita Groenewald from the Division of Emergency Medicine.

Discovery Foundation granted Distinguished Visitor awards to Dr Kenneth Kaunda (DKK) and Ngaka Modiri Molema (NMM) districts. A psychiatrist assisted with monthly ward rounds and teaching sessions in DKK. A physician, Professor Joe Veriava, did the same in NMM, conducting ward rounds in Thusong and Lehurutshe-Zeerust hospitals once monthly. He also provided periodic reviews for chronic renal patients on dialysis in the Mafikeng renal unit; his direct intervention ensured that one patient is now a candidate for renal transplant.

In DKK District, an NGO forum was formed where training and service provision are discussed so that overlaps are minimized and interaction between NGOs and the district is improved. This is now being developed in all the districts.

Quality improvement projects (QIPs) have expanded from chronic illnesses (diabetes, asthma and epilepsy) to a TB QIP and mother and child projects. The patient safety groups in each sub-district have been very active in responding to adverse events, media criticism, near misses.

A research day was held in DKK with support and presentations from the surrounding

colleges and North West University. The focus was on the research process with presenters including registrars at the beginning of their research path and researchers at the protocol stage, as well as a PhD presentation.

In NMM, working with Africa Health Placements, two Belgian doctors were recruited. One was placed at Mafikeng provincial hospital and the second at Lehurutshe district hospital. Another doctor from Germany was also place at Gelukspan in July 2010 for a period of one month.

In all districts, medical interns successfully rotated through the family medicine domain during the year.

Great strides were made with most of the clinics in the districts being accredited to provide anitretrovirals (ARVs) for HIV positive patients and nurse training to support this has been done on a large scale with NIMART and PALSA Plus training. The NMM district Family Physician chaired the district HAST steering committee that coordinated the roll-out of ART initiation at CHCs and Clinics.

Dr Njie participated in the NMM district Executive Management Team (EMT) meetings and provided advice on clinical matters relating to organization of service delivery, patient safety and quality patient care.

The BCMP programme twinning partnership with Emory University, USA, also provided the opportunity for preceptor teaching workshops for supervisors held at both Lehurutshe district training centre and at Wits University.

(Other details of specific activities of the Division, with a formal review of the gaols, are provided in Appendix A below.)

CONCLUDING REMARKS

The year ahead is already well under way as we write this - and it is proving full of promise and challenge. We will continue to work towards the strategic goals of the Centre (Appendix C). The goals of the Division for 2011 are set out in Appendix B.

A major focus will be on the next, more substantial phase of the Rural Health Advocacy Project and on expansion of the District Educational Campus project to other districts. The Clinical Associates programme will continue to grow, in numbers and sites of training. Overseas visitors are being recruited to help further the aims of the Centre and to develop rural training in North West, in conjunction with the faculty Task Team on Rural Training.

The support of the Advisory Board, chaired by Professor Steve Tollman, is acknowledged; their sage advice, encouragement and willingness to give of their time are much appreciated. We are also grateful for the support given to both the Centre and the Division by the Faculty and North West province.

The burden on the staff associated with these endeavours – who continue to do wonderful work - has grown as the Centre has expanded. Furthermore, Professor Couper served as acting head of the Department of Family Medicine for the entire year in 2010.

A great deal of what the Centre does in only possible because of the contributions from external funders. A list of these funders is provided in Appendix G. We are very grateful to them for their generous contributions.

APPENDIX A

DIVISION OF RURAL HEALTH: GOALS FOR 2010 - ASSESSMENT

1. **Clinical Associates**
   - **Market the programme** *- increased the awareness of students and potential health care workers*
   - **Employ a full complement of teaching staff** – *Staff employed*
   - **Early selection for 2010 and minimum numbers** – *Tried, but a lot of challenges. Delays with the Gauteng province and bursary system*
   - **Ensure high quality assessment of students in order to produce confident competent skilled students.** – *Some challenges; changed regulations for 2011, after finding out that passing the clinical component was not a requirement.*
   - **Successful accreditation visit by the HPCSA** – *postponed to 2011*
   - **Collaborate with other universities for standardised National Exams, and clarify the place of the national exams** – *Achieved. The national exam will consist of both the practical and theoretical component. All the universities will write the same paper at the same time. The practicals will be different and localised, but based on the guidelines and moderated.*
   - **Meet with the National Minister of Health** – *His office never organised it.*
   - **Explore possible national clinical associates meeting** – *Had a number of meetings but not a high level forum. The students are talking to each other both nationally and internationally.*

2. **District Educational Campuses**
   - **Establish Lehurutshe DEC including appointing staff** – *Abigail Dreyer(project manager) and Dr Akingba (FP) appointed*
   - **Get DECs functioning and impacting on local Quality of Care:** *Not much impact at Tintswalo; started at South Rand, computers install; impact at Lehurutshe unclear.*
   - **Get Mpumalanga MOU signed** – *Not signed yet, but there was some progress.*
   - **Get accommodation built at the Wits Rural Facility** – *The funding was taken away after discussions by faculty on the feasibility of the project*

3. **GEMP**

   IPC Block (GEMP4)
   - **Complete evaluation** – *All the data entered*
   - **Standardise training across sites** – *Minimum standards set*.
   - **Develop assessment database** – *Exam questions put into database*
   - **Arrange signage at sites** – *Signage arranged; still being erected at sites*
   - **Facilitate more students rotating at Klerksdorp Hospital in other disciplines** – *Proposal presented earlier in the year at an undergraduate committee meeting; response was not favourable, but medicine will start in 2011.*

   Rural Site visits/COPC (GEMP 1 and 2)
   - **Get all students signed up by June** – *Students signed up*.
   - **Successful poster presentation event** – *a good effort and good assessment.*

4. **Centre for Rural Health**
   - **Arrange a high level symposium** – *Held a very good symposium co-hosted with the WHO.*
   - **Arrange a North West symposium** – *North West symposium arranged in Potchefstroom, very well organised and planned. The North West people were very enthusiastic.*

- **Become a known resource for information and training in HR4RH, including sabbaticals** – *The centre is getting approached and consulted more; developing.*
- **Promote recommendations of the WHO Expert Group** –*done through the WHO Launch*
- **Develop partnership with local and international partners** – *Through the advocacy project the centre has developed a good number of relationships; more needs to be done.*

5. **Advocacy Project**
   - **Develop a position paper on Rural Health** – *the initial position paper was drafted*
   - **Identify key interventions for rural health care** – *A Delphi study identified those interventions (rural proofing, HR and monitoring implementation of policies) and through the preparation for the framework, focus areas were identified with activities that fall under these.*
   - **Explore stock outs project** – *Explored but not implemented*.
   - **Arrange a symposium around the key interventions and the position paper** – *stakeholders' forum planned for February 2011*
   - **Convene a national stakeholders meeting to plan way forward** – *as above*
   - **Push for the adoption of the national rural health strategy** – *In the pipeline*
   - **Additional achievements:**
     - **Appointed a project officer** – *the person appointed could not fulfil the role of the project officer and ultimately resigned.*
     - **Met with the DG for Health** - *range of issues were discussed.*
     - **Profile of the project made an impact on the scene**. *The project manager appearing on several media from the newspaper, radio and television.*

6. **WIRHE**
   - **Develop a logo** – *The scholarship logo was developed and presented to the members of the division and funders; official scholarship shirts printed.*
   - **Approach new sponsors** – *New sponsors were approached but without much luck. Secured another R400.000 from Aspen; they will be funding 6 students from an initial 2. Met with the fundraising officer at the main campus - they agreed to take this on.*
   - **Launch the Mpumalanga project -** *First tranche of funding received but the programme not yet launched; need to get student selection working in Mpumalanga.*
   - **Develop links with graduates** – *Started, but need to be strengthened; graduates assisted in the careers day and attended some WIRHE meetings. There needs to be a press release about the scholarship graduates as a matter of urgency.*
   - **Finalise and implement evaluation research** – *Planned and approved by HREC; to start data collection.*
   - **Improve the NW admission process through involvement of district family physicians** – *Started involving the FP in the selection process*
   - **Identify district based mentors** – *Not done yet.*

7. **Research and Publications**
   - **Conduct literature review on South-South collaboration for the Prima famed network** - *Finalised the review and presented the outline at Primafamed workshop in Swaziland.*
   - **Hold 4 writing days** – *three writing sessions held*
   - **Finish team work research –** *Interviews don; need to write up report on the findings.*
   - **Publish 5 articles in 2010** –*Achieved*.
   - **Each academic staff member to be engaged in a research or writing project** – *Making progress, but not yet achieved*
   - **Develop a research project coming out of the clinical associates programme** – *A research project on the Clin A programme was approved by HREC*.

8. **Postgraduate training**
   - **Offer first year MPH Module (the rural health care context)** – *MPH module delivered successfully: the first ever MPH in rural health!*
   - **Develop second year modules** – *Still under planning, yet to deliver*.
   - **Develop post graduate diploma** (**explore a series of skills courses that build credits to be a diploma)** – *No further development done, challenges in terms of resources in terms of people for the purpose*
   - **Explore telemedicine educational broadcast** – *Used in MPH sessions and in planning*

9. **Foundation Health Care Certificate**
   - **Find a champion** – *Abigail Dreyer agreed to take this on*

10. **North West Family Medicine**
   - **Develop clear targets in common for all districts with indicators** – *Developed out of a forum on maternal and child health care*
   - **Obtain accreditation for additional registrar positions** – *Accreditation obtained. Eight provisional posts accredited (but people were not recruited)*
   - **Prepare posts for registrars for 2010 (motivate for additional posts to be funded)** – *Obtained the FP posts, but HR issues led to a recruitment disaster.*
   - **Facilitate clinical associate and WIRHE interviews and selections** – *All done*
   - **Hold 2 provincial forum meetings and 2 skills courses** – *Successful, well attended and given good evaluations.*
   - **Develop a DEC in each district -** *Sites have been identified in three districts. Lehurutshe is up and running; Swartruggens is also up and running; Klerksdorp is in early stages of development; Taung lagging behind.*

11. **Special projects**
   - **Explore meeting by video conference** – *Had Dr Colin Pfaff linked by Skype.*
   - **Implement chronic illness project** – *The national dept of health have taken interest; they want to use Ventersdorp as a pilot site.*
   - **Malawi** – *The College of Medicine is launching district-based Family medicine undergraduate training this year in March, using the IPC rotation as a basis*.

APPENDIX B

DIVISION OF RURAL HEALTH: GOALS FOR 2011

1. Centre for Rural Health

- Symposium: Get a keynote speaker on an appropriate topic, possibly social accountability.
- Website: Develop own CRH website
- NW Symposium: Plan for May
- Marketing:
    - Publicity around activities/projects
    - Project for students from marketing
    - Develop communication strategy

2. Lehurutshe DEC

- Get systems functional
- Ensure accommodation sorted out for all students and staff
- Explore on-line CPD/continuing education programmes
- Pilot Children's Rights project
- Conduct Drawing/ Writing competition or Baby show.
- Explore Health promotion course, Foundation certificate, Management training.
- Develop research protocol on retention of staff in terms of the WHO guidelines.
- Develop community liaison
- Support development at South Rand and Kopanong.
- Explore Tintswalo options

3. WIRHE

- Source funding
- Implement research
- Develop alumni profile.
- Develop press release on 2010 graduates
- Political buy-in: Introduce WIRHE to NW MEC for Health.
- Better student selection in Mpumalanga.
- Official launch of Mpumalanga project.

4. Clinical Associates

- Produce first graduates, and ensure publicity around this.
- Launch function at Kopanong.
- Expand training sites to Klerksdorp, Rustenburg, Selby, Germiston, Natalspruit, and Tambo Memorial.
- Successful HPCSA accreditation
- Contribute to the National Exam.
- Explore producing a textbook
- Complete baseline survey (research)
- Strengthen the Twinning partnership with Emory and review its impact.

- Employ a tutor at Lehurutshe
- Find drivers/solutions for the Clinical Associates minibus

5. GEMP

- COPC:
    - Improve assessment criteria
    - Get more Family Physicians supporting project
    - Get faculty involved in assessing posters.
- IPC
    - Improve student pass rate by identifying gaps in knowledge and supporting students
    - Provide support to supervisors
    - Implement accreditation of sites
    - Publish evaluation
    - Act on findings of evaluation.
- Increased numbers of the students signing up for rural electives.

6. Rural Health Advocacy Project

- Develop long term strategy
- Organisational development
- Fundraising for future events
- Publish position paper/ Delphi article
- Advocate for national HRH strategy
- Conduct stakeholder workshop
- Draft rural proofing guidelines
- Engage with National Parliament
- Strengthen rural patient voice.

7. RESEARCH AND PUBLICATIONS

- Finalise teamwork research
- Finalise South-South literature review
- Publish QI projects article
- Submit IPC articles
- Publish final phase MBBCh project
- Implement WIRHE research
- Develop Life-skills protocol
- CHEER: Contribute to new funding proposal
- Conduct best practices of Family Physicians research
- Explore new collaborations
- Plan and implement Clinical Associates Research
- Writing days: Aim for two 2 day writing workshops

8. Postgraduate training

- Run 4 MPH Modules
- Identify research supervisors

- Market MPH in Rural Health for 2012

9. North West Family Medicine

- Run 2 skills course and 2 provincial forums
- Get more FPs appointed at sub-district level
- In respect of HIV, ensure that 100% of PCR positive babies are on HAART under one year, 100% of pregnant women get HIV tests (and CD4 counts if necessary) and 100% of HIV positive pregnant women are on antiretrovirals.
- Ensure regular Saving Mothers meetings are held in each district
- Support all hospitals to use PPIP and CHIP
- Develop DEC in each district
- Use Discovery Awards to improve support to districts
- Conduct QI projects in each district
- Increase number of registrar application for 2012
- Improve selection of WIRHE and Clin A students
- Work with PALSA Plus to improve chronic care
- Ensure all doctors in emergency units are trained through BEST

10. Special Projects

- Outreach: Identify appropriate community for an activity, potentially linked to Kopanong site
- Career Days: Jouberton outside Klerksdorp; Taung - rural students
- Chronic Illness project: Set up pilot project
- Malawi: Run training of Supervisors
- Telemedicine: Run trial sessions of teaching.

APPENDIX C

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

GOAL	ACTIVITY	TIMEFRAME	OUTPUT	POTENTIAL IMPACT
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.
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
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
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

APPENDIX D

Centre for Rural Health: RAPID APPRAISAL OF PROGRESS TOWARDS - 2010

Goal	Activity	Appraisal	Next steps
1. Support undergraduate education in rural health care, for medical and other health science students.	Extend scholarship scheme through additional funding past 2010	North West & Mpumalanga on board	Need additional external funders
	Evaluate impact of scholarship scheme	Research protocol approved	Conduct research
	Develop rural training site in North West	Lehurutshe District Educational Campus launched	Develop capacity of DEC and range of training conducted
	Develop rural training site in Mpumalanga	Limited progress Some work on MOU	Finalise and sign MOU
	Works towards establishing a rural clinical school in North West province	Early discussion at Faculty executive level – task team on rural training established.	Plan workshop in 2011
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	First module delivered in July 2010	Run 4 second year modules
	Develop and submit a proposal for the Masters in Rural Health (MRH) or MSc in Rural Health.	No progress	Identify dedicated driver
	Develop a Postgraduate Diploma in Rural Medicine	Discussions with Academic Planning Office	Identify dedicated driver
	Explore Postgraduate Clinical Nursing training programmes with the Department of Nursing Education.	No progress	Revisit possibility

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	Systematic literature review proposal submitted (with HST)	Identify additional calls
	Employ a research assistant	Researcher and research assistant employed	Develop portfolio of research
	Investigate collaborative research with other institutions	Collaborative proposal submitted to NRF with colleagues from other medical schools. 2 proposals in collaboration with UP approved by ethics committee	Await response to proposal Commence research in 2011
	Investigate the optimum skills mix for rural district hospitals	No progress	Researcher to take this up
4. Advocate for improvements in rural health care, in cooperation with rural communities and other relevant stakeholders.	Establish rural health advocacy unit	Unit established	Advocacy framework and further funding proposal being developed
	Develop process of "rural proofing" of policy initiatives, in collaboration with other units.	Concept introduced and applied to different health proposals, Acts and strategies: NHI, Mental Health Act	Develop rural proofing framework
	Conduct 1 symposium or workshop related to rural health care issues in 2009 and 2 per year thereafter	WHO launch function and symposium held in 2010	Plan for seminars in 2011

APPENDIX E: STAFF

As at 31st December 2010, 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
Mr Sizwe Dhlamini	Secretary	WIRHE programme (50%) PA to Prof Couper (50%)	Wits Medical School	Sizwe.Dhlamini@wits.ac.za
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Ms Mpumi Mnqapu	Research Intern	CHEER-related research	Wits Medical School	Patience.Mnqapu@wits.ac.za
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Mr Scott Smalley	Lecturer	Clinical Associates programme	Wits Medical School	scott.smalley@wits.ac.za
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NW PROVINCIAL UNIT				
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Dr Alhagi Njie	Lecturer Principal family physician, Ngaka Modiri Molema district, North West province	Primary care service delivery Health service development Undergraduate and postgraduate training	Mafikeng	ANjie@nwpg.gov.za
Dr Sunny Abizu	Lecturer Senior family physician, Dr Ruth Segomotsi Mompati district, North West province	Health service delivery and development Undergraduate and postgraduate training	Vryburg	dr.abizu@gmail.com
Dr Chitta Das	Lecturer Senior family physician, Dr Kenneth Kaunda district, North West province	Health service delivery and development Undergraduate and postgraduate training	Klerksdorp	chitta1997@yahoo.com
Dr Joseph Kanku	Lecturer Senior family physician, Dr Kenneth Kaunda district, North West province	Health service delivery and development Undergraduate and postgraduate training	Ventersdorp	joseph_kanku@yahoo.fr
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APPENDIX F: 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 G: LIST OF FUNDERS

We are grateful to the following donors for their support during 2010:

Donor	Focus
The Atlantic Philanthropies	Rural Health Advocacy project
The Atlantic Philanthropies	CHEER project
The Atlantic Philanthropies	Lehurutshe DEC/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
Dr Marion Bergman	WIRHE
Discovery Foundation	Distinguished Visitors' Awards
Discovery Foundation	CRH-WHO symposium
Toyota	Careers Day and Taung outreach

APPENDIX H: PRESENTATIONS & PUBLICATIONS 2010

Publications

Truscott A. A method of teaching clinical problem-solving skills to primary health care student nurses. SA Fam Pract 2010; 52(1):60-63

Pfaff CA, Couper ID. The consequences upon patient care of moving Brits Hospital: A case study. S Afr Med J 2010; 100: 109-112.

Couper ID, Hugo JFM, Truscott AG. The shared consultation: a necessity in primary care clinics? SA Fam Pract 2010; 52(2): 223-226

Heyer AS, Mabuza LH, Couper ID, Ogunbanjo GA. Understanding participation in a hospital-based HIV support group in Limpopo Province, South Africa. SA Fam Pract 2010; 52(3): 234-239

de Vries E, Irlam J, Couper I, Kornik S, et al. Career plans of final-year medical students in South Africa [Scientific letter]. S Afr Med J 2010; 100(4): 227-8

Couper ID, Worley PS. Meeting the challenges of training more medical students: lessons from Flinders University's distributed medical education program. Med J Austr 2010; 193(1): 34–36

Nyangairi B, Couper ID, Sondzaba NO. Exposure to primary healthcare for medical students: experiences of final-year medical students. SA Fam Pract 2010; 52(5):467-470

Hugo JFM, Couper ID, Thigiti J, Loeliger S. Equity in health care: Does family medicine have a role? Afr J Prm Health Care Fam Med. 2010; 2(1), Art. #243, 3 pages. DOI: 10.4102/phcfm.v2i1.243. Available at http://www.phcfm.org

Couper ID, Worley PS. Evaluation of the Parallel Rural Community Curriculum at Flinders University, South Australia: Lessons learnt for Africa. AJHPE 2010; 2(2): 14-16. Available at www.ajhpe.org.za

Van Deventer C and Hugo J. Participatory action research in the training of primary health care nurses in Venda, 2005. In Koshy E, Koshy V, Waterman H (eds). Action research in Health care. Sage publications, 2011

Oosthuizen SJ, Van Deventer C. Quality and safety: precision, accuracy and compliance with accepted standards of care. Afr J Prm Health Care Fam Med. 2010; 2(1), Art#245.

Conference papers and posters

Couper I. Working in the Primary Health Care Team. 5th International Seminar on Primary Health Care. Rio de Janeiro, Brazil, March 2010 – ***invited plenary address***

Couper ID, du Toit L, Hugo J. Evaluating the Impact of District Based Rotations for Final Phase Medical Students. Third National Health Sciences Education Conference of the South African Association of Health Educationalists (SAAHE), Johannesburg, July 2010. - ***Paper presentation***

Couper ID. Do Rural Electives have any Value? Third National Health Sciences Education Conference of the South African Association of Health Educationalists (SAAHE), Johannesburg, July 2010. - ***Paper presentation***

Sondzaba N, Couper ID. Adopting a Community: Using a COPC Approach. Third National Health Sciences Education Conference of the South African Association of Health Educationalists (SAAHE), Johannesburg, July 2010. – ***Poster (Awarded runner-up prize in best poster competition)***

Sondzaba N, Couper ID. Student Contribution to Human Resources for Health Strategy: A Rural Health Career Day. Third National Health Sciences Education Conference of the South African Association of Health Educationalists (SAAHE), Johannesburg, July 2010. – ***Poster***

Couper I. Innovative Partnerships in Supporting Rural Healthcare. Rural and Remote Health Congress 2010. OR Tambo International Airport, Johannesburg, July 2010 - ***paper presentation***

Versteeg M. Establishing the Key Challenges and Priority Interventions for Rural Health Care Delivery. Rural and Remote Health Congress 2010. OR Tambo International Airport, Johannesburg, July 2010 - ***paper presentation***

Versteeg M, Couper I. Key Challenges and Priority Interventions for Rural Health Care. Preliminary Findings of a Delphi Study. Rural Doctors' Association of Southern Africa (RuDASA) conference. Swaziland, August 2010 - ***paper presentation***

Versteeg M. RuDASA SWOT Analysis. Rural Doctors' Association of Southern Africa (RuDASA) conference. Swaziland, August 2010 - ***workshop***

Versteeg M. Rural Proofing Advocacy Track: Conclusions and Resolutions. Rural Doctors' Association of Southern Africa (RuDASA) conference. Swaziland, August 2010 – ***plenary address***

Couper ID, du Toit L, Sondzaba N. MBBCh 6 Student perceptions on rural practice. Rural Doctors' Association of Southern Africa (RuDASA) conference. Swaziland, August 2010 - ***poster***

Johnson O, du Toit L, Couper ID. Social And Academic Factors that Influence the Site Experience of Final Year Wits Students during IPC Block 2007 – 2009. Rural Doctors' Association of Southern Africa (RuDASA) conference. Swaziland, August 2010 - ***poster***

Musonda J. The Rider and the Elephant. Who wins when needing to change direction in the HIV/AIDS paradigm? Re-aligning Africa HIV/AIDS Management and Treatment Innovation Conference, Emperors Palace, August 2010 ***– paper presentation***

Couper I. Developing a training programme for Clinical Associates in South Africa. Increasing access to health workers in remote and rural areas through improved retention: Launch of the WHO Global Recommendations and Joint Symposium on Rural Health, Wits Medical School, Johannesburg, September 2010 - ***paper presentation***

Couper ID, du Toit L, Sondzaba N. Evaluation of the Integrated Primary Care Block 2007 - 2009. Wits Faculty of Health Sciences Research Day. Johannesburg, September 2010 - ***paper presentation***

Couper ID, du Toit L, Sondzaba N. Student Perceptions of the Integrated Primary Care Block 2007 - 2009. Wits Faculty of Health Sciences Research Day. Johannesburg, September 2010 - ***paper presentation (Won the Faculty Research Day 1st prize: Best oral presentation in the Health care delivery, education and management theme)***

Versteeg M, Couper I. Key Challenges and Priority Interventions for Rural Health Care Preliminary Findings of a Delphi Study. Wits Faculty of Health Sciences Research Day, September 2010 - ***paper presentation***

Versteeg M, Booth P, Naidoo Y. Next step in the campaign for integrated health care workers? Driving finalisation of a new human resources plan for South Africa. Section 27 and HIVSA Activist Dialogue. The Women's Jail: Constitution Hill, Johannesburg, September 2010 – ***panel member***

Versteeg M. The Need for Rural Health Advocacy. IMPUMELELO Rural Service Delivery Workshop, Cape Town, September 2010 ***- paper presentation***

Couper I. The Role of Rural Health Practitioners in National Health Delivery. SAMA Conference 2010. Johannesburg, October 2010. – ***invited plenary address***

Couper I. The Rural Health Workforce: Can we make a difference? Wits School of Public Health Academic Meeting, October 2010 ***– paper presentation***

Couper I. Training Physician Assistants for Rural Hospitals in South Africa. Global Community Engaged Medical Education Muster 2010. Barossa, South Australia, October 2010 - ***paper presentation***

Couper I. Evaluation of the Comprehensive Community Clerkship Programme at the Northern Ontario School of Medicine. Global Community Engaged Medical Education Muster 2010. Barossa, South Australia, October 2010 - ***paper presentation***

Couper I, Sondzaba N, du Toit L. Evaluation of an Integrated Primary Care Rotation for Final Year Medical Students. Global Community Engaged Medical Education Muster 2010. Barossa, South Australia, October 2010 - ***paper presentation***

Couper I, Worley P. Designing a New Curriculum – Where Does One Start? Global Community Engaged Medical Education Muster 2010. Barossa, South Australia, October 2010 – ***workshop***

Couper I. Research as refection - a key to improving practice. Rural Medicine Australia conference. Hobart, Tasmania, Australia, October 2010 – ***invited plenary address***

Couper I. How to assess and give feedback to trainees – being an effective supervisor. Rural Medicine Australia conference. Hobart, Tasmania, Australia, October 2010 – ***workshop***

Couper I. Facing Mistakes in Practice. Rural Medicine Australia conference. Hobart, Tasmania, Australia, October 2010 – ***workshop***

Versteeg M, Couper I. RHAP and Development of Rural Health Position Paper. Wits School of Public Health Academic Meeting, October 2010 **– *paper presentation***

Versteeg M. RHAP and Development of Rural Health Position Paper, Wits Centre for Health Policy Academic Meeting, October 2010 **– *paper presentation***

Versteeg M, Couper I. Defining the key challenges and priority intervention in rural health care to improve national health outcomes. PHASA Conference, November 2010 **– *paper presentation***

National & International Workshops Attended

Abizu S:

Priorities in perinatal care conference. Worcester, Western Cape 9 -12 February 2010

South Africa Society of Obstetrics and Gynaecology conference. Sun City, November 2010

Research Ethics workshop, Mmabatho, 16 – 17 October 2010

Couper I:

5th International Seminar on Primary Health Care. Rio de Janeiro, Brazil, March 2010

19th Wonca World Conference of Family Doctors, Cancun, Mexico, May 2010.

Third National Health Sciences Education Conference of the South African Association of Health Educationalists (SAAHE), Johannesburg, July 2010

Rural and Remote Health Congress 2010. OR Tambo International Airport, Johannesburg, July 2010

Primafamed Workshop: Research integrated in the family medicine training = the master thesis. Ezulwini, Swaziland, August 2010.

Rural Doctors' Association of Southern Africa (RuDASA) conference. Ezulwini, Swaziland, August 2010

SAMA Conference 2010. Johannesburg, October 2010

Increasing access to health workers in remote and rural areas through improved retention: Launch of the WHO Global Recommendations and Joint Symposium on Rural Health, Wits Medical School, Johannesburg, September 2010.

Global Community Engaged Medical Education Muster 2010. Barossa, South Australia, October 2010

Rural Medicine Australia conference. Hobart, Tasmania, Australia, October 2010

Du Toit, L

Third National Health Sciences Education Conference of the South African Association of Health Educationalists (SAAHE), Johannesburg, July 2010

Primafamed Workshop: Research integrated in the family medicine training = the master thesis. Ezulwini, Swaziland, August 2010.

Rural Doctors' Association of Southern Africa (RuDASA) conference. Ezulwini, Swaziland, August 2010

Johnson, O

Third National Health Sciences Education Conference of the South African Association of Health Educationalists (SAAHE), Johannesburg, July 2010

Rural Doctors' Association of Southern Africa (RuDASA) conference. Ezulwini, Swaziland, August 2010

Sondzaba, N

Third National Health Sciences Education Conference of the South African Association of Health Educationalists (SAAHE), Johannesburg, July 2010

Rural Doctors' Association of Southern Africa (RuDASA) conference. Ezulwini, Swaziland, August 2010

Versteeg, M

Rural and Remote Health Congress 2010. OR Tambo International Airport, Johannesburg, July 2010

Rural Doctors' Association of Southern Africa (RuDASA) conference. Ezulwini, Swaziland, August 2010

Increasing access to health workers in remote and rural areas through improved retention: Launch of the WHO Global Recommendations and Joint Symposium on Rural Health, Wits Medical School, Johannesburg, September 2010.

COSATU, SECTION27, TAC Joint Labour/Civil Society conference, October 2010

Treatment Action Campaign 5th National Congress, October 2010

Public Health Association Conference, East London, November 2010

APPENDIX I: PRESS RELEASE: WITS-EMORY TWINNING PARTNERSHIP

Twinning Center
American International Health Alliance
www.TwinningAgainstAIDS.org

A·I·H·A

PRESS RELEASE

FOR IMMEDIATE RELEASE
For more information please contact:

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Twinning Center Launches New Partnership to Strengthen Health System Capacity in South Africa

PEPFAR-funded Program will build capacity to support training of mid-level medical professionals at the University of Witswatersrand

WASHINGTON, DC, June 10, 2010 — The American International Health Alliance (AIHA) is pleased to announce the formation of a new partnership in South Africa that will support the US President's Emergency Plan for AIDS Relief (PEPFAR) by increasing human resources for health.

Established with support from CDC/South Africa and in close cooperation with the South Africa National Department of Health, this HIV/AIDS Twinning Center partnership links the University of the Witwatersrand in Johannesburg with Emory University School of Medicine's Physician Assistant Program in Atlanta. Partners will work together to strengthen Witwatersrand's Clinical Associates Program, which was launched under the Faculty of Health Sciences and Centre for Rural Health in 2008.

The partnership will focus on building the capacity of faculty and clinical supervisors to train students in the Clinical Associates Program at Witswatersrand in the provision of quality medical care — including ART and treatment for opportunistic infections — to people living with HIV or AIDS in rural areas in South Africa. Students complete their clinical training in rural areas of South Africa's Northwestern Province, where many of them will serve after completion of the three-year program. This is the Twinning Center's sixth partnership in South Africa and the second established this year to bolster the capacity of local universities to train clinical associates.

Emory University School of Medicine has a strong history of providing care to medically underserved areas through required rotations in rural areas of Georgia and service-learning programs in resource-challenged clinics outside of Atlanta. Their wealth of knowledge and experience in educating mid-level medical professionals through the Physician Assistant Program will play a critical role in strengthening the Clinical Associates Program at the University of Witswatersrand.

Funded by the US Department of Health and Human Services' Health Resources and Services Administration, the HIV/AIDS Twinning Center mobilizes and coordinates the resources of US healthcare providers to effectively build capacity to reduce HIV infection rates and provide care to those infected with, or affected by, HIV/AIDS in countries targeted for PEPFAR assistance.

For more information on the HIV/AIDS Twinning Center, visit www.TwinningAgainstAIDS.org.
For more information about AIHA, visit our Web site at www.aiha.com.

APPENDIX J: PRESS RELEASE: OSD

Rural Health Advocacy Project
Based at SECTION27 • PO Box 32161, Braamfontein, 2017 • Telephone (011) 356 4100 • Fax (011) 339 4311
• E-mail: marje@rhap.org.za

Joint Press Statement by Rural Health Advocacy Project, Rural Doctors Association of Southern Africa, SECTION27 and Wits Centre for Rural Health
9 June 2010

Current OSD offer still disadvantages rural communities

The Rural Health Advocacy Project, Rural Doctors Association of Southern Africa, SECTION27 and Wits Centre for Rural Health support SAMA's rejection of the final OSD offer to public sector doctors. By accepting the Government's OSD offer, collective labour in the Public Service Coordinating Bargaining Council will be contributing to a major setback in Government's strides to achieve health for all. By offering only marginal increases to medical officers in particular, rural communities are likely to see a further exodus of rural doctors to urban areas, the private sector, and overseas.

Rural patients are disadvantaged in many ways: poverty levels are higher, access to basic services and education is poor, travel to health facilities is costly, facilities are understaffed and waiting times are out of control; now they can expect even fewer doctors to attend to their needs.

Medical officers form the backbone of rural hospitals; they provide both general and specialist care (in absence of specialists in remote areas), they mentor community service doctors and they support overburdened nurses in rural health clinics. Medical officers' vacancy rates in some hospitals are well above 50%, resulting in patients requiring assessment by a doctor being turned away or being seen inadequately. Many rural clinics go without any doctor's support at all. At the same time we see unacceptably high maternal, perinatal and infant mortality rates and a growing burden of disease in rural areas.

Paradoxically, medical officers have received the smallest increases last year and this has not changed after this year's negotiations, with as little as 1,5% to 4,5% increase offered to medical officers. Instead, interns and senior specialists (who are almost all urban-based) benefitted the most. **The OSD proposal therefore promotes specialization and retention of doctors in urban centers.**

South Africa cannot continue relying on the goodwill of rural doctors, of which there are too few to start with: Rural areas receive about 3% of the total number of medical graduates each year, to serve 43,7% of the population. To address the inequities in access to quality comprehensive health care and prepare the ground for a successful introduction of a NHI, we need a pragmatic approach that incentivizes doctors to choose a rural health career. We thus urgently call for:

- **The OSD negotiations to be re-opened with bargaining rights for medical professionals**
- **A review of the rural allowance, which currently does not distinguish between health facilities in bigger rural towns and deeply remote rural areas.**
- **Agreement on staffing norms for all health facilities, based on population needs and equity principles.**
- **Development of a feasible Human Resources for Health Plan for South Africa.**
- **A viable career path for doctors in rural health**

A healthy nation cannot be achieved without proper attention being given to rural health care.

A partnership between: Centre for Rural Health

RUDASA

+SECTION27

APPENDIX K: PRESS RELEASE: IST REPORTS

+SECTION27
catalysts for social justice

Rural Health Advocacy Project

Press release: IST reports on the state of the health system and the public's right to know

Posted on September 3rd, 2010

More than a year after their finalisation and after many frustrated attempts by civil society organisations and the media to access them – including through the Promotion of Access to Information Act, 2000 – SECTION27 and the Rural Health Advocacy Project (RHAP) have finally been leaked copies of all the provincial reports compiled by the Integrated Support Teams (ISTs). Up to this point, the only report we have received officially is a consolidated report. This report is important, but lacks the necessary detail to allow civil society to engage with different challenges in different provinces.

The IST reports on each province were commissioned by the former Minister of Health, Barbara Hogan, in response to the massive budgetary shortfalls that over-whelmed provincial departments of health (PDoHs) in the 2008/2009 financial year, which reached crisis levels when the Free State Department of Health issued a moratorium on the initiation of new patients onto antiretroviral treatment in November 2008. After civil society pressure, that moratorium was finally lifted in February 2009.

The IST reports contain an honest, sobering assessment of the inadequate financial capacity of provincial departments of health that have led to the development of over R7.5 billion in provincial debt as of April 2009. The findings in these reports reveal fundamental failures in political and bureaucratic leadership, inappropriate financial management systems, inadequate monitoring and evaluation systems, and a failure to plan appropriately for human resources, amongst others.

The reports also contain detailed recommendations of what steps must be taken to resolve these systemic failings and assign responsibility to implement the recommendations to the Minister of Health, the National Department of Health (NDoH), the PDoHs, National Treasury, provincial treasuries, the Department of Public Service and Administration and external stakeholders. These recommendations – if implemented – will go far towards developing a public health care system capable of achieving the right to have access to health care services guaranteed in section 27 of the Constitution.

This process, however, requires leadership from the Minister of Health, Dr Aaron Motsoaledi, and the Director-General of Health (DG), Ms Precious Matsoso. The DG already indicated a commitment in this regard when she stated to the Select Committee on Public Accounts in Parliament on 3 August 2010 that:

> The basis of our analysis is based on diagnostic work that was done – I refer to the IST reports. As you know much analytical work that is done ... that reports are produced and nothing happens. So what we have done, where there were clear recommendations of what the problem is and what the solution should be and we used that as the basis for coming up with a plan.

We support the DG's statement as a positive sign that the NDoH is intending to take the IST reports seriously. However, in order to support the NDoH in its endeavour, we call on the DG to release this implementation plan as soon as is reasonably possible, as well as to discuss it with civil society organisations involved in health. This could be done by convening the National Health Consultative Forum contemplated by the National Health Act, 2003. We would welcome the opportunity to assist the Minister and DG in ensuring that these recommendations are systematically and continuously implemented.

We call on all entities identified in the reports – particularly provincial treasuries and provincial departments of health – to report on how they will implement the recommendations contained in the reports. We also call for the convening of Provincial Health Consultative Forums in terms of the National Health Act, to enable civil society organisations the opportunity to begin assisting PdoHs in implementing these recommendations.

All IST reports can be found on:

- RHAP's website at: **http://www.rhap.org.za/?page_id=7**
- SECTION27's website at: **www.section27.org.za/2010/09/03/reports-of-the-integrated-support-teams/**

IST reports and the Protection of Information Bill

In addition, it is crucial to note that – despite numerous requests for access to the provincial reports – it is only because they have been leaked to us that we are able to make them available now.

The reports are stamped "Strictly private and confidential" – a stamp we have chosen to ignore due to the overwhelming public importance of these reports. This is a choice that we are currently free to make.

However, the publication of such reports – which enable citizens to hold their government to account – is under direct threat from the proposed Protection of Information Bill. If the Bill were to become law in its current form, we – as SECTION27, RHAP and as individuals – would be committing two criminal acts for which we could face up to 10 years imprisonment simply by possessing and distributing these reports.

This is not constitutionally justifiable and shows the chilling effect the Protection of Information Bill will have on the media, on civil society organisations, and on activists more broadly and it is exemplary of why – we believe – the bill must be redrafted to comply with the constitutional values of access to information and freedom of expression as called for by the Right to Know Campaign (**www.r2k.org.za**).

APPENDIX L: PRESS RELEASE: PUBLIC SECTOR STRIKE

Rural Health Advocacy Project

PRESS STATEMENT

Beyond the Strike: More is required to ensure rural patients will enjoy better and equitable access to health care

8 September 2010

Skilled and motivated health workers in sufficient numbers at the right place and at the right time are critical to deliver effective health services and improve health outcomes (WHO Guidelines).

Fair pay is a critical pre-condition but by itself it will not do the job in recruiting and retaining health care workers in rural areas. This is the outcome of a 2-year global process involving countries with large rural populations and leading to the evidence-based recommendations recorded in the 'WHO guidelines for Increasing Access to Health Workers in Remote and Rural areas through Improved Retention'. The guidelines could potentially 'change the course of history', Manuel Dayrit, Director of the Department of Human Resources at the WHO commented. Officially launched by the DG of Health, Precious Matsoso, at a function hosted by the Wits Centre for Rural Heath on Tuesday 7th September, the DG remarked that the "World Health Organisation's recommendations come at an opportune time. As we are revitalizing Primary Health Care in South Africa we also have to look at the critical mass of personnel needed to deliver services in rural settings".

The launch came shortly after the suspended public sector strike for a fair living wage and a few days after the leaking of the Integrated Support Team (IST) reports on the state of the South African health system. What the strike and the IST reports have in common is the message that the country's human resource strategies have been inadequate to produce a happy, productive workforce that can deliver quality health care to both urban and rural patients. South Africa had a nurse deficit of 19000 in 2008, and a vacancy rate of 56% for professional nurses and midwives, rural areas being worst affected. Whereas there are 30 generalist doctors and 30 specialists per 100 000 people in urban areas, there are only 13 generalists and a mere 2 specialists per 100 000 people in rural areas.

The WHO guidelines provide recommendations in four categories: Education, Regulatory, Financial and Personal and Professional Support. Whereas the WHO guidelines underline the role of financial incentives to retain health care workers and deliver quality health care, a combination of pro-rural financial incentives are required to compete with better resourced urban settings. Still, financial incentives alone won't suffice as the IST investigation revealed:

"The single most important challenge with regard to human resources is the recruitment and retention of key personnel. The problems facing recruitment and retention in the rural areas is a societal one as socio-economic factors such as lack of proper housing, schools, recreation and facilities are important factors that discourage medical personnel from going to rural areas. As a result, in the rural areas, where the need is greatest, recruiting skilled staff is one of the most significant constraints to improving access to health care." (Consolidated IST Report). Where [accommodation] is not available, it is not possible to retain the services of professional nurses." (ECDoH IST Report).

Prof Steve Reid, Chair of Primary Health Care at UCT and member of the WHO Expert Panel comments that "no one single measure will increase access to health care workers in rural areas. It has to be a well thought-through integrated strategy looking at all of the four WHO categories and including those recommendations relevant to our local context. This is the moment to finalise the National Rural Health Strategy that has been in the pipeline for years".

The Launch and accompanying Symposium provided evidence of successful rural recruitment and retention practices in other countries through the targeting of medical students of rural origin and through medical training in settings where they will later be needed most: rural and under-resourced areas. When well-implemented, Rural Based Medical Education produces more skilled rural doctors and enhanced rural health care and outcomes, as reported by the Dean of the Northern Ontario School of Medicine in Canada, whose students were the country's top achievers out of all 17 medical schools in terms of Clinical Decision-Making. "These practices are now also being adopted in South Africa, but need to be implemented on a much wider scale to make an impact and require more government resources to do so", Prof Ian Couper, Director of the Wits Centre for Rural Health, and also member of the WHO Expert Panel commented.

Other recommendations in the field of Regulatory and Professional and Personal support relevant to the South African context are the need to introduce, and support, different types of health workers with appropriate training and regulation for rural practice, such as clinical associates and community caregivers. Chairperson of RuDASA, Dr Karl Le Roux, re-iterated his belief that the key to improved access to quality rural health is a human resource focused health system. "It's much more about the work environment; being heard, feeling valued. I think if you focus on getting good people to a facility, and keep them, they will become the advocates for the institution and thereby improve health outcomes for the population they serve".

WAY FORWARD

Will the guidelines help? "They are not worth the paper they are written on, unless people are going to use them, government as well as universities and social-profit organizations", Saul Kornik from Africa Health Placements, keynote speaker at the symposium, warned. DG of Health, Precious Matsoso, confirmed this by saying that "the biggest challenge is putting the recommendations into action."

Against the above background, and cognizant of the new Human Resources Plan currently planned for South Africa, the Rural Health Advocacy Project calls for:

- **The acceleration of the development of the new Rural-Friendly National Human Resources Plan which will make maximum use of the available Rural Health Care expertise in the country and resources such as the WHO guidelines**
- **The finalization and adoption of the Rural Health Strategy**

The Rural Health Advocacy Project and its partners remain ready to assist the Department of Health in achieving the above goals.