



FLUSHING RURAL COMMITMENT OUT OF THE SUBURBS

How do you eliminate the conference 'groupies' and get only the most committed and enthusiastic doctors to attend an annual meeting of the Rural Doctors Association of South Africa (Rudasa)?

You simply punt the most remote and rustic rural venue possible, one that epitomises the struggles and frustrations of rural doctoring, send out the invites – and wait. That's what Dr Will Mapham of Madwaleni Hospital in the Mbashe district near Coffee Bay – the country's third poorest – convinced his colleagues to do.

Mbashe is the birthplace of former President Nelson Mandela and home to President Thabo Mbeki's mother, facts not lost on astute country doctors lobbying government officials for more staff, better maintenance and equipment.

Mapham's proposal for the remote venue carried the day during the National Family Practitioners Conference held at Walter Sisulu University in Mthatha, Eastern Cape, earlier this year.

Rudasa and the Rural Health Initiative (RHI) have approved an invaluable computer-based support service for doctors wanting to work in local public sector rural hospitals. It is aimed mainly at historically beleaguered foreign-qualified doctors but is also very helpful to local physicians.

Surprise turnout

Several months later, on 6 August this year, a surprising number of delegates (80) pitched up at the Bulungula Backpackers Lodge, perched alongside the picturesque Bulungula River mouth,



Ten of the 80 rural doctors who braved rustic conditions to thrash out improved rural health delivery strategies at the Bulungula Backpackers Lodge in remote Mbashe district, Eastern Cape.

midway between the deep rural district hospitals of Madwaleni and Zithulele.

With accommodation and meeting facilities consisting of rondavels, tents, and a village elder's large hut, electricity scarce and solar driven, hot showers explosively brief and paraffin-fuelled, and urine-diversion pit latrines for toilets, it was not entirely unfamiliar to many delegates.

Only the dedicated braved the flight from Johannesburg to Umtata Airport, two hours bumpy drive away from a trading store from where they were ferried by four-wheel drive vehicles for another hour to the meeting venue. Or chose to tough it out behind the wheel for a 12 or more hour drive to get to the trading store parking spot in the first place. One group of rural doctors chose to fly there in a small plane, but misjudged the tides and were unable to land on the beach, forcing them to join their colleagues for an hour of terra-firma jeep jostling.

Thus it was that Mapham, his colleague Sabine Verkuijl, Rudasa chairperson, Ntodeni Ndwamato, and their venue host Dave Martin were overjoyed at the turnout.

With the loyal troops gathered it was decided that strategic forward planning was the priority, with support for rural doctors and health care topping the agenda.

Turning them on

Inspired by the success of Mapham in building key strategic relationships to market the staffing of his hospital and others like it by promoting the recreational joys of rural doctoring, five top priorities were identified.

Mapham and colleagues at Madwaleni and Zithulele hospitals, with the willing help of carefully nurtured key top Eastern Cape health officials, annually hit the medical conference circuit and medical schools with a visually seductive Power Point presentation. This extols the virtues, joys and satisfaction of rural doctoring. A large visual chunk punts the idyllic 'Transkei' coastline and recreational lifestyle.

Their initiative has resulted in both relatively well-equipped hospitals finally coming close to staffing strengths and delivering the health care service they were designed for. Word of their success and methods rippled through Rudasa's ranks.



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It also promotes lobbying with and for rural communities and rural health workers to various health departments and broader government, placing Rudasa people in key positions, linking with 'friends of Rudasa' in key positions and/or influencing key people to become rural friendly. Target organisations include SAMA, the HPCSA, the national DOH and universities.

Evidence of their initial success is that the Eastern Cape Health Department, together with Sandoz, Smith Medical and MIB Insurance, sponsored the entire conference.

Patient perspectives

Moved by Bulungula Backpackers' inclusive philosophy (the local community have a majority shareholding and move freely in and out of the resort and helped to build it on land owned by the local traditional chieftainess), the meeting voted to strengthen links to rural communities.

Speaking with, rather than on behalf of, rural people was adjudged to be the most effective forward strategy.

Promoting student interest and involvement through student electives,

holiday programmes and working with a rural support network was seen as a priority.

Delegates, some of whom had to be ferried across a river from a nearby resort, wanted to 'seriously consider' broadening the scope of Rudasa to include other professions and to analyse doctor demographics in order to ensure Rudasa was truly representative.

Sorely needed support for rural doctors included a mentoring system via e-mail, visits and other electronic means (where possible). All new doctors should be given an information pack (already happening in the Eastern Cape) describing what support and mentoring was in place.

It was agreed that a minimum of six doctors are needed for any rural district hospital to provide basic services envisaged in the national norms and standards for district hospitals – many more for bigger hospitals or extended services.

Groups of district hospitals could be linked together to jointly provide service to districts, including clinics, with regional support and norms and standards for service provision.

Government 'pivot' needed

A director for rural health (or rural hospitals) who would take responsibility for supporting clinical services in district hospitals was urgently needed, as was the involvement of specialists (including family physicians) to provide 'outreach'.

The meeting linked this to the concept of regional specialists.

One parallel session dealt with principles to be followed for a new ARV rollout site team. These included community involvement and clinic rollout at the earliest possible stage, avoiding 'being fanatical' about patient readiness for ARVs (careful patient selection with screening for opportunistic infections) and

prioritising early integration with other hospital and clinic functions and programmes (e.g. TB).

Others were lobbying for community health worker training to carry out VCT (currently bottlenecks, with nurses in several provinces), prioritising pregnant mothers for ARVs (treatment and prevention), boosting administrative support at any new rollout site, quality assurance through education and training at 'every possible opportunity' and understanding fully the often contractual obligations of support bodies such as the national laboratory health service and liaising with public watchdog bodies.

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Lawrence Boya, the Eastern Cape superintendent general of health, who earlier this year invoked emergency financial provisions to appoint more clinical staff in the beleaguered province, flanked by the local chieftainess, Nobangile Gwebindlela, opened the conference.

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For more information go to www.rhi.org.za or contact Tracey Hudson, cell 083 212 6481.

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