



REPORT ON THE

Launch of the Centre for Rural Health

University of the Witwatersrand, 13 August 2009

"It may take a village to raise a child, but it clearly also takes a system to create and sustain a rural healthcare professional"

Launch of the Centre for Rural Health

Introduction

On the 13th of August the Centre for Rural Health (CRH) was officially launched at the Adler Museum in the Faculty of Health Sciences of the University of the Witwatersrand. Responding to the need to strengthen rural health services and improve the delivery of health care in rural areas, the **vision** of the CRH is to

become a peak 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.

Hosted by the Wits Faculty of Health Sciences, and under the leadership of Professor Ian Couper, the centre will focus on two main products:

1. Human development for rural health care through under and postgraduate training
2. Development of Intellectual Capacity in the field of rural health, through research, development of degrees and diplomas, and production of publications

The launch was honoured by the presence of the Deputy Health Minister, Dr. Molefi Sefularo, a Wits Public Health Graduate himself. Other distinguished guests included the Vice Chancellor of the University of the Witwatersrand Professor Loyiso Nongxa; the Dean of the Faculty of Health Sciences, Professor Helen Laburn; Professor Tom Norris (Vice Dean for Academic Affairs, University of Washington School of Medicine, Seattle; Interim Vice Dean for Regional Affairs and Rural Health; Professor of Family Medicine; Adjunct Professor of Medical Education, Medicine and Health Services); Dr Andrew Robinson, Deputy Director-General for North West Provincial Department of Health; Dr Roger Glass, Director of the

Key Messages

The key messages expressed by the different speakers at the launch included:

- Human resources are critical to provide accessible, comprehensive quality health care
- Retaining sufficient health care professionals in rural areas requires an integrated comprehensive approach, that starts with the right selection criteria for medical students, includes decentralised medical education in rural areas, and requires ongoing support for rural health care professionals
- There is a need to start disaggregating data and bring rural areas sharper in focus, describing the specific challenges and gaps related to rural health

Fogarty International Centre, US National Institutes of Health and many others including colleagues from other Universities, Atlantic Philanthropies and Aspen PharmaCare, which sponsored the function.

Below follows a report of the sequence of events.

1. Opening and introductory remarks by Master of Ceremony, Professor Stephen Tollman, Chairperson of Centre for Rural Health Advisory Board and Director of the Wits MRC Rural Public Health and Health Transitions Research Unit in the Wits School of Public Health

After extending a special welcome to the Deputy Minister of Health, Dr. Molefi Sefularo, Prof Tollman spoke about the relationship between access to health and social justice and fairness. Referring to the serious shortcoming of the public health system, and echoing the words of the President of the Republic of South Africa, he stated all have a critical role to play, including the Centre for Rural Health. Against this background Prof Tollman expressed his expectations of the Centre: that of Justice and Excellence.

2. Professor Helen Laburn, Dean of the Faculty of Health Sciences

Professor Laburn reflected on the meaning of a 'launch', and identified three descriptions that portray the launch of the Centre for Rural Health:

i. Setting off

By setting off with the direction chosen, in line with its vision, i.e. to become a peak academic body in the field of human resources for rural health, the Centre for Rural Health can be assured of the commitment of Faculty of Health Sciences.

ii. Involving ourselves totally and enthusiastically

The faculty is a strong and enthusiastic supporter of the Centre and all present at the launch are equally involved enthusiastically.

iii. Starting out on a fresh course

The university is encouraging the Centre to start on a fresh course. Prof Laburn described Prof Ian Couper as a pioneer in rural health initiatives:

- The first to hold a chair in Rural Health in Africa,

- Initiator of several new projects, such as the Wits Initiative for Rural Health Education (WIRHE) scholarship programme and the newest degree programme of Clinical Associates, which are district based, midlevel medical workers, launched at Lehurutshe hospital, Zeerust, in the North West Province on the 7th of August this year.

Prof Laburn further commented that the CRH is reaching deeply and meaningfully into rural areas, and as such is already fulfilling the goals of the University, which are, amongst others, to enhance academic activities and be of service of to the community. Prof Laburn commended Prof Couper and his team for this and wished all well.

3. Speech by the Deputy Minister of Health, Dr Molefi Sefularo

As a graduate of Wits Medical School, Dr Sefularo started by congratulating Prof Ian Couper and Prof Steve Tollman, and their values that kept them in the rural areas. “We are inspired by the old activists that are still at their task. We know they have something more than academics that drive them: a real commitment to the country and its people.”

Notwithstanding the significant achievements in health since 1994, the Deputy Minister openly reflected on the many challenges faced in rural health, such as the poor health outcomes frustrating performance in achieving the MDGs, longer travel distances to the nearest health facilities in rural areas and human resource shortages. He pointed out the huge inequities in the human resource availability between the private and public sectors, as well as between urban and rural areas in South Africa. He further identified the key human resource challenges of production, recruitment, and retention of health workers, resulting in inequitable distribution of health care professionals, particularly in rural areas. The crucial role of human resources in health systems can therefore not be over-emphasised. As he further pointed out, the shortages of suitable health personnel in many health programmes have often been one of the major constraints attributed to such programmes not accomplishing their intended objectives.

The Deputy Health Minister identified the following needs:

- **More community service doctors** in the neediest hospitals, particularly in the rural areas, and **more senior doctors** to **supervise** community service doctors.
- **Collaboration** between Government departments, NGOs and the business community to overcome the challenges in rural areas and to ensure equitable distribution of resources in order to respond to the social and economic crisis facing the country.
- Focus on **improving integrated service delivery** through better co-ordination of planning and resource deployment by government and other stakeholders, as well as strengthening the capacities of local government entities to develop integrated development plans.
- A **sharper focus on rural health**. Disaggregated data and the need to describe the situation in the rural areas apart from what is happening in the urban areas

- Delineate the issues for all those who have a role to play in rural health care development.
- **Advocacy** for rural health, within the university, within the Departments of Health and within the funding community
- Deliberate **recruitment** of people **from the rural areas**.

Dr. Sefularo concluded by remarking that Government, and the Department of Health in particular, cannot take care of the health needs of the country alone, and therefore this launch marks the beginning of a partnership between the Centre and the Department.

4. Professor Loyiso Nongxa, Vice Chancellor, Wits

Pointing out that Wits' presence goes beyond Johannesburg with its facilities based in rural areas, Prof Loyiso Nongxa reflected on the challenges people in rural communities face. He did so by drawing on examples from his own rural home village. The lack of opportunities, the harsh living conditions illustrated by long walking distances to fetch water and his personal moving account of his own brother who died because there was no ambulance available, made him feel proud of all the initiatives undertaken by Wits. "There are projects that appeal to my academic side. There are projects that appeal to my emotional and spiritual side. This one, the Centre for Rural Health, appeals to both. Thank you".

5. Professor Tom Norris, Vice Dean for Academic Affairs, and Interim Vice Dean for Regional Affairs and Rural Health, University of Washington School of Medicine, Seattle

"While government can build clinics, universities must build human capital." For this reason, Prof Norris congratulated Wits for its Centre for Rural Health. While acknowledging that he does not have the answers to the rural health problems in South Africa, Prof Norris shared some of the problems faced in the WWAMI Region (Washington, Wyoming, Alaska, Montana, and Idaho) in the United States of America and the solutions they identified.

Using the metaphor of an agricultural irrigation system, Prof Norris spoke about the need for "Pipelines and Plumbers" to develop human resources for rural health care.

The pipeline metaphor represents young people who are interested in a rural health career as the water that must fill the *pipelines* to reach the dried out fields. The educational system for rural healthcare workers (supported by the universities and by good public policy) must become the *irrigation system* that prepares these people to be rural healthcare providers. The teachers and those who support rural health care must serve as the *plumbers* who keep the pipes flowing.

The metaphor points out the principle that to produce a rural health care professional, an integrated approach is required, without ‘holes and cracks’ in the system. The USA, as South Africa and many other countries worldwide, faces a challenge of recruiting and retaining sufficient health care workers in the rural areas. The WWAMI region has implemented the following approaches to correct the rural primary health care staffing shortage:

■ **Pipeline:**

- Programs to attract students to medicine & prepare them for medical school
- Selective admissions

■ **Irrigation System**

- Decentralized Community Based Education
- Sequential Curricular Experiences
- Graduate Medical Education Programs

■ **Sprinklers & Plumbers**

- Programs designed to place physicians in rural practice
- Continuing Medical Education Programs
- Programs to retain practicing rural physicians and other rural healthcare workers

After discussing the specifics of the different components, Prof Norris concluded that the approach is based on the principle that **“A Continuum of Coordinated or Integrated Programs Works Best”**. This also inspired his recommendation for the South African shortage in rural health care professionals:

It may “take a village to raise a child,” but it clearly also “takes a system (or perhaps a water system) to create and sustain a rural physician

6. Professor Ian Couper, Professor of Rural Health, Faculty of Health Sciences, University of the Witwatersrand, Director, Rural Health/Principal Specialist, Rural Medicine, North West Province Department of Health and Director, Centre for Rural Health, Wits Faculty of Health Sciences

Prof Couper, Director of the Centre for Rural Health, reflected on the series of meetings that took place since the Centre for Rural Health was first proposed in 2004, and subsequently approved by the Faculty of Health Sciences, the Senate and the Council in 2006, which ultimately led to today’s event. The focus of the proposed Centre for Rural Health was one of the key discussion points. After considering the work done in the field of rural health by other

universities in the country, such as undergraduate education by Stellenbosch University and research by the University of KwaZuluNatal, it was decided that the focus of the Wits Centre for Rural Health would be that of human resources. The need for this focus was all too obvious when looking at a province such as North West, where 8% of the population of South Africa resides, but which is home to only just over 2% of the doctors in the country. Whereas good strides have been made in terms of putting up facilities, the same cannot be said for getting the necessary human resources. “Human Resources for Rural Health”, Prof Couper pointed out, is indeed a critical factor in health care delivery.

In responding to Professor Norris’ concept of a pipeline, Prof Couper continued by highlighting some of the initiatives developed in recent years:

- 1) **Selecting the right students:** The Wits Initiative for Rural Health Education is a partnership with the North West province, and recruits students from rural areas, which are selected by Wits together with the districts. The first students will graduate at the end of this year. It is hoped this programme will expand further into Mpumalanga.
 - 2) **Training them right.** Elective opportunities to increase training exposure in rural areas are in place; 25% of third year class medical students now who chose rural electives. Medical students have opportunities for rural exposure within the curriculum in years 3 to 6.
 - 3) **Increase exposure for other disciplines.** All health disciplines need to get on board.
 - They have established a District Educational Campus at Lehurutshe hospital, near Zeerust in the North West province
 - They have developed the clinical associates training programme in hospitals
 - Postgraduate training opportunities, e.g. Masters in Public health in rural health, and a proposed future Masters in Nursing in rural health
 - 4) **Support to professionals in rural areas.** Rural health care professionals need support. Wits Centre for Rural Health provides this support through training programmes, and other opportunities are being explored, such as sabbaticals and support in research.
 - 5) **Research.** There is a need for evidence based research to advocate for rural health. For instance, international research has shown that there are two key factors that influence the number of health care professionals choosing a rural health career:
 - Where people came from: students with a rural background are more likely to return to rural areas once graduated
 - Where you train them: training students in a rural set-up increases the likelihood of them choosing a rural career
- Wits has already put in place programmes that address the above two points
- 6) **Advocacy.** There is a need to be talking about what Wits (and others) are doing and advocate for justice and equity in rural health. The identified need for advocacy has

resulted in the Rural Health Advocacy Project, a partnership between Wits CRH, RUDASA and ALP, launched tonight (annex 1)

Prof Couper concluded by highlighting that the Centre for Rural Health is a virtual centre that links up people, units, departments, training centres etc.

All distinguished guests and stakeholders present were thanked for their contributions, in particular Aspen PharmaCare for the financial support of the launch.

For more information, contact:

The Wits Centre for Rural Health

Wits Medical School

7 York Road

Parktown

2193 Johannesburg

Tel: 011 7172131

Email: sizwe.dhlamini@wits.ac.za

Website: <http://web.wits.ac.za/Academic/Health/Entities/RuralHealth>

Report compiled by:

Ms Marije Versteeg, Programme Manager, Rural Health Advocacy Project

Wits Centre for Rural Health

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Launch of the Rural Health Advocacy Project

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

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

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

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

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

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

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

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

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