Rural Doctors Association of Southern Africa

RuDASA UPDATE

Time for the RuDASA conference

It is time for the RuDASA conference again – and time to meet and catch up with each other. The theme of this year's conference is focussing on the rural health team – and we hope that many other disciplines besides doctors will participate and shape the way we think about rural health and how we practice it.

It is also a time to reflect on the year since the last conference and take stock. Below is an update of some developments in rural health and the activities of RuDASA.

Advocacy

At the last AGM of RuDASA in August 2007 in Badplaas it was identified that there was a need for greater advocacy for rural doctors specifically and rural health more generally. Over the past year rural health has taken on a much greater profile– with many issues affecting rural health being discussed in both academic journals and the print media. RuDASA has also engaged in many areas to increase the awareness and support for rural health. This includes:

- '1000 by 100 campaign' and support for rural doctors (see below)
- Support for Colin Pfaff and Mark Blaylock in the conflict with the MEC for Health in KZN, Mrs. Nkonyeni who made a number of inappropriate statements about Colin and Mark in particular and rural doctors in general. Despite a number of meetings, the situation is not yet adequately resolved. (Additional information, including the petition for Dr Colin Pfaff, can be found at www.rudasa.org.za)
- Participation in the SANAC Health Professions Sector as well as raising issues of shortage of ARV's due to the tender change-over with the SANAC Treatment Sector.
- Presentations at a number of national and international conferences, workshops and meetings including the Welcome Trust workshop on defining a rural research agenda, a conference on access to health care in Africa and a meeting by the International Organisation on Migration focussing on recruiting rural doctors.

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Taking the advocacy process forward, RuDASA is currently seeking funding to appoint a person to do full time advocacy work for RuDASA.

In the process of a number of the advocacy initiatives RuDASA has developed a much closer relationship with a number of organisations, including the SA HIV Clinicians Society, the Treatment Action Committee and the AIDS Law Project, among others. In the current window of opportunity for changing policies there is a move to establish a much wider progressive health movement

1000 by 100 Campaign

In 2008 the number of community service Dr's entering into the public service hospitals dropped from roughly 1400 to about 400 due to the introduction of the 2 year internship. This took place in a context of already national vacancy rate for doctors of 34%, which in many rural areas is much higher. RuDASA engaged with a number of role players as early as 2006 to prepare for the sudden shortage of doctors. This included encouraging doctors in affected hospitals to increasing the recruitment of doctors generally as well as the recruitment of FQD's through the African Health Placement. We had also engaged with National Department of Health, particularly Dr Percy Mahlathi to assist rural hospitals to recruit before 2008 in order to prevent a disaster.

As time was running out toward the end of 2007, RuDASA launched the '1000 by 100 campaign', to find 1000 doctors in the last 100 days of 2007. We engaged again with Dr Percy Mahlathi, particularly to make it possible for Community Service Docotrs of 2007 to stay on in the hospital they were working, encouraged rural hospitals to aggressively recruit, also with the assistance of AHP, and approached SAMA to encourage private practitioners to assist particularly in rural areas with the staffing crisis.

Many hospitals have managed to recruit additional doctors, and an unprecedented number of community service doctors stayed on in rural hospitals. The Department of Health also entered into a bilateral agreement with Tunisia for doctors to come to work in South Africa. There have been a number of hospitals however that have struggled a great deal during this year and we hope that the next years will bring some relief.

Recruitment and support for rural doctors

The provincial representatives have been involved with supporting the rural doctors in their provinces. Particularly in Mpumalanga, we have assisted in the orientation of the Tunisian doctors

that arrived there and continue to offer support. In some instances the difficulties of individual doctors have been taken up by the provincial representative.

In terms of recruitment of doctors, the relationship between RuDASA and the African Health Placement (AHP, previously Rural Health Initiative) has grown considerably and is set to expand further. The AHP is moving beyond just recruiting doctors to rural areas and is also focussing on orientation and support for doctors working in rural areas. This will range from pre-arrival orientation to follow-up mentoring once the doctor is in the workplace.

RuDASA is arguing that this kind of support needs to be extended to CSO's and all Dr's in rural areas. RuDASA is also preparing a proposal to develop more specific support structures that will assist doctors at their places of work beyond information and skills.

The support for rural doctors also needs to be institutionalised further with more involvement of regional and tertiary hospitals to have a system of visiting all district hospitals. This should include skills support, improving the referral systems and conducting mortality reviews to improve quality of care. It is already taking place in some areas in the country, particularly in the catchment area of Greys Hospital (Pietermaritzburg) in KZN. This kind of system wide approach needs to be taken up within the Department of Health and we hope that conducive policies will facilitate this.

Rural Health Strategy

After 3 years of no movement on the development of the Rural Health Strategy, the process has been revived by the National DoH. Over the past few months, a number of RuDASA committee members are part of a task team to develop the rural health strategy. The strategy has been broadened to include remote areas as well as deprived areas. There is greater recognition that many rural areas fall through the bureaucratic cracks in a broad 'one-size-fits-all' approach. The strategy therefore hopes to out into action particular approaches that will assist in focussed attention to areas that have the highest deprivation indices in the country – many of which are in rural areas.

Students

After some time of hibernation, the student portfolio has become much more active again, with students from all the universities attending this year's conference. A number of universities have

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rural health societies of sorts. At this year's conference the students would like to meet and consolidate the relationships as well as plan the way ahead.

Way forward

The increased focus on rural health is really challenging RuDASA to find ways of increasing the voice of the rural health care workers in the debate and discussions that are taking place. We would like to find ways of engaging more with foreign qualified doctors and private health workers in rural areas, as they contribute immensely to rural health. Many of the processes that have started in the last year set the scene for an exciting year ahead. We hope that we can maintain the momentum towards improved health for rural people in Southern Africa.

Please join Mailadoc – a email-based discussion group which RuDASA has been using as a forum for discussion and giving feedback on developments. For details on how to join the group and how to participate in the discussion go to www.rudasa.org.za.