

# RuDASA conference – inspiring rural health

**The 10<sup>th</sup> annual conference of the Rural Doctor's Association of Southern Africa (RuDASA) was held over the 10<sup>th</sup> and 11<sup>th</sup> of August 2006 in Empangeni, KZN. It had been convened by Prof. Steve Reid from the Centre for Rural Health, University of KZN under the topic 'Inspiring Rural Health – tell your story'. The program was full and it was not easy for the 200 odd delegates to choose between many of the sessions. On both days plenary sessions with keynote addresses were held, after which oral and poster presentations took place in parallel sessions. The afternoons were taken up by workshops, mostly focussing on skills. On the evening of the 10<sup>th</sup> of August a conference dinner was held.**

In the first keynote address Dr Busi Nyembezi, the HOD of the KZN Department of Health, outlined some of the health indicator disparities that reflect the poor health status of rural people. She emphasised the commitment that the Department has to supporting rural health care, including the deployment of a range of community-based workers. Within service delivery planning a greater emphasis is placed on community level interventions and improvement of the overall district-level functioning.

Prof Hugh Philpott shared in the second address with the delegates the way a number of key inspirational people impacted on his very rich life. He painted a dramatic picture of his time in Nigeria working in a general hospital and in leprosy care, through to his tenure at the university in Harare to his time in South Africa.

The first keynote address on the second day was by Dr Francios Venter, who presented an overview of the current state of HIV and the ARV roll out. The gap between how many people are estimated to need ARV's based on prevalence data, and how many actually are on ARV's was emphasised. Therefore there is a great need to increase the pace of the ARV roll out to the population of South Africa. The need to work smarter and for the integration of the ARV programs into health care services were highlighted.

The second address of the day was by the Deputy Minister for Health, Mrs. Nozizwe Routledge-Madlala. She outlined important policy developments from the National Council for Health, which met recently. The 5 priority areas for the National Council for Health are service transformation, human resources, quality of care, the physical environment and the priority health programs, including health promotion. Areas of policy development included the acceptance at national level of the Rural Health Strategy to which RuDASA had made significant contribution, and developments in the long-awaited definition of what is 'rural' (which is being investigated by the CSIR). RuDASA welcomed these developments.

The last key note address dealt with Avian

Flu and the possible epidemic. The virological and epidemiological factors making this disease such a threat were outlined.

On both days parallel sessions provided a range of topics to choose from. The themes for the presentations ranged from a number of clinical topics to policy, human resource issues, HIV (including ARV provision) and organisational development. As in previous RuDASA conferences, the recruitment and retention of personnel in rural areas was under the spotlight, with the Rural Health Initiative (RHI) presenting their success in attracting more than 100 doctors to work in rural hospitals (approx. 30 already placed, 72 processed and awaiting appointment).

As part of the clinical focus the poor initial management of joint and bone sepsis came under the spotlight in presentations from the Ngwelazane Orthopedic unit. The quality of IMCI management, Operation Smile and the use of the Child Problem Identification Program were other clinical topics presented. One session on maternal health also focused on the quality of using the partogram and improvements in neonatal care in Limpopo through the LINC initiative

In the HIV sessions a wide range of HIV related research was presented. The focus on measuring the impact, the need to look beyond ARV's and to see the psycho-social aspects of the disease were prominent themes. The poor results from a study of the effectivity of the PMTCT program were of great concern. An important discussion was around the sustainability of the rural ARV programs and their integration into the existing health care service and many innovative ways of providing ARV's were presented.

A number of papers and posters and a following panel discussion on the role of specialists support visits to rural hospitals emphasised the need for relationships to be built and a structured program of the visits seemed to improve how worthwhile they were. Papers and posters also focussed on educational support to rural hospitals and students rotating through rural hospitals as well as broader learning processes within rural areas and at district level. The use of telemedicine and

teleconferencing was also presented from a number of sites, critically reflecting on its successes and limitations.

One session also dealt with private practice in rural areas, sharing experiences of doctors as well as focussing on practice reviews as a tool to greater understanding of the patients.

The afternoons were taken up by skills workshops, which included clinical skills, research skills, a workshop on quality in the maternity ward and a visit to the Africa Centre. The senior staff from the hospitals around Empangeni (Lower Umfolozi Memorial Hospital and Ngwelezane Hospital) ran many of the sessions. The topics covered included obstetric anaesthetics, 'lumps and bumps' in surgery, management of tuberculosis, HIV and malaria in medicine, chronic care in family medicine and resuscitation techniques in paediatrics. Some of the workshops took place within the hospitals, rather than the conference venue.

At the conference dinner on the 10<sup>th</sup> of August Dr Bowen-Jones, one of the founding members of RuDASA, reflected on the early days of RuDASA and on the past decade of RuDASA conferences. At the evenings function the coveted Pierre Jaques Rural Doctor of the Year Award was presented to Dr Vanga Siwisa (see separate announcement).

The conference managed to strike a balance between issues of policy, research, clinical issues and skills. It managed to cater for a wide range of levels and interests. It was very impressive to see the range and quality of service-based research being done in rural areas. While the formal program was full of valuable information, the time of sharing, catching up with each other and exchanging stories, was an important part of the conference. Much of the inspiration that RuDASA members find is in sharing the creative and optimistic approaches that the colleagues have in at times difficult situations. It certainly was a time of reconnecting and sharing.

The next RuDASA conference will take place in August 2007 in the Mpumalanga Province.

**Dr Bernhard Gaede**  
Chairperson - RuDASA