

2024

RURAL HEALTH CONFERENCE

PACASA • RuDASA • RuNurSA • RuReSA

UNITED HEALTH CARE FOR ALL



COLLABORATING
FOR BETTER
HEALTH



THURSDAY 1ST - SATURDAY 3RD
AUGUST 2024

OLIFANTS RIVER LODGE,
MPUMALANGA

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About the Conference

The Rural Health Conference has been an annual event since 1996. Delegates often ask why do we always change province each year and have it in a small town? Well, the conference started with a small band of doctors working in remote and rural areas dealing with a multitude of problems with very little support. By sharing their experiences they started the rural doctors conference and were quickly joined by nurses and therapists working in rural areas who saw the conference as a means of meeting up and getting support. Historically people working for the Department of Health had very few opportunities to attend conferences during the week and did not get funding so the idea of meeting on a long weekend was born, and by rotating provinces it gave people the opportunity to attend something in their province instead of travelling to the traditional conference venues of Cape Town, Johannesburg & Durban. different world and so we always have the conference in a small rural town! The conference has grown to include many of the universities and NGOs who are based in the cities – so we have to remind them that rural different world and so we always have the conference in a small rural town!

The conferences is now run by a partnership of RuDASA, RuReSA (Rural Rehabilitation South Africa), PACASA (Professional Association of Clinical Associates), and RuNurSA (Rural Nursing South Africa). We are guided by RHAP (Rural Health Advocacy programme) to ensure that the conference recognises the diversity of South Africa, the importance of advocating for better services and seeking presentations on innovations in care and service provision.

In 2013 the annual RuDASA Conference was renamed as the annual Rural Health Conference with Rural Rehab South Africa (RuRESA) and the Professional Association of Clinical Associates (PACASA) joining officially as annual conference partners. The overarching aim of the Rural Health Conference is to create a platform for rural health practitioners, partners and stakeholders across the country to connect, share experiences and challenges facing rural health care practitioners and communities, learn from one another, and advocate for good practice.

The conference usually takes place in September and consists of a 3-day programme of presentations, workshops, and AGMS, as well as evening meals and events. The conference rotates between the Provinces so that health workers have equal opportunities to be able to attend a conference. Moving Provinces also enables us to learn about the challenges in the different areas in South Africa and how people are meeting those challenges. Newcomers to the conference are amazed at the energy and commitment of the people there, as well as the multidisciplinary approach. We really try not to have silo's for each profession, but to come together to hear, debate and learn from each other. In addition we welcome various exhibitors and have an interesting Exhibition and Poster area.

For those of you new to the Rural Health Conference we hope you grow to love it as much as we do!

Conference Theme and Sub-themes

United Health Care For All

It is time to showcase the amazing rural services we have developed. The 2024 Rural Health Conference invites healthcare professionals and researchers to submit abstracts that align with the overarching theme, "United Health Care for All - Collaborating for Better Health." We are seeking innovative contributions that explore the dynamics of collaboration in various dimensions, including public-private partnerships, interdisciplinary collaborations, cooperation between government departments, and initiatives focused on supporting patients and caregivers. As we aim to foster a holistic approach to rural health, we encourage abstracts that highlight successful models, challenges faced, and lessons learned in forging partnerships that ultimately contribute to the enhancement of healthcare access and outcomes for rural communities.

Sub-themes

Building Rural Inter-professional Teams

- Developing undergraduate teamwork & multi disciplinary teams to achieve UHC
- Innovative ideas on "Who is the team?" and alternative human resources to achieve NHI & UHC
- Developing team leadership and team management within the NHI
- Trans-disciplinary teams for rural facilities
- Building an insightful workforce
- Mentoring, accountability and supervision of students and young professionals within the team
- Strengthening WBOT in rural areas
- Best Practice in Teamwork
- How the multidisciplinary team improves health outcomes

Health Systems Management

- The gap between urban & rural: population health & disability demographics, rural socialdeterminants of health, human resources, service delivery in rural areas
- Working in resource constrained environments yet still giving quality care
- Reforms to get better outcomes, and socially relevant and responsive services to achieve UHC
- Capacity building to develop good services & retain staff in rural areas
- Setting priorities to ensure access to care for those currently disadvantaged in health care
- Problems & solutions on issues such as access to service, budgets, human resources, qualityfacilities
- Litigation & costs related to poor service delivery and poor quality of service
- Holistic vs specialist care, best use of specialists and access to specialist care in rural areas
- Developing new Service Delivery Packages to ensure UHC
- Best practice in PHC
- Best practice global surgery

Community engagement & end users voice

- Working with traditional healers and leaders
- The voice of hospital & clinic boards
- The voice of patients and their family parents
- How we can all be health advocates

Policy & Practice

- What is Universal Health Coverage and how does NHI provide UHC?
- Sustainable Development Goals agenda 2030
- How to use the policy framework /operationalising policy to improve services in the district
- Innovative practice that makes health care equitable
- Good practice in adverse conditions
- Unpacking DoH policy and practice for private practitioners
- Health finance, health worker distribution and user access to health services
- NDoH prioritised Health Infrastructure projects
- Technology to resolve rural issues
- Social accountability:
- Climate Change
- What the News tells us about social determinants of health
- Role of the university: training undergraduates to to be ready for NHI
- Inter-sectoral work

Greening the Conference

Being green means using resources wisely. The RHC decided against printing the Abstract Booklet, preferring to distribute electronically. We ask venues not to use disposable cups for the coffee and tea stations. At the end of each conference we ask people to recycle their lanyards so we can use them again. If there is any food left over we ask venues to distribute to a local charity or educare centre.

We urge all delegates to share accommodation and travel! Please do not book “accommodation units” just for yourself. Monitor the “Share the Drive” posts on the Facebook page nearer to the start of the conference to look for the lifts or offer space in your car.

Welcome Note from the Organising Committee

Dear Rural Colleagues and Friends

It is that time yet again for the rural community to gather in rustic, adventurous and unique style which is representative of the authentically courageous journey each healthcare worker walks in everyday life in their respective workplaces across the country. These three chosen words probably resound with majority of today's delegates- representative of their resolute ability to spot opportunities and make the most of everything. In some instances, these can be labeled as those adventurous, unpredictable moments. When tackled with boldness, these opportunities yield heroic stories that resound in our minds and hearts years down the line. One story particularly comes to mind about an off-duty male midwife nurse (Accoucheur), Ayanda (36) who plunged into a river to save a drowning woman and rushed her to Zithulele Mission Hospital in the Eastern Cape where she was resuscitated back to life. Every challenging situation poses an opportunity for unconventional, ethical practice which in turn yields an opportunity for positive change and advocacy. Lastly, the term unique puts emphasis on the distinctive setting, practice and overall approach to policy frameworks and practicality as pertains to healthcare in rural areas.

We have a packed program with diverse speakers from across disciplines. To kick us off, will be a lineup of insightful Keynote Speakers representing all RHC associations: RuDASA, RuNurSA, RuReSA and PACASA. Plenary sessions will showcase innovative scientific presentations from across South Africa. Providing an opportunity to engage scientifically, fuelling curiosity for impact and change in practice. The workshops are geared towards up-skilling rural healthcare workers in an open, fun, participatory environment. Your attendance in this conference serves as an opportune moment to network, learn, share experiences, shape, shift, adjust and refocus rural advocacy through the lens of rural future-proofing. Our country is facing inevitable change especially in the health sector. This probes a quest for a united voice from rural health associations. Ensuring that our voice is united towards realising opportunities of improvement and next steps towards the actualisation of shared goals; yes, whilst celebrating our wins together. Speaking of wins, we have rural awards on Saturday during our Gala Dinner which is not to be missed! Where we will be acknowledging healthcare workers who have been voted as Change- makers and Champions in their practice. An important and encouraging feat to be hailed by all commendable rural colleagues in attendance. We are grateful to all of our sponsors who have made this conference the success it is. Your support towards rural health is noted and greatly appreciated.

To all of our delegates, kindly remember to scan the codes to redeem CPD points daily. These will be reconciled at the end of the conference and submitted to the HPCSA for a recon.

On behalf of the organising committee, thank you for your valued input and participation again this year. We wish you a memorable, insightful conference. Welcome!

Many thanks,

Dr Asafika Mbangata

Rural Health Conference 2024 Chairperson



Committees

Organising Committee

Erika Bostock Co-chair
Asafika Mbangata Co-chair
Murray Louw RuDASA
Jacques du Toit RuDASA
Alison Collinson RuReSA
Nompumelelo Mahlambi PACASA
Melissa Olifant PACASA
Thabisa Ngcakaza RuNurSA

Mpumalanga reps:

Benny Magedi (Right to Care),
Marjan Middeljans (DoH),
Carrie de Waal (DoH),
Ivy Kekana (DoH)

Conference Office

Lou Billet (Administration)
Stephanie Homer (Web & Finance)
Abigail Dreyer RuDASA (Bank)
Erika Bostock RuReSA (Finance approval)

Scientific Committee

RUDASA

Murray Louw
Victor Fredlund

RuRESA

Kate Sherry
Thandi Conradie

RuNurSA

Nthabiseng Sibisi
Thabisa Ngcakaza
Nomana Ntshakaza
Warren Hansen
Silingene Ngcobo

PACASA

Nompumelelo Mahlambi
Thabang Sepiroa
Melissa Olifant
Sherilee Naidoo

Conference Partners



RuDASA

The Rural Doctors Association of Southern Africa (RuDASA) is a membership-based organisation actively working towards better health care in rural areas. RuDASA strives for the adequate staffing of rural health facilities by appropriately skilled medical staff; and to be a voice for rural doctors regarding training and working conditions.

Our Vision

For all rural people in Southern Africa to have access to quality health care.

Our Mission

RuDASA strives for the adequate staffing of rural health services by appropriately skilled medical staff and to be a voice for the rural doctor regarding training and working conditions.

RuDASA aims to inspire health workers to work in rural areas, and support and empower those committed to making health care available to all South Africans. We provide a network provides an opportunity for members to connect, share concerns, challenges, good practices and innovative ideas, through a variety of forums. Members can share ideas and request assistance from others.

RuDASA is involved in a number of initiatives to lobby for and address the needs of rural doctors and has also taken on a prominent advocacy role in terms of pushing for improved health in rural areas in general, as well as addressing specific topics, such as the availability of posts in rural hospitals and drug shortages. We aim to be a resource of rural expertise to the South African Government and other stakeholders. From time to time RuDASA has issued open letters and press statements, often with partner organisations, to create awareness of the plight, challenges and successes of rural doctors and other health professionals.

Find out more and join us:

info@rudasa.org.za

www.rudasa.org.za

www.facebook.com/ruraldoctors



PACASA

Clinical Associates as a profession started out in South Africa with the first undergraduate group being admitted to the Walter Sisulu University (WSU) in the Eastern Cape in 2008. There are now three institutions that offer the Bachelor of Clinical Medical Practice, namely the University of Pretoria, University of the Witwatersrand and Walter Sisulu University. Soon after the first graduates were deployed, it was realised that they needed a representative voice in order to receive recognition and to proactively build the profession. The Professional Association of Clinical Associates in South Africa (PACASA) was established on 10 April 2012. An interim executive management committee was nominated to manage the initial organisational structuring of PACASA, and to develop sound governance principles for the future.

Our Vision

Be a credible representative body and advocate for the recognition and development of clinical associates whilst in partnership with likeminded organizations to provide patient-centred quality healthcare for the general public.

Our Mission

To empower and unite Clinical Associates to provide accessible, equitable and quality healthcare in South Africa.

PACASA is dedicated to

- Strengthening the professional identity of Clinical Associates;
- Strive for a patient centred healthcare system through empowering our members;
- Build healthy, productive, mutually beneficial relationships with the people of South Africa;
- Network with allied professions and organisations;
- Carry out and/or participate in research of the profession and other health related topics

Find out more and join us:

pacasamedia@gmail.com

pacasamembership@gmail.com



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RuReSA

118-079 NPO

Rural Rehab South Africa (RuReSA), is a multidisciplinary organisation of professionals committed to providing and improving rehabilitation services in rural communities. We are passionate about creating positive change through rehabilitation which will:

- Prevent disability
- **Empower** the disabled through early intervention,
- **Promote** healthy and active lifestyles after disability,
- Enable the disabled to participate fully within their communities, thereby fulfilling the Government goal of, "a long and healthy life for all South Africans."

Why Rural?

Nationally there is approx. 1 therapist per 750 disabled individuals. Most of these therapists are lost to the Private Sector. Therefore, the prevalence of disability is higher in rural areas due to:

- Immense poverty
- Poor access to all health services
- Lack of resources for both the people with disabilities and the therapists

Our Vision is that rehabilitation services are provided within a PHC framework to all rural communities, and are high-quality, comprehensive, appropriate, accessible, and equitable.

Our Mission

- To ensure rehabilitation is integrated into health policy and planning at all levels
- To develop and share best practice models for high-quality, appropriate, accessible, acceptable, and effective rehabilitation services
- To disseminate information and research on: the health needs of rural people, rural rehabilitation, and health policies
- To provide support to recruit, retain and inspire rural therapists.
- To influence the actions of the service delivery community.

We are working with our rural partners, the professional associations, universities and policy makers to ensure this happens.

Find out more and join us:

info@ruresa.org.za

www.ruresa.org.za

www.facebook.com/ruresa



RuNurSA

Rural Nursing South Africa (RuNurSA) is a membership based network focussed on access to quality healthcare for all. We are inspired by the courageous commitment of nursing professionals in the face of rural health realities and challenges. We seek to influence the change required to improve rural health nursing care.

Nurses are called upon to lead in healthcare , especially in rural environments by stepping forward and becoming a voice to lead and champion nursing issues which will positively affect the health of communities in this country. Nursing leadership has the potential to changes lives, forms teams, build healthcare organisations, and impact communities.

RuNurSA was selected by the International Council of Nursing (ICN) as a voice to lead nursing in achieving the sustainable development goals .We must build on that legacy for rural nurses to have a voice in decisions that affect their practice and to ensure quality healthcare.

Our Vision

A voice for rural nurses

Our Mission

To advocate for rural nursing aligning with the current South African healthcare system.

Our Objectives

1. Advocate for the needs of the rural communities and its nurses through influencing policy makers, the South African Nursing Council, the National Department of Health, and other Governmental Sectors.
2. Collaborate with civil society and relevant stakeholders for health equity and social justice.
3. Link rural nurses with resources to enhance advocacy in the health care delivery system.
4. Promote continued education, and mentorship for pre-service and in-service rural nurses.
5. Provide a platform for rural nurses to belong.

Find out more and join us:

ruralnursingsa@gmail.com

www.facebook.com/RuralNursingSA/

The Key Note Speakers

RuDASA Keynote: Universal health coverage: a stumbling block or a stepping stone.



Biosketch:

Prof Langelibalele Honey Mabuza [MBCChB, BTh, MFam Med, FCFP(SA)] is an Associate Professor at the Sefako Makgatho Health Sciences University (SMU) in Pretoria, South Africa. He is the Immediate Past President of the College of the Family Physicians of South Africa (CFPSA). He is a Family Physician by specialisation (2001) and has served in the Department of Family Medicine and Primary Health Care as Acting Head of Department (2017-2022). He has recently (August 2022) been appointed as Clinical Educator Manager of the Clinical Integrated Programs in the Office of the Dean of the School of Medicine at SMU. From 2017 to 2023 he was the Convenor of the Health Professions Council of South Africa (HPCSA) commissioned by the South African Government to assess foreign qualified medical practitioners for admission to practice in the South African health system. He has been involved in the training of Family Physicians (2001 to 2022) and has supervised 25 Masters' degree students who successfully completed their degrees in Family Medicine. He has been involved in the Colleges of Medicine of South Africa (CMSA) examinations as member of the Examinations Steering Committees of the Fellowship of Family Physicians (FCFP(SA)) and the diplomas under the College of Family Physicians – Higher Diploma in Family Medicine (H Dip Fam Med(SA)), Diploma in HIV Management (Dip HIV Man(SA)) and the Diploma in Allergology (Dip Allerg(SA)). He is married to Zanele Precious Mabuza and a father of Lungi, Khosi and Thando.

RuNurSA Keynote: Role of Nurses in Clinical Governance and the Provision of Safe Quality Patient Care.

Biosketch: Letennwe Morudu

I am a qualified clinical nurse specialist with over 30 years of experience in clinical practice, specialising in Neonatal, Paediatric and Adult Intensive Care Nursing, Midwifery, Infection Control and Quality Management. I have over 10 years of experience practicing as nurse educator and over 05 years as a manager in clinical practice. Currently I am employed as Quality Assurance Lead at Nelson Mandela Children's Hospital and Co-chair Clinical Governance Committee. I am passionate about patient safety hence the phrase on Nurses' Pledge: "I will not permit consideration of Religion, Nationality, Race or Social Standing to intervene between me and my patients"

RuReSA Keynote: Every child is a National Asset Collaboration between Department of Education and Department of Health.



Biosketch:

I, Octavia Dumisile Tembe, am a Speech-language Therapist with a special interest in Early Childhood Intervention (ECI). After completing my Bachelor of Communication Pathology in Speech and Language Pathology from the University of KwaZulu-Natal (2013), I entered in Speech and Language world to explore my passion for working with people with communication, feeding, swallowing, and learning difficulties. I did my community service at Mseleni Hospital located at uMkhanyakude District, KZN-DoH (2014). I then worked as a resident Clinical Speech and Language Therapist at Itshelejuba hospital located in Zululand District, KZN-DoH (2015-2019). During my years of service at the district hospitals I participated in acute care, primary health care, community outreach, and continued professional development programmes. I then moved to Witbank tertiary hospital located in Nkangala District, Mpumalanga DoH (2019-2022) where I gained extensive experience in both paediatric and adult speech, language and swallowing interventions. Through my engagement with children with developmental neurological conditions, my passion for early childhood intervention was ignited and routed me into obtaining a Masters in early childhood intervention (MSc: ECI) from the University of Pretoria (2021). Currently, I work as a Chief Speech and Language therapist for the department of Education-Nkangala district: LSPID programme, where I'm focusing on educational therapeutic interventions for learners with severe to profound intellectual disabilities. I am also involved in clinical supervision and support of M: SLP students from the University of Ghana.

PACASA Keynote: Mid-level workers as part of the MDT: A PPO Serve experience with Clinical Associates.



Biosketch:

Lungile Kasapato is an HPCSA registered Biomedical Technologist who is passionate about healthcare reforms that are geared at providing more South Africans access to quality health care. From 1992, when she qualified, she worked in and managed several small, medium, and large laboratories both in the private and public sector. These include the clinical trials laboratory, Bio Analytical Research Corporation of South Africa (RARC SA) and CH Baragwanath Academic Laboratory where she successfully implemented one of the first and biggest total laboratory automation (TLA) projects in the country. Her MBA thesis, from Wits Business School, was on the market structure of private healthcare in South Africa. She also holds a B Tech in Biomedical Technology and a National Diploma in Medical Technology. She joined PPO Serve in 2019 as a Clinical Product Manager for The Birthing Team (TBT). TBT was an innovative PPO Serve programme that offered cash patients a complete end to end global fee based private maternity service. TBT delivered 2,500 babies and reduced the Caesarean Section rate from 70% to 20% in some of its units. From 2021 she served as the Head of Strategy Development, she is now the Deputy CEO of PPO Serve.

Rural Mental Health Keynote: Sharing the burden: Strengthening inter-sectoral collaboration to respond to the needs of those caring for the mental health care users in rural South Africa.



Biosketch:

Olindah Silaule is a senior lecturer at the Division of Occupational Therapy, Department of Health and Rehabilitation Sciences, University of Cape Town. She is a fellow of the Consortium for Advanced Research Training in Africa (CARTA) and her recently conferred PhD focused on developing strategies for alleviating caregiver burden among informal caregivers of persons with severe mental disorders in Bushbuckridge, Mpumalanga province. Previously she worked as an occupational therapist at the mental health unit at Tintswalo hospital for a period of 5 years. She was instrumental in driving the development and implementation of occupational therapy mental health programmes for both in and outpatients. In this position, she worked with various stakeholders to improve intervention outcomes for mental health care users and training community rehabilitation workers to improve the accessibility of mental health services for clients and families in the Bushbuckridge community. In 2017, she began her academic career as a lecturer at the Department of Occupational Therapy, Wits University. Her role involved teaching and supervision of undergraduate and postgraduate students, specifically in the field of mental health. One of her main responsibilities was coordination of the rural fieldwork for the final year students where she ensured the adoption of a community-based approach as a strategy for enabling students to develop skills necessary for developing and implementing contextually responsive occupational therapy services. Currently, she lectures an undergraduate course in mental health and a postgraduate course in occupational therapy within primary healthcare settings. She is responsible for supervising undergraduate and postgraduate research projects. Her research interests are on improving the quality and efficiency of mental health services for mental healthcare users and their families in low-resource settings.

Programme

Thursday 1 August 2024 United Health Care For All - Collaborating for better health				
08h00 - 09h00	Conference registration, CPD registration, open exhibition including local tourism stand Tea and Coffee			
Conference Opening - Shingwedzi and Shawu				
09h00 - 09h30	Chairperson	Rural Health Conference Chair, Dr Asafika Mbangata		
	Opening Remarks	MEC Health Mpumalanga, MEC Sasekani J. Manzini		
09h30-10h30	RuReSA Keynote Address	'Every child is a National Asset' Collaboration between Department of Education and Department of Health. Ms Octavia Tembe		
10h30-11h00	Tea break and exhibition			
11h00-12h00	Mental Health Keynote Address	Sharing the burden: strengthening intersectoral collaboration to respond to the needs of those caring for mental health care users in rural South Africa Dr Olindah Silaule		
Parallel Sessions				
	Venue A: Rural Teams Shingwedzi and Shawu	Venue B: Health Systems Management and Policy Indaba	Venue C: Clinical Practice Kambuku	Venue D: Community engagement & end users voice Dzombo
12h00 - 12h20	Multi-professional collaboration in a rural setting: Healthcare professionals' Experiences of Speech-Language Therapy Ms Charne Taryn Christians	Enhancing Health Outcomes through a Fully Digital Data Management System in Deep Rural Eastern Cape Mr Ryan Banks Mr Bongezwa Sontundu	The resuscitation of a hearing screening programme for newborn babies in Mpumalanga Province: A pilot project Mr Sakhile Nkosi Ms Husnaa Basser	Service providers' perspectives on strategies for alleviating burden of care among informal caregivers of persons with mental disorders in rural South Africa: A descriptive study Dr Olindah Silaule
12h20 - 12h40	Using data strategically to engage the multi-disciplinary team (MDT) and highlight the need for MDT input at homestead level for patients with cerebral palsy Ms Maryke Bezuidenhout	Affordable & Viable Digitization of Hard Copy Survey Data - In Rural Areas Dr. Anné S. Joubert	The benefits and limitations of establishing the clinical associate/clinical officer and physician associate education and profession in Africa: a systematic review and mixed-method study Mr Scott Smalley	Health in Motion- a model of rehabilitation for rural communities Director Christa Roby
12h40 - 13h00	Rural health matters- preliminary report on district based model to address surgical backlogs in Limpopo Professor Steven Matshidza	Conceptualisation of a framework for a digital health intervention tool for primary health care rehabilitation Miss Thandi Conradie	Early initiation of breastfeeding: A matter of time Dr Yamkela Koyana Mr Mbona Mr Mbelu	Experiences of pregnant women regarding the use of traditional medicine (isihlambezo) at King Cetshwayo District in KwaZulu-Natal Professor Madlala
13h00-14h00	Lunch, exhibition and late registration			

Thursday 1 August 2024
United Health Care For All - Collaborating for better health

Parallel Sessions

	Venue A: Rural Teams Shingwedzi and Shawu	Venue B: Health Systems Management and Policy Indaba	Venue C: Clinical Practice Kambuku	Venue D: Community engagement & end users voice Dzombo
14h00 - 14h20	Doc-2U medical consults beyond video, medical device streaming remotely Mr Douglas Reed	Why do Stellenbosch University medical students choose to do rural longitudinal integrated training in their final year? Professor Ian Couper	Workshop Let's TQ about it: Management of traumatic severe bleeding in rural settings. Mr Aldus Smith	Reconceptualising resilience: Ubuntu, home and community care Professor Nondwe Mlenzana
14h20 - 14h40	Encouraging Foreign Medical Graduates (FMGs) to Undertake Rural Internships Dr Bronwyn Manickum	Exploring rural health training needs for postgraduate studies Ms Manoko Innocentia Lediga		Community engagement and collaboration between researchers and community stakeholders for schistosomiasis and malaria projects in Ingwavuma, uMkhanyakude District, KwaZulu-Natal Dr Zinhle Mthembu
14h40 - 15h00	Strengthening Rural Health Services through Interprofessional Education and Collaborative Practice (IPECP) Dr Carmen Milton	Curricula Mapping of Clinical Associate/ Physician Associate and Comparable Professions Worldwide Using the Learning Opportunities, Objectives, and Outcomes Platform: LOOOP Mr Scott Smalley		Treating common ailments in rural community pharmacies through primary healthcare Mr Johannes Tendani Ravele
15h00 - 15h20	A mixed-methods cluster-randomised study to test the efficacy, acceptability and feasibility of WhatsApp-based microlearning for HIV training of healthcare workers in remote South African clinics Ms Briony Chisholm	Using the Socio-Ecological Model as a framework to explore facilitators, challenges and possible strategies for interprofessional collaborative practice in the South African Health Care system Mrs Jana Muller		
15h20 - 16h00	Tea break and exhibition			

Parallel Sessions				
	Venue A: Rural Teams Shingwedzi and Shawu	Venue B: Health Systems Management and Policy Indaba	Venue C: Clinical Practice Kambuku	Venue D: Community engagement & end users voice Dzombo
16h00 - 16h20	"Art as a Healing Medium: Enhancing Health, Well-being and Mental Health in Medical Education through the INQAMA Sip and Paint Project" Mr Luthando Zulu	Enabling access to medical abortion in South Africa: the case for reform and innovation Ms Grace Brain	Workshop Proven Strategies to Improve Birth Outcomes in Low-Resource Settings Professor Justus Hofmeyr	Workshop RuReSA research workshop. Dr Olindah Silaule
16h20 - 16h40	The practice of homeopathy in rural settings of South Africa Dr Motlhabane Robert Leepile Moiloa	Follow the Footsteps: A quality improvement approach to reducing patient waiting time Dr Yamkela Koyana Mr Mbona Mr Mbelu		
16h40 - 17h00	Bridging the gap with Homeopathy in Primary Healthcare - Collaboration towards a Pluralistic Public Healthcare System Dr Shamini Kara			
17h00 - 19h00	Networking and Annual General Meetings			
	Venue A: Shingwedzi and Shawu	Venue B: Dzombo	Venue C: Kambuku	Venue D: Indaba
17h00 - 19h00	RuDASA	RuReSA	PACASA	RuNurSA
19h00	Informal Supper Sponsored by Discovery Speaker: Professor Vincent Maphai chair of the Discovery Foundation			

Friday 2 August 2024
United Health Care For All - Collaborating for better health

7h30 - 8h30	CPD registration, open exhibition including local tourism stand Tea and Coffee
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Conference Opening - Shingwedzi and Shawu

8h30 - 9h30	PACASA Keynote Address	Topic: "Mid-level workers as part of the MDT: A PPO Serve experience with Clinical Associates" Miss Lungile Kasapata
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Parallel Sessions

	Venue A: Rural Teams Shingwedzi and Shawu	Venue B: Health Systems Management and Policy Indaba	Venue C: Clinical Practice Kambuku	Venue D: Community engagement & end users voice Dzombo
09h30 - 09h50	Enhancing Perinatal Mental Health in Rural South Africa: Collaborative Strategies and Occupational Therapy Interventions Ms Gabrielle Smith (Zoom)	Long Oral Presentation Integration of service delivery for HIV & AIDS, STI and TB (HAST), non-communicable diseases (NCDs) and pandemic response: Findings from KwaZulu Natal and Mpumalanga provinces Dr Claire Serrao	Implementation of a scalable Internship programme for unemployed youth in healthcare facilities in rural districts in KwaZulu-Natal and Mpumalanga provinces to improve service delivery Mr Abre Nel	Point-of-care testing in pharmacies – Supporting equitable access to screening services Ms Pumza Hlekane
9h50 - 10h10	Reimagining the mentorship dyad: an autoethnographic exploration of the concept, catalysts and consequences Mrs Jana Muller		Biokinetics as a profession. Miss Edlyn Eckhardt Miss Khaalidah Mia Miss Ammaarah Abrahams	A qualitative exploration of barriers and facilitators to retention in care amongst people with history of loss to follow up from DR-TB Dr Ndiviwe Mphothulo
10h10 - 10h30	Reflecting on 12 years of training medical students in rural longitudinal integrated clerkships Dr Francois Coetzee Professor Ian Couper		Audiological profile of patients with type 2 diabetes mellitus at a district hospital in Mpumalanga, South Africa Dr Sakhile Nkosi	

10h30 - 11h00	Tea break and exhibition
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Parallel Sessions

	Venue A: Rural Teams Shingwedzi and Shawu	Venue B: Health Systems Management and Policy Indaba	Venue C: Clinical Practice Kambuku	Venue D: Community engagement & end users voice Dzombo
11h00 - 11h20	RuDASA Indaba: Strategic Planning for rural doctors 2025-2027. Dr Asafika Mbangata and Dr Lungi Hobe-Nxumalo	A scoping review of psychosocial and socioeconomic interventions for people on drug-resistant tuberculosis (DR-TB) treatment. Dr Ndiviwe Mphothulo	RuReSA: Capacity development planning for and with rural therapists Jana Muller	OA: The impact of caregiving intensity on the health of caregivers Miss Sostina Matina
11h20 - 11h40				Bridging gaps in healthcare: The success of Parent Network in addressing healthcare barriers Miss Aimee Smale



11h40 - 12h00				Development and experience of a self-sustainable platform product for pre-clinical service delivery in rural Africa Dr Martin Hamann
12h00 - 12:20	RuDASA Indaba: Strategic Planning for rural doctors 2025-2027. Dr Asafika Mbangata and Dr Lungi Hobe-Nxumalo	A scoping review of psychosocial and socioeconomic interventions for people on drug-resistant tuberculosis (DR-TB) treatment. Dr Ndiviwe Mphothulo	RuReSA: Capacity development planning for and with rural therapists Jana Muller	Ceramic dressings for shared wound care - a therapeutic option for rural care Sr Lee-Ann Govender
12h20 - 12h40				Achieving Good Governance and Management in the South African Health System: an Academy of Science of South Africa (ASSAf) consensus study report Dr Guin Lorens
12h40 - 13h00				
13h00 - 14h00	Lunch break & Exhibition			

Friday 2 August 2024
United Health Care For All - Collaborating for better health

Keynote Address 2 (RUDASA) - Shingwedzi and Shawu

14h00 - 15h00	RuDASA Keynote Address	Topic: "Universal health coverage: a stumbling block or a stepping stone" Professor Langalibalele Honey Mabuza		
Parallel Sessions for Posters				
	Venue A: Rural Teams Shingwedzi and Shawu	Venue B: Health Systems Management and Policy Indaba	Venue C: Clinical Practice Kambuku	Venue D: Community engagement & end users voice Dzombo
15h00 - 15h10	Evaluation of Interprofessional Knowledge and Confidence in Cancer Rehabilitation Seminars in South Africa Dr Sonti Pilusa	Evaluation of long waiting time as a contributing factor to patient dissatisfaction (absconding, signed RHT) in Middelburg Hospital casualty department Dr Amir Rahimi Mpho Mamasedi	Increasing oral PrEP awareness and demand creation in communities by DREAMS Ambassadors: Findings from Mpumalanga, South Africa Mr Abre Nel	
15h10 - 15h20	Fill in the gaps – an approach to prevent blood specimen rejection Mr Mbona Mr Mbelu	Evaluation of EMS delays in transfer of patients to higher institution of care Dr Amir Rahimi Nontsiselelo Ncongwandne	Community health worker screening and referrals for diabetic foot infection in rural Eastern Cape Dr Nelisiwe Mkize	
15h20 - 15h30	Interprofessional Education and Collaborative Practice for Undergraduate Healthcare Students in LMICs: A scoping review Mr Mpilo Booi	Improving healthcare waste disposal: a quality improvement approach Dr Yamkela Konyana Mr Mbona Mr Mbelu	Capacity building of AIDS councils in Mpumalanga province Mr Bheki Khoza	
15h30 - 16h00	Tea break & exhibition			
	Rural Teams		Clinical Practice	
	Workshop:	Workshop:	Workshop:	Workshop:
16h00 - 17h00	Conflict Resolution "Like a Boss" Dr Bavani Naicker	Dynamic Health: Unveiling the Biokinetic Blueprint enhancing Health Care for All Miss Vuyelwa Radebe	District management of traumatic finger amputations and hand sepsis Dr Johan Bosch Dr Craig Parker	Taking Action on Syphilis in Rural Health Care. The SAHCS Guideline on Clinical Management of Syphilis 2024 Dr Madeleine Muller
17h00-19h00	Free time and networking			
19h00 - 22h00	Gala Dinner and Awards Presentation			

<p style="text-align: center;">Saturday 3 August 2024 United Health Care For All - Collaborating for better health</p>				
07h30 - 09h00	Working Breakfast	RHC meeting Executive Chairs & Organising Committee & RHC2025		
8h00 - 8h30	CPD registration, open exhibition including local tourism stand Tea and Coffee			
<p style="text-align: center;">Keynote Address 4 (RuNurSA) - Shingwedzi and Shawu</p>				
8h30 - 9h30	RuNurSA Keynote address	Topic: "The role of nurses in Clinical Governance to ensure provision of quality and safe patient care" Ms Letennwe Morudu		
<p style="text-align: center;">Parallel Sessions for Posters</p>				
	Venue A: Rural Teams Shingwedzi and Shawu	Venue B: Health Systems Management and Policy Indaba	Venue C: Clinical Practice Kambuku	Venue D: Community engagement & end users voice Dzombo
09h30 - 09h50	The role of clinical associates in South Africa as a health workforce: A scoping review Dr. Sanele Ngcobo	Evaluating the core functions of primary care performance in the Amathole District, South Africa Dr Jenny Nash	Quality improvement plan(QIP) for antibiotic stewardship and rational use of medicines in primary health care Mrs Laune Marais	<p style="text-align: center;">Oral Presentation Taking HIV, AIDS STIs and TB (HAST) services to the community: Findings from Gert Sibande District in Mpumalanga Mr Goodman Ntshangase</p>
09h50 - 10h10	Training of Mpumalanga Department of Health (DoH) middle management personnel: Transformational Leadership perspectives and their application to healthcare service platform Mr Jimmy Ledwaba	Distribution of Disability and Impact on the Wheelchair System in Rural South Africa Mr Duncan Miller	Impact on cervical cancer upon the introduction of a LLETZ clinic in a rural district hospital Dr Nicole Fiolet	
10h10 -10h30	Working with the Mpumalanga Department of Health Provincial and District management teams in setting up structures and management processes to ensure effective partner coordination Mr Bheki Khoza			
10h30 - 11h00	Tea break			
11h00 - 12h00	Panel discussion: One rural voice – collaboration to strengthen rural health advocacy Lead: Samantha Maughan			
12h00 - 13h00	Reflections & Resolutions			
13h00 -14h00	Prizes and Closing			

Keynote Presentations

Title 'Every child is a National Asset': Collaboration between Department of Education and Department of Health.

Presenter Ms Octavia Tembe

Institution RuReSA

Abstract

This presentation explores the significance of collaboration between the Department of Education and the Department of Health. It highlights the interconnectedness of health and education, emphasizing how a child's well-being in one domain significantly impacts the other. A silos mind-set approach between these departments can hinder a child's holistic development. By working together, issues like early identification of learning difficulties, and early intervention for children with severe disabilities can be addressed. I will explore current challenges, educational programmes for learners with learning difficulties and learners with severe to profound intellectual disabilities, collaborative initiatives between health and education departments and then discuss the impact of collaboration on the learner's educational achievement, and their overall well-being. This presentation aims to demonstrate the benefits of interdepartmental collaboration in creating a supportive environment for learner's success and provide recommendations for strengthening intervention links between health and education sectors.

Investing in collaborative efforts between Departments of Health and Department of Education is crucial for promoting every South African child's well-being.

CPD Points Standard

Bio sketch

My name is Octavia Dumisile Tembe. I am a Speech-language Therapist with a special interest in Early Childhood Intervention (ECI). After completing my Bachelor of Communication Pathology in Speech and Language Pathology from the University of KwaZulu-Natal (2013), I entered in Speech and Language world to explore my passion for working with people with communication, feeding, swallowing, and learning difficulties. I did my community service at Mseleni Hospital located at uMkhanyakude District, KZN-DoH (2014). I then worked as a resident Clinical Speech and Language Therapist at Itshelejuba hospital located in Zululand District, KZN-DoH (2015-2019). During my years of service at the district hospitals I participated in acute care, primary health care, community outreach, and continued professional development programmes.

I then moved to Witbank tertiary hospital located in Nkangala District, Mpumalanga DoH (2019-2022) where I gained extensive experience in both paediatric and adult speech, language and swallowing interventions. Through my engagement with children with developmental neurological conditions, my passion for early childhood intervention was ignited and routed me into obtaining a Masters in early childhood intervention (MSc: ECI) from the University of Pretoria (2021). Currently, I work as a Chief Speech and Language therapist for the department of Education-Nkangala district: LSPID programme, where I'm focusing on educational therapeutic interventions for learners with severe to profound intellectual disabilities. I am also involved in clinical supervision and support of M: SLP students from the University of Ghana.

Title Mid-level workers as part of the MDT: A PPO Serve experience with Clinical Associates.
Presenter Miss Lungile Kasapata
Institution PACASA

Abstract

1994 brought hope, dreams and promises to many South Africans. One such promise is entrenched in section 27 of the Bill of Rights of our constitution; a progressive realisation of the right to access to healthcare services. Despite this promise, waiting periods for critical surgical procedures in public hospitals have become longer, while in private hospitals, the procedures are unaffordable for most, turning dreams into an illusion. Globally, the rising cost of healthcare is increasingly becoming a barrier to access for all but the wealthy. Unaddressed, locally, the South Africa Health Market Inquiry characterises the situation as a market failure, with schemes failing to purchase value for their members and suppliers of services using their resources very inefficiently. On the other hand, there is overwhelming evidence that adopting Value-Based Care (VBC) contract and delivery models significantly reduces costs while improving outcomes that matter to patients. VBC redirects all decisions and activities to the "True North" aim of healthcare, which is Value for patients. To achieve maximum value delivery, healthcare players are reminded that healthcare is a Team sport, not one that can be properly played by doctors in solo practice. In VBC players are reorganised into Multi-Disciplinary Teams that leverage rare skills working with colleagues to achieve synergies and deliver superior results. This talk will address the challenges facing the South African healthcare system; how VBC models can resolve the cost conundrum; MDTs and the role of Clinical Associates in the Team. We will present the case study of how PPO Serve has successfully implemented population medicine VBC through The Value Care Team (TVCT) programme. Attendees will be reminded of the importance of their individual contribution to patient care and how much more they can contribute through collaboration, making healthcare accessible to more people.

<https://vbhcprize.com/nominees-vbhc-prize-2023/>

<https://iris.who.int/bitstream/handle/10665/373212/9789240078499-eng.pdf>

CPD Points Standard

Bio sketch

Lungile Kasapata is an HPCSA registered Biomedical Technologist who is passionate about healthcare reforms that are geared at providing more South Africans access to quality health care. From 1992, when she qualified, she worked in and managed several small, medium, and large laboratories both in the private and public sector. These include the clinical trials laboratory, Bio Analytical Research Corporation of South Africa (RARC SA) and CH Baragwanath Academic Laboratory where she successfully implemented one of the first and biggest total laboratory automation (TLA) projects in the country.

Her MBA thesis, from Wits Business School, was on the market structure of private healthcare in South Africa. She also holds a B Tech in Biomedical Technology and a National Diploma in Medical Technology.

She joined PPO Serve in 2019 as a Clinical Product Manager for The Birthing Team (TBT). TBT was an innovative PPO Serve programme that offered cash patients a complete end to end global fee based private maternity service. TBT delivered 2,500 babies and reduced the Caesarean Section rate from 70% to 20% in some of its units. From 2021 she served as the Head of Strategy Development, she is now the Deputy CEO of PPO Serve.

Title	Role of Nurses in Clinical Governance and the Provision of Safe Quality Patient Care.
Presenter	Ms Letenwe Morudu
Institution	RuNurSA
Abstract	The changes we are witnessing in individuals' health today are at an accelerating rate which poses a challenge across various disciplines of healthcare providing disciplines, including Nursing. All healthcare providing disciplines are facing challenges of change as they embark on their individual journeys to provide better care, better service and better overall healthcare for everyone they serve. However, we all have one challenge, the implementation efficient clinical governance structures, that will ensure that all providing care to patients are held accountable for adverse events / complications that follow the care provided to patients.
CPD Points	Standard
Bio sketch	<p>I am a qualified clinical nurse specialist with over 30 years of experience in clinical practice, specializing in Neonatal, Pediatric and Adult Intensive Care Nursing, Midwifery, Infection Control and Quality Management. I have over 10 years of experience practicing as nurse educator and over 05 years as a manager in clinical practice. Currently I am employed as Quality Assurance Lead at Nelson Mandela Children's Hospital and Co-chair Clinical Governance Committee.</p> <p>I am passionate about patient safety hence the phrase on Nurses' Pledge: "I will not permit consideration of Religion, Nationality, Race or Social Standing to intervene between me and my patients"</p>

Title Sharing the burden: strengthening intersectoral collaboration to respond to the needs of those caring for mental health care users in rural South Africa

Presenter Dr Olindah Silaule

Institution Rural Mental Health

Abstract

Caregivers of persons with mental disorders are susceptible to high levels of distress. They are expected to deal with the problematic behaviours brought on by the mental health care user's condition and their dependency on self-care tasks, which subsequently lead to caregivers' feelings of overload and burnout. Currently, minimal strategies are aimed at supporting these caregivers to help them cope with their caregiving duties. The support needs of the caregivers are vast and complex and thus require interventions from multiple sectors beyond the health sector. Intersectoral collaboration is a feasible and useful strategy for increasing access to mental health services in resource-constrained contexts like rural South Africa. The strategy has the potential to strengthen the support for mental healthcare users and their caregivers within the community. The adoption of intersectoral collaboration can help establish a shared responsibility between health and other governmental and non-governmental sectors to address the needs of the caregivers who are a critical resource in the recovery of mental health care users in rural South Africa. However, intersectoral collaboration is not commonly utilised in developing countries. The focus of the session is to outline a set of intersectoral strategies aimed at reducing the burden of care and meeting the support needs of caregivers of persons with mental disorders in rural South Africa. The talk will unpack the proposed strategies, which include strengthening collaborations between health and other governmental sectors such as the South African Police Services, forensics, Department of Home Affairs, Department of Social Development, and local government to extend access to community mental health services. Additionally, strategies for collaborations with other non-governmental stakeholders such as community leaders, spiritual and traditional healers and leaders will be discussed.

CPD

Points

Standard

Bio sketch

Dr Olindah Silaule is a senior lecturer at the Division of Occupational Therapy, Department of Health and Rehabilitation Sciences, University of Cape Town. She is a fellow of the Consortium for Advanced Research Training in Africa (CARTA) and her recently conferred PhD focused on developing strategies for alleviating caregiver burden among informal caregivers of persons with severe mental disorders in Bushbuckridge, Mpumalanga province. Previously she worked as an occupational therapist at the mental health unit at Tintswalo hospital for a period of 5 years. She was instrumental in driving the development and implementation of occupational therapy mental health programmes for both in and outpatients. In this position, she worked with various stakeholders to improve intervention outcomes for mental health care users and training community rehabilitation workers to improve the accessibility of mental health services for clients and families in the Bushbuckridge community. In 2017, she began her academic career as a lecturer at the Department of Occupational Therapy, Wits University. Her role involved teaching and supervision of undergraduate and postgraduate students, specifically in the field of mental health. One of her main responsibilities was coordination of the rural fieldwork for the final year students where she ensured the adoption of a community-based approach as a strategy for enabling students to develop skills necessary for developing and implementing contextually responsive occupational therapy services. Currently, she lectures an undergraduate course in mental health and a postgraduate course in occupational therapy within primary healthcare settings. She is responsible for supervising undergraduate and postgraduate research projects. Her research interests are on improving the quality and efficiency of mental health services for mental healthcare users and their families in low-resource settings.

Title Universal health coverage: a stumbling block or a stepping stone

Presenter Prof Honey Mabuza

Institution RuDASA

There are contrasting views regarding the implementability of the NHI gazetted into law on May 16, 2024 in South Africa. On the one hand, there are strong views that the current economic climate does not favour its implementation, it is a complex system that could be poorly managed, leading to inefficiencies. There is also skepticism on the readiness of the infrastructure and workforce to support it.

On the other hand, South Africa is one of the most unequal countries in the world with a Gini coefficient around 0.67. The top 10% of the population owns more than 85% of household wealth, while over half the population has more debt than assets. Disparities in healthcare remain a major challenge. Public healthcare facilities serving the majority of the population, face overcrowding, staff shortages and limited resources. In contrast, private healthcare offers better quality care but is expensive and unaffordable for most South Africans, with Black and Coloured South Africans disproportionately reliant on the public system.

Abstract

The NHI aims to provide financial access to healthcare for all South Africans, regardless of income or employment status. It is intended to promote social justice through universal health coverage (UHC). A global benchmark on UHC indicates that some countries have made successful strides in its implementation, to the benefit of their citizens, e.g. Western Europe (France, Germany, and the UK), Japan and Cuba, the latter two with a strong focus on primary care and preventative medicine. Developing countries are hamstrung by resource constraints and infrastructure limitations.

Given these contrasting views, how does South Africa move towards a system that provides good health outcomes for all citizens while financially sustainable?

CPD Points Standard

Prof Langalibalele Honey Mabuza [MBChB, BTh, MFam Med, FCFP(SA)] is an Associate Professor at the Sefako Makgatho Health Sciences University (SMU) in Pretoria, South Africa. He is the Immediate Past President of the College of the Family Physicians of South Africa (CFPSA). He is a Family Physician by specialisation (2001) and has served in the Department of Family Medicine and Primary Health Care as Acting Head of Department (2017-2022). He has recently (August 2022) been appointed as Clinical Educator Manager of the Clinical Integrated Programs in the Office of the Dean of the School of Medicine at SMU. From 2017 to 2023 he was the Convenor of the Health Professions Council of South Africa (HPCSA) commissioned by the South African Government to assess foreign qualified medical practitioners for admission to practice in the South African health system.

Bio sketch

He has been involved in the training of Family Physicians (2001 to 2022) and has supervised 25 Masters' degree students who successfully completed their degrees in Family Medicine. He has been involved in the Colleges of Medicine of South Africa (CMSA) examinations as member of the Examinations Steering Committees of the Fellowship of Family Physicians (FCFP(SA)) and the diplomas under the College of Family Physicians – Higher Diploma in Family Medicine (H Dip Fam Med(SA)), Diploma in HIV Management (Dip HIV Man(SA)) and the Diploma in Allergology (Dip Allerg(SA)).

He is married to Zanele Precious Mabuza and a father of Lungi, Khosi and Thando.

Oral Presentations

TITLE	A mixed-methods cluster-randomized study to test the efficacy, acceptability and feasibility of WhatsApp-based microlearning for HIV training of healthcare workers in remote South African clinics.
PRESENTER	Briony Chisholm
INSTITUTION	UCT
ABSTRACT	<p>HIV management is dynamic, guidelines are regularly updated, and ongoing training of healthcare workers (HCWs) is vital. Training has traditionally been centralized, face-to-face, but distance and lack of resources reduce uptake. South Africa has 100% cellphone penetration: 93.2% use WhatsApp. We designed and tested the efficacy, acceptability, and feasibility of short, accessible, scalable, and sustainable microlearning using WhatsApp. A pragmatic, mixed-methods, cluster-randomized study at 50 clinics in Eastern Cape. HCWs were invited to join during explanatory visits. The intervention arm received 15-minute; 'live' lessons offered at lunchtime. Case-based lessons with learning points from the guidelines were given on two WhatsApp groups one for nurses, the other for community health workers. Outcomes were measured using online questionnaires testing knowledge of learning points, WhatsApp analysis and focus groups. Baseline knowledge was measured, with repeated questionnaires immediately after training (intervention); and three months later (control and intervention). Quantitative were reported descriptively and inferentially using linear mixed-effects regression analysis, adjusted for clustering. Qualitative were described descriptively using proportions and thematic analysis. Uptake and attendance were good. 232/293 (79%) of nurses and 207/271 (76%) of CHWs agreed to participate. In the intervention group, nurses' attendance of the 'live' sessions ranged from 27/101 (27%) to 51/101 (51%); CHWs 27/97 (28%) to 53/99 (54%). Two weeks later, 97/101 (96%) of nurses and 86/98 (88%) of CHWs had read the lessons. Adjusted linear mixed regression modelling showed a statistically significant improvement in knowledge between the intervention and control arm after three months follow-up for both nurses (0.49; 95% CI 0.01-0.98; $p=0.0489$) and CHWs (0.74; 95% CI 0.24-1.26; $p=0.0039$). Post-training surveys showed 99% of nurses (66/67) and CHWs (70/71) enjoyed the training and would participate if it were weekly. WhatsApp-based HIV training for HCWs is effective, acceptable, and feasible.</p>
CPD POINTS	Standard
BIOSKETCH	<p>Briony has been an information pharmacist at the Medicines Information Centre (National HIV/TB Hotline), based in clinical pharmacology at UCT, since 1998. She is currently in her third year of her PhD with a project testing WhatsApp HIV training for nurses and community health workers in rural communities in the Eastern Cape.</p>

TITLE	A qualitative exploration of barriers and facilitators to retention in care amongst people with history of loss to follow up from DR-TB
PRESENTER	Ndiviwe Mphothulo
INSTITUTION	University of KwaZulu-Natal

ABSTRACT

There have been advances in drug-resistant tuberculosis (DR-TB) diagnosis, treatment, and service delivery. However, as DR-TB often affects those with limited resources, people with DR-TB struggle with socioeconomic and psychosocial challenges, which may impact retention in care. Consequently, advances in DR-TB diagnostics and treatment have not resulted in DR-TB programs meeting the 75% treatment success targets set by the World Health Organization (WHO). We interviewed people with DR-TB who had previously disengaged from care and their family members to identify barriers and facilitators to retention in care as well as possible strategies to address these barriers. We recruited 16 people with DR-TB and 8 family members from five health facilities in Johannesburg, Gauteng Province, South Africa. All DR-TB patients disengaged from DR-TB care for ≥ 45 days. Semi-structured interviews and focus group discussions were used to collect data, which were analyzed through thematic content analysis using a multidimensional adherence model. The facilitators of retention in care were positive interactions with health care workers (HCWs), nutritional support, transport from local clinics to DR-TB sites, self-motivation, and emotional support from family members. Barriers to optimal retention in care included a limited understanding of DR-TB disease and treatment, transport challenges, side effects of the medication, pill burden, stigma and discrimination experienced at health care facilities other than DR-TB facilities, food insecurity, and financial difficulties, which included loss of income and a lack of transport money and mental health challenges such as fear, anxiety and feeling lonely and unsupported. The findings from this study highlight the need for TB treatment programs to collaborate with people being treated for DR-TB and their families to understand facilitators and barriers to retention in care and how these could be addressed to facilitate optimal retention in care.

CPD POINTS Standard

BIOSKETCH

Dr Ndiviwe Mphothulo is a medical doctor and a public health practitioner with 20 years' experience in the field of TB. For 16 years of those, he has served as medical doctor in rural hospitals and clinics in Taung Village, Northwest. Dr Mphothulo is currently a PhD candidate at University of KwaZulu-Natal's school of Nursing and Public Health.

TITLE	Affordable & viable digitization of hard copy survey data - in rural areas
PRESENTER	Anné Joubert
INSTITUTION	University of Zululand
ABSTRACT	<p>The digitization of survey data collected on hard copies can be done affordably with open-source software. This approach was used in a doctoral study that needed quantitative data from rural Zululand. The five-year mortality rate after a diabetic foot amputation is higher than 40% globally. In KwaZulu-Natal, 2500 diabetic foot amputations are carried out per year. Only 7.8% of diabetic patients undergo foot examinations within KwaZulu-Natal public health, while 90% are not educated about foot care. Person-centeredness and caring can potentially improve foot care outcomes for patients with diabetes. The quantitative phase of this mixed-methods study aimed to determine the experiences of 378 patients with diabetes with regards to person-centered caring in the management of foot care. Data from in-town clinics was compared with data from out-of-town clinics of 5 municipalities in the King Cetshwayo district. Survey questions about demographics, person-centeredness, caring and diabetic foot care needed to be answered. Open-source software (like LimeSurvey and queXML) was used. The survey was collected on paper in Zulu and English. The technical workflow with these tools is discussed. It shows how a survey could be taken from concept to hard copies, ready for field work and digitization. With the hard copies back from the field, the workflow for bulk data capture, validation and processing is also discussed. The hard copy surveys were effective and flexible for field workers and patients in rural areas. A high degree of confidence in captured data is attained while instructiveness with the soft copies and data improved usability for the researcher. Hard copies also offer a tangible feeling of data security. This approach to survey data collection has proven to be scalable and could be applied to larger studies. It is an enabler for quantitative survey studies in rural areas.</p>
CPD POINTS	Standard
BIOSKETCH	<p>Dr. Anné S. Joubert (Doctor of Nursing (University of Zululand), Advanced Diploma in Nursing Education (UNISA), M.Cur – Critical Care Nursing (University of Pretoria), B.Cur – General Nursing, Midwifery, Psychiatry and Community Health) (University of Pretoria) is a lecturer at the Department of Nursing Science.) She has 3 years' experience as a critical care nurse and has been part of a team doing clinical research for pharmaceutical companies for 6 years. She has experience of clinical research in the following fields: Diabetes, Cardiovascular Diseases, Alzheimer's disease, Epilepsy and HIV. She has been a lecturer at the University of Zululand since 2015 teaching General Nursing and Pharmacology. She graduated in April 2007 having completed her master's degree titled: Cardiac surgery patients' experiences of music therapy. She graduated in April 2023 having completed her Doctorate degree titled: Person-centered caring towards improvement of diabetic foot care compliance in rural primary health care, KwaZulu-Natal</p>

TITLE Audiological profile of patients with type 2 diabetes mellitus at a district hospital in Mpumalanga, South Africa.

PRESENTER Sakhile Nkosi

INSTITUTION Lydenburg Hospital

ABSTRACT Previous research has revealed an association between type 2 diabetes mellitus and auditory dysfunction. Given the high prevalence of type 2 diabetes in South Africa and its reported association with auditory dysfunction, our study aimed to describe the audiological profile of adults with this metabolic condition. Employing a quantitative, descriptive research design, 35 individuals with type 2 diabetes, selected through purposive sampling, underwent a comprehensive audiological evaluation including the conventional audiometric test battery, extended high-frequency audiometry (EHF), distortion product otoacoustic emissions (DPOAE) testing and neurological auditory brainstem response (ABR) test. Our study revealed 31.4% prevalence of hearing loss, of which 81.8% were sensorineural in nature. Most participants presented with poorer thresholds in the extended high frequency range, and a higher number of absent DPOAEs at the higher frequencies, possibly indicating that type 2 diabetes specifically targets higher frequency hearing. There was a significant association between hearing loss and abnormal DPOAEs at 2 kHz, 3 kHz, and 4 kHz ($p < 0.001$). Auditory brainstem response test revealed a delayed absolute latency of wave III bilaterally (right ear - 69%; left ear - 51%), suggesting an of this metabolic disease impact on retrocochlear pathways. There was a significant association between the presence of hearing loss and hypertension bilaterally (right, $p = 0.02$; left ear, $p = 0.386$). These findings emphasize the importance of recognizing hearing loss as a comorbidity accompanying type 2 diabetes and the need for comprehensive auditory test battery approach to facilitate early detection and intervention.

CPD POINTS Standard

BIOSKETCH Sakhile Nkosi is an acclaimed audiologist with seven years of clinical experience, serving in rural healthcare. Sakhile completed his master's degree project, investigating the impact of type 2 diabetes on the auditory system. His research interests encompass preventative audiology, accessible hearing healthcare services, and the relationship between audiology and non-communicable diseases. Sakhile has actively contributed to the field through several leadership roles such as in the South Africa Association of Audiologists (SAAA), where he has made significant contributions to the advancement of the audiology profession in South Africa. He has also played a pivotal role as a steering committee member of the IDA Institute South Africa chapter, promoting the implementation of patient-centered care in hearing healthcare in South Africa. Currently, Sakhile is employed at Lydenburg Hospital as a clinical Audiologist, rendering clinical services and serving in a supervisory role.

TITLE	Biokinetics as a profession
PRESENTER	Edlyn Eckhardt
INSTITUTION	Nelson Mandela University
ABSTRACT	<p>Biokinetics as a Profession plays a significant part in the healthcare landscape by incorporating concepts of exercise science into clinical practice. This treatise to explore the evolution of Biokinetics as a specialized subject within healthcare, focusing on its concepts, methodology, and therapeutic approaches. Biokinetic professionals focus on fitness as a therapeutic intervention to manage chronic conditions and rehabilitate orthopedic conditions. The disciplinary of interprofessional interactions with other healthcare professions encourages teamwork with other professionals such as physicians, and physiotherapists to address multidimensional health concerns. The profession is also overseen by bodies such as the Health Professionals Council of South Africa (HPCSA) to ensure the regulation of ethical standards and high practice requirements. The Biokinetic Profession may be significant however it may be limited by access to the services in public and private healthcare settings, determined by various factors. Biokinetics as a Profession will therefore be discussed at length and with extensive evidence in this systematic literature review. This treatise to use a systematic literature review to investigate Biokinetics as a Profession. This study follows a systematic review analysis and gathers articles from various search engines. The following keywords are used to facilitate our search Biokinetics as a Profession, NCDs in SA, Biokinetics scope of practice, biokinetics and physiotherapy, biokinetics and interprofessional relationships, and access of the biokinetic profession. Relevant articles are identified using a literature extraction sheet.</p>
CPD POINTS	Standard
BIOSKETCH	We are passionate about human movement, rehabilitation in special needs children, interprofessional relationships or collaborations, and the biokinetics profession.

TITLE Bridging gaps in healthcare: The success of Parent Network in addressing healthcare barriers

PRESENTER Aimee Smale

INSTITUTION Shonaquip Social Enterprise

ABSTRACT All South Africans have the right to healthcare. Many people with disabilities, however, face access barriers, such as communication and transport barriers, which impact their realization of this right. Limited access to healthcare can increase impairment severity, shorten life expectancy and impact inclusion through inability to access assistive technology. Parents of children with disabilities face isolation and struggle to navigate healthcare services with their children because of these barriers. Shonaquip Social Enterprise's Parent Network uses WhatsApp to connect caregivers raising children with disabilities and enables them to share advice and support, and exchange ideas for addressing barriers to inclusion. Training sessions to provide information that is otherwise inaccessible through in-person healthcare services are facilitated by both professionals and caregivers experienced in the selected topic. During the 2023/2024 reporting period, of the 432 referrals our social workers received, 280 came from network parents, meaning 65% of our referrals were generated through peer-to-peer support. Parents have also supported other families to get mobility devices, to understand the differences between an appropriate and inappropriate device, and sometimes accompany each other to appointments. By being part of the network, parents gain knowledge, confidence and connections with others facing similar challenges. The Parent Network has proven to be a vital resource for parents of children with disabilities, enhancing their ability to navigate healthcare services. By providing a platform for peer support and professional guidance, the network has empowered parents with knowledge, confidence, and a sense of community. The network not only facilitates access to necessary services but also creates a supportive environment where parents can share experiences and offer practical assistance to one another, showing the importance of community-driven solutions in addressing the challenges faced by vulnerable populations.

CPD POINTS Standard

BIOSKETCH Aimee studied occupational therapy at University of Cape Town, completed her community service year in rural Eastern Cape where she decided to stay for an extra 2 years. It was here where she found her passion for wheelchair seating. She joined Shonaquip Social Enterprise January 2023 where she has continued her passion for wheelchair seating but has developed a passion for many other areas of the SSE work such as advocacy and inclusion work as well as training and facilitation.

TITLE	Bridging the gap with Homeopathy in Primary Healthcare - Collaboration towards a pluralistic public healthcare system
PRESENTER	Shamini Kara
INSTITUTION	Khula Natural Health Centre
ABSTRACT	<p>The South African public healthcare system is plagued with ageing, inadequate health infrastructure and a shortage of health professionals that challenges the attainment of universal health coverage. Countries like Brazil and India with similar embattled public healthcare systems have edged closer to universal health coverage by adopting a pluralistic approach to healthcare. In this regard, Homeopathy, being the second most widely used system of medicine in the world, is incorporated into their public healthcare systems. Homeopathy is a registered profession under the Allied Health Professions Council of South Africa (AHPCSA). Eligibility for registration to the AHPCSA is a master's degree in Homeopathy following a five-year full-time program offered at two of South Africa's tertiary institutions. Practitioners are trained as primary medical personnel focused on a holistic approach to promotive and preventative health. The efficacy of homeopathic medicine in public healthcare has been demonstrated successfully at the Khula Natural Centre (Khula), a homeopathic clinic in operation since 2017 in the uMkhanyakude district, Northern KZN. The area is a microcosm for rural health in South Africa where the local primary healthcare clinic is under resourced and staffed by two nurses and a visiting doctor once a month. Khula fills an important void in primary healthcare in this region having recorded some 45,000 patient visits to date. By drawing on the successful precedents of pluralistic public healthcare systems in Brazil, Tanzania, India and Switzerland, and the living example of Khula in rural KZN, we hope to demonstrate that by integrating homeopathy into the public healthcare system, universal health coverage can be achieved safely, effectively and affordably.</p>
CPD POINTS	Standard
BIOSKETCH	<p>Dr Shamini Kara is a homeopathic practitioner and executive director at Khula Natural Health Centre, South Africa's first homeopathic, rural primary healthcare facility. She also serves as the vice chairperson on the professional board of the Allied Health Professions Council of SA, is a non-executive director of Parkinson's ZA, and a trustee of the VJ Kara Charitable Trust.</p>

TITLE	Ceramic dressings for shared wound care - a therapeutic option for rural care
PRESENTER	Lee-Ann Govender
INSTITUTION	Prince Mshiyeni Hospital

ABSTRACT

The availability of resources in wound care is an ever-increasing problem. Shared wound care is a concept where some of the treatment responsibility for care is transferred to the patient or his/her caregiver. In the study, patients were responsible for daily dressing replacements with Cerdak ceramic wound dressings. Cerdak dressings are regularly used in hospitals and the retail sector and have been demonstrated to keep a wound bed clean with their unique absorptive and binding properties. The study is aimed at evaluating the feasibility of letting the patient do regular dressing replacements rather than delaying dressing changes for extended periods between visits to a wound clinic. Dressings that remain on the wound for a long time often leads to a buildup of exudate and an increase in bacterial load. The study evaluates the progression in the healing process as well as patient comfort and compliance when the patient or his/her caregiver replaces the ceramic dressing daily without the assistance of a wound specialist. 35 eligible and consenting patients from the community of Chatsworth, KZN with a variety of wounds were included in the case reports. The patient was given specific instructions for care and enough dressing materials to last until the next visit. A wound specialist conducted an initial wound assessment and did weekly assessments thereafter. Wound images were taken with a Moleculight® wound camera. A visual analog scale (VAS) was used to measure pain experience throughout treatment, and there was a significant reduction in pain during the period of treatment. 77% of patients had co-morbidities including diabetes, hypertension, and others and 37% of the wounds were older than 3 months. There was a significant reduction in the wound sizing and the overall patient experience was very positive. Empowering the patient to become part of the clinical team with a user-friendly dressing seems to have a positive impact on the healing process. As a therapeutic option, it might also have a positive impact in rural care where limited resources and remote access are challenges.

CPD POINTS	Standard
BIOSKETCH	Registered nurse. Wound Care Specialist at RK Khan Hospital, Durban

TITLE	Community engagement and collaboration between researchers and community stakeholders for schistosomiasis and malaria projects in Ingwavuma, uMkhanyakude District, KwaZulu-Natal
PRESENTER	Zinhle Mthembu
INSTITUTION	eMpangeni, KwaDlangezwa
ABSTRACT	<p>Community engagement involves five phases informing, consulting, involvement, collaboration, and empowerment. This study explored the experiences of community stakeholders during the collaborative phase of community engagement co-developed by researchers and community members for the implementation of projects. The study was carried out in uMkhanyakude District, South Africa. A qualitative case study approach was used to explore the collaboration phase. Data was collected from key community stakeholders through key informant interviews, focus group discussions, and direct observations. The findings indicated that village headmen, community advisory board members and community research assistants can collaborate as trustworthy partners to address community health challenges. Community research assistants complement the role of participatory-based research appropriately, as they get to be involved hands-on together with the researchers. However, despite the significant role community research assistants played in the projects implemented by the KwaZulu-Natal Eco health Program, maintaining collaborative relationships was marred with unforeseen difficulties due to many barriers which included stretched work hours, lack of breaks, miscommunication around compensation, inappropriate behavior from the research team, and humiliation/oppression over language. Initiatives for community-based participatory research have proven to be effective as a collaborative approach that combines methodical research, involvement, and action to address health-related problems. However, it is necessary to consider the local socio-cultural aspects that could lead to barriers and misunderstandings between the locals and the researchers. Collaborative partnerships should ultimately result in community empowerment.</p>
CPD POINTS	Standard
BIOSKETCH	<p>Zinhle Mthembu holds a Doctor of Philosophy in Public Health (Medicine) from the School of Nursing and Public Health at the University of KwaZulu-Natal (UKZN). She is a lecturer in the Department of Anthropology and Development Studies, Faculty of Humanities and Social Sciences at the University of Zululand (UNIZULU). She is teaching first-year students to honors students, and she has successfully supervised postgraduate students (postgraduate diploma, honors, and masters) from three universities (North-West University (NWU), UKZN, and UNIZULU). She has extensive experience working with various research institutions, such as the Human Sciences Research Council (HSRC), to conduct community-based research projects in rural settings. She has presented at international and local conferences and published 7 papers in accredited journals and a book chapter. Her research interests are more in the fields of development and public health. She specializes in community engagement and empowerment in public health-related issues, gender-based violence, food security, and the scholarship of teaching and learning.</p>

TITLE Conceptualization of a framework for a digital health intervention tool for primary health care rehabilitation

PRESENTER Thandi Conradie

INSTITUTION Stellenbosch University

Primary healthcare rehabilitation in South Africa is often fragmented, limiting access for patients requiring rehabilitation services. This necessitates travel to district or regional hospitals, a significant burden for both patients and the healthcare system. Digital health interventions offer a promising, cost-effective solution to address these shortcomings. This presentation describes the development of a conceptual framework for a digital health intervention tool specifically designed for primary healthcare workers in South Africa. The tool to provide evidence-based guidance for managing patients with functional difficulties in low-resource settings. The framework outlines a step-by-step approach for assessment and intervention, encompassing six key sections:

- ABSTRACT**
- Functional Problem Initial screening using the Washington Questionnaire identifies broad functional limitations.
 - Outcome Measure Selection from a curated list of outcome measures to assess baseline function and monitor progress.
 - Specific Functioning Problem Focuses on mobility-related problems, the most prevalent category based on available evidence.
 - Underlying Impairment Identifies the specific sub-problems contributing to the functioning problem (e.g., difficulty walking short distances).
 - Clinical Assessment Recommends appropriate assessments based on the underlying impairment.
 - Intervention Provides evidence-based treatment options informed by the WHO PIR guidelines.

This framework addresses the challenges faced by primary healthcare workers, particularly those who are young and inexperienced, by offering a structured approach to managing patients with functional difficulties. The focus on mobility-related problems reflects their high prevalence in South Africa. This conceptual framework lays the groundwork for the development of a digital health intervention tool that can empower primary healthcare workers in South Africa to deliver effective rehabilitation services to patients with functional difficulties, ultimately improving access and alleviating the burden on the healthcare system.

CPD POINTS Standard

BIOSKETCH I am a physiotherapist who has a passion for rural rehabilitation. I am currently doing my PhD in Physiotherapy as a start towards improving access to healthcare for person requiring rehabilitation in the low resource settings. I used to work at Madwaleni Hospital where my passion for rural rehabilitation started and grew.

TITLE	Curricula mapping of clinical associate/physician associate and comparable professions worldwide using the Learning Opportunities, Objectives, and Outcomes Platform: LOOOP
PRESENTER	Scott Smalley
INSTITUTION	University of Witwatersrand
ABSTRACT	<p>Given growth of clinical associate/clinical officers in Africa and physician associates (PA) and PA-comparable professions globally, it is crucial to understand the educational curricula of the profession. There are more than 68 countries with PA education programs with 35 different country practice titles without an existing international comparable framework for learning, assessments or competency outcomes. The study describes the process and development of the international PA curricula mapping design using the online software Learning Opportunities, and Outcomes Platform (LOOOP) as a digital tool for data collection and analysis. Map international PA curricula to standard accepted education variables for comparison and development of minimum international PA competences and accreditation standards. We used an innovative web-based tool, LOOOP, to map and evaluate course content, teaching strategies, assessment formats, and learning outcomes. We compared education outcomes to WHO Global Competency and Outcomes Framework for Universal Health Coverage, MeSH terms, Bloom's Taxonomy, and Miller's skills concepts. The LOOOP PA curriculum mapping commenced in 2020 with pilot entry of four curricula. Feedback from international PA educators led to modification with the IAPAE organization managing the project. To date 46 curricula have been collected, seven countries in Africa have been mapped (e.g., Botswana, Ethiopia, Kenya, Malawi, Liberia, Sierra Leone, and Zimbabwe). Early analysis demonstrates ability to compare across national curricula with similarity and divergence at multiple levels. This research describes the development and findings of an international curriculum mapping initiative for PA-comparable professions. Despite challenges, including reluctance from countries to share curricula, the LOOOP platform proves effective in integrating global curricula components. The data provides insights for support for curricula adjustments to measure against minimum comparable competencies. In addition, the research emphasizes the potential for international PA collaboration, accreditation, and recommended competency standards gained from the mapping process.</p>
CPD POINTS	Standard
BIOSKETCH	<p>Mr. Scott Smalley (BSc, MScPAS, PGDHSE) is a registered clinical associate in South Africa and physician associate in United States. He is the president for the International Academy of Physician Associate Educators (IAPAE) and prior Head of Division of Clinical Associates at The University of The Witwatersrand from 2016-2021. Following this 5-year term, Mr. Smalley organized the Wits Mandatory COVID 19 Vaccination Project during the pandemic. He was granted a 12-month sabbatical researching the global footprint of PA and PA comparable education through Africa and the United States. He is the chair of the National Clinical Associate Consortium (CANC) involving stakeholders to mobilize the clinical associate agenda in South Africa. His research involves the global PA/PA Analogue footprint for assessing education, curriculum mapping and competency outcomes leading to clinical practice.</p>

TITLE Development and experience of a self-sustainable platform product for pre-clinical service delivery in rural Africa.

PRESENTER Martin Hamann

INSTITUTION S Mile Solutions

ABSTRACT Product development of an integrated self-sufficient utilities platform (ISSUP) for off-grid and off-road pre-clinical service delivery in rural Africa has produced two prototypes to date. These ISSUP prototypes have been developed for the onboard production and storage of clean water, electricity, as well as disinfectant that fits on the back of a commercial double cab pickup truck to form a mobile healthcare unit. This allows access to rural communities and the provision of quality point-of-care primary healthcare services, supported by small and mobile medical devices, a maintained a cold chain, telemedicine functionalities and hygiene control measures. The first ISSUP prototype was first piloted in the Daantjie community, Mpumalanga where it significantly improved the service offering of the operating NGO (Rhiza Babuyile) and immediately made an impact in the community, as 118 patients directly depended on the services of the platform monthly. The healthcare conditions at the two centers where the ISSUP was based, have improved as patients were stable in taking their chronic medication and hygiene has improved due to access to disinfected water as provided by the ISSUP. This outreach by Rhiza Babuyile has been acknowledged by the Mpumalanga MEC of Social Development during the 2023 provincial budget speech, and the service has consequently been requested to be expanded to three other centers in the province. The operating NGO also deployed the first ISSUP prototype at their Diepsloot, Gauteng facilities to complement the operations of their fixed clinics in the area. The lessons learned from the experiences of the first ISSUP prototype were incorporated in the design and manufacturing of the second ISSUP prototype, and mainly included the reduction of weight and improving robustness of the components, especially of the PV modules. Special focus was also given to better withstand extreme temperatures and dusty environments during the development of the second prototype as it will be piloted in the north of Namibia by the NGO Mudio.

CPD POINTS Standard

BIOSKETCH Dr. Martin Hamann is a process engineer who obtained his B.Eng., M.Sc. Eng. and PhD degrees from Stellenbosch University where he specialized in biological systems for the value-added upgrading of waste streams in industrial processes. He started his career in 2004 at Sasol at their Sasol Synfuels site in Secunda, South Africa where he was responsible for the design, commissioning, operating and debottlenecking of world-scale industrial effluent treatment processes. In 2020 he joined the Fraunhofer Innovation Platform at Stellenbosch University as Networks Manager for water related projects in Africa. One of these projects led to the successful founding of the Fraunhofer spin-off company: S Mile Solutions, with Dr. Hamann as its CEO in October 2023. S Mile Solutions develops smart solutions for service delivery on the last mile in Africa.

TITLE	Distribution of disability and impact on the wheelchair system in rural South Africa
PRESENTER	Duncan Miller
INSTITUTION	Imperial College London

ABSTRACT

The Eastern Region of the Eastern Cape is made up of the Alfred Nzo and OR Tambo districts. These districts are recognized as two of the eighteen rural nodes in South Africa and are among the most deprived in the country according to the South African Multidimensional Poverty Index. In 2017, the region's Wheelchair Advisory Committee implemented an online ordering system. While this system was employed to process wheelchair orders effectively and efficiently, it has created an opportunity to study the distribution of disability in people seeking wheelchairs from government facilities in a rural setting. Analyzing the burden on the wheelchair system is particularly relevant as South Africa looks to transition to National Health Insurance (NHI). The presentation to explore the implementation of the online wheelchair-ordering system in a rural setting and examine the distribution of disability and the financial burden on the wheelchair system. This cross-sectional quantitative study will employ a linear regression model to establish the relationship between the financial cost of the wheelchair an applicant orders and their diagnosis or cause of disability. Including demographic information in the regression will allow the controlling of confounders. An additional analysis looking at the average individual cost of a wheelchair per Diagnosis-Related Group will be evaluated and compared. Analysis of the database will commence in June 2024. Due to the increasing prevalence, we hypothesize that non-communicable diseases will have the greatest financial burden on the wheelchair system while, due to the increased postural needs, cerebral palsy will have the highest cost per patient for a wheelchair. With the of NHI in South Africa, understanding the burden of disability and the financial impact, particularly in a rural setting, is vital to ensure adequate resource allocation and thus equal access to health by all.

CPD POINTS Standard

BIOSKETCH

Duncan Miller Physiotherapist. Master's Student in Global Public Health, Imperial College London. Duncan Miller is a physiotherapist with a strong background in both clinical practice and public health. He is currently studying for a Master's in Global Public Health at Imperial College London. Duncan started his career with a year at Madwaleni Hospital in the Eastern Cape, followed by two years at Zithulele Hospital. At Zithulele, he chaired the wheelchair advisory committee and created an online ordering system for wheelchairs to improve access in the region. He has also worked in private rehabilitation hospitals in Johannesburg and spent three years with CE Mobility as a wheelchair seating therapist. These roles have given him valuable experience in neurological rehabilitation and wheelchair seating. Now, Duncan balances his studies with running a private practice focused on neurological rehabilitation and wheelchair seating. He is dedicated to patient-centered care and improving the quality of life for his patients. Duncan is passionate about rural health and is involved in research to address health disparities and improve healthcare access. He looks forward to sharing insights and strategies at the Rural Health Conference and connecting with other professionals dedicated to rural health.

TITLE	Doc-2U medical consults beyond video, medical device streaming remotely
PRESENTER	Douglas Reed
INSTITUTION	Pineslopes Office Park
ABSTRACT	<p>Access to healthcare in South Africa can be divided into two main categories. Approximately 9 million people have access to world-class health care and 52 million people have limited access to healthcare. Many people in rural and semi-rural areas have long distances to travel to access healthcare (even basic primary healthcare), resulting in long travelling times and very high transport costs that they generally can't afford. Clinicians are reluctant to work in rural areas (Community service). People have traditionally travelled to their nearest hospital/clinic to get healthcare even for basic primary care. When they get to the hospital/clinic they often must wait hours if not days for some diagnosis. Healthcare delivery can be decentralized to rural communities thus giving greater access to healthcare and reducing the demand/burden for services at centralized hospital/clinics. Doc-2U is a medical consultation platform with simultaneous live streaming of medical devices (12-lead ECG, Ultrasound, Multiscope (otoscope, dermascope and general lens), Ophthalmoscope, Colposcope, spirometer, blood tests, vitals, stethoscope etc.). The platform can be installed anywhere to allow clinicians from anywhere to do live consultations. The clinical of the diagnosis can be uploaded to any electronic medical record platform that supports the HL-7 protocol. The clinical skill level differential can be reduced with the ability to upskill lower-level healthcare workers remotely. Doc-2U allows world-class healthcare to be delivered to communities and thus closes the access to healthcare gap between the "haves" and the "have-nots" in South Africa. Both the patient and clinician experiences are dramatically improved.</p>
CPD POINTS	Standard
BIOSKETCH	B Sc (Eng) University of Witwatersrand

TITLE	Early initiation of breastfeeding: A matter of time
PRESENTER	Yamkela Koyana, Mr Mbona and Mr Mbelu
INSTITUTION	Walter Sisulu university, NMD Campus Medical School
ABSTRACT	<p>Early initiation of breastfeeding (EIBF) is one of the most simple and essential interventions for child development and survival. Commencement of breastfeeding within one hour facilitates the emotional bonding between the mother and the baby and positively impacts the duration of exclusive breastfeeding. Despite its benefits, early initiation of neonates on breastfeeding remains a challenge among mothers, especially in rural and poorly resourced health facilities. Walter Sisulu University's 3rd-year Clinical Associates students at Mthatha Regional Hospital conducted a quality improvement project to improve the early initiation of breastfeeding among mothers delivering at the hospital. A collaborative quality improvement approach was adopted by a team of all relevant stakeholders, including 3rd-year Clinical Associates students, to collect information on the baseline breastfeeding practices in the hospital's maternity ward. Together, the team designed appropriate interventions to improve breastfeeding initiation within an hour of birth and ensure the sustainability of the intervention. The interventions involved one-on-one interactions with mothers and providing easy-to-understand pamphlets and laminated posters with health information on the benefits of EIBF in IsiXhosa and English. At baseline, of the 76% of mothers who breastfed their infants after delivery, only 12% did so within the first hour of birth. Most mothers (74%) were educated about breastfeeding during the antenatal visits. After the intervention, the proportion of mothers who initiate breastfeeding within an hour of delivery increased to 23%. Although the improvement in the proportion of mothers who initiated breastfeeding within an hour of delivery was modest, it underpins the potential for significant improvement in the quality of health care in a system that supports a collaborative team approach.</p>
CPD POINTS	Standard
BIOSKETCH	MBChB

TITLE Enabling access to medical abortion in South Africa: the case for reform and innovation

PRESENTER Grace Brain

INSTITUTION Embrace, the Movement for Mothers, an incubated project of the DG Murray Trust

ABSTRACT Access to abortion is a right enshrined in the South African Constitution, yet only 7% of healthcare facilities offer terminations of pregnancy. Estimates say that about half of all abortions performed annually are performed outside the healthcare system. There is very little available data on abortion in South Africa, however, and even less on the obstacles that pregnant people face when trying to access abortion. This presentation discusses the of a desktop study on access to abortion and potential solutions to the lack thereof, completed as part of a master's degree in human rights law. The desktop study revealed the following. One obstacle to accessing abortion for many people is the inappropriately restrictive regulations placed on the locations in which medical abortion can be prescribed. Another is that rural populations are less able to access healthcare in general and, by inference, abortion. Three major conclusions are drawn from this. First, there is insufficient data, monitoring, and evaluation of abortion access in this country. Increased research is needed to remedy this. Second, laws and policies need amendment as appropriate to enable access to abortion, following international best practices. Third, innovative methods of enabling access to abortion should be investigated and, if appropriate, introduced, by both government and the non-governmental health sector, for the benefit of all populations but especially those with less access to abortion, such as rural populations. This presentation will call for increased research on access to abortion and the obstacles experienced in seeking it; problematize the application of inappropriately restrictive regulations, designed for surgical abortion, to medical abortions; and suggest two potential avenues through which the issue of insufficient access to abortion could be addressed. These avenues are the amendment of national policies and regulations around medical abortion and the potential of medical abortion through telemedicine, a model which has been trialed successfully by non-governmental organizations such as MSI South Africa.

CPD POINTS Standard

BIOSKETCH Grace Brain is a researcher in sexual and reproductive health and rights within the larger field of human rights law. She is expected to graduate from the University of Cape Town with a Master of Philosophy (Human Rights Law) in September 2024. Her masters' dissertation component focused on innovative methods of increasing access to abortion in South Africa. She works in the NGO field.

TITLE	Encouraging Foreign Medical Graduates (FMGs) to undertake rural internships
PRESENTER	Bronwyn Manickum
INSTITUTION	DOH

ABSTRACT

Rural healthcare in South Africa faces significant challenges, primarily due to resource constraints and uneven distribution of healthcare professionals. One of the critical issues is the shortage of healthcare professionals willing to work in rural settings. As it stands graduates are placed in hospitals by the Department of Health's ICSP online system. Where they must choose 5 hospitals to intern at, 3 of these need to be rural for the application to be processed. To address these shortages and fill these hospitals that are listed by the HPCSA to accept interns, we need to create awareness and showcase these rural hospitals so that doctors can make informed decisions on their placement. Main Concerns of FMGs: Is the clinical exposure and variety of cases in rural hospitals sufficient for training and preparing doctors for community service? What is life in rural hospitals like and what support systems are available for doctors? What challenges are incurred when medicine, equipment or resources are scarce and what support structures are in place to assist the intern doctors? The benefits of Rural Internships for FMGs: Enhanced clinical skills due to diverse case exposure. There is greater autonomy which leads to extensive practical experience. Going Rural fosters critical thinking and problem-solving. Addresses disparities and helps reduce the shortage of healthcare professionals in rural areas. FMGs may find long-term careers in rural settings. They may also partake in mentorship programmes and receive financial benefits such as a rural allowance which makes rural positions more appealing. Foreign medical graduates choosing rural internships in South Africa will help address healthcare shortages in much-needed underserved areas. Rural internships offer exposure to a wide range of medical conditions and cases that may not be as prevalent in urban settings. Working in rural South Africa allows doctors to develop a deeper understanding of healthcare challenges, improving their competence and ability to work in diverse settings. Overall, choosing a rural internship in South Africa can be a mutually beneficial experience, addressing critical healthcare needs while offering valuable professional and personal growth opportunities for foreign medical graduates.

CPD POINTS	Standard
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BIOSKETCH

My name is Bronwyn Manickum, and I am a medical intern. I graduated with an MBBS from China in 2022. Before passing my board exam and starting my work in the South African healthcare system, I gained valuable experience working as a medical copywriter and in medical regulatory roles. This diverse background has provided me with a unique perspective and a comprehensive understanding of the healthcare industry from a clinical and non-clinical background.

TITLE	Enhancing health outcomes through a fully digital data management system in deep rural Eastern Cape
PRESENTER	Ryan Banks
INSTITUTION	Bulungula Incubator
ABSTRACT	<p>Bulungula Incubator is a nonprofit organization operating in the Xhorha Mouth Administrative Area of Mbhashe Municipality, one of the most remote regions in the Eastern Cape. The absence of nearby healthcare facilities has historically contributed to poor health outcomes for our community. The Health Programme at Bulungula Incubator provides primary healthcare through two main channels the Bulungula Health Point, a fixed outreach point of Nkanya Clinic (our nearby government clinic), and a team of 20 Community Health Workers. Every month, our Nomakhayas conduct home visits for over 700 community members, and Bulungula Health Point sees over 400 patients. Each visit can generate up to 30 data points for a single patient. Transitioning from a cumbersome paper-based system, we have fully adopted a digital format for data management. This system enables our Community Health Workers to directly collect and upload health data during home visits, utilizing a master list and digital forms that are designed to function offline and sync when network coverage becomes available. This addresses the issues of data accuracy and the time-consuming nature of manual data entry, despite the digital literacy and technological limitations of the area. The digitization of health data has significantly enhanced the efficiency and effectiveness of our health service delivery. To further optimize our approach, we have implemented a system of 'red flag' indicators. These indicators are designed to alert our health management team to potential issues that require immediate attention, such as a child falling behind on immunizations or a patient with a chronic condition missing a clinic appointment. This proactive measure enables timely interventions to ensure that vulnerable community members receive the care they need without delay. The implementation of this system promotes a continuous and coordinated care approach, which is crucial in a rural setting with limited healthcare access. Bulungula Incubator's success in implementing a digitized data collection system in a low-resource, rural setting demonstrates a scalable model for similar environments globally. Despite significant barriers, our approach shows that with tailored training and appropriate technology, substantial improvements in health outcomes are achievable in any setting.</p>
CPD POINTS	Standard
BIOSKETCH	none

TITLE	Enhancing perinatal mental health in rural South Africa: Collaborative strategies and occupational therapy interventions
PRESENTER	Gabrielle Smith
INSTITUTION	The Perinatal Mental Health Nest (SA/UK)
ABSTRACT	<p>This presentation explores the integration of occupational therapy into perinatal mental health services in rural South Africa. It focuses on the collaborative efforts between OTs, psychologists, social workers, and community health workers to address both psychological and functional challenges faced by mothers and infants. By highlighting successful models and best practices, we demonstrate how multidisciplinary teamwork can improve maternal and infant health outcomes. The session will provide practical insights and recommendations for implementing comprehensive perinatal care in resource-limited settings, aligning with the conference theme of united healthcare for all.</p>
CPD POINTS	Standard
BIOSKETCH	<p>Gabrielle Smith, BSc OT, MPH. Gabrielle Smith is an experienced Occupational Therapist specializing in perinatal mental health and rural healthcare. She holds a bachelor's degree in occupational therapy from the University of the Witwatersrand and a master's in public health from the University of Haifa. As the founder of The Perinatal Mental Health Nest, Gabrielle is dedicated to enhancing the occupational and emotional wellbeing of mothers and infants during the perinatal period. Gabrielle has extensive experience in both rural and urban settings. At Zithulele Hospital in the Eastern Cape, she provided comprehensive care to diverse patient populations, addressing a range of mental and physical health conditions. In the NHS, she worked in specialist perinatal mental health services, supporting women with perinatal mental health challenges. Her work emphasizes the integration of occupational therapy principles to improve maternal mental health and promote better health outcomes for mothers and infants. Gabrielle is committed to advocating for multidisciplinary approaches to healthcare, ensuring comprehensive support for her patients.</p>

TITLE	Evaluating the core functions of primary care performance in the Amathole District, South Africa.
PRESENTER	Jenny Nash
INSTITUTION	Amathole Eastern Cape
ABSTRACT	<p>Strengthening primary care is a priority globally and for the South African health system. The current measurement tools in South Africa do not measure the core functions of primary care access, comprehensiveness, coordination, continuity and person-centeredness. A new regional version of the Primary Care Assessment Tool (PCAT) has just been validated and can measure these core functions. The aim was to field test the regional PCAT and measure the core functions of primary care performance in Amathole District, South Africa. A descriptive cross-sectional survey collected data from 386 randomly selected patients from 40 clinics and six subdistricts. Data was collected using the REDCap mobile App and analyzed in the Statistical Package for Social Sciences version 27. The median primary care score was 3.3 (IQR 3.2-3.5) where a score >3 was seen as acceptable performance and >3.5 as good. Person-centeredness, coordination and utilization were all scored as good (4.0 (IQR 4.0-4.0). Comprehensiveness (3.3 (IQR 2.9-3.6) and continuity (3.2 (IQR 3.1-3.6) were scored as acceptable. Access to care was scored as poor (1.7 (IQR 1.0-2.9). There were significant differences in primary care scores between subdistricts. Those with a worse health status or chronic condition gave lower scores. The most affluent and the poorest groups also gave lower scores. The district needs to focus on improving access to care as well as some aspects of comprehensiveness, continuity, and coordination. The newly validated regional PCAT provided the district with novel information for performance management and improvement.</p>
CPD POINTS	Standard
BIOSKETCH	Specialist family physician working in the Amathole District Clinical Specialist Team in the Eastern Cape.

TITLE	Experiences of pregnant women regarding the use of traditional medicine (isihlambezo) at King Cetshwayo District in KwaZulu-Natal
PRESENTER	Themba Madlala
INSTITUTION	work
ABSTRACT	<p>The prevalence of herbal medicine (isihlambezo) use is on the rise worldwide, especially amongst pregnant women. Most women believe that traditional medicine use has significance and advantages to them and their unborn babies during pregnancy. There are few scientific studies about its safety for pregnant women and their babes, regardless of possible teratogenic effects that may result in fatalities amongst pregnant women, who continue to consume isihlambezo. The study were to explore and describe experiences of pregnant women regarding the use of traditional herbal medicine (isihlambezo). Qualitative descriptive phenomenology research design was employed in this study. Twelve participants who were purposefully selected to collect data were interviewed until data saturation was reached using unstructured interviews as data collecting strategy. Data was analyzed by using Colaizzi steps of phenomenological data analysis. Several themes and sub-themes emerged from the study which included myths about isihlambezo, traditional and cultural beliefs, indication and effects of isihlambezo. Most participants expressed strong beliefs regarding the use of traditional herbal medicine (isihlambezo). Therefore, it is evident that isihlambezo continues to gain momentum among pregnant women despite not being scientifically tested for its safety use during pregnancy. The study's findings revealed that factors such as unemployment, poverty, lack of education and beliefs contribute to the high uptake of traditional herbal medicine (isihlambezo) among pregnant women. Hence, its consumption during pregnancy is on the rise despite its unknown safety. Maternal healthcare institutions should consider reviewing the safety use traditional herbal medicine (isihlambezo). Keywords: Foetus; pregnancy; pregnant women; traditional herbal medicine; (isihlambezo)</p>
CPD POINTS	Standard
BIOSKETCH	Professor and Head of Department of Nursing Science at the University of Zululand

TITLE	Exploring rural health training needs for postgraduate studies
PRESENTER	Manoko Innocentia Lediga
INSTITUTION	Ukwanda Centre for Rural Health, Stellenbosch University
ABSTRACT	<p>Accessing and receiving healthcare remains a global challenge. The skewed distribution and disparity in the health workforce in contrast to the population makes it harder to improve health outcomes, especially in rural and underserved communities. Barriers such as unsustainable heavy workloads, and unavailability of further education make it difficult for health departments to recruit and retain staff in such communities. The provision of postgraduate professional training for rural healthcare workers has thus been recommended as a strategy to attract and retain a fit-for-purpose workforce. We therefore sought to explore the needs for postgraduate education and training among rural healthcare professionals in South Africa. A two-part cross-sectional study employing a mixed design was undertaken. Part 1 used a web-based, self-administered questionnaire while Part 2 included four online Focus Group Discussions (FGDs). Rural based medical doctors, dentists, allied health professionals, nurses, and clinical associates from across the country were interviewed in February and March 2024. Our study participants emphasized the need for postgraduate rural health training programmes as there are currently few that exist. They highlighted clinical skills training, management strategies (clinical governance) and collaboration across every part of the healthcare as a big component of what is required by rural HCPs. The HCPs were in favor of a multiprofessional and an interprofessional programme consisting of compulsory modules for all as well as profession specific electives. The HCPs highlighted their interest for rural health and further training. The study findings will therefore be utilized to conceptualize rural health postgraduate programmes that are based on their needs.</p>
CPD POINTS	Standard
BIOSKETCH	<p>Manoko Innocentia Lediga is an emerging researcher working at the Ukwanda Centre for Rural Health, Stellenbosch University. She is currently writing her PhD proposal in Public Health with a primary research focus on perinatal mental health. Her other research interests are on sexual and reproductive health, young women, and rural health. Qualifications: PhD in Public health (current), Postgraduate Diploma in Public Health, MPhil in Transdisciplinary Health and Development Studies, BA Honors in Industrial Sociology and BA in Sociology and Psychology.</p>

TITLE	Follow the footsteps: A quality improvement approach to reducing patient waiting time.
PRESENTER	Yamkela Koyana, Mr Mbona and Mr Mbelu
INSTITUTION	Walter Sisulu university, NMD Campus Medical school.
ABSTRACT	<p>Long waiting time, demonstrated by daily long queues of patients in hospitals' Outpatient departments and Primary Health Care facilities, is a significant source of dissatisfaction among patients. It adversely affects patients' health-seeking behavior, adherence to treatment and health outcomes. While service demands exceed the capacity available at many facilities, long queues can also result from administrative challenges. A quality improvement project (QIP) was undertaken to reduce patient waiting time at Dr. Malizo Mpehle Memorial Hospital in rural Eastern Cape by Walter Sisulu University's 3rd-year Clinical Associates students during the 2022 academic year. Process mapping was used to assess patient waiting time at the hospital's Outpatient department, implement appropriate intervention, and assess its effectiveness. The intervention involved designing signage 'footsteps' paintings directing patients to the X-ray department. The process mapping revealed significant delays at four points, including waiting to retrieve their folders from the administrative desk, waiting for doctors' consultation, and looking for the X-ray department. Following the intervention, there was an 80% reduction in the time spent by patients to access the X-ray department and a 30% reduction in the overall waiting time at the outpatient department. The improvement recorded during this project demonstrated the potential for enhanced services with a more efficient use of available resources and streamlining processes at health facilities.</p>
CPD POINTS	Standard
BIOSKETCH	WSU BMCP (Clinical associates) Programme coordinator

TITLE	Gqeberha communities understanding of biokinetics as a profession.
PRESENTER	Edlyn Eckhardt
INSTITUTION	Nelson Mandela University
ABSTRACT	<p>The study explores Gqeberha communities understanding of Biokinetics as a profession. Biokinetics, is a profession that focuses on exercise therapy to promote health and wellness for injury prevention and the maintenance of physical ability. However, the understanding that different communities have on the profession of Biokinetics can have an impact on its growth and positioning within the allied health and wellness space. The study investigates the understanding of GQ communities of Biokinetics as a profession being cognizant of the varied cultural context, physical activity participation rates, and health inequities understanding. The aim of this study is to explore and describe GQ communities understanding of Biokinetics as a profession. In recent years, the field of Biokinetics has evolved and has seen a growing interest in exploring and understanding the needs of various communities on the uptake of Biokinetics services. This literature focuses on how the Biokinetics profession can decrease the prevalence of NCDs in South Africa, the multidisciplinary relationship between Bio kineticists and physiotherapist for optimal health and well-being, and the profession of biokinetics in the public and private healthcare sectors in South Africa. The absence of Bio kineticists within the public healthcare system exacerbates healthcare disparities, particularly for marginalized populations who may rely on culturally sensitive interventions for improved health outcomes. Therefore, there is a pressing need to investigate the understanding of the Biokinetics profession among GQ community members. A quantitative explorative, descriptive research design will be used through a non-randomized, non-experimental self-developed survey. Purposive sampling will be used to obtain data from the general population aged 18 and above residing in GQ, Eastern Cape, South Africa, encompassing both males and females. Descriptive data will be reported.</p>
CPD POINTS	Standard
BIOSKETCH	<p>We are 3 undergraduate students who are in our Final year of BHSc Biokinetics at Nelson Mandela University. Our passion lies in children's health and wellness, public health care, interprofessional relationships and promoting the Biokinetics profession.</p>

TITLE	Health in Motion- a model of rehabilitation for rural communities
PRESENTER	Christa Roby
INSTITUTION	Health in Motion

ABSTRACT

Health in Motion (HiM) is a pioneering initiative dedicated to revolutionizing physical rehabilitation in rural Southern Africa. Developed in Malawi through extensive community engagement, HiM has identified and addressed prevalent challenges, notably overuse issues associated with low back pain as well as joint ailments, which are the leading causes of injury as well as chronic conditions like arthritis and disc degeneration. HiM's targeted interventions aim to improve physical mobility and functionality, enhancing individual health and reducing generational poverty in rural areas. The HiM model bridges gaps in rehabilitation services by complementing existing organizations and government programs. It prioritizes injury prevention through tailored ergonomic practices to mitigate risk factors and increase productivity in labor-intensive contexts. Recognizing the limited access to healthcare for the elderly in rural areas, HiM emphasizes home rehabilitation for those with chronic conditions, making health management accessible within their homes and supported by their families. HiM's initiatives are implemented through training local volunteers and community health workers (CHWs) available directly in the communities. This ensures regular support for both preventative and chronic needs where they are most critical. The cornerstone of HiM's approach is its focus on ergonomics and customized rehabilitation strategies, integrating community feedback and leveraging local resources to align with cultural and environmental contexts. Despite minimal prior engagement in these underserved areas, HiM is emerging as a beacon of hope for neglected rural communities. Through collaborative efforts and a commitment to sustainable development, HiM strives to enhance the quality of life for individuals in rural Africa, revolutionizing rehabilitation programs one step at a time.

CPD POINTS	Standard
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Christa Roby is a dedicated professional with a passion for holistic healthcare and community development. With a Diploma in Massage Therapy (3000 practical hours over 3 years) from the Okanagan College of Massage Therapy in BC, Canada, she embarked on a journey spanning over two decades, marked by her commitment to improving the well-being of individuals and communities. Beginning her career with 12 years of invaluable experience in multi-disciplinary clinics, Christa honed her skills and understanding of the human body, manual techniques and home rehabilitation gaining insights into various aspects of healthcare. Her hands-on experience and compassionate approach towards her clients laid the foundation for her future endeavors. Driven by a desire to make a difference on a larger scale, Christa transitioned her focus to international development work, spending 14 years dedicated to initiatives in South Africa and Malawi. During this time, she founded Health in Motion, an organization committed to enhancing healthcare accessibility and promoting rehabilitation in rural communities. One of Christa's notable contributions with Health in Motion has been the development of two comprehensive rehabilitation manuals. These manuals, focus on injury prevention (ergonomics) and chronic home rehabilitation. Both are tailored to the specific needs of rural populations and implemented directly within the community. Through her innovative approaches and collaborative efforts, Christa has empowered individuals to regain their independence and improve their quality of life.

BIOSKETCH

Christa Roby's journey exemplifies resilience, compassion, and a relentless pursuit of excellence in the field of healthcare and community development. Her unwavering dedication continues to inspire and uplift those around her, leaving a lasting impact on the lives she touches.

TITLE

Integration of service delivery for HIV & AIDS, STI and TB (HAST), non-communicable diseases (NCDs) and pandemic response: Findings from KwaZulu Natal and Mpumalanga provinces

PRESENTER

Claire Serrao

INSTITUTION

Broad Reach Health Development

ABSTRACT

The COVID-19 pandemic reached South Africa in March 2020. A restrictive lockdown was implemented to curb its spread; providing a window of opportunity to improve health system preparedness. The COVID-19 vaccination programme commenced in a staged manner in February 2021; by December 2021, <50% of the target population was vaccinated. Vaccination rates declined sharply after peaking in August 2021. Simultaneously, new diagnoses and treatment retention for HIV, TB and non-communicable diseases (NCDs) declined. PEPFAR, through USAID, funded Direct Support Partners to collaborate with the Department of Health to scale-up COVID-19 vaccination. Project Description Broad Reach Health Development developed an integrated approach to simultaneously address three:

- ramping up COVID-19 vaccinations, especially among under-served sub-populations and geographical locations.
- improving HIV case finding which declined significantly during the pandemic.
- identifying others at heightened risk of severe COVID-19 disease for more client-specific persuasion.

The project focused on demand creation, expanded access to services and information, tracing high-risk clients and linking people living with HIV, TB and/or NCDs through multi-pathway referrals to appropriate care, including COVID-19 vaccinations or care, TB and/or HIV prevention/treatment, and treatment for diabetes or hypertension. Multi-functional teams were recruited, capacitated, equipped, and deployed to facilities and communities with large vaccination gaps. Barriers to COVID-19 vaccination were probed and client-specific causes for delays were addressed using a segmented approach. The project vaccinated 48,746 people across 4 districts in KwaZulu-Natal and Mpumalanga, of which 52% were first-time vaccinators. 44% of first-time clients reported accessibility, convenience, or lack of awareness as reasons for delayed vaccination. 11,084 clients tested for HIV with a 3.4% yield, three times higher than we achieved through normal community testing. Conclusions This integrated approach had a synergistic effect on increasing COVID-19 vaccination uptake and diagnosing and linking people living with HIV and/or NCDs or TB infection to care.

CPD POINTS

Standard

BIOSKETCH

Dr. Claire Serrao is a medical doctor with over 30 years of progressive experience in the public and private health sectors. For more than 9 years, she has served in senior leadership roles supporting PEPFAR-funded public health programs in South Africa. Currently, she is the Program Technical Lead and HIV Care and Treatment Services Lead for APACE, one of the largest PEPFAR programs globally. In this role, she manages a multidisciplinary team of national technical advisors, technical leads, and clinical specialists to support the health system and strengthen HIV/TB service delivery. Prior to joining Broad Reach, Dr. Serrao worked in the private sector for nearly 15 years in several leadership roles. Dr. Serrao also works closely with senior government and health sector stakeholders in health systems strengthening and is currently serving as the chairperson of the steering committee for the development of the Mpumalanga 5-year Provincial Implementation Plan for HIV, STIs and TB, having been appointed to this task by the Office of the Premier.

TITLE Impact on cervical cancer upon the introduction of a LLETZ clinic in a rural district hospital

PRESENTER Nicole Fiolet

INSTITUTION Acomhoek

ABSTRACT Cervical cancer is the cancer women die of most in South Africa, especially young women living with HIV. Tintswalo hospital, located within the densely settled Bushbuckridge region in Mpumalanga province serves around 200 000 people and has a considerably higher prevalence of HIV than general population of South Africa, increasing the cervical cancer burden. Following the initiation of an ongoing cervical cancer awareness campaign in 2022, the hospital faced a higher burden of abnormal pap smears needing treatment. At that stage there was capacity to do only two cone biopsies a week, and no functional referral pathway. To improve treatment possibilities a women's clinic was opened to continue cervical cancer awareness and offer screening and treatment using Large Loop Excision of the Transformation Zone (LLETZ). Initially the clinic used the diathermy machine from theater, and later used a donated LLETZ machine. A volunteer gynecologist from Tshemba Foundation trained the local staff in performing LLETZ, developing protocols appropriate for this limited resource setting. Tshemba Foundation recruits volunteer healthcare professionals to support rural communities with their expertise, knowledge, skills and dedication. After opening the LLETZ clinic, more pap smear promotion was done in the community and primary health clinics. A booking system was developed to ensure correct referrals. One year after opening the LLETZ clinic, we had done 145 LLETZ treatments, compared to 40 cone biopsies the previous year. This also reduced the time in hospital for patients from 3 days to 3 hours and prevented an estimated 70 women dying from cervical cancer. This presentation hopes to provide an example and inspire other rural hospitals to strengthen cervical cancer service delivery with simple and cost effective adjustments.

CPD POINTS Standard

BIOSKETCH I am a medical doctor specialized in Global Health and Tropical Medicine from the Netherlands. I am currently working for Tshemba Foundation as a Medical Project Manager in Tintswalo hospital. I have been here since 2021, first as a volunteer medical doctor working with the maternity team. Prior to that I spent time as a medical doctor in a rural hospital in Malawi.

TITLE Implementation of a scalable Internship programme for unemployed youth in healthcare facilities in rural districts in KwaZulu-Natal and Mpumalanga provinces to improve service delivery

PRESENTER Abre Nel

INSTITUTION BroadReach Health Development

ABSTRACT A major programmatic challenge patients face in the public health sector in South Africa is a significant delay in accessing health services, partly due to delays in retrieving files due to administrative staff shortages, leading to misplacement and duplication of patient files. Ultimately this impacts patient satisfaction and retention. In February 2020, BroadReach Health Development and Youth Health Africa launched a partnership to place unemployed youth in high-volume health facilities in Mpumalanga and KwaZulu-Natal provinces, through a 12-month internship programme. Intern responsibilities included managing the patient filing system (by organizing files and documents according to the Ideal Clinic and Integrated Clinical Services Management requirements), pre-retrieving files for patients due for appointments, inserting viral load blood forms for patients due for viral loads, filling laboratory , calling and SMSing patients due for or who have missed appointments, and conducting verification of Central Chronic Medicines Dispensing and Distribution patients on TIER.Net and SyNCH. Youth were also upskilled by receiving in-person or virtual job readiness training sessions on topics such as career development, being successful in the workplace, and mental health. Between 2020-2023, >500 interns were placed in the two provinces. For the 2021 group of interns, 25 interns (10%) were actively employed in BroadReach roles as of the end of September 2021. In the Gert Sibande district, a National Health Insurance pilot district, from 2020-2021, there was a 52% improvement in missed appointments, and file retrieval waiting time decreased from 11 minutes to 1 minute in supported facilities. The internship programme is an innovative and scalable health system strengthening intervention that facilitates the placement of youth in capacity strained health facilities including rural facilities. In addition, youth develop skills and training, and some are absorbed in full-time employment in health facilities post the internship program.

CPD POINTS Standard

BIOSKETCH Abre Nel is a project management professional with more than 16 years of experience in private and public healthcare. For the past 12 years he has filled various management positions in BroadReach Health Development and is currently part of the APACE leadership team as a Special Projects Manager, where he focusses on multi-district projects implementation, as well as sub-recipient and community small grants management. Prior to joining BroadReach Health Development, Abre worked as an Industrial Engineering consultant on local and international process optimization projects in healthcare, retail and mining industries. Abre holds a BTech degree in Industrial Engineering, a Postgraduate Diploma in Public Health, and is registered as a Project Management Professional (PMP) at the Project Management Institute.

TITLE	Interprofessional education and collaborative practice for undergraduate healthcare students in LMICs: A scoping review.
PRESENTER	Mpilo Booï
INSTITUTION	University of Pretoria

ABSTRACT

Interprofessional education (IPE) and interprofessional learning (IPL) present a promising solution to addressing the multifaceted challenges within healthcare delivery for improvement client outcomes in low-resource contexts. Resource-constraints in low and middle-income countries (LMICs) require innovative approaches to enhance healthcare delivery systems. Understanding the landscape of undergraduate exposure to IPE/IPL in LMICs is key to informing relevant strategies for strengthening health systems and training curricula. This scoping review aimed to review evidence regarding undergraduate students' exposure and experiences of IPE/IPL within LMIC during the period 2010 to 2024. Utilizing the Joanna Briggs Institute (JBI) methodology for scoping reviews, a systematic search was conducted across four online databases (Web of Science, Scopus, MEDLINE, and Google Scholar) and other supplementary sources. The 43% of the 43 included titles came from the WHO South-East Asia Region. Included studies exhibited relatively low quality when evaluated by the ASHA levels of evidence criteria. Reported students' participation in IPE/IPL activities ranged from less than a week to two semesters. The nature and format of learning activities included community-based (off-campus), in-hospital rotations, facilitated scenario/role playing, simulated practical learning, online-based learning, and didactic instructional activities. Nursing and medicine professions were the most represented professions. A 70% of the reported IPE/IPL activities did not form part of the main undergraduate training curriculum. Reported students' experiences regarding IPE activities were generally positive. Significant challenges were identified related to the development of relevant content, implementation of IPE/IPL activities and lack of buy in from various stakeholders involved in undergraduate training. Keywords: Interprofessional education and collaborative practice, low and middle-income countries, undergraduate students, health and social care professions.

CPD POINTS	Standard
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BIOSKETCH

Mr. Mpilo Booï is a lecturer and audiologist at the University of Pretoria. He is involved in undergraduate teaching and clinical training. He completed his undergraduate (B.Sc. Aud.) and postgraduate (M.Phil. Disability Studies) training at the University of Cape Town. Mr. Booï's research interests are centered on improving access to healthcare in resource-constrained settings, including enhancing undergraduate training and developing effective curricula. Through his work, he strives to bridge gaps in healthcare accessibility.

TITLE Multi-professional collaboration in a rural setting: Healthcare professionals' experiences of speech-language therapy

PRESENTER Charne Taryn Christians

INSTITUTION University of Fort Hare

ABSTRACT Despite opportunities for collaboration among Speech and Language Therapists (SLTs) and other health care professionals, multi-professional collaboration is rarely practiced in rural communities due to the remoteness, inaccessibility, and poverty of rural and deep rural settlements (Morris-Paxton, A.A., et al, 2020). Thus, health care professionals working in the rural areas are less likely to prioritize multi-professional collaboration albeit published research supports the idea that collaboration leads to improved health outcomes of patients, as well as enhanced decision-making regarding the holistic management of patients (Marley & Cashell, 2017). This study aimed to explore the perceptions of healthcare professionals regarding collaboration with SLTs in the rural Eastern Cape. The were to examine healthcare professionals' views on SLTs, the nature of collaboration with SLTs, and to identify barriers and facilitators to such collaboration. The study adopted a qualitative design, specifically Interpretative Phenomenology, and was conducted at three provincial government-funded healthcare sites. Three rural healthcare professionals, who had collaborated with an SLT for at least one year, were purposefully selected as participants. Data was collected through telephonic and face-to-face semi-structured interviews. The analysis followed interpretative phenomenological analysis guidelines, involving multiple readings, note-making, the identification of emergent themes, and the exploration of relationships among these themes. Positive multi-professional collaboration occurred at all three sites, driven by strong relationships with SLTs. Access to SLT services shaped participants' perceptions, but rural healthcare professionals and communities lacked knowledge about the profession, despite varying levels of institutional support for collaboration at the sites. Rural multi-professional healthcare collaboration is associated with widely researched barriers, however, this study acknowledged varying facilitators that could have implications for collaboration in the rural Eastern Cape.

CPD POINTS Standard

BIOSKETCH Ms. Charne Christians obtained her Baccalaureus in Speech-Language and Hearing Therapy at Stellenbosch University in 2018 and is currently studying her master's degree in Speech-Language Therapy at the same institution. She practiced as a rural speech-language therapist at Butterworth Hospital (Amathole district, Eastern Cape) and served multiple rural communities (01/01/2019 – 31/10/2021) before joining the University of Fort Hare (East London) as a clinical supervisor in 2021. Her teaching and research areas of specialization include, but is not limited to - rural health care, cerebral palsy, pediatric dysphagia, as well as multi-professional collaboration.

TITLE Point-of-care testing in pharmacies – Supporting equitable access to screening services.

PRESENTER Pumza Hlekane

INSTITUTION Middleburg & Boksburg

ABSTRACT Keywords: Point-of-care testing, pharmacies, equitable access Point-of-care testing (POCT) services performed in pharmacies to screen, monitor, or assess acute or chronic diseases contribute to increasing patient awareness of the importance of such tests for the early detection of disease and appropriate referral, improving medication safety, and informing responsible use of medicines (e.g., combating antimicrobial resistance by reducing inappropriate use of antibiotics). This global research collaboration aimed to support pharmacists' role in POCT and how this contributes to timely patient care and to health system efficiency through interprofessional care teams. An 11-question survey was sent to International Pharmaceutical Federation (FIP) member organizations (N=153). The questions highlighted different aspects of POCT and served as a first step to understanding which countries could have these practices in place. Twenty-five responses (n=25) were received, including South Africa. Data collected from the online survey was automatically coded and captured into MS Excel, and only completed responses were considered for analysis. A completed response was considered "valid" if the respondent progressed through the survey and submitted their responses. Respondents could stop the survey if pharmacists weren't allowed to provide POCT services in their country. Responses to the survey questions were collected and summarized using descriptive analysis. Of the 23 services listed in the survey, pharmacists in South Africa can currently offer 17 from community pharmacies directly to patients, such as blood glucose, blood pressure, lipid testing, and certain infectious disease screening. By providing POCT services to the communities they serve, pharmacies and their teams can have an impact on the healthcare system by providing access to medicines and services for all populations, engaging in collaborative disease management programmes for person-centered care, promoting antimicrobial stewardship, providing patient education and improving the ability to monitor community exposure to infectious agents. This collaboration could ensure accurate referrals to healthcare professionals or patient monitoring.

CPD POINTS Standard

BIOSKETCH Pumza graduated with a Bachelor of Pharmacy from Rhodes University. Her work experience includes:

- Drug Utilization review.
- Hospital Pharmacy work.
- Clinical Trials involvement.
- Retail pharmacy management.

She currently runs her own community pharmacies in Middelburg and Boksburg. She is a member of the Pharmaceutical Society of South Africa.

TITLE	Quality improvement plan (QIP) for antibiotic stewardship and rational use of medicines in primary health care
PRESENTER	Laune Marais
INSTITUTION	Department of Health, Eastern Cape, Inxuba Yethemba Sub-district
ABSTRACT	<p>Antimicrobial Resistance (AMR) presents a global health crisis, with microorganisms adapting to resist antimicrobial drugs [1]. WHO advocates for rational medicine use to tailor treatments while minimizing costs [2]. AMR's global impact is exacerbated by "ESKAPE" pathogens [3], compounded by a lack of novel antibiotics and pharmaceutical disengagement from research [4]. This study introduces a Quality Improvement Plan (QIP) for antibiotic stewardship in Chris Hani District, Eastern Cape, aiming for continuous improvement through the swift implementation of a Standard Operating Procedure (SOP) to enhance patient care and combat resistance. The QIP assembles a multidisciplinary team to monitor progress, aligning prescribing practices with guidelines. Pharmacists audit prescriptions, guiding necessary changes. Data analysis informs interventions, particularly regarding high-use antibiotics like Amoxicillin. A pilot program, expanded with ongoing training, ensures SOP compliance for continuous improvement. From High Street Clinic demonstrate a significant decrease in Amoxicillin prescriptions, reflecting improved practices. Reduced inappropriate prescriptions and increased use of alternative antibiotics underscore the importance of AMR initiatives, enhancing patient outcomes and healthcare system sustainability. In, the QIP fosters transformative learning for Pharmacists and Nurses, promoting responsible stewardship and patient-centered care. Ongoing monitoring, training, and collaboration are essential for combating AMR and improving patient outcomes.</p> <p>References:</p> <ul style="list-style-type: none"> • National Department of Health. Antimicrobial Resistance – document (5) • Ofori-Asenso R, Agyeman AA. Irrational use of medicines—a summary of key concepts. <i>Pharmacy</i>. 2016 Oct 28;4(4)35. • MacGowan A, Macnaughton E. Antibiotic resistance. <i>Medicine</i>. 2017 Oct 1;45(10)622-8. • Mattar C, Edwards S, Baraldi E, Hood J. An overview of the global antimicrobial resistance research and development hub and the current landscape. <i>Current opinion in microbiology</i>. 2020 Oct 1;5756-61.
CPD POINTS	Standard
BIOSKETCH	NONE

TITLE	Reconceptualizing resilience: Ubuntu, home and community care
PRESENTER	Nondwe Mlenzana
INSTITUTION	University of the Western Cape
ABSTRACT	<p>In the context of inequality in South Africa, poorly paid and precarious Community Health Workers (CHWs) are the backbone of the Western dominated primary health care service delivery system. This critical ethnographic study deepens understanding of the circumstances of CHWs in Eastern (EC) and Western Cape (WC) provinces. This study to develop an integrated Ubuntu and resilience framework to support CHWs in their daily lives and offer direction for health policies for the public good. The Western notion of 'resilience' and the indigenous African concept of Ubuntu provide the conceptual lens to understand how health and wellbeing is understood and practiced by CHWs in marginalized communities. Initial data has been collected through six focus group discussions (FGDs) with eighteen participants in each province. Each province has three focus groups with broad age groups (younger, adult, and older CHWs). Initial analysis illustrates that as frontline workers, CHWs deal with complex medical and social conditions beyond their training and capacity, leaving them overwhelmed and in danger of burnout. To ensure the optimal health and wellbeing of their communities, the Ubuntu values of the CHWs, leads them to overstretch themselves far beyond the expectations of their job. At the same time, Ubuntu can offer resources to strengthen their resilience. Ubuntu practices can bridge the current divide between indigenous and Western healthcare approaches. However, the challenges and stresses of modernity, risk Ubuntu values being subjugated.</p>
CPD POINTS	Standard
BIOSKETCH	<p>I am Professor Nondwe Mlenzana from University of the Western Cape. I am an associate professor in the department of physiotherapy responsible for research, teaching (undergraduates and postgraduates). My niche area is disability and rehabilitation, focusing on experiences of parents, children and persons with disabilities and influence policy makers with the output of my research. I have 17 years' experience in academia. I am also collaborating in projects at the University of Stellenbosch.</p>

TITLE	Reflecting on 12 years of training medical students in rural longitudinal integrated clerkships
PRESENTER	Francois Coetzee
INSTITUTION	Stellenbosch University - Ukwanda Ukwanda Campus 1 Durban Street, Worcester, 6850
ABSTRACT	<p>Longitudinal integrated clerkships (LICs) are effective in promoting careers in rural primary health care environments. This model of training medical professionals involves longer clinical placements of medical students and a different approach to learning which better prepares them for primary health care practice. Stellenbosch University created a LIC in 2011 for this purpose and has trained almost 100 doctors in their yearlong LIC since then. The past 12 years have brought about a lot of learning as this model of training was implemented, developed, and refined to suit the needs of students and the clinical environments. Contribution Countries across the globe face challenges in recruiting and retaining doctors in rural primary health care environments. Longitudinal integrated clerkships have several educational benefits in addition to increase recruitment and retention of rural doctors, and 12 years of experience have led to a greater understanding regarding implementation and outcomes of an LIC in the South African context</p>
CPD POINTS	Standard
BIOSKETCH	<p>Francois is husband to Louise and father of three sons. He is a family physician and works as the program coordinator of the medical programs for final year medical students within the Rural Clinical School of Stellenbosch University. Francois is the module lead for the Clinical Governance module in the Post Graduate Diploma in Rural Health and the co-lead for the Distributed Clinical Apprenticeship, which is the final year module for the renewed MBChB curriculum. He is passionate about longitudinal models of training for clinicians and assessment for learning strategies. Current interests include strategies to improve health care systems and the tracking of graduates that were trained in rural environments.</p>

TITLE Reimagining the mentorship dyad: an autoethnographic exploration of the concept, catalysts and consequences.

PRESENTER Jana Muller

INSTITUTION Stellenbosch University

ABSTRACT Rural rehabilitation clinicians are crucial to the rural health workforce. Predominantly novice practitioners, they have the potential to improve health outcomes for rural communities by improving access to rehabilitation services but require support to navigate the complexity of working in under-resourced contexts. Health professions educators are well-placed to prepare new graduates for practice but require support to contextualize curricula. Mentorship models are a support mechanism of interest with the potential to leverage individual strengths to drive professional growth. While traditional and contemporary mentorship models have their merits, there is an opportunity to explore alternative approaches that harness the strengths and foster the growth of all parties involved. This autoethnographic presentation to explore the mentorship relationship between a health professions educator (physiotherapist) and a community service physiotherapist working in a rural context during 2023. Autoethnography, qualitative research that combines elements of autobiography and ethnography, was used to explore and analyze the mentorship relationship. Using a dialogic framework, the concept of "mutual mentorship" is described, focusing on the catalyst and consequences in relation to their lived experience. The mentorship relationship developed organically, following initiation from the novice clinician. It included regular check-ins and sharing of experiences, challenges, and insights. The relational dynamic enabled a fluid, bidirectional exchange of knowledge and perspectives, benefiting both educator insight and clinician knowledge. Both parties fulfilled dual roles as mentor and mentee. By reimagining the traditional paradigm, this autoethnographic exploration of mutual mentorship highlights our interdependence in advancing the rural rehabilitation agenda. It illustrates that we all have valuable insights to share and, given the right platform, can support one another. It highlights the value of collaboration for better health.

CPD POINTS Standard

BIOSKETCH Please refer to previous submission for presenter.

TITLE	Rural health matters- preliminary report on district-based model to address surgical backlogs in Limpopo
PRESENTER	Steven Matshidza
INSTITUTION	University of the Free state/ Universitas Hospital
ABSTRACT	<p>Limpopo Province, a rural area in South Africa, has struggled to attract specialists, leading to a significant surgical backlog. To address this issue, the Health Department initiated an outreach project in 2016. This outreach now occurs monthly, rotating through different locations within Limpopo Province. Initially, specialists and their registrars, medical officers, and anesthetists from outside the province led the outreach. However, local Limpopo specialists and anesthetists have become integral to the project. The aim of the outreach is to reduce the backlog of patients awaiting surgeries, transfer skills to local medical officers, and improve communication channels between the specialists involved. By focusing on these objectives, the outreach seeks to alleviate the surgical burden in the province and enhance the capacity of local healthcare professionals. An interim report covering three districts was prepared, detailing the rural health project's activities. The report includes data analysis of procedures and hospital disciplines involved. Districts with incomplete data were excluded from the analysis. In the Vhembe District, a total of 294 surgeries were conducted. At the Regional Hospital, 58 surgeries were performed, while 137 surgeries took place in district hospitals. The procedures covered a range of disciplines, including 19 in gynecology, 28 in surgery, 34 in orthopedics, 3 in urogynecology, 8 in urology, 11 in maxillofacial surgery, 10 in ENT, 7 in plastic surgery, 1 in pediatric surgery, 53 in under-5s, 38 in C/7 section, and 5 in C-section. In the Sekhukhune District, outreach activities were conducted at Regional Hospitals such as Philadelphia and St. Ritas. The procedures included 57 in orthopedics, 14 in gynecology, 29 in radiology, 12 in maxillofacial surgery, 87 in ophthalmology, 4 in plastic surgery, and 20 in pediatric surgery. The Waterberg District saw a total of 495 cases. At FH Odendaal, 103 surgeries were performed. In Ellisras, 37 pediatric and 41 ophthalmology cases were addressed. Witpoort handled 20 urology cases. District hospitals such as Voortrekker and Bela-Bela were involved, with George Masebe performing 26 maxillofacial surgeries. At the Regional Hospital in Mokopane, 45 orthopedic surgeries, 22 surgical procedures, 46 radiology cases, and 5 plastic surgeries (hands/micro) were conducted. The Rural Health Matters Project is making a significant difference in communities across Limpopo. It is a model that could be adopted by other rural provinces in South Africa, as well as throughout the African continent and beyond.</p>
CPD POINTS	Standard
BIOSKETCH	Professor and head of orthopedics, university of the Free state and Universitas Academic Hospital

TITLE Strengthening rural health services through Interprofessional Education and Collaborative Practice (IPECP)

PRESENTER Carmen Milton

INSTITUTION University of Pretoria

ABSTRACT South Africa faces a triple burden of disease, cultural and linguistic diversity, and fragmented healthcare services, particularly in rural areas. Addressing these challenges requires innovative approaches such as Interprofessional Education and Collaborative Practice (IPECP). IPECP to equip healthcare professionals to work effectively in teams, fostering socially accountable, collaborative practice-ready professionals who can respond to local health needs. Integrating IPECP strategies into curricula and placing interprofessional students at the same clinical sites can promote collaborative education and practice, enhancing understanding and respect for other professionals. In this study, senior Speech Language Pathology & Audiology (SLP &A) students are placed in various primary healthcare (PHC) and community sites during their third-year practical rotations. This clinical rotation emphasizes applying professional functions with a focus on promoting normal hearing and communication skills through prevention, training, and collaboration in communities. Students participate in multi-professional case presentations, interdisciplinary collaboration, and community engagement. They are required to share knowledge and insights, work together across disciplines to provide integrated services, and interact closely with community members. Students and stakeholders in the communities provide self-reflections and feedback to discuss their learning experiences. Thus far feedback from students, supervisors, patients, and team members at various sites revealed several barriers, including language and cultural differences, and infrastructure challenges. Despite these obstacles, a solutions-based approach is being implemented to address and refine the intervention. This includes strategies to overcome barriers and improve the overall effectiveness of the program. Moving forward, our focus is on strategies grounded in scientific research, ongoing evaluation, sustainability measures, and securing adequate funding. These efforts aim to optimize the impact of the IPECP program and ensure enduring success in strengthening rural health services through enhanced interprofessional education and collaborative practice.

CPD POINTS Standard

BIOSKETCH I have dedicated over two decades to the field of speech-language therapy, intertwining my passion for academia and clinical practice. Currently, I am employed at the Department of Speech-language Pathology and Audiology at the University of Pretoria. During 2006/2007, I had the privilege to serve on the editorial board of the South African Journal of Communication Disorders. Throughout my career, I have published peer-reviewed journal articles in both local and international journals and have presented at various conferences, both locally and internationally. My areas of interest and expertise include IPECP, public health approaches for communication disorder, Community Based Rehabilitation, Early Childhood Development and multilingualism. In addition to my academic pursuits, I serve as the Vice-Chairperson of the Speech-Language and Hearing Board of the Health Professions Council of South Africa. In this role, I advocate for the highest standards of practice and contribute to shaping policies that ensure quality care for all individuals. I am deeply conscious of the current issues surrounding transformation and its crucial role in shaping the future of the health professions, both globally and particularly in South Africa.

TITLE The benefits and limitations of establishing the clinical associate/clinical officer and physician associate education and profession in Africa: a systematic review and mixed-method study

PRESENTER Scott Smalley

INSTITUTION University of Witwatersrand

ABSTRACT Clinical associates (ClinA), clinical officers (CO) and physician associates (PA) offer a solution to the supply and demand crisis for alleviating global health needs, particularly in Africa. To conduct a novel investigation of how ClinA/CO/PA equivalents address health needs across different health systems, revealing recommendations for their utilization. To catalogue the health needs these clinical practitioners are successfully alleviating, roles, functions, and barriers facing implementation in Africa. To provide a comprehensive resource to aid in the globalization of this profession. Offering recommendations to address the dire healthcare needs and workforce shortage in Africa. A systematic review was conducted from October 2021 to April 2022 and rerun June 2023 following PRISMA 2020 guidelines with supporting interviews of PAs/global health experts. Primary outcomes geographic region, economy, healthcare needs, and healthcare systems. Secondary outcomes PA utilization, license recognition, education and successes/barriers when implementing PAs. The research included 538 literature sources and nine interviews covering seven international regions and 68 countries where ClinA/CO or PA equivalents are employed, have been employed, are volunteering, or being considered to support global health needs. The continent of Africa included 89 literature and two interview sources. 19 African countries utilize these clinical practitioners having a “Developing Economy.” African ClinA/CO/PAs hold 21 different country practice titles, with most working in primary care in rural areas. Clinical practitioners in this category alleviate healthcare shortages, economic disparities, and pandemics. Regionally, barriers to the profession include lack of legislation, regulation, education standards and understanding. ClinA/CO/PA equivalents worldwide are an adaptable profession to alleviate global healthcare shortage and address health needs. The use of these clinical practitioners in Africa represents success to identify and address health needs that are specific to a region. Regional collaboration of country associations/universities is recommended for intracontinental and global growth.

CPD POINTS Standard

BIOSKETCH Mr. Scott Smalley (BSc, MScPAS, PGDHSE) is a registered clinical associate in South Africa and physician associate in the United States. He is the president of the International Academy of Physician Associate Educators (IAPAE) and prior Head of Division of Clinical Associates at The University of The Witwatersrand from 2016-2021. Following this 5-year term, Mr. Smalley organized the Wits Mandatory COVID 19 Vaccination Project during the pandemic. He was granted a 12-month sabbatical researching the global footprint of PA and PA comparable education throughout Africa and the United States. He is the chair of the National Clinical Associate Consortium (CANC) involving stakeholders to mobilize the clinical associate agenda in South Africa. His research involves the global PAVPA Analogue footprint for assessing education, curriculum mapping and competency outcomes leading to clinical practice.

TITLE	The practice of homoeopathy in rural settings of South Africa
PRESENTER	Motlhabane Robert Leepile Moiloa
INSTITUTION	Same as above
ABSTRACT	<p>Homoeopathy is a system of Medicine that is based on the Principle of Similar, just as Conventional Medicine is based on the Principle of Contraries. Both these principles were pronounced by Hippocrates, the Father of Medicine. He wrote, Disease that arise from repletion is cured by depletion, and that which arise from depletion is cured by repletion, in general, disease is cured by its opposite. With this aphorism, he was paving the way to treat disease by conventional means and with the following, to treat disease according to the principle of Similar. He later wrote Disease arise by similar things, and by similar things can the sick be made well. Homoeopathy, along with other Complementary therapies are regulated in terms of Act 63 of 1982(formally Act 52 of 1974). The WHO has pronounced that Homoeopathy is the second most popular alternative healing modality. The training of homoeopaths is offered at two universities University of Johannesburg and the Durban University of Technology. England has at least five homoeopathic hospitals, India has at least 240 homoeopathic hospitals to support clinical training for 120 universities. Homoeopathy offers safe treatment with no known side effects and can be a reliable healthcare partner especially in rural areas where there is a scarcity of healthcare facilities. It can alleviate the burden on an already strained system.</p>
CPD POINTS	Standard
BIOSKETCH	<p>A homoeopath par excellence. A practitioner with a total of 41 years' experience, 15 of which are in academia; teaching, research and clinical supervision and management of academic programmes. At least 10 International and 5 local publications in relevant journals. Two textbooks: Manual of Clinical Homoeopathy (2000), and Manual of Clinical Materia Medica (2007). Oral presentation at local and International conferences.</p>

TITLE	The resuscitation of newborn hearing screening programme in Mpumalanga province: A pilot project
PRESENTER	Sakhile Nkosi
INSTITUTION	Lydenburg Hospital
ABSTRACT	<p>The implementation of early hearing detection and intervention (EHDI) remains a significant challenge in developing countries, despite its well-documented benefits. This is particularly evident in underserved communities such as those in Mpumalanga province, where such services are limited or non-existent due to a lack of human and equipment resources. Currently, only about 10% (n=20) of the hospitals in Mpumalanga provide newborn hearing screening services, highlighting the scarcity of NBHS and the urgent need for this service to enable early identification and intervention for infants with hearing loss. To address this gap and contribute to the goal of achieving Universal Newborn Hearing Screening (UNHS) in underserved communities, Mpumalanga province has initiated a pilot project in collaboration with Clinton Health Access Initiative (CHAI). This project to provide a 'kick start' of this essential service at a district rural hospital and tertiary health facility, documenting its successes and challenges to inform future scaling efforts. The aim of this presentation is to describe the inception of the UNHS project in Mpumalanga province. The project is being conducted at Witbank Provincial and Lydenburg District hospitals, representing two distinct healthcare contexts a tertiary health institution and a rural district institution. Funded by the Clinton Health Access Initiative (CHAI), which has provided equipment and conceptual support. The project will commence on June 1, 2024, and will run for three years. The screening workforce includes audiologists collaborating with maternal and child health units (maternity wards) and community healthcare workers. Audiologists will diligently monitor the program, documenting ongoing successes and challenges, which will be crucial for scaling the service to other health facilities.</p>
CPD POINTS	Standard
BIOSKETCH	<p>Sakhile Nkosi is an acclaimed audiologist with seven years of clinical experience, serving in rural healthcare. Sakhile completed his master's degree project, investigating the impact of type 2 diabetes on the auditory system. His research interests encompass preventative audiology, accessible hearing healthcare services, and the relationship between audiology and non-communicable diseases. Sakhile has actively contributed to the field through several leadership roles such as in the South Africa Association of Audiologists (SAAA), where he has made significant contributions to the advancement of the audiology profession in South Africa. He has also played a pivotal role as a steering committee member of the IDA Institute South Africa chapter, promoting the implementation of patient-centered care in hearing healthcare in South Africa. Currently, Sakhile is employed at Lydenburg Hospital as a clinical Audiologist, rendering clinical services and serving in a supervisory role.</p>

TITLE	The role of clinical associates in South Africa as a health workforce: A scoping review
PRESENTER	Sanele Ngcobo
INSTITUTION	University of Pretoria
ABSTRACT	<p>South Africa's health care system grapples with persistent challenges, including health care provider shortages and disparities in distribution. In response, the government introduced clinical associates (Clin-As) as a novel category of health care providers. This study mapped Clin-As' history and practice in South Africa, assessing their roles in the health workforce and offering recommendations. Following the framework outlined by Arksey and O'Malley, we conducted a comprehensive literature search from January 2001 to November 2021, utilizing PubMed, Scopus and EBSCOhost databases. One thousand six hundred and seventy-two articles were identified and then refined to 36 through, and full-text screening. Strengths of the Clin-A cadre included addressing rural workforce shortages and offering cost-effective health care in rural areas. Challenges to the success of the cadre included stakeholder resistance, rapid implementation, scope of practice ambiguity, inadequate supervision, unclear roles, limited Department of Health (NDoH) support, funding deficits, Clin-As' perceived underpayment and overwork, degree recognition issues, inadequate medical student training on Clin-A roles, vague career paths and uneven provincial participation. As a health care provider cadre, Clin-As have been welcomed by multiple stakeholders and could potentially be a valuable resource for South Africa's health care system, but they face substantial challenges. Realizing their full potential necessitates enhanced engagement, improved implementation strategies and precise scope definition. This study acknowledges Clin-As in SA as a promising solution to health care workforce shortages but highlights challenges such as stakeholder resistance, insufficient NDoH support and unclear policies, emphasizing the need for comprehensive efforts to maximize their potential.</p>
CPD POINTS	Standard
BIOSKETCH	<p>I am Dr. Sanele Ngcobo, a public health expert and lecturer at the University of Pretoria. With a diverse educational background, including a BCMP, DPH, MPH, and PhD, I bring a wealth of knowledge and expertise to my role. I am deeply passionate about both teaching and research, and I am committed to shaping the future of public health through my work in academia and beyond.</p>

TITLE	Training of Mpumalanga Department of Health (DoH) middle management personnel: Transformational leadership perspectives and their application to healthcare service platform
PRESENTER	Jimmy Ledwaba
INSTITUTION	BroadReach Health Development
ABSTRACT	<p>South Africa faces multiple health systems challenges across the health sector spectrum including health services that are still curative and hospi-centric in approach; poor integration at health planning and implementation; poor leadership and governance; Human Resources challenges (numbers, appropriate skills set & distribution); poor health infrastructure and poor use of health information intelligence for decision-making. To address these challenges and contribute towards health systems strengthening, we describe the provision of an online training package to middle management healthcare workers in Mpumalanga, South Africa. Programme description During the COVID-19 pandemic, the BroadReach Health Development Provincial Support Team collaborated with the Mpumalanga Department of Health Human Development Directorate to develop a Leadership & Governance Training package targeting middle management healthcare workers across health districts, subdistricts and facilities in Mpumalanga. The implementation team leveraged on work-from home on-line virtual meeting platforms to deliver training materials and allow for maximum attendance, with minimum costs. Training content and personnel selection criteria were based on best practices from OR Tambo Fellowship (UCT Business School), ASELPH and School of Government. The training covered practical approaches in applying various situational leadership styles at individual workplaces. Skills were developed in conducting rational health planning including linking disease burden to problems identification, priority setting, resource allocation, implementation, and performance reviews. The training was accredited for Continuing Professional Development points. From November 2021 to March 2022, 50 middle managers from Mpumalanga Department of Health (MDoH) were trained from the three districts, with all managers completing the course. Training reached managers from rural facilities. Due to the feasibility of the training, requests were made from the DoH to scale-up the training and conduct additional sessions. It was feasible, practical and cost-effective to conduct training sessions with MDoH middle managers using an online platform.</p>
CPD POINTS	Standard
BIOSKETCH	<p>Mr. Jimmy Ledwaba has held several Executive Management positions at Provincial and National Departments of Health, namely: - Director - HIV & AIDS, TB & STIs - Director - Districts Management - Director - Health Policy & Strategic Planning - Chief Director - Strategic Health Programmes - Deputy Director General - National Health Insurance (NHI) He currently serves as a Provincial Lead and Advisor for Health Systems Strengthening at BroadReach Health Development.</p>

TITLE	Treating common ailments in rural community pharmacies through primary healthcare, pharmacists and common ailments
PRESENTER	Johannes T. Ravele
INSTITUTION	South African Association of Community Pharmacists
ABSTRACT	<p>Primary health care (PHC) addresses most of a person's health needs throughout their lifetime, including physical, mental and social well-being. It is people-centered rather than disease-centered and is a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation and palliative care. The increasing global demand for health care, primarily due to ageing populations and the surge in chronic, long-term, non-communicable diseases, stresses the importance of managing common ailments within primary healthcare settings. Although several healthcare professionals are trained to offer these services, healthcare facilities continue to be overburdened with increasing numbers of citizens seeking healthcare. Globally, the essential role that pharmacists can play in the prevention and management of such common ailments is vital when delivering PHC services, relieving the pressure in some healthcare facilities. A global report by the International Pharmaceutical Federation (FIP), to which the Pharmaceutical Society of South Africa (PSSA) contributed, lists 45 common ailments treated by pharmacists globally, including infectious diseases, gastrointestinal disorders, respiratory diseases, dermatological conditions, pain and inflammation. Pharmacists in South Africa can treat all these ailments as part of pharmacist-initiated therapy without the need to book a consultation, as opposed to many other countries in the world. In a Universal Health Coverage (UHC) system, a variety of patients' PHC needs can be managed by pharmacists in rural communities as well. Clinically, the patient benefits from the accessibility of pharmacists to offer prompt interventions to their common ailments and minor healthcare needs. Pharmacists remain the most accessible healthcare professionals. Successful CAS implementation can enable PHC delivery to citizens at a lower cost to funders and optimal utilization of pharmacists' skills and knowledge.</p>
CPD POINTS	Standard

I, Johannes Tendani Ravele, have been a pharmacist since December 1991. My qualifications are as follows:

- B.Pharm, 1990, University of the North
- Diploma in Business Management, 1991, with three distinctions, Damelin Management school
- Diploma in Manager Development, 1992, where I passed with first class and got a merit award for best student, Damelin Management School
- Master's in business leadership, 1997, UNISA
- Certificate Course in Corporate Governance, 2008, UNISA
- Higher Certificate in HealthCare Services Management, 2021, Regent Business School.

I have done numerous courses related to the profession for personal development and empowerment. I have a passion for the profession. I have and am still training Pharmacist Interns and Pharmacist Assistants. I derive pleasure, satisfaction and fulfilment from Continuous Professional Development. It puts me at a high level of competence, and I remain knowledgeable in any subject that I involve myself in. I am the type of person that pays attention to detail. I do not just accept things as they are, but always vow to make things better for everyone. My leadership roles include:

- 2021 – current: President of the South African Association of Community Pharmacists (SAACP)
- 2021 – current: Vice President of the Pharmaceutical Society of South Africa (PSSA)
- 2019 – current: Chairman of the Advisory Committee, Department of Pharmaceutical Sciences, Tshwane University of Technology (TUT)
- 2019 – current: Chairman of the Pharmaceutical Society of South Africa Pretoria Branch.
- 2019 – 2021: Deputy President of the South African Association of the Community Pharmacists (SAACP), National
- 2018 – current: Member of the Pharmacy Month Planning Committee, National Department of Health
- 2017 – current: Member of the Pharmacy Advisory Board, Reckitt Benckiser Pharmaceuticals
- 2017 - 2019: Honorary Treasurer of the Pharmaceutical Society of South Africa (PSSA).
- 2015 - 2019: Honorary Treasurer of the South African Association of Community Pharmacists (SAACP).
- 2014 to current: Member of the National Executive Committee (NEC) of the Pharmaceutical Society of South Africa (PSSA)
- 2014 to current: Member of the NEC of the SAACP.
- 2012 to 2019: Chairperson of the SAACP, Pretoria branch.
- 2011 to 2012: Deputy Chairperson of the SAACP, Pretoria branch.
- 2010 to current: Member of the Executive committee of both the SAACP and the PSSA, Pretoria branch.
- 2009 to current: Member of the Advisory Committee, Department of Pharmaceutical Sciences, Tshwane University of Technology (TUT).

Serving the SAACP at the NEC level will enhance both me and the profession in a synergistic way. I am willing to make a difference in the profession and entrench the values of the Association. I still believe that pharmacy is a noble profession, and I can contribute to making it more appealing to the professionals and the public at large. TOGETHER WE CAN!!

TITLE	Using data strategically to engage the multi-disciplinary team (MDT) and highlight the need for MDT input at homestead level for patients with cerebral palsy
PRESENTER	Maryke Bezuidenhout
INSTITUTION	Manguzi Hospital
ABSTRACT	<p>Clients with cerebral palsy often have multiple comorbidities requiring input from multiple professionals. Clients with moderate and severe disabilities in rural areas often face crippling costs of transport in accessing clinic and/or hospital care. Case management and coordination of care within the public sector is particularly weak, often warranting multiple visits to various professionals within a single month. The Manguzi rehabilitation team initially made huge strides in improving coverage of care for clients with cerebral palsy in response to Lockdown, after shifting services to homestead level, reforming data management systems and increasing support for and integration of the local disability peer support organization (DPO) in service delivery. From the data generated during this initial phase, it was possible to estimate the proportion of households experiencing catastrophic health expenditure (CHE)- albeit with several explicit assumptions- and gain hospital management support for continued home based rehab services. However, the management of this sub-group remained the responsibility of the rehab department. After engaging the MDT in designing simplified profession-specific screening forms, the rehabilitation team (together with the DPO) screened 139 children and adults for unmet health needs during routine home rehab visits. The scale of the unmet need was significant enough- together with the CHE data- to garner significant MDT support for decentralization of their services to homestead level. For universal health coverage inclusive of vulnerable groups, it is important that we design the service around the patient/family rather than design the service for the convenience of the system- and for this, data is crucial.</p>
CPD POINTS	Standard
BIOSKETCH	<p>Maryke is a physiotherapist who has spent 22 years at the rural coalface gleefully tackling the multiple systemic and systems challenges head on. She heads up an 18-strong multi-professional rehab department which collaborates closely with local disabled people's organizations in providing a decentralized rehab and disability service.</p>

TITLE	Using the Socio-Ecological Model as a framework to explore facilitators, challenges and possible strategies for interprofessional collaborative practice in the South African Health Care system
PRESENTER	Jana Muller
INSTITUTION	Stellenbosch University
ABSTRACT	<p>International literature including studies from Africa have mapped a clear outline of what barriers and facilitators interprofessional collaborative practice (IPCP) faces in the workplace. The drive for developing collaborative and teamwork skills is consistently linked to internal and external motivations for better patient care or service delivery. Existing literature suggests exploring the impact of different professional and interprofessional socialization processes on IPCP in context. This presentation maps the facilitators and barriers to IPCP identified by participants using the socio-ecological model (SEM). Aspects related to improving interpersonal relationships development across all five SEM systems to promote IPCP in the workplace are explored. A qualitative case study was conducted with sixteen graduates in seven provinces of South Africa from five different health care professions. Individual semi-structured interviews were conducted in 2023 to explore participants' perceptions of the value of undergraduate interprofessional education on IPCP during their first year of work and the barriers and facilitators they faced in the workplace. Influencing factors at micro, meso, exo, macro and chrono-systems were identified. Factors of influence related to power imbalances, opportunities for interprofessional socialization, differences in the philosophy of care and a discrepancy in salaries between different health care professionals. Issues linked to poor team coordination, lack of formal structures to share care plans, limited understanding of others' roles and the organizational culture were identified. Stressful working environments and insufficient numbers of healthcare professionals were among other factors that negatively impacted collaboration. The interconnected complexity of social and ecological influences to IPCP across fifteen health care facilities are explored with recommendations from participants regarding potential strategies to facilitate practical IPCP in the South African health care context.</p>
CPD POINTS	Standard
BIOSKETCH	<p>Jana Müller is a qualified Physiotherapist with a clinical master's in Orthopedic Manual Therapy. She has a special interest in distributed clinical training, rural health professions education and interprofessional education and collaborative practice. She has worked with the Ukwanda Centre for Rural Health, Stellenbosch University from 2013 and help establish clinical learning opportunities for physiotherapy and interprofessional education at rural multidisciplinary clinical training sites in the Western Cape and Northern Cape Provinces, South Africa. Jana is the chairperson for Rural Rehab South Africa (RuReSA) and a board member of the African Interprofessional Education Network (AfrIPEN). She is currently busy with her PhD in Health Professions Education exploring students and graduates' perceptions of their interprofessional collaboration experiences after living and working on the distributed training platform.</p>

TITLE	Why do Stellenbosch University medical students choose to do rural longitudinal integrated training in their final year?
PRESENTER	Ian Couper
INSTITUTION	Stellenbosch University
ABSTRACT	<p>The MBChB programme at Stellenbosch University offers students the chance to spend their final year in Ukwanda's Rural Clinical School. In 2024, 39 students elected this option; 18 selected a rotation-based programme based at Worcester Regional Hospital, and the remaining 21 chose the Longitudinal Integrated Model (LIM), based at district hospitals in the Western Cape or a regional hospital in Upington. This model requires a different approach to learning while not suitable for all students, it has been increasing in popularity. To explore students' reasons for choosing LIM in their final year, in relationship to expectations and experiences. A longitudinal exploratory study is being undertaken, using individual interviews as the primary data collection. This presentation reports on the first phase. The cohort of medical students undertaking their final year in the LIM programme in 2024 were invited to participate. Thirteen (13) students were interviewed in late 2023, online or in-person. The guide for these conversations included exploratory questions on reasons for applying to LIM, perceptions of its value, expectations, and past learning experiences. Thematic analysis was undertaken of the transcribed interviews. SU HREC provided ethical approval. Students articulated clear reasons for choosing LIM, including better preparation for internship, more practical training, seeing undifferentiated patients and common clinical problems, learning how to reason clinically and take responsibility, interest in rural health and working in teams. Push factors related to their previous clinical experiences in an urban tertiary hospital included theoretical training focused on complex patients and less common diseases, large student groups, competitiveness, and a toxic environment. Students demonstrated good understanding of what they required to become better interns, practitioners and people. They felt the learning approach of LIM as well as the rural health context would best enable them to meet their needs.</p>
CPD POINTS	Standard
BIOSKETCH	Director, Ukwanda Centre for Rural Health, Stellenbosch University

TITLE	Working with the Mpumalanga Department of Health Provincial and District management teams in setting up structures and management processes to ensure effective partner coordination
PRESENTER	Bheki Khoza
INSTITUTION	BroadReach Health Development
ABSTRACT	<p>Mpumalanga has a population of over 5 million people accessing health services through multiple means. As part of the HIV epidemic response, multiple partners funded through the Global Fund initiative, the National Department of Health (DoH) and PEPFAR primarily focus on provision of direct and technical advisory services for HIV prevention, care, and treatment. With 41 partners operating across the 3 districts in the province, gaps such as duplication of services, uncoordinated partner responses, challenges with setting up of Memorandums of Understanding (MOUs), and a lack of frameworks/guidance were identified. BroadReach Health Development supports Stakeholder relations as part of its PEPFAR funded USAID Accelerating Program Achievements to Control the Epidemic (APACE) program mandate. We provided technical advisory services for systems and structures for effective partner coordination at the Office of the Premier and DoH to tackle the HIV response from 2018-2024. Activities included:</p> <ul style="list-style-type: none"> • Developing a stakeholder relations guide for partners and the DoH. • Coordinating and providing technical advisory services on the MOU submission process and requirements. • Developing and managing a provincial partner database for DoH. • Setting up processes for introducing new partners in the respective areas of work through DoH structures. • Coordinating partners quarterly meetings. • Serving as the key contact between DoH and partners. • Developing reporting frameworks based on DoH requirements. • Coordination of partner participation in planned community events. <p>Prior to the interventions described, the Mpumalanga DoH did not have a structured framework for partner onboarding and reporting, and a database. Following the interventions, an UpToDate provincial database was developed and structured partner reporting meetings are held quarterly for information sharing. Setting up stakeholder management processes and frameworks resulted in the effective coordination of partner activities in the province and districts.</p>
CPD POINTS	Standard
BIOSKETCH	<p>Mr. Bheki Khoza is the Stakeholder Relations Manager for BroadReach Health Development in Mpumalanga province. He is a health activist with a track record in fighting for access to quality healthcare services for people living with HIV in Mpumalanga province. He previously served as the Provincial Manager of the Treatment Action Campaign in Mpumalanga. He has occupied several positions at BroadReach Health Development specializing in community work and working with different partners to ensure good relationships between funded partners and the Mpumalanga Department of Health. He strives to ensure quality healthcare services are delivered in a collaborative manner and inclusive for all population groups.</p>

Posters

TITLE	Capacity building of AIDS councils in Mpumalanga province
PRESENTER	Bheki Khoza
INSTITUTION	BroadReach Health Development

ABSTRACT

Mpumalanga province in South Africa has an HIV prevalence of 16%. Community structures such as AIDS councils play an important role in driving the community response to HIV and other diseases. AIDS councils are structures which allow political leaders to respond better to the HIV epidemic in a comprehensive manner by addressing multiple social determinants of health through other government departments represented in the structure. We describe interventions undertaken by BroadReach Health Development in collaboration with the Mpumalanga Department of Health to capacitate AIDS councils in the province. BroadReach Health Development provides a technical information session to newly elected political leaders on AIDS Councils. Technical support is provided on an ongoing basis to assist AIDS Councils with the development of a multisectoral strategy. This includes AIDS councils working closely with different civil society formations such as Traditional Health Practitioners, Youth organizations and others. Support is provided to hold quarterly review meetings with relevant stakeholders. BroadReach is responsible for guiding and mentoring AIDS Councils on both the development and implementation of strategies. In addition, BroadReach helps coordinate partners during public health campaigns driven by the Office of the Mayor in the different localities. BroadReach Health Development through Provincial Head of Secretariate (HOS) structure provided technical assistance to all 21 AIDS Councils (17 Local, 3 District and 1 Provincial) in the province. Ongoing work includes technical assistance with planning, reporting and monitoring of the provincial implementation plan on HIV, STI's and TB. AIDS councils are important in coordinating multi-sectoral response to HIV, driven by political will and leadership at all levels of government, with communities leading the response.

CPD POINTS	Standard
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BIOSKETCH

Mr Bheki Khoza is the Stakeholder Relations Manager for BroadReach Health Development in Mpumalanga province. He is a health activist with a track record in fighting for access to quality healthcare services for people living with HIV in Mpumalanga province. He previously served as the Provincial Manager of the Treatment Action Campaign in Mpumalanga. He has occupied several positions at BroadReach Health Development specializing in community work and working with different partners to ensure good relationships between funded partners and the Mpumalanga Department of Health. He strives to ensure quality healthcare services are delivered in a collaborative manner and inclusive for all population groups.

TITLE Community health worker screening and referrals for diabetic foot infection in rural Eastern Cape

PRESENTER Nelisiwe Mkize

INSTITUTION Stellenbosch University, but I am based in the Eastern Cape, Mthatha where the research is done.

ABSTRACT Diabetes Mellitus (DM) is a rising non-communicable disease in South Africa that affects an estimated 15% of adults and can result in complications, such as DM foot infections (DMFI) and ultimately lower limb amputations and death. The aim of the study was to create a DM and DMFI screening programme for community health workers and measure screenings, referrals, and referral outcomes. The study was conducted in the Mthatha region of the Eastern Cape in collaboration with Mentor Mothers, a CHW cadre in collaboration with One-to-One Africa, a non-governmental organization. During home visits, the MMs used designed data collection tools to screen, referred clients to care, and follow-up to record the referral outcomes. We report the preliminary findings from the first 5 months of this project. In total, 30 MM were trained using on DM and DMFI home based education and screening tools. In the first 5 months, MMs made 54 DM screenings and 9 (17%) clinic referrals and 33 DMFI screenings and 5 (15%) referrals for DMFIs. The median age of those screened for DM and DMFI was 56 years and 86% of screened participants were female. Most of the clients referred for DM did not receive help at the local clinics because the glucometers were malfunctioning. CHW can facilitate awareness, prevention, and management of DM and DMFIs in rural communities. However, a functioning health system to receive referred clients for management is needed. Keywords Diabetes Mellitus; Foot infections; Community healthcare workers

CPD POINTS Standard

BIOSKETCH Nelisiwe Mkize is a postdoctoral researcher at Stellenbosch University, under the Centre for Global Surgery. She holds a PhD degree in Animal Genomics. Her research interests are epidemiology and genetics. Her current position includes leading a diabetes and foot infection research project in Mthatha in the Eastern Cape province. She is coordinating the project by working with the mentor mothers, a cadre of community health care workers from the One-to-One non-profit organization who are visiting the homes of the Mankosi community to screen, refer clients to care, and educate the community about diabetes and diabetes foot infections.

TITLE	Evaluation of EMS delays in transfer of patients to higher institution of care.
PRESENTER	Amir Rahimi and Nontsiselelo Ncongwandne
INSTITUTION	Middelburg Hospital
ABSTRACT	<p>Emergency medical services (EMS) provide transportation of patients. Once it is activated by an incident that causes serious illness or injury, the EMS must provide medical care and transportation of patients from one facility to the next facility that can manage further. It is important for EMS to transfer the patients on time because it decreases the mortality and morbidity of patients, it also decreases the complications that can arise. This study evaluated the consequences of the delayed medical emergency services had on the patients referred to a higher level of care institution. Most of those patients that are being transferred out are patients needing immediate transfer for a quick work up that would prevent worsening of the patient condition to avoid permanent disability or their demise. A cross-sectional study that gathered data from the patient file, if the EMS was reached and when they arrive to pick up the patient from Middelburg district hospital emergency room. Assessment was made to establish the time taken between EMS contacted and their arrival to fetch the patient at the emergency room of the reoffering hospital (Middelburg District Hospital). This Study is conducted over two weeks. Seven patients were transferred during this this this period of the time. Survey established that in 71% of the times EMS arrived after 3 hours. The delays caused some patients deterioration and even death. The EMS managers reported some challenges such as shortage of trained paramedics, shortage of medical supplies in ambulances, poorly trained emergency calls center staff, long distance between hospitals. In some instances, were hijacked medical supplies stolen or worse the ambulance taken away. Call center late response, poor communication and wrong team is dispatch were also reported.</p>
CPD POINTS	Standard
BIOSKETCH	MMed FamMed (UP) FCFP (SA)

TITLE Evaluation of interprofessional knowledge and confidence in cancer rehabilitation seminars in South Africa

PRESENTER Sonti Pilusa

INSTITUTION Wits

ABSTRACT Individuals living with a cancer diagnosis have significant impairments such as pain and fatigue that affect mobility and activities of daily living. Cancer rehabilitation education is needed to properly equip health professionals to prevent and manage adverse effects and improve quality. We explored the impact of a 2-hour interprofessional cancer rehabilitation seminar for interprofessional health teams in Gauteng, Limpopo and Mpumalanga provinces We conducted 2-hour cancer rehabilitation seminars for rehabilitation therapists, nurses and medical doctors. Topics covered included the adverse effects of cancer treatment, management and palliative care. The participants completed a survey to assess their knowledge of oncology rehabilitation, delivery of the lectures and additional needs. Data were analyzed descriptively Eighty-one health professionals from rural and urban-based hospitals completed the survey. Forty-seven percent of participants stated the most helpful feature of this seminar was the appreciation and importance of an interprofessional team, and 59% identified the least helpful feature as time constraints in clinical practice. After the workshop, 23% enhanced their rating of knowledge, however, 26% did not feel confident about designing an exercise prescription for various cancer survivors. Remarkably, 78% agreed they are confident in identifying impairments and functional limitations resulting from cancer treatments. Seventy-four percent of participants were eager to work with an interprofessional oncology rehabilitation team to establish and execute an appropriate care plan. Feedback from the participants: "I usually see cancer patients alone but now I know I can refer to other departments", "Thank you so much for the enlightening workshop, it really shifted my perception of Palliative care, specifically for cancer patients", "I need more workshops on how to give total care to cancer patients terminally ill" There is a need for increased education, a streamlined connection to oncologic services in the community and continued interprofessional presence is vital.

CPD POINTS Standard

BIOSKETCH Senior lecture and a researcher in the physiotherapy department at WITS. Passionate about chronic care service delivery and support for people with long term conditions

TITLE	Fill in the gaps: An approach to prevent blood specimen rejection
PRESENTER	Mr Mbona and Mr Mbelu
INSTITUTION	Walter Sisulu University, NMD campus- Medical school.
ABSTRACT	<p>The rejection of samples by the National Health Laboratory Services (NHLS) delays availability or, negatively affecting patients' care and contributing to the increasing cost of care. It has detrimental effects on the individual patient, the health facility, and the laboratory. Lost follow-ups, reduced efficiency, delayed diagnosis, and management are some known consequences of specimen rejection. A quality improvement project (QIP) was undertaken by Walter Sisulu University's Clinical Associate students to reduce the rejection rate of blood specimens by the NHLS at the Butterworth Hospital Casualty unit. A quality improvement approach was implemented to assess the quantity of blood specimens rejected from the unit and the reasons for the rejection. Information on the specimen rejection was obtained from the local NHLS, while qualitative data was obtained from staff working at the unit. A collaborative team, including relevant stakeholders and students, designed multi-step interventions to address some of the identified causes of specimen rejection. Data obtained from the local NHLS indicated that over a month period, a total of 1092 blood specimens were rejected from the casualty unit. Some of the reasons for the rejection included insufficient specimens, unsuitable specimens, use of the wrong specimen tube, incomplete patient information, and gatekeeping. Following the interventions, there was a 30% reduction in the number of specimens rejected from the unit over a month period. The improvement recorded in this small, student-initiated quality improvement project demonstrated the potential for improved efficiency in service delivery when collaborative teamwork and reflective clinical practice are embraced. This is of particular importance in the current fiscal constraints.</p>
CPD POINTS	Standard
BIOSKETCH	Coordinator BMCP programme

TITLE	Improving healthcare waste disposal: A quality improvement approach
PRESENTER	Yamkela Koyana, Mr Mbona and Mr Mbelu
INSTITUTION	Walter Sisulu University, Medical school, NMD Campus Mthatha.
ABSTRACT	<p>Proper management of healthcare waste is essential to infection prevention in healthcare. Although there are guidelines and Standard Operation Procedures (SOPs) on proper disposal of healthcare waste to reduce the risk of transmission of infections and improve safety in health facilities, adequate disposal of healthcare waste remains a challenge in primary healthcare. A Quality Improvement Project (QIP) was undertaken by Clinical associate students at the Outpatient department (OPD) and the Casualty unit of Madzikane kaZulu Hospital in rural Eastern Cape to improve healthcare waste disposal practices. A quality improvement approach was adopted to assess the baseline knowledge and practices of healthcare waste disposal among healthcare workers, as well as to conduct direct observation of how healthcare waste is disposed of in the casualty unit and the OPD of the hospital. The interventions included organizing in-service training for healthcare workers, placing proper signage, ensuring proper color-coding of disposal boxes and their placement in strategic locations for ease of access, and providing posters with information on the appropriate disposal of healthcare waste. The initial assessment revealed that boxes and containers for healthcare waste at the OPD and Casualty units were often overfilled or overflowing, and healthcare waste was improperly disposed of. At baseline and over a week observation period, overflowing of healthcare waste in the boxes and bins in casualty and OPD were observed 68% and 62% of the time, respectively. However, an improvement was observed following the implementation of the interventions. The overflowing decreased to 43% in casualty and 45% in OPD. Although only a modest improvement in healthcare care waste was recorded, a sustained team-based quality improvement approach can potentially eliminate the improper disposal of waste in the hospital, improving patients' and health workers' safety.</p>
CPD POINTS	Standard
BIOSKETCH	WSU BMCP coordinator

TITLE Increasing oral PrEP awareness and demand creation in communities by DREAMS Ambassadors: Findings from Mpumalanga, South Africa

PRESENTER Veni Naidu

INSTITUTION BroadReach Health Development

ABSTRACT Adolescent girls and young women (AGYW) in South Africa are vulnerable to HIV acquisition and are a target for HIV prevention. The PEPFAR DREAMS programme to reduce HIV infections among AGYW by addressing social, economic and health factors. BroadReach Health Development in collaboration with the Department of Health in Mpumalanga employed one DREAMS Ambassador per district in a pilot project from 2022. We discuss the role of DREAMS Ambassadors in increasing oral HIV pre-exposure prophylaxis (PrEP) awareness and uptake. DREAMS Ambassadors aim to provide HIV literacy to young women about HIV prevention and gender-based violence (GBV) in communities and health facilities. They are PrEP users themselves and are young women aged 20-30 years who reside within the district. The Ambassadors create demand for PrEP use through health promotion activities in clinic waiting areas and antenatal clinics. They invite clients to join Youth Care Clubs and address their individual needs by promoting a comprehensive HIV prevention package that includes HIV PrEP and post-exposure prophylaxis, male and female condoms, prevention of sexually transmitted infections, prevention of teenage pregnancy, and screening for GBV. They also participate in youth dialogues and events in urban and rural communities and link clients in need to facilities for follow-up health services. DREAMS Ambassadors have identified a lack of PrEP awareness and information in clinics and communities. In addition, PrEP uptake is hindered because of myths and misconceptions, and cultural barriers. The Ambassadors engage in one-on-one sessions with youth to dispel misconceptions and address cultural barriers. BroadReach successfully facilitated 15,178 AGYW PrEP initiations in the 2022-2023 PEPFAR financial year exceeding the target by almost fourfold. DREAMS Ambassadors play an important role in PrEP demand creation and uptake and were able to reach clients in health facilities and communities.

CPD POINTS Standard

BIOSKETCH Dr Veni Naidu is the HIV Community Services Lead for BroadReach Health Development. She has extensive senior level experience in social science research, public programme development, public policies and administration, health system strengthening, strategic planning, business development and strategic marketing. In the past 24 years, she has focused on social and economic development with a particular interest in the social and economic impact of HIV and AIDS on business, households and communities; broader health policies and issues; community and evidenced-based social development; and the war on poverty.

TITLE	Evaluation of long waiting time as a contributing factor to patient dissatisfaction (Absconding, signed RHT) in Middleburg Hospital casualty department
PRESENTER	Amir Rahimi and P Radebe
INSTITUTION	Middelburg Hospital
ABSTRACT	<p>Long waiting period in casualty department remains a challenge. For many districts hospitals long waiting has led to facilities being overcrowded with patients, this in turn affects patient's satisfaction regarding health care services. More than not, ambulatory patients absconded or signed the refusal of hospital treatment form (RHT). The department is a 24-hour unit in the hospital where patients with urgent medical conditions come for medical help. It also receives walk in / walk out patients on daily basis. An average of 100 patients are seen daily. This was prospective and descriptive quality improvement exercise; the data was collected from the emergency room department's records at Middelburg hospital. A total of 300 patients files were seen in casualty. All patients are to be triaged as soon as possible upon arrival by a qualified nurse. Out of 300 number of patients, 14 patients were absconded, and 17 patients were signed RHT, from those absconded 5 patients were green, 6 patients were yellow, and 3 patients were orange. From those signed RHT 5 patients were green, 7 patients were yellow, and 5 patients were orange. Study shows 58% of patients signed RHT or absconded, because of long waiting time. Long waiting period is really a huge contribution factor in patients' dissatisfaction of care received as a frustration they abscond, or they sign RHT form. We have patients that are dissatisfied. To have a successful management of long waiting period as the hospital in the casualty department, we must always bear in mind that this is a collective effort, if the team works together from the time the patient walks in and goes for triage when the patient walks out past service, we will have happy patients and a healthy community.</p>
CPD POINTS	Standard
BIOSKETCH	MMed FamMed (UP) FCFP (SA)

Panels

TITLE	One rural voice: Collaboration to strengthen rural health advocacy
PRESENTER	Samantha Maughan
INSTITUTION	Rural Health Advocacy Project

ABSTRACT

This panel discussion to showcase the Rural Health Alliance (RHA) and its purpose. The RHA is the embodiment of the theme of the Rural Health Conference “United Health Care for all – Collaborating for Better Health”. It is formed by multiple organizations with an interest in rural health, and the aim of the alliance is to consolidate and combine rural health advocacy efforts to strengthen rural healthcare in South Africa. This session would be a 60-minute panel discussion:

- why an alliance for rural health advocacy is vital (10 minutes)
- Panel discussion themes (20-25 minutes)
- Human Resources for Health Challenges in Rural Areas
- Budget and resource allocation. Prioritizing primary healthcare in rural areas
- Access to rehabilitation services as an indicator of progress towards Universal Health Coverage
- Community-led advocacy highlighting the healthcare users experience
- Audience engagement (20- 25 minutes)
- Closing comments (5 minutes)

The panelists are still to be finalized but will be people who are attending the Rural Health Conference and who are well versed on these issues. The panelists will be asked a series of questions by the facilitator with discussion on these topical issues. Thereafter the audience will be invited to engage with the panel asking questions or commenting on what has been discussed. As this session is focused on advocacy voice, we would like to offer the audience ample opportunity to engage and add their voices to the advocacy efforts of the Alliance.

CPD POINTS	Standard
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BIOSKETCH

After many years of clinical practice as a medical doctor, Samantha developed a passion for strengthening the health system in South Africa. As a result, she shifted her focus to the field of Public Health and obtained a master’s degree in this field. Her areas of interest include effective governance, health workforce development and excellence in service delivery. Samantha is the project manager at the Rural Health Advocacy Project and produces work that she hopes will have a real-world impact and help change people’s lives for the better.

TITLE Taking HIV, AIDS STIs and TB (HAST) services to the community: Findings from Gert Sibande district in Mpumalanga

PRESENTER Goodman Ntshangase

INSTITUTION Broad Reach Health Development

ABSTRACT Gert Sibande district in Mpumalanga has a population of approximately 1.2 million. HIV prevalence was 16.3% in 2022. Broad Reach Health Development in collaboration with the Mpumalanga Department of Health (DoH) implemented multiple community interventions from 2018-2023 towards achieving the UNAIDS 95-95-95 targets. Interventions Activities towards the 1st 95 included the establishment and training of community teams to use a helicopter approach for contact testing of index clients, supporting mobile HIV units in high-volume locations, and supporting DoH HIV testing campaigns. Coaches who were part of a Coach Mpilo model to focus on men used community dialogues to create demand for HIV testing among men. DREAMS teams provided HIV literacy for adolescent girls and young women and linkage to HIV prevention. Partnerships were established with organizations to offer workplace HIV testing. Activities towards the 2nd 95 included Coaches assisting with tracking and tracing of male clients testing positive and/or those who were lost-to-follow-up to facilitate linkage or return to care. Coaches accompanied men living with HIV to health facilities and fast-tracked appointments. Community teams, which included community healthcare workers assisted with tracking and tracing, facilitating social worker support, and delivery of ART to clients' homes. For pediatric retention, Broad Reach collaborated with Mothers2Mothers to track and trace children and established a bi-directional register to monitor tracing attempts and outcomes between facility and community. For the 3rd 95, to improve viral load coverage, blood samples were drawn from clients in the community and the benefits of viral load suppression were promoted. Gert Sibande is one of the top 5 districts nationally attaining and maintaining the 90-90-90 targets during the 2023 period as per the National DoH quarterly cascade dashboard. Taking HIV services to the community, especially to underserved, hard-to-reach clients, was critical in the progress towards achieving the 95-95-95 targets.

CPD POINTS Standard

BIOSKETCH Mr. Goodman Ntshangase is the Acting District Director at Broad Reach Health Development in the Gert Sibande District in Mpumalanga. He holds a Diploma in Nursing. Prior to his current role, he served in several managerial roles at Broad Reach Health Development including PHC Area Manager, Sub-district Manager and Clinical Nurse Advisor Team Lead. He has been employed at Broad Reach Health Development for 10 years.

Workshops

TITLE A scoping review of psychosocial and socioeconomic interventions for people on drug-resistant tuberculosis (DR-TB) treatment.

PRESENTER Ndiviwe Mphothulo

INSTITUTION University of KwaZulu-Natal

ABSTRACT

People on drug-resistant tuberculosis (DR-TB) treatment face multiple challenges, which include drug side effects that can be severe, psychosocial and socioeconomic challenges, and limited resources. These multifaceted aspects of DR-TB treatment result in socio-economic barriers affecting patient care, and therefore people on DR-TB treatment often need support to be retained in care and complete their treatment. We conducted a scoping review of peer-reviewed studies, to synthesize evidence on the psychosocial and socioeconomic support of DR-TB patients, published from 2005 until 2023. Studies were retrieved from primary research articles, grey literature, and review articles published in peer-reviewed journals. We found that there were few studies on psychosocial and socioeconomic interventions to provide support to DR-TB patients (n = 14). All 14 studies showed that psychosocial and socioeconomic support can address challenges faced by patients on DR-TB treatment. The forms of support provided to DR-TB patients were information, emotional, compassion, and material support. Psychosocial and socio-economic support of DR-TB patients is not a widely implemented intervention in management of DR-TB, and when implemented, psychosocial and socioeconomic support interventions improve retention in care of DR-TB patients and help provide holistic patient-centered care for DR-TB patients. The findings of this scoping review should encourage TB control programmes to provide psychosocial and socioeconomic support interventions to improve retention in care of DR-TB patients and help improve DR-TB treatment outcomes.

CPD POINTS Standard

BIOSKETCH

Dr Ndiviwe Mphothulo is medical doctor and a public health practitioner with 20 years of experience working in the field of TB. He is currently a PhD student at University of KwaZulu-Natal's school of Nursing and Public Health.

TITLE	Acting on syphilis in rural health care. The SAHCS guideline on clinical management of syphilis 2024.
PRESENTER	Madeleine Muller
INSTITUTION	Walter Sisulu University / Cecilia Makiwane Hospital (East London Campus)
ABSTRACT	There has been a global increase in syphilis and a worrying increase in congenital syphilis in South Africa. In line with the WHO, South Africa has set a goal to eradicate congenital syphilis by 2028. In response, the Southern African HIV Clinician's Society published a Guideline for the Clinical Management of Syphilis in early 2024, compiled by an extraordinary team of experts from various disciplines. This workshop will give clinicians the knowledge and skills to implement the necessary prevention, diagnosis and treatment of syphilis. Rural clinicians form an essential part of the drive to reduce the burden of this disease and protect our infants from syphilis-related complications.
CPD POINTS	Standard
BIOSKETCH	Dr Madeleine Muller is a Family Physician and Senior lecturer at Walter Sisulu University. She provides clinical services at Cecilia Makiwane Hospital in Mdantsane, East London, where she also mentors medical students and doctors. She is the convenor for the CMSA Diploma in HIV Management and serves on the CMSA Senate Examinations and Credentials Committee and the College of Family Physicians Council. She is on the RuDASA (Rural Doctors Association of Southern Africa) executive committee, carrying the mentoring portfolio and overseeing the Rural Onboarding program and serves on the executive board of PATHSA (Professional Association of Transgender Health). She is enrolled in her MPhil in Health Professional Education through Stellenbosch University. Dr Muller is passionate about inclusive clinical care, sexual and gender health, teaching, curriculum development, and supporting the growth of patient-centered clinicians.

TITLE	Capacity development planning for and with rural therapists: RuReSA
PRESENTER	Jana Muller
INSTITUTION	RuReSA and Stellenbosch University
ABSTRACT	<p>The Indaba will reflect on the success of RuReSA' s first ever community service onboarding online presentations in 2024 and to develop a staged onboarding and fireside chats programme for the remainder of 2024 and 2025. The aim of the onboarding was to support and capacitate the new rural rehabilitation workforce by sharing best practice models and latest research. The current challenges in professional development of the entire rural rehabilitation workforce will be identified by the participants, and potential speakers and topics for 2024 and 2025 will be identified. A special focus on community service support, rural rehabilitation solutions to contextual challenges and mentoring opportunities will also be explored. The outcome will be a workable plan for capacity development for the remainder of 2024 and the 2025 year and a framework for an application for funding to support the initiative.</p>
CPD POINTS	Standard
BIOSKETCH	<p>Jana Müller is a qualified Physiotherapist with a clinical master's in Orthopedic Manual Therapy. She has a special interest in distributed clinical training, rural health professions education and interprofessional education and collaborative practice. Jana is the chairperson for Rural Rehab South Africa (RuReSA) and a board member of the African Interprofessional Education Network (AfrIPEN). She has worked with the Ukwanda Centre for Rural Health, Stellenbosch University from 2013 and is busy with her PhD in Health Professions Education exploring students and graduates' perceptions of their interprofessional collaboration experiences after living and working on the rural distributed training platform.</p>

TITLE	Conflict Resolution "Like a Boss"
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PRESENTER Bavani Naicker

INSTITUTION Port Shepstone Regional Hospital

ABSTRACT

In rural South Africa, healthcare professionals face unique challenges, including resource constraints and high patient volumes, making effective conflict resolution essential for optimal patient care and team collaboration. This workshop explores a novel approach to conflict resolution from insights learned through my own experience from leading a team of emergency doctors. The lesson plan includes small group discussions to explore the relationship between conflict and leadership styles. However, the need for adaptable, efficient conflict resolution strategies in resource-limited settings is evident. This structure to increase engagement and practical application of conflict resolution strategies, specifically tailored for rural healthcare settings. Real-world case studies and culturally relevant scenarios, emphasizing ethical behavior and professionalism are included. These elements maybe particularly beneficial for rural practitioners who often work in isolated environments and need robust strategies to manage conflicts effectively. "Conflict Resolution Like a Boss," to better equip rural doctors and healthcare professionals with the skills to manage conflict in their high-pressure, resource-limited work environments, aligning with the theme of "United Health Care For All - Collaborating for better health."

- Mode of Teaching Small Group Discussions and Role-playing
- Duration 90 minutes
- Session Outcome To understand the relationship between conflict and leadership styles
- Engagement Activities Case-based scenarios, problem-based learning, digital tools, and peer feedback.

This workshop to foster collaboration and enhance conflict resolution skills among healthcare professionals, ultimately contributing to better health outcomes in rural South Africa.

CPD POINTS Standard

BIOSKETCH Emergency Medicine Specialist. Coffee drinker. Adventurer. Lifelong Learner.

TITLE	District management of traumatic finger amputations and hand sepsis
PRESENTER	Johan Bosch and Craig Parker
INSTITUTION	Frere Hospital
ABSTRACT	<p>Traumatic Finger injuries are a common problem encountered by district doctors. Many of these can be safely and efficiently managed at district level by recognizing correct indications and appropriate surgical technique. Using 3D printed models and interactive presentations, this workshop will seek to equip participants in the selection of appropriate patients needing amputation and then to safely perform the amputations. Hand sepsis is a common presenting problem, and most patients are referred to secondary or tertiary hospitals when often inappropriate conservative management with antibiotics fails. The inevitable delays often result in destruction of hand structures with dramatic impact on hand function. Early incision and drainage prior to referral have the potential to significantly alter outcomes. Using 3D printed models and interactive presentations, this workshop to equip district doctors to manage non complicated hand sepsis through incision and drainage, and how to recognize and conduct initial management of complicated hand sepsis prior to referral. The different hand compartments and appropriate incisions and exploration techniques will be covered together with local blocks and sedation techniques for the procedure. Appropriate empiric antibiotic cover will also be discussed together with basic rehab requirements on return.</p>
CPD POINTS	Standard
BIOSKETCH	<p>Johan hails from Bredasdorp in the Western Cape and completed his medical degree at Stellenbosch University. After his community service in Helderberg in the Western Cape he joined the Frere Orthopedics team and is currently in his second year of specialist training. Johan is passionate about upskilling non-orthopedic primary care doctors to be able to better manage orthopedic emergencies. He has an interest in 3D design and printing and hopes to use these technologies to improve teaching methods and enhance patient outcomes. He is also a member of the Umoya project team.</p>

TITLE	Dynamic Health: unveiling the biokinetic blueprint enhancing health care for all
PRESENTER	Vuyelwa Radebe
INSTITUTION	Stellenbosch University

ABSTRACT

Physical therapy is a common treatment modality for a range of different conditions. Physical therapists make use of variety of treatment modalities to address varying conditions including the use of exercise. Biokinetics is the profession concerned with health promotion, the maintenance of physical abilities and final phase rehabilitation, by means of scientifically based physical activity program prescription. Noncommunicable diseases (NCDs) are increasingly prevalent within South Africa. Physical inactivity is a significant, independent, and modifiable risk factor increasing the prevalence of NCDs. The aim is to how biokinetics can be used in multidisciplinary teams in improve the health care of South Africans in preventing and managing NCDs. The methodology of the discussion will unpack three current projects which demonstrate the use of biokinetics within a multidisciplinary context which addresses and manages various conditions namely noncommunicable diseases as well as improving quality of life. Crafting a paying-it-forward mindset A model for cardiac rehabilitation in public health. Project by the University of Cape Town consisting of collaborative set up between bio kineticists, physicians, dieticians, and occupational therapists to address cardiac rehabilitation for members of the community. WoW Creating a culture of wellness together. A Western Cape government initiative of which communities come together and pick up health lifestyle habits including eating well and exercising more to prevent NCDs. Helderkriun to Helderberg Clinic based bio kineticists working in MDT's to serve all members of the community. Biokinetics, the science of movement in rehabilitative and preventative healthcare, offers significant benefits to the community, especially underserved populations. By integrating biokinetic interventions into public health strategies and collaborating with multidisciplinary teams, movement-based therapies become more cost-effective and accessible. This approach enhances patient-centered care, addressing chronic diseases, mobility impairments, and overall physical fitness, thereby improving health outcomes and accessibility to essential services.

CPD POINTS	Standard
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BIOSKETCH	Vuyelwa Radebe is a junior lecturer at the University of Stellenbosch and the current Board of Director of the Biokinetics Association of South Africa. With a huge passion for helping people, Vuyelwa is a bio kineticists who uses exercises as a treatment modality as a preventative measure for non-communicable diseases.
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TITLE	Evidence updates on simple measures to improve birth outcomes
PRESENTER	Justus Hofmeyr
INSTITUTION	East London and Botswana

ABSTRACT

In recent years important new evidence has emerged of simple ways of improving birth outcomes in low-resource settings. Postpartum long-acting reversible contraception (LARC): Recently the vital role of post-pregnancy LARC provision has been emphasized by WHO. We will present training materials developed for the University of Botswana 'BACKUP' project to implement a program of post-pregnancy LARC provision, including techniques for the copper IUD insertion postpartum, at caesarean birth and post-abortion. New WHO labor care guidance for a positive birth experience: We will present the training materials developed at University of Botswana for implementation of the WHO guidance, including the Mnemonic 'COPE' Companions; Oral fluids; Pain relief; and eliminate the supine position for birth. Third stage Care: We will present an evidence-based approach to third stage care including the mnemonic 'BOND' Baby skin to skin; Oxytocics, initiate blood loss monitoring; and Delayed cord clamping (especially for preterm babies). Postpartum hemorrhage: Routine objective blood loss measurement after birth and early use of the MOTIVE treatment bundle reduces severe PPH by 60%. For refractory PPH, recent evidence supports the use of low-cost suction tube uterine tamponade. We will demonstrate implementation of these new advances, including monitoring of blood loss with disposable calibrated drapes or the re-usable Maternawell tray. Labor induction: Mechanical labor induction with the Foley balloon is safer than pharmacological induction with misoprostol or oxytocin. We will demonstrate an innovative approach when the cervix is too dilated to retain the Foley balloon using 3 Foley balloons side-by side for 'extended balloon labor induction/augmentation'. Shoulder dystocia: For shoulder dystocia unresponsive to traditional delivery methods, we will demonstrate the 'Posterior axilla sling traction. Videos and materials are available at <https://www.youtube.com/@Obstetric.Skills.Library/videos>. Conflict of interest GJH has a conflict of interest as inventor of the Maternawell tray for blood loss monitoring after birth

CPD POINTS	Standard
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BIOSKETCH

Justus Hofmeyr, DSc is Professor, Obstetrics and Gynecology Department, University of Botswana, and Associate Director, Effective Care Research Unit, South Africa. His research interests are innovations relevant to maternal health in low-resource settings, with 400+ peer reviewed publications (h-index 87). He has conceived several obstetric innovations: titrated oral misoprostol solution for labor induction; delayed cord clamping to reduce preterm intraventricular hemorrhage; posterior axilla sling traction for shoulder dystocia; suction tube uterine tamponade; side by side Foley balloons for labor induction; and the re-usable Maternawell tray for monitoring blood loss after birth.

TITLE Let's TQ about it: Management of traumatic severe bleeding in rural settings.

PRESENTER Aldus Smith

INSTITUTION Potchefstroom

ABSTRACT Uncontrolled trauma-related hemorrhage remains the primary preventable cause of death among those with critical injury. The aim of this workshop will be to emphasize the frequency of different types of injury and the time it takes to get patients to definitive care. After a short presentation delegates will be exposed to different bleeding control techniques Direct pressure, indirect pressure and wound packing. Emphasis will be placed on hemostatic agents and tourniquets; pharmacological treatment of bleeding and fluid management will also make up some of the topics. What causes severe bleeding? What injuries are caused by different forces, penetrating injuries/blunt injuries, TQ use, indications and contraindications, how long should TQ's be applied for, how should TQ's be applied, can I use more than one, where to procure TQ's, does TQ's cause secondary injury, can it cause amputations. Indications and contraindications for hemostatic agents, does it cause allergic reactions, where to procure hemostatic agents, when to pack a wound, the use of crystalloids for fluid replacement, the use tranexamic acid in severe bleeding.

CPD POINTS Standard

BIOSKETCH Aldus graduated from high school in 2006 before attending the Northwest University in Potchefstroom South Africa. In 2007 Aldus pursued a bachelor's degree in Physiology and Biochemistry as major subjects. During 2010 he was enrolled at the University of Cape Town where he completed his B.Sc. (Med) Hons degree, specializing in Neurophysiology. He completed a master's degree in Cardiovascular physiology in 2013 and studied towards a bachelor's in pharmacy from the year 2015. In 2016 he started lecturing at the Northwest University's Faculty of Health Sciences as a junior lecturer. He became a full lecturer in 2017 and ever since he is teaching undergraduate modules in Clinical pharmacy, physiology, anatomy and emergency medical care. Concurrently, Aldus became a Basic Life support paramedic in 2008 and proceeded to Intermediate Life Support paramedic a few years later. Aldus is a registered Basic – and Advanced Life Support instructor with the Resuscitation Council of Southern Africa (RCSA) and the American Heart Association. He serves as an Executive committee member of the RCSA. He also instructs international trauma life support (ITLS) and serves on the Executive Committee of ITLS South Africa. Aldus will be starting his PhD in 2024 and hopes to add to emergency medicine and resuscitation in South Africa.

TITLE	RuDASA Indaba: Strategic planning for rural doctors 2025-2027
PRESENTER	Asafika Mbangata & Lungile Hobe-Nxuama
INSTITUTION	RuDASA executive Committte

ABSTRACT

RuDASA is an organization that thrives for quality equitable health care for rural communities, with an aim of providing a platform for health workers with a similar mindset to network, share best practice, advocate and engage on issues that impact rural health. Much of our work has been reactive, as events within the national health system unfold. For 3 years our focus has been developing the Onboarding Programme for community service doctors and Learning Portal for all our members. We now need a new plan. Over the past 2 years of Indaba's and 1 Strategic planning workshop for the RuDASA executive, we have identified components for a new strategic plan and created a draft plan. Several activities and draft have been identified. Our Strategies include Improve the profile and visibility of RuDASA, educating and inspiring young rural health care workers, develop and support initiatives to improve the quality of healthcare available to rural communities, promote and support primary healthcare outreach services and reduce stigma at the point of service and advocate for improvements to the healthcare system – planning, resource allocation and management, patient care and monitoring. This workshop seeks to finalize the plan by identifying clear achievable for these strategies, that can be measured to show progress over the next 3 years. To do this we need a realistic discussion of what a committee of busy doctors can achieve in their “free time”, and how our rural doctor's community of practice can become involved in the activities for the or assist by identifying key role players that may be involved. By the end of the workshop, we hope to create the final Strategic Plan for 2025-2027.

CPD POINTS Standard

BIOSKETCH

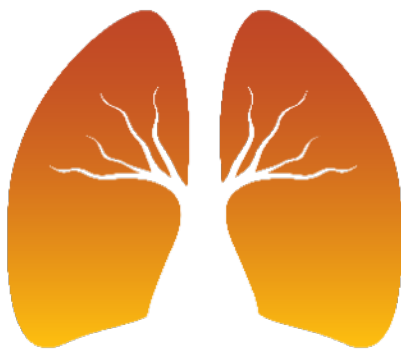
Asafika Mbangata is a Family Medicine Specialist Doctor currently working as a Medical Advisor for Diabetes and Established Products at Sanofi. She is also the Medical Lead for the Diabetes Patient Support Program and Managed Access Program. She obtained her MBChB degree at Walter Sisulu University (2013), Obstetrics Diploma from the Colleges Medicine of South Africa (2017), HIV Diploma from the CMSA (2019), and Fellowship of the Colleges of Family Medicine (2022). She is completing her MMed at the University of Pretoria. Her passion lies in empowering people from all walks of life through health education as she firmly holds the view that quality health care services should be standardized for all, and not a privilege for the elite. Asafika is the current vice-chair/chair in waiting of RuDASA.

TITLE	Taking action on syphilis in rural health care. The SAHCS guideline on clinical management of syphilis 2024.
PRESENTER	Madeleine Muller
INSTITUTION	Walter Sisulu University / Cecilia Makiwane Hospital (East London Campus)
ABSTRACT	There has been a global increase in syphilis and a worrying increase in congenital syphilis in South Africa. In line with the WHO, South Africa has set a goal to eradicate congenital syphilis by 2028. In response, the Southern African HIV Clinician's Society published a Guideline for the Clinical Management of Syphilis in early 2024, compiled by an extraordinary team of experts from various disciplines. This workshop will give clinicians the knowledge and skills to implement the necessary prevention, diagnosis and treatment of syphilis. Rural clinicians form an essential part of the drive to reduce the burden of this disease and protect our infants from syphilis-related complications.
CPD POINTS	Standard
BIOSKETCH	Dr Madeleine Muller is a Family Physician and Senior lecturer at Walter Sisulu University. She provides clinical services at Cecilia Makiwane Hospital in Mdantsane, East London, where she also mentors medical students and doctors. She is the convenor for the CMSA Diploma in HIV Management and serves on the CMSA Senate Examinations and Credentials Committee and the College of Family Physicians Council. She is on the RuDASA (Rural Doctors Association of Southern Africa) executive committee, carrying the mentoring portfolio and overseeing the Rural Onboarding program and serves on the executive board of PATHSA (Professional Association of Transgender Health). She is enrolled in her MPhil in Health Professional Education through Stellenbosch University. Dr Muller is passionate about inclusive clinical care, sexual and gender health, teaching, curriculum development, and supporting the growth of patient-centred clinicians.

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