

Call to arms to aid medical students in Zimbabwe

During February 2009, a report was released by Physicians for Human Rights, an international health NGO, presenting hard evidence of the devastating situation in Zimbabwe and confirming the complete collapse of the healthcare system in that country.

UCT, and particularly the Health Sciences Faculty heeded the call for action and have initiated a number of responses to Zimbabwe's plight, starting with an editorial sent to Cape Town newspapers, co-signed by the Vice-Chancellor and the Dean, to collecting non-perishable food to be sent to Zimbabwe with the Gift of the Givers organization, and most recently, hosting a meeting of the Committee of Medical Deans of Health Sciences faculties across the country.

The Committee released a statement expressing their grave concerns over the impact of the Zimbabwean crisis on academic health sciences, calling on the global community to "support all efforts to secure the training platform for health sciences in Zimbabwe". In addition, as an emergency response, the Committee of Medical Deans requested that medical schools in



Above: the Committee of Medical Deans. Left: Prof Gonda Perez and Gawa Sayed of Gift of the Givers. The Faculty collected food to be sent with aid missions to Zimbabwe.



South Africa and the Southern African region accommodate affected

medical students in their final year of study. This call was made in the face of serious resource constraints faced by institutions in the region, and the Committee undertook to support efforts to procure financial and organizational resources for this purpose.

The Faculty also had a visit

from Prof Midion Chidzonga, the Dean of the Faculty of Health Sciences of the University of Zimbabwe, who was able to give insight into the current situation, both in the Faculty of Health Sciences and in the country.

"It's depressing," he said. "That's the best way to describe it. All of our clinical teaching activities have shut down. It's impossible to continue teaching – the costs for transporting staff and students are too high."

Prof Chidzonga estimated that under ideal conditions, it will take

six months to a year for the situation to normalize in higher education, but he is quick to emphasize that everything is dependent on the situation in the country. But despite all of the challenges, he remains optimistic about Zimbabwe. "If you are the dean, you are supposed to lead and if leave, how can there be change?" he asked.

His message to the Faculty took the form of a plea for assistance. "If UCT can admit as many students as possible to complete their studies, and facilitating staff exchanges, it would be wonderful."

DEAN'S CORNER

In Africa, there are widespread concerns regarding the crucial place of human resources in strengthening health systems. This has been highlighted in the current health crisis in Zimbabwe, in which the importance of sustaining those academic institutions responsible for the production of health professionals has emerged as a national and regional priority. Under these circumstances, there is much which needs to be done to strengthen and support the potential role that academic medicine can contribute to equitable health in Africa, and some lessons from South African experience can help inform the interventions.

First among these are developing and implementing methods and approaches to ensure that the products of academic health sciences meet the requirements of the health sector. These are underpinned by a relevant academic health service complex, appropriate governance structures, as well as models for financing, staffing and resourcing academic health science institutions and their

related health service training platforms.

It follows that any change in such a training platform can have huge impacts on the academic institutions' ability to develop human resources for health equity, and demands close co-operation between all those sectors of society and departments of the state who have a common goal: securing health equity.

Three current initiatives have relevance for this matter. Firstly, at a local and provincial level, discussions are under way with the Provincial Government of the Western Cape to find ways of mitigating the impact of health service shifts on our capacity to teach and train health professionals, especially those preparing to serve as specialists and sub-specialists in a comprehensive national health system.

The news that the Modernisation of Tertiary Services policy, initiated almost a decade ago, is undergoing review and revitalisation holds much promise, and we are ready to engage in both local and national efforts to bring this to fruition.

Secondly, the recommendations emerging from discussions on academic medicine and the training of specialists – led and facilitated by the College of Medicine – have received much support and encouragement from government structures, the body of specialists in the College and also from the national Committee of Medical Deans.

And thirdly, the recently launched Sub-Saharan Africa Study of Medical Schools aims to identify current assets and challenges for medical schools across the sub-continent, leading to a set of specific interventions for sustaining academic health sciences institutions in Africa. This study is funded by Gates, and involves representatives of ten African medical schools, WHO and key resource persons, all of whom are committed to developing an African partnership to strengthen academic medicine. Our involvement in all three initiatives is key to strengthening our contribution to health in the province, the country and the continent.

Publication of the Month

James Axtell in his book *The Pleasures of Academe* has a chapter on 25 reasons to publish. In one of these he says that books and journal articles are a lease, however small, on immortality. This month's publication is by our recently deceased colleague, David Bourne:

Bourne DE, Thompson M, Brody LL, Cotton M, Draper B, Laubscher R, Abdullah MF, Myers JE, "Emergence of a peak in early infant mortality due to HIV/AIDS in South Africa", *AIDS*, 23: 101-106, 2009.

South Africa has among the highest levels of HIV prevalence in the world. Our objectives are

to describe the distribution of South African infant and child mortality by age at fine resolution, to identify any trends over recent time and to examine these trends for HIV-associated and non HIV-associated causes of mortality. A retrospective review of vital registration data was conducted. All registered postneonatal deaths under 1 year of age in South Africa for the period 1997-2002 were analysed by age in months using a generalized linear model with a log link and Poisson family.

Postneonatal mortality increased each year over the period 1997-2002. A peak in HIV-

related deaths was observed, centred at 2-3 months of age, rising monotonically over time. We interpret the peak in mortality at 2-3 months as an indicator for paediatric AIDS in a South African population with high HIV prevalence and where other causes of death are not sufficiently high to mask HIV effects. Intrauterine and intrapartum infection may contribute to this peak. It is potentially a useful surveillance tool, not requiring an exact cause of death. The findings also illustrate the need for early treatment of mother and child in settings with very high HIV prevalence.



Above: Jonny Peters, Shahieda Adams and Richard van Zyl Smit

FHS scores a hat trick

The Department of Medicine scored a hat trick recently when three PhD students received NIH Clinical Research Fellowship Awards.

Each student has a different focus for their research. Richard van Zyl Smit's work focuses on the link between smoking and TB. He explains that the reason that he chose this topic is that there is little research has been undertaken to show how smoking causes TB at a cellular level.

Jonny Peters will work on ways to improve the yield of TB diagnosis, improving diagnostic results. This research involves using a nebulizer with hypertonic saline in an attempt to improve the quality and quantity of sputum produced by patients so that the current 50% positive TB result may be improved to 80%. If the method proves viable, it is simple and cost-effective to implement at clinic level.

Over a period of time, Shahieda Adams will focus on issues pertaining to healthcare workers and TB. One of the aspects of her study involves developing new screening tests.

The award includes an orientation course in the USA in July 2009. The Department of Medicine is to be congratulated on this achievement, particularly as all three applications submitted resulted in awards.

Prof Barnes strikes a blow against malaria

Karen Barnes is a self-confessed victim of her own success. Her work in malaria prevention and treatment was highlighted at her inaugural lecture, held on February 18 at the Faculty.

If this sounds cryptic, she is quick to explain. As a result of the success of the programmes she has been involved in: "We are unable to recruit infected people to undertake credible studies as infection figures are so low." Her main aim is to improve the treatment of malaria, focusing on the bold and innovative approaches that have been taken to address the major challenges, by looking at three areas, namely: developing effective treatment policies, ensuring access to treatment and ensuring that effective treatment policies are sustained.

In her introduction, Prof Marian Jacobs, Dean of the Faculty, described Prof Barnes as caring and a person with great integrity. She was described as an excellent teacher with solid achievements in research, treatment and safety. Prof Jacobs also commended her on her speaking and negotiating skills. Prof Barnes explained that drug resistance is the single most important threat to the effective treatment of malaria. Few antimalarial drugs



Above: Vice-Chancellor Dr Max Price, Prof Karen Barnes and Prof Marian Jacobs

have been developed and almost all of these have been developed from traditional medicines. When these drugs fail, there are few alternatives and it may take years for the drugs currently under development to be licensed. "Money seems well able to control malaria; as funds increase, the malaria burden decreases dramatically. When funding is withdrawn, malaria bounces back

with a vengeance," she said. She concluded by saying that it is critical to keep the following factors in mind when analysing the incidence of malaria, particularly in Africa. Malaria does not respect national borders, and controlling malaria requires thinking and working at a regional and global level. In addition, malaria researchers and policymakers should work more closely together on evidenced-based treatment policies and practices, sharing the responsibility for mobilizing the resources needed to deploy the most effective treatment policies.

Prof Barnes also emphasized the need to link between health programmes; experts involved in the prevention and treatment of malaria have learned from the treatment of HIV/AIDS and tuberculosis, and in return this may be able to offer useful tools for improving the treatment of these deadly diseases.

With such an approach, Prof Barnes is convinced that a marked reduction in the burden malaria places on people and economies throughout Africa can be achieved – and that should be our focus.

Diarise the date: Inaugural Lecture

The Vice-Chancellor Dr. Max Price invites you to the Inaugural Lecture of **Professor Vanessa Burch**, of the Department of Medicine, on **"Healthcare Today"**

The lecture takes place at the the Student Learning Centre, Anatomy Building, Faculty of Health Sciences, Anzio Road, Mowbray, on **Wednesday, 25 March 2009, at 17h30.**

Monthly Quiz

FIFA has just launched a Medical Centre of Excellence at the Sports Science Institute of South Africa, in which the UCT/MRC Research Unit for Exercise Science and Sports Medicine will play a central role. Who was the main FIFA

representative at the launch and from what country does he originate? Send your answers to: kit.vaughan@uct.ac.za.

Answer to last month's quiz: when he returned home from Australia in January, in addition to the broken bone in his left hand,

CORRECTION

An error of omission was made in the front page article of last month's FACULTYNews. The Train-the-Trainer course is co-convened by Prof Laurel Baldwin-Ragaven and Prof Leslie London.

Graeme Smith was also nursing a tennis elbow injury in his right arm. The treatment he received involved the injection of his own blood into the elbow. First with the correct answer (by just six minutes!) was Zelda Holtman who wins the book voucher.

UCT hosts its first South African Vestibular Assessment and Rehabilitation Therapy Short Course

The Division of Communication Sciences and Disorders, School of Health and Rehabilitation Sciences hosted the First South African Vestibular Assessment and Rehabilitation Therapy UCT Short Course in January 2009.

The distinguished speakers who assisted the local faculty were Prof Ron Tusa, neurologist and Prof Susan Herdman, physiotherapist, both from Emory University, Atlanta; and Prof Neil Shepard, audiologist, from the Mayo Clinic. Authors of text books and numerous articles in the field of dizziness and rehabilitation; they made the text books come alive with intensive, insightful presentations and practical teaching sessions.

Although numbers were restricted due to the need to give "hands on" training in examination and therapeutic techniques; the week long course attracted 77 delegates from a variety of countries including Hong Kong, Saudi Arabia, Cyprus, Zimbabwe, the UK and the USA. In addition there was a strong South African presence and the range of professions included physiotherapists,

audiologists and ENT surgeons. The Division was pleased to welcome back many of our recent graduates

who had the desire to further their knowledge and skills in the challenging area of balance disorders and the rehabilitation of these conditions. The Course culminated in an assessment phase and certificates of competence have been awarded to successful candidates. In the case of audiologists, this will permit them to practice in the area as the course was endorsed by the Health Professions Council of South Africa.

The feedback was overwhelmingly positive. An example of the feedback received: "What an awesome experience I had at the Vestibular course! I was truly challenged in a

good way and walked away feeling very fortunate and empowered. It was marvellous." Plans are already underway for the second course which will take place in 2011. The Division would like to thank Belinda Chapman at the UCT Conference Management Centre for helping to make the course such a success.



From left, Christine Rogers (Division of CSD), Prof Susan Herdman, Prof Shajila Singh (Division of CSD), Prof Ron Tusa and Prof Neil Shepard.

Congrats...



Victor Isaacs and Frederick Pick.

Victor Isaacs from the Operations department celebrated his 65th birthday on 19 February 2009.



From left, Prof Marian Jacobs, Marianne Visser, Prof Tim Noakes, Dudu Mthuli and Prof Marjanne Senekal

Launch of Human Nutrition Exhibition and Launch Function: 12 Feb 09

FHS bids farewell to David Bourne

David Bourne, a leading demographer and statistician the field of HIV in South Africa, and a Chief Research Officer in the School of Public Health and Family Medicine, died suddenly on the morning of the 24th February. Our deepest condolences go to his wife Lesley and his sons Gerald and Jonathan.

David was born in London, UK, on the 1st of May 1947. He grew up in Durban, South Africa, where he schooled and went to University to study statistics, completing a second degree at Wits University in environmental sciences in 1974.

He left a career in Nuclear Physics to move to Cape Town in 1975 to take up a position in the then newly established-Department of Community Medicine as a Statistician teaching in medical statistics and epidemiology.

His career at UCT spanned a period of 34 years during which time he rose to become a Chief Research Officer in the Infectious Disease Epidemiology Group in the School of Public Health and Family Medicine.

David authored over 130



David Bourne.

articles, editorials, chapters, letter, reports, debates in the scientific literature, including a focus in the last 10 years of articles dealing with demographic and statistical aspects of the HIV epidemic.

His willingness to put science ahead of political considerations sometimes put him in conflict with officials and agencies who were uncomfortable with the findings to emerge from his research.

But David was adamant that policy-makers should draw from the evidence which he and other colleagues were able to provide, no matter how unpopular such findings may be with elites. Notwithstanding these difficulties, David served on numerous governmental committees since the 1994 transition, mainly in

relation to health information and surveillance.

He was a member of the scientific committee of the International Clearinghouse for Birth Defects Monitoring Systems as part of which he and colleague Rauf Sayed pioneered important South African contributions related to folic acid deficiency.

He also served as a member of International Standards Organisation Technical Committee on Health Informatics. In short, David was recognized nationally and internationally as a scientist of high repute.

All of us who knew David remember him as a person whose enthusiasm, energy and collegiality was iconic. But although data was David's passion, his family was his love. His wife, Lesley and his sons, Gerald and Jonathan were always close to David's working life, sometimes in person, but always in spirit.

We are all, in different ways, the poorer for his premature death. But in commemorating his death, we can honour him by respecting his life, what he stood and strived for, and what he meant to all of us.