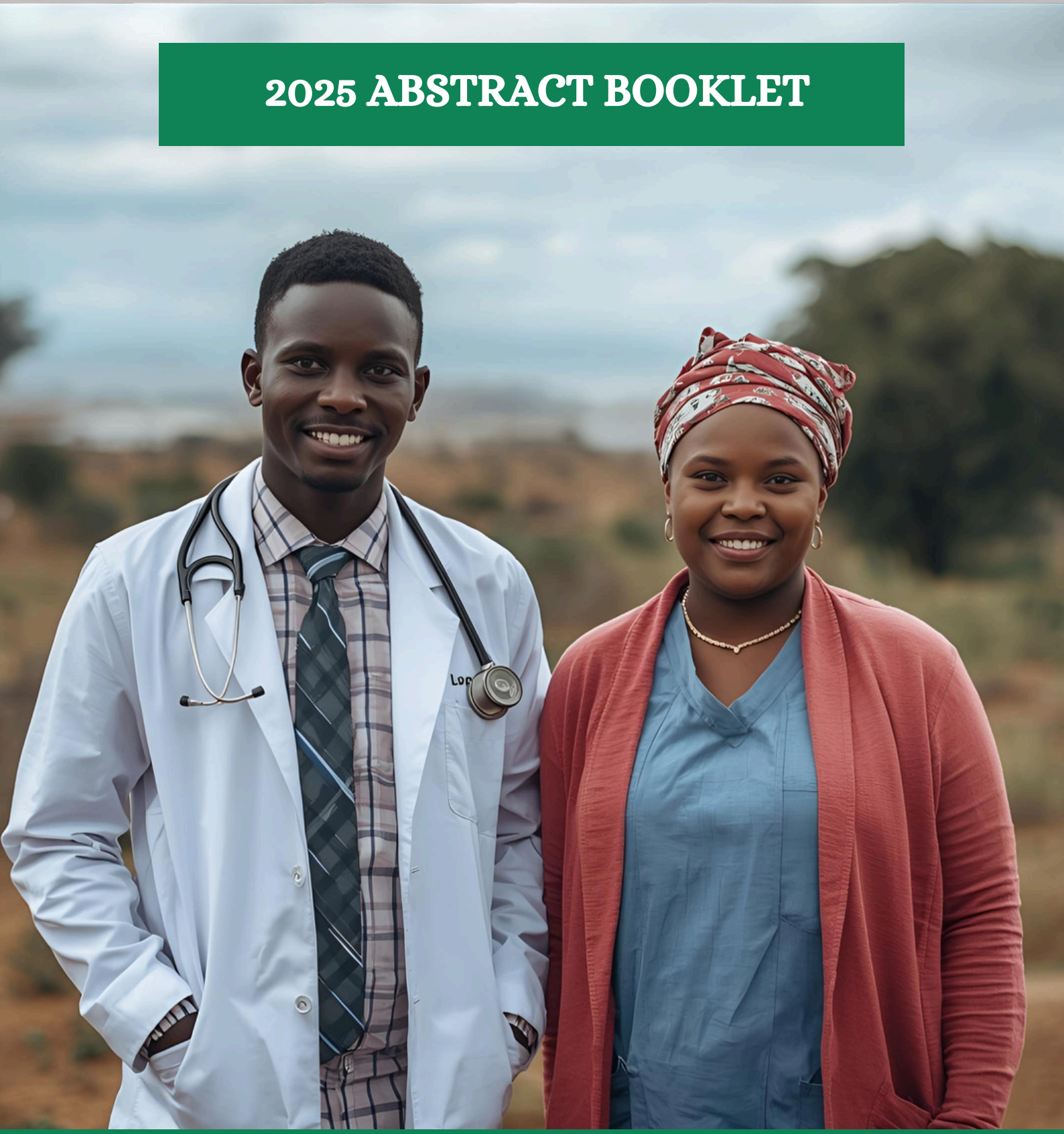
RURAL HEALTH CONFERENCE

PACASA · RuDASA · RuNurSA · RuReSA

2025 ABSTRACT BOOKLET



TUESDAY 16 - THURSDAY 18 SEPTEMBER 2025

ASCOT CONFERENCE CENTRE, PIETERMARITZBURG

"RURAL HEALTH IN REAL LIFE"

RHC

RURAL HEALTH CONFERENCE

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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: "Rural Health in Real Life"

Sub-themes:

Rural Teamwork

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

Health Systems Management & Policy

- The gap between urban & rural: population health & disability demographics, rural social determinants of health, human resources, service delivery in rural areas
- Universal Health Coverage and how does NHI provide UHC?
- Sustainable Development Goals agenda 2030
- 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, quality facilities
- Litigation & costs related to poor service delivery and poor quality of service
- Developing new Service Delivery Packages to ensure UHC
- Health finance, health worker distribution and user access to health services
- Technology to resolve rural issues
- Social accountability: What the News tells us about social determinants of health, Role of the university: training undergraduates to be ready for NHI, Intersectoral collaboration in health
- Inter-sectoral work

Community engagement & end users' voice

- Collaboration with patients, parents and their family
- Collaboration with hospital & clinic boards
- Working with traditional healers and leaders
- How we can all be health advocates
- Access to healthcare for marginalised groups

Clinical Practice

- Working in resource constrained environments yet still giving quality care
- Innovative practice that makes health care equitable
- Good practice in adverse conditions
- Unpacking DoH policy and practice for private practitioners
- Holistic vs specialist care, best use of specialists and access to specialist care in rural areas
- Best practice in PHC
- Best practice global surgery

2025 Theme “Rural Health in Real Life.”

The burden of disease is at highest peak in rural areas, therefore warranting the allocation of rural proofing resources that reflect rural needs. We are seeking innovative contributions that explore: the lived realities, challenges, and innovations that shape healthcare in rural communities.

It’s about the resilience of healthcare workers, the ingenuity required to deliver services in resource-limited settings, and the voices of the patients whose experiences define the system.

This theme invites abstracts that reflect on practical solutions, community-driven initiatives, policy implications, and the personal stories of those working at the heart of rural healthcare.

Whether it’s addressing workforce shortages, leveraging technology for better access, or navigating the social determinants of health, we encourage submissions that capture the essence of rural health as it is truly experienced—on the ground, in the clinic, at the bedside, and beyond.

Photo courtesy of ShonaquipSE

Greening the RHC

Being green means using resources wisely and we urge you all 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 conference to look for lifts or offer space in your car.

Join the WhatsApp community.

Use a digital version of the programme and abstract booklet, rather than printed.

2025 Organising Committee

RHC2025 CHAIR
Ms. Thabisa Mbuwako

PACASA Executive
Ms. Tesha Pillay

RuDASA EXECUTIVE
Dr. Nhlakanipho Gumede, Dr. Lungile Hobe

RuNurSA EXECUTIVE
Ms. Thabisa Mbuwako, Mr. Zwelihle Blessing Shongwe

RuReSA EXECUTIVE
Prof. Deshini Naidoo

Dr. Bernhard Gaede, Dr. Enwongo Ettang, Prof. Indira Govender, Dr. Sue Philpott

PEER review team

RuNurSA: Warren Hansen, Silingene Ngcobo, Guin Lourens, Dr Mbali Mhlongo

RuDASA: Dr. Victor Fredlund, Dr. Indira Govender, Dr. JD Lotz, Dr. Graeme Hofmeyr, Dr. Adam Asghar and Dr. Murray Louw

RuReSA: Cameron Reardon, Erika Bostock, Prof. Deshini Naidoo, Dr. Kate Sherry, Dr. Jana Müller and Olindah Silaule

PACASA: Melissa Olifant, Sanele Ngcobe

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South African Society of Physiotherapy

2025 Conference Partners

RudASA

RuNurSA
Rural Nursing South Africa

RuReSA
Rural Rehab South Africa

PACASA
YOUR VOICE, YOUR PROFESSION, OUR FUTURE

Welcome Note from the Organising Committee

Rural Health Conference 2025 Chairperson

Ms. Thabisa Mbuwako

Honourable members, esteemed faculty, distinguished guests and fellow colleagues, as we gather here today, I would like to take a moment welcome you as invited guests honourable MEC, Acting HOD, Director Nursing (In absentia) Chief Director Mr Mndebele here with us today, Chairpersons and deputy chairpersons that form Rural Health Alliance of which this RHC is composed of, delegates, executive members of various organisations. I greet you all and would like to welcome you in 2025 RHC conference with its theme as " Rural Health in real life " which is going to be detailed through keynote addresses, abstracts and workshops that will form part of deliberations in these three days.

We are here today to look back and see not just how high we have climbed in our rural workspaces but how far we have come as this RHC.

Today is the beginning of the exciting three days where we are going to be networking benchmarking sharing the best practices and learning about possible remedial plans for challenges that we are faced with in our rural health workplaces where resources are a great factor of everything.

This unforgettable event will serve as a call for action that will leave more informed and empowered rural health workers for future conferences.

Understanding the right to health as outlined in the constitution is important and it requires health policy to be developed to address inequity injustice in accessing health care hence the subthemes are going to be dissected in this year 's rural health conference to explore its meaning.

Our government has implemented all its plans in ensuring that NHI is implemented by all its health care establishments. With that having said as the chairperson of this year ' s conference I welcome you all so sit back relax and listen to the experiences of the health professionals in their rural health workspaces either as the care givers or end users.

Ms. Thabisa Mbuwako
2025 Organising Committee Chair

The 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

The Clinical Associate profession was established in South Africa to strengthen the health system through task-shifting and task-sharing, especially in underserved and rural communities. Clinical Associates are mid-level medical professionals trained to provide quality, patient-centred care as part of the multidisciplinary health team. By expanding access to essential services, Clinical Associates play a vital role in reducing the burden on doctors and nurses, improving efficiency, and ensuring continuity of care across the country.

The Professional Association of Clinical Associates in South Africa (PACASA) was established in 2012 to unite, support, and advocate for the profession. Today, PACASA serves as the official voice of Clinical Associates, working to advance recognition, strengthen professional development, and promote equitable healthcare for all South Africans.

Our Vision

PACASA will be a dynamic and inclusive professional body, committed to advancing the role of Clinical Associates in providing quality healthcare, fostering collaboration, and advocating for systemic changes that enhance patient care and professional development in South Africa.

Our Mission

To empower Clinical Associates to be leaders in healthcare by advocating for professional recognition, promoting continuous education, and building strong partnerships across the health sector, ultimately strengthening South Africa's healthcare system through patient-centred care.

Our Purpose & Commitments

PACASA exists to:

- Promote recognition of Clinical Associates as vital contributors to the health system.
- Strengthen professional development, career pathways, and continuous education.
- Foster skills in leadership, research, and health systems innovation.
- Advocate for policies and resources that support equitable, quality healthcare.
- Build collaborative partnerships with government, universities, professional councils, and allied organisations.
- Uphold professional credibility and ethical practice within the healthcare sector.

Find out more and join us:

pacasamedia@gmail.com
www.mypacasa.com

Rural Rehabilitation 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 11 “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, their families 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:

http://www.ruresa.org.za/
www.facebook.com/ruresa
Email info@ruresa.org.za

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 a!ect 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 a!ect 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/

Opening Remarks

Mr J Mndebele, Chief Director
Department of Health, KwaZulu-Natal

BIO SKETCH

Mr J Mndebele is a chief director working for Kwazulu-Natal in charge of District Health Services. He has been in DHS since 1998. He participated in setting up of districts. He has worked as a district director for more than 10 years, uMzinyathi district in KZN and has participated in NHI piloting.

Currently he is responsible for Primary Health Care, School Health Services, CCMDD, Health Promotion. During the Covid-19 outbreak he was a core driver of management of Covid-19. His other responsibilities include the provincial performance monitoring meetings. Mr J Mndebele is also supervising 12 district directors, providing leadership and guidance.

Mr J Mndebele also works closely with universities in KZN especially UKZN. He is a professional nurse (Kangwane College of Nursing) with BA.Cur (UNISA), Masters of Public Health majoring in Policy Development(Wits).

He has done a Postgraduate Diploma in Health Management (Oliver Tambo - UCT), Postgraduate Diploma in Monitoring and Evaluation (Stellenbosch University) Postgraduate Diploma in Advanced Management (Southern Business School), and a Postgraduate Diploma in HIV/AIDS management(MEDUNSA).

Keynote Speaker

RuReSA: Dr. Kate Sherry

"Health in rural real life: doing what matters most."

ABSTRACT	"Resources are shrinking and the burden of disease seems out of hand. Difficult decisions are being made about what should be done with what we still have. Now is a good time to consider what health means in rural real life for the populations we serve and whether we are really doing what matters most to them. In the context of a growing burden of chronic disease, ""a state of complete physical, mental and social wellbeing"" is out of reach. What then should we be aiming for? This presentation draws on research and practice with rural people living with serious long-term health conditions to explore the healthcare outcomes that have value beyond the hospital gates. Dr Sherry explores how a rural real life perspective might turn our understanding of healthcare upside down, but also how small daily things we already do (or could be doing) may be of greater significance than we thought. "
CPD	Standard
BIO SKETCH	Kate Sherry is an occupational therapist working mainly in rural and remote communities, with a focus on new service development and system strengthening. She has worked in various parts of South Africa, Madagascar, Uganda, Cameroon, Kenya and the South Atlantic, and recently joined Libumba Inclusion Initiative in Eswatini. She was founding chair of RuReSA and continues on exco. She has postgraduate degrees in public health and a preference for far-flung jobs involving modest resources, unpredictable transport and good birding.
EMAIL	kate.sherry@gmail.com

Keynote Speaker

Mental Health Keynote: Dr Suvira Ramlall

"Doctors' Wellbeing. Heart and Science."

ABSTRACT	"Advances in medical diagnostics and therapeutics for patients have increased exponentially over the last few decades, yet paradoxically, the mental wellbeing of doctors appears to be declining at an alarming rate. Why are healthcare experts failing to maintain their personal wellbeing? In this self-reflective and participatory presentation, themes of professional and personal identity, success, meaning and purpose will be explored to stimulate greater self-awareness and promote self-care. Simple and practical strategies will be shared on how to monitor and promote health (physical, mental, emotional and spiritual) especially in the current climate of an ailing healthcare platform. The need for paradigm shifts in how health is defined and maintained using a holistic framework is necessary-for both patients and doctors."
CPD	Ethics

BIO SKETCH	Dr Suvira Ramlall, specialist psychiatrist, commenced private practice in September 2025 and is a professional consultant to the Life Path Hospital Group. She worked as the Clinical Head of Specialised Psychiatry at King Dinuzulu Hospital Complex, Durban, for 27 years. She is also an Associate Professor in Psychiatry at the University of KwaZulu Natal (UKZN), where she was appointed as the first Academic Leader for the Registrar Training Programme (2018-2021). She has served on the KwaZulu Natal Provincial Technical Advisory Committee for Mental Health, is the immediate past President of the College of Psychiatrists, and a Member on the Education Committee of the Colleges of Medicine of SA. Over three decades of public service, she has worked closely with the district office, KZN Mental Health Directorate and the National Mental Health Directorate in policy development and implementation. With the South African Society of Psychiatrists, she served on the national executive of the Public Sector Sub-Committee and is currently a member of the Ethics, Peer Review and Disability Sub-Committee. During the pandemic, she was a member of the Technical Working Group for the Ministerial Advisory Committee for Covid 19. She has published in local and international journals, co-edited a South African textbook on Talk Therapy and released Inpowerment: Building Mental and Emotional Resilience, A workbook in 2023. She co-founded the KZN Mental Health Advocacy Group which hosts the Annual Mental Health Symposium in July and the Mental Health Walk and Fair in October, for the last 10 years.
EMAIL	Ramlalls4@ukzn.ac.za

Keynote Speaker

RUDASA: Dr. Ndiviwe Mphothulo

"The Role of Medical Doctors as Activists in South Africa: South African medical doctor's Legacy of fighting for Social Justice and what should be our role as this generation?"

ABSTRACT	"Dr Ndiviwe Mphothulo explores the historical and contemporary role of medical doctors as activists in South Africa, highlighting their tireless efforts to address injustice, promote social justice, and uphold human dignity. Through a journey spanning from the late 1800s to the present, Dr. Mphothulo will showcase pioneering doctors who paved the way, those who fought for justice, and those who continue to shape the healthcare landscape. Drawing lessons from their stories, the presentation will reflect on the role of medical doctors in shaping the future of healthcare in South Africa, emphasising the importance of love for humanity in the practice of medicine. What is our role in shaping the future?"
CPD	Standard
BIO SKETCH	"Dr Ndiviwe Mphothulo is medical doctor and a public health practitioner with 20 years of experience working in the field of HIV and TB. He is currently a PhD student at University of KwaZulu-Natal's school of Nursing and Public Health. He recently published a book "Medicine & Activism: Doctor Activists - Pioneering Spirits, Courage, Advocacy & Social Justice." This book honours the contributions of activist medical doctors who paved the way for a more just and equitable South Africa. He has received multiple awards for his service including the North West Best Performing Doctor award, the Medical Community Builder award, the Spirit of Medicine award from the South African Medical Association, and the annual Innovation Award from the Public Health Association of South Africa. A former student and youth leader in Soweto in the early 1990s, Dr. Mphothulo continued with activism as a medical doctor, culminating in various leadership positions including being Chairperson of the Bophirima General Practitioners Consortium, an organisation representing GPs in the DRSM District, RuDASA North West Province Representative, RuDASA Treasurer, member of the Ministerial Advisory Committee on Medicine Availability and Transparency, member of the Ministerial Advisory Committee on COVID-19. Currently, he serves as the Board Chair and President of the Southern African HIV Clinicians Society.
EMAIL	nmphothulo@yahoo.com

Keynote Speaker

PACASA: Ms. Lumbani Tshotetsi

"The Heartbeat of Rural Health: Recognizing Our Unseen Heroes."

ABSTRACT

"In the quiet corners of South Africa's rural landscapes, where tarred roads give way to gravel paths and clinics are often the only beacon of care for miles, a powerful force sustains the health of communities—our clinical associates and rural health care workers. These professionals, though often unseen and undervalued, form the backbone of primary health care delivery, playing a pivotal role in advancing the nation's journey toward universal health coverage.

This presentation explores the strength, impact, and successes of clinical associates and their colleagues in rural settings. It highlights how, despite systemic challenges—such as limited resources, professional recognition gaps, and geographic isolation—these health workers continue to deliver quality, compassionate care. Their efforts have led to measurable improvements in access, continuity of care, and patient outcomes, particularly in underserved areas.

We reflect on the resilience and innovation that define their work, from managing high patient loads with limited tools to embracing digital health solutions and community-based interventions. These successes are not just stories of survival—they are testaments to the transformative power of dedication and purpose.

Yet, the road remains narrow. Structural barriers, policy limitations, and workforce inequities persist. But this road, though winding and steep, leads to a destination of equity, dignity, and health for all. By recognising, investing in, and empowering our rural health heroes, we can transform this narrow road into a pathway of promise—where every South African, regardless of location, receives the care they deserve.

This is not just a call to acknowledge the unseen. It is a call to elevate them—because the heartbeat of rural health is strong, and it is time the world heard it."

CPD Standard

BIO SKETCH

Ms. Lumbani Tshotetsi is a distinguished Clinical Associate educator, epidemiologist, and global health leader, currently serving as the President of the International Academy of Physician Associate Educators (IAPAE). She is a faculty member at the University of Pretoria, where she has been instrumental in shaping the Clinical Associate Programme within the Department of Family Medicine since 2012.

Originally from Malawi, Lumbani began her medical journey as a clinical officer, qualifying in 1997. She served in the Malawian public health sector as a clinical officer, head of department, and later as deputy district health officer, gaining first-hand experience in the challenges and triumphs of rural and underserved health systems.

	Her academic credentials include a diploma in clinical medicine, a BSc in health science education, a postgraduate diploma in public health, and a Master of Science in Epidemiology. She is currently pursuing a PhD in Public Health, with a research focus on wearable non-invasive diagnostics and improving access to care for vulnerable populations. Lumbani is deeply passionate about interprofessional education, research, and capacity building. She is actively involved in African Virtual Interprofessional Education (AfriVIPE) initiatives and collaborates with both local and international physician associate networks like PACASA and the Global Association of Clinical Officers and Physician Associates (GACOPA) to advance the profession globally. Her work emphasises the impact of clinical associates in achieving universal health coverage, particularly in rural and underserved communities. Beyond her academic and leadership roles, Lumbani is a facilitator, mentor, and mother—not only to her twin daughters but also to the many students she has guided through the BCMP programme into the health workforce. Her legacy is one of compassionate leadership, academic excellence, and commitment to health equity.
EMAIL	lumbani.tshotetsi@up.ac.za

Keynote Speaker

RuNurSA: Dr. Nomawethu Mjekula

"The experiences of family caregivers of traumatic brain injury patients post hospitalization in the OR Tambo District Municipality."

ABSTRACT

"In the quiet corners of South Africa's rural landscapes, where tarred roads give way to gravel paths and clinics are often the only beacon of care for miles, a powerful force sustains the health of communities—our clinical associates and rural health care workers. These professionals, though often unseen and undervalued, form the backbone of primary health care delivery, playing a pivotal role in advancing the nation's journey toward universal health coverage.

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CPD

Standard

BIO SKETCH

With over three decades dedicated to nursing education and a total of 38 years in diverse nursing disciplines, Dr Nomawethu Mjekula has amassed a wealth of knowledge and experience in the nursing profession.

She has facilitated subjects ranging from Medical and Surgical Nursing /Critical Care and Nursing Management across various institutions, including a significant tenure at Transkei College of Nursing, MEDUNSA and Walter Sisulu University.

Her commitment to academic excellence is evident through her credentials of Doctoral Degree (DLitt et Phil in Health Studies), Master of Science in Health Informatics, Master of Nursing Education, post basic diploma in Medical and Surgical Nursing (Critical care nursing) and numerous other qualifications; she has significantly contributed to the research field through presenting research papers in conferences; moderating Masters' research for UNISA and MEDUNSA; reviewing research articles for the South African Nursing and

	Midwifery Journal. and active involvement in moderating and critiquing research at both Masters and peer levels. Dr. Mjekula is now retired but not tired.
EMAIL	nomawethumjekula42@gmail.com

Discovery Foundation Guest Speaker

Prof. Vincent Maphai

BIO SKETCH

Prof. Vincent Maphai is currently board chair of Sibanye-Stillwater, Discovery Life and Discovery Insure, as well as Stadio Holdings. Until 2018, when he retired from full-time work, he was a visiting professor at Williams College in Massachusetts.

His academic career spans two decades: he taught at various universities both locally and overseas and provided consulting services to several blue-chip companies on many HR issues.

He was also a research executive director of social dynamics at the Human Sciences Research Council (HSRC) for three years. His expansive career in corporate includes serving as the chairperson of BHP Billiton SA and, before this, he served as corporate affairs director of the South African Breweries (SAB) and non-executive chair of Castle Brewing Namibia.

He has served on various boards of companies as executive chair, including the SABC, the Presidential Review Commission, and the South African Responsible Gambling Trust.

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PLENARIES

TUESDAY 16 - THURSDAY 18 SEPTEMBER 2025

ASCOT CONFERENCE CENTRE, PIETERMARITZBURG

"RURAL HEALTH IN REAL LIFE"

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TITLE	Enhancing Diabetes Care in Rural South Africa: A Collaborative Model
PRESENTER	Dr. Nicole Fiolet
INSTITUTION	Tintswalo Hospital
ABSTRACT	The Diabetes Clinic was established in 2024 at Tintswalo Hospital in Bushbuckridge, Mpumalanga, South Africa to combat the growing diabetes crisis through a multidisciplinary, collaborative approach with a doctor, nurse, pharmacist, dietician and patient ambassador in the team. With prevention and early detection as core priorities, the clinic addresses systemic barriers that hinder timely intervention, leading to severe complications and increased mortality. However, frequent stockouts of glucostrips and glucometers severely undermine screening and monitoring efforts, leaving patients undiagnosed or unable to track their condition effectively, making insulin use dangerous. To ensure high-quality care, the clinic developed standardized protocols, using a chronic care form with evidence-based guidelines for every patient. By adopting a holistic approach, the team identifies the root causes of treatment failure and manages complex cases effectively. Key partnerships strengthen prevention efforts, with local healthcare workers trained in diabetes diagnosis, treatment, and glycemic monitoring to enhance sustainable care delivery. Collaboration with volunteer specialists has expanded services, including pediatric diabetes care and ophthalmologic interventions for diabetes-related vision impairment. Traditional healers, often the first point of contact for patients, now participate in diabetes education, bridging gaps between biomedical and indigenous practices. To reinforce early detection and patient education, the clinic introduced an innovative waiting-area program led by a nurse assistant, supported by educational diabetes videos. A comprehensive nutritional therapy program empowers patients and caregivers with practical strategies tailored to socio-economic constraints, emphasizing preventive measures for improved glycemic control. Community outreach initiatives, led by local champions, enhance diabetes awareness and risk reduction, fostering grassroots resilience. The clinic's work highlights the urgent need for solutions to stockouts and diagnostic shortages while demonstrating the power of partnerships in improving rural healthcare access. By leveraging local leadership and cross-sector collaboration, this model showcases how multidisciplinary, adaptable frameworks drive sustainable improvements in chronic disease management.
CPD POINTS	Standard
TYPE	Plenary
BIO SKETCH	Dr. Nicole Fiolet is a medical doctor specialized in Global Health and Tropical Medicine from the Netherlands. She obtained her medical degree from Leiden University in 2017 and completed her Global Health specialization at KIT Royal Tropical Institute Amsterdam in 2021, part of the training was volunteering in a rural district hospital in Malawi. In 2021, she started as a volunteer at Tshemba Foundation, mainly working in Obstetrics and Gynecology. Since 2022, Dr. Fiolet has been employed by the Tshemba Foundation, where she oversees the women's health related projects driven by volunteer health professionals and she opened a

	Women's Clinic in Tintswalo to improve cervical- and breast cancer screening and treatment. After successfully handing over the Women's Clinic to the hospital staff, she started the diabetes program. Starting with creating a multidisciplinary team with hospital staff, opening a diabetes clinic and collaborating with PHC, traditional healers and community members to improve diabetes care and awareness.
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TITLE	Living Rural Health in Real Life: Reflections, Lessons, and Commitments
PRESENTER	Ms Tesha Pillay
INSTITUTION	Rural Health Conference
ABSTRACT	This closing plenary will draw together the key themes, lessons, and innovations presented throughout the Rural Health Conference 2025. As we reflect on what Rural Health in Real Life has meant over the past three days, the session will focus on turning insights into action. Delegates will be invited to: • Reflect on what they can do or will change at their own places of work based on what they have learned, • Contribute ideas on how the Rural Health Conference can build on these lessons in future years. These collective reflections will be recorded to ensure that the conference not only inspires individual action but also strengthens rural health advocacy and informs planning for future conferences. By creating space for shared commitments, this plenary ensures that Rural Health in Real Life continues to translate into meaningful change at both local and national levels.
CPD POINTS	Standard
TYPE	Plenary
BIO SKETCH	Tesha Pillay is the Scientific Chair of the Rural Health Conference 2025 and a lecturer in the Clinical Associate Programme at Walter Sisulu University. She is the elected Chairperson of the Professional Association of Clinical Associates in South Africa (PACASA). Tesha completed her Bachelor Medicine in Clinical Practice (BMCP) at Walter Sisulu University in 2016, her Postgraduate Diploma in Public Health (PGDipPH) at the University of Pretoria in 2023, and is currently a Master of Public Health (MPH) candidate at Walter Sisulu University. Her work focuses on strengthening rural healthcare education and advocacy, with a strong commitment to amplifying the voices of rural health professionals and communities.
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PANELS

TUESDAY 16 - THURSDAY 18 SEPTEMBER 2025

ASCOT CONFERENCE CENTRE, PIETERMARITZBURG

“RURAL HEALTH IN REAL LIFE”

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TITLE	20 years of investing in rural youth to address staff shortages at rural hospitals in three districts of KwaZulu-Natal
PRESENTER	Dr Gavin MacGregor Dr Andrew Ross
INSTITUTION	UKZN
ABSTRACT	The Umthombo Youth Development Foundation, previously known as the Friends of Mosvold Scholarship Scheme, started in 1999 with the purpose of investing in rural youth as a way of addressing staff shortages at rural hospitals in the Umkhanyakude District, and subsequently the Zululand (2010) and King Cetshwayo Districts (2013). The programme started with the support of four students in 1999 and has grown to support around 200 students annually. The first two graduates were produced in 2002, whilst current graduate numbers are 623. Over the 20-odd years, the following has been learnt: Despite the poor socio-economic environments and poor secondary schooling of rural students, they achieve the secondary school results, allowing them admission to study a health science qualification. With the right type of support, around 90% will qualify as healthcare professionals, often exceeding the national graduation rates as well as time-to-completion rates. The majority will take up employment at a rural hospital (if posts are available), thereby addressing staff shortages, and in some cases, starting new services or strengthening existing services. Their education leading to employment has a major socio-economic impact on their lives, resulting in them investing in the education of their siblings and their children, and owning assets their parents never owned. The return on investment in their education has been shown to be excellent, as they become financially self-sufficient and contribute to the national fiscus as taxpayers, whilst providing for their extended families. Like other health workers, they seek continuous professional development and are negatively affected by the lack of various retention strategies. Current challenges include the lack of posts after community service, resulting in some being lost to rural communities and, in some cases, the public sector.
CPD POINTS	Standard
TYPE	Panel
BIO SKETCH	Associate Prof. Andrew Ross: current lecturer Family Medicine Department, UKZN. Interest in rural health, medical education, assessments. Dr. Gavin MacGregor: Director of the Umthombo Youth Development Foundation. I joined in 2008 to set up the systems to support more rural origin students to successfully qualify as healthcare professionals, as a way of addressing staff shortages at rural hospitals.
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TITLE	Improving Burn Care from the Ground Up: A **Panel** on Rural-Led Innovation and Collaboration
PRESENTER	Dr Nikki Allorto, Dr Simon Le Roux (facilitator), Kris Herwig, Dr. Rowan Duys, Maryll Stuurman, Myrthe Simon
INSTITUTION	University of Cape Town
ABSTRACT	Burn injuries are a significant cause of morbidity and mortality in rural South Africa, yet access to timely, appropriate care remains limited. This **panel** will explore a growing rural-led initiative to strengthen burn care at the district hospital level, where most patients first present and where early, effective management can save lives and prevent disability. The session will begin with a brief overview of the burn care capacity-building work to date, including the development and piloting of a rural-focused training model co-designed with district hospital teams. Following this, a diverse panel will reflect on the importance of improving burn care and how the model has evolved through collaboration between local stakeholders -who bring deep contextual knowledge - and national and international burn care experts -who bring technical and clinical expertise. Panelists will include frontline clinicians from district hospitals, burn unit specialists, rehabilitation professionals, and academic partners. Together, they will discuss: 1.) The critical role of district hospitals in initial burn care 2.) How referral systems can support, rather than bypass, district-level care 3.) Lessons learned from cross-sector collaboration and shared leadership 4.) Strategies for scaling the model across South Africa and adapting it for other rural contexts. Audience members will be invited to contribute their perspectives and ideas, with a focus on practical next steps and partnerships. This panel directly aligns with the conference theme “Rural Health in Real Life” by foregrounding a pressing, often overlooked rural health challenge—and showcasing how rural clinicians are leading meaningful change through innovation, collaboration, and resilience. We invite clinicians, managers, policymakers, researchers, and community members to join this conversation on building better burn care—starting where the need is greatest.
CPD POINTS	Standard
TYPE	Panel

	Dr Nikki Allorto qualified as a general surgeon with critical care training and runs a burn service in Pietermaritzburg South Africa, with a large outreach component via Vula in western KZN. She enjoys collaboration and system development as well as teaching. She is involved in all aspects of burn care from research and teaching, resource management, surgery, outreach and telemedicine. Passion for getting the basics right and being practical in the development of a service are her trademarks. **Dr Simon le Roux** is Acting Head of the Division of Global Surgery at the University of Cape Town, with a background in anaesthesia and a focus on strengthening surgical and anaesthesia capacity at rural district hospitals. He co-founded the Anaesthesia Launchpad and co-leads a burn care capacity-building initiative in South Africa's Eastern Cape. His work emphasises leadership development, clinical capacity development, and storytelling through film and media to advance equitable surgical care.
BIO SKETCH	Kris 's passion for public health stems from her commitment to social justice along with her extensive work experience with underserved populations. These experiences helped motivate her to eventually pursue her Masters in Public Health (MPH) and continue her work with immigrant and refugee populations in the United States. In her work in refugee resettlement and injury prevention, she was always looking through the public health lens to strengthen structures and institutions to lead to sustainable solutions to public health issues. **Dr. Rowan Duys** is a specialist anaesthetist at UCT 's Department of Anaesthesia and Perioperative Medicine, and the Director of Implementation in the Division of Global Surgery. His mission is to unleash small teams of frontline healthcare change agents to improve the quality and quantity of surgical care they deliver. He tweets at @healthink and would like to be remembered as the husband behind his wonderful wife, the father of three girls, and someone who ran enthusiastically, but slowly, up mountains.
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TITLE	The South African LGBTQI+ Healthcare Equality Program: A rural roll-out in the Central Karoo
PRESENTER	Mx Savuka Abongile Matyila, Amelia Mfiki, Mark John de Bruin (he/him)
INSTITUTION	Desmond Tutu Health Foundation
ABSTRACT	The Desmond Tutu Health Foundation has developed the South African LGBTQI+ Healthcare Equality Program in response to widespread discrimination towards LGBTQI+ people in the South African public health service. This presentation describes the program initiative. The program aims to foster LGBTQI+ inclusive health services through a yearlong intervention that includes an initial facility LGBTQI+ inclusivity assessment followed by three four-hour CPD accredited workshops that provide: 1. Sensitisation training in sexual orientation, gender identity, homophobia, transphobia and health disparities 2. An overview of the components and strategies to create an LGBTQI+ inclusive health facility and 3. Skills training in gender-affirming care. The process is supported with periodic facility visits aimed at co-constructing a practical and sustainable LGBTQI+ inclusive model of care. In collaboration with the Western Cape Provincial Department of Health and Cape Town City Health we initiated this program for healthcare workers and non-clinical staff in both Cape Town and Central Karoo districts. The initial rollout of this program in five healthcare facilities in the Area East district in Cape Town has been well received. It included the facilitation of the first two workshops, the provision of LGBTQI+ branded posters and input towards improving health policy guidelines. This oral presentation will describe roll-out of the South African LGBTQI+ Healthcare Equality Program the Central Karoo. The remoteness of the rural environment posed challenges in the roll-out of the program and necessitated a hybrid approach, combining online and in-person engagement. Local government partnerships enabled effective outreach through community meetings, in-person sensitisation sessions for both health staff and the LGBTQI+ community, and online gender-affirming care training for clinical healthcare staff and healthcare managers. Through joint initiatives with multiple government and community stakeholders, we continue to find innovative ways to learn about this context to provide relevant support towards LGBTQI+ inclusive health systems.
CPD POINTS	Ethics
TYPE	Panel
BIO SKETCH	Savuka Abongile Matyila is a human rights activist with a decade in gender advocacy an academic background in Philosophy, Sociology, Gender, Religion and Health in theology; emphasizing intersectional advocacy and empowerment of LGBTQI+ voices in African communities. Savuka is responsible for coordinating the South African LGBTQI+ Healthcare Equality program, including liaising with healthcare Facility Managers to schedule training sessions and facility follow-up visits, as well as co-facilitating workshops and contributing to the writing process. They are also exploring other health research initiatives in the LGBTQI+ community as part of the Desmond Tutu Health Foundation LGBT+ Division.

	Amelia Mfiki is a distinguished WC civil society champion, who co-chairs the Western Cape Provincial Council on AIDS & TB (PCAT) with Premier Alan Winde. She is the community liaison officer at Groote Schuur UCT Clinical Trials Unit, playing a critical role in managing their Community Advisory Board, offering key insights into clinical trials and fostering vital networks to strengthen community outreach. Her advocacy extends into research as a South African National AIDS Council research sector leader for the WC, working with the LGBTI+ sector to promote inclusive and equitable health solutions. Mfiki is also the co-founder of Ubomi Bethu, an advocy organisation focused on promoting social justice and human rights. I am Mark J De Bruin, Regional Coordinator within the Community Development Worker Program (CDWP) within the Department of Local Government. Working for Western Cape Provincial Government. I am responsible for Central Karoo District Municipality working directly with Communities to unblock services. The Core objectives of the CDW Program is to • assist with improving service delivery and accessibility of services to the public; • assist with inter-governmental coordination both between government line departments and the three spheres of government; • facilitate community development and stronger interaction and partnerships between government and communities; and • support participatory democracy. I have 20 years experience working in government and directly with communities in accessing services. My areas of expertise are Stakeholder engagement, Inter-Governmental relations and policy development. I hold a BA Degree as well as an Honours degree in Public Administration and currently busy with my Masters Degree at UWC. I have a Passion for working with communities to address challenges faced and bring about upliftment and hope for a better future. For the last 5 years, I have been working with the LGBTQI+ communities especially in raising awareness on the challenges experienced with accessing services and inclusivity in planning & budgeting as well as sensitisation & awareness training for communities and within government spheres to normalise the inclusion of LGBTQIA+ community in all activities. I Always sees the humour in daily life-
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TITLE	Uniting Voices for Health Equity: A Collaborative Initiative to Strengthen Community-Oriented Primary Health Care in Rural Ntabankulu, Eastern Cape '
PRESENTER	Ms Zimbini Madikiza Mrs Judiac Ranape
INSTITUTION	Rural Health Advocacy Project
ABSTRACT	This **panel** will explore the experiences, reflections, and outcomes of a collaborative health equity initiative led by two TEKANO Atlantic Fellows for Health Equity in South Africa—one a professional nurse from the Western Cape Department of Health with a focus on community-oriented primary healthcare (COPC), and the other outreach and training coordinator from the Rural Health Advocacy Project (RHAP) with expertise in community engagement and advocacy. Together, they are co-leading a rural social change initiative in Ntabankulu, one of South Africa's most underserved regions. Central to the project is the facilitation of dialogue and collaboration between community members, frontline health workers, and policymakers. By amplifying rural voices—particularly through oral submissions on the Division of Revenue Bill to the Standing Committee on Appropriations and community capacity strengthening —the project has sought to shift the power dynamics in local healthcare decision-making and align with the participatory provisions outlined in the National Health Act 61 of 2003. Panelists, including two rural community representatives, will share lessons learned from engaging communities in health advocacy, fostering trust between stakeholders, and co-creating sustainable, locally relevant solutions. The discussion will highlight successes, challenges, and unexpected outcomes from implementing this model of rural health activism. The aim of the panel discussion is to further ideate the implementation of this project with inputs and lessons from the audience attending this organized session as well. The key outcomes of the panel discussion are: • To share concrete lessons and tools for participatory health governance in rural settings. • To reflect critically on the role of health professionals and activists as catalysts for social change in disadvantaged contexts. • To propose policy and practice recommendations that promote accountability, equity, and community ownership within the PHC system. By bringing together activists and rural community voices, the session offers insights for researchers, policymakers, and practitioners interested in advancing community-oriented primary health care and rural health justice in South Africa and beyond.
CPD POINTS	Ethics
TYPE	Panel

	Zimbini Madikiza is a passionate rural health equity champion, born and raised in the rural communities of Mthatha in the Eastern Cape. She has a strong background in community engagement, advocacy, and rural health systems strengthening. Zimbini holds a BSc and a Postgraduate Diploma in Health Promotion and is currently pursuing her MSc in Health Promotion at Walter Sisulu University. She serves as a Policy and Advocacy Officer at the TB Accountability Consortium and also coordinates community outreach and training programs at the Rural Health Advocacy Project. Additionally, Zimbini is a Global Atlantic Fellow for Health Equity at Tekano South Africa. Her fellowship work strengthens her leadership in rural social justice, health equity, and community empowerment.
BIO SKETCH	Judiac Ranape is a Comprehensive District Health Nurse Lecturer and a certified first-trimester medical and surgical abortion provider and trainer within the Western Cape Department of Health and Wellness. She holds a BTech Degree in Primary Health Care and has extensive experience as a Clinical Nurse Practitioner, providing comprehensive assessment, diagnosis, treatment, and referral services for both acute and chronic conditions. In 2020, she completed a Master's Degree in Nursing Education from the University of the Western Cape. Judiac currently serves as an Acting Facility-Based Manager in primary health care, with a strong focus on sexual and reproductive health, maternal and child health, and Adolescent and Youth Friendly Services (AYFS). As a Reproductive Justice and Rights activist, she is also a Global Atlantic Fellow for Health Equity at Tekano South Africa. Her fellowship work is dedicated to advancing equitable access to healthcare for vulnerable rural populations, particularly in the Ntabankulu region of the Eastern Cape.
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ORAL PRESENTATIONS

TUESDAY 16 - THURSDAY 18 SEPTEMBER 2025
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TITLE	15 Year Retrospective Review of Clinical Admissions Data to Hlabisa District Hospital
PRESENTER	Dr. James van Duuren
INSTITUTION	Africa Health Research Institute (AHRI), Somkhele Campus
ABSTRACT	Understanding long-term trends in healthcare utilization is critical for informing health policy and planning, particularly in rural settings with evolving disease burdens and resource constraints. This study presents a comprehensive 15-year review of clinical admissions to Hlabisa District Hospital, a 265-bed located in the Umkhanyakude District of northern KwaZulu-Natal, South Africa, leveraging data collected through the Africa Health Research Institute (AHRI) Health and Demographic Surveillance System (HDSS). The AHRI HDSS is one of 7 SAPRIN HDSS Nodes covering an area of 845 km². Embedded within this area are a set of 11 clinics and the Hlabisa District Hospital at which clinical presentation and full admission course data are collected respectively through the AHRILink Platform. Between 2010 and the start of 2025, we analyzed retrospective data including over 100,000 hospital admissions to assess temporal patterns in patient demographics, diagnostic categories, admission outcomes, and comorbidities. All admissions are ICD-10 coded and further data linkage with the AHRI HDSS enables stratification by age, sex, HIV status and residency, offering unique insights into population health dynamics within the district. **Key findings** include a marked demographic and epidemiological transition in both age at admission and a shift from admissions for HIV-related illnesses, coinciding with the scale-up of antiretroviral therapy (ART) programs, towards an emerging increase in non-communicable disease (NCD) admissions. Seasonal and gender-based patterns in specific diagnoses are observed. This longitudinal analysis underscores the critical value of linking routine hospital data with population-based surveillance systems. Findings can directly inform district health planning, resource allocation, and targeted interventions in Hlabisa and similar settings. As South Africa continues to confront the dual burden of infectious and chronic diseases, such data-driven approaches are essential for responsive and resilient health systems.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	James is a medical doctor, public health practitioner and Mandela-Rhodes scholar with a profound interest in health systems strengthening, access to effective and quality Primary Health Care and community-led health advocacy. He currently serves as the newly appointed Head of Health Informatics at the Africa Health Research Institute (AHRI). He is also the Chairperson of the People's Health Movement South Africa.
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TITLE	A Framework for the Usability Evaluation of a Mobile Health Application for Early Childhood Development Teachers teaching in remote, rural and low-resourced settings in Africa
PRESENTER	Mrs Monique de Wit
INSTITUTION	Stellenbosch University
ABSTRACT	**Introduction:** In South Africa, only about 50% of children entering Grade 1 are school-ready, with even fewer in early learning programs adequately prepared for Grade R. Motor skill development is a key component of school readiness, yet poor teacher training limits effective early childhood development (ECD). To address this, mobile learning (mLearning) offers a potential solution by providing accessible and affordable training for ECD teachers. However, these apps must be contextually relevant and include teachers in their development through iterative processes such as usability testing and heuristic evaluation. **Objectives:** This study aimed to develop a framework for designing mLearning apps that train ECD teachers in motor skills promotion. The research question explored the principles guiding the design and usability of such an app in low-resource settings. Objectives included identifying key video content characteristics, developing a high-fidelity prototype, conducting heuristic evaluations, and assessing usability using the System Usability Scale. **Methods:** Using a sequential mixed-methods approach, the study proceeded through four phases: (1) developing training content through a consensus workshop, (2) designing a prototype, (3) conducting a heuristic evaluation with experts, and (4) gathering usability feedback from teachers from the Cape Town Metropole area. **Results:** The results led to a new framework comprising six development steps and seven guiding principles, emphasizing culture-centered knowledge, stakeholder engagement, multilingual approaches, and iterative design. **Conclusion:** This framework establishes a structured approach for creating ECD teacher training apps tailored to South African contexts, ultimately improving teacher training accessibility and enhancing preschool education quality.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Monique de Wit is an occupational therapist and lecturer at the University of Stellenbosch, Division of Rural Health (Ukwanda). Her master's and PhD research focused on early childhood development and teacher education.
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TITLE	A qualitative enquiry on the experiences of family caregivers of Mental Health Care Users in rural UMkhanyakude Health District, KwaZulu-Natal, South Africa.
PRESENTER	Dr Jabulile Ndlovu
INSTITUTION	Manguzi Hospital
ABSTRACT	**Background:** Globally, family caregivers develop experiences specific to their home caring activities of their mental health care user relatives. This results in them adopting coping strategies and coping mechanisms, which may be positive or negative. The strategies and mechanisms shape the resultant adaptation context from which theoretical frameworks develop over time. Coping is often influenced by the cultural and belief systems, as well as available and received support from personal relationships, which suggests a need to enquire about burden of care among people in different settings. **Study Objectives:** To identify and describe the coping mechanisms and strategies used by family caregivers of their mental health care user relatives during the home caring process in a rural setting in KwaZulu-Natal. **Methods used:** In-depth interviews were used to collect data from a sample of 36 family caregivers for chronic and serious mental disorders. Nvivo version 14 was used to analyse the data. **Findings:** The sample was made up of 36 participants who experienced different levels of burden of care. Nine themes emerged from the data and were classified under the three domains of coping mechanisms/styles; the active behavioural coping mechanisms, the active cognitive coping mechanisms and avoidance coping mechanisms. Themes which were classified under the active behavioural coping mechanisms were, help seeking behaviour, negotiating with MHCU and being firm with the MHCU. Being patient and positive, commitment to care and give everything up to God were the themes which fell under the active cognitive coping mechanisms. Themes grouped under avoidance coping mechanisms were given up hope, walk away from trouble and seeking revenge. Themes under the active cognitive coping mechanisms as well as avoidance coping mechanisms, were the most interchangeably applied by participants in all levels of burden of care; with themes classified under the active behavioural coping mechanisms being the least used. **Conclusion:** It is recommended that caregivers need to be empowered with coping skills, which will enhance their coping mechanisms.
CPD POINTS	Ethics
TYPE	Oral
BIO SKETCH	Jabulile Ndlovu is Assistant Director Occupational Therapy services at Manguzi Hospital in Northern KZN. She is coordinating the Manguzi Hospital Community Rehabilitation Outreach Programme where home based care visits are done with MDT members as well as the Mental Health services with Psych MDT members. She has MPH and PhD-Public Health; both research embedded in Mental Health issues.
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TITLE	A retrospective descriptive analysis of a surgical service in a rural district hospital in the Eastern Cape, South Africa
PRESENTER	Dr Jessica Westwood
INSTITUTION	Madwaleni Hospital
ABSTRACT	**Introduction:** Surgical conditions contribute to one-third of the global burden of disease, yet many individuals in low- and middle-income countries lack access to essential surgical care. In South Africa, 86% of the population resides within 2-hours of a district hospital equipped with basic surgical capabilities. Strengthening surgical services at these hospitals could reduce morbidity and mortality related to surgical conditions. However, data on district hospital surgical capacity is limited. Madwaleni District Hospital is a 180-bed rural hospital in the Eastern Cape province of South Africa. Surgery at the facility is provided by a diverse team of doctors, ranging from community service medical officers to family medicine specialists. This study describes the volume and breadth of surgical services provided at Madwaleni Hospital in order to inform and enable future improvements. **Methods:** A retrospective audit of the district hospital surgical service was conducted. Data were extracted from the theatre register between January 2016 and December 2022. Data included patient demographics, surgical procedures, and surgical providers. A quantitative descriptive analysis was performed. **Results:** Over seven years, 2616 surgical procedures were performed. Average monthly theatre volume increased from 27 in 2016 to 41 in 2022. Theatre utilisation averaged one theatre case per day. Caesarean sections predominated, accounting for 82% of all surgical cases. An expanding basket of care was observed, with 13 unique procedures performed in the first year and 12 unique procedures added during the next six years. These included obstetric, gynaecological, orthopaedic, urological and general surgical procedures. Family medicine registrars and family physicians performed the most procedures per person. **Conclusion:** District hospitals play a critical role in addressing unmet surgical needs in LMICs. However, quality data describing emergency and essential surgical care at district hospitals in South Africa is scarce. This study highlights the surgical capacity and growth potential of rural facilities. Strengthening these services is key to improving surgical access and outcomes in underserved areas.
CPD POINTS	Standard
TYPE	Oral

BIO SKETCH	Dr Jessica Westwood is a Medical Officer at Madwaleni District Hospital in the rural Eastern Cape, a position she has held since early 2018. She holds an MBChB, a Diploma in Child Health, a Postgraduate Diploma in Community and General Paediatrics, and a Master's in Global Surgery. Dr Westwood's clinical focus includes anaesthetics, maternal and child health, and HIV medicine. She is particularly passionate about improving maternal and neonatal outcomes in under-resourced settings and advancing district-level healthcare delivery. She is also a mother of two young daughters and is committed to creating a more equitable and compassionate healthcare system for future generations.
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TITLE	Acute Disseminated Encephalomyelitis and the spectrum of acute demyelinating diseases in childhood disability
PRESENTER	Mr Andrew O'Brien
INSTITUTION	University of Cape Town
ABSTRACT	Acute Disseminated Encephalomyelitis (ADEM) is an uncommon autoimmune disorder predominantly affecting children, characterized by widespread inflammation within the central nervous system (CNS). It presents significant diagnostic challenges due to clinical overlap with other immune-mediated demyelinating diseases such as Multiple Sclerosis (MS) and Neuromyelitis Optica (NMO). Inflammatory demyelinating disorders are a leading cause of sudden-onset neurological disability in childhood, highlighting the need for timely diagnosis and effective treatment. This literature review explores ADEM's underlying pathology, clinical presentation, diagnostic criteria, treatment approaches, and long-term outcomes. An extensive analysis of current research was undertaken, incorporating data from case reports, epidemiological studies, and immunological literature to build a comprehensive understanding of the condition and other demyelinating diseases of childhood. Diagnosis remains complex due to similarities with other demyelinating disorders, with the presence of myelin oligodendrocyte glycoprotein (MOG) antibodies offering a helpful but not definitive biomarker. The proposed pathogenesis involves autoimmune responses through molecular mimicry. First-line treatment consists of high-dose intravenous corticosteroids, while intravenous immunoglobulin (IVIG) or plasma exchange may be employed in steroid-resistant cases. Prognosis in children is generally favourable, with full recovery seen in up to 90% of cases; however, some patients—particularly adults—may face incomplete recovery or disease recurrence. This review emphasizes the need for greater diagnostic accuracy, improved access to immunotherapies, and holistic, multidisciplinary care. Beyond acute treatment, long-term rehabilitation and psychosocial support are essential to improving functional outcomes and quality of life, especially in settings with limited healthcare resources. This research was presented at the Royal College of Paediatrics and Child Health Conference in Glasgow in 2025.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Andrew is a medical student at the University of Cape Town completing his final year in the Garden Route district at George and Knysna hospitals. He completed an honours in prehospital medicine at Queen Mary University of London and has a keen interest in applying first world prehospital research to the rural South African healthcare context. He completed extra research in paediatric demyelinating disease and has presented to the Royal College of Paediatrics and Child Health on the burden of childhood disability in resource constrained settings.
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TITLE	An association of pregnancy and sexually transmitted infections in a high HIV Burden Setting; A cluster-randomized stepped-wedge clinical trial, KwaZulu-Natal, South Africa
PRESENTER	Nqobile Ngoma
INSTITUTION	UCL, UK. Bryanston, South Africa
ABSTRACT	**Background:** Pregnancy heightens HIV acquisition risk, and STIs cause pregnancy complications yet STI/PrEP status among pregnant women in rural South Africa is underreported. We aimed to explore the prevalence of STIs and the PrEP uptake before and during pregnancy among adolescents and young women aged 15–30 years in a high-burden, underserved rural community. **Methods:** From June 2022 to November 2024, 15-30-year-old community-dwelling adolescent girls and young women (AGYW) were mobilised by peer navigators to attend youth-friendly mobile clinics for SRH services. AGYW were offered STI testing with Xpert CT/NG (chlamydia, gonorrhea, and trichomoniasis), point-of-care HIV testing with dry blood spot ELISA, and pregnancy testing. Demographic and clinical characteristics of pregnant and non-pregnant women were compared using chi-squared tests. Logistic regression was conducted to quantify the strength of association between pregnancy and STI, controlling for confounders. **Results:** Of the 2006 AGYW,10% (n=191) were pregnant. Among those with STI results, 37% (n=560) tested positive for any STIs, significantly higher among pregnant women (46% [69/149] vs 36% [491/1357], p=0.015). The majority of women with STIs (84% [472/560]) were treated. Slightly more pregnant women were living with HIV; however, no evidence of a difference (19% [35/180] vs 16% [277/1681], p=0.311). Forty-nine percent (n=961) were ever eligible for PrEP, significantly higher among pregnant women (58% [109/189 vs 48% [852/1768], p=0.013). Being pregnant was associated with 1.52 (95% CI 1.082 - 2.138) times higher odds of having an STI. After adjusting for age, HIV status, contraceptive use, and pregnancy history, the association was attenuated (AOR: 1.56, 95% CI: 0.98–2.49, p=0.062). **Conclusions:** We found a substantial burden of curable STIs amongst pregnant women, indicating a need for STI testing in antenatal care. Despite high STI prevalence, the offer and availability of oral PrEP, the uptake was suboptimal, indicating a need to expand PrEP modalities. By implementing peer-led community-based SRH/HIV services, we can increase STI screening and PrEP uptake, improving maternal and neonatal health outcomes.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Nqobile Ngoma is a Clinical Epidemiologist, UCL Doctoral Scholar, an Implementation Science Fellow at the Washington University in St. Louis Institute, and a Senior Clinical Solutions Executive at Cepheid. Nqobile's work is in decentralised healthcare delivery models, strengthening primary healthcare and advancing universal healthcare coverage. Her research niche encompasses sexual and reproductive health, HIV prevention, adolescent health, and multimorbidity in pregnancy, with a focus on enhancing maternal and child health outcomes. By combining epidemiological research with implementation science, Ngoma

	is dedicated to developing effective strategies to improve maternal and child health in high-burden communities. Beyond research, she actively engages as a public speaker, mentor, and strong advocate for sexual and reproductive health, HIV prevention, and health system transformation.
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TITLE	Assessing the effectiveness of decentralised antenatal ultrasound compared to a hospital-based service in rural South Africa: an interrupted time series analysis
PRESENTER	Dr Christopher Westwood
INSTITUTION	Madwaleni District Hospital
ABSTRACT	**Background:** Access to antenatal ultrasound remains limited in many low-resource settings, despite WHO recommendations for routine scanning. In rural South Africa, barriers including cost, transportation, and centralized services prevent timely access to ultrasound before 24 weeks' gestation as recommended by national guidelines. **Objective:** To evaluate whether decentralizing antenatal ultrasound to a primary healthcare facility increases the proportion of pregnant women receiving scans before 24 weeks' gestation. **Methods:** A quasi-experimental interrupted time series analysis was conducted at Madwaleni District Hospital and Xhora Community Health Centre in rural Eastern Cape, South Africa. The study included 1239 women who booked pregnancies at Xhora CHC and delivered between January 2017 and July 2020. In November 2018, bi-monthly ultrasound outreach services began at the clinic. We compared the periods before and after the start of the decentralised service was started to assess for changes in ultrasound timing, overall uptake, and antenatal care engagement. **Results:** At baseline, 82% of women accessed ultrasound services, but only 52% received scans before 24 weeks. The post-intervention period showed no immediate step change but demonstrated a significant difference in comparison to the pre-intervention trend with consistent improvement over time. The odds of receiving early ultrasound increased monthly post-intervention (OR 1.05, 95% CI: 1.02-1.08), with proportions rising from 52% to 61% by 12 months. Overall ultrasound uptake improved similarly (OR 1.13, 95% CI: 1.06-1.19) with uptake rates consistently above 90% by the end of the study period. Completion of four or more antenatal visits increased from 55% to 82% (OR 1.07, 95% CI: 1.03-1.11). **Conclusion:** Decentralizing antenatal ultrasound services to primary healthcare facilities significantly improves timing of scans and overall engagement with antenatal care. The gradual rather than immediate effect suggests time is needed for new services to gain community acceptance and trust.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Family Medicine Registrar based at Madwaleni District Hospital with an interest in point-of-care and antenatal ultrasound in the primary health care and district setting.
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TITLE	Best Practice Medicine for Oral Anticoagulants in Secondary Healthcare
PRESENTER	Dr. Asafika Mbangata
INSTITUTION	Bayer
ABSTRACT	Direct Oral Anticoagulants (DOACs), including api apixaban, rivaroxaban, dabigatran and edoxaban have been revolutionising the management of venous thromboembolism (VTE) in the private sector. Following the adoption of DOACs into the Essential Medicines List, these medicines are important for optimising patient safety, adherence and therapeutic outcomes. This presentation will explore the clinical importance, advantages and challenges associated with the use of DOACs in secondary hospital care, and to highlight the best practices for optimising patient safety and therapeutic outcomes.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Asafika Mbangata is the Chair of RuDASA. She is a Family Medicine Specialist Doctor currently working as a sub-Saharan Cardiovascular and Renal Medical Lead at Bayer (global pharmaceutical company). 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) and 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 standardised for all, and not a privilege for the elite. Dr Mbangata was voted as one of the Mail & Guardian's 200 Young South Africans 2017 and Women Changing SA 2019. Recently she was nominated for the Young Achiever's Award by Clinix Group.
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TITLE	Beyond the Clinic: Home-Based Support for Children with Disabilities in Rural KwaZulu-Natal
PRESENTER	Mrs Cathy Mather-Pike
INSTITUTION	Siyakwazi NPO
ABSTRACT	Access to early intervention, rehabilitation, and developmental services remains severely limited in rural South African contexts, where distance, fragmented systems, and resource constraints hinder children with disabilities from receiving timely and appropriate care. In response, Siyakwazi has developed a holistic, community-based model that integrates developmental support, caregiver coaching, and early intervention within the home. Fieldworkers - recruited from local communities - are trained and equipped to deliver regular home visits. These visits include structured, activity-based sessions aimed at promoting cognitive, communication, and motor development. Central to the model is the transfer of therapeutic skills: caregivers are upskilled to implement targeted activities and positioning techniques that not only support development, but also maintain function, prevent contractures, and promote optimal posture - core components of community-based rehabilitation that enable inclusion and participation in daily life. This approach strengthens families' capacity to support their children while extending rehabilitation services beyond the clinic setting. The model also enables early identification and stronger linkage to care. Fieldworkers facilitate referrals to local clinics and hospitals, liaise with healthcare providers, and ensure follow-up - bridging access gaps and improving engagement with preventative and rehabilitative services. Complementary caregiver support, including peer groups and microbusiness opportunities, further strengthens household resilience and reduces social isolation. Despite ongoing challenges - including limited disability awareness, constrained clinical capacity, and gaps in data - the model has demonstrated encouraging outcomes in caregiver confidence, developmental gains, and increased referral uptake. It shows strong potential for scale within existing community structures. Community Healthcare Workers, ECD practitioners, and others already embedded in local systems could be upskilled to adopt fieldworker roles, maximising both reach and sustainability. This presentation outlines the model's design, implementation, and outcomes, advocating for its adaptation within rural health systems to strengthen inclusive, community-based rehabilitation at scale.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Cathy Mather-Pike is the Founder and Director of Siyakwazi. A qualified Special Needs teacher, she holds an Honours degree in Early Childhood Development and a Master of Education, specialising in development through participation. Her experience spans both the UK and rural KwaZulu-Natal, with a particular focus on enabling children with disabilities and their families to access holistic support and care through an inclusive, community-based model.
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TITLE	Beyond the Clinic: Leveraging Community-Based Stakeholders to Transform Rural Disability Services in South Africa
PRESENTER	Ms Talia Mayson
INSTITUTION	Shonaquip Social Enterprise
ABSTRACT	**Background:** Providing sustainable rehabilitation services in rural areas presents unique challenges. With clients dispersed across vast areas, rough terrain, limited staff and few resources, there is often a disconnect between the services needed and those delivered. Traditional clinic-based models often fail to address the complex needs of people with disabilities in these settings. This evaluation explores how systematically involving community-based stakeholders can create sustainable, locally-driven support systems that extend professional reach and improve outcomes. **Methods:** Funded by a community trust, Shonaquip Social Enterprise launched a disability inclusion programme in Limpopo's Waterberg District. The initiative engaged multiple community stakeholders through four key components: community awareness, mentored wheelchair seating clinics with upskilling of local therapists, inclusive early childhood development programming, and family support networks using trained parent champions. Outcomes were regularly assessed through qualitative and quantitative feedback. **Results:** The programme led to notable improvements in disability awareness and service accessibility. Mentored wheelchair seating clinics successfully trained local physiotherapists and occupational therapists while providing 150 appropriate mobility devices. Local technicians were trained to maintain these devices. Parent champions became effective service extenders, identifying those in need of services and offering support. Early childhood development centers were equipped to include children with disabilities in learning activities. The project contributed to building local knowledge and informal support networks. Despite areas for improvement, the project's overall impact was positive, offering valuable lessons for rural service delivery. **Conclusions:** Involving community stakeholders, parents, local NGOs, teachers, and healthcare professionals creates a network of people with knowledge and lived experience of disability. Parent champions and trained local therapists serve as key service extenders, while awareness initiatives build essential social infrastructure. This model offers practical strategies for rehabilitation professionals to maximise their impact across rural areas through sustainable, community-driven approaches.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Talia graduated from UCT as an occupational therapist in 2014. She has worked predominantly in paediatrics in different settings - in the rural Eastern Cape, at a tertiary government hospital, community-based for an NPO and at a specialised clinic for children with cerebral palsy. While she loves the one-on-one interactions that individual therapy brings, especially the satisfaction that comes with providing wheelchair services, working at Shonaquip Social Enterprise has enabled her to think about the bigger picture of inclusion for children with disabilities, broadening the lens of her work.
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TITLE	Bridging the Gap: Understanding the Rural Mindsets and Traditional Health Practices.”
PRESENTER	Miss Mamello Khitleli
INSTITUTION	University of Cape Town
ABSTRACT	Understanding the mindset of people living in rural areas requires sensitivity to their context, especially regarding healthcare. One of the key challenges is the low level of formal education, which directly affects health literacy. Many rural individuals have limited exposure to medical knowledge and often rely on generational beliefs rather than scientific explanations. This can lead to a deep trust in traditional practices, even when they may be harmful. In many rural homes, people infrequently seek medical attention, opting instead to treat ailments using herbal remedies. These practices are not just based on tradition—they are often the only accessible option due to distance, cost, or a lack of awareness. In my own family, for example, when my sister had ear pain, a burnt leaf’s juice was poured into her ear instead of seeking a doctor’s help. I also grew up drinking herbal mixtures for flu symptoms. While these practices are deeply ingrained, they can be dangerous when used inappropriately. During my elective, I witnessed the heartbreaking death of a child due to drug-induced liver injury from herbs given at home. The parents were devastated—they truly believed the herbal remedy would help, unaware of its toxic effects. To address this, education is essential. Health promotion should be community-based, culturally sensitive, and offered in local languages. Training community health workers and involving traditional healers in basic medical education can help bridge the gap. Healthcare access also needs improvement through mobile clinics or outreach programs. Most importantly, communication must be respectful, aiming to complement—not replace—traditional beliefs with safe, evidence-based practices. By understanding the cultural and educational background of rural communities, we can design interventions that truly serve their needs and build trust in the healthcare system.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Mamello Khitleli is a final-year medical student at the University of Cape Town, currently completing clinical training in the Garden Route District. Originally from Qwaqwa, a rural town in the Free State, Mamello’s background has deeply shaped her commitment to community health and education. She has a particular interest in Obstetrics and Gynaecology, inspired by witnessing the high rates of teenage pregnancy in her home village. These experiences sparked her passion for reproductive health and the importance of equipping young people with accurate, age-appropriate knowledge about their bodies and developmental stages. Mamello is dedicated to becoming a healthcare professional who not only provides clinical care but also champions preventive education and advocacy, especially in underserved communities."
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TITLE	Building Tech for Rural Realities: What happens when a clinician builds their own system?
PRESENTER	Mr Duncan Miller
INSTITUTION	Independent
ABSTRACT	Introducing new technology into rural health settings is rarely straightforward. Limited infrastructure, clinician burnout, and resistance to change can quickly derail even the best-intentioned solutions. This presentation explores how one clinician—with no background in software development—built a practical, offline-capable digital tool to support multidisciplinary care in low-resource environments. But more than the tool itself, this talk focuses on the process of getting digital systems used and accepted. It shares hard-earned lessons about navigating resistance, building clinician buy-in, and making change feel possible in teams already stretched thin. The system at the centre of this story was designed to help clinicians work together more effectively, communicate better, and provide more holistic care—not to tick digital boxes. It reflects what can happen when the people using the system are also the ones designing it. By grounding the conversation in lived rural experience, this presentation aims to inspire other clinicians to take ownership of the systems they need and contribute to building technology that actually works for their context.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Duncan Miller is a physiotherapist and public health professional with over a decade of experience in rural and urban South African health systems. He spent three years working in the rural Eastern Cape, where he developed and implemented a low-tech digital wheelchair ordering system that remains in use today. Duncan recently completed his Master of Public Health at Imperial College London, where his research focused on disease burden among wheelchair users in rural settings. Passionate about practical, locally driven innovation, Duncan is currently building a clinician-led digital platform to support multidisciplinary teams working in resource-limited contexts.
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TITLE	Carrying More Than Craft: Baskets of Care and the Hidden Burden of Rural Disability
PRESENTER	Pam Mclaren Dr. Naeema Hussein El Kout
INSTITUTION	Pam Mclaren - Disability Action Research Team (DART) Dr. Naeema Hussein El Kout - The University of the Witwatersrand
ABSTRACT	During apartheid, community access in remote rural areas of South Africa was severely limited by systemic segregation, poverty, and a lack of essential services. In the 1970s, in the Manguzi Health Ward, a marginalised area in KwaZulu (now the uMkhanyakude District), access was gained through a self-help initiative using traditional Tonga and Zulu basketry. This project, Ngezandla Zethu ("with our hands"), supported by the Methodist mission, aimed to promote nutrition and livelihoods. It also enabled one of the co-authors, then the only allied health professional north of the Tugela River, to enter rural homesteads along sandy footpaths, uncovering widespread disability that had remained hidden due to poor transport and communication infrastructure. This historical account, drawing on documentation from the Disability Action Research Team (DART) and firsthand experience, explores the intersection of apartheid-era policies, poverty, and the emergence of disability-focused responses. A high prevalence of disabling conditions, including Mseleni Joint Disease (MJD), leprosy, poliomyelitis, amputations, TB, congenital blindness, and cerebral palsy, was found, with high child mortality rates. These findings confirmed disability in 250 homesteads across four wards bordering Mozambique and the Pongola and Mkuze rivers; areas previously classified as MJD-free by the Medical Research Council. Community-Based Rehabilitation (CBR), aligned with the principles of Primary Health Care, gained momentum. Resources like David Werner's Where There Is No Doctor and Disabled Village Children supported local training of mid-level rehabilitation workers, promoted by rural allied health professionals in RURACT (the Rural Disability Action Group) in KwaZulu and Gazankulu, in partnership with the University of the Witwatersrand. Despite post-apartheid policy reform, rural rehabilitation services remain under-resourced. This paper highlights the critical role of community-led, culturally grounded approaches in improving access, visibility, and sustainable rehabilitation; evident today in the work of multidisciplinary teams and peer supporters at Manguzi Hospital and across the district.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Pam Mclaren is an independent research and part of the Disability Action Research Team (DART). She has many years of experience in rehabilitation service provision in rural areas of South Africa and has focused her research on exposing the reality of disability in South Africa and advocates for improve service provision for disability. Dr. Naeema Ahmad Ramadan Hussein El Kout, Naeema is a lecturer in physiotherapy at the University of the Witwatersrand. She has multiple publications and conference presentations on a national and international scale. Her research is focused on disability and rehabilitation, using policy

	to ensure the integration of rehabilitation into universal healthcare and mainstream health service delivery.
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TITLE	Death and Donuts: The art of debriefing to elevate teams and combat moral injury
PRESENTER	Mr Andrew O'Brien
INSTITUTION	University of Cape Town
ABSTRACT	**Death and Donuts:** How the art of debriefing can strengthen teams and combat moral injury Healthcare providers frequently face high-stakes, emotionally charged situations that can profoundly affect their psychological wellbeing and team dynamics. In emergency and critical care settings, where death, trauma, and uncertainty are common, clinicians may experience moral injury—a sense of guilt, betrayal, or distress resulting from actions or outcomes that violate one's ethical code. Without structured opportunities to process these events, moral injury can contribute to burnout, disengagement, and team dysfunction. Debriefing is a structured reflective process conducted after significant clinical event- a powerful tool to support team cohesion, psychological safety, and resilience. Drawing on evidence from emergency medicine, military psychology, and organizational behaviour, we examine how informal yet intentional debriefing practices, often humorously referred to as "death and donuts," provide space for shared reflection, emotional processing, and learning. Effective debriefing goes beyond technical review; it fosters a culture where vulnerability is normalized, feedback is constructive, and emotional responses are acknowledged. Various debriefing models are discussed, and best practices for integrating debriefing into routine clinical care are highlighted. It is argued how debriefing, particularly in a rural setting with limited access to psychological healthcare services, enhances healthcare worker resilience and reduces burnout. Ultimately, we propose that debriefing is not a luxury, but a necessity in high-stakes environments. By investing in the art of debriefing, healthcare teams can build stronger, more supportive cultures—where clinicians are not only better at saving lives but also at sustaining their own. This talk aims to inspire a shift in mindset: from seeing debriefing as an afterthought, to recognizing it as essential to the emotional health and performance of healthcare teams.
CPD POINTS	Ethics
TYPE	Oral
BIO SKETCH	Andrew is a medical student at the University of Cape Town completing his final year in the Eden District between George and Knysna Hospitals. He holds an honours degree in prehospital emergency medicine from Queen Mary University of London and has completed research in the fields of prehospital major haemorrhage and blood transfusions as has in interest in how human factors affect teams and clinical outcomes.
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TITLE	Empowering Women in Rural Eastern Cape: A Holistic Group-Based Approach at Isilimela Hospital
PRESENTER	Miss Alex Rendall
INSTITUTION	Isilimela Hospital
ABSTRACT	Rural women in South Africa continue to face intersecting challenges of gender-based violence and poor mental health— with hospitals representing an underutilized setting for support and intervention. While several successful governmental and non-governmental initiatives in the Eastern Cape have focused on women's empowerment from a social development perspective—addressing socioeconomic development, leadership, self-agency, and interpersonal skills—an informal survey of over eighty health professionals across hospitals in the province found no existing empowerment programmes at their healthcare facilities. Fifty respondents identified a clear need for such interventions, highlighting an opportunity to expand empowerment efforts through the healthcare system, which serves as a critical point of contact for rural women. At Isilimela Hospital in Port St Johns, we have observed a widespread lack of health literacy and awareness of personal rights among young and middle-aged women—particularly regarding gender-based violence, sexual health, financial management, mental health, and single motherhood. In response, the therapy department launched a monthly women's empowerment group in April 2025. Designed with limited resources in mind, the group offers a safe, holistic space for women to learn, share experiences, and build practical life skills. It focuses on strengthening internal motivation and agency over economic, physical, social, and mental well-being. Session topics include mental health, financial empowerment, physical well-being, safe sexual practices, gender-based violence, and social agency. A multidisciplinary approach to this programme ensures collaboration with medical doctors, social workers and the rehabilitation team to refer patients and contribute to material covered in sessions. Our long-term goal is to establish a sustainable, collaborative programme at Isilimela Hospital that equips women with the tools to empower themselves—while serving as a model for healthcare-based empowerment in the region. This **poster** outlines the process of identifying the need, developing a group-based intervention, addressing challenges, and reporting initial outcomes. We also welcome discussion to help strengthen and expand the initiative.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Alex Rendall graduated with a BSc in Occupational Therapy with distinction from the University of Cape Town in 2024. She is currently doing her community service year at Isilimela Hospital near Port St Johns in the Eastern Cape. Alex has always had a passion for rural health, community-based work and treating patients with empathy, creativity and sustainability.
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TITLE	Experiences of medical interns of emotionally charged workplace encounters: a qualitative exploration of their rural rotation.
PRESENTER	Dr Madeleine Muller
INSTITUTION	Cecilia Makiwane Hospital
ABSTRACT	**Background:** Medical interns experience high-pressure emotional interactions, often with limited support during their rural hospital rotation. Little is known about the effect of such encounters on the emotions and behaviour of clinicians and how this affects clinical care. This study explores the experiences of junior doctors during emotionally charged encounters in the workplace with clinical supervisors, colleagues and patients. **Methods:** A qualitative exploratory study was conducted using semi-structured interviews with 12 medical interns undergoing training in the Eastern Cape, South Africa, between May and Aug 2024. A purposive sample of second-year medical interns who had completed a two-month rotation in a rural district hospital setting was interviewed. Data were coded and subsequently analysed thematically. **Results:** Three themes emerged: 'being a doctor in an emotionally charged clinical environment', 'the emotionally competent doctor' and 'the emotional support needs of junior doctors'. This study highlights the significant emotional toll that junior doctors experience in high-stress clinical environments. Emotionally charged clinical encounters elicited strong, distressing emotions in junior doctors, including anxiety, frustration, and feelings of helplessness, which affected their well-being, service delivery, and clinical performance. Unregulated emotions resulted in counterproductive behaviours, such as abruptness, avoidance, or reluctance to seek guidance from senior colleagues. Participants expressed a need for structured emotional competence training and emotional support, including professional counselling and debriefing sessions. **Conclusion:** Junior doctors face emotionally charged clinical encounters in their practice. Unregulated emotions can drive counterproductive behaviours, affecting service delivery and patient care. Effective educational activities need to be developed to support the development of emotional competence in undergraduate medical education. A programme targeting the emotional well-being of doctors, especially junior doctors, could provide additional support.
CPD POINTS	Ethics
TYPE	Oral
BIO SKETCH	Dr. Madeleine Muller is a Family Physician at Cecilia Makiwane Hospital in Mdantsane and a senior lecturer at Walter Sisulu University. She provides clinical services and teaches and mentors medical students, registrars, and medical officers. Dr. Muller graduated with a Master's in Health Professional Education from Stellenbosch University in March 2025. Dr Muller is convenor for the CMSA Diploma in HIV Management and she serves on the National CMSA/SACOMD committee, which is responsible for implementing workplace-based assessments in postgraduate medical education in SA. Dr. Muller is part of the CMSA/SAAFP team rolling out the Supervisor Workplace Assessment and Teaching Training (SWAT) for clinical supervisors across the ten South African medical universities. Dr Muller is on the steering committee for the South African Association of Health Educationalists Eastern Cape Chapter and is an executive committee member of the Rural Doctors Association of Southern Africa, where she oversees the mentoring portfolio and manages the Rural Onboarding program. She also serves

	on the executive board of the Professional Association of Transgender Health in South Africa. With a strong passion for inclusive clinical care, sexual and gender health, and medical education, Dr Muller is dedicated to curriculum development and fostering the growth of emotionally competent, patient-centred clinicians.
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TITLE	Hospital Management involvement in the Implementation of Clinical Governance Activities and the Level of Importance in two South African Provinces
PRESENTER	Dr Siphokazi Pahlana
INSTITUTION	WSU
ABSTRACT	**Introduction:** Clinical governance is designed to promote and ensure continuous improvement in the quality of clinical care in hospitals. The aim of the study was to investigate the degree of hospital management involvement in clinical governance activities and the impression of the level of importance of such participation. **Methods:** A cross sectional design was done, using a validated survey questionnaire to collect data, captured in Microsoft Excel and analyzed using STATA 17. Random sampling was used to select 377 participants from two provinces, Mpumalanga and the Eastern Cape . In the Eastern Cape, St. Elizabeth Hospital, and Nelson Mandela Academic Hospital were selected, wherein Mpumalanga, Themba Hospital, and Rob Ferreira Hospital. **Results:** The Eastern Cape had 233 and Mpumalanga 144 of the 377 participants. There was a 52.36% participant's response rate of the 720 calculated sample size. The greatest number of those who participated fully in clinical governance activities were nursing operations manager at 70.8%., non specified health professionals (64.9%), the nursing service manager (64%). In contrast, 14.6% finance managers, 14.4% information managers, 12.1% corporate service manager and 8.4 % CEO rarely participated in clinical governance activities. The clinical manager was categorized as "not participating at all in clinical governance activities at 5.7%. Yet the perceived level of importance of the hospital managers including clinical managers in clinical governance activities was 90%. **Conclusion:** There is a remarkable difference in the degree of the clinical and non clinical hospital management's involvement in the implementation of clinical governance activities indicating a need for training to understand the concept of clinical governance.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	I am a dedicated and self-motivated medical professional with a passion for healthcare, teaching, and clinical governance. My journey began with pre-medical studies at Essex County College (1990–1992), followed by a BA in Biology from Rutgers University, USA (1995), and an MBChB from the University of Transkei (2003). I further trained and received a diploma in Anaesthesiology and later obtained certification as an Aviation Medical Examiner (2017). My professional career spans over a decade as a Medical Officer in the Department of Anaesthesiology at Nelson Mandela Academic Hospital in Mthatha, before transitioning to academia at Walter Sisulu University, where I am pursuing a degree in Public Health and continue to contribute to medical education and training.

	I have worked as a tutor, substitute teacher, and assistant manager in the USA. I am honoured to have received several recognitions, including being named to the Rutgers Dean's List, receiving the Distinguished EOF Scholars Award, and winning the Best Intern Departmental Award. My long-term goal is to improve healthcare systems through teaching, research, and clinical governance, ensuring that everyone has access to equitable and high-quality care.
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TITLE	Implementation of Artificial Intelligence Technologies for Rural Public Hospitals
PRESENTER	Dr Sanele Enock Nene
INSTITUTION	Johannesburg
ABSTRACT	**Introduction:** South African rural healthcare system is facing numerous challenges hindering the uptake of AI which has a great potential to improve the healthcare system. AI technologies can assist in counteracting the challenges such as shortage of resources, poor service delivery and escalating poverty which are watering down the efforts of the healthcare workers. **Purpose:** the purpose of this study was to develop a conceptual framework to implement AI in rural public hospitals. Design and methods: A qualitative, exploratory, descriptive and contextual research design and phenomenological approach was adopted. Five phases were followed to conduct this study. Phenomenological individual interviews and focus groups were used to collect data and a thematic data analysis method was used. **Findings and conclusion:** A conceptual framework to implement AI in South African rural public hospitals was developed from the study. It serves as a valuable resource to promote the integration of AI technologies in healthcare operations.
CPD POINTS	Ethics
TYPE	Oral
BIO SKETCH	Senior Lecturer in University of Johannesburg, hold a Masters in Nursing Management and PhD in Leadership focused on AI implementation in South African public hospitals. Published 14 peer reviewed articles and three book chapters in reputable local and international journals, supervised nine masters students to completion, currently supervising five masters and four PhD students. Has presented 18 scientific papers in local and international conferences.
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TITLE	Planet Youth: Improving Community Wellness, Reducing Burden of Disease - Data-driven Whole of Society Approach
PRESENTER	Dr Hermann Reuter
INSTITUTION	UCT + SAHARA - Smoking & Alcohol Harms Alleviation & Rehabilitation Association
ABSTRACT	**Problem Statement:** Our health facilities are overwhelmed by people with chronic disease and trauma. Heavy alcohol drinking is common and contributes to morbidity and mortality in South Africa, causing 100 deaths per day . Of these deaths, 51.1% are infectious diseases, 29.9% non-communicable diseases and 18.9% due to injuries. **Approach:** The Violence Prevention Unit of the Department of Health of the Western Cape is working with departments of Education, Social Development, Cultural Affairs and Sport, UCT, NGOs to implement the Planet Youth process. We follow the Icelandic ecological model which is a data-driven whole of society approach. This year electronic questionnaires were answered by 50000+ grade 8 and 9 learners at 122 schools throughout the Western Cape. These will be analysed to identify protective factors (improving mental health, decreasing substance use, decreasing risky sex). By promoting identified protective factors drunkenness amongst 15-year-old youth in Iceland decreased from 43% to 6%. **Results:** The same survey was conducted in George in 2023 with 6434 learners. Then, 36% reported using alcohol before the age of thirteen, 38% had been drunk, 44% smoked hubbly-bubbly, 25% cannabis. Protective factors identified were spending time with parents, being home before 10pm, parents being against drinking, peers don't get drunk, getting enough food and sleep. These factors were discussed with all government departments and parents at participating schools, and targeted actions were implemented. We will report the responses of 50000+ learners and also compare the responses in George with those from 2023 and trace how they have changed over the past two years. **Conclusion:** We hope to find a positive development in youth behaviour responding to a more protective environment. We propose that more districts use school-based surveys to collect community health data, not purely measuring disease prevalence, but focussing on primary prevention.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Born 1968 in Windhoek, Namibia. MBChB, Higher Diploma Education, PGDip Addiction Care Work experience: Doctor in public sector for eight years. reatment Action Campaign, Doctor with Doctors Without Borders - MSF for ten years Worked in rural Namibia, South Africa, Botswana, eSwatini, Ethiopia Past ten years: Coordinator of UCT in the Garden Route, Director of SAHARA – Smoking & Alcohol Harms Alleviation & Rehabilitation Association
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TITLE	Play with Purpose: A Pilot Initiative for Holistic Child Development in Rural Madwaleni
PRESENTER	Ms Melissa Makinson Mrs Sarah Wilkins
INSTITUTION	Madwaleni District Hospital
ABSTRACT	In alignment with the theme “Rural Health is Real Life,” the Madwaleni Rehabilitation Department, in collaboration with local NGO The Layita Foundation and their strategic partner Kids Collab, has launched a pioneering pilot project aimed at nurturing holistic development in children aged 3–12 across the rural Wild Coast. This initiative focuses on the creation of inclusive Play Parks—safe, accessible spaces designed to foster gross and fine motor development, social interaction, and early learning through play. Recognizing that rural health encompasses more than clinical intervention, the project merges therapeutic goals with community-led play initiatives. Therapists from the Madwaleni team received specialized training from Kids Collab on implementing developmental play strategies, enabling them to integrate physiotherapy, occupational therapy, and speech therapy into playful, engaging activities. These sessions allow children to build strength, coordination, communication skills, and emotional resilience—all through guided play that is rooted in evidence-based practice. Crucially, the initiative also supports grassroots community involvement, empowering local stakeholders and caregivers to take ownership of child development within their communities. Through collaboration with Layita Foundation, the Play Parks are not only therapeutic spaces but also serve as community hubs that bridge the gap between formal rehabilitation and everyday rural life. This pilot responds directly to the deep inequalities that persist in rural healthcare delivery, shining a light on the often-overlooked needs of children in isolated areas. By positioning play as a powerful therapeutic and developmental tool, this initiative reimagines what rural health can look like—vibrant, community-rooted, and child-centered. This model holds potential for scalable, sustainable impact in other rural regions, affirming that rural health is not only real life—it is real progress.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Melissa Makinson - Physiotherapist and HOD at Rural District Hospital (Madwaleni) volunteering part-time as Programme Lead Support with the local NGO (Layita Foundation) that supports the hospital. Sarah Wilkins - I am a Speech-Language Therapist with a special interest in early childhood intervention. My husband and I have lived and worked at Madwaleni Hospital since 2018. I am especially passionate about supporting components of the first thousand days in this rural context, taking breastfeeding, language and literacy development support and education to the community.
EMAIL	Melissa Makinson - melissamakinson99@gmail.com Sarah Wilkins - sa.vanre@gmail.com

TITLE	Resourceful Resilience: Documenting Context-Driven Medical Equipment Innovations in Rural South Africa
PRESENTER	Ms Ayooluwa Agboola
INSTITUTION	University of Cape Town
ABSTRACT	**Background:** Rural health care is often challenged by broken equipment, budget constraints and supply chain disruption, necessitating the use of available resources to create makeshift solutions. Examples include condom-catheter uterine tamponades for post-partum haemorrhage and improvised chest drains using intravenous tubing and plastic bottles. These resourceful innovations are often undocumented and rarely shared or evaluated beyond individual facilities. There is a clear need for a structured and peer-reviewed platform for collecting and sharing this knowledge, allowing wider access, safety and appropriate care across similar low-resource settings. **Objective:** This project aims to document clinical improvisation and alternative tools used in rural settings when standard equipment is unavailable or not functional. Innovations developed by and for rural healthcare workers all over South Africa will be assessed for feasibility, safety and efficacy. **Methods:** Data will be collected through qualitative interviews with rural doctors, nurses and paramedics as well as through site visits to rural healthcare centres. The lived experiences of rural healthcare workers and resources identified at various sites will inform the feasibility and appropriateness of these innovations. A clinical advisory panel with rural healthcare expertise will review each innovation for safety and alignment with standard treatment guidelines. The goal of this project is to create a freely-accessible rural innovations toolkit to support care delivery across similar settings nation-wide. **Potential impact:** This project seeks to amplify the experiences and ideas of rural healthcare workers and communities, integrating their ingenuity into broader clinical guidelines. Rather than replacing conventional medical equipment, the toolkit will share context-driven solutions that can temporarily bridge the gap in care when essential tools are inaccessible. **Conclusion:** Documenting and disseminating rural healthcare innovations offers a practical, scalable pathway for translating policy into action- ensuring equitable, high-quality care in resource constrained environments.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Aya Agboola is a final-year medical student at the University of Cape Town (UCT), currently completing her clinical training in the Garden Route, with exposure to rural district health services. She has a strong interest in equity-driven healthcare, clinical practice in resource-limited settings, and strengthening public health systems from the ground up. Aya has been actively involved in student leadership and health advocacy, having served as a residence life executive committee member, outreach coordinator, disciplinary committee member, gender marshal, health sciences' student council secretary-general, and executive committee member in the university's Surgical and Cardiac Societies. These roles reflect her commitment to student development, social accountability, and inclusive healthcare leadership.

	Aya's clinical and academic interests are informed by her experiences across both urban and rural healthcare settings, as well as her commitment to innovative, context-specific solutions for improving healthcare delivery. She is passionate about amplifying the voices of both healthcare workers and service users and hopes to contribute to health systems that are both people-centered and policy-responsive.
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TITLE	Reviewing conceptualizations of Resilience from an Indigenous Healing perspective in Africa: A Scoping Review
PRESENTER	Ms Hombakazi Mercy Nqandeka
INSTITUTION	Stellenbosch University
ABSTRACT	Indigenous (traditional will be replaced by indigenous in the rest of the review) health knowledge systems play a significant role in many African communities and the diaspora settings, providing culturally grounded approaches to wellness, resilience, and healing. Resilience is, however, a Western curved term that does not necessarily cater for the African conceptualization. This review, therefore, maps the literature on conceptualization of resilience from an indigenous point of view. The review also looks at how indigenous healing practices intersect with biomedical paradigms, highlighting resilience strategies and indigenous epistemologies. A scoping review of 150 articles was conducted, synthesizing data from studies conducted across 35 countries, with focus on Africa and global South contexts. Thematic analysis was performed to extract key concepts related to resilience, indigenous knowledge, medical practices and traditional healing frameworks. **Results:** Four dominant themes emerged (1) Resilience rooted in cultural continuity and community works; (2) Indigenous knowledge systems centered on spiritual beliefs, ancestral wisdom, and ritual practices; (3) Medical practices including herbal, spiritual, and integrative treatments; and (4) Indigenous healings as parallel and, at times intersecting health system to biomedicine. **Conclusion:** From these themes, it can be concluded that Indigenous healing practices remain central to health systems in many African communities. Their resilience reflects not only cultural survival, but also pragmatic adaptation.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Hombakazi Mercy Nqandeka is a PhD candidate in Health Sciences at Stellenbosch University, researching resilience from an Indigenous healer's perspective in villages around Madwaleni Hospital. She holds double master's degrees in agriculture and Climate Change Transition (National University of Ireland and SupAgro Montpellier) and a BSc Honours in Soil Science from the University of Fort Hare. Mercy is a Global Atlantic Fellow (Rhodes House, Oxford) and a 2025 Margaret McNamara Education Grant recipient. In 2024, she was recognised by the Mail & Guardian with a Power Women's Award. She currently works as a Manager in the Office of the Vice-Chancellor at Fort Hare. Before that, she briefly lectured at Utrecht University College in the Netherlands. Her recent publication in Development in Practice explores ethnoveterinary knowledge among smallholder farmers. She has also published three books, the latest being Don't Upset ooMalume, a celebrated book on Xhosa culture.
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TITLE	Serve while we learn –InReach in the Central Karoo and West Coast Districts of the Western Cape
PRESENTER	Ms Lindsay-Michelle Meyer
INSTITUTION	Stellenbosch University, Division of Rural Health(Ukwanda)
ABSTRACT	These initiatives united expertise from Stellenbosch University's Faculty of Medicine and Health Sciences (FMHS), the Western Cape Department of Health and Wellness (WCG H&W), Africa20Twenty, the University of Western Cape (UWC) Dental School, and Nelson Mandela University Medical School (NMU). This collaboration addressed local health challenges through an innovative model. FMHS students train in public health facilities, working alongside clinicians who supervise their learning. To strengthen partnerships in the Central Karoo and West Coast Department of Health and Wellness in the Western Cape, FMHS introduced the 'Serve while we learn' innovation. This initiative benefits the community, students, graduates, and the health system, aligning with the faculty's mission of transformative lifelong learning. In September 2024, eight interventions were held in the Central Karoo to address local healthcare needs. These efforts reduced waiting times for cataract surgeries and dental services, enhanced student training, and supported professional development for healthcare professionals via Point of Care Ultrasound (PoCUS) and Clinician as Teacher (C-a-T) workshops. The success of these interventions led to the Malmesbury InReach event on 1 March 2025. These initiatives facilitated collaborative teaching and exposed students and clinicians to real-world clinical settings in rural areas. Patients gained access to essential health services, with two contributing as ultrasound training models. The health system benefited from shorter waiting lists. **Impact of the InReach Innovation:** Academic and clinical staff from SU, UWC, and NMU supervised training and service delivery in partnership with WCG H&W and Africa20Twenty. This model fostered a collaborative approach, reinforcing the theme of community engagement serving while learning.
CPD POINTS	Ethics
TYPE	Oral
BIO SKETCH	Lindsay-Michelle Meyer is a dedicated professional with a rich background in rural health and education. With years of experience as part of the Ukwanda Centre for Rural Health(CRH) team, she has contributed significantly to improving healthcare access in underserved communities. Her journey began with seven years of teaching at a primary school, where she honed her skills in education before transitioning to the Stellenbosch University, Faculty of Medicine and Health Sciences, Ukwanda CRH. As part of the Stellenbosch University Medical Education Partnership Initiative (SURMEPI), a project funded by PEPFAR, Lindsay-Michelle excelled in project management. She oversaw the construction of the Avian Park Learning Centre in Worcester, spearheaded the development of the Learner Day for schools in the Cape Winelands and Overberg region, and facilitated exposure opportunities for first-year medical students at the Rural Clinical School. Driven by her passion for empowering individuals, Lindsay-Michelle leverages her qualifications as a qualified teacher and project manager, complemented by a

	Postgraduate degree in Sustainable Development Planning and Management. Currently pursuing a master's in Transdisciplinary Health and Development, she integrates her expertise in Social Sciences to shape narratives within the university and associated organizations. Currently, Lindsay-Michelle co-facilitates workshops in Health & Wellness, specifically focusing on health advocacy for MBChB 2 students. Her commitment to developing future healthcare professionals reflects her dedication to creating positive change in both academic and practical spheres of healthcare delivery.
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TITLE	South African health professional associations urged to end commercial milk formula industry sponsorship
PRESENTER	Ms Lori Lake
INSTITUTION	Children's Institute, University of Cape Town
ABSTRACT	Breastfeeding is often presented as a matter of personal choice, yet formula milk is expensive – if not unaffordable – for most mothers of young children in South Africa. Two in three infants live below the upper bound poverty line and 30% lack water on site. It is therefore unsurprising that diarrhoea and pneumonia remain key drivers of under-five mortality. Aggressive marketing of breastmilk substitutes (BMS) to mothers and health workers undermines breastfeeding - while industry funding of health professional associations and conferences create a conflict of interests that undermines our integrity and the health and nutrition of our most vulnerable children. Formula milk sales in South Africa have more than doubled in the last 20 years and breastfeeding rates are falling. It is therefore vital that all health professionals are familiar with Regulation 991 of the Foodstuffs, Cosmetics and Disinfectants Act and the International Code of Marketing of Breastmilk Substitutes (BMS) which seek to remove these commercial pressures from the infant feeding arena and prevent the inappropriate and unethical marketing of BMS.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	I am a Communication and Education Specialist, based at the Children's Institute, University of Cape Town, where I play a central role in the annual publication of the South African Child Gauge, the design and delivery of our child rights courses for health and allied professionals, and the drafting of the child health sector's shadow reports to the United Nations and African Union. In addition, I chair the Advocacy Committee in the Department of Paediatrics and Child Health at UCT, and serve on the executive committee of the Child Health Priorities Association where I have motivated for the protection of child health services and raised awareness about the impacts of climate change and the commercial determinants of health.
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TITLE	The Future of Medical Schemes in an NHI/UHC Era: What role do medical schemes and private healthcare funders play post-NHI/UHC implementation?
PRESENTER	Miss Hellen Nkwagatse
INSTITUTION	PPO Serve
ABSTRACT	This abstract provides a comprehensive overview of the evolution of strategic purchasing in healthcare, tracing the historical role of medical funds, from passive funding in Europe to the managed care era and now the growing contemporary emphasis on strategic purchasing globally: 1. The Evolution of Healthcare Funding and Role of Medical Funds: • The paper explores the shift in healthcare funding models, starting from passive funding in Europe in the late 19th century, characterized by passive funding, succeeded in the 1970s by managed care in the United States, a more proactive approach aimed at controlling healthcare costs by managing both the financing and the delivery of care. This is now being replaced by strategic purchasing as systems around the world focus on getting the best value for money for pa6ent care. 2. Impact of Funding Models on Healthcare Systems: • The way healthcare systems are funded determines their structural arrangements. This includes the ability to effectively triage patients, ensuring that individuals receive care that matches their specific medical needs, based on the severity of their conditions, so that the right pa6ents receive care at the right level of care. This is crucial for reducing inefficiencies, the best use of resources and improving pa6ent outcomes. 3. Characteristics and Competencies of a Strategic Purchaser: • Include expertise with case mix tools and quality outcome measures, an understanding of each local systems characteristics and challenges and the funds independence as an agent for the patients. **Summary:** A historical and conceptual journey of healthcare funding underscores the importance of funding models in shaping healthcare systems, and the requirements to do this effectively.
CPD POINTS	Standard
TYPE	Oral

BIO SKETCH	A South African health professional with over a decade of experience spanning clinical practice, programme implementation, and healthcare operations. Born on 29 September 1988, In Limpopo province, she is fluent in Northern Sotho and English. She completed her secondary education at Masemola Secondary School in 2005 before pursuing a Bachelor of Clinical Medical Practice (BCMP) at the University of Pretoria, qualifying as a Clinical Associate. Currently, she is furthering her studies in Master of MBA in Healthcare Management strengthening her expertise in healthcare systems, leadership, and innovation. Her career journey began in 2007 as a Basic Ambulance Assistant with the South African Military Health Service under the SANDF. Since then, she has advanced through clinical and leadership roles including Clinical Associate in family medicine and addiction services, Clinical Network Manager at PPO Serve, and Operations Specialist overseeing HIV and PrEP programmes in Johannesburg and Sedibeng. Currently, she serves as a Programme Manager for the The Value Care Team Programme, where she leads and manages staff, operations, and stakeholder relationships. In this role, she is responsible for setting KPIs, implementing SOPs and policies, driving quality assurance, and ensuring effective resource allocation. Her portfolio also includes programme performance monitoring, contract management, interdepartmental collaboration, and strategic planning. She plays a pivotal role in developing and executing plans for programme growth, risk management, and continuous improvement, ensuring alignment with organizational goals and broader healthcare needs. With a unique combination of clinical expertise and programme management experience, she is committed to strengthening healthcare systems, fostering professional networks, and delivering sustainable, patient-centred solutions.
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TITLE	The Madwaleni Oxygen Plant Pilot Project - lessons learnt over the past 3 1/2 years
PRESENTER	Dr Craig Parker
INSTITUTION	East London, Private practice
ABSTRACT	One of the key constraints during the Covid 19 pandemic proved to be availability of adequate oxygen. The disparity between rural and urban access was stark with Madwaleni Hospital on the Eastern Cape Wild Coast facing significant challenges accessing oxygen during the pandemic due to it's extremely remote location. The potential long-term benefits to the hospital of generating and storing their own oxygen were clear and a pilot project was launched culminating in an oxygen plant being commissioned at the end of 2021 with the help of donor funding. This plant has reliably provided the hospital with oxygen over the past 3 ½ years, and continues do so at significantly less cost than commercial bottled oxygen. Much has been learnt about the optimal configurations, operational parameters, opportunities, costs and potential of this solution for rural hospitals. The unfortunate government oxygen plant scandal in 2024 highlighted how not to do things but this long-term pilot study has provided a great deal of data that can help make an appropriately informed decision. This presentation will highlight the key lessons learnt during this long-term pilot study and make recommendations on the possible future of this technology for rural hospitals to improve access to this life giving and sustaining resource.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Now a GP anesthetist in private practice, Craig worked previously at the Frere Hospital in East london in pediatric surgery and then anesthesia. He is a director of the social enterprise Umoya that developed an oxygen mask during Covid19 and continues to develop and support innovative, low cost solutions for under resourced communities. Craig was also an engineer for many years before becoming a medical doctor.
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TITLE	The Vulavula Project: Medical Communicators
PRESENTER	Dr Inez Allin
INSTITUTION	Tintswalo Hospital and surrounding PHC clinics
ABSTRACT	South Africa's rural healthcare system is marked by profound linguistic, cultural, and systemic diversity that often hinders effective patient-provider communication. These challenges are particularly pronounced in under-resourced rural settings, where barriers such as language mismatches, cultural beliefs, and health literacy deficits contribute to poor patient outcomes. In response, the Tshemba Foundation, based at Tintswalo Hospital in rural Mpumalanga, has developed and implemented an innovative model: the Medical Communicator—a new category of healthcare worker which aims to improve communication, trust, and treatment adherence between patients and the healthcare system. Medical Communicators are qualified, registered volunteer nursing assistants embedded within rural clinics and hospitals. Their role is to bridge the divide between traditional and scientific medical perspectives, interpret language and cultural nuances, and educate patients on conditions, treatments, and prevention in ways that are accessible and culturally sensitive. This model has proven effective in outpatient departments, antenatal clinics, diabetic education, school health programs, and community outreach initiatives. Key challenges faced include defining the scope of practice, training protocols, and integrating Medical Communicators into existing healthcare hierarchies without duplication or role confusion. Through ongoing partnerships with local health authorities, traditional leaders, and international volunteers, Tshemba has navigated these complexities by fostering mutual respect and shared ownership of the initiative. Lessons learned emphasize the importance of community-rooted solutions that not only address immediate communication gaps but also build local capacity. Medical Communicators enhance rural healthcare delivery by making services more inclusive, respectful, and effective, thereby contributing to improved health outcomes and greater patient satisfaction. Looking ahead, the initiative seeks to formalize training standards, expand reach beyond clinical settings, and advocate for the institutionalization of this role within rural health systems. This model offers a scalable, holistic strategy that strengthens healthcare access and equity for underserved rural populations, and serves as a compelling example of innovation in rural health delivery.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Dr Allin is a GP who trained in the Netherlands and came to volunteer as a medical doctor with the Tshemba Foundation in 2021. She joined the Foundation in 2022 as a part time employee and is in charge of the PHC and school outreach projects run by the Foundation.
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TITLE	To transfuse or not to transfuse: How first world prehospital transfusion research and solutions apply to rural healthcare.
PRESENTER	Mr Andrew O'Brien
INSTITUTION	University of Cape Town
ABSTRACT	Major haemorrhage, often resulting from trauma, is a leading cause of preventable death worldwide and poses a significant burden on health systems, particularly in low-resource and rural settings. Uncontrolled bleeding can lead to rapid physiological deterioration, shock, and death if not promptly managed. Trauma-related haemorrhage accounts for a substantial proportion of early in-hospital and prehospital mortality, especially among young, otherwise healthy individuals. The demands of managing major haemorrhage—such as the need for blood products, surgical intervention, and critical care—place considerable strain on healthcare resources. While seemingly opposite in context, well-resourced prehospital medicine environments and rural healthcare systems in less well-resourced countries share key operational similarities. Both often function in austere, unpredictable settings where rapid decision-making, limited diagnostic tools, and prolonged transport times influence clinical care. Prehospital teams in high-income countries must deliver advanced interventions in the field with minimal support, mirroring the realities of rural clinicians who manage critically ill patients far from definitive care. This overlap in operational challenges—despite differences in funding and infrastructure—offers a unique opportunity to adapt and translate high-resource prehospital strategies to improve outcomes in rural and resource-limited settings. In this presentation, I will explore current transfusion protocols and the management of major haemorrhage, drawing on both academic and practical experience. I hold an Honours degree in Prehospital Emergency Medicine from Queen Mary University of London and have spent time with London's Air Ambulance and Essex & Herts Air Ambulance and conducted research including nationwide surveys across UK prehospital services, examining the availability and use of blood products, transfusion protocols, and clinical decision-making in major haemorrhage management through the Institute for Prehospital Care. These insights form the foundation for a critical discussion on how evidence-based practices in high-resource prehospital settings can inform and be adapted for rural and resource-limited healthcare systems.
CPD POINTS	**Ethics**
TYPE	Oral
BIO SKETCH	Andrew is a medical student at the University of Cape Town completing his final year in the Eden District between George and Knysna Hospitals. He holds an honours degree in prehospital emergency medicine from Queen Mary University of London and has completed research in the fields of prehospital major haemorrhage and blood transfusions as has in interest in how human factors affect teams and clinical outcomes.
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TITLE	Transforming MSF's Approach To Community-Led Initiatives – Empowering Community-Based Organisations (CBOs) Through Capacity-Building For Continued Access To Healthcare Services.
PRESENTER	Ms Lebohang Kobola
INSTITUTION	Doctors Without Borders (MSF)
ABSTRACT	**Introduction:** Effective responses begin at the community level, by engaging and empowering community members to identify priority problems, solutions, engage in service delivery, and advocate for effective responses. MSF Southern Africa pioneered a community engagement project to address the impact of project closures on vulnerable populations' access to healthcare. This initiative collaborates with grassroots CBOs to strengthen and empower local partners, ensuring the continuity of healthcare services and community-driven advocacy. **Methods:** Capacity needs assessments were conducted to explore sustainability, capacity and networking capability among CBOs and patient groups in Malawi, South Africa, Zimbabwe, Mozambique, Kenya, and India. This influenced context-based support plans, which included the provision of capacity building trainings aligned with organisations' governance, activity planning, documentation and health service delivery. Additional activities, including mentorship, participatory workshops, and stakeholder meetings, supported this. Particular attention has been paid to financial sustainability through grant applications and collaboration, including fostering shared knowledge and leadership skills. **Results:** Capacitated CBOs demonstrated improved organisational functioning, which has allowed for successful community outreach activities and the provision of services such as HIV testing and counselling, PrEP, PEP, STI screening, pregnancy testing, PFA, condom distribution, health promotion and linkages to care. Organisations have also formed solid links with key stakeholders like MoH and are part of civil society networks that allows for intra-organisational collaborations, peer-to-peer learning and support. CBOs have become eligible for funding and opportunities that foster sustainability, and there is increased recognition of the CBOs' involvement, agency, and ability to respond to community needs and health challenges. **Conclusions:** The integration of meaningful community capacity-building right from the beginning facilitates the co-development and co-design of health programmes based on community needs, allowing for seamless handover to CBOs once projects exit. It cultivates sustainable community programme ownership, recognising CBO and community agency while leaving empowered community structures.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Lebohang works as the Community Engagement Officer for MSF Southern Africa, supporting MSF projects in South Africa, Mozambique, Zimbabwe, Malawi, Kenya, and India. She has worked with various grassroots community organisations, community groups and patient groups to foster community level capacitation to improve community health service delivery and advocacy. Lebohang acts as an advisor to MSF projects in pioneering sustainable community approaches to mitigating the impacts of project closures on

	vulnerable and excluded communities. She is responsible for the development of analysis, strategy and tools that support MSF projects with effective community engagement.
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TITLE	Using the “Every Word Counts” Programme to Strengthen Early Language and Literacy in Rural Communities- A Speechie's Perspective
PRESENTER	Mrs Sarah Wilkins
INSTITUTION	Madwaleni District Hospital
ABSTRACT	This presentation aims to share experiences and insights into using the Every Word Counts programme—a resource developed by WordWorks to support early language and literacy development in children aged 0–5. Specifically designed for low-resource settings, the programme provides accessible, translated, and contextually relevant materials to empower caregivers, Early Childhood Development Centre (ECDC) practitioners, and community health workers (CHWs). Every Word Counts equips home visitors, ECD practitioners, and CHWs with practical tools to promote language-rich, interactive learning environments both in ECDCs and at home. The programme supports caregivers—including pregnant and breastfeeding mothers, those caring for children with disabilities, and families with atypically developing children—by offering structured guidance and activity ideas that can be integrated into daily routines. In my rural practice, this resource has been used flexibly across multiple platforms: in the training of rehabilitation therapists and assistants, during individual therapy sessions, in group education settings, and through health promotion outreach. The programme has also served as a foundational tool for initiatives led by literacy and First Thousand Days (FTD) champions I have partnered with from the Layita Foundation. I would like to share some examples of implementation, explore the breadth of populations and settings that can benefit, and discuss complementary resources that can enhance impact. Participants will be encouraged to consider how tapping into existing networks—NGOs, community caregivers, CHWs, and ECD practitioners—to form extended teams that can broaden the reach of preventative and promotive health strategies in the first thousand days and early childhood development. My hope is to inspire attendees to adapt and integrate similar tools within their own communities, recognizing the vital role of early literacy in long-term health and wellbeing outcomes.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	I am a Speech-Language Therapist with a special interest in early childhood intervention. My husband and I have lived and worked at Madwaleni Hospital since 2018. I am especially passionate about supporting components of the first thousand days in this rural context., taking breastfeeding, language and literacy development support and education to the community.
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TITLE	What are the experiences of Stellenbosch University medical students undertaking rural longitudinal integrated training in their final year?
PRESENTER	Prof. Ian Couper
INSTITUTION	Stellenbosch University
ABSTRACT	**Introduction:** Stellenbosch University (SU) Rural Clinical School offers MBChB students the chance to apply to spend their final year in the Longitudinal Integrated Model (LIM), based at rural district hospitals in the Western Cape or a regional hospital in Upington. In 2024, 21 students were selected for this option. LIM requires different approaches to learning. This study aimed to explore experiences of SU medical students undertaking rural LIM training. **Methods:** A longitudinal exploratory study is being undertaken in three phases, using individual interviews as the primary data collection method. This presentation reports on the second phase. The cohort of medical students undertaking LIM in 2024 were invited to participate. Twelve (12) students were interviewed online in the second half of 2024. The guide for these conversations included exploratory questions on their experiences of LIM, perceptions of its value, and ideas for improving learning. Reflective thematic analysis of the transcribed interviews was undertaken. **Results:** Students appreciated the clinical exposure that enabled them to bridge the gap between theoretical knowledge and real-world practice. This gave them clinical confidence, and an opportunity to develop communication skills, empathy, and the ability to handle patients with varying needs. They felt more in control of their own learning. They enjoyed being valued and treated like part of the medical team, with a downside of spending most of their time in the clinical space and sometimes feeling overwhelmed. They missed the community of students on Tygerberg campus. **Conclusion:** Being part of a team and having responsibility for patient care have a significant impact on learning, clinical confidence and relationships that students value. These need to be balanced with ensuring students have space for academic reflection and preparation, as well as emotional support. Overall, students felt LIM prepared them well for internship and future rural practice.
CPD POINTS	Standard
TYPE	Oral
BIO SKETCH	Ian Couper is Head of the Division Rural Health (Ukwanda) and Professor of Rural Health, Department of Global Health, Stellenbosch University (SU). He joined SU in 2016 following nearly fourteen years at the University of the Witwatersrand (Wits), and in the North West Provincial Department of Health. He is a family physician and spent 25 years in the public health service. He is a founding member, and past chairperson, of RuDASA. He chaired the international Working Party on Rural Practice of the World Organisation of Family Doctors (Wonca) from 2007 to 2013. He is African regional editor of Rural and Remote Health journal. He is a member of the Governing Council of the African Forum for Research and Education in Health (AFREhealth) in 2022. He was elected as a Member of the Academy of Science of South Africa in 2021.
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TITLE	An Obstetric Anaesthesia ESMOE Guidelines Adherence Review in a Western Cape District Hospital: Investigating Deviations from the guidelines and Addressing the identified Shortcomings through a Quality Improvement Initiative
PRESENTER	Dr Lize Bisschoff (Loots)
INSTITUTION	Robertson Hospital
ABSTRACT	**Background:** Obstetric anaesthesia is frequently performed by junior clinicians in district and rural hospitals, often with limited supervision. For this, among other reasons, comprehensive guidelines—such as the Essential Steps in Managing Obstetric Emergencies (ESMOE)—exist to support safe practice. This project aims to evaluate adherence to these guidelines and explore possible reasons for deviations, conducted in a district hospital where discrepancies have been observed. **Methods:** Key ESMOE guidelines were used to formulate a structured questionnaire distributed among anaesthesia providers. Responses were analysed to assess adherence and to understand reasons for non-compliance. These were then categorised and evaluated to determine whether deviations were due to knowledge gaps, systemic limitations, or resource constraints. **Action Points:** Following identification of deviation patterns and their underlying causes, targeted interventions will be designed. These may include tutorials to address misconceptions, engagement with hospital leadership to overcome resource limitations, and structural adjustments to improve compliance. Interventions will be tailored to the specific obstacles identified. **Possible Second Phase of the Project:** A follow-up assessment can be conducted several months after implementing the interventions to evaluate changes in guideline adherence and the effectiveness of the proposed strategies. **Conclusion:** This project aims to improve patient care by identifying barriers to guideline adherence and implementing targeted, practical interventions. It strives to empower clinicians in this district hospital to provide safer, more consistent obstetric anaesthesia care.
CPD POINTS	Standard
TYPE	Poster
BIO SKETCH	Community service doctor at a district hospital.
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TITLE	Facilitators And Barriers To Antiretroviral Therapy Adherence Among Adolescents And Young Adults In Rural South Africa
PRESENTER	Mr Samkelo Sithole
INSTITUTION	Pongola
ABSTRACT	**Background:** South Africa has one of the largest ART programs globally, addressing HIV/AIDS. A significant challenge is sub-optimal adherence among adolescents and young adults (AYA), particularly in rural areas. The Jozini area has a high HIV prevalence which accounts to 35% of AYA experiencing sub-optimal ART adherence. **Aims:** To explore multi-level facilitators and barriers to ART adherence among AYA living with HIV/Aids in rural South Africa. **Methodology:** A cross-sectional study using a qualitative approach was used to explore the phenomenon. A convenient sampling method was employed to recruit a maximum of 20 participants or until data saturation was reached. Data was collected through in-depth interviews using audio recorder tape lasting about 25-45 minutes per session, which were transcribed verbatim. Thematic analysis using deductive and inductive approaches was used to analyse data and interpret the research study findings or results. **Findings:** The most evident experiences explored in the study relating to ART adherence barriers from intrapersonal to structural level were medication related side effects and lack of autonomy, non-disclosure of HIV status, stigma and discrimination, overarching priorities, and lastly, adolescence stage largely influenced negatively ability to adherence efficiently to ART among targeted group. The common facilitators explored among AYA from intrapersonal to structural level were fear of getting sick or death, family support system, normalisation and shared experiences, positive attitude of healthcare workers, and moreover, technology innovation such as manual and digital reminders played a significant role in promoting optimal ART adherence. **Conclusion:** Facilitators and barriers to ART adherence have several sources of origin, some are health system and process induced. Therefore, creating an environment enabling full disclosure, maintaining professionalism, and demanding the creation of HIV information can help eradicate stigma related factors. Furthermore, multisectoral stakeholders need collaboration to strengthen enhanced adherence counselling, family support, education, and continuous supervision at homes.
CPD POINTS	Standard
TYPE	Poster
BIO SKETCH	Master Public Health, B.Cur Education et Administration, Advanced Dip in Primary Health Care, B.Cur in Nursing Science.
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TITLE	Real-Life Recovery: Integrative Care Restoring Function and Dignity in Rural South Africa
PRESENTER	Dr Shamini Kara
INSTITUTION	Khula Natural Health Centre
ABSTRACT	Rural South Africa, like much of rural Africa, is dominated by elderly women and children. Many households are headed by grandmothers caring for grandchildren, often orphaned by HIV/AIDS, while adult males are frequently absent, seeking work in distant urban centres. Khula Natural Health Centre (KNHC), established in 2017, serves as a vital healthcare provider for this vulnerable population, offering a holistic, homeopathic, primary care model that is both effective and cost-efficient. This case-based study explores four real-life examples where debilitating conditions left women unable to perform essential tasks like cooking, fetching water, or walking to clinics—functions critical to household survival. At KNHC, these women received individualised care including homeopathic remedies, dietary and lifestyle adjustments, nutritional support, and psychosocial counselling. The model recognizes that restoring functional ability in elderly women requires more than treating symptoms—it demands a person-centred approach that supports physical health, mental well-being, and social connection. As a result, women once incapacitated have reclaimed their roles as caregivers, contributing to the stability of their families and communities. Drawing on testimonials and clinical observations, this study shows how complementary medicine reduced pain, restored function, and revitalized roles within households. The findings affirm the value of a culturally sensitive, affordable care model tailored to rural realities. In an overstretched public health system, Khula's work demonstrates that community-rooted complementary medicine can be a powerful ally. The study calls for greater recognition and integration of natural health centres in rural healthcare strategies where accessibility, trust, and continuity of care are crucial.
CPD POINTS	Standard
TYPE	Poster
BIO SKETCH	Dr. Shamini Kara is a registered homeopathic practitioner and Director of Khula Natural Health Centre in rural KwaZulu-Natal, where she leads the delivery of integrative, community-based care to underserved populations. Her work focuses on holistic, person-centred treatment—blending homeopathy, nutrition, counselling, and lifestyle support—with a particular emphasis on elderly women and children. Dr. Kara is the Vice Chairperson of the Professional Board for Homeopathy under the Allied Health Professions Council of South Africa (AHPCSA), championing the integration of complementary medicine into national healthcare frameworks. She also serves on the board of ParkinsonsZA, a non-profit supporting individuals and families affected by Parkinson's disease.

	With over a decade of leadership and clinical experience, Dr. Kara offers deep insight into rural health systems, health equity, and the expanding role of natural medicine in public health.
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WORKSHOPS

TUESDAY 16 - THURSDAY 18 SEPTEMBER 2025
ASCOT CONFERENCE CENTRE, PIETERMARITZBURG
"RURAL HEALTH IN REAL LIFE"

RHC
RURAL HEALTH CONFERENCE
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TITLE	Basics of Burn Care: Burn Care Where It Matters - A Practical Workshop for Rural Teams
PRESENTER	Dr. Nikki Allorto
INSTITUTION	University of Cape Town
ABSTRACT	Burn injuries are a common and devastating trauma in rural South Africa, disproportionately affecting vulnerable populations — especially children and those living in informal housing. Despite the high burden of disease, access to specialist burn care remains limited, with many patients never reaching a burn care centre. This creates a critical need for rural healthcare workers to be empowered to provide safe, effective burn care at the point of first contact. This **workshop** offers a practical, hands-on approach to improving burn care at rural district hospitals. It is designed for multidisciplinary rural teams, including doctors, nurses, clinical associates, therapists and students. Participants will engage in interactive sessions covering core concepts such as burn assessment, fluid resuscitation, wound care, infection prevention, sepsis identification, pain management and referral decisions. Emphasis will be placed on simple, evidence-based practices that are feasible in low-resource settings. The workshop will combine short lectures, skill stations, simulation scenarios and reflective group discussions led by burn care experts. Real-world case examples from rural hospitals will be used to ground learning in the lived realities of rural clinical care. Participants will receive practical tools and take-home guidelines that can be immediately applied in their own facilities. By building skills, sharing experiences, and fostering peer support, this workshop aims to reduce preventable disability and death from burn injuries in rural communities. It aligns with the conference theme “Rural Health in Real Life” by addressing a pressing clinical challenge with context-relevant solutions that strengthen rural health systems from the ground up. We invite rural healthcare workers of all backgrounds to join us in this collaborative and empowering workshop. Together, we can close the burn care gap — where it matters most.
CPD POINTS	Standard
TYPE	Workshop
BIO SKETCH	Dr Nikki Allorto qualified as a general surgeon with critical care training and runs a burn service in Pietermaritzburg South Africa, with a large outreach component via Vula in western KZN. She enjoys collaboration and system development as well as teaching. She is involved in all aspects of burn care from research and teaching, resource management, surgery, outreach and telemedicine. Passion for getting the basics right and being practical in the development of a service are her trademarks.
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TITLE	Biokinetics works: the public private partnership for purpose.
PRESENTER	Miss Vuyelwa Radebe
INSTITUTION	Stellenbosch University
ABSTRACT	Biokinetics is a healthcare profession focused on improving a person's physical well-being and quality of life through scientifically prescribed exercise. It involves the prevention, management, and rehabilitation of non-communicable diseases (like diabetes or hypertension), musculoskeletal injuries, chronic conditions, and functional limitations. Biokineticists use movement as a form of medicine, applying exercise therapy to restore or enhance physical function and performance. The term comes from the Greek words bios (life) and kinesis (movement), meaning "life through movement. Historically, biokinetics in South Africa has been rooted in the private healthcare sector, largely accessible to individuals with medical aid or the financial means to afford out-of-pocket services. As a result, biokinetics has primarily served a smaller, more privileged segment of the population, limiting its reach despite its proven benefits in the prevention, management, and rehabilitation of non-communicable diseases (NCDs), injuries, and chronic conditions. However, South Africa faces a growing burden of physical inactivity, lifestyle-related diseases, and musculoskeletal impairments, particularly in under-resourced communities where access to rehabilitative services is limited. This reality has created an urgent need to expand biokinetics into public health spaces—including clinics, hospitals, community clinics, schools, and wellness centres—where its evidence-based exercise interventions can have a far-reaching impact. Integrating biokinetics into the public sector not only addresses inequalities in healthcare access but also aligns with national strategies aimed at promoting preventative care, improving functional health, and reducing long-term healthcare costs. This presentation aims to show case existing private and public sector collaboration of biokinetics and increasing its access to all to address the current challenges in the health care system.
CPD POINTS	Standard
TYPE	Workshop
BIO SKETCH	Vuyelwa Radebe, affectionately known as Vuvu, is a dynamic biokineticist and junior lecturer in the Division of Movement Science and Exercise Therapy at Stellenbosch University. Originally from Johannesburg, she now resides in Stellenbosch, where she actively contributes to both academic and community health spheres. With a strong passion for rehabilitation and physical activity promotion, Vuvu's work integrates teaching, research, and service. She is deeply involved in community-based initiatives, including exercise programs for preschool children and older adults, health screenings, and chronic disease management. Her clinical and research interests converge around physical rehabilitation, with a background of backward walking, now focusing on physical activity for health promotion. As an advocate for inclusivity and community engagement, she is committed to making movement accessible and meaningful to people from all walks of life, guided by her personal philosophy: Life through movement.
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TITLE	Do We Need An Ethics Committee?
PRESENTER	Dr Francois Fourie
INSTITUTION	Western Cape Government: Department Of Health and Wellness CEO of Hermanus Hospital
ABSTRACT	In this 1-hour **workshop** we will explore the practical application of biomedical ethics in the daily life of a rural healthcare practitioner. We will both cover the personal use of methods and moral justification, and the creation of an ethics committee, and then critically reflect on the value of this.
CPD POINTS	Ethics
TYPE	Workshop
BIO SKETCH	Dr Francois Fourie is a visionary and servant leader inspiring operational excellence through decentralized, evidence based, data driven and people centred decision-making practices.
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TITLE	Enhancing Anaesthesia Safety in Rural Settings -A Practical Training Session for Rural Clinical Teams
PRESENTER	Dr David Bishop Dr Rowan Duys Dr Simon Le Roux
INSTITUTION	University of Cape Town
ABSTRACT	Anaesthesia services in rural district hospitals are often delivered by clinicians with varied levels of experience and limited access to specialist support. Ensuring safe anaesthesia care in these settings requires practical, context-appropriate training that empowers rural teams to apply essential safety principles and troubleshooting skills. This interactive 3-hour **training session**, which we hope to present at the Rural Health Conference, aims to strengthen anaesthesia safety knowledge and skills tailored for rural health workers. It is designed to be accessible to a diverse audience, including doctors, nurses, and students involved in perioperative care. The session centers around the "Anaesthesia Launchpad," a simple, memorable five-step mantra developed to guide safe anaesthesia practice in resource-limited environments. Key components include practical demonstrations and hands-on experience with anaesthetic machine checks, ensuring equipment readiness and patient safety. Participants will learn procedural sedation techniques relevant for casualty and minor procedures, emphasising safe drug administration and monitoring. A significant focus is placed on the safe administration of spinal anaesthesia for caesarean sections and general anaesthesia - including stepwise guidance and troubleshooting common complications. This portion incorporates interactive case discussions and simulation-based learning to boost confidence and competence. Beyond formal teaching, the session fosters networking and peer learning, encouraging attendees to share experiences and challenges faced in rural anaesthesia delivery. By equipping rural health teams with foundational skills and practical tools, this session hopes to contribute to improving perioperative safety and patient outcomes in underserved settings. Participants will leave with actionable knowledge and resources to apply immediately in their clinical practice.
CPD POINTS	Standard
TYPE	Workshop

BIO SKETCH	**Dr. David Bishop** is a specialist anaesthesiologist and currently working as the Provincial Coordinator for district hospital anaesthesia in KwaZulu-Natal, South Africa. He is also an Associate Professor at the University of KwaZulu-Natal. He has previously worked at Mseleni in KZN, and Zithulele in the Eastern Cape, and sometimes thinks he should have stayed there. He is also involved in distance learning programs and creating online content relating to pragmatic approaches to anaesthesia in resource-limited settings (https://www.youtube.com/@DistrictAnaesthesiaEducation). **Dr Simon le Roux** is Acting Head of the Division of Global Surgery at the University of Cape Town, with a background in anaesthesia and a focus on strengthening surgical and anaesthesia capacity at rural district hospitals. He co-founded the Anaesthesia Launchpad and leads a burn care capacity-building initiative in South Africa's Eastern Cape. His work emphasises leadership development, clinical capacity development, and storytelling through film and media to advance equitable surgical care. **Dr. Rowan Duys** is a specialist anaesthetist at UCT's Department of Anaesthesia and Perioperative Medicine, and the Director of Implementation in the Division of Global Surgery. His mission is to unleash small teams of frontline healthcare change agents to improve the quality and quantity of surgical care they deliver. He tweets at @healthink and would like to be remembered as the husband behind his wonderful wife, the father of three girls, and someone who ran enthusiastically, but slowly, up mountains.
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TITLE	Holding on to our humanity – an experiential workshop
PRESENTER	Associate Professor Elma de Vries
INSTITUTION	Nelson Mandela University
ABSTRACT	Words of appreciation, or gratitude, can have a powerful impact, foster positive relationships and enhance well-being. Research suggests that expressing gratitude and receiving it can release neurotransmitters like dopamine and serotonin, boosting mood and overall happiness. Words can be powerful to help us hold on to our humanity as health professionals, in an environment that can feel hostile at times. This workshop will use poetry and music for individual and group reflection. It will include a mindfulness activity of blowing bubbles to reflect on the beauty and fragility of life. Participants will be invited to write a self-prescription, for one thing they can do to hold on to their humanity, and one person they can give words of appreciation to once back at work.
CPD POINTS	Standard
TYPE	Workshop
BIO SKETCH	Elma de Vries is a family physician who is passionate about the right to access healthcare for marginalised populations. Elma is the MBChB Programme Coordinator at the new medical school at Nelson Mandela University in Gqeberha, and enjoying the adventure of developing the MBChB programme with a dynamic team.
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TITLE	Ibhayi Lengane: Strengthening Responsive Care and Early Learning through Relationship-Based Practice — An Experiential **Workshop**
PRESENTER	Strategic Partner Team Manager Gugu Thompson
INSTITUTION	Work place
ABSTRACT	Good parenting is preventative medicine. Responsive care and early learning during the first 1,000 days can buffer children against the long-term effects of adverse childhood experiences, thereby improving health, learning, and life outcomes. Yet these components of the Nurturing Care Framework remain the least addressed by existing health and social development services, particularly for families living in adversity. Ibhayi Lengane ('The Baby's Blanket') is a relationship-based home visiting programme designed to equip community health workers (CHWs) to support mothers and families during this critical period. Originally piloted in 2017 in collaboration with the Department of Health and the Human Sciences Research Council, the programme is now being implemented across 11 clinics in the uMgungundlovu Health District, integrated into routine CHW home visits. At its heart is the metaphor of the blanket: the CHW becomes a blanket of care and support for the mother, enabling her, in turn, to become a nurturing blanket for her baby. The CHW also helps repair and strengthen family relationships, so that each child is welcomed into a system of care and connection. Through this approach, the programme enables health and community services to offer responsive care and early learning opportunities to all children, thereby levelling the developmental playing field even in highly adverse conditions. This experiential workshop will introduce participants to key elements of Ibhayi Lengane, including the blanket of support, tools for building trust with mothers, and activities that foster caregiver wellbeing and responsive interaction. It will also reflect on practical lessons from the current district-scale implementation, demonstrating how relationship-based practice can help health teams bridge the gap between clinic and community, strengthen CHW wellbeing and motivation, and inform participants' own approaches to holistic care.
CPD POINTS	Standard
TYPE	Workshop
BIO SKETCH	Gugu Thompson has a Honors Degree in Psychology and a well as a Postgraduate Degree in Education. She has extensive experience in facilitating a community development process that seeks to build the capacity of caregivers and community members to respond to the emotional needs of children through increased play, responsive parenting and child protection. Gugu currently leads a team of practitioners that are focused on Advocacy, Training, Research and Design within the organisation, training partners around the country as well as the Department of Health.
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TITLE	It takes a village: Rethinking rural health together
PRESENTER	Miss Celene Coleman
INSTITUTION	Wits Health Consortium- RHAP
ABSTRACT	Rural health does not start at the clinic. It begins long before: at home, in the classroom, and among community networks. The workshop aims to build a shared understanding of how rural social determinants contribute to teenage pregnancy and to co-develop cross-sectoral strategies that can improve youth health outcomes. Evidence from this session will be used to create factsheets, to advocate for improvements in service delivery at district level. This space is for interdisciplinary exchange and practical collaboration, rooted in the understanding that transforming rural health requires more than clinical interventions. It requires everyone in the community and all parts of the health system to work together. Our activity-based **workshop** explores how social determinants of health intersect in rural life, using teenage pregnancy as a point of reference. This session highlights how teenage pregnancy is a symptom and a signal of deeper structural and social issues. These include economic inequality, gendered power relations, inadequate access to youth-friendly health services, and the absence of coordinated interventions across sectors. This workshop prioritises lived experience. Participants will engage by reflecting on their key determinants in the rural health journey and their relation to teenage pregnancy through world-café, storytelling and reflective prompts. **Aspects explored:** **Financing:** How income insecurity, transport costs, and economic instability affect access to contraception, antenatal care, and future planning for young people. **Social and community support:** The role of stigma, family dynamics, cultural norms, and the availability of support systems for pregnant teenagers and young parents. **Education:** The role of education departments, teachers and curricula in shaping health literacy and awareness. These determinants will be broken down, focusing on practical strategies for breaking down silos between education, health, finance and social services to support young people. Including addressing gaps in comprehensive sexuality education, strengthening referral systems, and improving clinic-school partnerships.
CPD POINTS	Ethics
TYPE	Workshop
BIO SKETCH	Celene Coleman is a sociologist and researcher, with an MA in Sociology. She currently serving as a Project Officer at RHAP where she leads policy advocacy initiatives focused on rural health equity and primary healthcare strengthening. She brings a strong background in qualitative research, stakeholder engagement, and health systems analysis.
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TITLE	Life changing effect of body-based trauma therapy on rural HIV+ sex workers in Mopani District, Limpopo Province
PRESENTER	Mrs Desire Wright
INSTITUTION	Hoedspruit Training Trust (Hlokomela)
ABSTRACT	**Background:** Purpose is to present effects of Tension & Trauma Releasing Exercises (TRE)® on HIV+ sex workers and how it improved mental and physical wellbeing, ART adherence and reduced risk-taking behaviour. TRE® is a series of exercises that assist the body in releasing deep muscular patterns of stress, tension, and trauma. The exercises activate a natural reflex mechanism of shaking that releases muscular tension, calming down the nervous system encouraging the body to return to a state of balance. **Methods:** 10 sex workers attending TRE® sessions bi-weekly at Tlebi Tavern and Hlokomela Clinic in Maruleng Sub-District, Mopani District, Limpopo for 3 months. 26 sessions facilitated in a safe space by certified TRE® providers. Participants are part of Hlokomela's AFSA funded Sex Worker Programme cohort. Feedback from participants about physical and emotional state was recorded before and after each session. Questionnaire used at the beginning to establish a baseline of participants' physical, emotional, intellectual, social, and spiritual wellbeing. Same questionnaire repeated at end of study. **Results:** After the first session, participants felt unburdened, energized, sleepy, pain and stress free, happy, and relaxed. After 8 sessions; engaging more easily with others, improved sleep and energy, less anger, improved relationships, decreased intake of alcohol, self-acceptance. After 3 months suicidal sex workers no longer consider death as a solution. Improved ART adherence resulted in improved viral load suppression. Physical and emotional resilience greatly improved – improved sleep, more energetic and supple, relief from chronic pain, tension, fear, anxiety, sadness, stress, and anger. Improved eating habits, concentration, and motivation. Fewer emotional outbursts. Acceptance of HIV+ status. **Conclusions:** Once mastered, TRE® becomes a self-help tool. Improved wellbeing, physical and emotional resilience, improved health care seeking behaviour and improved ART adherence because of regular TRE benefitted HIV+ sex workers, their families, and clients.
CPD POINTS	Standard
TYPE	Workshop
BIO SKETCH	I completed my BA Journalism degree in 2007 at the University of Pretoria, continuing on to a National Diploma in Ecotourism Management (cum laude) at Tshwane University of Technology. In 2010 I started my career as a community journalist in Hoedspruit, Limpopo Province at Kruger2Canyon News where my love of nature grew into a passion for community work. In 2015 I was recruited to Hoedspruit Training Trust (Hlokomela), an award-winning non-profit organisation in the healthcare sector, based in Hoedspruit, as the Director's personal assistant. After two years I was promoted to Human Resource Manager, and I completed a short course in 2019 at the University of Cape Town in Human Resource Management. In 2022 I completed my training as a certified Tension and Trauma Releasing Exercises (TRE) Provider. This was a life-changing experience for me, opening my mind to the reality of not merely surviving, but thriving in life when

	unburdened of the things that weigh us down and hold us back from coming into our true selves. I am passionate about employee wellness, and it is a privilege to teach TRE to our staff at Hlokomela, people living with HIV, the community and game rangers and to see how it unlocks people's potential. My family is my greatest passion of all. I am married and have 2 children in primary school. I enjoy walking with my dogs, camping in nature with my family, reading and baking.
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TITLE	Real rural rehab: Strategising for 2026 (RuReSA Indaba)
PRESENTER	Dr Kate Sherry and Dr Jana Muller
INSTITUTION	Libumba Inclusion Initiative
ABSTRACT	Rural Rehab South Africa (RuReSA) is entering its fifteenth year as a multidisciplinary force for better rehab services for rural communities. Our activities include training and support for rural therapists, advocacy with national government, resource sharing and rural input for undergraduate students. We partner with a wide range of other organisations on shared issues, including the Rural Health Alliance and the Interprofessional Rehab Indaba (IPRI). The Rural Health Conference is our annual opportunity to meet up, share, reflect and strategise for the year ahead. This workshop is aimed at both existing RuReSA members and other delegates with an interest in rural rehabilitation. It aims to do the following: - Introduce members to each other and the work of RuReSA to newcomers - Review developments of the past year in rural health and rehab - Report and reflect on our activities - Gather feedback and input from participants on RuReSA's strategic direction - Consider new opportunities and ideas to further our aims - Strategise and prioritise for the year ahead. The focus of this workshop is engagement with RuReSA's members and target audience, providing space for in-depth discussion and thinking together about the issues affecting our work and the populations we serve.
CPD POINTS	Standard
TYPE	Workshop
BIO SKETCH	This workshop will be presented by RuReSA exco members
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TITLE	RuDASA Indaba: Strategic Planning for our activities for 2025-2030
PRESENTER	Dr Asafika Mbangata
INSTITUTION	Pretoria
ABSTRACT	RuDASA is an organisation 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. Following a number of RuDASA Executive strategic planning sessions, and several RHC Indaba, RuDASA now has a strategic plan that can provide a platform for health workers with a similar mindset to network, share best practice, advocate and engage on issues that impact rural health. Our Strategies align with our Mission statement and we have identified key objectives and activities. These include: • Improve the profile and visibility of RuDASA by ensuring a secure RuDASA office, increasing membership in poorly represented areas, developing a communication strategy to promote RuDASA, and developing a series of position papers. • Educating and inspiring young rural health care workers by the OnBoarding programme, RAMP monthly webinars and the mentorship initiative, and the Rural Health Conference. • Develop and support initiatives to improve the quality of healthcare available to rural communities by developing a “Rural barometer” to provide information that can be used to inform government and improve systems . As well as an advocacy campaign to encourage doctors to take up rural service. • Advocate for improvements to the healthcare system and promote and support primary healthcare outreach services and reduce stigma at the point of service - this will be dependent on the development of the barometer. This **workshop** seeks to finalise the activity plans by engaging in a discussion of what a committee of busy doctors can achieve in their “free time”, and how our rural doctors community of practice can become involved in the activities, or assist by identifying existing role players that may be involved. By the end of the workshop we hope to have identified sources of information for the Rural Barometer and create “people hubs” to drive the various activities forward.
CPD POINTS	Standard
TYPE	Workshop
BIO SKETCH	Asafika Mbangata is the Chair of RuDASA. She is a Family Medicine Specialist Doctor currently working as a sub-Saharan Cardiovascular and Renal Medical Lead for a global pharmaceutical company. 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) and 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 standardised for all, and not a privilege for the elite. Dr Mbangata was voted as one of the Mail & Guardian's 200 Young South Africans 2017 and Women Changing SA 2019. Recently she was nominated for the Young Achiever's Award by Clinix Group.
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TITLE	This is Rural Health in Real Life: Co-creation to build institutional and graduate capability
PRESENTER	Dr Jana Muller
INSTITUTION	Stellenbosch University
ABSTRACT	Capability is about the potential to apply skills and knowledge in various settings. As we all already know, South Africa has nine provinces, 12 official languages, a multitude of cultures and religions and western and traditional health care practices. Each university can only offer their undergraduate students so much exposure during training. This is especially true when students are based in a city with limited access to rural contexts, being taught by lecturers who might have last worked in a rural setting during community service. Teaching a student how to work as a rural practitioner in a peri-urban town in the Western Cape can only expose a student to so much. Along with this, lecturers and clinical trainers working in this space only know so much about rural South African health care realities. How can we leverage off the wealth of knowledge that clinicians across the country have to better prepare our graduates and lecturers for the realities of rural health? Through a process of structured discussion, brainstorming, and ideation, this **workshop** aims to co-create feasible strategies to ensure the rural health care capability of lecturers, clinical trainers and students. Attendees will be asked to brainstorm the rural health realities they feel are not being addressed during undergraduate training (e.g. provincial health care realities, language and cultural realities, human resources for health). All participants will be asked to bring whatever innovations they have already adopted or considered (e.g. co-curricular rural exposure, virtual rural health home visits, online talks by rural health care workers/patients etc.) to share with workshop attendees. The attendees will then co-create strategies to enhance the capability of lecturers and students for the realities of rural health in South Africa.
CPD POINTS	Standard
TYPE	Workshop
BIO SKETCH	Jana Müller works as a lecturer in rural health at Stellenbosch University, South Africa. She has a special interest in distributed clinical training, rural health professions education and interprofessional education and collaborative practice. She has established clinical learning opportunities for physiotherapy and interprofessional education at rural multiprofessional clinical training sites in the Western Cape and Northern Cape Provinces, South Africa. Jana is involved in both under and post graduate training and is the chairperson for Rural Rehab South Africa (RuReSA) and a board member of the African Interprofessional Education Network (AfrIPEN). She is a qualified Physiotherapist with a clinical master's in Orthopaedic Manual Therapy and a PhD in Health Professions Education.
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TITLE	Weathering the Storm: Emotional Regulation in the Eye of Clinical Practice
PRESENTER	Dr Madeleine Muller
INSTITUTION	Cecilia Makiwane Hospital
ABSTRACT	Clinicians frequently encounter emotionally charged and complex situations—whether caring for critically ill patients, engaging with distressed or angry family members, managing strained supervisory relationships, or coping with overwhelming workloads in resource-constrained environments. These experiences can evoke powerful emotions that influence behaviour, clinical reasoning, team dynamics, and ultimately impact professional well-being and patient care. This interactive **workshop** will explore the critical role of emotions, both positive and negative, in clinical practice. It will examine how emotional regulation supports core aspects of professionalism, including integrity, reliability, humility, agency, and clinical competence. Participants will engage in guided self-reflection exercises to deepen their awareness of their own emotional responses and regulation strategies. The session will offer practical tools and frameworks for sustaining emotional resilience and thriving in high-stakes, high-pressure clinical environments.
CPD POINTS	Ethics
TYPE	Workshop
BIO SKETCH	Dr. Madeleine Muller is a Family Physician at Cecilia Makiwane Hospital in Mdantsane and a senior lecturer at Walter Sisulu University. She provides clinical services and teaches and mentors medical students, registrars, and medical officers. Dr. Muller graduated with a Master's in Health Professional Education from Stellenbosch University in March 2025. Dr Muller is convenor for the CMSA Diploma in HIV Management and she serves on the National CMSA/SACOMD committee, which is responsible for implementing workplace-based assessments in postgraduate medical education in SA. Dr. Muller is part of the CMSA/SAAFP team rolling out the Supervisor Workplace Assessment and Teaching Training (SWAT) for clinical supervisors across the ten South African medical universities. Dr Muller is on the steering committee for the South African Association of Health Educationalists Eastern Cape Chapter and is an executive committee member of the Rural Doctors Association of Southern Africa, where she oversees the mentoring portfolio and manages the Rural Onboarding program. She also serves on the executive board of the Professional Association of Transgender Health in South Africa. With a strong passion for inclusive clinical care, sexual and gender health, and medical education, Dr Muller is dedicated to curriculum development and fostering the growth of emotionally competent, patient-centred clinicians.
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FIRESIDE CHATS

TUESDAY 16 - THURSDAY 18 SEPTEMBER 2025

ASCOT CONFERENCE CENTRE, PIETERMARITZBURG

“RURAL HEALTH IN REAL LIFE”

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TITLE	A case study of collective caring in a time of resource scarcity
PRESENTER	Dr Indira Govender
INSTITUTION	Africa Health Research Institute / London School of Hygiene & Tropical Medicine
ABSTRACT	In this **fireside chat** I describe my experience as a sessional clinic doctor on a day when three very different people arrived with what appeared to be acute mental disturbances. All three individuals presented in different ways and had different underlying conditions that contributed to their unusual behaviour. According to guidelines, these people needed more than the clinic could offer as there were very few treatment options available and no ambulances in the area on that day to transport them safely to hospital. Although the clinic staff were initially anxious given the lack of resources to adequately respond to the situation, with compassionate leadership, teamwork and decisive action, we were able to assist and manage the individuals concerned with dignity and respect. In telling this story, I would like to challenge the “scarcity mindset” by posing questions meant to stimulate a different perspective on how we interpret such situations and highlight the pillars of knowledge and strength that exist at the very frontline of our primary health care services. On this day, despite the lack of material resources to do our work, there was an abundance of spirit and ubuntu that carried us through the moment. These aspects are often unseen and unmeasured yet play an integral role in patient-centred care and building trust with the community we serve.
CPD POINTS	Standard
TYPE	Fireside chat
BIO SKETCH	Medical doctor, public health researcher, epidemiologist working in rural Kwazulu-Natal for over 10 years. Currently working as a contracted GP in King Cetshwayo District, KZN.
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TITLE	Advocacy and accountability vacuum in KZN rural mining communities for workers seeking compensation when declared unfit to work after developing health issues often affecting their lungs and hearts.
PRESENTER	Ms Sheila Berry
INSTITUTION	Office based at home
ABSTRACT	My personal experience of assisting 48-year-old Mr Sakhile Wonderson Dlamini for 3 years reveals the urgent need for accountability and rural advocacy to support people navigating the impossibly complicated and frustrating journey for compensation from the Medical Board of Occupational Diseases (MBOD) Department of Health. The route is unmapped, and decisions are final with no recourse to appeal. After his 6-year hope-filled struggle, “armed” with an extensive medical file stating he was unfit to work, Mr Dlamini received a two -line letter, on 30 July 2025, stating he had no compensable disease and would not receive compensation. This devastating decision is incomprehensible. Mr Dlamini worked at Tendele Coal Mine near Mtubatuba, KZN, for 11 years as a Mechanic Assistant. He was exposed to coal dust 24/7 at work and his homestead 700m from Tendele’s coal washing plant. Initial medical tests, in 2008, when he started employment at Tendele, show his lungs were clear. Subsequent tests show deterioration. In 2018, Mr Dlamini was declared medically unfit. His permanent contract was retracted but Mr Dlamini continued working on a casual, month-to-month basis. He has many dependents to support, including his aging blind mother, and life has not treated him kindly. In 2019, Tendele sent Sakhile to a doctor in Richards Bay for further examinations after he experienced chest pain. He was again declared unfit to work. A heart specialist in Durban diagnosed ‘isifuba’ (asthma). The matter was referred to the MBOD for compensation. Mr Dlamini tried all known avenues as the years passed until, eventually, he was referred to King Edward Hospital on 5 March 2024. The MBOD took 16 months and many reminders before issuing their shattering decision that relied on a single chest x-ray, strongly suggestive of active TB but no TB was found. Mr Dlamini’s many questions remain unanswered.
CPD POINTS	Ethics
TYPE	Fireside Chat
BIO SKETCH	I am a clinical psychologist with 40 years experience focusing on the importance of a healthy environment as crucial for mental and physical health and well-being. I have worked for almost 20 years accompanying and supporting mining affected rural farming communities, neighbouring the Hluhluwe Imfolozi Park near Mtubatuba, KZN, who are challenging coal mines for non-compliance and opposing their expansion.
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TITLE	Enhancing Labour And Delivery Experiences Through The COPE Method: A Quality Improvement Project At Isilimela Hospital A Rural District Hospital In The Eastern Cape, South Africa
PRESENTER	Dr. Michaela Peters
INSTITUTION	Isilimela Hospital
ABSTRACT	**Title:** Enhancing Labour and Delivery Experiences through the COPE Method: A Quality Improvement Project at Isilimela Hospital a rural district hospital in the Eastern Cape, South Africa **Background:** Improving the childbirth experience is critical for maternal satisfaction, health outcomes, and staff morale, especially in resource-constrained rural settings. This quality improvement project, inspired by the Better Outcomes for WHO Labour Care guide (BOWL) study conducted by the University of Botswana, seeks to implement and adapt the COPE (Childbirth Companion, Oral Fluids, Pain Management, Eliminate Supine Position) method in a small rural district hospital in the Eastern Cape. The initiative aims to enhance the labour and delivery experiences of both women and the nursing staff, while identifying local barriers to the method's effective implementation. **Methods:** A quantitative approach using structured questionnaires will be used. Data will be collected from postnatal patients within 24 hours after delivery and from nursing staff weekly, beginning with a baseline pre-implementation phase. Monthly feedback cycles will follow, allowing for adjustments. Interventions include staff group sessions to foster engagement, educational posters placed throughout the maternity unit, and a COPE checklist integrated into clinical notes to reinforce practice changes. Patient and staff perceptions on comfort, autonomy, and quality of care will be assessed, alongside the frequency of COPE method components applied during labour. **Conclusion:** This presentation will provide insight into the feasibility and impact of the COPE method in a South African rural district hospital context. The method aims to foster a more supportive and evidence-based labour environment for women and a more empowered and satisfied nursing team. The findings will guide future adaptations of the COPE model and potentially inform broader implementation in similar low-resource settings. Ultimately, the project seeks to improve maternal care quality through practical, low-cost interventions rooted in patient and provider feedback.
CPD POINTS	Standard
TYPE	Fireside Chat
BIO SKETCH	Dr. Michaela Peters is a Medical Officer who is loving rural life and currently working at Isilimela Hospital in the Eastern Cape
EMAIL	michaelapeters@hotmail.com

TITLE	Medical school curriculum development and decentralisation
PRESENTER	Miss Leila Giddy-Turner
INSTITUTION	University of Cape Town - Eden Programme
ABSTRACT	Medical curriculum in South Africa has remained static for many years due to tradition and resistance to change in a longstanding system. COVID-19 forced curriculums to provide teaching materials online but curriculum has largely returned to as it was pre-pandemic. A hurdle of curriculum development in medical education is the tutors working directly with students are often over worked clinicians and university educators are far removed from the everyday experiences and teachings of medical students in the hospital. The notion that medical school is, has always been and will always be tough, has allowed for a lack of drive to improve and develop curriculum. My elective in General Surgery Curriculum development gave me insight into how disconnected courses within faculties are from one another and their context. As well as how disconnected students are from the community they serve and the principals that govern us as healthcare workers. I believe that rural health placements can be mutually beneficial for both students and clinicians working in those spaces and should be more integrated into curriculums. My experience in a decentralised medical school programme (the Eden district Programme at UCT) for my final year of medical school has led me to question why so much of our medical education is facilitated in tertiary spaces. I would like to have an open discussion about how we can integrate medical students into community development and rural healthcare, thus instilling a sense of social accountability. As well as ideas about curriculum decentralisation and curriculum development in the health sciences. In addition, I hope to gain some feedback from practitioners working in rural health about what they think is missing in new medical school graduates that they encounter.
CPD POINTS	Standard
TYPE	Fireside Chat
BIO SKETCH	Final year medical student at University of Cape Town
EMAIL	leilaturners@gmail.com

TITLE	Promoting Cost-Conscious Laboratory Requesting in a Deeply Rural Eastern Cape Hospital: A Quality Improvement Initiative
PRESENTER	Dr Leone Pretorius
INSTITUTION	Isilimela Hospital
ABSTRACT	**Background:** In resource-limited settings, such as deeply rural hospitals in the Eastern Cape, indiscriminate laboratory testing contributes significantly to excessive healthcare expenditure. This Quality Improvement Project (QIP) seeks to promote cost-conscious laboratory requesting practices using a structured Plan-Do-Study-Act (PDSA) cycle. **Methods:** The project began with a retrospective audit of laboratory tests ordered in the month preceding the intervention to establish a baseline cost and identify patterns of discretionary use. A targeted intervention followed: all doctors at the facility participated in an educational session and received decision-support materials summarising appropriate test indications. Weekly follow-up and feedback sessions were introduced to assess implementation challenges and support practice change. **Presentation Focus:** This presentation will describe the implementation of the QIP in a deeply rural Eastern Cape hospital, outlining each stage of the PDSA cycle. It will highlight the baseline findings, key insights from the intervention, and the role of continuous feedback in supporting sustained behaviour change. I will also share early outcomes, challenges encountered, and lessons learned, with the goal of offering a replicable model for cost-saving interventions in similar rural healthcare settings. **Conclusion:** This initiative demonstrates that even in low-resource environments, structured quality improvement methods can lead to more rational, evidence-based use of diagnostics. Empowering clinicians through education and ongoing engagement may significantly reduce unnecessary costs while preserving quality of care.
CPD POINTS	Standard
TYPE	Fireside Chat
BIO SKETCH	Dr. Leoné Pretorius is a Community Service Medical Officer at Isilimela Hospital in rural Eastern Cape.
EMAIL	leonepretorius01@gmail.com

TITLE	Resilience in Recovery: The Critical Role of Caregiver Attitude in Paediatric Rehabilitation in a Rural Setting
PRESENTER	Miss Tylah Hobbah-Watson
INSTITUTION	Madwaleni District Hospital
ABSTRACT	This discussion presents the rehabilitation journey of a six-year-old girl from Madwaleni, a rural community in the Eastern Cape, who sustained a traumatic amputation of her right thumb and index distal phalange due to electrical burns from contact with an exposed live wire. Beyond the clinical and physical challenges, the case underscores the profound impact of caregiver engagement on paediatric rehabilitation outcomes in rural settings. From the outset, the child's primary caregiver demonstrated unwavering emotional support, optimism, and a proactive attitude—establishing a foundation of psychological safety and motivation that was instrumental in the child's swift and successful recovery. This caregiver buy-in enabled consistent therapy attendance and compliance, reinforced therapeutic strategies in the ward and at home, and fostered an environment that prioritized ability over limitation. Occupational therapy interventions included pain management, maintenance of structures, sensory re-education, functional adaptation for fine motor skills, and reintegration into play and early learning. However, it was the caregiver's consistent encouragement and belief in the child's potential that amplified the effectiveness of these interventions and helped restore the child's confidence and independence. This case highlights the essential role of caregivers—not only as supporters but as active therapeutic partners in the rehabilitation process. Particularly in rural and resource-limited contexts, caregiver mindset and involvement can be a decisive factor in facilitating recovery and return to meaningful occupations. The presentation advocates for targeted caregiver empowerment and education as a cornerstone of pediatric rehabilitation in rural health practice.
CPD POINTS	Standard
TYPE	Fireside Chat
BIO SKETCH	Graduated as an occupational therapist from the University of Pretoria in 2020. Completed community service in 2021 at Madwaleni District Hospital and has remained there in a permanent capacity.
EMAIL	Tyzwatson1@gmail.com

2025 PROGRAMME

Photo credit: Peter Schwellnus

TUESDAY 16 - THURSDAY 18 SEPTEMBER 2025
ASCOT CONFERENCE CENTRE, PIETERMARITZBURG
"RURAL HEALTH IN REAL LIFE"

RURAL HEALTH CONFERENCE
PACASA · RuDASA · RuNurSA · RuReSA

Tuesday 16 September 2025 Rural Health Care in Real Life				
08h00 - 09h00	Conference registration, CPD registration and open exhibition. Tea and Coffee			
Conference Opening				
09h00 - 09h30	**Chairperson**	**Rural Health Conference Chair Ms. Thabisa Mbuwako**		
	Opening Remarks	**Mr. J Mndebele** Chief Director of Health KwaZulu- Natal		
Keynote Address 1 - RuReSA				
09h30-10h30	**RuReSA Keynote Address**	**Dr. Kate Sherry** *"Health in rural real life: doing what matters most."*		
10h30-11h00	Tea break and exhibition			
11h00-12h00	**Mental Health Keynote Address**	**Associate Professor Suvira Ramlall** Associate Professor in Psychiatry, University of KwaZulu Natal *"Doctors' wellbeing. Health and science."*		
Parallel Sessions				
	Venue A: Rural Teams	**Venue B: Health Systems Management and Policy**	**Venue C: Clinical Practice**	**Venue D: Community engagement & end users' voice**
Chair:	Ms. Thabisa Mbuwako			Dr. Sue Philpott
12h00 - 12h20	**Oral Presentation** "A qualitative enquiry on the experiences of family caregivers of Mental Health Care Users in rural UMkhanyakude Health District, KwaZulu-Natal, South Africa." Dr. Jabulile Ndlovu	**Oral Presentation** "15 Year Retrospective Review of Clinical Admissions Data to Hlabisa District Hospital." Dr. James van Duuren	**Panel Discussion** "20 years of investing in rural youth to address staff shortages at rural hospitals in three districts of KwaZulu-Natal." Associate Prof. Andrew Ross Dr Gavin MacGregor	**Oral Presentation** "Beyond the Clinic: Home-Based Support for Children with Disabilities in Rural KwaZulu-Natal." Mrs. Catherine Mather-Pike
12h20 - 12h40	**Fireside Chat** "A case study of collective caring in a time of resource scarcity." Dr. Indira Govender	**Oral Presentation** "Hospital Management involvement in the Implementation of Clinical Governance Activities and the Level of Importance in two South African Provinces" Dr. Siphokazi Pahlana		**Oral Presentation** "Beyond the Clinic: Leveraging Community-Based Stakeholders to Transform Rural Disability Services in South Africa." Ms. Talia Mayson
12h40 - 13h00	**Oral Presentation** "What are the experiences of Stellenbosch University medical students undertaking rural longitudinal integrated training in their final year?" Prof. Ian Couper		**Oral Presentation** "An association of pregnancy and sexually transmitted infections in a high HIV Burden Setting; A cluster-randomized stepped-wedge clinical trial, KwaZulu-Natal, South Africa." Ms. Nqobile Ngoma	**Oral Poster Presentation** "Real-Life Recovery: Integrative Care Restoring Function and Dignity in Rural South Africa." Dr. Shamini Kara
13h00-14h00	Lunch, exhibition and late registration			

<table>
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<tr><th colspan="5">Parallel Sessions</th></tr>
<tr><th></th><th>Venue A:
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Policy</th><th>Venue C:
Clinical
Practice</th><th>Venue D:
Community
engagement & end
users' voice</th></tr>
<tr><td>Chair:</td><td></td><td>Ms. Thabisa Mbuwako</td><td></td><td></td></tr>
<tr><td>14h00 - 14h20</td><td>Oral Presentation

"The vulavula project: medical communicators."

Dr. Inez Allin</td><td>Oral Presentation

"Planet Youth: Improving Community Wellness, Reducing Burden of Disease - Data-driven Whole of Society Approach."

Dr. Hermann Reuter</td><td>Poster Presentation

"An obstetric anesthesia guidelines adherence review in Western Cape district level hospital and secondary review of possible reasons for deviations and further improvement: A Quality Improvement Initiative."

Dr. Lize Bisschoff</td><td rowspan="2">Panel Presentation

"Uniting Voices for Health Equity: A Collaborative Initiative to Strengthen Community-Oriented Primary Health Care in Rural Ntabankulu, Eastern Cape."

Ms. Zimbini Madikiza
Mrs. Judiac Ranape</td></tr>
<tr><td>14h20 - 14h40</td><td rowspan="3">Panel discussion
"Improving Burn Care from the Ground Up: A Panel on Rural-Led Innovation and Collaboration."

Nikki Allorto
Dr. Simon le Roux (facilitator)
Kris Herwig
Rowan Duys
Maryll Stuurman
Myrthe Simon</td><td>Oral Presentation

"The Madwaleni Oxygen Plant Pilot Project - lessons learnt over the past 3 1/2 years."

Dr. Craig Parker</td><td>Oral Presentation

"Assessing the effectiveness of decentralised antenatal ultrasound compared to a hospital-based service in rural South Africa: an interrupted time series analysis."

Dr. Christopher Westwood</td></tr>
<tr><td>14h40 - 15h00</td><td>Oral Presentation

"The development of a conceptual framework to implement Artificial Intelligence Technologies in Rural Public Hospitals."

Dr. Sanele Enock Nene</td><td>Oral Presentation

"A retrospective descriptive analysis of a surgical service in a rural district hospital in the Eastern Cape, South Africa."

Dr. Jessica Westwood</td><td>Oral Presentation

"Play with Purpose: A Pilot Initiative for Holistic Child Development in Rural Madwaleni."

Ms. Melissa Makinson and Mrs. Sarah Wilkins</td></tr>
<tr><td>15h00 – 15h20</td><td>Oral Presentation

"The Future of Medical Schemes in an NHI/UHC Era: What role do medical schemes and private healthcare funders play post-NHI/UHC implementation?"

Miss Hellen Nkwagatse</td><td>Oral Presentation

"Best Practice Medicine for Oral Anticoagulants in Secondary Healthcare."

Dr. Asafika Mbangata</td><td>Poster Presentation
"Facilitators and barriers to antiretroviral therapy adherence among adolescents and young adults in rural South Africa"

Mr. Samkelo Sithole</td></tr>
<tr><td>15h20 – 16h00</td><td colspan="4">Plenary - "Enhancing Diabetes Care in Rural South Africa: A Collaborative Model"
Dr. Nicole Fiolet</td></tr>
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<tr><th colspan="5">Tuesday 16 September 2025
Rural Health in Real Life - Parallel Sessions</th></tr>
<tr><th></th><th>Venue A:
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Community engagement & end user's voice</th></tr>
<tr><td>Chair</td><td></td><td></td><td></td><td></td></tr>
<tr><td>16h00 - 16h20</td><td rowspan="3">Workshop

Holding on to our humanity – an experiential workshop."

Associate Prof. Elma de Vries</td><td>Oral Presentation
"Experiences of medical interns of emotionally charged workplace encounters: a qualitative exploration of their rural rotation."

Dr. Madeleine Muller</td><td>Oral Presentation
"To transfuse or not to transfuse: How first world prehospital transfusion research and solutions apply to rural healthcare."

Mr. Andrew O'Brien</td><td rowspan="3">Workshop

RuDASA Indaba: Strategic Planning for 2025–2030

Dr. Asafika Mbangata</td></tr>
<tr><td>16h20 - 16h40</td><td>Oral Presentation

"South African health professional associations urged to end commercial milk formula industry sponsorship."

Ms. Lori Lake</td><td>Oral Presentation

"Bridging the Gap: Understanding Rural Mindsets and Traditional Health Practices."

Miss Mamelo Khitleli</td></tr>
<tr><td>16h40 - 17h00</td><td>Oral Presentation

"Reviewing conceptualizations of Resilience from an Indigenous Healing perspective in Africa: A Scoping Review."

Ms. Hombakazi Mercy Nqandeka</td><td>Oral presentation

"A framework for the development and evaluation of a mobile training application for teachers to promote motor skills in young children in low resource areas"

Monique de Wit</td></tr>
<tr><td>17h00 - 19h00</td><td colspan="4">Networking and Annual General Meetings</td></tr>
<tr><td></td><td>Venue A:</td><td>Venue B:</td><td>Venue C:</td><td>Venue D:</td></tr>
<tr><td>17h00-19h00</td><td>RuDASA</td><td>RuReSA</td><td>PACASA</td><td>RuNurSA</td></tr>
<tr><td>19h00</td><td colspan="4">Welcome dinner
Sponsored by the Discovery Foundation
Discovery Foundation Guest Speaker
Dr Vincent Maphai - BA (Hons), MA, PhD
Chairperson of the Discovery Foundation</td></tr>
</table>

Discovery Foundation

Wednesday 17 September 2025 Rural Health Care in Real Life - AM				
7h30 - 8h30	CPD registration, open exhibition Tea and Coffee			
		Keynote Address 2: RuDASA		
8h30 - 9h30	Keynote Address 2 RuDASA:	**Dr. Ndiviwe Mphothulo** *"The Role of Medical Doctors as Activists in South Africa: South African medical doctor's Legacy of fighting for Social Justice and what should be our role as this generation?"*		
Parallel Sessions				
	Venue A: Rural Teams	Venue B: Health Systems Management and Policy	Venue C: Clinical Practice	Venue D: Community engagement & end users' voice
Chair:				
09h30 - 09h50	**Workshop** "Basics of Burn Care: Burn Care Where It Matters - A Practical Workshop for Rural Teams." Dr. Nikki Allorto	**Workshop** "Biokinetics Works: Public-Private Partnership for Purpose." Miss Vuyelwa Radebe	**Oral Presentation** "Acute Disseminated Encephalomyelitis and the spectrum of acute demyelinating diseases in childhood disability." Mr. Andrew O'Brien	**Panel Discussion** "The South African LGBTQI+ Healthcare Equality Program: A rural roll-out in the Central Karoo." Mx. Savuka Abongile Matyila Amelia Mfiki Mark John de Bruin (he/him)
9h50 – 10h30			**Oral Presentation** "Death and Donuts: The art of debriefing to elevate teams and combat moral injury." Mr. Andrew O'Brien	
10h10 -10h30			**Oral Presentation** "Transforming MSF's approach to community-led initiatives – Empowering community-based organisations (CBOs) through capacity-building for continued access to healthcare services." Ms. Lebohang Kobola	
10h30 - 11h00	Tea break and exhibition			

<table>
<tr><th colspan="5">Wednesday 17 September 2025
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Community engagement & end users' voice</td></tr>
<tr><td>Chair:</td><td></td><td></td><td>Dr Sue Philpott</td><td></td></tr>
<tr><td>11h00 -11h20</td><td rowspan="4">Workshop

"Basics of Burn Care: Burn Care Where It Matters
- A Practical Workshop for Rural Teams."

Dr. Nikki Allorto</td><td>Workshop

"Do we need an ethics committee?"

Dr. Francois Fourie</td><td>Oral Presentation

"Carrying More Than Craft: Baskets of Care and the Hidden Burden of Rural Disability."

Dr. Naeema Hussein El Kout
Ms. Pam McLaren</td><td rowspan="3">Workshop

"This is Rural Health in Real Life: Co-creation to build institutional and graduate capability."

Dr. Jana Muller</td></tr>
<tr><td>11h20 - 11h40</td><td rowspan="2">Oral Presentation

"Resourceful Resilience: Documenting Context-Driven Medical Equipment Innovations in Rural South Africa."

Ms. Ayooluwa Agboola</td></tr>
<tr><td>11h40 - 12h00</td></tr>
<tr><td>12h00 – 12h20</td><td>QIP
By UKZN students</td><td>QIP
By UKZN students</td><td>Oral Presentation

"Using the "Every Word Counts" Programme to Strengthen Early Language and Literacy in Rural Communities- A Speechie's Perspective."

Mrs. Sarah Wilkins</td></tr>
<tr><td>12h20 - 12h40</td><td>QIP
By UKZN students</td><td>QIP
By UKZN students</td><td>Oral Presentation

"Empowering Women in Rural Eastern Cape: A Holistic Group-Based Approach at Isilimela Hospital."

Miss Alex Rendall</td></tr>
<tr><td>12h40 - 13h00</td><td>QIP
By UKZN students</td><td>QIP
By UKZN students</td><td>Oral Presentation

"Serve while we learn –In Reach in the Central Karoo and West Coast Districts of the Western Cape."

Ms. Lindsay-Michelle Meyer</td></tr>
<tr><td>13h00 - 14h00</td><td colspan="4">Lunch break & Exhibition</td></tr>
</table>

Wednesday 17 September 2025 Rural Health Care in Real Life - PM				
		Keynote Address 3 - PACASA		
14h00 - 15h00	Keynote Address 3 PACASA	**Ms Lumbani Tshotetsi** *"The Heartbeat of Rural Health: Recognizing Our Unseen Heroes."*		
		Parallel Sessions		
	Venue A: Rural Teams	Venue B: Health Systems Management and Policy Indaba	Venue C: Clinical Practice	Venue D: Community engagement & end users' voice
Chair		Ms. Thabisa Mbuwako		
15h00 - 15h15	**Workshop** "Basics of Burn Care: Burn Care Where It Matters - A Practical Workshop for Rural Teams." Dr. Nikki Allorto	**Fireside Chat** "Promoting Cost-Conscious Laboratory Requesting in a Deeply Rural Eastern Cape Hospital: A Quality Improvement Initiative." Dr. Leone Pretorius	**Fireside Chat** "Medical school curriculum development and decentralization." Miss Leila Giddy-Turner	**Fireside Chat** "Advocacy and accountability vacuum in KZN rural mining communities for workers seeking compensation when declared unfit to work after developing health issues often affecting their lungs and hearts." Ms. Sheila Berry
15h15 - 15h30		**Oral Presentation** "Building Tech for Rural Realities: What Happens When a Clinician Codes with AI?" Mr. Duncan Miller	**Fireside Chat** "Enhancing Labour and Delivery Experiences through the COPE Method: A Quality Improvement Project at Isilimela Hospital a rural district hospital in the Eastern Cape, South Africa." Dr. Michaela Peters	**Fireside Chat** "Resilience in Recovery: The Critical Role of Caregiver Attitude in Paediatric Rehabilitation in a Rural Setting." Miss Tylah Hobbah-Watson
15h30 - 16h00	Tea break & exhibition			
	Rural Teams		**Clinical Practice**	
	Workshop:	**Workshop:**	**Workshop:**	**Workshop:**
16h00 - 17h00	**Workshop** "Basics of Burn Care: Burn Care Where It Matters - A Practical Workshop for Rural Teams." Dr. Nikki Allorto	**Workshop** "Weathering the Storm: Emotional Regulation in the Eye of Clinical Practice." Dr Madeleine Muller	**Workshop** RuReSA Indaba "Real rural rehab: Strategising for 2026." Dr. Kate Sherry Dr. Jana Muller	**Workshop** "Life changing effect of body-based trauma therapy on rural HIV+ sex workers in Mopani District, Limpopo Province." Mrs. Desire Wright
17h00-19h00	Free time and networking			
19h00 - 22h00	Gala Dinner and Awards Presentation			

Thursday 18 September 2025 Rural Health Care in Real Life				
07h30 - 09h00	Working Breakfast	RHC meeting Executive Chairs & Organising Committee & RHC2026		
08h00 - 09h00	CPD registration, open exhibition Tea and Coffee			
Keynote Address 4 (RuNurSA)				
09h00 - 10h00	Keynote address 4 RuNurSA	**Dr. Nomawethu Mjekula** *"The experiences of family caregivers of traumatic brain injury patients post hospitalization in the OR Tambo District Municipality."*		
Parallel Sessions				
	Venue A: Rural Teams	Venue B: Health Systems Management and Policy Indaba	Venue C: Clinical Practice	Venue D: Community engagement & end users' voice
10h00 - 10h20	**Workshop** Ibhayi Lengane: Strengthening Responsive Care and Early Learning Gugu Thompson	**Workshop** "It takes a village: Rethinking rural health together." Miss Celene Coleman	**Workshop** "Enhancing Anaesthesia Safety in Rural Settings -A Practical Training Session for Rural Clinical Teams." Dr. David Bishop Dr. Simon Le Roux Dr. Rowan Duys	.
10h20 - 11h00	Tea break			
11h00 – 12h20	**Workshop** Ibhayi Lengane: Strengthening Responsive Care and Early Learning Gugu Thompson	**Workshop** "It takes a village: Rethinking rural health together." Miss Celene Coleman	**Workshop** "Enhancing Anaesthesia Safety in Rural Settings -A Practical Training Session for Rural Clinical Teams." Dr. David Bishop Dr. Simon Le Roux Dr. Rowan Duys	
12h20 – 13h50	**Closing Plenary** Living Rural Health in Real Life: Reflections, Lessons, and Commitments			
12h50 – 13h20	Conference prizes for best presenters at RHC2025 & closing address			
13h20 -14h00	Lunch (packed)			

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