



AMS is the ideal vehicle to keep drug supplies flowing and facilitate training in voluntary counselling and testing and antiretroviral treatment.

Bethesda Hospital in KwaZulu-Natal, among others, owes much of its HIV/AIDS continuum of care programme to the AMS – with provincial and private sector support. Because of AMS, total hip replacements at Mseleni (home of the eponymous disease) have shot up, while an ENT pilot clinic at Kokstad Hospital saw 320 patients assessed and treated, with 37 children undergoing surgery last year.

A similar ENT clinic at Hlabisa Hospital (northern KZN) treated 1 044 patients with 53 operations in 5 days last year – an eloquent illustration of the dire need for specialist services in remote areas.

A pilot cardiology and thoracic surgery outreach tour of 5 hospitals in northern KZN in April included ward rounds, tutorials, specialist care, surgical procedure guidance and diagnosis and treatment of various pathologies.

It ended with a hugely welcomed mini-symposium near the Thembe Elephant Park.

***One veteran rural doctor commented that the last cardiology visit to their area was 25 years previously.***



*Physiotherapist Anne Webber, head of physiotherapy at Prince Mashiyeni Hospital, supervises a junior colleague, William Zulu, at Charles Johnson Memorial Hospital near Dundee. Picture: Chris Bateman*

### **Award-winning service**

The public-private initiatives of the Red Cross AMS have garnered Certificates of Excellence in the Impumelelo Innovations Awards.

Dr S M Zungu, Deputy Director-General of Health for KZN, said specialised care for poor and indigent

rural patients near their homes alleviated time and cost burdens hugely and significantly reduced the workload of provincial hospitals.

The Kimberley-based operation (Pilatus aircraft) flew 172 911 kilometres in 190 days last year and helped eradicate cataract surgery backlogs, delivering anaesthetists, orthopaedic surgeons, general surgeons, physicians, paediatricians, a psychiatrist, oncologist and haematologist.

In Nelspruit, where an air ambulance helicopter was introduced in December last year, emergency medical care is now within reach of the most vulnerable, but the Mpumalanga government doggedly refuses to sign a working contract.

The AMS is forced to recover costs on a case-by-case basis, often without success. The AMS model is poised for roll-out to all 9 provinces and even the wider region. All it needs is the improved administrative capacity and the political willpower of provincial bureaucrats in all provinces.

As one volunteer quipped, 'We do what we can, but we're not holding our breath'.

**Chris Bateman**

## **A TIMELY APPOINTMENT – SAMA'S NEW CEO**

Her middle name might mean 'the one who came before her time', but Dr Aquina Motlakapele Thulare, 42, the new CEO of the South African Medical Association, is determined to see doctors better paid and properly valued during her tenure.

Ratified by the full board last month, her historic appointment follows the resignation of Dr Moji Mogari, whose 18-month stint saw successful staff restructuring and sustained fence-mending bids with health minister Dr Manto Tshabalala-Msimang.

Mogari left in April to direct operations in a commercial agriculture funding and development company where he now manages a R100 million

Rand Merchant Bank development fund. For the past three months the association was jointly managed by the head of the Private Practice Unit, Dr Johann van Zyl, and newly hired lobbyist, Dr Barney Selebano.

***Doctors were taken neither seriously nor valued, with dismal working conditions, unfair pay packages and 'ridiculous' public sector career paths (pay notch system), causing demotivation and a skills flight that the country could ill afford.***

Thulare, who takes the hot seat on 15 August, told *Izindaba* that improving working conditions for doctors in both the private and public sector would be a priority for her.

### **Doctor career pathing dismal**

'We need to empower doctors to perform as doctors, contributing to the health care of the nation.' She said that, while SAMA was a vital health care stakeholder, it was not a public policy-making body.

'We are a civil society movement, an advocacy movement that must agitate for doctors. In this participatory, deliberative, bottom-up democracy that we have in this country, we need to take



advantage of the opportunities created by this environment and make sure that our voices and those of the constituency we represent are heard. If we don't continue agitating for medical professional issues, history will judge us very badly.'

Paying tribute to her predecessor's improved relations and communication with provincial and national health departments, Thulare said SAMA's public sector committees needed to work even harder to engage government. 'We can't do this on our own, we must engage all the major stakeholders,' she said.

### No head-ons with Manto

While she had not met the national health minister, she had seen her in various forums and stakeholder meetings and would 'not be attempting to engage her head-on in public alteractions'. She intends engaging the Ministry of Health through communication channels that were developed by her predecessor.

'I have a good working relationship with some of the top technocrats and officials in the Department of Health. While these officials are implementers of policy decisions, they also play a very important role in the policy formulation process. As a consequence, I believe SAMA has to engage more effectively and get a buy-in from these officials to have a more meaningful impact on issues that we as a profession are advocating for.'

### CV

Born in Edenvale, Thulare received her MB ChB degree at the Nelson Mandela Medical School in Durban in 1985. Here she was secretary of the Black Sports Union, captained the netball team and belonged to the Azanian Students Organisation (Azaso).

She went on to obtain a BScMedSc (Hons) in Reproductive Medicine at Stellenbosch University before adding an MBA (Wits) and Master of Management in Public Policy (also Wits)

to her qualifications. Thulare holds certificates in programme and project management in the public and development sector.

Her subsequent professional experience in the health care industry spans the public, private and the developmental NGO sectors and she has extensive experience at management and board levels within both the profit and non-profit sectors.



*Dr Aquina Motlakapele Thulare, the new CEO of the South African Medical Association.*

She ran a full-time community medical practice in Tembisa for 10 years (still consults part-time), was a medical officer at King Edward and Chris Hani Baragwanath Hospitals and has practised as a medico-legal district surgeon, primary health care and antenatal practitioner.

Her current areas of focus are the management of nutritional disorders, reproductive health and HIV/AIDS.

A Lieutenant-Colonel in the South African Military Health Services, Reserve Force Directorate in the Office of the Surgeon-General, Thulare is involved in the promotion and recruitment of junior leaders in the Military Reserve through the University Reserve Training Unit.

### Taking a stand

Asked by *Izindaba* why she had put herself forward for such a politically volatile job, she said she was at first

reluctant for that very reason, but she and several colleagues 'interrogated the importance of participating in SAMA with the purpose of contributing towards making a difference for the medical profession and a transforming health system and I decided to take a position and face up to all the challenges as they presented themselves'.

Wary of 'the media circus', Thulare said she initially wanted to 'muddle around and try and make sense of things', before embarking on her priorities.

One of these was to get black doctors more active in SAMA, so that eventually the 50/50 principle formulated during the amalgamation of racially disparate bodies into one medical association became a reality.

Young doctors need role models and mentors whom they can identify with and who can also guide them in structuring their careers, something previous older generations were not privileged to go through. Young doctors also need to buy into the concept and ownership of SAMA.

She hoped to change 'the perception of SAMA as a white organisation among industry players'.

'Being a woman should be seen as a bonus for SAMA as women are playing a more prominent and meaningful role in transforming our new democracy including the health system,' she added.

She passionately wanted to see more black doctors writing research papers and competing with their peers locally and internationally.

Thulare is intimately involved with several organisations dealing with childhood sexuality and abuse, rural and women development projects, HIV/AIDS and palliative care. Keenly interested in economics and finance, she says she wants to see how 'capitalism with a heart' could be applied to health care in South Africa.

**Chris Bateman**