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Rural communities disadvantaged by KZN Community Service Medical Officer placements for 2010

The unequal allocation of Community Service Medical Officers to rural hospitals in KwaZulu-Natal comes as a great setback for some of the most rural communities in KZN and presents a major hurdle for the implementation of the new treatment guidelines announced by President Zuma on World AIDS Day.

An analysis of the list published on the KZN Department of Health (DoH) website of the placements of Community Service Medical Officers (CSMOs) for 2010 http://www.kznhealth.gov.za/mo2010.pdf shows that **seven rural hospitals in the province will not receive any CSMOs at all in 2010**. The majority of these are in some of the most rural and underserved areas of the province. These include Nkandla Hospital, Ceza Hospital, Ekombe Hospital, Estcourt Hospital, Mbongolwane Hospital, Nkonjeni Hospital, and Rietvlei Hospital.

An expressed objective of community service was to ensure improved delivery of health care to all citizens of South Africa, and to address the inequity and maldistribution of human resources for health. This opportunity is lost if placements are repeatedly made in a manner that exclude rural and underserved areas.

In addition to the seven hospitals excluded, there are also rural hospitals that have been allocated only one or two CSMOs despite their major staffing problems. Many of these rural hospitals have had vacant posts frozen, and are unable to fill posts for 2010 because of financial constraints. They will therefore remain chronically understaffed with little relief from community service, and the rural-urban inequity will be perpetuated by the 2010 CSMO placements.

The placement of more CSMOs would have assisted these rural hospitals greatly in reversing falling standards of care and initiating more patients on ARV Treatment in order to meet the HIV&AIDS and STI Strategic Plan (NSP) guidelines of 80% treatment coverage among all those in need. Of particular concern will be the rural hospitals' ability to respond to President Zuma's call on World AIDS Day (WAD) to "work hard to ensure that systems are in place by the 31st of March." As the president announced in his WAD speech in Pretoria on the 1st of December 2009, "any citizen should be able to move into any health centre and ask for counselling, testing and even treatment if needed." Even in the case of nurse-initiated treatment, doctors still need to be available for support, complex cases and regular patient evaluations.

The figures on the KZN DoH website reveal that of the total of 205 candidates listed, 79 (40%) have been allocated to regional (urban) hospitals. A further 50 CSMOs (25%) have been allocated to urban district and regional hospitals which already receive interns for two years (Interns cannot be placed in rural hospitals as they need to be supervised by specialists). The balance of 66 (32%) CSMOs are spread across the remaining 35 rural district hospitals in the province.

The picture is not much different in some other provinces. For instance, in the Eastern Cape, over thirty hospitals have no CSMOs allocated in 2010 and a shocking 75% are allocated to urban areas.

The uneven allocation of CSMOs derives from the fact that urban hospitals are included in the list of institutions that prospective CSMOs are allowed to choose from. Other categories of community service officers, such as occupational, physio and speech therapy, are not allocated to urban sites at all. A similar approach should be followed for CSMO placements. With the new 2-year internship period that precedes community-service, we believe that young doctors are now well equipped to contribute their skills in rural hospitals. However, given the choice, few CSMOs choose to work in rural practice if there is an urban option. In fact, of the 1200 medical graduates that South Africa produces annually, only around 35 choose to work fulltime in rural public hospitals. Others leave for overseas, join the private sector or prefer to work in public sector urban hospitals. This unequal distribution of health care professionals exposes the many underlying challenges in attracting and retaining doctors in rural areas, ranging from lack of support, poor working conditions and limited career prospects. RuDASA has consistently called for comprehensive retention strategies to ensure that rural hospitals are places where doctors will choose to work and where CSMOs can be supported by senior medical officers.

With 43,7% of South Africa's population residing in rural areas, and a Constitution that calls for equal access to comprehensive quality health services, this skewed distribution is inequitable, unfair, and counterproductive to achieving the Millennium Development Goals.

Therefore, the Rural Health Advocacy Project calls on both the Provincial and National Departments of Health to adopt clear policy guidelines that facilitate CSMOs allocation in an equitable, transparent manner in order to fulfill the mandate of the programme. This policy should stipulate that rural hospitals in underserved areas should receive preference in the allocation of CSMOs, and that CSMOs should not be placed at all in urban hospitals that are approved for internship training.

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