

## Telemedicine Newsletter

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### ***Contents in this issue***

- *Telemedicine attends MRC Induction in Durban*
- *Limpopo Telemedicine Progress*
- *Noelle Ngobeni relocates to Durban*
- *Upcoming conferences, courses and training*
- *Dr Sinclair Wynchank gives feedback about Medical University Victor Segalen (in Bordeaux, France)*
- *Rachel Kishton gives an overview of her time spent with the unit*

### **MRC Induction held in Durban from 23 to 24 July 2007**

Three new members of the Telemedicine Unit, Maita Mashavhane, Nonhlanhla Nxumalo and Ashley Bess attended an induction on the 23<sup>rd</sup> and 24<sup>th</sup> July at the MRC Durban, Westville office. The two day event was attended by MRC staff from offices in the different provinces and different Units/Programmes. The programme was well presented by representatives from the different departments, covering Human Resource services that are important for all staff members to be informed and aware of. The programme looked at aspects such as the different Human Resource services, Pension Fund and Payroll, Study Support/Study leave, Research and Capacity development and all other areas that constitute the organization.

The induction provided all participants with the opportunity to be exposed to the different units and/or programmes that are part of the MRC, including information on the work that is conducted in each of the programmes. The event also availed an opportunity for the participants to meet new colleagues and most of the staff members that are important to know with regards to the services that are available in the MRC, for instance, such as those to contact in the HIV/AIDS workplace programme. The induction was well organized and offered a valuable recess from the office!

## **SA / CHINA Telemedicine Project: Limpopo**

The aim of the project was to provide telecommunications connectivity to enable the use of telemedicine. This was achieved by the participatory role of various stakeholders including: SITA; Department of Health Limpopo; Medical Research Council; Department of Science and Technology; Department of Foreign Affairs and Yunnan SunPa Tel Tech Company. Another component of the project is to provide a definitive answer on the compatibility of the systems and the viability to deploy them on a wider scale on the African continent.

The project is now at the stage where the telecommunications network has been implemented and the telemedicine equipment has been deployed to the various health facilities in Limpopo. Extensive training has also been provided to health professionals by the Yunnan SunPA. The company sent two training facilitators / engineers, Ms Wu Xiang Yun and Mr Chen Guiwu, to South Africa to conduct training sessions. The training was extremely successful.

Further training was required by the South African participants and therefore, Mr Maitakhole Arnold Mashavhane (MRC), Mr Christopher Maloba (George Masebe Hospital), and Ms Nancy Molokomme (Polokwane Hospital), have been invited to attend advanced telemedicine training in China from the 30 July – 10 August 2007.

## **Noelle Ngobeni relocates to the Telemedicine Office in Durban**

Noelle M. Ngobeni has relocated from Pretoria Regional office to Durban Regional office to be a Project Coordinator for the KwaZulu-Natal Telemedicine Intervention Strategy Project in collaboration with UKZN / MERAKA / DoH-KZN / DST / MRC.

She will be responsible for administration of this project for the 3 year duration of the project. The aim of this project is to provide a working model of telemedicine that is scalable for use in the rest of South Africa and that provides viable solutions that are exportable to other developing countries

## **Conferences, Courses and Training Opportunities**

12<sup>th</sup> ISfTeH International Conference  
Chennai, India  
(02.11. - 03.11.2007)

**ABSTRACTS DUE ON THE 14<sup>TH</sup> AUGUST FOR ORAL PRESENTATIONS**

## **ISPED, the largest (and most widely active?) Distance Learning Institution in France, concerned with Medicine**

By Dr Sinclair Wynchank

Recently I visited Roger Salamon, a fellow member of an international committee studying the problems associated with scaling up (from the present low levels) health care distance learning programmes in Africa. Roger Salamon is the professor of public health in the Medical University Victor Segalen (in Bordeaux, France). Also he directs ISPED (The Institute Public Health, Epidemiology and Development), which is the largest public health unit in France, with about 250 employees. ISPED is a pioneer and extensive practitioner in distance learning in medicine.

But the first thing one notices on entering Prof Salamon's office is his collection of **Hippopotami**, all 350 of them, in a big variety of sizes and in almost all imaginable forms, colours and materials. But other matters for discussion were even more important than the hippos.

### **What is ISPED and what does it do?**

ISPED is unique in France (and probably in the rest of the world too). Its distance learning serves over 1000 students and its offerings include a first degree ("licence" in French), the first year's study for a Master's degree and the second year's study for six different Master's degrees. (All these Master's degrees are of two years' duration.) Finally there are about 40 different university post graduate diplomas also offered. ISPED was founded in 1997, as the continuation and extension of a pre-existing Inserm (the French equivalent of the MRC) Unit for Teaching and Research. It had been set up in 1989, at the same university. ISPED participates in very many aspects of the wide field that comprises today's public health, both at national and international levels, with particular emphasis on developing countries. Apart from tele-teaching, its activities include cooperative research, the training in France of students from various countries and the provision of expert opinions on a wide range of relevant topics.

### **ISPED's Distance Learning – How and Why?**

Of greatest interest to us are ISPED's distance learning programmes. But at present all this teaching is conducted in French. But that need not be an insuperable difficulty preventing South African participation for two principal reasons. Many of ISPED's staff are very fluent in English and the possibility of offering some of its courses in English has been under active consideration for some time. Secondly the French Government is very generous in offering specialised training in France to non French speakers. The bursaries awarded are typically for several months and include all travel, tuition and accommodation costs. Also there is an additional month or so at the start of the bursary period, devoted to an intensive course aimed at providing a working

knowledge of French. (I have been associated with seeking South African candidates for such bursaries in a non medical field.)

The stated objectives of this distance learning aim:

- to enable students to acquire skills in the necessary methodology leading to an attack on the overwhelming problems facing today's health care workers
- to demonstrate the value of distance learning in many aspects of public health
- to emphasise the importance of relevant issues in developing countries
- to accentuate the value of a multidisciplinary approach in this field
- to increase relevant professional proficiency

Clearly there is much overlap with some of this programme's interests and activity. Several other institutions (so far all Francophone) collaborate in parts of the distance learning programmes. They are situated in Algeria, Morocco, Tunisia, Benin, Cote D'Ivoire, Lebanon, Vietnam, France and Belgium.

### **ISPED's Distance Learning – What is offered?**

1. A professional first degree in Health Promotion and Health Education
2. The first year of studies for a two year Master's degree
  - 'A multidisciplinary approach to public health issues that will be fully integrated with the second year of studies.'
3. The second year of studies for a two year Master's degree. (The six different options are listed below.)
  - 3.1 Professional Management of Health Services and associated Social Services
  - 3.2 Public Health (Applied Statistics for Health and Social Sciences)
  - 3.3 International Public Health
  - 3.4 Public Health (Research in Epidemiology and Biostatistics)
  - 3.5 Public Health (Evaluation of Health Systems and their Functioning)
  - 3.6 Human Sciences (Modeling and Applied Human Science, especially Ergonomics and Planning of Health Systems and relevant Labour Practice)
4. The 40-odd University postgraduate Diplomas include a very wide range of topics and the following Diploma subjects illustrate the breadth of topics offered:
  - 4.1 HIV Infections
  - 4.2 Epidemiology - its methods and practice, using teaching via the Internet
  - 4.3 Statistical Methods applied to Health
  - 4.4 Methods of Clinical Research

5. Summer Schools offer about 20 different courses spread over the whole range of ISPED's activities. These courses are aimed at a wide range of students, many from non-French speaking regions, including Asia, Latin America and Central Europe.

### **ISPED's Research**

The research topics range across all the subjects taught and include

1. Epidemiology, Public Health and Development
  - 1.1 Age related cerebral dysfunction
  - 1.2 HIV infection and AIDS (in both developed and developing countries, especially the prevention of mother to child infection)
  - 1.3 Clinical research associated with these aspects of public health, especially for hepatitis, liver neoplasms and HIV/AIDS - its diagnosis, therapy and improvement in prognosis
  - 1.4 Epidemiology of nutrition and feeding patterns
2. Biostatistics
  - 2.1 Multi nation models (both parametric and semi-parametric)
  - 2.2 Homogenous Markov models
  - 2.3 Multivariate processes
3. Health, Employment and the Work Environment
  - 3.1 Long term exposure to pesticides
  - 3.2 Environmental aspects of respiratory illness
  - 3.3 Industrial health risks and prevention of musculo-skeletal problems and methodology of relevant risk evaluation

### **Provision of Expert Opinions**

This is done in a variety of ISPED's fields of activity and there are ongoing projects in collaboration with the:

1. Ministry of Health of Zimbabwe
2. Ministry of Health of Mozambique
3. Government of the Comores and the World Bank
4. The Santiago de Guayanquil University in Ecuador
5. Various partners (both Governmental and NGOs) in Algeria, Morocco and Tunisia
6. The University of Lebanon, especially the results of a study of the effects of exposure to asbestos
7. A range of European-wide tertiary education programmes, including Erasmus and Socrates

**How can all this be of interest to us?**

Although ISPED does not work directly with Telemedicine, per se, its wide range of distance learning is of much relevance to us, in the following ways. Our programme's members could:

1. Take advantage of the French Government's offers of bursaries to learn some French and then study a topic offered at ISPED that overlaps with one of our interests (eg an aspect of HIV/AIDS education), and/or participate in study for a diploma, or attend a summer course offered by ISPED
2. Examine one of ISPED's collaborative research projects with an English speaking country that reflects some of our own activity and determine a means of joining the collaboration
3. Select an existing telemedicine link in South Africa to use an appropriate distance learning module of ISPED (for its staff includes many English speakers, who are actively preparing an extension of some of its activities for students who speak English)
4. Consider the feasibility of a research project initially based on a parallel activity to one of ISPED's projects, acting as a complement/extension to the ongoing work. It is possible that Prof Salamon will find this a useful suggestion.

Incidentally Bordeaux is a very beautiful town, so there are attractions there, quite apart from ISPED.

## **Time with Telemedicine Unit in South Africa**

By Rachel Kishton

As a perspective student of medicine I think it essential to study and explore international health care, both practice and innovations. Consequentially a winter interning with the Medical research Council Telemedicine unit seemed an ideal learning opportunity and a cultural adventure. I would be able to see medicine in a developing country and hopefully help to bring health care to underserved populations. Thus I prepared my self for two months in South Africa.

The highlight of my internship has been the site visits to the various hospitals within the KZN province. While taking notes for these visits I was able to learn about hospital care for a cross-section of rural South Africa. I was able to visualize how helpful and important telemedicine will be for this population. One important discovery for me was that the quantity not quality of health care providers is a main problem in the medical delivery system. Meeting the various staff of these hospitals allowed me to see that despite challenges to implementation, an innovative idea, like telemedicine, will often gain support from the front lines.

Along with the site visits, my time speaking with various staff members about different research

projects at the three MRC offices had been truly fascinating. The SAAVI unit in Cape Town proved especially enlightening as I was able to see the project from a medical and historical perspective. These different research projects again served to broaden my view of medicine in South Africa.

My time with the telemedicine unit has been a learning experience on medicine and culture in South Africa. I wish the unit and each staff member success and I trust that in the coming years telemedicine will prove to be the direction of medicine across Africa.