# Interview: Bongani Mayosi – Professor and Head of the Department of Medicine at the Faculty of Health Science at the University of Cape Town, South Africa



***"Of the 1400 doctors that we produce from South African universities, 1200 go on to work in the public healthcare system." - Bongani Mayosi***

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*The Head of the Department of Medicine at the Faculty of Health Science at the University of Cape Town reveals how their role is not only in training people to be technically competent, but to produce the next generation of thinkers, researchers and innovators, how The Lancet report, produced by a number of academics within South Africa, has led the way in providing solutions to the "quadruple burden of disease", and why UCT looks to establish links with industry and other institutions in South Africa, helping to lift the entire South African healthcare system.*

**What importance can academics play in shaping the healthcare debate in South Africa?**

The Lancet Series on the health of South Africans was a landmark report. Produced by a number of academics within South Africa, it recognized that in the first 15 years of the new democratic South Africa, in terms of health and the health system, the country had moved backwards. The South African Minister of Health, Dr Aaron Motsoaledi, refers to this period as "backpedalling". In the face of a rising epidemic of HIV and AIDS, the country delayed its implementation of an ARV program. The lifespan of South Africans at birth, in a period of 15 to 20 years, went down by nearly 20 years. In 1990, the average life expectancy of a South African at birth, was 70 years; in 2005 we hit

around 50, due to the explosion of HIV and AIDS. In 2008, with a change of government, we recognized how it was important to describe the problem and provide solutions to the new government. In 2009 we invited the new minister of health to launch the report and the Minister implemented many of its suggestion over the subsequent three to four years. In 2012, we wrote a follow-up report, which showed that the interventions implemented by the Minster had begun to reverse the trend. Today, in terms of life expectancy, South Africans are gaining a year of life every year.

South Africa is unique not only for the problem of HIV/AIDS and TB, but for three other health problems: issues at childbirth, a major cause of morbidity and mortality in the country; chronic non-communicable diseases, namely stroke, high blood pressure, diabetes and cancer; and lastly the problem of violence due to interpersonal and accidental injury. In each of these areas our rates are well above the global average. The Lancet report termed this the quadruple burden of disease and provided solutions to tackle it. South Africa is now leading the world in providing solutions to these problems and we are the go-to place for training.

**What are the major focus areas for the Department of Medicine at UCT? What is your contribution to tackling such problems?**

We focus on a number of areas. The foundation of our work is in clinical care, providing models for best care. At the Department of Medicine, in terms of the quadruple burden of disease, we address two major areas: the area of TB/HIV and AIDS, and the area of chronic non-communicable diseases. It has been a privilege for us to make decisive contributions in terms of care in those areas. Another area where we make a big contribution is the training of doctors and nurses. Our role is not only in training people to be technically competent, but in producing the next generation of thinkers, researchers and innovators. Working with the minister of health and people in industry, we have established our 1000 PhD program, where we identify the best and the brightest health professionals; putting them through research training so that they become leaders and thinkers who can solve the problems we face in South Africa. This is our unique contribution at the Department of Medicine: we are the place where the leaders learn. We are looking to build on our relationship with industry. We lead in the area of drug resistant TB, as well as diagnosis, and some of these innovations are having a direct impact on start-up companies.

**70-80% of health professionals trained in the country are not retained in the public sector and are lost either to the private sector or overseas. What can be done to reverse this trend?**

In 2015 the problem is in providing jobs to doctors who want to return to South Africa. The changes which Minister Motsoaledi has enacted to working condition in the public sector are such that when we advertise a post in neurology or radiology, we now even receive applicants from the South African private sector who want to return to the public sector. The conditions for doctors working in the public health sector are considerably better than they used to be. Of the 1400 doctors that we produce from South African universities, 1200 go on to work in the public healthcare system. In 2015, the much spoken about exodus is a myth. The fact that South Africa has the lowest doctor-to-patient ratio within the BRICS is due to a lack of planning and leadership. This is a general problem, best illustrated by our electricity generating capacity. In 1995 we thought we had enough capacity to fire up all of Africa and we forgot to build generating capacity in South Africa. The same problem has occurred in the health sector; we lack a forecast plan on what the country requires. Working with the minister of health, we are looking to expand the country´s leadership capabilities, while building new medical schools. This has to be a partnership between government, industry and other players. The Public Health Enhancement Fund is a good example of what is required: a government-lead initiative, uniting stakeholders across the South African healthcare community. What is required is more ambition – we need to scale up our work, preparing for the future.

**When we met with Vicki Pinkney-Atkinson from South Africa Non-Communicable Disease Alliance, she said that the largest increases in premature deaths from NCDs are expected to occur in Africa. To what extent have African governments overlooked the challenges of non-communicable diseases?**

In Africa we have neglected non-communicable disease and focused on the treatment of acute infections. Health services have been designed to deal with acute problems. HIV has become a chronic disease, and some of the best examples of how to care for people this disease can be found in Africa. We now need to learn the lessons with regards to how to care properly for people with chronic diseases, and then make the process systemic and scale it up. Most African governments have now signed up to the UN and WHO political declaration regarding NCDs. At the level of the African Union there appears to be firm political commitment behind these goals. Our job is to see whether policy is being translated to programs, practice and favourable outcomes. This is where academics need to play their rightful place, tracking the effectiveness of such declarations. South Africa does have an NCD plan with ambitious targets; what is lacking is enforcement.

**Minister Motsoaledi has said that South Africa, as the country which carries the biggest burden of TB and HIV and AIDS, must have the greatest expertise in dealing with such issues. Do you believe it is realistic for South Africa to become a regional hub of expertise in the area of HIV and AIDS?**

South Africa is a centre of expertise when it comes to HIV and AIDS. When you look at funding from the National Institutes of the US and compare it to the scale of funding that comes to South Africa on HIV and AIDS, the numbers speak for themselves. Our researchers, such as Robin Wood, are the most cited in the world. Excellence is becoming generalized in medical science in the country. UCT must not stand alone, we must link with other institutions in South Africa. Crucially, as we rise in our quest to be world leaders, we must lift the entire South African healthcare system.

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