

# The genesis of a Paediatrics and Child Health department over the past 40 years at South Africa's oldest rural medical school

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In the early 1980s, the Department of Paediatrics at Umtata General Hospital (UGH) fell under the Department of Internal Medicine, headed by Dr George Strang, a British physician. A Polish doctor was managing Paediatrics under him. A Canadian paediatrician replaced him around 1984.

In 1985, on opening the Faculty of Health Sciences at the University of Transkei (Unitra), Prof. Marina Xaba-Mokoena, who was the first Dean, took the initiative to recruit medical specialists required for teaching, training service delivery and research. Among these specialists was Dr John Iraka, a paediatrician who assumed duties at UGH during 1986. Dr Iraka appears to have separated Paediatrics from Internal Medicine. He was given Ward A and a room in the medical outpatient department (OPD), the present-day administrative building at Mthatha Regional Hospital, without even a medical officer. He managed Paediatrics along with Neonates alone for more than 3 months, later being given two medical officers (MOs) without an intern.

Prof. K S Gaire joined Paediatrics at UGH on 1 March 1987 on transfer from St Lucy's Hospital, where he was a medical superintendent. He then became a second paediatrician.

By that time, George Strang had left Umtata to join Cecilia Makiwane Hospital in East London. Dr Kakaza was head of Internal Medicine at the time. However, the two platforms continued to have combined academic meetings every morning.

Children's Ward A was very congested, as all the patients were admitted in one ward, including tuberculosis (TB), measles and burns. Similarly, the paediatrics OPD (POPD) in the medical OPD was very crowded, with two consultants, two medical officers and two interns – and our nurse interpreters, as all the doctors except the MOs were foreigners. Procedures such as lumbar puncture, pleural tapping and insertion of a chest drain were done in the same room.

In 1990, Mrs Dunjwa was the nursing service manager in Paediatrics. Owing to overcrowding, the SANTA centre near Norwood was identified for children with TB. Sir Henry Elliot Hospital had vacant space in the chest section at the time, and Mrs Dunjwa and Prof. Gaire identified wards 2, 3 and 5 at Henry Elliot as suitable for Paediatrics. They were later renovated to be used for Paediatrics and Child Health

Wards 2 and 3 were for inpatient accommodation and Ward 5 was used as the POPD. The POPD needed facilities for registration and admission, consultation, assessment, treatment, drips and rehydration, resuscitation, procedures and overnight stays.

On the south side of Ward 2 we had a reasonable room for children aged under 3 months. Another big part of the ward was used for cardiac and miscellaneous cases. On the north side were two cubicles where patients with neurological, respiratory and

nutritional diseases were accommodated. Ward 3 was exclusively for surgical cases.

## Health education building

A group of elective students from Holland donated R19 000 for facilities for children at UGH. With that money and free help from TRACO, we built a wooden structure next to Ward 2 in which health education on immunisation, breastfeeding, general hygiene, and the value of nutritious food and oral rehydration fluids was provided to the mothers while their children were in the hospital.

## Staffing

Dr Richard Makomba was the third paediatrician to join, with Dr Adam Targonski being the fourth. Following that Dr Michael Nazo joined, and Prof. Gideon Tindimwebwa was the last one to join the team. Dr John Iraka was promoted to associate professor and academic head in 1988. The department was going well, but John Iraka later left for the Medical University of Southern Africa as a senior lecturer, and Dr Makomba left for Cecilia Makiwane Hospital for family reasons. Dr Nazo became associate professor and head of Paediatrics. Prof. Gaire was promoted to deputy director for medical services at the head office.

The team was later joined by Dr Verena Karaire. Prof. Gaire was able to support Prof. Nazo in recruiting some staff, such as medical officers and interns, later on. By 1992 the number of MOs had increased to eight or ten, and there were five interns.

The department was initially run by general paediatricians, with no subspecialties.

## Service delivery

We started limited subspecialty services, as follows:

- Cardiology, by Drs Nazo and Targonski
- Neurology, by Drs Makomba and Karaire
- Gastroenterology and Nutrition, by Prof. Tindimwebwa
- Endocrinology, by Prof. Targonski
- Nephrology, by Prof. Gaire.

For tertiary management, children were referred to Wentworth Hospital in Durban and Red Cross War Memorial Children's Hospital in Cape Town.

## Teaching and training

Initially UGH was recognised for training of 25 interns. After a big struggle with the Health Professions Council of South Africa, the hospital was also accredited for teaching and training of the undergraduate medical students in the Faculty of Health Sciences

at Unitra. Paediatrics was accredited for the training of medical registrars during the mid-1990s. Dr Edeani and Dr Meghar Raj Gyawali were the first registrars to be trained on this platform.

### **Nelson Mandela Academic Hospital**

The concept of building a new academic hospital was formed in the mid-1990s. Approval and planning were completed in 1999. The new hospital started functioning, and the departments started to move there. The Department of Paediatrics and Child Health was the first to occupy beds in the new hospital.

### **Current state of affairs**

The Department of Paediatrics and Child Health is still running at Nelson Mandela Academic Hospital. It is currently headed by Prof. Z M Makrexeni, an undergraduate and post graduate student of Unitra (Walter Sisulu University), and trained paediatrician and paediatric cardiologist.

The hospital a drainage site for all the former Transkei region. The hospital has a fully fledged neonatal unit with a neonatal intensive care unit, high care, and kangaroo mother care. The hospital also has a seven-bed paediatric intensive care unit and paediatric high-

care beds. The department currently has six subspecialists and six general paediatricians. The subspecialists have training in paediatric cardiology, infectious disease, critical care, neonatology and oncology. To date, the platform has produced more than 16 paediatricians and three subspecialists based in Mthatha. Home-grown subspecialists include those trained in paediatric cardiology, oncology, critical care, infectious disease, neonatology and pulmonology.

The department has expanded to Gqeberha (formerly known as Port Elizabeth) and East London sites (Dora Nginza, Cecilia Makiwane and Frere hospitals), and is responsible for training undergraduate and postgraduate students registered with Walter Sisulu University. The department is currently busy with accreditation for additional subspecialist training programmes. From the humble beginnings in the 1980s, when paediatrics and child health services couldn't even constitute a department, to the glimpses of excellence seen in the past decade, we are optimistic that the next six decades will be even better, and yield more positive outcomes and greater impact on child health indicators.

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