

Resident International Grant Rotation Pre-Departure Handbook for South Africa

**Education and Volunteers Abroad Committee (EVAC) American Academy of Dermatology
Program Directors: Carrie Kovarik, MD; Victoria Williams, MD; Amy Forrestel, MD**



INDEX

General Information on RIG Program	3
Checklist for Travel to South Africa	4
Getting ready to go	6
Medical Evacuation Insurance	6
Immunizations	7
Medical Licensing	7
Travel and Arrival	8
Travel Arrangements	8
Immigration	8
Airport Pickup	8
Confirm Housing	8
What to pack/How to Pack	9
End of Rotation Checklist	10
About South Africa	11
Background/Climate/Demographics	11
Safety	13
Working in the hospitals	14
High Yield Prep Work	15
What to Expect During your Rotation	15
About King Edward and Albert Luthuli	15
Schedule overview	16
HIV in South Africa	17
Needle sticks and PEP	17
Living in South Africa	17
Money matters	18
Getting around	18
Restaurants	18
Markets & Shopping	19
Things to do in Durban	21
Weekend Trips Away from Durban	21
Longer Trips	22
Important Numbers and Contacts	22
Map of Durban	22

General Information

Howzit! (Hello) Congratulations on receiving the AAD Resident International Grant (RIG) to participate in a dermatology elective at the Nelson R. Mandela School of Medicine (NMSOM) at the University of KwaZulu-Natal (UKZN). Our mission is to create a bidirectional educational collaboration to expand resident learning experiences and share expertise between dermatology programs in North America and South Africa. We are so pleased that you have chosen to be a part of this wonderful experience!

The Resident International Grant (RIG)

In an effort to promote international educational opportunities, the AAD, through the Education and Volunteers Abroad Committee (EVAC) provides funding for twelve U.S. and Canadian senior dermatology residents to participate in an elective rotation in a developing country. The RIG has been sending U.S. residents to Botswana since 2008 and over 150 residents have participated in the program to date. In 2019 the program has expanded to include three new educational sites in Lima, Peru; Durban, South Africa; and Dhulikhel, Nepal. We are also now offering the local residents in our international sites an opportunity to rotate in the United States or at another international site within the collaboration to truly create a bi-directional learning experience.

You have been chosen to rotate in Durban, South Africa and your elective will be a 4-6 week block based on the timing preferences stated on your application. This handbook will help you to prepare for the experience and understand what your clinical and teaching responsibilities will be. Below is a summary of what the AAD's RIG provides:

Non-Penn grant recipients will receive::

- Airfare booked through the AAD Travel Desk
- You will be provided with a stipend that will cover cost of accommodation, local transport, medical evacuation insurance and some extra for miscellaneous expenses. **The exact amount of your stipend is still being finalized as it changes yearly based on costs of individual sites. You will be notified as soon as possible with the finalized amount.**

Penn grant recipients will receive:

- Airfare booked through the AAD Travel Desk
- Partial AAD stipend to cover room, board, and other needs. The remaining \$500 comes from the Kramer Penn Gift Account.

Grant requirements (all covered in more detail later in this handbook) include:

- AAD Patient log
- Lectures given to be shared with the local site and emailed to Dr Williams
- Rotation summary/report

RIG Directors

- **Dr. Carrie Kovarik.** Director of the AAD Resident International Grant Program, and Assoc. Professor of Dermatology, Dermatopathology and ID at the University of Pennsylvania (UPenn).
- **Dr. Victoria (Tori) Williams,** Co-Director of the AAD Resident International Grant Program, Assist. Professor of Derm at UPenn, Site Director of the BUP Derm Rotation,

Senior Lecturer at the University of Botswana and former Ministry of Health of Botswana Dermatology Specialist.

- **Dr. Amy Forrestel**, Assist. Professor of Derm at UPenn, Co-Director of the BUP Derm Rotation.

Other members of the team:

- **Breon Smith** – Resident International Grant administrative assistant at the AAD

Your trip will be completely coordinated by Dr. Victoria Williams and Dr. Carrie Kovarik. Further details on travel arrangements, daily schedule, are explained below. Dr. Williams will be supervising your rotation remotely (or in person if your rotation overlaps with her time on the ground in Africa). We are here to support you inside and outside the hospital... if you need anything, reach out!

We are so pleased that you have decided to be a part of this wonderful experience! We believe that you will truly enjoy your time!

Code of Conduct

While in South Africa, you will be representing not only yourself but also the AAD. Errors in judgment or conduct in South Africa could result in compromising the entire program. You are all adults and will not be monitored. It is up to you to think carefully about the potential negative implications of questionable behavior both in and out of the clinic. So, have fun but please don't do anything dangerous or dumb.

Things to remember:

- Your actions, intentional or unintentional, have implications for the entire program.
- Being nasty or aggressive in nearly any setting in South Africa is unlikely to further your cause and may result in your being sent home early.
- You are living in a developing country in Africa, and may not have all of the luxuries available in the U.S. Please be flexible. The accommodations are safe and comfortable.

CHECKLIST FOR TRAVEL TO SOUTH AFRICA

	Now. Reach out to your home institution to start the logistical coordination and approval process. Institutions have unique, specific requirements for resident training agreements (RTAs), legal documentation, etc. Sometimes this can take many months to coordinate. Ask your program coordinator or director whom to contact about this and start these discussions NOW.
	Now. Check your passport. It must be a) valid, b) does not expire for at least 6 months following your intended return, and c) have at least 3 consecutive blank pages.
	Now. Visa. U.S. citizens do not need a visa before traveling. If you are not a US citizen, check immediately with the South Africa embassy to determine if you will need to apply (http://www.saembassy.org).
	Now. AAD release. Complete and return the release to Breon Smith bsmith@aad.org
	Now. Gather documents for your South African Medical License, this can take a while to process so we need to ensure that the process starts as soon as possible: <ul style="list-style-type: none"> • Original copy of application form filled out, signed and notarized • Your CV

	<ul style="list-style-type: none"> • Certificate of good standing issued from the regulatory body where you are practicing (typically this is a standardized letter issued by your state’s medical board. If your state does not provide a formal license to residents, please provide any documentation you have been issued, and a letter from a ranking administrator (eg program director, chair of the department, etc) on letterhead, confirming that you are indeed a resident physician practicing under the institution of XX, in a state that does not issue license cards. If you have a hospital DEA, you should include that with the letter). • Notarized copy of your undergraduate and medical school diploma. If the degree was not issued in English you need to have an official translation of the degree. • Notarized copy of diploma or certificate of completion of your intern year. • Notarized copy of your passport. • Letter of support issued by Head of the Dermatology Department at UKZN confirming your acceptance and the required period of registration. You will need to reach out to Dr. Williams to coordinate this. • Letter of support issued by the Dean of the faculty of UKZN confirming the required period of registration. You will need to reach out to Dr Williams to coordinate this. • Registration fee of R3553.75 - Dr. Williams will coordinate this payment.
	<p>ASAP. Read the RIG Handbook The most recent version of the Resident International Grant Handbook for South Africa will be emailed to you. Please read it all as soon as possible – all details of the trip are explained.</p>
	<p>ASAP. Set the exact travel dates. Your RIG acceptance letter tells you the date of your rotation. Choose your exact dates of travel and email Dr. Carrie Kovarik for approval. You should arrive the Saturday or Sunday before your rotation starts and plan to leave the Saturday morning after your rotation ends . If you plan to extend your stay in Africa in order to travel, all extended travel must be done AFTER the rotation is complete.</p>
	<p>ASAP. Book flights. Email Breon Smith (AAD admin bsmith@aad.org) for instructions to book flights through the AAD Travel Agency, which will then need to be approved by Carrie Kovarik before purchase. ** If flying through Johannesburg, we rec. at least a 2 hour layover</p>
	<p>ASAP. Medical evacuation insurance. Penn Residents are covered by Penn’s ISOS insurance.</p> <ul style="list-style-type: none"> • If your institution provides medical evacuation insurance, obtain the information. • Otherwise, purchase insurance, we recommend Medjet Assist http://www.aad.org/pm/resources/dermsource/medjet.html
	<p>At least 6 month prior to your trip. Make travel clinic appointment and get recommended immunizations / medications. We recommend you receive or update the following immunizations:</p> <ul style="list-style-type: none"> - Hepatitis A - Hepatitis B - Typhoid - Tetanus - Yellow Fever (may not be necessary if only travelling to Durban) - Malaria prophylaxis is NOT necessary in Durban and most of South Africa. However, if you plan to travel around Africa, we recommend you obtain medications in case.

	<ul style="list-style-type: none"> - HIV post-exposure prophylaxis for needle sticks (we ask that you leave your medication so that we may stock pile antiretroviral pills for future needs in Durban for other volunteers) - Get a tuberculin skin test
	≥ 3 months prior to departure. Confirm housing and transport from the airport. Email Dr. Williams to coordinate this.
	Email the dermatology administrator at UKZN jika@ukzn.ac.za and cc Dr. Williams to confirm your rotation dates and arrange for where to report on your first day.
	1-2 months prior to departure. Orientation call. You will be emailed to schedule an orientation call. If you have not heard one month prior, email Dr Williams to schedule a call.
	Purchase travel insurance (strongly encouraged)
	Register your travel plans with the Department of State: https://travelregistration.state.gov/ibrs/
	Unlock your phone or check your international plan options (if you wish to have a personal phone that works while in South Africa)

Gather materials that you may want to bring for the trip/donate to the NMSOM Department of Dermatology, such as surgical instruments, sutures, etc. Please email Dr. Williams 3-4 months before your trip to check in and see what the department might be in need of.

Bring protective **eyewear and an N95 mask**.

IMMIGRATION IN SOUTH AFRICA

When you land in South Africa, you are required to complete an **immigration form**. Check the box that states you are there as a tourist/holiday – **NOT THAT YOU ARE WORKING**.

DURING TRIP

Introduce yourself to key contacts at King Edward Hospital (see Contacts list in Guidebook for phone numbers): Dr. Ncoza Dlova and Dr. Anisa Mosam.

Give a **PowerPoint presentation** to the clinicians on didactics day, email Dr. Williams prior to your rotation to obtain a list of requested topics.

UPON RETURN

Send your presentation, patient logs, trip reflection and a photo of yourself during the rotation to Dr. Williams, Dr. Kovarik and Breon Smith upon completion of your rotation.

Post-trip tuberculin skin test is recommended (8 weeks after returning)

Update the handbook with needed changes and email to Dr. Williams

GETTING READY

Preliminary

Use the “check-list” from the beginning of this Guide. This will cover all of the things that you will need to do to get ready for the trip.

Medical Evacuation Insurance

Recipients will be required to purchase medical evacuation insurance, such as International SOS (\$130 per trip) or Medjet Assist (\$235 per year if bought through the AAD). You will pay for this out of the AAD stipend. If your medical school provides medical evacuation insurance free of charge to students (ie Penn), you do not need to purchase this; however, you must show proof of coverage to the AAD. If you are a Penn resident, you must register your trip on Penn's Global Activity Registry (GAR). This step pre-authorizes you to use ISOS and you can access the ISOS membership card and details for Penn. You can register for the GAR here: <https://global.upenn.edu/travel-guidance/register-your-trip>.

Visa

US passport-holders do not need a visa. If you are traveling on a non-US passport, you may need a visa. Please check the up to date guidelines at (<http://www.saembassy.org>). Let Dr Williams know immediately if you are going to need to apply for a visa.

Immunizations and health

- Make an appointment with the travel clinic at your university, if there is one. Up to date medical information on traveling to South Africa can be found on the CDC website.
- Recommended **vaccinations**: hepatitis A, hepatitis B, typhoid (IM or oral), and ensure Td is up to date.
- **Malaria** prophylaxis: Not required for Durban but if you plan to travel around Africa you need to check.
- **HIV post-exposure prophylactic medications** for needle sticks. We do recommend that you obtain post-exposure prophylaxis for needle sticks as a precaution. If you are coming from an academic institution, your work force health and safety clinic will provide you with a prescription and the pills. If you are not, a travel specialist infectious disease physician can provide you with a prescription. We recommend that you bring the medications with you. If you do not use them, we ask that you donate the medications for us to have
- You should have a tuberculin skin test before and 6 – 8 weeks after the trip.
- The food is safe to consume in Durban, however I recommend drinking bottled water while you are there to be safe.

Medical Licensing

In order to be able to see patients in South Africa, you have to be registered with the Health Professions Council of South Africa (HPCSA). This can be a lengthy process so contact Dr. Williams right away to get started. You will need to email Dr. Williams the following documents in pdf format.

- **Original copy of application form filled out, signed and notarized** (Dr. Williams will provide this to you)
- **Your CV**
- **Certificate of good standing issued from the regulatory body where you are practicing (typically this is a standardized letter issued by your state's medical board.** If your state does not provide a formal license to residents, please provide any documentation you have been issued, and a letter from a ranking administrator (eg program director, chair of the department, etc) on letterhead, confirming that you are indeed a resident physician practicing under the institution of XX, in a state that does not issue license cards. If you have a hospital DEA, you should include that with the letter).
- **Notarized copy of your undergraduate and medical school diploma. If the degree was not issued in English you need to have an official translation of the degree.**
- **Notarized copy of diploma or certificate of completion of your intern year.**
- **Notarized copy of your passport.**

- **Letters of support** from the Dean of the faculty of UKZN and Head of the Dermatology Department at UKZN confirming your acceptance and the required period of registration. You will need to reach out to Dr. Williams to coordinate this.
- **Registration fee of 3553.75 Rand 9 (approximately \$250)** - Dr. Williams will coordinate this payment.

TRAVEL AND ARRIVAL

Travel Arrangements

Email Breon Smith (AAD admin bsmith@aad.org) for instructions on how to book flights through the AAD Travel Agency. Once you find a flight that will work for you, it will need to be approved by Carrie Kovarik before you actually book it.

You will need to fly to Durban International or King Shaka International Airport (code DUR). There are many airlines that fly there, but generally you fly to Johannesburg (OR Tambo International Airport) through which you connect. South African Airways (SAA) is the main carrier that flies from the U.S. to Southern Africa. SAA flies from Washington DC or JFK directly to Johannesburg (Jo'burg). Delta has regular flights from Atlanta to Jo'burg. From Jo'burg you will connect to take an hour flight to Durban. Another option is to fly via Emirates or British Airways, which have direct flights into Durban via their hubs in London or Dubai. This is a longer route, but often can be easier connections wise depending on where you are coming from. A variety of other airlines fly through Europe (Lufthansa, Air France, British Air); most involve a significant layover. When booking your ticket, make sure you give yourself time to acclimate to the jet lag. We recommend you leave on a Friday evening if possible so you can arrive on Saturday evening or Sunday morning in Durban and allow yourself time to adjust prior to starting work in clinic.

Dr. Williams can assist you with any travel questions and advice. Also, a TSA approved luggage lock is well worth the investment to prevent pillaging of your luggage during layovers in Africa.

Arrival at Johannesburg Airport

- **Immigration**
 - Unless you have a direct flight into Durban, you will first land in Joburg and clear customs there. Then you will proceed to your connection in the domestic terminal for your connecting flight to Durban. Typically you have to pick up your checked luggage here to clear immigration and then re-check them after (this is a streamlined process with counters after immigration to assist).
 - You will complete an immigration form. This asks the physical address where you will be staying - The Durban Elephant, 30 Cato Road, Glenwood, Durban 4001
 - **Check the box that states you are there as a "HOLIDAY"**
 - For official purposes, you are not hired or being paid to work, so legally you are not here on business. This will avoid any problems during immigration.
- **Baggage claim and customs:** Proceed to the baggage claim area and retrieve your bags. Once you have your bags there will be a counter for 'items to claim' and 'no items to claim'. If you do not have anything to declare, you do not need to fill out a customs form. If you have gifts they will ask you for a receipt, and for gifts valued over a certain amount, you pay VAT (taxes). Your bags may be searched. **It is best to say you are not carrying any "gifts" or "new items."**

- **Getting money.** After customs there is a currency exchange office and an ATM. ATM's are generally the cheapest way to get Rand and they are readily available around town and safe to use.

Airport Pickup

Pick up will be arranged with the assistance of Dr Williams to take you to the Durban Elephant where you will be staying during your elective.

Confirm Housing

Dr. Williams will assist you with setting up accommodations at the Durban Elephant. Please contact her when you have your exact arrival date decided to coordinate.

Durban Elephant <http://www.durbanelephant.co.za>

A Bed & Breakfast near the King Edward Hospital and Nelson Mandela School of Medicine. Simple but comfortable guesthouse with 5-6 rooms, guesthouse owner (Howard) is very friendly and helpful. Guests are often visiting Durban to work at the local hospitals, labs, or nonprofits. You will be able to use the B&B kitchen including fridge, stove, microwave etc for the preparation of your meals. You will have free internet access. The rooms are large, en suite, have queen size beds, desks, are air conditioned and have satellite TV. The property is on half an acre of established garden and has wonderful views of the harbour, the city and the Indian Ocean. There is a large salt-water swimming pool and secure off-street parking. It is within walking distance of the Main Campus (Howard College) of the University of Kwa-ZuluNatal and a 5-10 min drive to the nearby hospitals that you will be working at. Three malls and numerous restaurants are nearby.

What to Pack

Clothes : Dress in Durban is “westernized.” Pretty much anything decent is acceptable socially

- Work clothes may be casual but neat. During didactic lecture days, business casual attire will suffice. Some of the male physicians do wear a tie, most do not. Women wear slacks or skirts. Most of the faculty and residents at NMSOM wear white coats, but you are not required to bring one. You can bring a pair of scrubs to wear on surgical days.
- Note: people dress up nicely for clubs and residents often go out for nice dinners, so having a pair of nicer clothing can be helpful.
- Remember, in the US summer (South Africa winter), nights can get quite cold. Bring warm layers (fleece, sweater, beanie, scarf, etc.)
- **There are maids available to do laundry cheaply – don't overpack clothes.** Turnaround time 1-2 days during week. Clothes are ironed and a heavy laundry detergent is used, so keep this in mind when choosing clothes.
- Some people pack clothes they plan to leave for the maids or give to orphanages.

Electronics

- The South African electricity supply is 220/230 volts AC 50 HZ. Most plugs are 15 amp 3-prong or 5 amp 2-prong, with round pins. Consider bringing an adaptor along with you, although they can be purchased locally. US-made appliances may need a transformer (especially for hair dryers or straighteners), which is recommended as well. Most hotel rooms have 110-volt outlets for electric shavers and appliances, but smaller bed and breakfasts will not.
 - **Adaptors** - both Type G and type M plugs are used in SA

- Type G plugs – most common. Found on most universal adaptors.
- Type M plugs - also common. Usually NOT found in universal adaptors.
- Laptop. We suggest that you bring a laptop, you will want it to work on lectures, look up stuff and review things while you are there.
- Flash drive
- Camera - phone is sufficient for clinic but you may want nicer camera for outside of hospital or travel after your rotation.

Equipment for clinic

- Dermlight or other light for clinical exams
- If allergic to latex, bring non-latex gloves (not available in the hospital)
- Do not bring any expired supplies or medications.

Other helpful things

- Flashlight or camping headlamp
- Small notebook to write down patient information/to do lists
- Hat and sunscreen, of course!
- Swimsuit and flipflops if in the hot season
- Luggage lock for checked bags and larger carry-ons
- Extension cord with several U.S. plug outlets on the end – lets you plug in multiple things with one adapter

Calling Home

- Most people use WhatsApp or Skype for communicating with the U.S. (www.skype.com). Also, FaceTime works as well using Apple devices over Wi-Fi. Wi-Fi is available in most accommodations.
- **If you bring your own cell phone from the US to use, you will need to confirm that you will be able to substitute a South African SIM card with your US cell phone vendor. Generally this means having your phone “unlocked.”** If you can do this, then you only need to purchase a South African SIM card when you arrive that will make your phone function in South Africa. This is the least expensive option instead of having an international phone plan.

Internet Access

- Wi-Fi is readily available throughout South Africa. Most lodging accommodations provide it to their guests for free. There are also a multitude of Internet cafes around Durban as well. The hospital and medical school have Internet access but at times it can be slow.

How to Pack - Checked Luggage vs Carry-On

- **THEFT AND LOST/DELAYED CHECKED BAGGAGE IS A RISK WHEN TRAVELING TO SOUTH AFRICA. DO NOT CHECK ANYTHING THAT ARE VALUABLE OR ABSOLUTELY NECESSARY.**
- Items for carry on include: **your documents for medical licensing**, medications, computer, etc. Also carry on at least one change of clothes, in case your baggage arrive days after you do.

- Lock your checked bags with a TSA approved lock. Consider bringing a lock for your carry-on bag too, since it may be taken from you just before boarding the small plane to Durban from Joburg.
- You can plastic wrap checked bags if you are departing from JFK
- You can plastic wrap your checked bag on the return trip at the airport to deter theft.
- Make an inventory of items in checked baggage to aid in claims processing if theft occurs

Do not despair if you forget something; you can find nearly everything in SA. (Women should note that sanitary napkins and tampons are easily purchased.) Don't overpack!

END OF ROTATION

CHECKLIST FOR THE END OF THE ROTATION

	Ensure your teaching lectures have been emailed to Dr. Williams
	<p>Email Dr Williams, Dr Kovarik and Breon Smith the following:</p> <ol style="list-style-type: none"> 1. Final patient log and updated biopsy log (Sending via secure email is best for the log). 2. One page trip report/rotation summary - including a specific patient encounter experience, a description of what you gained from the experience and a photo of you during your rotation. Please do not include photos with identifiable patients. Please also include any suggestions for improvement of the program.
	<p>Create one detailed PowerPoint presentation on a good case you saw and send it to Dr. Williams. The goal is for it to be a teaching case that we can use to teach incoming RIG residents and local students / residents. Teaching points can be:</p> <ul style="list-style-type: none"> - Bread and butter derm diagnoses with good photos; - Rare derm diagnoses; - Points about navigating the system or how to use limited resources available; - Anything else you think would be interesting <p>It is OK if you did not see the patient yourself, for example, if you saw a patient in follow up after disease resolution, a complex patient following up, a biopsy that just came back, etc.</p>
	Update the Predeparture Handbook and Clinical Guide with suggestions (using tracked changes) based on your experiences, and email to Dr. Williams
	Post-trip tuberculin skin test - 8 weeks after returning

ABOUT SOUTH AFRICA

Background

South Africa, officially the Republic of South Africa (RSA), is the 25th-largest country in the world by land area, and with close to 53 million people, is the world's 25th-most populous nation. South Africa is a multiethnic society encompassing a wide variety of cultures, languages, and religions. Its pluralistic makeup is reflected in the constitution's recognition of 11 official languages, which is among the highest number of any country in the world. Two of these languages are of European origin: English and Afrikaans, the latter originating from Dutch and serving as the first language of most white and colored South Africans. Though English is commonly used in public and commercial life, it is only the fourth most-spoken first language.

About 80 percent of South Africans are of black African ancestry, divided among a variety of ethnic groups speaking different Bantu languages, nine of which have official status. The remaining population consists of Africa's largest communities of European (white), Asian (Indian), and multiracial (colored) ancestry. All ethnic and linguistic groups have political

representation in the country's constitutional democracy, which comprises a parliamentary republic and nine provinces. South Africa is often referred to as the "Rainbow Nation," a term coined by Archbishop Desmond Tutu and later adopted by then-President Nelson Mandela as a metaphor to describe the country's newly developing multicultural diversity in the wake of segregationist apartheid ideology.

Location

South Africa is located in Southern Africa. It has 2,798 kilometers (1,739 mi) of coastline that stretches along the South Atlantic and Indian oceans. To the north lie the neighboring countries of Namibia, Botswana and Zimbabwe; to the east are Mozambique and Swaziland; and within it lies Lesotho, an enclave surrounded by South African territory. The interior of South Africa consists of a vast, in most places, almost flat, plateau with an altitude of between 1,000 m (3,300 ft.) and 2,100 m (6,900 ft.), highest in the east, sloping gently downwards towards the west and north, and slightly less so to the south and south-west. This plateau is surrounded by the Great Escarpment whose eastern and highest stretch is known as the Drakensberg.

Durban

Durban (Zulu: eThekweni, from itheku meaning 'bay / lagoon') is the largest city in the South African province of KwaZulu-Natal. It is also the second most important manufacturing hub in South Africa after Johannesburg. It forms part of the eThekweni metropolitan municipality. Durban is famous for being the busiest port in South Africa and Africa. It is also seen as one of the major centers of tourism because of the city's warm subtropical climate and extensive beaches.

Climate

South Africa has a generally temperate climate, due in part to being surrounded by the Atlantic and Indian Oceans on three sides, by its location in the climatically milder southern hemisphere and due to the average elevation rising steadily towards the north (towards the equator) and further inland. The climatic zones range from the extreme desert of the southern Namib in the farthest northwest to the lush subtropical climate in the east along the Mozambique border and the Indian Ocean. Winters in South Africa occur between June and August, while summers occur between December and February.

Durban has a humid subtropical climate that closely borders a tropical wet and dry climate with hot and humid summers and pleasantly warm and dry winters, which are frost-free. The average temperature in summer ranges around 28 °C (82 °F), while in winter the average temperature is 20 °C (68 °F). The rainy season is in summer, which begins in November, ending in mid-April. Summers are sunny, hot and humid during the day, but are relieved by afternoon or evening thunderstorms. The city is also occasionally affected by tropical storms and cyclones during the cyclone season, which is from 15 November to 30 April. Winters, which are from June to August, are generally warm and sunny.

Demographics

South Africa is a nation of about 53 million people of diverse origins, cultures, languages, and religions. South Africa asks people to describe themselves in the census in terms of five racial population groups. The 2011 census figures for these groups were Black African at 79.2%, White at 8.9%, Colored at 8.9%, Indian or Asian at 2.5%, and Other/Unspecified at 0.5%.

Durban is ethnically diverse, with a cultural richness of mixed beliefs and traditions. Zulus form the largest single ethnic group. It has a large number of people of British descent and has more Indians than any other city outside India.

South Africa has an estimated 6.3 million people living with HIV – more than any other country in the world. A 2008 study revealed that HIV/AIDS infection in South Africa is distinctly divided along racial lines: 13.6% of blacks are HIV-positive, whereas only 0.3% of whites have the disease. Most deaths are experienced by economically active individuals, resulting in many AIDS orphans who in many cases depend on the state for care and financial support. There are an estimated 1,200,000 orphans in South Africa.

Religion

Christians account for 79.8% of the population, with the majority of them being members of various Protestant denominations. Muslims account for 1.5% of the population, Hindus 1.2%, traditional African religion 0.3% and Judaism 0.2%. 15.1% had no religious affiliation, 0.6% are other and 1.4% are unspecified.

Language

South Africa has eleven official languages: Afrikaans, English, Ndebele, Northern Sotho, Sotho, Swazi, Tswana, Tsonga, Venda, Xhosa, and Zulu. In this regard it is third only to Bolivia and India in number. While all the languages are formally equal, some languages are spoken more than others. According to the 2011 census, the three most spoken first languages are Zulu (22.7%), Xhosa (16.0%), and Afrikaans (13.5%). Despite the fact that English is recognized as the language of commerce and science, it ranked fourth, and was listed as the first language of only 9.6% of South Africans in 2011.

Economy

South Africa has a mixed economy, the second largest in Africa after Nigeria. It also has a relatively high GDP per capita compared to other countries in Sub-Saharan Africa (\$11,750 at PPP as of 2012). Despite this, South Africa is still burdened by a relatively high rate of poverty and unemployment, and is also ranked in the top 10 countries in the world for income inequality. Unlike most of the world's poor countries, South Africa does not have a thriving informal economy; according to OECD estimates, only 15% of South African jobs are in the informal sector, compared with around half in Brazil and India and nearly three-quarters in Indonesia. The OECD attributes this difference to South Africa's widespread welfare system. World Bank research shows that South Africa has one of the widest gaps between the per capita GNP and Human Development ranking, with only Botswana showing a larger gap.

Culture

The South African black majority still has a substantial number of rural inhabitants who lead largely impoverished lives. It is among these people that cultural traditions survive most strongly. As blacks have become increasingly urbanized and westernized, aspects of traditional culture have declined. Members of the middle class, who are predominantly white but whose ranks include growing numbers of black, colored and Indian people have lifestyles similar in many respects to that of people found in Western Europe, North America and Australasia.

Cuisine

South African food culture is diverse; foods from many cultures are enjoyed by all and especially marketed to tourists who wish to sample the large variety of South African cuisine. In addition to food, music and dance feature prominently. South African cuisine is heavily meat-based and has spawned the distinctively South African social gathering known as a braai, or barbecue. South Africa has also developed into a major wine producer, with some of the best vineyards lying in valleys around Stellenbosch, Franschhoek, Paarl and Barrydale. Durban food is known for its Indian and Portuguese ethnic populations. You must try the Bunny Chow and Peri-Peri prawns dishes!

Apartheid

Apartheid, meaning "the state of being apart", literally "apart-hood" was a system of racial segregation in South Africa enforced through legislation by the National Party (NP) governments, the ruling party from 1948 to 1994, under which the rights, associations, and movements of the majority black and Indian inhabitants were curtailed and Afrikaner minority rule was maintained. Apartheid reforms in the 1980s failed to quell the mounting opposition, and in 1990 President Frederik Willem de Klerk began negotiations to end apartheid, culminating in multi-racial democratic elections in 1994, won by the African National Congress under Nelson Mandela. The vestiges of apartheid still shape South African politics and society.

Safety

High violent crime and murder rates have earned South Africa a reputation as a dangerous destination, but while crime is a certainly problem, the vast majority of it occurs in South Africa's poor townships, which are seldom frequented by tourists. It is true that visitors to South Africa face risks that those to the Caribbean or Europe might be less likely to encounter, but with the proper precautions, your trip to the beautiful country of South Africa will be safe and enjoyable.

Durban is a very safe place. It is a tourist destination with beautiful beaches and a modern city. However, parts of the city have neighborhoods in dire poverty. There are signs of apartheid and as a result, burglaries and thefts can happen. Generally, I find Durban to be one of the safest cities I have visited. I am not worried about my safety traveling around the city. I walk around the city during daytime without concerns. At night, I always take a taxi and stay in the well-known areas. As long as you stay street smart, you should have no problems. However, just be a smart savvy traveler and cognizant of your surroundings. While you are here as a volunteer on your own accord and that there is always inherent risks with any trip to a developing country, I feel confident that you will enjoy the city and country and will be back for more in no time. The city of Durban has gone to quite long lengths to ensure visitors safety. The people of Durban are incredibly friendly and welcoming making Durban a wonderful city to visit and worth with.

Safety Tips

- Don't walk about the city after dark.
- Don't walk about with lots of jewelry or anything flashy.
- Do not talk on your phone, keep your phone out or text while walking - this makes you a target and it is not uncommon for someone to grab your phone and run off - even through the open window of a car!
- Travel in a group or with a tour, if possible.
- Don't carry lots of cash – credit cards are accepted almost everywhere, including in taxicabs.
- Catch only metered taxis or Uber cars.
- Don't act like a target – be a smart tourist.

LGBT

South Africa has a complex and diverse history regarding LGBT rights. The legal and social status of lesbian, gay, bisexual, and transgender people has been influenced by a combination traditional South African mores, colonialism, and the lingering effects of apartheid and the human rights movement that contributed to its abolition. South Africa's post-apartheid constitution was the first in the world to outlaw discrimination based on sexual orientation, and South Africa was the fifth country in the world, and the first in Africa, to legalize same-sex marriage. Same-sex couples can also adopt children jointly, and also arrange IVF and surrogacy treatments.

Nevertheless, LGBT South Africans continue to face considerable challenges, including social stigma, homophobic violence (particularly corrective rape), and high rates of HIV/AIDS infection.

WORKING IN THE HOSPITALS

High Yield Prep Work

- If you have time to do reading/review beforehand, it can be very helpful.
- Reviewing derm textbooks on KS and HIV-related skin disease is high yield.
- Log in & register for <http://africa.telederm.org/>. There is a curriculum of high yield cases from Africa
- We recommend that you join GLODERM -the International Alliance for Global Health Dermatology (<https://gloderm.org/>), a new organization for global health dermatologists which will help you get linked in to global health educational opportunities.

Global Health Training

- Before traveling to South Africa, we highly recommend that you review global health training material from Unite for Sight: <http://www.uniteforsight.org/global-health-university/>. In particular, the online (free!) courses on Cultural Competency, Volunteer Ethics, International Research, and most of all the general Global Health course, are very useful.
- This is an HIV webstudy program that may be useful in preparing for the trip:
<https://www.hivwebstudy.org>

Global Health Ethics

Global health work can be challenging because health access, resources and care delivery are highly varied around the world. One of the most educational experiences of your rotation will be learning to adapt to the local systems to understand how dermatology care can be delivered with limited resources. We ask that you respect the local systems and keep the following tenets in mind for your time at UKZN at any future global health work.

Adapted from the Unite for Sight Global Health University: In spite of good intentions, international health work that does not follow global health best practice principles can be wasteful, unethical, and harmful. Worst practices are serious public health concerns that create new and oftentimes more substantial barriers to patient care, thereby reinforcing and furthering health disparities and the cycle of poverty. Furthermore, these worst practices most often violate concepts of social justice and human rights. Due to high costs, schedule constraints and complicated logistics, many global health endeavors take the form of short-term medical missions, which can undermine the local health care system, cause significant harm, and reinforce poverty. These missions are often labeled as medical tourism or "volunteer vacations" – "short-term overseas work in poor countries by clinical people from rich countries." IF not done in a sustainable manner that integrates with the local healthcare system they can be:

- Self-serving: providing value for visitors without benefitting the local community
- Raising unmet expectations: sending volunteers who do not have appropriate language or medical training or accountability
- Ineffective: providing temporary, short-term therapies that fail to address root causes
- Imposing burdens on local health facilities: providing culturally irrelevant or disparaging care and leaving behind medical waste
- Inappropriate: failing to follow current standards of healthcare delivery (continuity, access) or public health programs (equity sustainability)

What to Expect During Your Rotation

You will not be independently providing patient care but instead observing residents and faculty during your rotation. You may be asked to contribute to patient care by assisting with patient exams, formulating differential diagnoses, or contributing ideas to management plans. Please follow the lead of the physicians you are working with and assist as needed/requested by them. Be flexible, adaptive and understanding as the clinical environments may be much different than what you are used to.

About King Edward Hospital and Albert Luthuli Hospital

Healthcare in South Africa shares the limitations of other sub-Saharan developing countries. South Africa employs a dual tier private and public health care system. The wealthiest 20% of South Africans with private insurance utilize the well-developed industrialized private health care system in which approximately 80% of South African doctors are employed. The national health system, comprised of university hospitals and public clinics, serves the majority of the population but suffers from the same inadequacies of other sub-Saharan African countries: chronic underfunding, lack of resources, and insufficient properly trained providers.

The story of King Edward VIII Hospital dates back to 1936, when it first opened its doors, for the sole use by black people. The physical structures and other facilities reflect this shameful legacy as much older white institutions are in better shape than King Edward. Built on a massive site of 42 acres, the hospital enjoys a rich heritage from both the Zulu and British royal families. The hospital was named after King Edward VIII, who abdicated the throne a week after the opening of the institution. Durban's Inkosi Albert Luthuli Hospital at Cato Manor is one of the most sophisticated in the country. It is the first public hospital in South Africa to be involved in a public/private partnership whereby a number of functions will be transferred to the private sector. The hospital is very modern and sophisticated. While we see patients from both hospitals, surgeries will only be performed at Albert Luthuli Hospital.

Schedule Overview

The typical schedule at King Edward Hospital and Albert Luthuli Hospital follows the following routine:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Medical Clinic	Medical Clinic	Grand Rounds	Medical Clinic	Medical Clinic
PM	Medical Clinic	Medical Clinic	Didactics	Medical Clinic	Medical Clinic

Faculty (known as consultants) and residents (known as registrars) practice during the morning with clinic spilling over into the afternoon. Clinic typically ends by 2-3 PM. The remainder of the afternoon is for administrative and educational tasks. Tutorials take place most afternoons

A **patient log** is to be kept of all patients that you see and provided to the AAD after your rotation. You will be provided with an example template to collect date, patient diagnosis, treatment.

On Wednesdays, all faculty and staff assemble at King Edward hospital for Grand Rounds and didactic lectures. We will ask that you give at least one lecture during your rotation to the trainees during this time. Please email Dr. Williams to request suggestions for topics prior to your rotation.

Clinical Tips

Hospital Sites

- King Edward Hospital
 - Older hospital but Derm clinic recently renovated
 - Majority of general derm patients are seen here
 - Several clinic rooms (>6) in derm clinic are but 1-2 are dedicated procedure rooms that can be used while general derm clinic is running
 - There is also an OR suite for urgent cases that may be bookable if needed
 - Lack of air conditioning can be challenging
 - If taking cab, asked to be dropped off at the Umbilo Road Entrance - specifically the pedestrian gate (they will not let you walk through the vehicle gate ~ 1 block down). The Skin Clinic is closest to this entrance. It is in the New Block on the 2nd floor
 - Best food for lunch is in K-Rith café, first floor
 - K-Rith has board rooms that are great for lectures, the smaller room seemed to foster discussion and questions, which was very nice
- Albert Luthuli Hospital
 - New hospital, air conditioned, better equipment, better lighting for procedures
 - 4 clinical rooms in derm dept
 - Patient registration process can be quite slow
 - Derm Clinic is on the first floor, towards the back right of main entrance
 - There is a nice café in the main entrance hall with espresso based drinks
 - If calling cab/Uber to pick you up, ask them to go to the main entrance near the ER entrance

Needle Stick Exposure and PEP

The risk of needle stick exposure is real. But with care and precautions, this risk can be minimized and avoided. Most sticks occur when you are rushed or stressed. In the event of a potential exposure immediately stop working, take your first dose of PEP, and notify Dr. Ncoza Dlova and Dr. Anisa Mosam. We recommend that you bring PEP with you as obtaining it through the hospital may not rapidly available.

Please note, just as in the United States, you must report all needle stick exposures and other risks, to Dr. Dlova, Mosam, Williams and Kovarik. Your information can be kept confidential. We wish to work to prevent them and to make sure that you receive appropriate follow-up on return to the US.

HIV/AIDS in South Africa

South Africa has been the epicenter of the HIV/AIDS battle in sub-Saharan Africa since the early 1990s. South Africa has more people with HIV/AIDS than any other country with around 6.3 million people living with the virus and KwaZulu-Natal is the worst affected province in the country. South Africa has one of the largest antiretroviral treatment programs (although still inadequate) with approximately 40% of patients with HIV/AIDS receiving treatment. In 2010, an estimated 280,000 South Africans died of HIV/AIDS. It is estimated that between 42% and 47% of all deaths among South Africans were HIV/AIDS deaths.

AIDS Denialism in South Africa

In South Africa, HIV/AIDS denialism had a significant, and entirely negative, impact during the presidency of Thabo Mbeki from 1999 to 2008. Mbeki criticized the scientific consensus that HIV does cause AIDS beginning shortly after his election to the presidency. In 2000, he organized a Presidential Advisory Panel regarding HIV/AIDS including several scientists who denied that HIV caused AIDS. Instead of providing these drugs, which he described as "poisons", shortly after he was elected to the presidency, he appointed Manto Tshabalala-Msimang as the

country's health minister, who promoted the use of unproven herbal remedies such as ubhejane, garlic, beetroot, and lemon juice to treat AIDS, which led to her acquiring the nickname "Dr. Beetroot." These policies have been blamed for the preventable deaths of approximately 365,000 people.

South Africa's Response to HIV/AIDS

According to the World Health Organization, about 37% of infected individuals were receiving treatment at the end of 2009. It wasn't until 2009 (when Thabo Mbeki was ousted from political office) that the South African National AIDS Council urged the government to raise the treatment threshold to be within the World Health Organization guidelines. Although this is the case, the latest anti-retroviral treatment guideline, released in February 2010, continue to fall short of these recommendations. Because the World Health Organization's 2010 guidelines suggest that HIV-positive patients need to start receiving treatment earlier than they have been, only 37% of those considered in need of anti-retroviral therapy are receiving it.

LIVING IN SOUTH AFRICA

Cost of living in South Africa

The cost of living in South Africa is less expensive than in the United States. Food and entertainment are 1/3 to 1/2 that of the US. The unit of currency is the South African Rand and the conversion factor of about 11 to 1 dollar.

Getting and/or Changing Money

ATM cards: American Express cards are almost **never** accepted; Visa and MasterCard debit cards are usable at almost all restaurants, stores and supermarkets. You can get Rand in an ATM machine with a Visa or Master Card debit card. This is the easiest way to obtain cash as ATM machines provide the best conversion rates. *Before you leave, consider changing your PIN to 4 digits if it is not already as some international ATMs will not accept PINs longer than this. Also, consider calling your bank to inform them of your trip so there is no suspicion that your card was stolen. It is recommended that you change a small amount of money at the airport so that you have some spending cash if you need it. However, most things can be paid for by credit card or debit cards including taxis, meals, and lodging.

Credit Cards: Credit cards are accepted almost everywhere. Visa and Master Card is accepted universally, while American Express cards less so. It is very easy to pay for your entire trip via credit card only if you wish to. Before you leave, consider calling your credit card company to inform them of your trip so there is no suspicion that your card was stolen.

Getting Around:

Cabs:

Uber – Download the app, very easy to use, safe and reliable, this has been for many residents the #1 way of getting around. A negative is that cars are called when you need them and can't be booked on demand, usually cars arrive in <5-10 minutes, but sometimes there is wait (~15 min) and rarely there are no cars available.

Taxicabs – there are two main taxicab services that are very reliable and safe. Cabs are metered with fixed rates. However, you will need to call them and wait times can be anywhere from 5 to 30 minutes depending on where you are.

Mozzie cabs

+27 (31) 3035787

+27 (86) 0669943

Eagle Cabs
+27 (31) 3378333

Walking Around:

Durban is safe and OK to walk alone or in groups during the day. However at night, DO NOT walk around alone. You can use taxicabs or Uber to travel around town. Running and jogging are safe activities, even alone if during the day. We recommend you stick to busy streets during daylight. Many locals walk or run laps in Bulwer Park or along the beachfront promenade.

Restaurants:

The following is a list of recommended restaurants from previous volunteers. Please feel free to add to the list after your trip!

Glenwood:

- Yossi's
 - Moroccan
 - 127 Helen Joseph Road
- Habesha Café
 - Ethiopian
 - 124 Helen Joseph Road
- Café Abyssinia
 - Ethiopian
 - 77 Problem Mkhize Road
 - <http://www.eatout.co.za/venue/cafe-abyssinia/>
- Glenwood Bakery
 - Shop No.395, Esther Roberts Road
 - <http://www.glenwoodbakery.co.za/>
- Bean Green Coffee Co
 - 147 Helen Joseph Road
 - <http://www.beangreen.co.za/about>
- Parc Café
 - 394 Esther Roberts Road
 - <http://www.parc-cafe.co.za/>
- Goundens Takeaway
 - 520 Umbilo Road
 - Best Bunnychow in Durban – a local Indian specialty curry right across from King Edward Hospital.
 - <http://www.eatout.co.za/venue/goundens/>

Morningside:

- Market Café
 - 40 Marriott Road
 - Excellent meat dishes, outdoor seating
 - Near Nauhaus (store) and other boutiques
 - <http://www.marketrestaurant.co.za/>
- 9th Avenue Bistro
 - Shop 2 Avonmore Centre, Ninth avenue
 - <http://www.9thavenuebistro.co.za/>

Musgrave:

- Café 1999
 - 117 Vause Road
 - <http://www.cafe1999.co.za/>

Umhlanga:

- Oyster Box
 - <http://www.oysterboxhotel.com/>
 - Upscale hotel with several dining options

Durban North

- Gaby'z Tosca
 - <http://www.eatout.co.za/venue/gabyz-durban-north/>
 - Great local Portuguese South Africa food. The prawns Peri Peri are a must try!

Market & Shopping:

- Essenwood Market
 - Only on Saturdays
- I Heart Market
 - Crafts and food
 - Saturdays (1st Saturday of every month)
 - Moses Mabidha Stadium
 - <http://iheartmarket.blogspot.com/>
- The Morning Trade Market
 - Food
 - Every Sunday from 8am - 2pm
 - Durban's Rivertown Precinct
 - <http://coffeyandcake.blogspot.com/2014/07/the-morning-trade-8-morrison-street.html>
- Shongweni Market
 - Farmers and craft market
 - Only on Saturdays
 - Cnr Alvestone and Kassier roads, Shongweni
 - <http://www.shongwenimarket.co.za/>
- Nauhaus (store)
 - 40 Gladys Mazibuko Road
 - <https://www.facebook.com/pages/Nauhaus-antiqueslinens-and-gifts/175489542537491>
- KZNSA Gallery (store)
 - 166 Bulwer Road
 - <http://www.kznsagallery.co.za/>
 - If you don't have time to go to a market, go here!

Things to do in and around Durban:

- Durban Botanical Gardens
 - 9A John Zikhali Road
 - <http://www.durbanbotanicgardens.org.za/>
- Beachfront Promenade
 - Great for running, walking, safe swimming areas are designated

- <http://www.southafrica.net/za/en/articles/entry/article-southafrica.net-durbans-beachfront-promenade>
- uShaka Marine World
 - Huge aquarium, lots of water activities, fantastic for children
 - 1 King Shaka Avenue, Point
 - <http://www.ushakamarineworld.co.za/>
- Valley of 1000 Hills
- Umhlanga Rocks
 - Upscale neighborhood
 - Many shops and restaurants
 - Beachfront
- Florida Road
 - The culinary and nightlife heart of the city can be found in the famous Florida Road: a perfect sample of cosmopolitan Durban's varied, vibrant cultural conglomeration. This is where the young and hip go to eat and party!
 - <http://www.eatout.co.za/article/florida-road-durban/>

Weekend trips away from Durban:

Saint Lucia (3 hours north of Durban by car)

- Safari
 - Heritage Tours <http://www.heritagetoursandsafaris.com/>
 - The 3 day Hluhluwe which is an excellent intro safari tour.
- Hotels
 - Ulali lodge (booked with tour group), simple and comfortable, included dinners were fantastic

Cape Town: A 2-hour flight from Durban. Must see sites include:

- Table Mountain – if you wish to climb, Riann with Hike Table Mountain <http://www.hiketablemountain.co.za/> is an excellent guide.
- Cape Point/Cape of Good Hope
- Signal Hill
- Camps Bay
- Simon's Town
- Waterfront
- Wine Country
- Long Street

Jo'burg: Six hours by car from Durban. Great restaurants and great B&Bs. Some activities include Soweto Township tour, the Apartheid Museum, and various other cultural activities. Remember the Tlokweng border closes at 22:00. Please be very careful in Joburg as it is one of the more dangerous cities in SA and theft especially is very common.

Pretoria: An hour away from Jo'burg. During season the Jacaranda trees that line the streets are UNBELIEVEABLE in season. There is also an excellent zoo. The Kruger museum is well worth it for an understanding of South African history.

Longer trips:

Trips to Okavango Delta, Chobe and Victoria Falls should be done at the end of your stay since they take more than a weekend.

Okavango Delta: This inland delta is the biggest tourist attraction in Botswana. The camps in the delta are also quite expensive, but are all-inclusive and the most unique part of Botswana. They should not be missed – you will not regret it. Great animals, birds, and night sounds of the tree frogs. Camps are much more than comfortable. Fly to Maun and then take Cessna into one of the camps.

Madikwe: In Northern South Africa at the Botswana border. You must make reservations ahead. There are many options for accommodations in the park in a range of prices - the cheapest is Mosethla Bush Lodge which is rustic but the guides are fantastic and your safari experience will be top notch <https://www.thebushcamp.com/>. There are many high end options to give you a luxury safari experience - if you call/email you can get amazing last minute discount rates at all of them if they have openings. Madikwe is well worth the expense as it has some of the most reliable wildlife viewing options in SA!

Chobe Game Preserve/Victoria Falls: In northeast part of Botswana. Chobe has the highest concentration of elephants in Africa. The evening sundowner cruise on the Chobe river is a must. Please request to be on a large boat. The sunsets are amazing and you will see the game in a totally different environment. Elephants swim across the river and the hippos wallow in their pods at certain times of year. This is a very popular tourist destination so you will find big crowds year round. There are many accommodation options in Kasane. The Chobe River Lodge has self catering chalets either 2 or 3 bedded. If you do not want to self cater the Garden Lodge and the Mowana Lodge are other options. Day trips to Victoria Falls are available but I recommend doing at least 2 days for Victoria Falls and staying in Victoria Falls Town which is a wonderful experience and has a great market.

Khutse: gateway to the Central Kalahari Game Reserve. This is a semi-desert that has a different mix of wildlife than you will find on a typical safari. Much harder to see animals - it is more for the experience of being isolated in nature with incredible stars at night. It is not for everyone - would recommend for those who have done many typical safaris and looking for a unique experience! Most trips involve camping with a guide but there are a few lodge options - but very pricey. **Remember safety first - always go with more than one vehicle and an experienced guide.**

Important Contact Information

Key RIG Personnel

Dr. Carrie Kovarik - Director of the AAD Resident International Grant Program, and Assoc. Professor of Dermatology, Dermatopathology and ID at the University of Pennsylvania (UPenn) - Carrie.Kovarik@penncmedicine.edu

Dr. Victoria (Tori) Williams - Co-Director of the AAD RIG, Site Director for Botswana and South Africa RIG Sites, Assist. Professor of Derm at UPenn - willv@penncmedicine.edu

Dr. Amy Forrestel Co-Director of AAD RIG, Site Director of Peru RIG Site, Co-Site Director of Botswana RIG Site, Assist. Professor of Derm at UPenn - Amy.forrestel@penncmedicine.edu

Breon Smith - RIG Administrative Assistant at AAD- bsmith@aad.org

Key Personnel at UKZN

Ncoza Dlova, M.D. – Chair of NRMSOM Dermatology – dlovan@ukzn.ac.za

Anisa Mosam, M.D. – NRMSOM Department of Dermatology – mosama@ukzn.ac.za

Direct dial to USA: 001-area code-number

Direct dial to South Africa: 0027 + 31 for Durban + phone number

That's it for now... enjoy your time in Durban and please once you return let us know how we can improve the experience and what more information you'd like to see included in this document. Send your ideas and suggestions to Dr Williams at willv@penmedicine@upenn.edu

Maps of Durban

