

20 FOUNDATION  
25 AWARDS

 Discovery

UKUKHANYA KWELANGA  
AKUFHELEKANGA

Like the sun, doctors always rise.

From morning light to the fall of night, they rise to the occasion,  
turning hopeless moments into hope renewed.

They breathe life and light into the darkest place.

From distant villages to cities,  
their radiance illuminates the path with grace,  
bringing innovative health solutions to communities.

**This book, and every illustration within it, is a tribute  
to the sun – our doctors – who rise, shine and work to  
help those in need.**



Discovery Foundation | Ukukhanya kwelanga akufihlekanga  
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# About the **Discovery** FOUNDATION

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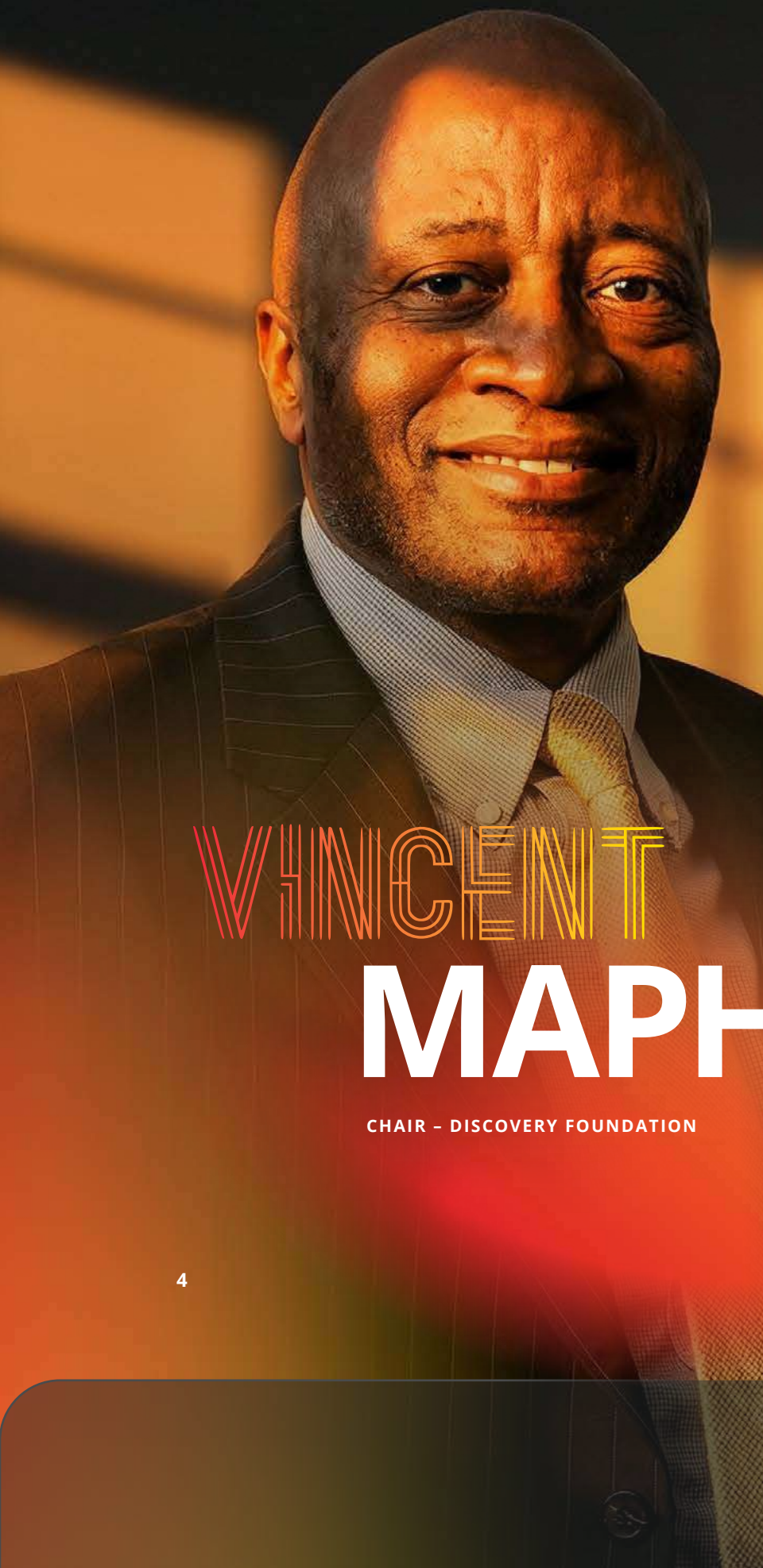
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For almost twenty years, the Discovery Foundation has worked to strengthen South Africa's public healthcare system by investing in the people who sustain it. The Foundation's mission is to expand the country's pool of skilled medical professionals, particularly in facilities where specialist care remains limited. Through grants and fellowships, the Foundation supports doctors, researchers, and clinicians whose work directly improves patient care, advances scientific knowledge, and fills critical gaps in rural and underserved regions.

Each award category contributes to this mission distinctly. From funding postgraduate and sub-specialist training to enabling clinical research and rural service initiatives, the Foundation ensures that healthcare workers have the tools, mentoring, and opportunities they need to progress. These investments not only strengthen individual careers but also enhance the quality of care across entire communities, creating long-term value for the health system to foster teamwork beyond departmental silos.

To date, the Discovery Foundation has supported over 620 recipients and contributed to as much as 10% of South Africa's specialist training posts. Its commitment to transformation is reflected in a 76% BEE achievement in both funding allocation and recipient representation. The 2025 cohort embodies this progress: a generation of clinicians and scientists working at the frontier of healthcare digitisation, artificial intelligence, and people-centred clinical research. Their contributions mirror global shifts toward more responsive, technology-enabled and equitable healthcare – a direction that aligns closely with South Africa's national health priorities.

Just as the 2025 theme reminds us that Ukukhanya kwelanga akufihlekanga – the brightness of the sun cannot be hidden – the impact of the Discovery Foundation's work is most visible in the places where it shines the brightest: in clinics, hospital wards, and rural hospitals where skilled professionals bring hope, expertise and dignity to patients every day. By nurturing talent that serves where the need is greatest, the Discovery Foundation helps ensure that this light reaches every corner of the country, one doctor at a time.



As we approach the twentieth anniversary of the Discovery Foundation, I am reminded of the profoundness of this year's theme for the awards: The brightness of the sun cannot be hidden. When commitment, talent and purpose merge, their light extends far beyond the individual, illuminating the path for others and strengthening the entire system. It is this collective brightness that has driven the Discovery Foundation's journey since 2006, and it will continue to guide us as we move forward and contribute to the improvement of healthcare across the country.

## The light that guides us

Throughout these remarkable stories, one theme echoes consistently. Illumination creates space for collaboration, and these partnerships create space for mentorship. None of the achievements we celebrate this year were realised in isolation. They arose from relationships built in operating theatres, district hospitals, community clinics and academic departments.

We see this clearly in the journey of Dr Vuyo Nogela, recipient of a Distinguished Visitor Award, whose paediatric surgical research in the Eastern Cape is supported by senior colleagues and one of her supervisors, Dr Sello Machaea. Her study examines the types and frequency of paediatric surgical conditions treated across the Eastern Cape.

Dr Machaea, a Paediatric Consultant at Walter Sisulu University and Frere and Cecilia Makiwane Hospitals, is a champion for collaboration. As a 2025 recipient of an Academic Fellowship Award himself, Dr Machaea's research into the spectrum of appendicitis in the paediatric population seeks to understand why so many children present with complicated disease and what can be done to intervene earlier. Their collaboration illustrates how mentorship and shared purpose can turn a challenging clinical question into knowledge with the potential to shift practice across an entire province.

In Limpopo, Rural Institutional Award recipient, Dr Rihangwele Mukhinindi has brought together nurses, doctors and community health workers to transform cancer screening and palliative care for rural patients. Training more than 100 professionals in the province, this work is breaking down silos to make sure teams work together across departments and disciplines. Something she has learned through her mentor.

The only family physician at Lebowakgomo Hospital, Dr Mukhinindi is a two-time Discovery Foundation Award recipient who has been mentored by Professor Gert Marincowitz, Head of Medicine at the University of Limpopo and Mankweng Hospital. A recipient of a Rural Institutional Award for his continued leadership in palliative care, Professor Marincowitz's long-standing commitment to mentorship has shaped multiple Discovery Foundation alumni, ensuring that the principles of compassionate, community-centred care continue to be carried forward by the next generation of clinicians.

As we honour this year's recipients, their dedication, strengthened by mentorship and enriched by collaboration, moves us closer to a health system that is compassionate, inclusive and capable of serving all who depend on it.

To the 2025 Foundation Award recipients, I extend my warmest congratulations for your commitment and hard work. Thank you for your extraordinary contribution to brightening the future of South Africa's health landscape.

VINCENT  
MAPHAI

CHAIR - DISCOVERY FOUNDATION

## Illuminating paths to care for communities

Across South Africa, the journey of a healthcare worker often begins long before medical school. It starts in communities where resilience is learned, in families where education is cherished, and in experiences that reveal both the fragility and the strength of everyday life. The Discovery Foundation Awards recognise these beginnings, reminding us, each year, that when a single doctor is given the chance to grow, entire communities stand to benefit. This year's recipients exemplify the theme – the brightness of the sun cannot be hidden – and how education and opportunity, when rooted in service, can reshape the wider healthcare landscape.

Each awardee brings a story that demonstrates their profound commitment to community and care, and the pursuit of excellence. Their work reflects resilience and innovation shaped not just by training, but by the values that guided them into medicine: compassion, empathy and the belief that healthcare must reach those who need it most.

For Dr Maria Mmaphefo Maluleka, a Family Medicine and Primary Healthcare Registrar at Sefako Makgatho Health Sciences University (SMU) and recipient of a Distinguished Visitor Award, the lessons she absorbed in Mmakau village, in the North West province, empowered her with the understanding that access to education can alter the course of a life.

Today, her research into the management of ectopic pregnancies at Dr George Mukhari Academic Hospital reflects both scientific precision and a lived understanding of the barriers many women face when seeking care.

In the Western Cape, Dr Ateeqah Ismail, a Family Medicine Registrar at Stellenbosch University and Eerste River District Hospital, also awarded a Distinguished Visitor Award, brings the spirit of community directly into her work. Her research at Eerste River District Hospital focuses on the burden carried by caregivers supporting loved ones facing mental health and substance use disorders, highlighting an often-overlooked layer of strain affecting families in vulnerable communities.

These stories reflect a powerful truth: when we invest in one doctor, we unlock the strength of an entire network. A single grant can fortify a district hospital, shift outcomes for families, inspire colleagues and uplift communities.

I am deeply proud of the work the Discovery Foundation continues to do, and of the remarkable individuals whose achievements reflect its mission. Their dedication shows that community and education are not just pathways to personal advancement, but essential forces for transforming healthcare at scale.

Congratulations to this year's recipients. We greatly appreciate your incredible contribution to building a more equitable, community-centred health system for our nation.



ANDRONICA  
MABUYA

HEAD OF CSI

2025

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DISCOVERY FOUNDATION

# ACADEMIC FELLOWSHIP AWARD






# DR MARWAH JENNEKER

*Academic Fellowship*  
AWARD 2025

## The making of a healer

Armed with clinical expertise and a deep commitment to maternal care, Dr Marwah Jenneker is advancing vital research on anticoagulation in high-risk pregnancies.

Some lives are shaped in lecture halls but for Dr Marwah Jenneker, the foundation was laid in a modest Gqeberha household where her mother and grandparents held the family together with resilience and grace. "My character and goals were definitely shaped through my spiritually and emotionally grounded family. I was always determined and had a dream of leaving my small hometown," she says.



Her grandmother, whose own mother was a midwife, planted the first seeds of a medical calling. “She was the one who encouraged me to be a doctor. However, she made it seem as if it was my own idea,” Dr Jenneker says fondly of her late grandmother.

That early spark deepened after a near-tragic family accident on the way to a cousin’s wedding. “As the car hung off that cliff, I thought this is what doctors do – put all the effort into their patients and sometimes jeopardise their own lives and even their families,” she remembers. Her grandmother’s subsequent injury became a turning point. “She had diabetes and ended up with a wound that became a non-healing ulcer. This is what facilitated my love for medicine. I tended to my grandmother’s wound every day at the young age of 12, until it healed completely.”

Medicine was never a question of ‘if, but ‘when’. “It was always my first choice,” she says candidly. Yet her eventual specialisation – obstetrics and gynaecology – was almost accidental. “Although medicine was always my first choice, I did not enjoy OB/GYN as a medical student or even in internship.

But during my community service year at Edendale Hospital (now Harry Gwala Regional Hospital), I was told to assist and then do my first caesarean section under supervision. That night, I was on call and went on to do eight caesareans. I realised I had a flair for obstetrics, and it has stayed with me since.”

Her path to the University of KwaZulu-Natal (UKZN) was guided by both opportunity and family tradition. “My family, being conservative Muslims, felt that I could only move to KwaZulu-Natal as my uncle was based there,” she explains. Financial obstacles were ever-present. “My family could not afford my tertiary education. My uncle helped with the registration fee, and I worked weekends to sustain myself and my mother and sister,” recalls Dr Jenneker. Yet she looks back on those years with gratitude. “The medical education at UKZN and King Edward Hospital was invaluable.”

After qualifying, life took another turn. “After internship and community service, I left the public sector. I was married, had a small baby and needed to focus on my family,” says the mother of three. She spent six years as a general practitioner in Gauteng before joining the South African Medical Research Council between 2009 and 2012. “This was my earliest contact with medical research and clinical trials. In a short space of time, I was promoted to clinical research site leader and principal investigator.”

The move into obstetrics research was a natural progression, shaped by academic curiosity and a deep commitment to service.

Now at Inkosi Albert Luthuli Central Hospital in Durban she works within a high-risk maternal unit that manages complex cardiac disease.

“Rheumatic heart disease is the most common cause of acquired cardiac disease in South Africa. Many women enter their reproductive years with mechanical heart valve replacements and lifelong anticoagulation with warfarin. Warfarin is teratogenic (can cause abnormalities) to the embryo and fetus,” she explains.

Dr Jenneker’s PhD research, ‘The Annals of Anticoagulation’, is designed to close this critical gap. “There is a significant gap in the literature looking at heparins (blood thinner medicines) and maternal safety. The gaps that I have identified are threefold: safety of enoxaparin in the mother, bleeding complications in the peripartum area, and anaesthesia and analgesia considerations.”

Promising trends are already emerging. “Enoxaparin is safe and can be used with careful dose adjustment during pregnancy. It improves the live birth rate and has less teratogenicity. I have also developed a preliminary bleeding risk prediction score and tool to be used in the peripartum period. I hope to later validate this clinically and to perhaps develop an app that will assist the clinician to input the data at the bedside and predict the risk of bleed.”

The Discovery Foundation Academic Fellowship Award has been pivotal in advancing her work. “The Award has helped me immensely with expenses in data analysis, mentorship and statistical support,” she says. “This recognition of my work is very encouraging and pushes me further in my pursuit of new knowledge.”

At home, Dr Jenneker’s greatest joy lies in her family. “My children are supportive of me.” Her days often begin before dawn. “On weekends, after my morning prayer at 5 am, I walk on the promenade with a group of women and my daughter. I have also started learning a new language.” Spiritual grounding is central to her balance. Her mentor, Dr Ramnarain, is a guiding influence. “He has a love for maternal medicine, particularly his passion for anticoagulation in pregnancy. This is what sparked my interest six years ago when I joined the unit.”

For Dr Jenneker, medicine is more than a vocation, it is service. “Improving and maintaining good maternal and fetal outcomes is at the heart of what I do,” she reflects. “If I can help even one woman safely bring life into the world, it means everything.”

“My aim has always been to serve the poor and underprivileged in my country. I love teaching and the academics that come with working in a state hospital.”



# DR SAYED SHAKEEL KADER

*Academic Fellowship*  
AWARD 2025

## Building Africa's first colorectal cancer genomic registry

Armed with surgical precision and scientific curiosity, colorectal surgeon Dr Sayed Shakeel Kader is uncovering how genetics, HIV and the environment shape colorectal cancer outcomes in KwaZulu-Natal.

"Growing up in a highly academic family has its pros and cons," reflects Dr Sayed Shakeel Kader on his childhood in Chatsworth in KwaZulu-Natal. "It's an enabling environment for family standards of achievement, but it's also competitive. However, it helps to progress with a clinical career that brings value to the world."

All three of his siblings would also go on to become doctors. Yet it was surgery that captured Dr Kader's imagination. "I was drawn to the precision, intensity and technical mastery of surgery," he says. His father was a psychiatrist and his mother a nurse, and both instilled in him a belief that "helping people is far more rewarding than chasing financial gains".

During his three-month fellowship at the then Academic Medical Center (AMC) at the University of Amsterdam, Dr Kader experienced a surgical environment operating at a remarkably advanced level. "As a fellow at AMC, I spent three months working under Professor Bemmelman, and it was unlike any hospital I've worked in," he says. "The pace, precision and research culture were on another level – deeply inspiring to witness."



Today, at 41, Dr Kader heads the Clinical Unit for General Surgery and Surgical Services at Dr Pixley Ka Isaka Seme Memorial Hospital, while serving as a consultant colorectal surgeon at Inkosi Albert Luthuli Central Hospital. He is also an honorary lecturer at the University of KwaZulu-Natal and an examiner for the Colleges of Medicine of South Africa. It is a career that blends clinical leadership with academic rigour – and now, through his PhD, with revolutionary genomic discovery.

“What encouraged me to apply for the Discovery Foundation grant was the alignment between the grant’s vision and my research aim: improving equity in genomic medicine for under-represented African populations.” Dr Kader’s PhD, funded through the Discovery Foundation Academic Fellowship Award, is titled ‘Unravelling the Genetic and Genomic Landscape of Colorectal Cancer in KwaZulu-Natal: The Impact of HIV and Hereditary Factors’. Under the supervision of Professors Raj Ramesar and Yoshan Moodley, his study explores how genetic mutations and HIV status intersect to shape colorectal cancer biology in South Africa’s HIV-endemic population.

“Globally, colorectal cancer is the third most common cancer, but in South Africa, we’re seeing a worrying pattern – younger patients, often in their 30s and 40s, presenting with advanced disease,” Dr Kader explains. KwaZulu-Natal’s dual burden of infectious and non-communicable disease adds complexity. “In our setting, HIV may alter tumour behaviour and immune surveillance,” says Dr Kader. “We also suspect there are unrecognised hereditary cancer syndromes. Yet because African populations are under-represented in global genetic datasets, our patients are often treated using Western genetic reference models that don’t fit their biology.”

His work aims to change that. By analysing tumour samples and mapping genetic mutations specific to KZN’s diverse population, Dr Kader’s study is creating a genomic reference that could transform diagnosis and treatment for thousands of South Africans.



**“Understanding the genetic code of cancer in our own patients isn’t just science – it’s equity. It’s about giving South Africans the same chance at survival that patients elsewhere in the world already have.”**

### Mapping cancer’s hidden code

Dr Kader’s path into academic medicine has been shaped by his mentors – notably Professor T.E. Madiba, a pioneer of colorectal surgery in South Africa, and Professors Ramesar and Moodley, who guide his research methodology. “I’ve been fortunate to learn from brilliant people who’ve combined science with service,” he says. “They’ve taught me that data only matters if it improves someone’s life.”

At the hospitals he leads, that philosophy has a tangible effect. From mentoring registrars to establishing surgical audit registries, he has built a culture of evidence-based care and innovation in a resource-limited environment. “Mentorship is one of the most fulfilling parts of my work,” he says. “Watching a registrar evolve from uncertainty to surgical confidence – that’s how we build a resilient healthcare system.”

With the Discovery Foundation’s support, Dr Kader’s team has established the foundations for a genomic research pipeline – collecting high-quality biospecimens, expanding biostatistical capacity and building collaborations across institutions. “The Discovery Foundation Academic Fellowship has given me the opportunity to pursue research that otherwise would not have been possible within our public healthcare constraints,” he says.

Beyond its immediate scientific goals, the study represents a step towards precision medicine for Africa, where treatment is guided by the patient’s genetic and environmental context. “If we can identify hereditary cancer syndromes early, we can screen families and prevent disease before it develops,” Dr Kader explains. “If we understand HIV’s interaction with tumour biology, we can design more targeted therapies.” The aim is to develop a provincial colorectal cancer genomic registry that will inform clinical guidelines, surveillance strategies and personalised care – and to eventually expand it to a national registry.

At home, Dr Kader is a husband and father of three, including a four-month-old baby. His wife is an obstetrician, and his anchor. “She keeps me balanced and reminds me that life is about living, not just researching,” he says. Between long hours in theatre and research commitments, gaming has become his way to unwind. “It’s my mental escape,” he says. Yet even in relaxation, purpose drives him.

“I tell young doctors perseverance is not about always being strong. It’s about remembering that your work matters, even when no one is watching.”

Through his research funded by the Discovery Foundation, Dr Kader is not only mapping mutations but also rewriting a broader story, one where African genomic data informs global medicine, and where science begins and ends with humanity. “Our patients are not statistics; they are the reason we search for answers,” concludes Dr Kader.



# DR SELLO MACHAEA

*Academic Fellowship*  
AWARD 2025

## Healing young lives

For Dr Sello Machaea, the desire to practise medicine started with an unusual motivation brought on by a GP he feared as a child. Now a paediatric consultant, he is transforming paediatric surgical care in the Eastern Cape.

From an early age, Dr Sello Machaea knew what he wanted to become. "I had no other dream than being a doctor," he says. His desire to practise medicine started with a small act of childhood defiance. "I did not like my GP! I wanted to be a doctor so I could get my revenge and give him injections like he did to me," chuckles Dr Machaea, now a paediatric surgery consultant at Walter Sisulu University and Frere and Cecilia Makiwane hospitals.

That early spark matured into a calling for this recipient of a Discovery Foundation Academic Fellowship Award. Family has been a defining anchor in his journey. "I grew up in a loving and supportive home in Sasolburg. I am the youngest of three siblings, but being the youngest didn't mean being spoiled..." he recalls warmly. "Coming from a humble background, finances were always a great concern for my parents. Receiving a scholarship in medical school greatly assisted in my studies and in being able to achieve what I have."

His years at the University of KwaZulu-Natal were, as he describes them, “a fantastic period in my life, where I had to learn to take care of myself – cook, wash my own clothes, iron and do all the ‘normal’ tasks that my mother used to do for me.” After completing his undergraduate studies in KwaZulu-Natal and postgraduate training at Walter Sisulu University in the Eastern Cape, he pursued a Master in Medicine and a fellowship in paediatric surgery.

Dr Machaea’s professional journey has taken him from his internship at Prince Mshiyeni Memorial Hospital in Kwa-Zulu Natal to community service at Helene Franz Hospital in Limpopo and, eventually, to East London, where he completed his specialisation and now serves as a paediatric surgery consultant. “Working in different provinces, you learn to appreciate various customs and cultures. This has made me a better person. It has allowed me to understand the individual journey of the different patients I deal with, and that everyone cannot be placed in the same basket.”

**“A significant number of the children we are seeing present with complicated (perforated) appendix, which carries a huge morbidity risk.”**

### Improving paediatric outcomes in rural South Africa

Dr Machaea's current research, 'The Spectrum of Appendicitis in the Paediatric Population in the Eastern Cape', is part of his PhD at Walter Sisulu University. It addresses a critical healthcare issue. "Appendicitis is the leading cause of surgical emergencies not only locally, but also internationally," he explains. "Trying to demystify the cause of appendicitis posed a challenge I was willing to accept." He describes his study as exploring the "how, what and why" of the condition. "How does it commonly present in children? What causes it? Why do some people have a better health outcome than others?"

Early findings from his research are sobering. "A significant number of the children we are seeing present with complicated (perforated) appendix, which carries a huge morbidity risk." The Discovery Foundation Academic Fellowship Award, has been instrumental, he says. "I was able to employ research assistants to collect data in three tertiary units in the Eastern Cape and initiate data analysis."

For Dr Machaea, practising medicine in the public sector is as much a calling as a career. The challenges have not dampened his spirit. "Having low resources affects the type and quality of service you can offer, but it also allows you to think out of the box to develop ways of overcoming the challenges." He admits the emotional toll can be heavy. "We try to stay positive, but we take an emotional strain when we feel that we cannot perform our duties adequately."

At home, his wife, Dr Yakheka Dyasi, a Discovery Foundation Award recipient herself, has been his anchor. "My wife is my number one cheerleader and inspiration," says Dr Machaea. "Her optimism and support led me to this path, and her experience with the Discovery Foundation was very positive and rewarding." Together, they navigate demanding careers and family life. "When you have someone who consistently has your back, you realise that nothing can stop you. It makes balancing work and life seem effortless and she makes the journey easier." His children, too, play a powerful role. "They inspire me to stay young at heart."

Beyond appendicitis, Dr Machaea hopes to expand his research into outreach programmes. He wants to explore how the surgical and anaesthetic teams could perform procedures in facilities closer to the patients, to eliminate the two- to three-day journeys most of them have to take.

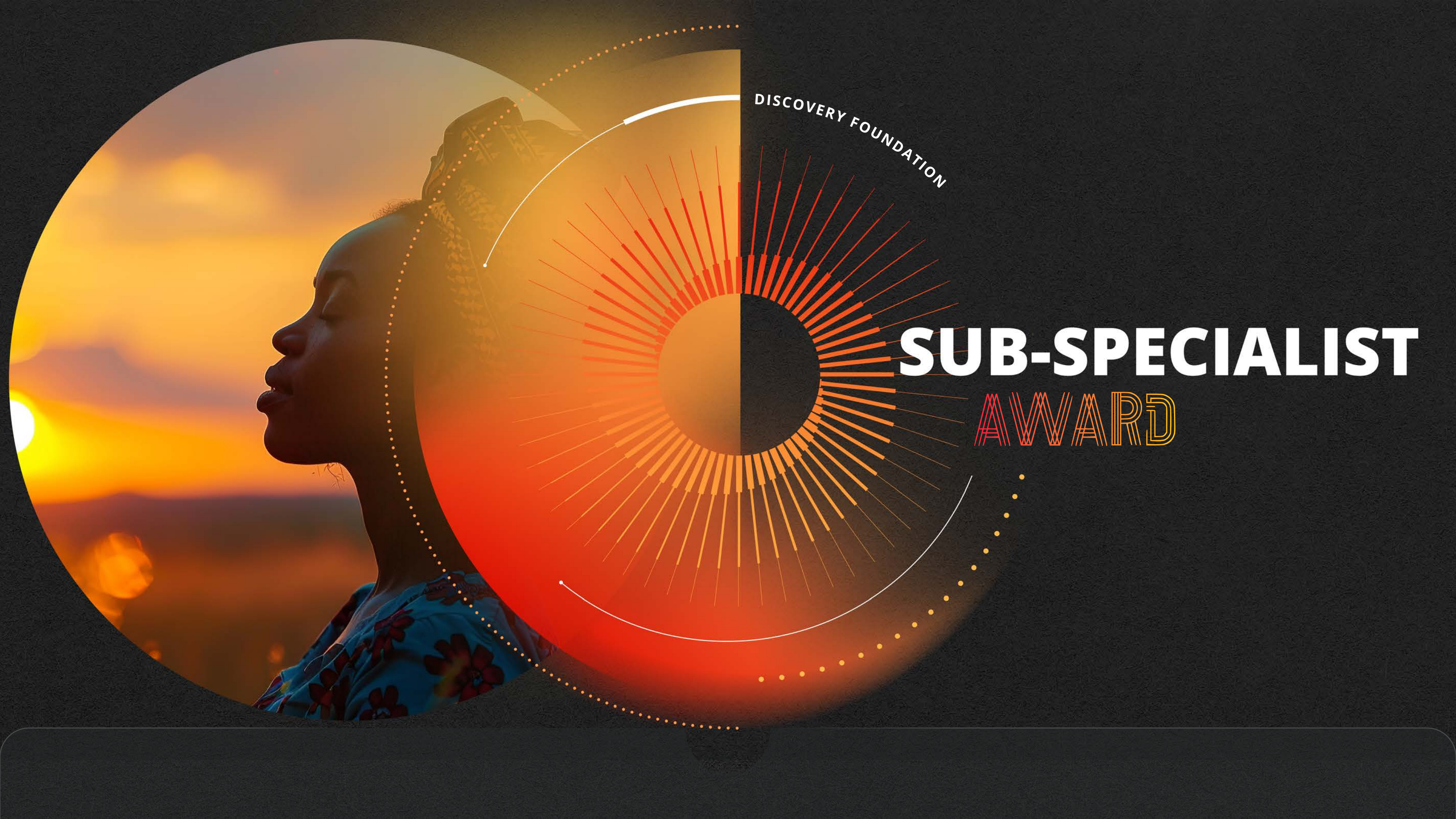
At the heart of his philosophy lies empathy. "We are already the fourth-largest unit in the country. My vision is to produce world-class paediatric surgeons who not only understand disease processes, but also have compassion and empathy that allow them to be even better surgeons," says Dr Machaea.

As he reflects on his path so far and the future generations he hopes to train, one truth remains unchanged: "I love what I do."

DISCOVERY FOUNDATION

# SUB-SPECIALIST

AWARD





**DR WENDY  
MAIMELA**

*Sub-Specialist*  
AWARD 2025

## Healing little hearts

As a recipient of a Discovery Foundation grant in paediatric cardiology at Chris Hani Baragwanath Academic Hospital, Dr Wendy Maimela is generating data that could transform how South Africa triages, manages and follows children with rare heart conditions.

Illness was never an abstract concept in the Maimela household. It lived in her father's legs, swollen by a rare lymphatic disorder. It lived in Dr Wendy Maimela's lungs, tightening with each childhood asthma attack. These intimate encounters with vulnerability would eventually propel Dr Maimela towards paediatric cardiology – the place where science meets heart. "My father had a rare condition affecting the lymphatic drainage system, and I was asthmatic as a child," recalls Dr Maimela, who grew up in Mabopane. "Being hospitalised often exposed me to the world of medicine early on – it made me want to understand, to help, to heal."



Those early experiences shaped her calling. She remembers her mother, an administrative clerk at Kalafong Hospital, and nurses within her extended family, each embodying compassion through service. "I was raised around caregivers. Helping others felt natural – it became my purpose," she says.

After attending Iona Convent School in Pretoria, Dr Maimela pursued medicine at the University of Cape Town (UCT), where her curiosity found structure and discipline. Living far from home was an adjustment, and financial strain threatened her studies. "At one point, I was almost excluded for financial reasons. I worked odd jobs, and my family's faith and determination pulled me through," she says. "The strength of any structure lies in its foundation, and UCT gave me the building blocks for everything that followed," says the now fellow of the College of Paediatricians and sub-specialist at Chris Hani Baragwanath Academic Hospital (CHBAH).

During her undergraduate years, Dr Maimela encountered two figures who changed the course of her career: the late Professor Bongani Mayosi and Professor Antoinette Cilliers. "Professor Mayosi had this quiet brilliance that made cardiology come alive," she says.

"Later, Professor Cilliers – often called the mother of paediatric cardiology in South Africa – made the field seem effortless. Her approach to her work inspired me to pursue this path."

"Paediatrics chose me," she says warmly. "Working with children grounds me. Their honesty, their courage – it's humbling. I knew that was where I belonged."

Dr Maimela is no stranger to the Discovery Foundation's support. Her first award funded her initial research at the University of the Witwatersrand on intracardiac masses in children. That work laid the scientific groundwork she now continues to build on as a Sub-specialist Award recipient, enabling her to advance paediatric cardiology and deepen the expertise needed to strengthen services for children with heart disease.

Titled 'Intracardiac Masses in Patients Referred to CHBAH over a Decade', the study seeks to identify patterns, causes and clinical implications of these rare heart conditions. The findings could inform early diagnosis and improve surgical outcomes for children across South Africa. "This research isn't just about data," she explains. "It's about giving each child a better chance – understanding the complexities of their condition so that we can intervene earlier and more effectively."

At CHBAH, the largest hospital in Africa and the third largest in the world, the scale of need is staggering.

Despite the challenges, Dr Maimela's optimism is unwavering. "We're constantly balancing clinical priorities against resource constraints," she says. "But the dedication of our teams keeps us moving forward." Her Discovery Foundation grant, she believes, is more than financial support – it is a statement of trust in the potential of young specialists. "It showed me that when you stay true to your purpose, doors open. I hope my journey inspires others to reach for what feels impossible. With determination, there are no limits to what each of us can achieve."

**“ Our paediatric cardiology unit serves an enormous patient base, and we currently have one surgical team covering four hospitals. That affects waiting lists, surgical access and, ultimately, children’s lives. ”**



Beyond the hospital, Dr Maimela finds grounding in her family – her husband and eight-year-old son. Though she often studies late into the night, she says, “My husband and family have been incredibly patient and supportive – I couldn’t do this without them.”

Dr Maimela’s work is already contributing to wider clinical dialogue. Her abstract on intracardiac masses was presented at the 2023 SA Heart@ Congress and later featured on their website. She describes this as surreal, not for the recognition itself, but for the possibility that her findings could shape real-world practice. In 2024, she joined a collaborative symposium with a visiting interventional cardiologist from India, assisting in a complex cardiac catheterisation and stent procedure. The experience deepened her commitment to skills transfer and strengthened her belief in the expertise that exists across the continent. She notes that when colleagues share knowledge and challenge one another’s ideas, healthcare systems grow stronger.

Her ongoing research, strengthened by the Discovery Foundation, builds the evidence and specialised skills needed to expand services nationally. For Dr Maimela, progress is found in small triumphs: a diagnosis made earlier, a procedure done safely, a child going home stronger than they arrived. As she completes her research, Dr Maimela stands as both a pathfinder and a bridge – linking dedication with hope and science with compassion.

Her vision for paediatric cardiology remains both ambitious and deeply humane. “I want every child with a cardiac condition to receive quality care – from early diagnosis to the best available interventions,” she says.



# DR SIVENDEREN THAVER

*Sub-Specialist*

AWARD 2025

## Precision under pressure

Sharpening pathways for earlier diagnosis, safer surgery and better outcomes in resource-limited public hospitals, Dr Sivenderen Thaver is advancing colorectal cancer care in KwaZulu-Natal.

The theatre list at Inkosi Albert Luthuli Central Hospital is rarely short. When emergencies arrive without warning, and elective cases jostle for time and space, doctors must navigate cancellations, staff shortages and complex diseases with practised calm. It is under this pressure that Dr Thaver – a sub-specialist fellow in surgical gastroenterology with the University of KwaZulu-Natal (UKZN), and Inkosi Albert Luthuli Central and Dr Pixley Ka Isaka Seme Memorial hospitals – has found his purpose. “Surgery gives you the privilege of decisive action,” he says. “You meet a patient at their most vulnerable and work as a team to turn a crisis around.”

Dr Thaver’s path began in a low-to-middle-income household in Verulam in KZN, where education and hard work were non-negotiable. “I was the first doctor in my family. What influenced my choice was the alignment between the profession and my own values and interests. From an early age, I was drawn to learning, problem-solving and helping others,” explains Dr Thaver.

“If we can recognise red-flag symptoms earlier and move patients more efficiently through the system, **we can change outcomes dramatically.**”

He excelled at Mountview Secondary School, earning a scholarship to begin his medical studies at UKZN and later completing his MBChB and Master of Medicine. The attraction to medicine strengthened over time, shaped by both discipline and family influence. Dr Thaver speaks warmly of the ‘friendly rivalry’ he shared with his younger sister, an audiologist, describing how “we pushed each other without even realising it – always trying to do better, always raising the bar”. That drive contributed to his academic success, earning him a UKZN scholarship awarded to the top 10 matriculants in KwaZulu-Natal public schools. “That scholarship made a real difference,” he reflects. “It eased the financial pressure on my family and showed me what was possible when people invest in your potential.”

The Discovery Foundation Sub-specialist Award has enabled Dr Thaver to formalise this focus into a funded study and a clinical goal: improving outcomes in colorectal cancer and other lower-GI diseases in resource-limited settings. Practically, that means working on earlier diagnosis, optimised treatment pathways and safer surgery – and stitching these elements into a system under strain.

“The Discovery Foundation grant gives me room to build what patients need most: momentum,” he explains. “Momentum to move from symptom to diagnosis, from decision to theatre, from surgery to recovery – without losing people in the gaps.”

Those gaps are real. High patient volumes, constrained staffing and unplanned cancellations can delay care and stretch teams thin. For patients, longer waits can mean more advanced disease and more complex operations; for clinicians, it can erode resilience. Yet Dr Thaver chooses the public sector deliberately. “The work is demanding but meaningful,” he says. “Every improvement – a streamlined referral, a standardised pre-operative checklist, a shorter time to colonoscopy – compounds across hundreds of patients.”

In practice, Dr Thaver’s focus is twofold: strengthening recognition and triage in front-line clinics and hospitals, and making peri-operative care as safe and efficient as possible when patients reach specialist units.

That includes audit and feedback on time-to-diagnosis, multidisciplinary planning and expanding endoscopic capability where possible. “Every small adjustment – even improving how results are communicated or how clinics refer patients – has a ripple effect in a high-burden setting.”

Dr Thaver’s research, in development with UKZN surgical gastroenterology colleagues, aims to generate locally relevant evidence on earlier diagnosis and risk-stratified pathways for colorectal cancer in KZN – particularly for patients who present late or travel far. “Many of our patients come to us with advanced disease simply because the system didn’t catch things early enough,” he says. “My hope is that we create pathways that are practical for our environment – evidence-based, yes, but also realistic for the communities we serve.”

He speaks of his mother’s quiet resolve, his sister’s example as a clinician, and colleagues whose steadiness under pressure sets the tone in theatre. “You learn quickly that surgery is never a solo discipline. The people around you shape your growth as much as your own commitment does,” says the 34-year-old. Outside the hospital, he recharges with football, hikes and time with his two dogs – rhythms that counterbalance a vocation that can be all-consuming.

Mentors along the way – notably Dr Shakeel Kader, another of this year’s grant recipients, whom Dr Thaver credits with steadfast guidance – shaped his trajectory and ethos: skill matched with humility; precision anchored in empathy.

“Precision is not just what happens at the operating table,” Dr Thaver says. “It starts with listening, continues through every handover, and ends with a patient who can return to their family. That’s the measure that matters.”

For now, Dr Thaver’s ambitions are concrete: reduce delays, refine pathways, train well and measure relentlessly. In the long term, he hopes the study will help shape provincial practice and feed into the national conversation on colorectal screening and access. The goal is not a headline but a standard. This means recognising rectal bleeding earlier, ensuring abnormal tests lead quickly to colonoscopy, planning surgery through a multidisciplinary team, and guiding recovery with consistent protocols. It is incremental, unglamorous work that slowly changes outcomes.

Dr Thaver resolves, “The sense of responsibility and the opportunity to make a tangible difference ultimately guided me towards becoming a doctor. Today, looking back, it feels like the most natural fit for who I am and what I value.”



A portrait of Dr Lesego Thomas, a woman with long dark hair and glasses, smiling. The background is a warm, golden glow. A white curved line and a dotted white line are overlaid on the image.

# DR LESEGO THOMAS

*Sub-Specialist*  
AWARD 2025

## The future of safe pregnancy

When Dr Lesego Thomas lost her father, the tragedy awakened her commitment to healing. Today, she is expanding access to safer maternal care by driving essential innovations in fetal anomaly detection and obstetric infection prevention.

Born in Brits and raised in Ga-Rankuwa near Tshwane, Dr Lesego Thomas began her journey into medicine amid the rhythms of a close-knit township where resilience and community shaped her early worldview. Her childhood was marked by both promise and loss – the passing of her father left an indelible imprint on her character. “It profoundly shaped my outlook on life and instilled in me compassion, perseverance and emotional strength,” reflects Dr Thomas. From that moment, empathy became her compass, guiding her towards a profession built on healing.

A naturally curious and ambitious child, her fascination with science was coupled with an instinct to serve. “I admired the selflessness of those who served others,” she recalls. “That planted the seed for a career in medicine.” Her mother’s resilience became her guiding light, nurturing both her intellect and her compassion. “My greatest influence has undoubtedly been my mother. Her grace under pressure and ability to nurture through adversity mirror the qualities I strive to bring into my practice.”

Her education, funded through family support and personal sacrifice, was the first step in fulfilling that vision. “The human body, the science of healing, and the privilege of caring for others captivated me from a young age,” says Dr Thomas. During her teenage years, she volunteered at local clinics, an experience that exposed her to harsh disparities in maternal healthcare. Witnessing how access – or lack of it – could determine a mother or newborn’s survival cemented her commitment to bridging that divide.

After completing her medical degree and postgraduate studies at the University of the Witwatersrand (Wits), she pursued her fellowship and MPhil in maternal and fetal medicine at the University of Pretoria. “My time at Wits was formative – academically rigorous and personally transformative,” she notes. The journey was far from easy: long hours, financial strain and the emotional weight of clinical training tested her resolve. Yet every challenge reaffirmed her purpose.

Dr Thomas began her career in the public sector, where she believes the greatest need exists. Working in hospitals such as Klerksdorp-Tshepong and Chris Hani Baragwanath Academic Hospital gave her an unfiltered view of the systemic challenges facing South Africa's maternal health system: overburdened wards, resource shortages and the daily reality of preventable complications. "Despite these challenges, the sense of purpose and the ability to make a measurable impact kept me grounded," she explains. "Every woman deserves equitable access to quality maternal care, regardless of geography or circumstance."

Her clinical journey has since evolved from general medical officer to specialist obstetrician and gynaecologist, and now Sub-specialist fellow in maternal and fetal medicine. At Life Peglerae Hospital in Rustenburg and Steve Biko Academic Hospital in Tshwane, she bridges academia and healthcare practice with precision and compassion.

Her mentors – senior obstetricians and academic leaders – have helped shape her approach to leadership and innovation. Among her proudest milestones are establishing structured fetal anomaly screening protocols and implementing infection-prevention strategies that significantly reduced postoperative complications after caesarean deliveries.

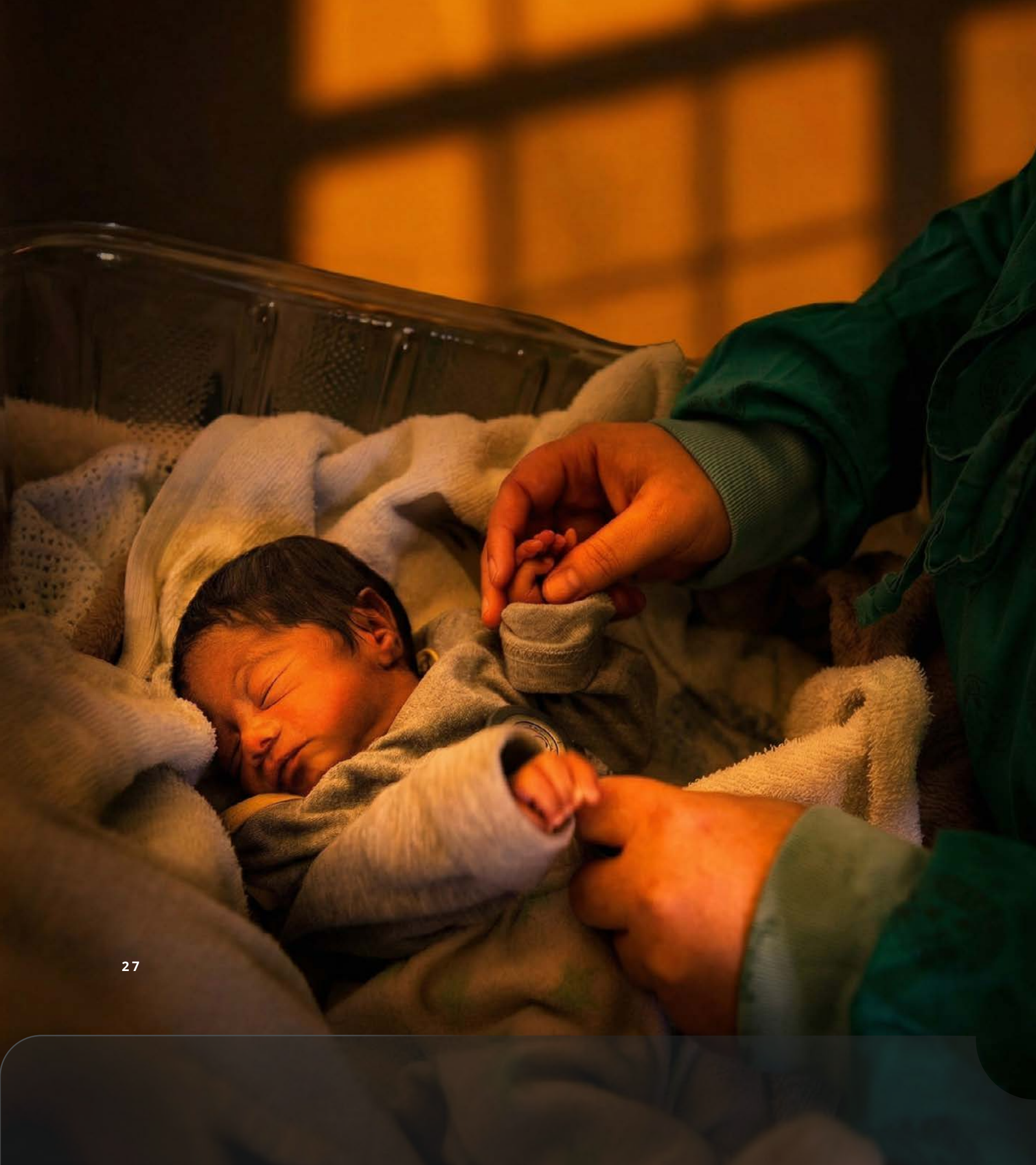
These experiences culminated in her successful application for the Discovery Foundation Sub-specialist Award. The award enabled her to strengthen sub-specialist capacity in the North West – an area historically underserved in maternal and fetal care.

"The grant allows me to combine research, innovation and outreach to address maternal health inequities head-on," she says. It has also provided access to mentorship, academic resources and clinical tools essential to building sustainable, high-impact services.

The research focuses on improving early fetal anomaly detection and preventing surgical-site infections in obstetrics – two leading contributors to maternal and neonatal morbidity and mortality in South Africa. By integrating advanced imaging, data analytics and surgical innovation, her work aims to develop scalable, evidence-based models of care.

“Multidisciplinary collaboration – between obstetricians, neonatologists, microbiologists and theatre teams – is central to this work.”



A newborn baby is lying in a hospital bed, wrapped in a white blanket. A healthcare professional in a green uniform is gently holding the baby's hand. The scene is warmly lit, creating a soft and intimate atmosphere.

Dr Thomas's long-term vision is to establish a Centre of Excellence for Maternal and Fetal Health in the North West.

As the province's first fetal medicine specialist, Dr Thomas has already begun transforming local access to care. "Women who previously travelled hundreds of kilometres for specialist consultations can now receive care closer to home," she says. Through outreach, training and telemedicine, she is building a foundation for lasting change in perinatal outcomes. "The challenges are immense – limited infrastructure, staff shortages and delayed referrals – but each intervention brings us closer to equitable maternal health."

Her achievements extend beyond her Discovery Foundation Award. As part of the Smith+Nephew Academy, Dr Thomas contributes to national initiatives on surgical-site-infection prevention, adapting global best practices to South African contexts. Yet, for Dr Thomas, the true measure of success lies in the human moments of gratitude – the patients whose lives have been saved or transformed by quality, compassionate care.

Away from the hospital, she finds peace in family, music and travel. "Balancing motherhood, professional obligations and academic pursuits has not been easy," she admits, "but my family's understanding and love sustain me." Her passion for mentorship continues through guiding young doctors and advocating for women's health. "I have been fortunate to learn from exceptional mentors. Their guidance has reinforced principles of academic excellence, ethical practice and servant leadership," asserts Dr Thomas.

Looking ahead, she envisions a healthcare system where specialist care is decentralised and accessible to all. "Maternal and fetal medicine is still an evolving discipline in South Africa," she says. "My vision is to help make sure that even the most vulnerable women have access to safe, dignified and evidence-based care."

A circular portrait of Dr. Nokubonga Vundla, a woman with glasses and a pearl necklace, smiling. The background of the portrait is a warm, orange-to-red gradient. The portrait is partially framed by a white, scalloped-edged border.

# DR NOKUBONGA VUNDLA

*Sub-Specialist*  
AWARD 2025

## From the banks of the uThukela River to the frontiers of haematology

Raised in Mandeni in rural KwaZulu-Natal, Dr Nokubonga Vundla's research is laying the groundwork for haematology and stem-cell transplant services to be available closer to home for patients across South Africa's eastern coastal areas.

The story of Dr Nokubonga Vundla begins on the fertile banks of the uThukela River in northern KwaZulu-Natal (KZN), where rows of maize and vegetables grew under the watchful care of her family. Life in Mandeni was simple but deeply grounding," she recalls. "The land taught us discipline, and community taught us compassion."

Her earliest schooling at Iwetane Primary – a small, under-resourced school with big dreams – laid the foundation for an enduring belief in education as liberation. "In our house, even if there was no money for new clothes, there had to be money for school uniforms and stationery," Dr Vundla recalls. "Education was not negotiable. We spent most afternoons in a public library because my father believed that smart people read." In 1995, political violence forced the family to flee Mandeni, an experience that shaped her understanding of inequality and resilience.

Dr Vundla was relentless through it all. "I received financial support through NSFAS (National Student Financial Aid Scheme) and academic merit-based bursaries," says the 30-year-old mother of two. After completing her MBChB degree at the University of KwaZulu-Natal, Dr Vundla began her medical career at the height of the HIV crisis. South Africa's public health system was under severe strain, yet she saw the power of science and teamwork transform despair into hope. "Those were defining years," she says. "We saw what was possible when innovation met commitment."

Years later, during the COVID-19 pandemic, those same lessons resurfaced – laboratories pivoting overnight, clinicians improvising under pressure, colleagues sacrificing safety and rest for their patients. “It reaffirmed that medicine isn’t just science; it’s service.”

Her early clinical years took her from the East London Hospital Complex to Ermelo District Hospital and, later, Port Shepstone Regional Hospital – a posting that would profoundly influence her life’s direction. “The South Coast is a region of beauty and hardship, where malnutrition and chronic illness are daily realities and access to specialists is limited.”

Determined to bring advanced care to such communities, she pursued specialist training in internal medicine at the University of Cape Town (UCT) and Groote Schuur Hospital, completing her Master of Medicine with distinction. Dr Vundla’s thesis, ‘Trends in Clinical Presentation and Treatment Outcomes in a South African TTP Cohort’, added vital data to an under-researched field and is now under review for publication in the *Southern African Journal of HIV Medicine*.

Returning to Port Shepstone Regional Hospital as a specialist physician marked a full-circle moment. “It was about more than career progression; it was also about going back to build capacity where it’s needed,” she says.

In 2025, Dr Vundla received the Discovery Foundation Sub-specialist Award, funding her fellowship in clinical haematology at UCT.

Dr Vundla’s research centres on one aim: To establish comprehensive clinical haematology and stem-cell transplant services for the eastern seaboard so patients don’t need to travel to Cape Town or Johannesburg. Her two projects – a National Bleeding Disorders Registry using REDCap and a health-economics study on alternatives to splenectomy for ITP (Immune Thrombocytopenic Purpura) – both advance this vision by focusing on equity and practical solutions for low-resource settings.





Ultimately, Dr Vundla hopes for a national, paperless registry and a future where patients no longer die young from treatable conditions.

“These studies speak to access, equity and sustainability. They will help ensure that even in low-resource settings, we can deliver specialist care that is evidence-based and effective,” she explains.

For many patients, a diagnosis needing specialist treatment can mean travelling hundreds of kilometres – an impossible burden for families already facing financial hardship. For Dr Vundla, decentralisation is essential because “patients shouldn’t have to choose between treatment and poverty”. She says, “My hope is that one day, a patient from Port Shepstone, Mandeni or any other rural district will have access to world-class haematology care close to home.”

Beyond her clinical and academic achievements, Dr Vundla is the eldest of four sisters, who all pursued careers in STEM. Together, she and her sisters cofounded Science Aspects NPC, a non-profit that introduces learners in underserved schools to real laboratory science. “We wanted children to see that scientists look like them. Representation changes what children believe is possible,” she asserts. Their second venture, V in Aspects, began as “a family joke that somehow turned into a pet accessories business”. Despite busy careers, they remain close. “We talk every day and still push each other academically,” she says.

**“The Discovery Foundation Award made the impossible possible. Without it, these projects would not exist.”**

From a little girl reading under the shade of a guava tree to a fellow in clinical haematology shaping the future of South African medicine, Dr Vundla’s journey is one of unwavering conviction. “The Discovery Foundation believed in that vision,” she reflects. “Every patient I see and every dataset I analyse brings me closer to a South Africa where excellence in haematology is not a privilege, but a right for all.”



DISCOVERY FOUNDATION

HEALTHCARE IN  
RURAL AND UNDERSERVED AREAS

**DISTINGUISHED  
VISITOR AWARD**



# DR GABRIEL STEYN BOTH

*Rural and Underserved Areas*  
DISTINGUISHED VISITOR AWARD 2025

## Bridging two worlds

At Madwaleni District Hospital on the Eastern Cape Wild Coast, Dr Gabriel Steyn Botha is helping connect traditional healers and modern practitioners to strengthen healthcare for children.

The sound of crashing waves and the pull of the tide were the constants of Dr Gabriel Steyn Botha's childhood – long before he became a family medicine registrar at Madwaleni District Hospital. Growing up in Gqeberha, he found freedom in the ocean. "If I wasn't surfing with my father, I was fishing with him," he says. Those experiences nurtured his desire to live and work among communities where the warmth of human connection outweighs material privilege.

"It was one of those moments where you don't overthink it, you just know," says Dr Botha of his decision to apply to Stellenbosch University. During his school years, a life-changing experience in Kenya confirmed his passion for serving in under-resourced areas. "I was fortunate enough to spend time in a rural village in the Garissa area. Seeing firsthand the difference healthcare made, and the enormous need for quality care in these rural communities, really stuck with me."

His path through medical school was not without challenges, but he credits his family for helping him stay the course. "My mother helped me secure a place at Stellenbosch, while my grandparents helped with tuition and made sure I graduated with minimal debt."



After qualifying, he followed his heart to the Eastern Cape, beginning his rural medical journey with an internship at Nelson Mandela Academic Hospital in Mthatha, followed by community service at St Elizabeth Regional Hospital in Lusikisiki. “Eventually, I went even further off the beaten path to Madwaleni District Hospital in the Mbhashe subdistrict,” he explains. It is here that he joined the Family Medicine programme through Walter Sisulu University – a choice that aligned perfectly with his passion for primary and community-based care.

His professional path has been shaped by exceptional mentors, most notably the late Dr Andy Wilkins. “He was a former Discovery Foundation Award recipient,” says Dr Botha. “Andy recently lost his battle with malignant melanoma, and the gap he leaves is huge. He embodied what it means to be a good doctor: holistic, deeply caring and always bringing joy to everyone around him.”

Working in South Africa’s rural public health system is not for the faint-hearted, but Dr Botha finds meaning in the challenge. He points to both systemic gaps and small victories: “The biggest challenge is the resource constraints, especially at district hospitals. So many services that should be available simply aren’t. One of the most rewarding moments for me has been helping to start a skin graft service at Madwaleni. Seeing patients who would have spent months in hospital for wound care get discharged in just a few weeks after a graft – it’s exactly what rural healthcare should look like.”

“For a lot of people living here, **the first healthcare provider they turn to when they’re sick isn’t necessarily a doctor, it’s a traditional healer.**”

## Integrating traditional healing and modern medicine

As a 2025 recipient of a Discovery Foundation Rural Distinguished Visitor Award, Dr Botha has been able to pursue meaningful research into how cultural practices intersect with modern medicine. His Master of Medicine project, 'The prevalence and predictors of traditional health practitioner consultations for caregivers of children prior to admission to a rural district hospital in the Eastern Cape', investigates how and why caregivers turn to traditional healers before accessing formal healthcare.

"When I talk about the 'prevalence and predictors' of traditional health practitioner consultations, I'm basically observing how many people in our community go to traditional healers, and what drives them to do so," he explains. "It's about connection: building bridges between two parallel systems of care so that people feel supported no matter where they seek help first."

The latest data from the United Nations reveals that South Africa reports 32.8 deaths per 1,000 live births, meaning we are not on track to achieve the Sustainable Development Goal of reduced under-5 mortality rates by 2030.

Dr Botha hopes the findings from his study will inform better collaboration and child-health outcomes in the Mbhashe subdistrict.

"Success would be producing solid, high-quality evidence that can further guide policy around reducing under-5 mortality rates, in line with the Sustainable Development Goals," he says. "Whether the findings support the use of traditional health practitioners or not, I hope this research gives local leaders a clear picture of what's really happening."





That picture cannot be understood without acknowledging the landscape in which Madwaleni's families seek care. In the heart of the Eastern Cape, the Mbhashe subdistrict – home to the AmaBomvana people – has long relied on traditional healers as custodians of health and culture. "Traditional health practitioners hold deep cultural authority for Xhosa people. Understanding that history is crucial if we want to deliver care that truly resonates," says Dr Botha.

Madwaleni District Hospital, with only 180 beds, provides essential district-level services – including the area's only paediatric ward, which admits around 80 children a month. "Madwaleni is as rural as it gets – breathtakingly beautiful, but resource-limited," he says.

By establishing how common these consultations are and why families choose them, his study aims to provide the evidence needed to guide the safest and most effective collaboration between traditional and modern healthcare. Ultimately, he hopes this work will help improve child health outcomes in one of the country's most underserved regions.

Balancing the demands of rural medicine, a Master of Medicine and life with a new baby has been anything but simple. What has carried him through are the "family medicine juggernauts who walked the path before me, whose guidance helped me find a rhythm that works, even in the chaos."

Yet the person who anchors him most is his wife, who works with Layita Foundation, a non-profit organisation focused on empowering rural communities in the Mbhashe subdistrict. Proud of how she's actively supporting rural health and community development, Dr Botha says, "She put her architecture career on hold so I could chase my dream of rural medicine. I will forever be grateful for her sacrifice and unwavering support."



**DR ATEEQAH  
ISMAIL**

*Rural and Underserved Areas*  
DISTINGUISHED VISITOR AWARD 2025

### Giving caregivers a voice

Caregivers are the invisible backbone of South Africa's mental health system, yet their struggles often go unheard. Family medicine registrar, Dr Ateeqah Ismail, is documenting the realities facing caregivers.

Before she ever wore a stethoscope, Dr Ateeqah Ismail learned what care looks like from her aunts, uncles, neighbours and elders, who built a community brick by brick.

"There was no mosque in our area, so the community came together to build one from the ground up. Every Friday, the community gathered to sell braai platters to raise funds. Even though I was young, I peeled potatoes, buttered rolls and helped wherever I could," she recalls. "Those early experiences taught me that community isn't something you observe but something you take part in."

She was the youngest and only daughter of parents who both worked at Groote Schuur Hospital in Cape Town and came from modest backgrounds in Silvertown and Bonteheuwel. "They dreamed of one of their children becoming a doctor, not for prestige, but because they believed deeply in education as a vehicle for change," says Dr Ismail.

After attending a private school in her early years, financial challenges forced her to transfer to a public high school – a change that would shape both her outlook and her future. “That transition felt like a jolt socially, academically and emotionally, but it grounded me. At Windsor High School, I met teachers who truly saw me and believed I could build a meaningful future,” recalls Dr Ismail.

Medicine was not an immediate calling though. “My first choice was actually interior design. I’ve always loved creating spaces that feel cohesive and calming.” When her parents encouraged her to pursue something more stable, she turned to the sciences, first studying speech therapy before transferring to medicine at Stellenbosch University. “I often doubted whether I belonged in medicine”, says Dr Ismail.

The turning point came years later during her internship in the Eastern Cape. “After explaining a difficult prognosis to a family, they thanked me for speaking plainly and with kindness. That moment shifted everything.”

Dr Ismail began her studies with a National Student Financial Aid Scheme (NSFAS) loan and worked evenings as a waitress to help cover her fees, an exhausting time that taught her resilience. “After completing that year, I was awarded a Moshal Scholarship, which funded the rest of my studies,” she says. The support removed the weight of financial instability and allowed her to concentrate fully on her degree.



“Many caregivers said that if South Africa does not invest in long-term rehabilitation facilities, the country will struggle to curb the substance-use epidemic.”

The years that followed tested both her endurance and her devotion. Married while still a medical student, she completed her internship at Uitenhage Provincial Hospital. "I completed most of my internship alone, pregnant and far from family," she remembers. "I gave birth to my daughter in the Eastern Cape and, eventually, sent her back to Cape Town to live with my husband and mother-in-law. I flew home every second month to be with her," she says of her gruelling schedule.

Dr Ismail's community service at Helderberg Hospital in Somerset West coincided with the COVID-19 pandemic, forcing her into periods of isolation from her family for their safety. "It was emotionally exhausting, but we came through it stronger," says the 34-year-old.

Choosing to specialise in family medicine felt like a natural progression. "Family medicine allows me to work with people across every stage of life – children, adults, the elderly – and to develop meaningful, long-term relationships with patients," she says. It also aligns with her values of balance and holistic care. "It allows me to remain rooted in clinical care while also being the mother my children deserve."

At Eerste River Hospital in Cape Town Dr Ismail sees the full spectrum of community health – and the growing toll of mental illness complicated by substance abuse. "During overnight calls, I frequently encountered mental health patients who were brought in repeatedly by their families," she explains. "What struck me most was the emotional exhaustion of the caregivers. Many cried in the emergency department, explaining that they were overwhelmed, unsupported and desperate for long-term solutions."

Her research, titled 'Exploring the Burden and Experiences of Caregivers of Mental Healthcare Users with Substance Abuse Issues at Eerste River Hospital', seeks to capture the lived reality of those who bear this invisible weight. "Caregivers play an essential role in the recovery and daily functioning of individuals with mental health illnesses, especially in resource-limited communities," explains Dr Ismail. "Yet they often carry this responsibility with very little support."

The Discovery Foundation grant brought "enormous peace of mind", covering research expenses such as translations, transcriptions and participant vouchers. "Because I come from an underprivileged background myself, I felt strongly about reimbursing caregivers who gave up their time, not in cash, but through grocery vouchers. The grant made this possible." Her findings so far reveal recurring themes of systemic fatigue and structural gaps.

For Dr Ismail, this is not just a professional concern but a social imperative. "Understanding the burden of caregivers helps us identify what support they need and informs interventions that can improve both their wellbeing and patient recovery," she says.

Balancing work, training and motherhood is made possible by the strong support system around her. In Dr Ismail's world, medicine is not simply a profession; it is about looking after family and the community. She says, "My grandmother had several strokes while I was growing up, and her mobility and speech were deeply affected. She lived with us for many years, and my mother cared for her daily. As a child, I watched this intimate, exhausting and beautiful labour of love unfold in our home. I didn't fully understand her condition or the limitations of the healthcare system, but I knew that families often carry a heavy emotional load when a loved one is unwell. Those years left a deep imprint on me."

A portrait of Dr. Maria Maphheko Maluleka, a woman with curly hair and glasses, smiling. She is wearing a colorful patterned top. The background is dark with warm, bokeh light effects.

# DR MARIA MAPHHEKO MALULEKA

*Rural and Underserved Areas*  
DISTINGUISHED VISITOR AWARD 2025

## The power of **persistence**

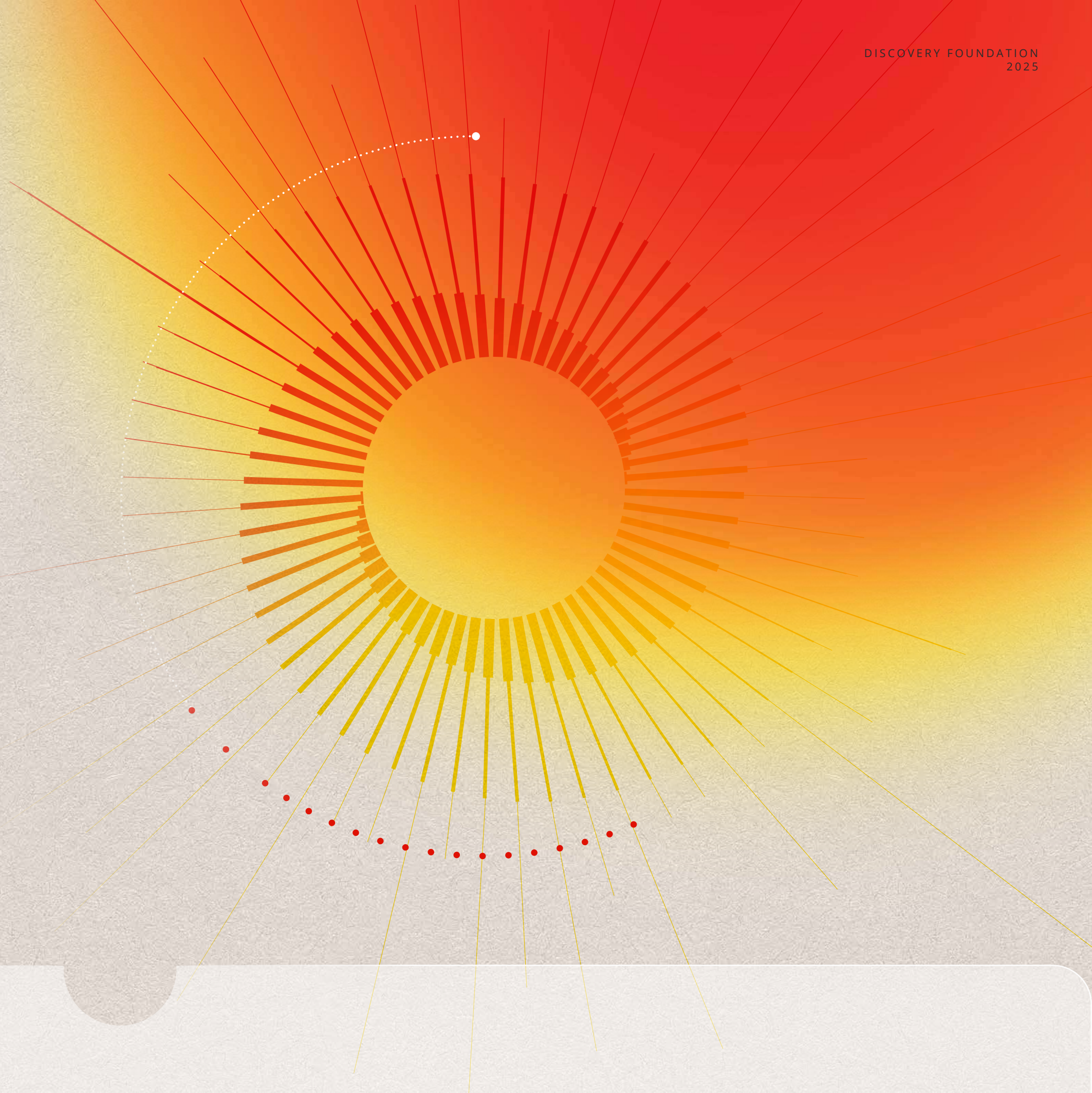
Before she was a doctor, Maria Maluleka was a child in Mmakau village in North West province watching her mother leave home before sunrise and return after dark. Now a registrar in family medicine, she's improving maternal health for women who, like her mother once did, depend on public care.

“The Discovery Foundation award provided vital support for data collection, data analysis, stationery, language editing, transport and dissemination of findings.”

“Growing up in Mmakau village, near Ga-Rankuwa, community was a lived, daily reality. Neighbours supported one another, and people saw each other as family,” recalls Dr Maluleka. When her father passed away when she was only ten years old, her mother – a domestic worker raising five children alone – became the model of endurance she would emulate. “I grew up hearing people say that studying can change your life and make it better. For me, that wasn’t just a saying; it became my only hope,” says Dr Maluleka.

A defining moment in shaping her empathy came in 2007, when one of her siblings became seriously ill. “Being closely involved in his care tested the very qualities I rely on today,” she continues. “Courage, clarity under pressure, and the ability to hold a family together emotionally during uncertainty.” The experience changed how she understood illness. “I saw firsthand how it affects a family, not just an individual.” It also transformed her view of medicine: “I learned that medicine is not only about diagnosis and treatment but also about compassion and the human connections that support healing.”

After initially qualifying as a radiographer, unemployment forced Dr Maluleka to reassess her future. “I realised that medicine carried a broader scope and a greater capacity to influence the kind of change I wanted to bring,” she says. Encouragement came from a close friend (a nuclear medicine physician), who played a significant role in helping her see that medicine was within reach. Dr Maluleka says, “I had my first child in my fifth year of medical school and got married in my final year. Becoming a mother and building a family while completing my degree strengthened my resilience, sharpened my time-management skills and reminded me daily of what I was working for.”



Her journey through radiography, private practice, the public sector and later the South African Social Security Agency (SASSA) Appeals Tribunal broadened her understanding of healthcare beyond the bedside. The exposure to patients' lived realities, whether in clinics, private rooms or tribunal hearings, made one truth impossible to ignore: there were gaps between clinical intention and real-world outcomes, particularly in women's health.

She also honed her skills in data verification and statistical analysis, enabling rigorous research that can inform the Gauteng district health system and beyond.

The study speaks directly to the realities faced by communities served by Jubilee District Hospital. Hammanskraal's high burden of trauma and maternal emergencies and chronic overcrowding shape daily healthcare experiences. By identifying delays and gaps in clinical pathways, Dr Maluleka's research offers practical solutions: earlier recognition at the primary healthcare level, improved emergency readiness and strengthened diagnostic processes – all essential to reducing preventable complications and mortality.

Her project was recognised as one of the best oral presentations at the 2025 Tshwane Research Conference – a moment she describes as “deeply affirming and humbling”.

Dr Maluleka's message to young women, especially those from rural communities, reflects her experience. “Never allow your challenges to become bigger than your goals. Your voice, your resilience and your dreams are needed. You belong in these spaces.”



# DR MIKATEKO PETUNHA MASWANGANYI

*Rural and Underserved Areas*  
DISTINGUISHED VISITOR AWARD 2025

## Lessons from home

Raised by her late dad and her mother whose resolve became the rhythm of their household, Dr Mikateko Petunia Maswanganyi is using her research on hypertension to inspire a new generation of family physicians.

Dr Mikateko Petunia Maswanganyi was a shy child who preferred books to noise and observation to attention. Raised by parents who modelled strength through circumstance, she learned the values of respect, determination and spirituality early on. "My parents were the main drive in my academic journey," she says. "They encouraged and guided me through".

Her journey from the classrooms of Marholeni Secondary School in Limpopo to the wards of Dr George Mukhari Academic Hospital is marked by an enduring sense of purpose. "My mother is a single parent," she says, "so it taught me to be strong, and I was also groomed to understand respect everywhere I am." It is a humility she carries into her work as the medical registrar in family medicine at Sefako Makgatho Health Sciences University, Dr George Mukhari Academic Hospital and Odi District Hospital, as she balances the demands of patient care, postgraduate study and motherhood.

“Our communities are of poor socio-economic status. **Giving back to them and making a difference to their quality of life are crucial aspects to me.**”

The belief that medicine is both a science and a calling guides her practice. “I thought to myself that it would be great to study medicine because I interact with people, so I will be able to address other contextual issues with them, like the power of spirituality.” Her years as an intern and community service doctor taught her invaluable lessons in perseverance and practical skill. “The early experience was challenging as one needed to learn while working, especially treatment guidelines and different procedures.”

Her education at Sefako Makgatho Health Sciences University (SMU) in Gauteng was “life-changing”. She chose to remain at the institution for both her undergraduate and postgraduate studies, saying, “The training I received has made me a better person and clinician.” Financial challenges initially jeopardised her progress, but a Limpopo provincial bursary allowed her to complete her degree – and, in gratitude, she returned to serve the communities that supported her.

Dr Maswanganyi credits her supervisor as the greatest influence in her professional life, instilling “the spirit of personal and professional development”. But perhaps the most personal source of empathy has come from her own experience as a parent. “My child has a developmental delay,” she explains. “It has inspired me so much that I understand what patients are going through, and it has helped me to always be empathetic.”

Her current research focuses on factors associated with blood-pressure control among hypertensive patients attending a district hospital in South Africa. The study, supported by the Discovery Foundation Distinguished Visitor Award, seeks to understand why so many patients continue to struggle with hypertension despite being on treatment. “During my rotations, I was seeing a lot of patients on treatment with increased blood pressure,” she recalls. “I became curious about the factors associated with blood pressure control.”

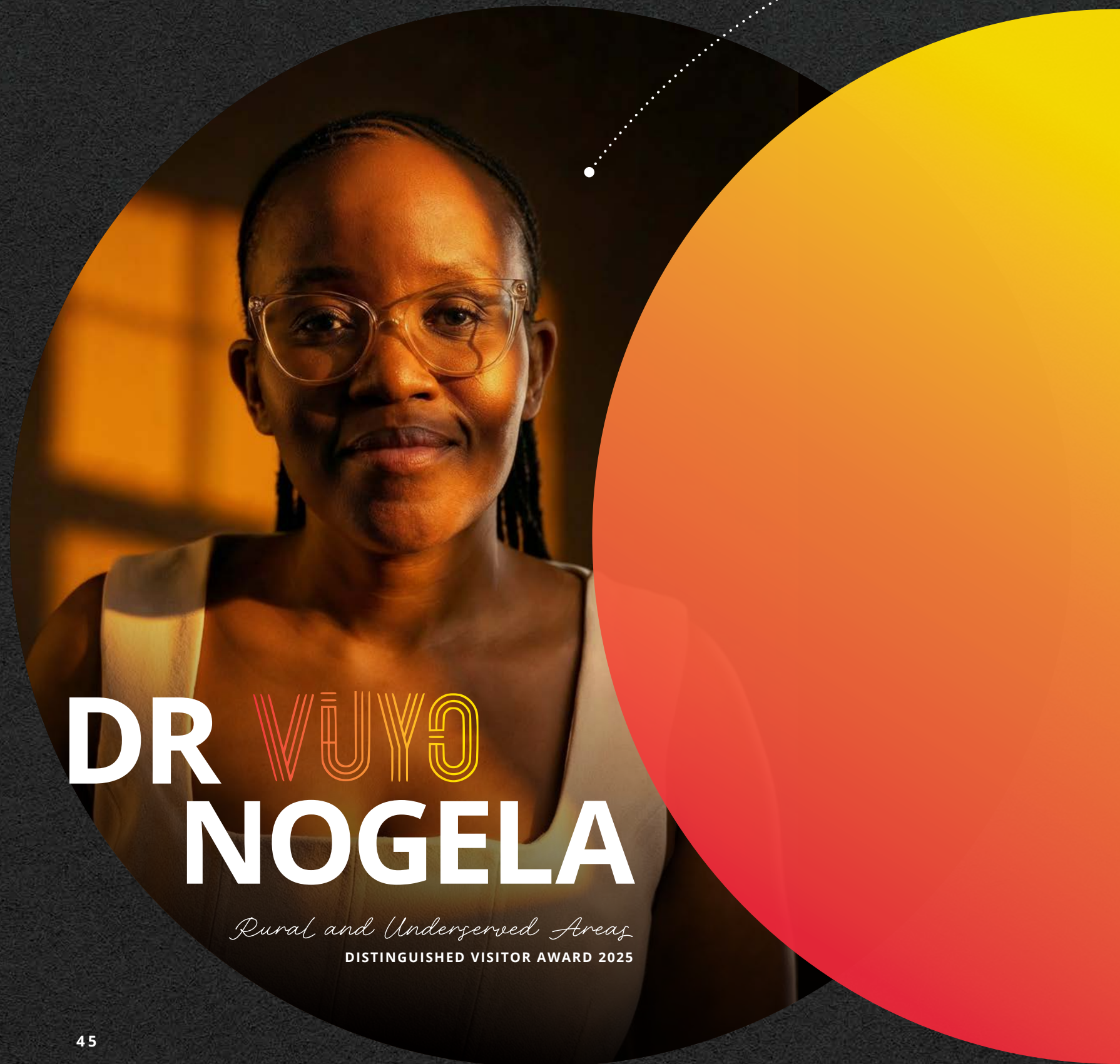
### Advancing hypertension care

Although her research is ongoing, preliminary findings show links between hypertension and lifestyle factors such as body mass index, drug use and co-existing conditions. Dr Maswanganyi hopes that her work will lead to practical solutions for patient care. "With the research findings, patients will continuously be counselled about factors which affect blood pressure control and encouraged to change the modifiable factors," she explains. The Discovery Foundation grant, she adds, "has contributed greatly to the research project. Many things needed funding, for example, a statistician, photocopies and printing of documents, an assistant in data collection, driving to the setting, etc."

At the heart of her work lies a profound sense of community service. "Our communities are of poor socio-economic status," she says. "Giving back to them and making a difference to their quality of life are crucial aspects to me." Her supervisors and colleagues have played an important role in her development. "They've taught me professionalism and to always be ethical in my daily practice," she says.

For Dr Maswanganyi, success is measured not by qualifications but by outcomes. "Seeing the patients who come to the emergency room get discharged later makes me feel fulfilled," she says. Recognition has followed her commitment – she was named Best Employee of the Year in the department she worked in at Mamelodi Hospital – but she remains humble, describing her Discovery Foundation Award as a turning point. "I really appreciate the Discovery Foundation grant. It changed my attitude towards research, and I've become very encouraged about my academic journey."





**DR VUYO  
NOGELA**

*Rural and Underserved Areas*

DISTINGUISHED VISITOR AWARD 2025

“Without accurate data, it becomes difficult to plan services, allocate resources or advocate effectively for the needs of our patients.”

### Shaping the future of paediatric surgery

Growing up in Butterworth in the Eastern Cape, Dr Vuyo Nogela dreamt of bringing healing home. Today, as a paediatric surgery registrar at Frere and Cecilia Makiwane hospitals, she is doing just that – bridging the gap between data and care.

Long before the urgency of surgical calls and operating lights, Dr Vuyo Nogela was a young girl in Butterworth, finding power in books and freedom in climbing trees. “Some of my earliest memories include going to the Butterworth library after school – being dedicated to learning how to read because the older kids grew tired of reading books for me,” she shares. Those afternoons spent playing outside the library and climbing trees “with no fear” sparked the same sense of wonder and determination that continues to drive her today.

Growing up as the second of eleven children also gave her a deep appreciation for community and care. “There’s something grounding about coming from a big family; it keeps you humble and reminds you of what truly matters,” she says. She credits her parents – both teachers – as the bedrock of her values. “They placed tremendous value on education, integrity and service to others,” she explains. “Although they weren’t in the medical field themselves, they encouraged curiosity and perseverance in everything we did.”



Medicine wasn't an obvious path at first. "I always knew I wanted to work in healthcare in some capacity, but I didn't initially picture myself as a doctor," she says. It was her sister who first saw her potential. "My sister is a doctor, and watching her journey inspired me to follow a similar path. After seeing my Grade 11 results, she encouraged me to seriously consider medicine, believing I had both the aptitude and the heart for it." Dr Nogela enrolled at Walter Sisulu University, her only application at the time.

"I did not want to be too far from my comfort zone and only applied to Walter Sisulu University, which was very risky in retrospect. I was happy to be accepted. My experience brought me lifetime friends and played a huge role in truly getting to know myself."

She completed her internship at Newcastle Hospital in KwaZulu-Natal, followed by community service in obstetrics and gynaecology at the East London Hospital Complex. "My community service year in obstetrics and gynaecology was incredibly formative. I often found myself drawn to the neonatal cases, where surgical interventions could mean the difference between life and death."

"That experience opened my eyes to the critical need for paediatric surgical services in the Eastern Cape," explains Dr Nogela. Today, she is a registrar in paediatric surgery at the very same institutions that inspired her.

Dr Nogela's work is both demanding and deeply purposeful. "What keeps me motivated is the opportunity to make a tangible difference in the lives of children who often have limited access to specialised care," she says.

Her research, 'The Scope of Operative Paediatric Surgical Disease in the Eastern Cape, South Africa', supported by the Discovery Foundation Distinguished Visitor Award, is a landmark study addressing a long-standing data gap.

The study, supervised by fellow Discovery Foundation Award recipient Dr Sello Machaea and Professor Milind Chitnis, examines the types and frequency of paediatric surgical conditions treated across the province. "Collecting and analysing this information is important because the Eastern Cape has a unique combination of challenges: vast geography, limited surgical capacity outside tertiary centres and socio-economic barriers that delay access to care," she notes. "By mapping out the operative workload and case patterns, we can start identifying where the biggest gaps are."

### Using research to strengthen rural healthcare

The Discovery Foundation grant has allowed Dr Nogela to focus on data collection, refine her methodology and give visibility to the region's healthcare realities. "I came across a similar study that was done at Chris Hani Baragwanath Academic Hospital (CHBAH). We see such a wide range of paediatric surgical cases, yet there's often very little data to reflect the true burden of disease we manage. I realised that without accurate data, it becomes difficult to plan services, allocate resources or advocate effectively for the needs of our patients. This data set is needed in the Eastern Cape," explains Dr Nogela.

Access to specialist paediatric surgical care in the Eastern Cape remains one of the province's most persistent healthcare challenges. These services are concentrated at Frere and Cecilia Makiwane hospitals in East London, Dora Nginza Hospital in Gqeberha, and Nelson Mandela Academic Hospital in Mthatha. For many families, by the time children get to the hospital, their conditions are frequently more advanced and need urgent or complicated intervention. Reflecting on this reality, Dr Nogela explains, "Some of our patients reach us late, not because their families don't care, but because it can be incredibly hard for them to access timely specialist care."

Dr Nogela hopes that the findings will guide both local and national healthcare planning. "The grant has given this work visibility – showing that meaningful, locally driven research is possible even in resource-limited settings," she continues, "In the long term, I hope this study will not only highlight the needs and strengths of paediatric surgery in the Eastern Cape, but also contribute to a national conversation about equitable access to surgical care for children."

Dr Nogela's mentors have played a key role in shaping her career. "The paediatric surgery teams at Frere and Cecilia Makiwane hospitals have shown me that surgery is as much about patience, teamwork and humility as it is about technical ability." Now, she is beginning to step into the role of mentor herself, guiding junior doctors and medical students.

"Mentorship is circular; the same way others have poured into me, I want to help nurture the next generation of clinicians who will continue improving paediatric surgical care in our region." Her advice to young doctors? "Find what genuinely inspires you and pursue it with both curiosity and patience. Medicine can be overwhelming, but it's also profoundly rewarding when you connect deeply with your patients and the work you do. No one does this journey alone," concludes Dr Nogela.





DISCOVERY FOUNDATION

HEALTHCARE IN  
RURAL AND UNDERSERVED AREAS

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AWARD



# DR JAMES HENRY MARAIS

*Rural and Underserved Areas*  
INSTITUTIONAL AWARD 2025

## From stars to soundwaves

Once a boy who dreamt of the stars, Dr James Henry Marais – known affectionately as Hennie – is helping shape the future of medical education through ultrasound training at Nelson Mandela University Medical School.

When he was a boy growing up in Paarl in the Western Cape, Dr James Marais wanted to be an astronomer. “I loved learning about the stars and deep-space phenomena,” he recalls fondly. “Those interests went into physics and chemistry when I became a teenager, but medicine never really seemed to be part of the equation.”

Today, however, the same curiosity that once led him to study the skies drives his exploration of sound waves inside the human body. As one of the founding lecturers at Nelson Mandela University Medical School, Dr Marais is leading an ambitious research project to strengthen ultrasound training for undergraduate students completing their district hospital rotations in the Eastern Cape. The initiative, supported by the Discovery Foundation Institutional Award, aims to bridge a crucial skills gap in diagnostic imaging across rural healthcare facilities.

"I grew up in a Christian home, and we were frequently involved with church outreach activities," says the 34-year-old father and husband. "That's where my desire to help others most likely came from." He remembers those formative experiences as central to developing his empathy and sense of duty – values that now inform both his clinical and teaching practice. "At that stage, we didn't really have a lot of doctors in the family, so it was a completely new journey for us. My parents were very proud," explains Dr Marais.

Not initially certain that medicine was his path, Dr Marais admits it took time for clarity to emerge. "Seeing so many people who weren't as fortunate as I am created a deep desire to be able to help them. Medicine was probably the most direct way I could think of helping people. But it was only after the first two years of studying that I thought God was telling me I am in the right place."

After earning his MBChB from Stellenbosch University, he completed his internship at Ngwelezana Hospital in KwaZulu-Natal and community service at Laetitia Bam Community Health Centre in Uitenhage. Those early experiences, particularly during the height of the COVID-19 pandemic, shaped his commitment to service. "Working in the ICU during COVID taught me the value of teamwork, adaptability and humility," he says. "It also made me deeply aware of the disparities in healthcare access."

Dr Marais's professional path has blended clinical practice, teaching and innovation.

“I chose medicine not because I believed I could cure everyone, **but because I wanted to ease their suffering.**”

Before joining Nelson Mandela University, he served as a medical officer in surgery and intensive care at Livingstone Hospital, later becoming an accredited ultrasound instructor through the Emergency Medicine Society of South Africa (EMSSA). He has since coordinated short courses in ultrasound in Gqeberha, Cape Town and Johannesburg – a hands-on approach that now forms the foundation of his institutional research.

His project explores how undergraduate students can build competence in ultrasound while rotating through hospitals in the Sarah Baartman District, from Graaff-Reinet to Port Alfred. "Students spend six months in these hospitals in their final year," he explains. "Many of the doctors there are already skilled at ultrasound, but there's a need for structured training so that both students and clinicians can benefit. The Discovery Foundation grant makes this possible by funding equipment, training resources and mentorship."

### The power of ultrasound in learning

The programme is designed to not only enhance diagnostic capacity in under-resourced facilities, but also strengthen the learning experience for students who will eventually serve in similar environments. "It benefits everyone – the hospitals gain capacity, and the students gain confidence," he says. "Our hope is to build a sustainable model that can be replicated across other medical schools."

For Dr Marais, teaching is not just about technical competence; it's about inspiring curiosity. "I love when students start to connect the dots between what they see on the screen and what they feel," he says. "That moment of discovery is what keeps me passionate about education."

Beyond ultrasound, he has also contributed to several research projects, from co-infection rates in patients with COVID-19 in the ICU to using AI in simulation so students can practice leading a consultation. His interest in practical innovation is clear – from experimenting with 3D-printed medical tools to improving data systems in the Eastern Cape. "I've always believed that small, cost-effective innovations can make a big difference, especially in resource-limited settings," he notes. Despite his growing profile, Dr Marais remains grounded in gratitude.

His humility and openness to learning have earned him respect among students and colleagues alike.

Looking ahead, he plans to pursue an MPhil in Medical Education at Stellenbosch University, deepening his research into how medical students learn in rural contexts. His long-term vision is to integrate ultrasound and innovation more deeply into undergraduate curricula nationwide. When asked what success looks like, his answer is simple: "It's when a student I've taught uses ultrasound confidently to make the right diagnosis and save a life. That's when I know this work matters."

Balancing clinical work, teaching and research is a demanding undertaking, and Dr Marais is quick to acknowledge the support that makes it possible. His wife, also a doctor, shares the intensity of the profession, which brings both understanding and solidarity. "We are both pretty busy, but it helps that we understand the workload and expectations we have to deal with," he explains. Emotional support comes through listening, encouragement and teamwork, and their wider circle has been just as essential. "We would not be able to do what we do and raise our child without the support of colleagues, friends and our parents," he says. From studying galaxies to mapping arteries, Dr Marais has found his own kind of cosmos – one built not on stars but on soundwaves, where each scan tells a story of care and connection.

A portrait of Prof Gert Marincowitz, an older man with long, wavy, light-colored hair and a beard, wearing round glasses and a patterned blazer over a dark shirt. The background is a warm, golden-brown color. A white curved line is visible on the right side of the portrait.

# PROF GERT MARINCOWITZ

*Rural and Underserved Areas*

INSTITUTIONAL AWARD 2025

## A life of **service and compassion**

As head of Medicine at the University of Limpopo and Mankweng Hospital, Professor Gert Marincowitz is now in his third year of Discovery Foundation support and continues to transform the face of palliative care in Limpopo.

Ask Professor Gert Marincowitz what keeps him motivated after forty years in medicine, and he'll answer without hesitation: "Being able to make a difference in people's lives." For decades, he has dedicated himself to ensuring that patients in Limpopo not only receive treatment but are also seen, heard and comforted – even in their final days. "That is why palliative care is so important."

"In the public sector, you can really make a difference to many people," he says. "I love the interactions with ordinary people; patients and colleagues alike." As associate professor and head of the Department of Medicine at Mankweng Hospital and the University of Limpopo, Professor Marincowitz has long been a champion of compassionate, relationship-driven care.

His consistent dedication to improving health outcomes in South Africa's most rural province has earned him the Discovery Foundation Institutional Award, marking his third time being recognised by the Discovery Foundation for his life-changing work in palliative care.

At the heart of his philosophy lies a belief that technical expertise must be matched with empathy. "I feel the most important things we need to improve are good communication and a positive, compassionate attitude," he explains. "In modern medicine, we are very focused on the correct technical aspects of management, and we tend to forget the importance of building relationships through communication and caring. People respond better when they feel valued."

“ We managed to train **470 health workers** from **20 different hospitals** in our province. ”

With the support of the Discovery Foundation, Professor Marincowitz's most recent project – the expansion of quality palliative care in Limpopo – has reached remarkable milestones. “What we managed to achieve during the past three years was to train 470 health workers from 20 different hospitals in our province,” he says proudly. “The course we presented is the APCC-accredited (Association of Palliative Care Centres of SA) five-day ‘Introduction to palliative care for health workers’ course.”

These trainees have since formed interdisciplinary palliative care teams at their respective hospitals, championing a culture of compassionate care within their communities. “There’s a long way to go,” he admits, “but we have made a good start.”

The project's greatest success, however, may lie in the ripple effect it has inspired. “The biggest breakthrough was that several of my junior colleagues also became very motivated about palliative care and even furthered their studies in it,” he notes. “I also see every hospital where we managed to establish active interdisciplinary palliative care teams as a breakthrough.”



Still, implementation needs patience and persistence. "Training is just the first drop. After that, the process must be mentored and nurtured. It's important to get a strong project leader at each site who can maintain the process of implementation."

For many patients in Limpopo, access to palliative care has been limited. "We address the gaps through training and motivating health workers to communicate with their patients, breaking the bad news compassionately and providing effective symptom relief," Prof Marincowitz explains. Collaboration has also been essential. "We are working with a non-governmental organisation providing palliative care that assists in bridging the gap from hospital to community, and works alongside community health workers," he adds.

The results speak for themselves. "The 470 health workers we trained benefited by gaining knowledge, and the patients they are caring for are benefiting from improved care through interdisciplinary teams." He smiles at the progress, describing palliative care as "family medicine on steroids", a phrase borrowed from a colleague that captures the depth and intensity of the work.

But Prof Marincowitz doesn't want the training to end with him. "I have three colleagues – two in my department and one in management – who are well trained in palliative care and will make sure the process continues," he says.

He hopes to go even further. "We hope to develop the subspecialty for palliative medicine to be an accredited course at the University of Limpopo," he adds. "This will promote ongoing training in palliative care within the province and develop more leaders in the field." Mentorship, too, is key to his outlook. "By mentoring young people, I feel I can make sure that the work I've started can continue and develop more in the future," he explains.

As he reflects on what he hopes to leave behind, Professor Marincowitz's words echo his life's purpose: "Caring, compassionate and kind healthcare workers. Quality healthcare for rural people in district hospitals and primary care through training family physicians based all over our province."

Behind the professional accolades lies a lifelong partnership rooted in shared purpose. "I have lots of support from my wife," he says with warmth. "We have been in this together for more than 40 years! My wife is also a family physician who has worked in rural clinics all her life."

That enduring support system has anchored Professor Marincowitz throughout a career of service and study, shaping not just his outlook but his understanding of what sustainable healthcare needs: teamwork, mentorship and the courage to care deeply.

Even after decades of service, his energy is undiminished. "So far, no retirement in sight," he says with a laugh. And perhaps that's fitting – for someone who has dedicated his life to helping others, the work of care, compassion and connection never truly ends.



# DR RIHAGWELE MUKHININDI

*Rural and Underserved Areas*

INSTITUTIONAL AWARD 2025

## Collaboration in action

At Lebowakgomo Hospital in Limpopo, Dr Rihangwele Mukhinindi is leading a groundbreaking movement in cancer awareness, screening and palliative care in the region.

As the only family physician at Lebowakgomo Hospital, Dr Mukhinindi oversees 17 clinics serving some of Limpopo's most underserved communities. Her focus – developing cancer awareness, screening and palliative-care training for healthcare workers – has become a lifeline for hundreds of patients and professionals across the province.

“Since receiving the first Discovery Foundation grant, the project has grown tremendously. What began as a small initiative to train a handful of healthcare workers in basic cancer screening has now evolved into a structured programme reaching multiple facilities across Capricorn and some other districts in the province. I realised that the need was far greater than we anticipated, and with each life impacted, the sense of purpose only grew stronger.”

That sense of purpose has been the heartbeat of her journey. Dr Mukhinindi grew up in Venda, her future career shaped by early experiences of long waits to see a doctor and inspired by her parents' determination. Her late mother remains her moral compass. “My mother was a Christian; to her doing your best was the only right thing. She believed in working hard and would always say, ‘Do what makes you sleep well at night’. And I do sleep well at night,” she asserts fondly. “Her death was very sudden, but I believe she would have been proud to see all the work I have done.”

After initially training as a nurse, Dr Mukhinindi went on to qualify as a medical doctor, specialising in Family Medicine at the University of Limpopo. Her career path was anything but linear, but each detour gave her a deeper understanding of patients' needs and the value of holistic, empathetic care.

To date, she has trained more than 100 healthcare professionals across Limpopo in cancer screening and palliative care – an achievement that has shifted both practice and perception.

“The most rewarding change has been the shift in mindset among healthcare professionals. Many now approach every consultation with cancer awareness. They have become more confident in recognising early warning signs, initiating screening, and providing palliative support when needed. As a result, we’re seeing earlier diagnoses and fewer patients presenting at advanced stages of disease.”

For Dr Mukhinindi, the Discovery Foundation grant has been more than a source of funding; it has been an instrument of legitimacy and momentum. “The Discovery Foundation grant has been a cornerstone of this project. It has enabled us to conduct more training sessions, purchase screening materials and extend our programme to new districts.”

Beyond financial support, the grant has provided credibility – opening doors to new partnerships and local government collaboration. She adds the University of Limpopo’s Family Medicine Department “has been instrumental in academic guidance and capacity building”.

The results are tangible. “A major milestone was integrating cancer screening into the routine services of several district hospitals and primary healthcare clinics. For the first time, cervical and breast cancer screenings are done as part of routine checkups rather than special events. We also introduced palliative care mentorship sessions, which created a supportive space for healthcare workers to discuss challenges and learn from one another. There are monthly palliative care meetings that have started in the province.”

“This is my second time receiving a Discovery Foundation Award. The initial success stories of patients diagnosed early and referred for timely treatment motivated me to continue.”



### **A champion for collaboration**

These achievements stem from Dr Mukhinindi's ability to unite professionals across disciplines. "One of the most significant outcomes is the collaboration it has fostered across disciplines. Nurses, doctors and community health workers now work together to identify, screen and support cancer patients. The culture of silence around cancer has started to change both among healthcare providers and the public. Communities are now asking for cancer talks and screenings, which is a huge step forward for rural health awareness."

Such collaboration is vital in a region where misconceptions about cancer persist. "A common misconception is that cancer is always a death sentence or that it's caused by witchcraft. These beliefs discourage people from seeking help early. Through community engagement, we've been able to dispel these myths and replace fear with knowledge."



Community health workers play an indispensable role. “Community health workers have been the backbone of our outreach. They bring health education directly to people’s homes, bridging the gap between the clinic and the community. They are trusted figures who can communicate in local languages and identify potential symptoms early.”

For Dr Mukhinindi, however, the impact extends beyond patient statistics. “For patients, it has brought hope and dignity. Many now receive earlier diagnoses and more compassionate care, while families are better supported through palliative interventions. For colleagues, it has fostered confidence, purpose and support from each other. They see themselves not just as healthcare providers but as advocates for cancer awareness and humane care, and they can debrief with others.”

Her motivation remains unshaken despite the pressures of public-sector medicine. “Training builds confidence, competence and compassion. Without the right knowledge and skills, even the most dedicated healthcare workers can miss critical signs of disease. Continuous training ensures that early detection becomes part of everyday practice – not an afterthought. It also empowers healthcare workers to educate patients and communities, creating a ripple effect of awareness.”

Dr Mukhinindi’s ultimate ambition is both bold and deeply grounded: “My ultimate vision is for every health facility in Limpopo – no matter how small – to have a trained team that can provide cancer screening, early diagnosis and basic palliative care. I see the project expanding into a province-wide network of cancer-aware facilities, guided by local champions who sustain the momentum even beyond our direct involvement.”

Her story ends not with triumph but with humility. “This work is a collective effort – proof that when communities, health workers and partners come together, even the most complex health challenges can be met with hope and progress.”

What keeps her going despite the challenges? “Every life saved, every patient comforted, reminds me that meaningful change is possible within the public system. I’m motivated by the belief that rural communities deserve the same quality of care as anyone else in South Africa.”



## Ubuntu in action

Blending scholarship, service and social conscience, Professor Mergan Naidoo is driving one of South Africa's most significant reforms in medical education.

Professor Mergan Naidoo is an associate professor in Family Medicine at the University of KwaZulu-Natal and head of the Clinical Unit for Family Medicine at Wentworth Hospital. His journey to becoming a national leader in the discipline was shaped in the turbulence of apartheid-era Pietermaritzburg. It was a setting that forged both his worldview and his early commitment to justice and equity.

School proved a launch pad. "I attended a public school and was fortunate to have outstanding teachers who nurtured my curiosity and discipline," says the multiple Discovery Foundation awardee. "In 1983, I was ranked among the top 10 matriculants nationally and represented South Africa at the International Youth Science Fortnight Olympiad in London after performing very well in the National Science Olympiad." Early on, the impulse to share knowledge was unmistakable: "I found joy in teaching and helping others learn. This natural inclination towards mentorship and service eventually evolved into a lifelong passion for medicine, education and leadership in healthcare."

Family support carried him through the rigours of medical training. "My parents were overjoyed when I was accepted into medical school. I was fortunate to receive funding from the then University of Natal, the Harry Oppenheimer Foundation and the South African Medical Scholarships Trust." Professor Naidoo is one of four siblings, two brothers and a sister. That sense of togetherness has been a "grounding force" throughout his life. Years in rural practice were formative. "In these settings, I witnessed firsthand the strength of people who faced illness within limited-resource environments. Family medicine naturally embodies the spirit of ubuntu: 'I am because we are.'"

Rural service gave that purpose its shape: “I spent over 13 years in Greytown, a rural community in KwaZulu-Natal, where community-focused initiatives took root,” he explains. “I became actively involved in local health promotion initiatives, cofounding the Greytown Feeding Project, which continues to support vulnerable families today.” These experiences crystallised a philosophy of social accountability that still underpins his work.

A true generalist scholar, Professor Naidoo’s postgraduate path reflects a whole-person approach to care and training. “My postgraduate journey has always reflected my identity as a generalist. Each area of further study – sports medicine, maternal health, HIV medicine, emergency care and health professions education – has deepened my appreciation for the interconnectedness of health and the importance of lifelong learning.”

Professor Naidoo has earned several significant national and international honours marking key stages of his growth as a clinician and academic leader. “Among the most meaningful are the Discovery Foundation Awards,” he says – accolades recognising his PhD research, the Caesarean Delivery Safety Checklist, advances in rural emergency medicine and, most recently, the EPA4FM-SA project.

The Discovery Foundation’s backing has offered “both resources and recognition”, helping transform ideas developed in rural hospitals into innovations that strengthen clinical governance.

Another milestone was the Foundation for Advancement of International Medical Education and Research (FAIMER) International Fellowship, which broadened his global outlook and reinforced his commitment to evidence-based education and social accountability. Yet, he stresses, these honours are collective achievements: “They represent the hard work of colleagues, students and health professionals across South Africa who share a common vision: to deliver excellent, compassionate and equitable care.”

Professor Naidoo’s commitment to the public sector is unwavering. “I have dedicated the past 35 years of my professional life to the public health sector,” he says “because it is where every small improvement can transform countless lives.” Family physicians, he argues, help bridge systemic gaps: “Their presence strengthens multidisciplinary teamwork, enhances clinical governance and ensures that care is both safe and person-centred.” Policy must follow suit: “Prioritise the expansion and strategic deployment of family physicians and make sure training programmes emphasise real-world competencies.”

“The Discovery Foundation’s grants are not only about funding research; **they are about amplifying impact.**”

### Inside the EPA4FM-SA project

These convictions are the reason why the national EPA4FM-SA project received the Discovery Foundation Award. Entrustable Professional Activities (EPAs) are clearly defined, observable tasks or responsibilities that a trainee must be able to do independently and safely once they have shown sufficient competence. The framework “aligns 22 family medicine EPAs with South Africa’s five national unit standards, ensuring that registrars are assessed in ways that truly reflect real-world competence.” Technology is crucial: “The introduction of a national electronic Portfolio of Learning (Scorion) has been pivotal.”

The Discovery Foundation’s backing has accelerated the project’s national reach. “The support has been catalytic, convening academic leaders, registrars and health managers nationally and beginning to develop a national benchmarking system for registrar performance.” Prof Naidoo’s view is characteristically practical: “The Discovery Foundation’s grants are not only about funding research, but also about amplifying impact.”

As Prof Naidoo explains, “The 22 EPAs make sure that registrars are trained and assessed across the full spectrum of clinical and leadership responsibilities relevant to district hospitals.” At Wentworth Hospital in Durban, the effect is tangible: “The framework promotes direct observation, timely feedback and structured reflection, creating a shared language of competence that strengthens quality and teamwork.”

The larger purpose is clear: “EPA4FM-SA is more than an education project – it is a national change initiative that links training excellence to service improvement and, ultimately, to better health outcomes for all South Africans.”

Prof Naidoo notes that his career has always been driven by purpose, but it is his family that grounds him. Their patience, encouragement and understanding, he says, “have allowed me to give my best to the many roles I hold”.

His children are now adults – one living abroad and two in Cape Town – yet the family remains closely connected through technology and longstanding traditions. Their achievements and independence “continue to inspire me,” he reflects, serving as a reminder of the importance of balance and gratitude.

