

Sharing Health Professionals with the World

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Some small personal history





Introduction

● Problem statement

- Unmanaged migration of health professionals from developing to richer countries has increased (not exodus in SA context)

● Challenge Statement

- Develop recruitment & retention programmes that are relevant to managing health professionals
- Put in place mechanisms to manage exchange of skills & knowledge – regional/international



Philosophical Issues

- Affordability and access
- Rural or poverty?
- Societal benefit from a public good
- Developmental approach to health care
- Do the poor see health as a market?
- Does social justice apply to health care?



Challenges

- Strengthening education base
- Making health system sustainable
 - Financing
 - Management
 - Responsive to people's needs
- Improving social conditions
- Reduce dependence of wealthy healthy systems on poorer health systems for skilled human resources
- Competition from other careers



SA experience pre- & post-1994

- Increasing supplier even before 1994
- Scarce resource trained at great expense
- Commodification of health professionals – unlimited resource pool buys the best product in ‘international market’
- Doctor supply to Australia, NZ & later to UK, Canada and US (socio-cultural ties)
- Nurse supply mainly to Saudi Arabia but later UK – most favoured destination



Health Policy Issues (1)

- Segregated hospital-centred system pre-94
- Majority were excluded and had little access to health care
- Post-'94: expand access & care for the poor:
 - Transformation policies & new Health Act
 - 10-point plan – including restructuring support services, improving resource mobilisation and improving human resource planning, development and management
 - Cost of care issues: dispensing by doctors, single exit price for drugs, medical insurance reform etc




Health Policy Issues (2)

- Human Resource Strategy (Pick et al 2001)
 - Primary Health Care approach
 - Impact of migration of professionals
 - Creation of mid-level health worker categories
- Policy measures to address doctors
 - Limited private practice (pre-1994)
 - Major health sector salary adjustments in 1996
 - Remunerated Work Outside Public Sector (post-94)



Health Policy Issues (3)

- Planning for medical workforce in isolation to broad health workforce will not work
- Erosion of the power of medical doctors is reality – difficulty to adjust
- ‘Market’ forces have to be considered without destroying ethos of health care
- Health care – specialized sector therefore expensive, eats into national fiscus



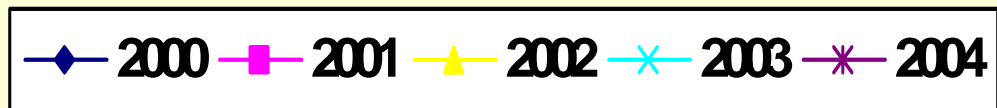
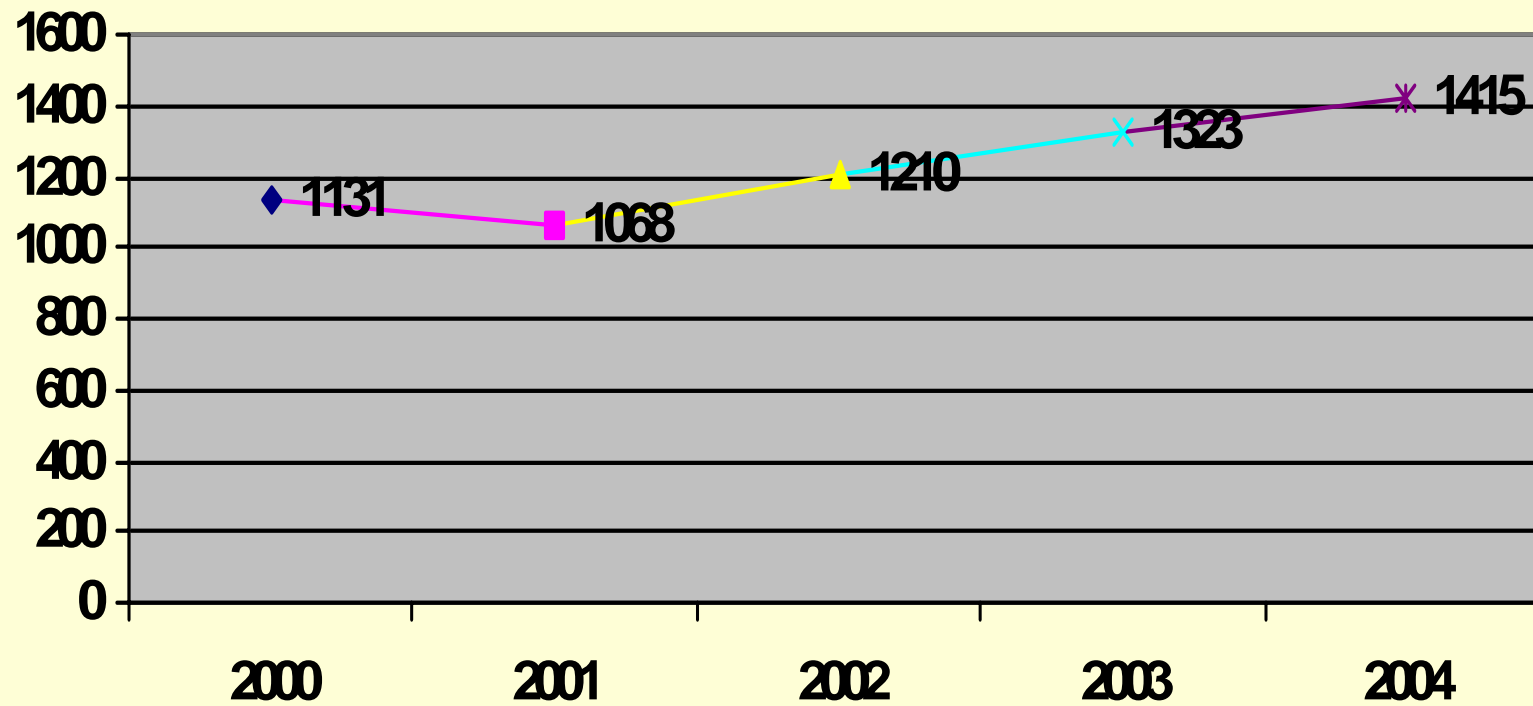
Education and Training

- Eight medical schools in South Africa
- About 1200 qualify each year – no major increase since 1996
- Spending R1.2 billion 2004/5 financial year
- Lack of interface between academics & policy planners
- Increase in African intake & change profile of recruits
- Debate on curriculum change & internship training



Education & Training Issues

- 2-year internship + 1 year community service
- 4 year versus 5 year undergraduate training
- Review of scopes of practice – rural health workforce
- Continuing Professional Development -
?outcomes and impact
- Impact of more women doctors on training & service delivery – specialist training
- Impact of technology - ?erosion of clinical and social skills if not properly balanced





Current Strategies

- RWOPS – serious challenges
- Commuted overtime
- Scarce Skills and Rural Allowance
- Health Facilities Revitalisation Programme
- Health Technology Policy
- Modernisation of Tertiary Services



Current strategies (2)

- Bilateral agreements e.g. with UK
- Capacity building programmes e.g. Belgium
- Training in specialized fields e.g. Cuba
- Undergraduate medical education e.g. Cuban programme
- New categories e.g. medical assistants
- Modified roles e.g. multi-skilled PHC nurse
- Recruitment restrictions e.g. SADC protocol
- Training assistance – reserved spaces for neighbouring countries (under & post)



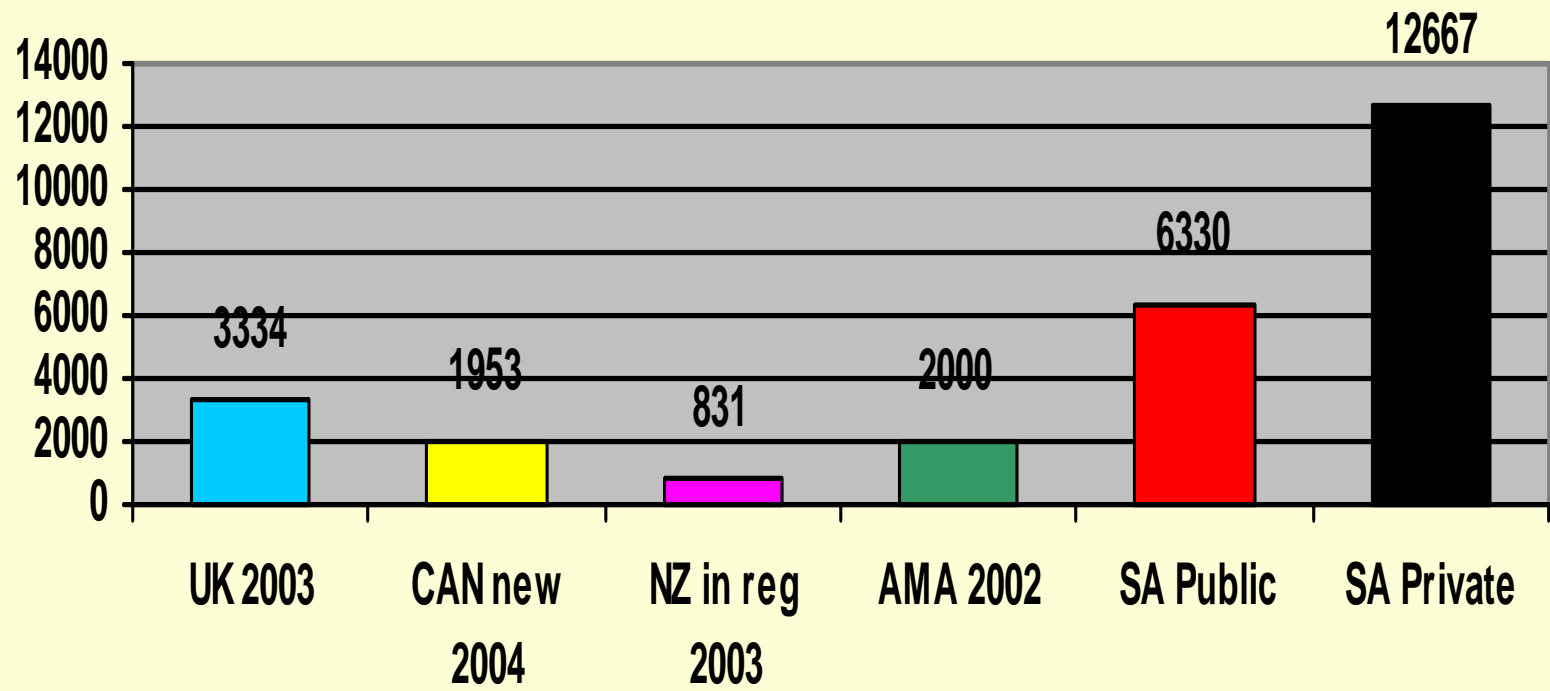
Factors Influencing Migration

- Push & pull factors (several studies - Borat et al 2001; Mattes & Richmond 2002; Doherty & Joffe 2003, OECD 2003)
- Economics at the root as major factor
- Major socio-economic issues - should never forget that our government inherited a very traumatised society riddled with poverty
- Changed influence of medical profession in the allocation & utilisation of health resources
- DoH concern de-skilling of nurses in host countries



Impact of Migration

- Increasing levels of vacancies with loss of the most skilled and experienced
- Increased burden on those left behind
- Undermining of ability to fight against increasing disease burden
- Stripping of academic sector – loss of experience to private sector & less new entrants

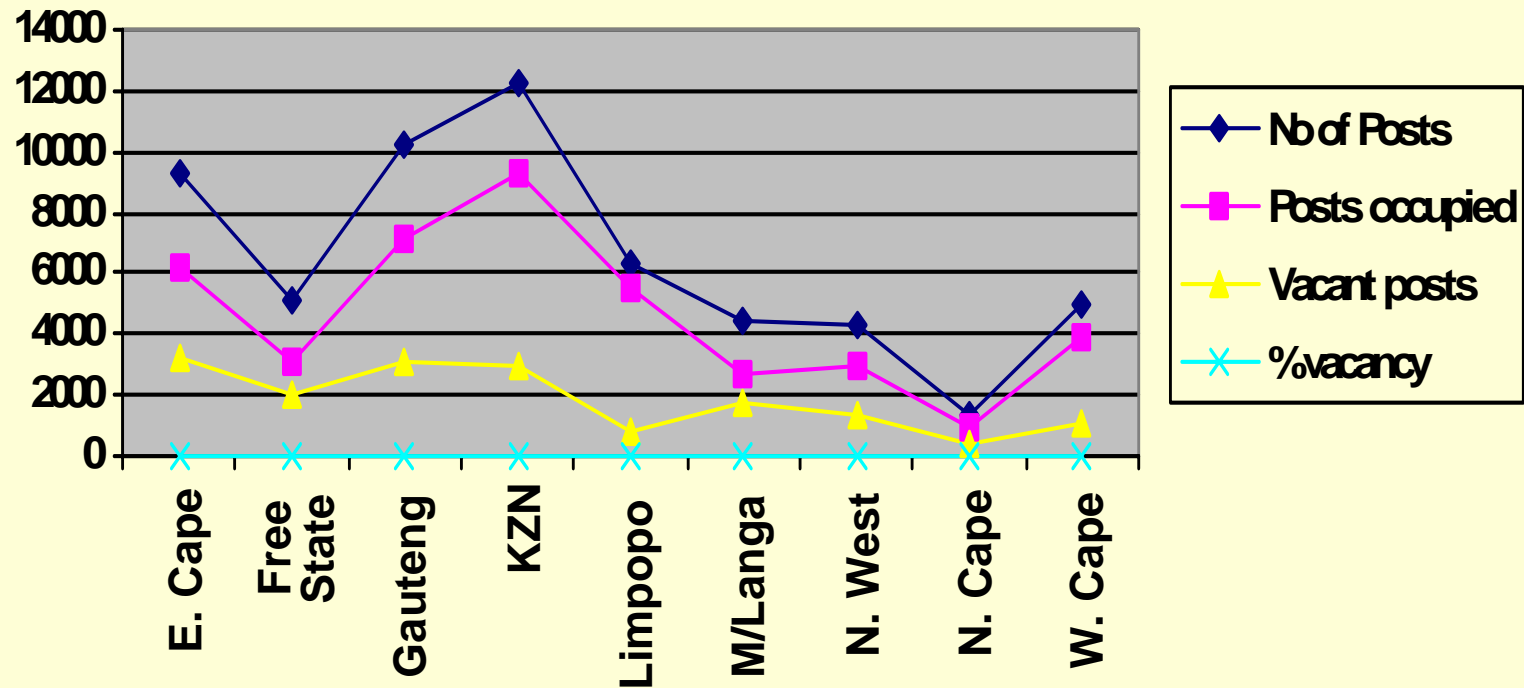


■ UK 2003
 ■ CAN new 2004
 ■ NZ in reg 2003
 ■ AMA 2002
 ■ SA Public
 ■ SA Private

Vacancy statistics for category: professional nurses – July 31, 2004

Province	Number of Posts	Posts filled	Posts vacant	%
Eastern Cape	9 343	6 163	3 180	34
Free State	5 153	3 159	1 994	39
Gauteng	10 259	7 152	3 107	30
KwaZulu-Natal	12 257	9 332	2 925	24
Limpopo	6 338	5 563	775	12
Mpumalanga	4 447	2 644	1 803	41
North West	4 373	2 993	1 380	32
Northern Cape	1 311	959	352	27
Western Cape	4 922	3 859	1 063	22

Professional Nurses – 31/07/2004





Planning for the Future

- Review of HR Strategy to inform the Country Plan
- Student selection issues
- Deal with major challenges – major disease burdens e.g diabetes, hypertension, TB, HIV
- Improve conditions of service & especially management of human resource
- Embracing multi-stakeholder policy development / implementation



HR Strategy

- Must deal with health system needs
- Must take realities into consideration
 - Background of student no guarantee
 - Technology changing the face of medicine
 - Human aspirations – comfortable life
 - Teams better than individual professional approach
- Must be futuristic, dynamic & embracing but firm and focused




Prospects for the Future

- Economic constraints – striking the balance as a developmental state
- Prohibition of active recruitment – MOU's currently limited to public health sectors
- Future regional workforce-planning instruments:
 - Deans of Medical Schools Network
 - Health Statutory Councils Network



Challenges

- Planning – regional developments
- Economic development to fund health, education, social welfare etc
- Data & Information systems - appropriate use for planning
- Definitions & reliability of statistics
- Move from migration to exchange of professional skills & knowledge



Possibilities for mutual benefit

- Use overseas exposure as an incentive for young health professionals in public sector – (initiative in collaboration with Dr Anthon Meyer, South African working in Manitoba, Canada)
- Exchange of skills & knowledge:
 - Senior academic & management levels
- Funding of targeted areas of capacity building:
 - Health Systems Research, Hospital management, Biotechnology, Post-graduate training etc

Visit South Africa: Blyde River Canyon



09/10/2004

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Thank you / Enkosi

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