

## **Sharing Health Professionals with the World**

### **A South African Perspective on Global Health Workforce Issues**

#### **Summary:**

Despite human resources being one of the most researched areas and almost everyone having an opinion on how to manage them, it remains a major challenging area for those who have to manage national human resources. Could this signify that we struggle to manage ourselves especially the highly skilled of the human race?

In my paper I aim to bring another perspective – that of a country, which with meagre resources has found itself supplying skilled health professionals to the developed world despite its huge health burden. The challenge of human resources for health care poses a serious challenge for the health systems of many countries in the world. It presents in as many facets with the most recent being the commodification of health professionals. The one who offers the highest price and is satisfied with the quality is almost guaranteed to acquire the product. As health professionals many of us place ourselves on the international market to maximise our gain mostly based on self-interest than for altruistic reasons. Some see this as a departure from the caring ethos that health professions are premised on.

South Africa has in recent years experienced a loss of health professionals to countries like Australia, New Zealand, United Kingdom, Canada and to a lesser extent United States of America. Several studies (e.g. Bhorat et al 2001; Mattes & Richman 2002; Doherty & Joffe 2003) have been conducted analysing the causes and various factors impacting on migration. Almost all these studies acknowledge that the democratic had from an early start faced an uphill battle in transforming health services. This included addressing all related human resource issues in health specifically the responsibility to create better conditions for doctors and nurses to stay within the system. The vast majority of our health professionals and specifically medical doctors and nurses remain in the country. An increase in the number of migrants does not mean that we are left with no doctors or nurses at all. However this has a serious impact on our health services.

In 1996 the National Department of Health therefore approached this challenge as a broader health systems matter. The White Paper on Transformation of the Health System (National Department of Health 1996) was adopted as a blueprint for addressing the various aspects of the health system including the challenge of human resources. A 10-point plan was developed and prominent among these was the need to restructure certain support services, improving resource mobilisation and improving human resource planning, development and management.

The subsequent human resource strategy (Pick et al 2001) emphasised the need to re-evaluate the country's approach to training of its health professionals and creation of new cadres to plug the gaps. This had to take into consideration the Primary Health Care approach through the District Health System adopted by the country. It noted the impact of migration of medical doctors on the health services that South Africa had to provide to its population. It is important to note that migration of medical doctors has long been recognised in my country as a major factor even before 1994 when South Africa freed itself from the apartheid system. What has brought more focus to the

challenge of migration has been the rapid increase in the number of nursing professionals taking up employment particularly in the United Kingdom and Saudi Arabia. Although there is still no very accurate reliable information system to monitor the migration rates, the department uses other methods to estimate the flows. However it is the combination of doctors and nurses leaving our health service that is putting a big strain on those remaining behind, impacts on the quality of services and puts pressure on health science faculties for increased production.

Being a less developed country than those we lose our professionals to, we are unable to compete as our professionals earn more and sometimes have better working conditions in the host countries. Migration on its own is a centuries old phenomenon. During colonial times western trained doctors migrated to the colonised countries to render services to the colonial master communities and ultimately some countries like South Africa established own institutions to train health professionals. As a country we now boast of producing internationally renowned health professionals especially medical doctors and nurses. In line with our democratic constitution we recognise the right our citizens have to determine their futures and freedom to move all over the world.

The department's approach is therefore to find ways of better managing the situation than to put in place drastic measures to stop the movement of health professionals. In this paper I share what strategies we have put in place and what our long-term strategy is to address the challenge. I also share in the paper the actual quantification of what we are faced with in terms of how many we train and how many vacancies we end up with as a result of various kinds of migration. These range from production – affecting medical schools and other education institutions – to development and management.

Ultimately we acknowledge that proper management of this major challenge must result in developing countries that train doctors not suffering. Their health systems must not suffer – recruitment must not be done to the detriment of people in less developed economies. Host countries have a responsibility and through joint cooperation this can be managed better.

*Dr Percy Mahlathi  
Deputy Director General: Human Resources  
National Department of Health  
South Africa*