

# IS THERE A DOCTOR



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The South African healthcare sector is facing a dearth of high-level healthcare skills. Rural areas and state hospitals are the hardest hit. There are more than 4 000 doctor vacancies in the public sector and medical schools continue to train the same number they did in the 1970s. Even more baffling is that policy makers are still insisting on capping the number of doctors from other African countries at 5%. The global average is 25%<sup>1</sup>.

## HEALTHCARE IMBALANCES AND SKILLS SHORTAGE

The egregious inequities in South Africa's healthcare are the result of the legacy of apartheid. Gilson and McIntyre concludes that, despite policy efforts, inequities in healthcare access remain and exacerbate

underlying challenges, such as poor perceptions regarding the quality of publicly provided healthcare and the influence of insurance status on utilisation patterns<sup>2</sup>.

## THE RURAL AND URBAN DIVIDE

The gross disparity is pronounced in urban and rural healthcare facilities. Figures for specialists per million people demonstrate that a skewed trajectory is ballooning towards the wealthy provinces of the Western Cape and Gauteng (see Graph 1).

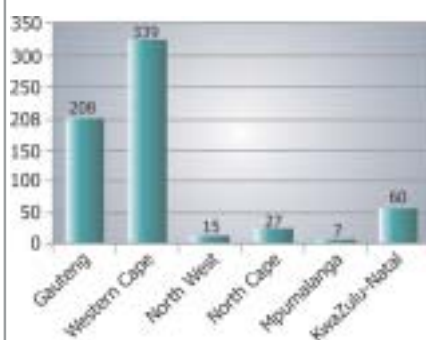
These two provinces are respectively 11% and 3% rural, yet they consumed over 80% of the country's resources in 1999. Mpumalanga (60% rural) had seven specialists, North West (66% rural) 15 and the vastly populated KwaZulu-Natal (66%

# IN THE HOUSE?

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**GRAPH 1: SPECIALISTS PER MILLION UNINSURED POPULATION (URBAN vs RURAL PROVINCES)**



Source: Van Rensburg & van Rensburg, 1999<sup>1</sup>

rural) had 60 in the same period.

In March 2008, Mpumalanga had a doctor vacancy rate of 54%, significantly higher than the national average of 37%<sup>3</sup>. Despite having the largest health professional production capacity in Africa, SA has ended

up with a massive shortage of clinical staff in the public sector and an even more dire need in rural areas.

Meanwhile, demands on the healthcare system are rapidly escalating because of the quadruple burden of diseases plaguing the country. Marszalek and De Villiers, in a retrospective study of hospital admissions over a three-year period, presented depressing data of morbidity distribution reflecting that lifestyle, alcohol, and violence-based illnesses and infectious conditions such as HIV/Aids and multi-drug tuberculosis are taking root in SA<sup>4</sup>.

## PRIVATE VS PUBLIC

Based on the number of medical scheme members (the biggest end-users of private hospitals) in SA, 73% of GPs work privately,



servicing the seven million plus medically-insured population. This leaves out a big chunk (82% of South Africans) to the care of only 27% of the doctors<sup>5</sup>.

However, this is a rather simplistic view of the private healthcare utilisation figures, as more and more uninsured patients visit private providers. Even though the number of the medically insured has remained stagnant for many years, the 2007 General Household Survey shows the number of the healthcare-seeking population opting for private healthcare to have increased to 42% representing about 15 million South Africans<sup>6</sup>.

The shortage of skills also adds a cost burden on private healthcare. Mike Schüssler, in his analysis of private hospitals expenditure and revenue, reports that staff alone accounts

for more than 70% of private hospital's expenditure<sup>7</sup>.

Doctors' fees (and, by implication, nursing fees) have increased with more than 125% since 2000<sup>7</sup>.

### A GLOBAL COMPETITION FOR RESOURCES

Competition for high-level skills is always going to be a major factor in a globalised economy. One in five African-trained doctors is practising abroad. Table 1 highlights the exodus of medical personnel from Africa, a region struggling with a health crisis. The Centre for Global Development study used census data of arriving African health professionals at nine major destinations and concluded that the numbers have increased since the previous survey between 1999 and 2001. The same survey found that SA had

lost more than half (21%) of the healthcare skills it attracts from other countries<sup>8</sup>.

For a large country, with poor neighbours, SA is also fairing badly with respect to training. For comparative purposes, all eight South African medical universities take in a total of 1 250 students each year. These numbers do little to absorb the impact of the brain drain observed over time. In the past 15 years, South African medical schools produced approximately 19 500 graduates but registered doctors only increased by 9 304<sup>9</sup>. The rest are working elsewhere.

Approximately 27 551 South African doctors are practising in western countries. If one compares these numbers to the 4 000-plus vacancies in the public sector at the end of 2003, then one starts to grasp the magnitude of the brain drain<sup>10</sup>.

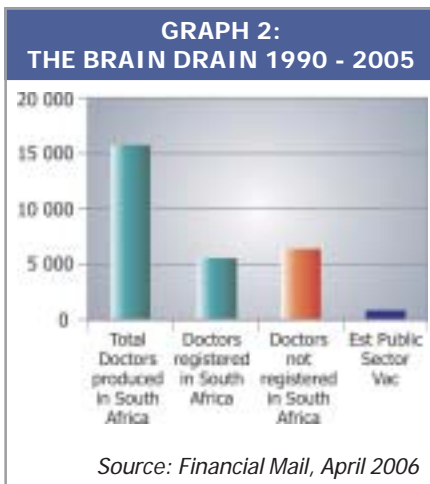
TABLE 1: NUMBER OF AFRICAN-TRAINED DOCTORS ABROAD

Sending country	Domestic*	UK	USA	France	Canada	Australia	Portugal	Spain	South Africa	Total abroad	Frac.**
Botswana	530	28	10	0	0	3	0	0	26	68	11%
Egypt	143 555	1 465	3 830	471	750	535	1	17	19	7 119	5%
Ghana	1 294	590	850	16	95	0	0	4	82	1 639	56%
Mozambique	435	16	20	0	10	3	1,218	4	61	1 334	75%
Namibia	466	37	15	0	30	9	0	0	291	382	45%
Nigeria	30 885	1 997	2 510	29	120	0	1	13	180	4 856	14%
Senegal	640	0	40	603	10	0	1	9	3	678	51%
South Africa	27 551	3 509	1 950	16	1 545	1 111	61	5	-834†	7 363	21%
Swaziland	133	4	4	0	0	0	1	0	44	53	28%
Zambia	670	465	130	0	40	39	3	0	203	883	57%
Zimbabwe	1 530	553	235	0	55	97	12	1	643	1 602	51%
<i>Africa</i>	<i>280 808</i>	<i>15 258</i>	<i>12 813</i>	<i>23 494</i>	<i>3 715</i>	<i>2 140</i>	<i>3 859</i>	<i>1 096</i>	<i>1 459</i>	<i>64 941</i>	<i>19%</i>
<i>Sub-Saharan</i>	<i>96 405</i>	<i>13 350</i>	<i>8 558</i>	<i>4 199</i>	<i>2 800</i>	<i>1 596</i>	<i>3 847</i>	<i>173</i>	<i>1 434</i>	<i>36 653</i>	<i>28%</i>

Source: Centre for Global Development, 2007

**THE SOUTH AFRICAN PROBLEM**

It is not just about the skills drain. The negative trend in the production of doctors has also had a significant impact. Since the 1970s, the country has had eight medical schools. This means the annual intake of students has not changed much over this period (see Graph 2).



Over and above the burden of diseases and the increasing brain drain, the population has grown from 40 to 47 million in the same period.

**ARE THERE SOLUTIONS?**

**THE SAMA SURVEY**

We have not managed to retain the doctors we train in any meaningful way because of a number of factors. The 2003 South African Medical Association (Sama) survey found that many doctors regard working conditions as a major reason to emigrate<sup>11</sup>. In fact, 21% of the doctors surveyed mentioned attitude, lack of respect and unfair treatment as some of the main push factors.

It was apparent for the responders that they considered

public service to be dysfunctional due to lack of resources, failure to deliver proper healthcare to their patients, administrative problems and falling professional standards, especially in nursing. Fixing the public sector, it seems, will go a long way in reversing the migration curve.

**A GLOBAL WINNER**

The United States (US), the world's super-power, has been well aware of the value of attracting skills and SA is going to be no less of a target than any other country that produces quality healthcare professionals. Around 70 of the 300 US citizens who won Nobel Prizes since 1901 are foreigners; US-based multi-nationals, Sun Microsystems, Intel and Google were all founded by foreigners; 40% of US science and engineering doctorates go to foreigners and, interestingly, the US is planning to recruit 500 000 foreign healthcare professionals in the next decade<sup>12</sup>.

**THE UNITED KINGDOM EXPERIENCE**

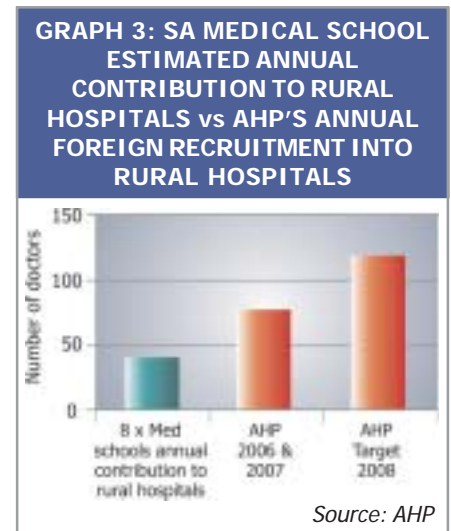
At the turn of the millennium, the United Kingdom (UK) was facing a severe shortage of doctors in its public service, the National Health Service. Eight years later, they face a different problem - a surplus of junior doctors. They turned this around by opening six medical schools. The graduates have started entering the system.

But training takes time and the immediate solution was to open its doors to foreign-qualified doctors, especially South Africans. They balanced this with a campaign by actively recruiting former staff no longer working in the NHS, improving

retention and offering flexible retirement.

**THE AHP PROJECT**

Three years ago, when the Africa Health Placements (AHP) project was established, it was taking doctors approximately 18 months from first application to navigate the treacherous process of placement. Through working closer with the Department of Health and the Health Professions Council of South Africa, AHP now places foreign doctors within four to six months - and this despite a national placement process that is extremely uncompetitive in relation to its competitors. We still have a long way to go as it takes Australia a month to register a foreign doctor. Graph 3 gives a reference point for the impact that this small project has made since inception.



The number of doctors (each year of graduation from all universities) who end up serving rural communities was no more than 40. In the first two years of operation, AHP placed twice that number of foreign-qualified doctors in rural hospitals with pilot funding.

## VALUABLE LESSONS FOR SOUTH AFRICA?

**Train more:** The medical schools can come up with a plan to increase production immediately. A long-term solution will, however, be more medical training facilities. Public-private partnerships (PPPs) would work well in scaling up the numbers.

**Retain more:** The migration curve is levelling off, but that is an indication of the few doctors (from each year of graduation) still practising in SA. Retention is not that simple. It requires a fundamental change in attitude from the state and healthcare managers. Numerous studies show a severe lack of best-practice human resources skills and management within the public sector. For instance, the Mpumalanga provincial department barred doctors from working after 17:00 and entirely on weekends, in a bid to save money used to pay overtime<sup>13</sup>.

How do they expect these highly-trained professionals to stay put when they are treated like children? SA, especially in ailing provinces such as Mpumalanga, needs a consumer-based campaign to hold on to what they have.

**Employ more foreign-qualified doctors:** Big, rich developed nations like the US employ a greater proportion of their workforce abroad. The global average is around 25%. Currently, 15% of South African doctors are immigrants and yet the Department of Health's 2006

HR policy stipulates cutting this to 5%, because they don't want to recruit doctors from other African states<sup>1</sup>.

It is common wisdom that it costs approximately R2 million to train a medical doctor and about R100 000 to recruit one. And there are many doctors from other African states in SA who are desperately looking for a job. But South Africa's policy does not allow "poaching" from other African countries, and so these highly-skilled professionals are without work and many end up as car guards. And still they remain in SA, because the situation at home is untenable. Many would be lost to the continent forever.

## CONCLUSION

We live in an increasingly globalising economy, where competition for scarce skills is at a premium. We have a competitive advantage in terms of lifestyle and humanitarian appeal and we need to rethink the policy of not recruiting professionals from other African states. Working near a rural Eastern Cape beach certainly sounds more appealing than in an underground dungeon, as many African doctors end up doing abroad. Certainly, the work experience that can be gained in the picturesque Mpumalanga cannot be compared to treating wet coughs in Wiltshire.

The more we simplify the process for recruitment, the easier it will be to attract healthcare skills.

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