

Recruitment and Placement of Foreign Health Care Professionals to Work in the Public Sector Health Care in South Africa: Assessment



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International Organization for Migration (IOM)

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- Inter-governmental organisation, 122 Member states and 400 field locations
- IOM is committed to the principle that humane and orderly migration benefits migrants and society

IOM's work in Health Worker Migration

- Collect and disseminate intelligence and evidence on health worker migration
 - Technical cooperation on the management of health worker migration
- 1) Facilitate linkages between sending and receiving countries



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Recruitment and Placement of Foreign Health Care Professionals to Work in the Public Sector Health Care in SA: Assessment

- **Objective:** To assess the feasibility and interest among stakeholders in the Netherlands, UK and US in facilitating recruitment and placement of foreign health care professionals to work in the public sector health care in South Africa.
- **Method:** Mapping exercise of relevant institutions and associations, through desk review, field visits, key informant interviews, etc.



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Presentation Content

- 1) Overview of health worker migration trends to and from SA
- 2) Health care HR environment in the 3 countries and examples of interventions in SA and elsewhere
- 3) Mapping of relevant institutions and associations in the 3 countries
- 4) Migration-relevant recommendations for policies and programmes



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1.1) Overview of Health Worker Migration Trends in SA

- **Push and pull factors**, moderated by stick and stay factors & **Structural factors**, esp. socio-economic and political
- SA classified as “moderate” density of health personnel in relation to need (eg. Ghana, Malawi low density)
- Vacancies in public health sector: 4,000 for doctors and 32,000 for nurses in 2003
- Considerable financial losses incurred
- Internal distribution issues (public-private, rural-urban, primary-tertiary levels)
- SA is also a major destination (from other parts of Africa)



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2.1) Health Labour Market Conditions and SA Diaspora in the Netherlands

- Strong tradition and supply of doctors/nurses interested in working abroad
- Medical schools and institutions look favourably upon health professionals who choose to work abroad

SA Diaspora in the Netherlands:

- Downward trend due to more stringent migration policies
- Still some migration of SA dentists as they are usually in private practice
- SA Diaspora organised through SANEC (SA/NL trade org)



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2.2) Health Labour Market Conditions and SA Diaspora in the UK

- High policy profile of HRH issues in developing countries
- NHS downsizing may create available pool of professionals
- Opportunities for health workers to go abroad are at the beginning or end of one's career

SA Diaspora in the UK:

- **Nurses:** High # but declining due to various policies/codes. Reportedly many nurses interested to return but there are obstacles
- **Doctors:** 3rd major group of Diaspora in the UK, and is not significantly decreasing
- SA High Commission, as well as various associations (eg. Homecoming Revolution) has easy access to Diaspora community and hosts various events



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2.3) Health Labour Market Conditions and SA Diaspora in the US

- Healthcare system is highly privatised and largely financed through private insurance co's & HMOs
- High interest to address HRH issues in developing countries (eg. Recommendation to establish Global Health Service)
- Major constraint for overseas voluntary service and internships is the need to pay educational loans

SA Diaspora in the US:

- Nurses, doctors and dentists (primarily private practice)
- Diaspora community is geographically dispersed and not organised
- SA Diaspora in the US may be less likely to return due to high costs of initial migration (financial investments, difficulties obtaining professional certification and licensing, etc.)



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2.4) Interventions to Address HRH Shortages: SA Response

- Rural Scholarships
- Compulsory Service
- Task Shifting
- Private-Public Partnerships: Eg. BroadReach Healthcare (US NGO)
- Recruitment of health workers from Cuba, Iran, Tunisia
- Facilitation of recruitment/placement: eg. Rural Health Initiative places doctors in rural clinics and hospitals



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2.4) Interventions to Address HRH Shortages – Other Examples

- Incentive payments not compulsory service (Indonesia)
- Improving salaries, benefits and working conditions (Haiti, Ghana, Malawi) but resources & sustainability are challenges
- Task shifting to Community Health Workers to fill critical gaps and lower costs (Haiti, Uganda, Ghana, Kenya)
- Health Centres of Excellence (Iran, Swaziland)
- Virtual support – eg. telemedicine, web-based advisory and diagnostic services (Ghana, US)
- Mobile Units (several countries)



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3.1) Identification and mapping of relevant institutions: Netherlands

- **MoFA:** Promotes MIDA/Ghana programme
- **KIT-Royal Institute of Tropical Medicine:** Interested in developing twinning projects & collaborative exchanges with SA institutions
- **Worldwide Surgery:** Online data base to match doctors and international vacancies
- **Stellenbosch Foundation:** Provides support to Univ Medical School via short term return of Diaspora doctors who provide training, & provision of small grants, equipment and scholarships



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3.2) Relevant institutions: UK

- Various **exchange/twinning programmes**:
 - Royal Free and University College Medical School and others & University of Transkei
 - King's College training SA nurses
 - University Hospital of Radcliffe College, Oxford University internships in Western Cape & twinning partnership with Northern Cape DoH and Kimberly Hospital Complex
- **King's Fund**: Leadership and management training, sees opportunity in sending senior NHS administrators
- **Netcare and Homecoming Revolution**: Return of Diaspora nurses



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3.3) Relevant institutions: US

- **PEPFAR** internships, USAID's **Capacity Project**,
- Various **exchange, Internship, placement initiatives**:
 - Schools of Public Health (Tulane, Johns Hopkins, Harvard, Columbia, UCLA, North Carolina, Emory, GWU)
 - Medical Schools (Yale, Baylor College)
- **Inter Diaspora Dialogue Initiative**, GWU Center for Health and Human Security
- **Baylor International Paediatric AIDS Initiative**: Nurse education and physician exchange programmes
- **BroadReach** Health Care
- **SA Partners**, Commonwealth of Massachusetts (Mass Med) exchange with Eastern Cape



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4.1) Recommendation: Domestic retention and promotion of new internal flows

- Common Regional Strategies (eg. SADC HRH Strategic Plan 2007-2010)
- Promote new internal migration flows, retain public employees
- Mobility of labour and appropriate incentives
- Burden-sharing and tax relief
- Improve management and information systems
- Rural scholarships, student loans, repayment schemes
- Task sharing and Shifting
- Rural Centres of Excellence



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4.2) Recommendation: Attract Diaspora and foreign health care workers to SA public sector

- Encourage engagement through various forms of investments/exchanges (training assistance, temporary/ circular/ virtual returns)
- Long-term collaborative exchanges/ twinning relationships (eg. Rural centres of excellence)
- Up-to-date web based postings & centralised database for recruitment, matching and tracking
- Centralised clearing house of information
- Placement and post-placement assistance



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Thank you

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