



Migrating for Work Research Consortium



Project funded by the European Union EU-South Africa Dialogue Facility EuropeAid/132200/L/ACT/ZA. Coordinated by the African Centre for Migration & Society, University of the Witwatersrand

A disposable workforce: Foreign health professionals in the South African public service

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MiWorc Policy Brief 3

A summary for policy makers,
NGOs and media practitioners

Based on *MiWorc Report N°7*:
Segatti, A. (2014) *MiWorc Report
N°7. A disposable workforce: Foreign
health professions in the South
African public service.*

Johannesburg: African Centre for
Migration & Society, University of the
Witwatersrand.

The report can be accessed online:
[http://www.miworc.org.za/docs/
MiWorc-Report-7.pdf](http://www.miworc.org.za/docs/MiWorc-Report-7.pdf)

Report N°7 is part of the
**Migrating for Work Research
Consortium (MiWorc) Work
Package 3** which explores the
impact of low and high skilled
migration in key sectors of the
economy: construction and
mining, commercial agriculture,
hospitality, domestic work, and
public health.

Introduction

The South African public health sector is characterised by **chronic shortages of health care workers** in urban and especially rural areas.

The effects of this shortage are only made worse by:

- the quadruple burden of disease¹ in the country,
- a limited output of medical graduates by tertiary institutions,
- attrition of staff into the private sector, and
- emigration of health professionals.

Despite this context, there are stark contradictions between the need for more workers in public health care and inhibitive South African policy frameworks.

While South Africa will not by itself meet its health staff shortages with its current policy instruments, little has been done to facilitate the smooth recruitment and immigration of foreign health workers, especially with regard to those from SADC and other developing countries.

Over the past two decades, on the basis of a restrictive reading of World Health Organisation recommendations, the National Department of Health (DoH) and the Health Professions Council of South Africa (HPCSA) have adopted a **principled position against the recruitment of staff from developing countries and increasingly enforced restrictive measures regarding this.**

¹ HIV and TB; child and maternal mortality; non communicable diseases; injury and violence



The methodology of the study

The findings in *MiWORC Report N°7* are based on two years of qualitative and quantitative research spanning 2013 and 2014, over 70 in-depth interviews with key informants and randomly selected professionals, as well as statistical analysis of public sector human resources data.

Meanwhile, many voices in the sector, particularly in rural health care, have called for increases in foreign staff, better coordination of their recruitment, targeted training programmes, and incentives for their retention in the public sector.

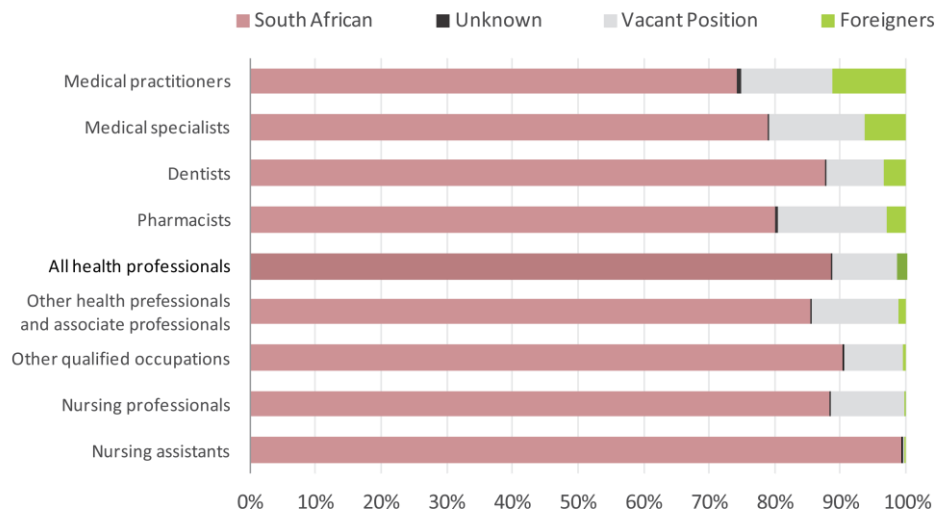
The recently articulated DoH strategy on human resources (HR) recognises the current challenges and the need for further recruitment without recommending any concessions regarding the ban on recruiting from developing countries. **Nonetheless, in practice, the vast majority of foreign doctors employed in South Africa are from the Southern African Development Community (SADC) region.**

Key Findings about Foreign Health Professionals and their Workplace Experiences

Profile of foreign health professionals

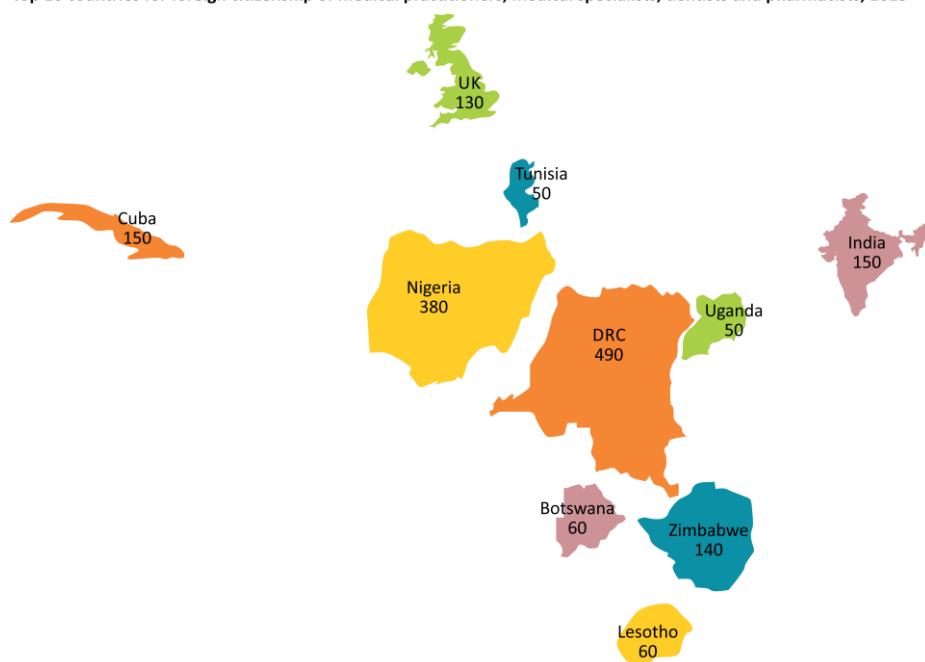
Using statistics drawn from the government's human resources database, the Personnel Salary System (PERSAL), in February 2013, foreign health professionals in the public service comprise about 1,5% or 2 640 out of 173 080 qualified staff. Foreigners represent 13,1% of the workforce among medical practitioners, 7,5% among specialists, 3,8% among dentists, 3,4% among pharmacists and less than 0,3% among nurses.

Foreign workforce as a percentage of total public health workforce by profession



In terms of the origin of foreign personnel in the most qualified health professions, SADC countries are the origin of 38% of foreign medical practitioners, specialists, dentists or pharmacists, while 26% are from the rest of Africa, and 36% from the rest of the world.

Top 10 countries for foreign citizenship of medical practitioners, medical specialists, dentists and pharmacists, 2013



Work experiences of foreign health professionals

Foreign interviewees reported positively on their work experience and this included skills acquisition, experience and good practice. However, several challenges continued to render their experience in public service particularly difficult as a direct result of their nationality. These included a **growing division of labour** between locals and foreigners, **contract precarity** due to their immigration status, **discrimination, xenophobic attitudes, exploitation in the workplace**, and **employment in illegal conditions** (as locums) or in occupations well below their level of qualifications.

Remigration and retention

There were **issues of retention** of foreign health professionals because South Africa was initially a second choice for a majority of the foreign interviewees, who came here because it was the only international option available to them or through their own networks. Interviewees would have preferred to go to Europe (Belgium, France, and the UK), North America (Canada, the USA) or Australia. In some instances, health professionals were already planning to relocate, mostly to Western Europe and North America.

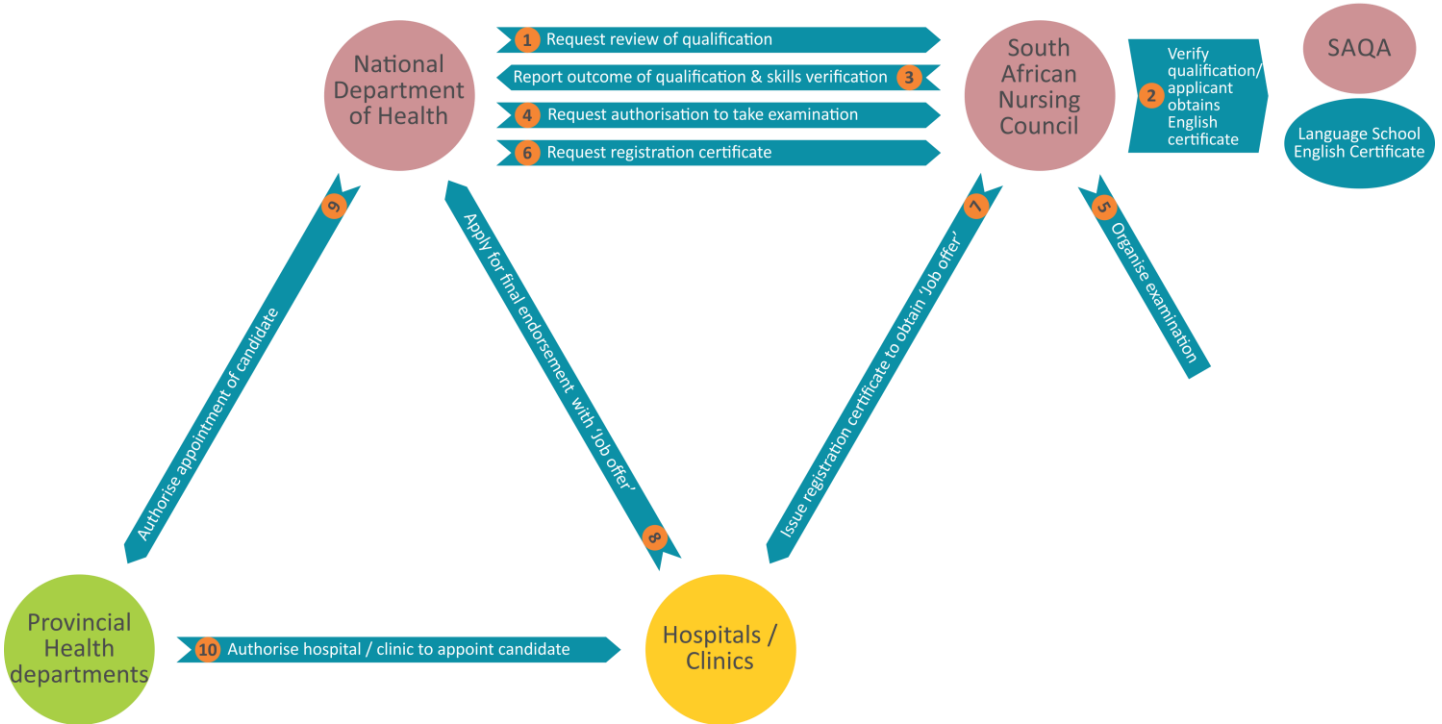
Key Findings about the Recruitment Process

Extremely bureaucratic recruitment process

Recruitment processes put in place for foreign nationals were in many instances cumbersome and dysfunctional with **unreasonable numbers of verification stages and poor interdepartmental coordination**, particularly between the national and provincial Departments of Health, and between

the DoH and the Department of Home Affairs (DHA). This resulted in **turnaround times in the processing of applications which were unacceptably long**, and which work towards discouraging foreign professionals from applying.

Foreign nurses' registration and recruitment process



In order to efficiently place and retain health professionals in rural areas, the DoH has had to rely on the assistance of non-governmental organisations such as Africa Health Placements (*see sidebar on page 6*). This reliance points to the strategic and structural weaknesses of the Department of Health in regard to recruitment of foreign health professionals.

The Current Policy Environment

The employment of foreign health staff in the public sector has become more stringent over the past two decades. This is particularly a result of concurrent policy dynamics:

- The DHA has imposed more and more **restrictive legislation** regarding the employment of foreign nationals.
- The DOH and the HPCSA have felt the need to ensure compliance with the new immigration framework (instituted in 2002) but also to **retain their independence from the DHA in the assessment of skills and issuance of authorisations to practise**.

- South Africa has also had to align itself with WHO recommendations on the “international recruitment of health personnel”; the DoH’s 2010 policy on the Employment of Foreign Health Professionals **selectively aligns itself with the WHO 2010 Code of Practice by focusing on the most restrictive aspects related to anti-‘brain drain’ positions** while leaving aside the more collaborative dimensions in the Code about the building of regional partnerships.
- The DoH’s policy has chosen **to prohibit immigration from developing countries, including from its own region and sub-region (SADC)**. This has been done in spite of the fact that large numbers of foreign African professionals, mostly from SADC, are already employed in and keep arriving in South Africa.

Policy Contradictions

Policies are not addressing the chronic shortages of public health workers

These policies do not address a staffing situation which faces an overstretched public health system dealing with a quadruple burden of disease, a limited output of medical graduates by tertiary institutions, attrition from the public service of staff into the private sector, and emigration of South African health professionals. **Overall, all these factors have led to chronic shortages of public health workers** in urban and especially rural areas.

In practice loopholes are used

Realising this, **the government has found itself caught in its own policy contradictions and resorted to loopholes in its immigration system to incorporate foreign African professionals**. The **asylum system provided for in the Refugees Act** has been found to be one of the loopholes which have been used both by the South African government and applicants **to circumvent the anti-‘brain drain’ principled position** on importing skills from developing countries, placing a substantive number of applicants in very uncertain conditions and creating unnecessary vulnerabilities and risks in terms of the sustainability of their recruitment.

De facto reliance in some areas on foreign African professionals

While this research study has shown that foreign-born professionals comprise a small part of the total workforce, it is also clear that in certain facilities, specialities, and rural areas, **foreign African professionals have become a vital component of extremely fragile and vulnerable systems**, despite official policy against the recruitment of professionals from developing countries

Temporary and precarious employment of African professionals

Many professionals from other African countries **have been accepted or recruited by South Africa temporarily**, which deliberately keeps them in precarious conditions of employment eventually leading to the perpetuation of embedded prejudices against African professionals. Resultantly, the vulnerability and exploitation of these highly-skilled professionals continues as they are policed rather than supported in their attempts to integrate into the system.

This leaves a lot to be desired at a policy level as these unresolved policy dilemmas seem less and less sustainable in the global context of competition for skills.

An alternative recruitment processing model?

African Health Placements (AHP) is an NGO with its roots in an initiative in 2005 by the Rural Doctors' Association of South Africa to facilitate the recruitment of health professionals for rural facilities.

Working closely with the South African DoH and HPCSA as well as with the Lesotho and Swaziland governments, AHP performs a number of critical recruitment and assessment tasks. AHP staff assist applicants throughout the application process by streamlining all steps and ensuring the full compliance of applicants prior to submission of applications, thereby speeding up the overall processes.

They also work in the following areas: workplace planning assessments and human resource recommendations for selected facilities; retention programmes in rural areas; and placement of local and foreign staff.

www.ahp.org.za

Areas in need of urgent attention

Turnaround times in the processing of applications by the DoH and provincial administrations

Urgent improvements are needed in terms of turnaround times and the elimination of unnecessary steps.

Interdependence between the verification of qualifications, consideration of applications by the Foreign Workforce Management Taskteam in the Department of Health, and migration permitting by the Department of Home Affairs

This situation seems to delay processes considerably and it is unclear what independence was gained by the DoH vis-à-vis the DHA since so many steps in the process remain dependent on assessment by the DHA, regardless of applicants' levels of qualification.

Outsourcing of credentials verification to a company in the USA

Not only is this particularly time-consuming and costly for applicants, but it also means that related expertise is not being built within the DoH including for applicants from SADC.

The use of the asylum system as a loophole

The use of asylum as a backdoor to recruitment for developing country nationals emerged as a particularly contentious and complex issue. From a state perspective, the fact that some sections of public administration directly or tacitly encourage their public to exploit loopholes in public legislation seems short-sighted and irresponsible, particularly with such consequences as increased corruption and long-term precarisation of part of the workforce. **It also points to a lack of political courage to undertake the necessary reforms to facilitate the intake, stabilise and retain such a workforce.**

The ambivalent position adopted by the professional boards and the DoH on the longer-term role of the foreign workforce in its policy design

A complete rethink of this dimension, focusing on the need to **shift policy efforts towards regional development** rather than regional antagonisms and isolation seems urgent more than 20 years after the end of apartheid.

Such policy consideration should explore **bilateral cooperation agreements within the region including on circular migration schemes, twinning of academic facilities, and twinning of internship and specialisation programmes; as well as a shift to a system of recruitment quotas managed on the basis of known regional outputs and surpluses.**

The need for overall policy coherence and harmonisation

Policy development work needs to be organised in order to shift towards maintaining a stabilised workforce, including staff from developing countries.

Recommendations regarding the administrative system

- Professionalise administrative processing of applications, drawing on the experience of Africa Health Placements (AHP) and similar projects globally.
- Explore the possibility of an integrated 'one-stop shop' between the DoH, professional boards and the DHA.
- Set up proactive recruitment programmes in developed and surplus countries wherever possible with set targets and regular monitoring.
- Build on transnational networks of professionals residing in South Africa to advertise South Africa's competitiveness in the health sector.
- Work on the SADC Regional Qualifications Framework (RQF) in order to define common standards of qualifications for SADC medical and nursing staff rather than resort to an overseas private qualifications verification organisation.

Research Reports

Christopher Changwe Nshimbi & Lorenzo Fioramonti – Report #1 – July 2013

A region without borders? Policy frameworks for regional labour migration towards South Africa

Deborah Budlender – Report #2 – July 2013

Improving the quality of available statistics on foreign labour in South Africa: Existing data sets

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Improving the quality of available statistics on foreign labour in South Africa: Strategic recommendations

Deborah Budlender – Report #4 – July 2013

Improving the quality of available statistics on foreign labour in South Africa: Suggestions for a Quarterly Labour Force Survey migration module and municipal level surveys

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Migration and employment in South Africa: Statistical analysis of the migration module in the Quarterly Labour Force Survey, third quarter 2012

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Migration and employment in South Africa: An econometric analysis of domestic and international migrants (QLFS (Q3) 2014)

Aurelia Segatti – Report #7 – November 2014

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Making guests feel comfortable: Migrancy and labour in the hospitality sector in South Africa

Fact Sheets, Policy Briefs & Policy Updates

Fact Sheet #1

Labour migration by numbers: South Africa's foreign and domestic migration data

Policy Brief #1

A region without borders? Policy frameworks for regional labour migration towards South Africa

Policy Brief #2

Migration and employment in South Africa. Statistical and econometric analyses of internal and international migrants in Statistics South Africa's labour market data

Policy Brief #3

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Policy Update #1

Adoption of the SADC Labour Migration Policy Framework

Working Papers

Veronique Gindrey – Working Paper #1 – October 2015

The position of foreign health professionals in the South African public health service: A statistical analysis of PERSAL data - Supplementary paper to MiWORC Report #7

Christine Fauvelle-Aymar – Working Paper #2 – November 2015

Immigration and the South African labour market

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The Migrating for Work Research Consortium

www.miworc.org.za

The research consortium was a partnership from 2012 to 2015 led by the African Centre for Migration & Society (ACMS) at Wits University between a range of academic and international partners.

MiWORC was based on a matching fund principle. The European Union, in the framework of the EU-South Africa Dialogue Facility, funded 50 per cent of the consortium. Beyond an ambitious scholarly agenda, one of MiWORC's objectives was to avail empirically-based evidence to the EU-SA Dialogue Facility, as well as to a range of key stakeholders in government, organised labour, business, and the NGO sector.