



# **'Where have all the health scientists gone?: A South African question'**

## ***Executive Summary and Policy Issues***

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## Summary

Attentive to the importance of context in understanding migration decision-making, Esau and de Waal focus on the movement of South African medical professionals to and from the UK. The paper considers the appropriate response of 'sending' or 'donor' countries to the migration of medical professionals in the context of deepening health care crises. Noting a schism in the literature between those who argue that migration could be beneficial to the donor countries and those who emphasize the harmful impact of imbalanced flows, the authors suggest that professional migration is an inevitable outcome of globalisation. Drawing on interview data they identify key “push,” “pull” and “enabling factors” and propose solutions sensitive to the South African context.

## Key Findings

The regional context is key to understanding the impact of migration on health provision in South Africa. This country is fairly unique in terms of being both a sending and a receiving country. It is important to understand the migration decisions of individuals within the wider social political and economic context. This requires an attention both to biography and to broader national and regional trends and conditions.

There is a schism in the literature between those who suggest that in some ways migration could be beneficial to sending countries and those who emphasise the negative consequences for sending countries.

The migration of health and medical professionals is a crucial issue for South Africa and for sub-Saharan Africa more generally. This is not only linked to the volume of professional emigration but also to regional health related challenges.

Context specific factors shaping the migration motivations of South African medical and health professionals include the nature of media and political responses to migration, the nature of training and qualification and key employment policies such as affirmative action.

Analysis of the biographical interviews indicates the diversity and complex nature of migration decision-making.

The following ‘pull factors’ are identified:

- Scholarship, training and other professional opportunities such as gaining international experience;
- Access to both human and non-human resources such as technologies, networks and contacts;
- Opportunities to travel;
- Financial factors such as opportunities to re-pay student debt and higher salaries.

'Push' factors included:

- Limited access to resources (esp. for clinical research) and the nature of research environments including a lack of critical mass;
- Limited access to international working environments/isolation – lack of 'broadened horizons' and 'new ways of doing things';
- Relatively poor working conditions including pay, working hours, infrastructures and organisational approaches, 'the system';
- Lack of job opportunities;
- Crime;
- Political factors: the downturn in the economy and perceptions of falling standards in the public education and health sectors.

'Enabling' factors facilitating the migration decision included:

- Ease of registration with professional bodies;
- Professional contacts;
- Academic field – location of critical mass;
- Language;
- Colonial ties and dual citizenship.

Post-migration perceptions and experiences are likely to shape future moves. Some respondents discussed a lower quality of life in the UK than in South Africa. This was linked to space, the quality of accommodation and access to domestic workers. The UK working environment was more attractive in terms of research funding, equipment, critical mass and access to international networks as well as a stronger research culture. In some cases pay didn't feature as a push or pull factor but started to become important once respondents had moved.

Views on future migration and intentions to move again varied. Respondents based in the UK were more likely to consider future moves, locations discussed included Australia and New Zealand. Those who had returned to South Africa had mixed feelings about staying or moving elsewhere. Factors such as pay and career development opportunities were important here.

### **Key Policy Messages**

- The South African Government has responded to the issue of professional migration by developing measures such as the “UK-South Africa Memorandum of Understanding on the Reciprocal Exchange of Health Concepts and Personnel” (2003). However it has been slow to develop more integrated or holistic responses that reflect the complexity of the specific context;
- The authors caution against attempts to restrict the migration of health care professionals. This approach raises a number of complex ethical questions and evidence suggests it may simply not work;

- A number of important causal ‘push’ factors within the donor country should be addressed (focusing attention on preventing or restricting migration could overshadow these);
- A holistic approach encompassing a range of factors and not simply focusing on pay differentials is required (key factors include working conditions encompassing pay, long working hours, employee well-being, access to key resources such as equipment and professional networks, job opportunities as well as broader factors such as crime and political issues);
- Destination countries have a role to play in promoting return and contributing to capacity building within the donor countries;
- More formal and institutionalised exchange and knowledge transfer schemes between specific hospitals and universities could help to structure these processes;
- The success of migration management policies should be measured in terms of health outcomes rather than focusing on the number of professionals leaving;
- Multi-method approaches combining policy analysis, statistical methods and biographical deliver the kind of research findings that best underpin evidence-based research.