

South Africa and Britain reach agreement to curb poaching of healthcare staff

Pat Sidley *Johannesburg*

The UK and South African governments have agreed to slow down the migration of South African doctors and other healthcare professionals to the United Kingdom. The move is part of UK proposals to strengthen the code of practice on international recruitment and to prevent agencies stripping 150 developing countries, including South Africa, of their doctors and nurses.

The proposals include offering private sector employers that sign up to the code access to international recruitment programmes in a bid to slow "back-door" recruitment into the NHS

and closing a loophole that permits the recruitment of locum and temporary staff from developing countries. The code will also be extended to other areas of the NHS, not just agencies supplying overseas staff.

The public health service in South Africa has been hit hard by acute shortages of doctors, despite remedial measures by the government. Doctors have been brought in from Cuba under an agreement between the two countries; and over the past five years graduating doctors have been compelled to do community service at public sector hospitals across the country.

In 2003 more than 1100 doctors were in community service.

But new research by the independent Health Systems Trust shows that almost a third of health professional posts in the public sector in South Africa are unfilled. And over the years the numbers of doctors serving 100 000 people in public health facilities have dropped sharply.

A study in the *South African Health Review*, published last month, states that 6% of the total healthcare workforce in the United Kingdom is from South Africa. About 600 South African doctors are registered to practise in New Zealand, and 10% of Canada's hospital doctors are South African.

The seepage overseas of doctors from South Africa is not a recent phenomenon but has been periodically strengthened, such as when doctors left in droves to avoid having to do military service in the defence of apartheid

during the 1980s. Money is a factor now in the public sector, and a recent parliamentary report stated that doctors and nurses in the public health service have been moonlighting at more lucrative venues locally. The AIDS epidemic has also taken its toll on the morale of healthcare staff in public hospitals.

South Africa's health minister, Dr Manto Tshabalala-Msimang, said that the proposals were based on ethical principles. A memorandum of understanding between the two countries would encourage the creation of education and practice opportunities for South African healthcare professionals to work for specified periods in the NHS and transfer their skills back home, she added. □

For details of the UK Department of Health announcement made on 25 August see press releases at www.dh.gov.uk

UN warns that aid for Sudan is "grossly underfunded"

Peter Moszynski *London*

A funding shortfall is jeopardising aid operations in Sudan, despite the continuing diplomatic and media attention the crisis in the Darfur region is getting, warned the United Nations Office for the Coordination of Humanitarian Affairs as it launched a new funding appeal last week.

Operations "remain grossly underfunded," says the office in a statement. "Even as the recent conflict in Darfur dominates the headlines, only about 40% of the requested \$722m [£400m; €600m] has been received, with \$434m still outstanding, to meet Sudan's overall needs till year's end."

Manuel Aranda da Silva, humanitarian coordinator for the UN, said: "While the number of people in critical need of humanitarian assistance has skyrocketed in Darfur, I implore the international community to also remember the plight of millions of vulnerable people struggling to survive all over the country."

"Aid agencies averted an apocalyptic catastrophe by gaining access to hundreds of thousands of people displaced by war over the past couple of months, but the humanitarian crisis is far from over," said Mr da Silva. But he warned: "Hundreds of thousands of families displaced by terrorising militias are completely dependent on relief for survival. Many are still empty handed; and with interagency assessments under way we could

see the amount of people needing help rise exponentially."

Infectious diseases are spreading in Darfur's insanitary, rain sodden camps. An outbreak of hepatitis E has now emerged among refugees in Chad. The UN reported on 30 August that, in the Darfur region, from 30 May to 20 August, 41 people there had died and 2431 were suspected to have the disease. This represents a fourfold increase in incidence of the

disease in the last month. In addition to a high incidence of malaria and diarrhoea, five cases of the Nigerian strain of polio have been confirmed. The World Health Organization now warns of the "threat of a major epidemic" of polio.

Locusts "could further exacerbate" the crisis, says the Food and Agricultural Organization (21 August, p 473). Already in Chad, the swarms are "dangerously close to the Sudan border."

Abdulla Tahir bin Yehia, the organisation's Sudan representative, said, "The swarms move like a bulldozer, destroying everything in their path, including crops and grazing vegetation for livestock... Due to conflict and financial constraints, it is very difficult to monitor the situation in Darfur."

Meanwhile, problems continue in the south of the country. Greg Barrow of the World Food Programme said: "There is no doubt that the sharp focus of attention on the crisis in the Darfur region has shifted attention away from the problems facing southern Sudan at a very critical moment in the troubled history of that region. The people of the south stand on the brink of peace, but they remain extremely vulnerable, and it would be unfortunate if their particular challenges are overlooked at this important stage." □



Locusts—already in Chad—pose another threat to Sudan