USING BILATERAL ARRANGEMENTS TO MANAGE MIGRATION OF HEALTH CARE WORKERS
THE CASE OF SOUTH AFRICA AND THE UNITED KINGDOM

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FACTORS CONTRIBUTING TO STAFF LOSS INTERNATIONAL MIGRATION

Push Factors
• Economic
  – Perceived levels of salaries
  – Exchange rates
• Political
  – Perceived crime rate
  – Perceived economic security
  – Uncertainty about future

Pull Factors
• Economic
  – Desire to improve financial status
  – Aggressive recruitment
  – Tax exemptions
  – Ability to settle debts
  – Nest egg syndrome

Push Factors
• Job related
  – Conditions of service
  – Overworking
  – Understaffing
  – Lack of opportunities for professional growth and development
  – Environment not conducive for productivity

Pull Factors
• Economic
  – Desire to improve financial status
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Session IIIB: Migration and Health Policies
Using bilateral arrangements to manage migration of health care workers: The case of South Africa and the United Kingdom,
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FACTORS CONTRIBUTING TO STAFF LOSS
INTERNATIONAL MIGRATION

Pull Factors
- Career opportunities
  - Professional career development
  - Study opportunities
- Social factors
  - Personal security and stability
  - Better educational opportunities for children

Strategies
- Improving salaries and conditions of service
- Rural staffing plan including incentives to work in rural areas
- Migration and retention strategy including strategy to manage scarce skills
- Overseas training opportunities, with contractual binding
- Occupational risk study
- Training of midlevel workers

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE GOVERNMENT OF THE REPUBLIC OF SOUTH AFRICA
AND
THE GOVERNMENT OF THE UNITED KINGDOM
• South African healthcare personnel can spend time limited education and practice periods in organizations providing NHS services.

• Clinical staff from England to work alongside healthcare personnel in the Republic South Africa, with particular emphasis on the rural areas.

Exchange information, advice and expertise in:
  a) professional regulation issues
  b) public health and primary care
  c) workforce planning and development, incl. the service and academic interface
  d) medicines regulation and medical devices
  e) public –private partnerships, including private finance initiatives
  f) revitalisation of hospitals, including governance (corporate and clinical) and re-engineering
  g) twinning of hospitals to share best practices and strengthen mgt.
  h) training in healthcare management;

Collaborate with the following institutions:

• National Institute for Clinical Excellence in Quality issues; and
• Health Protection Agency

Facilitate mutual access to universities, colleges and schools of training for the health professionals during -

• scientific studies;
• specific training;
• postgraduate training;
• study visits
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