

Press Statement by the Rural Doctors Association of Southern Africa:

The government's OSD proposal is anti-rural

There has been a lot of focus on the OSD proposals by the government – and on the plight of doctors generally. The supposed goals of the OSD are to start to redress the gross under-remuneration (according to the minister of health) and to develop strategies of attracting and retaining health care workers in the public sector.

Any analysis of the current OSD proposal by the government needs to be done in a context of how the health care system is functioning at the moment. The overall sense of a system in crisis hides the internal inequities – particularly between the rich and the poor, even within the public health care system – and, the massive disparities between urban and rural areas. Urgent attention is needed regarding how to attract and retain doctors to district level services, particularly in rural areas – and develop a positive career path in rural health.

The current proposal increase the remuneration packages for interns, registrars and specialists the most. While historically particularly the interns and registrars had been neglected, none of these categories work in rural areas. Many community service doctors spend a year in rural hospital, but the permanent doctors that run rural hospitals are medical officers (senior medical officers, principal medical officers and chief medical officers). And yet these general doctors that attend to the bulk of the patients in the country – in district hospitals and clinics – get the least raise, regardless of which calculations are used. According the SAMA's actuarial analysis of the latest offer, senior medical officers and chief medical officers will effectively only receive a 2% raise out of the whole exercise in the first year. The effect of this will be that it is much less attractive to stay in the public sector after the community service than before OSD, unless one specialises (and thereby decrease the chances of ever working in a rural area). And as the number of doctors interesting in staying in the public sector decreases, it becomes increasingly difficult to attract doctors to work in rural areas.

To add insult to injury, the proposal now calculates the rural allowance on 70% of the salary, rather than the current 75% - 76% (with no explanation for why this has been changed). So, in the process of implementing OSD, the government decreases the rural allowance – even though it repeatedly state that the rural allowance would not be part of the current negotiations!

The current OSD proposal by the government is overtly anti-rural – it not only makes it even harder to recruit doctors for rural hospitals, it undermines the possibility of developing a career path in rural medicine, and it decreases the benefit of rural allowance. It effectively does the opposite to the intended goal. While trying to appease the toyitoying masses, the governments offer sacrifices the rural communities – again. The governments focus on rural development clearly remains little more than empty rhetoric.

It appears that the government is trying to find quick fix solutions – even though the bottom line is obvious: the public health care system is severely underfunded and in the current funding envelope is not able to deliver on the constitutional mandate it is entrusted with. By the admission of the minister of health, only 3.5% of the GDP is spent on the public health care

system – while it should be at least between 4.5 to 5 percent. It reflects on how the government values its health care workers – and more pertinently, how the government values the rural poor. The current governments OSD proposal perpetuates and entrenches current inequities. And, the rural poor are yet again made to bear the brunt of such expedience.

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