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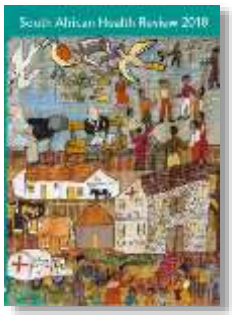

South African Health Review 2018 Series

Chapter 5: 20 years of community service in South Africa: what have we learnt?

Steve Reid

- Compulsory service for health professionals has been instituted in various countries. To date, more than 70 countries have established some form of obligatory service in underserved areas, either as a condition of service for government employment contracts, or with incentives such as education (e.g. as a prerequisite for postgraduate training) or licensing for independent practice (including private practice), as in South Africa.

- The Health Professions Amendment Act No. 56 was signed into law by President Nelson Mandela in 1998, beginning a system of mandatory community service (CS) in the public health sector for all health professionals in South Africa. The first cohort of doctors began their year-long service in July 1998, followed by a much larger cohort in January 1999. All other categories of health professionals followed in successive years, with the largest cohort of professional nurses joining in 2005.

- The objectives of CS have been to ensure improved provision of health services, especially to rural and underserved areas, and to provide young professionals with an opportunity to further develop their skills and acquire knowledge, behaviour patterns and critical thinking to assist them in their professional development and future careers.

- The CS process may also be understood in terms of the acquisition of confidence and competence through professional development, leading to a clearer professional identity and the development of resilience under challenging circumstances. But it may equally be understood as a social intervention, bringing health professionals from largely middle-class backgrounds into direct contact with the social, economic and historic inequities in South Africa.

- Community service is a reliable recruitment strategy for short-term staff, but retention of committed professionals requires an array of interventions. Rather than rotating all graduates through rural facilities for a year only, a different strategy to form a more stable rural workforce would be to incentivise the 20% who are willing to stay on longer, and release the rest. In isolation of other human resource strategies, CS might, to some extent, actually defeat its own ends if newly-qualified professionals assume that they have 'done their duty' and compensated society for the cost of their studies after only one year in public service.

- The potential of this annual workforce supply of motivated young professionals could be optimised through bonded scholarships, incentivised post-graduate training, and promotion opportunities to build teams in difficult-to-staff health facilities. This is an area of long-term human resource management that is generally lacking in the public health service, but a comprehensive strategy could make all the difference to rural health services in the longer term.

- The availability of funded CS posts poses the greatest challenge to the current system as provinces struggle to find sufficient funding to employ all new health profession graduates in CS posts. Some media releases have highlighted complaints against the National Department of Health for failing to place applicants, but applicants have refused to take up

available posts in rural areas. If no funded posts are available in the public sector, then a policy change needs to be considered, including an amendment of the relevant legislation, to allow an alternative to CS as currently constituted, to suffice for independent practice. In the case of pharmacists for example, this means accrediting private pharmacies for CS or removing the obligation for CS altogether.

- Compulsory CS is an effective strategy for recruiting professional staff to rural and underserved health facilities, but it is ineffective in retaining them in the absence of complementary longer-term human resource interventions. It has clear positive effects in terms of professional development and social investment, but there are also some unintended consequences and a backlash to the compulsory nature of the programme. In addition, provinces are finding it difficult to fund all the necessary posts.

- The current development of the National Strategic Plan for Human Resources for Health 2019/20-2024/25 provides a strategic entry point for developing a comprehensive long-term strategy ensuring access to health professionals in rural and underserved areas in South Africa.

- Pertinent issues for policy and strategy development include: allocation and funding of CS posts on the basis of relative need and equity, using objectively verifiable indicators such as the deprivation index or vacancy rates by district; providing postgraduate opportunities for professional development during the CS year; and standardising management and support of CS officers across provinces, including the provision of adequate staff accommodation in rural areas.

- Other interventions that will be crucial to inform future policy changes include ongoing monitoring and evaluation of HRH, with specific research projects on operational and strategic aspects of compulsory CS.

SOURCE: Reid, S. 20 years of community service in South Africa: what have we learnt?. In: Rispel LC and Padarath A, editors. South African Health Review 2018. Durban: Health Systems Trust; 2018.

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