

**Joint Press Statement by Rural Health Advocacy Project, Rural Doctors Association of Southern Africa, SECTION27 and Wits Centre for Rural Health**  
9 June 2010

## Current OSD offer still disadvantages rural communities

The Rural Health Advocacy Project, Rural Doctors Association of Southern Africa, SECTION27 and Wits Centre for Rural Health support SAMA's rejection of the final OSD offer to public sector doctors. By accepting the Government's OSD offer, collective labour in the Public Service Coordinating Bargaining Council will be contributing to a major setback in Government's strides to achieve health for all. By offering only marginal increases to medical officers in particular, rural communities are likely to see a further exodus of rural doctors to urban areas, the private sector, and overseas.

Rural patients are disadvantaged in many ways: poverty levels are higher, access to basic services and education is poor, travel to health facilities is costly, facilities are understaffed and waiting times are out of control; now they can expect even fewer doctors to attend to their needs.

Medical officers form the backbone of rural hospitals; they provide both general and specialist care (in absence of specialists in remote areas), they mentor community service doctors and they support overburdened nurses in rural health clinics. Medical officers' vacancy rates in some hospitals are well above 50%, resulting in patients requiring assessment by a doctor being turned away or being seen inadequately. Many rural clinics go without any doctor's support at all. At the same time we see unacceptably high maternal, perinatal and infant mortality rates and a growing burden of disease in rural areas.

Paradoxically, medical officers have received the smallest increases last year and this has not changed after this year's negotiations, with as little as 1,5% to 4,5% increase offered to medical officers. Instead, interns and senior specialists (who are almost all urban-based) benefitted the most. **The OSD proposal therefore promotes specialization and retention of doctors in urban centers.**

South Africa cannot continue relying on the goodwill of rural doctors, of which there are too few to start with: Rural areas receive about 3% of the total number of medical graduates each year, to serve 43,7% of the population. To address the inequities in access to quality comprehensive health care and prepare the ground for a successful introduction of a NHI, we need a pragmatic approach that incentivizes doctors to choose a rural health career. We thus urgently call for:

- **The OSD negotiations to be re-opened with bargaining rights for medical professionals**
- **A review of the rural allowance, which currently does not distinguish between health facilities in bigger rural towns and deeply remote rural areas.**
- **Agreement on staffing norms for all health facilities, based on population needs and equity principles.**
- **Development of a feasible Human Resources for Health Plan for South Africa.**
- **A viable career path for doctors in rural health**

A healthy nation cannot be achieved without proper attention being given to rural health care.

**For more information:**

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