

## **ADDRESS BY DEPUTY PRESIDENT TM MBEKI, AT THE OPENING OF THE 48TH GENERAL ASSEMBLY OF THE WORLD MEDICAL ASSOCIATION (WMA)**

25 October 1996

Introduction  
(Chairperson...)  
Minister Zuma  
Dr Moulin, President of the WMA  
Ladies and Gentlemen

It gives me great pleasure to address this important gathering and to welcome all of you to Cape Town and to South Africa. I hope that the weather has been kind and that you will return to your countries as strong advocates of Cape Town's bid for the Olympic Games in 2004.

We are delighted that you chose South Africa as the venue for your Congress this year, and would like to thank the Medical Association of South Africa (MASA) for hosting this event.

### **TRANSFORMATION**

I suspect that one of the reasons the WMA has chosen to come to South Africa for its General Assembly this year is the transformation that has taken place in this country over the past few years. Understandably, many people want to come and see these changes for themselves and to celebrate with us. We ourselves are keen to share our experiences and our new freedom with others, especially in the light of the great contribution that the peoples of the world made to the struggle against apartheid.

The medical profession in South Africa has been part of the process of transformation, and many individuals and organisations have made positive contributions to the process, but the medical profession cannot sit back now and think that it has done all that is required of it.

In June 1995, the Medical Association of South Africa (MASA) adopted a resolution of "unreserved apology to persons - within and outside the medical profession - who might, in the past, have been hurt or offended by any acts of omission or commission on its part in the past".

In his statement, the Chairperson of the Federal Council of MASA mentioned some of the issues on which MASA has remained silent and had been insensitive and indifferent, and went on to commit MASA to broadening access to quality health care for all the people of South Africa.

It was an important announcement and MASA deserves credit for having made it.

The point was also correctly made that the motion should be a beacon pointing the way to the completion of our transition. Indeed, much work remain to be done merely to deal with the legacy of the past.

### **UNITY IN THE MEDICAL PROFESSION**

One of these is represented by the need for South African doctors to come together to form one single association to represent them in the World Medical Association and other fora. We welcome the steps that have been taken to realise this objective.

### **PROFESSIONALISM**

The challenge facing those of us working for unity in the medical profession will be to create a body which, like the World medical Association, has as one of its prime objectives "to strive for the best

possible health care for all". The united medical association we are working towards, should be seen by the public as promoting the public interest, and not merely the narrow interests of its members.

## **MIGRATION OF DOCTORS**

Yet another challenge facing South Africa, is one that faces many other countries, and one which the World Medical Association is well positioned to address. This is the issue of migration of doctors, who, as well all know, are very expensive to produce.

South African doctors have, for many years and for various reasons, been leaving South Africa to work in other countries. Recently, we have suffered from the aggressive recruiting campaigns by organisations in relatively wealthy countries, who find it much cheaper to buy individual doctors from South Africa than to train sufficient of their own citizens as medical graduates.

At the same time, since we began our transition process, many more doctors from poorer countries have sought to come to this country. In October 1994, six months after our first democratic election, there were 700 doctors with foreign qualifications, many of them working in neighbouring countries, who sought registration in South Africa.

However, we believe that it is not appropriate for us to deprive our neighbours in SADC of their doctors. We have therefore placed a moratorium on registering doctors with foreign qualifications, unless they are genuine political refugees, or there is a formal agreement with their own government.

What we are saying, in essence, is that doctors are a valuable resource in any country, and we do not wish to plunder the resources of our neighbours, particularly if their need is as great, or even greater, than ours. But, of course it is difficult for a developing country such as South Africa to maintain such a policy in the face of very different policies in richer countries.

The World Medical Association, has an avowed aim of striving for the best possible health care for all. The WMA also has experience of developing international declarations on difficult ethical issues affecting doctors. The challenge that I would like to throw to the WMA today, is to develop an international declaration on the issue of medical migration.

## **COMPETING IN THE GLOBAL VILLAGE**

We recognise the fact that migration of doctors from poorer countries to richer countries is one of the consequences of competition within the global village. That competition also focuses on the important question of the economy.

Effective measures that promote and protect the health of all citizens, and good health care for those who do fall ill, are not only desirable social goals. They are also an important factor for economic development. The World Development Report, published by the World Bank in 1993, makes this point very strongly.

Although doctors are not the only players in health provision, they nevertheless have important roles to play, both as clinicians and managers of health services. It is important that doctors in any country that is competing in the global village are skilled, are able to handle responsibly the very powerful diagnostic and therapeutic tools and medicines that are now available, and that they have some experience of how the different components of the health services function.

South Africa is at present exploring ways of implementing effective post graduate vocational training and continuing medical education as two complementary ways of ensuring that South African doctors remain in the forefront of medical practice. If we can succeed in this regard, this will be an important contribution

reinforcing our competitive edge on the world stage, with the necessary longer term impact on the provision of healthy contributors to a vibrant and modern South African economy.

The same arguments will apply to any other country. Since the WMA and its constituent national associations wish to fulfil their objective of "striving for the best possible health care for all", it may be that we should explore the economic benefits of better health services, and which services produce the greatest benefits. Armed with this information, you will be in a strong position to support your Ministries of Health and to argue for greater resources for appropriate health care.

In conclusion, may I wish you well in your deliberations over the next two days, and for the implementation over the next year of the decisions that you take.

May the people who need health care most, the poor and the least powerful in our societies, benefit from your Assembly.