



## COVID-19 exposes health worker shortages in the USA and UK, but nationalism and self-interest must not exploit medical workforces from low- and middle-income countries

**To the Editor:** To address the healthcare crisis created by coronavirus disease 2019 (COVID-19), the US Department of State's Bureau of Consular Affairs is actively seeking to recruit foreign medical professionals by expediting visa processes.<sup>[1]</sup> Likewise, one of Boris Johnson's main manifesto promises was to recruit 50 000 more nurses for the National Health Service (NHS), which is also short of 11 500 doctors. In the Queen's speech to the British Parliament on 20 December 2019, it was stated that 'Steps will be taken to grow and support the National Health Service's workforce, and a new visa will ensure qualified doctors, nurses and health professionals have fast-track entry to the United Kingdom.' According to the government's 'NHS People Plan', qualified doctors, nurses and allied health professionals with a job offer from the NHS, and who have been trained to a recognised standard, will be offered fast-track entry, reduced visa fees and dedicated support to relocate.<sup>[2]</sup>

It therefore appears that the USA and UK intend to address the shortages of medical personnel, now exposed by the COVID-19 pandemic, by recruiting doctors, nurses, rehabilitation specialists and pharmacists from low- and middle-income countries (LMICs).

Already in 2005, 25% of doctors in the USA and 28% of doctors in the UK were foreign trained, with 60% and 75%, respectively, originating from the poorest countries.<sup>[3]</sup> Migration of foreign medical graduates to the UK peaked in 2019, with more than 50% of newly registered doctors in the UK being foreign trained.<sup>[4]</sup> Only 5% of patients in sub-Saharan Africa, and 3% of patients in South Asia, have ready access to timely, safe, affordable surgery.<sup>[5]</sup> Yet the USA, with 10 times the physician density of low-income countries and double the physician density of middle-income ones, and the UK, a prosperous country in part as a result of its colonial history, are poised to exploit poorer countries by recruiting their doctors and nurses, and in so doing undermine efforts to grow medical services in these countries.

The University of Cape Town Global Surgery Division wishes to express its deep concern that Africa and its people will be paying the price for the USA and UK's lack of investment in their own health workforces. We call on governments and professional medical associations in both high-income countries and LMICs to ensure

that as they address the current global need for health workers, their strategies should promote equity and specifically not undermine the already understaffed and fragile health systems of many LMICs. Our global approach should be to support and strengthen these fragile health systems, particularly in the time of a pandemic that is teaching us that both individuals and individual countries can only be safe and healthy if we ensure the safety and health of all.

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*S Afr Med J* 2020;110(5):335. <https://doi.org/10.7196/SAMJ.2020.v110i5.14774>