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**Exploring practitioners perspectives on inequitable distribution of doctors in Ghana**

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Introduction:

Efficient and equitable distribution of healthcare workers is a major challenge in most developing countries as this affect public health programs. In Ghana, over two-thirds of medical doctors are based in urban centres, with the highest concentration in the two commercial cities of Accra and Kumasi. Although various reasons ranging from better living standards, higher income, social recognition and greater job satisfaction had been the main attraction for doctors, structural and institutional factors also contributed towards institutionalising this phenomenon over the years. This study explores the multi-faceted factors constraining equitable distribution of doctors and what strategies can be adopted to sustainably address this challenge.

Methodology: Using multiple sources of data, a triangulation of documentary reviews, personal reflections and survey provided multiple perspectives in understanding the persisting mal-distribution of doctors in Ghana. Through a quantitative approach, 500 doctors of various cadres and specialisations were surveyed to solicit an understanding of their perspectives, the reflections of senior level decision makers in the health sector and documentary reviews also provided information on institutional trends on the issue. Data was analyzed appropriately and triangulated to derive those perspectives.

Finding and Discussion: Findings from the survey revealed how both push and pull factors led doctors to cities and urban areas. These factors range from financial incentives and better income to career development and training opportunities, social recognition, job satisfaction, family commitments, standard of living and multiple opportunities for practice. However, there were variations recorded based on experience and the various ranges of cadres. For younger doctors, the lack of prospects and limited opportunities for career development is a major deterrent as compared with specialist doctors who were more drawn to the financial incentives, opportunities for locum and peer recognition. Older and more experienced practitioners listed family commitments and well equipped facilities as the most influential among other factors. Similarly female doctors prioritized family commitments regarding postings to other cities. The study also showed trends of institutional and structural failures to address the problem and redistribute critical skills overall.

The study concludes by proposing policies and strategic reviews to systematically address the constraints in a holistic manner by creating enabling condition and opportunity for all cadres and institutionalizing these supports and practices. Lessons from other LMIC on sustainable and attainable government policies for career progression, rural infrastructural development, controlled intramural practices; social and financial support to facilitate distribution of doctors is also recommended.