

INEQUALITIES IN THE DISTRIBUTION OF HEALTH PROFESSIONALS: FACING THE CHALLENGE

By Martin Ankomah (Administrator, HRD, GHS)

Health is a vital resource, which contributes to wealth for the individual, the society and the economy as a whole. Health contributes to wealth in several ways and the most obvious is that healthy people are able to produce more. Essentially health increases the quantity and quality of human capital stock and slows its depreciation. Also, when populations are healthy and live longer, they save more and the accumulated savings clearly spur growth. *The World Resources, 1987*, a report published jointly by the International Institute for Environment and Development and the World Resource Institute has noted that 'without good health, people cannot participate fully in normal social and economic activities. Poor health is a major disaster for those whose lives are diminished or prematurely ended by it. For countries whose economic growth is limited by it, it is a liability'.

It is abundantly clear from the above that improving the health status of people is not only humanitarian imperative but also a necessary pre-requisite for socio-economic development. It is in this wise that the health sector has continued to attract increasing attention from the government and the general public. Yet, despite decades of efforts to provide effective, equitable and affordable health care services in Ghana, progress in health status and health service indicators has been below expectation. Alarming numbers of our pregnant women continue to die, during and immediately after childbirth. Indeed, rates of maternal and infant mortality and the general level of morbidity are still unacceptably high.

The Millennium Development Goals (MDGs) to which Ghana has committed, include goals for substantial reductions in child and maternal mortality. The root causes of currently stagnating mortality levels are clearly linked to poverty, lack of knowledge, poor water and sanitation and more importantly inadequate number of key health professionals and inappropriate deployment of these personnel. There is thus the need for the health sector to ensure adequate production and fair distribution of key health professional in the country.

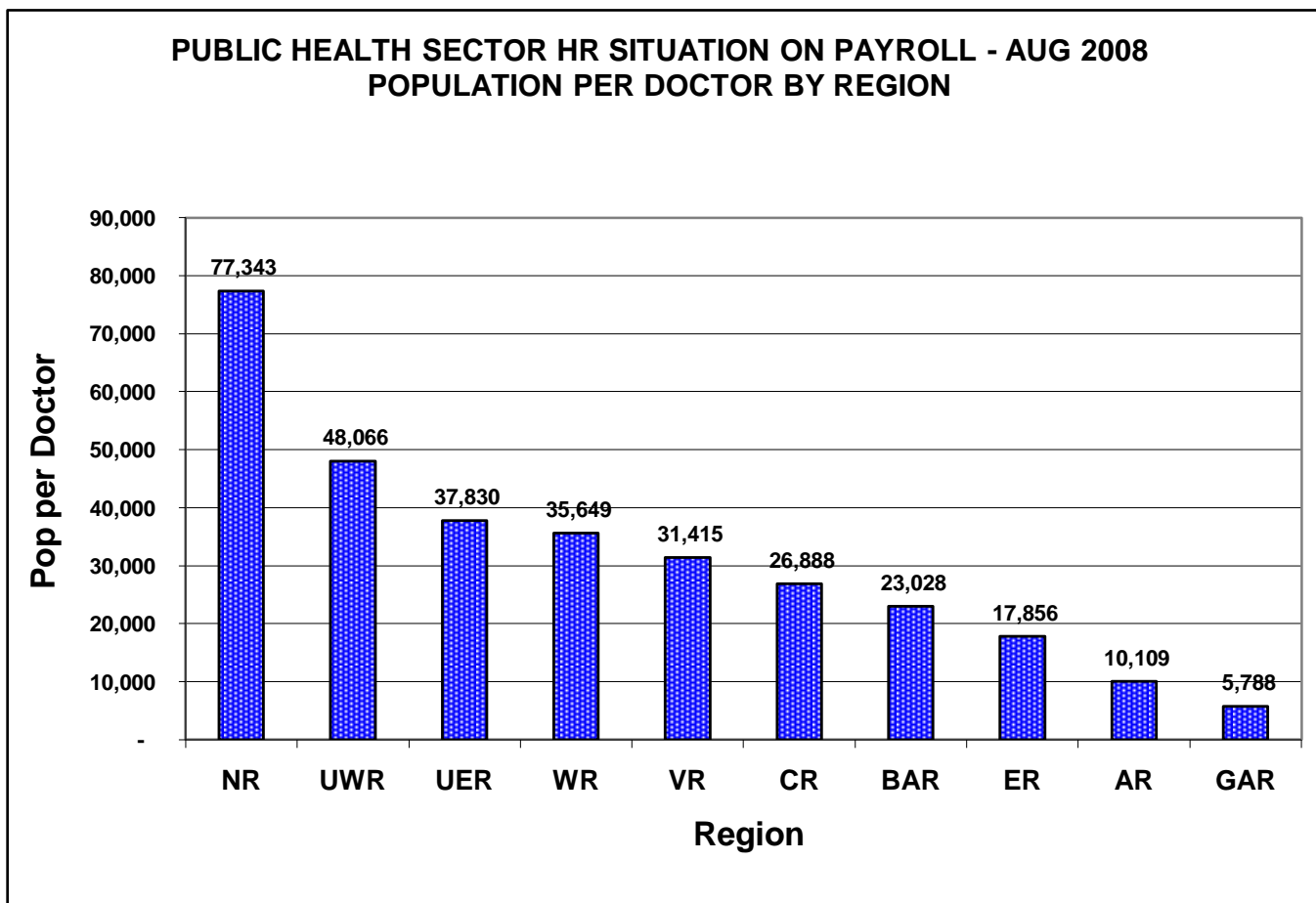
In terms of number of health professionals, the Ministry of Health (MoH) has over the last few years, made an impressive effort to put in place various interventions to increase production of health professionals and to also address the longstanding issue of brain drain as a result of massive migration to greener pastures abroad. Among the various interventions put in place are improvement in salary levels, expansion and increase in the intake in the various health training institutions, opening of post basic courses, vehicle hire purchase scheme and tax waiver staff imported saloon cars for health staff.

One major issue that is however of critical concern is the distribution of health professionals in the country. A major challenge with the distribution is the difficulty of attracting and retaining health professionals in certain regions and districts due to poor socio-economic development in such areas. Most health professionals want to live in the southern part of the country and in the urban areas particularly Accra and Kumasi for several reasons. These urban centres offer better education for their children, more scope to supplement income through private practice, better housing, more employment

opportunities for spouses, and usually it means being closer to their existing family and friends. In the rural areas they feel cut off because of poor road network system, communication difficulties and the need to travel to the capital for minor work related transactions. Besides, poor facilities and equipment in the district and rural health centres do not provide job satisfaction.

Another challenge with the distribution of health professionals is fragmented service delivery system of the public health sector. It appears the various agencies under the MoH are looking narrowly at their interests rather than the broader sector goals. This has gone on to the extent that the Teaching Hospitals even poach the few doctors and Nurses serving in deprived areas. The Teaching Hospitals for instance see themselves as competitors with Ghana Health Service for doctors and other health professionals. There is the tendency for the Ghana Postgraduate College to also enroll doctors right after housemanship for specialization rather than insisting that they do one or two year rural service before their enrolment.

The situation has resulted in stark geographical variations in the distribution of key health professionals particularly doctors with major shortage in the three Northern Regions (Upper East, Upper West and Regions) as indicated in the graph below.



Source: HRD, GHS, 2008 performance review

Apart from regional imbalance in the distribution of health staff, there is also a mal-distribution of staff by level of service with shortages at district facilities vis-a-vis regional and tertiary hospitals. There are still some district health facilities where the requisite staff complement is not available. The teaching and regional hospitals continue to retain the largest numbers of trained professionals while districts have to do with less than twenty percent of the numbers they require.

The crisis, however, appears to be getting worse, not better. Evidence from records at Human Resource Division (HRD) of Ghana Health Service (GHS) indicates that none of the newly qualified medical officers in 2007 reported in the Upper West and Upper East Regions to work, even though 200 completed their housemanship and were posted out. Again, in 2008, a total of 180 newly qualified Medical Officers and Dental Surgeons were released by MoH for posting to GHS and CHAG facilities. Out of the 180 doctors posted, 123 accepted postings and the rest found themselves back to the two Teaching Hospitals (Korle-Bu and Komfo Anokye Teaching Hospitals). Of the 123 doctors who accepted posting, only 9 (6%) reported to the three Northern Regions (Upper East: 3, Upper West: 2 and Northern Regions: 4).

In June 2009, 85 newly qualified Medical Officers were supposed to be posted for permanent duties to GHS/CHAG institutions. Out of this number, 9 went back to Korle-Bu Teaching Hospital either for residency programme or for permanent duties and 6 left the Service to either join the private sector or move out of the country. Of the remaining 70, only one applied and accepted to work in the Upper East and Upper West regions respectively. None of them applied to work in the Northern Region. A greater number of them applied to remain in Greater Accra. This is a clear manifestation that no headway is being made to improve the shortage of doctors in the three Northern Regions.

The imbalance in the distribution of health professionals is leading to a situation where the population groups with the highest morbidity and mortality are being deprived of essential services. In the three northern regions where poverty is known to be quite prevalent and morbidity and mortality are quite high, most areas are far from hospitals, pharmacy shops and other health facilities. The few areas, which are fortunate to be near or have basic health facilities, do not have key health professionals especially doctors and midwives. Although there have been attempts to fill this gap by community-based health workers and middle level health auxiliaries, lack of proper recognition, inadequate skills and grossly insufficient support mechanisms undermine the contribution of these cadres. Thus despite having higher levels of health needs, their right to access health services is curtailed by the problem of acute shortage of key health professionals in those areas. This is a worrying situation as it poses a major threat to our ability as a health sector and as a country to attain the MDGs 4 and 5 (i.e reducing infant and child mortality and improving maternal health).

In the light of the issues raised above, it is my opinion that there is the need for MoH to take drastic measures to ensure fair distribution of health professionals in the country. In the first place, a compressive incentive package that is discriminatory and sustainable should be developed and implemented to make it more attractive for health professionals to work in the three northern regions and other deprived areas. There should be salary differentials between health professionals working in

various locations such that those who are in deprived areas particularly in the three northern regions are paid higher salaries than their colleagues in the relatively-better off areas. The across-the-board type of incentive such as pay increase and provision of vehicle hire purchase scheme for all staff can only serve to prevent dissatisfaction among the health staff but will not serve to attract health professionals to the deprived areas.

There is also the need for Human Resource for Health Division (HRHD) of MOH to closely monitor postings of doctors and other critical staff like midwives to the two Teaching Hospitals (KATH & KBTH) and the relative better-off regions and districts until the situation in the three northern regions and other deprived areas gets a little better. Besides, the HRHD should provide fair budget ceilings for item 1 to all the agencies and regions and ensure that the wage bills of the agencies do not exceed their allocated budget ceilings and that recruitment and postings of health professionals to agencies and facilities are strictly made according to the budget ceilings provided to them. The two Teachings Hospitals (KBTH & KATH) should show genuine commitment towards fair distribution of health professionals in the country by recruiting health professionals based on their staffing norms and releasing the excess to the deprived areas.

It is noteworthy that the issue of inequitable distribution of health professionals in the country is not new. It has been and continues to be a major concern in the health sector. The issue however, is that the disparity is getting worse and until drastic measures are taken to aggressively tackle this problem, Ghana's dream of achieving the MDG 4 and 5 will remain a mirage. The Ministry of Health has to act now.