

Abstract Title:

*Retaining doctors to work in the public sector in rural Zimbabwe, Alternative policy options*

## Background

The problem of retaining doctors is complex and over the years has proven to be more difficult than expected. Zimbabwe has both an absolute shortage of doctors and maldistribution favouring urban areas. This is in a context where the country has capacity to produce graduate doctors for its needs and contribute to the regional requirements. Solutions to the problem, among them financial incentives but these are still not bearing fruit.

## Methods

This is a policy analysis to the problem using the health policy triangle; stakeholder analysis, modified motivation theories and relevant literature search for both grey and published literature.

## Discussion

This is a regional and international problem and many policies proposals but few of them are applicable in the context of Zimbabwe. As a country with poor economic performance, there are limited chances for domestic sustainability of retaining doctors. Doctors are human beings who have to balance personal goals and organisational goals. Motivation to work in rural areas is more complex than authorities predict. More has to be done to balance financial and non-financial incentives plus internal and external motivation. The central goal should remain that of making the service by doctors accessible and equitable to the rural communities in order to improve the health outcomes at community level.

## Conclusion

However, the problem is complex and historical; more can be done to address the demands, opportunity costs for doctors and other health professionals. Collective national solutions that address issues beyond the health sector are required. More so, we need stronger, accountable and transparent health and national institutions are required with good steering and regulation for broader national development