Is there equality in the distribution of the MOH healthcare workforce?

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ABSTRACT

Introduction: Inequitable healthcare workforce distribution hinders optimal service operation, with rural areas receiving only 23% of global services due to the scarcity of disaggregated data and information at all levels. The study objective is to evaluate the trend and equality of healthcare workforce(HWF) distribution in MOH. **Methods:** The HWF equality levels were calculated using census data. Non-parametric tests were used to compare the inequality dimensions and the HWF distribution. **Results:** Overall, the healthcare workforce experienced significant increases, especially in medical specialists (31.1%), registered nurses (2.8%), and assistant medical officers, AMO (11.5%), while community nurses experienced a 6.7% decline. The distribution of healthcare workers per population was fair to absolutely equitable in all eight professions, with a Gini coefficient ranging from 0.13-0.25. According to the Hoover Index, the country's dentists must be redistributed by 18.5% to improve resource equity. Other equality dimensions, such as location, revealed that community nurses (p=0.019) and paramedics (p=0.041) were significantly more common in rural areas than in urban areas. Assistant medical officers were more prevalent in states with lower median household income groups, primarily quintiles one through three (p=0.048). This may be due to the 1Malaysia Clinic Programme. In 2018, middle-income states had more pharmacists (p=0.046) and registered nurses (p=0.008), while high-income states had the fewest paramedics (p= 0.015) and assistant medical officers (p=0.015). **Conclusion:** The HWF is the system's beating heart. Equitable HWF distribution is essential to achieving universal health coverage by making health services easily accessible to all.