

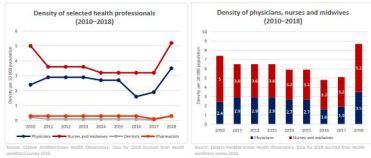
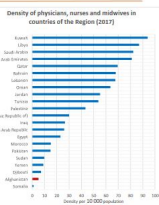


Health workforce snapshot

AFGHANISTAN



AFGHANISTAN AT A GLANCE	
Total population (2018)*	32 251 560
Gross national income per capita (US\$, 2018)*	1 970
Unemployment (% of total labour force) (2017)*	11.2
Per capita current health expenditure (US\$ 2017)*	81
Government health expenditure as % of general government expenditure (2017)*	5.1
Out-of-pocket expenditure as % of current health expenditure (2017)*	75.5
Universal health coverage index (2015)*	84
Number of refugees (2018)*	2 500 000
Number of internally displaced persons (2018)*	1 300 000
Maternal mortality per 100 000 live births (2017)*	638
Under-5 mortality per 1000 live births (2018)*	57
Births attended by skilled health professional (% (2017)	88.8
Raised blood glucose (% 18+ years) (2017)*	9.2
Raised blood pressure (% 18+ years) (2017)*	18.2
Hepatitis B incidence rate per 100 000 (2017)*	500



- KEY FACTS**
- Afghanistan is facing a critical shortage of health workforce.
 - The health workforce is predominantly male; recruitment and retention of qualified female health professionals, particularly in remote areas, is especially challenging.
 - There has been significant increase in production capacity over the past decade, mainly in private health professional education institutions.
 - Increase in nursing graduates has remained relatively low, leading to a decrease in the ratio of nurses and midwives to physicians.
 - From 2.5 in 2005 to 1.48 in 2018.
 - Almost half of health workers are employed by contracted service providers/ nongovernmental organizations¹.
 - Community health workers make up about half of Afghanistan's health workforce¹.
 - Utilization of trained midwives is limited; for example, 80% of midwives have not been absorbed by the health system².
 - The Afghanistan Medical Council (2017) and Afghanistan Midwifery and Nursing Council (2019) are in the process of being established.

Afghanistan

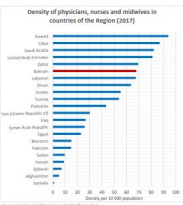


Health workforce snapshot

BAHRAIN



BAHRAIN AT A GLANCE	
Total population (2017)*	1 801 116
Gross national income per capita (US\$, 2018)*	14 700
Unemployment (% of total labour force) (2018)*	0.96
Per capita current health expenditure (US\$ 2017)*	1 099
Government health expenditure as % of general government expenditure (2017)*	6.9
Out-of-pocket expenditure as % of current health expenditure (2017)*	28
Universal health coverage index (2015)*	72
Number of refugees (2018)	272
Maternal mortality per 100 000 live births (2017)*	14.6
Under-5 mortality per 1000 live births (2017)*	7.9
Births attended by skilled health personnel (% (2017)	100
Raised blood glucose (% 18+ years) (2017)*	11.8
Raised blood pressure (% 18+ years) (2017)*	21.4
Hepatitis B incidence rate per 100 000 (2016)	1



- KEY FACTS**
- According to the health improvement strategy (2011–2016), 82% of health professionals in Ministry of health are Bahrainis.¹
 - There is a substantial gap in the present workforce and an increasing need for specialists in key areas including emergency, anaesthesia, intensive care, palliative care, oncology, radio-diagnosis, obstetrics, gynaecology and haematology.
 - The majority of the Bahraini health workforce is female.¹
 - Health care professionals are regulated by the National Health Regulatory Authority.

Bahrain

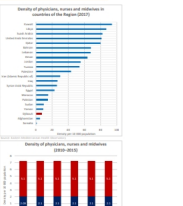


Health workforce snapshot

DJIBOUTI



DJIBOUTI AT A GLANCE	
Total population (2018)	1 096 000
Gross national income per capita (US\$, 2018)*	1 000
Unemployment (% of total labour force) (2018)*	11.2
Per capita current health expenditure (US\$ 2017)*	71
Government health expenditure as % of general government expenditure (2017)*	21.4
Out-of-pocket expenditure as % of current health expenditure (2017)*	21.4
Universal health coverage index (2015)*	27
Number of refugees (2018)	27 000
Maternal mortality per 100 000 live births (2017)*	220
Under-5 mortality per 1000 live births (2017)*	21
Births attended by skilled health personnel (% (2017)	21.4
Raised blood glucose (% 18+ years) (2017)*	10.5
Raised blood pressure (% 18+ years) (2017)*	21.4
Hepatitis B incidence rate per 100 000 (2016)	21.4

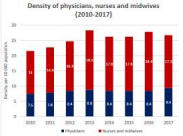
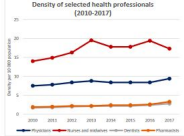
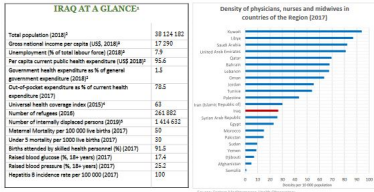


- KEY FACTS**
- Djibouti is one of the countries in the Region facing a critical shortage of health workforce, despite an annual increase in the health workforce.
 - The health workforce is predominantly male; recruitment and retention of qualified female health professionals, particularly in remote areas, is especially challenging.
 - There has been significant increase in production capacity over the past decade, mainly in private health professional education institutions.
 - Increase in nursing graduates has remained relatively low, leading to a decrease in the ratio of nurses and midwives to physicians.
 - From 2.5 in 2005 to 1.48 in 2018.
 - Almost half of health workers are employed by contracted service providers/ nongovernmental organizations¹.
 - Community health workers make up about half of Afghanistan's health workforce¹.
 - Utilization of trained midwives is limited; for example, 80% of midwives have not been absorbed by the health system².
 - The Afghanistan Medical Council (2017) and Afghanistan Midwifery and Nursing Council (2019) are in the process of being established.

Djibouti



Health workforce snapshot **IRAQ**



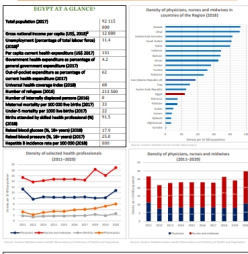
KEY FACTS

- Health workforce composition shows a deficit of qualified general and specialist physicians, nurses, midwives and support staff.
- Wide variation between governorates in the density of health workforce further worsens the situation.
- Dual practice is common and unregulated.
- Physicians are the only cadre with legislative recognition. Commonly, the title of "nurse" is arbitrarily assigned to workers who are not qualified nurses.
- Only 70% of nurses are educated to diploma or degree level; the remaining 30% are educated to secondary school level or lower.¹
- Gap exist in data on graduates from all cadres, which makes it difficult to obtain a clear picture of production capacity.
- A Council for Accreditation of Medical Schools has been created and has developed guidelines including licensure standards.
- There are 28 medical colleges in Iraq, 17 of which are public. Every governorate has at least one medical college.

Egypt



Health workforce snapshot **EGYPT**



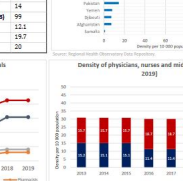
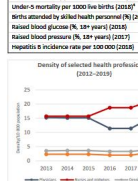
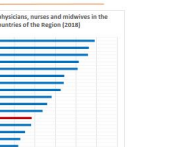
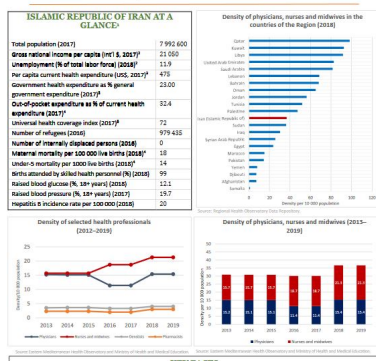
KEY FACTS

- Introduction of the health workforce in Egypt involves registration and accreditation.
- Accreditation of health professionals is controlled by the Ministry of Health.
- Dual practice is common.
- There is a barrier to family practice based primary health care and the training of family population is being studied.

Iraq



Health workforce snapshot **ISLAMIC REPUBLIC OF IRAN**



KEY FACTS

- Health service delivery and health professional education are integrated under the Ministry of Health and Medical Education.
- Over 80 affiliated universities of medical sciences provide health care and are responsible for the education and training of 77% of the health workforce.
- As a result of integration since the 1980s, the number of educational institutions for health professions has expanded and the annual number of undergraduate and postgraduate in medical and other health professional education has increased significantly.
- Dual practice by health care providers is allowed, with some restrictions for faculty members of universities of medical sciences.
- For almost 30 years, the country has hosted among the highest number of refugees regionally and globally, primarily from Afghanistan and Iraq. There are 1 million registered and almost 3 million non-registered refugees, presenting challenges for planning of the health workforce.
- While there is a ratio of just over 2 nurses to every doctor, challenges remain in the distribution of the health workforce. With its well established tertiary programmes, there is an effective primary care workforce serving the total population in the country.
- A comprehensive health workforce observatory is needed for better monitoring of the health workforce in the public and private sectors.

Islamic Republic of Iran

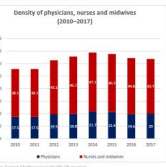
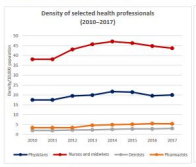


Health workforce snapshot **OMAN**



OMAN AT A GLANCE*

Total population (2017)	4 559 963
Gross national income per capita (Omani rial, 2016) ¹	5723
Unemployment (% of total labour force) (2016) ²	2.8
Per capita current health expenditure (US\$, 2017) ³	6.63
Government health expenditure as % of general government expenditure (2017)	6.4
Out-of-pocket expenditure as % of current health expenditure (2017)	5.9
Universal health coverage index (2016) ⁴	75
Number of refugees (2016) ⁵	516
Number of internally displaced persons (2016)	2 204 594
Maternal mortality rate per 100 000 live births (2017)	20.2
Under-5 mortality rate per 1000 live births (2017)	11.6
Births attended by skilled health personnel (%) (2017)	98.6
Raised blood glucose (% 15+ years) (2017)	15.7
Raised blood pressure (% 15+ years) (2017)	31.3
Hepatitis B incidence rate per 100 000 (2017)	0.72



- KEY FACTS**
- Oman is highly dependent on non-Omani health workers.
 - However, significant change has been observed towards more national health professionals joining the health workforce in the last two decades, with the percentage of Omani physicians increasing from 9% in 1990 to 41% in 2018 and Omani nurses from 12% in 1990 to 62% in 2018.
 - Non-Omani health professionals mostly work in the private sector.
 - 12–13% of nurses are male. This proportion has not change much over the years.

Oman

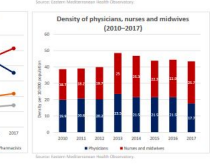
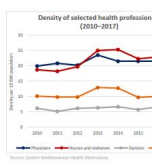


Health workforce snapshot **PALESTINE**



PALESTINE AT A GLANCE*

Total population (2017)	4 754 000
Gross national income per capita (US\$, 2016) ¹	5 990
Unemployment (% of total labour force) (2016) ²	20.24
Per capita current health expenditure (US\$, 2017) ³	2.62
Government health expenditure as % of general government expenditure (2017)	16
Out-of-pocket expenditure as % of current health expenditure (2017)	46
Universal health coverage index (2016) ⁴	44
Number of refugees (2016) ⁵	2 188 274
Number of internally displaced persons (2016)	0
Maternal mortality rate per 100 000 live births (2016)	45
Under-5 mortality rate per 1000 live births (2017)	21
Births attended by skilled health personnel (%) (2017)	100
Raised blood glucose (% 15+ years) (2016)	8.5
Raised blood pressure (% 15+ years) (2016)	35.8
Hepatitis B incidence rate per 100 000 (2016)	—



- KEY FACTS**
- The total number of health workers is 36 809.⁶
 - The health workforce is mostly young, with 74% of all health workforce under the age of 45.⁶
 - Shortages are being faced in some specialties.
 - Most physicians (80%) and dentists (78%) are males.⁶
 - 63% of health workers are employed in the urban areas.⁶
 - The health workforce is regulated mainly by the Ministry of Health, which provides lifetime licenses to physicians and dentists and annual re-licensing to all other health professionals.⁶

Palestine

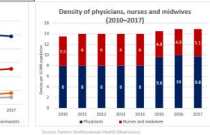
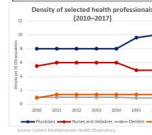


Health Workforce Profile **PAKISTAN**



PAKISTAN AT A GLANCE*

Total population (2017)	227 580 000
Gross national income per capita (PPP US\$, 2016) ¹	5 860
Unemployment (% of total labour force) (2016) ²	3.82
Per capita total health expenditure (US\$, 2016) ³	4.7
Government health expenditure as % of general government expenditure (2016) ⁴	9.7
Out-of-pocket expenditure as % of total health expenditure (2016) ⁵	57.6
Universal health coverage index (2016) ⁶	47.5
Number of refugees (2016) ⁷	1 416 678
Number of internally displaced persons (2016)	44 015
Maternal mortality rate per 100 000 live births (2017)	1.60
Under-5 mortality rate per 1000 live births (2016) ⁸	7.9
Births attended by skilled health personnel (%) (2017)	69.3
Raised blood glucose (% 15+ years) (2017)	12.4
Raised blood pressure (% 15+ years) (2017)	36.5
Hepatitis B incidence rate per 100 000 (2017) ⁹	1 130



- KEY FACTS**
- Pakistan faces a critical shortage of health workers.
 - Significant shortages of nurses characterized by more physicians than nurses in the country. Current production trend of more doctors than nurses every year implies a widening gap.
 - Only about 5% of nurses have an education at the level of BSc or above.¹⁰
 - A significant number of female physicians do not get into the labour force.
 - Out migration accounts for a high number of experienced health professionals.
 - In 2010 (2011) Lady Health Workers under EP/ RAO (2010) Lady Health Workers have ensured some basic preventive and promotive services in rural areas over the years.¹¹
 - The national human resources for health vision was launched in 2016, and 2017 was announced as the Year of the Nurse in Pakistan.
 - The physicians, dentists, nurses, midwives and lady health workers, pharmacists and other practitioners are regulated respectively by Pakistan Medical and Dental Council, Pakistan Nursing Council, Pharmacy Council of Pakistan, National Council for TRB.

Pakistan

Health workforce snapshot | QATAR

QATAR AT A GLANCE

Total population (2019)*	2 522 000
Gross national income per capita (US\$, 2018)*	55 650
Unemployment (% of total labor force) (2019)*	13.9
Per capita current health expenditure (US\$, 2017)	1147
Government health expenditure as % of general government expenditure (2017)	10.1
Out-of-pocket expenditure as % of current health expenditure (2017)	14.8
Universal health coverage index (2019)*	77.8
Number of refugees (2018)	136
Maternal mortality per 100 000 live births (2019)	11.9
Under-5 mortality per 1000 live births (2019)*	6.8
Births attended by skilled health personnel (%) (2019)*	98.7
Raised blood glucose (% 10+ years) (2017)	17.4
Raised blood pressure (% 18+ years) (2017)	23.3
Hepatitis B incidence rate per 100 000 (2016)	300

KEY FACTS

- Due to significant expansion of the Qatar health care system in 2010–2016, there was a historical rise in the health care workforce to levels similar to those of advanced countries.
- Health professionals are recruited from 140 countries. Expansion of the health care workforce is mainly due to the recruitment of expatriate health professionals, particularly nurses, dentists, and allied health professionals.
- Health care services are provided in a tertiary care setting. Expansion of the health care workforce is mainly due to the recruitment of expatriate health professionals, particularly nurses, dentists, and allied health professionals.
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Qatar



Health workforce snapshot

SAUDI ARABIA

SAUDI ARABIA AT A GLANCE

Total population (2019)*	34 218 149
Gross national income per capita (US\$, 2018)*	15 650
Unemployment (% of total labor force) (2019)*	13.9
Per capita current health expenditure (US\$, 2017)	1147
Government health expenditure as % of general government expenditure (2017)	10.1
Out-of-pocket expenditure as % of current health expenditure (2017)	14.8
Universal health coverage index (2019)*	77.8
Number of refugees (2018)	136
Maternal mortality per 100 000 live births (2019)	11.9
Under-5 mortality per 1000 live births (2019)*	6.8
Births attended by skilled health personnel (%) (2019)*	98.7
Raised blood glucose (% 10+ years) (2017)	17.4
Raised blood pressure (% 18+ years) (2017)	23.3
Hepatitis B incidence rate per 100 000 (2016)	300

KEY FACTS

- The health system relies heavily on expatriates. Approximately 80% of the health workers are non-Saudi.
- There has been a slight improvement in the number of Saudi nurses, increasing from 32 to 37% during 2011–2015.*
- There is a maldistribution between the rural (understaffed) and urban (overstaffed) primary care workforce.*
- There is an unaddressed high turnover of expatriate health professionals, resulting in an estimated 20–25% per annum loss of trained workforce.*
- The health system is moving towards family practice-based primary care, but the limited number of places available for family physician training presents a challenge in scaling up family practice.*

Saudi Arabia



Health workforce snapshot

SUDAN

SUDAN AT A GLANCE

Total population (2019)*	47 701 000
Gross national income per capita (US\$, 2018)*	600
Unemployment (% of total labor force) (2019)*	13.9
Per capita current health expenditure (US\$, 2017)	1147
Government health expenditure as % of general government expenditure (2017)	10.1
Out-of-pocket expenditure as % of current health expenditure (2017)	14.8
Universal health coverage index (2019)*	77.8
Number of refugees (2018)	136
Maternal mortality per 100 000 live births (2019)	11.9
Under-5 mortality per 1000 live births (2019)*	6.8
Births attended by skilled health personnel (%) (2019)*	98.7
Raised blood glucose (% 10+ years) (2017)	17.4
Raised blood pressure (% 18+ years) (2017)	23.3
Hepatitis B incidence rate per 100 000 (2016)	300

KEY FACTS

- Expansion of health workforce is due to the health workforce expansion strategy in recent years due to the expansion of health professional education institutions, especially the number of health schools.
- 22% of health workers are non-Sudanese, with the majority being expatriate health professionals.
- Health workforce for the public sector has declined over the past few years and is expected to decline further.
- Expansion of health workforce is due to the health workforce expansion strategy in recent years due to the expansion of health professional education institutions, especially the number of health schools.

Sudan



Health workforce snapshot

SYRIAN ARAB REPUBLIC

SYRIAN ARAB REPUBLIC AT A GLANCE

Total population (2019)*	24 421 000
Gross national income per capita (US\$, 2018)*	1147
Unemployment (% of total labor force) (2019)*	13.9
Per capita current health expenditure (US\$, 2017)	1147
Government health expenditure as % of general government expenditure (2017)	10.1
Out-of-pocket expenditure as % of current health expenditure (2017)	14.8
Universal health coverage index (2019)*	77.8
Number of refugees (2018)	136
Maternal mortality per 100 000 live births (2019)	11.9
Under-5 mortality per 1000 live births (2019)*	6.8
Births attended by skilled health personnel (%) (2019)*	98.7
Raised blood glucose (% 10+ years) (2017)	17.4
Raised blood pressure (% 18+ years) (2017)	23.3
Hepatitis B incidence rate per 100 000 (2016)	300

KEY FACTS

- Conflict has had a major impact on the Syrian health workforce. Since 2011, there has been a 10% decline in the number of health workers, with a 25% decline in the number of health professionals.
- Health workforce for the public sector has declined over the past few years and is expected to decline further.
- Expansion of health workforce is due to the health workforce expansion strategy in recent years due to the expansion of health professional education institutions, especially the number of health schools.

Syrian Arab Republic



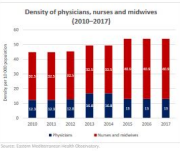
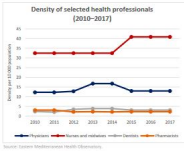
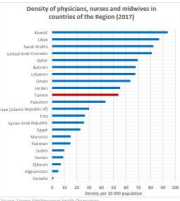
Health workforce snapshot

TUNISIA



TUNISIA AT A GLANCE*

Total population (2017)	11 446 000
Gross national income per capita (US\$, 2018) [†]	12 500
Unemployment (% of total labour force) (2018) [†]	15.4
Per capita current health expenditure (US\$ 2017)	257
Government health expenditure as % of general government expenditure (2017)	13.7
Out-of-pocket expenditure as % of current health expenditure (2017)	33.9
Universal health coverage index (2019) [†]	65
Number of refugees (2016)	636
Number of internally displaced persons (2016)	0
Infant mortality per 100 000 live births (2017)	6.2
Under-5 mortality per 1000 live births (2017)	13
Births attended by skilled health personnel (%) (2017)	98.6
Raised blood glucose (% 18+ years) (2017)	12.5
Raised blood pressure (% 18+ years) (2018) [†]	23.2
Hepatitis B incidence rate per 100 000 (2017)	600



- KEY FACTS**
- The geographic distribution of health workforce is highly imbalanced in favour of coastal cities.
 - There is need to adapt health education to meet the new needs of the population resulting from aging and increase in the burden of noncommunicable diseases.
 - Motivation of health personnel is low due to difficult working conditions and poor career prospects. As a consequence, public services compete with private structures to attract and retain personnel. There is also emigration to higher income countries that offer much higher salaries.
 - Public services recruited many non-clinical health workers after the 2011 revolution. However, there has been very limited recruitment since 2017 due to wider public sector restructuring. There is significant unemployment of so-called "paramedical personnel", in particular of care assistants.
 - There are high rates of absenteeism and many days are lost to strikes.
 - The Ministry of Public Health, with the support of WHO, has launched a planning process to address health workforce deficiencies.

Tunisia



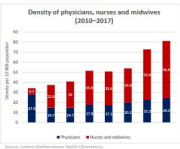
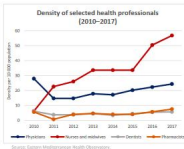
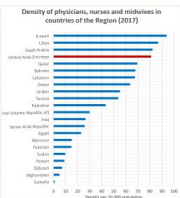
Health workforce snapshot

UNITED ARAB EMIRATES



UNITED ARAB EMIRATES AT A GLANCE*

Total population (2017) [†]	9 121 147
Gross national income per capita (US\$, 2018) [†]	73 440
Per capita current health expenditure (US\$ 2017) [†]	1 923
Government health expenditure as % of general government expenditure (2016) [†]	10.2
Out-of-pocket expenditure as % of current health expenditure (2016) [†]	18.4
Universal health coverage index (2017) [†]	76
Infant mortality per 100 000 live births (2017) [†]	8
Under-5 mortality per 1000 live births (2017) [†]	7.6
Births attended by skilled health personnel (%) (2017) [†]	100
Raised blood glucose (% 18+ years) (2018) [†]	11.8
Raised blood pressure (% 18+ years) (2018) [†]	26.8
Hepatitis B incidence rate per 100 000 (2017) [†]	23.8



- KEY FACTS**
- The number of female health graduates is higher than males, which shows the great contribution of females in the health sector of the United Arab Emirates.
 - There is a shortage of male nurses in the health workforce.
 - The skill mix has improved over the past decade, with the ratio of nurses and midwives to physicians increasing to 2.34.[†]

United Arab Emirates

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