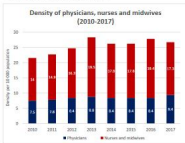
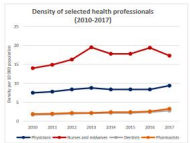
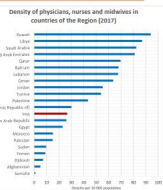




Health workforce snapshot **IRAQ**

IRAQ AT A GLANCE*

Total population (2016)	38 124 182
Gross national income per capita (PpP, 2016)	17 290
Unemployment % of total labor force (2016)	7.8
Per capita current health expenditure (2016)	95.6
Government health expenditure as % of general government expenditure (2016)	1.8
Out-of-pocket expenditure as % of current health expenditure (2017)	78.3
Universal health coverage index (2015)	63
Number of refugees (2016)	246 882
Number of internally displaced persons (2016)	1 444 692
Maternal mortality per 100 000 live births (2017)	59
Under-5 mortality per 1000 live births (2017)	50
Infants attended by skilled health personnel (N) (2017)	91.5
Raised blood glucose (% 18+ years) (2017)	17.4
Raised blood pressure (% 18+ years) (2017)	32.2
Hepatitis B incidence rate per 100 000 (2017)	100



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 20% of nurses are educated to diploma or degree level; the remaining 70% 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 entrance 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**

EGYPT AT A GLANCE*

Total population (2015)	101 115 100
Gross national income per capita (PpP, 2015)	12 380
Unemployment % of total labor force (2015)	7.8
Per capita current health expenditure (2015)	111
Government health expenditure as % of general government expenditure (2015)	4.2
Out-of-pocket expenditure as % of current health expenditure (2017)	63
Universal health coverage index (2015)	63
Number of refugees (2016)	2 100 000
Number of internally displaced persons (2016)	2 100 000
Maternal mortality per 100 000 live births (2016)	11.1
Under-5 mortality per 1000 live births (2016)	11.1
Infants attended by skilled health personnel (N) (2016)	91.5
Raised blood glucose (% 18+ years) (2017)	11.1
Raised blood pressure (% 18+ years) (2017)	11.1
Hepatitis B incidence rate per 100 000 (2016)	100



KEY FACTS

- Introduction of the health workforce in Egypt is highly regulated and unregulated.
- 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.

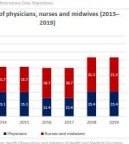
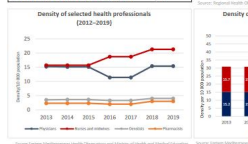
Iraq



Health workforce snapshot **ISLAMIC REPUBLIC OF IRAN**

ISLAMIC REPUBLIC OF IRAN AT A GLANCE*

Total population (2017)	79 912 600
Gross national income per capita (PpP, 2017)	21 000
Unemployment % of total labor force (2016)	11.9
Per capita current health expenditure (2016)	475
Government health expenditure as % of general government expenditure (2017)	23.00
Out-of-pocket expenditure as % of current health expenditure (2017)	32.4
Universal health coverage index (2017)	72
Number of refugees (2016)	979 435
Number of internally displaced persons (2016)	0
Maternal mortality per 100 000 live births (2016)	18
Under-5 mortality per 1000 live births (2016)	14
Infants attended by skilled health personnel (N) (2016)	99
Raised blood glucose (% 18+ years) (2016)	12.1
Raised blood pressure (% 18+ years) (2017)	19.7
Hepatitis B incidence rate per 100 000 (2016)	20



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.

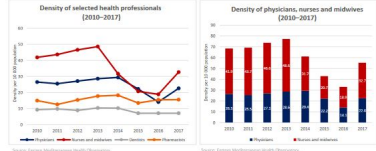
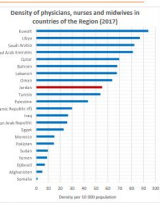
Islamic Republic of Iran



Health workforce snapshot **JORDAN**

JORDAN AT A GLANCE

Total population (2017)	10 052 000
Gross national income per capita (USD 2016)*	4 029
Unemployment (% of total labour force) (2016)†	18.6
Per capita current health expenditure (USD 2017)‡	18.1
Government health expenditure as % of general government expenditure (2017)§	11.8
Out-of-pocket expenditure as % of current health expenditure (2017)¶	30.4
Universal health coverage index (2017)‡	70
Number of refugees (2016)	5 860 669
Number of internally displaced persons (2016)	0
Maternal mortality per 100 000 live births (2017)**	28.7
Under-5 mortality per 1000 live births (2017)**	19
Births attended by skilled health personnel (%) (2017)	99.6
Raised blood glucose (% 15+ years) (2017)	16.8
Raised blood pressure (% 15+ years) (2017)	21
Hepatitis B incidence rate per 100 000 (2017)	1000



- KEY FACTS**
- The 2015 population census showed a 30% increase in the total population, resulting in a significant decline in the density of health workers and graduates.
 - In the last decade, an influx of over 2 million refugees has put undue burden on the health system, and thus on health workers.
 - A national human resources for health (HRH) Observatory is in place and a National HRH Strategy (2018-2022) was launched in 2018.
 - The main employers of health workforce are the Ministry of Health, the Royal Medical Services, universities and the private sector.
 - Geographic maldistribution of health workforce causes shortages in rural areas and in the southern and eastern parts of the country.
 - Lack of competent personnel on the family practice approach negatively impacts utilization of primary health care.
 - Additionally, there is a shortage of physicians in multiple specialties.
 - Dual practice is illegal in Jordan.

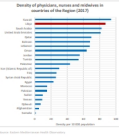
Jordan



Health workforce snapshot **LIBYA**

LIBYA AT A GLANCE

Total population (2017)	6 547 000
Gross national income per capita (USD 2016)*	2 396
Unemployment (% of total labour force) (2016)†	15.2
Per capita current health expenditure (USD 2017)‡	12.1
Government health expenditure as % of general government expenditure (2017)§	10.4
Out-of-pocket expenditure as % of current health expenditure (2017)¶	30.4
Universal health coverage index (2017)‡	65
Number of refugees (2016)	1 727
Number of internally displaced persons (2016)	0
Maternal mortality per 100 000 live births (2017)**	70
Under-5 mortality per 1000 live births (2017)**	13
Births attended by skilled health personnel (%) (2017)	88.6
Raised blood glucose (% 15+ years) (2017)	13.7
Raised blood pressure (% 15+ years) (2017)	24.1
Hepatitis B incidence rate per 100 000 (2017)	500



- KEY FACTS**
- Changes in availability of health services are occurring as a result of the conflict of violence and foreign-aided health workers in several parts of the country in the north, south, and west. Some professionals have been displaced from their usual practice areas.
 - The 2015 population census showed a 30% increase in the total population, resulting in a significant decline in the density of health workers and graduates.
 - In the last decade, an influx of over 2 million refugees has put undue burden on the health system, and thus on health workers.
 - The main employers of health workforce are the Ministry of Health, the Royal Medical Services, universities and the private sector.
 - Geographic maldistribution of health workforce causes shortages in rural areas and in the southern and eastern parts of the country.
 - Lack of competent personnel on the family practice approach negatively impacts utilization of primary health care.
 - Additionally, there is a shortage of physicians in multiple specialties.
 - Dual practice is illegal in Jordan.

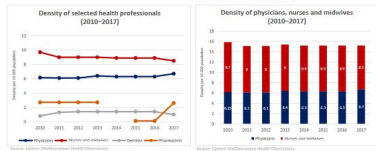
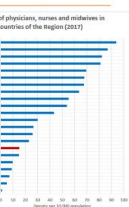
Libya



Health workforce snapshot **MOROCCO**

MOROCCO AT A GLANCE

Total population (2017)	3 485 200
Gross national income per capita (USD 2016)*	2 410
Unemployment (% of total labour force) (2016)†	9.24
Per capita current health expenditure (USD 2017)‡	37.1
Government health expenditure as % of general government expenditure (2017)§	9.1
Out-of-pocket expenditure as % of current health expenditure (2017)¶	48.4
Universal health coverage index (2017)‡	65
Number of refugees (2016)	0
Number of internally displaced persons (2016)	0
Maternal mortality per 100 000 live births (2017)**	70
Under-5 mortality per 1000 live births (2017)**	13
Births attended by skilled health personnel (%) (2017)	88.6
Raised blood glucose (% 15+ years) (2017)	13.7
Raised blood pressure (% 15+ years) (2017)	24.1
Hepatitis B incidence rate per 100 000 (2017)	500



- KEY FACTS**
- Morocco faces a critical deficit of health workforce, with a density of only 15.5 doctors, nurses and midwives per 10 000 population.
 - Primary health care, mental health, rehabilitation and geriatric services are particularly underfunded. Medical specialties such as cardiovascular, oncology, radiology and haematology are experiencing workforce deficits. There is also a shortage of qualified managers.
 - The health workforce is ageing: 37% of health personnel were over 55 years old in 2015, with 1023 physicians (approximately 20%) and 11 100 other health personnel expected to retire by 2025. Medical specialties such as general surgery, obstetrics, paediatrics and geriatrics are at risk of underfilling due to the high proportion of practitioners close to retirement age. Domestic production is not sufficient to replace the expected retirees.
 - The geographic distribution of health workforce is highly imbalanced in favour of cities with a tertiary hospital.
 - There is increasing mobility of physicians and, to a lesser extent, of other health personnel from public to private services, which often better remunerates and working conditions. Dual practice is common, and mostly unregulated.
 - A national human resources for health strategy is being developed, and a health workforce observatory is being established.

Morocco



World Health Organization
Leading Health Transformation

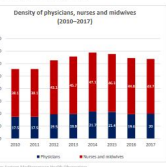
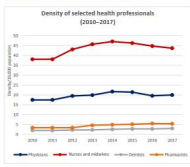
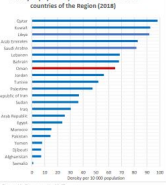


Health workforce snapshot **OMAN**

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

Density of physicians, nurses and midwives in countries of the Region (2016)



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 changed much over the years.

Oman



World Health Organization
Leading Health Transformation

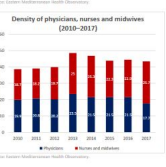
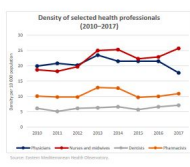


Health workforce snapshot **PALESTINE**

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)	—

Density of physicians, nurses and midwives in countries of the Region (2017)



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



World Health Organization
Leading Health Transformation

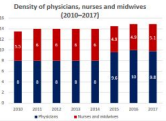
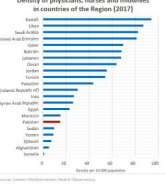


Health workforce profile **PAKISTAN**

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	3.02
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

Density of physicians, nurses and midwives in countries of the Region (2017)



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/ EOP (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

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 health care support workers. Regular updates to licensing regulations published on the Ministry of Public Health's Department of Health Professions website.
- Health care services remain in a state of transition, with the responsibility for continuous professional development and certification of health professionals shared between the Ministry of Health, the Qatar Council for Allied Health Professions, and the Association of Family Physicians, Royal College of Physicians and Surgeons of Canada, and Accreditation Council for Continuing Medical Education.

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 37.5% 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)*	400
Unemployment (% of total labor force) (2019)*	16.7
Per capita current health expenditure (US\$, 2017)	103
Government health expenditure as % of general government expenditure (2017)	46.3
Out-of-pocket expenditure as % of current health expenditure (2017)	46.3
Universal health coverage index (2019)*	45.8
Number of refugees (2018)	45 878
Maternal mortality per 100 000 live births (2019)	2 227.9
Under-5 mortality per 1000 live births (2019)*	36
Births attended by skilled health personnel (%) (2019)*	91
Raised blood glucose (% 10+ years) (2017)	48
Raised blood pressure (% 18+ years) (2017)	24.3
Hepatitis B incidence rate per 100 000 (2016)	200

KEY FACTS

- Investment in health workforce for the health workforce strategy is most acute due to the collapse of health professional education institutions, resulting in the shortage of health services.
- 22% of health workers are expatriates, although the majority are temporary migrant workers (2019-2020).
- There is a shortage of health professionals in rural areas, but the services are fragmented and hard to further improve.
- Health facilities for the public sector, but the services are fragmented and hard to further improve.
- Expatriate health professionals (45%) currently working in the health workforce, but the majority are temporary health professionals and 20% of the health professionals are working in health facilities in the private sector.

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)*	1 147
Unemployment (% of total labor force) (2019)*	14.1
Per capita current health expenditure (US\$, 2017)	1 147
Government health expenditure as % of general government expenditure (2017)	14.1
Out-of-pocket expenditure as % of current health expenditure (2017)	14.1
Universal health coverage index (2019)*	40
Number of refugees (2018)	2 022 074
Maternal mortality per 100 000 live births (2019)	410
Under-5 mortality per 1000 live births (2019)*	21
Births attended by skilled health personnel (%) (2019)*	96
Raised blood glucose (% 10+ years) (2017)	24.4
Raised blood pressure (% 18+ years) (2017)	24.5
Hepatitis B incidence rate per 100 000 (2016)	400

KEY FACTS

- Conflict has been ongoing in the Syrian Arab Republic for more than 10 years. It has led to the loss of 100 000 people and 100 000 health workers, and the displacement of 20 million people. Health services are severely affected. Most of the health workforce has been displaced to neighboring 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 health care support workers. Regular updates to licensing regulations published on the Ministry of Public Health's Department of Health Professions website.
- Health care services remain in a state of transition, with the responsibility for continuous professional development and certification of health professionals shared between the Ministry of Health, the Qatar Council for Allied Health Professions, and the Association of Family Physicians, Royal College of Physicians and Surgeons of Canada, and Accreditation Council for Continuing Medical Education.

Syrian Arab Republic



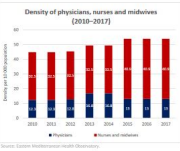
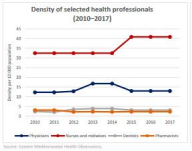
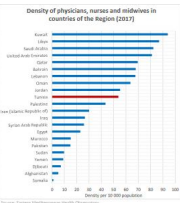
Health workforce snapshot

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



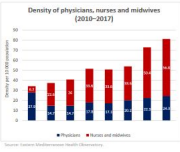
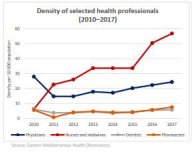
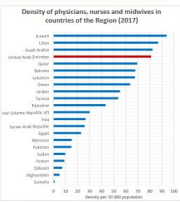
Health workforce snapshot

UNITED ARAB EMIRATES



UNITED ARAB EMIRATES AT A GLANCE*

Total population (2017) [†]	9 121 147
Gross national income per capita (US\$, 2018) [†]	75 440
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) [†]	5
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

Saturday 4th of May 2024 04:39:17 AM