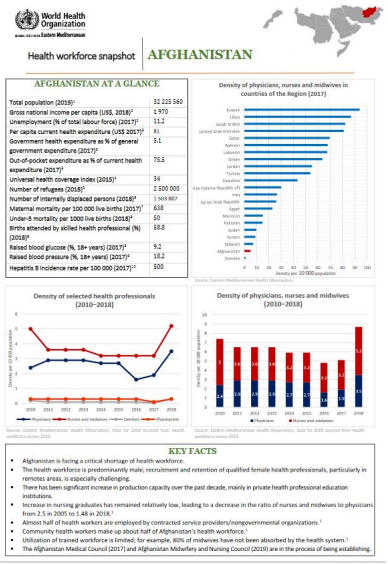

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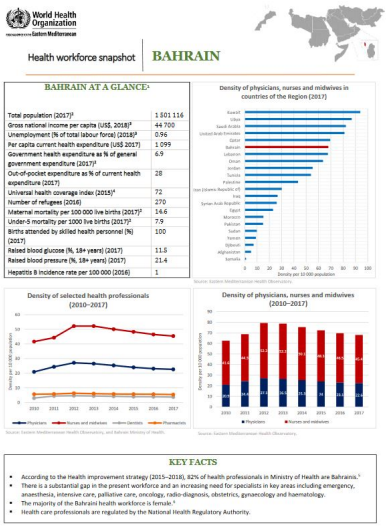

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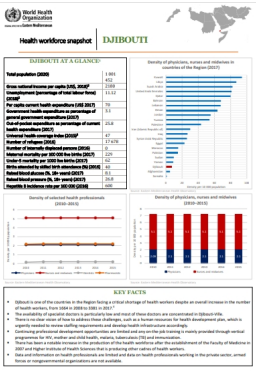

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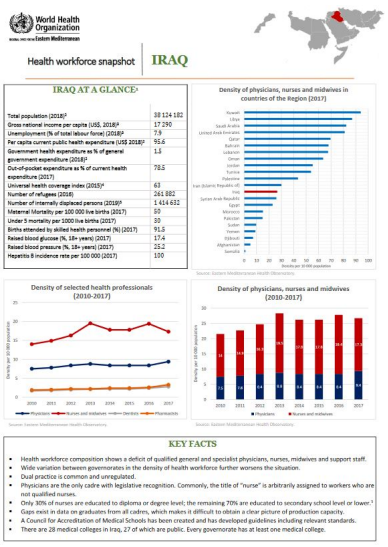

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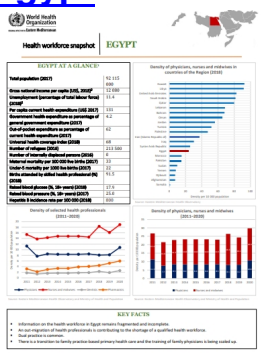

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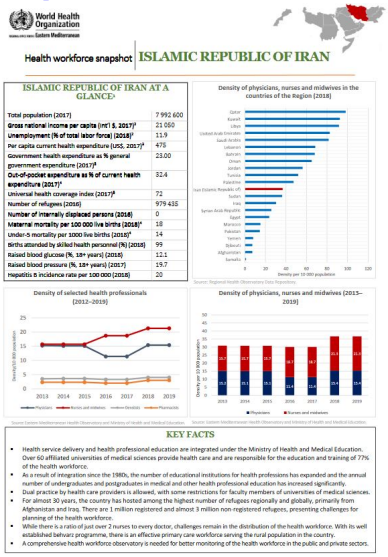
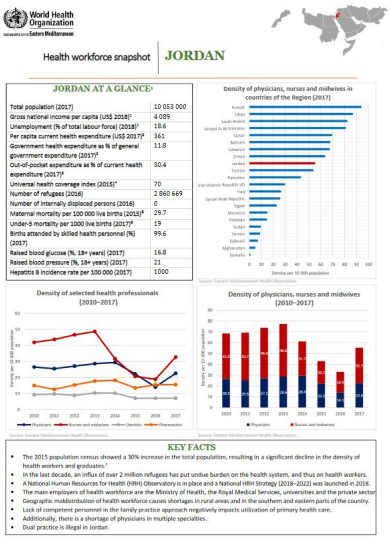


Islamic Republic of Iran


World Health Organization
Eastern Mediterranean

Health workforce snapshot | JORDAN

JORDAN AT A GLANCE[1]

Total population (2017)	10 053 000
Gross national income per capita (US$ 2018)[2]	4 089
Unemployment (% of total labour force) (2018)[2]	18.6
Per capita current health expenditure (US$ 2017)[3]	361
Government health expenditure as % of general government expenditure (2017)[3]	11.8
Out-of-pocket expenditure as % of current health expenditure (2017)[3]	30.4
Universal health coverage index (2015)[4]	70
Number of refugees (2016)	2 860 669
Number of internally displaced persons (2016)	0
Maternal mortality per 100 000 live births (2015)[3]	29.7
Under-5 mortality per 1000 live births (2017)[3]	19
Births attended by skilled health personnel (%) (2017)	99.6
Raised blood glucose (%, 18+ years) (2017)	16.8
Raised blood pressure (%, 18+ years) (2017)	21
Hepatitis B incidence rate per 100 000 (2017)	1000

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

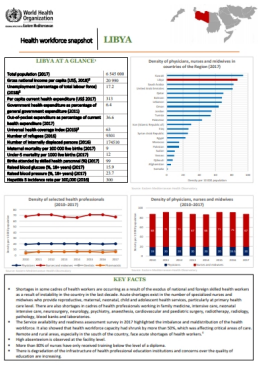
Density of selected health professionals (2010–2017)

Density of physicians, nurses and midwives (2010–2017)

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.[1]
- 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 in 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


World Health Organization
Eastern Mediterranean

Health workforce snapshot | LIBYA

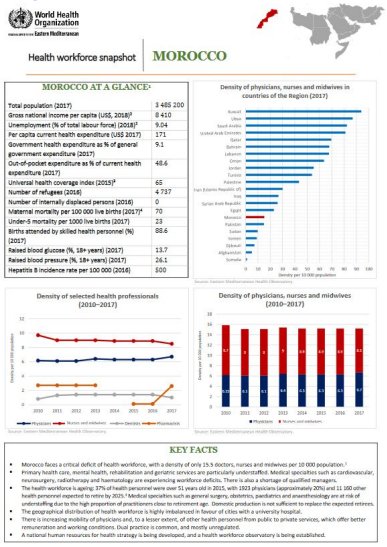
LIBYA AT A GLANCE[1]

Total population (2017)	6 540 000
Gross national income per capita (US$, 2018)[2]	20 990
Unemployment (percentage of total labour force) (2018)[2]	17.3
Per capita current health expenditure (US$ 2017)	311
Government health expenditure as percentage of general government expenditure (2017)	6.4
Out-of-pocket expenditure as percentage of current health expenditure (2017)	76.6
Universal health coverage index (2015)[4]	63
Number of refugees (2016)	9361
Number of internally displaced persons (2016)	178536
Maternal mortality per 100 000 live births (2017)	73
Under-5 mortality per 1000 live births (2017)	12
Births attended by skilled health personnel (%) (2017)	99
Raised blood glucose (%, 18+ years) (2017)	16.8
Raised blood pressure (%, 18+ years) (2017)	23.7
Hepatitis B incidence rate per 100 000 (2016)	300

KEY FACTS

- Shortages in some cadres of health workers are occurring as a result of the exodus of national and foreign skilled health workers as doctors who provide maternal, neonatal, child and adolescent health services, particularly at primary health care level. There are also shortages in cadres of health professionals working in family medicine, intensive care, neonatal intensive care, neurosurgery, neurology, psychiatry, anaesthesia, cardiovascular and paediatric surgery, radiotherapy, radiology, pathology, blood banks and laboratories.
- The Service availability and readiness assessment survey in 2017 highlighted the imbalance and maldistribution of the health workforce. It also showed that health workforce capacity had shrunk by more than 50%, which was affecting critical areas of care, and that there was a lack of health workers in each of the country, face acute shortages of health workers.[1]
- High absenteeism is observed at the facility level.
- More than 80% of nurses have only received training below the level of a diploma.
- There is degradation of the infrastructure of health professional education institutions and concerns over the quality of education are increasing.

Libya


World Health Organization
Eastern Mediterranean

Health workforce snapshot | MOROCCO

MOROCCO AT A GLANCE[1]

Total population (2017)	3 485 200
Gross national income per capita (US$, 2018)[2]	8 410
Unemployment (% of total labour force) (2018)[2]	9.04
Per capita current health expenditure (US$ 2017)	171
Government health expenditure as % of general government expenditure (2017)	9.1
Out-of-pocket expenditure as % of current health expenditure (2017)	48.6
Universal health coverage index (2015)[4]	65
Number of refugees (2016)	4 737
Number of internally displaced persons (2016)	0
Maternal mortality per 100 000 live births (2017)[4]	70
Under-5 mortality per 1000 live births (2017)	23
Births attended by skilled health personnel (%) (2017)	88.6
Raised blood glucose (%, 18+ years) (2017)	13.7
Raised blood pressure (%, 18+ years) (2017)	26.1
Hepatitis B incidence rate per 100 000 (2016)	500

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

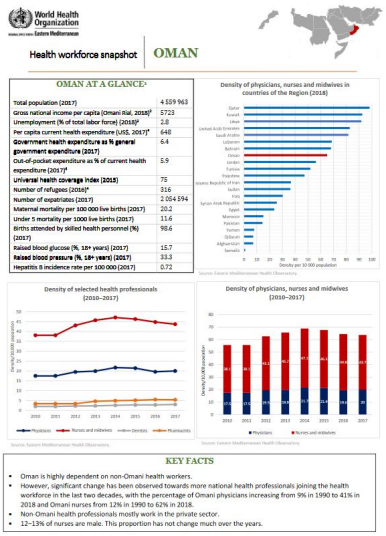
Density of selected health professionals (2010–2017)

Density of physicians, nurses and midwives (2010–2017)

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.[1]
- Primary health care, mental health, rehabilitation and geriatric services are particularly understaffed. Medical specialties such as cardiovascular, neurosurgery, radiotherapy 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 51 years old in 2015, with 1923 physicians (approximately 20%) and 11 160 other health personnel expected to retire by 2025.[1] Medical specialties such as general surgery, obstetrics, paediatrics and anaesthesiology are at risk of understaffing due to the high proportion of practitioners close to retirement age. Domestic production is not sufficient to replace the expected retirees.
- The geographical distribution of health workforce is highly imbalanced in favour of cities with a university hospital.
- There is increasing mobility of physicians and, to a lesser extent, of other health personnel from public to private services, which offer better remuneration 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
Eastern Mediterranean

Health workforce snapshot | OMAN

OMAN AT A GLANCE[1]

Total population (2017)	4 559 963
Gross national income per capita (Omani Rial, 2018)[2]	8723
Unemployment (% of total labor force) (2018)[3]	2.8
Per capita current health expenditure (US$, 2017)[4]	648
Government health expenditure as % general government expenditure (2017)	6.4
Out-of-pocket expenditure as % of current health expenditure (2017)[4]	5.9
Universal health coverage index (2015)	75
Number of refugees (2016)[5]	316
Number of expatriates (2017)	2 064 594
Maternal mortality per 100 000 live births (2017)	20.2
Under 5 mortality per 1000 live births (2017)	11.6
Births attended by skilled health personnel (%) (2017)	99.6
Raised blood glucose (%, 18+ years) (2017)	15.7
Raised blood pressure (%, 18+ years) (2017)	33.3
Hepatitis B incidence rate per 100 000 (2017)	0.72

Density of physicians, nurses and midwives in countries of the Region (2018)

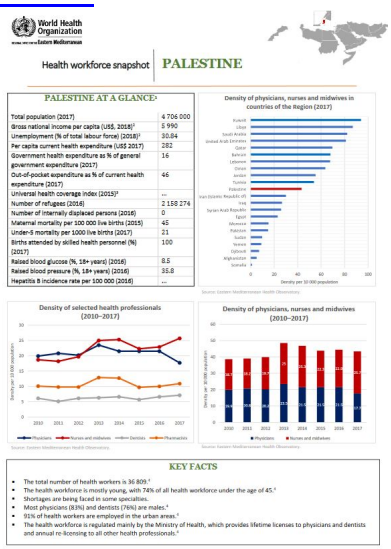
Density of selected health professionals (2010–2017)

Density of physicians, nurses and midwives (2010–2017)

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



World Health Organization
Eastern Mediterranean

Health workforce snapshot | PALESTINE

PALESTINE AT A GLANCE[1]

Total population (2017)	4 706 000
Gross national income per capita (US$, 2018)[2]	3 990
Unemployment (% of total labour force) (2018)[3]	30.84
Per capita current health expenditure (US$ 2017)	282
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 (2015)[4]	...
Number of refugees (2016)	2 158 274
Number of internally displaced persons (2016)	0
Maternal mortality per 100 000 live births (2015)	45
Under-5 mortality per 1000 live births (2017)	21
Births attended by skilled health personnel (%) (2017)	100
Raised blood glucose (%, 18+ years) (2016)	8.5
Raised blood pressure (%, 18+ years) (2016)	35.8
Hepatitis B incidence rate per 100 000 (2016)	...

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

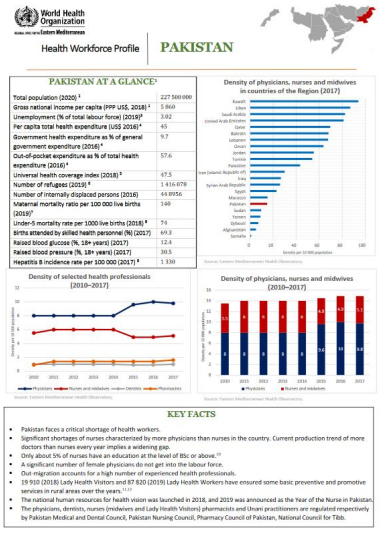
Density of selected health professionals (2010–2017)

Density of physicians, nurses and midwives (2010–2017)

KEY FACTS

- The total number of health workers is 36 809.[1]
- The health workforce is mostly young, with 74% of all health workforce under the age of 45.[1]
- Shortages are being faced in some specialties.
- Most physicians (83%) and dentists (76%) are males.[1]
- 91% of health workers are employed in the urban areas.[1]
- 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.[1]

Palestine



World Health Organization
Eastern Mediterranean

Health Workforce Profile | PAKISTAN

PAKISTAN AT A GLANCE[1]

Total population (2020)[1]	227 500 000
Gross national income per capita (PPP US$, 2018)[2]	5 860
Unemployment (% of total labour force) (2019)[3]	3.82
Per capita total health expenditure (US$ 2016)[4]	45
Government health expenditure as % of general government expenditure (2016)[4]	9.7
Out-of-pocket expenditure as % of total health expenditure (2016)[4]	57.6
Universal health coverage index (2018)[5]	47.5
Number of refugees (2019)[6]	1 416 678
Number of internally displaced persons (2016)	44 9956
Maternal mortality ratio per 100 000 live births (2019)[7]	140
Under-5 mortality rate per 1000 live births (2018)[8]	74
Births attended by skilled health personnel (%) (2017)	69.3
Raised blood glucose (%, 18+ years) (2017)	12.4
Raised blood pressure (%, 18+ years) (2017)	30.5
Hepatitis B incidence rate per 100 000 (2017)[8]	1 330

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

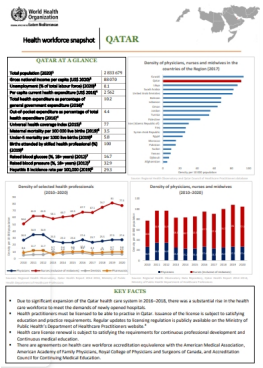
Density of selected health professionals (2010–2017)

Density of physicians, nurses and midwives (2010–2017)

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.
- 19 910 (2018) Lady Health Visitors and 87 820 (2019) Lady Health Workers have ensured some basic preventive and promotive services in rural areas over the years.[11,12]
- The national human resources for health vision was launched in 2018, and 2019 was announced as the Year of the Nurse in Pakistan.
- The physicians, dentists, nurses (midwives and Lady Health Visitors) pharmacists and Unani practitioners are regulated respectively by Pakistan Medical and Dental Council, Pakistan Nursing Council, Pharmacy Council of Pakistan, National Council for Tibb.

Pakistan



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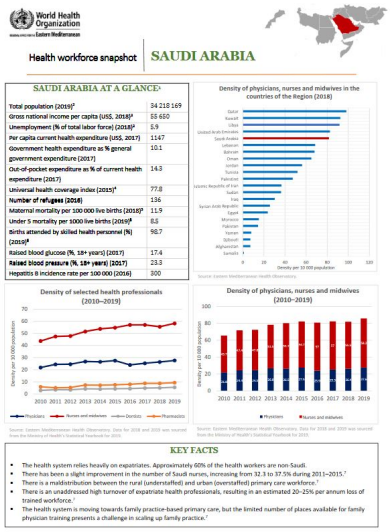
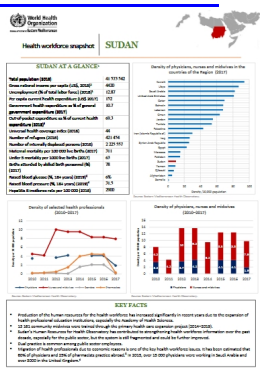


Saudi Arabia



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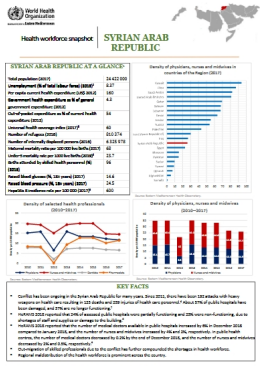
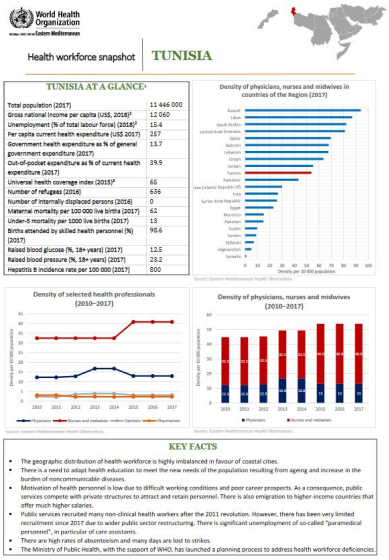


Syrian Arab Republic



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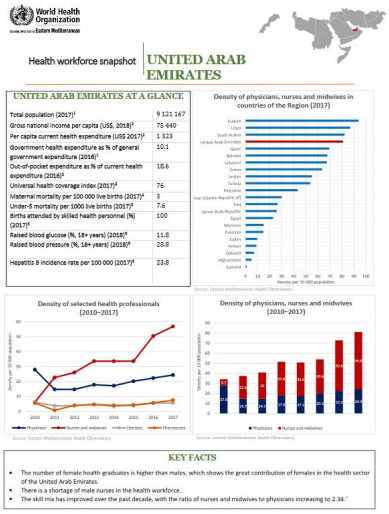

United Arab Emirates

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