

Access to high-quality health services critically depends on the size, skill-mix, competency, geographic distribution and productivity of the health workforce. Health workers, in particular doctors and nurses, are the cornerstone of health care systems.

The number of doctors per 1 000 population varies widely across Asia-Pacific countries and territories, but it is generally lower than the OECD average (Figure 5.1). Across lower-middle and low income Asia-Pacific countries, there is one doctor per 1 000 population, whereas a slightly higher number of doctors – 1.2 per 1 000 population – is reported in upper-middle income countries. Australia and DPR Korea have the highest number of doctors per capita, with 3.7 doctors per 1 000 population, slightly higher than the OECD average of 3.4. In contrast, Papua New Guinea, Cambodia and the Solomon Islands have the lowest number of physicians at or below 1 per 5 000 population.

The specialisation-mix and distribution of doctors may be improved in Asia-Pacific. In Japan, for example, the number of medical facilities with surgical and paediatric departments is on decline, while shortages of doctors in emergency departments, obstetrics and gynaecology, internal medicine and anaesthesia have been identified (Sakamoto, Rahman and Nomura, 2018[1]). Furthermore, an uneven geographical distribution of health workers is a serious concern. The majority of health workers tend to be concentrated in urban areas, leaving a shortage of health workers in remote and rural areas that results in poor availability of health services particularly for vulnerable populations (Liu and Zhu, 2018[2]).

There is a large variation also in the number of nurses across countries and territories in Asia-Pacific (Figure 5.2). The number of nurses is highest in high income countries such as Japan, Australia and New Zealand, with around 12 nurses per 1 000 population. The supply is much lower in several low income countries, including Papua New Guinea, Pakistan and Bangladesh, where there are 1 nurse or less per 2 000 population. On average, less than two and three nurses per 1 000 population are available in lower-middle and low and upper-middle income Asia-Pacific countries respectively, much lower than the OECD average at more than eight nurses per 1 000 population. Furthermore, nurses are not well distributed geographically within countries such as Indonesia and the Philippines (Dayrit et al., 2018[3]; Harimurti, Prawira and Hort, 2017[4]), and several other countries in the region face the same issue (WHO, 2020[5]).

In some countries, national human resources for health planning needs to take account of migration trends in order to secure the necessary number of health professionals domestically. For example, around 69 000 Indian-trained physicians worked in the United States, United Kingdom, Canada and Australia in 2017, and nearly 56 000 Indian-trained nurses work in the same four countries (Walton-Roberts and Rajan, 2020[6]), despite a domestic density of half of the Asia-Pacific average for doctors and less than half for nurses. On the other hand, the Philippines is also a leading exporter of nurses and a major exporter of doctors (Dayrit et al., 2018[3]), but the

density of these health professionals is at about the Asia-Pacific average.

As seen in OECD countries, nurses outnumber doctors and there are 2 and 2.3 nurses per doctor in lower-middle and low income, and upper-middle income Asia-Pacific countries respectively (Figure 5.3). However, there are some exceptions. Due to very few numbers of doctors, the Solomon Islands have more than 11 nurses per doctor. On the other hand, doctors outnumber nurses in Bangladesh and Pakistan.

Countries and territories in Asia-Pacific need to respond to the changing demand for health services and hence the health professional skill-mix in the context of rapidly ageing populations (see indicator “Ageing” in Chapter 3). The WHO global strategic directions (WHO, 2016[7]) provide the framework for strengthening health workforce services to help countries achieve universal health coverage. In addition, target 3.C of the Sustainable Development Goals calls for “substantially increase the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States”.

OECD countries, already experiencing population ageing, have developed formal systems to care for people with limitations on activities of daily living, and long-term care workers, typically nurses and personal carers, provide care and/or assistance to these people at home or in institutions (Muir, 2017[8]).

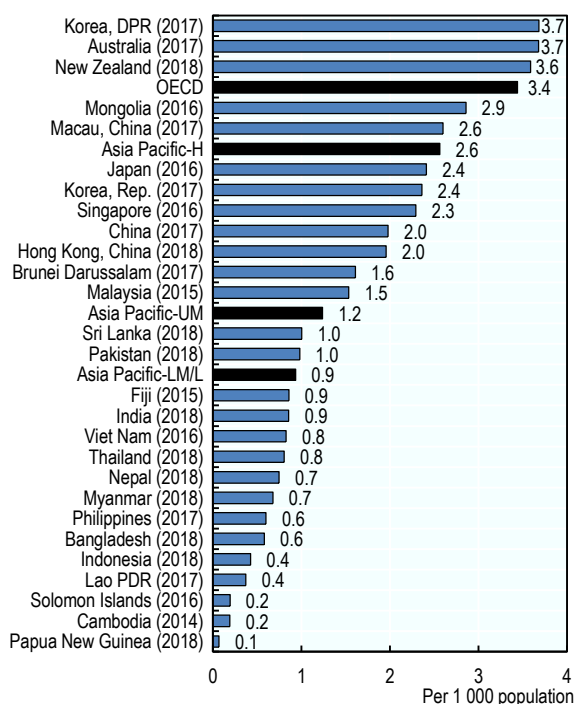
Definition and comparability

Doctors include generalist medical doctors (including family and primary care doctors) and specialist medical doctors.

For Asia-Pacific non-OECD countries and territories, “Nurses” refers to the number of nursing and midwifery personnel, including professional nurses, professional midwives, auxiliary nurses, auxiliary midwives, enrolled nurses, enrolled midwives and related occupations such as dental nurses and primary care nurses. For OECD countries, “Nurses” refers to practising nurses that provide services directly to patients. This number includes professional nurses, associate professional nurses and foreign nurses licensed to practice and actively practising in the country. It excludes students who have not yet graduated, nursing aids/assistants and personal care workers who do not have any recognised qualification/certification in nursing, midwives (unless they work most of the time as nurses), nurses working in administration, management, research and in other posts that exclude direct contact with patients, unemployed nurses and retired nurses no longer practising and nurses working abroad.

Data are based on head counts.

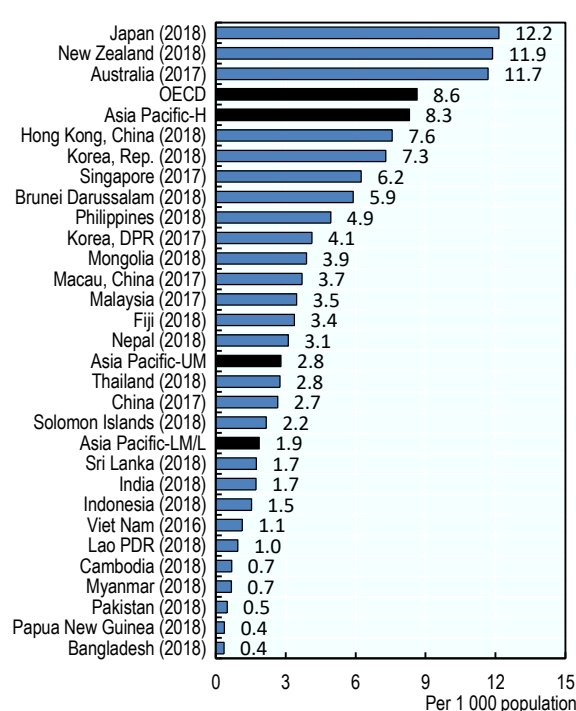
Figure 5.1. Doctors per 1 000 population, latest year available



Source: OECD Health Statistics 2020; WHO GHO, 2020; National Data Sources (see Annex A).

StatLink <https://stat.link/acisvh>

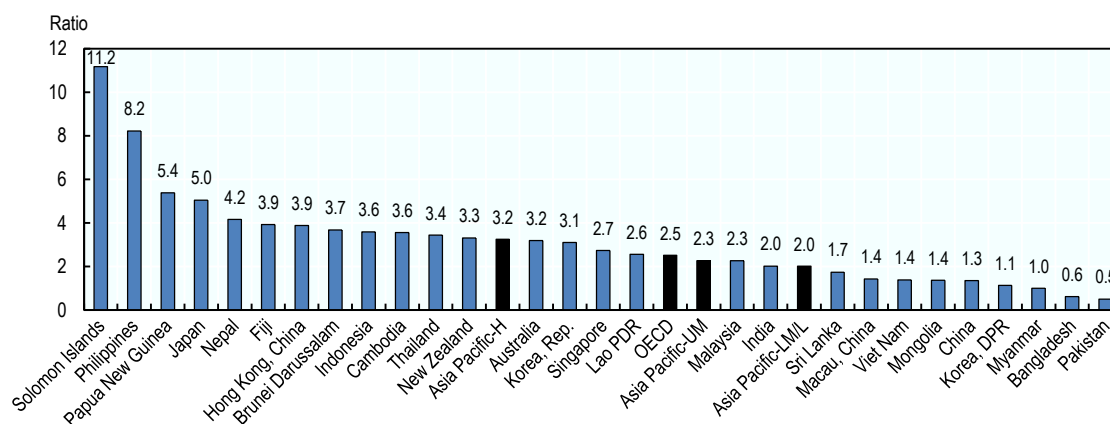
Figure 5.2. Nurses per 1 000 population, latest year available



Source: OECD Health Statistics 2020; WHO GHO, 2020; National Data Sources (see Annex A).

StatLink <https://stat.link/i2a4nd>

Figure 5.3. Ratio of nurses to doctors, latest year available



Source: OECD Health Statistics 2020; WHO GHO, 2020; National Data Sources (see Annex A).

StatLink <https://stat.link/hz6k8e>



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