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

The number of doctors per capita varies widely across Asia/Pacific countries and economies but it is generally lower than the OECD average (Figure 3.1.1). Australia and DPR Korea have the highest number of doctors per capita, with 3.3 doctors per 1 000 population, higher than the OECD average of 3.2. New Zealand and Mongolia also have a high rate of above 2.5, compared with other Asia/Pacific countries. In contrast, Papua New Guinea, Cambodia, the Solomon Islands and Nepal have the lowest number of physicians per 1 000 population at below 0.2.

The specialisation-mix and distribution of doctors needs to be improved in countries in the Asia/Pacific region. In Mongolia, for example, general practitioners account for only 21.9% of all doctors in 2011, and postgraduate training needs to be reorganised to ensure an adequate mix of specialisations (WHO, 2014c). Furthermore, despite the relatively large supply, there is also a shortage of experienced doctors in rural areas (Asian Development Bank, 2008). Unequal geographic distribution of doctors is also reported in countries such as the Lao PDR and the Solomon Islands (WHO, 2013d and 2014d) but this is a challenge in many other countries in the region.

There is a large variation in the number of nurses per capita across countries and economies in the Asia/Pacific region, but in many of them, it is lower than the average of OECD countries (Figure 3.1.2). The number of qualified nurses is highest in high-income countries such as Japan, Australia and New Zealand, with over 10 nurses per 1 000 population. The supply is much lower in a number of low-income countries, including Nepal, Bangladesh and Papua New Guinea, where there are less than 0.5 nurses per 1 000 population. Nurses are not reportedly well distributed within countries such as the Lao PDR, the Philippines and the Solomon Islands (WHO, 2013d, 2013e and 2014d) and many other countries in the region also have distribution problems.

In some countries, national health human resource planning needs to take account of emigration trends in order to secure the necessary number of health professionals domestically. For example, India is the leading exporter of doctors and nurses to the OECD countries but their domestic density is half of the Asian average for doctors and less than half for nurses. On the other hand, the Philippines is also the leading exporter of nurses and a major exporter of doctors (WHO, 2013e) but the density of these health professionals is kept at about the Asian average.

As seen in the OECD countries, nurses outnumber doctors and there are between two and five nurses per doctor in many Asia/Pacific countries (Figure 3.1.3). But there are some exceptions. Due to very few numbers of doctors, Papua New Guinea and the Solomon Islands have more than eight nurses per doctor. On the other hand, there is less than one nurse per doctor in Pakistan, Viet Nam and Bangladesh while in Mongolia, the ratio has been continuously going down in recent years, and these raise concerns over the allocation of tasks in health care in these countries.

Countries in the Asia/Pacific region need to respond to the changing demand for health professionals in the context of rapidly growing ageing populations (see Indicator 1.13 “Ageing”). 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 (OECD, 2011b).

**Definition and comparability**

Doctors include physicians qualified in either allopathic medicine or other forms of medicine such as Chinese traditional medicine, ayurveda or homeopathy.

Nurses are defined as persons who have completed a programme of basic nursing education and are qualified to provide nursing care. Although midwives should normally be excluded from nurses, some countries in the Asia/Pacific region report midwives together with nurses.

Data are based on head counts.
3.1. DOCTORS AND NURSES

3.1.1. Doctors per 1 000 population, latest year available

Source: OECD Health Statistics 2014; WHO GHO, 2014; national data sources (see Annex A).

3.1.2. Nurses per 1 000 population, latest year available

Source: OECD Health Statistics 2014; WHO GHO, 2014; national data sources (see Annex A).

3.1.3. Ratio of nurses to doctors, latest year available

Source: OECD Health Statistics 2014; WHO GHO, 2014; national data sources (see Annex A).