

Access to high-quality health services critically depends on the size, skill-mix, competency, 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 1 000 population varies widely across Asia-Pacific countries and economies, but it is generally lower than the OECD average (Figure 3.1). Australia and DPR Korea have the highest number of doctors per capita, with 3.3 doctors per 1 000 population, slightly higher than the OECD average of 3.2. In contrast, Papua New Guinea, Cambodia, the Solomon Islands and Nepal have the lowest number of physicians per 1 000 population at or below 0.2.

The specialisation-mix and distribution of doctors may 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, 2014b). 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, 2013c and 2014c) but this is a challenge in many other countries in the region.

There is a large variation in the number of nurses per 1 000 population across countries and economies in the Asia-Pacific region, but in many of them, it is lower than the average of OECD countries (Figure 3.2). The number of qualified nurses is highest in high-income countries such as Japan, Australia and New Zealand, with over ten nurses per 1 000 population. The supply is much lower in a number of low-income countries, including Nepal and Bangladesh, where there are less than 0.5 nurses per 1 000 population. Nurses are not well distributed geographically within countries such as the Lao PDR, the Philippines and the Solomon Islands (WHO, 2013c, 2013d and 2014c) and many other countries in the region also have distribution problems.

In some countries, national human resources for health 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, 2013d) but the density of these health professionals is 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 3.3). 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 services and hence the health professional skill-mix in the context of rapidly ageing populations (see indicator “Ageing” in Chapter 1). The WHO global strategic directions (WHO, 2016b) provide the framework for strengthening nursing services to help countries achieve universal health coverage and the Sustainable Development Goals.

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, 2011).

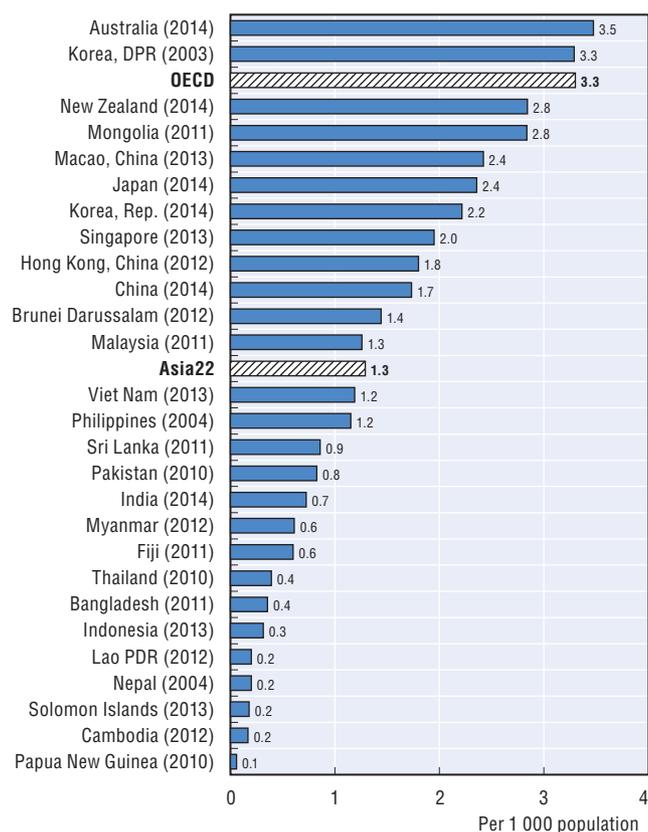
Definition and comparability

Doctors include Generalist medical doctors (including family and primary care doctors) and Specialist medical doctors.

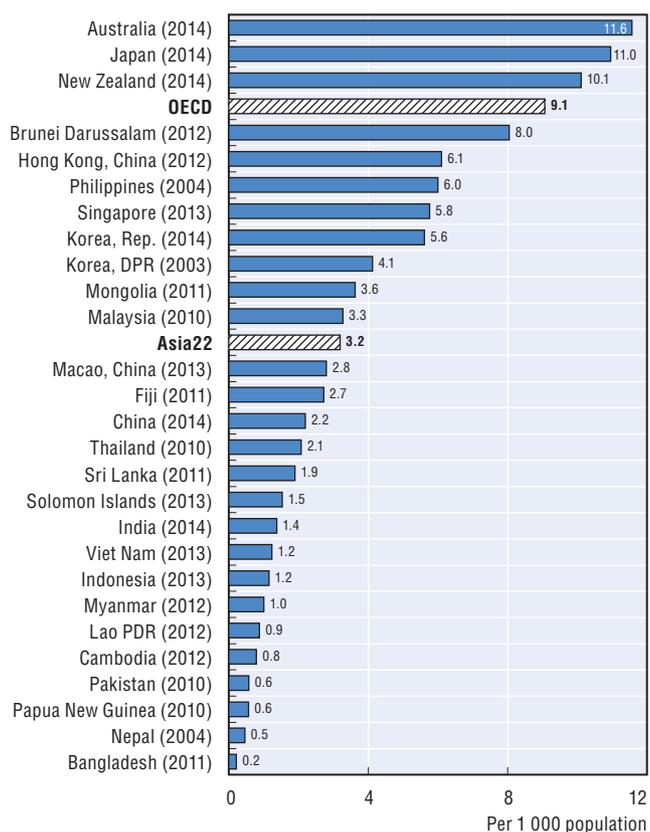
For Asia-Pacific countries, nurses include professional nurses, professional midwives, auxiliary nurses, auxiliary midwives, enrolled nurses, enrolled midwives and related occupations such as dental nurses and primary care nurses. The OECD average includes nursing professionals only.

Data are based on headcounts.

3.1. Doctors per 1 000 population, latest year available

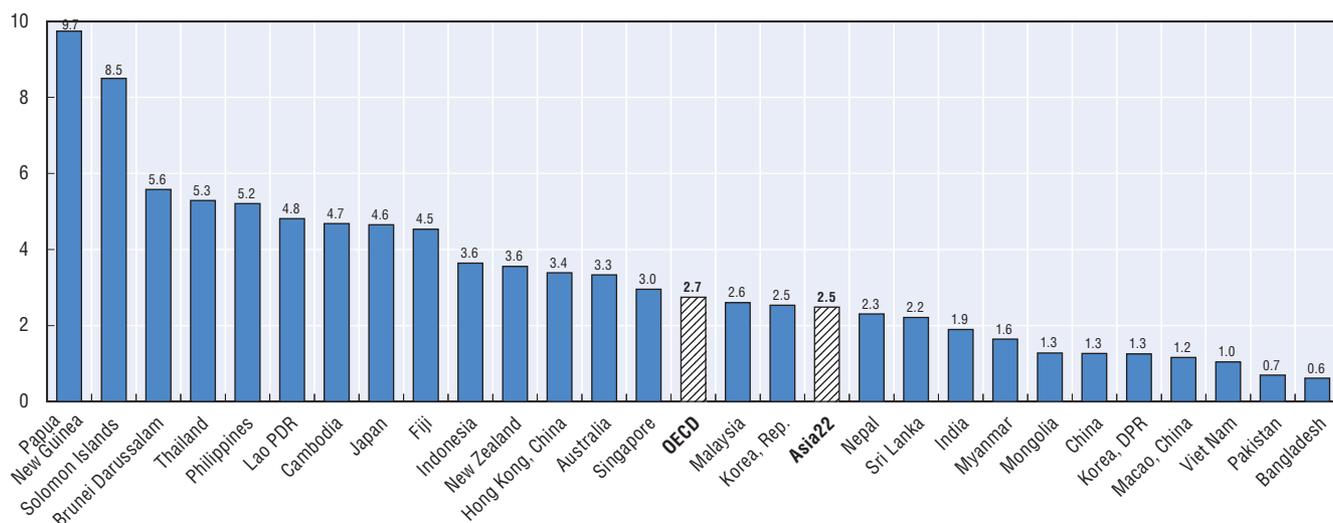


3.2. Nurses per 1 000 population, latest year available



Source: OECD Health Statistics 2016; WHO (2016e); National Data Sources (see Annex A).

3.3. Ratio of nurses to doctors, latest year available



Source: OECD Health Statistics 2016; WHO (2016e); National Data Sources (see Annex A).

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