Health workers play a central role in providing health services to the population and improving health outcomes. 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. In most countries, the demand and supply of health workers have increased over time, and for example, in OECD countries jobs in the health and social sector account for more than 10% of total employment (OECD, 2016[1]).

On average across LAC countries, there are 2 doctors per 1 000 population and most of LAC countries stand below the OECD average of 3.5 (Figure 5.1). Cuba has by far the highest number of doctors per capita, with over 8 doctors per 1 000 population, more than two times higher than the OECD average. Argentina, Trinidad and Tobago and Uruguay are the only additional countries above the OECD average, with a density of more than 4 doctors per 1 000 population. In contrast, Haiti, Honduras and Guatemala have the lowest number of physicians per 1 000 population at or below 0.5.

Regarding nurses, the number is highest in Cuba with nearly 8 nurses per 1 000 population, followed by Saint Vincent and the Grenadines with 7. The supply is much lower in Haiti, Jamaica, Venezuela, Honduras and Guatemala, where there is less than 1 nurse per 1 000 population. On average, less than three nurses per 1 000 population are available in LAC countries, three times lower than the OECD average of almost 9 (Figure 5.2).

In average, nurses outnumber doctors in both the LAC region and the OECD: there are 1.4 and 2.7 nurses per doctor, respectively (Figure 5.3). However, there are some exceptions. Doctors outnumber nurses in nine LAC countries, led by Guatemala, Uruguay and Venezuela with a ratio of nurses/doctors of 0.5 or less. On the other hand, due to very few numbers of doctors, St Lucia has more than 10 nurses per doctor.

Countries in LAC need to respond to the changing demand for health services and, hence, to the need for a health professional skill-mix in the context of rapidly ageing populations (see indicator "Ageing" in Chapter 1). The report of the (High-Level Commission on Health Employment and Economic Growth, 2016[2]) made the case for more and better investment in the health workforce. The Commission gave recommendations that LAC countries can follow in 10 areas: job creation; gender and women´s rights; education, training and skills; service delivery and organisation; technology; crises and humanitarian settings; financing and fiscal space; partnership and cooperation; data, information and accountability; and international migration. Regarding the latter, emigration of health professionals from LAC to OECD countries such as Spain has been extensive, a phenomenon that further decreases density of human resources in the region (PAHO, 2013[3]). In addition, due to large migration movements in recent years within the LAC region, countries can further cooperate to address the issues arising for both lending and receiving countries following the WHO

Global Code of Practice on the International Recruitment of Health Personnel and committing continuing efforts on self-sufficiency policies to meet their human resources needs (Carpio and Santiago, 2015[4]).

The specialisation-mix and distribution of doctors, nurses and other health professionals may be improved in LAC countries. For instance, the expansion of task shifting can provide new to tools by reviewing scope-of-practice laws and/or regulations, recognising new professional roles by payers and the level of reimbursement of these services, and through organisational-level factors such as ongoing support and commitment by management (Maier, Aiken and Busse, 2017[5]).
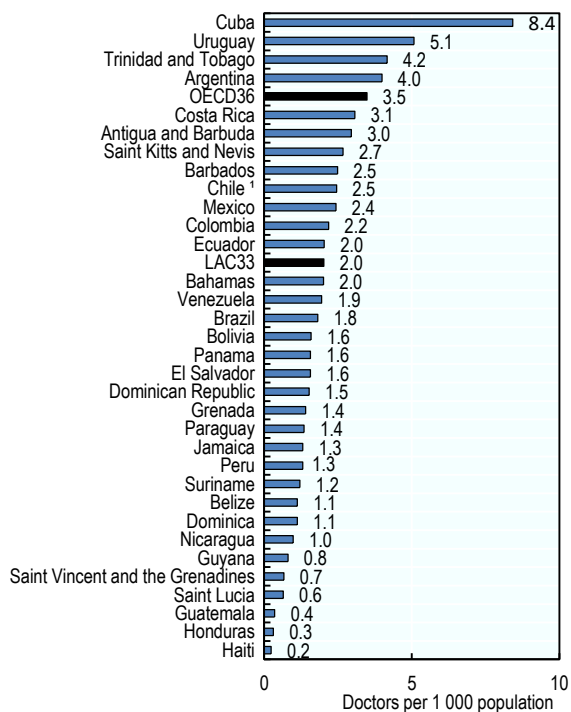
> ### Definition and comparability
>
> Doctors include Generalist medical doctors (including family and primary care doctors) and Specialist medical doctors. For LAC non-OECD countries, "Nurses" refers to the number of nursing and midwifery personnel, including professional nurses, professional midwives, auxiliary nurses, auxiliary midwives, enrolled nurses, enrolled midwives and related occupations such as dental nurses and primary care nurses. Data are based on head counts and there is considerable variability in coverage, periodicity, quality and completeness for some countries.

References

[4] Carpio, C. and N. Santiago (2015), *The Health Workforce in Latin America and the Caribbean: An analysis of Colombia, Costa Rica, Jamaica, Panama, Peru and Uruguay*, World Bank Group, *http://documents.worldbank.org/curated/en/634931468000893575/The-health-workforce-in-Latin-America-and-the-Caribbean-an-analysis-of-Colombia-Costa-Rica-Jamaica-Panama-Peru-and-Uruguay*.

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[5] Maier, C., L. Aiken and R. Busse (2017), "Nurses in advanced roles in primary care: Policy levers for implementation", *OECD Health Working Papers*, No. 98, OECD Publishing, Paris, *https://dx.doi.org/10.1787/a8756593-en*.

[1] OECD (2016), *Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places*, OECD Health Policy Studies, OECD Publishing, Paris, *https://dx.doi.org/10.1787/9789264239517-en*.

[3] PAHO (2013), *Migracion calificada en salud, Impacto financiero, reconocimiento de titulos*, Pan-American Health Organization.

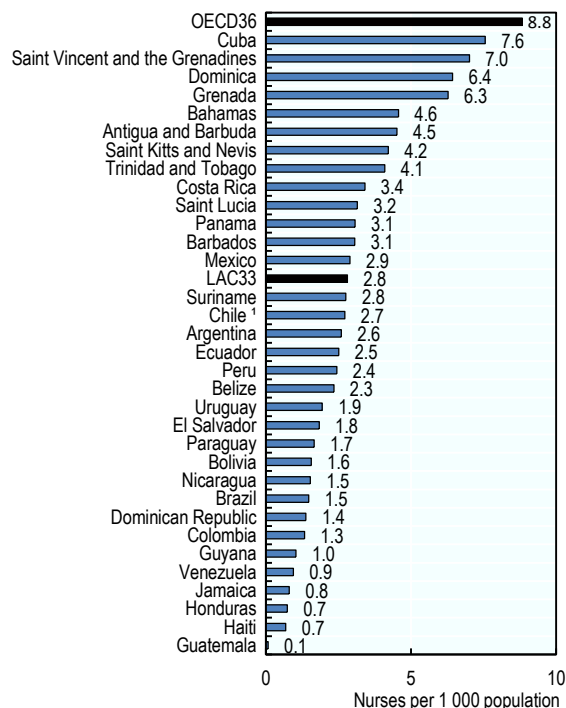Figure 5.1. **Doctors per 1 000 population, 2017 or latest year available**

Country	Doctors per 1 000 population
Cuba	8.4
Uruguay	5.1
Trinidad and Tobago	4.2
Argentina	4.0
OECD36	3.5
Costa Rica	3.1
Antigua and Barbuda	3.0
Saint Kitts and Nevis	2.7
Barbados	2.5
Chile [1]	2.5
Mexico	2.4
Colombia	2.2
Ecuador	2.0
LAC33	2.0
Bahamas	2.0
Venezuela	1.9
Brazil	1.8
Bolivia	1.6
Panama	1.6
El Salvador	1.6
Dominican Republic	1.5
Grenada	1.4
Paraguay	1.4
Jamaica	1.3
Peru	1.3
Suriname	1.2
Belize	1.1
Dominica	1.1
Nicaragua	1.0
Guyana	0.8
Saint Vincent and the Grenadines	0.7
Saint Lucia	0.6
Guatemala	0.4
Honduras	0.3
Haiti	0.2

1. Data refer to all doctors licensed to practice.
Source: OECD Health Statistics 2019; WHO Global Health Observatory Data Repository 2019.
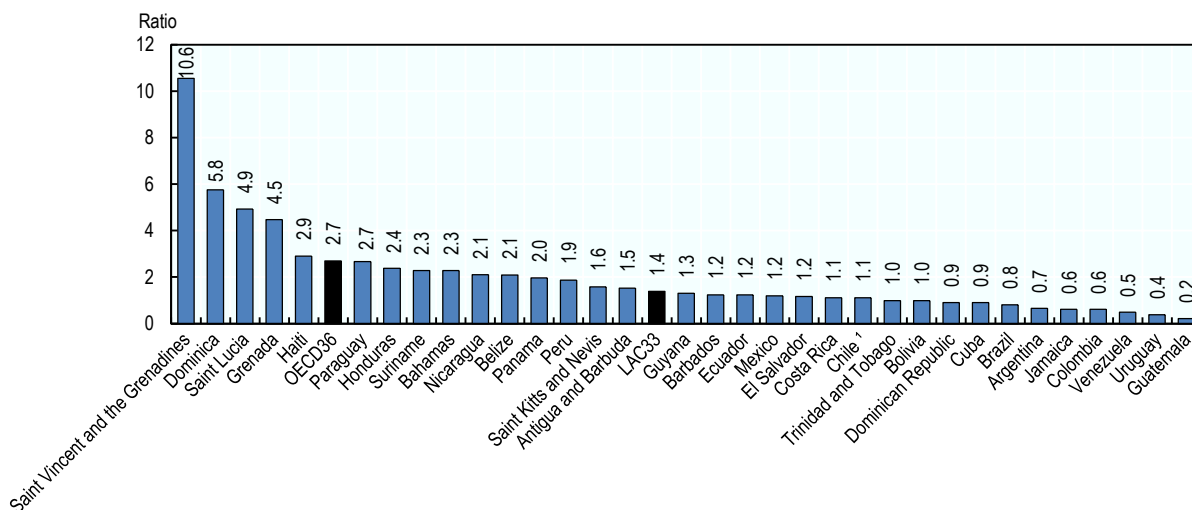
StatLink 🔗 *https://stat.link/ro1xn8*

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

Country	Nurses per 1 000 population
OECD36	8.8
Cuba	7.6
Saint Vincent and the Grenadines	7.0
Dominica	6.4
Grenada	6.3
Bahamas	4.6
Antigua and Barbuda	4.5
Saint Kitts and Nevis	4.2
Trinidad and Tobago	4.1
Costa Rica	3.4
Saint Lucia	3.2
Panama	3.1
Barbados	3.1
Mexico	2.9
LAC33	2.8
Suriname	2.8
Chile [1]	2.7
Argentina	2.6
Ecuador	2.5
Peru	2.4
Belize	2.3
Uruguay	1.9
El Salvador	1.8
Paraguay	1.7
Bolivia	1.6
Nicaragua	1.5
Brazil	1.5
Dominican Republic	1.4
Colombia	1.3
Guyana	1.0
Venezuela	0.9
Jamaica	0.8
Honduras	0.7
Haiti	0.7
Guatemala	0.1

1. Data refer to all nurses that are licensed to practice.
Source: OECD Health Statistics 2019; WHO Global Health Observatory Data Repository 2019.

StatLink 🔗 *https://stat.link/4oncmi*

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

Ratio

Country	Ratio
Saint Vincent and the Grenadines	10.6
Dominica	5.8
Saint Lucia	4.9
Grenada	4.5
Haiti	2.9
OECD36	2.7
Paraguay	2.7
Honduras	2.4
Suriname	2.3
Bahamas	2.3
Nicaragua	2.1
Belize	2.1
Panama	2.0
Peru	1.9
Saint Kitts and Nevis	1.6
Antigua and Barbuda	1.5
LAC33	1.4
Guyana	1.3
Barbados	1.2
Ecuador	1.2
Mexico	1.2
El Salvador	1.2
Costa Rica	1.1
Chile [1]	1.1
Trinidad and Tobago	1.0
Bolivia	1.0
Dominican Republic	0.9
Cuba	0.9
Brazil	0.8
Argentina	0.7
Jamaica	0.6
Colombia	0.6
Venezuela	0.5
Uruguay	0.4
Guatemala	0.2

1. Data refer to all doctors and nurses licensed to practice.
Source: OECD Health Statistics 2019; WHO Global Health Observatory Data Repository 2019.

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