**Forum:** World Health Assmbly

**Issue:** Developing policies to address the global shortage of medical personnel and improve access to healthcare in low-income countries

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Introduction

Once considered a problem only in remote and rural areas, the scarcity of medical personnel has now become a globally recognized global health issue by the World Health Organization (WHO), while struggles to access adequate healthcare in low-income countries persist. In 2019, the American Medical Association (AMA) estimated the country is expected to suffer a shortage of up to 124,000 physicians in the next 12 years, a shortage of between 17,800 and 48,000 primary care physicians, a deficit that could have a significant impact on patients.

The scarcity of medical personnel in Low Economic Development Countries (LEDCs) is particularly severe because of the lack of educational opportunities, budgetary constraints. These countries often suffer from a lack of facilities and underfunded healthcare systems, which exacerbates the scarcity, especially in rural areas. The demand for medical services exceeds the supply of trained medical personnel in LEDCs, resulting in a difficult healthcare environment.

One reason for healthcare workforce suffrage is that the rate of people who need care is expanding more quickly than the rate of doctors who can treat them, mostly because the aging population and an aging healthcare workforce. The number of people aged 65 years or older worldwide is expected to rise from 761 million in 2021 to 1.6 billion in 2050, an age group at higher risk for a slew of health conditions. The number of licensed physicians is also rising by almost 20 percent over the past decade, however, that workforce is also getting older.  Currently, almost half of working physicians in the United States are 55 and older. 35% of the physician workforce will reach retirement age within a couple of years.

According to Rush University System for Health CEO Omar Lateef, the growing shortage is already creating backlog in medical facilities forcing sick people to wait longer for medical attention, this shortage can be seen a lot in emergency rooms globally. The backlog is increasingly getting worse as some medical personal are choosing to leave the field due to burn out, which was recently exacerbated in recent years by COVID-19 pandemic. According to a 2021 Morning Consult report, one in five health care workers quit their job during the pandemic.

Definition of Key Terms

Medical personnel

Medical personnel are those who provide medical care to patients, including a physician, Registered Nurse, Licensed Practical Nurse and other groups of medical personnel who are operating through an organization.

Less Economically Developed Countries (LED)

Countries who are economically less developed than others are called Less Economically Developed Countries (LEDCs) or developing countries.

**COVID-19**

According to the World Health Organization (WHO), COVID-19 is a disease caused by a new coronavirus called SARS-CoV-2. This virus was first discovered on December 31, 2019. COVID-19 can be deadly for some people: older people and people with existing health conditions are more at risk. About 80% of people who develop the disease and have mild to moderate symptoms can fully recover. Roughly one in five people experience serious illness.

**Pandemic**

A pandemic, different from and epidemic, is an outbreak of a disease that has spread across several countries or continents.

**Morbidity**

Morbidity is the state of being symptomatic or unhealthy for a disease or condition. Usually represented or estimated using prevalence or incidence.

**Mortality**

Mortality could mean two thingsl the quality or state of being mortal and the number of deaths in a population during a given time or place

**United Nations Development Programme (UNDP)**

 The United Nations Development Programme is located in about 170 countries and territories, aimed to eradicate poverty while protecting the planet. UNDP helps countries to develop strong policies, skills, partnerships and institutions so they can sustain their progress.

**Stakeholders**

 A stakeholder is a party that has an interest in a company or an organization and can either affect or be affected by the business. The primary stakeholders in a typical corporation include investors, customers, and suppliers.

**Medical Personnel**
 Medical personnel are those who provide medical care to patients. Medical personnel means doctors, nurses, and other groups of medical personnel who are operating through an organization. Medical personnel includes a physician, Registered Nurse, and Licensed Practical Nurse.

Background

 A fundamental human right includes the right to receive adequate healthcare services. However, an ongoing shortage of trained healthcare professionals results in billions of people worldwide, especially in low-income countries, with significant challenges in accessing adequate medical care. A lack of medical personnel worldwide in such regions presents exacerbating various health inequalities and threatening overall health outcomes. The shortage of medical professionals, including physicians, nurses, pharmacists, and other healthcare workers, significantly impacts low-income nations. A cause of various factors, such as a lack of funding for training programs, a lack of resources for education, an unequal distribution of healthcare professionals whom favor urban over rural areas, and current socioeconomic challenges.In many low-income nations, there is still a serious problem with inadequate healthcare infrastructure, which is represented by an absence of modern medical facilities, equipment, and other resources needed to offer adequate care. The difficulties faced by healthcare workers are made more severe by this insufficiency since they frequently work in environments with limited resources and little access to necessary instruments and support systems.

Furthermore, the scarcity of healthcare workers in low-income countries creates a surplus amount of work on those who are employed, raising the risk of medical errors, burnout, and poor care quality. The impact of this shortage are evident throughout healthcare systems, leading to higher rates of morbidity and mortality, restricted access to treatments and preventative services, and ultimately, the continuation of cycles of illness and poverty.

The COVID-19 pandemic significantly exacerbated the pre-existing shortage of medical personnel in low-income countries. Healthcare systems were overcrowded with patients as the virus spread rapidly, draining their already limited resources. There were insufficient medical personnel in many of these countries to handle a flood of COVID-19 patients. This shortage impacted nurses, pharmacists, and other crucial healthcare workers. The extreme tension within the work force caused many medical personnel to burnout, further reducing the workforce at a crucial phase. These workers, who often worked hands on with the patients, experienced severe psychological stress from the pandemic in addition to the physical stress.

Major Parties Involved

World Health Organization (WHO)

The World Health Organization, founded on April 7, 1948, is a specialized agency of the United Nations dedicated to promote international public health. The WHO is governed by the World Health Assembly (WHA) in which the 194 member states convene together. While the WHO is important to providing technical health assistance for developing countries and coordinating international responses to health emergencies, the influence of WHO on public and governmental thinking should not be underestimated.

Low Economic Development Countries (LEDC)

These governments are constantly under the pressure of the healthcare personnel crisis. In regions like sub-Saharan Africa, Southeast Asia, and parts of Latin America, where healthcare resources are often scarce, the role of national and local governments becomes even more critical. They are responsible for formulating healthcare policies that are realistic and sustainable, given their unique economic and social contexts. For instance, in countries like Malawi or Nepal, where healthcare worker to population ratio is one of the lowest in the world, the governments need to focus on strategies like improving healthcare education and training facilities, giving credit to medical professionals to work in underserved areas.

More Economically Developed Countries (MEDC)

Countries with advanced healthcare systems such as Germany, Canada, and Japan holds a significant position in this crisis. These countries contribute greatly through bilateral aid programs, sharing their medical practices, and technology transfer. For example, Germany's expertise in medical training and its healthcare management models can also used in LEDCs. MEDCs also assist developing telemedicine and e-health strategies to decrease healthcare worker shortages in remote areas of LEDCs. These countries ensure that migration of healthcare workers from LEDCs to MEDCs does not further exacerbate the shortages in poorer regions. Including creating polices where where healthcare workers can gain skills abroad and then return to their home countries. In addition, MEDCs support research and developments, that focuses on new solutions to healthcare challenges in LEDCs.

Previous Attempts to Resolve the Issue

The UN has taken initiative and addressed the critical issue of the shortage of medical personnel globally. Recognizing the critical role that healthcare workers serve in providing access to high-quality healthcare, the UN has implemented several measures to protect healthcare workers and facilities. Adopted in 2016, UN Security Council Resolution 2286 strongly condemns all forms of assault on medical and health workers, as well as medical facilities and their vehicles. In order to prevent attacks on medical personnel and infrastructure, this resolution emphasizes the significance of valuing international humanitarian law and reaffirms the protection of healthcare workers and facilities during conflicts. Additionally, a number of UN organizations, including the United Nations Development Programme (UNDP) and WHO, has worked with governments and other stakeholders to establish policies aimed to tackle the lack of medical personnel. In order to guarantee that everyone has fair access to healthcare services, efforts have been centered on growing medical education and training programs, providing rewards for medical professionals to work in rural areas, and improving the infrastructure of healthcare systems in low-income nations.

The United Nations (UN) has acknowledged the critical importance of addressing the shortage of medical personnel as a pivotal component in strengthening health systems and responding effectively to health crises. The UN has initiated several measures aimed at mitigating the global shortage of healthcare workers. Efforts have included collaborative initiatives with member states, non-governmental organizations, and healthcare institutions to bolster medical education and training programs. These programs are designed to enhance the recruitment and retention of healthcare professionals, particularly in underserved areas, through incentives, improved working conditions, and career development opportunities. To further help and strengthen healthcare professionals, the UN has advocated for additional funding for medical equipment and facilities. In order to ensure that there are capable, skilled, and adequately equipped healthcare professionals on hand to meet the healthcare needs of communities everywhere, the emphasis was put on developing contingency plans for pandemics, encouraging strong health care systems, and promoting universal healthcare.

Possible Solutions

In order to reduce the global scarcity of medical professionals in developing nations, one solution is to increase funding for medical education and training. However, while funding medical education is important, it is also critical that we evaluate and revise the curriculum to reflect the demands of modern healthcare. Healthcare workers would be better prepared for real-world situations by introducing multidisciplinary techniques, focusing on community-based training, and developing practical skill-building courses. Moreover, focusing on communication training, cultural understanding, and soft skills can improve their capacity to provide patient-centered care, especially in rural areas.

In order to retain healthcare professionals in areas with low-incomes, comprehensive retention strategies are required along with initial training. The implementation of mentorship programs, opportunities for continuous learning, and career advancement routes can serve as a driving force for healthcare workers to remain low-income areas. By building a supportive work environments, and ensuring access to facilities and necessary resources, it will help maintain their commitment to these communities.

Encouraging collaborations between international medical schools, local colleges and universities, and healthcare facilities can promote knowledge sharing. Creating twin programs where medical schools or other healthcare facilities from wealthy nations collaborate with those in low-income areas, can bring in knowledge, training materials, and quality guidance. These partnerships can support research collaborations, curriculum grwoth, and experts exchanges, providing a multifaceted approach to medical education that also helps adapt to a specific needs in environments with limited resources.

Another solution to the medical personnel shortage could be establishing a specialized UN agency dedicated to providing medical support in regions with severe medical personnel shortages. This agency would deploy variety team of healthcare professionals worldwide to deliver medical services, support and train local healthcare workers, and assist in healthcare structure development. It would be responsible for providing emergency medical support in crisis situations, strengthening local medical training, and conducting essential healthcare research and monitoring. This approach would not only bring immediate solutions but also help in the long-term advancement of sustainable healthcare systems in countries in need.

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