

**Forum:** World Health Organization (WHO)

**Issue:** Tackling the Crisis of Personnel Shortages in Light of the Plethora of Unemployed Medical Professional

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**Position:** Deputy President

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## Personal Introduction

Dear Delegates,

My name is Myrsini Apostolou, and I am an IB2 student at Pierce - The American College of Greece. My MUN experience started three years ago when I joined my school's MUN club, and I feel very grateful for every opportunity that MUN has given me. I am honored to be serving as a Deputy President this year and I feel extremely privileged that ACGMUN will be the conference that marks the end of my high school experience in the MUN world. Through the eyes of a delegate, MUN has taught me how to connect and cooperate, how to think outside of the box and be creative, how to take initiative and make change happen, and most importantly, it has taught me how to be myself and express it in every way I can. Through the eyes of a chair, it has made me feel insanely proud to see passionate students behave like experienced delegates, and my anticipation of experiencing this once again proves my passion for this role.

Within the framework of this year's theme "Balancing Infinite Opportunities (BIOΣ)", WHO is once again challenged with serious issues that are threatening the well-being of millions of people worldwide. This study guide will focus on the topic "Tackling the Crisis of Personnel Shortages in Light of the Plethora". This issue is of utmost importance, as it results in the insufficient distribution of medical care, as well as overworked and underpaid medical personnel, posing a significant threat to global healthcare.

This study guide aims to provide useful information that will help you develop your own resolutions and further extend your knowledge on the topic. If you have any questions, feel free to contact me at [myrsini.apostolou@acg.edu](mailto:myrsini.apostolou@acg.edu), and I will be more than happy to help!

## Topic Introduction

The health care sector is confronted with a global crisis. Currently, 4.5 billion people worldwide lack access to basic health care services, while 2 billion people are overwhelmed by financial hardship from healthcare costs. These health service shortages disproportionately affect vulnerable populations, who are experiencing barriers from receiving adequate healthcare, either because of shortages in medical personnel or due to limited financial capacity to cover healthcare expenses<sup>1</sup>. The unequal distribution of medical professionals, in a way that disadvantages the low-income countries results in high-income countries having 6.5 times more workers in the health care sector, compared to those with lower income. At the same time, the increasing migration of healthcare workers to high-income countries for better opportunities poses a further threat to the health systems of 55 countries listed in the 2023 WHO Health Workforce Support and Safeguard List (SSL).

Chronic underinvestment in the health and care workforce, mismatches between supply and demand, burnout from the COVID-19 pandemic, and poor working conditions have led to persistent shortages in medical health personnel. However, the demand for healthcare workers is still very high and continues to evolve, driven by factors such as demographic shifts, and the increasing prevalence of non-communicable diseases and health emergencies, which due to the extreme shortages, cannot be encountered properly on a global scale.

While the health care workforce is expected to grow to 84 million by 2030, in middle-income countries (LMICs), especially in the African and Eastern Mediterranean regions and small island developing states, there will be a projected shortfall of 10 million workers, causing significant shortages in medical health services in those areas<sup>2</sup>.

This unequal distribution is further exacerbated, as physicians are increasingly migrating to higher-income countries, the so called “brain drain” phenomenon. This medical recruitment crisis has

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<sup>1</sup> Underinvestment threatens universal health coverage goals, *UN News*, <https://news.un.org/en/story/2024/12/1158111#:~:text=The%20statistics%20are%20stark%3A%204.5%20billion%20people%20worldwide,vital%20treatments%20and%20necessities%20like%20food%20and%20housing.>

<sup>2</sup> Prioritising the health and care workforce shortage: protect, invest, together, *The Lancet, Global Health*, [Prioritising the health and care workforce shortage: protect, invest, together - The Lancet Global Health](#)

economic and health implications, affecting not only the low- and middle-income countries, but also having direct<sup>3</sup>.

## Definition of Key Terms

### Brain Drain

“The situation in which large numbers of educated and very skilled people leave their own country to live and work in another one where pay and conditions are better”.<sup>4</sup>

### Health Workforce Shortages

“The insufficient number of trained healthcare professionals available to meet the healthcare needs of a population”<sup>5</sup>

### More Economically Developed Countries (MEDCs)

“More economically developed countries (MEDCs) are countries that have a thoroughly organized economy and are more developed than most. The United Nations identifies the United States, Canada, Japan, Australia, New Zealand, and all the countries of Europe as MEDCs.”.<sup>6</sup>

### Less Economically Developed Countries (LEDCs)

“Less economically developed countries (LEDCs) are nations with a lower level of industrialization, weaker infrastructure, and lower living standards compared to more developed countries.”.<sup>7</sup>

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<sup>3</sup> Why is there a global medical recruitment and retention crisis?, *World Economic Forum*, [Why is the world now facing a medical recruitment crisis? | World Economic Forum](#)

<sup>4</sup> Cambridge dictionary, [BRAIN DRAIN | English meaning - Cambridge Dictionary](#)

<sup>5</sup> Health Workforce Shortages, [Health workforce shortages - \(Intro to Public Health\) - Vocab, Definition, Explanations | Fiveable](#)

<sup>6</sup> "More Economically Developed Countries." Britannica Kids, [www.kids.britannica.com/kids/article/more-economically-developed-countries/476297](https://kids.britannica.com/kids/article/more-economically-developed-countries/476297)

<sup>7</sup> "Less Economically Developed Countries (LEDCs)." Kids Britannica, Encyclopedia Britannica <https://kids.britannica.com/kids/article/less-economically-developed-countries/476298es/476298>

## Background Information

### Historical background of healthcare shortages

The shortage of healthcare workers has long existed and is linked to demographic and socioeconomic shifts around the world. Rapid population expansion and rising healthcare demand during World War II exposed serious flaws in healthcare systems, especially in low-income nations. In order to accomplish the aim of "Health for All," the 1978 Alma-Ata Declaration emphasized the critical need for qualified healthcare professionals. However, efforts to remedy these shortages were impeded by a lack of funding and educational resources.

The imbalance in the healthcare workforce was made worse by globalization and migration in the late 20th and early 21st centuries. A "brain drain" impact was caused when high-income nations started aggressively attracting qualified medical personnel from low and middle-income (LMIC) nations. This intensified existing disparities, leaving LEDCs with inadequate medical personnel to meet the expanding demands of public health. These shortages persist today despite several international initiatives, such as the WHO's workforce policies, chronic underinvestment, and systemic problems.

### Possible causes of Personnel shortage

Despite strong demand, employment is restricted by financial limitations, licensing problems, poor workforce planning, and mismatched skills. At the same time, the phenomenon of "brain drain", describing the voluntary immigration of skilled medical professionals from countries of low income to those of high income create additional personnel shortages in countries with low income and a surplus of healthcare workers in those with a high income and therefore further complicating the issue. The COVID-19 pandemic brought these disparities to light as overburdened healthcare services found it difficult to handle complex emergencies in demand. Building strong healthcare systems that can handle both ordinary medical requirements and international health emergencies requires addressing this challenge. The issue's effects include a higher burden of disease, inadequate healthcare service, and an inability to react to public health emergencies.

Medical personnel shortages affect various sectors of healthcare systems, from primary care to specialized fields, and have significant effects for both healthcare providers and recipients, individual nations and global healthcare. While shortages are particularly evident in remote and less economically developed areas, where healthcare workers face conditions that make them immigrate to MEDCs in search of a better future, they often end up unemployed, due to the surplus of qualified medical professionals and the limited positions in the medical workforce. That way, at the same time, in LEDCs the lack of medical personnel leads to insufficient care, and the inability to provide proper treatment, resulting in poor health outcomes, while in MEDCs skilled medical professionals remain unemployed.

According to the World Health Organization (WHO), the global shortage of health workers was estimated at 18 million by 2030<sup>8</sup>, with the greatest shortages found in Sub-Saharan Africa, South-East Asia, and the Eastern Mediterranean. In these regions, low salaries, inadequate training opportunities, and unsafe working conditions push health professionals to migrate to MEDCs, exacerbating the gap in healthcare services.

In wealthier nations, the COVID-19 pandemic highlighted workforce stress and burnout, especially among the medical workforce, such as doctors, nurses, and emergency medical staff. The overwhelming demand placed on healthcare systems during the pandemic led to high levels of stress, fatigue, and physical and mental health crises among medical personnel. Additionally, despite the high levels of unemployment among healthcare workers globally, mismatches in the type of qualifications or geographic location of unemployed professionals contribute to inefficiencies in addressing personnel shortages.

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<sup>8</sup> **World Health Organization.** *Global Strategy on Human Resources for Health: Workforce 2030*. WHO, 2016, <https://www.who.int/publications/i/item/9789241511131>

## Key Events Addressing the Healthcare Workforce Shortage

### **Adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010)**

One of the key events in tackling healthcare personnel shortages was the adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel in 2010. The code aimed to address the “brain drain” of medical professionals from low-middle-income countries to more developed ones by encouraging ethical recruitment practices. It called for transparent and fair recruitment strategies, ensuring that countries suffering from workforce shortages did not have further medical professionals relocated.

While the code was a significant step forward, its voluntary nature limited its impact. Nevertheless, it highlighted the need for global cooperation to prevent the loss of essential healthcare professionals in the countries with the most necessities.

### **Task Shifting Initiative by the WHO (2012)**

To diminish workforce shortages in resource-limited settings, the WHO introduced the Task Shifting Initiative, which enables the delegation of specific healthcare tasks to lower-level health workers, such as nurses, community health workers, and pharmacists. This initiative helps to expand access to essential services in underserved areas by utilizing the existing workforce more efficiently. It has been particularly effective in addressing the shortages of specialized professionals in many low-income countries. In environments with low resources, the WHO's Task Shifting Initiative has had a mediocre amount of success in resolving the shortages. It has increased access to necessary healthcare services in impoverished communities by assigning responsibilities to less experienced health workers. However, issues like inadequate resources, support, and training for these personnel have obstructed its long-term effectiveness.

## **Universal Health Coverage (UHC) Resolution (A/RES/67/81) (2012)**

Another attempt to encounter the issue was the passing of the Universal Health Coverage (UHC) Resolution (A/RES/67/81) in 2012 by the United Nations<sup>9</sup>, emphasizing the need for adequate healthcare workforce investment to achieve UHC. UHC is critical for ensuring all individuals have access to health services without financial burden that might prevent them from seeking the appropriate healthcare. To achieve this, countries must address healthcare workforce challenges by improving recruitment, training, and retention of healthcare professionals. By 2030, the UHC agenda seeks to ensure that healthcare access is balanced, sustainable, and available to all, addressing workforce shortages as a key component.

## **WHO Global Strategy on Human Resources for Health (2016-2030)**

A more long-term solution was the WHO Global Strategy on Human Resources for Health (2016-2030). This strategy aimed to establish concrete steps to build a sustainable healthcare workforce worldwide. Published in 2016, the strategy emphasized the need for a more balanced distribution of medical personnel, particularly in underserved areas, and highlighted the importance of investing in education and training programs for healthcare professionals. Lastly, it advocated for increased investment in healthcare infrastructure and the strengthening of health systems to ensure a resilient response to the increasing demand for healthcare services.

## **73rd World Health Assembly (2020)**

The most recent effort to tackle the issue was undertaken in 2020, in light of the COVID-19 pandemic and the medical workforce crisis that struck the global healthcare sector. The 73rd World Health Assembly emphasized the critical role of workforce resilience during the COVID-19 pandemic. The resolution adopted highlighted the importance of strengthening healthcare systems and the mental and physical well-being of healthcare workers. This was a response to the pressure the pandemic placed on health professionals globally, many of whom faced burnout, fatigue, and mental health challenges due to the overwhelming demand for healthcare services.

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<sup>9</sup> United Nations General Assembly. *Global Health and Foreign Policy: Resolution 67/81*. United Nations, 2012, <https://digitallibrary.un.org/record/737024>

## African Union's Health Workforce Plan (2012)

At the same time, efforts to address the issue in question were also made on a regional level. The African Union's Health Workforce Plan (2012)<sup>10</sup>, attempted to address specific challenges faced by African countries in relation to healthcare personnel shortages. By focusing on recruiting and training health professionals within the continent, the plan aimed to reduce brain drain and improve the distribution of medical personnel to areas with high necessity.

## Case Study: Philippines' Healthcare Workforce Migration

A prominent example of the challenges caused by medical personnel shortages is the case of the Philippines, one of the largest exporters of healthcare workers globally. In 2019, over 200,000 Filipino nurses were employed overseas, particularly in the United States and the Middle East. This mass migration of skilled workers left the Philippines with a severe shortage of nurses, particularly in remote areas. Despite producing a high number of medical professionals, the country still struggles with insufficient healthcare personnel due to both the migration of healthcare workers and the lack of resources to retain them. This highlights the global nature of the workforce shortage and the need for international agreements that ensure the equal distribution of medical forces.

## Major Countries and Organizations Involved

### India

India faces a dual challenge: a significant shortage of healthcare workers in rural areas and underemployment among medical graduates. According to the World Bank, India has only 0.9 physicians per 1,000 people, far below the global average<sup>11</sup>. The country's healthcare workforce is unevenly distributed, with urban areas receiving the majority of healthcare resources and professionals. Although India produces a large number of medical graduates annually, many professionals are either unemployed due to a lack of infrastructure or migrate to other countries for better opportunities. The government has initiated programs to enhance healthcare delivery in rural areas, including Ayushman Bharat, which focuses on strengthening primary care and training community health workers.

<sup>10</sup> African Union. *African Union Health Workforce Plan (2012)*. African Union, 2012, <https://au.int/en/documents/2012-health-workforce-plan>.

<sup>11</sup> The World Bank. *Physicians (Per 1,000 People) – India*. The World Bank, <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=IN>



## Philippines

The Philippines is one of the largest exporters of healthcare workers globally, particularly nurses. In 2019, over 200,000 Filipino nurses were employed abroad, primarily in the United States, Canada, and the Middle East<sup>12</sup>. This mass migration of the medical workforce has left the Philippines with a critical shortage of healthcare personnel, especially in remote and underdeveloped areas. Despite producing a high number of medical graduates, many are unemployed or underemployed domestically due to poor working conditions and low wages. The Philippines actively participates in international conversations on ethical recruitment practices, including the WHO Global Code of Practice on the International Recruitment of Health Personnel, to reach a balance between meeting domestic healthcare needs and supporting global healthcare systems.

## Nigeria

Nigeria is suffering from “brain drain” of the healthcare workforce. Medical personnel migrates to countries such as the United States, the United Kingdom, Canada, and Saudi Arabia in search of better work conditions, and an overall better future. For example, as of 2023, the UK had over 10,000 Nigerian-trained doctors practicing within its healthcare system<sup>13</sup>. While this migration benefits the countries that receive them, it exacerbates the brain drain crisis in Nigeria, leaving the local healthcare system critically understaffed. Nigeria has implemented various strategies to address workforce challenges, including task-shifting policies. The government is also investing in healthcare education, producing approximately 40,000 healthcare graduates annually<sup>14</sup>. Furthermore, retention efforts, such as mandatory service agreements for state-funded medical students, aim to ensure that newly trained professionals serve within the country for a certain period.

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<sup>12</sup> International Labour Organization. *The Contribution of Filipino Nurses to Health Systems Worldwide*. ILO, 2019, <https://www.ilo.org/global/publications/lang-en/index.htm>

<sup>13</sup> Punch Nigeria. *Over 12,000 Nigerian-trained Doctors Now Working in the UK*. Punch, 2023, <https://punchng.com/1197-nigerian-trained-doctors-move-to-uk-since-may>

<sup>14</sup> National Center for Biotechnology Information (NCBI). *Medical Education in India: Current Challenges and Future Directions*. NCBI, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10451585>.

## United States of America (USA)

The United States has faced healthcare workforce shortages for decades, particularly in remote areas and specialized fields such as geriatrics and primary care. The COVID-19 pandemic further aggravated these issues, as hospitals became overwhelmed by the number of patient entries and medical professionals were experiencing burnout and mental and physical health issues that prevented them from delivering services at the required level. Despite producing a large number of healthcare graduates annually, the mismatch between workforce distribution and healthcare needs remains a key issue. At the same time, the USA attracts a significant number of internationally trained medical professionals, often draining the healthcare workforce in lower-income nations. The USA is heavily involved in initiatives aimed at increasing workforce diversity and improving rural healthcare access. Programs like the National Health Service Corps provide incentives to healthcare workers to serve in underserved areas.

## Greece

Greece faces significant healthcare workforce challenges, largely driven by the economic crisis of the 2010s, which caused a mass migration of healthcare professionals driven by financial motives abroad. Over 18,000 Greek doctors left the country between 2010 and 2020, with numerous securing employments in wealthier EU nations like Germany and the UK.<sup>15</sup> This "brain drain" has left Greece struggling with severe workforce shortages, particularly in rural areas and on its islands. While urban centers like Athens are relatively well-staffed, remote regions face significant gaps. Efforts to address these issues include modest salary increases, incentives for healthcare workers in underserved areas, and EU-funded programs to improve working conditions. However, systemic issues like low wages and an ageing workforce persist. Greece continues to produce highly qualified medical graduates but retaining them within the country remains a major challenge, highlighting the need for long-term reforms and collaborative European solutions.

## Task Shifting Initiative by the WHO

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<sup>15</sup> Rural and Remote Health. *Greece's Healthcare Workforce Migration: A Crisis of Outflux of Medical Professionals*. Rural and Remote Health, 2021, <https://www.rrh.org.au/journal/article/4877>

To diminish workforce shortages in resource-limited settings, the WHO introduced the Task Shifting Initiative, which enables the delegation of specific healthcare tasks to lower-level health workers, such as nurses, community health workers, and pharmacists. This initiative helps to expand access to essential services in underserved areas by utilizing the existing workforce more efficiently. It has been particularly effective in addressing the shortages of specialized professionals in many low-income countries. In environments with low resources, the WHO's Task Shifting Initiative has had a mediocre amount of success in resolving the shortages. It has increased access to necessary healthcare services in impoverished communities by assigning responsibilities to less experienced health workers. However, issues like inadequate resources, support, and training for these personnel have obstructed its long-term effectiveness.

### **International Labor Organization (ILO)**

The ILO addresses the issue of unemployment among medical professionals through its work on fair labor practices and decent work conditions. It emphasizes the importance of creating jobs for healthcare workers, improving working conditions, and ensuring equal wages. It helps prevent burnout and retain healthcare workers by fostering career development, enhancing working conditions, and fighting for equitable payment. The group also helps create jobs in neglected areas and advises governments on healthcare infrastructure and workforce planning. In order to guarantee that workforce demands are satisfied, the ILO works with governments to match the supply and demand of healthcare professionals.

### **African Union (AU)**

In addressing the shortage of healthcare workers throughout the continent, the African Union (AU) has started regional initiatives, like the Health Workforce Plan, which concentrate on improving training programs, increasing retention rates, and making sure that healthcare professionals are distributed fairly. The AU also collaborates closely with international organizations to address the migration of healthcare workers from Africa to high-income countries in an effort to keep skilled professionals in their home country. By concentrating on these strategies, the AU hopes to reinforce

healthcare systems and guarantee that healthcare professionals are available where they are most needed.

### **Médecins Sans Frontières (MSF)**

In times of crisis and emergency, Médecins Sans Frontières (MSF), often known as Doctors Without Borders, is essential in addressing the lack of medical staff. MSF bridges gaps in local healthcare systems by sending medical teams to impoverished and conflict affected regions, guaranteeing access to care where it would not otherwise be available. MSF's work highlights the significance of emergency healthcare interventions in saving lives and stabilizing communities during times of need, even though they are not a long-term solution to labor shortages.

## **Blocs Expected**

### **More Economically Developed Countries (MEDCs)**

MEDCs focus on maintaining adequate healthcare workforce levels while advocating for ethical recruitment practices to avoid exacerbating the global healthcare personnel shortage. These countries often depend on recruiting foreign medical professionals to fill workforce gaps caused by ageing populations and increased healthcare demands. At the same time, they are under pressure to address the ethical implications of brain drain from less economically developed countries (LEDCs). Some examples of such countries are the UK, Canada, the U.S., etc.

### **Less Economically Developed Countries (LEDCs)**

LEDCs, often the source of migrating medical personnel, push for international cooperation to regulate brain drain and strengthen their domestic healthcare workforce. Many struggle to retain healthcare workers due to poor wages, inadequate infrastructure, and limited career growth opportunities. These countries advocate for ethical recruitment practices and increase global support for healthcare training and development programs. Some examples of countries part of this alliance are India, Nigeria, Philippines, Kenya, etc.

## Timeline of Events

Date	Description of Event
6-12 September 1978	Alma-Ata Declaration on Primary Health Care: Emphasized the critical need for qualified healthcare professionals to achieve "Health for All."
21 May 2010	WHO Global Code of Practice on the International Recruitment of Health Personnel: Promotes ethical recruitment practices to prevent brain drain.
20 July 2012	African Union's Health Workforce Plan: Addressed recruitment, training, and retention of healthcare personnel in Africa to reduce brain drain.
12 December 2012	Universal Health Coverage Resolution (A/RES/67/81): Calls for global efforts to achieve UHC by addressing healthcare workforce challenges.
19 December 2012	WHO Task Shifting Initiative: Focuses on redistributing healthcare tasks to less specialized workers to improve access to care in resource-limited settings.
23 May 2016	WHO's published the Global Strategy on Human Resources for Health (2016-2030): Sets targets for building a sustainable healthcare workforce worldwide.

18-19 May 2020	The 73rd World Health Assembly (2020), which emphasized workforce resilience during the COVID-19 pandemic:  Regional initiatives such as the African Union's Health Workforce Plan
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## Relevant UN Resolutions, Treaties & Events

- ILO Nursing Personnel Convention, 1977 (No. 149)
- WHO Health Workforce
- General Assembly Resolution A/RES/76/127
- UN Security Council Resolution 2286 (2016)

## Previous Attempts to Solve the Issue

### Workforce Training Programs

Regional efforts, such as the training initiatives of the African Medical and Research Foundation (AMREF), have focused on equipping healthcare professionals with essential skills while promoting retention in underserved areas. AMREF has successfully trained healthcare personnel in deprived areas, enhancing skills and knowledge. However, migration and limited infrastructure limited broader impact. Similarly, the Task Shifting Initiative by the World Health Organization (WHO) enables the redistribution of healthcare tasks to less specialized workers, extending access to care in areas with limited resources and inadequate infrastructure. This initiative created a framework for a more balanced distribution of tasks to less specialized workers, successfully addressing workforce gaps. However, supervision and proper training are still necessities for the service quality to be retained.

### Ethical Recruitment Policies

To regulate brain drain, high-income countries like the UK have implemented codes of conduct for ethical recruitment, aligning with the WHO Global Code of Practice (2010). These policies discourage active recruitment from less economically developed countries (LEDCs) with critical healthcare worker shortages. The goal is to stop the active hiring of medical personnel from low and

middle-income (LMIC) nations that are already experiencing a shortage. Although they promote justice in the hiring practices, they haven't been very successful. Despite considerable advances, the problem has not been overcome because migration is still driven by the voluntary nature of the code and financial incentives in wealthier nations.

## Possible Solutions

### International Cooperation

International cooperation can play a crucial role in addressing healthcare workforce shortages by creating global workforce-sharing arrangements. These frameworks can enable unemployed medical personnel in regions with high supply and low demand to be sent to areas suffering from shortages, often in Less Economically Developed Countries (LEDCs). Such agreements could be facilitated through international organizations like the World Health Organization (WHO) or regional bodies, ensuring equal distribution of the medical workforce in a way that aligns with demand. The employment of personnel and need-based distribution would ensure that there is not a surplus of healthcare professionals in more developed areas, while underdeveloped ones are facing severe shortages. At the same time, it makes cross-border employment easier by establishing worldwide frameworks for the recognition of medical degrees.

### Policy Interventions

Governments in both LEDCs and MEDCs should prioritize the healthcare sector in public policy. Increased public funding for healthcare infrastructure, workforce training, and retention strategies can create a more sustainable environment for healthcare professionals, especially in LEDCs, where poor working conditions make skilled personnel migrate. Governments should direct investment into healthcare education, provide sufficient wages, and improve working conditions. At the same time, offering healthcare professionals in underprivileged communities incentives such as relocation packages and scholarships, could also help make employment in such countries more attractive.

## Brain Drain Mitigation

Regulating brain drain in countries suffering from shortages in medical personnel could help maintain a balance in the employment of medical professionals. This can be achieved by implementing initiatives to tempt medical personnel to return home following training or employment abroad, including guaranteed employment, and easier procedures for recognition of training or diplomas abroad. By creating a favorable environment for professionals to return, governments can rebuild their domestic healthcare systems, so that shortages caused by unregulated migration of medical health personnel from LEDCs can be restored.

## Alignment of Education and Training

Finally, aligning medical education and training with the specific healthcare needs of regional healthcare systems is critical. In many cases, medical curricula are over-generalized, creating a lack of speciality required to address more complex medical emergencies. By adjusting training to local healthcare needs, medical professionals will be capable of handling appropriately country-specific situations. Additionally, regional collaborations between universities and healthcare institutions could lead to the development of specialized training programs, ensuring that healthcare professionals are trained in areas where there are critical shortages.

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