

BUILDING NATIONAL HEALTH WORKFORCES

From scholarships to strategic investment

Getting a return on national training spend

EXECUTIVE SUMMARY

GCC health systems now train at a scale few countries match. The next gain lies in how that spend is managed: **as a portfolio of national investments, each seat with a defined need, a defined return and someone accountable for both.**

Scholarship programmes have historically served several goals at once. The ones that build lasting capability are run like investment portfolios.

70,000

scholars targeted at the world's top 200 institutions by 2030

MOE [1]

25,876

Saudi Board trainees in 195 residency programmes

MOH [2]

71%

of bonded participants fulfil their service obligation (pooled estimate, systematic review)

Bärnighausen & Bloom [3]

12 of 59

nursing ROI studies were complete return-on-investment evaluations

Yakusheva et al. [4]

This piece sets out five practices that turn training spend into national capability, drawing on regional programmes and on the international evidence on bonding and on measuring returns. It ends with questions leaders can use to test their own portfolio.

The region trains at national scale

Every GCC state now runs substantial programmes to train its own clinicians. The examples below show the range of that commitment. They use different measures and years, so they are not comparable across programmes.

Programme	Country	Example of published scale
Kuwait Institute for Medical Specialization⁵	Kuwait	25+ specialty training programmes (2022)
Oman Medical Specialty Board⁶	Oman	217 physicians admitted for 2026/27: 207 residents across 21 specialties and 10 fellows
Hamad Medical Corporation^{7,8}	Qatar	22 residency programmes and around 52 clinical fellowships; sponsored medical students since 2010
Custodian of the Two Holy Mosques Scholarship Program¹	Saudi Arabia	New strategy launched 2022: 70,000 students at the world's top 200 institutions by 2030, designed after reviewing 90+ programmes worldwide
Saudi Board residency programmes²	Saudi Arabia	25,876 trainees in 195 programmes; training positions up 202% on 2018 (May 2026)
SCFHS Health Academy²	Saudi Arabia	40,000+ people trained through employment-linked programmes in 37+ cities
Doctor-training agreements abroad⁹	Saudi Arabia	255 seats in Germany, Sweden and Ireland in named specialties (2023)

Programme	Country	Example of published scale
DoH Abu Dhabi medical education programmes ¹⁰	UAE	505 accepted from 1,711 applications across 44 specialties; all 294 UAE national applicants accepted (2024)

At this scale, the question changes. When programmes were small, the priority was how many places could be funded. Now it is **what each place returns**: is the seat in the right specialty, does the graduate come back to the right post, and can anyone show the difference it made?

Five practices that turn scholarships into capability

01 Prioritise by service need, not by who applies

A scholarship portfolio built from individual applications reflects what candidates want to study. A portfolio built from a workforce plan reflects what patients will need. WHO's *Global Strategy on Human Resources for Health: Workforce 2030* names "the mismatch between education strategies" and population needs as a key constraint on the health workforce, and asks every country to have a workforce planning unit.¹¹ WHO's National Health Workforce Accounts provide 78 standard indicators to support that planning.¹²

Saudi Arabia already applies this principle in places. Its 2023 agreements abroad fund seats in named specialties such as anaesthesiology, cardiac surgery, oncology and nursing.⁹ The 2015 "Your Job and Your Scholarship" programme linked 20,000 scholarships in medicine and allied health sciences to recruitment into the health sector on graduation.¹³ The practice to scale is a simple ranking: every funded seat should trace back to a service gap in the plan.

02 Bond the scholar, and design the bond to work

Return-of-service bonds are common, and the evidence supports them with caveats. A systematic review of 43 studies found that, pooled across the programmes with data, **71%** of participants had fulfilled or were fulfilling their service obligation. Fulfilment was 84% where there was no buy-out option against 67% where there was one, though that difference was not statistically significant.³ WHO's 2021 guideline supports scholarships with return-of-service agreements, but only conditionally and on low-certainty evidence.¹⁴

Bonds work best as part of a package. In Japan, **98%** of graduates of a university built for rural service were still fulfilling their service contract five years after graduation. The rate was 90% for regional-quota graduates with a scholarship and 81% for scholarship-only graduates.¹⁵ Singapore defines the obligation precisely: five years of public service for citizen medical graduates, counted only after the first postgraduate year, with the subsidy repayable with interest, pro-rated, on early exit.¹⁶ The lesson is that bonds work best when selection, training and a guaranteed post are designed together.

03 Balance the portfolio between home and abroad

Training at home is now possible at real scale: Saudi training positions are up 202% since 2018.² That changes the role of overseas scholarships. A sound portfolio trains at home wherever national

programmes exist and reserves overseas seats for scarce subspecialties, faculty development and new capabilities that the system then brings back and teaches locally. Each overseas seat should therefore come with a defined return role, ideally one that includes teaching others.

04 Measure the return beyond satisfaction

Most training evaluation stops at whether participants liked the course and what they learned. The established frameworks go further. Kirkpatrick's four levels end with *behaviour* on the job and *results* for the organisation.¹⁷ Phillips adds a fifth level that converts benefits to money against fully loaded costs, and insists on isolating the programme's own effect.¹⁸

Where this has been done, the results are persuasive. In a multisite US study, new nurses in a structured transition-to-practice programme had first-year turnover of 15.5%, against 26.8% in comparison hospitals. After programme costs, the programme saved between \$735 and \$7,265 for each nurse retained.¹⁹ Yet published evidence remains thin: a 2025 review of 59 studies found only 12 complete ROI evaluations in nursing, and just one on education.⁴ GCC health systems have an opportunity to lead here.

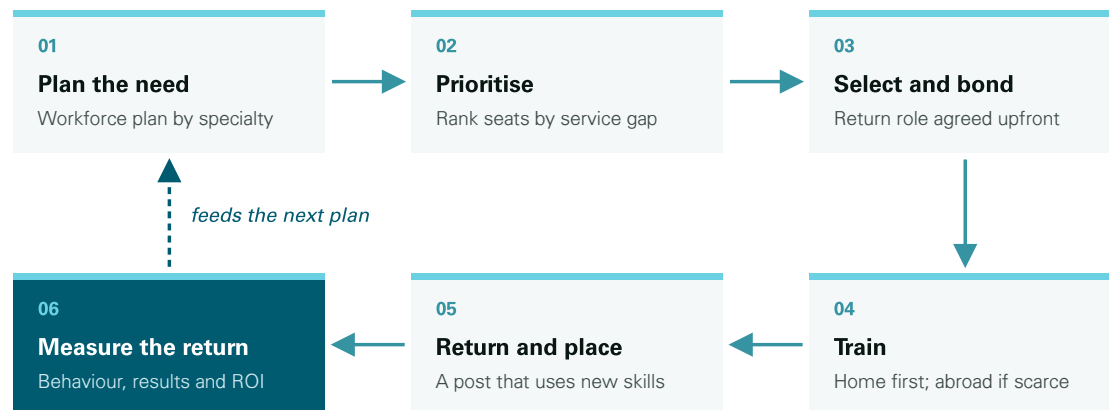
05 Plan the return before departure

The return on a scholarship is realised only when the graduate is placed well. WHO's Global Code of Practice asks countries to meet their health workforce needs from their own people and to encourage circular migration, so that skills gained abroad benefit home systems.²⁰ Research on clinicians returning home after training abroad identifies professional reintegration as a recurring challenge.²¹ The practical answer is to confirm the post, the scope of practice and a duty to pass on the new skills before the scholar leaves.

The investment cycle

Every training seat should close the loop from need to measured return

The scholarship investment cycle. Published evidence is thinnest at step 6.



Source: Verlaf synthesis of WHO workforce-planning guidance, return-of-service evidence and the Kirkpatrick and Phillips evaluation models.

The five practices fit into one cycle. Measured returns from each cohort should feed the next workforce plan, so the portfolio improves year on year.

Run training spend as a portfolio: every seat with a defined need and a defined return.

Questions for leaders

Six questions can test whether a training portfolio is run as an investment:

1. **Traceability:** can every funded seat be traced to a named service gap in the workforce plan?
2. **Ranking:** is there a published, consistent method for ranking specialties and candidates, applied every cycle?
3. **The bond:** does each agreement define the return post, its length, when it starts, and what happens on early exit, and is it enforced?
4. **Home and abroad:** are overseas seats reserved for what cannot yet be trained at home, each with a teaching role on return?
5. **Evidence of return:** does the programme report on behaviour and results (retention, service coverage, cost per retained graduate), not only on enrolments and satisfaction?
6. **Placement:** is the returning graduate's post confirmed before departure, with a scope of practice that uses the new skills?

SOURCES

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All sources were opened and checked in October 2026. This paper uses publicly available information only; no client material is used.

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Discuss how these ideas apply to your organisation

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