

BUILDING NATIONAL HEALTH WORKFORCES

Supply before quotas

What eight years of health-workforce localisation data teach the GCC

EXECUTIVE SUMMARY

Every GCC state has made building a national health workforce a strategic priority, and the question now is how to do it. Eight years of published data from Saudi Arabia, the region's largest health system, point to one answer: **localisation moves fastest where training supply, pay and career paths are built ahead of the quota**. Quotas set the direction, but the pipeline is what delivers.

413,200

nurses across the GCC at end-2024, growing 4.6% a year
GCC-Stat [1]

30.3%

of GCC nurses are GCC nationals
GCC-Stat [1]

58.6%

of Saudi Arabia's 681,914 health posts held by Saudis in 2024
MOH yearbook [2]

+71%

Saudi Board admission seats, 2021 to 2024
SCFHS via SPA [3]

The stakes are high. Health systems across the region are expanding, populations are growing and ageing, and national visions commit to world-class care delivered increasingly by citizens. Getting the sequence right turns a target into a career that young nationals choose. Getting it wrong leaves training seats unfilled and produces a workforce that meets the ratio but not the need.

This paper draws six lessons from Saudi Arabia's experience, which is the most detailed and best-documented localisation effort in the region, and from Oman's long build in nursing. It ends with seven questions leaders can put to their own programmes.

A large, fast-growing workforce, built largely through international recruitment

The GCC had **413,200 nurses at the end of 2024**, about 150,000 more than a decade earlier. Density is 67.5 nurses per 10,000 people, well above the global average of 37.7.¹ GCC nationals make up **30.3%** of those nurses. The region has built capacity faster than any national education system could have supplied it, and international recruitment has filled the difference.

Recruiting internationally is not the problem. It has staffed the region's hospitals through rapid expansion and will remain part of the mix. It does carry three costs that grow over time:

Continuity. A workforce that turns over every few years keeps restarting its institutional knowledge.

Resilience. Supply depends on labour markets elsewhere. WHO projects a global shortfall of 4.1 million nurses by 2030.⁴

Responsibility. WHO's Global Code of Practice asks recruiting countries to avoid active recruitment from countries with the most severe shortages.⁵

National visions answer these costs with the same ambition: more citizens in clinical careers. The rest of this paper is about how to deliver it.

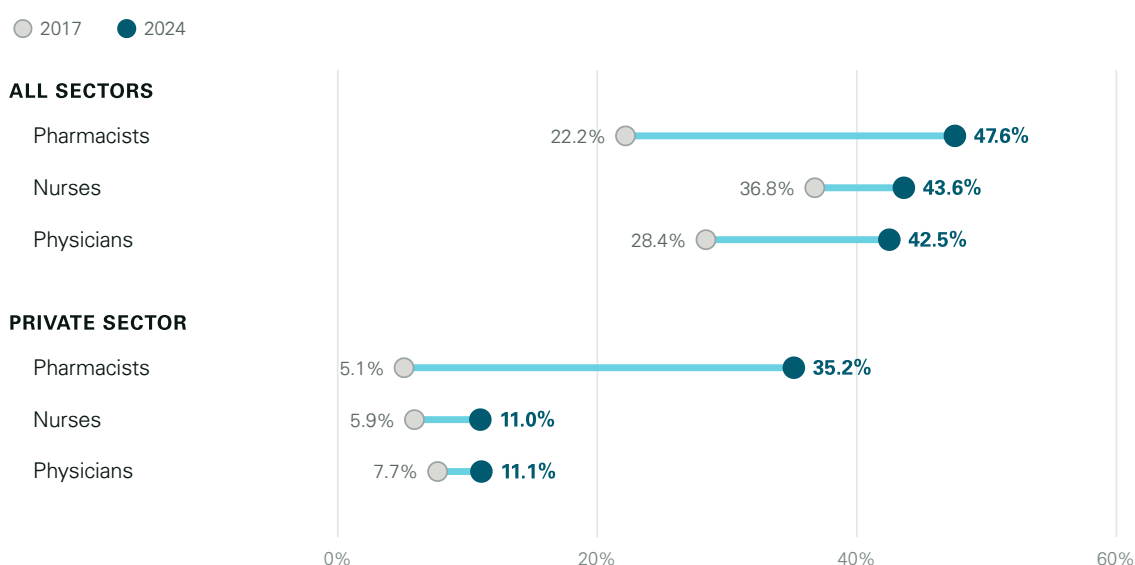
THE EVIDENCE

What eight years of Saudi data show

Between 2017 and 2024 the Saudi share rose in each of the three largest clinical professions, and the number of Saudi nationals grew faster still. In 2024 Saudis held **58.6% of the 681,914 posts** in the Kingdom's health workforce.^{2, 6}

The Saudi share rose in all three professions. In the private sector, pharmacy moved furthest

Saudi nationals as a share of each professional group, 2017 and 2024



Source: Saudi MOH Statistical Yearbooks 2017 and 2024, compiled by GLMM [7, 8, 10]; shares computed by Verlaf from published counts.

Three patterns stand out:

Progress is fastest where the state trains and employs. In Ministry of Health facilities, Saudis are 64.7% of nurses, 53.3% of physicians and more than 97% of pharmacists and allied health staff.^{2, 7, 8}

Quotas work when supply exists. Pharmacy localisation began in 2020 with a 20% first phase.⁹ Private-sector Saudi pharmacists rose from 1,130 to 12,988 as the pool of Saudi pharmacists grew.¹⁰

The hardest work is in private care. Saudis are about 11% of private-sector nurses and physicians, where pay, shift patterns and graduate supply compete hardest with other careers.^{7, 8}

Allied health shows how far localisation can go: Saudis are 87.5% of allied health staff overall and 75.2% in the private sector.²

WHAT WORKS

Six lessons for health-workforce localisation

01 Build supply before the quota steps up

A quota can only be filled from a pipeline that already exists. Saudi Board admission seats rose 71% between 2021 and 2024,³ and 9,245 training seats in main specialties and diplomas were approved for 2026, up 11.4% on 2025.¹¹ Pharmacy localisation advanced quickly as the pool of Saudi pharmacists grew.

02 Count people, not only percentages

In a growing system, the national share measures a race against a moving total. Between 2022 and 2024 the number of Saudi nurses rose by 17,865, yet their share slipped from 45.1% to 43.6%, because the workforce expanded faster and added 29,584 non-Saudi nurses.⁷ Track nationals trained, hired and retained alongside the ratio.

03 Pair quotas with wage floors and phasing

The 2025 private-sector rules set physiotherapy and therapeutic nutrition at 80%, laboratories at 70% and radiology at 65%, with minimum wages of SAR 7,000 for specialists and SAR 5,000 for technicians, and HRDF support for training, recruitment and access to national talent pools.^{12, 13} Roll-out was phased, from major cities in April 2025 to all establishments in October 2025. Dentistry moved to 45% with a SAR 9,000 floor.¹⁴

The wage floor is what turns a quota into a career.

04 Upgrade the serving workforce, not only new entrants

Saudi Arabia's *Tajseer* bridging programme, adopted in 1433H (2011/12), lets diploma holders complete a bachelor's degree in their specialty. By early 2014 it had 1,273 Ministry staff on scholarship, including 933 nurses.¹⁵ The World Bank and the Saudi Health Council later found diploma nurses made up about 80% of the Saudi nursing cadre, and recommended scaling both pre-service education and financed bridging.¹⁶

05 Treat public and private as two labour markets

The same profession behaves differently by employer. Saudis are 64.7% of nurses in Ministry facilities but 11.0% in the private sector, and the private sector is where most growth is

happening: its nursing workforce rose 74% between 2017 and 2024.⁷ Targets, incentives and career paths need designing for each market separately.

06 Plan in decades, anchored in national institutions

Nursing is a generational build. Oman created a Ministry nursing department in 1979, opened its first health science institute in 1982, extended a network of institutes across the governorates and moved nursing education to bachelor's level in 2016.¹⁷ Omanis rose from 12% of Ministry of Health nurses in 1990 to 66% in 2020.¹⁸

FOR LEADERS

Seven questions to test your programme

The region is at different stages of the same journey, and the questions that matter are much the same at every stage.

1. **Supply:** for each priority role, are training seats, faculty and clinical placements in place two to three years before the next target step?
2. **Demand-led priorities:** is training spend ranked by service demand and workforce gaps, so that every seat funded answers a real need?
3. **Real jobs:** do national hires count only when they hold a licensed role at or above a set wage?
4. **Absolute numbers:** does the dashboard show nationals trained, hired and retained, not only the share?
5. **The serving workforce:** is there a funded bridging route from diploma to degree, and from clinician to leader?
6. **Two markets:** are public and private targets set separately, with incentives that work for private employers?
7. **The career itself:** do pay ladders, shift design and public image make bedside careers a first choice for young nationals?

International recruitment will stay part of the mix while national pipelines mature. Recruiting in line with the WHO Code keeps that supply ethical and sustainable.

SOURCES

[1] Nursing workforce in GCC rises to 413,200. GCC Statistical Center via QNA, Apr 2026.

[2] Employees in the health sector by nationality, profession and sector, 2024. GLMM, from Saudi MOH Statistical Yearbook 2024.

[3] SCFHS announces 71% increase in Saudi Board acceptance. Saudi Press Agency, Jul 2024.

[4] State of the World's Nursing 2025: regional launch. WHO EMRO, May 2025.

[5] Health workforce support and safeguards list; Global Code of Practice. WHO.

[6] Healthcare Establishments and Workforce Statistics 2024. GASTAT.

[7] Number of nurses by nationality and sector of employment, 2017–2024. GLMM, from Saudi MOH Statistical Yearbooks.

[8] Number of physicians by nationality and sector of employment, 2017–2024. GLMM, from Saudi MOH Statistical Yearbooks.

[9] Plan to Saudise pharmacy jobs goes into effect. Gulf News, Jul 2020.

[10] Number of pharmacists by nationality and sector of employment, 2017–2024. GLMM, from Saudi MOH Statistical Yearbooks.

[11] Saudi Board 2026: approved training seats and first-round admissions. Ajel, Aug 2026.

[12] Second phase of healthcare Saudization in four professions. Saudi Press Agency, Oct 2025.

[13] Saudi Arabia launches second phase of health sector Saudisation. Gulf News, Oct 2025.

[14] Saudisation rules: localisation ratios and minimum wage thresholds. Gulf Business, Feb 2026.

[15] 154,155 MOH employees on training and scholarships. Saudi Ministry of Health, Jan 2014.

[16] A Labor Market Assessment of Nurses and Physicians in Saudi Arabia. World Bank and Saudi Health Council, 2021.

[17] Nursing in the Sultanate of Oman. Oman Ministry of Health, Apr 2020.

[18] Oman tops WHO's doctor-population ratio (reporting the MOH Annual Report 2020). Oman Observer, Aug 2021.

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

ABOUT THIS SERIES

Building national health workforces

A four-part Verlaf series on how GCC health systems can turn workforce ambitions into lasting national capability.

1. Supply before quotas
2. From scholarships to strategic investment
3. Academies that build national capability
4. Making nursing a first-choice career for nationals

ABOUT VERLAF

Verlaf is a management consultancy advising leadership teams across the GCC on strategy, governance, operating models, workforce and large-scale transformation. We help health holding companies and providers turn human capital, learning and workforce ambitions into delivered results.



Verlaf L.L.C-FZ
Meydan Grandstand, 6th Floor, Meydan Road
Nad Al Sheba, Dubai, United Arab Emirates

Discuss how these ideas apply to your organisation

Hussein Al Ashmar
hussein.alashmar@verlaf.com
info@verlaf.com verlaf.com