

Primary health care staffing standard

26 January 2026

Key points

- The standards for healthcare staffing apply to health facilities supported by UNHCR. However, national Ministry of Health guidelines if existing should take precedence
- Health workers should have the training, skills and supervisory support they require for their level of responsibility
- Agencies have an obligation to train and supervise staff to ensure that their knowledge is up to date and appropriate to provide good quality of care
- Mainstreaming capacity-building is a priority, especially when staff have not received regular training or new protocols have been introduced
- As far as possible, training programmes should be standardized. Prioritize training that addresses key health needs and competence gaps identified during supervision

1. Overview

The primary health care workforce is all people engaged in the systems and services specific to primary health care. This includes all occupations engaged in the continuum of health promotion, disease prevention, treatment, rehabilitation and palliative care.

The health workforce is composed of a wide range of health professionals, including medical doctors, nurses, midwives, clinical officers or physician assistants, laboratory technicians, pharmacists, community health workers (CHWs) plus management and support staff.

Though the optimal number of different types of health workers varies from context to context, there is nevertheless a correlation between the availability of health workers and provision of health services. For essential primary health care services, the staffing levels below have been defined as the minimum required to attain and maintain primary health care services of acceptable quality.

Gender and diversity need to be considered. Imbalances in staffing should be addressed by redeploying health workers to areas that experience critical gaps in relation to health needs, or by recruiting new staff.

2. Relevance for emergency operations

Health systems can only function with a health workforce; and the availability, accessibility, acceptability, and quality of a health workforce arguably represent key prerequisites for improving health service coverage and realizing the right to the enjoyment of the highest attainable standard of health.

During an emergency, health systems and the provision of health care are often weakened, even before demand increases. For instance, insufficient or lack of skilled health care workers can result in excessive workload and unsafe health care. It is therefore important to ensure that people have access to health care workers with adequate skills at all levels of health care.

3. Main guidance

Emergency Phase

The table below provides indicative recommendations that may need to be adapted according to the context and any existing national standards. Any Sphere staffing standards are indicated (Sphere).

Health Centres (ratio of health staff to population)

Medical Doctor	1 : < 25,000	Clinical Officer (in-patient care)	3 per facility of 50 beds
Clinical officer (out-patient services)	1 : < 10,000	Nurses (in-patient care)	4 per ward for rotation
Nurses (out-patient services)	1 : < 10,000	Skilled birth attendant (Doctor/Nurse/Midwife) (Sphere)	23 : 10,000
Nutrition Supervisor	1 : < 10,000	Nutrition Auxiliary Workers	1 per stabilization center of 10 beds

Psychiatric Nurse/Clinical Officer trained in Mental Health	1 : < 25,000	Qualified Laboratory Technician (diploma)	1 : < 15,000 where there are full laboratory services
Qualified Pharmacist(diploma)	1 : > 50,000 -100,000 or for a cluster of smaller camps	Laboratory Assistant(certificate)	1 - 2 : <15,000

Community Health Care

Community Health Workers (Sphere)	1-2 : 1,000	Nutrition Outreach Workers	1-2 : 1,000 persons in refugee camps where GAM is above 10%
--------------------------------------	----------------	-------------------------------	--

Post emergency phase

The above standards apply to post emergency phase as well.

Primary health care staffing standard checklist

- Review existing staffing levels and distribution against national classification to determine gaps and under-served areas.
- Train staff in clinical protocols and case management and for their roles according to national standards or international guidelines.
- Support healthcare workers to operate in a safe working environment.

- Develop incentive and salary strategies that minimize pay differences and inequitable distribution of healthcare workers between MoH and other healthcare providers.
- Share healthcare workforce data and readiness information with MoH and other relevant bodies locally and nationally.

4. Standards

Sphere Healthcare systems standard 1.2: Healthcare workforce

People have access to healthcare workers with adequate skills at all levels of healthcare

- Number of community health workers per 1,000 people
 - Minimum 1-2 community health workers
- Number of skilled birth attendant personnel (doctors, nurses, midwives) per 10,000 people
 - minimum 23 per 10,000 people
- All health staff performing clinical work have received training in clinical protocols and case management

Annexes

[The Sphere Handbook, 2018](#)

5. Links

[The Spere Handbook, 2018](#)

6. Main contacts

UNHCR Division of Resilience and Solutions, Public Health Section: hqphn@unhcr.org