

Saudi arabia's health system



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Kingdom of Saudi Arabia lies at the furthestmost part of southwestern Asia. It occupies about four-fifths of the Arab Peninsula, with a total area of around 2,000,000 square kilometers. In 2010, the population in SA reached 27,563,432 (9,525,178 male and 9,448,437 female) and 31% less than 15 years and 65.37% between 15 and 65 and elderly group represent 2.86%. More than one third of population was non-Saudi (8,589,817) came to government with different employment contracts. 1

Under the system of regions issued by the Royal order No. (1/92), dated 27/08/1412 H., the Kingdom has been divided into (13) administrative regions. Each one of them is divided into a number of governorates differentiating in number from one region to another according to geographical and population number. Before the discovery of oil, Saudi society was traditional, isolated and poor which implies that the way of life was very much backward most of them depend on agriculture and livestock products. Without any health care organizations and healthcare services were largely based on traditional practices and medicines, most of the patients treated by some of traditional methods. In 1926, Saudi Arabia under its visionary leader, King Abdulaziz Al-Saud issued a decree establishing a Health Department. Health system is one of the most indicators for developing in each nation, all of the governments put the health services in front of services which provided to its citizen. Organizations of a health system differ from one country to others according to many factors including state of budget and nation developed. WHO provides some guidelines to provide health care to all people worldwide and make some of its conveniences

and meeting for achieve main objective of health. The Declaration of Alma-Ata was adopted at the International Conference on Primary Health Care that defined primary care that provided to all population and expressed the need for urgent action by all governments to protect and promote all health of all people. Health system in SA provided mainly by ministry of health in addition to 10 agencies provided the health care; some agencies provide some of services to its employee. Ministry of Defense represent second most important ministry provides health services. It provide primary care through different centers and secondary care through military hospitals , all soldiers of ministry of defense receive card for receive the services in any center of care at any regions in Saudi Arabia , parent of soldiers and their family receive health care service by center of ministry of defense . Ministry of interior provides health service also. Ministry of Education concentrates on preventive care through health school that provides health education. Aramco represent one of the most oil companies in the world. It provides the health services to its employee. Ministry of health stills the corner stone of health in SA. Preventive program started early in al-Qatif and al-Hassa Oasis in the eastern region. On 1950, first campaign against malaria done by Saudi Aramco Oil Company and WHO in the Eastern. One of the most goal to the citizen in Saudi Arabia is free of health service provided to all citizens and expatriates working in the public sector because the objective of the Saudi government is to provide free medical care for all. 2

Thirteen health directorates cover all areas in different regions in Saudi Arabia. Each directorate divided to sectors provides primary care level and hospitals to provide secondary care level at least. The Ministry of Health

provides healthcare services through a network of primary healthcare centers numbering 2, 295 on 2012 located in both large cities and small towns. primary health care provide the service to all Saudi families who lived in catchment area and families of non Saudi who worked in government , one of the most important advantages that assist in development of health system is provide free preventive service to all population without regard to nationalities . improvement of infra structure appeared clearly in last year's and the number of hospitals increase to 435 among them 78% general hospital, 10% psychiatric hospital and 8% maternity and child hospital. On 2012 , number of beds increased to reach 35. 825 beds (20. 9 per 10000 of population) , 13. 6% for pediatric , 13% for medical, 12% for maternity , 11 , 9% for surgical and 8% for ICU beds. 1

A lot of programs introduced to the PHC concentrated on preventive care include expanded immunization program which represent the most preventive program in the world, antenatal care, well baby and sexual transmitted disease. In addition to preventive care PHCs provide curative care, and it deal with some of emergency case, the secondary care which represented by hospitals cover the curative services. There is referral system between primary and secondary cases for consultation. Most of emergency cases shifted directly to the secondary cases through ambulance. Tertiary care provide for cases that need special care. Now there are five medical cities under construction. Organization and development of health services in SA reflected on population health and appeared clearly in most of health indicators like crude death rate about which reduced to 3. 8/1000 compared with global average 7. 9/1000 and neonatal mortality rate 16. 2/1000

compared with global average 37/1000 and maternal mortality rate decreased to 1.4/10000 in 2010. 1

Development of health information system and establishment of statistics unit at all level of the health services is one of the first priorities at the current situation to achieve most benefit of consultation and save resources and time of medical staff and patients' availability of automated health information system assist current situation of services and evaluate the treatment protocols. Health electronic surveillance network is recent electronic programs introduced by preventive department in ministry of health to improve surveillance of communicable disease. 3, 4

Source of financing are essential component for development of health system in each governments. More than 60% of health services in SA provided by MOH and the total expenditure on public health services come from the governments which funded through oil revenues and it represent of one of the most important disadvantages in health system in SA . The budgetary provision for the MOH has continued to increase from 5.1% of the national budget in 1992 to 8% in 2001. ³ WHO statistics for 2008 indicate that the SA spent US\$621 per person on healthcare, of which 77.6% was paid for by the government and 16.3% was an out-of-pocket expenditure , the rapid growth in the population with high price of medication and new technology considerable cost pressure on the government in addition to high depletion of services in health care center that came from free-of-charge services which include medications and repeat unnecessary investigations . Also, growing a awareness about health increase the challenges on funding

of health services to accommodate with these increased in health care prices and to improve funding of healthcare in SA. ^{3, 5}

Health insurance began in 2002, gradually increased of foreign employee in country was one of the most factor that accelerate introducing of health assurance, After improved living and increased economic. In 1960, only 1.6% (63,400) of the population comprised non-Saudis, but in 2005, the number increased to reach 26.8% (6.33 million) consisted of non-Saudis. Health insurance implemented in various phase, millions of foreign workers in the country healthcare at privately owned for-profit facilities has been paid for either by the employer or by the individual. the total private sector spending on health, 68% is paid for by the employer in the form of health insurance premiums, direct payments to providers or cost of services provided at company-owned facilities, The government now plans to cover all Saudi citizens the transition to a national health program will decrease expenditure of governmental on health services and will improve health service later according to the high competition in the health insurance business, which increased by 57% in 2008 to a total of US\$1.2 billion, compared with US\$826 million in 2007. ⁵

Private health care sector has grown rapidly over past several years and expanding services to reach to 2168 medical center included hospitals and clinic center and 6974 pharmacy On 2012 and accounting for approximately 21% of all hospital beds on 2005. ¹

Another unique aspect of healthcare in Saudi Arabia is that every year the country serves more than 5 million pilgrims and visitors to the Holy Mosque
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in Makkah hajj and omera seasons on of the commonest challenges in face of MOH , In 2012, 69. 8% of pilgrims came from outside Saudi Arabia, most of them came from endemic area . The country serves free health services to all hajjis according to the Saudi authorities. MOH assigned 22 hospitals and 165 primary care centers to serve pilgrims during the Hajj pilgrimage activities with more than 9 600 personnel, including physicians, nurses and other health personnel, engaged to work in these health centers. ¹

Medical staff is a corner stone to develop health service in any health system, they communicate directly with patients and provide the service to them , unfortunately, most of professional staff in SA expatriates and some of them do not speak Arabic and have difficult communication with the patients, it represented one of defect in health system and effect directly on the health services that provided including health education that provided to the patients and community. Other factors such as a high staff turnover rates and leaving of skilled physicians from MOH center to a broad or to other private sectors in addition to shortage of number in some specialty all these factors effect on the services provided to population and increase the number of patients in waiting list in hospital.. the high number of graduation from medical effect on the quality of training and some of them didn't have chance to proceed the training later . Studies on this subject have also noted problems related to a lack of management training and postgraduate qualifications among technical supervisors and mid-level regional managers , with the increase of medical college and increase number of graduation the shortage of Saudi staff still one of the common problem for health services in SA . On 2012 , Saudi physician constitute 21% (4331 male and 2185 female)

and Saudi nurse 27% (11906 male and 19098 female) ., 58. 7% of total medical staff constitutes by Saudi , 9119 Saudi doctors from total number of doctors in MOH 35. 841. 45. 875 Saudi nurse from total number of nurses 82948 and 1810 Saudi pharmacist from total number of pharmacist 2154. 1, 6, 7

Generally, Change in Life style during last decades effect on health state of community, pattern of disease changed from communicable diseases to non communicable disease. Saudi Arabia one of the highest prevalence of diabetes mellitus in the world in addition to high prevalence of other chronic diseases like hyper tension , heart disease and obesity. Cost of treatment of chronic diseases high and used for long period of time and sometimes have less effective. Around 7 billion riyal served for treatment of diabetes annually. MOH put a lot of plans and introduce many programs to control of these health problems. Premarital screening program one of the most important programs to reduce the prevalence of sickle cell anemia, thalasemia. It detects hepatitis B, C and AIDS to take early prevention tools. Also there is early screening program for DM and HTN to prevent complications. For maternity health there is program for screening of breast and cervical cancer one of the most important screening programs for maternity health. In SA, road traffic accident appeared as the 1st cause of death in the country and reflected on expenditure of health service unfortunately, SA is the highest prevalence of RTA in the world, on 1430, 484805 road traffic accident registered by ministry of interior 6142 person lost by these accidents that's mean more than 16 person lost every day in

addition to 34605 injured during the same period some of them need treatment in intensive care unit for long time. ⁷⁻⁸

Conclusions

Kingdom of Saudi Arabia lies at the furthestmost part of southwestern Asia and occupied area around 2, 000, 000 square kilometers and population around (27. 563. 432). Health system in Saudi Arabia provide free service to all citizen and employee of government . unfortunately, the free service have indirect effect on expenditure of resources in health system ,. Health system includes comprehensive services which started from primary health care center that covered all rural and urban area and provide preventive and curative services. 435 hospitals spread in the country to provide secondary and tertiary health care service. Five medical cities will support tertiary level of care in future . comprehensive health services reflect on health status of population and lead to decrease neonatal death rate and maternal mortality rate to level under than global average. The health services provided by other agencies like ministry of defense, ministry of interior and ministry of education in addition to private centers. Medical staff represents the most important issue in front of stakeholders. Despite of increase number of medical college, Saudi medical staff still under expectancy level and most of the health services provided by non Saudi. Quality of training in postgraduate must be improved to deal with a higher number of graduations from medical college. . there was a lot of programs introduced by MOH in last decades to the population and showed good impact on health, Expanded Program of Immunization represent the best preventive program and coverage of the immunization for some disease exceed on 99% and no

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notified for some targeted diseases of immunization like a polio. Premarital screening program provide a good counseling to decrease the case of Sickle Cell Anemia and thalasemia and also assist in control hepatitis B, C and AIDS

Funding of health system depends on governments and MOH provide services to more than 60%of population. Currently, search for other source of funding is highest priority to compensate on the high expenditure of services and increased of price of technology and medications , health insurance one of the options to support health system after beginning of insurance of foreign employee and Saudi employee in private company . Life style change of Saudi population effect on health status generally, increase of prevalence of DM and HTN represent one of the 1st priority in front of health planner to reduce. RTA represents one of the highest prevalence in the world.. Development of electronic information connection all level of health care to assist medical staff to access all important information at any center and provide good option to reduce waste of resources. Finally to improve the health system need good analyses of the current situation and determines priorities of services in addition to concentrate on preventive measures and make good coordination with other agencies to provide good health service. Finally , free health services to Saudi citizen and comprehensive care in addition to introduced effective preventive programs are most positive issues in health system while the source of funding with shortage trained professional staff is the most negative points of health system that will need to improve in future.

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