

Saudi Arabia : Health Systems Profile

Key health system indicators

Health status

Life expectancy at birth in years	total	74
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	males	71
	females	52
	total	63

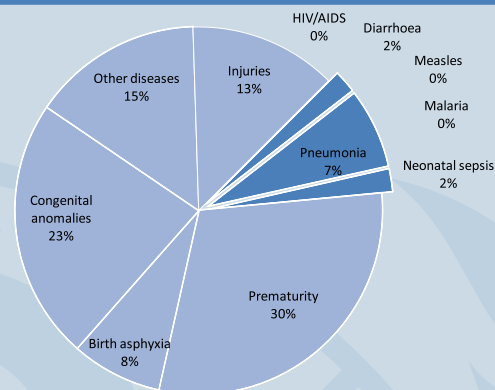
Communicable diseases

Tuberculosis notification rate per 100 000	14
Incidence rate of malaria per 1000 population	0.03
Estimated number of people living with HIV	...

Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	24	5.7	21
Physical inactivity	61.5 [59.4-63.5]	76.2 [74.3-77.9]	68.8 [67.4-70.2]

Distribution of causes of death among children aged <5 years (%)



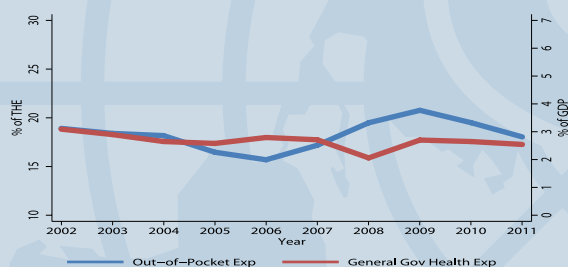
Communicable diseases are estimated to account for 11% of all deaths among children aged <5 years

Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	32.9 [24.3-42.3]	28.7 [21.1-36.6]	31.2 [25.2-37.4]
Raised blood glucose	22.0 [14.8-30.2]	21.7 [14.6-29.9]	21.8 [16.8-27.6]
Overweight	70.2 [66.0-74.6]	73.2 [68.9-76.7]	71.3 [68.3-74.2]
Obesity	29.5 [25.5-34.1]	43.5 [38.3-48.2]	35.2 [32.0-38.4]
Raised cholesterol	36.4 [23.1-51.2]	42.1 [24.2-60.3]	39.0 [27.8-50.2]

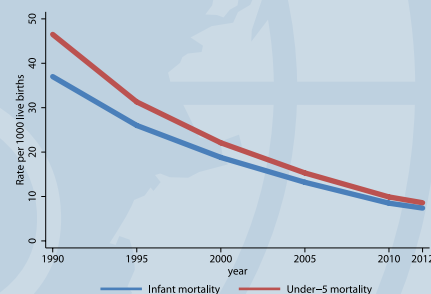
Expenditure and mortality trends

Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)
 The out-of-pocket expenditure as % of Total Health Expenditure (THE)

Infant and under 5 mortality rates per 1000 live births



Health system: governance

Existence of a national health strategy/strategic plan and time frame	Yes (2010-2015)
Annual publication/dissemination of ministry of performance report	Yes
High level multisectoral advisory council for health available	Yes

Health system: information

Functioning civil registration and vital statistics

Percentage of births registered	100
Percentage of causes of death recorded	98
Year most recent use of ICD in mortality classification reported	2013
Year most recent annual health statistics report published	2012

Health system: health workforce

Health workforce per 10 000 population (2011)

Physicians	24.5
Nurses/midwives	47.8
Dentists	3.4
Pharmacists	5.3
Health professions education institutions	
Medical	31
Nursing	46
Percentage of doctors working in rural settings	...

Health system: service provision

Infrastructure

Primary health care facilities per 10 000 population	0.8
Hospital beds per 10 000 population	20.9
Service delivery	
Access to local health services (%)	100
Contraceptive prevalence (%)	...
Antenatal care visits (4+ visits) (%)	98
Measles immunization coverage among 1-year-olds (%)	98
Smear-positive tuberculosis treatment success (%)	62
Number of tobacco (m)POWER measures implemented at the highest level of achievement	6

Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	0
General government expenditure on health as % of GDP (2011)	2.5
Out-of-pocket expenditure as % of total health expenditure (2011)	18.0
General government expenditure on health as % of total government expenditure (2011)	6.8

Health system: technology

Existence and year of last update of published essential medicines list (EML)	Yes (2012)
Existence of a functional national regulatory authority (NRA)	Yes (medicines and medical devices)
Number of MRI/CT scanners (in public facilities) per million population	1.3/4.7

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> • Large pool of funds allocated towards the development of the healthcare sector (% GDP to healthcare was 4.3% in 2010) • Established national agency for accreditation of health care institutions resulted in mandatory accreditation for all hospitals and improved quality and safety of services. Same is under way for primary health care centres • A network of health system infrastructure has improved access of remote areas to health services • High level of health care coverage and improved health related indicators • Well established intersectoral collaboration among governmental sectors tackled adverse effect of social determinants of health • The annual hajj experience • The good quality of physicians in almost all specialties • Adoption of national healthcare standards • The Ministry of Health's purchasing power as it is the largest health care institution in the Gulf Cooperation Council countries 	<ul style="list-style-type: none"> • Centralization of managerial and financial modalities and absence of autonomy of regional health directorates • Moderate level of out-of-pocket health expenditure (24.2%) • High cost of the health services and free-of-charge policy puts considerable cost pressure on the government • The shortage of local health care professionals, such as physicians, nurses and pharmacists, leads to high rate of turnover and instability in the health workforce • Consistency and quality of healthcare services and facilities • Suboptimal distribution of health care services and health professionals across geographical areas • Lack of standardization in technology investments to date as well as limited connectivity between primary and secondary health care facilities • Lack of institutionalization and performance management system • Limited optimization of resource use
Opportunities	Challenges
<ul style="list-style-type: none"> • Changes in disease pattern; there is an alarming increase in the prevalence of chronic and noncommunicable diseases and their risk factors • Availability and continuity of services, across a very broad and diverse geography • Limited availability of experts • Managing and planning health services for an increasing number of visitors and risk of infectious disease during the hajj (and umrah) • Addressing distinct issues faced by the health system and care providers such as increasing motor vehicle accidents and chronic diseases • Increased public demands • Increased cost of health care services • Rapid changes in health technology 	<ul style="list-style-type: none"> • Health development features high on the sociopolitical agenda • The new national policies and strategies for primary health care are patient-centred and focus on health promotion and protection with emphasis on social determinants of health • Coordination between the Ministry of Health and other development sectors is paving the way to advocate health in all policies • Support from government in adopting a robust performance management system • The foreign scholarship programme building national capacities of health workforce and health system managers
Priorities	
<ul style="list-style-type: none"> • Implementing the Ministry of Health national strategy • Implementing a newly developed health financing plan • Implementing comprehensive and well coordinated programmes to reduce the incidence of noncommunicable diseases and road traffic injuries • Improving the effectiveness of prevention, curative and rehabilitative care • Ensuring the availability of missing services required especially in remote areas • Improving and promoting disaggregated health information systems • Implementing the Ministry of Health e-health strategy and rolling out key applications • Developing a national health workforce development plan including training and deployment • Strengthening the supervisory and monitoring role of the Ministry of Health • Encouraging public-private partnership in health care provision 	

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**World Health
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