

Saudi Arabia Reproductive health profile 2008



Health care system

The health and welfare of individuals, families and communities is covered by article 31; the Basic Governness System approved by a royal decree. Health has featured in 5-year-development plans since 1970, and is regarded as a productive sector, and a key part of the overall development in the country. The Ministry of Health in the country is headed by a Minister and two Deputy Ministers for Executive Affairs and for Planning and Promotion.

A health act was sanctioned by royal decree to ensure comprehensive health care provision to the entire population in an equitable, accessible and organized manner. In 2007, the budget of the Ministry of Health was 5.6% of the government expenditure. This represents an increase in average expenditure from US\$ 112 in 1993 to US\$ 277 per capita in 2007. The Government is considering the different options for financing health in the future, and is making membership of employer or private sector insurance scheme mandatory for expatriate workers. This is considered as a first step in developing the insurance sector. The aim of this step is to reduce the financial burden on the Government. A national unit for health economics has been established in the Ministry of Health to cover all revenue and expenditure for health in both public and private sectors and to perform cost analysis of existing health services. Currently, free curative, preventive, promotion and rehabilitation services are available in 1925 primary health care (PHC) centres across the country. About 83% of public sector attendances occur in PHC centres. Within the context of the PHC reform project, 13 types of PHC centres will be available covering the population within the catchment areas of these centres. Over seven billion Saudi riyals were allocated for this project implementation. Standard manpower cadre is identified for each category of PHC centres. Most health care services are based on vertical programmes, and attempts are under way to provide more coherent family practitioner practices at the PHC level.

Quality of care is monitored by a well-developed system of quality assurance that is managed by 20 Regional Health Affairs Directorates under the Ministry of Health, and provides technical and managerial guidance and support. In 2007, for every 10 000 persons there were: 21 physicians, 2.5



dentists, 6.21 pharmacists, 38.7 nurses, 20 allied health personnel, 22.1 hospital beds, and 0.79 health centres.

The Government has ambitious plans to increase the coverage and quality of the provided health services. Accreditation standards for hospitals and PHC centres were developed and steps for their implementation are under way. The Ministry of Health houses a health information centre for pooling essential health and health service information from the local, regional and central levels. There has been a considerable effort made in this respect and a new health information system linking together these three levels is about to be developed.

Reproductive health

The national reproductive health priority components include: pre-marital, antenatal, obstetric, newborn and postpartum health care. Contraception is available as required and upon request by married couples. Specific regulations were issued regarding premarital medical examination. A circular was also issued to follow WHO recommendations regarding tetanus immunization for women of childbearing age. Saudi Arabia has recently adopted the new WHO antenatal care module aimed at ensuring the healthiest possible outcome for every pregnant woman and newborn baby. Necessary adjustments were made for certain interventions to meet the needs of the target population taking into consideration the scientific basis for each practice as well as the available resources. The module ensures four antenatal visits, and focuses on evidence-based interventions that address the most relevant health issues that affect the health of mothers and newborn infants. A classification form for easy assessment of women's eligibility for basic health care is included.

It also provides a checklist of activities performed throughout the four-visit schedule. Over 96% of deliveries that took place in 2007 were attended by trained health personnel in health facilities (Table 1).

International donor-funded reproductive health programmes

WHO's programme of technical cooperation with Saudi Arabia is longstanding. The biennial programme for the biennium 2008–2009 covers a wide range of activity programme areas.

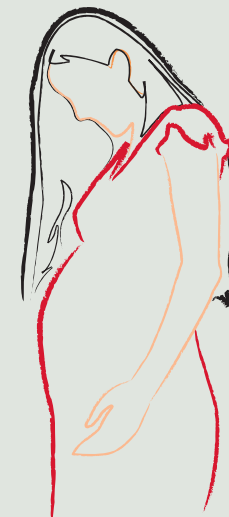


Table 1. Demographic and reproductive health indicators, Saudi Arabia, 1997–2008

Indicator	Parameter	Year
Total population	24 242 578	2007
Population growth rate	2.28	2007
Crude birth rate	24.5	2007
Crude death rate	3.9	2007
Urban to rural population ratio	80:20	2006
Number of women of reproductive age	4 848 515	2007
Total fertility rate	3.17	2007
Percentage of pregnant women attended by trained personnel	96	2006
Number of facilities with functioning essential obstetric care per 500 000 persons	3.3	2007
Percentage of deliveries attended by trained personnel	96	2006
Percentage of deliveries undertaken in health facilities	96	2006
Percentage of caesarean sections of all deliveries	19.5	2006
Pregnant women with anaemia	30.3	1997
Percentage of low birth weight (of all new born infants)	5	2006
Maternal mortality ratio (per 100 000 live births)	15	2006
Perinatal mortality rate	19	NPM*
Neonatal mortality rate	10.7	2001
Life expectancy at birth female, years	74.3	2007
Life expectancy at birth male, years	72.2	2007
Married women (15–49) using contraceptives	32	2003
Detailed data regarding contraceptive usage	n/a	
Incidence of sexually transmitted infection:		
Syphilis (number of cases)	802	2008
Gonorrhoea (number of cases)	273	2008
Chlamydia (number of cases)	7637	2008
Trichomoniasis (number of cases)	1987	2008
HIV prevalence (number of cases)	375	2007

NPM* = Neonatal and Perinatal Mortality. Geneva, MPS/HQ, 2007