



World Health
Organization

Saudi Arabia

COUNTRY COOPERATION STRATEGY

for WHO and Saudi Arabia
2024–2026



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The signing of the *Country Cooperation Strategy for WHO and Saudi Arabia, 2024–2026*, reaffirms the strength of the relationship between the World Health Organization (WHO), as part of the wider United Nations system, and the Government of Saudi Arabia. It is the corollary of WHO's long history of collaboration with the country and underscores their mutual commitment to continue working together to address priority public health issues of great importance and relevance to the people of Saudi Arabia, as set out in Vision 2030 and the Health Sector Transformation Program.

The Country Cooperation Strategy is fully aligned with the strategic priorities of *WHO's Thirteenth General Programme of Work (GPW13)* and the forthcoming GPW14 and builds on the spirit of *WHO's strategy for the Eastern Mediterranean Region, 2020–2023*. It emphasizes the need for stronger and continuous collaboration between the three levels of the Organization and Saudi Arabia to ensure greater progress towards the attainment of better health

and well-being for the entire population as the overarching goal of Saudi Arabia's Vision 2030.

An increasing number of health challenges can no longer be resolved at the technical level alone, requiring political negotiations involving a wide range of actors. Saudi Arabia has been actively engaged in health diplomacy and provides financial assistance at regional and global levels to find solutions to public health issues, such as Middle East respiratory syndrome, COVID-19, antimicrobial resistance and the provision of humanitarian aid and relief, that require action and collaboration across borders.

The Government of Saudi Arabia recognizes the vital contribution of WHO in providing technical support towards the achievement of universal health coverage by strengthening the health system, while addressing the socioeconomic and environmental determinants of health and protecting people from health emergencies.



Minister of Health
Saudi Arabia



WHO Regional Director for the
Eastern Mediterranean

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Acronyms and abbreviations

AMR	antimicrobial resistance
CCS	Country Cooperation Strategy
GDP	gross domestic product
GPW	General Programme of Work
HiAP	Health-in-All-Policies
IHR	International Health Regulations
MERS	Middle East respiratory syndrome
MRSA	methicillin-resistant <i>Staphylococcus aureus</i>
NCDs	noncommunicable diseases
PEN	package of essential noncommunicable disease interventions
SDGs	Sustainable Development Goals
UHC	universal health coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNSDCF	United National Sustainable Development Cooperation Framework
WHO	World Health Organization

Executive summary

The fourth Country Cooperation Strategy for WHO and Saudi Arabia, 2024–2026, outlines how WHO will work with the Government in accordance with the Health Sector Transformation Program, part of Saudi Arabia's Vision 2030, whose overarching goal is to restructure the health sector towards the achievement of better health and well-being for all its inhabitants.

Guided by Vision 2030, the Country Cooperation Strategy (CCS) is aligned with the Sustainable Development Goals (SDGs), *WHO's Thirteenth General Programme of Work* (GPW13) and the forthcoming GPW14, and the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2022–2026.

In 2022, Saudi Arabia's population was estimated at 32.2 million. In the next decade, a major demographic shift is predicted in the population, with a 1.5% increase in the population aged between 40 and 59 years, while those over the age of 60 are predicted to increase by more than three times.

Over the past few decades, the health sector in Saudi Arabia has been a priority for the Government and has consistently been one of the largest recipients of government expenditure, accounting for 17.7% in 2021. In recent years, despite the COVID-19 pandemic, major improvements in the health sector have been documented. Overall, maternal health has improved, with a 15% decrease in the maternal mortality ratio from 2010 to 2022 (9.42 deaths per 100 000 live births). The proportion of births attended by skilled health personnel remains above 98%. Infant and under-five mortality rates, estimated in 2022 as 7.4 and 10 per 1000 live births, respectively, have also declined. However, there is a need

for a more robust and disaggregated analysis of the data to focus on health interventions to improve health outcomes.

Saudi Arabia has a low burden of communicable diseases. In 2021, WHO validated Saudi Arabia as having eliminated trachoma as a public health problem, and the country is close to eliminating measles, rubella and tuberculosis. A high level of vaccination coverage (above 95%), has helped prevent outbreaks of vaccine-preventable diseases. Efforts have been made to improve emergency preparedness and response, particularly during the annual hajj, one of the largest mass gatherings in the world.

Key interventions in Saudi Arabia have focused on strengthening the health system to address the high burden of noncommunicable diseases (NCDs) and improve preparedness for public health emergencies. Major challenges in the health sector include: the rising costs of care mainly associated with the increasing prevalence of chronic diseases; high reliance on hospital-based care; shortage of health care professionals; and limited coordination between multiple health service providers. While noteworthy progress has been made in the availability of internationally comparable data on the SDGs, additional efforts are still required to enhance data quality for use in local decision-making.

Despite the main steps that Saudi Arabia has been undertaking to reform the health system, additional efforts are needed through adoption of a whole-of-government and whole-of-society approach to improve the efficiency and effectiveness of interventions and actions.

Saudi Arabia has been actively engaged in health diplomacy and provides financial assistance at regional and global levels to find solutions to public health issues, such as Middle East respiratory syndrome, COVID-19, antimicrobial resistance and the provision of humanitarian aid and relief, that require action and collaboration across borders. Among the United Nations recipients of financial aid from Saudi Arabia, WHO ranks among the top three. In the past five years alone, Saudi Arabia has contributed over US\$ 300 million to WHO's operations in various countries, including Bangladesh, Iraq, Pakistan and Yemen, among others.

Saudi Arabia has actively engaged in the United Nations Climate Change Conferences since their inception, showcasing leadership in health and environmental initiatives. The Saudi Green Initiative, launched in 2021, aims to combat climate change by planting 10 billion trees and protecting 30% of the country's land and sea areas by 2030. Platforms like the Saudi Pavilion highlight its climate solutions, emphasizing innovation and sustainability. Under Vision 2030, the Health Sector Transformation Program integrates health care improvements with environmental goals, addressing air quality, medical waste and sustainable practices, reflecting Saudi Arabia's commitment to public health and environmental well-being.

The Country Cooperation Strategy for WHO and Saudi Arabia, 2024–2026, is the outcome of a series of consultations with the Ministry of Health and other stakeholders and is based on the critical analysis of the country's needs and WHO's comparative advantage in addressing health challenges. It sets out a strategic agenda with the following three strategic priorities:

- Strengthen the health system to achieve and sustain universal health

coverage (UHC) through support for implementing the Health Sector Transformation Program;

- Enhance health system resilience and capacity to address health security and public health emergencies, preparedness and response;
- Address the socioeconomic and environmental determinants of health.

Taking into account WHO's mandate and considering Saudi Arabia's health situation and the socioeconomic context, the WHO Country Office will focus its technical support on high-level policy guidance, advocacy and technical support in the development of strategic plans, guidelines and standard protocols, capacity-building and strengthening the health information and data management system.

The three identified strategic priority areas of intervention do not cover all of WHO's support to Saudi Arabia in the next three years, but the Organization remains committed to responding and adapting to any changing needs as they arise.

The estimated budget required for implementing the CCS during the three years is US\$ 6.1 million. Considering the anticipated funding, there is a 27% financial gap (US\$ 1 660 000) that will require additional resource mobilization efforts from the three levels of WHO.

Considering the dynamic health situation in the country, WHO and the Ministry of Health will closely monitor the implementation of the CCS during its three-year period to adjust its Country Support Plans and the Country Office's capacity, if required. The lessons learnt and recommendations from the final review will be shared with WHO, the Government of Saudi Arabia, national stakeholders and other United Nations sister agencies.

1. Introduction

The WHO Country Cooperation Strategy (CCS) crystallizes the major reform agenda adopted by the World Health Assembly to strengthen WHO's capacity to make the Organization more effective in its support to countries, through responses tailored to the country's needs. It reflects a medium-term vision for WHO's technical cooperation with countries and defines the strategic framework of the WHO Secretariat for working in and with the country.

While the Organization is involved in all aspects of health in support of its Member States, it is recognized that the work of WHO in each country needs to be more strategic, contributing to specific areas where WHO has the comparative advantage for benefiting health in the country.

The third CCS for Saudi Arabia which covered the years 2018 to 2021 ended during the COVID-19 pandemic. It was then agreed with the Ministry of Health to extend the CCS for an additional year. With the containment of the pandemic, and in view of Saudi Arabia's transformational vision, it is now timely to embark on a new CCS.

The fourth CCS (2024–2026) will guide the use of WHO's expertise to support the implementation of Saudi Arabia's health policies, strategies and plans, based on the Health Sector Transformation Program, in line with the 2030 Agenda for Sustainable Development and WHO's GPW13 and forthcoming GPW14. The CCS will also provide major inputs to the implementation of the health component of the United Nations Sustainable Development Cooperation Framework (UNSDCF) and will be an important instrument for harmonizing WHO's cooperation with other United

Nations agencies and development partners.

The CCS was developed following an in-depth situational analysis conducted by a team of senior WHO experts from the regional and country offices. The joint mission in September 2023 was comprehensive and consisted of discussions with relevant key stakeholders and field visits to major public health institutions in Saudi Arabia.

The mission reviewed the progress while identifying constraints during the implementation of the previous CCS; and examined the socioeconomic and health situation in the country, including key determinants of health and the status of implementation of the national policies and strategies with a major bearing on health.

The joint mission reviewed and identified the main priorities for collaboration for the next three years between WHO and Saudi Arabia that will have an impact on health system development to achieve universal health coverage (UHC). Beyond the identified strategic priorities and focus areas of intervention outlined in the CCS, WHO remains committed to responding and adapting to any changing needs as they arise.



2. Health and development situation

2.1 Political, social, and economic context

Saudi Arabia has placed sustainable development at the forefront of national priorities by fully integrating it into Vision 2030, the country's transformational long-term plan. The Vision seeks to transform Saudi Arabia into a thriving and dynamic nation, while at the same time balancing economic growth with social and environmental sustainability. The integration of Vision 2030 and the SDGs represents a concerted effort to promote sustainable and inclusive development with quality of life at the core to ensure that no one is left behind (1).

Saudi Arabia is a high-income country and is one of the largest twenty economies globally. Its economy largely depends on the oil revenue that accounts for about 80% of the Government's revenue. The Human Development Report (2021–2022) ranked Saudi Arabia as 35th out of 191 countries on the Human Development Index (2).

In 2022, the life expectancy at birth (both sexes) was 77.9 years, representing a 5.39% increase compared to 73.7 years in 2010 (3). The country is going through a demographic transition. In 2022, the total population was estimated at around 32.2 million, representing a 22.9% increase since 2012, with a population growth rate of 2.5 (2022). It is estimated that 41% of the population are expatriates (4). Most non-citizens living in Saudi Arabia come from the Indian subcontinent and Arab countries, namely Bangladesh, India, Indonesia, Pakistan, the Philippines, Syrian Arab Republic and Yemen. In 2021, those under 15 years old represented

a quarter (24.5%) of the total population (4). However, the number of people aged 60 to 79 years is expected to grow from 1.96 million (mid-2018) to 4.63 million by mid-2030 (5).

In 2022, 86% of the population of Saudi Arabia lived in urban settings (3), with an exponential population movement trend since the 1970s from rural to urban areas.

In 2020, the literacy rate among adults (15 years old and above) was 97.6%. The total fertility rate has been declining over the years, reaching 2.14 for Saudi women in 2022 (4). Although total unemployment was low at 4.9% (in the second quarter of 2023), it is higher among the Saudi population, where it reached 8.3% (in the same time period) among young people and those with higher levels of education (6).

Saudi Arabia has established an extensive social protection system (7), which incorporates social insurance programmes, social safety nets and labour market support programmes, providing its population with wide-ranging support in areas such as health, retirement, unemployment insurance, subsidies, housing, education and employment. Women's empowerment has progressed through increased workforce participation and leadership representation.

In 2022, gross domestic product (GDP) reached US\$ 1.11 trillion, with a per capita GDP of US\$ 34 441 (4). The economy relies mainly on petroleum and gas exports and to a lesser extent on services. With the launch of the ambitious Vision 2030, Saudi Arabia sets on a strategic path to reduce the country's dependence on oil and diversify its economic resources.

2.2 Health sector overview and health situation

The health sector in Saudi Arabia has been a priority for the Government over the past few decades and has consistently been one of the largest recipients of government expenditures, accounting for 17.7% in 2021 (1).

In the past few years, despite the COVID-19 pandemic, major improvements in the health sector have been well documented. For instance, the maternal mortality ratio has decreased from 12.16 in 2021 to 9.42 per 100 000 live births in 2022 (4). Since 2015, the proportion of births attended by skilled health personnel has remained stable at above 98% (4). In 2022, infant and under-five mortality rates were estimated to be 7.41 and 10.05 per 1000 live births, respectively (4). However, there is an urgent need to have a more robust and disaggregated data analysis to identify and address the underlying determinants of health.

Key interventions have been focused on enhancing legislation to support the population's health, by strengthening the health system in the country, and controlling NCDs, which are the leading causes of morbidity and mortality. Particular attention has been directed to enhancing public health emergency preparedness and response. A push towards e-health and digital transformation (8) of health administrative functions have also contributed to the improvement of health information systems in the past few years.

The Ministry of Health provides comprehensive and universal health care services for the entire population based on Saudi Arabia's welfare state model of governance. However, the sustenance of this policy has increasingly become challenging with increases in health care costs, ongoing demographic changes and the rise in chronic diseases.

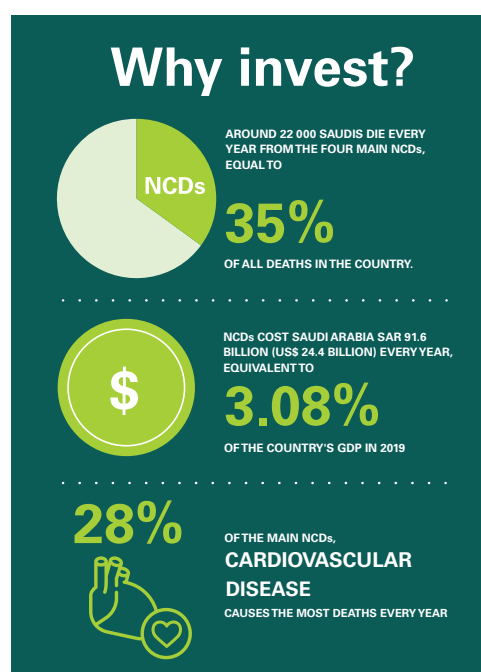


To overcome these challenges, some of the key priorities for Saudi Arabia include the improvement of primary health care (PHC) services, the expansion of public–private partnerships, strengthening of the national health information system, and promotion of healthy lifestyles. To address these priorities, among other initiatives, the Health-in-All-Policies (HiAP) initiative was launched in 2017 to prioritize the population's health in all policies and regulations (9). Furthermore, the Health Sector Transformation Program was launched under Vision 2030 in 2021, aiming to restructure the health sector into a comprehensive, effective and integrated health system, towards the achievement of better health and well-being for the entire population.

Currently, Saudi Arabia has the highest number of registered cities in the Regional Healthy Cities Network, making it eligible to establish their National Healthy Cities Network. Additionally, Saudi Arabia established the first WHO Collaborating Centre for Healthy Cities in the Region. The Department of Healthy Cities in the Ministry of Health was designated as the WHO collaborating centre.

2.2.1. Noncommunicable diseases

Noncommunicable diseases (NCDs) are the most common cause of premature morbidity and mortality in Saudi Arabia. As shown in Fig. 1, more than one in four people are currently affected by one of the four main NCDs (10), namely cancer, cardiovascular diseases, diabetes and chronic respiratory diseases.



Source: Grafton, D, Elmusharaf K, Jung J, et al. Prevention and control of non-communicable diseases in Saudi Arabia: The case for investment, 2021 (10)

Fig. 1. The case for investing in NCDs, Saudi Arabia

NCDs have been the leading cause of disability in the past 25 years (11). The growing burden of NCDs can be attributed to the country's economic development and associated increase in life expectancy and lifestyle changes.

Behavioural risk factors, such as high-calorie and high-fat content diets, reduction of physical activity, and increase in tobacco consumption along with specific environmental factors, contribute to the burden of NCDs. In addition, mental health and substance abuse are significant public health concerns in the country.

In 2018, based on the decision of the Council of Ministers, the National Nutrition Committee was established with the aim of improving the food and health situation in Saudi Arabia, by providing scientific recommendations and opinions in the field of nutrition to relevant authorities. Saudi Arabia, represented by the Saudi Food and Drug Authority, was granted

certification for having eliminated trans fats by WHO, and was one of the first five countries in the world to receive a certificate.

Tobacco consumption is a major public health challenge in Saudi Arabia. In 2019, the Global Adult Tobacco Survey reported that 19.8% of the population were current tobacco users (12). Exposure of young people to tobacco products is high in Saudi Arabia, with 6.9% of men aged 15–29 smoking daily (12).

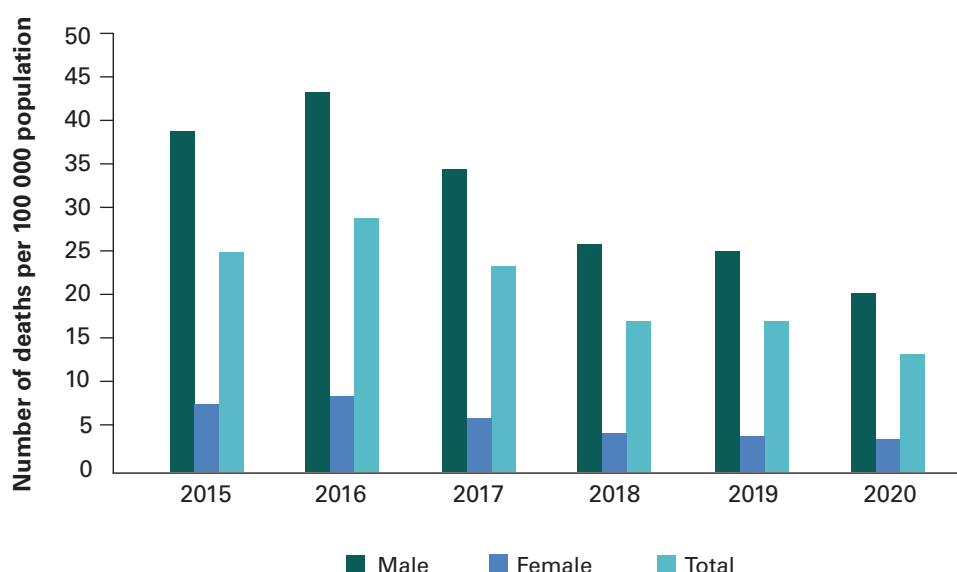
While cigarettes are common, other forms of tobacco consumption like water pipes (shisha) are increasingly popular, especially among women and young people. Indeed, the Global Adult Tobacco Survey found that 6.7% of the population smokes shisha (12).

However, Saudi Arabia is highly committed to reducing tobacco consumption through multisectoral efforts and was one of the first countries to ratify the WHO Framework Convention on Tobacco Control in 2005. In 2019, WHO recognized these efforts and presented Saudi Arabia with the Award for Excellence in Tobacco Control.

Premature death, morbidity and disability associated with NCDs are more than a health issue – they negatively affect socioeconomic development and the long-term fiscal sustainability of government and public services.

Road traffic accidents are a major contributor to the burden of disease in Saudi Arabia. National mortality and morbidity rates associated with road traffic accidents are disproportionate among certain groups, and are now the leading cause of death in young people aged 16–36 in Saudi Arabia. Additionally, the vast majority of road traffic injuries (83.7%) occur in cities (13).

However, there has been an appreciable decline in road traffic fatalities due to a comprehensive multisectoral programme that started in 2016. Fig. 2 displays the national estimates reported for 2020, standing at 13.7 deaths per 100 000 population, a marked decline from the last WHO estimate of 23 per 100 000 population in 2017 (4).



Source: Ministry of Health, Saudi Arabia. 2022 Statistical Yearbook (4)

Fig. 2. Number of deaths due to road traffic injuries per 100 000 population, by sex, 2015–2021

The Ministry of Health expressed interest in collaborating with WHO to achieve the goals of the “Decade of Healthy Ageing” and the goals of the Global Dementia Observatory. In 2019, it was estimated that suicide mortality was 5.4 per 100 000 population (14). Moreover, Saudi Arabia intends to partner with WHO to further promote mental health homecare programmes and community psychiatry.

To address challenges related to air pollution and climate change, ambitious initiatives are being implemented across Saudi Arabia to create a cleaner, greener future for all. These include implementing comprehensive energy efficiency programmes and making significant investments in clean hydrogen and renewable energy sources (15).

In this context, the country is investing huge resources on re-designing cities to be energy efficient, by planting

10 billion trees and protecting 30% of the country’s land and sea areas by 2030 (16). Platforms like the Saudi Pavilion highlight its climate solutions, emphasizing innovation and sustainability. Under Vision 2030, the Health Sector Transformation Program integrates health care improvements with environmental goals, addressing air quality, medical waste and sustainable practices, reflecting Saudi Arabia’s commitment to public health and environmental well-being.

The annual costs of NCDs are estimated at US\$ 18 billion in health care expenditures and US\$ 6.8 billion in lost productivity due to premature mortality, disability and workplace losses (10). In Saudi Arabia, lost productivity caused by NCDs account for nearly 28% of all NCD-related costs – indicating that NCDs severely impede Saudi Arabia’s development beyond health.



Multisectoral engagement is required for a more effective response. Findings from the investment case model (10) have shown that investing US\$ 7.4 billion over the next 15 years could save over 200 000 lives and provide economic benefits of US\$ 30 billion in restored productivity.

2.2.2. Communicable diseases

Saudi Arabia has made major progress in controlling communicable diseases and has recently eliminated many of them. Communicable diseases play a minor role in the burden of diseases, both in terms of morbidity and mortality in Saudi Arabia. In 2021, WHO validated Saudi Arabia as having eliminated trachoma as a public health problem. Saudi Arabia is also close to eliminating measles and rubella.

The pulmonary tuberculosis (TB) incidence rate decreased from 8.4 in 2018 to 6.4 per 100 000 population in 2021 (4), with 89.5% of cases detected and successfully treated (17). Saudi Arabia is working to achieve the goal to eliminate TB by 2035 and eliminate hepatitis C virus as a public health threat by 2030. Saudi Arabia has reported an increase in new cases of HIV, with 1065 cases in 2022 compared with 807 HIV infections (3) in 2021, with a male-to-female ratio of 8:1. The primary mode of transmission is heterosexual contact, emphasizing the need for targeted interventions. However, Saudi Arabia has achieved an impressive 99% coverage of people living with HIV who are currently receiving antiretroviral therapy (3, 7) and a 76% reduction in HIV-related deaths since 2010 according to the latest WHO/UNAIDS estimates.

Saudi Arabia is also pursuing efforts towards an integrated elimination of mother-to-child transmission of

HIV, hepatitis B virus and syphilis. Currently, Saudi Arabia is in the process of updating its national integrated strategy for HIV, hepatitis and sexually transmitted infections, with support from WHO, and discussions on HIV self-testing have been initiated with key stakeholders in the country. However, Saudi Arabia still needs to strengthen its strategic information on hepatitis along the 10 core indicators for monitoring the response.

Although precise prevalence data on hepatitis are not yet available, modelling suggests a prevalence of 0.81% for hepatitis B virus and 0.11% for hepatitis C virus in 2022. Moreover, there has been a declining trend in hepatitis B virus prevalence, and both hepatitis C virus prevalence and related mortality rates have been stable over the last decade.

The country has implemented a project for hepatitis C virus elimination that focuses on enhanced detection through integrated screening for the entire population and high-risk groups. As a result, over 13 million individuals were screened, with more than 6500 cases identified and treated. The new class of medications has revolutionized hepatitis C virus management, offering a cure rate of over 90%, and preventing complications and transmission.

As shown in Table 1 below, notable success has been achieved in controlling vaccine-preventable conditions with vaccination coverages above 95%, which has contributed to the prevention of vaccine-related outbreaks in the country for many years (4). The Expanded Programme on Immunization is a successful example of Saudi Arabia's disease prevention programme.

Table 1. Basic vaccination coverage in Saudi Arabia, 2015–2022

Type of vaccine (%)	2015	2016	2017	2018	2019	2020	2021	2022
Hexavalent vaccine	98.3	98.5	98.0	96.0	97.0	97.4	97.3	97.9
Measles, mumps and rubella vaccine	97.6	98.0	96.0	96.0	96.5	96.4	97.0	97.5
Pneumococcal conjugate vaccine	98.0	98.7	98.0	98.0	97.0	97.0	96.7	97.6

Source: World development indicators. Washington DC: World Bank Group; 2017 (18)

Saudi Arabia recognizes antimicrobial resistance (AMR) as a major threat to the population's health and development. Resistance levels are high as indicated by data submitted to the WHO Global Antimicrobial Resistance and Use Surveillance System: 8% resistance of *Klebsiella pneumoniae* to third-generation cephalosporin, 54% of *E. coli* to third-generation cephalosporin, and 50% methicillin-resistant *Staphylococcus aureus* (MRSA). These are the fourth highest resistance levels within G20 countries. National consumption of antibacterials, expressed as Defined Daily Doses per 1000 inhabitants per day, is 30, which is substantially higher than the G20 average of 22. There is a need to improve the quality of data on antimicrobial consumption as Saudi Arabia is not meeting the GPW13 Target 4b of "at least 60% of total antibiotic consumption being Access group antibiotics", reporting only 55%.

In addition to ongoing efforts in Saudi Arabia, the country is also showing leadership in addressing AMR in the Region and globally in terms of high-level advocacy, and technical and financial support. Saudi Arabia will host the fourth inter-ministerial meeting on AMR in November 2024 and is providing valuable technical support through the WHO Collaborating Centre on Infection Prevention and Control and Antimicrobial Resistance.

It will be important to continue strengthening the national detection and surveillance system to enhance the data quality for evidence-informed national policies. As part of the Public Health Laboratory strengthening and Saudi Arabia's commitment to the Global Health Security Agenda, Saudi Arabia has made noteworthy progress with its national Public Health Laboratory and network throughout the country. It is now developing a national regulatory framework for laboratories and blood transfusion services to strengthen overall national laboratory services ("a one-house regulatory body"). The framework has four sections to address the laboratory regulatory framework, the national blood banks regulatory framework, and the general regulatory framework, including the biosafety and biosecurity and the forensic medical services regulatory framework.

2.2.3 Emergency preparedness and response

In terms of health security, like most countries in the Region, Saudi Arabia still faces a considerable risk of emerging and re-emerging infectious diseases and climate change. The country is facing rapid population growth, increased engagement in tourism and event hosting, and is home to the two holiest cities in Islam: Mecca and Medina. It also hosts the annual hajj with an additional 24 million

pilgrims annually performing umrah. Emergency preparedness and response systems are therefore critical.

Saudi Arabia was one of the first countries to take all precautionary and preventive measures against COVID-19 at the beginning of the outbreak. Under the Government's leadership with technical support from WHO, a coordinated multisectoral and holistic effort was crucial in rapidly containing COVID-19. Saudi Arabia's efforts to address the pandemic were not limited to the country level; the country was also involved at the regional and global levels in promoting coordinated efforts to ensure the availability of preventive measures and vaccines. The leading role of Saudi Arabia during the COVID-19 pandemic has been acknowledged in various forums and was also evident during the country's presidency of the G20 in 2020.

In 2022, Saudi Arabia scored 93% in terms of its International Health Regulations (IHR 2005) capacities and health emergency preparedness, compared to 69% in 2018 (5). Saudi Arabia is actively participating and partnering with WHO in its global efforts to implement IHR and strengthen emergency preparedness and response. Currently, Saudi Arabia is part of the Intergovernmental Negotiating Body aimed at drafting and negotiating a new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.

However, as demonstrated by the MERS outbreak in 2012, emerging infectious diseases remain a public health concern. MERS assumes a particular importance due to human-to-human transmission, lack of a definitive treatment, and a high case–fatality rate. The outbreak had a particularly high fatality rate among people with chronic conditions, and was associated with exposure to camels, highlighting the

overall importance of zoonoses and the “One Health” approach.

While Saudi Arabia has a good history of responding rapidly and effectively to public health threats, the country continues its efforts to strengthen the surveillance system with effective laboratory support, while working on a multisectoral level to address the multi-hazard plan for zoonoses, natural disasters, climate change, chemicals and radiation risks. Whole-of-government and whole-of-society approaches based on the “One Health” principles have been taken in consideration by the Government to address these health threats, especially focusing on effective risk communication and community engagement; infection prevention and control, under the coordination of a fully-fledged public health emergency operation centre.

Saudi Arabia is one of the leading countries in establishing the infection prevention and control programme at national and facility levels which has been duly implemented and monitored. However, there is a need for continued improvement of the country's capacity to respond to public health emergencies in different areas, taking key elements from the strategic framework for emergency preparedness into account.

2.3 Health system governance and service delivery

As stated in the Constitution of Saudi Arabia, health is a fundamental right of every inhabitant, and the Ministry of Health has the responsibility to deliver preventive, curative and rehabilitative health care through a network of health care facilities. The majority (almost 60%) of health care services are provided by the Ministry of Health and other public providers, with annual spending amounting to 4.7% of GDP and 15% of

the Government's budgetary expenses (7) while the remainder are provided by the private sector (19).

The health system in Saudi Arabia consists of over 2260 PHC centres, 286 general hospitals, 58 specialist hospitals, 44 government hospitals and 152 private hospitals. Specialized treatment facilities are mostly located in major urban centres. Additionally, the Government is further developing "medical cities" to provide specialized services with investments of US\$ 4.3 billion.

Saudi nationals have free access to Ministry of Health services. In addition, those working for a number of ministries, including the Ministries of Defense, Interior, National Guard, and their dependents have additional access to facilities run by their respective ministries. Foreign workers are covered through mandatory employment-based health insurance schemes. A number of additional categories have access to public facilities including visitors and any individual suffering from an emergency medical condition.

Several entities play specific roles in governance and regulation, such as licensing of medical facilities (Health Facilities Licensing General Department, Ministry of Health), accreditation of medical facilities (Central Board for Accreditation of Healthcare Institutions), pharmaceuticals (Saudi Food and Drug Authority), health insurance (Council for Cooperative Health Insurance) and health care workers (Saudi Commission for Health Specialties).

Increasing partnerships with the private sector and introducing a national health insurance scheme have been posited as mechanisms for achieving UHC and improving health care accessibility and quality (5, 20).

The health sector, as part of Saudi Arabia's Vision 2030, is undergoing

major transformational reform aimed at delivering substantial improvements in quality, efficiency and safety.

These reforms aim to transform the health sector in the country, to ensure sustainable financing, appropriate access, and continuous improvement of the quality of services to all citizens and residents of Saudi Arabia. This is a major transformation effort that includes the introduction of health care financing initiatives, redefining the model of care, and corporatization, among others.

To address Vision 2030, Saudi Arabia has focused on developing and implementing comprehensive health policies aimed at enhancing the health care system, improving health outcomes, and addressing emerging public health challenges. A royal order has been issued to prioritize public health in all regulations and legislation for disease control and prevention and to establish the ministerial committee of Health-in-All- Policies with the participation of 10 ministers from various sectors to support the adoption of the HiAP approach in Saudi Arabia and improve the health of its population.

The Vision Realization Office, a function within the Ministry of Health, has a mandate to design, operate and monitor different initiatives as part of the National Transformation Program. As a result of this transformation, the Ministry of Health has a redefined role as the sole health policy-making/regulatory body in Saudi Arabia (with oversight over other health regulatory agencies). In light of this new vision for the Ministry of Health, there is an opportunity to review the current governance arrangements across the health care system and design a future model that fully supports the Ministry of Health in its new policy setting and regulatory role.

Health expenditure in Saudi Arabia is among the highest in the Region and has steadily increased in recent years. In 2021, the Saudi Health Council estimated that total health expenditure was around US\$ 51.9 billion, which is almost 4.7% of GDP (21). However, the health care expenditure per capita is reportedly low in comparison to other countries with similar GDPs such as the Netherlands (11.21%), United Kingdom of Great Britain and Northern Island (11.94%) and Germany (12.81%), among others. Indeed, only 6.57% of the total governmental budget was allocated to the Ministry of Health in 2018 (22). With more than 90% of the Ministry of Health budget allocated to infrastructure and development projects being spent on hospitals, there is relatively low resource allocation towards PHC.

To address the increasing costs and inefficient use, privatization is seen as a main area of focus in the Vision 2030 and National Transformation Program of 2020. This could be achieved through a public–private partnership scheme to increase the private sector’s share of spending in health care and through

alternative financing methods and service providers (23).

Major challenges in the health sector include rising costs of care and continual development of the primary health care system (5). Due to vast geographic catchment areas in the country, optimizing accessibility to health care services requires additional efforts in terms of the distribution of health care facilities throughout the nation and equity of access to health care professionals, including transport to services and providers.

With the ongoing decentralization process of health services in Saudi Arabia and autonomy given to hospitals, policy-makers must ensure that vulnerable populations have access to quality health care and that access to tertiary care is not compromised.

Saudi Arabia’s health care system is making efforts to enhance the number of health care professionals in different categories. However, the health system is still heavily dependent on expatriates who account for slightly more than half



of the total health care workforce. Saudi citizens account for a third of doctors, 40% of nurses and dentists, a quarter of pharmacists and three quarters of allied health personnel, representing a challenge to achieve national health care transformation.

Table 2 presents the historical data on the health personnel in the country according to profession, sex and nationality, which shows that there has been slow improvement since 2016, in terms of the total number of national health professionals.

Even though recent data (2022) from the Ministry of Health (4) show that there are some efforts to increase the number of health professionals, new strategies are still required to address the country's needs.

Comparing the number of some categories of health professionals per 10 000 population from 2018 to 2022 shows some improvement, such as: physicians (29.2 vs 32.7); dentists (5.5 vs 7.4); pharmacists (9.6 vs 10.6); nurses (59.8

vs 60.9); midwives (1.3 vs 1.5) and allied health professionals (41.2 vs 43.0).

The implementation of the Saudization programme requires additional investment into medical education to enhance the domestic workforce and encourage Saudi nationals to take up health professional jobs, empower women's participation and create a positive environment for the nursing profession among Saudi females (24).

The ability to formulate and apply practical strategies to retain and attract more Saudi nationals into the medical and health professions, particularly nursing, is a clear priority for effective reform of the Saudi health care system. The budget allocation for training and scholarships has increased and many Ministry of Health employees are offered a chance to pursue their studies abroad. This strategy could improve the skills of current employees, raise the quality of health care and, it is hoped, reduce the turnover rate among health professionals.

Table 2. Health personnel in Saudi Arabia according to profession, sex and nationality, 2016–2019

Profession	2016–2017	2017–2018	2018–2019
Total health professionals	423 940	442 699	467 650
Males (%)	48.5	49.5	49.0
Females (%)	51.5	50.5	51.0
Physicians	82 375	88 023	94 333
Saudi (%)	28.0	32.0	33.0
Non-Saudi (%)	72.0	68.0	67.0
Nurses	185 693	184 489	199 013
Saudi (%)	37.0	38.0	40.0
Non-Saudi (%)	63.0	72.0	60.0
Pharmacists	28 132	29 151	31 872
Saudi (%)	22.0	24.0	25.0
Non-Saudi (%)	78.0	76.0	75.0
Dentists	15 699	16 736	18 813
Saudi (%)	39.0	38.0	40.0
Non-Saudi (%)	61.0	62.0	60.0

Source: General Authority for Statistics, Saudi Arabia

E-health represents a new way of working in the Ministry of Health (8). Saudi Arabia has developed an e-health strategy and roadmap. The e-health strategy supports the Ministry of Health's main goals to care for patients, connect providers at all levels of care, measure the performance of health care delivery and transform health care delivery to a consistent, world-class standard. The Tawakkalna app, a multi-service contact tracing app launched by the Saudi Government, was awarded the United Nations Public Service Award 2022 for institutional resilience and innovative response to the COVID-19 pandemic.

Much of Saudi Arabia's success in containing COVID-19 was explained through the use of various mobile applications and digital platforms that facilitated the delivery of public services. This has been well recognized as a valuable tool in managing public health epidemics, and needs to be explored further.

While the implementation of e-health and electronic information systems has expanded enormously in Ministry of Health hospitals and a number of organizations, these information systems are not necessarily connected to each other or to other private or specialized health organizations. The Ministry of Health is already working with different health care providers to strengthen coordination mechanisms to enhance the use of e-health strategies to improve the national health information systems.

2.4. Cross-cutting opportunities to strengthen the health system and promote well-being

In addressing the socioeconomic and environmental determinants of health, it is well acknowledged that this is a shared responsibility that requires a multisectoral approach to include other stakeholders beyond the health sector. The mass gatherings during the annual hajj event, the increasing trends of NCDs and their associated risk factors, and road traffic accidents are a few examples.

Demographic shifts and an ageing population, rising health care costs, increased expectations for updating technology, increasing demand for quality health care provision and high prevalence of NCDs are some of the challenges faced by the health care sector. In order to address these challenges, the Government introduced some initiatives such as the cooperative health insurance scheme, the privatization of government hospitals and the utilization of electronic health strategies, among others.

Despite the many steps that Saudi Arabia has been undertaking to reform the health care system, responding to all these challenges requires additional efforts through whole-of-government and whole-of-society approaches to implement cost-effective interventions and prevent duplication of actions and unnecessary expenditure. This requires special attention by the Government on key issues such as:

- **Health care system governance and regulations:** Re-defining the role of the Ministry of Health to direct its efforts on the formulation of health legislation and policies, health system governance, regulation, and strong supervision and accountability framework, to ensure a health system

that is responsive to the population's welfare.

- **Equity in access to health services:**

The ongoing transformation of the health sector is perceived as an opportunity for the Ministry of Health to decentralize the provision of health care services and reduce the current burden that the Government is facing.

- **Coordination of multiple actors and sectors:** Despite the multiplicity of health service providers, the Government is engaged in improving coordination mechanisms and communication channels among them, to mitigate potential waste of resources and duplication of efforts. Given the comprehensiveness of the SDGs, multiple stakeholders from the Government and the private sector play a vital role in terms of their implementation, accountability and reporting on progress. The establishment of the HiAP Ministerial Committee and its Secretariat General has been instrumental in enhancing coordination among governmental and nongovernmental institutions to ensure synergies.

In addition, in order to provide the population with up-to-date, equitable, affordable, organized and comprehensive health care, a royal decree in 2002 led to the establishment of the Council of Health Services. This was led by the Ministry of Health and included representatives of other government bodies and the private health sector (25) with the aim of developing a policy for coordination and integration among all health care services authorities in Saudi Arabia.

- **Financial sustainability:**

Comprehensive and universal health care services have been provided by the Ministry of Health to its entire population for decades. With the current fiscal limitations, changing demographics, and the forecasted double-digit increase in expenditures, the old financing model was described to be a challenge, which was one of the main factors prompting the health sector reform currently under way. Therefore, from the financial budgeting aspect of the transformation programme, it is important for policy-makers to move towards productivity-based budgeting while implementing an effective



revenue cycle management function for health care reimbursement capable of generating revenue as the Ministry of Health switches its role from the primary payer and provider to the regulator of corporatized payers and providers (24).

- Data quality, data management and e-health:** Monitoring the SDGs requires data and statistics that are accurate, timely, relevant, accessible, sufficiently disaggregated using Saudi Arabia inequity dimensions, and easy to use. Although data availability and quality have steadily improved over the years in Saudi Arabia, the analysis of the alignment of Vision 2030 with the SDGs revealed that in certain areas data are unavailable. There are also concerns regarding the discrepancy between health-related estimates produced and reported by international organizations, including WHO and those computed by using data collected in the country. Efforts have been made and are still ongoing to reach a mutual understanding in data processing and modelling and to resolve and minimize the discrepancies in the indicators, including the collection and analysis of disaggregated data on disease and health determinants.

Despite the prevailing challenges, through joint United Nations–Government efforts, noteworthy progress has been made on the availability of internationally comparable data on the SDGs in 2022. With the support of Saudi Arabia, the number of indicators included in the global SDG database increased from 115 in 2016 to 211 in 2021 (26).

The implementation of the e-health strategy is a good opportunity to continue improving health management information systems. This will also require better coordination between data producers and users and innovative ways of producing

and analysing data and using it to support decision-making. Saudi Arabia is expected to be one of the fastest growing digital health markets in the Gulf Cooperation Council. The Government has allocated US\$ 1.5 billion for health care information technology and digital transformation programmes. The Ministry of Health has established an e-health strategy to utilize telemedicine to improve the accessibility and quality of care in remote areas. In spring 2022, Saudi Arabia launched Seha Virtual Hospital, the largest of its kind in the world.

2.5. Development cooperation and partnerships

2.5.1. Country cooperation with the regional and global health agenda and health diplomacy

An increasing number of health challenges can no longer be resolved at the technical level only; they require political negotiations involving a wide range of actors. Saudi Arabia has been actively engaged in health diplomacy at regional and global levels in finding solutions to issues that require action and collaboration across borders, such as MERS, COVID-19, humanitarian aid and relief, noncommunicable diseases and antimicrobial resistance.

The contribution of Saudi Arabia has been critical to WHO's efforts to continue strengthening country readiness and response operations, and accelerating priority research, innovation and coordination of the response at the global, regional, and country levels as set out in the Organization's Strategic Preparedness and Response Plan. The Ministry of Foreign Affairs, the Saudi Fund for Development, and the King Salman Humanitarian Aid and Relief Centre have been the key contributors. Among

the United Nations recipients of financial aid from Saudi Arabia, WHO ranks among the top three. Over the past five years alone, Saudi Arabia has contributed over US\$ 300 million to WHO's operations in various countries, including Bangladesh, Iraq, Pakistan and Yemen, among others (27).

The King Salman Humanitarian Aid and Relief Centre (KSrelief) is focused on international relief and humanitarian activities and was established with the aim of becoming a leading centre globally in line with Vision 2030. Since its inception in 2015, WHO has been a strategic partner of KSrelief, which has provided humanitarian aid to three of WHO's regions, as well as funding support to WHO. This partnership was solidified through a Joint Cooperation Programme signed in 2018, which outlines areas of collaboration, including health programmes, capacity-building, information exchange, research and other fields as mutually agreed upon.

In the 2022–2023 biennium Saudi Arabia's contribution to WHO globally was recorded at US\$ 68 million. The Eastern Mediterranean Region received the largest share of this contribution: US\$ 40 million, equivalent to 58% of the total funds received. Yemen is the largest recipient in the Region, where US\$ 35 million was regional funding directed to support emergency programmes, equivalent to 87%. As for the 2020–2021 full biennium, Saudi Arabia's contribution to WHO globally was US\$ 64 million, of which US\$ 49 million was directed to support the Eastern Mediterranean Region.

During WHO governing bodies meetings, Saudi Arabia has been sharing country experiences, particularly in strengthening cross-border activities, addressing emergency preparedness and response, malaria control and South-South cooperation.

2.5.2. Collaboration with the United Nations system at country level

The United Nations has been actively working with Saudi Arabia since 1948. The United Nations in Saudi Arabia is guided by the UNSDCF, 2022–2026 (26), which aligns with Vision 2030 and has at its core the United Nations 2030 Agenda for Sustainable Development, the SDGs and the promise to “leave no one behind”.

The United Nations Country Team, led by the United Nations Resident Coordinator, comprises all United Nations entities working in or with Saudi Arabia. There are currently 23 United Nations agencies, and the World Bank, in the United Nations Country Team.

WHO is one of the signatory agencies of the UNSDCF, 2022–2026, between the United Nations and Saudi Arabia. Within the United Nations Country Team, WHO is the Health Cluster lead among United Nations agencies in the country and supports Saudi Arabia in the monitoring and reporting of progress towards the health-related SDGs, by providing technical expertise and evidence-based support. The most recent example is WHO's leading role in supporting the Government to address the COVID-19 epidemic in the country.

2.5.3. Collaboration with health stakeholders at country level

WHO has been fully engaged and collaborating with different stakeholders in the country. Among them are:

- **Public Health Authority:** An independent organization responsible for public health in Saudi Arabia, established in March 2021 by Royal Decree No. 55052. It was formerly the “Saudi Centre for Disease Control”.

The Public Health Laboratory is part of the Public Health Authority.

- **Saudi Food and Drug Authority:** An independent entity mandated to ensure the safety of food, drugs for human and animal use, safety of biological and chemical substances, as well as electronic devices related to human health. The Saudi Food and Drug Authority reports directly to the Head of the Council of Ministers.
- **Ministerial Committee of Traffic Safety:** Responsible for coordinating efforts to improve traffic safety, it is under the authority of the Minister of Health.
- **Saudi Health Council:** Is an umbrella organization tasked with setting the overall strategy for the health sector. The Council issues regulations and policies for the coordination and integration of health stakeholders and activities through specialized committees. It is mandated to set coding standards in the health sector (Saudi Arabia is currently using ICD-10), compile data related to health spending and develop the national health accounts.
- **Ministerial Committee of Health-in-All-Policies:** Established through a royal order with the participation of 10 ministries from various sectors, supported by a Secretariat General, with the main goal to contribute to the inclusion of health in all government sectors, to develop and implement comprehensive health policies to enhance the health care system, improve health outcomes and address emerging public health challenges.
- **Saudi Commission for Health Specialties:** An independent scientific and professional Commission established in 1992 by a royal decree. The Commission's work is centred around ensuring that the health practitioners are well qualified with the necessary skills, knowledge and competencies through registration, classification, and certification of



health practitioners, supervising the scientific and professional training programmes, and ensuring continuous medical education on an ongoing basis.

- **Saudi Red Crescent Authority:** A humanitarian society that provides emergency medical services in five administrative regions of Saudi Arabia. It was founded in 1934 under the name “Saudi Red Crescent Association”, which was later amended to Saudi Red Crescent Authority in 2008. The Authority offers first aid services to the population in ordinary circumstances and at times of catastrophes. The Saudi Red Crescent Authority contributes to relief work inside Saudi Arabia and abroad.
- **Council Of Health Insurance:** The Council is a Saudi governmental agency with separate legal personality tasked with regulating Health Insurance Law in Saudi Arabia for all those covered by private health insurance, including private sector workers such as citizens, residents, their families, pilgrims and visitors of all kinds, and contributing to supporting the growth and stability of the private health insurance sector.

3. WHO and Saudi Arabia: collaboration and achievements

3.1 WHO's work in Saudi Arabia

WHO has been providing support on critical areas of health, towards the achievement of Vision 2030 and the main goals of the Health Transformation Program to achieve UHC and well-being for the Saudi population.

In the last biennium (2022–2023), the WHO Country Office with the support of the Regional Office for the Eastern Mediterranean and WHO headquarters focused its support to Saudi Arabia mainly on:

- Policy advice – setting norms and standards
- Technical support to build institutional capacity
- Strategic support to improve health system performance
- United Nations coordination on health-related SDGs.

During the 2022–2023 period under the Ministry of Health leadership, with WHO policy and technical strategic support on selected interventions, guided by the three main priority areas defined in the previous CCS, it was possible to achieve:

a) Strengthening the health system to achieve its objectives, particularly UHC.

- Contributed to the development of the national strategy to combat HIV/AIDS, hepatitis and sexually transmitted infections.
- Supported making data available for the National Voluntary Review developed under the coordination of the Ministry of Economy and Planning.

- Advocated the use of ICD-11 for medical coding and capacity-building for the development of the national health accounts.
- Contributed to the estimation of the health-related SDG indicators.
- Reviewed and assisted the accreditation process for applying the WHO Patient Safety Friendly Hospital Framework by a major private provider of health services.
- Supported capacity-building in several areas such as: advanced laboratory techniques (Public Health Authority), and training laboratory technicians on malaria diagnosis (Ministry of Health); training on Epidemic Intelligence from Open Sources; risk management requested by the King Salman Humanitarian Aid and Relief Centre; training of community service organizations on women's rights and combating violence against women, in collaboration with United Nations High Commission for Refugees.
- Coordinated training of health professionals from other countries in Saudi institutions, for example: training of Yemen's Ministry of Public Health and Population staff at the WHO Collaborating Centre for Disaster and Emergency Management, and another training at the Saudi Food and Drug Authority.

b) Ensuring healthy lives and promoting well-being for all at all ages with health at the centre of all

- Monitored communicable diseases such as: TB, HIV/AIDS, hepatitis, influenza, polio, MERS, malaria, measles, rubella, and foodborne

disease outbreaks, as well as other epidemic-prone diseases.

- Supported the Global Youth Tobacco survey, the results of which have been recently released.
- Assisted the certification process of four cities as part of the Healthy Cities Programme, bringing the total certified in Saudi Arabia to 13 cities.
- Supported all activities to improve road safety in Saudi Arabia, including linkage of databases related to road traffic deaths to improve the estimation of SDG indicators.
- Contributed to virtual activities conducted by WHO collaborating centres/United Nations agencies: World Immunization Week, World Hepatitis Day, World Tuberculosis Day, World AIDS Day, the 4th Annual Saudi International Vaccination Forum, the Ministry of Health's International Diabetes Conference, and the global technical meeting on MERS.
- Conducted training on integrated care for older people and standards of age-friendly primary health care centres, December 2022.

c) Risk reduction and management of national health risks

- Validated as having eliminated trachoma in Saudi Arabia as a public health problem (January 2022).
- Assisted in the recognition of Saudi Arabia's Public Health Laboratory as a national influenza centre (March 2022).
- Documented Saudi Arabia's COVID-19 experience in containing the epidemic.
- Conducted three workshops to pilot test the rapid response teams training package.

- Benchmarked the Saudi Food and Drug Authority as having reached Maturity Level 4, the first national regulatory authority to achieve this level in the Region, and one among few globally.
- Supported the United Nations Office for South-South Cooperation to complete a survey on South-South and Triangular Cooperation.

Two new Riyadh-based WHO collaborating centres were officially designated in Saudi Arabia in 2022, raising the country's total to nine.

The WHO Collaborating Centre for Healthy Cities, formalized in January 2022, supports WHO efforts to strengthen the Regional Healthy City Network and develop strategies to implement Healthy Cities programmes.

The WHO Collaborating Centre for Tobacco Plain Packaging, established in November 2022, focuses on supporting WHO implementation of tobacco plain packaging by building and strengthening technical capacities, collecting data and sharing experiences.

In addition, WHO is working with a number of national stakeholders to designate additional collaborating centres, examples include collaborating centres for health policy and evaluation, health performance, health finance, and health specialties. Current collaborating centres in Saudi Arabia work in the areas of:

- patient safety policies and strategies
- Middle East respiratory syndrome
- mass gatherings
- Healthy Cities
- tobacco plain packaging
- medical devices regulation
- child maltreatment research and planning

- disaster and emergency management
- infection prevention and control and antimicrobial resistance.



Fig. 3. 2030 Agenda for Sustainable Development

4. SETTING THE STRATEGIC PRIORITIES

This section presents the strategic priorities for WHO's cooperation with Saudi Arabia for the period 2024–2026. The priorities were identified through a consultative process at the country level with engagement of different stakeholders, conducted by a WHO Joint Programme Review involving a senior WHO expert team from the WHO Regional Office and Saudi Arabia Country Office.

The 2030 Agenda for Sustainable Development guided the development

process of the CCS, the GPW13 and the forthcoming GPW14 as the conceptual framework for developing strategic priorities.

The prioritization considered the goals laid out in Saudi Arabia's Vision 2030, the Health Sector Transformation Program and the UNSDCF (2022–2026). Although the strategic priorities are presented separately, they are not mutually exclusive and thus require implementation that is mutually reinforcing.

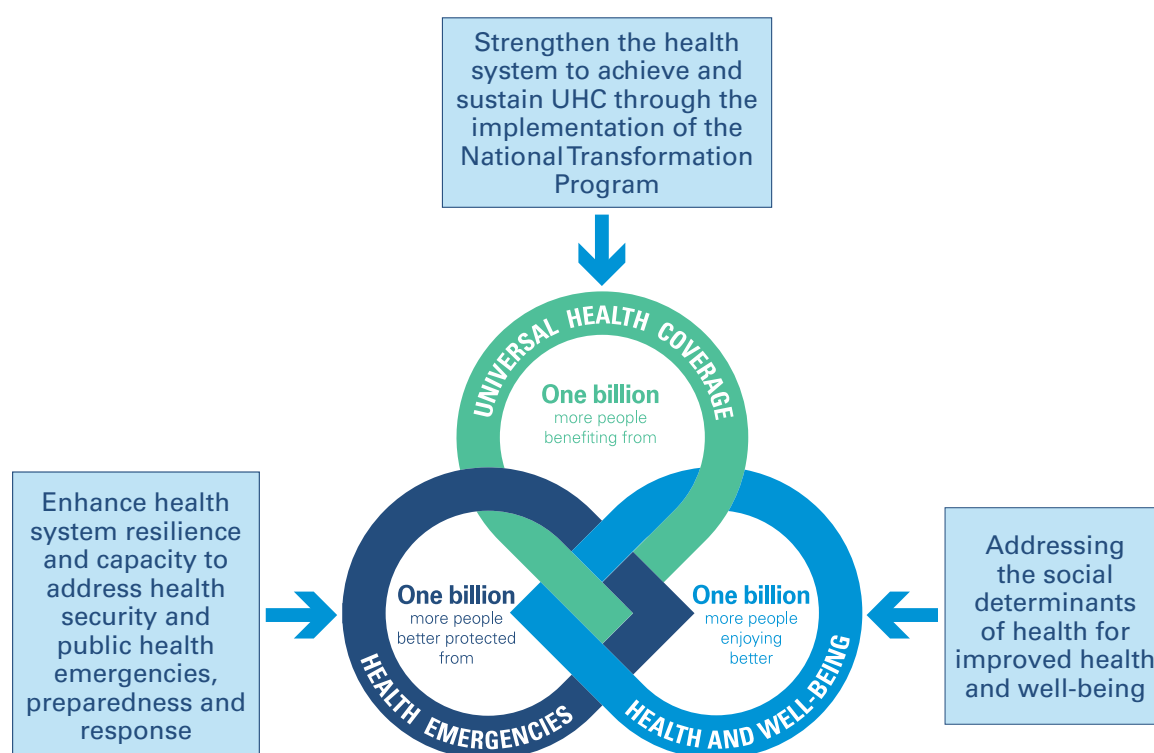


Fig. 4. Strategic priorities for WHO's cooperation with Saudi Arabia, 2024–2026

4.1 Country results framework

The CCS results framework, as displayed in Table 3, provides a matrix that shows the alignment between CCS

strategic priorities and the respective focus areas, the Vision 2030 strategic objectives, the GPW 13 outcomes, the SDG targets and the UNSDCF.

Table 3. CCS results framework for strategic priority 1

WHO strategic priority areas (2024–2026)	Focus areas by strategic priority	Vision 2030 strategic objectives	GPW 13 outcomes	SDG targets	UNSDCF (2022–2026)
Strengthen national health system to achieve and sustain UHC through the implementation of the Health Sector Transformation Program	<p>1.1. Strengthen partnerships' engagement to enhance health system governance and improve equitable access to quality essential health services with an emphasis on PHC as part of the Health Sector Transformation Program</p> <p>1.2. Conduct capacity-building for implementation, monitoring and evaluation of the health financing and health policies reform and adoption of instruments for evidence-based resource allocation</p> <p>1.3. Enhance the health information system to collect timely and high-quality disaggregated data on SDG indicators and the national health workforce</p> <p>1.4. Document good practices of innovative, effective and efficient integrated health service delivery.</p> <p>1.5. Improve virtual and e-health innovations as a tool for increasing the accessibility and quality of medical services.</p>	<p>2.1.1 Improve access to health care services</p> <p>2.1.2 Improve value of health care services</p> <p>4.1.7 Expand vocational training to provide for labour market needs</p> <p>5.1.1 Enhance effectiveness of financial planning and efficiency of government spending</p>	<p>1.1. Improved access to quality essential health services</p> <p>1.2 Reduced number of people suffering financial hardship</p> <p>1.3 Improved access to essential medicines, vaccines, diagnostics and devices for PHC</p> <p>3.3. Healthy settings and HiAP approach promoted</p> <p>4.1. Strengthened country capacity in data and innovation</p> <p>4.2. Strengthened leadership, governance and advocacy for health</p>	<p>3.8. Achieve UHC, including financial risk protection, access to quality essential health care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all</p> <p>3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States</p>	Under the principles of "leave no one behind," ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment

Table 4 presents the main deliverables and the respective milestones related to strategic priority 1 related to each focus area. Some of the deliverables and milestones detailed in the table may be extended beyond 2026.

Table 4. Main deliverables and milestones related to strategic priority 1

	Deliverables	Milestones
1.1. Strengthen partnerships' engagement to enhance health system governance and improve equitable access to quality essential health services with an emphasis on PHC as part of the Health Sector Transformation Program	<p>1.1.1. Provide technical support to analyze the health sector governance frameworks, leadership capacities and skills to strengthen health institutions</p> <p>1.1.2. Assist in the development of national health workforce strategic plans based on multisectoral, multi-stakeholder policy dialogue to address health workforce issues</p> <p>1.1.3. Support Saudi Arabia's role on health diplomacy at regional and global levels to improve the integration of health matters into decision-making processes across various sectors to achieve targets for the health-related SDGs</p> <p>1.1.4. Support the development of a strategy and action plan for the comprehensive inclusion of disability and rehabilitation services in health systems</p> <p>1.1.5. Assist in the alignment of national food safety strategies and action plans with the <i>WHO Global Strategy for Food Safety 2022–2030</i></p>	<p>Report available on the health sector governance frameworks, leadership capacities and skills</p> <p>National health workforce strategic plans developed and implemented</p> <p>Saudi Arabia's experience and lessons learnt on HiAP integrated into decision-making processes across various sectors and shared in different national and international fora</p> <p>Strategy and action plan for the comprehensive inclusion of disability and rehabilitation services developed</p> <p>National food safety strategies and action plans implemented and aligned with the <i>WHO Global Strategy for Food Safety 2022–2030</i></p>
1.2. Conduct capacity-building for implementation, monitoring and evaluation of the health financing and health policies reform and adoption of instruments for evidence-based resource allocation	<p>1.2.1. Support training of Saudi Health Council staff on national health accounts to support policy-making and guide the health sector transformation</p> <p>1.2.2. Provide technical support for institutionalization and systematic adoption of tools for economic evaluation to improve health resource allocation efficiency, transparency and accountability</p> <p>1.2.3. Advocate for improved and sustainable financing for the prevention and control of NCDs</p> <p>1.2.4. Conduct advocacy and capacity-building for the use of tools for health-related economic evaluation studies and health technology assessment</p>	<p>Saudi Health Council staff trained to implement the national health accounts and in report writing</p> <p>Tools for economic evaluation to improve resource allocation efficiency, transparency and accountability developed and used</p> <p>Financing for prevention and control of NCDs enhanced and funds allocation sustained</p> <p>Health-related economic evaluation studies and health technology assessment implemented</p>

<p>1.3. Enhance the health information system to collect timely and high-quality disaggregated data on SDG indicators and national health workforce</p>	<p>1.3.1. Conduct joint field assessment to support health information systems to identify actionable recommendations and align indicators' frameworks to improve country reporting on health-related indicators (including SDGs)</p> <p>1.3.2. Conduct capacity-building to strengthen collection, analysis and quality assurance of disaggregated data on disease and health determinants to align with WHO international standards for population health metrics</p> <p>1.3.3. Support strengthening the data management and surveillance system for the control, elimination and eradication of priority diseases</p>	<p>Joint field assessment on health information systems regularly held, reports available and recommendations implemented</p> <p>Training sessions organized at different levels of the health services to strengthen data collection, analysis and quality assurance</p> <p>Data management and surveillance systems for the control, elimination and eradication of prioritized diseases improved through regular training activities</p>
<p>1.4. Document good practices of innovative, effective and efficient integrated health service delivery</p>	<p>1.4.1. Assist in documenting the progress made by the NCD programme in Saudi Arabia and its effectiveness in reducing morbidity and mortality</p> <p>1.4.2. Provide support in documenting the progress made in Saudi Arabia (mid-way) into the Decade of Action for Road Safety (2021–2030)</p> <p>1.4.3. Support the review and present the mortality data in Saudi Arabia's country health profile</p> <p>1.4.4. Contribute to the publication of special issues in the Eastern Mediterranean Health Journal to document progress made in the health sector in Saudi Arabia and the transformation methodology employed by the country in doing so</p>	<p>Progress to reduce morbidity and mortality related to NCDs published</p> <p>Progress made in Saudi Arabia (mid-way) into the Decade of Action for Road Safety documented</p> <p>Mortality data (2023–2025) in Saudi Arabia published in the country health profile</p> <p>Progress made in the health sector in Saudi Arabia published in the Eastern Mediterranean Health Journal.</p>
<p>1.5. Improve virtual and e-health innovations as a tool for increasing the accessibility and quality of medical services</p>	<p>1.5.1. Conduct joint missions to assess digital health initiatives and generate evidence on the impact of digital health interventions</p> <p>1.5.2. Support the implementation and monitoring of the national digital health strategy</p> <p>1.5.3. Showcase Saudi Arabia's experiences in public health interventions (digital health innovations, AMR, among others) and publish an article in WHO's Eastern Mediterranean Health Journal in a special issue on "Global health indicators in the Gulf countries"</p>	<p>Evidence on the impact of digital health documented</p> <p>National digital health strategy implemented and monitored</p> <p>Saudi Arabia's experiences in digital health innovations published in WHO's Eastern Mediterranean Health Journal</p>

The CCS results framework, as displayed in Table 5 below, provides a matrix related to strategic priority 2.

Table 5. CCS results framework for strategic priority 2

WHO strategic priority areas (2024–2026)	Focus areas by strategic priority	Vision 2030 strategic objectives	GPW 13 outcomes	SDG targets	UNSDCF (2022–2026)
Enhance health system resilience and capacity to address health security and public health emergencies, preparedness and response	<p>2.1. Strengthen public health emergency core capacities to comply with the IHR for prevention, detection and response, including high-threat pathogen outbreaks, and ensure timely communication to national and regional stakeholders</p> <p>2.2. Strengthen national efforts to enhance multisectoral health coordination to address public health emergencies and resource mobilization</p> <p>2.3. Reinforce collaboration on MERS, as well as for early detection of other public health threats</p> <p>2.4 Enhance the role of Saudi Arabia at the regional and global levels, and optimize the role of WHO collaborating centres in the country</p>	<p>2.1.3 Strengthen prevention against health threats</p> <p>1.2.2 Improve quality of services provided to hajj and umrah visitors</p>	<p>2.1 Countries prepared for health emergencies</p> <p>2.2 Epidemics and pandemics prevented</p> <p>2.3 Health emergencies rapidly detected and responded to</p>	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	Under the principles of “leave no one behind”, ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment

Table 6 below presents the main deliverables and the respective milestones related to strategic priority 2 related to each focus area. Some of the deliverables and milestones detailed in the table may be extended beyond 2026.

Table 6. Main deliverables and milestones related to strategic priority 2

Focus areas by strategic priority	Deliverables	Milestones
2.1. Strengthen public health emergency core capacities to comply with the IHR for prevention, detection and response, including high-threat pathogen outbreaks, and ensure timely communication to national and regional stakeholders	<p>2.1.1. Assist in the implementation of the IHR monitoring and evaluation framework (complete and conduct: State Party Self-Assessment Annual Report; Joint External Evaluation; After Action Review; and Universal Health and Preparedness Review)</p> <p>2.1.2. Provide support to enhance institutional mechanisms to overcome gaps in IHR core capacities</p> <p>2.1.3. Support the development and implementation of a comprehensive infodemic management system</p>	<p>Review implementation of country core public health capacities under the IHR monitoring and evaluation framework</p> <p>IHR core capacities improved through training sessions with focal points</p> <p>Comprehensive infodemic management system functional and data available for decision-making</p>
2.2. Strengthen national efforts to enhance multisectoral health coordination to address public health emergencies and resource mobilization	<p>2.2.1. Support the Ministry of Health in strengthening multisectoral stakeholder coordination and alignment to address public health emergencies</p> <p>2.2.2. Assist in enhancing cross-border collaboration to promote and enforce risk assessment mapping and simulation exercises for emergency preparedness and response</p> <p>2.2.3. Support strengthening and implementing capacities for emergency preparedness at points of entry</p> <p>2.2.4. Provide technical support to enhance risk communication and community engagement</p>	<p>Multisectoral stakeholder coordination and mechanisms to address public health emergencies developed and fully implemented and monitored</p> <p>Cross-border collaboration with neighboring countries formally established to enhance risk assessment mapping and organization of simulation exercises for emergency preparedness and response</p> <p>Training activities with relevant non-health sectors organized for emergency preparedness at points of entry</p> <p>Risk communication and community engagement strategies and plans developed, and community engagement sessions organized</p>

<p>2.3. Reinforce collaboration on MERS, as well as for early detection of other public health threats</p>	<p>2.3.1. Assist in assessing the capacity of the National Public Health Laboratory System in the country to become a regional or global reference laboratory for WHO.</p> <p>2.3.2. Provide technical support to update national respiratory pandemic preparedness plans contributing to WHO's global Initiative of pandemic preparedness plans.</p> <p>2.3.3. Provide support to the National Public Health Laboratory (under the Public Health Authority) to develop a regulatory framework, including laboratory governance, biosafety and quality areas.</p> <p>2.3.4. Assist in strengthening collaboration on MERS and the functioning of the Central Public Health Laboratory.</p> <p>2.3.5. Support strengthening and maintaining a high-quality national sentinel surveillance system for integrated influenza, SARS-CoV-2 and other respiratory viruses.</p>	<p>National Public Health Laboratory system strengthened with human resources and equipment</p> <p>National respiratory pandemic preparedness plans updated, reviewed and implemented after training of health professionals at different levels of the health system</p> <p>Regulatory framework for the National Public Health Laboratory, including laboratory governance, biosafety and quality areas revised, endorsed, and implemented</p> <p>Collaboration and action plan on MERS and the Central Public Health Laboratory implemented</p> <p>National sentinel surveillance system enhanced through capacity-building of surveillance officers</p>
<p>2.4 Enhance the role of Saudi Arabia at the regional and global levels, and optimize the role of WHO collaborating centres in Saudi Arabia</p>	<p>2.4.1. Advocate for the WHO collaborating centres to continue building capacities and conduct training and research in Saudi Arabia, the Eastern Mediterranean Region and elsewhere.</p> <p>2.4.2. Support the designation of four additional collaborating centres, namely: the Health Policy and Evaluation Collaborating Centre; Health Performance Collaborating Centre; Health Finance Collaborating Centre; and the Saudi Commission for Health Specialties Collaborating Centre.</p> <p>2.4.3. Provide support to strengthen the partnership between WHO and the national health Emergency Operations Centre as a collaborating centre and organize visits and/or study tours to the centre to share country experience on health emergency management.</p>	<p>WHO collaborating centres have implemented training and research programmes in Saudi Arabia, the Eastern Mediterranean Region and elsewhere.</p> <p>Four new collaborating centres designated in Saudi Arabia in the areas of health policy and evaluation, health performance, health finance and health specialties.</p> <p>Visits and/or study tours to the national health Emergency Operations Centre as a WHO collaborating centre organized and country experience on health emergency management documented and shared.</p>

The CCS results framework, as displayed in Table 7 below, provides a matrix related to strategic priority 3.

Table 7. CCS results framework for strategic priority 3

WHO strategic priority areas (2024–2026)	Focus areas by strategic priority	Vision 2030 strategic objectives	GPW 13 outcomes	SDG targets	UNSDCF (2022–2026)
Addressing the social determinants of health for better health and well-being	<p>3.1. Support implementation of cost-effective interventions and monitoring and evaluation trends of NCDs, behavioural risk factors and related outcomes</p> <p>3.2. Strengthen multisectoral collaboration to address health-related SDGs</p> <p>3.3. Maintain institutional capacity to strengthen AMR multisectoral surveillance and response</p> <p>3.4. Reinforce the control of vaccine-preventable diseases and elimination of measles and rubella</p> <p>3.5. Enhance institutional capacity and cross-border collaboration on surveillance and vector control for malaria eradication</p> <p>3.6. Scale up the implementation of the Healthy Cities Programme</p>	<p>2.2.1 Increase public participation in sports and athletic activities</p> <p>2.3.1 Improve quality of services provided in Saudi cities</p> <p>2.3.4 Improve traffic safety</p> <p>2.4.1 Reduce all types of pollution (e.g. air, sound, water, soil)</p>	<p>3.1 Determinants of health addressed</p> <p>3.2 Risk factors reduced through multisectoral action</p> <p>3.3. Healthy settings and HiAP promoted</p>	<p>3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.</p> <p>3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases.</p> <p>3.4. By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.</p> <p>3.6. By 2030, halve the number of global deaths and injuries from road traffic accidents.</p> <p>3.9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination.</p>	Under the principles of “leave no one behind”, ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment.

Table 8 below presents the main deliverables and the respective milestones related to strategic priority 3 related to each focus area. Some of the deliverables and milestones detailed in the table may be extended beyond 2026.

Table 8. Main deliverables and milestones related to strategic priority 3

Focus areas by strategic priority	Deliverables	Milestones
3.1. Support implementation of cost-effective interventions and monitoring trends of NCDs, behavioural risk factors and related outcomes	<p>3.1.1. Provide support to strengthen multisectoral, whole-of-government and whole-of-society action on NCDs and increase public awareness of NCDs and their risk factors.</p> <p>3.1.2. Provide technical support to implement the recommendations of the WHO-UNDP investment case for NCD interventions.</p> <p>3.1.3. Assist to improve the capacity of health facilities for NCD screening, detection and management, including through the implementation of the WHO package of essential noncommunicable (PEN) disease interventions for primary health care.</p> <p>3.1.4. Provide technical support to evaluate the effectiveness and impact of NCD programmes on disease burden and distribution.</p> <p>3.1.5. Facilitate technical training and capacity-building to implement population-based surveys on NCDs.</p> <p>3.1.6. Provide technical support for the development of a multisectoral strategy and action plan for cancer prevention and control, strengthen Saudi Arabia's governance system on cancer, and implement priority actions.</p> <p>3.1.7. Assist in the implementation of the regional framework of action on mental health and substance use while measuring existing evidence-based strategic actions with indicators at the country level.</p>	<p>Public awareness action plan on NCDs and their risk factors developed using a multisectoral approach.</p> <p>Recommendations of the WHO-UNDP costing analysis of NCD services implemented and monitored.</p> <p>Training sessions for the implementation of <i>PEN-Plus: a regional strategy to address severe noncommunicable diseases at first-level referral health facilities</i> organized to improve NCD screening, detection and management.</p> <p>Effectiveness and impact of NCD programmes evaluated.</p> <p>Population-based surveys on NCDs implemented.</p> <p>Multisectoral strategy and action plan for cancer prevention and control available and priority actions implemented.</p> <p>Regional framework of action on mental health and substance use implemented and data available using country indicators.</p>

<p>3.2. Strengthen the multisectoral collaboration to address health-related SDGs</p>	<p>3.2.1. Provide technical support to enhance the role of the HiAP Ministerial Committee and its Secretariat General.</p> <p>3.2.2. Assist in strengthening partnerships and engagement with different sectors to enhance coordination mechanisms and cost-effective interventions to address major risk factors for road traffic accidents.</p> <p>3.2.3. Provide support to improve the registration of all causes of road traffic deaths to improve road traffic mortality data to support policy-making actions.</p> <p>3.3.4. Conduct a technical consultation to plan and implement priority activities to enhance road safety based on the fifth global status report.</p>	<p>Technical support provided to the HiAP Ministerial Committee to implement and monitor action plans.</p> <p>Multisectoral coordination mechanisms and cost-effective interventions fully implemented and reports available to address major risk factors for road traffic accidents.</p> <p>Data of all causes of road traffic deaths available and data quality ensured.</p> <p>Priority activities to enhance road safety based on the fifth global status report developed, implemented and monitored.</p>
<p>3.3. Support institutional capacity to strengthen the AMR multisectoral surveillance and response</p>	<p>3.3.1. Facilitate national efforts in coordination to address the threat of AMR, through implementation of the new AMR national action plan.</p> <p>3.3.2. Provide technical support to strengthen systems for antimicrobial stewardship in the health care system.</p> <p>3.3.3. Provide technical support to ensure that stewardship and infection prevention and control standards are comprehensively incorporated into accreditation standards for health facilities.</p> <p>3.3.4. Provide support to upgrade and reinforce the surveillance system for public health threats (epidemic-prone diseases, zoonotic diseases, AMR and waterborne diseases).</p>	<p>AMR national action plan implemented and reports available and one health AMR surveillance in human, animal, agricultural and environment enhanced.</p> <p>Advocacy towards AMR stewardship in primary and secondary health care organized with relevant sectors and institutions.</p> <p>Infection prevention and control standards are comprehensively incorporated into accreditation standards for health facilities.</p> <p>Surveillance systems for public health threats fully institutionalized and quality control measures implemented and monitored.</p>
<p>3.4. Maintain the control of vaccine-preventable diseases and elimination of measles and rubella</p>	<p>3.4.1. Facilitate the establishment of the National Expert Review Committee for measles and rubella to correctly diagnose and report all measles cases.</p> <p>3.4.2. Support the creation of the National Verification Committee for measles and rubella elimination to closely monitor progress towards elimination.</p> <p>3.4.3. Support measles serological survey in 2024.</p>	<p>National Expert Review Committee for measles and rubella established, functional, and reports made available.</p> <p>National Verification Committee for measles and rubella elimination established, operational, and reports made available.</p> <p>Measles serological survey implemented in 2024 and report published.</p>

<p>3.5. Enhance institutional capacity and cross-border collaboration on surveillance and vector control for malaria eradication</p>	<p>3.5.1. Assist in enhancing malaria surveillance and high-impact interventions for vector control.</p> <p>3.5.2. Provide technical support to conduct a field assessment mission for malaria elimination interventions in border areas, including a review of case investigation and classification.</p> <p>3.5.3. Support revision of the strategy for national malaria elimination and prevention of local transmission in preparation for certification.</p> <p>3.5.4. Provide support for the roll out of integrated disease surveillance and response.</p>	<p>Capacity-building organized for malaria surveillance and vector control.</p> <p>Field assessment missions for malaria elimination interventions in border areas organized and reports of suspected cases available.</p> <p>Strategy for national malaria elimination and prevention of local transmission developed and implementation monitored.</p> <p>Integrated disease surveillance and response fully functional and reports available.</p>
<p>3.6. Scale up the implementation of the Healthy Cities Programme</p>	<p>3.6.1. Assist establishment of the National Healthy Cities network, to sustain the progress and expand the number of registered and awarded cities in Saudi Arabia.</p> <p>3.6.2. Provide technical support to Saudi Arabia to implement ongoing initiatives in re-designing cities to be energy efficient to achieve carbon neutrality.</p> <p>3.6.3. Conduct assessments for certification of new healthy cities.</p> <p>3.6.4. Conduct training on WHO air quality for health impact assessment.</p> <p>3.6.5. Provide technical support for the development and implementation of national tobacco control workplans based on the WHO strategy.</p> <p>3.6.6. Conduct advocacy and educational activities on the dangers of the spread of novel tobacco products and waterpipe consumption among youth.</p>	<p>National Healthy Cities network established, functional and reports on the healthy cities available.</p> <p>Experience in addressing carbon neutrality in Saudi Arabia documented and shared.</p> <p>Assessments for the certification of new healthy cities conducted and reports published.</p> <p>Training on WHO air quality for health impact assessment organized.</p> <p>National tobacco control workplans based on the WHO strategy developed, implemented, and reports published.</p> <p>Advocacy and educational activities organized on the dangers of tobacco products consumption among youth.</p>

5. Theory of change and implementing the Country Cooperation Strategy

Based on the identified strategic priorities, focus areas and respective deliverables, Theory of Change was formulated and is presented in Fig. 5 below. The Theory of Change outlines a comprehensive description of the

changes that will take place, including the strategic role of WHO in the process of achieving the overarching objective to “Promote health, keep the world safe and serve the vulnerable.”





Fig. 5. Theory of Change

5.1 Means of implementation

Considering that Saudi Arabia has the financial resources to implement health programmes and support the delivery of health services, WHO will focus its work on strategic policy dialogue, evidence-based policy transfer, policy evaluation and technical support in selected interventions. To ensure the effective implementation of the strategic agenda of the CCS, the three levels of WHO will be fully engaged to ensure technical support to address the strategic priorities identified in the CCS. The work of the Organization will

be delivered under the leadership and coordination of the WHO Country Office in Saudi Arabia with full alignment with the Ministry of Health. WHO will emphasize the following means of implementation.

5.1.1. Principles of cooperation

Strategic policy dialogue and support

As part of its mandate, WHO will continue providing strategic coordination and technical support for linking the global policies and actions agreed at the World Health Assembly, in

cooperation with the Ministry of Health and other government sectors, as well as with the United Nations system and health stakeholders, among others. The WHO Country Office will be engaged in the strategic policy dialogue with policy-makers, decision-makers and beneficiaries to advocate for further support to address the prevailing gaps in the health care system, to improve the health services towards the achievement of the Vision 2030 goals.

Technical support and service delivery

The technical cooperation from WHO to the Government will be focused on

strengthening the country's institutional capacity by providing technical support to address the focus areas and achieve the deliverables and the respective milestones identified in the CCS. The technical support to be jointly provided by the three levels of the Organization and will be assured and integrated through coordinated technical guidance focusing on WHO norms, standards and guidelines, based on the country's context.

Table 9 presents the role of the three levels of the Organization during the process of implementation of the three main strategic priorities.

Table 9. Responsibilities of each level of WHO in implementing the strategic priorities

WHO Country Office	Regional Office	Headquarters
Providing a coordinating role within the United Nations Country Team to address health-related SDGs.	Adapting global tools to the regional context to improve health system governance to scale up interventions to achieve UHC.	Developing technical guidance and support to assist countries in enhancing health system governance to reach UHC.
Providing technical support to HiAP Ministerial Committee.		
Conducting advocacy to enhance Saudi Arabia's role on health diplomacy at regional and global levels.	Boosting Country Office capacity to adapt and strengthen health information systems to collect disaggregated data to guide policy-making decisions.	Generating international best practices on multisectoral policy dialogue and capacity building for effective development and implementation of intersectoral actions and HiAP for UHC.
Advocating for multisectoral support to implement Saudi initiatives to combat the impacts of climate change towards a cleaner, greener future for all.	Supporting cross-border activities to address public health emergencies.	
Supporting the Saudi Health Council to enhance health systems governance towards equitable access to quality essential health services with an emphasis on PHC.	Providing support in the ongoing elimination and eradication certification processes at country level.	
Enhancing national capacities to address NCDs, communicable and epidemic-prone diseases.		
Providing support to strengthen the health information system.		

5.2 Financing the strategic priorities

The WHO Country Office in Saudi Arabia was successfully engaged in resource mobilization for the implementation of the previous Country Cooperation Strategy and its workplans.

The WHO Country Office estimates a total of US\$ 6 100 000 for the implementation of the three strategic priorities and respective focus areas identified in this fourth CCS, which includes the delivery of corporate services and enabling functions.

Table 10 presents the estimated budget required for the implementation of the CCS, the anticipated funding and the anticipated funding gap.

The anticipated funding gap is US\$ 1 660 000, which represents 27% of the estimated budget. The WHO Country

Office, with support from the Regional Office, will strengthen its efforts to bridge this funding gap by:

- strengthening high-level advocacy and dialogue with the government authorities, funds among other relevant stakeholders, to continue funding WHO's interventions to address the prevailing challenges faced by the country, towards the achievement of UHC;
- increasing the visibility of the Country Office by sharing WHO's main achievements and success stories in Saudi Arabia, addressing the major public health challenges;
- developing a dedicated resource mobilization strategy, in close coordination with the WHO Regional Office, considering Saudi Arabia ongoing funding health initiatives at the regional and global levels.

Table 10. Estimated budget for implementing CCS 2024–2026 (US\$)

Strategic priorities	Estimated budget ^a (US\$)	Anticipated funding ^b (US\$)	Anticipated funding gap (US\$)
SP1. Strengthen the health system to achieve and sustain UHC through the implementation of the Health Sector Transformation Program	900 000	520 000	380 000
SP2. Enhance health system resilience and capacity to address health security and public health emergencies, preparedness and response	450 000	350 000	100 000
SP3. Address the social determinants of health for better health and well-being	1 250 000	1 170 000	80 000
Corporate services and enabling functions	3 500 000	2 400 000	1 100 000
Total costs	6 100 000	4 440 000	1 660 000

^a Planning costs was made based on the strategic priorities, focus areas and expected deliverables.

^b Based on historical and anticipated funding from different sources to implement the priority areas.

6. Monitoring and evaluation

Under the leadership of the WHO Representative, the Country Cooperation Strategy will be monitored during implementation and reviewed at mid-term and towards the end of the CCS cycle. While the CCS monitoring and evaluation is the responsibility of the WHO Country Office, it will be conducted in collaboration with the Government, health partners, United Nations agencies, and with the WHO Regional Office and headquarters to encourage joint ownership of results.

The primary aim of monitoring and evaluating the CCS is to determine the extent to which the focus areas and deliverables described under each of the three strategic priorities are being implemented. It will also provide an opportunity to identify successes and areas for improvement and refocus the biennial work plans and budgets if required.

Based on the agreed strategic priorities, the WHO Country Office will develop biennial operational plans in collaboration with the Ministry of Health. The Country Support Plans will explicitly highlight the outputs and the Secretariat's contribution across the three levels of the Organization in line with WHO's statutory programme budget reporting.

The lessons learnt and recommendations from the final review will be shared within WHO, the Government through the Ministry of Health, national stakeholders and partners who have been involved in the development and implementation of the CCS. The various stages of the monitoring and evaluation plan for the CCS are outlined in Fig. 6.



Fig. 6. Monitoring and evaluation of the CCS, 2024–2026

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ANNEX

Key socioeconomic indicators

Indicator	Value
GDP in US\$ (2022) ¹	834 billion
GDP per capita in US\$ (2022) ²	34 441
Per capita health expenditure (2022)	1684
Out-of-pocket expenditure as a percentage of per capita health expenditure (2022) ³	11.0
Total estimated population (2022) ³	32 175 224
Total estimated non-Saudi population (2022) ²	13 384 893
Literacy rate (% , 15–24 years, 2022) ³	100
Urban population (% , 2022) ³	86.0
Population growth (2022) (% , annual) ³	2.5
Life expectancy at birth (2022) ³	77.9 (both sexes); 75.3 (male); 80.9 (female)
UHC service coverage index (2021) ³	74
Total fertility rate (2022) ³	2.1
Adolescent fertility rate (15–19 years) (2018) ³	7.4
Maternal mortality ratio (per 100 000 live births, 2022) ²	9.42
Skilled birth attendance (% , 2019) ³	98.7
Antenatal care coverage, at least four visits (% , 2019) ³	79.7
Neonatal mortality rate (per 1000 live births, 2022) ²	2.42
Infant mortality rate (per 1000 live births, 2022) ²	7.41
Under-five mortality rate (per 1000 live births, 2022) ²	10.05
Antiretroviral therapy coverage (% , 2021) ³	99.0
Tuberculosis treatment coverage (% , 2022) ³	87.0
IHR capacities and health emergency preparedness (% , 2022) ⁴	93.0
Joint external evaluation score (2016–2020) ³	77

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