

Letter to the Editor

Health care system in Saudi Arabia: an overview

Sir,

I read with interest the article entitled "Health care system in Saudi Arabia: an overview" by M. Almalki, G. Fitzgerald and M. Clark, published in the *Eastern Mediterranean Health Journal* [1].

The article's title specifies a review of the healthcare system in Saudi Arabia, but the authors have focused primarily on the public healthcare system, and the main points of the article are specific to the Ministry of Health, its achievements and challenges. The authors provided a broad analysis of the Ministry of Health's healthcare system. They did not, however, provide a clear analysis of Saudi Arabia's healthcare system as a whole, or comment on Saudi Arabia's healthcare system in light of the regional or global healthcare setting. The only comparison provided was taken from the World Health Organization's (WHO) report, wherein Saudi Arabia's healthcare system ranked 26th amongst international health systems. However, the WHO's ranking has been the subject of argument in the associated literature [2–4]. This can be partially explained by the fact that WHO has not issued subsequent reports, despite it being more than 10 years since the first report was released.

I disagree with the authors' claim regarding the move for privatization of some public hospitals being the best way to reform Saudi Arabia's public healthcare system, as advocated by policy-makers and researchers. The references the authors provided to support this claim were 2 articles from Saudi newspapers and were neither academic papers nor official government documents. There was no mention in the Ministry of Health's strategic plan to move towards privatization of its hospital and services [5], nor was such a move mentioned in the agency's National Project for Integrated and Comprehensive Health [6]. Furthermore, there is evidence that privatization has increased barriers to healthcare, mainly for those on a low income, including cases in China and Colombia [7,8].

In addition, there is evidence that privatization neither improves healthcare outcomes nor reduces healthcare expenditure of developing or developed countries. India, a developing country, relies heavily upon private healthcare and spent 4.8% of its gross domestic product (GDP) on healthcare in 2003. In comparison, Sri Lanka

spent 3.5% of its GDP on healthcare and relies upon its government to finance healthcare, yet their infant mortality rate is 5 times lower and life expectancy is 9 years longer than in India [9].

Private health insurance dominates the United States of America's healthcare system. This country spends the highest amount on healthcare per person annually and in 2005 the highest percentage of GDP (US\$ 6 697 and 16% respectively), yet 47 million Americans are uninsured and lack access to healthcare [10]. In addition, the United States has the highest infant mortality rate and lowest life expectancy of all high-income countries of the Organization for Economic Cooperation and Development [11].

In summary, the authors have provided insufficient evidence for the plan to privatize some public hospitals in Saudi Arabia, and have failed to address the challenges that privatization of healthcare systems has created in other areas. Therefore, I disagree that the privatization of public hospitals is the best approach in reforming Saudi Arabia's public healthcare system.

Abdulwahab Alkhamis, MS, MPA/HA

PhD student, Liverpool School of Tropical Medicine, University of Liverpool, Pembroke Place, Liverpool L3 5QA, United Kingdom
(a.alkhamis@liv.ac.uk; alkhamis@email.com)

Dr Almalki, Dr Fitzgerald and Dr Clark were invited to respond to this letter, but no response was received.

References

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Health systems

At the heart of all these, as well as other, health challenges in the Region is the need to strengthen health systems. Major health system challenges are encountered in every country. Clearly there cannot be a single model that would address all the components of such a complex entity as the national health system, or that would address the diverse needs of all the countries of the Region. Member States differ in socioeconomic conditions, in epidemiological and demographic profile, in infrastructure, in workforce needs and in terms of expenditure on health. Equally important, they differ in the degree of horizontal integration within the health sector, and in the extent of collaboration with other sectors. Nevertheless, I believe some clear evidence-based approaches can be put in place to provide a shared vision and direction that would help Member States to strengthen their existing health systems. I look forward to working with Ministers of Health on identification of the best way forward for each country.

Source: Introduction. *The work of WHO in the Eastern Mediterranean Region: Annual report of the Regional Director 1 January–31 December 2011*