Indian And Saudi Arabian Health Care Systems: A Comparative Study

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ABSTRACT Abstract-Health has been declared as the basic right of every individual in the world. In this paper we discuss the health care systems of India and Saudi Arabia. The health care systems of both the countries have some strength and weaknesses. They can learn from each other in order to improve themselves.

INTRODUCTION

A better health is always associated with refined learning and improved economic standards. Asia is one of the most thickly populated and developing part of the world. A fast economic growth is observed in Asia which enhance the living standards of people, but still there are millions of people who are devoid of basic facilities which also include the basic health care facilities. The continent consists of 48 countries [1] and among them only few are developed and a large number of countries are in developing stage. These countries differ in their health care system and policies and have different approach towards health care system. Most of the developing countries in Asia are not having access for appropriate services and finance for health care as a result they are pushed into deeper poverty. The weak health system is contributed by many factors such as shortage of skilled doctors and health workers, lack of clean water poor sanitary conditions and above all inadequate capital. In this paper we have selected India and Saudi Arabia two developing countries from Asia and compare their health care systems so that they can adopt features of each other health care systems and can get improved health care systems.

The reason for comparing health care systems of these two countries is that they share some common features between them. Both Saudi Arabia and India are developing countries and are proceeding towards development at high rate. Traditional system of medicines is followed in both of them. Both are religious hub and are more dedicated towards their cultures. In both the countries there exist three tiers of health systems. The disparity in them is that in India private health care system dominates whereas in Saudi Arabia government manipulates the health care system. A free health care system is provided to every citizen of the Saudi Arab where as there is no free health care in India. Saudi Arab has been announced as the country with 10th lowest rate of poverty worldwide by the World Bank [2] where as India has high rates of poverty. Based on these similarities and dissimilarities we propose some suggestions in this paper to get a refined health system in both the countries.

INDIAN HEALTH CARE SYSTEM

ndia is a South Asian country with the second most population of the world. India has traditionally been a rural, agrarian economy with more than 70 % of its population still living in rural areas half of all residents of rural areas live below the poverty line, struggling for better and easy access to health care and services. But in spite of this a rapid urbanization has seen in its expanding economy. In this era of modernization and urbanization the health awareness among people is also increasing. According to National Family Health Survey-3 [3] the private medical sector remains the primary source of health care for 70% of households in urban areas and 63% of households in rural areas.

Under Indian Constitution, health is a state subject. Each state has its own healthcare delivery system in which both the public and private sectors work. States particularly are responsible for its functioning of healthcare systems whereas the central play an important role in policy making, planning and providing funds for the various programs.

The organization at national level consists of Union Ministry of Health and Family Welfare. In each state the organization is under State Department of Health and Family Welfare [4]. It is headed by state by state minister and a secretariat under the secretary. Indian system of medicines consists of Allopathy and Ayush (Ayurveda, Yoga, Unani, Siddhi and Homeopathy) [5]. The district level structure of health services is a middle level arrangement organization. The health care in India can be further divide into levels and in all the levels public as well as private sectors work together:

Primary Health Care levels are state-owned rural health care facilities in India. They are essentially single-physician clinics usually with facilities for minor surgeries, too. They are part of the government-funded public health systems in India and are the most basic units of this system. Presently there are 23,109 PHCs in India [6].

Secondary refers to a second tier of health system, in which patients from primary health care are referred to specialists in higher hospitals for treatment. In India, the health centers for secondary health care include District hospitals and Community Health Centre at block level health care [7].

Tertiary Health care refers to a third level of health system, in which specialized consultative care is provided usually on referral from primary and secondary medical care. Specialized Intensive Care Units, advanced diagnostic support services and specialized medical personnel on the key features of tertiary health care. In India, under public health system, tertiary care service is provided by medical colleges and advanced medical research institutes [8].

India spends 4.2% of its gross domestic product (GDP) on health and share of the government expenditure in total health expenditure in total health expenditure is one of the lowest in the world at 29.02% [9]. Lower spending from government leads to poor quality of public health center and hospitals and people are devoid from getting good services in respect of health. While India's public health care system is large and wide spread, its ability to provide secondary and tertiary care is particularly limited since in its current referral system people who need such care are expected to travel large public hospitals. In recent survey it has estimated that 75% of all formally qualified doctors worked in private sector and were highly concentrated in urban [10]. As a result people are shifting from public to private sector of health which is describe as expensive ,unaffordable and unreliable . Today India has more privatize health system in the world with 72% of health expenditure made in the private sector [11]. The private system is extremely heterogeneous .World class care is available to be a fraction of the population who can afford to pay for it, whereas, a large unqualified manpower provide services to poor people in rural areas. The private and public health care sectors have existed in parallel with little real dialogue. The existing healthcare system with a dominant private sector and it is out of pocket payment mechanism has resulted in highly unequal access to health care and unequal health outcome among different socioeconomic population group.

SAUDI HEALTH CARE SYSTEM

Kingdom of Saudi Arabia was established in 1932 and before that health care was generally provided by local healers. Saudi Arab is the largest State in Middle East. It has the largest reserves of oil globally and accounts for 25% of the world's total oil supply. The KSA has estimated population of 26 million residents [12] and with its high economic development there is a large percentage of foreign people living in the country. Beside this, it is a holy destination for Muslims so people from all over the world continuously move in and out from the country.

Before the discovery of oil the Saudi social structure was more towards traditional values. Society was backward and poor. There was no specific health care system and health care was mainly based on traditional practice and medicines. It was under the effort of its King Abdul Aziz that in year 1925 first public health department was established. Its role was to provide free health care to the population and pilgrimage [13] by establishing many dispensaries and hospitals. Though it was the great effort in the field of health care but the national income was not sufficient to achieve advance health care as a result majority of population depends on the traditional health care. It was the establishment of Ministry of Health (MOH) in 1950 which leads to the advancement of health care system in Saudi Arabia [13]. During that time MOH operated 11 hospitals and 25 dispensaries in various parts of the country. For next decade there was an acute shortage of health care resources and professionals. After that in coming years there was much greater investment in health care infrastructure. By 1970 the country had 74 hospitals and then by 2002 there were 331 hospitals [13].

Planning for a country wide health care system began in 1971 with the development of successive five year national health care program. The first four development plans [1970-1989] brought dramatic changes to the Saudi health care system. Firstly the emphasis was more on establishing the necessary infrastructure of hospitals, clinics, pharmacies and laboratories [14]. As these facilities were put into the places the emphasis gradually shifted to the improving the quality of medical care and services.

Currently the MOH is the major government provider and financer of health care services in Saudi Arabia. These services comprise 60% of the total health services in Saudi Arabia [15]. Apart from financing and delivery of care the MOH exercises considerable regulatory authority including price control for services rendered in the private sector as well as price of medical devices and pharmaceutical products. With the MOH facilities being restricted to only Saudi national the 5.5 millions of expatriate within the Kingdom are being forced towards the private healthcare sector. Private healthcare sector offers services in cities and large town with 125 hospitals, clinic and dispensaries. The government also encourages greater private sector involvement by offering long term interest free loan foe establishment of hospitals, clinics and pharmacies. Private sector accounts for 27% of Saudi healthcare [16].

According to WHO [17] The Saudi health care system ranked 26th among 190 of world health system and its total expenditure on public health in 2009 was 5% of Gross Domestic Product. Despite of many efforts made by Saudi government to face the health care needs there are certain challenges which need to be sort out by proper management and planning.

CONCLUSIONS

Health is an important part of human life. It is the duty of every country to provide high quality health services to their citizens. Health care system of countries should be easily accessible to each citizen. Different countries have different health care system. Each has got some strength and weaknesses. They can be benefitted from each other.

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