



The Challenges For Saudi Arabia Health Care System

KEYWORDS

Saudi Health Care, Human Resource, Chronic Diseases, Life expectancy.

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ABSTRACT

Saudi Arabia is the largest State in Middle East. It has a very developed health care system. However, the health care system is facing many challenges. In this paper, we will study these challenges in details.

INTRODUCTION

Kingdom of Saudi Arabia (KSA) 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 [1] 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 [2] 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 [2]. 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 [2].

Planning for country's 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 [3]. 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 financier of health care services in Saudi Arabia. These services comprise 60% of the total health services in Saudi Arabia [4]. Apart from financing and delivery of care the MOH exercises considerable regulatory authority including price control for services rendered in the private sec-

tor 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 for establishment of hospitals, clinics and pharmacies. Private sector accounts for 27% of Saudi healthcare [5].

In 1978 at Alma Ata conference, the Saudi government bought into the concept of a three tiered healthcare system in which community based primary health care centers act as a critical step to achieve Universal access. The MOH provides health services at three levels these are primary, secondary and tertiary.

According to World Health Organisation [6] 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.

The cost of healthcare is increasing. With high life expectancy, the old age health care is increasing. The Saudi Arabia is also facing lifestyle related disease. The population growth rate is high. All these are putting lot of pressure on the Saudi healthcare system. The major problems of Saudi healthcare system are discussed below [7-11].

HEALTH WORKFORCE

Saudi Healthcare system is dependent on expatriates. Majority of healthcare professionals are expatriates. There is an acute shortage of Saudi medical professionals. Attempts are being made to increase the number of Saudi medical professionals. By 2000 there were 5 medical colleges in Saudi Arabia. Those institutes were not enough to full fill the requirement of the Saudi Arabia. To overcome this problem many new government and private institutes were opened. There were 21 medical colleges by 2012 in Saudi Arabia. More medical colleges need to be started in Saudi Arabia. New initiatives are required to develop medical human resources [12].

UNDERUTILIZATION OF RESOURCES

In Saudi Arabia the free healthcare is available to all citizens that sometimes lead to a situation that patients demands unnecessary health services. Many hospitals are

equipped with sophisticated equipment, however sometimes the equipment is used for minor problems. Much costly equipment is lying idle for want of trained person. There is no proper coordination between hospitals; hence same equipment's are available in both hospitals which in some cases may be avoided by proper coordination. Lack of accountability is also a reason for this problem. In Saudi Arabia many government agencies are involved in providing healthcare services. These agencies have no well-defined mechanism for proper coordination; hence there are duplication of effort. That leads to waste of resources. Hence, costly medical resources are underutilized in Saudi Arabia [7-11].

UNEQUAL DISTRIBUTION OF RESOURCES

Most of the specialized hospitals and government and private hospitals with state-of-the-art equipment's, and highly qualified and professional staff are located in big cities whereas hospitals in rural areas do not have proper infrastructure.

LANGUAGE

As discussed above a large number of health professional in Saudi Arabia are expatriates. A large number of these expatriates do not speak Arabic. English is not very common among Saudi. This creates a language barrier between patients and medical health professions. Having, more number of medical professionals is one of the solutions for this problem. Arabic language courses could be useful for professionals who do not speak Arabic [13-15].

CULTURAL EFFECTS

As discussed above most of the medical professionals are expatriates they are from different linguistic and cultural backgrounds. Sometimes they are not able to understand the Saudi culture correctly, that leads to cultural misunderstanding and conflicts between healthcare professionals and patients. This may be dangerous for the patient healthcare. For example, In the Middle East, gender segregation is a part of the culture which is followed in all hospitals. In hospitals and their wards, for instance, different genders cannot intermingle. In Saudi Arabian society, families are very important. Families are of an extended nature. The family involvement in the care of a patient creates a conflict with nurses and other medical professionals. Proper cultural education programs should be the part of the recruitment process so that these healthcare professionals have cultural sensitivity [13-15].

DECENTRALIZATION OF HEALTHCARE DECISION MAKING

In Saudi Arabia Ministry of Health takes most of the decisions regarding public healthcare system. This is creating inefficiency in the systems and a waste of resources. Decentralization of power is possible solutions to overcome this problem. Regional centers should be given power to make policies appropriate for their regions that will have better management of resources. It will ensure more accountability and excellent services. Autonomy may be given to big hospitals so that they can plan their recruitment process, their short term and long term strategies. Financial Autonomy with proper accountability is the key to better decision making.

Adequate autonomy to hospitals will help the public hospitals in Saudi Arabia to develop in private hospitals. It will also give public hospitals more knowledge in the management of their budgets, health care quality and workforce [7-11].

UNEQUAL DISTRIBUTION OF HEALTH SERVICES

There is an unequal distribution of health services in Saudi Arabia. Some hospitals in urban areas are providing world class facilities whereas hospitals in rural areas, remote areas and border areas do not have very good facilities. Some hospitals are overcrowded and there is a long waiting list for many health care services and facilities. Hospitals in rural areas are not well equipped to provide services to elderly people, adolescents and people with special needs such as disability. Special efforts are required to distribute the resources equally to overcome overcrowded hospitals and provide quality health services to customer at near places.

PREVALENCE OF CHRONIC DISEASES

In Saudi Arabia, life style related diseases such as diabetes, hypertension, and heart diseases, cancer, genetic blood disorders and childhood obesity are increasing. That is putting lot of financial burden on Saudi healthcare system. To reduce this problem preventive steps are necessary. Health education should be provided for health life. The people should be made aware of the problems a poor life style can create [16-20].

CONCLUSION

In this paper, we studied the challenges Saudi Arabia Health Care system is facing. They will have to overcome these challenges to sustain their health care system.

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