



HEALTH CARE ADMINISTRATION SERVICES IN SAUDI ARABIA: PAST, PRESENT AND FUTURE

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Abstract

Healthcare Administration services in Saudi Arabia have evolved tremendously over the past two decades, as evidenced by the availability of healthcare facilities across the vast kingdom. The Saudi Ministry of Health (MOH) provides more than 60% of these services, while the rest is shared by other government agencies and the private sector. A number of development plans in Saudi Arabia have created the infrastructure to expand healing services across the country. Future challenges for the Saudi health system need to be addressed in order to meet the ambitious goals of the latest health development plan. These include making the best use of existing healthcare resources with competent healthcare management, finding alternative sources of funding for these services, maintaining a balance between curative and preventive services, expanding the training of Saudi Arabia's healthcare workforce to meet growing demand, and implementing a comprehensive program of primary health care.

Keywords: Health system, health Administration, primary health care, Saudi Arabia

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DOI: 10.53555/ecb/2022.11.01.44

*** In the past**

The history of healthcare in Saudi Arabia dates to 1949 when a small number of medical staff (111 doctors) and fewer than 100 hospital beds were documented. Significant advances have brought health services to every corner of the vast kingdom. Compared to 1949, the number of doctors and nurses in more than 300 hospitals and 1,700 primary health centers across the country has increased 25 and 20 times, respectively (1,172 to 30,281 and 3,261 to 64,790 in 1998).

Preventive services began in the early 1950s when oil company ARAMCO, in partnership with WHO, helped the Ministry of Health control malaria in the kingdom's eastern region. The country also adopted the new concept of primary health care (PHC) developed in 1978, and in 1983. began promoting it as the basis of its medical education has also developed significantly, with more than

340 doctors and 89 dentists graduating from five medical schools. Local health literature has also been developed in Saudi Arabia. In the past fifteen years, many health research projects have been conducted in various fields of medicine and related sciences, and the results have been published in more than 10 Saudi medical journals.

*** CURRENT SITUATION**

The MOH offers around 60% of health services free of charge through

13 health directorates. 20% of healthcare is provided free of charge by other government agencies and the remaining 20% is provided by non- governmental organizations. fast- growing government sector (Table 1).

Table 1: Distribution of health services in Saudi Arabia by type of providers (1998)

Item	Ministry of Health	Other Govern. Agencies	Private Sector	Total
Hospitals	182	39	87	308
Hospital beds	27428	9119	8485	45032
PHC centers	1751	-	-	1751
Private center	-	-	622	622
Private clinic	-	-	785	785
Pharmacies	-	-	3208	3208
Doctors	14407	6853	9021	30281
Nursing staff	36101	17080	11609	64790
Technicians	19743	9686	3846	33275

In 1998 the total budget of the Ministry of Health reached more than SR 12 billion, with an average expenditure of SR 400 (US\$ 108) per capita per year. Expenditure also increased in other government agencies (US\$200 per capita).The relatively high level of healthcare expenditure in this country compared to many developing countries has enabled the broad provision of curative services in Saudi Arabia. However, this progress has not been in proportion to other important issues such as: (1) the development of the health information system for effective systematic planning, monitoring and evaluation; (2) training of personnel in various fields of medicine and health administration; and (3) improving prevention services.

*** FUTURE CHALLENGES**

We can group them into four interrelated domains:-

1- Management and financing of health services

The government is therefore proceeding with its

plan to implement the cooperative health insurance system that is already in place for non- Saudis. Further plans to privatize health services and facilities are on the drawing board, but many issues remain to be resolved. There is definitely a need for competent health management and an innovative approach to health care management and financing.

2- Curative vs. preventive services

An official report from the Ministry of Planning on Health Service Utilization was prepared in 1984 at the Primary Health Center level. The health planners of the Fifth National Health Plan (1990-1995) therefore felt it necessary to emphasize preventive services in PHC centers and the interest in reducing endemic diseases, combating community health problems and increasing the health status of the population through the application of all curatives, preventive and promoting elements in the PHC. The effect of these measures was evident in the broad coverage of the child immunization program, a 29% decrease in hospital visits, and a 42% increase in

PHC visits for all types of services over the five-year period (1989-1994).

3- Training and development of the Saudi workforce

Official estimates show that the percentage of Saudi doctors, nurses and paramedics was 18.7%, 18% and 43% of the healthcare workforce, respectively. Services in 1998. Given the country's rapidly growing population, these numbers pose a challenge to the proper functioning of the healthcare system by the Saudi workforce. It is estimated that by 2020 there will be a total of 15,226 Saudi doctors in the Saudi healthcare sector, which is only 32 % of the total health workforce. A similar shortage is also expected among Saudi nurses and other health workers, indicating the urgent need to accelerate the training of the Saudi workforce in all aspects of health care. It should be noted that the development and training of health workers in the country should not only focus on the number of health workers trained, but also on the quality assurance and performance of the trained individuals. This will undoubtedly mean the introduction of better quality assurance programs in all health facilities to maximize the utilization of the Saudi workforce and the development of medical curricula in medical institutes to meet the standards of required training.

4- Country Health Development Plans

The provision of free health care to the entire population is enshrined in the constitution of Saudi Arabia. Previous development plans had repeatedly emphasized the right of all Saudi citizens to a healthy life and the need to develop and organize the health system to achieve this goal. The Sixth Development Plan of the country (1995-2000) makes this clear and establishes the following points: (1) The development of the health workforce in terms of quantity and quality, (2) The guarantee both curative and preventive for all Saudis, (3) The development of primary health care as a solid basis of the health care system for the whole population, especially for mothers and children, (4) The control of all endemic diseases and their possible eradication. The measurable and detailed objectives of this plan were as follows: (1) maintain the current hospital bed rate of 2.4 beds per 1,000 population, (2) minimize the current rates of childhood infection and diarrheal disease through immunization programs and other preventive measures (3) reducing the malaria infection rate to 200/100,000

in endemic areas and eradicating it in non-endemic areas, (4) increasing prenatal immunization coverage to 97% of all pregnant mothers and increasing tetanus immunization coverage of these mothers to 85%, (5) reducing the preterm rate to less than 2% of all births.

* CONCLUSION

The development of health services in Saudi Arabia has impacted life in the Kingdom and changed the health map of the country in a very positive way. Previous health plans established most of the infrastructure for health services with remarkable results. However, for the successful implementation of a good healthcare system that provides adequate and quality services to all citizens, it is necessary to strike a balance between preventive and curative services and to sharpen management and administrative skills in healthcare facilities through the implementation of quality programs and the quality and quantity training of Saudi health workers should be adequately developed.

* REFERENCES

1. Papanikalaou. B. The tuberculosis control program in Saudi Arabia. WHO/TB/10; 1949:20-23.
2. Saudi Arabia Ministry of Planning, Achievements of the development plans (1970-1985), 1986:271.
3. Ministry of Health. Annual Health Report. Kingdom of Saudi Arabia, 1998.
4. Aramco Medical Department. Epidemiology Bulletin, Dhahran, Saudi Arabia: Oct 1972;1-2.
5. Abdel Azim M. Gismann A. Bilharziasis survey in south- western Asia Bull WHO 1956; 14:403- 456.
6. Tarizzo ML., Schistosomiasis in Saudi Arabia Vemes, Congres Internationaux de Medicine Tropical et du paludisme (Expert) 1956.
7. Page RC. Progress report on the Aramco trachoma research program. Med Bull Standard Oil Co (NJ) 1959; 19: 68-73.
8. World Federation of Public Health Association International conference on primary health care, Alma Ata, USSR, September 6-12,1978.
9. Conference Bulletin, 1978; 3: 1- 2.
10. Ministry of Planning, Fourth Development Plan 1985 -1990.
11. Saudi Arabia 1985: 323-338.
12. World Health Organization, The world Health Report 1997; Conquering suffering enriching humanity, Geneva 1997: 44- 156.
13. Umeh JC. Healthcare financing in the

- kingdom of Saudi Arabia: a review of the options. *World Hosp Health Serv* 1995; 31(2) :3-8.
14. Saudi Arabia: Ministry of Planning, Development of health services and its appropriate manpower (CL Health Planner) 1984: 386.
 15. Sebai Z A. Health in Saudi Arabia – Volume II. King Abdulaziz City for Science and Technology, 1987.
 16. Ministry of Planning, Sixth Development Plan 1995 -2000.
 17. Saudi Arabia 1995.
 18. Luna L. Culturally competent health care: a challenge for nurses in Saudi Arabia. *J Transcultural Nursing* 1998; 9 (2): 8-14