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Evaluation of the impact of health policies on the provision of health

Services.

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ABSTRACT:

The Government of Saudi Arabia has made expanding access to quality medical care a top priority in all three phases (primary, secondary, and tertiary) through health policies, starting with primary care. As a direct result of this, there has been a significant rise in the general level of health among Saudi citizens over the past few decades. However, several issues present challenges to the healthcare system. These include a shortage of Saudi health professionals, the multiple roles played by the Ministry of Health, limited financial resources, changing disease patterns, high demand due to free services, the absence of a national policy for crisis management, poor access to some health services, and the need for a national health information system and the condition to utilize the potential offered by e-health strategies. The study found that primary, secondary, and tertiary health care in the Kingdom of Saudi Arabia has progressed significantly in recent years thanks to the continuous focus and funding from the government. Thus, the health of the Saudi people has improved dramatically. The Ministry of Health (MOH) has implemented several service improvements, focusing on Primary Health Care (PHC).



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keywords: health policies, health services, and the provision of health services.

الملخص:

جعلت حكومة المملكة العربية السعودية توسيع الوصول إلى الرعاية الطبية عالية الجودة أولوية قصوى في جميع المراحل الثلاث من خلال استخدام السياسات الصحية، بدءًا من الرعاية الأولية. كنتيجة مباشرة لذلك، كان هناك ارتفاع كبير في المستوى العام للصحة بين المواطنين السعوديين خلال العقود القليلة الماضية. ومع ذلك، هناك عدد من القضايا التي تشكل تحديات لنظام الرعاية الصحية. وتشمل هذه النقص في المهنيين الصحيين السعوديين، والأدوار المتعددة التي تقوم بها وزارة الصحة، والموارد المالية المحدودة، وتغيير أنماط المرض، وارتفاع الطلب نتيجة للخدمات المجانية، وغياب سياسة وطنية لإدارة الأزمات، وضعف الوصول إلى بعض الخدمات الصحية. مرافق الرعاية، والافتقار إلى نظام معلومات صحي وطني، وقلة الاستفادة من الإمكانيات التي توفرها استراتيجيات الصحة الإلكترونية. توصلت الدراسة الي تقدم مراحل الرعاية الصحية في المملكة العربية السعودية بشكل ملحوظ في السنوات الأخيرة بفضل التركيز والتمويل المستمرين من الحكومة. وبالتالي، تحسنت صحة الشعب السعودي بشكل كبير. نفذت وزارة الصحة (MOH) العديد من التحسينات على الخدمات، مع التركيز على الرعاية الصحية الأولية (PHC).
الكلمات المفتاحية: السياسات الصحية، الخدمات الصحية، تقديم الخدمات الصحية.

Introduction :

The Saudi Arabian government places a premium on its citizens' access to quality medical care. The availability and quality of healthcare have increased dramatically during the past few decades. According to Gallagher, "While many nations have seen significant growth in their health care systems, probably no other nation (other than Saudi Arabia) of large geographic expanse and population has, in the comparable time, achieved so much on a broad national scale, with a relatively high level of care made available to virtually all segments of the population (Prince et al.,2015)."

With the increasing momentum toward UHC worldwide, there will be a higher demand for additional healthcare providers. Improved healthcare quality and access for all people is a top priority under the new health-related sustainable development goal (SDG), which applies to



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countries of all income levels. The international community has seen a troubling worldwide standstill of health aid, prompting some to question the viability of more conventional bilateral approaches to health assistance. Three-quarters of the world's poor reside in MICs, which are often ineligible for the funding that would have previously supported the building of sustainable healthcare systems, exacerbating the problem) Antunes & Narvai,2010).

The Saudi healthcare system is ranked 26th out of 190 in the world by the World Health Organization (WHO). It ranks higher than the regional systems in the United Arab Emirates (27), Qatar (44), and Kuwait (45), and many other international systems such as Canada (ranked 30), Australia (ranked 32), and New Zealand (ranked 41). Despite these successes, the Saudi healthcare system confronts numerous problems that call for innovative approaches from the Ministry of Health (MOH) and productive partnerships with related industries.

Public health law in the nineteenth century, hospitals under the Poor Law, National Health Insurance in the early twentieth century, and the Emergency Medical Service during wartime were all examples of government intervention in health and health policy. However, throughout WWII, people's views on the proper role of government shifted significantly. In addition, it provided first-hand knowledge of the disarray and inadequacies of the healthcare system as it currently stands. The 'extensive health and rehabilitation services' he envisioned as part of the national social safety net were never implemented. The government made plans to increase health and medical services during the conflict significantly. There was a significant shift in the reform plans. The new health care was expected to be universal (accessible to everyone), comprehensive (covering all services, including prevention and treatment), and free (requiring no out-of-pocket expenses at the time of service). That's because Bevan advocated for progressive taxation, in which a larger share of a person's income is taken from those with higher incomes. Therefore, the National Health Service was established according to redistributionist and egalitarian ideals(Evans& Stoddart,2017).

Even though the legislation and founding of the NHS were met with significant opposition, the service became famous due to its relief from the stress and financial burden of medical care. The National Health Service (NHS) won the hearts of patients and staff alike. It received backing from leaders of varying political stripes—including conservative governments with values opposed to those of Bevan and the postwar Labour government—which is perhaps even more remarkable. The study aims to evaluate health policies' impact on providing health services(Moreno et al.,2020).

Literature Review

Demographic and economic patterns of Saudi Arabia:



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The official population count for Saudi Arabia was 27.1 million in 2010, up from 22.6 million in the 2004 census. From 2004 to 2010, the yearly growth rate in population was 3.2%, while the total fertility rate was 3.04. roughly 68.9% of the world's population lives in Saudi Arabia; 50.2% are males, and 49.8% are females; 67.1% are under the age of 30, and roughly 37.2% are under the age of 15; the population over the age of 60 is estimated at 5.2%. According to United Nations predictions, the people of Saudi Arabia are expected to reach 39.8 million by 2025 and 54.7 million by 2050. This is a predictable result of the country's favorable demographics, including its high birth rate (23.7 per 1000 people), rising life expectancy (72.5 years for men and 74.7 years for women), and falling infant and child mortality rate. The infant mortality rate has decreased from 250 in 1960 to 20.0 in 2009. The government's mandatory childhood vaccination program, in place since 1980, is mainly responsible for the improved statistics and improvements in health care and social services. The need for healthcare facilities, among other necessities, is expected to rise dramatically due to this extraordinary expansion (Brownlee et al, 2017).

Brief overview of health services development:

Saudi Arabia's healthcare system has expanded and improved in the last few decades. In 1925, following a royal proclamation from King Abdulaziz, the first public health department was formed in Mecca. This division oversaw the administration of several hospitals and dispensaries that provided free care to the local populace and pilgrims. Most people still relied on traditional medicine, and the incidence of epidemic diseases remained high among the population and pilgrims. Still, it was an essential first step in providing curative health services. The subsequent significant development came in 1950 when the royal order formally established the Ministry of Health. Twenty years later, the government developed 5-year growth plans to better the healthcare system in Saudi Arabia and other parts of the country. Significant advancements have been made since then in healthcare in Saudi Arabia (Atun et al ,2015).

Current structure of health services:

The Ministry of Health (MOH) in Saudi Arabia is the primary government supplier and financier of health care services, operating 244 hospitals with 33,277 beds and 2037 primary health care (PHC) centers. Sixty percent of Saudi Arabia's healthcare budget goes toward these programs. Referral hospitals (such as King Faisal Specialist Hospital and Research Centre), the armed forces medical services, the national guard's health affairs, the Ministry of higher education's hospitals (teaching hospitals), ARAMCO's hospitals, the royal commission for Jubail and Yanbu's health services, the Ministry of education's school health units, and the Red Crescent Society are among the other government bodies. Except for teaching hospitals, the Red Cross, and referral hospitals, each organization serves a specific group, typically employees and their families. In times of crisis or emergency, they offer locals medical care.



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Significant gains in health indicators have been observed in recent decades. This is mainly attributable to developing health services with other variables such as better and more accessible public education, higher health awareness within the community, and better life situations. However, it has been pointed out that despite the abundance of health service providers, there needs to be coordination and clear communication routes among them, leading to unnecessary expenditures and wasted time. Opportunities to use foreign machinery, labs, training aids, and skilled laborers are plentiful, for example. Unfortunately, the potential of these openings is hampered by a lack of collaboration between different sectors. With this challenge in mind, the Council of Health Services was established in 2002 by royal decree, with the Minister of Health at its helm and other government and private health sector representatives included. Its mission is to ensure all citizens have access to high-quality, modern, equitable, affordable, and well-organized health care. While the Council's stated mission is to "establish a policy for coordination and integration among all health care services authorities in Saudi Arabia," substantial progress has not yet been made in this area (Nussbaum et al ,2018).

Public health care system (Ministry of Health)

The constitution of Saudi Arabia mandates that the government offer free and universal health care to all citizens and foreign nationals employed by the government. The percentage of federal funds allocated to the MOH rose from 2.8 percent in 1970 to 6 percent in 2005 and 6.2 percent in 2009. In 2009, public health spending accounted for 5% of GDP, according to the World Health Organization. The Ministry of Health oversees the private sector's health service oversight and health policy management, planning, and formulation. In addition to implementing policy, it guides other government bodies and the commercial sector on health-related matters.

Twenty regional directorates-general of health affairs are under the MOH's jurisdiction. There are many PHC centers under the supervision of the many health sectors that comprise each regional health directorate. Implementing MOH policies, strategies, and programs; managing and supporting MOH health services; monitoring and organizing private sector services; working with other government agencies; cooperating with other relevant authorities; are only some of the responsibilities of the MOH's 20 directorates. Shows how different levels of the Saudi healthcare system are connected, from the community to the Ministry of Health. The "Health Friends" is a hand-picked council of influential locals who understand the community's customs and potential and whose ranks may include PHC center representatives. The primary function of this group is to serve as a link between primary healthcare clinics and the communities they do (Ham,2020).



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Levels of health care services:

The Ministry of Health (MOH) is responsible for providing all three levels of healthcare. Primary health care (PHC) clinics offer checkups and treatment for minor ailments. At the same time, more severe conditions are referred to general hospitals (the secondary level of care) or specialized clinics (the tertiary level) for treatment.

Transition to PHC services:

Treatment of preexisting conditions was the primary focus of Saudi Arabia's health care system. However, many diseases can be avoided or mitigated by implementing a preventative strategy, which might add to the financial burden placed on healthcare providers by the curative care paradigm. Former health offices and, to a lesser extent, maternity and child health care centers were conduits for the MOH's many preventative programs. Vertical programs conducted a range of disease control initiatives, including those for malaria, TB, and leishmaniosis control (Folland& Stano,2015).

The Saudi Ministry of Health (MOH) embraced the PHC approach as one of its primary health strategies to activate and enhance preventive health services in line with the Alma-Ata declaration from the WHO General Assembly in 1978. Therefore, a ministerial decree was issued to set up PHC centers in 1980. The initial step was to open up proper locations all around the country. The neighboring facilities were combined to form larger ones. These facilities once served the community as health departments, clinics for expecting and new mothers, and hospitals. PHC centers replaced health posts in rural and secluded areas. An adequate supply of safe water and basic sanitation; promotion of food supply and proper nutrition; provision of comprehensive maternal and child health care; immunization of children against major communicable diseases; prevention and control of locally endemic diseases; and appropriation of necessary resources were the eight pillars upon which the PHC approach rested(Nussbaum et al ,2018).

The number of visits to outpatient clinics has decreased thanks to implementing a PHC strategy and a sound referral system. More than 54 million people received PHC services at MOH clinics in 2009. That's 82% of all MOH patient visits. Duplicate doctor visits have decreased thanks to the development of individual and family health records at each PHC facility. Medication expenses and prescribing practices have increased thanks to the essential pharmaceuticals list and the habit of recording prescriptions in patients' medical records (Folland et al ,2016).



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Challenges for health care reform:

Despite the Ministry of Health's (MOH) best efforts, some obstacles remain in the path of Saudi Arabia's healthcare reform. Issues with the healthcare industry include a shortage of qualified professionals, rising costs, shifting disease patterns, limited access to care, the lack of a national health insurance program, the privatization of public hospitals, the ineffectiveness of electronic health (e-health) strategies, and the lack of a unified data infrastructure.

- **Health workforce**

There needs to be more doctors, nurses, and pharmacists in the Saudi health care system. There is a significant turnover rate and staff insecurity because most medical workers are foreign nationals. The Ministry of Health estimates that 248,000 people work in Saudi Arabia's healthcare system overall, with slightly more than half (125,000) employed in the Ministry. The Saudi population accounts for 38 percent of this workforce. In comparison, only 23.1% are medical doctors, and 32.3% are nurses. About 54% of the health workforce in the MOH is Saudi (physicians 22.6% and nurses 50.3%). Compared to other countries, Saudi Arabia has a lower ratio of physicians to the population (16 per 10 000) and nurses to the people (36 per 10,000) than Bahrain (30 per 10 000), Kuwait (18 per 10 000), Japan (12 per 10 000), Canada (19 per 100 000), France (37 per 100 000), and the United States of America (27 per 100 000) (Asmri,2020) More doctors, nurses, and pharmacists are needed to meet the needs of Saudi Arabia's population. As a result of the significant turnover and insecurity this causes in the healthcare sector, most health workers are foreign nationals. About half of Saudi Arabia's overall health workforce (125,000) is employed by the Ministry of Health (MOH), which estimates the total health workforce in the country to be around 248 000. 38% of this workforce is made up of Saudi nationals. Two-thirds of these people are nurses, while 32.1% are doctors. Most of the Ministry of Health's staff are Saudi nationals (54%), including 22.6% of doctors and 50.3% of nurses. Compared to countries like Bahrain (30 doctors per 10000 people), Kuwait (18 doctors per 10000 people), Japan (12 doctors per 10000 people), Canada (19 doctors per 100 people), France (37 doctors per 81 people), and the United States (27 doctors per 100 people), the number of doctors and nurses in Saudi Arabia is significantly lower at 16 and 36, respectively, per 10000 people (AlAteeq et al ,2020).The MOH and the public and private sectors have to consolidate more realistic goals and long-term strategies. The King Abdullah International Scholarship Program, founded by the Ministry of Higher Education, illustrates such collaboration. In its fourth phase, it has given top billing to doctors, nurses, pharmacists, and other health professionals. There is a need, however, for new schools of medicine and related training programs to be set up around the country. There is an immediate need for the MOHare to pass new rules and regulations to expand and restructure its medical workforce (Al-Hanawi et al ,2018).



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- **Reorganization and restructuring of the MOH:**

Most public health services are funded, run, controlled, overseen, and administered by the MOH. Unless deliberate and well-planned actions are taken to separate these many functions, this management paradigm may be able to meet the population's healthcare needs in the future. Giving regional directorates more power, implementing the cooperative health insurance program, and promoting the privatization of public hospitals are all options.

Decentralization of health services and autonomy of hospitals:

Regional directorates now have more leeway in planning, recruiting professional employees, drafting agreements with health services providers (operating firms), and some limited financial discretion to help the MOH deal with rising demands. It has been hypothesized that the regional directors' inability to make independent financial decisions hinders their efficiency. Most of their budgets must be approved by the Ministry of Health, limiting the autonomy of regional directorates and making it harder for them to make good decisions (Alaboudi,2016).

The Ministry of Health (MOH) has experimented with various methods over the past few decades to enhance the administration of public hospitals, including direct MOH operation, collaboration with other governments (like those of the Netherlands, Germany, and Thailand), partial MOH operation, comprehensive MOH operation, and the autonomous hospital system. With these options in mind, the MOH has established an independent hospital system for 31 public hospitals nationwide. By implementing a direct budget strategy, quality insurance programs, and streamlining the contractual process with qualified health professionals, the autonomous hospital system for public hospitals is expected to improve the efficiency of their performance in both medical and managerial functions. The Ministry of Health released new laws for independently running public hospitals in 2009 to ensure best practices in hospital management and enhance the standard of care patients get. The gradual privatization of Saudi Arabia's public healthcare system will be aided by providing hospitals with greater autonomy. It offers public hospitals valuable training in fiscal, clinical, and human resource management (Mohamed et al ,2015).

Privatization of public hospitals:

Researchers and policymakers in Saudi Arabia agree that privatizing the country's public hospitals is the best method to improve the country's healthcare system. The government has approved regulations to facilitate the privatization approach it has begun to follow. This means many public hospitals will be leased or sold to private companies in the next few years. The government and the country stand to gain several benefits from hospital privatization. It is



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envisaged that privatization will help the MOH make decisions more quickly, reduce its annual healthcare spending, generate new revenue streams, and ultimately lead to better healthcare services.

However, privatization can potentially disrupt the existing public-private partnership between healthcare providers. When hospitals are privatized, they will compete for patients by providing services to individuals who may not need them. People with health insurance may also avoid using PHC centers and community hospitals to go straight to the major hospitals. Private hospitals will also be incentivized to return non-refundable expenses to public PHC. The government will have to foot the bill for the consequences of such actions (Mansour,2016).

Traditional state/public hospitals must modernize on all levels (including management, infrastructure, and labor) to absorb a sufficient share of the healthcare market compared to private firms. Those living in rural areas will suffer due to privatization since private enterprises will concentrate their efforts in urban and suburban areas. The government is responsible for ensuring that people living in rural areas have access to quality, affordable health care.

Finally, healthcare spending may expand rapidly if the government does not control the healthcare sector properly, leading to rising prices and profit-seeking behavior. (Mansour,2016).

Accessibility to health services:

Equity in access to health professionals, including transportation to services and providers, is essential for ensuring that health care is available to all Americans. The degree of coordination amongst relevant industries also has an impact on accessibility. According to the most recent data from the MOH, medical resources and personnel are unevenly distributed around the country. Many people must wait long periods to receive necessary medical attention. In addition, there is a lack of resources for those who need them the most, such as the old, the young, and those with disabilities or other special requirements. Finally, many individuals, especially those living in border and remote areas, lack access to healthcare facilities.

The Ministry of Health should implement a comprehensive strategy for distributing health care services, including primary health care (PHC) centers, general hospitals, central and specialty hospitals, and health professionals, to increase access to quality healthcare nationwide. To improve services in underserved areas and provide for persons with the greatest needs, the Ministry of Health should coordinate with other sectors like transportation, water and power companies, and social security services (Alfaqeh,2016).



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Promotion and prevention programs for crises:

There is also an urgent requirement for the government of Saudi Arabia to develop and implement effective plans and processes to deal with national disasters like wars, earthquakes, fires, and explosions in petroleum refineries. Between 1995 and 2004, for instance, more than 39,000 individuals died in automobile accidents, and another 295,000 were injured. The World Health Organization (WHO) reports that among Saudi males aged 16 to 36, automobile accidents are now the leading cause of death, injury, and disability. For example, the cost of treating injured persons in 2002 was expected to be SR 652.5 million (US\$ 174 million), taking up a sizable percentage of the MOH budget. The healthcare system and associated services could benefit greatly from these investments. Plans to address such problems must be all-encompassing and well-coordinated throughout the relevant sectors if they are to have any chance of success (Moreno,2020).

New strategy for health care services:

The Ministry of Health in Saudi Arabia (MOH) has established a national strategy for healthcare services to address the current healthcare system's difficulties and enhance the quality of healthcare delivery. The Ministerial Council endorsed this plan in April 2009. It seeks to increase access to health care by ensuring that all areas of the country have access to quality preventative, curative, and rehabilitative services and by diversifying funding sources, creating efficient information systems, and training skilled professionals. In conjunction with other healthcare providers, the Ministry of Health (MOH) will carry out the national strategy for healthcare services under the watchful eye of the Council of Health Services. There is a 20-year window set for this strategy's completion (Moreno,2020).

Conclusion:

Primary, secondary, and tertiary health care in Saudi Arabia have all advanced significantly in recent years thanks to the government's sustained focus and funding. The health of the Saudi people has consequently improved dramatically. The Ministry of Health (MOH) has implemented numerous service improvements, focusing on primary healthcare (PHC).

Despite these advancements, the healthcare industry, particularly the public healthcare industry, faces significant hurdles. Implementing cooperative health insurance, privatizing public hospitals, effectively managing chronic diseases, creating realistic policies for national crises, establishing an efficient national health information system, and introducing e-health are all examples of what can be done to improve health care in the country.



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The Ministry of Health (MOH) and related sectors should work together to implement and ensure the implementation of the new healthcare strategy in Saudi Arabia to solve these difficulties and continue to enhance the condition of the country's healthcare system.

Recent social and economic shifts have increased the need to establish a national health service (NHS) predicated on universal care rather than charging patients upfront costs or requiring employees to carry health insurance. Increases in the proportion of the aged population to the working population entail a reduction in the capacity of insurance systems based on employment to cover the requirements for medical care. They also bring a growing group of vulnerable individuals with significant medical needs but limited financial resources. Another challenge that is difficult to address with any other approach is the expanding population of impaired children and teenagers with major medical requirements. A system not tied to a person's capacity to pay is becoming increasingly relevant for several reasons, including the growing prevalence of social inequality and social exclusion.

The National Health Service (NHS) has been subjected to management by the internal market and a more diverse economy of providers while at the same time receiving more substantial public financing. Individualism in medical care is still supported, despite the prevalence of collectivist principles in modern society. Patients, attorneys, and social organizations are increasingly more likely to challenge the authority of medical professionals; nonetheless, the aspirations of a public health movement are still on the margins. The new investment in the NHS has not reduced health inequalities, as the gaps in infant mortality and life expectancy have continued to increase. This may be the most significant obstacle that will need to be overcome in the twenty-first century to make progress toward addressing the issues of health and health inequalities.

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