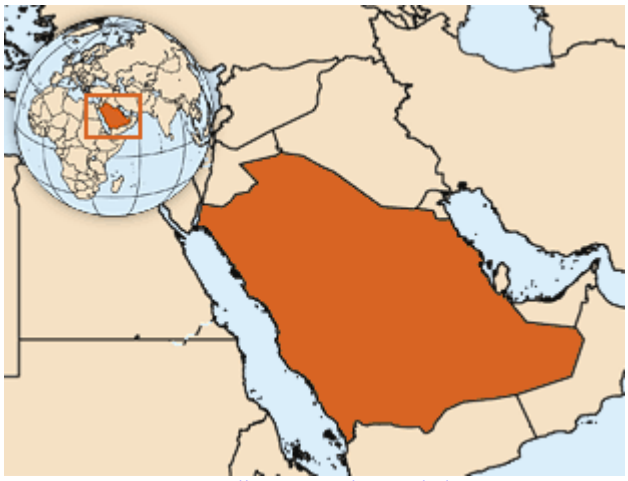
World Health Organization

# Country Cooperation Strategy at a glance

# Saudi Arabia



http:// www.who.int/countries/en/

| | |
|---|---|
| WHO region | Eastern Mediterranean |
| World Bank income group | High-income |
| **Child health** | |
| Infants exclusively breastfed for the first six months of life (%) () | |
| Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015) | 98 |
| **Demographic and socioeconomic statistics** | |
| Life expectancy at birth (years) (2015) | 73.2 (Male)<br>74.5 (Both sexes)<br>76.0 (Female) |
| Population (in thousands) total (2015) | 31540.4 |
| % Population under 15 (2015) | 28.6 |
| % Population over 60 (2015) | 5 |
| Poverty headcount ratio at $1.25 a day (PPP) (% of population) () | |
| Literacy rate among adults aged >= 15 years (%) (2007-2012) | 87 |
| Gender Inequality Index rank (2014) | 56 |
| Human Development Index rank (2014) | 39 |
| **Health systems** | |
| Total expenditure on health as a percentage of gross domestic product (2014) | 4.68 |
| Private expenditure on health as a percentage of total expenditure on health (2014) | 25.48 |
| General government expenditure on health as a percentage of total government expenditure (2014) | 8.21 |
| Physicians density (per 1000 population) (2012) | 2.491 |
| Nursing and midwifery personnel density (per 1000 population) (2012) | 4.867 |
| **Mortality and global health estimates** | |
| Neonatal mortality rate (per 1000 live births) (2015) | 7.9 [4.8-10.9] |
| Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015) | 14.5 [8.7-25.6] |
| Maternal mortality ratio (per 100 000 live births) (2015) | 12 [ 7 - 20] |
| Births attended by skilled health personnel (%) (2013) | 98.0 |
| **Public health and environment** | |
| Population using improved drinking water sources (%) (2015) | 97.0 (Total)<br>97.0 (Rural)<br>97.0 (Urban) |
| Population using improved sanitation facilities (%) (2015) | 100.0 (Urban)<br>100.0 (Rural)<br>100.0 (Total) |

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.cco

## HEALTH SITUATION

The population of the country has increased by 45.8% in the past 25 years, reaching 29.9 million in 2015. It is estimated that 17.5% of the population lives in rural settings (2012), 17.2% of the population is between the ages of 15 and 24 years (2015) and life expectancy at birth is 76 years (2012). The literacy rate for youth (15 to 24 years) is 99.2%, for total adults 94.4% (2013), and for adult females 91.4% (2012).

The burden of disease (2012) attributable to communicable diseases is 12.6%, noncommunicable diseases 78.0% and injuries 9.4%. The share of out-of-pocket expenditure was 19.8% in 2013 and the health workforce density is 26.5 physicians and 53.73 nurses and midwives per 10 000 population (2014).

## HEALTH POLICIES AND SYSTEMS

The National Transformation Program 2020 identifies interventions for health system strengthening, health promotion and control of noncommunicable diseases, control of communicable diseases, health security, and improving partnerships for health development. In addition, the National Transformation Program 2020 aims to improve the planning, production and management of the health workforce. It has also prioritized the growing private sector with a focus on better regulation and public–private sector partnerships. Promoting health in all policies and greater intersectoral collaboration at national and subnational levels have been identified as national priorities for the current planning cycle. Decentralization needs strengthening and the strategy has identified mechanisms for empowering the subnational level. Capacity-building and greater investments are other interventions outlined in the National Transformation Program 2020. The strategy also includes the strengthening of the monitoring and evaluation of national health plans, using a user-friendly set of indicators. The health system is largely funded through the government budget, which is mainly financed by oil revenues. However, due to the drop in oil revenues, there is a risk that the decrease in national revenues will adversely affect national expenditure on health. Identifying alternative sources of funding such as cost-sharing and premium payments or implementation of health insurance is therefore advised. In addition, the private sector needs to introduce some sort of social insurance.

The Ministry of Health provides primary health care services through a network of health care centres, hospitals and primary health care facilities. The network of health infrastructure has improved the access of populations in remote areas to health services and a referral system provides curative care for all members of society from the level of general practitioners and family physicians at centres to advanced specialist curative services in general and specialist hospitals. New national policies and strategies for primary health care have been developed that are patient centred and focus on health promotion and protection, with an emphasis on the social determinants of health. The national agency for accreditation of health care institutions oversees mandatory accreditation of all hospitals and the improved quality and safety of services; this is being extended to primary health care centres. The demands on human resources for health are also immense, with qualified health personnel and others below the standard needed for primary and curative services, including a lack of extensive training programmes for existing personnel. There is a shortage of local health care professionals, such as physicians, nurses and pharmacists, with a high turnover rate, leading to instability in the health workforce. The “Saudization” of the human resources for health needs therefore requires further commitment. There is also a lack of consistency and quality of health care, with suboptimal distribution of health care services and health professionals across geographical areas.

The country is introducing a corporate approach to the health sector by transferring the responsibility for health care provision to a network of public companies that compete both against each other and against the private sector. The country’s National Transformational Plan 2030 is promoting the following: a transition from paper-based to electronic recording systems; revisiting the team composition at primary care level; scaling-up the training and absorption of family physicians; ensuring full integration of noncommunicable diseases into primary care; ensuring state of the art primary health care; introducing competition and results-based financing to incentivize the private sector; earmarking “sin taxes” for health as an alternative to oil revenue; rationalizing resource allocation between hospitals and primary health care centres; institutionalizing monitoring and evaluation; and implementing total quality management tools.

The country has an independent regulatory authority for health products and public health qualified national staff. The government is committed to access to medicines and there is availability of advanced technologies and facilities, as well as the presence of a public medicine information centre. In addition, there is a Gulf Cooperation Council joint procurement system.

The Ministry has invested in an electronic-data capturing system and has established a strong e-health unit to ensure that facilities are linked and the information flow is efficient and timely. The Ministry collects cause-specific mortality from all sectors and produces an annual statistical report. However, the data only comes from the public sector’s tertiary level.

## COOPERATION FOR HEALTH

The Kingdom has provided WHO with humanitarian funds to support its work in different countries (US 48 Million in 2014 for Iraq, US15 million to Yemen in 2015. US $ 10 million to Somalia and US $ 2 million to Syria) and has expressed its willingness to strengthen this cooperation and contribution. The provision of US $ 2 million in support of WHO’s work related to MERS-CoV control activities has also been timely. It is worth noting that Saudi Arabia reported to the Financial tracking of OCHA 482 million USD in humanitarian aid in 2015, 68.6% as response to appeals with the highest % to food (WFA 30%) while health received 12.7%.The United Nations Country Team (UNCT) is represented by the following agencies: UNDP, UNICEF, UNHCR, FAO and WHO, as well as the World Bank/IFC. Non-resident Agencies include ESCWA, UNESCO, ILO, UNEP, UNIDO, UNFPA, OHCHR, OCHA, IAEA, UN Women, UN HABITAT and UNIC. The UNCT members, the Office of the UN Resident Coordinator and the Government, has prepared this UN Common Country Strategic Framework (CCSF) as a basis for increased collaboration, coherence and effectiveness of UN resident and non-resident agency activities in the period 2012-2016.

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# Country Cooperation Strategy *at a glance*

| WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2021) under development | |
|---|---|
| **Strategic Priorities** | **Main Focus Areas for WHO Cooperation** |
| **STRATEGIC PRIORITY 1**: Health systems strengthening | • Stewardship and governance.<br>• Scaling up efforts towards achieving universal and equitable provision of quality health care.<br>• Healthcare financing.<br>• Human resource optimization in health sector.<br>• Public /private sector utilization in health provision.<br>• Strengthening data quality, surveillance and research.<br>• Evaluate performance of existing policies, strategies, plans and programmes; and document best practices. |
| **STRATEGIC PRIORITY 2**: Prevention and control of diseases | • Strengthening health policies particularly in the areas of NCD and RTI prevention as well as the evidence and information need to manage better these programs and relevant, effective interventions.<br>• Strengthen inter-sectoral and multi-stakeholder collaboration to coordinate national prevention and control action for health.<br>• Develop structured communication and advocacy strategies and mechanisms targeting decision makers for policy change and targeting the public for social mobilization and awareness raising.<br>• Continue vigilant surveillance to prevent and control communicable diseases, such as MERS- CoV and during mass gatherings. |
| **STRATEGIC PRIORITY 3**: Contribute to regional and global health agendas | • Continue to support EMR crisis countries such as Iraq, Somalia, Syria, and Yemen in addressing heath issues including disease outbreaks and humanitarian crisis. |

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