New Strategic Initiatives – Case of the Saudi Health Ministry

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Abstract
The Saudi health care system, is currently being transformed from a publicly financed and managed welfare system to that of a market-oriented, employment-based, insurance-driven system. This article studies the health strategies, as well as challenges and future prospects of the Saudi Ministry of Health. It has been observed that there is inadequate coordination between some health industry sectors. There is need for a more extensive and rational health center network with improved information systems and data collection. There appears to be scope for a greater role for the private health sector and increased cooperation between it and the public sector to improve health service delivery. This is necessary if it is to achieve the ambitious goals set by the most recent (Ninth) health development plan.

Key Words: Saudi Ministry of Health, Health care system

Introduction
Health care services in Saudi Arabia have been given a high priority by the government. During the past few decades, health and health services have improved greatly in terms of quantity and quality, as evidenced by the availability of health facilities throughout the Kingdom. The Saudi healthcare sector is structured to provide a basic platform of healthcare services to all, and is primarily managed by the Government through the Ministry of Health (MoH) and a number of semi-government organizations who specifically operate hospitals and medical services for their employees. In addition, the private sector operators are also playing a key role in providing quality healthcare services in the Kingdom. The Saudi Ministry of Health (MoH) provides over 60% of these services while the other government agencies provide 20% and the private sector the remaining 20%. According to the Saudi Arabian General Investment Authority (SAGIA), in 2005 KSA spent US$ 13 Billion on health care, 25 percent of which was supplied by...
the private sector. Public healthcare spending saw a compound annual growth rate of 7.2 percent between 1999 and 2005. It is expected to reach US$20 Billion by 2016. According to the World Health Report (2000) of the World Health Organization (WHO), the Saudi health care system is ranked 26th among 190 countries in terms of the overall health system performance, and is well ahead of many advanced countries. The sound economic policies and well-established industrial infrastructural base has also helped in raising the Saudi per capita income.

Overall Strategy of the Ministry of Health

Saudi Arabia is the region’s largest healthcare provider. While the Saudi Ministry of Health (MoH) continues to be the main financier for this sector, it is clearly realized that public funds alone will be insufficient to meet the increasing health care needs of the Kingdom's rising population. The Ministry of Health has developed its strategy, taking into consideration all the factors that would help achieve its national health goals. This includes its responsibility of oversight and supervision of private sector facilities, as well as the development of legislation, rules and regulations for the provision of healthcare services to the citizens and residents of the Kingdom of Saudi Arabia. This strategy comes in response to a series of major challenges facing the healthcare sector in Saudi Arabia. There is a huge new level of awareness among service recipients due to their health education, and consequently a high level of expectation of better health services that can be accessed easily in accordance with high quality standards. Through the current strategic plan, the Ministry of Health has implemented modern methodologies in providing a patient-centered health care system aiming to meet patients’ health needs in the right place at the right time. This covers everything starting from primary health care to specialized therapeutic services in a professional manner, preserving all patients’ rights, such as the right to know about their condition etc.

In addition to providing medical services free of charge to all Saudi nationals, the Ministry of Health offers free health services to almost 10 million pilgrims and visitors during Haj and other seasons via a network of specialized hospitals and health centers. The Ministry of Health strategy has adopted the integrated and comprehensive health care approach as a method of providing services, and implemented it through the MoH’s Integrated and Comprehensive National Healthcare Project. The MoH strategy includes other important aspects, such as health insurance. It also includes the need to conduct studies on MoH hospitals in the future in terms of privatization, and adoption of the best management and operation practices. The advancement in health services, combined with other factors such as improved and more accessible public education, increased health awareness among the community and better life conditions, have contributed to the significant improvements in health indicators mentioned earlier. The Integrated and Comprehensive Health Care Plan considers the provision of medical services to all regions equally, based on recognized international standards. The strategy includes the establishment of hospitals, primary health care centers and specialty centers to achieve the MoH’s objective, including advanced surgery procedures. This will improve accessibility of health care services as most can be provided close to the patient’s home except in complex and rare cases (e.g., organ transplantation heart surgeries and cancer) which will be provided by one of the five major medical cities, currently under development. Primary health care remains the foundation of the Saudi health care system, enabling the Ministry to deliver
health care services including vaccinations, common procedures, and mother-and-child services to citizens anywhere in the Kingdom. Besides clearly identifying the services to be provided, the strategy defines standardized criteria for recruitment and retention of the health workforce (i.e., doctors, pharmacists, nurses, technicians and administrative staff). The Ministry has set a clear strategy for establishing new hospitals and increasing the capacity of each medical specialty to meet the growing needs of the population. In order to take appropriate action, the Ministry has put into place the basic foundations of institutional work by forming Executive Boards and other organizational criteria for better decision making, to ensure that high-quality medical services are provided. A series of development plans in Saudi Arabia have established the infra-structure for the expansion of curative services all over the country.

Review of Specific Strategic Initiatives taken by the Saudi Ministry of Health
The following are some of the recent strategic initiatives taken by the MoH.

3.1 Administrative Improvement Projects
Completion of Ten-Year Development Strategy of the Ministry for the years (2010 – 2020), development of the Integrated and Comprehensive Health Care Plan, reconstruction of financial and administrative procedures in the MoH and its directorates, introducing institutional work to the MoH and establishing an Executive Board with five committees, establishment of the Board of Medical Cities, development of Leadership Training Programs, development of the Medical Referral Program, preparation of a Medication Guide to be the standard guide for all doctors in writing prescriptions, establishment of Emergency Call Center at the MoH, establishment of a committee to review physicians’ certifications, electronic program to detect serious medical errors in hospitals, clinical review program to monitor causes of death resulting from surgeries and other activities inside hospitals, doctors’ performance and productivity programs, bed management program to monitor the turnover of a bed in MoH hospitals in order to increase bed-use efficiency. The turnover of beds in the Ministry has increased in the last four years by 20%, thereby serving a larger number of patients per facility overall.

3.2 Medical Improvement Projects
‘One-Day’ Surgery Program, which has improved the percentage of one-day surgeries from 2% (2010) to 46% (2013) in most of the Ministry’s hospitals thus leading to optimization of the waiting times for patients to receive needed surgeries, medical risks program wherein one specialized doctor in each hospital is trained to examine study and learn from any potential medical risk to patients, medication safety program wherein one specialized pharmacist in each hospital is trained to follow-up on the application of the Medication Safety Guide and to educate doctors and nurses about the optimal methods for prescribing medicines, introduction of the Australian Medical Coding System (ICD10) to the medical records of MoH to facilitate registration and codification of diseases, improving Medical Files Program in preparation for their automation, productivity improvement program in hospital operating rooms, medical performance improvement program in the newborn ICU departments, performance improvement in Children’s ICU Program, performance improvement program in the emergency rooms, patient relations program including measurement of patient’s satisfaction concerning the services provided to them, completion of Medical Staff By-Law, and the Policies and
Procedures Guide training program for emergency attendants (paramedics), to raise their clinical capabilities. Domestic medicine program where all requirements for serving patients' needs in their homes are provided, purchasing Services Program wherein any patient who is unable to be allocated a bed at a MoH hospital will be referred to a private sector hospital, Hospital Accreditation Program wherein 90 hospitals were subjected to the national accreditation process by the Central Board for Accreditation of Health Care Institutions (CBAHI), International Accreditation Program wherein 15 hospitals succeeded in obtaining the accreditation of the American Hospital Authority, Health Care Centers Accreditation Program wherein 100 Health Care Centers throughout the Kingdom are currently under accreditation assessment by the CBAHI, Regional Laboratories Accreditation Program wherein 7 Regional Laboratories are under accreditation assessment by the CBAHI, Establishment of Skills Training Centers for all health care employees in the MoH to advance their practical and scientific abilities.

3.3 Preventive Care and Health Promotion
A “Public Health Agency” has been established. It is entrusted with health maintenance responsibilities through multiple programs which are as follows:
- Establishment of Disease Control Center
- Preparation of National Health Survey
- Supporting Preventive Health Care
- Anti-Smoking
- Food and Chemical Safety
- Healthy Cities
- Radiation Protection
- Medical Waste
- Occupational Health
- Environmental Health
- Healthy Marriage
- Diabetes Prevention
- Prevention of Heart and Blood Vessels’ Diseases
- Prevention of Accidents and Injuries
- Controlling Hepatitis
- Controlling Meningitis
- Controlling AIDS and Sexually Transmitted Diseases
- Controlling Diseases Common between Humans and Animals
- TB Controlling
- Polio Eradication
- Malaria Eradication
- Expanded Immunization
- Immunization Coverage
- Measles Elimination
- Neonatal Tetanus Elimination
- Monitoring Risk Factors Program of Non-Communicable Diseases
- Epidemiological Surveillance of Vaccine-targeted Diseases
- Epidemiological Surveillance for Borders of the Kingdom
- Migrant Workers
- Development of Early Detection of Diseases
- Early Screening for Newborns
- Controlling Cancer
- Early Detection of Breast Cancer

3.4 Information and Communications Technology Projects
Health Information System (HIS) for hospitals: Creating electronic files for patients, providing all MoH hospitals with electronic health systems, connecting all hospital systems, using technologies of cloud computing, improvement of the Kingdom’s capabilities in conducting vital semi-direct surveillance, analysis of the necessary information for management of infectious diseases, statistics monitoring and data representation through early diagnosis, monitoring the arrival of pilgrims and vaccines given to each pilgrim in their country and required medication, using the electronic fingerprints to document information, implementation of a “statistical system” program to examine the workflow in the hospitals of Holy Sites eg. entering data of reviewers, patients admitted to hospitals and health centers in the regions of Makkah and Al Madinah during Hajj season and Umrah, executing the program of statistical systems during Hajj season, processing, analyzing and presenting data to be used in planning and decision-making.
Unified Portal for Health Services: The Unified Portal for Health Services was launched to include all the programs and e-services adopted by MOH hospitals, health centers, as well as other sectors and facilities.

Electronic Referral Program: Implementation of a KSA-wide system to allow patient referrals from one health care provider/facility to another, including the ability to electronically transfer patient-specific data (in either a structured or non-structured fashion) or pointers to e-Health accessible data, including patient diagnosis and treatment, referral notes, medication list, laboratory test results, radiology reports, digital images, audio and video files. This solution will have the ability to integrate with facility/bed/provider specialty availability information, to enable optimal searching of best-fit resource utilization.

Newborn Registration Project: The project aims to link 250 hospitals to record and exchange infant data with the National Information Center (NIC).

Bed Management System: Project to support Kingdom-wide hospital bed management program, including automated interfaces with HIS systems, and centralized query capabilities for HQ and Regional administrators, as well as operational support to hospital and PHC practitioners providing patient support and referrals. This project will help to: - Support full inpatient bed management cycle - Interface with multiple systems, including registries, HIS and communication systems - Generate messages to hospital housekeeping and other hospital departments to inform of status - full reporting and analytical capability.

e-Readiness Assessment Project: ICT-MoH is executing a number of projects as a part of the e-health program that will be implemented throughout the Kingdom. The MoH e-Readiness Assessment project is considered a major milestone in this program of which it aims at providing comprehensive data gathering regarding the IT infrastructure in hospitals, warehouses, and directorates. The data resulting from this project will be used by ICT-MoH to assess the readiness of MoH facilities for the e-health program through comparisons between actual status and MoH strategy.

Performance Management System: Implement a Ministry-wide Key Performance Indicator (KPI) database, which captures financial performance data. Design a Business Intelligence (BI) system that helps MoH in taking the right decisions.

Citizens’ Voice: Citizens’ Voice System aims to connect the feedback of citizens and residents directly to the Ministry of Health through MOH portal.

KSA e-Health Standards: Establishing and setting-up e-Health Interoperability Standards Roadmap and supporting Policies which will ensure the continuous alignment, communication, maintenance of current and evolving portfolio of e-Health strategy initiatives. Setting-up e-Health Interoperability Standards includes establishing the functional capability for MoH to maintain and develop them in addition to certifying approved systems through testing laboratories prepared specially for that purpose.

Conclusion
Population growth is the main driver of health care demand in the Kingdom. The Kingdom will continue to witness a high rate of population growth across all age groups, due in part to those entering marriageable age (20-29 years). In addition, the number of Saudis past retirement age (60+ years) will also grow, as Saudis live longer lives. This will lead to an increase in demand for high-cost medical care necessary to treat more serious diseases, typically faced by older patients. Non-communicable diseases (NCDs) -- known as lifestyle diseases -- are increasing at
an alarming rate in Saudi Arabia as a result of increasing prosperity and the socio-economic transformation. The epidemiological profile of the Kingdom includes high incidences of obesity, hypertension and diabetes mellitus, particularly Type-2. The latter has been the leading cause of cardiovascular disease, kidney failures and amputations. The complications caused by these diseases will increase long-term costs, further burdening an already over-stretched health care system. According to WHO studies, by 2015, the Kingdom's population will reach an estimated 31.69 million. The growth rate for Saudi nationals will continue to rise, while the proportion of expatriates will increase at a decelerating rate, thereby slightly decreasing relative to previous influxes spurred by economic booms. The 9th Development Plan (2010-2014) as set forth by the Ministry of Planning (MoP) targets a hospital beds-to-population ratio of 3.50 beds per 1000 population by 2014. To achieve this ratio by 2014, it will require the health care industry to add 41,603 beds between the public and private sectors, to reach a total of 97,535 beds, from the current level of 55,932 beds. Among the challenges facing the sector include the highly capital-intensive nature of the industry acting as a barrier to entry, the lack of sufficient domestic talent, large reliance on foreign labor, and the rising cost of medical care. It is hoped that the Saudi Ministry of Health will be able to overcome all these challenges with pragmatic and prudent strategic initiatives.

References


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