

The State of Primary Health-care Policies and Interventions in KSA in Promoting Population Health

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Abstract

This paper aims to explore primary health-care clinics in Saudi Arabia with a focus on patient behavior and adopting a healthy lifestyle. This is important, as the Saudi Health Information Survey shows an increased demand for health-care services due to the population growth rate in Saudi Arabia, as well as the impact of lifestyle diseases on the goals of the Ministry of Health and Vision 2030.

Key words: Behavior, health Information, lifestyle, primary healthcare, Saudi Arabia, vision 2030

BACKGROUND AND RATIONALE

In 2016, the Kingdom of Saudi Arabia announced the revision plan for the country named Vision 2030, where it set new goals for the country to reduce its dependency on oil and to give better services to its citizens. One of the goals of the Ministry of Health^[1] is to promote the prevention of health risks by focusing on improving preventive and therapeutic healthcare services. To do, that it is very important to understand the factors that help people adopt a healthy lifestyle and what might motivate them to exercise and eat healthily. The population statistics indicate an increase in non-communicable diseases and obesity among Saudi citizens, especially among the younger generation. This fact lays heavy pressure on the medical service industry and impacts the Ministry of Health's decision-making. As it is known that the primary care centers are the first connection between the Ministry of Health and the population, it is very important to apply motivational concepts and solutions to promote healthy lifestyles and achieve one of the ministry's highlighted goals.^[1]

Saudi Arabia is located in Western Asia, it spans the vast majority of the Arabian Peninsula, with an area of approximately 2,150,000 km² (830,000 mile²). It is the largest country in the Middle East and the second-largest country in the Arab world. It is bordered by the Red Sea to the West, Arabian Gulf, Qatar,

Bahrain, and the United Arab Emirates to the East, Jordan, and Iraq to the north, Kuwait to the northeast, Oman to the southeast, and Yemen to the south [Figure 1].^[2]

The culture and traditions are primarily derived from Arab customs. In Saudi Arabia, the ministry of health has a significant impact on how people and patients are treated. The Sharia, the country law, which rules the kingdom, is based on the values of equity, consultation, and equality. As a result, the great impact of the religion and Arab culture permeates not just the health-care service but also organizational culture in general.^[3] According to Asmri *et al.* (2020), the structure and functioning of the healthcare organizations, including PHC, are strongly influenced by the society's norms and traditions.^[4]

Demographic and economic impacts

Statistics show that the population of Saudi Arabia lies at around 35 million individuals, with an average life expectancy of 73.9 for men and 76.8 for women in 2020.^[5] By 2050, the average life expectancy is anticipated to increase to 78.4 for men and 81.3 for women. Furthermore, the life expectancy for citizens aged 40–59 is expected to increase by almost 50% and to increase by almost 300% for those

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Figure 1: Map of Saudi Arabia

over 60. This data shows that the demand for health care is going to increase due to diseases caused by unhealthy lifestyles and non-communicable diseases (2020).^[5] A report from a household survey by the General Authority for statistics conducted in 2018 reported a definite increase in non-communicable diseases and chronic diseases (2021). The World Health Organization (WHO) estimated that non-communicable diseases are responsible for the deaths of over 41 million people each year, equivalent to 71% of all deaths globally. Most of these deaths are caused by cardiovascular diseases, which kill 17.9 million people annually, followed by cancer (9.3 million), respiratory diseases (4.1 million), and diabetes (1.5 million).^[6] National statistics retrieved from the Saudi Arabian government report the same statistics for common diseases that lead to death in the Kingdom. According to Tyrovolas *et al.* (2020), the main causes of death were reported to be ischemic heart disease, stroke, and road injuries. Depression was the leading cause of disability in females, and road injuries were the leading cause in males. High body mass index (BMI) has been reported to be a major risk factor for disease burden among the Saudi population.^[7]

The common factor observed is the increasing rates of obesity among the population. According to Rahman, “The country’s obesity prevalence rate among adults was 35.4% in 2016, also one of the highest in the Middle East and North Africa region” (2020).^[8] This increase in lifestyle diseases and obesity among the population has put pressure on the health service industry. This is why Al-Saffer *et al.* strongly call on the Authorities in KSA to strengthen primary and preventive care measures to achieve a healthier population.^[9] Other factors contributing to increased demand for better health-care services and high quality are the Westernization of society over the past few decades, as well higher levels

of education among the population, health literacy, public pressure, awareness about better services and higher quality, rising costs, effectiveness, and efficiency.^[8,10]

SAUDI HEALTH-CARE SYSTEM

The health-care system in Saudi Arabia can be classified as a national health-care system. The Saudi constitution in Article 31 states “The state is concerned with public health, health care for every citizen which elucidates health care as a fundamental right to all.” This means that the government provides free health-care services to all citizens. The public health system and the Ministry of Health (MOH) were established in 1925 and 1949, respectively, to provide free health services to its citizens. The Kingdom has followed welfare policy and provided universal health coverage.^[8] The Ministry of Health is the main government agency that is responsible for managing, planning, financing, and regulating the health-care sector. Under its supervision, several semi-independent bodies, such as the private sector and non-governmental voluntary organizations, also provide health-care services in addition to government sectors. According to Asmri *et al.* (2020), “The MoH provides 60% while the private sector and the other governmental health sector provide the remaining health-care services, 23% and 17% of health services, respectively.”^[4] The governmental sector provides its care through a large network of primary care centers, these primary health centers are the first level of health-care services and manage the basic care for all community members.^[11] It also transfers complicated health cases to general and specialist hospitals. Government agencies also include providers such as the Ministry of Defense and Aviation, Ministry of Interior, and Saudi National Guard that deliver primary, secondary, and tertiary care to ancillary staff and certain populations. With autonomous government agencies such as the Ministry of Education and Ministry of Labor, as well as Social Affairs managing and financing health-care services to students and special populations. Other governmental entities provide a certain amount of medical care to their employees and their families, for example, the General Organization for Social Insurance and General Presidency of Youth Welfare provides health services for certain categories of the population in connection with its management of sports facilities. The Royal Commission for Jubail and Yanbu provides health facilities for employees and residents in the two industrial cities (Jubail and Yanbu). The Kingdom’s universities provide, through medical colleges or hospitals, specialist curative services, and medical education and training programs, while they also conduct health research in collaboration with other research centers.^[12]

Primary health care in Saudi Arabia

The Ministry of Health has integrated both preventive and basic curative health-care services corresponding to the

Alma-Ata declaration at the WHO General Assembly in 1978 and the Astana Declaration of 2018, which has a universal endorsement by all WHO Members.^[4] In both declarations, primary healthcare is an essential component of promoting health and health outcomes and is seen as a foundation of an effective and responsive health-care system.^[9] The Ministry of Health has committed to developing its PHC services so that most of its principles place significant importance on primary healthcare. They adapted the primary health-care approach as the main strategy to achieve a healthy society. Therefore, in 1980, a ministerial decree was issued to establish PHC centers across the kingdom. The first initiative was to build and establish a suitable facility that was appropriate for health-care services. The existing facilities such as former health offices, maternal and child health centers, and dispensaries were integrated into one unit. Health posts in small and rural districts were upgraded to PHC centers.^[2,13] The main focus has aimed to implement eight main elements of the primary health-care approach: educating the population about prevailing health problems and the methods of prevention and control; delivery of a suitable supply of safe water and basic sanitation; promotion of proper nutrition; provision of comprehensive maternal and child health care; immunization of children against major diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; provision of essential drugs; and dental care services.^[2,4]

The network of primary health-care centers (PHCCs) in Saudi Arabia is “considered the first line of interaction between the patient and the health-care system.”^[4,9] According to the open data from the Ministry of Health, 2390 primary health-care centers in the kingdom are distributed throughout the kingdom, as shown in Figure 2.^[1]

According to a recently published study by Asmri *et al.*, the PHC services have witnessed major improvements during the past four decades resulting in better health outcomes with lowered infant mortality rate, a lowered incidence of communicable diseases rate, and an increase in average life expectancy. This improvement has placed the kingdom among the best care provider countries.^[4] Furthermore, the World Health Organization (WHO) report revealed that

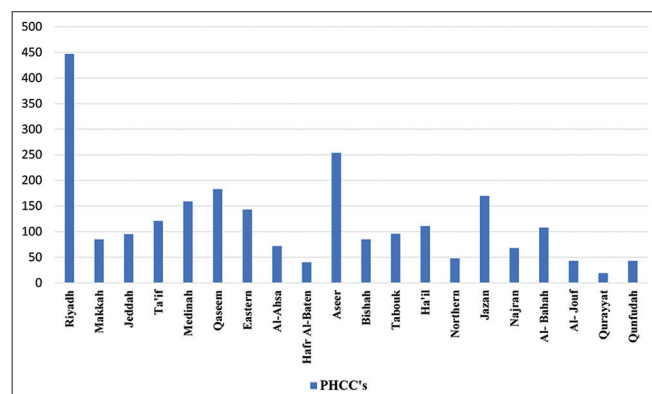


Figure 2: Primary Health-care Center in Saudi Arabia

the Saudi health-care system is ranked 26th among 190 of the world's health systems. It comes before many other international health-care systems such as Canada (ranked 30), Australia, New Zealand, and other systems in the region such as the United Arab Emirates, Qatar, and Kuwait.^[12] The implementation of health-care centers across the kingdom helped to increase many basic health-care provisions such as prenatal care and vaccination programs; yet, it still faces many challenges regarding non-communicable diseases and diseases associated with obesity, such as diabetes, high blood pressure, and cardiovascular diseases that are caused by the changes in habits and trends in society.^[14] Other challenges include patterns of disease, workforce, information systems, financial support, and accessibility.^[4] Khashan *et al.* found that primary health-care infrastructure has another kind of challenge that “includes sustainability of funding to meet the requirements for e-health, maintenance, and replacement of substandard PHC facilities.”^[14] Geographical issues are a result of the vast distances between the cities, which hinders the timely supply of drugs and medicines and impedes the supervision of health centers and outreach to remote communities.^[14]

The descriptive statistic conducted in 2017 on the infrastructure per administrative region by Al-Saffer *et al.* (2020) showed a rate of 0.74 PHCCs/10,000 Saudis, that rate is not accounting for rural and urban population levels.^[9] There is a significant variation between rural and urban areas, where rural areas have more facilities (56%). Going back to the table,^[1] the Riyadh region has the highest number of PHCCs (447), followed by Aseer (254) and the Qassem (183).^[9] Yet, all these centers are available today the primary health-care face other challenges these challenges summarized by Asmri *et al.* (2020) include increased demand from rapid population growth, high cost of health-care services, inequitable access, concerns regarding the quality and safety of care, a growing burden of chronic diseases, less effective electronic health system (eHealth), poor cooperation and coordination between other sectors of care, and a highly centralized structure.^[4] The increased demand for healthcare services is affected by the fast-growing population. The growth rate is high among the Gulf Cooperation Council countries, where it is estimated that the population is to reach 35 million people by 2025, and 60% of the population will be 35 years or younger. Bill and Melinda Gates Foundation report (2020).^[15] This increase in population will impact the cost of health services and the quality and safety of care. It is also noted that the younger Saudi generation tends to be obese and inactive, and mostly adhere to unhealthy dietary patterns, while older Saudis are at high risk of diabetes, abnormal arterial pressure, and musculoskeletal disorders.^[15] Recent data from the Saudi Health Information Survey (SHIS) show high rates of diabetes, 14.8% for males and 11.7% for females. The prevalence of diabetes was 19.9%, almost double among those who were obese in comparison to non-obese. There is a crucial need for the development of PHC services directed to patients with chronic diseases and people who are at higher risk.^[4]

“The Saudi Health Interview Survey” has reported a high number of nutrition-related and lifestyle-related risk factors such as obesity, hypertension, and diabetes. Substantial increases in the burden attributable to risk factors have been reported, specifically among the young Saudi generation (aged 15–24 years). The changes in demographics among the Saudi community are increasing; therefore, the geriatric age group is becoming an important section of the population. This means that their health needs must be considered and satisfied.^[11]

Most research shows that Saudi citizens do not seek preventive health examinations and seek health services only for treatment. This fact increases the risk of prevalence factors. All these factors contribute to the need to develop cost-effective primary care intervention at a community level to reduce the dangers of non-communicable diseases and must be supported by a strong health surveillance system.

VISION 2030

In 2016, crown prince Mohammed bin Salman announced the strategic reform called Vision 2030. The reform aimed to reduce the country’s dependency on oil and diversify the economy of the kingdom. Furthermore, it is meant to develop public services in education, healthcare, tourism, and so on.^[4,11,14] The Ministry of Health has implemented several initiatives including the strategic plan for Ministry of Health 2010–2020 that point to three major objectives to encounter these previously stated challenges.

- Ease of access to health services,
- Improve quality and efficiency of health-care services,
- Promote prevention against health risks focusing on improving preventive and therapeutic health-care services.^[4]

The main aim of the health reform is to adhere to international standards, gain the people’s trust, and respond to the growing prevalence of non-communicable diseases.^[16] According to Al-Saffer *et al.* 2021,^[9] the Ministry of Health has “started shifting focus and investment from secondary and tertiary health-care facilities toward reforming and restructuring primary healthcare, aiming to realize these goals.” Morbidity patterns in the Saudi community need to change, and these changes won’t happen if the same unhealthy lifestyle is maintained among the citizens. This requires an emphasis on balanced nutrition, extensive application of health education, implementation of health insurance policy, encouragement of communities to seek regular checkups, and rehabilitation and training of health workers in the PHC centers to allow them to be able to resolve current methods of health-care provision.^[11] According to Al Khashan *et al.*, a review in 2019 indicated “an increase of 37.5% in the rate of PHC visits and 4.7% increase in patient satisfaction, enhanced coverage of rural communities (from 78% to 83%), and contributed to increasing the screening rate for

prevalent chronic diseases.^[14] This report showed significant results to some of the issues that have been discussed earlier; yet, the cultural habits and lifestyle behavior need to be tackled and it is estimated to take up to 5–7 years to change. Other challenges, such as human resource issues and communication and collaboration between stakeholders as well as primary health-care infrastructure, have been steadily progressing to achieve vision 2030 goals.^[14]

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CONCLUSION

The primary health-care facilities are essential since the Saudi Health Information Survey (SHIS) shows a rising need for health-care services as a result of Saudi Arabia’s population growth rate, as well as the influence of lifestyle disorders on the Ministry of Health’s aims and Vision 2030.

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