

## Saudi Arabia



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Saudi Arabia is a vast country, covering an area of 2.25 million km<sup>2</sup>. The country is hot and dry. Saudi Arabia has the largest reserves of petroleum in the world, and is the largest exporter. The country has witnessed a massive improvement in socioeconomic development in the past 30 years, with startling progress having been made in health, education, housing and the environment. There is now an extensive network of modern roads, highways, airports, seaports, power, desalination plants and huge industrial complexes. The industrial sector is the dominant source of wealth, creating 51% of GDP with most of this from oil and gas mining; the service sector accounts for 43% of GDP and agriculture for 5%. Average household income grew rapidly between 1970 and 1990 as the benefits of the oil industry were widely spread by the Government across the Saudi population.

### HEALTH & DEVELOPMENT

- **Burden of diseases:** The burden of disease is markedly reduced but there is a sharp increase in noncommunicable diseases, in particular cardiovascular disease and diabetes. Deaths from road traffic accidents are now the largest cause of death in adult males aged 16 to 36 years.
- **Primary Health Care (PHC) services and referral secondary care are available to all people:** But most services stem from vertical programmes. Efforts underway to provide family practioner services at the PHC level. Also, as hospitals consume 60% of the Ministry of Health budget, there are moves to give hospitals independence and guide the role of the Ministry of Health towards policy setting, purchasing equipments, monitoring and evaluation.
- **Majority of health personnel are expatriates:** 61% of health force are expatriates; the rapid turn over of foreign workforce causes instability. The Government has plans to increase the Saudi nationals' staff. The priorities are: developing the teaching staff, health administrators, management, health insurance administration, quality assurance and nursing administration.
- **A comprehensive health information strategy is needed.** Current health information system is heavily focused on activity data. The development of systems and the burden of disease studies for evidenced based planning and management of the health sector are vital. A comprehensive health information strategy should expand on a new information system that will link all PHC centers with the Ministry of Health.
- **A robust Healthy Cities Programme is sponsored.** A comprehensive programme covering; environmental health (food and water safety and chemical and radiation safety), healthy cities and occupational health is sponsored by the Ministry of Health. The Healthy Cities project extends to 20 cities focusing on health in schools, the workplace, environment, physical activity and women's participation.

Total population (2005) <sup>1</sup>	22 670 000
% population under 15 (2005) <sup>1</sup>	36
Population distribution: % rural (2005) <sup>1</sup>	15
Life expectancy at birth in years (2004) <sup>1</sup>	73.6
Under 5 mortality rate per 1000 live births (2003) <sup>1</sup>	22.4
Maternal mortality ratio per 100 000 live births (2003) <sup>1</sup>	12
Total expenditure on health as % of GDP (2003) <sup>1</sup>	4.0
General government expenditure on health as % of general government expenditure (2003) <sup>1</sup>	9.4
Human Development Index Rank, out of 177 countries (2004) <sup>2</sup>	76
Adult male (15+) literacy rate (%) (2004) <sup>1</sup>	87.1
Adult female (15+) literacy rate (%) (2004) <sup>1</sup>	69.3

#### References:

<sup>1</sup> *The Work of WHO in the Eastern Mediterranean Region – Annual Report of the Regional Director*, Cairo, EMRO, 2006

<sup>2</sup> *Human Development Report*, New York, UNDP, 2006.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• The health of individuals, family and community are covered by Article 31 the Basic Governance System and approved by a royal decree.</li> <li>• Rapid development and economic prosperity of the country.</li> <li>• Realization among decision makers for updating of health system.</li> <li>• An active health city and environmental health and school programme, offering unique opportunity for effective health promotion.</li> </ul>	<ul style="list-style-type: none"> <li>• It is difficult to continue funding the health service through the public sector and health financing is a central challenge facing the Ministry of Health.</li> <li>• The traditional health system is failing to meet emerging needs. The tendency is to separate financing, provision, control and supervision of health care delivery.</li> <li>• Four-fifths of doctors and nurses and half of the technicians are non-Saudis.</li> <li>• Establishment of an efficient national health information system (NHIS).</li> <li>• An alarming increase in diabetes, hypertension, cancer and road traffic accidents.</li> <li>• Strengthening and implementing health promotion, environmental health and healthy cities, schools, workplaces, and homes.</li> </ul>

## PARTNERS

The UNDP provides technical support to Saudi Arabia and is the main link for Saudi Arabia support to other needy countries in the Region through the UN agencies. The WHO also plays such a role in respect of the health. UNDP and WHO have an excellent relationship, and have recently collaborated with UNAIDS on HIV/AIDs. The UN system also collaborates with the Government on monitoring the Millennium Development Goals (MDGs). The other partners are; Executive Board of the Health Ministers' Council for Gulf Cooperation Council states, The Arab Red Crescent Organization and AGFUND.

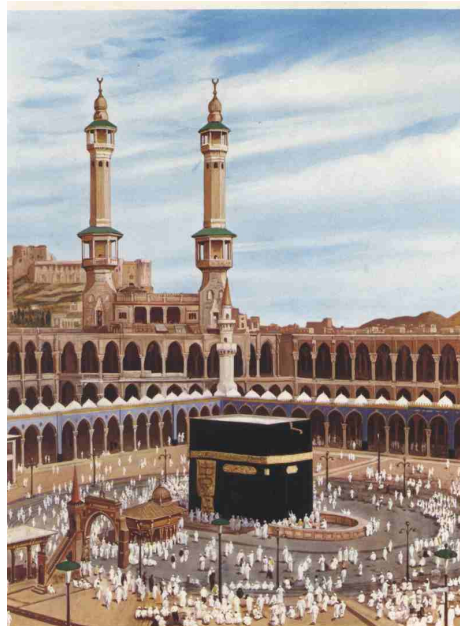
There are also many national nongovernmental organizations (NGOs) and foundations that support health and socially related activities and programmes. Also many religious charity organizations contribute huge sums for social causes.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• The existence of the Executive Board of the Health Ministers' Council for Gulf Cooperation Council states, The Arab Red Crescent Organization and AGFUND in Riyadh assist in Saudi Arabia helping other Arab and developing countries in need</li> <li>• The existence of many NGOs and private foundation supporting health.</li> </ul>	<ul style="list-style-type: none"> <li>• To promote the health priorities and coordinate and mobilize support from private foundations for health and environment.</li> </ul>

## WHO STRATEGIC AGENDA (2006-2011)

The agenda for WHO technical cooperation with Saudi Arabia for the period 2006–2011 will be based on the following strategic directions:

- **Supporting the strengthening of national health systems** including; capacity building at central and regional levels (e.g. hospital autonomy, regulation capacities, quality assurance) in the Ministry of Health, development of the national health accounts and health financial options as well as building up of national human resources for the management and delivery of health services.
- **Strengthening the development of coherent and effective health care delivery systems:** the primary health, cross-sectoral collaboration in health (e.g. across ministries and with the private sector), in particular with the Ministry of Education and the environmental health sector.
- **Supporting the Ministry of Health in developing cross-sectoral collaboration in health** (e.g. across ministries and with the private sector), in particular with the Ministry of Developing national capacities for collection, analysis, exchange and utilization health information including; development of networks, development of a health system observatory, burden of disease studies and strengthening the Ministry of Health capacity for evidence-based decision-making.
- **Prevention and control of communicable and noncommunicable diseases.**



## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/sau/en/>

EMRO country profile page <http://www.emro.who.int/emrinfo/index.asp?Ctr=saa>

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