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Kingdom of Saudi Arabia  
Ministry of Health

# The Integrated Healthcare Project: Towards a Whole-Systems Reform

## Reviewers' Comments

### Part 1

#### Reviewers

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Riyadh, September 2009

# Executive Summary

Over the past thirty years the performance of the Saudi health system in the economic and social development context is quite remarkable. Most health outcomes are average, or slightly lower than those in countries with a similar economic level and the GCC. However, population growth, medical advances, the increasing burden of non-communicable diseases and rising public expectations are some of the major drivers for change to modernize and develop a health system fit for purpose in the 21st Century.

The international team working with the national team and Ministry of Health, guided by His Excellency the Minister of Health, over a period of one week have reviewed the MOH proposals for fully integrated healthcare in the Kingdom of Saudi Arabia. These proposals are a good attempt to address the current challenges facing the Saudi health care delivery system. These challenges are part and parcel of the many underlying demographic, epidemiological, technological and economic trends happening in the Kingdom and more will circumscribe the future of the Saudi health system. These challenges provide great opportunities for change to modernize and strengthen the health system and enhance the accessibility, performance, and quality of the services to improve the health of the population.

Using system diagnostic tools, we have identified various gaps, inefficiencies, and challenges. Proposals at both strategic and operational levels were suggested by the external reviewers and the national team. These include strategic proposals for public health, primary care, hospital care and emergency medical services. Based on evidence these proposals require both structural as well as functional changes to modernize the Saudi Health System and the way services are delivered. Furthermore, enablers were also identified to ensure sustainable finance, relevant and needed human resources, regulation and accreditation of both professionals and providers.

This report emphasised much needed operational planning to translate strategy into action. The report also emphasises the need to review Ministry of Health functions, addressing the multiplicity of publically funded providers with any coordination, private insurers, and regulation of the health economy.

Currently, the health system in Saudi Arabia is inefficient and unsustainable. Financial enhancement alone will not solve these problems. Without comprehensive and dynamic action as identified in this report, the vision for better health in the Kingdom will not be achieved. These proposals, designed to develop a strong and sustainable integrated health system fit for purpose, aims to secure today and tomorrow the health of the population in the Kingdom.

Riyadh

09.09.09

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## Acronyms and Abbreviations used in this Report:

A & E	Accident and Emergency Department
CME	Continuous Medical Education
CMO	Chief Medical Officer
CoE	Centre of Excellence
CPD	Continuous Professional Development
DPH	Director of Public Health
EMR	Eastern Mediterranean Region
GCC	Gulf Corporation Council
GDP	Gross Domestic Product
GMC	General Medical Council
GOSI	General Organisation for Social Insurance
HC	Health Care
HRD	Human Resource Development
HS	Health System
ICL	Imperial College London
IMR	Infant Mortality Rate
KSA	Kingdom of Saudi Arabia
MMR	Maternal Mortality Rate
MoDA	Ministry of Defence and Aviation
MoE	Ministry of Education
MoHE	Ministry of Higher Education
MoI	Ministry of Interior
<5 MR	Under Five Mortality Rate
MOH	Ministry of Health
MVS	Minimum Viable Size
NCD	Non-Communicable Disease
NG	National Guard
NGO	Non-Governmental Organisations
NHS	National Health Service
PC	Primary Care
PHC	Primary Health Care
THE	Total Health Expenditure
WHO	World Health Organisation

## 1. Introduction:

1.1 This study and its proposals is a solid attempt to address the current challenges facing the Saudi health system (the health care delivery). These challenges are part and parcel of the many underlying demographic, epidemiological, technological and economic trends which happening in the Kingdom and more will circumscribe the future of the Saudi health system. Indeed, these challenges provide great opportunities for change – to modernize and strengthen the health system and enhance the accessibility, performance, and quality of the services to improve the health of the population.

1.2 The external reviewers, jointly with the national team and Ministry of Health (MoH) leaders guided by His Excellency the Minister of Health and his Deputy for Planning & Development, have examined and discussed in detail the proposals as well as many other documents, published data and field visits for the integration of health care in the Kingdom of Saudi Arabia.

1.3 Our carefully considered and measured recommendations, based on system diagnostic tools, are the best possible approaches for strategic direction to develop a health system fit for purpose and able to meet the ever changing needs and expectations of the complex population of the Kingdom ensuring equity, fairness, quality, responsiveness and social protection.

1.4 The external reviewers and the national team were pleased to learn, while they were undertaking this review, that the Cabinet has approved the New Health Strategy, giving greater power to the MoH in setting out policies, ensuring health services for all groups of people and monitoring performance (*"Ministry of Health will be the body in charge of healthcare provision in the Kingdom"*). The Cabinet emphasized *"the needs for a balanced distribution of health facilities across the country and for making health services easily accessible to the public"*.

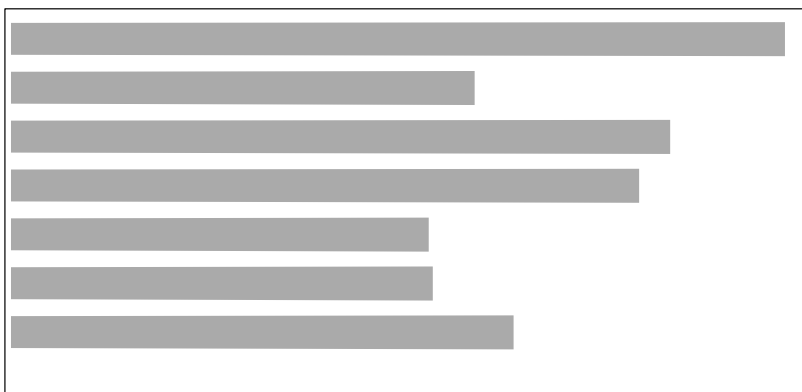
## 2. The Current Health System and Achievements

Over the last thirty years the performance of the health system in the economic and social development context is quite remarkable (See Table 1). Most of health

outcomes, in a comparative international context, are average, or slightly lower than those in most other countries with a similar economic level and the GCC countries. There is a universal coverage (through various mini national health services), extensive benefits to whole population, universal accessibility to clean water and sanitation, and the health system is financed relatively equitably. Extensive state of the art delivery system, public and private, accessible to the population.

Despite the impressive improvements in infrastructures and outcomes over the last thirty years, the system is facing many challenges. These challenges together with increasing public expectations are the main sources of public dissatisfaction with services and in particular health care delivery.

**Table 1: KSA Health System: Achievements in 3 Decades**



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### 3. Rationale for Change: A Whole Systems Approach

3.1 The following are the main drivers for change:

- *Demographic change:* [Redacted text]

- *Epidemiological transition:* [Redacted]

- *Healthy lifestyle:* [Redacted]

**These drivers are dictating the most needed shift from mainly a secondary-led to a public health and primary care-led unified, and integrated health system in the KSA.**

- *Public expectations and experiences:* [Redacted]

- *Financial sustainability:* [Redacted]



The reviews strongly recommend the needs for a whole public system approach based on PHC and in collaboration with the private sector

[Redacted]

- *Medical advances and changes*

*in medical practice:* [Redacted]

3.2 Key drivers including [Redacted]

## 4. Key Recommendations of the Review

### 4.1 A Whole Public System Approach

4.1.1 [Redacted]

4.1.2 Such an approach will address:

- **Strategic Directions** (the what, why, how much, standards) for:

[Redacted text block]

- The above strategic areas will require **enablers** to ensure that services are integrated, sustainable, of quality, safe, appropriate and equitable. These enablers include:

[Redacted text block]

- [Redacted text block]

**Table 2: The External Reviewers' Proposals:**



WHO Centre, IC London

#### **4.2 Vision and Overall Purpose of the Health Service**

In building the various elements of the proposed integrated health system, we propose the following overall purpose and vision for the Kingdom:

##### 4.2.1 Overall Purpose:

### **Overall Purpose**

**The Health System / Service is aiming at improving population's health and meeting the changing needs and expectations of the people in the KSA**



WHO Centre, IC London

#### 4.2.2 The Vision:

## The Vision

**The KSA is the place for healthy living and working**



WHO Centre, IC London

## 5. Principles and Core Values

5.1 With the above overall purpose and vision for an integrated health system we would like to propose a set of core values and principles to guide the services (Table 3) against which the system and service achievements are measured. To do this it essential to set specific target(s) for each of these principles.

**Table 3: Principles & Core Values**

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]



WHO Centre, IC London

## 6. Strategic Directions: Public Health

6.1 [Redacted text block]

**The CMO will be accountable and report to the Minister of Health and will produce an Annual Report of the State of Public Health in the Kingdom of Saudi Arabia**

6.2 [Redacted text block]

6.3 We are proposing the following:

- **At Ministry of Health level** [Redacted text block]

Public Health Physicians and Specialists are normally act as honest brokers to ensure appropriateness and effectiveness of the services, conduct health service research and work closely with clinicians and the public to ensure that needs are met, health is protected and gaps are bridged

[Redacted]



 WHO Centre, IC London

➤ **At Regional Health Level**

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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[Redacted]

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[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

6.4 [Redacted]

[Redacted]

[Redacted text block]

6.5 At the Primary Centre Level, [Redacted text block]

## 7. Strategic Direction – Primary care

Please note that Part 2 of this Report gives full details on the strategic directions of primary care needed in the Kingdom.

### A Family doctor for each family:

7.1 [Redacted text block]

[Redacted text block]

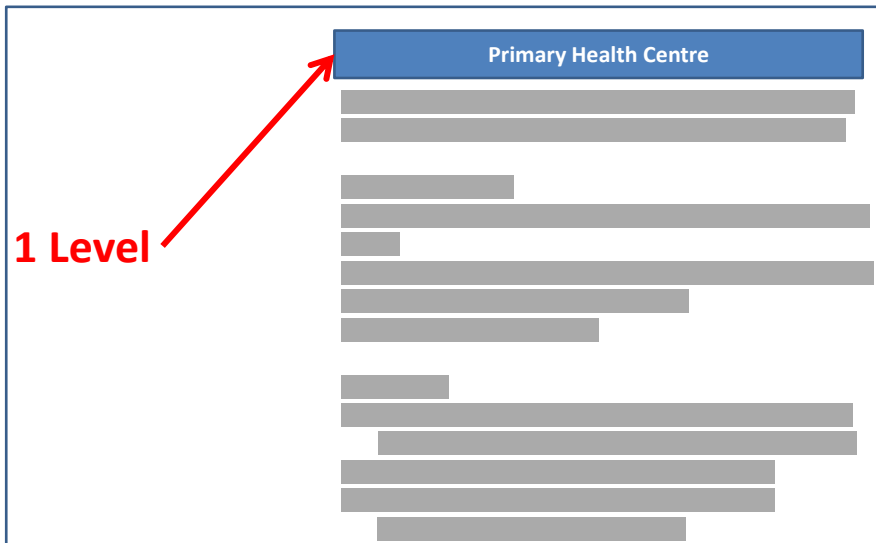
7.2 [Redacted text block]

7.3 [Redacted text block]

**Despite the ambiguity of the slogan, the Reviewers strongly believe that the Saudi 2006 Primary Care Strategy "A family doctor for each family" is an excellent vision for the Kingdom and (with modification) fits well with the proposals for integrated healthcare to meet the needs of the population**



**Figure 2: Primary Care Functions and Structure**



 WHO Centre, IC London

7.4 [Redacted text]

7.5 Larger centres due to geography, catchment areas, and need, could:

- [Redacted text]
- | [Redacted text]

7.6 [Redacted]

1. Standard One: Workforce. In each Centre at least one doctor should be certified in Family Medicine. [Redacted]

2. Standard Two: Deliverables. Services should be patient-centred, with community participation and holistic in nature. [Redacted]

7.7 [Redacted]

## 8. Strategic Directions: Hospital Care:

*A new concept for integrated care*

8.1 [Redacted]

8.2 [Redacted]

8.3 [Redacted]

8.4 [Redacted]

**Under the proposed integration of health care, the patient journey from the first contact with the health system (at PHC) to full recovery or continuous care should be simple and seamless services.**

**Two-tier hospitals:**

[Redacted]

➤ **District General Hospitals (DGH)**

8.5 The concept of a district general hospital is extremely important to providing high quality, equitable services to geographically dispersed population. The quantity of DGHs is determined by:

- [Redacted]
- [Redacted]
- [Redacted]

8.6 [Redacted]

[Redacted]

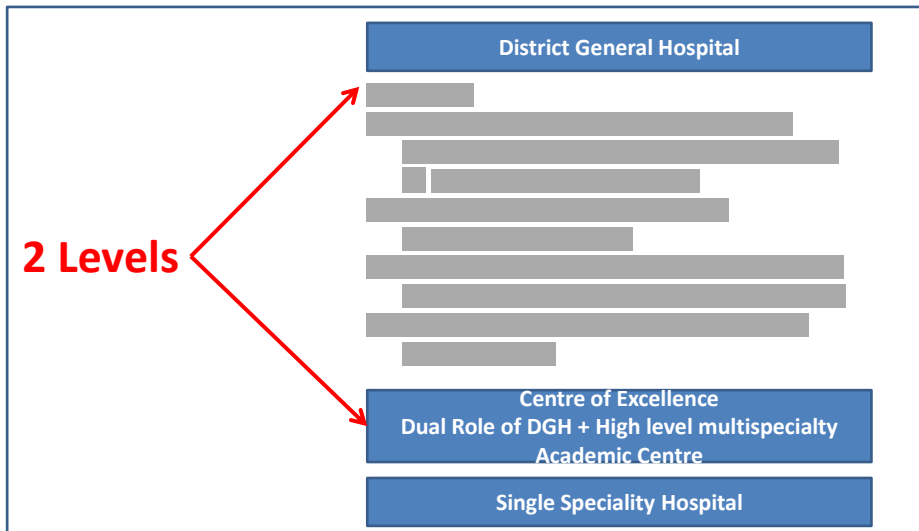
8.7 [Redacted]

[Redacted]

*[we strongly urge the MOH to train sufficient cadre of people both at national and regional levels to undertake such continuous process of health needs assessments]*

- **Size:** [Redacted]

**Figure 3: Hospital Care A new concept for integrated care District General Hospital**



WHO Centre, IC London

- **Workforce:** [Redacted]

[Redacted]

- **Structure & Design:** [Redacted]

- **A&E:** [Redacted]

8.8 [Redacted]

- [Redacted]

| [Redacted]

| [Redacted]

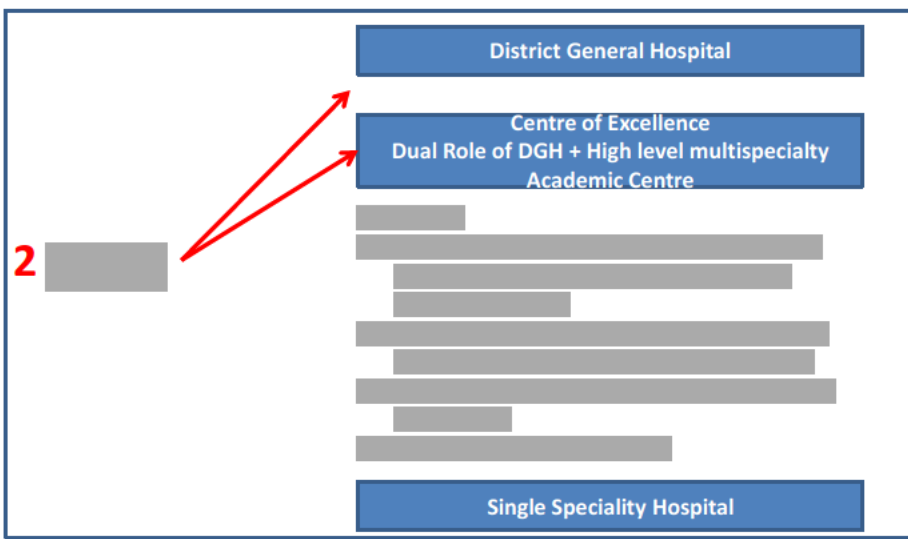
- [Redacted]

| [Redacted]

➤ **Centres of Excellence (CoE):**

8.9 [Redacted]

**4: Hospital Care A new concept for integrated care  
Centre of Excellence**



 WHO Centre, IC London

8.10 [Redacted]

- | [Redacted]
- | [Redacted]  
[Redacted] [Redacted]  
[Redacted]
- | [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]  
[Redacted]  
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[Redacted]
- | [Redacted]
- | [Redacted]

**Currently many of the hospitals are small in size and unable to run effective modern services to the community in a world with ever changing technology which require high level of competencies**

➤ **Small Hospitals**

[Redacted]  
[Redacted]

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

[Redacted]  
[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]  
[Redacted]  
[Redacted]











































