Saudi Arabia

Total population, thousands: 28,376
Percent population Under 15: 31.4
Population distribution percent urban: 82.6
Life expectancy at birth: 74
Fertility rate, total (births per woman): 2.9
Under 5 mortality rate per 1000 live births: 19.1
Maternal mortality ratio per 100 000 live births: 14.0
Total expenditure on health as percentage of GDP: 5.3
General government expenditure on health as % of the total government budget: 6.9
Human Development Index Rank, out of 186 countries: 57
Per Capita Gross Domestic Product (PPP current international US$): 22,328
Adult (15+) literacy rate: 87.4
Adult male (15+) literacy rate: 91.0
Adult female (15+) literacy rate: 82.6
% Population with sustainable access to water source: 97.0
% Population with sustainable access to improved sanitation: 100

Sources:
Saudi Arabia: Ministry of Health Statistical Yearbook for the Year 1432H.
http://www.who.int/Countries/

Health System: The Ministry of Health is the main provider of health care services. Health has featured in the national five-year development plans since 1970, and is seen as a key part of overall development in the country. The ninth national development plan (2009–2013) addressed a number of public health issues. The number of primary health care centres was increased by 9.5% in the last five years, with 150 new centres planned each year until 2016 as part of the ten-year Ministry of Health strategy. The number of hospitals, physicians and nursing staff also increased. A strategy was recently developed by the Ministry of Health in partnership with other national and international agencies to reform service delivery in line with the national health strategy. The new delivery of care model is based on developing an integrated and comprehensive system of care throughout the country. Integration is performed at four levels (primary to quaternary care) with a comprehensive set of services planned based on seven elements (primary health care, hospitals, rehab, homecare, mental health, dental care and preventive health). The Ministry of Health is promoting quality assurance and improvement through use of standard operating procedures and accreditation of health care facilities. Efforts are being made to improve patient safety in both public and private health facilities. Saudi Arabia relies heavily on an expatriate population to provide its sizeable health workforce, which is responsible for the high turnover in the health care system. However, the government is continuing its efforts to develop a Saudi health workforce through the introduction of number of medical, nursing and health schools, along with development of a new training centres and scholarship programs to train medical staff abroad in leading institutions.

Life Courses: Saudi Arabia is on track to achieve their MDG targets.

Communicable Diseases: Communicable diseases have ceased to be the leading cause of mortality in the country; in fact the rates of malaria and tuberculosis are negligible according to the World Health Report 2012. The malaria cases reported are primarily due to the country’s southern border with Yemen, where the disease is still prevalent.

Noncommunicable Diseases: Saudi Arabia is experiencing epidemiological and demographic transition, represented by a growing burden of chronic noncommunicable diseases, while population expectations for quality care services are expanding. There has been an alarming increase in the prevalence of chronic diseases, such as diabetes, heart diseases and cancer, for which the treatment is costly, and account for 71 % of all mortality.

Emergency and Humanitarian Crises: Saudi Arabia is host to large mass gathering events attracting more than 3 million people from more than 183 countries annually. These gatherings pose a variety of health risks including those due to infectious diseases such as seasonal, respiratory, foodborne and other gastro-intestinal illnesses, skin diseases and injuries. To address such risks, Saudi Arabia has put in place an advanced health care system infrastructure that includes 177 primary medical clinics and 27 hospitals in the immediate vicinity of the pilgrimage areas.
PARTNERS
As of 2009, Saudi Arabia became the world’s largest provider of humanitarian assistance by GDP. It was instrumental in providing critical assistance in the Region in times of crisis, such as in the aftermath of the Pakistan earthquake and during Somalia’s famine. Saudi Arabia is now the third-largest developing-country contributor to global development efforts after China and India.

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<th>OPPORTUNITIES</th>
<th>CHALLENGES</th>
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<td>• Encouraged by the Saudi Government’s commitment to finance the service delivery reform programme;</td>
<td>• Acknowledged Saudi Arabia’s undergoing epidemiological and demographic transition, represented by a growing burden of chronic and noncommunicable diseases and ageing population;</td>
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<td>• Acknowledged the country’s new strategies for primary health care and for service delivery, which are patient-centred, focusing on health promotion and protection and put emphasis on social determinants of health.</td>
<td>• Identified the rapid escalation in the costs of health care services as a serious challenge for the country;</td>
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<td>• Increased demand for social services including health care due to the rapid population growth and high fertility rates.</td>
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WHO STRATEGIC AGENDA 2012-2016

- Health system strengthening: Strengthening the health care system and improving partnership for health development.
- Noncommunicable diseases: Strengthening health promotion and control of noncommunicable diseases.
- Communicable Diseases: Strengthening communicable diseases control and health security.

ADDITIONAL INFORMATION

Country office web site: [http://www.emro.who.int/countries/sau/](http://www.emro.who.int/countries/sau/)

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The brief is available online at [http://www.who.int/countryfocus](http://www.who.int/countryfocus)
WHO/CCO/13.01/Saudi Arabia

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