

HEALTHCARE RESOURCES UTILIZATION AMONG SECTORS IN SAUDI ARABIA





Osama, BinSalman 1; Khalid, Salman 2;

1. Strategy & Transformation, Council of Health Insurance, Riyadh, Saudi Arabia. o.binsalman@hotmail.com 2. Research & Innovation, King Abdullah Medical City, Makkah Healthcare Cluster, Makkah, Saudi Arabia. Salman.k@kamc.med.sa Dr.ksalman@hotmail.com





INTRODUCTION

- > The government of Saudi Arabia committed to provide free healthcare to all of its citizens. Based on Saudi Country Low Article 31, stipulates that the State is required to provide medical assistance to any citizen who expresses a desire to receive it.
- > Saudi Healthcare system has around 60% healthcare services provided through Public Services including government (MOH) and Other Government Sector (OGS). Which financed by budgeting model (Public funding).
- As a part of Saudi Arabia's ambitus vision 2030 Health Sector Transformation Program (HSTP) was established, one of the main strategic objectives is to improve the quality and efficiency of health services aiming improve healthcare system financing and outcomes.
- > The four strategic objectives of the health system address several challenges facing Saudi healthcare including, effort must be made to address duplication of health service provision and financing for the same beneficiary, whereas there is a gap between supply and demand in the health workforce has led to an increased dependence on foreign labor.

OBJECTIVES

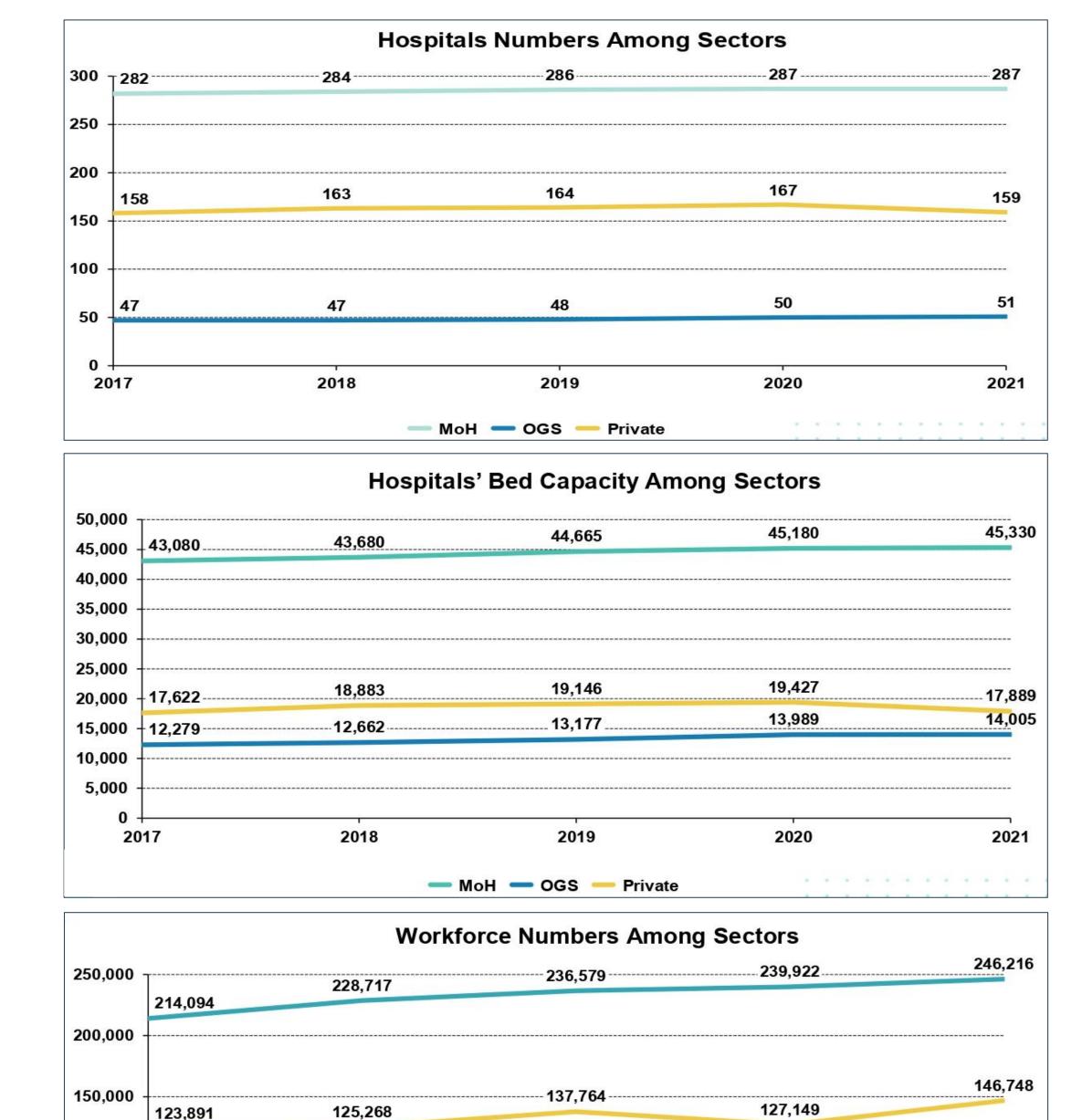
- To evaluate the usability of healthcare resources between MoH, OGS, and Private sectors.
- To examine the factors that prevent MoH, OGS, and the private sector, from using the health care resources to the optimum utilization.

METHODOLOGY

- > This paper presents a cross-sectional study conducted among healthcare resources in Saudi Arabia comparing the utilization of different healthcare sectors for a long 5 years 2017 to 2021.
- The data was secondary data from Saudi (MoH) open data on the official website.
 - Government Sector (MoH) (59%)
 - Other Government Sector (OGS) (18%)
 - Private Sector (23%)
- ➤ Healthcare resource types covered in the study
 - Facilities: Hospitals with different capacity
 - Bed Capacity: All type of beds under inpatient
 - Workforce: Medical specialties (Physician, Nurse, Pharmacist and Allied Health Practitioners (AHP)

RESULTS

Overall Healthcare Resources:



93,307

2019

- MoH - OGS - Private

88,792

2018

96,090

2020

92,724

2021



DISCUSSIONS

- From the total number of hospitals among all sectors from 487 to 497 with percentage grouts of 2.1% for 2021 compared to 2017, moreover, there is also a growth in total bed capacity among all sectors of around 5.8%.
- > OGS had the most sector growth in hospital numbers at 14.1% and bed capacity by 10.6%, whereas, the private sector had the less in bath hospital numbers by 1.5% and bed capacity by 0.6%.
- The rate of beds per 10,000 population over all sectors increased overall from 22.4 in 2017 to 22.6, it was minor drubbed by 0.1 in 2020 May regarding the pandemic of Covid-19.
- > Overall total health workforce jumped from 1.6 to 2.1 increasing inefficiency of the workforce in the private sector from 2020 to 2021

CONCLUSIONS

- The overall healthcare utilization especially in Public Services not at the optimum.
- > There are continues raising of healthcare expenditure.
- > The government is moving based on healthcare transformation to fix the health financing system by separating the provider on financer.
- > Non-Saudi nationals working in the field of medicine are more in numbers as compared to those Saudi nationals.
- The government is providing equal opportunities to the Saudi national and nonSaudi national people to pursue their careers and serve the nation in a very professional manner.
- > The private sector is also performing remarkably on its resources to facilitate the masses.
- > Unify national capacity planning platform to plan and utilize the healthcare resources lead by MoH

REFERENCES

- 1. Albejaidi, F. and Nair, K.S., 2021. Nationalization of Health Workforce in Saudi Arabia's Public and Private Sectors: A Review of Issues and Challenges. Journal of Health Management, 23(3), pp.482-497.
- 2. Al-Hanawi, M.K., Mwale, M.L. and Kamninga, T.M., 2020. The effects of health insurance on health-seeking behavior: evidence from the kingdom of Saudi Arabia. Risk Management and Healthcare Policy, 13,p.595.
- 3. Alluhidan, M., Tashkandi, N., Alblowi, F., Omer, T., Alghaith, T., Alghodaier, H., Alazemi, N., Tulenko, K., Herbst, C.H., Hamza, M.M. and Alghamdi, M.G., 2020. Challenges and policy opportunities in nursing in Saudi Arabia. Human Resources for Health, 18(1), pp.1-10.
- 4. Alsamara, T., Ghazi, F. and Mallaoui, H., 2022. Administrative Organization of Health Care Institutions in Algeria: Between Centralization and Decentralization. Open Access Macedonian Journal of Medical Sciences, 10(E), pp.1114-1118.
- 5. Alsulamy, N., Lee, A. and Thokala, P., 2022. Healthcare professionals' views on factors influencing shared decision-making in primary health care centers in Saudi Arabia: A qualitative study. Journal of Evaluation in Clinical Practice, 28(2), pp.235-246.
- 6. Asmri, M.A., Almalki, M.J., Fitzgerald, G. and Clark, M., 2020. The public health care system and primary care services in Saudi Arabia: a system
- in transition. Eastern Mediterranean Health Journal, 26(4), pp.468-476. 7. Almalki, M.J., Fitzgerald, G. and Clark, M., 2020. The public health care system and primary care services in Saudi Arabia: a system in transition.
- Eastern Mediterranean Health Journal, 26(4), pp.468-476. 8. Barakah, D.M. and Alsaleh, S.A., 2011, November. The cooperative insurance in Saudi Arabia: a nucleus to health reform policy. In International Conference on Information and Finance (Vol. 21).
- 9. Bowers, K., Laughon, S.K., Kiely, M., Brite, J., Chen, Z. and Zhang, C., 2013. Gestational diabetes, pre-pregnancy obesity, and pregnancy weight gain concerning excess fetal growth: variations by race/ethnicity. Diabetologia, 56(6), pp.1263-1271.
- 10. Foley, D.A., Doecke, C.W., Buser, J.Y., Merritt, J.M., Murphy, L., Kissane, M., Collins, S.G., Maguire, A.R. and Kaerner, A., 2011. ReactNMR and ReactIR as reaction monitoring and mechanistic elucidation tools: the NCS mediated cascade reaction of α -thioamides to α -this- β -
- chloroacrylamides. The Journal of organic chemistry, 76(23), pp.9630-9640.
- 11. Jannadi, B., Alshammari, H., Khan, A. and Hussain, R., 2008. Current structure and future challenges for the healthcare system in Saudi Arabia. Asia Pacific Journal of Health Management, 3(1), pp.43-50.

100,000 +85,955

2017

50,000