منتـــدى السياســـات الصحيـــة في الشـــرق الأوســـط وشمـــال افريقيـــا
MIDDLE EAST AND NORTH AFRICA HEALTH POLICY FORUM

UNFPA

THE KINGDOM OF SAUDI ARABIA

Readiness to Meet

SEXUAL AND REPRODUCTIVE HEALTH-RELATED

Sustainable Development Goals

Policy Brief

The Kingdom of Saudi Arabia has an advanced healthcare system, with widely accessible primary healthcare centres and hospitals that could potentially provide a full range of sexual and reproductive health (SRH) services as called for in the global Sustainable Development Goals (SDGs). The most fundamental barrier, however, is the lack of agreement surrounding the concept of "reproductive health" and the failure to address it frankly in the kingdom's health and development plans.

This brief highlights the results of an assessment of the readiness of the healthcare system to support universal SRH services in The Kingdom of Saudi Arabia, and to adopt the vision for SRH called for in the global Sustainable Development Goals (SDGs) for 2030.

The Assessment

In 2016, research teams in four countries gathered data using a standardized data-collection tool developed by the Middle East and North Africa Health Policy Forum. (The other three countries were Egypt, Jordan, and Morocco.) For each country, the team assessed the current state of SRH; the accessibility and coverage of the health system; the adequacy of the national health workforce; equity in health service access and outcomes among population subgroups; and information gaps.

The assessment relied on reports of the Ministry of Health (MOH), the General Authority for Statistics, and other national and international reports. In addition, the team communicated with key informants in the Saudi Commission for Health Specialties and the Saudi Health Council to obtain updated, unpublished data. As the MOH is the primary provider of health care in the country, data collection was limited to MOH data where national data were not available.

The State of Reproductive Health Care in Saudi Arabia

The Saudi healthcare system is adequate to provide universal coverage and accessibility of reproductive, maternal, and newborn health services. Primary health care centres are

widely accessible throughout the kingdom, providing most of the essential services recommended by the World Health Organization through a minimum benefits package of health care.

National laws concerned with health, however, do not touch on the right to family planning and to decide on the number and timing of one's children. This omission explains the absence of all forms of family planning in the minimum benefits package (although women can obtain it upon request from the MOH). As a result, the percentage of women of reproductive age having unmet need for modern family planning methods is unknown.

Screening for HIV is also excluded from the minimum benefits package for reproductive, maternal, and newborn health, and as a result, HIV is underreported in the country. HIV screening is part of premarital screening and pre-employment testing for health care professionals. Data from the national premarital screening program estimate the prevalence of HIV as 0.03% of adults, among the lowest prevalence rates worldwide.

Three key indicators—the maternal mortality ratio, under-five mortality rate, and the neonatal mortality rate—fall within the target values called for in the SDGs. However, data on the proportion of births attended by skilled health personnel is not available. Child marriage has not been eliminated entirely: around 3% of girls under age 18 still get married, and among those, about 40% have become pregnant one or more times. Female genital mutilation does not appear to be a problem in the kingdom; however, there is no data on the magnitude of this practice.

Policies and Organization of the Health System

The MOH aims to improve the equity, standards, availability, and quality of care in the kingdom, and it has policies, national plans, and legislation in place for organising, delivering, and monitoring SRH services. These include the MOH's Strategic Plan (2010–2020), guidelines for obstetrics and gynaecology practice in the Kingdom of Saudi Arabia (2010–2019), the National Youth Strategy, and other policies, strategies, and roadmap documents related to non-communicable diseases and HIV.

In principle, universal health coverage, including access to essential health care services, medicines and vaccines for all, is expected to be realized, as free public healthcare services are provided to all citizens. The MOH provides 60% of these health services; other governmental health care facilities (such as the national guard, the military, the security forces, and university hospitals) provide 20%, and the private sector provides 20%. The Council of Cooperative Health Insurance is responsible for providing health care to all non-Saudi residents, who account for a large minority—37%—of the kingdom's population; however, data are not available to verify the programme' coverage.

Private, commercial pharmacies serve as an unofficial health system in which patients can access a pharmacy directly, consult the pharmacist, and purchase any medication (except for narcotics and other controlled drugs) without a prescription. All types of contraception and fertility drugs can be purchased from private/commercial pharmacies without a prescription.

To provide health care for all and increase the effectiveness of health service delivery, the government must address the several important weaknesses: the centralisation of health services, which emphasizes secondary and tertiary health care over primary health care; conflicts of interest resulting from the dual role of the MOH in providing and overseeing health services, and the lack of implementation of health care policies. There is also a lack of accountability when the healthcare system fails to provide specific aspects of care, such as SRH services, or fails to provide organised care for certain sub-groups of patients, e.g., adolescents, the disabled, and residents of remote areas.

Health Workforce

Data on the availability of the health personnel providing maternal and newborn health care reveal a shortage of midwives. There are no data regarding the sufficiency of general practitioners and ob/gyn physicians.

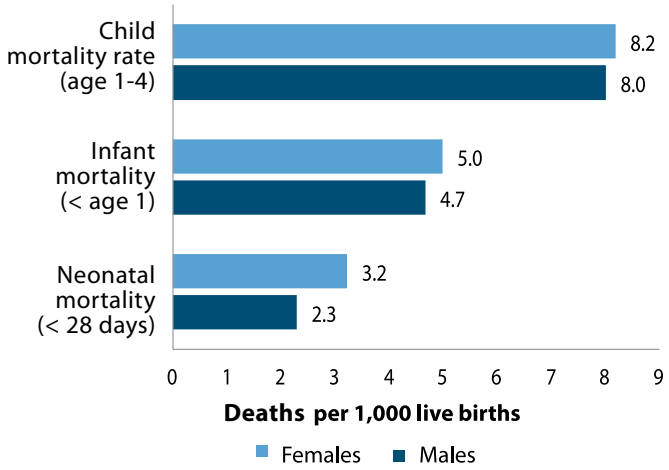
Antenatal care is provided as part of primary health care, with referrals to specialized care in hospitals if needed. The role of midwives is mainly limited to care during labour and delivery in collaboration with ob/gyn physicians. Early neonatal care and postnatal care are provided in hospitals; MOH staff do not carry out home deliveries, nor do they make home visits during the first few weeks after delivery. Primary care and family physicians may attend deliveries only if they occur in a remote or rural area where the mother cannot reach the hospital. Lay midwives exist, but there are no data on childbirth taking place at home. Although midwives and physicians are expected to assist women and their newborns in initiating and establishing exclusive breastfeeding, the breastfeeding rates in the kingdom remain low.

Two shortcomings should urgently be addressed to build the relevant national capacity for maternal and newborn care. First, although midwifery is an undergraduate major in nursing schools, there are no educational programmes from which midwives, auxiliary midwives, nurse midwives, or auxiliary nurse-midwives can graduate. Second, there are too few physicians joining ob/gyn residency training programmes.

Health Equity

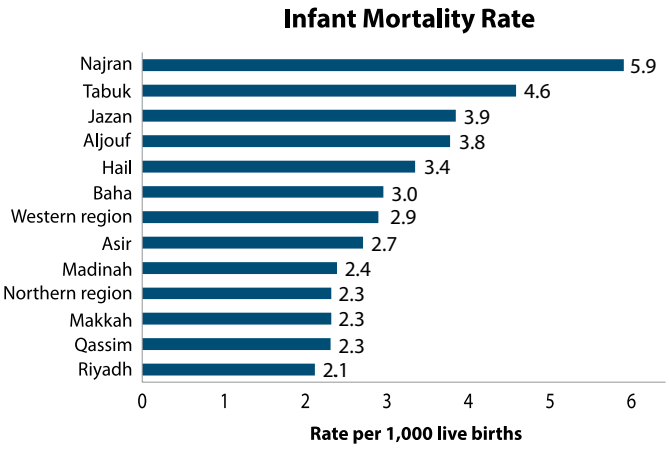
The ultimate goal of the 'no one left behind' campaign, a central feature of the SDGs, is to reduce disparities in health care and health outcomes among different segments of the population. Social determinants of health—the conditions and circumstances affecting people's lives—and universal health coverage should be addressed in an integrated and systematic manner. Disparities identified in this analysis include those based on wealth, gender (Figure 1), geographic location (Figure 2), and disability.

Figure 1: In Saudi Arabia, newborns, infants, and children are slightly more likely to die if they are female.



Source: *General authority for statistics, Demography survey, 2016. https://www.stats.gov.sa/en .*

Figure 2: Infant mortality rates vary widely among Saudi Arabia's administrative areas.



Source: *General authority for statistics, Demography survey, 2016. https://www.stats.gov.sa/en .*

The research team had difficulty obtaining data concerning the potential sources of disparity. Some indicators vary among administrative regions, such as the infant mortality rate and under-5 mortality rate, in an unclear pattern. Furthermore, poverty data, which is crucial for policymaking and monitoring and evaluation, is not available. As a result, it is not possible to determine the likelihood that a disparity can be significantly reduced among certain sub-populations.

Information Gaps

Despite the availability of data concerning various aspects of health care, the information is not collected in a way that contributes to achieving strategic goals. Data collection is often focused on outputs rather than on individual-oriented outcomes. In light of the kingdom's Vision 2030 Transformation and 2020 Programme, the government should establish a system that uses national and administrative databases for collecting data on specific health-related targets.

The team also had difficulty obtaining data pertaining to the workforce, capacity building, and manpower projections. Thus, it is vitally important to establish a central hub for collecting and analysing human resource data. The following actions are necessary to improve the availability and quality of SRH-related data.

- Ensure appropriate systems and adequate capabilities for collecting and disseminating national health-related data and indicators.
- Provide access to data from sources other than the MOH, including governmental sources (military and security forces, university hospitals, etc.), social insurance and the private sector.
- Maintain the collection of high-quality data on SRH throughout the country, including from sentinel hospitals and primary healthcare centres.
- Invest in new data collection efforts for indicators related to family planning and essential health services coverage. Further work will be needed to develop common definitions and data collection methods.
- Take household surveys at regular intervals.
- Ensure data collection systems are comprehensive, coherent, and mindful of potential sources of disparity within all healthcare facilities and regions.

Key Challenges to Achieving SRH-related SDGs

The main challenge to achieving the SRH-related targets articulated in the SDGs is a strong misperception in the Kingdom of Saudi Arabia that discussions about sexual health and family planning conflict with social norms and religious beliefs. The term "maternal and child health" is often used in place of SRH, but care for mothers and children excludes husbands and young, unmarried men and women. Additionally, the society in general and medical professionals in particular are unconvinced that investments in SRH would yield future dividends. Consequently, health decision-makers and providers, researchers, and legislators pay insufficient attention to SRH.

The second main challenge is that data collection is not uniform across all parts of the kingdom, and it is not standardised across all types of healthcare facilities (hospitals, primary health care centres, and other facilities). Furthermore, no central data-collection hub exists, which leads to the inaccurate estimation of the size and scope of health issues facing the population. Moreover, health service assessments do not typically include the socio-demographic characteristics of patients, and social determinants of health have not been clearly identified.

Other challenges include the multiplicity of healthcare providers; the increasing cost of medical services; the move towards the privatization of health care and promotion of health insurance; the lack of access to care for expatriates and people working in informal sectors; the persistence of early pregnancy and childbearing; and weak family planning programmes.

Recommendations

To meet the SRH-related SDGs in the Kingdom of Saudi Arabia, the team recommends the following:

- Assess and manage health disparities within and across the kingdom. Collecting data such as income, education, disability, marital status and ethnicity will enable decision-makers and researchers to assess which populations are being left behind and adopt programs to eliminate such disparities.
- Develop more health-related policies and strategies to increase women's awareness of their reproductive rights, especially in rural areas, to promote healthy behaviours and help change erroneous traditional beliefs and harmful practices.
- Strengthen primary health care to fulfil its gate-keeping function and to deliver accessible, comprehensive, continuing and personalized care (including SRH) by well-trained teams led by qualified family physicians.
- Address the needs of women (and their husbands) in making better-informed decisions about matters such as contraception and breastfeeding through a national educational curriculum on SRH.

Strengthening the Health Workforce

- Improve the quality of undergraduate and residency training programs in family medicine, obstetrics and gynaecology, nursing, women's health, psychiatry and clinical psychology.
- Build capacity for health care providers such as midwives and auxiliary midwives.
- Establish a national policy and guidelines on evidence-based SRH care to unify the care given in all healthcare facilities.

Closing Knowledge Gaps

- Conduct in-depth research that explores the following:
    - The role of SRH in improving the health and economic development of the whole population;
    - SRH challenges from the perspective of both individual patients and society, especially related to women's inability to make healthcare decisions,
    - Domestic violence, abortion, rape, unmet needs for services, risky behaviours, and knowledge and attitudes towards various SRH issues; and
    - The knowledge, attitudes and beliefs of healthcare providers towards SRH and the difficulties they may face in providing SRH services to patients.

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