

10th lecture:

Health System and Health Programs in KSA

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Objectives:

- Define health program and health policy.
- Describe Health system in KSA
- Enumerate CD control programs.
- Enumerate NCD control programs.
- Give details of TB control program as an example KSA health program.



Health program:

- ✓ A listing of the order of events and other pertinent information.
- ✓ A system of services, opportunities, or projects, usually designed to meet a need. (Doctor read this definition only)

Programs are developed for the need of population.

For example: The population has an increase prevalence of diabetic disease. So, it needs diabetic control program. And this program has specific functions like:

- Early detection of disease - Treatment - Rehabilitation

Also the program needs planning, application, monitoring and evaluation

Health policy:

- Refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society. Ex: if I want to decrease the incidence of TB (goal), what do I need to reach that goal?
- It defines a vision for the future, which in turn helps to establish targets and points of reference for the short and medium term.
- It outlines priorities and the expected roles of different groups.

❖ **It is important to differentiate between health program and policy.**

Program planning:

- ✓ Identifying program need and capacity. (Input)
- ✓ Planning for resource allocation and use.
- ✓ Assuring service delivery.
- ✓ Preparing to respond to critical events.
- ✓ Evaluating program activities and outcomes. (Output)

The planning has **input, output and processing** in between

Capacity means the resource available. Ex: we have one physician for 500 people. So, if we have 10,000 people. How many physicians do we need? Do we have them? And how can we distribute them?

Health system in KSA:

- The **Ministry of Health** is responsible for the supervision of healthcare and hospitals in **both the public and private sectors**.
- The system offers **universal** healthcare coverage.
- Primary healthcare centers and clinics.
- Hospitals and specialized treatment facilities.

- The principle body for health care system for all the population is The Ministry of Health.
- It is responsible for all the Saudi's health.
- It has three levels of health care: primary, secondary and tertiary.

Health care in KSA:

1. Ministry of Health Facilities: (for all the population)

General & public in large cities and the small towns throughout Saudi Arabia.

2. Military Hospitals: (for a special group)

Members of the Saudi Arabia armed force and their families

3. Saudi Arabian National Guard (NG) (for a special group)

Provide care to the soldiers of the Saudi Arabian National Guard and their dependents.

4. Saudi Arabian Ministry of Defense and Aviation (MODA) (for a special group)

Saudi Arabian Army, the Royal Saudi Naval Forces, the Royal Saudi Air Force and Royal Saudi Air Defense.

5. Ministry of the Interior: (for a special group)

This serves members of ministry of interior, including the police. Security Forces Hospital, Riyadh serves the Ministry of Interior personnel

6. Referral Hospitals: (tertiary level of health care)

Every citizen is eligible to go to the referral hospitals for specialized care.

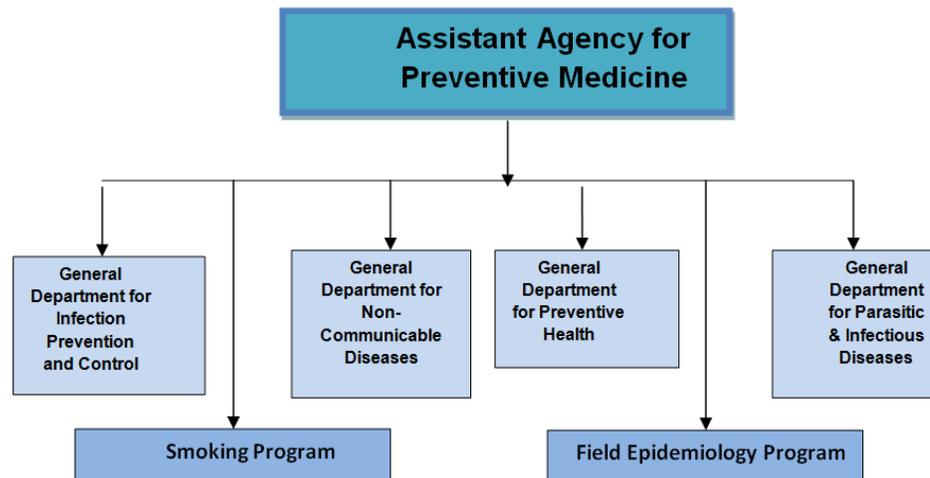
- ✓ King Faisal Specialist Hospital & Research Centre-Riyadh Site.
- ✓ King Faisal Specialist Hospital & Research Centre-Jeddah Site.
- ✓ King Khalid Eye Specialist Hospital, Riyadh.
- ✓ Sultan Bin Abdulaziz Humanitarian City, Riyadh.

7. Private Facilities: (numerous) Examples:

- Saudi German Hospital.
- Dr. Erfan & Bagedo Hospital.
- Kingdom Hospital.
- Saudi ARAMCO Hospital, Dhahran.
- Social Insurance Hospital.
- SAAD Medical Centre.
- Soliman Fakeeh Hospital

The Ministry Agencies:

1. Assistant Agency for Planning and Research.
2. Assistant Agency for Workforce Development.
3. Deputy Minister of Health for Executive Affairs.
4. Assistant Agency for Curative Medicine.
5. Assistant Agency for Public Health (preventive).



Tasks and Responsibilities:

Assistant Agency for Preventive Medicine is responsible for the following tasks:

- ✓ **Prevent health epidemics**
- ✓ Infection Control and Central Sterilization in the Health Facilities Program
- ✓ **Responsible for all programs of Communicable and Non-Communicable Diseases:**
 - **Programs for infectious diseases**, such as the National Tuberculosis Control Program, National AIDS Control Program, Malaria Control Program, National Immunization Program and Expanded Program on Immunization (EPI)
 - **Enhance public health through several programs**, such as Diabetes Prevention Program, Cancer Prevention Program, Cardiovascular Disease Prevention Program, Occupational Health Program, Medical Waste Program and Radiation Protection Program.
- ✓ **Maintain the life quality** of healthy people and patients through a number of programs, such as Healthy Marriage Program, Injuries and Accidents Prevention Program, Food and Physical Activity Program and Early Newborn Screening to Prevent Disability Program.

Non-Communicable Diseases programs:

- ✓ Diabetes prevention.
- ✓ Cancer prevention.
- ✓ Nutrition and physical fitness.
- ✓ The approach for monitoring the risk factors for non-communicable diseases.
- ✓ Healthy marriage.
- ✓ Early diagnosis of metabolic disorders in neonates.
- ✓ Health crown preventative project.
- ✓ Cardiovascular disease prevention.
- ✓ Injury and accident prevention.
- ✓ Osteoporosis prevention.

Communicable Diseases programs:

- ✓ Tuberculosis control program.
- ✓ Leprosy control program.
- ✓ Bilharzias control program.
- ✓ Leshmaniasis control program.
- ✓ Malaria control program.
- ✓ HIV/AIDS control program.
- ✓ Hepatitis control program.
- ✓

National program to combat Tuberculosis:

- It is the most important and most powerful national programs provided by the Ministry of Health in the fight against infectious diseases.
- Has adopted the Ministry of Health strategy applied short-term chemotherapy under the direct supervision of what is known simply as **Directly Observed Treatment Short-Course (DOTS)**

Why did we develop combat Tuberculosis program?

- High prevalence among the population.
- Airborne transmission.
- Complication.
- Reactivation: the symptom disappeared after a one-month treatment. The patient stops the treatment then the TB is reactive again.
- High cost of treatment.
- Drug resistance.
- No specific clinical manifestation.

DOTS: in the past, treatment takes 2 years **BUT now it takes 6 months**

Goals of the program:

1. Raise the level of healing for patients with sputum positive TB to more than 85%.
 - ✓ In TB we have:
 - Negative sputum: safe contact
 - Positive sputum: highly infectious
 - ✓ The goal is to convert the positive to negative sputum, and this is called **(healing)**
2. Early detection of more than 70% of cases of tuberculosis. (Because TB does not have specific clinical manifestations)
3. Reducing the incidence of tuberculosis among citizens to 1/100000 .

Strategies of the program:

1. Improving the role of health information systems and the work of field studies to determine the problem of tuberculosis and infectious. (Based on the reporting information system)
2. Identify groups most at risk of contracting the disease. (High risk in TB is the house hold contact)
3. Continue to immunize neonatal BCG vaccination free of charge.
4. Continue to follow the treatment plan the common **short-term period of not less than six months under the direct supervision (DOTS)** and **give the contacts of preventive treatment.**

Actions:

1. Treat all cases of tuberculosis without exception in government health facilities for free by the system.
2. Application of short-term treatment strategy and cover all parts of the Kingdom.
3. Strengthening systems of reporting (**follow up with sputum examination**) and recording.
4. The continuous and effective training for all employees in the health sector.
5. Health education of patients and contacts and community members.
6. Activating the role of social worker and the community and the private sector and charities to join the program.
7. Evaluation and periodic follow-up of program performance at all levels.
8. Cooperation with international and regional organizations and the exchange of information and experiences.

Elements:**I: Government commitment:**

1. Government commitment to TB controls activities constantly.
2. Provide the financial and human resources.
3. Administrative support.
4. Ensuring the integration of TB control in health services.

II: Cases' detection:

Using microscopic examination of sputum taken from the symptomatic patients attending health facilities.

III: Direct supervision of:

Continuation of the standard regimen for six months to eight months for at least all confirmed sputum positive cases with receiving treatment under the direct supervision during the first two months at least.

IV: The provision of medicine:

Supply of all regular and continuous anti-TB drugs.

V: Documentation and Evaluation:

Standard system for recording and reporting allow an assessment of treatment outcome for each patient separately and control program as a whole.

Thank you ☺