

# Saudi Arabia

## Health systems

Economic classification: **High Income**

### Health systems summary

Saudi Arabia has a national health care system that is provided and financed by the Ministry of Health. Full and free at point of service care is available to all citizens (as well as expats working within the public sector), with services provided for at primary, secondary and tertiary level. Free healthcare is also provided to the approximately 2 million pilgrims visiting the holy cities (Mecca & Medina), putting an immense strain on the healthcare budget. This public system also struggles with staffing, with most health professionals being expatriates.

To complement the national system, there is cooperative health insurance provided by private employers and the government (for public workers only). This is compulsory for all working non-Saudi nationals and Saudi nationals who work in the private sector. Citizens also have the choice to have private health insurance schemes to enter the private healthcare system.

### Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	Defined as disease
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	Some progress
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	Yes
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	Yes
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Some progress
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	No
Are there any obesity-specific recommendations or guidelines published for adults?	Yes
Are there any obesity-specific recommendations or guidelines published for children?	Yes
In practice, how is obesity treatment largely funded?	Out of pocket

## Perceived barriers to treatment

Lack of political will, interest and action	Lack of treatment facilities	Lack of training for HCP's and lack of trained HCP's	Lack of treatment guidelines or pathway
Poor availability of pharmaceuticals	Cultural norms and traditions	Lack of knowledge of potential treatment options	Lack of opportunity for physical activity

## Summary of stakeholder feedback

Stakeholders reported that a lot of work has been done around obesity prevention and control in recent years, with obesity being recognised as a disease by many.

There is said to be a range of treatment options available that are government funded. Demand, however, is high in the public sector and so many of those seeking treatment obtain support via the private system as an out of pocket expense. Demand in the public system is said to be so high that people only get treatment when they have comorbidities, and even then, it is on a case by case basis. Bariatric surgery and obesity medication is also covered by the cooperative health insurance for those that meet the criteria (BMI  $\geq 45$  kg/m<sup>2</sup> for surgery) but this is a recent change.

It was generally agreed that one of the main ways in which people enter the system is via referral when they have comorbidities and their obesity is affecting their health. However, treatments are more readily available in urban areas, with patients in rural areas commonly referred to the cities.

Stakeholders noted that government and association guidelines exist but suggested that these are not yet fully implemented within the health system and at times they did not match insurance criteria. For example, government guidelines recommended surgical intervention for those with a BMI  $\geq 35$  kg/m<sup>2</sup> with comorbidities, but cooperative health insurance only covers surgery when BMI  $\geq 45$  kg/m<sup>2</sup>.

It was reported that there is limited specialist obesity training available. There appears to be a focus on bariatric surgery, with trainees funded to train. Away from this, there is one bariatric surgery fellowship program and a bariatric medicine fellowship programme, but they are both located in Riyadh. Stakeholders called for more training that encouraged multidisciplinary working.

*Based on interviews/survey returns from 6 stakeholders*