



THE HEALTH COVERAGE OF SAUDI ARABIA AND ITS EXPANSION

Ourooj Safi

Faculty of Management, Sri Satya Sai University of Technology & Medical Sciences,
Sehore, MP, India

Farhat Mohsin

Faculty of Management Studies, Manav Rachna International Institute of Research and
Studies, Faridabad, India.

ABSTRACT

The consistent increment in the interest for medicinal services and decline in the inclusion of the private area has influenced the Saudi government to devise an assortment of measures that assistance back the social insurance division in the nation. Funding healthcare service is a focal test looked by the MOH. To meet the developing populace requests for social insurance and to guarantee the nature of administrations gave, the board for collaboration medical coverage was set up by the legislature in 1999. The primary part of this board is to present, direct and manage a medical coverage system for the Saudi social insurance showcase. There was only a single company for insurance in Saudi in 2004 but in today's date there are about 25 insurance company it currently. Application of health insurance act in 1999 give rise to private insurance system there. The cooperative council regulates the health insurance industry in the kingdom. In this paper we have discuss the Saudi insurance system especially which is regulated by CCHI and presented some challenges face by it. We have suggested our views to resolve the challenges.

KEYWORDS – Insurance, Saudi Arabia, Health, Public.

1- INTRODUCTION

According to the World Health Organization (WHO) ranking Saudi Health care system is having 26th rank among 190 countries of the world health system [1]. It leaves many developed countries like U.A.E, Canada, New Zealand far behind. The number of inhabitants in Saudi Arabia at 30 million, with around 2.5% development rate. This high increment in populace and increment in the pay prompt the interest for quality wellbeing mind. In late decades, the Saudi Arabian government has organized the advancement of social insurance benefits at all levels of care: essential, optional, and tertiary. This has caused a change in wellbeing among the Saudi populace. Presently, the government has the hold in Saudi Arabia. Ministry of Health (MOH) is the major care taker of health and is also a financer of health services. It covers about 60% of the health services in the country [2]. Alongside the MOH there are extraordinary foundations, for example, referral doctor's facilities, ARAMCO clinics, School wellbeing units of the service of training and the Red Crescent society. Amid any crisis or emergency these foundation gives human services. Private division likewise has a noticeable impact in giving human services to the general population living in the urban communities and town. The fundamental wellbeing suppliers in the private parts are the Saudi German Hospital and Al Hamadi Hospital.

2- SAUDI HEALTH INSURANCE

Protection is one of the imperative piece of society. Protection can either be given by the administration or by the private insurance agencies. It satisfies two criteria [3] to start with mental fulfillment as it guarantee individual that he is prepared to confront the costs through protection and other is money related security that implies his pocket can bar any additional weight on medicinal necessities. We can consider medical coverage a sort of social shared self-change that ensures the restorative needs of a shielded person. Restorative scope is basically, a financing segment for therapeutic administrations to guarantee that social protection is available all the time without the lamentable out of pocket portion that may bankrupt a man with genuine illness. Medicinal scope thusly gives a cash related instrument

© **Associated Asia Research Foundation (AARF)**

A Monthly Double-Blind Peer Reviewed Refereed Open Access International e-Journal - Included in the International Serial Directories.

to guarantee and propel awesome prosperity by guaranteeing that patients have a straightforward access to prosperity.

The term insurance is not new to Saudi Arabia. It was present in the society in form of group named 'mafihuum al takaful al ijitime' it includes people such as friends, relatives who contribute with each other financially at the time of need and emergency [4]. In any case, with section of time and modernization this idea lingers behind as 'takaful' necessities to embrace new measures so as to adapt to the expanding consumption in wellbeing. As a result of this necessity Health Insurance evolved.

The usage of a helpful medical coverage plot was arranged more than 3 phases. In the main stage the collaboration medical coverage was connected for non-Saudis and Saudis in the private part, in which their managers need to pay for wellbeing scope cost. In the second stage the helpful medical coverage is to be connected for Saudis and non-Saudis working in the administration divisions. The administration will pay the helpful medical coverage cost for this gathering. The third stage, the agreeable medical coverage will be given to gatherings, for example, travelers [5]. Just the principal organize has been executed to date with the agreeable medical coverage being actualized slowly in a three stage program to representatives of the private part and their wards. The primary stage cover organizations with in excess of 500 specialists ,while the second stage connected to representatives with in excess of 100 laborers The third stage incorporates representatives of all organizations and additionally household laborers.

3- GOVERNMENT INSURANCE

The medicinal services framework in Saudi Arabia ensures free remedial degree to each one of its locals and shuns working in the organization divisions. Under Saudi law Saudi nationals are qualifies with the desire of complimentary human administrations. Regardless, with the growing masses and necessities of therapeutic administrations the council has endorsed assurance approach changes and measures that can encourage the private zone to work personally with the organization. The administration medicinal services framework is financed, controlled and overseen by the MOH. It has attempted various methodologies for enhancing the administration of open doctor's facilities amid the previous decades; participate with different governments, for example, Nether land, Germany and Thailand and self-ruling wellbeing framework. MOH has institutionalized a self-sufficient clinic framework for 31

open healing centers in different locales. The self-ruling healing facility framework for open doctor's facility is relied upon to raise the proficiency of their execution in both medicinal and administrative capacities, embracing an immediate spending methodology and apply quality protection with qualified health professionals. However, even with increasing the proportion of government outlays allocated to the health care systems; rising health care cost, long waiting list and timely access to health care services has become major obstacle that threatens the very existence of the public health care system. Along with it challenges such as change in demography and patterns of disease, adoption of new advanced technologies, increased drug consumption, duplication of services, inefficiency eventually inhibits these public systems from achieving their primary goal of equal access to health care [6]. As a result Saudi Arabia tried to increase the participation of the private sectors in the health care market and to reduce the financial burden on the government.

4- PRIVATE INSURANCE

The health insurance market in Saudi Arabia have overgrown rapidly since 1990, medical insurance premium grew 20.8% in 2008 reaching \$260 million against \$215.3 in 1999. The market for cooperative health insurance in Saudi Arabia started with only one company in 2004; it currently involves about 25 companies. The private medical coverage framework in Saudi Arabia was the aftereffect of the usage of the medical coverage act in 1999. This demonstration expects to control and manage the arrangement of medical coverage for both Saudi and additionally Non Saudi occupants in the kingdom [7]. The helpful committee directs the medical coverage industry in the kingdom. In article 17 of medical coverage act medical coverage can be offered by qualified Saudi insurance agencies. CCHI has affirmed 25 insurance agencies and hosted issued licenses to five third get-together organization and in excess of 2150 human services suppliers.

Its model policy coverage is under SR. 250000 per individual every year. The scope incorporates administrations, for example, interview, research facility, test x-beams, medications and other restorative necessities and in addition follow up visits. Other hospitalization and restorative costs, for example, those identified with pregnancy and conveyance, untimely infants, cost of dental treatment, displays, renal dialysis and intense

mental issue are subjected to certain most extreme breaking points amid the term of approach. Likewise CCHI has issued general rejection from the model strategy such as [8]:

1. Cure for the disease that are cause due to alcohol.
2. General health examination and vaccination.
3. Management of AIDS AND STD's
4. Treatment of hair fall
5. Psychological disorder
6. Family planning
7. Cosmetic and acne treatment
8. Obesity management
9. Herbal and Dietary supplements
10. Fertility treatment

In the CCHI demonstrate plan in spite of the fact that medicine costs are concealed to SR 2500000 for each individual, arrangement identified with solution of medication, for example, refills and preauthorization for administrations are not obviously characterized. As per the wellbeing study information, around 1/2 of the people in low and center pay nations spend the majority of their social insurance use on drugs.

5- CHALLENGES OF CCHI

There are a few logical inconsistencies in CCHI as despite the fact that treatment of HIV or AIDS understanding in recorded under general avoidance by the CCHI the issue is altogether under control of MOH. Conversely, while treatment of STD's is a standout amongst the most under perceive medical issue around the world, it is recorded under CCHI general special case and don't have private program keep running by MOH as on account of HIV. Heftiness

is another basic exception from the CCHI list. Confirmation from fundamental audit has shown that corpulence is related with raised hazard for the large portion of the real medical issues including cardiovascular maladies, diabetes and hypertension. As indicated by WHO overweight and weight causes 2.8 a huge number of deaths every year. A national epidemiological wellbeing study directed in KSA focused on that a forceful crusade against corpulence is basic. Constant mental issue, treatment of barrenness and skin issue are other case of faulty avoidance. We esteemed that the oversight of such medical issue by the CCHI and health care coverage organizations is wrong from the view purpose of general wellbeing.

6- CONCLUSION

Although Saudi Health Care achieved such a position but still it has many challenges which requires solutions. Taxpayer driven organizations are right now gave by in excess of 10 offices, including the MOH. The administration of these administrations isn't uniform, and some oversight by private temporary workers are as yet costly. Nonetheless, the decent variety of regulatory frameworks could be a wellspring of enhancement, particularly in wellbeing organization and the administration of assets. Better coordination among these organizations would bring about more prudent utilization of accessible assets and ability, to the best preferred standpoint. Wellbeing administrations are to a great extent openly financed, and despite an expanded spending allotment for these free administrations, the real normal consumption per capita is relied upon to diminish. There is a positive requirement for capable wellbeing administration and a creative way to deal with wellbeing organization and financing.

REFERENCES

1. The world health report 2000. Health systems: improving performance. Geneva, World Health Organization, 2000
 2. Health statistical year book. Riyadh, Saudi Arabia, Ministry of Health, 2009.
 3. Abdul Rahim HF, Sibai A, Khader Y, et al. Non-communicable diseases in the Arab world. Lancet 2014
 4. Abd al Latif Mahmud Al Mahmud :Social insurance from the perspective of Islamic Law. Nafais Publishing House, Beirut (
-

© **Associated Asia Research Foundation (AARF)**

A Monthly Double-Blind Peer Reviewed Refereed Open Access International e-Journal - Included in the International Serial Directories.

5. Alsharif AI. Health system and insurance in Saudi Arabia. Paper presented at the Board of Healthcare Funders Southern African Annual Conference, Durban, 3-16 July 2008. Port Elizabeth, South Africa, Providence Healthcare Risk Mangers, 208.
6. Brown LD. Comparing Health Systems in Four countries: lessons for the United States. Am J Public Health 2003; 93: 52-56
7. Ministry of Health in Kingdom of Saudi Arabia (MOH), 2011. Available from URL: <<http://www.moh.gov.sa/en/Ministry/Statistics/Indicator/Pages/default.aspx>>
8. The Council of Cooperative Health Insurance (CCHI), 2011. Available from URL: <<http://www.cchi.gov.sa>>