

India and Saudi Arabia Health Care Systems: Learning From Each Other Health Care System

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Abstract: Saudi Arabia and India are doing their best to improve the medical facilities for their citizens. Both countries have government sector and private sectors working in health care sector. Both are Asian countries and have traditional values. Both are developing countries. We propose that these countries can benefited from each other experience and strengths. We propose six health care areas in which these two countries can collaborate and learn from each other.

Keywords - India, Saudi Arabia, Health care systems, Public, Private.

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I. Introduction

Health is said to be best wealth. In recent years there has been a substantial increase in attention and resources related to health. Health is that state which is equally important to us irrespective of caste, creed and gender. It is the basic universal right of every individual [1]. WHO gives a clear definition of health "It is a complete physical, mental and social wellbeing and not merely absence of disease or infirmity" [2]. This definition has important conceptual and practical implication. Worldwide several programs and project are running which aimed at health for all [3]. According to WHO constitution "The enjoyment of highest attainable standard of health is one of the fundamental right of every human being" [4]. Every country in the world now associated with the health related rights as well as other rights that related to condition necessary for health. Right to health means that management should be taken in such a way that everyone can be as healthy as possible [5]. Right to health contain following elements;

1. Availability: Sufficient health care factors such as hospitals, health care centers, clinics, doctors, drugs and services should be available in all geographical area and to all communities [6].
2. Universal access: It should be comprehensive and affordable for all the people when needed [7].
3. Acceptability: Health care institutes and its provider must respect dignity, provide appropriate care. They must respect medical ethics and protect its confidentiality [8].
4. Quality: All health care facilities and services must be scientifically and medically appropriate and of good quality [9].

The objective of the study is to analyze the healthcare services in India and Saudi Arabia and how they can implement each other services so that a desired healthcare system can be achieved. Modern healthcare is characterized by increasing demands for individualized high quality services, an intensified patient inflow and technological innovation. All these put pressure on healthcare system. The rapidly changing healthcare environment characterized by its high level of complexity, uncertainty and dynamic nature is faced with increased pressures to improve internal efficiency by cutting cost. Overcrowded medical and hospital building, shortage of medical staff and lack of funds are the reality of today's healthcare system. It's ultimately the patient who suffers. The objective aimed to improve the quality of healthcare system and process to achieve the patient satisfaction for both the countries. The following is the paper structure; Section 2 has discussion about the Indian and Saudi Arabia health care systems. Section 3 has our recommendations. Section 4 has conclusion.

II. India and Saudi Arabia Health Care Systems

India has traditionally been a rural, agrarian economy with near about more than 70 % of its population still living in rural areas half of all residents of rural areas live below the poverty line, struggling for better and easy access to health care and services. But in spite of this a rapid urbanization has seen in its expanding economy. In this era of modernization and urbanization the health awareness of population is also increasing. According to National Family Health Survey-3 [10] the private medical sector remains the primary source of health care for 70% of households in urban areas and 63% of households in rural areas.

Under Indian Constitution, health is a state subject. Each state has its own healthcare delivery system in which both the public and private sectors work. States particularly are responsible for its functioning of

healthcare system whereas the central play an important role in policy making, planning and providing funds for the various programs. The organization at national level consists of Union Ministry of Health and Family Welfare. In each state the organization is under State Department of Health and Family Welfare [11]. It is headed by state by state minister and a secretariat under the secretary. Indian system of medicines consists of Allopathy and Ayush (Ayurveda, Yoga, Unani, Siddhi and Homeopathy) [12]. The district level structure of health services is a middle level arrangement organization. Kingdom of Saudi Arabia was established in 1932 and before that health care was generally provided by local healers. Saudi Arab is the largest State in Middle East. It has the largest reserves of oil globally and accounts for 25% of the world's total oil supply. The KSA has estimated population of 26 million residents [13] and with its high economic development there is a large percentage of foreign people living in the country. Beside this, it is a holy destination for Muslims so people from all over the world continuously move in and out from the country. Before the discovery of oil the Saudi social structure was more towards traditional values. Society was backward and poor. There was no specific health care system and health care was mainly based on traditional practice and medicines. It was under the effort of its King Abdul Aziz that in year 1925 first public health department was established. Its role was to provide free health care to the population and pilgrimage [14] by establishing many dispensaries and hospitals. Though it was the great effort in the field of health care but the national income was not sufficient to achieve advance health care as a result majority of population depends on the traditional health care. It was the establishment of Ministry of Health (MOH) in 1950 which leads to the advancement of health care system in Saudi Arabia [14]. During that time MOH operated 11 hospitals and 25 dispensaries in various parts of the country. For next decade there was an acute shortage of health care resources and professionals. After that in coming years there was much greater investment in health care infrastructure. By 1970 the country had 74 hospitals and then by 2002 there were 331 hospitals [14]. Planning for country's wide health care system began in 1971 with the development of successive five year national health care program. The first four development plans [1970-1989) brought dramatic changes to the Saudi health care system. Firstly the emphasis was more on establishing the necessary infrastructure of hospitals, clinics, pharmacies and laboratories [15]. As these facilities were put into the places the emphasis gradually shifted to the improving the quality of medical care and services. Currently the MOH is the major government provider and financier of health care services in Saudi Arabia. These services comprise 60% of the total health services in Saudi Arabia [16]. Apart from financing and delivery of care the MOH exercises considerable regulatory authority including price control for services rendered in the private sector as well as price of medical devices and pharmaceutical products. With the MOH facilities being restricted to only Saudi national the 5.5 millions of expatriate within the Kingdom are being forced towards the private healthcare sector. Private healthcare sector offers services in cities and large town with 125 hospitals, clinic and dispensaries. The government also encourages greater private sector involvement by offering long term interest free loan for establishment of hospitals, clinics and pharmacies. Private sector accounts for 27% of Saudi healthcare [17].

III. Recommendations

Saudi Arabia and India are doing their best to improve the medical facilities for their citizens. Both countries have government sector and private sectors working in health care sector. Both are Asian countries and have traditional values. Both are developing countries. We propose that these countries can benefited from each other experience and strengths. We propose six health care areas in which these two countries can collaborate:

1. Premarital tests
2. Healthcare Human Resources
3. Medical Tourism
4. Health Information System
5. Medical Insurance
6. Disaster Management
7. We will discuss these six areas in detail.

1- Premarital test

Healthy and genetically compatible couples produce healthy children. Unhealthy children may face problems in life and can be burden to health care system. A premarital test is defined as a test in which couples that are going to get married are tested for genetic, infectious and blood transmitted diseases to prevent any risk of transmitting any disease to their children. This includes test for sickle-cell anemia (SCA) and Thalassemia, and some infectious diseases such as hepatitis B, C and HIV. In Saudi Arabia, this test is compulsory for soon to be married couples. This test provides them guidance about the health of their future children. It has been observed that many marriages did not take place because of unfavorable test reports. It means Saudis are having more awareness about the problems unhealthy and genetically incompatible couples may have. This saves the

resources of health care systems on unhealthy children. India should encourage soon to be married couples to have premarital tests. People should be educated about the benefits of these tests. It will help in producing healthy children and saves the resources on unhealthy children.

2- Healthcare Human Resources

Saudi Arabia does not have enough Saudi health care professionals. Universities are facing problems of shortage of excellent faculty members. India has many world class medical institutes which can boost up excellent faculty and facilities. These institutes may start short term and long term courses for Saudi health care professionals. It will help Saudi health care professionals getting expertise at much less cost as compare to they spend in Europe and USA for similar training programs. This collaboration will also generate revenue for Indian medical institutes and can be utilized to improve the facilities which will be beneficial for Indian students and Indian patients. Indian medical institutes may also open medical colleges in Saudi Arabia. Teachers from India may come and teach in these colleges. It can be additional source of income for Indian institutes and Saudi will be get excellent education in their country. Indian medical experts can give short term course in Saudi Arabia. In other words, India may help Saudi create healthcare human resources.

3- Medical Tourism

India medical system can boost up excellent facilities at reasonable cost. People from all over the world come to India for the treatment. Saudi Government provides the medical facilities to their citizens free of cost. However, there is a long waiting time in secondary and tertiary levels. Saudi government can tie up with Indian private hospitals to provide medical treatment to their citizens. This will reduce the burden on Saudi health care system and increase the revenue of the Indian private hospitals. Saudi hospitals can have collaboration with Indian hospitals so that Indian hospitals can provide guidance to Saudi hospitals for better treatment. Indian hospitals may also open branches in Saudi Arabia so Saudi people can get excellent medical treatment in Saudi Arabia. Saudi Medical insurance companies can also have collaboration with Indian hospitals so that these companies can sell medical insurance products related with Indian hospitals. As Indian hospitals provide the treatment at lower cost the premium for these policies will be low. Indian private hospitals may also get additional revenue from this scheme.

4- Health Information System

Every Saudi citizen and expatriate carries a resident card. Generally, all the Saudi hospitals have health information systems. Whenever, a Saudi resident goes for medical treatment to a hospital, his all medical information (medical conditions, prescribed drugs, test reports etc.) is stored in the health information system of the hospital with his resident card number. Medical history is useful for the treatment of a patient. It is also easy to transfer these reports to other hospitals. In India, health information systems have not become very popular. Only big hospitals are using health information system. In India, there is no acceptable identity card, people use different identity cards like passport, driving license, Aadhaar card at different hospitals. Many hospitals don't ask for any identity card from the patient. Hence, there is no uniformity in medical records. It is very difficult to collect the medical history of a patient from different hospitals. Indian government should encourage their citizens and hospitals to use a common card. Health management systems should be employed in each hospital and connected with each other. That will help in storing medical history in better way. It will also help in transferring the medical records of patients from one hospital to other hospitals.

5. Medical Insurance

Saudi government provides medical facilities to its citizens free of cost. However, the burden of free medical facilities on Saudi economy is increasing. Hence, Saudi government is exploring the option of medical insurance. Indian government is also trying to provide medical insurance for poor people. The Indian government has developed a good program for poor people. The Saudi government can use the experience of Indian government in the field of medical insurance to develop their own program. Saudi insurance companies can have collaboration with Indian insurance companies to start new medical insurance products in Saudi Arabia. Indian hospitals can develop collaboration with Indian insurance companies so Saudi can buy medical insurance that can give them treatment in Indian hospitals.

6. Disaster Management

Large Religious gatherings are important part of Saudi and Indian cultures. Both countries try their best to provide the best facilities to the crowd. Because of large crowd infectious diseases can turn into epidemics. Providing clean accommodations, drinking water and proper and hygienic food to these pilgrims are major challenges. As a large number of pilgrims are in advanced age it complicates the health management of these people. Crowd management is another big challenge. Many stampedes have been reported in these two

countries. Many lives have been lost in these stampedes. Saudi Arabia and India have experience of these religious gathering still precious lives are lost. The governments of India and Saudi Arabia can form a joint team for this purpose. This team can share the experience of India and Saudi Arabia. Manpower training and development of new technologies for crowd management can be two important areas of collaboration.

IV. Conclusion

Health indicators like life expectancy, availability of physicians etc. suggest the success of health care systems. Every country has strengths and weaknesses. Excellent health care human resource is the strength of India, whereas, Saudi has better per capita income. Development of health care human resource, medical tourism, health information systems, health insurance and disaster management are few areas where these countries can collaborate to improve their health management systems.

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