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CHALLENGES OF PRIMARY HEALTHCARE IN SAUDI ARABIA: A NARRATIVE REVIEW

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Abstract:
Saudi Arabia seeking to improve the healthcare system through significant investments and provide supportive healthcare infrastructure. Primary healthcare is the cornerstone of universal health coverage. Identifying challenges that are facing the primary healthcare is crucial for quality improvement. This narrative review aimed to underline the challenges of primary healthcare in Saudia Arabia as a step for improving the quality of the healthcare system.
Methods: A review of the previous studies and reports was conducted to conclude the existing situation of primary healthcare in Kingdom of Saudi Arabia (KSA).
Results: The reported challenges of primary healthcare in Saudi Arabia were mainly classified into resources allocation and end administrative process factors. Resources allocation factors contributed to maldistribution of the resources across different geographical areas in the kingdom, shortage of the health workforce, and lack of information system, The administrative processes factors included lack of specialized clinics, communication, and cultural barriers. All these challenges lead to a lack of satisfaction among healthcare consumers with the provided care.
Conclusion: The existing challenge in primary healthcare threatens the quality of healthcare in the Kingdom. Primary healthcare requires supportive infrastructure such as electronic referral systems to facilitate integration with other healthcare sectors. Alongside providing continuing development programs for the healthcare providers on patients- centered care will foster the achieving the Kingdom vision 2030 for healthcare system.

Keywords: Challenges; primary healthcare; Saudi Arabia.

Introduction:

Primary healthcare (PHC) is the entry point to the health system. The function of primary health care is to coordinate the care of people and their different health needs over their

life span and across the continuum of care. Primary healthcare services represent a large and growing proportion of a country's healthcare provision, its empowerment is a key aspect of achieving the "Healthcare Transformation Program" (1). The PHC was fostered in 1978, during the international conference on PHC in Alma-Ata, Kazakhstan. The conference brought together 134 countries and 67 international organizations. This conference defined and granted international recognition to the concept of primary health care as a strategy to reach the goal of health for all in the year 2000. This initiation aimed at radical change in the content and design of health services to afford equity in health services through primary care. Over the last 25 years aaccording to the Alma-Ata, conference the World Health Organization (WHO) defined PHC as "essential health care" based on scientifically socially accepted strategies that universally accessible to individuals and families in communities (2). The World Health Organization (WHO) dominated its policies and strategies for embedding the concept of primary healthcare according to the Alma Ata conference (2)**.** Saudi Arabia identified the development of PHC as one of the important strategies for providing optimal health care by the Alma Ata Declaration, by the "World Health Organization General Assembly" in 1978. In 1983, Saudi Arabia began to promote the concept of PHC and adapted it as the foundation and advancing channel of its healthcare system. The Ministry of Health (MOH) established 2259 PHC centers throughout the Kingdom of Saudi Arabia's affiliated to the. Those PHC centers were well established for providing comprehensive preventive and curative services (3).

Expanding healthcare coverage is an important element of the Kingdom of Saudi Arabia's (KSA)Vision 2030 to overcome the challenges of growing demands of people with chronic diseases either due to longevity of life span or unhealthy lifestyles. These challenges result in an overburden on the curative healthcare system. The burden of chronic diseases raises the expenditure of healthcare from USD 1,261 to USD 1,858 per capita during the period between 2019 and 2030. In response, the government focuses on enforcing primary and preventive care. Strengthening primary healthcare will ensure the efficiency of patient flow management, accessibility, and integration of healthcare. Therefore, the KSA adopted the "Healthcare Transformation Program" that aims at increasing the health care coverage in residential areas from 78% to 88% (4,5). The KSA executed efforts for primary healthcare equity all over the kingdom. The Saudi government distributed the healthcare facilities equally throughout the twenty regions of Saudi Arabia (6).

The high-quality universal health coverage is grounded by the quality of primary health care. The quality of care is accomplished through people-centered care that is integrated with the principles of safe, timely mannered, continuous, equitable, and accessible healthcare (1). Since the vision 2030 of the KSA is looking forward for empowering health and social care systems and providing a high quality of primary healthcare, it requires determination of barriers and challenges to close the gap between the actual situation and the desired outcomes (7,8, 9).

METHODS

The current narrative review aimed to identify key topical issues, concerns, and strategies, rather than provide a comprehensive review to determine the challenges of primary healthcare in Saudi Arabia. The starting point for determining the search terms used in the review was a 5-point definition of study search questions and exploration of Medical Subject Heading (MeSH) terms. Broad-ranging search terms were used for developing a search strategy in 5 questions and keywords (primary health care, healthcare professionals, healthcare consumers, health care resources and regulation, barriers and challenges). The search included cross-section study design, and narrative studies. In addition to gray literature for reports, strategies, and policies that published by governments and organizations. The search was performed on the following databases: ScienceDirect, Sage, Springer, and PubMed. Google and Google scholars were also searched for identifying gray literature. The search was limited by published literature from the year 2015 to the 2023 year and the English language, to capture the overall perspective on challenges of primary healthcare in KSA. No time limit was used for searching about the historical background of primary healthcare and governmental regulations or strategies.

Results:

The Saudi Ministry of Health (MOH) provides over 60% of health services while the rest are shared among other government agencies and the private sector. The PHC in the KSA offers a range of services that includes health preventive services that emphasize health promotion, and health maintenance activities. The PHC along with family health exciting efforts to raise awareness regarding preventive measures for non-communicable Diseases, communicable diseases, and environmental health. In addition, maternal health, extended programs of immunization, and management of childhood illnesses are among the most important programs of PHC in KSA. Moreover, PHC in KSA conducts screening procedures for cigarette smoking and obesity (4, 10).

Indicators of PHC efficacy were reflected in several studies. In Taif region a significant relationship was found between awareness and efficiency of PHC (10). In general, there is a high satisfaction rate with PHC's services all over the kingdom (11). While other studies reported a low level of satisfaction among PHC users in Riyadh City and Khobar (12, 13).

Accordingly, the KSA still has challenges facing the PHC sector. These challenges are defined in two main categories, which are resource allocation and administrative process. Regarding resources allocation, studies reported the maldistribution of PHC centers and healthcare workforce across geographical areas of the kingdom, it was reported that across some regions of Hail, Najran, Al-Qassim, Rafha, and Arar outside Riyadh, PHC centers are not distributed equally according to the serving population. The healthcare facilities in these regions primarily serve the military and their families, while other facilities are available for nonmilitary personnel, serving populations that number from 91,000 to 311,000 across rural areas and the inner city (14). In addition, there is a shortage in manpower either physicians or nurses especially experts because those experts are more involved in managerial jobs. The number of primary care physicians and nurses is less than the demand (15). On the other hand, the "Saudization" program that requires a workforce to expected comprise of 50 % Saudi nationals in 2025 increases the difficulties to ensure enough healthcare professionals. Another key factor of the shortage of healthcare workforce is a lack of interest in primary care specialty. Less than 20 % of medical students view primary care as less significant and not economically worthy. Furthermore, nurses as important healthcare team members usually shift to managerial and leadership positions. In addition to the shortage in manpower, insufficient in-service training is considered an obstacle facing the PHC sector (5, 16, 17). Infrastructure facilities and information systems are further factors that induce challenges for the integration and coordination of PHC with other healthcare sectors. As well as the referral services from PHC and appointment systems require improvement (16, 18, 19).

All these factors with the increased demands for PHC negatively affect the administrative process at PHC centers. The ineffective administrative process is reflected in the delayed delivery of test results and radiation tests. Regarding accessibility and acceptability among citizens, accessibility challenges can be expressed in long waiting times, crowded waiting areas, and lack of specialty clinics (20, 21). In addition to cultural, language, and communication barriers due to the non-Arabic speaking workforce, foreign nurses for example constitute 90% of the nursing workforce. Moreover, there are insufficient interpretation and translation services at PHC centers. These cultural and language barriers affect the quality of the provided services (5, 22, 23)

Consequently, the acceptability of services and patient satisfaction influence the utilization of PHC services. Around 75 % of all patients in Riyadh do not prefer to attend a primary care clinic. Most studies' participants showed low satisfaction with PHC services because of the accessibility and integration barriers (17, 24). The dissatisfaction and low utilization included most of PHC services including dental services, services for elderly, adolescents, and people with special needs such as disability (3, 25). On the other hand, a study reported that patients were specifically satisfied with the role of care providers (11). The acceptability of the population could be improved by performing according to the principles of a patient-centered approach. Considering the preferences of healthcare consumers customers will build a trustful relationship between PHC providers and citizens of Saudi Arabia (17, 26).

Discussion:

Providing accessible and high-quality patient-centered healthcare continues to be difficult in many nations. However, international efforts were made to improve PHC. Saudi Arabia's PHC system faces certain challenges as the population's geographic dispersion affects PHC service accessibility, particularly in isolated and rural areas (26, 27). The quality of healthcare indicators differed based on the healthcare issues, leading to differences in the challenges faced by developing and developed nations. Understanding these challenges is essential to establish customized interventions according to the PHC systems challenges in Saudi Arabia, other Middle Eastern nations, and the larger Arab world for promoting better health outcomes (28, 29, 30). Proper resources allocation including healthcare workforce are corner stones for effective PHC system (29). Contextual process of PHC services is important as well-built infrastructure. Patients- centered care is one of the most important administrative processes, which incorporate proper communication and respecting patients' cultural. In addition to ensuring enough competent healthcare providers. Communication and cultural barriers are factors that facing the Saudi PHC because of foreign healthcare providers. Communication barriers among patients and healthcare providers influence adherence to treatment plans (16, 18, 31). In countries populated by various nationalities, linguistic barriers have an adverse effect on the provision of appropriate, timely, safe, and effective care to meet patients' needs (32). Moreover, linguistic barriers present difficulties in maintaining patient safety, delivering high-quality healthcare, and obtaining high levels of satisfaction between healthcare providers and patients (33). Healthcare organizations should provide formal training for healthcare providers to become good communicators (34). Workforce shortages present another significant barrier that requires continuous training and development to improve staff performance (35). The acceptability of PHC and healthcare consumers satisfactions are declined at KSA as same as in other Middle Eastern and Arab nations regardless of their different socioeconomic status. The Arb nations require improvement in PHC services to enhance their accessibility and acceptability among users. To attain an effective PHC system community engagement and collaborative efforts are required between ministries and of health and universities (36).

Conclusion:

This review concludes that most of the population in Saudi Arabia are satisfied with the role of care providers, but they are not satisfied with primary health care services expressed in two issues regarding accessibility and acceptability. In relation to accessibility to PHC services includes a lack of specialty clinics, cultural, language, and communication barriers due to the non-Arabic speaking workforce, referral services from PHC and appointment systems, long waiting times, and crowded waiting areas. On the other hand, there is a lack of interest in primary care specialties and less than one-third of medical students view primary care as less significant and not economically worthy. Furthermore, nurses usually shift to managerial and leadership positions and insufficient in-service training. All these factors along with the maldistribution of PHC centers across geographical areas of the kingdom lead to the shortage in manpower and considered obstacles facing the PHC sector. These factors impacted population acceptability especially in Riyadh because of the accessibility and integration barriers.

Recommendations:

Population acceptability could be improved by performing according to the principles of a patient-centered approach. Integration and coordination of PHC with other healthcare sectors by reforming of e-referral system. Inservice training program for PHC team to achieve the KSA Vision 2030 and improve all the weak points that are faced.

REFERENCES

1. World Health Organization. A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals. 2018. [cited 2023 Dec 31], Available from: http://www.who.int/ publications/I/item/WHO-HIS-SDS-2018.15

2. World Health Organization. Primary health care: International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. [cited 2023 Dec 25], Available from: http://www.who.int/publications/i/item/9241800011
3. Mesawa AT, Alghamdi SA, Aleliani SA, Alamri MS, Alzahrani MH, Alkhathami AM, Alqarni AA, Almutairi OO, Alghamdi HA, Albakri FS. Primary health care in Saudi Arabia: a comprehensive review. INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES. 2018 Nov 1;5(11):13289-96. https://doi.org/10.5281/zenodo.1560611
4. Asmri MA, Almalki MJ, Fitzgerald G, Clark M. The public health care system and primary care services in Saudi Arabia: a system in transition. Eastern Mediterranean Health Journal. 2020;26(4):468-76.
5. Berger, R. The future of primary care in KSA Why KSA Is Ripe for the Next Generation of Primary Care. 2022.[cited 2023 Dec 25], Available from: https://www.rolandberger.com/en/insights.
6. Al-Sheddi A, Kamel S, Almeshal AS, Assiri AM, Al-sheddi A, Kamel Jr S. Distribution of Primary Healthcare Centers Between 2017 and 2021 Across Saudi Arabia. Cureus. 2023 Jul 15;15(7).
7. Dixon-Woods M, McNicol S, Martin G. Ten challenges in improving quality in healthcare: lessons from the Health Foundation's program evaluations and relevant literature. BMJ quality & safety. 2012 Jan 1.
8. Fulop NJ, Ramsay AI. How organizations contribute to improving the quality of healthcare. Bmj. 2019 May 2;365. https://doi.org/10.1136/bmj.l1773
9. Saudi Vision 2030. [cited 2023 Dec 31], Available from http:// www.vision2030.gov.sa/en/vision-2030/overview/
10. Elgamdi AN. The Efficiency of Primary Health Care Center's in the Delivery of Health Care Services in Taif, Kingdom of Saudi Arabia. International Medical Journal. 2019 Dec 1;26(6).
11. Alhajri SM, Aljehani NM, El Dalatony MM, Alsuwayt SS, Alhumaidany TM, Aldossary MS, Aljehani N, Abd M, Alsuwayt S, Alhumaidany T. Patients' Satisfaction with the Quality of Services at Primary Healthcare Centers in Saudi Arabia. Cureus. 2023 Sep 11;15(9).
12. AlOmar RS, AlShamlan NA, AlAmer NA, AlThumairi AA, Almir BM, Aldawood HA, Bukhamsin TH, Alqahtani HA, Al Shammari MA. Perceived barriers to primary care services utilization and its associations with overall satisfaction of patients in Saudi Arabia: a cross-sectional questionnaire-based study. Journal of primary care & community health. 2021 May;12:21501327211014065. https://doi.org/10.1177/21501327211014065
13. Alqahtani M, Alanazi M, Alsuwaidan S. Patient Satisfaction with Primary Health Care Services in Riyadh City, Saudi Arabia. International Journal of Clinical Medicine. 2023 Aug 3;14(8):366-76. https://doi.org/10.4236/ijcm.2023.148032
14. Caswell A, Kenkre J. Primary healthcare in Saudi Arabia: an evaluation of emergent health trends. Global Journal on Quality and Safety in Healthcare. 2021 Aug 1;4(3):96-104. https://doi.org/10.36401/JQSH-20-33
15. Almotairy M, Nahari A, Alhamed A, Aboshaiqah A, Moafa H. Physicians' perception about primary care nurse practitioners in Saudi Arabia. The Journal for Nurse Practitioners. 2022 Jul 1;18(7):747-52. https://doi.org/10.1016/j.nurpra.2022.04.020
16. Alfaqeeh G, Cook EJ, Randhawa G, Ali N. Access and utilization of primary health care services comparing urban and rural areas of Riyadh Providence, Kingdom of Saudi Arabia. BMC health services research. 2017 Dec;17(1):1-3. https://doi.org/10.1186/s12913-017-1983-z
17. Almujadidi B, Adams A, Alquaiz A, Van Gurp G, Schuster T, Andermann A. Exploring social determinants of health in a Saudi Arabian primary health care setting: the need for a multidisciplinary approach. International Journal for Equity in Health. 2022 Dec;21(1):1-1. https://doi.org/10.1186/s12939-022-01627-2
18. Al-luhaym AN, Alshagrawi S. Factors Associated with Access to the Saudi Primary Healthcare in Light of Vision 2030. Sudan Journal of Medical Sciences. 2023 Oct 4;18(3):391-401. DOI 10.18502/sjms.v18i3.1409

19. Al-Abbasi K. *A COMPREHENSIVE EVALUATION OF COMPLEX INTERVENTIONS IN HEALTH: INFORMING DECISION MAKERS* (Doctoral dissertation, The University of Western Australia).2022
20. Mohamed EY, Sami W, Alotaibi A, Alfarag A, Almutairi A, Alanzi F. Patients' satisfaction with primary health care centers' services, Majmaah, Kingdom of Saudi of Saudi Arabia. International journal of health sciences. 2015 Apr;9(2):163. PMID: 26309435; PMCID: PMC4538893.
21. Almusawi MA, Radwan N, Mahmoud N, Alfaifi A, Alabdulkareem K. Analysis of patients' complaints in primary healthcare centres through the Mawid application in Riyadh, Saudi Arabia; a cross-sectional study. Malaysian Family Physician. 2023;18(1):1-7.
22. Almutairi KM, Helih EM, Moussa M, Boshaiqah AE, Alajilan AS, Vinluan JM, Almutairi A. Awareness, attitudes, and practices related to coronavirus pandemic among public in Saudi Arabia. Family and Community Health. 2015 Oct 1;38(4):332-40.*DOI:* 10.1097/FCH.0000000000000082
23. Alotaibi OG, Alanazi AK. Evaluating the Extent of Language Barriers Among Health Professionals in the Saudi Arabian Health System. DOI: https://doi.org/10.52403/gijash.20220716
24. Alqossayir FM, Alkhowailed MS, Alammar AY, Alsaeed AA, Alamri YY, Rasheed Z. Factors associated with patients bypassing primary healthcare centres in Qassim Region, KSA. Journal of Taibah University Medical Sciences. 2021 Dec 1;16(6):900-5. https://doi.org/10.1016/j.jtumed.2021.07.012
25. Alkhurayji K, Aldakhil S, Alotaibi A, Aldalan R, Naik S, Al-Kheraif AA, Kalagi S. Parents and guardians perceptions of primary school students accessibility to dental health services in Riyadh City, Saudi Arabia: A cross-sectional study. Heliyon. 2023 Dec 1;9(12). https://doi.org/10.1016/j.heliyon.2023.e23277
26. Al Khashan H, Abogazalah F, Alomary S, Nahhas M, Alwadey A, Al-Khudhair B, Alamri F, Aleisa N, Mahmoud N, Hassanein M. Primary health care reform in Saudi Arabia: progress, challenges and prospects. Eastern Mediterranean Health Journal. 2021;27(10):1016-26.
27. Alharbi ST, Alzghool MM. Factors Associated with Access, Utilization, and Level of Satisfaction With Primary Health Care Services in Hafar Al-batain City of Saudi Arabia. Global Journal of Health Science. 2019 Nov 3;11(13):34. doi:10.5539/gjhs.v11n13p34
28. World Health Organization. Quality in primary health care. World Health Organization; 2018.
29. Endalamaw A, Khatri RB, Erku D, Nigatu F, Zewdie A, Wolka E, Assefa Y. Successes and challenges towards improving quality of primary health care services: a scoping review. BMC Health Services Research. 2023 Aug 23;23(1):893. https://doi.org/10.1186/s12913-023-09917-3
30. Al-Ramlawi DJ. Strategies of Improvement of Access to Quality Primary Healthcare in the United Arab Emirates: Lessons to Learn. Smart Medical Journal.;6(2):99-107. https://doi.org/10.13057/smj.v6i1.74287
31. Ahmed HM. Women's Satisfaction with Primary Health Care Services in Al-Hosienia District, Sharkia Governorate, Egypt. The Egyptian Journal of Community Medicine. 2022 Apr 1;40(2):121-7. https://dx.doi.org/10.21608/ejcm.2021.69805.1159
32. Ali PA, Watson R. Language barriers and their impact on provision of care to patients with limited English proficiency: Nurses' perspectives. Journal of clinical nursing. 2018 Mar;27(5-6):e1152-60. DOI: 10.1111/jocn.14204
33. Al Shamsi H, Almutairi AG, Al Mashrafi S, Al Kalbani T. Implications of language barriers for healthcare: a systematic review. Oman medical journal. 2020 Mar;35(2):e122. https://doi.org/10.1136%2Fbmjopen-2023-076326
34. Abdulla NM, Naqi RJ, Jassim GA. Barriers to nurse-patient communication in primary healthcare centers in Bahrain: Patient perspective. International Journal of Nursing Sciences. 2022 Apr 1;9(2):230-5. https://doi.org/10.1016/j.ijnss.2022.03.006
35. Alzaied TA, Alshammari A. An evaluation of primary healthcare centers (PHC) services: The views of users. Health Science Journal. 2016;10(2):1.

36. Van Weel C, Alnasir F, Farahat T, Usta J, Osman M, Abdulmalik M, Nashat N, Alsharief WM, Sanousi S, Saleh H, Tarawneh M. Primary healthcare policy implementation in the Eastern Mediterranean region: Experiences of six countries. European Journal of General Practice. 2018 Jan 1;24(1):39-44. https://doi.org/10.1080/13814788.2017.1397624