

The Health Planning Process at the National and Facility Levels in Saudi Arabia: Policy Implications

Girmay Berhie

*Assistant Professor, Master's Program in Health & Hospital Administration,
Department of Public Administration, College of Administrative Sciences,
King Saud University, Riyadh, Saudi Arabia*

(Received 8/10/1410 A.H.; accepted 14/4/1411 A.H.)

Abstract. Health planning process at the national level has been carried out in different phases corresponding to the progression of the four five-year health plans. It was during the development of the fourth five-year health plan that health regional directorates become involved in the planning process for the first time. Such direct participation by the regional directorates was a unique development feature and introduced into the health planning process a somewhat different perspective.

This paper analyses the health planning process at the national level and brings into focus the major issues facing health planners at both the national and facility levels, and the implications of these issues for national health policy. Finally, suggestions are made about how the issues may be tackled and resolved. In this regard strategic planning approach is highlighted. The author believes that such initiative together with the necessary support and guidance will have far reaching impact on the health delivery system in the Kingdom.

Introduction

Planning is a multi-meaning term but, at the very least, it implies efforts to shape the future with the help of structured rationality, systematic knowledge and organized activity. It constitutes one mode of policy making distinguished by (a) a medium to long-term perspective, and (b) much attention to internal consistency between a range of sub-decisions [1].

The history of health planning in the Kingdom of Saudi Arabia consists of four phases corresponding to the five year development plans, *i.e.* 1970–1975, 1975–1980, 1980–1985, and 1985–1990 [2]. It was during the development of the fourth five year health plan that the health regional directorates became involved in the planning process for the first time. Such direct participation by the regional directorates was a unique development feature, differing from previous health plans in terms of the emphasis on the health regional plans and the special programs combination package of the Ministry of Health and Planning Unit.

The Ministry of Health has a planning and development unit headed by a Deputy Minister and assisted by two Director Generals who are in charge of Planning and Research, and Manpower Development respectively.

The planning and development unit is responsible for:

- Collecting vital statistics that are needed for the five year development plans;
- Participating in the formulation of the five year development health plans and the preparation of the draft plans to be submitted to the Ministry of Planning which are, in turn, submitted to the Council of Ministers and the King for approval;
- Implementing the five year development health plans efficiently and effectively with the resources available;
- Coordinating, appraising and reviewing the effectiveness of various health plans in the Kingdom; and
- Appraising the adequacy of the overall organizational arrangements for the delivery of health services.

The planning process undertaken by the Ministry of Health is, however, fairly complex involving both a number of steps as well as ministerial, regional and local authorities and groups. In this paper, the process constituting the national planning process and local facility planning are described.

The purpose of this paper is to:

- 1) Document the existing K.S.A. health planning process;
- 2) Discuss some of the major health planning issues at both national and facility levels and suggest some possible ideas for debate and considerations; and
- 3) Discuss health policy implications of these planning processes and how they can contribute to the identification and (hopefully) the resolution of health planning issues.

K.S.A. Health Planning Process

The health planning process at the national level has been carried out in different phases of development corresponding to the progression of the four Five Year Health Plans. The health planning process attempts to assess the health status of the population, maps the direction and impact of health policies, sets goals and objectives, and makes key decisions designed to achieve these goals. The requirements and expectations of the health planning process have changed substantially over the course of the four five year plans. The major contribution of the health planning process in the various stages of planning was the introduction of the rationality it imposed on the Ministry of Health organizational efforts to anticipate and control its future.

At the outset, it should be understood that the health planning process at the national level has two fundamental phases, each with its own sub-categories. The initial phase of the process focuses on the development of a broad plan outline in terms of policies, goals and objectives. Second, after the approval of the broad outline of policies, goals and objectives by the Ministry of Planning, the Ministry of Health develops a detailed draft of the plan to be submitted to the Ministry of Planning [3]. This process is still evolving and has yet to achieve maturity. However, the basic steps of the present planning process (fourth plan), may be described as follows:

Step 1. The Establishment of a Planning Team

The Ministry of Planning sent directives to the Ministry of Health to establish a planning team that would oversee the planning process to develop the fourth five year health plan within a specified time for the Kingdom of Saudi Arabia.

The main functions of the planning team are:

- 1) To review, revise and develop the broad health policies, goals and objectives within the guideline of the national strategy and the criteria of health status;
- 2) Upon approval of the broad health policies, goals and objectives of the Ministry of Health by the Ministry of Planning, to coordinate the various stages (phases) of planning process in the formulation of the detailed draft of the plan to consist of regional plans and special programs; and
- 3) To submit the draft plan to the Minister of health for approval.

The planning team of the Ministry of Health consisted of the Deputy Minister of Planning as Chairman, the Assistant Deputy Minister for Planning and Research, the Assistant Deputy Minister for Manpower Development, the Assistant Deputy Minister for Curative Medicine, the Assistant Deputy Minister for Preventive medicine, the Director General of Planning, and the Director General for Projects and Maintenance.

Step 2. The Formulation of Broad Health Policies, Goals and Objectives

Once the planning team was formed, the second phase started with a basic question: Where does the Ministry of Health want to go? What will be the broad policies, goals and objectives of the Ministry of Health? The answer was achieved by defining the present situation and assessing the needs of the population in the context of the available data. The two elements that were used for developing the broad health policies, goals and objectives of the data collected by the Directorate General of Planning as they related to the health status of the population and the analysis of that data with the participation of the Director General of Health Regions.

The planning and development unit of the Ministry Health had collected data and information regarding the normative need, *i.e.*, desirable standards, perceived needs, expressed needs and other available relevant data both within and outside the Kingdom. The planning and development unit also sent forms to all health regions to collect other information for the health plan. These data were reviewed by the Directorate of Planning for completeness and relevance to the plan before they were submitted to the planning team for review.

Some of the essential data and information used during the formulation of the Fourth Five Year Health Plan included:

- 1) Socio-economic data such as population size and its distribution by age, sex, nationality, location, gross domestic product, annual growth rate, mortality and morbidity;
- 2) Health related information such as incidence, rates and spread of diseases; geographic distribution and provision of health services; and utilization of health services;
- 3) Basic health status as it relates to nutrition, the rate of vaccination against endemic disease among children, etc.; and
- 4) The organizational and financial situation of health services.

The data and information gathered were analyzed by the planning team within the framework of the general strategies of the comprehensive social and economic development plan of the Kingdom. Out of this, the basic health policies, goals and objectives of the Fourth Five Year Health Plan emerged. For this purpose, there was close coordination and cooperation between the regional Directorate Generals and the Planning Team. The coordination effort included several procedures. Regional health directorates were requested at times to come to the Ministry of Health to review and revise the broad regional policies, goals and objectives. The revised papers were sent two or three days ahead of time to the planning team for discussion and consideration. Each week the planning team was able to discuss the regional plans in detail.

Step 3. The Submittal of the Broad Health Policies, Goals and Objectives to the Ministry of Planning

The broad health policy framework was then submitted to the Minister of Health for approval. The Planning and Development Unit in the Ministry of Health came together and discussed the framework in light of the socio-economic objectives laid out in the fourth five year development plan. Once the framework was approved

by the Ministry of Health, it was submitted to the Ministry of Planning. Once that ministry approved the framework, the Ministry of Health was then charged to develop a detailed draft.

Step 4. The Development of Regional Plans and Special Programs

During this phase each health region and the department responsible for special programs in the Ministry of Health became involved in the specification of regional and special programs that gave substance to the approved broad framework.

This was the first time that health regions participated fully in the development of the five year health plan. The planning and development unit provided necessary assistance and support in formulating the regional plan.

In regional meetings, the plan submitted by each region was discussed in detail by the planning team with the full participation of the Regional Directorate General. In addition, the planning team met weekly in each region to revise the regional health plan.

Special programs were formulated in the Ministry of Health by the departments directly responsible for them, such as Malaria, Schistosomiasis, Tuberculosis, leishmaniasis, Blood Bank, Psychiatric Programs, etc. These special programs proposals were submitted to the planning team for review and discussion. The people responsible for developing these programs were invited to participate fully in the planning team meetings for clarification, discussion and necessary revision within the framework of the national strategy.

The Fourth Five Year Health Regional Plans proposals developed by the health regions and the special programs formulated by the departments concerned were combined into one document as a draft to be submitted to the Minister of Health for approval.

Step 5. The Approval of the Fourth Five Year Health Plan by the Minister of Health and Submission of the Draft Plan to the Ministry of Planning

After approval by the Minister of Health, the plan was submitted to the Ministry of Planning. The draft plan was reviewed in a joint meeting between the planning and development unit of the Ministry of Health and the concerned department of the Ministry of Planning. The basic concern of the Ministry of Planning was to ensure that the draft plan was within the guidelines of the national strategy.

Step 6. Approval of the Draft Plan by the Council of Ministers, the King, and Return to the Ministry of Health through the Minister of Planning as an Approved Operational Plan

The draft Fourth Five Year Plan was presented to the council of Ministers and the King for approval. It then became an official document and was sent to the Ministry of Health through the Ministry of Planning as an approved, official operational plan.

Step 7. Implementation of the Plan

The approved operational plan was rescheduled on a priority basis for each region. Each region received an equal percentage of the funds approved, and these were then sent to the health regions for implementation.

Step 8. Evaluation

This final phase is concerned with monitoring, evaluation and feedback. The Ministry of Health has established guidelines for quarterly and annual reports.

The relationship of these steps at the national level is shown in Fig. 1.

Planning Issues

To gain an understanding of the issues facing health planning in the Kingdom of Saudi Arabia during and after the preparation of the Fourth Five Year Plan, 15 key officials from the Ministry of Health were asked to indicate how they personally felt about eight selected health planning issues and to rank them in order of importance. Thirteen responded to the questionnaire and five of these amplified on their remarks through personal interviews. The results are shown in Table 1.

As can be seen from these responses, the most significant issues relate to the health information system, shortage of manpower development of an accreditation agency to perform annual reviews of hospitals and health facilities, and reorganization of the health care system topped the order of importance, followed by lack of a national health planning body and the introduction of a payment system in government hospitals. Some of these are briefly discussed below.

The Health Planning Process at the National and Facility Levels in ...

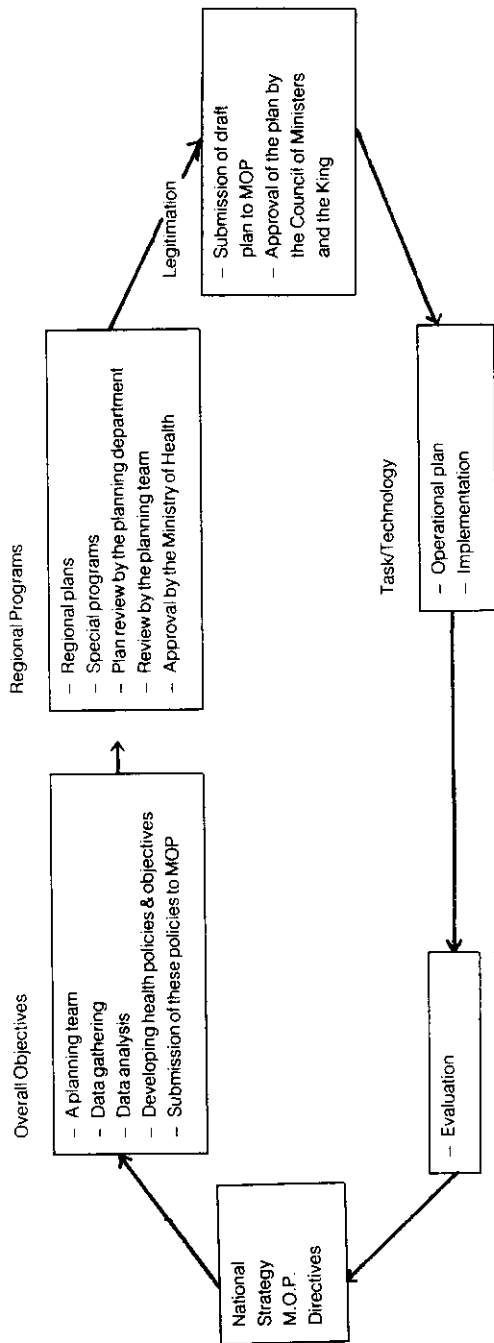


Fig. 1. National health planning process

Table 1. Order of Importance of Selected Planning Issues

		SA	A	U	D	SD	SA, A Total
1.	Shortage of manpower	9	1	1	1	1	10/13
2.	Lack of valid and reliable data for planning (HIS)	6	5	-	2	-	11/13
3.	Lack of national health planning body to advise and coordinate various health issues for all health care system in K.S.A.	5	4	1	3	-	9/13
4.	Introduction of payment system in government hospitals	4	5	1	1	2	9/13
5.	Turnover of manpower	1	4	5	2	1	5/13
6.	Initiating a program for graduate assistant physician	2	2	4	4	1	4/13
7.	Developing an accreditation agency to perform annual review of hospitals and health facilities such as JCAH	4	7	2	-	-	11/13
8.	Reorganization of health care system in S.A.	2	9	-	2	-	11/13

Source: Responses of 13 selected MOH officials Riyadh, 1987.

Key: SA = Strongly agree

A = Agree

U = Undecided

SD = Strongly disagree

Health Information System

An effective health plan required reliable and valid information on vital statistics such as size of population, the spread of disease, mortality, morbidity and natality. One of the major problems health planners had to confront during the preparation of the Fourth Five Year Health Plan was the lack of accurate population statistics in some remote areas. To circumvent this problem, the Ministry of Health devised a method of approximating population in certain communities with the cooperation of the Ministry of Education using school attendance as a base. Based on the roster of student attendance and average Saudi family size in these communities, the health planners were able to estimate the population and made decisions as to the distribution of health services. Such an approach, in the short term, did assist the health planners in minimizing the problem of maldistribution of health facilities.

Second, since this was the first time that the health region Directorate Generals participated in the process of formulating regional plans, there were extreme demands on time to finish the plan. Such was the case because of a lack of experience,

reliable and valid data and qualified personnel. Moreover, the planning and development unit resources were thinly dispersed to provide guidance and assistance to the health regions.

Given the above situation, the Ministry of Health should give priority to establishing a planning team in each of the fourteen health regions that would carry out the data collection, compilation and data analysis tasks. Health planners also should give priority to establishing an integrated health information system that would consider the participation of the users as well as prioritize the development system based on strategic concerns. It is imperative that training be provided for those people who would operate these systems. To minimize the shortage of qualified manpower in the health regions, short courses could be developed by universities and health directorate generals to upgrade staff skills. Such decentralization of planning teams, in the long run, would minimize the problems health planners are facing.

Financing Health Care

Health services are provided free of charge to citizens of Saudi Arabia. However, the new economic reality in the Kingdom is a compelling reason to consider a kind of national health insurance; hence, health planners should begin to identify the actual costs of providing various medical services. Along this line, health planners should consider the introduction of some kind of fees for services. From a planning and manpower strategic perspective, it is essential first to find out the unit cost of these health services and then to consider the introduction of some kind of fees for services on a contingency basis.

The creation of some kind of national insurance ought to begin with research that would consider not only social values and the culture but also feasibility and cost-effectiveness in the long-term. Such a study will help health planners to adopt some kind of insurance that will consider the relevant factors of the Kingdom of Saudi Arabia. Without doubt, such an approach would encourage better utilization of services as well as share the burden of medical cost. To assure the rights of citizens, there should be provision for people who cannot afford the fees.

Along this line, the Minister of Health, H.E. Faisal Al-Hegelan, has stressed the need for "a medical insurance scheme to rationalize the use of medical services in the Kingdom" in an interview he gave to *Ashraq Al-Awsat*, a sister publication of *Arab News* on December 31, 1986 [4].

Policy Implications

Planning at the national level may or may not necessarily be relevant or appropriate for a strategic plan at the hospital level. For this reason, the Ministry of Planning

(MOP) has required that each hospital must develop its own capability for strategic planning. Yet, the development of such strategic planning at the facility level is neither easy to do nor well understood. At the same time hospitals may differ with respect to the need, scope and environment of strategic planning. This is borne out by some evidence emerging from studies in the U.S.A.

William D. Greaf, for example, compared 186 public and voluntary, not-for-profit hospital strategic planning processes using an ideal type of strategic planning process [5]. The findings showed in general that the planning processes were more similar than different. Nonetheless, this study also demonstrated that the planning process for public and voluntary, not-for-profit hospitals do differ, *i.e.* public hospitals were less flexible, less formal, and more hesitant to adopt the latest strategic planning innovation.

For practising administrators, the example of strategic planning at the hospital cited above drew attention to situational factors; these principles influence strategic planning at the facility level. It is also noticeable that some of the results of the Greaf study are consistent with the findings of the strategic and operational planning process study of the King Faisal Specialist Hospital and Research Center (KFSH & RC), that is, at the KFSH & RC, a public hospital, department heads were at first hesitant to adopt strategic planning innovations, less formal and less flexible [6]. However, in the case of the Kingdom, partly due to the relatively short experience with hospital and health care provision may mean that a different strategic plan may have to be evolved. Second, strategic planning, being situational, requires an understanding of the particular needs of individual hospitals and must tailor the plan accordingly. Third, lack of an appropriate planning model for health care organizations inside the Kingdom and a shortage of trained personnel makes strategic planning in the Kingdom much more difficult.

Despite the difficulties and differences cited in the above discussion, King Faisal Specialist Hospital and Research Centre initiated a strategic and operational planning initiative from scratch in 1984. The Saudi management team which replaced the Hospital Corporation of American management in 1984 retained the commitment to high quality services while containing the cost at the same time. This commitment and the introduction of the planning process have contributed to the achievement shown in Table 2.

As can be seen, despite the expansion of the KFSH and RC hospital (250 beds to 460 beds), management was able to reduce cost per bed, cost per inpatient day and cost per outpatient visit. Such dramatic results were possible because of the concerted efforts of the new management team in introducing a planning process (a scientific approach) to each department. Planning forced the executive directors and department heads to rationalize or justify their needs and prioritize their objectives.

Table 2. Comparison of average No. of employees, average No. of beds, annual cost per bed inpatient days, cost per inpatient days, outpatient visit, cost per outpatient for the FY of 1403/1406; 1406/1407 respectively

	Fiscal year 1403/1404	Fiscal year 1404/1405	Fiscal year 1405/1406	Fiscal year 1406/1407
Average No. of board (NSR) % of increase from FY 1403/1404	2,805 100%	2,913 +3.9%	2,993 +6.7%	3,331 +18.8%
Average No. of beds % of increase from FY 1403/1404	298 100%	325 +9.1%	397 +33.2%	445 +49.3%
Annual cost per bed % to FY 1403/1404	SR 1,647,408 100%	SR 1,302,922 21%	SR 979,240 -40.6%	SR 890,448 -45.9%
Inpatient days % to FY 1403/1404	100,365 100%	106,798 +6.4%	117,354 +16.9%	136,556 +36.1%
Cost per inpatient days % to FY 1403/1404	SR 4,891 100%	SR 3,965 -18.9%	SR 3,313 -32.3%	SR 2,902 -40.3%
Outpatient visits % of increase from FY 1403/1404	216,582 100%	238,985 +10.3%	243,808 +12.6%	285,533 +31.8%
Cost per outpatient % to FY 1403/1404	SR 412 100%	SR 324 -21.4%	SR 352 -14.6%	SR 311 -24.5%
Total expenses % to FY 1403/1404	SR 622,068,660 100%	SR 541,934,961 -12.9%	SR 518,370,175 -16.7%	SR 549,639,108 -11.6%
Miscellaneous revenues % to FY 1403/1404	SR 4,585,509 100%	SR 5,180,576 +113.0%	SR 8,194,915 +178.7%	SR 14,252,016 +210.8%

Source: Al-Munif, A., Girmay B. Strategic and Operational Planning Experience of King Faisal Specialist Hospital and Research Center (KFHS&RC): Its Significance to other Health Institutions, College of Administrative Sciences, Research Center, 1968, p. 26.

Some of the systematic planning procedures introduced included the creation of manpower utilization review, the development of internal policy and procedures for each department, the reorganization of the basic organizational chart, the requirement to justify the prioritizing demands, the development of a zero stock system for inventory control, understanding of the need for reliable and valid information, and the restructuring of the policy and procedures for bids and contracts.

Since KFSH & RC is the only hospital in the Kingdom which has experimented with strategic and operational planning, we should, with caution, draw some lessons.

Among these are:

- 1) The need and significance of adopting tailor made strategic planning for individual hospitals;
- 2) The contribution of the planning process towards the establishment of an accurate and reliable health information system, the need for trained manpower for the utilization committee, the need to coordinate among health delivery services, and above all, the identification of weaknesses in the planning system such as lack of internal policy and procedures statements and lack of coordination among committees; and
- 3) The contribution of the planning process to the identification and prioritizing of objectives for the hospital which helped to decrease the cost per bed.

When hospitals are encouraged to adopt strategic planning with the above considerations, planners can minimize the weakness of KFSH&RC experience and contribute to the clarification of the major issues of cost containment, manpower utilization, the creation of a national health planning body.

In short, the preceding analysis has described the health planning process at the national level and brought into focus the major issues that health planners are grappling with at both the national and the facility level. The Ministry of Planning should require hospitals to adopt strategic planning methods; this is of utmost importance. Such an initiative together with the necessary support and guidance will have a far reaching impact on the major health issues the Saudi health delivery care system faces.

Acknowledgements: I wish to acknowledge my gratitude to Dr. Jahangir Khan, Associate Professor of Health & Hospital Administration, King Saud University, for his advice and guidance in the preparation of this paper.

References

- [1] Dror, Y. "Planning in the U.S. – Some Reactions by a Foreign Observer." *Public Administration Review*, May/June (1971), 9.
- [2] Saudi Arabia, Ministry of Planning. "First Five Year Development Plan (1970–1975); Second Five Year Development Plan (1975–1980); Third Five Year Development Plan (1980–1985); Fourth Five Year Development Plan (1985–1990.)."
- [3] Bakr, Mohammed, Director General of Planning in the Ministry of Health, Riyadh, Saudi Arabia. *Interview*, February 10, (1987).
- [4] Al-Hegelan Faisal H.E. "Medical Insurance Plan Under Study." *Arab News*, December 31, (1986), 3.
- [5] Greaf, D.W. "Public Hospital Strategic Planning: Does it differ from voluntary, not-for-profit Hospital strategic planning?" *Health Care management Review*, Summer (1988), 9–10.
- [6] Al Munif, A. and Girmay, B. "Strategic and Operational Planning Experience of King Faisal Specialist Hospital and Research Center (KFSH & RC): Its significance to other health institutions." *College of Administrative Sciences, Research Center* (1988), 27-28.

عملية التخطيط الصحي على المستوى القومي ومستوى التجهيزات الطبية في المملكة العربية السعودية

جيرمي بيرهي

أستاذ مساعد، برنامج الماجستير في إدارة الصحة والمستشفيات، قسم الإدارة العامة، كلية العلوم الإدارية، جامعة الملك سعود، الرياض، المملكة العربية السعودية

ملخص البحث. مرت عملية التخطيط على المستوى القومي في المملكة بمراحل متعددة وفقاً لتطور الخطط الخمسية الأربع للشئون الصحية. وفي الخطة الخمسية الرابعة بدأت لأول مرة المديرية العامة للشئون الصحية في المناطق تساهم في عملية التخطيط الصحي. إن هذه المساهمة المباشرة لهذه المديرية تجعل الخطة الرابعة مختلفة اختلافاً أساسياً عن الخطط السابقة.

تهدف هذه الورقة إلى: أولاً - بحث عمليات التخطيط الصحي على المستوى القومي. ثانياً - تقصي بعض القضايا الرئيسية المتعلقة بالتخطيط الصحي على المستويين القومي والمحلي. ثالثاً - بحث مضامين هذه العمليات التخطيطية بالنسبة للسياسة العامة للصحة.

وعلى ضوء وصف القضايا الرئيسية وتحليلها يقدم الباحث بعض التوصيات في كيفية التصدي لهذه القضايا ومعالجتها. ويرى الباحث أن إحدى الخطوات المهمة التي تساعد في معالجة هذه القضايا وإلى ترشيد الخدمات الصحية هي أن تقوم وزارة الصحة بإلزام المستشفيات التابعة لها باعتماد طرق التخطيط الاستراتيجي مع تقديم الدعم والمساعدة الفنية التي تمكن المستشفيات من تطوير مثل هذه الخطط.