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Saudi Health Council

National Health Accounts

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Kingdom of Saudi Arabia - Saudi Health Council

General Directorate of National Health Economics
and Policies: National Health Economics Department
& National Health Information Center

2024

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



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Abbreviations

AD	Anno Domini
AH	Arabic Hijri
CHE	Current Health Expenditure
CHI	Council of Health Insurance
FP	Factors of Provision
FS	Revenues of Financing Schemes
GDP	Gross Domestic Product
GGHE	General Government Health Expenditure
HC	Health care functions
HF	Financing schemes
HP	Healthcare Providers
KSA	Kingdom of Saudi Arabia
ICHA	The International classification for health accounts
MoH	Ministry of Health
MOF	Ministry of Finance
GDNHEP	General Directorate of National Health Economics and Policies
n.e.c.	Not elsewhere classified
NHA	National Health Accounts
NPISH	Non-Profit Institutes Serving Households
OECD	The Organization for Economic Co-operation and Development
OOP	Household expenditures on health - Out-Of-Pocket
PFCE	Private Final Consumption Expenditure
SR	Saudi Riyal
THE	Total Health Expenditure
SHA 2011	System of Health Accounts, completed in 2011
SHC	Saudi Health Council
SDGs	Sustainable Development Goals
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
US\$	United States Dollar
WHO	World Health Organization

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- Non MOH Governmental Sector
- Insurance Authority
- Medical Services at the Ministry of Education
- King Faisal Specialist Hospital and Research Center
- Saudi Red Crescent
- Council of Health Insurance
- King Khalid Eye Specialist Hospital
- Saudi Food and Drug Authority
- Ministry of Human Resources and Social Development
- Jubail & Younbo Commission
- Other health care agencies (See appendix page: 36)

The technical team responsible for the execution of 2022-2023 NHA:

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Moreover, we extender thanks and gratitude to the technical team from different health sectors for easing financial data submissions to help in completing this report from General Directorate of National Health Economics and Policies at the Saudi Health Council (SHC).



Executive Summary of NHA for the Years 2022 - 2023

Introduction:

National Health Accounts refer to expenditures aimed at improving and keeping health, encompassing various forms of care, including traditional and alternative medicine, as well as preventive measures. The System of Health Accounts 2011, developed by the World Health Organization, serves as a tool for tracking and reviewing health funding and spending across governmental and private sectors. It aims to adapt health accounts to evolving health systems and improve the comparability of health expenditure data. The primary aims of this system include providing a framework for international comparison of health expenditures, supporting detailed monitoring and analysis of health systems, clarifying financing categories, and establishing standardized boundaries for tracking health expenditures, thereby ensuring comprehensive categorization and estimation of health-related monetary flows.

Goal:

Providing a tool to track and check health spending in Kingdom of Saudi Arabia, looking at different perspective of health financing, across multiple streams, regardless of the entity or institution that financed and managed that spending.

Objectives:

To support healthcare leaders and policy makers in Saudi Arabia the opportunity to improve planning and allocation of resources throughout the healthcare system, thereby increasing efficiency and accountability.

Methodology:

Health resources tracking involves checking financial flows and spending within the health sector, which is crucial for strengthening health systems. It helps stakeholders assess the value of healthcare products and services, as well as understand financing patterns. The System of Health Accounts (SHA) serves as a statistical reference, outlining the financial dynamics in healthcare with a standardized classification system for healthcare functions, providers, and financing schemes. This enhances the reliability of health expenditure data both nationally and internationally.



Findings:

These indicators reflect government and total expenditure on health resources, access and services, including nutrition, in relation to government expenditure, the country's wealth, and the population.

General Health Expenditure Indicators:

Item	2022	2023
Population	32,175,224	33,628,900
GDP (in SAR Millions)	4,157,143	4,003,436
GDP/Capita	129,203	119,047
THE (in SAR Millions)	220,910	227,684
THE/GDP	5.31%	5.69%
THE/Capita	6865	6770
GGHE (in SAR Millions)	160,841	156,918
GGHE/THE	72.81%	68.92%
GGHE/GDP	3.87%	3.92%
GGHE/Capita	4,999	4,666
OOPs (in SAR Millions)	28,240 ~	32,140 ~
OOPs/THE	12.78%	14.12%
Health Insurance (in SAR Millions)	31,829	38,625
Health Insurance / THE	14.41%	16.96%

The total healthcare spending in the Kingdom for the year 2023 amounted to 227,684,255,976, an increase of 3.56% over healthcare spending in the year 2022. Spending by government agencies in the year 2023 amounted to 156,918,655,976 riyals, a decrease of 2.65% over the year 2022. Spending by insurance companies in the year 2023 amounted to 38,625,600,000 riyals, an increase of 21.35 % over the year 2022. The source of funding for government sectors was from the Ministry of Finance, and each sector managed its own funding according to the model of health services provided, while insurance companies were funded by the insured according to the insurance coverage of subscribers.

4. Challenges and most important recommendations:

- Generating estimates of national health accounts is a major challenge, as data is collected and arranged from multiple sources. This process may take a long time and requires complete consistency between the proposed work plan and the proper time estimate, which requires prior coordination between government agencies and the Saudi Health Council.
- Out-of-pocket spending will remain a real challenge and an area for improvement.
- A significant inflation of health care costs is alarming.
- The governmental spending decreased to 69% as a clear result of the government direction to privatization
- Private health insurance market is increasing steadily signifying the opportunity of investment.



Glossary

Ambulatory care providers: Forming entities that are primarily engaged in providing health care services directly to patients in an outpatient and/or primary health care setting. This includes as well general medical practitioners and medical specialists who are providing the services in outpatients clinics, primary health care centers, day-cases and home care services.

Ancillary Services: A variety of services such as laboratory tests, diagnostic imaging and patient transport, mainly performed by paramedical or medical technical personnel with or without the direct supervision of a medical doctor.

Capital Formation: Investment in health care facilities and equipment creating assets typically used over a long period of time.

Curative Care: Medical and paramedical services delivered during an episode of curative care. An episode of curative care is when principal medical intent is to relieve the symptoms of injury or illness; to reduce severity of an illness or injury; or to protect against exacerbation and/or injury which could threaten life or normal function. This includes Ambulatory, outpatient, inpatient, and Emergency episodes.

Current Health Expenditure (CHE): Forms all services such as curative care, rehabilitative care, prevention and public health, and ancillary health care. It also includes expenditures made for the administration of these services, drugs and medical goods that are provided for the public, as well as salaries and fees of health personnel. It excludes investment expenditures.

Financing agents (FA): Institutional, public or private units that manage health financing schemes.

General government health expenditure (GGHE): Covers all general government entities that produce or purchase health care services.

Gross domestic product (GDP): The value of all goods and services provided in a country by residents and non-residents without regard to their allocation among domestic and foreign claims.

Factors of provision (FP): The types of inputs used in producing the services or activities conducted inside the Health Accounts boundary.

Health care financing schemes (HF): Components of a country's health financial system that use the funds to pay for, or purchase, the activities inside the health accounts boundary.

Health care functions (HC): services provided and activities performed within the health accounts boundary.

Health care providers (HP): Entities that receive funds in exchange for or in anticipation of producing the activities inside the health accounts boundary.

Out-of-pocket (OOP) expenditure: Direct payments of households, including gratuities and payments in-kind, made to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services within the health care boundaries. Includes household payments to public services, nonprofit institutions or non-governmental organizations, but excluding Insurance Copayment by patients which would be covered under other funding sources.

Providers of health care system administration and financing: Forms entities that are primarily engaged in regulating the activities of agencies that provide health care and in the overall administration of the health care sector, including the administration of health financing.



Retailers and other providers of medical goods: Forms of specialized establishments whose primary activity is the retail sale of medical goods to the general public for individual or household consumption or utilization; includes

(i) pharmacies, (ii) retail sellers and other suppliers of durable medical goods and medical appliances and (iii) all other miscellaneous sale and other suppliers of pharmaceuticals and medical goods

Revenues of financing schemes (FS): Revenues of health financing schemes received or collected through specific contribution mechanisms.

Total Health Expenditure (Expenditure that arises out of the addition of investment expenditures to current health expenditures (CHE + Capital Formation)).



1. Introduction:

1.1 National Health Accounts

Health accounts' health expenditures encompass all activities whose primary purpose is to restore, improve, and keep health for the nation and for individuals during a defined period of time (WHO, 2016). Records of expenditures for these activities, or a basis for estimating them, are needed regardless of the type of institution or financing entity, which includes traditional, complementary, and alternative medicine. It also includes preventive and long-term care. Health accounts also track the flow of health resources by using financial data compiled from various entities in the health system.

1.2 System of Health Accounts

A System of Health Accounts 2011 (SHA 2011) is a tool developed by World Health Organization (WHO) to track and review the flow of total health funding and/or spending by individual country with respect to health care provision and delivery within Governmental and Private Health Care Sectors, third sector, and direct payment through OOP. SHA 2011 is used to support member state countries of World Health Organization to make the concept of health accounts more adaptable to rapidly evolving health systems around the world by further enhancing the cross-country comparability of health expenditure and financing data and thereby increasing the information base for its analytical use. SHA 2011 is an international framework that improves accountability and governance of health resources by defining standard criteria for classifying expenditures and answering policy-related questions about how resources are mobilized and managed.

1.3 Purposes and objectives of the SHA 2011

SHA 2011 provides a standard for classifying health expenditures according to the three axes of consumption, provision and financing. It gives guidance and methodological support in compiling health accounts. More specifically, the purposes of the System of Health Accounts 2011 are to:

Provide a framework of the main aggregates relevant to international comparisons of health expenditures and health systems analysis;

Provide a tool, expandable by individual countries, which can produce useful data in the monitoring and analysis of the health system;

- Set an approach that better reflects the complex and changing systems of health care financing.
- Eliminate ambiguities about some of the financing categories.
- Providing new approaches for country-specific analysis and is sufficiently flexible to accommodate future changes.
- Define internationally harmonized boundaries of health care for tracking expenditure on consumption.
- In order to pursue these purposes, SHA 2011 provides the basis for collecting, categorizing and estimating all the monetary flows related to health care expenditure.



1.4. The main goal and the specific aims of this report

The main goal of this report is providing a tool to track and monitor health spending in Kingdom of Saudi Arabia, looking at different perspective of health financing, across multiple streams, regardless of the entity or institution that financed and managed that spending.

The main aims are to support healthcare leaders and policy makers in Saudi Arabia the opportunity to improve planning and allocation of resources throughout the healthcare system, thereby increasing efficiency and accountability.

Specifically, the NHA is expected to answer the following policy questions:

- How are resources mobilized and managed for the national health system?
- Who pays and how much is paid for health care?
- Who provides goods and services, and what resources do they use?
- How are health care funds distributed across the different services, interventions and activities that the health system produces?
- Which health providers benefit from health care expenditure?



2. Methodology

2.1. System of Health Accounts (SHA2011)

Health resources tracking is the process of measuring health spending and the flow of financial resources among health sector actors. Health resource tracking is a vital component of health systems strengthening as it provides stakeholders with information on the value of health care products and services purchased and patterns in the financing, provision, and consumption of health care resources. The System of Health Accounts - SHA 2011 is a statistical reference manual giving a comprehensive description of the financial flows in health care. It provides a set of revised classifications of health care functions, providers of health care products and services and financing schemes. The SHA classifications build on common concepts, boundaries, definitions and accounting rules for measuring consumption of health care services. The use of SHA clearly enhances the coherence and comparability of health care expenditure statistics over time on the national and international levels.

Based on the ninth article of the mandate of the National Health Information Center issued by the Council of Minister's Resolution No. 333 dated 10/19/1434 AH, the National Health Accounts Unit was established on 1/1/1437 AH, and its main task is to develop national health accounts systems that help track health expenditures and promoting the concept of cost accounting, health economics, and optimal use of resources. This unit also develops and supervises these accounting systems and principles and enabling their application to health authorities in the governmental and private sectors in the Kingdom.

General Directorate of National Health Economics and Policies has been in charge of NHA management as per the general secretary of Saudi Health Council administrative resolution number 39631-1 dated for June 4th, 2024. In collaboration with the National Health Information Center.

This study was developed following the World Health Organization's methodology "System for Health Accounts 2011 (SHA 2011)" which uses a tri-axial recording of each transaction to enable understanding of resource flows between financing, provision, and consumption.

2.2. Data Collection

The health accounts study for fiscal year of 2022 - 2023 was conducted to support the health strategic planning in the KSA and providing data for health-financing policy analysis, reforms and strategies in order to attain national health development goals and objectives such as universal health coverage.

The data collection was directed to gather data from all the main sources which can be involved in the health systems in KSA, especially the ministry of finance covering all governmental ministries and agencies, health insurance and households. The data collection is the primary and most important step for the study, and the approach of data collection was different for different fields of study, depending on the required information. The most critical objective of data collection is ensuring that information-rich and reliable data is collected for statistical analysis so that data-driven decisions can be made for the study. Survey templates as maintained by WHO were reviewed and tailored to be compatible and consistent with the Saudi health care delivery system, then distributed to all data sources to be used to collect data directly from the respondents.



According to the health system profile in KSA, the expenditures on health were tracked from the following sources:

1. Governmental Sector (All health Care Providers and Gov. entities)
2. Health Insurance by IA
3. Household expenditures on health (OOPs)

The NHA team developed simple data collection sheet that can be answered by the data sources and covered all the requirements to complete the study, and the team tracked the data from difference sources to conduct the double check and to ensure the quality of data, so the data which was collected from:

Government sources: The team collected data from the ministry of finance and MOH in addition to collecting the data from some entities to compare between the data which was shared by the MOF and from the source itself using the data collection sheet.

Health Insurance: the team tracked the data of the compulsory insurance from the Insurance Authority (IA) as the data is updated for the fiscal year 2022 - 2023.

Household expenditures on health (OOPs): for this component of Health Expenditure, NHA team in GDNHEP have reviewed various options in how to calculate it. In Saudi Arabia, payment systems and options are very advanced comparing to many countries around the world. Health care services consumers have different options to pay for health services such as direct cash, MADA, Visa, MasterCard and other credit cards, online shopping, and in- app purchases. Therefore, using data sources from Saudi Central Bank financial reports could not be accurate and reflecting the real situation of OOP in Saudi Arabia since these data would be affected by the inclusion of Copayment during clinical visits and episodes.

Household Income and Expenditure Survey has been conducted by General Authority of Statistics in Saudi Arabia and it is one of the household sample field surveys conducted in the field of social statistics and provides data on income and expenditure patterns in society and the impact of demographic, social and economic factors on households.

It is usually done every 5 years and the result of that national survey will be used as the household expenditure on health which may be understood as the out of pocket payment.

2.3. Data Quality

NHA Team has set three main quality principles applied throughout various stages of data processing as follows:

Completeness: : Level at which desired data attributes are supplied. The HA team organized the exceptional effort to collect the data covering all required sources and for each data source the team tried to collect the data from various sources to conduct the double check and choose the validated figure.

Credibility: Extent to which data is considered credible and true.

Consistency: Assesses whether various dataset facts match.



2.4 Factors associated with data quality

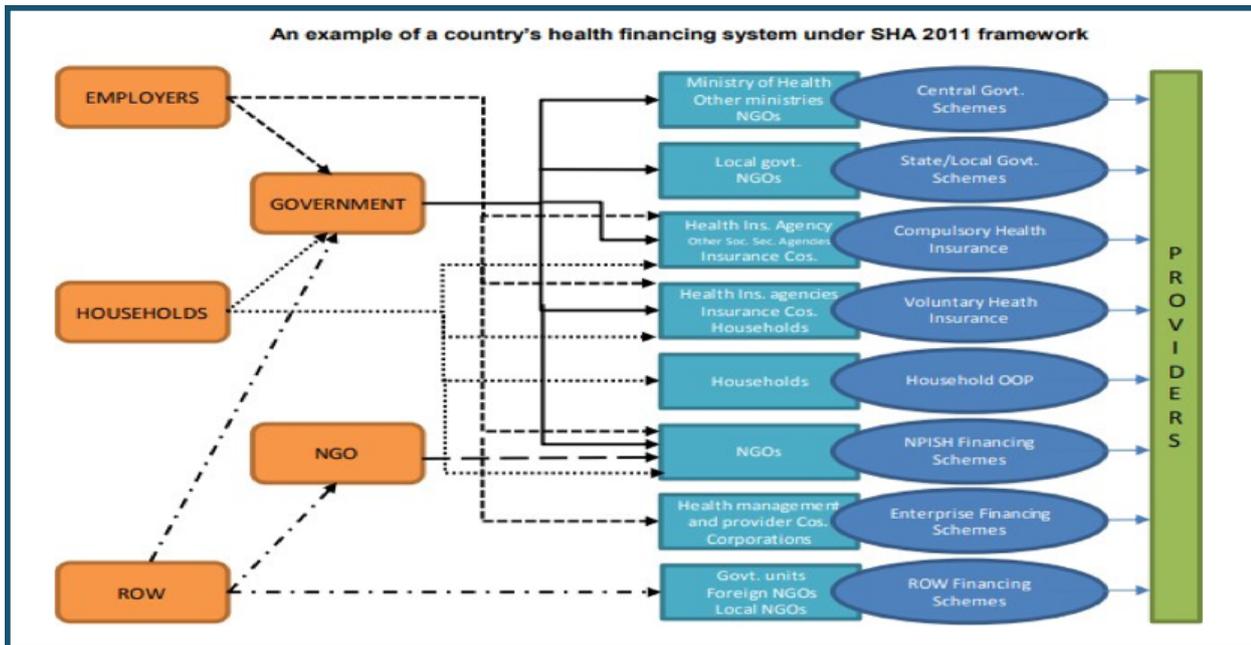
- Scope of 'health' expenditure (boundary)
 - It is necessary to delineate a common boundary of the health care system that will allow international comparisons concerning both the amount and the structure of expenditures for health care goods and services. Central to the framework are three classifications related to health care functions, provision and financing, which will be subsequently referred to as the core classifications or the core framework. Other classifications complement these. In total, SHA 2011 distinguishes three main groups of classifications:
- The core framework encompasses the three classifications that measure current health care expenditure by functions, providers, and financing schemes.
- Capital formation, with its related classification of assets.
- And other classifications that allow for the compilation of added indicators in the extension of the core accounting framework.

2.5 Analysis Tool

Following System of Health Accounts 2011 (SHA 2011), there are improved change of the health financing systems to get better mobilization and allocation of the resources necessary to meet current and future health needs of the population has led countries to introduce new mechanisms for the raising, pooling and purchasing functions, as well as more innovative institutional arrangements. The aim of any accounting framework is to mirror such structures, enabling health accountants and analysts to obtain a clear picture of health care financing and provide policy-relevant information concerning the structure and flows of funds. Resulting indicators – comparable both across countries and over time – can contribute to an assessment of how health care financing systems ultimately perform. In this sense, the new financing framework under A System of Health Accounts 2011 can be regarded as bringing the statistics in line to meet the changing reality.

For illustration purposes, the following graph is shows an example of the financing system of the health system under the systems of the health accounts 2011.

Figure 1: Financing system as per SHA 2011



The tool that was used to analyze the data is the Health Accounts Production Tool (HAPT) which is a software application developed by USAID and WHO that supports member state countries undertaking a health accounts exercise.

The HAPT facilitates the production of health accounts by mapping national health expenditures by the SHA 2011 core and any defined country-specific classifications. The Health Account Analysis Tool complements the HAPT by automatically producing graphs and charts for informing the policy process. Both tools are available for download from the WHO website (WHO, 2016).



The HA team at General Directorate of National Health Economics and Policies followed SHA2011 classifications to develop the following tables which are included in the appendix(P:38 - 52)

1. Revenues of financing schemes by financing schemes [FSXHF] table. This table shows the revenues by type received by schemes and answers “how are revenues mobilized, and which schemes are used”
2. Financing schemes by Health care provider’s [HFXHP] table. This table shows the flow of funds from the managing schemes to the health care providers, and answers “which schemes funds who?”
3. Financing schemes by Health care functions [HFXHC] table. This table shows the flow of funds from the financing schemes to the health care services purchased for these funds, and it answers “which schemes are used?”
4. Health care providers by Health care Functions [HPXHC] table. This table shows the CHE by type of provider and by function. It shows how expenditures on different health functions are channeled through the various types of providers, and answers “who provides what?” This table provides a summary perspective of the health market in a country, i.e. what is the structure of its health care needs and who are the providers involved.
5. Factors of provision by Public and private provider group [FP] table. This table shows the cost of resources used to produce the health care functions purchased. It is a key monitoring tool in deciding overall system performance, and it provides a basis for the analysis of the efficiency of production and resource use.

3. General findings

3.1 Key indicators as results of HA 2022 - 2023:

National health accounts trace the financing flows of the agents who decide on the use of the funds. NHA strategy is to record transactions, without double counting and in order to reach a comprehensive coverage. Health financing is a critical part of health systems. National health accounts provide a large set of indicators based on information about expenditure collected within an internationally recognized framework. These accounts are a synthesis of the financing and spending flows recorded in a health system's operation, from funding sources and agents to the distribution of funds between providers and functions of health systems. These indicators reflect government and total expenditure on health resources, access and services, including nutrition, in relation to government expenditure, the country's wealth, and the population. The calculation of total health expenditure (THE) per capita for 2022 and 2023 is based on population data provided by the GSTAT. Following the Authority's recent revisions to population estimates, the THE per capita for previous years re-calculated to reflect the updated figures. These adjustments will be reflected in the NHA report for the years 2022 and 2023.

Table 1: General Health Expenditure Indicators:

Item	2022	2023
Population	32,175,224	33,628,900
GDP (in SAR Millions)	4,157,143	4,003,436
GDP/Capita	129,203	119,047
THE (in SAR Millions)	220,910	227,684
THE/GDP	5.31%	5.69%
THE/Capita	6865	6770
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GGHE/Capita	4,999	4,666
OOPs (in SAR Millions)	28,240 ~	32,140 ~
OOPs/THE	12.78%	14.12%
Health Insurance (in SAR Millions)	31,829	38,625
Health Insurance / THE	14.41%	16.96%



3.2 Overview of results (2022 - 2023):

The final National Health Accounts Study for the years 2022-2023 shows the results of healthcare spending in the Kingdom. The study relied on data provided by government health sectors that were collected from the same sectors in the health agencies and directorates of health facilities in government sectors, and some data is from the General Authority for Statistics. This study is characterized by the fact that the national health accounts track the flow of expenditures on salaries, employee benefits, medical and non-medical supplies for the study, as well as using the form prepared to collect data on the national health accounts according to the classification of healthcare jobs approved in the SHA2011 system of the World Health Organization.

The data collection phase of the 2023 health accounts study showed that most health halls did not adhere to the Saudi Health Council's increase in full financial details in the prepared form due to the lack of an internal cost center system for medical and non-medical departments in the health sectors. This is expected at this stage of the project according to earlier local and international experiences, knowing that it is expected that the measurement of spending on treatment and preventive services will improve with the transformation of health sectors to match the aspirations of the Kingdom's Vision 2030. Analyzing these results will help decision-makers in the health sectors and the ministries of economy, planning and finance to develop plans and strategies based on numbers and indicators that reflect the effectiveness of health system policies and procedures. Health accounts are considered a global approach to classifying health spending and ease comparisons over the years or with similar or close countries in the Kingdom's health systems and policies.

Figure 2: Healthcare spending in millions for health sectors for 2022-2023

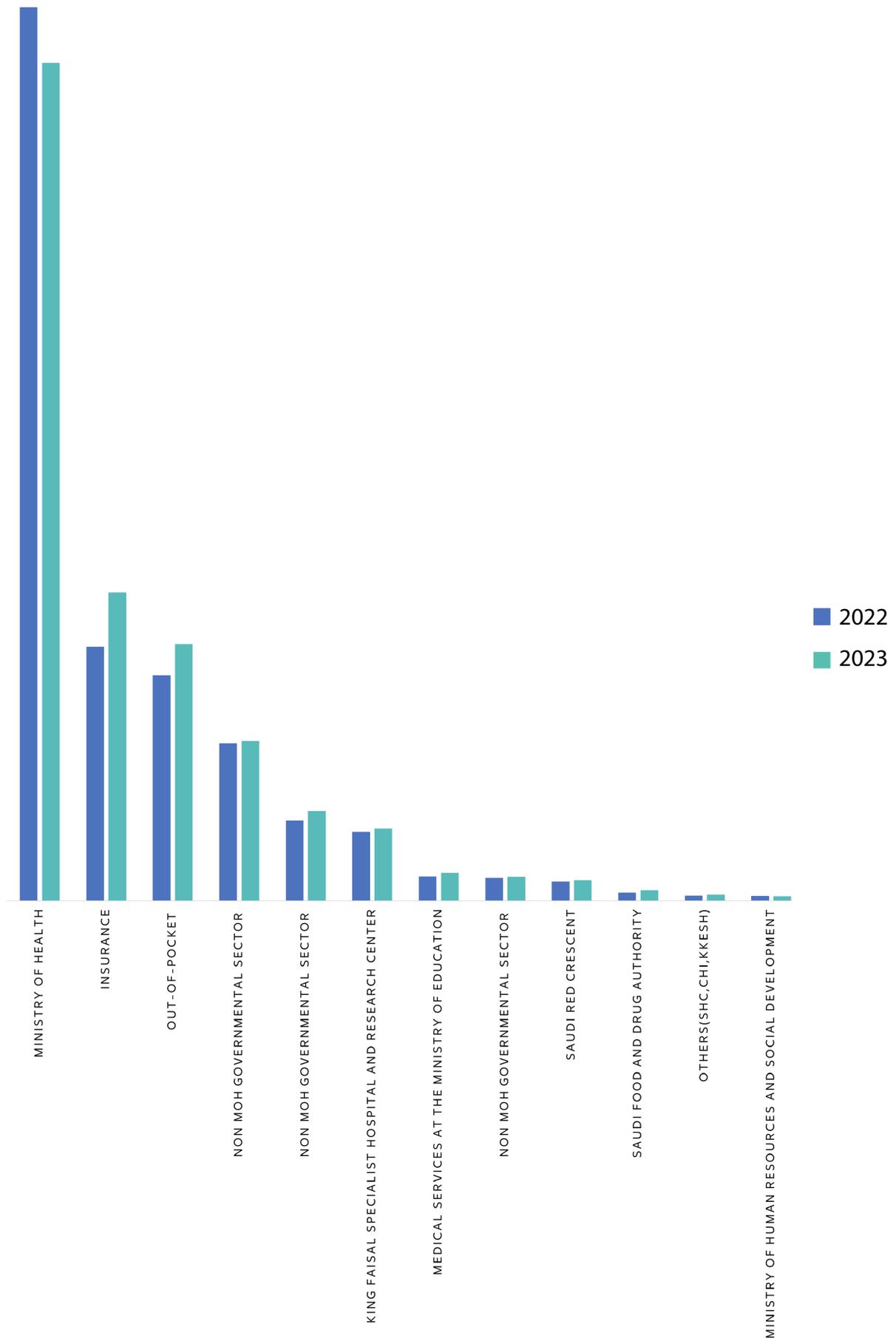
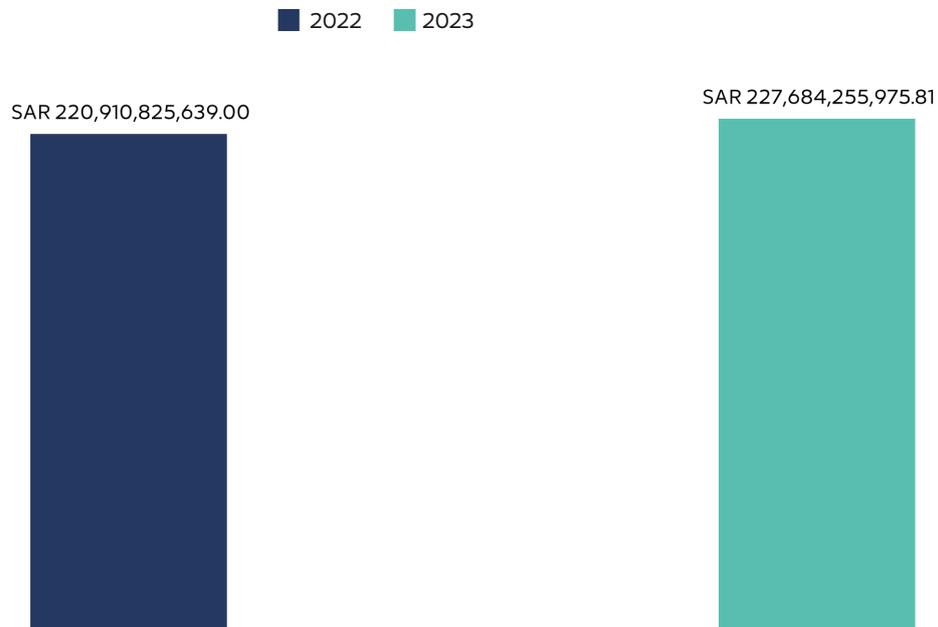


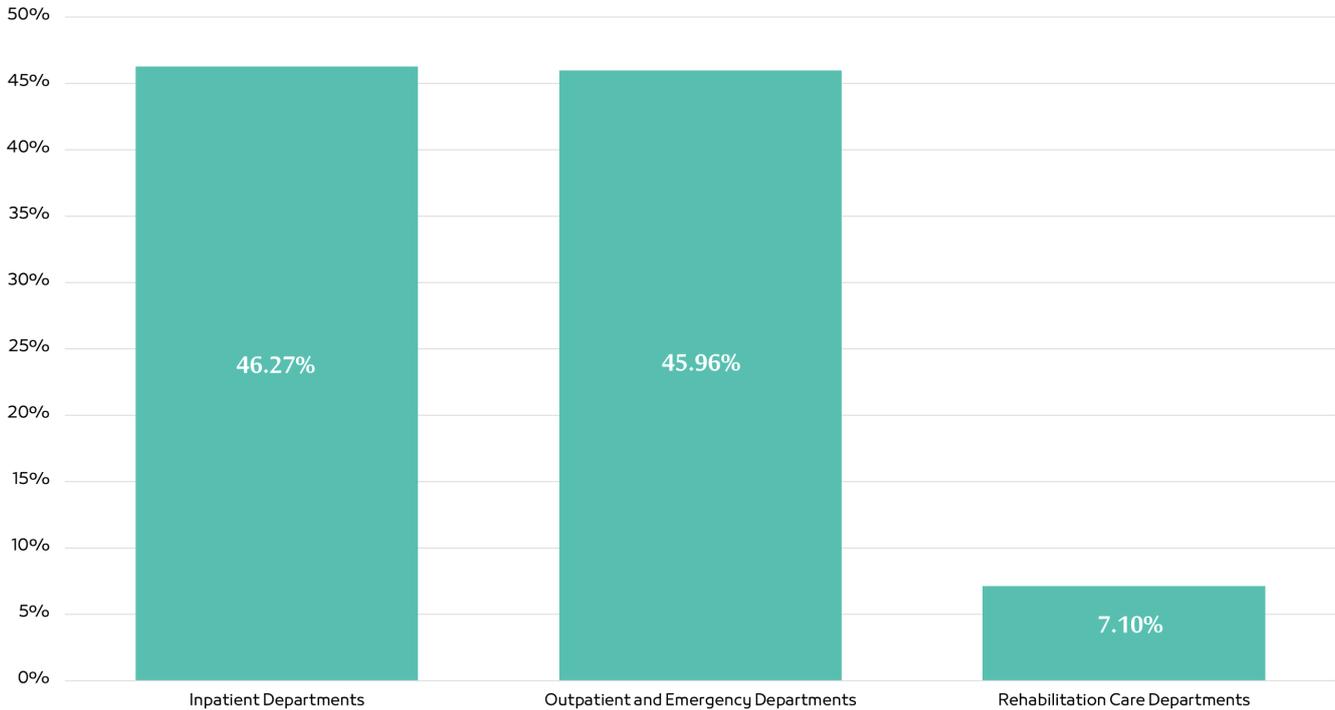
Figure 3: Total of spending for the year 2022 and 2023



- Spending for the year 2022 in government sectors constitutes 72.81% of total spending on providing health services, and 14.41% was by insurance companies while in 2023 the governmental spending decreased to 68.92% as a clear result of the government direction to privatization and the insurance shoulder the difference in 2023 by significant contribution to 16.96 % of the total spending.
- In 2022, the Ministry of Health constitutes 50.66% of total spending on providing health care, King Faisal Specialist Hospital and Research Center spent 3.91% of total spending on providing health services, and the Red Crescent 1.09%. 0.27 for the Ministry of Human Resources and Social Development. 0.30% for King Khalid Eye Specialist Hospital, hospitals affiliated with the Saudi Health Council and Council Health insurance. The Ministry of Health and the military sectors are distinguished by providing primary health care services through primary health care centers in addition to general and specialized health services, while King Faisal Specialist Hospital and Research Center and university hospitals do not provide such services through primary health care centers.
- Total spending on admission department services (hospitalization) amounted to 47,770,364,390 riyals, being 46.92% of the total spending on providing health services for the year 2023 and 46.57% in 2022, a decrease of 0.35% compared to 2023.
- While spending on outpatient and emergency services in 2023 amounts to 47,100,895,943 riyals, being 45.96% of total spending, and in 2022 amounts to 48,205,402,630.25 riyals, representing 45.76% of total spending.
- Average spending on inpatient departments (hospitalization) amounted to 46.27% for 2023, while average spending on outpatient clinics amounted to 45.96% of total spending, and 7.1% for rehabilitation care services.
- While average spending on inpatient departments (hospitalization) amounted to 46.57% for 2022, the average spending on outpatient clinics amounted to 45.76% of total spending, and 7.6% for rehabilitation care services.



Figure 4: Average rates of in patient (Hospitalization), outpatient and emergency, and rehabilitation care services for the year 2023



- The bed occupancy rate in government health sectors ranged between 47% and 86.6% in 2023 and between 45% and 82.7% in 2022 in government health sectors. The rates may differ between government health sectors due to influential factors such as the geographical distribution of health services provided in health sectors and specialties and the eligibility and referral systems in them. The bed occupancy rate is also considered one of the factors for measuring the effectiveness of spending on health services for hospitalization and emergency services, knowing that the study requires detailed financial and health data on the elements of health services provided to measure them.
- The average spending per day for hospitalization in government hospitals amounted to 6,472 riyals, and the average spending per day for hospitalization ranged between 1,349 and 11,896 riyals for the year 2023. As for the year 2022, the average spending per day for hospitalization amounted to 5,941 riyals, and the average spending per day for hospitalization ranged between 1,572 riyals and 11,810 riyals.
- The average spending on visits to outpatient clinics and emergencies in government sectors amounted to 485.84 riyals per visit in 2023, while in 2022 it amounted to 1,022 riyals. The amounts spent on a single visit to outpatient clinics and emergencies in the health sectors ranged between 402 and 1679 riyals in 2023, and in 2022 they ranged between 213 and 1750 riyals. There is a direct relationship between spending a single day for hospitalization and spending on visits to outpatient clinics and emergencies. In some health sectors, spending on outpatient clinics and emergencies includes spending on one-day surgery, which increases spending on a single visit to outpatient clinics and emergencies.
- The average spending on visits to health care centers in the Ministry of Health and military sectors amounted to 711 riyals in 2023, between 835.88 riyals and 6472.2 riyals, and in 2022 the average amounted to 863 riyals, between 504 and 1,221 riyals. There is also a link to spending per day for hospitalization, as it shows a direct relationship between spending on visiting health care centers and spending per day for hospitalization.

Figure 5: Average spending per visit by type for the year 2022

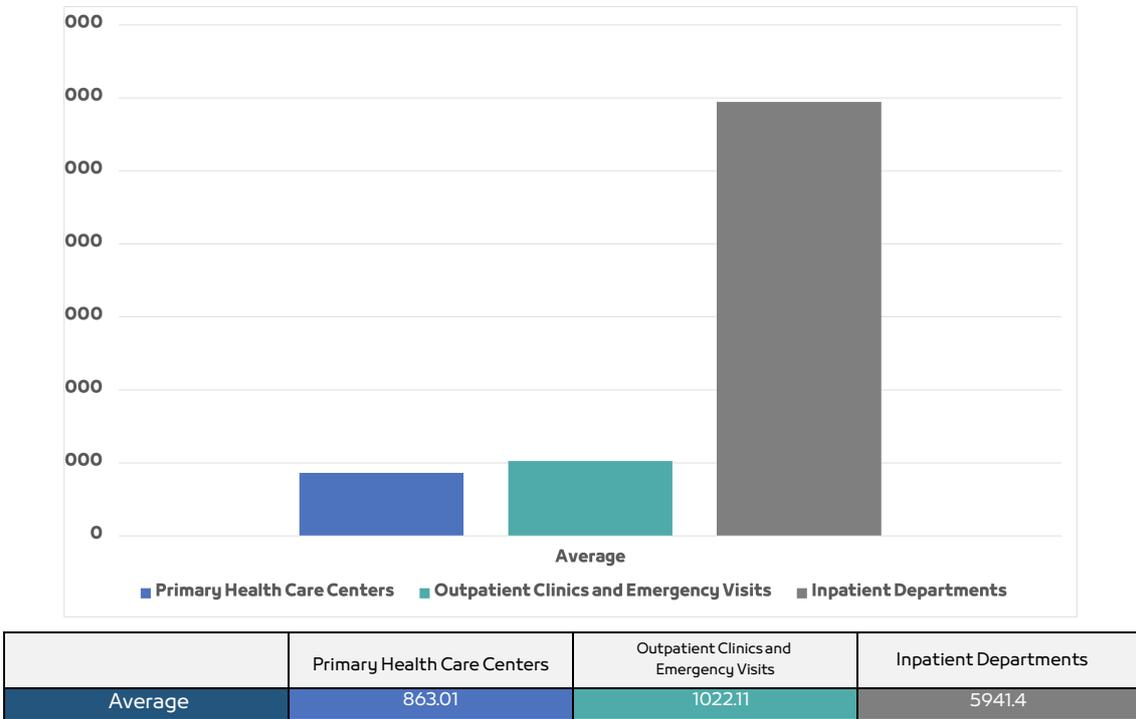
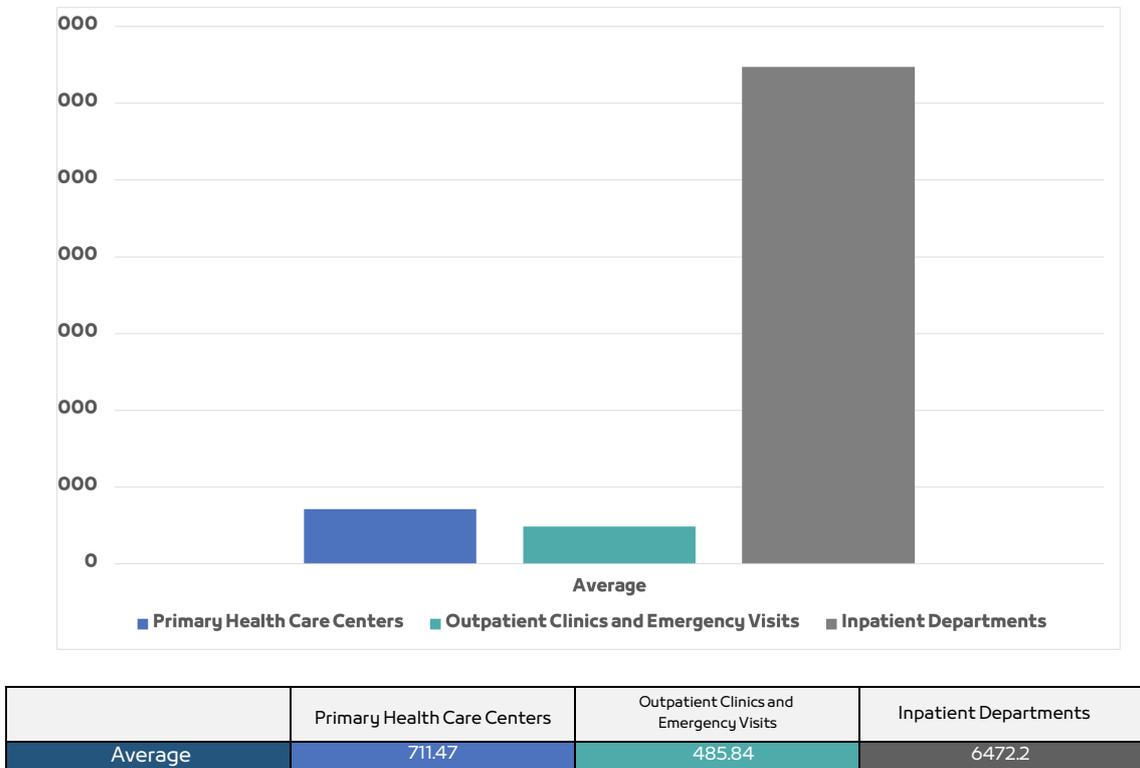
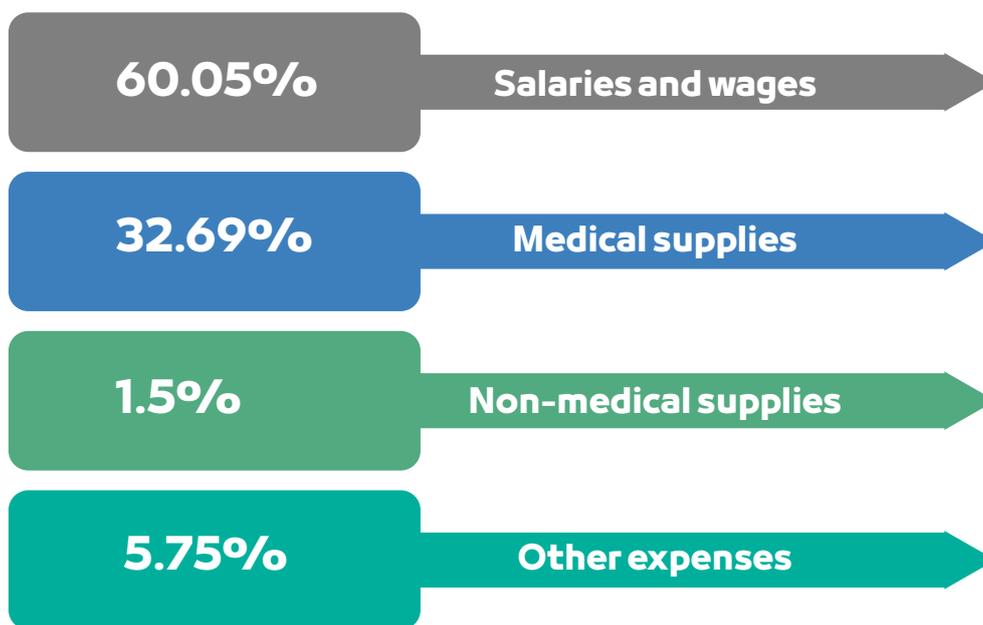


Figure 6: Average spending per visit by type for the year 2023



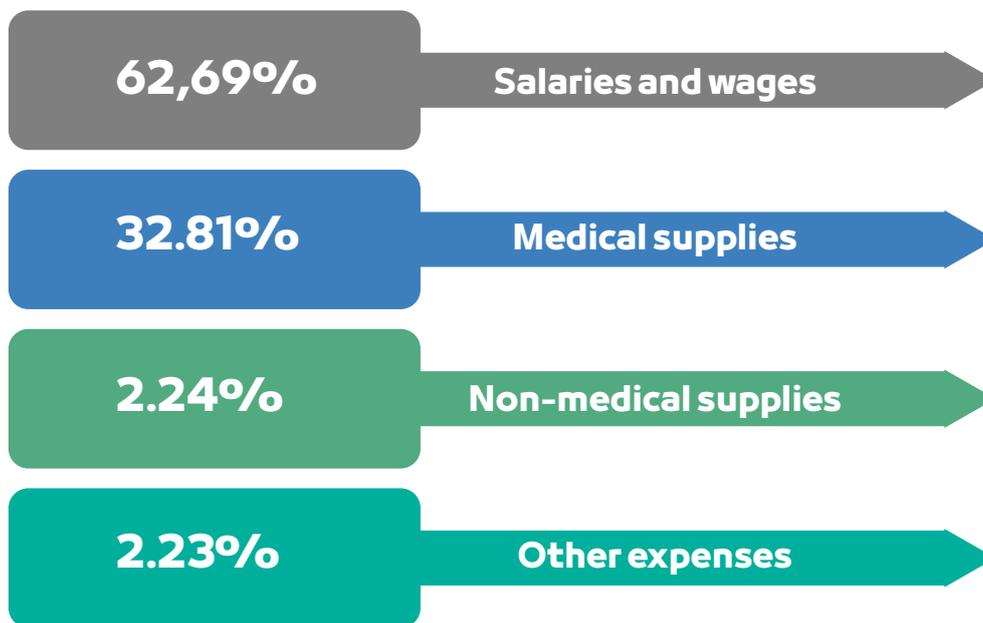


- The distribution of expenditures for the main elements of expenditure for the year 2022 AD, which are salaries and employee benefits, amounted to 91,847,690,287 riyals, representing 60.05% of the total spending on health care, and the total medical supplies amounted to 49,995,086,299 riyals, representing 32.69%, and the total non-medical supplies amounted to 1.5%, and other expenses amounted to 5.75%, as the spending rates on salaries and employee benefits ranged between 40.58% and 61.07%, medical supplies between 15.54% and 27.11%, non-medical supplies between 5.03% and 8.29%, and other expenses between 0.52% and 7.84%.





- On the other hand, the total spending on healthcare was distributed to the main spending elements for the year 2023 AD on providing healthcare services, which are salaries, employee benefits, medical and non-medical supplies, as the total salaries and employee benefits amounted to 93,479,406,886 riyals, representing 62.69% of the total spending on healthcare, and the total medical supplies amounted to 48,935,116,001 riyals, representing 32.81%, and the total non-medical supplies amounted to 3,351,485,867 riyals, representing 2.24%, and the unspecified type of spending amounted to 3,336,229,133 riyals, representing 2.23%. The percentage of spending on salaries and employee benefits ranged between 54.98% and 71.06%, medical supplies between 18.8% and 37.13%, non-medical supplies between 5.94% and 17.01%, and other expenses between 0.84% and 36.84%.





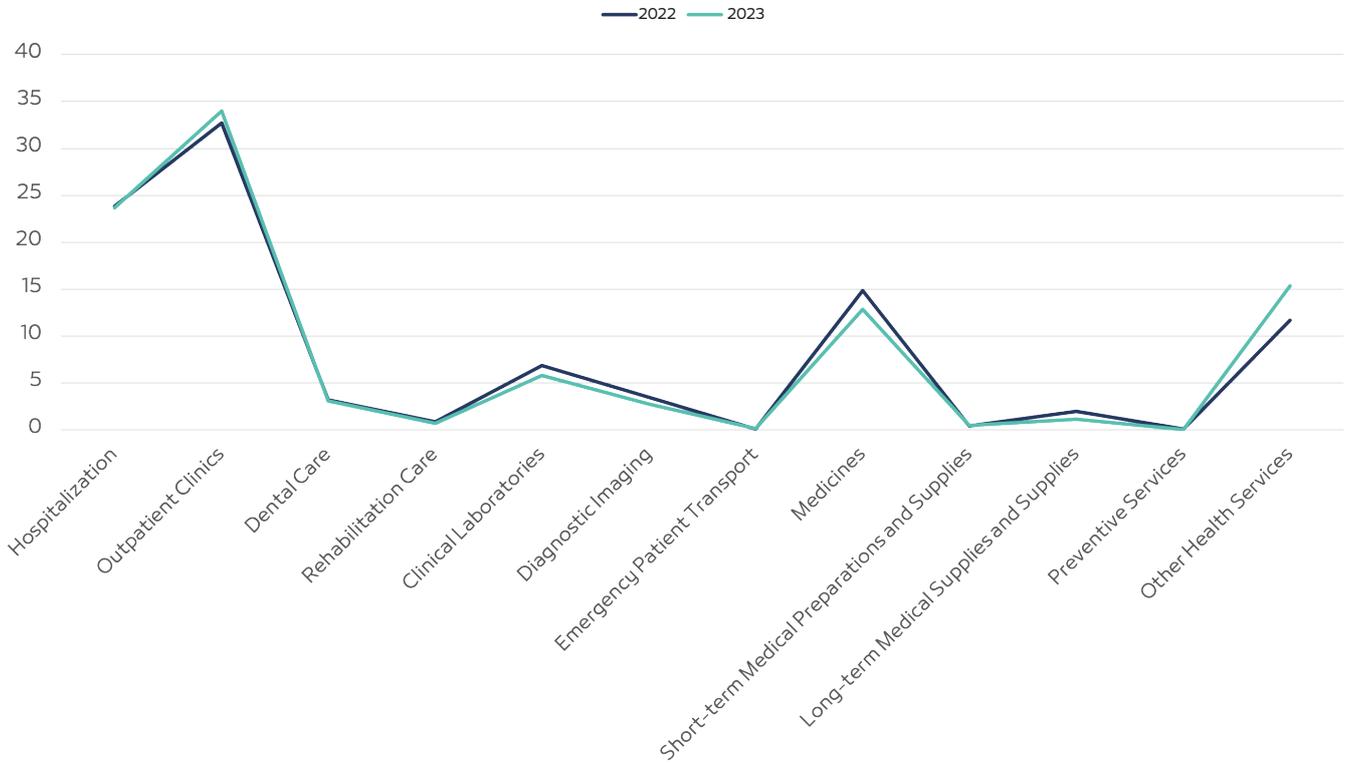
3.3 Spending by insurance companies on health care services in the Kingdom:

- Spending on health care by insurance companies amounted to 38,625,600,000 riyals for the year 2023 AD, and spending in 2022 AD amounted to 31,829,800,000 riyals.
- In 2023, spending on inpatient care (hospitalization) accounted for 23%, outpatient services for 34%, dental care for 3.09%, rehabilitation care services for 0.71%, medical laboratories for 5.78%, diagnostic imaging for patients for 2.74%, patient transport services for 0.15%, medical tools for non-hospitalized patients (treatments with or without a prescription) for 12.87%, short-term medical preparations and supplies (e.g. bandages, injections, etc.) for 0.47%, long-term medical supplies (e.g. eyeglasses, diabetes testing devices, etc.) for 1.15%, preventive services for 0.04%, and other health services for 15.33%.

Table 2: Comparison of the spending ratio of insurance companies for the year 2022 and 2023:

Category	2022	2023
Hospitalization	23.86	23.67
Outpatient Clinics	32.72	34
Dental Care	3.19	3.09
Rehabilitation Care	0.38	0.71
Clinical Laboratories	6.85	5.78
Diagnostic Imaging	3.45	2.74
Emergency Patient Transport	0.08	0.15
Medicines	14.84	12.87
Short-term Medical Preparations	0.44	0.47
Long-term Medical Supplies	1.97	1.15
Preventive Services	0.06	0.04
Other Health Services	11.67	15.33

Figure 7: Comparison of the spending ratio of insurance companies for the year 2022 and 2023:





3.4 Out-of-pocket spending on health care services in the Kingdom:

The latest measurement of the average rate of out-of-pocket spending on health services, which was surveyed by the General Authority for Statistics, was used to measure priority indicators related to health at the national level according to residence in rural, rural and urban areas (large cities) for each of the 13 administrative regions. As per the published report in 2018 (GSTAT) , that based on direct interviews were conducted with 9,339 families in those areas according to population size. Samples were taken from primary sampling units in the first phase, then regular samples were taken from fixed-size families (eight families for each primary sampling unit) in the second phase. In the third phase, families with family members over 15 years of age were selected using a random method, and then families were selected to represent their data at the national level. As per the below table that describe the average family income according to the region.

Table 3: The average family income according to the region

الإجمالي Total	سعودي Saudi	المناطق الإدارية Administrative Area
12,668	16,011	Riyadh الرياض
11,584	14,648	Makkah مكة المكرمة
9,646	12,016	Madinah Almunawarah المدينة المنورة
11,023	15,322	Qassim القصيم
14,902	17,872	Easte.Prov الشرقية
10,139	11,817	Asir عسير
9,305	11,024	Tabuk تبوك
9,701	11,571	Hail حائل
11,072	12,051	North.Borders الحدود الشمالية
13,278	15,199	Jazan جازان
8,697	11,388	Najran نجران
11,810	13,728	AL - Baha الباحة
11,320	14,193	AL - Jouf الجوف
11,984	14,823	الإجمالي Total

The following table showed the result of GSTAT Survey on 2018 that show the average monthly Saudi family health expenditure as 225 SAR. The same governmental agency announced that the total number of families in Saudi Arabia to be 4.2 million leading to the assumption of total annual OOP expenditure of 11,340,000,000 SAR.



Table 4: Expenditure Categories of Saudi Households by Main Expenditure Groups:

الإجمالي Total	مرتفع High	متوسط Medium	منخفض Low	مجموعة الإنفاق الرئيسية Major Expenditure Group
2,621	2,977	2,334	2,125	الأغذية والمشروبات Food And Beverages
50	57	44	36	التبغ Tobacco
599	716	500	487	الأقمشة والملابس والاحذية Fabric, Apparel and Footwear
3,616	5,079	2,424	1,714	السكن والمياه والكهرباء والغاز وأنواع الوقود الأخرى Housing, Water, Electricity, Gas, and other Fuels
1,048	1,696	502	420	تأثيث وتجهيزات Furniture and Furnishings
225	391	85	60	الصحة Health
1,992	3,165	1,030	552	النقل Transport
827	1,025	673	461	الاتصالات Communications
460	709	255	168	الترفيه والثقافية Recreation and Culture
358	713	60	17	التعليم Education
726	993	510	341	المطاعم والفنادق Restaurants and Hotels
3,605	6,508	1,169	718	السلع والخدمات الشخصية المتنوعة Miscellaneous Personal Goods and Services
16,125	24,029	9,585	7,099	الإجمالي Total

Households in rural areas spend more on health on average than households in urban areas (SAR 216 and SAR 186, respectively). To illustrate, households living in rural areas spend more on consultation and transportation fees than households living in urban areas (SAR 154 and SAR 122, respectively). Conversely, households in urban areas spend more money on hospitalization and health-related services than households in rural areas. Health care spending accounts for 5% of total household spending in rural areas and 3% in urban areas.

The average per capita total monthly household spending and health spending in Saudi Riyals are shown by type of care, according to residence, wealth and region. On average, each household member spends SAR 16,125 per month, with about 0.014% (SAR 225) of this amount spent on health care.

Figure 8: Weekly Points of Sale Transactions for the years 2022 – 2023:



Value of Transactions: In Thousand SAR
Number of Transactions: In Thousand

قيمة العمليات: ألف ريال
عدد العمليات: ألف عملية

القطاع Sectors	13 Feb,22 - 19 Feb,22		20 Feb,22 - 26 Feb,22		27 Feb,22 - 05 Mar,22		06 Mar,22 - 12 Mar,22		التغير الأسبوعي	
	عدد العمليات Number of Transactions	قيمة العمليات Value of Transactions	عدد العمليات Number of Transactions	قيمة العمليات Value of Transactions	عدد العمليات Number of Transactions	قيمة العمليات Value of Transactions	عدد العمليات Number of Transactions	قيمة العمليات Value of Transactions	عدد العمليات % Number of Transactions %	قيمة العمليات % Value of Transactions %
الملابس والأحذية Clothing and Footwear	3,507	561,828	3,986	627,981	5,061	850,866	4,981	854,126	-1.6	0.4
مواد التشييد والبناء Construction & Building Materials	967	353,177	960	353,959	1,162	431,073	1,121	429,685	-3.5	-0.3
التعليم Education	111	88,718	79	50,774	137	157,321	126	141,189	-7.9	-10.3
الأجهزة الإلكترونية والكهربائية Electronic & Electric Devices	666	231,064	657	257,174	837	305,357	757	288,199	-9.5	-5.6
محطات الوقود Gas Stations	10,857	609,898	11,002	622,259	11,878	722,728	12,149	703,896	2.3	-2.6
الصحة Health	6,070	653,257	5,986	669,130	7,311	872,431	6,460	719,913	-11.6	-17.5
الأثاث Furniture	836	292,650	915	353,723	1,155	408,805	1,088	360,850	-5.8	-11.7
الفنادق Hotels	459	174,808	574	237,394	548	217,707	586	256,458	6.9	17.8
المنافع العامة Public Utilities	808	65,347	794	65,313	933	86,016	911	80,517	-2.3	-6.4
المجوهرات Jewelry	185	214,177	173	183,938	217	215,972	198	201,481	-9.1	-6.7
سلع وخدمات متنوعة Miscellaneous Goods and Services	12,505	893,012	12,863	947,063	15,262	1,281,885	14,788	1,112,794	-3.1	-13.2
الترفيه والثقافة Recreation and Culture	2,079	258,885	1,780	249,025	2,517	338,363	2,071	298,033	-17.7	-11.9
المطاعم والمقاهي Restaurants & Café	35,367	1,319,564	36,142	1,465,088	40,263	1,602,669	40,202	1,545,887	-0.2	-3.5
الأطعمة والمشروبات Beverage and Food	28,442	1,327,862	28,302	1,426,583	32,488	1,995,516	31,254	1,572,786	-3.8	-21.2
الاتصالات Telecommunication	362	78,484	372	79,740	516	118,890	428	95,314	-17.1	-19.8
النقل Transportation	1,490	474,858	1,551	483,824	1,972	625,712	1,804	561,183	-8.5	-10.3
أخرى Other	14,175	1,221,480	14,452	1,334,823	17,264	1,786,716	16,463	1,585,597	-4.6	-11.3
الإجمالي Total	118,885	8,819,070	120,587	9,407,791	139,521	12,018,026	135,386	10,807,910	-3.0	-10.1

On the other hand, Saudi Central Bank published on weekly basis the value of transaction (direct payment by Debit cards (Point of Sale)) that include Health sectors made in Saudi Arabia, it always ranges from 650-800 million SAR per week, SAR 33,800,000,000 – SAR 41,600,000,000 per annum.

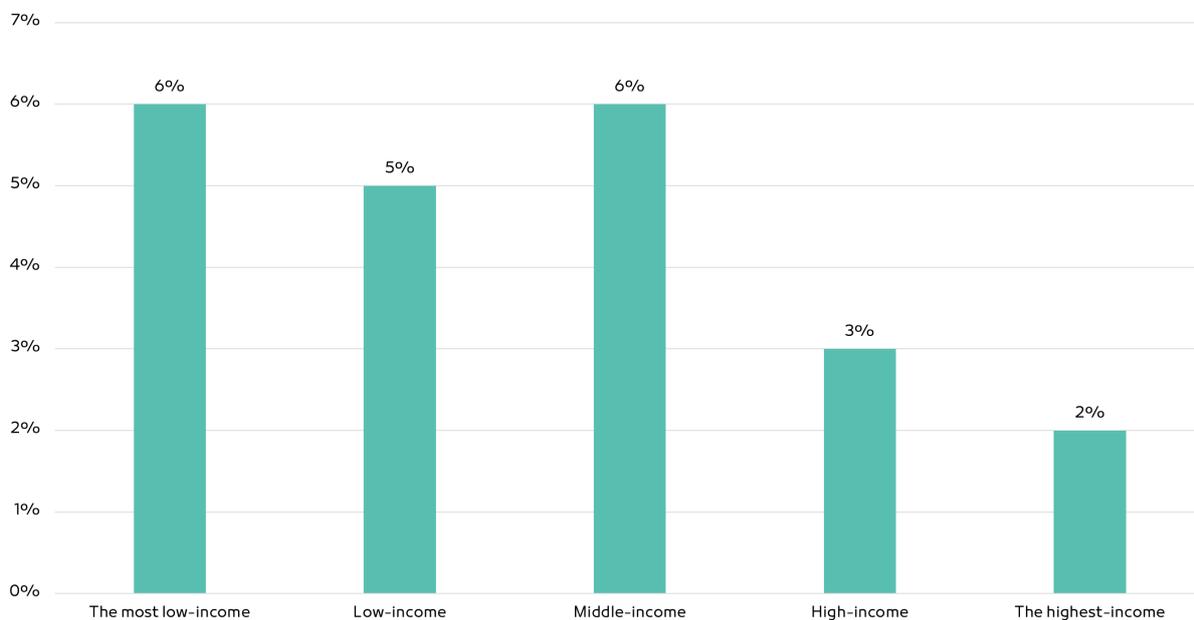
We decide to use the average between GSTAT 2018 figures and the central bank figures to estimate the OOP in 2022 and 2023.

3.5 Expenditure on health care services:

First, to estimate overall expenditure, key informants were asked to provide information on overall household expenditure in the 30 days preceding the survey. They were asked to provide information on the amount of cash the household spent on housing, utilities, personal items, transportation, entertainment, and household services. They were also asked to provide information on the amount of cash the household spent on food in the 7 days preceding the survey. In addition, they were asked to provide information on household expenditure over the past 12 months; this question was intended to capture recurring expenditure or “big purchases” such as tuition fees, clothing, maintenance and repair of household or vehicle equipment, vehicle purchases, taxes, and gifts or celebrations such as weddings or funerals. Second, to allow for the calculation of health care expenditure, key informants reported whether or not household members had used outpatient care services in the past month or inpatient care services in the past 12 months. Households with members who used outpatient services were asked to report the amount of money paid out of their own pocket (not covered by insurance) for consultation fees (doctors or nurses), diagnostic and laboratory tests, medications, dental care, alternative health care, and any other health care products or services. Similarly, households with members who reported using inpatient services were asked similar questions.

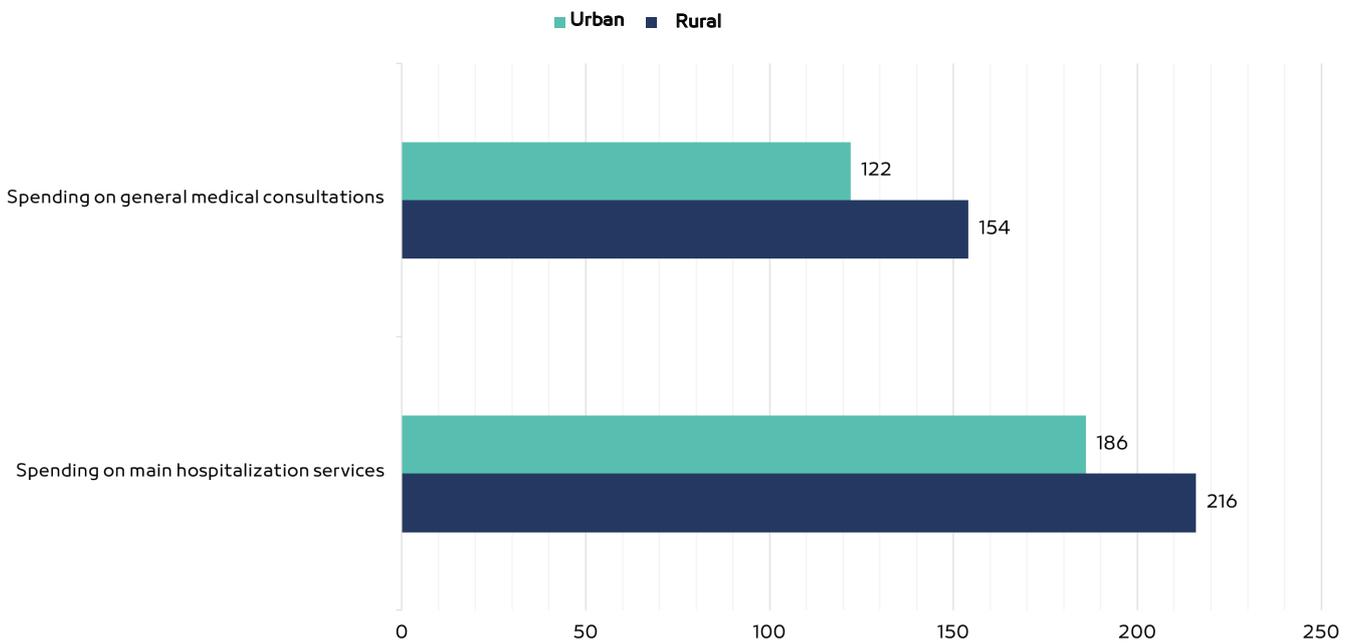
Second, to allow for the calculation of health care expenditures, the principal investigators reported whether or not household members had used outpatient (clinic) services in the past month or inpatient (hospital) services in the past 12 months. Households with members who used outpatient services were asked to report the amount of money paid out of their own pocket (not covered by insurance) for consultation fees (doctors or nurses), diagnostic and laboratory tests, medications, dental care, alternative health care, and any other health care products or services. Similarly, households with members who reported using inpatient services were asked similar questions.

Figure 9: The proportion of health expenditure to total household spending



Total household spending varies by income level. For example, households with the lowest income spend an average of SAR 3,231, while those with the highest income spend an average of SAR 9,716. However, health spending does not follow the same pattern; the highest health spending is seen in the top three income levels (most low-income 6%, low-income 5%, and middle-income 6%), while the lowest spending is seen in the top two income levels (top 3% and top 2%). Furthermore, households with the lowest income spend a significantly higher amount of money on inpatient care (SAR 219) than those with other income levels (less than SAR 18).

Figure 10: Difference in spending between urban and rural areas:



Households living in rural areas spend more on health on average than households living in urban areas (SAR 216 and SAR 186, respectively). To illustrate, households living in rural areas spend more on consultation fees and transportation than households living in urban areas (SAR 154 and SAR 122, respectively). Conversely, households living in urban areas spend more on overnight hospital stays and health-related items than households living in rural areas. Healthcare spending is 5% of total household spending in rural areas and 3% in urban areas.

Health spending patterns vary by region, from 0.3% to 7%. Households in Al Bahah, Najran, and Al Jawf spend less than 1% of their spending on health care. Meanwhile, households in the Northern Borders, Jazan, and Asir spend approximately 6%, and households in Makkah spend approximately 7% of their spending on health care.

Methods of paying for health care services vary by region. Households who use their current income most often to pay for health care are found in Asir (75%) and Makkah (68%), and the least in Najran and Al Bahah (9%). Asir also has the highest percentage of households using their savings to pay for health care (27%). Meanwhile, Riyadh has the highest percentage of receiving from health insurance plans (16%). Qassim, Jazan, and Asir have more households who reported selling goods or seeking support from relatives and friends to pay for health care. Qassim also has the highest percentage of households who borrow from financial institutions to cover health care costs (7%).

In order to give an overall overview of the Saudi Health financing system, this study focus on comparing current findings with available 2021 regional and international published data, since most countries have not yet released health financial data beyond the years 2021.

Total Health Expenditure (THE) showed significant increase over the years as shown below which reflect the inflation of health care rate cost, In view of very high GDP for Saudi Arabia we find that using the indicator THE/GDP or THE/ GGHE may give misleading impression of low governmental spending on health care while the spending is continuously increasing.

The Saudi Census 2022 is the fifth census in the history of the Kingdom of Saudi Arabia. According to the census, the population reached 32,175,224 people, in this census, Saudi Arabia employed the best international standards and practices in population censuses similar to the other methodology applied in G20 countries and Organization for Economic Cooperation and Development, modern technologies were used for the first time in implementing census work that includes satellite images; to ensure more comprehensive coverage.

The previous published population were updated according to the new methodology which mandate an update for the published previous NHA figures for the years 2015, 2016, 2017, 2018, 2019, 2020 and 2021.

The updated figures for Saudi Arabia health expenditure per capita (SAR) are shown in Figure 11

Figure 11: Saudi Arabia health expenditure per capita (SAR)

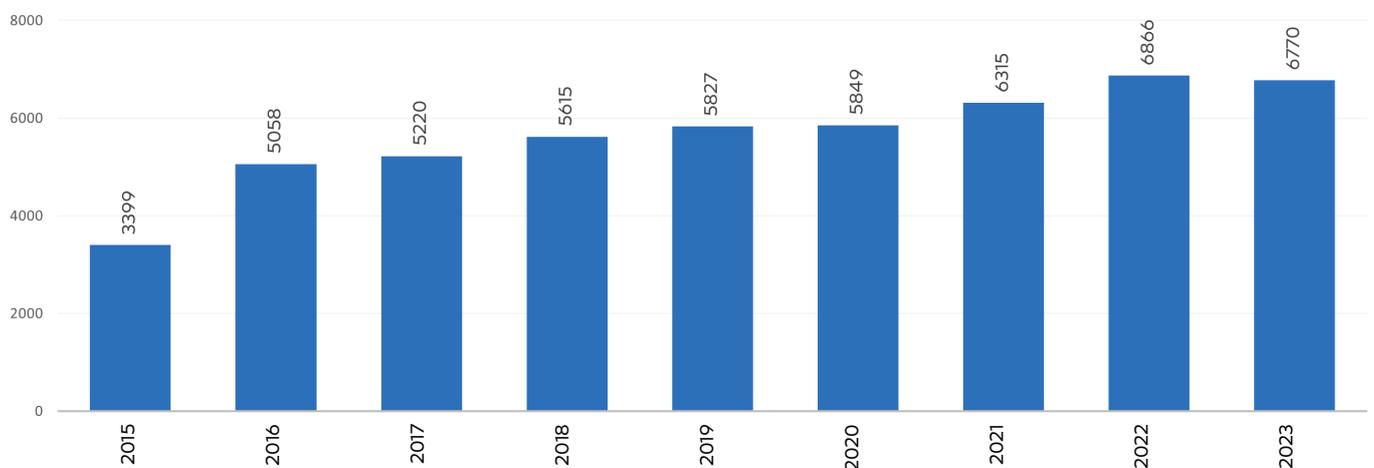
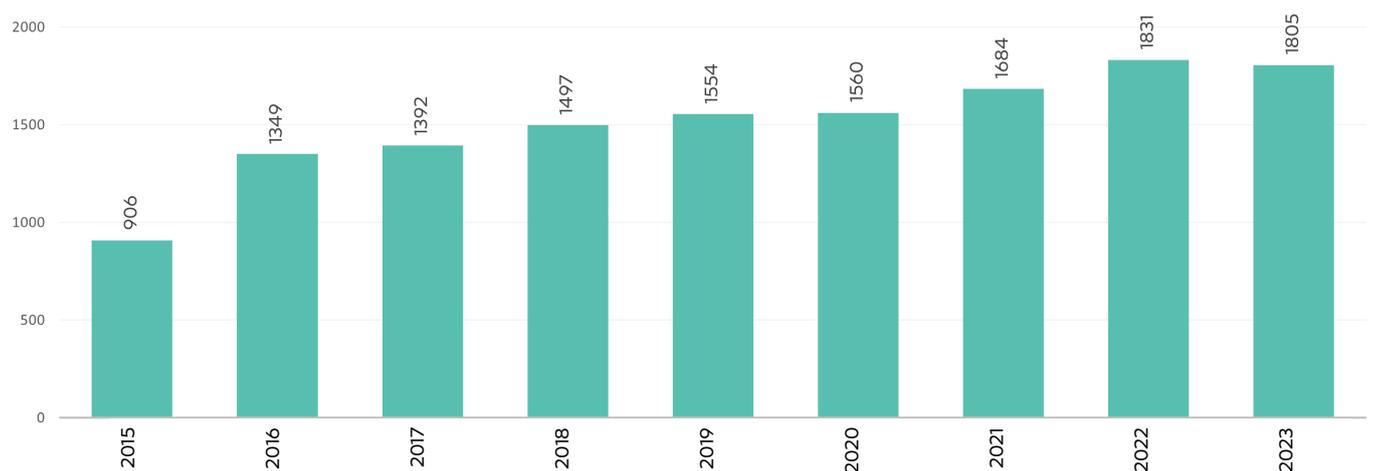


Figure 12: Saudi Arabia health expenditure per capita (Current US\$)



4. Challenges and most important recommendations:

- Generating estimates of national health accounts is a major challenge, as data is collected and arranged from multiple sources. This process may take a long time and requires complete consistency between the proposed work plan and the proper time estimate, which requires prior coordination between government agencies and the Saudi Health Council.
- Out-of-pocket spending will remain a real challenge and an area for improvement.
- A significant inflation of health care costs is alarming.
- The governmental spending decreased to 69% as a clear result of the government direction to privatization
- Private health insurance market is increasing steadily signifying the opportunity of investment.



5. Other health care agencies covered in the report

- United Cooperative Insurance Group - ACIG
- Arab Cooperative Insurance Company
- Aljazira Takaful Taawuni
- Allianz Saudi Fransi Insurance
- Al Rajhi Cooperative Insurance Company Takaful Al Rajhi
- Al Sagr Cooperative Insurance Company
- Amana Cooperative Insurance Company
- Arabian Shield Cooperative Insurance Company
- Bupa Arabia Cooperative Insurance Company
- Enaya Saudi Medical Insurance Company
- Gulf General Cooperative Insurance
- Gulf Insurance Group
- Gulf Union Ahlia Cooperative Insurance
- Liva Insurance Company
- Malath Cooperative Insurance Company
- Mediterranean and Gulf Cooperative Insurance and Reinsurance Company (MedGulf)
- Saudi Arabian Cooperative Insurance Company
- Salama Cooperative Insurance Company
- Cooperative Insurance Company
- Union Cooperative Insurance Company
- United Cooperative Insurance Company
- Loyalty Cooperative Insurance



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Appendix

HAPT tool tables

Appendix 1: Government spending tables by function and activity (2022):

Revenues of health care financing schemes		FS.1
<i>Saudi Riyal (SAR), Million</i>		Transfers from government domestic revenue (allocated to health purposes)
Financing schemes		
HF.1	Government schemes and compulsory contributory health care financing schemes	155,920.465
HF.1.1	Government schemes	155,920.465
HF.1.1.1	Central government schemes	155,920.465
All HF		155,920.465
<u>Memorandum items</u>		
Financing schemes and the related cost-sharing together		
HF.RI.2	Governmental schemes and compulsory contributory health insurance schemes together with cost sharing (HF.1 + HF.3.2.1)	155,920.465



Financing schemes		HF.1
<i>Saudi Riyal (SAR), Million</i>		Government schemes and compulsory contributory health care financing schemes
Health care providers		
HP.1	Hospitals	111,909.731
HP.1.1	General hospitals	111,909.731
HP.5	Retailers and Other providers of medical goods	43,230.040
HP.5.1	Pharmacies	43,230.040
HP.7	Providers of health care system administration and financing	780.694
HP.7.1	Government health administration agencies	780.694
All HP		155,920.465



Health care functions		Financing schemes <i>Saudi Riyal (SAR), Million</i>	HF.1 Government schemes and compulsory contributory health care financing schemes
HC.1		Curative care	134,695.480
	HC.1.1	Inpatient curative care	51,849.791
		HC.1.1.1 General inpatient curative care	51,849.791
	HC.1.3	Outpatient curative care	82,845.688
		HC.1.3.1 General outpatient curative care	82,845.688
HC.2		Rehabilitative care	16,975.061
	HC.2.3	Outpatient rehabilitative care	16,975.061
HC.1+HC.2		Curative care and rehabilitative care	151,670.541
	HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	51,849.791
	HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	99,820.749
HC.4		Ancillary services (non-specified by function)	4,249.924
	HC.4.nec	Unspecified ancillary services (n.e.c.)	4,249.924
All HC			155,920.465



Health care providers	HP.1	HP.1.1	HP.5	HP.5.1	HP.7	HP.7.1	All HP	
<i>Saudi Riyal (SAR), Million</i>	Hospitals	General hospitals	Retailers and Other providers of medical goods	Pharmacies	Providers of health care system administration and financing	Government health administration agencies		
Health care functions								
HC.1	Curative care	96,675.795	96,675.795	37,345.265	37,345.265	674.420	674.420	134,695.480
HC.1.1	Inpatient curative care	37,214.462	37,214.462	14,375.718	14,375.718	259.612	259.612	51,849.791
HC.1.1.1	General inpatient curative care	37,214.462	37,214.462	14,375.718	14,375.718	259.612	259.612	51,849.791
HC.1.3	Outpatient curative care	59,461.333	59,461.333	22,969.547	22,969.547	414.808	414.808	82,845.688
HC.1.3.1	General outpatient curative care	59,461.333	59,461.333	22,969.547	22,969.547	414.808	414.808	82,845.688
HC.2	Rehabilitative care	12,183.612	12,183.612	4,706.454	4,706.454	84.994	84.994	16,975.061
HC.2.3	Outpatient rehabilitative care	12,183.612	12,183.612	4,706.454	4,706.454	84.994	84.994	16,975.061
HC.1+HC.2	Curative care and rehabilitative care	108,859.407	108,859.407	42,051.719	42,051.719	759.414	759.414	151,670.541
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	37,214.462	37,214.462	14,375.718	14,375.718	259.612	259.612	51,849.791
HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	71,644.945	71,644.945	27,676.001	27,676.001	499.802	499.802	99,820.749
HC.4	Ancillary services (non-specified by function)	3,050.324	3,050.324	1,178.321	1,178.321	21.279	21.279	4,249.924
HC.4.nec	Unspecified ancillary services (n.e.c.)	3,050.324	3,050.324	1,178.321	1,178.321	21.279	21.279	4,249.924
All HC		111,909.731	111,909.731	43,230.040	43,230.040	780.694	780.694	155,920.465

Appendix 2: Government spending tables by function and activity (2023):

Revenues of health care financing schemes		FS.1
<i>Saudi Riyal (SAR), Million</i>		Transfers from government domestic revenue (allocated to health purposes)
Financing schemes		
HF.1	Government schemes and compulsory contributory health care financing schemes	152,389.192
HF.1.1	Government schemes	152,389.192
HF.1.1.1	Central government schemes	152,389.192
All HF		152,389.192
Memorandum items		
	Financing schemes and the related cost-sharing together	
HF.RI.2	Governmental schemes and compulsory contributory health insurance schemes together with cost sharing (HF.1 + HF.3.2.1)	152,389.192



Financing schemes		HF.1
<i>Saudi Riyal (SAR), Million</i>		Government schemes and compulsory contributory health care financing schemes
Health care functions		
HC.1	Curative care	131,644.909
HC.1.1	Inpatient curative care	50,675.502
HC.1.1.1	General inpatient curative care	50,675.502
HC.1.3	Outpatient curative care	80,969.407
HC.1.3.1	General outpatient curative care	80,969.407
HC.2	Rehabilitative care	16,590.611
HC.2.3	Outpatient rehabilitative care	16,590.611
HC.1+HC.2	Curative care and rehabilitative care	148,235.520
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	50,675.502
HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	97,560.018
HC.4	Ancillary services (non-specified by function)	4,153.672
HC.4.nec	Unspecified ancillary services (n.e.c.)	4,153.672
All HC		152,389.192



Health care providers	HP.1	HP.1.1	HP.5	HP.5.1	HP.7	HP.7.1	All HP	
<i>Saudi Riyal (SAR), Million</i>	Hospitals	General hospitals	Retailers and Other providers of medical goods	Pharmacies	Providers of health care system administration and financing	Government health administration agencies		
Health care functions								
HC.1	Curative care	94,486.290	94,486.290	36,499.472	36,499.472	659.146	659.146	131,644.909
HC.1.1	Inpatient curative care	36,371.632	36,371.632	14,050.138	14,050.138	253.732	253.732	50,675.502
HC.1.1.1	General inpatient curative care	36,371.632	36,371.632	14,050.138	14,050.138	253.732	253.732	50,675.502
HC.1.3	Outpatient curative care	58,114.658	58,114.658	22,449.335	22,449.335	405.414	405.414	80,969.407
HC.1.3.1	General outpatient curative care	58,114.658	58,114.658	22,449.335	22,449.335	405.414	405.414	80,969.407
HC.2	Rehabilitative care	11,907.679	11,907.679	4,599.863	4,599.863	83.069	83.069	16,590.611
HC.2.3	Outpatient rehabilitative care	11,907.679	11,907.679	4,599.863	4,599.863	83.069	83.069	16,590.611
HC.1+HC.2	Curative care and rehabilitative care	106,393.969	106,393.969	41,099.336	41,099.336	742.215	742.215	148,235.520
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	36,371.632	36,371.632	14,050.138	14,050.138	253.732	253.732	50,675.502
HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	70,022.337	70,022.337	27,049.198	27,049.198	488.483	488.483	97,560.018
HC.4	Ancillary services (non-specified by function)	2,981.240	2,981.240	1,151.635	1,151.635	20.797	20.797	4,153.672
HC.4.nec	Unspecified ancillary services (n.e.c.)	2,981.240	2,981.240	1,151.635	1,151.635	20.797	20.797	4,153.672
All HC		109,375.209	109,375.209	42,250.970	42,250.970	763.013	763.013	152,389.192



Appendix 3: Insurance companies' spending tables by function and activity (2022)

Revenues of health care financing schemes		FS.3
<i>Saudi Riyal (SAR), Million</i>		Social insurance contributions
Financing schemes		
HF.1	Government schemes and compulsory contributory health care financing schemes	14,484.26
HF.1.2	Compulsory contributory health insurance schemes	14,484.26
HF.1.2.1	Social health insurance schemes	14,484.26
All HF		14,484.26
<u>Memorandum items</u>		
Financing schemes and the related cost-sharing together		
HF.RI.2	Governmental schemes and compulsory contributory health insurance schemes together with cost sharing (HF.1 + HF.3.2.1)	14,484.26

Financing schemes			HF.1
<i>Saudi Riyal (SAR), Million</i>			Government schemes and compulsory contributory health care financing schemes
Health care providers			
HP.1		Hospitals	11,887.33
	HP.1.1	General hospitals	11,887.33
HP.3		Providers of ambulatory health care	457.86
	HP.3.2	Dental practice	457.86
HP.4		Providers of ancillary services	11.23
	HP.4.1	Providers of patient transportation and emergency rescue	11.23
HP.5		Retailers and Other providers of medical goods	2,127.84
	HP.5.1	Pharmacies	2,127.84
All HP			14,484.26



Health care providers			HP.1		HP.3		HP.4		HP.5		All HP
Saudi Riyal (SAR), Million			Hospitals	General hospitals	Providers of ambulatory health care	Dental practice	Providers of ancillary services	Providers of patient transportation and emergency rescue	Retailers and Other providers of medical goods	Pharmacies	
Health care functions											
HC.1		Curative care	7,036.06	7,036.06	271.01	271.01	6.64	6.64	1,259.46	1,259.46	8,573.17
	HC.1.1	Inpatient curative care	2,808.82	2,808.82	108.19	108.19	2.65	2.65	502.78	502.78	3,422.44
		HC.1.1.1 General inpatient curative care	2,808.82	2,808.82	108.19	108.19	2.65	2.65	502.78	502.78	3,422.44
	HC.1.3	Outpatient curative care	4,227.24	4,227.24	162.82	162.82	3.99	3.99	756.68	756.68	5,150.73
		HC.1.3.1 General outpatient curative care	3,851.47	3,851.47	148.35	148.35	3.64	3.64	689.42	689.42	4,692.87
	HC.1.3.2	Dental outpatient curative care	375.77	375.77	14.47	14.47	0.35	0.35	67.26	67.26	457.86
HC.2		Rehabilitative care	103.03	103.03	3.97	3.97	0.10	0.10	18.44	18.44	125.54
	HC.2.3	Outpatient rehabilitative care	103.03	103.03	3.97	3.97	0.10	0.10	18.44	18.44	125.54
HC.1+HC.2		Curative care and rehabilitative care	7,139.09	7,139.09	274.97	274.97	6.74	6.74	1,277.90	1,277.90	8,698.71
	HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	2,808.82	2,808.82	108.19	108.19	2.65	2.65	502.78	502.78	3,422.44
	HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	4,330.27	4,330.27	166.79	166.79	4.09	4.09	775.12	775.12	5,276.27
HC.4		Ancillary services (non-specified by function)	1,222.02	1,222.02	47.07	47.07	1.15	1.15	218.74	218.74	1,488.98
	HC.4.1	Laboratory services	806.81	806.81	31.08	31.08	0.76	0.76	144.42	144.42	983.06
	HC.4.2	Imaging services	406.00	406.00	15.64	15.64	0.38	0.38	72.67	72.67	494.70
	HC.4.3	Patient transportation	9.21	9.21	0.35	0.35	0.01	0.01	1.65	1.65	11.23
HC.5		Medical goods (non-specified by function)	2,030.28	2,030.28	78.20	78.20	1.92	1.92	363.42	363.42	2,473.81
	HC.5.1	Pharmaceuticals and Other medical non-durable goods	1,798.00	1,798.00	69.25	69.25	1.70	1.70	321.84	321.84	2,190.79
		HC.5.1.1 Prescribed medicines	1,746.33	1,746.33	67.26	67.26	1.65	1.65	312.59	312.59	2,127.84
		HC.5.1.3 Other medical non-durable goods	51.66	51.66	1.99	1.99	0.05	0.05	9.25	9.25	62.95
	HC.5.2	Therapeutic appliances and Other medical goods	232.28	232.28	8.95	8.95	0.22	0.22	41.58	41.58	283.02
		HC.5.2.1 Glasses and Other vision products	232.28	232.28	8.95	8.95	0.22	0.22	41.58	41.58	283.02
HC.6		Preventive care	6.58	6.58	0.25	0.25	0.01	0.01	1.18	1.18	8.02
	HC.6.nec	Unspecified preventive care (n.e.c.)	6.58	6.58	0.25	0.25	0.01	0.01	1.18	1.18	8.02
HC.9		Other health care services not elsewhere classified (n.e.c.)	1,489.36	1,489.36	57.37	57.37	1.41	1.41	266.60	266.60	1,814.73
All HC			11,887.33	11,887.33	457.86	457.86	11.23	11.23	2,127.84	2,127.84	14,484.26



Factors of health care provision		FP.3	FP.3.1					FP.3.2	FP.3.2.1	FP.3.2.1.nec	FP.nec	All FP
<i>Saudi Riyal (SAR), Million</i>		Materials and services used	Health care services	FP.3.1.1 Laboratory & Imaging services	FP.3.1.nec Other health care services (n.e.c.)	FP.3.2		Health care goods	Pharmaceuticals	Other pharmaceuticals (n.e.c.)	Unspecified factors of health care provision (n.e.c.)	
Health care providers												
HP.1	Hospitals	6,419.16	6,409.95	806.80	5,603.14	9.21	9.21	9.21	9.21	9.21	5,468.17	11,887.33
HP.1.1	General hospitals	6,419.16	6,409.95	806.80	5,603.14	9.21	9.21	9.21	9.21	9.21	5,468.17	11,887.33
HP.3	Providers of ambulatory health care	247.25	246.89	31.08	215.81	0.35	0.35	0.35	0.35	0.35	210.62	457.86
HP.3.2	Dental practice	247.25	246.89	31.08	215.81	0.35	0.35	0.35	0.35	0.35	210.62	457.86
HP.4	Providers of ancillary services	6.06	6.05	0.76	5.29	0.01	0.01	0.01	0.01	0.01	5.16	11.23
HP.4.1	Providers of patient transportation and emergency rescue	6.06	6.05	0.76	5.29	0.01	0.01	0.01	0.01	0.01	5.16	11.23
HP.5	Retailers and Other providers of medical goods	1,149.03	1,147.38	144.42	1,002.97	1.65	1.65	1.65	1.65	1.65	978.81	2,127.84
HP.5.1	Pharmacies	1,149.03	1,147.38	144.42	1,002.97	1.65	1.65	1.65	1.65	1.65	978.81	2,127.84
All HP		7,821.50	7,810.27	983.06	6,827.21	11.23	11.23	11.23	11.23	11.23	6,662.76	14,484.26

Appendix 4: Insurance companies' spending tables by function and activity (2023):

Revenues of health care financing schemes		FS.3
<i>Saudi Riyal (SAR), Million</i>		Social insurance contributions
Financing schemes		
HF.1	Government schemes and compulsory contributory health care financing schemes	24,673.17
HF.1.2	Compulsory contributory health insurance schemes	24,673.17
HF.1.2.1	Social health insurance schemes	24,673.17
All HF		24,673.17
<u>Memorandum items</u>		
Financing schemes and the related cost-sharing together		
HF.RI.2	Governmental schemes and compulsory contributory health insurance schemes together with cost sharing (HF.1 + HF.3.2.1)	24,673.17



Financing schemes			HF.1
<i>Saudi Riyal (SAR), Million</i>			Government schemes and compulsory contributory health care financing schemes
Health care functions			
HC.1		Curative care	14,603.96
	HC.1.1	Inpatient curative care	5,829.95
		HC.1.1.1 General inpatient curative care	5,829.95
	HC.1.3	Outpatient curative care	8,774.00
		HC.1.3.1 General outpatient curative care	7,994.06
		HC.1.3.2 Dental outpatient curative care	779.94
HC.2		Rehabilitative care	213.84
	HC.2.3	Outpatient rehabilitative care	213.84
HC.1+HC.2		Curative care and rehabilitative care	14,817.80
	HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	5,829.95
	HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	8,987.85
HC.4		Ancillary services (non-specified by function)	2,536.40
	HC.4.1	Laboratory services	1,674.59
	HC.4.2	Imaging services	842.69
	HC.4.3	Patient transportation	19.12
HC.5		Medical goods (non-specified by function)	4,214.01
	HC.5.1	Pharmaceuticals and Other medical non-durable goods	3,731.90
		HC.5.1.1 Prescribed medicines	3,624.67
		HC.5.1.3 Other medical non-durable goods	107.23
	HC.5.2	Therapeutic appliances and Other medical goods	482.11
		HC.5.2.1 Glasses and Other vision products	482.11
HC.6		Preventive care	13.66
	HC.6.nec	Unspecified preventive care (n.e.c.)	13.66
HC.9		Other health care services not elsewhere classified (n.e.c.)	3,091.30
All HC			24,673.17

Health care providers		HP.1	HP.1.1	HP.3	HP.3.2	HP.4	HP.4.1	HP.5	HP.5.1	All HP
Saudi Riyal (SAR), Million		Hospitals	General hospitals	Providers of ambulatory health care	Dental practice	Providers of ancillary services	Providers of patient transportation and emergency rescue	Retailers and Other providers of medical goods	Pharmacies	
Health care functions										
HC.1	Curative care	11,985.57	11,985.57	461.65	461.65	11.32	11.32	2,145.42	2,145.42	14,603.96
	HC.1.1	4,784.68	4,784.68	184.29	184.29	4.52	4.52	856.46	856.46	5,829.95
	HC.1.1.1	4,784.68	4,784.68	184.29	184.29	4.52	4.52	856.46	856.46	5,829.95
	HC.1.3	7,200.89	7,200.89	277.36	277.36	6.80	6.80	1,288.96	1,288.96	8,774.00
	HC.1.3.1	6,560.78	6,560.78	252.70	252.70	6.20	6.20	1,174.38	1,174.38	7,994.06
	HC.1.3.2	640.11	640.11	24.65	24.65	0.60	0.60	114.58	114.58	779.94
HC.2	Rehabilitative care	175.50	175.50	6.76	6.76	0.17	0.17	31.41	31.41	213.84
	HC.2.3	175.50	175.50	6.76	6.76	0.17	0.17	31.41	31.41	213.84
HC.1+HC.2	Curative care and rehabilitative care	12,161.07	12,161.07	468.41	468.41	11.48	11.48	2,176.84	2,176.84	14,817.80
	HC.1.1+HC.2.1	4,784.68	4,784.68	184.29	184.29	4.52	4.52	856.46	856.46	5,829.95
	HC.1.3+HC.2.3	7,376.39	7,376.39	284.11	284.11	6.97	6.97	1,320.38	1,320.38	8,987.85
HC.4	Ancillary services (non-specified by function)	2,081.64	2,081.64	80.18	80.18	1.97	1.97	372.62	372.62	2,536.40
	HC.4.1	1,374.35	1,374.35	52.94	52.94	1.30	1.30	246.01	246.01	1,674.59
	HC.4.2	691.60	691.60	26.64	26.64	0.65	0.65	123.80	123.80	842.69
	HC.4.3	15.69	15.69	0.60	0.60	0.01	0.01	2.81	2.81	19.12
HC.5	Medical goods (non-specified by function)	3,458.47	3,458.47	133.21	133.21	3.27	3.27	619.07	619.07	4,214.01
	HC.5.1	3,062.80	3,062.80	117.97	117.97	2.89	2.89	548.24	548.24	3,731.90
	HC.5.1.1	2,974.79	2,974.79	114.58	114.58	2.81	2.81	532.49	532.49	3,624.67
	HC.5.1.3	88.01	88.01	3.39	3.39	0.08	0.08	15.75	15.75	107.23
	HC.5.2	395.67	395.67	15.24	15.24	0.37	0.37	70.83	70.83	482.11
	HC.5.2.1	395.67	395.67	15.24	15.24	0.37	0.37	70.83	70.83	482.11
HC.6	Preventive care	11.21	11.21	0.43	0.43	0.01	0.01	2.01	2.01	13.66
	HC.6.nec	11.21	11.21	0.43	0.43	0.01	0.01	2.01	2.01	13.66
HC.9	Other health care services not elsewhere classified (n.e.c.)	2,537.05	2,537.05	97.72	97.72	2.40	2.40	454.13	454.13	3,091.30
All HC		20,249.45	20,249.45	779.94	779.94	19.12	19.12	3,624.66	3,624.66	24,673.17



Factors of health care provision		FP.3	FP.3.1		FP.3.2			FP.3.1.nec	FP.3.2.1	FP.3.2.1.nec	FP.nec	All FP
<i>Saudi Riyal (SAR), Million</i>		Materials and services used	Health care services	Laboratory & Imaging services	Other health care services (n.e.c.)	Health care goods	Pharmaceuticals	Other pharmaceuticals (n.e.c.)	Unspecified factors of health care provision (n.e.c.)			
Health care providers												
HP.1	Hospitals	10,934.70	10,919.01	1,374.35	9,544.66	15.69	15.69	15.69	9,314.75	20,249.45		
HP.1.1	General hospitals	10,934.70	10,919.01	1,374.35	9,544.66	15.69	15.69	15.69	9,314.75	20,249.45		
HP.3	Providers of ambulatory health care	421.17	420.57	52.94	367.63	0.60	0.60	0.60	358.77	779.94		
HP.3.2	Dental practice	421.17	420.57	52.94	367.63	0.60	0.60	0.60	358.77	779.94		
HP.4	Providers of ancillary services	10.33	10.31	1.30	9.01	0.01	0.01	0.01	8.80	19.12		
HP.4.1	Providers of patient transportation and emergency rescue	10.33	10.31	1.30	9.01	0.01	0.01	0.01	8.80	19.12		
HP.5	Retailers and Other providers of medical goods	1,957.32	1,954.51	246.01	1,708.50	2.81	2.81	2.81	1,667.34	3,624.66		
HP.5.1	Pharmacies	1,957.32	1,954.51	246.01	1,708.50	2.81	2.81	2.81	1,667.34	3,624.66		
All HP		13,323.51	13,304.39	1,674.59	11,629.80	19.12	19.12	19.12	11,349.66	24,673.17		



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