

Kingdom of Saudi Arabia

Mohammed A. Basheikh¹ and Hashim Balubaid²

Abstract. Currently, the population of the Kingdom of Saudi Arabia includes more than 34 million people and is considered to be a young population, as more than 70% of the population is below the age of 30 years. The age group that includes individuals who are 60 years old or older represents only 4.4% of the population. Life expectancy at birth increased from 49.75 years in 1974 to 69.7 years in 1996, after which it increased to 75.3 years in 2013. The expectation is that the older adult population will increase to 9.5% of the general population in 2035 and will reach more than 18% by 2050. The Kingdom is currently entering uncharted territory with regard to the magnitude of its aging population and the health and psychosocial needs of this population. The culture in the Kingdom ensures respect for the older adults and highly values the natural bond of affection among all members of the family. Health interventions for the older adults, whether preventive or curative, are almost always far more expensive than those for other age groups. Additionally, there are significant deficiencies in the number of physicians who are trained in geriatrics, occupational or environmental health, and preventive medicine. However, as future projections have revealed, there will be a rapid increase in the older adult population as a percentage of the total population. Thus, there is an urgent need to develop adequate comprehensive services for the older adults, including primary, secondary, and tertiary care services. The system must respond to the needs of the older adult population by offering home services, community services, and sophisticated older adult care facilities. Based on the Vision, steps are currently being taken by different government bodies to develop a strategic plan involving various aspects of care for the older adult population.

Keywords: Kingdom of Saudi Arabia, ageing population, health care.

¹ King Abdulaziz University, Saudi Arabia (mbasheikh@kau.edu.sa)

² King Abdulaziz Medical City, Saudi Arabia (hnb95@yahoo.com)

Background

Since ancient times, aging has been considered a natural part of life, but not all individuals accept this concept (Thane, 2005). In modern times, life has become much easier compared to life in the Middle Ages, at which time the process of aging was not welcomed, especially among poor individuals. In the 18th century, attitudes towards aging began to change, wherein a transition occurred in the understanding that aging and older adults remain creative and can have a rewarding life. Another factor in this transition was that the same time period elicited more awareness of and differentiation between diseases and targets in younger adults compared to older adults (Thane, 2005). In the 19th century, with the growth of different industries and transportation methods and advances in medicine, people began to live longer lives. Despite the advances in medicine, the focus was mainly on the younger population, as chances of success were much higher in younger individuals than in older adults. Moreover, older adults typically did not seek medical attention, as they believed that health issues were due to aging. Additionally, when older individuals died, their deaths were often recorded as being due to age-related conditions (Thane, 2005).

In the 20th century, there were significant advances in medicine, especially with regard to significantly decreased death rates at birth, and the population started to grow older. Such changes elicited increased attention to issues of aging, which resulted in the introduction of the specialties of geriatric medicine and gerontology (Thane, 2005).

The field of geriatric medicine addresses challenges to the health of older adults; it encompasses a wide range of older adult focused and related diseases, including frailty, malnutrition, osteoporosis, dementia, and functional independence. Given advances in medicine and the availability of more medical treatment options, as well as more advanced surgical procedures (based on new technologies that were not previously available), these factors have contributed to an increase in life expectancy. Based on these facts, acute conditions that were previously considered to be fatal have now become treatable conditions, which has led to the survival of more of the population and allowed individuals to live to older ages. In addition, aging resulted in increased levels of chronic medical diseases and more complex medical conditions, such as polypharmacy. These changes in aging as well as societal changes have led to a focus on the prevention and possible treatment of specific conditions that are considered to play a role in aging, such as the loss of teeth and vision.

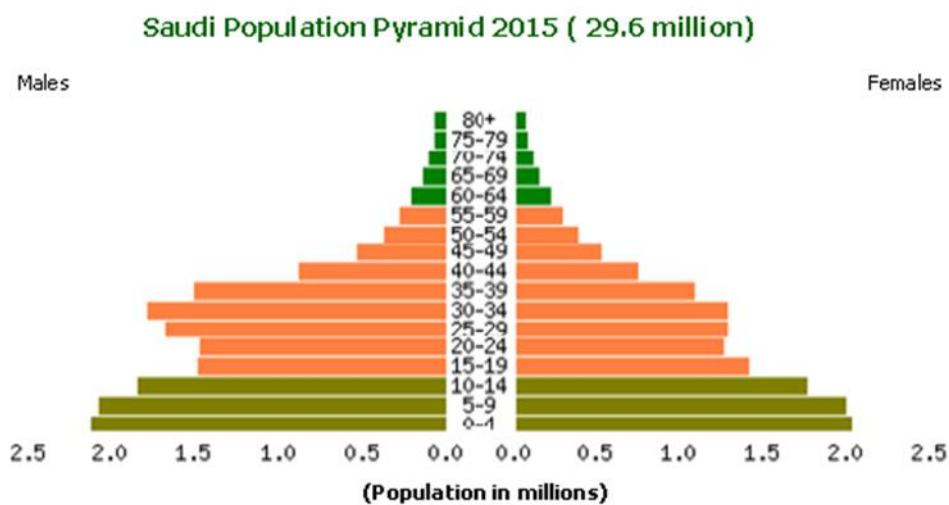
Arab countries share the same language and history. Although they have diverse individual economic and political systems, the countries still have many factors in common in terms of their populations. Arab countries have experienced significant changes in different aspects of urbanization, and socioeconomic changes that have resulted in an increase in life expectancies from birth, and a rise in the number of older adults. In the past, most Arab countries had a major problem with infectious diseases, but with advances in medicine, such diseases are now treatable. However, with continued modernization, ongoing technological advances, and increased awareness regarding medical screening, there have been increases in chronic medical diseases such as diabetes mellitus, hypertension, and dyslipidemia in different age groups, not just in older adults. Due to the frailty of older adults, these individuals are more

affected by these chronic medical diseases and exhibit an increased likelihood of death from them, as this likelihood is estimated to be greater than 60% (Rahim et al., 2014) and primarily due to complications from these chronic medical diseases. Arab countries have exhibited significant improvement in life expectancy, adding approximately 8 years to this factor in 2015 compared to 1985 (Sibai et al., 2017). Additionally, life expectancy is projected to increase to greater than 80 years by 2030 (Sibai et al., 2017).

The Gulf Cooperation Council (GCC) accounts for less than 1% of the population, but it is considered to be one of the wealthiest groups in the world. Most of the population is considered to be young, which results in a social pyramid in which young individuals are able to care for older adults.

Currently, the population in the Kingdom of Saudi Arabia is composed of more than 34 million people and is considered to be young, as more than 70% of the population is below the age of 30 years (General Authority for Statistics, 2017). This is a pyramid shape for the society, wherein the younger generation can care for the older generation (Figure 5.1)

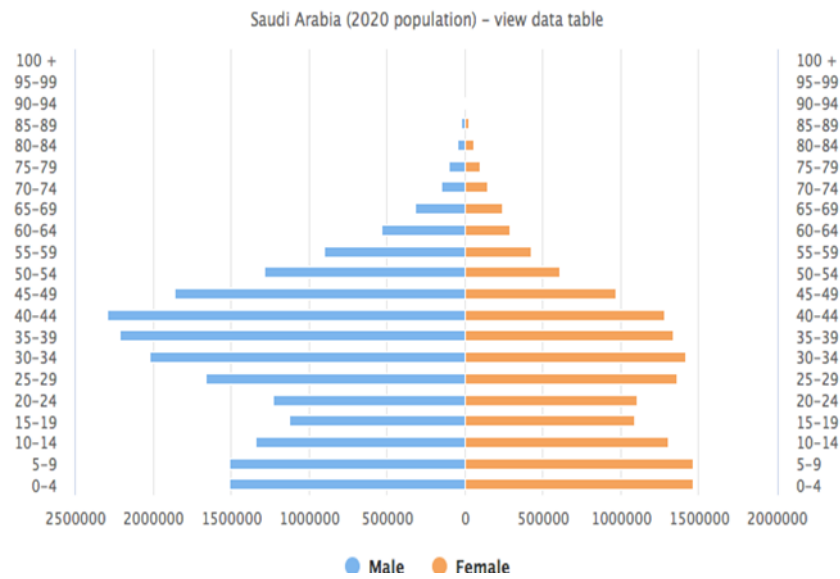
Figure 1: Saudi population pyramid in 2015



Sources: NCB

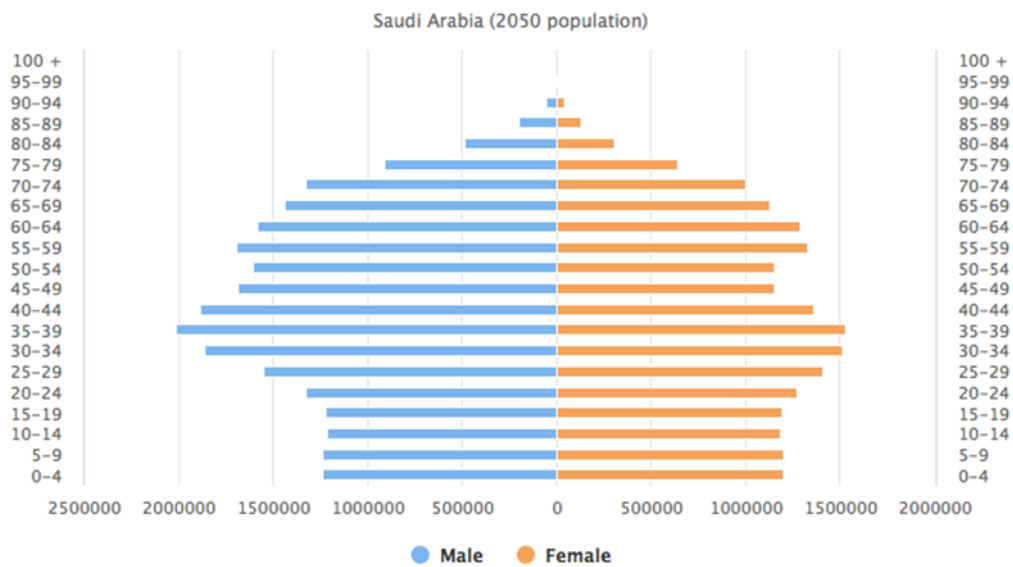
This is in spite of the fact that the population of the Kingdom is aging due to several factors such as increase in life expectancy at birth, improvements in the sanitation infrastructure, advances in medicine, and increases in socioeconomic status. These factors indicate a change in the population pyramid that is expected to occur in 2020 and 2050 (Figure 5.2, Figure 5.3).

Figure 2: Population pyramid change in Saudi Arabia 2020



Source: General Authority for Statistics, Kingdom of Saudi Arabia, (2017).

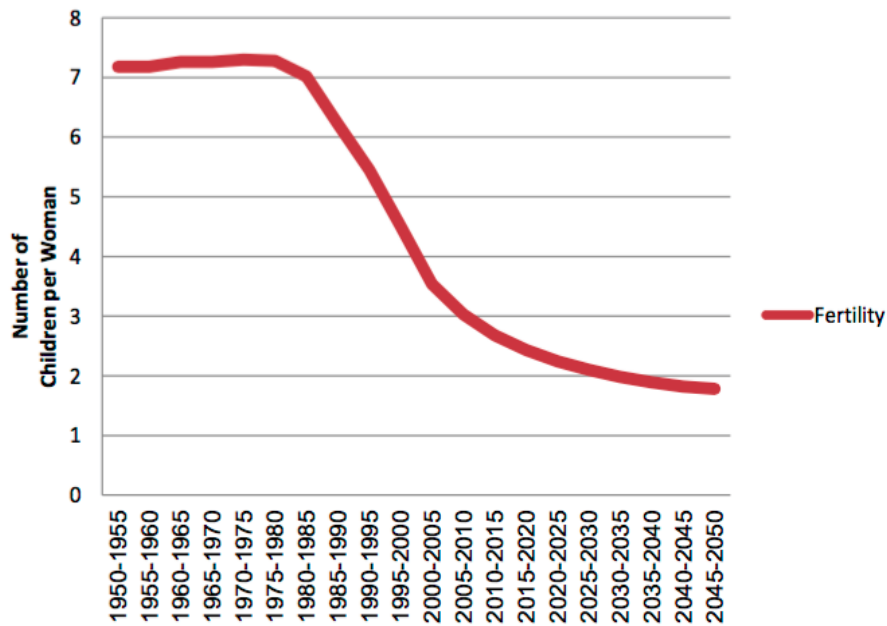
Figure 3: Population pyramid in Saudi Arabia 2050



Source: General Authority for Statistics, Kingdom of Saudi Arabia, (2017).

This change is indicated by the observed decline in the fertility rate that has been observed in the last few years (World Bank, 2014) (Figure 4).

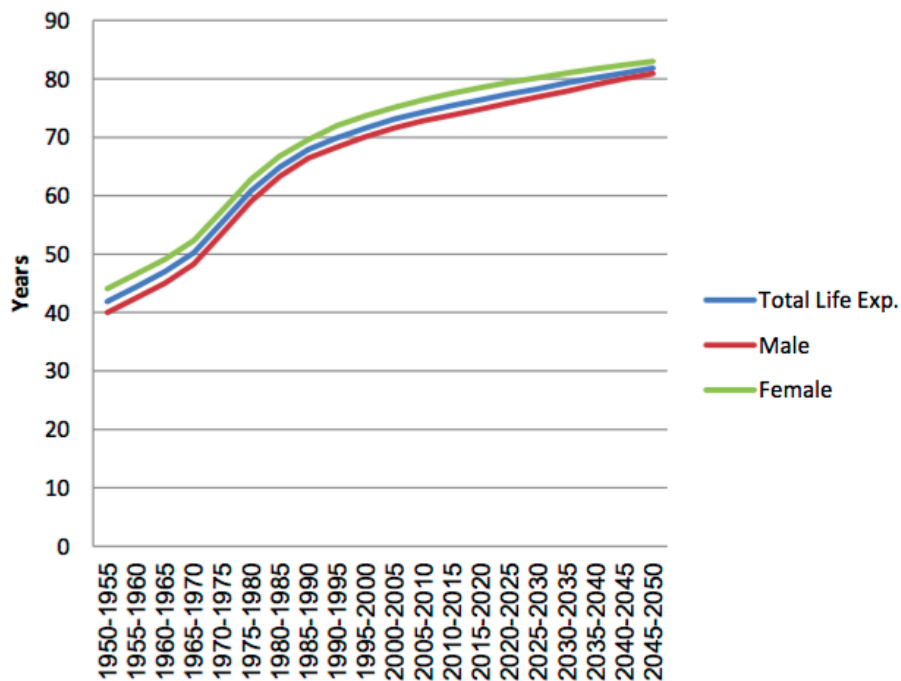
Figure 4: Decline in fertility in Saudi Arabia



Source: World Bank, (2014).

Life expectancy at birth has increased from 49.75 years in 1974 to 69.7 years by 1996, after which it increased to 75.3 years in 2013 (World Bank, 2014; Arabie saoudite, 1980) (Figure 5.5).

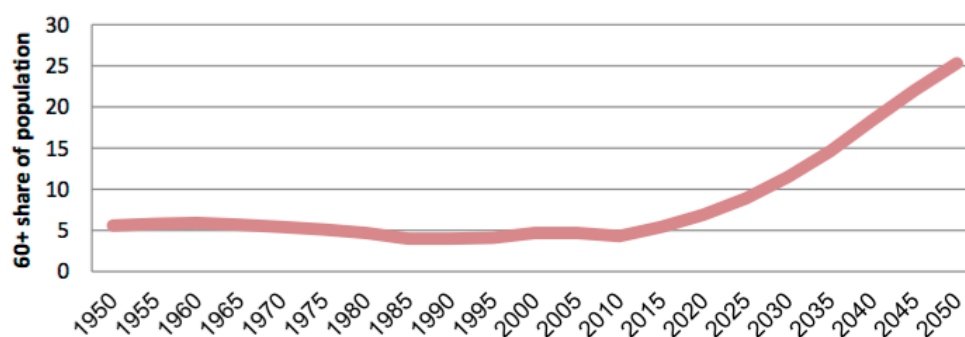
Figure 5. Life expectancy at birth by sex in Saudi Arabia



Source: World Bank, (2017).

The Kingdom of Saudi Arabia has established a 2030 vision that targets an increase in life expectancy at birth by six years (Kingdom of Saudi Arabia, n.d.), which could be feasible if appropriate health initiatives can achieve the target outcomes for better general health in the populations (Mirza et al., 2018). The age group consisting of individuals who are 60 years old or older represented only 4.4% of the general population in 2017 (General Authority for Statistics, 2017 report). However, since 2016 and the announcement of the 2030 vision by the Kingdom, new health and psychosocial initiatives have been announced (Ministry for Health, 2017) and considerable steps have been taken by the government to achieve the targets of these initiatives, which will result in further increases in life expectancy at birth and quality of life. It is expected that the older adult population will increase to 9.5% of the general population in 2035 and will reach more than 18% by 2050 (United Nations, 2012) (Figure 6).

Figure 6: Percentage of the population 60 years and older from the general population



Source: United Nations, (2012).

The Kingdom of Saudi Arabia is currently entering uncharted territory in relation to the magnitude of its aging population and in terms of the health and psychosocial needs of this population.

Education and other factors that impact ageing in Saudi Arabia

The government has been heavily investing in education for many years, with the annual budget report by the government showing that more than 30% of the total budget is dedicated to education. Additionally, the government has made it mandatory for females to be educated in schools since 1960. This change has helped to increase the participation of women in the workforce and has further enhanced the education of females, thus resulting in a better quality of education for both sexes. The government was successful in this initiative, as the literacy rate is 99.5% for the 15- to 24-year-old age group for both sexes (General Authority for Statistics, Kingdom of Saudi Arabia, 2017). The enrolment of Saudi students in elementary school has increased to 98% for both sexes (ibid.). A total of 94% of individuals graduate from secondary school (General Authority for Statistics, 2017), and 69% of those who finish secondary school register for postgraduate studies for within 5 years (General Authority for Statistics, Kingdom of Saudi Arabia, 2017). The last census in 2017 showed that more than half of the Saudi population (aged 25 years or more) has graduated from secondary school at

minimum (ibid.), and approximately one-quarter of the population has a postgraduate degree, with males at 28.1% and females at 25.5% (General Authority for Statistics, 2017).

Another important aspect of the Kingdom of Saudi Arabia is the presence of the 2 holy mosques of Islam (in Makkah and Madinah). Islam is the primary religion of the country. Furthermore, Islamic practices are essential aspects of cultural life in Saudi Arabia. Every year, Muslims from all over the world travel to Makkah to complete Haj. Haj is mandatory for all Muslims who can afford it. In addition to Haj, Muslims visit Makkah throughout the year to perform Umrah, which is a voluntary pilgrimage. In the past, some pilgrims would stay in Saudi Arabia after they finished Haj or Umrah, which resulted in a highly diversified region (especially in the western region of the Kingdom where the 2 holy mosques are located).

Since the discovery of petroleum in Saudi Arabia in the mid-20th century, and since the Kingdom became the largest petroleum exporter in the world, the Kingdom has become one of the wealthiest countries in the world. This has played a major role in the shaping of modern Saudi Arabia. Most government services are at no cost or are well supported by the government; therefore, no burden falls on the citizens. In the last few decades, the government has supported housing and various other services for citizens, and the government has also supported the private sector in taking a role in the economy through no-interest loans and several government-sponsored projects. The government has ensured that citizens are not impacted by any burdens of life and has attempted ensure a high quality of life for its citizens.

Over the years, the Saudi government has become the largest employer in the Kingdom (General Authority for Statistics, 2017), as most of the jobs offered by the government are more attractive and have higher salaries than other jobs. The wage gap between the public and private sectors has increased to 70% (Abusaaq, 2015). This has resulted in overstaffing in different sectors of the government as well as the absence of competition and creativity. Thus, a gap was also created between the skills of the Saudi population and the needs of the labour market (ibid.). The 2030 vision focuses mainly on the increased productivity of the Saudi population, and this vision will create considerable opportunities for the private sector, with different initiatives that ensure a degree of Saudization of all available jobs in the private sector.

Health care services for older adults in the Kingdom of Saudi Arabia

The Middle East has begun to experience increased growth in the older adult population over the last few decades (United Nations, 2012). The culture in the Kingdom of Saudi Arabia ensures respect for older adults and highly values the natural bond of affection among all members of the family. The eldest members of the family are sources of spiritual blessing, religious faith, wisdom, and love. Sending or abandoning an older adult in nursing home or hospitals violates the sense of sacred duty of Saudi citizens to their older adult family members. The government still assumes that families will care for their older adult family member. The Kingdom is considered a close society, and family usually meet on a regular basis including extended family. Thus, older adults support mainly come from offspring, but it can also be provided by any member of the extended family.

The proportion of older adult retirees increased from 2.91% in 1992 to 4.39% in 2004, after which it increased to 7.89% in 2014 (Public Pension Agency, 2018). The public and private sectors provide pensions for their employees. In the public sector, the number of retirees increased from 252,004 in 2004 to 404,872 in 2006, after which it increased to 876,713 in 2018(8).

Health interventions for the older adults, whether preventive or curative, are almost always far more expensive than those for other populations. The health care systems in the Kingdom face challenges due to the demands and needs of the population of young individuals, which is much larger than the older adult population. Major deficiencies have been observed in the number of physicians who are trained in geriatric, occupational or environmental health, and preventive medicine. Medical schools have been pushing for strong basic science programs and sophisticated tertiary care. Moreover, there is a need for medical schools to modify their curriculum to address national health needs of the older adults. It is expected that academic institutions will respond to the problems that are associated with the ageing population.

It is challenging to assess, treat, and rehabilitate the growing aging population due to the lack of a sufficient number of trained geriatricians and gerontologists. The establishment of unrealistic therapeutic goals may frustrate older patients, and this may result in the emergence of negative attitudes and stereotypes regarding aging. The increasing need for geriatric education and training will be influenced by the changing demographics of the area and the increasing number of individuals in the geriatric population as well as the increase in unmet health care needs.

Many older adult individuals avoid health care for different reasons, with the most common reason being that they attribute changes in health to aging. Additionally, some individuals believe that they will die soon; therefore, they do not care about their health. Furthermore, the illiteracy level is 59.29% among older adult individuals aged 65 years and older (General Authority for Statistics, 2017). Therefore, older members of the population often present with advanced stages of diseases, which makes it difficult to manage and treat these diseases. Another issue is accessibility to geriatric health care services due to the shortage of health care professionals who specialize in geriatrics.

The Ministry of Health (MOH) provides free health care services for all populations in the Kingdom of Saudi Arabia. The services provided by the ministry include primary, secondary, and tertiary care services. The services also encompass preventive, curative, interventional and rehabilitation care services, as well as home healthcare. The quality of care is of a high standard and adheres to international norms and accreditation procedures. Other government sectors that have health facilities also contribute to the care of the older adults, and these institutions include universities, national guard hospitals, and military hospitals. In recent years, the private sector has also focused on this issue. Several private hospitals have initiated geriatric services in the form of clinics and consulting services. They have also implemented small-scale, new institutions for older adult rehabilitation, home services, and patient placement.

Furthermore, the Ministry of Human Resource and Social Development (MHRSD) provides continuous support for the older adults and their families, including financial support, equipment, and logistical help and support. In addition, there are more than 12 social welfare homes (such as nursing home facilities) located throughout the Kingdom, and these have the goal of caring for those older adults who have no other person to care for them; care at these institutions is provided free of charge by the government (Ministry of Human Resource and Social Development, 2020).

In addition to improvements in the infrastructure for the care of the older adults, there have been improvements in the availability of healthcare professionals who are trained in the field. For example, there has been a significant increase in the number of geriatricians, with more than 20 geriatricians registered with the Saudi Commission for Health Specialties (SCFHS) in 2019 (Saudi Commission for Health Specialties). This was supported by an increase in the number of geriatric medicine scholarship training opportunities for physicians who are located outside KSA, mainly in North America. This has resulted in a collaboration with the Middle-East Academy for Medicine of Aging (MEAMA) and the development of several workshops and training programs that have helped to train multidisciplinary teams that include nurses, pharmacists, physiotherapists, occupational therapists, social workers, and other medical workers. Several of these trainees attended four sessions over two years that resulted in these trainees earning certificates from the MEAMA. In addition, several nurses have attended postgraduate training sessions in the field of aging. Furthermore, a postgraduate master's degree in geriatric nursing is available from the Princess Noura Bint Abdulrahman University in Riyadh.

In response to the increase in the older adult population and in preparation for 2030 Vision, the MOH, in collaboration with other government sectors, implemented several strategic measures, including the following:

- Introducing the National Strategy for Older Adults Health Services, which was implemented as the “Older People Health Programme” in a primary health care setting.
- Stressing preventive services, including the Comprehensive Geriatric Assessment (CGA) and healthy aging promotions.
- Expanding the scope of future health services for the older adults to secondary and tertiary care services.
- Improving curative, rehabilitation, and home healthcare services for the older adults.
- Encouraging universities to incorporate geriatric medicine into their curriculum.

Organisations and associations for services for older persons

Saudi Geriatrics Society

The Saudi Geriatrics Society (SGS) was established in October 2017 as a non-profit society. It has the vision of offering older adults comprehensive health care in the Kingdom of Saudi Arabia and participating in improving the health and quality of life of older adults. As the

institution has only recently been founded, it began its work by entering into collaborations with other scientific bodies, such as the Saudi Food & Drug Authority (SFDA), the MEAMA, the Saudi Society of Internal Medicine (SSIM), and the Saudi Older Adults Support Organization "WAQAR". The SGS has actively participated in the MOH 2030 Vision, and it is also in the process of working on several clinical policies and pathways with several health institutes in the Kingdom. In the last few years, the SGS has conducted several courses in different cities in the Kingdom in order to reach out to more health care workers with different backgrounds. Additionally, the SGS conducted several courses with the MHRSD to train their social workers and health professionals on procedures that focus on the care of the older adults. The SGS also participated in the first King Abdulaziz University Geriatric Medicine International Conference in Saudi Arabia in March 2020. The conference was conducted over 3 days and covered all aspects of care for older adults with participation of international and national speakers. The conference included dedicated time for discussions about public awareness of geriatric medicine in society. This initiative represented a great start for this new institution, as it was conducted in association with the Saudi Society of Internal Medicine (SSIM), which provides the institution with a substantial boost for the continuation of such an important activity.

The Saudi Older Adults Support Organization "WAQAR"

WAQAR is one of the leading charity associations providing care for older adults in the Kingdom. It was established in 2016 by a number of Shura members (Parliament), medical doctors, academic staff and others who understand the needs of the older adults in the Kingdom. WAQAR supports issues of older adult care and provides services and facilities to older adult individuals. The association works to achieve integration with various sectors and relevant authorities to address the environment that older adult individuals live in and make it more appropriate for their needs and requirements. The association also conducts studies on issues relating to the older adults, and it includes appropriate recommendations; it then provides these recommendations to regulators and coordinates with them. Additionally, the association has a role in building communication bridges with various other societal groups in order to increase their awareness of issues related to the older adults through enrichment and knowledge content, which it shares through various social media platforms. The association works to prepare and implement new and innovative programs and initiatives that enhance the care of the older adults (Wikipedia, 2020). Other aspects that the WAQAR works on is helping recruit older adults for volunteer projects that benefit society.

Saudi Alzheimer's Association

The Saudi Alzheimer's Association was established in 2009, and it is one of the leading organizations focusing on aspects of one disease in the Kingdom. The idea for establishing this association originated with a group of women who had mothers afflicted with Alzheimer's disease. Their journey began in search of individuals who were interested in this aspect of the disease and involved the work of forty-five women who initiated the founding of the Saudi Charitable Society of Alzheimer's Disease (Saudi Alzheimer's Association, 2020). Many individuals conceal diseases that afflict their relatives, especially if the diseases affect

behaviour or judgment on different matters. Thus, the establishment of the association was intended to break the barrier of silence and shame and to focus on various aspects associated with the disease. This would then allow for the development of a public awareness that serves patients and their families, which would in turn enable decision makers to understand the dimensions of the disease and its impact and the costs of treatment. Additionally, this work would promote the provision of care and attention to patients and to those interested in their affairs. The association has been successful in organizing 3 major international scientific conferences over the last several years that have focused on Alzheimer's disease, and they are planning for a fourth conference to be held in 2020 (Saudi Alzheimer's Association, 2020).

The National Home Health Care Foundation

The National Home Health Care Foundation (NHHCF - We Care) was established in 1997. It focuses on home health care (HHC) and helps in establishing home health care services in different areas of the Kingdom. More than 90% of HHC patients are older adults (King Abdulaziz University Hospital Home Health Care 2017 Annual report). Thus, the NHHCF works to increase health and social awareness in society with regard to the older adults and their care at home. The NHHCF seeks to advance the health and social care of people with chronic diseases and to support the role of the citizen in achieving the goal of caring for patients at home. The NHHCF has worked to secure the necessary medical equipment for facilitating the discharge of patients from the hospital, and it has contributed to the establishment of home health care centres, in cooperation with public hospitals, in order to secure necessary health care services at home (The National Home Health Care Foundation, 2020).

Human resources in health care

It is estimated that the number of health care workers in Saudi Arabia is more than 350,000 (Ministry of Health, 2017). Increased life expectancy and population growth will require increases of 25% in the health sector workforce (Abusaaq, 2015). The government will likely continue to spend heavily on health care, especially health care devoted to the care of the older adults due to the projections regarding the growth of this age group.

The 2030 vision was introduced by the Crown Prince His Royal Highness Prince Mohammed bin Salman bin Abdulaziz Al-Saud in April 2016 (Kingdom of Saudi Arabia, n.d. : 6). He stated in his message:

"It is an ambitious yet achievable blueprint, which expresses our long-term goals and expectations and reflects our country's strengths and capabilities..."

All success stories start with a vision, and successful visions are based on strong pillars....

Our ambition is for the long term. It goes beyond replenishing sources of income that have weakened or preserving what we have already achieved. We are determined to build a thriving country in which all citizens can fulfill their dreams, hopes and ambitions. Therefore, we will not rest until our nation is a

leader in providing opportunities for all through education and training, and high quality services such as employment initiatives, health, housing, and entertainment....

This is our "Saudi Arabia's Vision for 2030". We will begin immediately delivering the overarching plans and programs we have set out. Together, with the help of Allah, we can strengthen the Kingdom of Saudi Arabia's position as a great nation in which we should all feel an immense pride."

There are several targets for improving quality of life in the Kingdom, one of which focuses on bringing life expectancy in the Kingdom up to the level of the top 5 countries in the world. The current life expectancy in the Kingdom is 76 years, and the target for 2030 is 80 years (Kingdom of Saudi Arabia, n.d.). The vision includes different aspects of life in the Kingdom, including lifestyle and health. Medical services are intended to deliver affordable and effective services, including preventive programs and a high quality of care for the older adults (Saudi Vision 2030).

To achieve the 2030 vision, the number of health care workers needs to double, which will require a very large number of Saudi nationals to become qualified to join the health care industry. It is estimated that 1:3 health care workers are Saudis, which indicates that there is a considerable opportunity to employ more Saudis after they become qualified to work in the health sector. Currently, there is an insufficient number of Saudi graduates to cover this shortage; additionally, with retirements among Saudi health workers and the fact that non-Saudi health workers will leave, there is a very large and challenging gap in this field. Over the last decade, the Kingdom has expanded the number of medical schools, with more than 22 medical schools now in operation, and the majority of these are public institutions funded by the government. Another challenge involves the financial benefits received between Saudis and non-Saudis in the health care industry, as the scale of the salaries between these groups is different (Abusaaq, 2015).

A part of the vision of 2030 is to generate more than 400,000 jobs in the health sector (Kingdom of Saudi Arabia, n.d.) and to accommodate and enhance the well-being of Saudi citizens. The plan includes the proper education and training of health care workers. Additionally, the government is focusing on primary care, which is a logical course due to the growth in the general population and in the older adult population with advanced chronic diseases. For example, as a short-term plan for 2020, the government has proposed increasing pharmaceutical manufacturing from 20% to 40% (Abusaaq, 2015). In addition, partnerships between private and public sectors for selected new projects have been encouraged in the coming years, with the partnerships being led by the private sector.

Overall, there has been a major change in government policies regarding health care services in order to balance the massive expenditures for health care. The government is attempting to ascertain the effectiveness, quality, and productivity of Saudi national health care workers. Additionally, there will be a focus on the privatization of different public health institutes, which will encourage more participation by Saudi health care workers and lower expenditure on health care and will generate revenue for the government. In the government plan for 2020,

there is a clear focus on training and career planning for management roles, which will help considerably in achieving the 2030 vision.

Geriatric medicine in academia

As a new branch in medicine, geriatric medicine is under-recognized in academic curricula for many reasons, with the major factors being lack of academic staff and awareness. However, since the return of academic staff who are trained in geriatric medicine, this situation has begun to change, and some medical schools have started to incorporate geriatrics into their curricula depending on the availability of academic staff. Medical schools and other health-related colleges will play a major role in increasing awareness about the care of the older adults among health care workers. In addition, this initiative will help in recruiting more graduates who will specialize in geriatric medicine. Currently, there are more graduates from medical schools throughout the Kingdom than there have been in the past, which will result in more students who are interested in geriatric medicine.

The SCFHS has recognized the importance of geriatric medicine in postgraduate training, and given the limited accessibility of geriatricians, this training is still offered as an elective rotation. Hopefully, with the increase in the number of specialized trained geriatricians, the rotation will become a mandatory rotation for internal medicine and family medicine postgraduate training.

A geriatric medicine fellowship has just been approved by the SCFHS, and it will be implemented for the first time in the Kingdom of Saudi Arabia and in the Gulf region by 2020/2021 in KAMC/Riyadh (King Abdul-Aziz Medical City). The fellowship consists of a two-year program for certified internists and family physicians. This fellowship program will ensure good training for candidates in all aspects of geriatric medicine.

The KAMC/Riyadh fellowship in geriatric medicine will be the first of its kind. The faculty members involved in the program are pioneers in geriatric medicine. The services that will be covered during training are inpatient, outpatient, and consultation services. Every day of the week will involve outpatient services, and inpatient services will include acute geriatric care and extended care (which will be for prolonged stay patients and for patients who have family who cannot care for the patients at home). Consultation services will occur throughout the hospital, which has more than 1,000 beds. Other fellowship programs are planned to begin in Jeddah and in the Eastern region.

A nursing postgraduate master's degree in geriatric nursing is available at the Princess Noura Bint Abdulrahman University in Riyadh.

During its short period of existence, the SGS has managed to implement several courses for health care workers in several cities throughout the Kingdom. The SGS plans to coordinate with different government sectors, including the MOH, universities, and others, to offer fixed courses for health care workers.

Conclusion

Currently, only a small percentage of the older adult population in the Kingdom receives high-quality health care. However, as future projections have revealed, there will be a need to implement adequate comprehensive services for the older adult, including primary, secondary, and tertiary care services. The system will respond to the needs of the older adults in the form of home services, community services, and sophisticated older adults care facilities. Currently, steps are being taken by different government bodies to create a strategic plan for the care of older adult patients by 2030, and the plan includes different public and private institutions that have shown interest in the care of older adults.

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