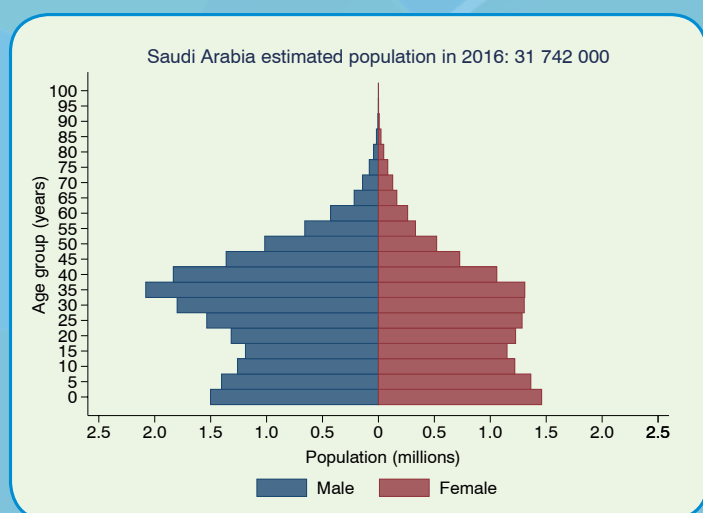




Universal health coverage

Primary health care facilities per 10 000 population (2016)	0.7
Hospital beds per 10 000 population (2016)	22.3
Modern contraceptive prevalence rate (2015)	31
Antenatal care visits (4+ visits) (2013)	82.3
Measles immunization coverage among 1-year olds (%) (2016)	98
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2015)	72
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	98
General government expenditure on health as % of GDP (2014)	3.5
General government expenditure on health as % of total government expenditure (2014)	8.2

Estimated population in 2016



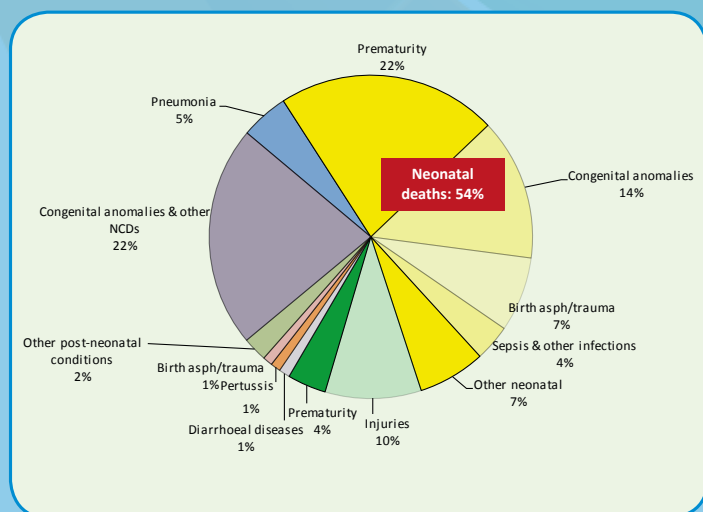
Selected determinants of health

Population living in urban areas (%) (2016)	83
Annual GDP growth (%) (2016)	1.7
Number of refugees ^a (2016)	136
Number of internally displaced persons ^b (2016)	0

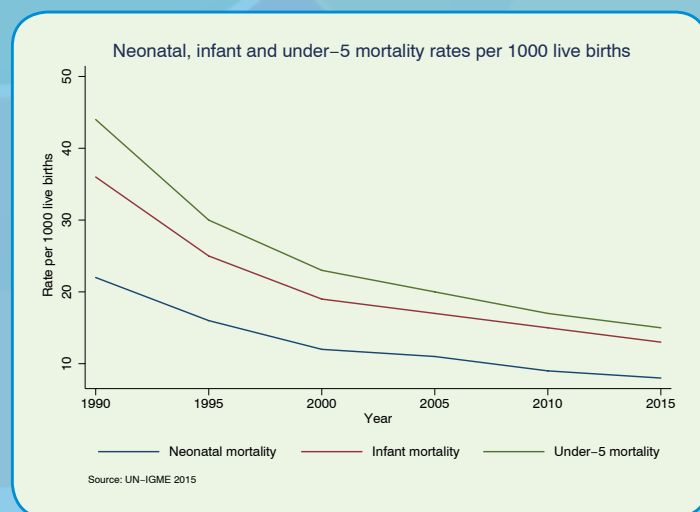
^a Including persons forcibly displaced from their country of origin due to persecution, war, or violence, as recognized and reported by UNHCR.

^b Including persons forcibly displaced due to conflict, remaining in their own country, as recognized and reported by UNHCR.

Distribution of causes of death among children aged <5 years (%)



Neonatal, infant and under-5 mortality rates per 1000 live births



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line % ...

Proportion of employed population below the international poverty line (ILO estimate, 2016)	Male %	0.0
	Female %	0.0

2 ZERO HUNGER

Children under 5 who are (2015)		
stunted	%	9.3
wasted	%	11.8
overweight (2014)	%	1.5

4 QUALITY EDUCATION

Literacy rate (15-24 years) (2015)	Total %	99
	Male %	99
	Female %	99

Net primary school enrolment ratio per 100 school-age children (2015)	Total ratio	98
	Male ratio	97
	Female ratio	99

5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015)	%	60.1
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6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015)	%	97
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Access to improved sanitation facilities (World Health Statistics, 2015)	%	100
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8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2015)	Total %	5.6
	Male %	2.4
	Female %	21.4

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)	Total	107.7
	Urban	127.1

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011-2015)	<0.1
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*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2015)	73.2	76.0	74.5
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	12
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	8
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	13
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	15
Tobacco use among persons 15+ years (%) (2015)	21.5	0.9	13.0
Overweight (18+ years) (%) (2014)	...	...	69.6
Obesity (18+ years) (%) (2014)	...	...	34.7
Raised blood pressure among persons 18+ years (%) (2014)	...	...	21.8
Raised blood glucose among persons 18+ years (%) (2014)	...	...	18.3
Raised cholesterol among persons 18+ years (%)	...	...	...
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	...	...	16
Cancer incidence per 100 000 (2012)	...	...	91.1

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Voluntary National Review:

N/A

National Focal Point for 2030 Agenda:

Dr Samir J. Ghazi, Acting Director General, Natural Resources Directorate, Ministry of Economy and Planning

National Focal Point in Ministry of Health for health-related SDGs:

Fahad Bin JIwi - Director General , Planning Department.

1. How is Saudi Arabia incorporating the 2030 Agenda into its development policy and planning?

The Saudi Arabia Vision 2030 represents the country's long-term goals and objectives. The Vision 2030 is translated into the National Transformation Program (NTP) 2020, listing strategic objectives for 24 government bodies. The Vision 2030 and the NTP will incorporate the 2030 Agenda through translating Strategic Objectives into initiatives for participating entities along with detailed implementation plans to achieve better spending efficiency, maximize the effect of the initiatives on achieving national priorities, and promote results.

The Saudi Arabia Vision 2030 is available here: www.vision2030.gov.sa/download/file/fid/417

The National Transformation Program 2020 is available here: http://vision2030.gov.sa/sites/default/files/NTP_En.pdf

2. How is Saudi Arabia incorporating SDG 3 targets in health policy, strategy, and planning?

SDGs targets are incorporated in the National Transformation Program (NTP) 2020 to fulfil Vision 2030 Strategic Objectives. The Ministry of Health (MoH) is launching several initiatives in line with Vision 2030 and the NTP 2020. This includes a reform of the health financing system to improve access to quality health services, with specific regards to low-income and poor groups, through continued increasing investment and public spending on health, reducing out-of-pocket spending and increasing pre-payment and risk-pooling, which may include tax-based financing, compulsory social insurance and other types of health insurance.

3. Are there any major partnerships in Saudi Arabia for advancing the 2030 Agenda?

Partnerships exist with international agencies like WHO, UNICEF, UNFPA, UNDP and the World Bank to benefit from their expertise and technical facilities and financial contribution to advance the 2030 Agenda.

4. Are there any major partnerships in Saudi Arabia for advancing the health-related SDGs?

Considerable inter-ministerial collaboration is ongoing to reach the strategic objectives of the Vision 2030 related to health, involving the Ministry of Health, the Ministry of Finance, the Ministry of Economy and Planning, the Ministry of Labour and Social Affairs as well as the General Authority of Statistics.

5. Has Saudi Arabia reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?

The health related strategic objectives of the National Transformation Program (NTP), along with related the health polices and initiatives related to Universal Health Coverage include; 1.1.2 Facilitate access to Health services, 2.1.2 Improve the value of Health services, 3.1.2 Promote health risk prevention and 4.3.2 Enhance Traffic Safety.