
Is National Health Insurance Feasible for Saudi Healthcare Services? A Qualitative Study

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Abstract:

Purpose: *The objective of this study is to assess qualitatively the benefits, barriers, and factors associated with implementation of National Health Insurance (NHI) system in KSA based on face-to-face interviews.*

Design/Methodology/Approach: *Qualitative data was collected through 20 interviews conducted to determine the benefits, barriers, and factors associated with implementation of NHI system in the KSA. An Atlas.ti.8 version was selected for the qualitative data analysis.*

Findings: *This study attempts to identify the benefits and barriers of implementation of NHI system. The final recommendation of this research is the implementation of the NHI 'TAKAFUL' type after the creation of high levels of awareness among citizens, establishment of an administrative control center, and the development of a strong healthcare infrastructure.*

Practical implications: *The health care system in the Kingdom of Saudi Arabia (KSA) is financed almost entirely by oil revenues and is "free at the point of delivery" This system is experiencing increase strains because of the escalating expenditures and the growing volatility of the oil market. It is also unlikely to be viable in the medium to long term.*

Originality value: *This is considered feasible option based on the nature of Saudi citizens and their level of satisfaction with existing public healthcare services.*

Keywords: *National Health insurance, Feasibility, Saudi Arabia, Healthcare.*

JEL classification: *I12, I14, I15.*

Paper type: *Research article.*

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1. Introduction

The healthcare system in Saudi Arabia can be classified as a national healthcare system which is provided by the government through several government agencies. Health care financing in Saudi Arabia is provided mainly from government revenues; oil 90 per cent and other resources 10 per cent (MOH, 2010). The budgetary provision for the MOH has continued to increase from 2.8% of the national budget in 1970 to 18.0 per cent in 2018, 147 billion Saudi Riyal (39 billion USD).

The MOH is the biggest provider of health care, providing health services (more than 60 per cent of health services, the rest provided by other governmental and non-governmental sectors) (Sajjad and Qureshi, 2018). The Saudi Healthcare System is universal, financed entirely from government revenue principally derived from oil, and is 'free at the point of delivery' (non-contributory) (Al-Hanawi *et al.*, 2018).

Healthcare financing in the Kingdom of Saudi Arabia is overwhelmingly public and services provided in government facilities are free (Umeh, 1995). Since its inception in the 1920s, the system has provided free healthcare to all Saudi nationals at publicly owned facilities run by government-employed administrators and healthcare providers (Abdul Khaliq, 2012). There is no doubt that there is a need for change in the provision of health care in Saudi Arabia. It is, however, important to research the feasibility of implementation of National Health Insurance-NHI in Saudi Arabia.

This study aims to highlight the benefits of implementing National Health Insurance (NHI) and determine the barriers that implementation faces. This study will assess the benefits and barriers of implementation of national health insurance. The insurance industry in Kingdom of Saudi Arabia has emerged as one of the fastest growing insurance industries across the world. Since 2003, Saudi Arabian Monetary Agency (SAMA) has been regulating the Saudi Arabian insurance industry under the Cooperative Insurance Companies Control Law.

SAMA's main task is to guarantee that insurance companies satisfy the conditions and rules regulating the new policy (Alkhamis *et al.*, 2013). The Saudi Arabian insurance industry is characterized by high market share competition among the smaller players. Health and motor insurances are core products of the Saudi Arabian insurance sector. The health insurance market composes 32% of the total insurance market in Saudi Arabia. Besides that, in 2012, the health insurance segment contributed 55% to the total gross written premium (GWP) of the Saudi Arabian insurance industry (Council of Cooperative Health Insurance (CCHI, 2015)).

2. Benefits of Implementing NHI

National Health Insurance when implemented in Malaysia can be used to raise funds for health care financing, increase access to health services and achieve the desired

health status (Almuallim *et al.*, 2013). Assuming the average citizen could receive generous health benefits for the cost of 4,000 Saudi Riyal (SAR) in insurance premium, the annual cost of insuring 21.1 million Saudis would be around SAR 84.4 billion per year.

In comparison, the country currently spends more than SAR 100 billion to finance government healthcare services (Albadr, 2016). Comprehensive hospital benefits and superior catastrophic protection also appeared to be important factors in the choice of health insurance plans (Pamela and Taylor, 1989). Countries globally are pursuing universal health coverage to ensure better healthcare for their populations and prevent households from catastrophic expenditure.

The countries of the Gulf Cooperation Council (GCC) have and continue to implement reforms to strengthen their health systems. A common theme between the countries is their pursuit of universal health coverage to provide access to necessary health care without exposing people to financial hardship (Alshamsan *et al.*, 2017).

The NHI's benefits are comprehensive. They include inpatient care, ambulatory care, laboratory tests, diagnostic imaging, prescription and certain over-the-counter (OTC) drugs, dental care (except orthodontics and prosthodontics), traditional Chinese medicine, day care for the mentally ill, limited home health care, and certain preventive medicine (pediatric immunizations, adult health exams including pap smears, prenatal care, and well-child checkups).

Expensive treatment for HIV/AIDS and organ transplants are also covered. This benefit package is much broader than that of the U.S. Medicare program (Cheng, 2003). Many economists would answer the question "Why do people purchase health insurance?". It permits purchasers to avoid risk of financial loss. This note suggests that health insurance is also demanded because it represents a mechanism for gaining access to health care that would otherwise be unaffordable.

For example, although a US\$300,000 procedure is unaffordable to a person with US\$50,000 in net worth, access is possible through insurance because the annual premium is only a fraction of the procedure's cost. The value of insurance for coverage of unaffordable care is derived from the value of the medical care that insurance makes accessible (Nyman, 1999).

i. Low Contribution and Benefit Levels:

A policy of low contributions and low benefits has continued since the introduction of South Korea's national health insurance system. Although covered services have gradually expanded, public funding for these services has remained limited, leaving beneficiaries with relatively high copayments. This has allowed universal coverage without putting an excessive burden on the government. At the same time, the government has exercised strong control over annual negotiations with health care providers about fees.

ii. Freedom to Choose Providers:

From the perspective of users, South Korea's national health insurance system gives patients considerable freedom when it comes to choosing and accessing care providers.

3. Barriers of Implementing National Health Insurance NHI

Saudi Arabia is moving towards expanding Cooperative Health Insurance Scheme-CHIS. This approach may be harmful to the national health system if it is created without careful planning. The implementation of CHIS is posing a major challenge due to the lack of an effective insurance regulatory structure and a very limited cooperative insurance industry (Almobarak, 2010). Moral hazard or utilization hazard refers to the phenomenon during which patients overuse medical services under national health insurance (NHI) because the services are free or the patients are required to pay only a portion of the utilization costs (Sohn and Jung, 2016).

The biggest threat to NHI is the unequal distribution of health professionals between the private and public sectors and between urban and rural areas. One of the government's most urgent tasks, as it prepares for NHI, is to increase the number of health professionals who provide services and training, and undertake health research.

There are many issues posing challenges to the healthcare system such as shortage of Saudi health professionals, the health ministry's multiple roles, limited financial resources, changing pattern of diseases, high demand resulting from free services, an absence of a national crisis management policy, poor accessibility to some healthcare facilities, lack of a national health information system, and underutilization of electronic health strategies.

This paper reviews the historical development and current structure of the healthcare system in Saudi Arabia with particular emphasis on the public health sector and opportunities and challenges confronting the Saudi healthcare system (Almalki *et al.*, 2011).

One of the main obstacles to cooperative insurance is deficiency in infrastructure for health services, weak health services provided by public and private sectors, and lack of health insurance companies. Other challenges include community's low level of awareness about health insurance. Moreover, there is limited manpower and specialized workers in healthcare sector. Duplication of supervision on insurance regulation is another problem (Khouja, 2013).

The National Health Insurance Scheme (NHIS) is deficient in institutional infrastructure, especially regulatory frameworks, operational documentation, and public awareness about health. Exploring the challenges of implementing the proposed National Health Insurance for South Africa (SA), based on the six building

blocks of the World Health Organization Health System Framework (Passchier, 2017).

4. Qualified Insurance Companies in Saudi Arabia

Insurance in the Kingdom of Saudi Arabia is provided by insurance companies registered in the Kingdom operating in accordance with the practice of cooperative insurance in line with the provisions of the Articles of Incorporation of the National Company for Cooperative Insurance issued by Royal Decree No (M/5) dated 17 April 1405H, and not inconsistent with the provisions of Shari'ah (SAMA, 1999).

There are several health insurance companies operating in the Saudi market and they compete with each other to win health insurance contracts. The government has invited foreign insurance companies to open their branches in the Kingdom which is considered as a radical step. Foreign companies will almost certainly have to operate in partnership with a Saudi company (Barron, 2000).

There are (35) qualified insurance companies for providing insurance products in Saudi Arabia. All of these companies, Headquarter or branch, are located in Riyadh city as a capital city of Saudi Arabia, and there are (15) branches are located in Buraydah city. Tawuniya company dominated 23.7% of insurance market in Saudi Arabia, followed by Bupa Arabia company with 21.8%.

5. Research Methods

A Convenient sample of 20 participants who have agreed to participate in the interview in this research to explore the benefits and barriers of National Health Insurance (NHI) implementation in Saudi Arabia.

A cross sectional qualitative research, conducted from 20 May 2019 to 19 March 2020. In-depth structured face-to-face interviews, comprises 20 listed stakeholders' names, health insurance companies' executives, as well experts at government agencies at (Ministry of Health-MOH, The Council of Cooperative Health Insurance-CCHI, and Saudi Arabian Monetary Agency-SAMA). Reports, statistics and documents will be collected from the targeted governmental agencies.

6. Results and Discussion

6.1 Qualitative Data Processing and Analysis

A qualitative research design was used with open-ended, individual interviews with a suitable sample of 20 participants who had agreed to participate in the interview in this phase of the research was selected to explore their opinions. The researcher has coordinated the interviews with the participants directly and secretary of some of them in order to obtain authorization to conduct the interview with the employees.

The interviews were conducted after the data collection of quantitative data. Open questions were asked to get the required data for exploring the benefits, barriers, and factors associated with implementation of National Health Insurance-NHI.

Each interviewee was identified by number and region. At the beginning of the interview, the researcher introduced himself to the interviewee and explained the purpose and importance of interview. The interviewee was told that the interview would take from 30 to 60 minutes to complete. The researcher assured all participants that their responses would remain confidential.

The interviewees were given the opportunity to terminate the interview at any point. Permission to record the interview was obtained from some interviewees, however, some of interviewees refused to audio record the interviews. If any interviewee refused to be recorded, then note taking would be the alternative to use. Some interviews were conducted with respondents in the native language "Arabic". Once each interview was terminated, the recorded conversation was written in the language spoken during the interview. Arabic transcripts were translated into English by the researcher. Finally, the interviews were analyzed in English.

6.2 Converting Audio Recorded Data Into Written Texts

To ensure that the reliability of the interview, the researcher obtained permission from the interviewees to record their conversations. A digital recorder was used to record the interviews. The quality of the recording in the digital voice recording can improve the accuracy of transcription, the digital voice recording can be played back without the quality of the recording deteriorating, there is no need to purchase audio tapes, digital recorders are small, easy to use, light and portable, making them unobtrusive in a research interview and easy to carry (Bryman and Bell, 2007).

Heritage (1984) suggests that the procedure of recording and transcribing interviews has the following advantages:

- i. It helps to correct the natural limitations of our memories and of the intuitive glosses that we might place on what people say in interviews.
- ii. It allows more thorough examination of what people say.
- iii. It permits repeated examinations of the interviewees' answers.
- iv. It opens up the data to public scrutiny by other researchers, who can evaluate the analysis that is carried out by the original researchers of the data.
- v. It therefore helps to counter accusations that an analysis might have been influenced by a researcher's values or biases.
- vi. It allows the data to be reused in other ways from those intended by the original researcher - for example, in the light of new theoretical ideas or analytic strategies.

Finally, the end of the interview, interviewees were reviewed of what they said to the researcher in the interview. The notes were taken immediately after each interview. Sekaran (2003) stated that "When conducting interviews, it is important that the researcher makes written notes as the interviews are taking place, or as the interview is terminated". Interviews were audio-taped, transcribed verbatim and analyzed thematically using ATLAS.ti.8 analysis software.

6.3 Descriptive Information and Interviewees Details

This section contains information on interviewees' region, age, gender, marital status, educational level, organization, monthly income and household size. shows the distribution of interviewees based on region, 17 (85%) interviewees were men and 3 (15%) interviewees were female. 17 (85%) of the interviewees were from Riyadh while 3 (15%) of them were from Qassim. Gender, 17 (85%) interviewees were men and 3 (15%) interviewees were female.

As regards the age of the interviewees, 3 interviewees (15%) were between 30-39 years and 7 interviewees (35%) were aged between 40-49 years. The largest age group was 8 interviewees (40%) between 50-59 years, and the smallest age group was 2 interviewees (10%) =>60 years. 18 interviewees (90%) were married while 2 interviewees (10%) of them were single. Educational level of interviewees was 1 (5%) of them had high school, 12 (60%) interviewees had a bachelor degree, and 4 (20%) had master degree while 3 (15%) of them doctoral degree holders.

Regarding the type of organization that interviewees belong to them, 15 interviewees (75%) were belonging to private sector, and only 4 (20%) of the interviewees were belonging to governmental sector, while 1 interviewee (5%) of them was semi-governmental. As regards interviewees' monthly income, 13 of interviewees (65%) had monthly income of more than S.R 30,000. All the rest (30%) earned between S.R 10,001 to S.R 30,000, except 1 interviewee with monthly income was less than S.R 15,000.

Household size of interviewees was (40%) 8 of them were 4-6 persons, 5 interviewees (25%) had 7-9 persons, and (30%) 6 interviewees had 10-12 persons while 1 of them (5%) had family members more than 12 persons. 16 interviewees (80%) were insured with had family coverage, and 4 interviewees (20%) were uninsured.

Data was analyzed using a qualitative software Atlas.ti.8 to organize, arrange, and summarize coding and thematic data.

6.4 Coding

Several software packages designed for qualitative data analysis enable complex organization and retrieval of data. Among the most widely used are QSR NUD*IST

and Atlas.ti. (Muhr, 1997). ATLAS.ti is a variety of computer-aided qualitative data analysis software (CAQDAS) programs (Friese, 2012). Coding is the starting process of data analysis and the foundation for what comes later in this analysis (Punch, 1998).

After finishing the interviews, the researcher started the coding process using Atlas.ti.8 qualitative analysis software (version 8). Computer-assisted qualitative data analysis software- Atlas.ti has become a basic tool for qualitative researchers to aid them in their process of analysis,

The steps of the data analysis process were followed as listed in the text by Creswell (2014) and included the following:

1. Organization and preparation of the data for analysis. This included the transcription of the interviews, journaling the process and experience with the interviewing and data collection; and sorting and arranging the data of the ten interviews according to each question.
2. The data was reviewed to gain a general sense of the information. A list of general themes was composed.
3. The data was coded using the Atlas.ti qualitative coding program. The Atlas. ti program which facilitated the coding of the data that was received during the interviewing process was purchased online. The Atlas.ti program supported the confidentiality of the participants and provided common themes from the data and coded interview information (Atlas.ti).

The interviews were transcribed verbatim by an independent transcriber. Page numbers, line numbers and coding margins were done by the researcher. The transcripts were checked for any mistakes against the original recording before analysis was attempted. Atlas.ti version 8 (<https://atlasti.com/>) was used to assist with data analysis following the framework method, which had the following steps:

- i. Familiarization: repeatedly reading the transcripts and re-listening to the audio recordings until familiar with the data;
- ii. Thematic indexing: codes were identified inductively from the data and organized into categories;
- iii. Indexing: codes were applied to all data transcripts;
- iii. Charting: data with the same codes were brought together from all transcripts into one chart;
- iv. Interpretation: each chart was read and the data interpreted so as to establish the nature and range of perceptions.

Any associations between emerging themes were identified. Particular attention was paid to deviant cases that contradicted the main findings, as they might be information-rich sources that brought further understanding. The analytical process

was also supervised, particularly the construction of the thematic index and final interpretation of the data (Creswell, 2014).

The researcher decided to use Atlas.ti.8 because it is simple to use and to determine minimum text units in advance of the analysis. It is possible to import documents directly from a word processing package and code these documents easily on screen. By considering the thematic analysis, Atlas- ti 8 is the substantial software that is effective for evaluating the qualitative as well as quantitative data.

Moreover, Atlas is crucial to explore codes from diverse themes to associate those codes with the research questions and propose relevant responses to define complicated situation (Friese, 2019). However, many other factors influenced the performance of NHI. Therefore, the research further exposed those factors that contributed to the implementation of NHI in Saudi Arabia. In the case of the respective research, the data collected through interviews than coded into the Atlas.ti.8 software and mentioned below. Benefits, Barriers, Reduction of cost, and Associated factors.

6.5 Designed Themes for Thematic Analysis

Data analysis in qualitative research is divided into deductive and inductive methodology, of which the latter is the more frequent. The inductive method includes various different approaches, of which thematic analysis is used the most often. Thematic analysis is applied to analyze transcript data that emerge from interviews and focus groups, and less usually from observations.

The aim of thematic analysis is to create a comprehensive and systematic record of the coding and themes that are raised in interviews or observations. In thematic analysis, the researchers identify the themes in transcript data from participants, and then attempt to confirm, verify and expand these themes, and also repeat the procedure in order to find out new themes (Galanis, 2018).

Use thematic analysis as a helpful guide for efficiently wading through lots of qualitative data. There's no one way to do a thematic analysis (Rosala, 2019). Thematic analysis is a way of analyzing qualitative data, and it is usually applied to a set of texts, such as interview transcripts. Data were coded and thematically analyzed. The themes identified from the result's codes of research.

The collected interviews from the twenty (20) individuals from Saudi Arabia to determine the prolific outcomes about the future implementation of National Health Insurance (NHI) by concerning relevant benefits, complications, incurred cost decisions, and factors such as social, economic and others. For attaining the credible results, thematic analysis is the most appropriate approach to examine the data, and with the identified themes (Nowell *et al.*, 2017).

Following are the identified interviews with the authentic research to propose the influential outcomes for the future inference of NHI in the KSA.

6.6 Themes of Qualitative Analysis

The research evaluates the significance and barriers of NHI implementation and in what ways it influences the annual cost of the health care sector in the KSA. Moreover, the study concerned about examining the influence of other factors on the NHI execution. For this purpose, the research conducted interviews from twenty individuals to conclude the results appropriately and take significant decisions to propose better recommendations for offering the enlarge benefits to the society with the implementation of NHI policy.

The analysis critical evaluated the transcript along with the supporting articles to highlight the authentic results from the qualitative data. The thematic analysis of the research objectives, the research divided the analysis into four sections including the benefits of NHI implementation, barriers of NHI implementation, the factors that influence it and its impact on the healthcare cost.

a. Significance of NHI Implementation in the KSA:

From the evaluation of the responses, eighteen out of twenty proposed that insurance policies in the medical facilities are worthy to create an impact in the society and progressive to manage the financial burden of individuals and government by distributing the services equally among the individuals.

However, only two were against the NHI because of the strong Islamic values, where people avoid such acts and policies. The major benefits that are repeatedly highlighted in this case include the benefits for the national economy, reduction in poverty and diseases, improved health standards, financial support for poor income group, and develop high solidarity and equality in society as clearly indicated below.

i. National Economic Growth:

From the analysis of interviews, the responses critically pointed out that NHI implementation is worthy to enhance economic development. Most of the responses are in favour of the inclined development of national economy, as they claimed that it enhances financials and create cooperation among health institute that created the boom Saudi insurance market with various job opportunities.

According to Alamaren and Alkhatib (2019), health insurance is fundamental for economic stability by reducing the financial burden of the state. Thus, it improves national investment with the growth of health facilities that directly influence the economic progress in the KSA.

Further, interviewees reflected that NHI is potential to reduce the financial barrier, raise national investment, advance reasonable profitability, raise job satisfaction,

maintains working days, and long-term contracts, for which ministry pays directly for the national health fund, and offers great support for hospitals. Similarly, Baine *et al.* (2018) magnified that health insurance is productive to enlarge the economic strength of the nation with additional health facilities and associating NHI is valuable in the KSA

ii. Reduce Poverty:

The rate of poverty after the adoption of national health insurance, it demonstrated in the research of Habib *et al.* (2016) that insurance policies are the key contributor to budget, poverty rate, health infrastructure, and health services of the nation.

Likewise, the respective research is significant when the majority of the responses indicated the factor that insurance in healthcare is significant to reduce poverty by offering ultimate facilities and saving their investment in medical services. The analysis underlined the significance of NHI that it offered the option to select hospital by own, free treatment for employees, equally distribute cost, protect individuals, coverage of early screening, and reasonable cost for the low-income group. Further, it inclined their affordability to purchase high-quality services from value-based hospitals.

iii. Disease Reduction:

The decline in the mortality rate and reduction in infectious diseases is dominant in the developed and developing countries that are conscious to implement medical insurance for all (Bauernschuster, Driva and Hornung, 2017). In this manner, the decline of diseases in the KSA is the competitive benefit of implementing NHI.

As the responses claimed that it is beneficial for the treatment of dental and periodontal diseases and offer other facilities, include Early Screening Program for Hearing Disability, Treatment of acute and non-severe psychological conditions, isolated conditions, psoriasis treatment, and milk costs for infants, which directly impact on the reduction in disease rate.

iv. High Income Growth:

NHI is the utter platform to augment income growth in the KSA. The respective pattern of the medical facility created a great benefit and achievement for all categories of people when needed and offer diverse facilities to low-income people who cannot afford surgical operations. With that consideration, the research by Nghiem *et al.* (2017) indicated that insurance in the health sector is the major success factor of high-income countries because it supported the government to save the health expenses and work on the other priorities to create the strong well-being for the society.

v. Financial Support:

From the analysis of Alharbi and Qassim (2017), cooperative health insurance program in Saudi Arabia is effective to assist ministries for the economy by meeting

the challenges of population growth and the burden of financing the service in the long term. This is further supported with responses that health care facilitators managed the financial funds by focusing on the health directorates in different regions and the development of health councils.

Furthermore, it helps people to manage financial stability with limited medical fees, improve the quality of life, allocation of separate budgets, availability of additional resources, and benefit in disaster, create a competitive environment for society, create equality among patients, offer distinct service, and easy access to consultants. Another research by Azam (2018) stated that health insurance in society managed the financial burden for the government and people. Therefore, it is sustainable to create a better society.

vi. *Quality Health Facilities:*

With NHI in the KSA, people can avail bigger facilities in the medical institutes whereas the hospital can further attain the advantage from it. As per Alhassan et al. (2016), insurance created sustainability in the environment and especially in the healthcare sector to advance the values for society.

The responses underlined some benefits that include high job satisfaction and social reassurance in the individual, urged diversification and competition in the health sector of KSA, paid sick leaves, enhanced access to consultants and specialists, no limitations, and many alternatives to select the best hospital.

Further, they emphasised that NHI is a fundamental platform to offer equal health care opportunity, excellent service package high-quality medical service, improve medical services, improved insurance, longer and healthier life, and reduce waiting time. Correspondingly, NHI has a positive impact on the betterment of the quality of life.

vii. *Equality and Solidarity:*

The revaluation of Wright (2018) research, it demonstrated that solitary is the basic factor of providing insurance in health facilities because it eliminates differences and promotes equality in society. the distribution of resources segmented based on high equity, which is further broadcasted NHI effect would be opportunistic in achieving equality among groups in society, ensure healthcare cost, distribution of health care costs with an equal share, manage the reduction of diseases in generations, stabilize financial income and enhanced diversification. Therefore, it is supportive to create a better impact on societal values.

b. *Hindrances in NHI Implementation:*

By focusing on the NHI implementation in Saudi Arabia, the healthcare ministry and insurance authorities extensively concerned about eliminating the identified barriers in the respective sector due to diverse population, more religious values, lack resources and awareness in the KSA society.

Therefore, the analysis identified the theme and associated codes for demonstrating the barriers in the NHI implementation in the KSA, which are mentioned following. Thus, it is crucial to evaluate the key barriers to reduce the adverse effects on the execution of NHI and offer high-quality medical facilities to every individual in the KSA.

i. Lack of Awareness:

The most considerable issue in the KSA for the implementation of NHI is the lack of awareness in Saudi society, lack of rare specialities and genetic, lack of technical staff, Lack of qualified cadres, poor understanding of minority population about insurance, and weak knowledge about the benefits of the healthcare facilities.

The respondents highlighted that lack of qualified national practitioners, insurance awareness among Saudi citizens, price disparities, the number of insurance companies, and the emergence of legal authorities with lack of awareness are potential barriers in the insurance industry. The research by Alharbi and Qassim (2017) highlighted that people in KSA are lack of skills and knowledge to adopt the insurance policy. Therefore, it hindered the implementation of NHI in the KSA.

ii. Religious Values and Contradiction:

Another shortcoming identified in the implementation of NHI is the absence of consistency with the Shariah (Islamic) laws by numerous insurance agencies, which urged people to take steps against those firms and avoid the implementation of NHI in the society. Furthermore, they imposed negative influences on involving authorities.

iii. Limited Health Facilities and Offers:

From the analysis of limited health facilities and restricted offers under NHI, people demotivated with the offer and less likely to execute it appropriately. The major barriers include the strong Bureaucracy that favoured the rights of other unlikely, they further do not focus on compensating losses, offered delays in response, desired to get maximum benefit, do not cover chronic diseases, dental treatments, and elderly population.

Other than that, most of the facilities do not cover transplant, and lack of insurance coverage, lack of national record, high administrative expenses, lack of efficiencies in hospitals, lack of success, refusal to contract, and movements between doctors limited the offers for every individual and restricted its benefits as well.

iv. Fraudulent Activities:

Fraud and corruption are fierce in the NHI implementation; the respondents argued that the legal aspect in the insurance sector and the extent of awareness of the Saudi society limits the benefits of insurance due to fraud from the insured, insurer, and health care providers. According to the study of Albashrawi and Lowell (2016), the fraudulent activities in the healthcare cut down the advantages of society and reduce

the financials of the nation. In this manner, the government should be strict in managing the illegal practices of fraud. Henceforth, interviewees indicated other factors that are responsible for such barriers include lack of leadership, lack of controls, lack of job localization, mismanagement of executive departments, Legal issues, Unequal distribution of health professionals, rise in equipment cost, lack of job localization, Fraud from people, and NHI scheme might increase inequalities and fraud in the NHI implementation.

v. *Variation in Treatment Cost:*

The obstacle in the NHI implementation in the KSA is further due to the variation in treatment cost. The reasons behind such barrier include inadequate for citizens, increase budget allocation and related frauds, lack of controls in administrative activities, lack of transparency, non-application of SAMA laws, overdue dues, pretext not covered, and privatization of hospitals.

In this manner, it reduced the trustworthiness of people on that policy. The other concerns are rise in labour cost, unjustified treatment, and the unnecessary desire of hospital stay created an adverse impact on the NHI implementation. For this purpose, the management should be focused on developing recommended strategies to reduce that impact.

c. *NHI Impact on Annual Cost of Healthcare Sector:*

Government is extremely concerned about the cost and advantage situation in the nation because they are accountable to offer various benefits to the citizens along with investing in the developed projects to create income. In this manner, the government evaluated that NHI would be supportive of them in the KSA to save the cost for healthcare facilities in future or not. For this purpose, the research examined this factor with the interviews and supporting articles to assist the government and NHI based authorities to deal with the cost processes and budget for health insurance in the KSA.

i. *Financial Burden:*

From the analysis of responses, it examined that NHI implementation can create a burden for the government in the KSA due to the poor record management, poorly trained staff, and lack of technology. They further emphasized that people are wasting medical facilities and resources by availing additional facilities than required, which affected the cost and time of the healthcare facilities under NHI. Therefore, it will not reduce the annual cost of healthcare expenses in the future.

ii. *Reduction in Annual Cost:*

The consideration of Habbash (2016) on medical insurance identified the significance of NHI to promote customer service representative- CSR that magnificently reduce the cost of healthcare in the future. Similarly, the respondents it is beneficial for the KSA government to reduce the cost of health services. Moreover, Alharbi (2019) strengthened the claim that NHI can raise high capitation

in the long run that value the government to reduce the annual cost. The other research by Deng, Leverty and Zanjani (2017) dictated that insurance policies are crucial to share the financial burden of the administration by reducing the financial burden.

Those articles are supported by the responses of interviewees in which majority of the respondent pointed the implementation of CEBHI to reduce annual cost. Other than that, high transparency in the NHI system can produce positive economic effects, decrease government budget, expand to cover all citizens and reduce cost economically with a reduction in financial burden.

d. Factors associated with NHI Implementation:

The implementation of NHI in the KSA has not only depends on the limited the capacity of management and the barriers identified but also many other factors influence the performance of NHI in the future and in attaining high sustainability in the KSA. Moreover, those factors are crucial while planning the implementation of NHI because of their adverse and positive impact on the NHI execution and its outcomes on the KSA society and healthcare sector.

i. Administrative Factors:

The administration of healthcare sector, NHI has a great influence from the respective variables. The responses magnified that absence of insurance companies, administrative costs, administrative setup, and lack admission bed availability, lack of awareness about NHI, no facilities for chronic diseases, obesity operations, and plastic surgery created destructively affected the equal distribution of medical facilities among patients.

Other than that, difficult access tertiary hospital and direct appointments of medical specialists without registration created an adverse impact on NHI. By overviewing the highlighted factors, the study by Alharbi, Atkins and Stanier (2015) elaborated that weak healthcare infrastructure in the KSA depends on the traditional practices and lack of leadership and innovation in the healthcare setting, which declined the performance of the sector. Therefore, it imposed an impact on the performance of the healthcare facilities under NHI.

Additionally, failure to understand technicality, fraudulent activities in the system, insufficient space for patients, lack of training, enhance waiting period, the weak infrastructure of the healthcare system, and low satisfaction level of employees in the health institutions are other factors that created a non-acceptable situation for insurance in the KSA. With those considerations, NHI cannot be implemented accurately in the KSA and cannot benefit the society as well as government enlarge.

Therefore, the government and healthcare authorities should take preventive measures to reduce those issues and manage the strong infrastructure and administrative team to hit the medical facilities in the KSA.

ii. Islamic Ruling:

The other most dominant factor that influences the implementation of NHI in Saudi Arabia is the factor of religion, which urged people to avoid such facilities in the health domain. The response claimed with the Quranic verse that Islam urges the principle of solidarity and cooperation where the Almighty in the Holy Quran that cooperates on righteousness and piety and does not cooperate on sin and aggression.

It is further praised by Prophet Muhammad (Peace Be Upon Him) that cooperation is based on the participation of all in the prevention of danger. In this manner, health insurance netting money benefits existing or potential, and this out of the contracts on the permissible benefits, and the presence of ignorance and the seductive left does not invalidate it, and contracts of compensation in the Sharia indicated to bring interests and prevent evil.

This statement is supported with the research of Albejaidi (2017) that tax-related spending and the concept of Takaful are dominantly ignored in the case of KSA because mainly Muslims relate those principles with Islamic values. In this manner, Islamic teaching restricted the concept of insurance in any sector.

iii. Ethical Considerations:

Increasing pressure on the insurance companies from the society due to advanced facilities under NHI, fraud activities in the management, government unethical practices to earn markup from fundings, and limited focus on the geographical distribution of health services constraint the benefits of NHI implementation in the KSA. The study by Barakah and Alsaleh (2011) reflected that fraud is the prime factor that disrupted the overall healthcare process in the KSA.

Therefore, the government and respective authorities need to advance the ethical policies to boost the culture of trustworthiness in the community to hinder the respective issue and implement the NHI policy effectively in the society to offer health benefits.

6.7 Perception of the Need for Health Insurance

The majority of interviewees were aware of the health financing situation in the country, and the challenges of healthcare delivery. Interviewees acknowledged that health financing reform (including the implementation of national health insurance) was needed to change the current situation and ensure a more sustainable health financing system for Saudi Arabia.

Although the government states that healthcare is a right for its citizens and reiterates its commitment to providing health services for the population, participants referred to the inability to provide free healthcare services as a key issue for the current system. People sometimes have to sell their assets or borrow from relatives to seek healthcare in private health sector or other countries, such as Germany and

USA. Introducing national health insurance could provide financial protection against catastrophic health expenditures for ministry of health, and particularly for the poor citizens in rural.

7. Conclusion

The main aim of this research was to assess qualitatively the benefits, barriers and factors associated with implementation of a national health insurance (NHI) in Saudi Arabia. Qualitative data was collected by 20 interviewees, and coding using Atlas.ti.8 software. The qualitative analysis produced four themes; Benefits of NHI implementation in KSA, barriers of NHI implementation, reduction of government cost on healthcare, and factors associated with implementation of NHI in KSA.

8. Benefits, Barriers, Factors Associated with Future Implementation of National Health Insurance

Qualitatively, to assess the benefits, barriers and factors associated with future implementation of a national health insurance (NHI) in Saudi Arabia. By considering the transcripts and the supporting articles, it examined that the implementation of NHI in the Saudi Arabia is the complicated process and management and ministries should work collaboratively to impose those policies in Saudi Arabia because lack of awareness among Saudi citizens, strong Islamic values that hindered them to accept the policies actively in Saudi Arabia.

Further, the NHI is purposive to manage the governmental cost to limit its expenses on the health care sector which is beneficial in raising the budget of the medical facilities and enhancing the social welfare for people to avail better opportunities in that region. On the other side, many key factors affected the performance of NHI implementation in the KSA due to the high alteration in the economic and social variables.

a. Benefits of NHI implementation:

From the examination of the twenty interviews, the implementation of NHI in Saudi Arabia is fundamental to secure the medical sector as well as the government financial burden for offering free medical aid in the KSA. The most repeated response is the economic growth and integration in the healthcare facilities to bring high-quality health condition for those who cannot afford the valuable service to treat their diseases.

i. High Quality of Life:

The most dramatic benefit of the NHI implementation in the KSA includes the reduction of diseases and increased satisfaction level of medical specialists due to the complimentary opportunities and introduction of advanced tools in the hospital that enhance the efficiency and effectiveness of the treatment. Furthermore, NHI has great scope in Saudi Arabia because the majority of the people has unequal;

resources to sustain their life progressively and lack medical facilities when needed due to the high poverty rate. Therefore, the corresponding approach is crucial to minimize the poverty and urged the network of health services in the society to connect people and medical administration on one platform for availing quality services and healthy well-being from any listed facilities.

ii. National Economy:

By considering the impact of NHI on the national economy, then the NHI employment is worthy for developing national economic growth as it limited the expenses on the healthcare sector and supported the governing officials to achieve the outcomes in the proposed budget. With insurance in the health sector, hospitals can afford diverse tools that assisted them in operating patients crucially.

Other than that, it boosted the national investment on various projects other than the health sector. Henceforth, it alleviates hospitals burden, enhances financials, advances spirit of cooperation and solidarity among societal roles. Additionally, it is worthy for a low-income group to attain such services to treat from diseases and regular checkups from the high-quality clinics and hospitals in lower pay.

iii. Limited Complications in Medical Facility:

By understanding the significance of NHI implementation, it administered that individuals in the health sector show productive results, whereas people faced limited hurdles in availing medical aid in society. It further offered paid sick leaves, enhanced access to consultants and specialists, no limitations, and many alternatives to select the best hospital.

Moreover, it facilitates people to manage financial stability with limited medical fees. In this manner, NHI implementation is an appreciated approach to manage the treatment quality and health sector crises in Saudi Arabia and develop better opportunities for everyone to avail those offers and maintain their health remarkably.

b. Barriers in NHI Implementation:

By focusing on the barriers in the execution of NHI in the future, it examined that there are versatile hindrances in the adoption of the insurance plan in the KSA specifically due to Islamic values, where people considered insurance as the avoidable act that sacrifice the rights of individuals. Moreover, people living in Saudi Arabia are less aware of the insurance, which restricted them to accept such acts in their life to enhance ease of living and attaining medical services with low prices from the advanced quality platforms. Ignorance for NHI in the KSA.

i. Environmental Hindrances (Social, Management and Religious):

After assessing interviews, the most prominent barrier identified is the Islamic values that urged people to ignore the insurance policy in any sector. On the other side, the other causes of ignorance include the lack of awareness about the insurance

benefits in the medical sector, failure of some health care providers in implementation of NHI, unjustified treatment price for many individuals, the legal barriers, and ignorance among the contractors, limited medical coverage ad funds.

Additionally, a changing illustration of infections, traditional practices to treat patients, unwell data management, no administration control, absence of emergency facilities, and constrained monetary assets are responsible to create strong obstacles in accepting NHI in the KSA.

ii. Limited Services Offers:

While investigating the NHI plan, the healthcare sector offered limited services and provided no service for the elderly, chronic diseases patients, and dental treatments. Henceforth, the poor capacity of the private health sector to accommodate patients and treat them with quality services restrains the NHI employment in Saudi Arabia.

iii. Corruption and Fraud:

Fraud and corruption in the respective sector, government and other related institutes created an impressive impact on the NHI execution as it created impediments for the government to implement the national plan. The corruption raised in such institutes depended on the absence of data information, administration control, and strong monitoring. Whereas, high maltreatment of protection, mismanagement and extortion are other causes of increasing fraud are the other hurdles in the healthcare sector.

c. Annual Cost Estimation with NHI Implementation:

According to the estimation of the cost reduction due to the implementation of NHI in the healthcare sector, most of the respondents highlighted that the annual cost for health care and financial burden of the government declined with high transparency and low corruptions.

Consequently, many respondents pointed Compulsory Employment-Based Health Insurance (CEBHI) that it is the most appropriate insurance policy, which considered each member equally in society and created a positive influence on cost reduction annually. On the contradictory response, some emphasised that government expenses raised with insurance due to free treatments such as free medical care involve the abuse and wasteful use of medical facilities, equipment, and medicines that enhanced pressure on the governmental budgets.

d. Factors Influence NHI Implementation:

With consideration on the benefits and barriers, the other influential factors including economic and social factors have a strong influence on the NHI implementation. The most affecting factor includes poverty, Islamic opinion of insurance, and lack of awareness.

Other than that, the absence of local integrated health insurance companies, weak infrastructure, poor management of records, an expensive system for claim payments, and poorly trained staff influenced the NHI system destructively as they reduced the impact of NHI on the societal betterment and enhanced the expenses of the government by imposing financial pressure in the healthcare segment. Other than that, the diseases emerged in the society and direct appointments of staff without registration are not worthy to approach to sustain the NHI progress in the healthcare of the KSA.

In such a critical situation, the identified barriers should be eliminated actively and avail each opportunity to regulate the police effectively in the KSA. Moreover, it has a significant impact on the reduction of annual healthcare cost, which is worthy for the government to run the dynamic operations magnificently.

9. Recommendations

Despite the patient's satisfaction level is medium, Saudi Arabia is actually currently spending a higher proportion of its budget on health care expenses than most high-income countries. As well, the research attempts to identified the benefits and barriers of future implementation, and to work on eliminating hurdles during the National health Insurance- NHI future implementation and promote its benefits.

a. Governmental Institutions:

1. Ministry of health-MOH, Saudi Arabian monetary agency- SAMA and cooperative council of health insurance-CCHI should have strict control on the health insurance companies and private health care sector, to ensure better access to care and improve patient satisfaction. The average satisfaction for uninsured (57.71%) is 3.07% higher than insured (54.64%). So, Satisfaction level was better and high in the public sector than private sector.
2. The Ministry of health and should move with the Saudization of the healthcare sector and appoint more qualified Saudi cadres.
3. Continuous education programs and training workshop should be conducted intensively for physicians, nurses, technicians, and administrative staff.
4. The appointments to see the physicians should be easier and in short period.
5. Training non-Saudi medical staff about the Saudi culture is necessary for dialog between the physician and patient.

b. Insurance Companies:

1. Health insurance companies should provide clear information to the customers for their rights.
2. A health insurance awareness program for the society should be a main contribution of the social responsibility of insurance companies in Saudi Arabia.
3. Employers must identify their decision of Compulsory Employer Based Health Insurance (CEBHI) on choice of insurance company according to the

excellence and fame of the insurance company in the provision of integrated health care service.

4. The employment contract must write clearly the amount that the employee will incur for his clinic visit for treatment under Compulsory Employer Based Health Insurance (CEBHI).

5. Implementing and using the fingerprint system in health insurance to prevent fraud, and attempting fraud in insurance coverage by insured and healthcare providers.

c. Recommendations towards Implementation of NHI:

By overviewing the research, the study is based on the qualitative data to evaluate the related factors; benefits and barriers in the implementation of NHI in KSA. With the identified benefits and barriers, the government needed to work on eliminating hurdles during the NHI execution and promote its benefits. In this case, the following recommendations are worthy to deal with NHI implementation issues and regulating its benefits in Saudi Arabia.

i. Create Awareness about Benefits of NHI:

Citizens in Saudi Arabia are not aware of the legislation and the advantages of the insurance policy in the healthcare sector. Therefore, the government needs to create strong awareness by appointing trainers and influencers to promote such offers in society and offer great benefits to people in the treatment facilities to encourage them for applying in such services.

Furthermore, trainers should aware and teach them about the legislative activities and effect of NHI on the betterment of health quality and economic progress. Additionally, clarify the thoughts of those individuals who have strong religious values and work on benefiting overall society to be potentially active in the NHI implementation.

ii. Strong Healthcare Infrastructure:

By considering the limited health facility issue in the NHI implementation, the associated authorities should focus on creating a strong healthcare infrastructure where people followed strict regulations, has strong leadership, trained staff, and raise job satisfaction of employees. Moreover, they need to create long-term contracts, make authentic registrations for specialists, enhance the profitability of the system and distribute resources significantly among people and in the medical facilities.

iii. Administrative Control:

In the case of NHI, the lack of administrative control leads to the fraudulent activities of the staff that reduces the performance of NHI implementation. Correspondingly, robust administrative control in the healthcare system is worthy to manage the operations smoothly and distributing income effectively to attain the most of the benefits from the respective activities.

The final recommendation of the research is to implement the national health insurance- NHI in cooperative 'TAKAFUL' type after creating strong awareness by appointing trainers and influencers to promote such offers in society and offer great benefits to citizens in the treatment facilities to encourage them for applying in such services, and creating a strong healthcare infrastructure where citizens followed strict regulations, has strong leadership, administrative control, trained staff, and raise job satisfaction of employees, because it is a feasible option for Saudi citizens' nature.

The result that health insurance had a positive effect on access to the health care system, comprehensiveness of coverage, short waiting times to receive the service. And the Saudi government is recommended to move towards expanding the current health insurance to national health insurance (NHI) to include whole Saudi citizens.

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