



الهيئة العامة للإحصاء
General Authority for Statistics

Metadata Report of Healthcare Statistics publication

V-2.0

Quality Management

Last update: 05.02.2023



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1. Contact

1.1. Contact organization	General Authority for Statistics
1.2. Contact organization unit	Health and Education Statistics Dept.
1.3. Contact person function	Director of Health and Education Statistics Dept.
1.4. Contact mail address	P.O. Box: 3735 Riyadh, 11481 Kingdom of Saudi Arabia
1.5. Contact email address	info@stats.gov.sa
1.6. Contact phone number	920020081

2. Metadata Update

2.1. Metadata last update	29/10/2023
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3. Statistical Presentation

3.1. Data description
<p>The Healthcare Statistics publication presents the data on health statistics for all adults aged 15 years and over and children under the age of 15 in the Kingdom of Saudi Arabia.</p> <p>The Healthcare Statistics publication is a publication conducted to collect data on the main characteristics as following:</p> <ul style="list-style-type: none">• Cover basic and additional health care expenses.



- Periodic medical examinations.
- Percentage of medical consultations.
- Use of prescription and non-prescription medications.
- Use home care services.
- Unmet health needs....

The data It is further used to estimate the:

- Percentage of health care coverage.
- Percentage of medical consultations.
- Percentage of use of prescription medications.
- The rate of use of non-prescription medications.
- Percentage of home care services using health services.
- Percentage of use of home care services for non-health services.
- Percentage of the population (15 years and over) who have self-reported unmet health care needs by sex, nationality, and age groups.
- Percentage of the population (15 years and over) who have self-reported unmet needs for dental examination or treatment by sex, nationality, and age groups.
- Percentage of children (under 15) who have unmet self-reported health care needs by sex, nationality, and age groups.
- Percentage of children (under 15) who have self-reported unmet needs for dental examination or treatment by sex, nationality, and age groups.

3.2. Classification system

The following classifications are applied in Healthcare Statistics publication:

National classification of economic activities (ISIC4):

The statistical classification based on the International Standard of Industrial Classification of All Economic Activities (ISIC4) is used to describe productive activities of an establishment.

Saudi Standard Classification of professions (ISCO_08):

A statistical classification based on the International Classification (ISCO_08) that provides a system for the classification and compilation of professional information obtained through censuses and statistical surveys, as well as administrative records. This classification is used in the National Health Survey and Child Health and Well-Being Survey in order to classify employees based on their professions.

Saudi classification of specializations and educational levels:

A statistical classification based on the International Standard Education Classification (ISCED_11) and (ISCED_13) for Education and Training Issued by United Nations Educational,



Scientific and Cultural Organization (UNESCO) which is the reference classification for the organization of educational programs and related qualifications by education levels and fields. It is comprehensive for all educational programs, levels and methods, and covers all levels of education from kindergarten to postgraduate levels. This classification is used in the National Health Survey and Child Health and Well-Being Survey to classify individuals 15 years and above according to their majors and education levels.

National Code of Countries and Nationalities (3166 ISO - codes Country):

A statistical classification based on the international standard (ISO 3166_Country codes), which is a standard issued by the International Organization for Standardization (ISO of the UN), and this classification gives numeric and literal codes for the world's (248) countries, based on the classification of countries. The classification is used in the National Health Survey and Child Health and Well-Being Survey to classify Saudi or non-Saudi individuals.

Detailed data is collected through the interview to allow output production according to all relevant classifications.

The classifications are available on the GASTAT's website: www.stats.gov.sa

3.3. Sector coverage

Not applicable.

3.4. Statistical concepts and definitions

Terminologies and concepts of Healthcare Statistics publication:

- Health care includes the following dimensions:
Health coverage, medical examinations, unmet needs, home care services, medication use.
- Home care services:
All health and non-health services include support for people who suffer from difficulties in daily life.
- Medicine:
It includes all medications, including nutritional supplements and vitamins, and does not include contraceptives for the purpose of preventing pregnancy.
- Basic health coverage:
Coverage used mainly when you need to visit a health institution.
- Additional health coverage:
Coverage used secondary (non-primary) when there is a need to visit a health facility.



3.5. Statistical unit

The statistical unit in Healthcare Statistics publication is an individual.

3.6. Statistical population

The statistical populations of Healthcare Statistics publication are the Saudi and non-Saudi individuals who normally reside in Saudi Arabia.

3.7. Reference area

The survey sample is a representative sample for Saudi Arabia's 13 administrative regions.

3.8. Time coverage

Data are available for 2023.

3.9. Base period

Not applicable.

4. Unit of measure

- Most results are measured in numbers (for EX: visits to health facilities).
- Some results are calculated as a percentage (for Ex: percentage of medical consultations).



5. Reference period

References period to the variables or dataset as following:

Data are based on the beginning of the data collection date on 30 /4 / 2023.

6. Confidentiality

6.1. Confidentiality - policy

According to the Royal Decree No. 23 dated 07-12-1397, data must always be kept confidential, and must be used by GASTAT only for statistical purposes. Therefore, the data are protected in the data servers of the Authority.

6.2. Confidentiality - data treatment

Data were displayed in appropriate tables to facilitate its summarization, comprehension, and results extraction. Also, to compare data with other data and extract statistical meanings for the study community. It is also easier to check tables without the need to see the original questionnaire, which usually include data like names and addresses of individuals, names of data providers, which violates data confidentiality of statistical data.

“Anonymity of data” is one of the most important procedures. To keep data confidential, GASTAT removed information on individual persons, households, or business entities such a way that the respondent cannot be identified either directly (by name, address, contact number, identity number etc.) or indirectly (by combining different - especially rare - characteristics of respondents: age, occupation, education etc.).



7. Release policy

7.1. Release calendar

The Healthcare Statistics publication results are bound by a release calendar.

7.2. Release calendar access

Available on the: [Statistical Releases | General Authority for Statistics \(stats.gov.sa\)](#)

7.3. User access

One of GASTAT's objectives is to meet better its clients' needs, so it immediately provides them with the bulletin's results once of Healthcare Statistics publication is published.

It also receives questions and inquiries of the clients about the publication and its results through various communication channels, such as:

- GASTAT's official website www.stats.gov.sa
- GASTAT's official e-mail address info@stats.gov.sa
- Client Support's e-mail address cs@stats.gov.sa
- Official visits to GASTAT's official head office in Riyadh or one of its branches in Saudi Arabia.
- Official letters.
- Statistical telephone ([92002008](tel:92002008)).

8. Frequency of dissemination

Annual.



9. Accessibility and clarity

9.1. News release

The announcements for each publication are available on release calendar as mentioned in 7.2. Release calendar access. The news release can be viewed on the website of GASTAT in the link <https://www.stats.gov.sa/en/news>.

9.2. Publications

GASTAT issues Healthcare Statistics publication publications and reports on a regular basis within a pre-prepared publishing plan and installed on the GASTAT's website. GASTAT is keen to publish its publications in a manner that serves all users of different types, including publications in different formats that contain (publication tables, data graphs, indicators, metadata, methodology, and used questionnaires) in both English and Arabic.

The Healthcare Statistics publications are available on the link:
<https://www.stats.gov.sa/en/1238>

9.3. On-line database

The data is published in the statistical database link of data base:
<https://database.stats.gov.sa/home/indicator/542>

9.4. Micro-data access

Microdata are unit-level data obtained from sample surveys, censuses, and administrative systems. They provide information about characteristics of individual people or entities such as households, business enterprises, facilities, farms, or even geographical areas such as villages or towns.

The different types of microdata files to meet different information needs:

- Public use:

It consists sets of records containing information on individual persons, households, or business entities anonymized in such a way that the respondent cannot be identified either directly (by name, address, contact number, identity number etc.) or indirectly (by



combining different - especially rare - characteristics of respondents: age, occupation, education etc.).

- Scientific use:

These files established based on specific methodology asked by data requester to extract the datasets with specific characteristics used for strategic studies and decision making as well scientific research purposes on individuals, households and enterprises with no direct identifiers, which have been subject to control methods to protect confidentiality.

Eligible users can access microdata sets through secure interface built-in by GASTAT called "Etaha" with specific documentary requirements.

9.5. Other

Not available.

9.6. Documentation on methodology

The concepts, definitions, issues and classifications are based on internationally recognized scientific standards, by following the stages of statistical work contained in the Generic Statistical Business Process Model (GSBPM), starting with the stage of identifying needs, passing through the stage of design, construction, collection, processing, analysis, publication, and ending with the evaluation stage, while the methodology for drawing the sample was as follows:

- The survey population was divided into non-overlapping parts characterized by relative homogeneity in their units, each part is a class, and each class is treated as an independent community.
- A random sample was drawn from each layer independently, and eventually all the drawn sampling units were merged to form the total sample.
- The sample units were selected from among the statistical frameworks that were designed to cover the target population in two stages, in the first stage, the initial sampling units (counting areas) were selected from the framework of the Saudi Census 2022 AD, and using the regular random sample, (4131) counting areas were selected for the national health survey, and (4537) counting areas for the child health and well-being survey, distributed over all layers in all administrative regions using the method proportional to the size by weighting the number of individuals in them, then in the second stage the selection of units The final inspection, which is the individual in the counting areas that were selected in the first phase using a simple random sample by (20) individuals from each counting area, i.e. a total of (82,620) individuals for the national health survey, and (90,740) individuals for the child health and well-being survey at the level of Saudi Arabia.
- Preparing the optimal methodology for selecting sample units with the aim of providing



outputs with the required quality, while reducing the burden on data providers through statistical methods known to statisticians, such as using rotation methods and monitoring overlap.

- The Eurostat methodology was adopted, and the European Health Interview Survey (EHIS) was used, which is a survey that aims to measure health status, health determinants, and the use of health care services for an individual.
- The Eurostat methodology was used to calculate health care utilization indicators.
- The Eurostat methodology was used to calculate indicators of unmet health care needs.

The descriptive data required to describe the concepts, the statistical framework, and sample allocation and selection were also identified.

9.7. Quality documentation

Quality documentation covers documentation on methods and standards for assessing, measuring, and monitoring the quality of statistical process and output. It is based on standard quality criteria such as relevance, accuracy and reliability, timeliness and punctuality, accessibility and clarity, comparability, and coherence.

10. Quality management

10.1. Quality assurance

GASTAT declares that it considers the following principles: impartiality, user orientated, quality of processes and output, effectiveness of statistical processes, reducing the workload for respondents.

Quality controls and validation of data are actions carried out throughout the process in different stages such as the data input and data collection and other final controls.

10.2. Quality assessment

GASTAT performs all statistical activities according to a national model (Generic Statistical Business Process Model - GSBPM). According to the GSBPM, the final phase of statistical activities is overall evaluation using information gathered in each phase or sub-process. This information is used to prepare the evaluation report which outlines all the quality issues related to the specific statistical activity and serves as input for improvement actions.



11. Relevance

11.1 User needs

Internal GASTAT's users, which make use of Healthcare Statistics publications data, include:

- Social statistics:
 - Population, Gender and Diversity Statistics
 - Living Conditions, Lifestyle and Justice Statistics
 - Health and Education Statistics

External users who make significant use of Healthcare Statistics publication data include, but is not limited to:

- The governmental entities.
- Regional and International Organizations.
- Research institutions.
- Media.
- Individuals.

The disseminated key variables that mostly used by key users:

Ministry of Health	All survey variables and indicators.
Ministry of Economy and Planning	All survey variables and indicators.
Public Health Authority	All survey variables and indicators.
Saudi Health Council	All survey variables and indicators.
National Health Information Center	All survey variables and indicators.
Health Sector Transformation Program	All survey variables and indicators.
Council of Health Insurance	Indicators of coverage of health care expenses.

11.2. User satisfaction

Not available.

11.3. Completeness



Healthcare Statistics publication data are based data is based on survey data from:

- National Health Survey.
- Child Health and Wellbeing Survey.

The data is in complete status.

12. Accuracy and reliability

12.1. Overall accuracy

- The data collected is improved through the researchers, that have been selected according to a set of practical and objective criteria and training program related to the field of work.
- The electronic data collection form of the National Health Survey and Child Health and Well-Being Survey questionnaire includes alert, prevention rules and correction rules during the data collection process in order to improve data quality.
- Overall, the data is checked with previous years to identify any significant changes in the data. The internal consistency of the data is checked before it is finalized. The links between variables are checked and coherence between different data series is confirmed.

13. Timeliness and punctuality

13.1. Timeliness

GASTAT uses the Special Data Dissemination Standard (SDDS) issued by the International Monetary Fund. According to this Standard, all statistics agencies are required to publish data on an annual basis, and with a delay of not more than one quarter (180 days) after the end of the reference period. If the data are from different source, they may be published in a different frequency.

13.2. Punctuality

Publication takes place in accordance with published release dates for



Health Determinants Statistics in the GASTAT webpage. The data are available at the expected time, as scheduled the release calendar, If the publication delayed the reasons would be provided.

14. Coherence and comparability

14.1. Comparability - geographical

Data are fully comparable.

14.2. Comparability - over time

The publication of Healthcare Statistics started in 2023 as annual survey which is one of the new surveys carried out by the General Authority for Statistics.

14.3. Coherence- cross domain

Not applicable.

14.3.1. Coherence - sub annual and annual statistics

Not applicable.

14.3.2. Coherence- National Accounts

Not applicable.

14.4. Coherence - internal

Not applicable.



15. Resources used

Description	Total
Total staff (GASTAT's staff, researchers)	937
Number of units in the National Health survey.	82,620
Number of units in the child health and well-being survey.	90,620
Total days of data collection period (end date - start date)	85
Average conducted interviewer per day (during data collection)	Not applicable

16. Data revision

16.1. Data revision - policy

Not applicable, only final results will be published.

16.2. Data revision - practice

Not applicable, only final results will be published.

17. Statistical processing

17.1. Source data

Healthcare statistics are based on the data of the National Health Survey and the Child Health and Wellbeing Survey implemented by the General Authority for Statistics.

The disseminated key variables of survey data are:

- Nationality.
- Administrative region.
- Age groups.



17.2. Frequency of data collection

Annual.

17.3. Data collection

Data collection from the survey:

Data is collected from a sample of male and female individuals (Saudis and non-Saudis) aged 15 years and over and children under 15 years in Saudi Arabia, through computer-assisted telephone interviews (CATI), computer-assisted online interviews (CAWI) and computer-assisted personal interviews (CAPI).

17.4. Data validation

Data are reviewed and matched to ensure their accuracy and precision in a way that suits their nature with the aim of giving the presented statistics quality and accuracy.

The data of the publication's current year are compared with the data of the previous year to ensure their integrity and consistency in preparation for processing data and extracting and reviewing results.

In addition to the data processing and tabulation to check their accuracy, all the outputs are stored and uploaded to the database after being calculated by GASTAT to be reviewed and processed by specialists in Health and Education statistics - Social statistics through modern technologies and software designed for this purpose.

17.5. Data compilation

Data Coding:

In the Healthcare Statistics publication, interviewers collect from respondents, a detailed description of each field. This information is then coded in-house by an automated process, which is reviewed by a small-dedicated team of coding experts using a series of consistency checks.

Data Editing:

Specialists of (Health and Education statistics - Social statistics) Department have processed and analyzed data in this stage, and this step was based on the following measures:

- Sort and arrange data in groups or different categories in a serial order.
- Summarize detailed data into main points or main data.



- Linking between many parts of data and make them connected.
- Process incomplete or missing data.
- Process illogical data.
- Converting data into statistically significant data.
- Organize, display and interpret data.

Extrapolation and weighting:

After processing the data collected from the responding Households, survey weights were generated to produce indicator tables by following two main steps in creating survey weights:

- Adjustment of non-response
- Calibration weight

Applied statistical estimation:

GASTAT has relied on the formulas approved by the international standards in calculating for the Health Determinants Statistics publication, as follows:

- The Eurostat methodology was used to calculate health care use indicators, such as (percentage of health care coverage, percentage of medical consultations, percentage of use of prescription drugs, percentage of use of home care services).
- Eurostat methodology was used to calculate indicators of unmet self-reported healthcare needs.

17.6. Adjustment

Not applicable, only final results will be published.

18. Comment