Mizan ميزان

SAUDI HEALTH POLICY
ASSESSMENT ENGINE

POLICY ASSESSMENT REPORT · RESTRICTED CIRCULATION

National Strategy for Health of the Elderly in Saudi Arabia

2017–2030 · Population aged 60+: 1,750,770 (5.5% of the population) · projected 12.9% by 2050

READINESS VERDICT	QUALITY	FEASIBILITY	CRITICAL GAPS
Ready for Implementation, with Conditions	2.7/5.0	2.2/5.0	5 of 11

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Prepared using the Mizan assessment framework · v1.0

CONTENTS

01 · EXECUTIVE DECISION BRIEF

Executive Decision Brief

IMPLEMENTATION READINESS VERDICT

Ready for Implementation, with Conditions

This is the strongest-performing strategy Mizan has assessed to date, with a comprehensive strategic architecture and clear objectives. Its readiness is nonetheless limited by five critical gaps concentrated in costed financing, governance clarity, and institutional coordination.

QUALITY SCORE

2.7/5.0

FEASIBILITY SCORE

2.2/5.0

GAP REGISTER (11 TOTAL)

Critical	5
Moderate	4
Minor	2

THREE PRINCIPAL STRENGTHS

- A clear, well-founded problem definition backed by consistent statistical data from the 2016 demographic survey and national reports: the elderly population reached 1,750,770 (5.5% of the population), projected to rise to 12.9% by 2050.
- A comprehensive strategic design with seven specific goals spanning healthcare access, supportive environments, partnerships, community awareness, and monitoring & evaluation, fully aligned with Vision 2030, the National Transformation Program, and recognised international standards.

FIVE PRIORITY RISKS

- A complete absence of a costed financing plan: the strategy signals the need for “financial support” without specifying costs or funding sources (Financing, 1.0/5.0).
- The governance framework does not sufficiently clarify the National Committee's authority, decision-making mechanisms, or accountability standards (Governance, 2.0/5.0).
- No formal MOUs have been signed with the multiple partner ministries required for delivery, and roles and responsibilities remain undefined (Intersectoral Coordination, High risk, 2.0/5.0).

- Over 50 defined performance indicators reflecting a comprehensive commitment to monitoring and evaluation, alongside an explicit affirmation of equity, inclusion and community participation as core principles.

- A severe shortage of specialised geriatric-medicine trained healthcare workforce, with no accredited training programme currently in place (Human Resources & Workforce Capacity, GAP-05 Critical).

- The implementation plan lacks specific timelines, sequencing, and resource allocation across the seven strategic goals (Implementation Planning & Feasibility, 2.5/5.0).

IMMEDIATE DECISION REQUIRED

Convene a Ministry of Health steering session within 30 days to authorize the eight-item corrective work programme (Section 10), beginning with the costed financing plan and the National Committee's organizational regulation. Completion of these gaps in the short term (0–3 months) would materially improve the strategy's institutional readiness.

CONDITIONS THAT PREVENT FULL-SCALE ROLLOUT

No costed financing plan identifies funding sources or allocated budgets, no governance framework clarifies the National Committee's authority and accountability, and no formal MOUs exist with the multiple partner ministries required for cross-sectoral delivery. These absences must be resolved before full-scale rollout (see Section 12).

02 · POLICY PROFILE AND SCOPE

Policy Profile and Scope

A comprehensive national strategy issued by the Ministry of Health to address the demographic and health challenges of Saudi Arabia's ageing population. It sets seven strategic goals spanning healthcare access, supportive and enabling environments, long-term care, multisectoral partnerships, community awareness, and monitoring and research.

Sector	Public health · elderly care and healthy ageing
Time horizon	2017–2030
Target population	1,750,770 residents aged 60+ (5.5% of population, 2016 census); projected to reach 12.9% by 2050
Lead and partner entities	MoH General Administration for Health Programs and Chronic Diseases (lead) · Ministry of Labor and Social Development · Ministry of Education · Ministry of Municipalities · Ministry of Sports · SCFHS

COMPONENT COVERAGE

5 components present · 3 partial · 1 absent, against the nine-domain quality rubric

Problem Definition	**Present**	Well-founded diagnosis backed by 2016 census data and projections to 2050.
Evidence Base	**Present**	Comprehensive review of global, regional and national strategies and reports.
Strategic Alignment	**Present**	Fully aligned with Vision 2030, the National Transformation Program, and international standards.
Policy Design Quality	**Present**	Clear vision, one overarching goal, and seven specific strategic goals.
Implementation Planning	**Partial**	General activity framework exists; specific timelines and coordination mechanisms lag.

Governance and Accountability	Partial	Lead entity named; National Committee structure and authority not sufficiently clarified.
Financing and Sustainability	Absent	No funding sources, allocated budgets, or resource-mobilisation mechanisms specified.
Monitoring and Evaluation	Present	Dedicated section with 50+ indicators, though most lack quantified targets.
Equity and Health in All Policies	Partial	Equity centred as a principle; specific health-disparity analysis by area is absent.

03 · ASSESSMENT METHODOLOGY

Assessment Methodology

Mizan evaluates each policy along two independent axes and reconciles them into a single readiness verdict.

QUALITY ASSESSMENT

A rubric-based score across nine policy-design domains, each scored 0–5 and combined into a weighted mean.

FEASIBILITY ASSESSMENT

A contextual risk assessment across six delivery dimensions specific to the Saudi Arabia 2025 operating environment, each rated by risk level and scored 0–5.

READINESS THRESHOLD

A policy advances to unconditional full-scale implementation only when both the quality and feasibility weighted means clear 3.0/5.0. A strategy scoring above threshold on quality but below it on feasibility receives a “Ready for Implementation, with Conditions” verdict — proceed, provided the identified critical gaps are closed in parallel.

Evidence for each score is drawn from the policy document itself, cross-referenced against Saudi frameworks (Vision 2030, National Transformation Program, SHC/World Bank and PHA guides) and international standards (WHO, UN SDGs). Domain scores below 2.5/5.0 are classified Critical; 2.5–3.9 Adequate; 4.0 and above Strong.

04 · CONSOLIDATED SCORECARD

Consolidated Scorecard

2.7	2.2	2	2/6
QUALITY · WEIGHTED MEAN	FEASIBILITY · WEIGHTED MEAN	DOMAINS RATED STRONG (OF 9)	FEASIBILITY AXES RATED HIGH-RISK

QUALITY BY DOMAIN

Problem Definition & Needs Assessment	4.0	
Evidence Base & Knowledge Integration	3.5	
Policy Design & Strategic Alignment	4.0	
Implementation Planning & Feasibility	2.5	
Governance, Accountability & Coordination	2.0	
Financing, Resource Mobilization & Sustainability	1.0	
Monitoring, Evaluation & Adaptive Management	3.0	
Equity, Inclusion & Health in All Policies	2.5	
Cross-sectoral Partnerships & Stakeholder Engagement	3.5	

FEASIBILITY BY DIMENSION

Institutional Capacity & Readiness	Medium risk	2.5	
Financial & Resource Mobilization Capacity	High risk	1.0	
Health Information Systems & Data Infrastructure	Medium risk	3.0	
Human Resources & Workforce Capacity	Medium risk	2.5	

Intersectoral Coordination & Partnership Infrastructure	High risk	2.0	
Policy & Regulatory Environment	Medium risk	3.0	

05 · POLICY QUALITY ASSESSMENT

Policy Quality Assessment

Rubric-based scoring across nine quality domains · weighted mean 2.7/5.0

Problem Definition & Needs Assessment

STRONG **4.0**/5.0

Presents a well-founded, statistically-backed diagnosis of the demographic and health situation, with clear projections to 2050.

EVIDENCE — *"The number of elderly in the Kingdom reached 1,750,770, equivalent to 5.5% of the population per the 2016 census, with the ratio projected to reach 12.9% by 2050"*

IMPLICATION — A strong evidentiary foundation supports credible prioritisation of interventions.

CORRECTIVE ACTION — Add distributional analysis of demographic-health gaps by region and socio-economic group.

Evidence Base & Knowledge Integration

ADEQUATE **3.5**/5.0

Draws on a comprehensive review of global, regional and national strategies, though local evidence on prior-programme effectiveness is limited.

EVIDENCE — *"A study and review of global, regional, and national strategies was conducted, examining their impact and effectiveness in promoting the health of the elderly"*

IMPLICATION — Local specificity of the evidence base is not yet fully established.

CORRECTIVE ACTION — Commission local studies on the effectiveness of interventions relevant to the Saudi context.

Policy Design & Strategic Alignment

STRONG **4.0**/5.0

Includes a clear vision, one overarching goal, and seven specific strategic goals, fully aligned with Vision 2030 and the National Transformation Program.

EVIDENCE — *"A Saudi society in which everyone enjoys healthy ageing, with the message: health for all in ageing"*

IMPLICATION — Strong national alignment, though coherence with sector-specific strategies (education, chronic disease) is not fully mapped.

CORRECTIVE ACTION — Add explicit interoperability mapping with other sectoral strategies (education, chronic disease management).

Implementation Planning & Feasibility

ADEQUATE **2.5**/5.0

Provides a general framework of activities and responsibilities but lacks specific timelines, dedicated budget allocation, and clear inter-entity coordination mechanisms.

EVIDENCE — *"Implementation requires: leadership support, financial support, capacity-building of specialists, data infrastructure, and partnership-strengthening"*

IMPLICATION — Implementation risks proceeding without clear sequencing or accountable ownership per activity.

CORRECTIVE ACTION — Develop a detailed roadmap ranking activities, timelines, and interdependencies between entities.

Governance, Accountability & Coordination

CRITICAL **2.0**/5.0

Names the General Administration for Health Programs as lead, but does not sufficiently clarify the National Committee's formal structure, authority scope, or accountability mechanisms.

EVIDENCE — *"General Administration for Health Programs and Chronic Diseases at the Ministry of Health is the principal party responsible for forming a national committee"*

IMPLICATION — Accountability for cross-entity delivery cannot currently be enforced.

CORRECTIVE ACTION — Issue an official organizational regulation clarifying the National Committee's authority, decision-making mechanisms, and accountability.

Financing, Resource Mobilization & Sustainability

CRITICAL **1.0**/5.0

References the need for “financial support” as an implementation requirement but provides no detail on funding sources, allocated budgets, or resource-mobilisation mechanisms.

EVIDENCE — *"Financial support for the strategy is required as one of the implementation requirements"*

IMPLICATION — Nearly all planned activities lack a defined funding source, posing a critical barrier to on-the-ground launch.

CORRECTIVE ACTION — Prepare a costed financing plan identifying funding sources, allocated and sought budgets, and long-term sustainability mechanisms.

Monitoring, Evaluation & Adaptive Management

ADEQUATE **3.0**/5.0

Includes a dedicated monitoring section with multiple defined KPIs, but lacks clarity on reporting frequency, responsible parties, or how findings feed back into decisions.

EVIDENCE — *"Monitoring and follow-up are conducted by using defined performance indicators from the Ministry of Health, in cooperation with the health information systems administration and periodic surveys"*

IMPLICATION — Monitoring may become a reporting exercise without active use for course-correction.

CORRECTIVE ACTION — Define reporting-cycle frequency, data-collection mechanisms and responsible entities, and how to apply monitoring findings to policy decisions.

Equity, Inclusion & Health in All Policies

ADEQUATE **2.5**/5.0

Centres equity as a core principle with attention to fair distribution across population groups, but lacks specific analysis of health gaps between geographic areas.

EVIDENCE — *"It is important to consider equitable distribution to address health disparities among target age groups, so that equity means more to the elderly than a slogan"*

IMPLICATION — Specific coverage gaps for vulnerable groups (e.g. those without family support) may go unaddressed.

CORRECTIVE ACTION — Add specific analysis of health disparities between urban/rural areas and target populations, and a clear cross-sectoral Health-in-All-Policies strategy.

Cross-sectoral Partnerships & Stakeholder Engagement

ADEQUATE **3.5**/5.0

Clearly signals the need for multisectoral partnerships and identifies key partner entities, but lacks specific coordination mechanisms or formal MOUs.

EVIDENCE — *"The elderly-care strategy assumes cooperation of relevant entities in elderly care, and since elderly care is provided by multiple specialised entities, the responsible entity is the Ministry of Health"*

IMPLICATION — Cross-sectoral commitment is not yet backed by binding coordination instruments.

CORRECTIVE ACTION — Sign specific MOUs with key partners clarifying roles, responsibilities, and dispute-resolution mechanisms.

06 · IMPLEMENTATION FEASIBILITY ASSESSMENT

Implementation Feasibility Assessment

Six delivery dimensions · Saudi Arabia 2025 context · weighted mean 2.2/5.0

Institutional Capacity & Readiness

MEDIUM RISK **2.5**/5.0

MoH holds a recognised organisational structure through the General Administration for Health Programs, but health institutions' readiness to deliver a cross-sectoral strategy at this scale is not fully mobilised.

KEY BARRIER — Primary health centres and health institutions are not fully mobilised to implement a multisectoral strategy at this scale.

KEY ENABLER — A dedicated General Administration for Health Programs and Chronic Diseases with an existing mandate to lead implementation.

Financial & Resource Mobilization Capacity

HIGH RISK **1.0**/5.0

No detail exists on financing or financial resources, a critical barrier to implementation feasibility, without any information on sources, allocated budgets, or resource-mobilisation mechanisms.

KEY BARRIER — No costed plan exists for the strategy's implementation or the activities and services envisioned.

KEY ENABLER — The National Transformation Program 2020 provides financing mechanisms for identified strategic programmes.

Health Information Systems & Data Infrastructure

MEDIUM RISK **3.0**/5.0

Sets clear goals for building a data infrastructure and developing a comprehensive health information system for the elderly, but the current NPHIES platform is not yet confirmed to support the specified data needs.

KEY BARRIER — Lack of clarity on the extent of NPHIES's current capacity to accommodate the dedicated data requirements for the elderly.

KEY ENABLER — The unified NPHIES platform provides a foundation for building an integrated information system.

Human Resources & Workforce Capacity

MEDIUM RISK **2.5**/5.0

Clearly signals the need to develop specialists in geriatric medicine and train dedicated health cadres, but the current Saudi health system suffers a severe shortage of specialists, with no accredited specific training programme in place.

KEY BARRIER — No accredited specific training programme in geriatric medicine currently exists at SCFHS.

KEY ENABLER — Saudi universities with proven research and academic capacity in the health field.

Intersectoral Coordination & Partnership Infrastructure

HIGH RISK **2.0**/5.0

Identifies an urgent need for comprehensive multisectoral cooperation with Health, Labor, Social Development, Islamic Affairs, Justice, Municipalities, Education and Sports, but coordination mechanisms between these bodies are not clear and no MOUs have been signed.

KEY BARRIER — No formal MOUs exist with partner ministries and health bodies clarifying roles and responsibilities.

KEY ENABLER — A senior political will to support elderly-care programmes, reflected in ministerial support and leadership.

Policy & Regulatory Environment

MEDIUM RISK **3.0**/5.0

Includes legitimate aims to review and update legislation related to elderly care and protecting their rights, but no unified, comprehensive law for elderly protection and rights currently exists.

KEY BARRIER — No comprehensive national law protects the health and social rights of the elderly.

KEY ENABLER — A basic legislative framework exists including several relevant laws (labour and social insurance, protection from abuse).

07 · INSTITUTIONAL INTERSECTIONS

Institutional Intersections

The strategy operates at the intersection of MoH's lead role and five external ministries and bodies. Cross-sectoral commitment is real, but formal coordination instruments lag behind the ambition.

General Administration for Health Programs and Chronic Diseases الإدارة العامة للبرامج الصحية والأمراض المزمنة	Ministry of Health's lead entity for the strategy; responsible for forming the National Committee, coordinating cross-entity work, and overseeing monitoring and evaluation.
Ministry of Labor and Social Development وزارة الموارد البشرية والتنمية الاجتماعية	Named partner on the social-protection and social-insurance dimensions of elderly care; no formal MOU currently signed.
Saudi Commission for Health Specialties (SCFHS) الهيئة السعودية للتخصصات الطبية	The accrediting body for a proposed specialised geriatric-medicine training track; no accredited programme currently exists.
Ministry of Municipalities, Ministry of Sports & Ministry of Education وزارات البلديات والرياضة والتعليم	Named partners for age-friendly environments, physical activity, and public awareness; coordination mechanisms with MoH are not yet documented.

INTERSECTORAL COORDINATION & PARTNERSHIP INFRASTRUCTURE · HIGH RISK · 2.0/5.0

The strategy names an urgent need for multisectoral cooperation with Labor, Education, Municipalities, Sports, Justice, and Islamic Affairs, but coordination mechanisms between these bodies are neither clear nor documented, and no formal MOUs have been signed with the main partners.

08 · BENCHMARKING ANALYSIS

Benchmarking Analysis

20 reference findings across Saudi frameworks and international standards

REF	SOURCE	DOMAIN	ALIGNMENT
BM-01	SHC/World Bank Manual 2022 — Health Policy Assessment Framework	Problem Definition & Evidence Base	High
BM-02	PHA Impact Assessment Guide 2023 — Strategic Alignment	Policy Design & Strategic Alignment	High
BM-03	PHA Evidence Manual 2022 — Knowledge Integration	Evidence Base & Knowledge Integration	Moderate
BM-04	Ministerial HiAP Guide 2022 — Health in All Policies	Equity, Inclusion & Health in All Policies	Moderate
BM-05	SHC/World Bank Manual 2022 — Implementation Readiness	Implementation Planning & Feasibility	Low
BM-06	PHA Impact Assessment Guide 2023 — Governance & Accountability	Governance, Accountability & Coordination	Low
BM-07	SHC/World Bank Manual 2022 — Financial Sustainability	Financing, Resource Mobilization & Sustainability	Low
BM-08	PHA Evidence Manual 2022 — Monitoring & Evaluation	Monitoring, Evaluation & Adaptive Management	Moderate
BM-09	WHO Global Health Assessment Framework 2022	Problem Definition & Needs Assessment	High
BM-10	WHO Regional Strategy for Eastern Mediterranean 2016–2025	Evidence Base & Strategic Alignment	High
BM-11	UN Sustainable Development Goals 2030	Policy Design & Strategic Alignment	High
BM-12	WHO Age-friendly Cities Framework 2007 & 2023	Environmental & Social Dimensions	Moderate
BM-13	NPHIES Implementation Framework 2020 — Saudi Arabia	Health Information Systems & Data Infrastructure	Moderate

BM-14	SCFHS Medical Specialization Standards 2020	Human Resources & Workforce Capacity	**Low**
BM-15	PHC Transformation Strategy 2023 — Saudi Arabia	Implementation & Institutional Coordination	**Moderate**
BM-16	Vision 2030 Healthcare Sector Objectives	Strategic Alignment & Policy Coherence	**High**
BM-17	GHA Ministry of Health Budget Framework 2020–2025	Financing & Budget Integration	**Low**
BM-18	Riyadh Charter on Elderly Care 2009 & Kuwait Declaration 2016	Cross-sectoral Partnerships & Community Engagement	**Moderate**
BM-19	PHA Impact Assessment Guide 2023 — Measurement Framework	Monitoring & Evaluation — Indicator Specificity	**Moderate**
BM-20	Comparator: UAE Strategy for Elderly Care 2017–2026	Implementation Planning & Detailed Operational Guidance	**Low**

Benchmarking draws on SHC/World Bank and Public Health Authority assessment guides, WHO global and regional frameworks, UN SDGs, NPHIES, SCFHS standards, and a direct comparator (UAE Strategy for Elderly Care 2017–2026). The comparator finding (BM-20) shows the Saudi strategy trails comparable Gulf strategies on operational detail and costed timelines.

09 · PRIORITIZED GAP REGISTER

Prioritized Gap Register

11 gaps identified · 5 critical · 4 moderate · 2 minor

GAP-01 CRITICAL

Financing, Resource Mobilization & Sustainability

The strategy fully lacks a costed financing plan, signalling the need for “financial support” as a requirement without providing any detail on funding sources, allocated budgets, or resource-mobilisation mechanisms.

Implication: The financing gap means almost all planned activities lack a defined funding source, posing a critical barrier to on-the-ground launch and requiring urgent resolution before full-scale implementation.

GAP-02 CRITICAL

Governance, Accountability & Coordination

Names the General Administration for Health Programs as lead but lacks sufficient detail on the National Committee's formal structure, authority scope, decision-making mechanisms, or accountability standards for indicator non-compliance.

Implication: The absence of a clear governance framework limits effective coordination between the lead and partner entities, potentially causing conflicts in priorities and delays in decision execution.

GAP-03 CRITICAL

Intersectoral Coordination & Partnership Infrastructure

Names an urgent need for comprehensive multisectoral cooperation with six ministries and bodies, but no formal MOUs, clear role definitions, or dispute-resolution mechanisms exist with the main partners.

Implication: The absence of formal, clear partnership arrangements limits the ability to coordinate efforts across sectors, potentially causing duplicated effort or conflicting activities, and raising failure risk substantially.

GAP-04 CRITICAL

Implementation Planning & Feasibility

Provides a general framework of activities and responsibilities but lacks specific timelines for activity execution and completion, priority sequencing, or coordination mechanisms to prevent priority conflicts.

Implication: The absence of clear timelines may lead to random, uncoordinated implementation without ranked sequencing, potentially spreading limited resources across many activities without achieving concrete results.

GAP-05 CRITICAL

Human Resources & Workforce Capacity

Sets a clear goal of creating a geriatric-medicine specialisation and training healthcare cadres for elderly services, but the current Saudi health system faces a critical barrier: no accredited specific geriatric-medicine training programme exists at SCFHS, and the current specialist count is very limited.

Implication: Developing a sufficient number of geriatric-medicine specialists requires several years of training (3–4 at minimum after the basic collegiate stage); absent an accredited training programme, this track cannot begin soon, affecting the health system's ability to deliver specialised, quality services matching the strategy's ambitions.

GAP-06 MODERATE

Monitoring, Evaluation & Adaptive Management

Defines over 50 KPIs for outcome measurement, but most lack quantified baseline and target values, clear performance standards, or a defined reporting-collection cycle.

Implication: Indicators without defined targets cannot function effectively as measurement tools; the absence of a defined data-collection cycle makes tracking progress and rapid problem-response difficult, weakening the strategy's ability to learn and adapt to emerging challenges over implementation years.

GAP-07 MODERATE

Health Information Systems & Data Infrastructure

Sets clear goals for building a data infrastructure and integrated health information system for the elderly, but lacks a comprehensive assessment of the current NPHIES platform's capacity to accommodate these requirements, standards for data quality and integration, or a link to other relevant health systems.

Implication: The absence of a comprehensive information-systems assessment may lead to incomplete or outdated data, weakening monitoring and evaluation effectiveness and requiring significant investments not currently budgeted.

GAP-08 MODERATE

Equity, Inclusion & Health in All Policies

Includes an equity and inclusion commitment and signals the need to embed health in national policy, but lacks specific analysis of health disparities between geographic areas and vulnerable groups, or a clear Health-in-All-Policies cross-sectoral strategy.

Implication: The absence of specific health-disparity analysis may lead to a uniform programme unresponsive to the needs of specific vulnerable populations; already-advantaged groups (urban, better-served) may benefit disproportionately, widening rather than closing health disparities.

GAP-09 MODERATE

Evidence Base & Knowledge Integration

Signals a comprehensive review of international, regional and national strategies but lacks specific analysis of the previous national programme's (2010–2015) results, including compliance and effectiveness rates, and lessons learned, or local studies on the effectiveness of proposed interventions in the Saudi context.

Implication: The absence of an in-depth analysis of the previous programme may lead to repeating the same errors; not incorporating findings from local studies means the strategy may not be sufficiently tailored to local context and constraints.

GAP-10 MINOR

Policy Design - Environmental & Social Dimensions

Sets goals for building age-friendly, elder-appropriate social and living environments, but provides limited detail on design standards or technical requirements for buildings, roads, and services.

Implication: The absence of clear design standards consistent with age-friendliness for the elderly may lead to inconsistent readiness of enabling environments across regions; this gap has a lower impact than the critical gaps but may weaken delivered service quality.

GAP-11 MINOR

Implementation Planning & Institutional Coordination

Aligns with the National Primary Health Care Transformation Program, but lacks a specific roadmap clarifying how the elderly programme requirements integrate with the broader transformation programme, or a clear mechanism to align resources and priorities between the two programmes.

Implication: The absence of clarity on integration between the two programmes may lead to conflicting priorities or ineffective use of resources, though impact is smaller than other critical gaps if resolved at the operational level.

10 · RECOMMENDATIONS

Recommendations

Eight prioritised actions, sequenced into a single implementation roadmap across two horizons. Each carries a named responsible entity, a defined deliverable and dependency, and a success indicator.

SHORT-TERM (0–3 months)

Prepare a costed financing plan identifying funding sources for each strategic goal and main activity ACT-01

Responsible — MoH Financial Planning Management

Deliverable — Approved costed financing plan

Success indicator — Plan approved with named funding sources per goal

Supporting — General Administration for Health Programs | **Dependency —** None

Issue an official organizational regulation clarifying the National Committee's formation, authority, and accountability ACT-02

Responsible — General Administration for Health Programs

Deliverable — Published organizational regulation

Success indicator — Regulation issued and Committee convened

Supporting — MoH Legal Affairs | **Dependency —** None

Sign official MOUs with key partner ministries clarifying roles, responsibilities, and coordination mechanisms ACT-03

Responsible — Ministry of Health

Deliverable — Signed MOUs with each named partner

Success indicator — All key MOUs signed and coordination mechanism operational

Supporting — Partner ministries (Labor, Education, Municipalities, Sports) | **Dependency —** None

Develop a detailed implementation roadmap defining timelines, priorities, milestones, and responsible parties per activity ACT-04

Responsible — General Administration for Health Programs

Deliverable — Published detailed roadmap

Success indicator — Roadmap approved and milestones tracked

Supporting — International programmes offices | **Dependency —** None

Submit a proposal for accreditation of a specialized geriatric-medicine training programme ACT-05

Responsible — Ministry of Health

Deliverable — Accreditation proposal submitted to SCFHS

Success indicator — Programme accredited and first cohort enrolled

Supporting — SCFHS, universities | **Dependency —** None

Set quantified targets and clear performance standards for each KPI (baseline, target, timeline) ACT-06

Responsible — General Administration for Health Programs

Deliverable — Indicator dictionary with baselines and targets

Success indicator — All 50+ indicators carry a defined baseline and target

Supporting — Health Information Systems Management | **Dependency —** None

MEDIUM-TERM (3–12 months)

Conduct a comprehensive assessment of NPHIES and current information systems against specialized indicator data needs

ACT-07

Responsible — Health Information Systems Management

Deliverable — Systems capability assessment report

Success indicator — Data-integration gaps closed and reporting operational

Supporting — General Administration for Health Programs | **Dependency —** Indicator dictionary defined (ACT-06)

Conduct a comprehensive study evaluating outcomes of the previous national programme (2010–2015) and identify lessons learned by region

ACT-08

Responsible — General Administration for Health Programs

Deliverable — Evaluation study report

Success indicator — Study completed and findings incorporated into current design

Supporting — Specialized research entities | **Dependency —** None

11 · PHASED IMPLEMENTATION ROADMAP

Phased Implementation Roadmap

Short-term
(0–3 months)

- Prepare a costed financing plan identifying funding sources for each strategic goal and main activity
- Issue an official organizational regulation clarifying the National Committee's formation, authority, and accountability
- Sign official MOUs with key partner ministries clarifying roles, responsibilities, and coordination mechanisms
- Develop a detailed implementation roadmap defining timelines, priorities, milestones, and responsible parties per activity
- Submit a proposal for accreditation of a specialized geriatric-medicine training programme
- Set quantified targets and clear performance standards for each KPI (baseline, target, timeline)

Medium-term
(3–12 months)

- Conduct a comprehensive assessment of NPHIES and current information systems against specialized indicator data needs
- Conduct a comprehensive study evaluating outcomes of the previous national programme (2010–2015) and identify lessons learned by region

12 · CONDITIONS FOR ADVANCEMENT

Conditions for Advancement

The following seven conditions must be satisfied before this strategy can move from conditional readiness to unconditional full-scale rollout.

1. Prepare a costed financing plan identifying financial resource sources (budget, government, partnerships, donations) and allocated budgets for each strategic goal and main activity over the strategy period (2017–2030), with clear mechanisms and timelines to ensure long-term financial sustainability.

2. Issue an official organizational regulation clarifying the National Committee for Elderly Health's formation (membership, authorities, powers), decision-making mechanisms, accountability standards, and penalties for indicator non-compliance.

3. Sign official MOUs with the key partner ministries (Health, Labor and Social Development, Islamic Affairs, Justice, Municipalities, Education, Sports, and others) clarifying roles, responsibilities, coordination mechanisms, and dispute-resolution channels.

4. Develop a detailed implementation roadmap defining timelines (start and end dates), priorities, and key ranked milestones per activity, with clear alignment mechanisms between related activities.

5. Submit a proposal for accreditation of a specialised geriatric-medicine training programme from SCFHS, with a specific timeline to launch the programme and the target annual number of specialists needed for their development.

6. Set quantified targets and clear performance standards for each indicator (baseline value and targeted value, annually), with defined data-collection cycles and responsible entities and how to use the results in policy decisions.

7. Conduct a comprehensive assessment of the current NPHIES platform's capability to accommodate the specific data requirements for the elderly, with the additional capabilities, upgrades, financial and technical resources needed to build them.

13 · FINAL ASSESSMENT

Final Assessment

VERDICT	QUALITY	FEASIBILITY
Ready for Implementation, with Conditions	**2.7/5.0**	**2.2/5.0**

This readiness assessment finds that the National Strategy for Health of the Elderly (2017–2030) is the most mature policy Mizan has assessed against this rubric. It provides a comprehensive strategic framework with clear objectives and measurable indicators, reflecting deep understanding of the demographic and health challenges facing Saudi Arabia's ageing population. Strategic design quality reaches an adequate level, backed by consistent evidence and full alignment with Vision 2030, the National Transformation Program, and recognised international standards. Feasibility, however, faces significant barriers concentrated in five decisive areas: a complete absence of a costed financing plan; gaps in clarifying the governance framework (authority, membership, decision-making mechanisms); the absence of formal MOUs with multiple partner ministries; the absence of clear implementation timelines and milestones; and an acute shortage of a specialised geriatrics-trained healthcare workforce. These gaps produce an average feasibility score below the readiness threshold, indicating that full-scale rollout requires closing these gaps before or in close parallel with launch. Completing the short-term (0–3 month) corrective items would materially strengthen the programme's institutional readiness.

14 · TECHNICAL APPENDIX AND SOURCES

Technical Appendix and Sources

SCORING METHODOLOGY DETAIL

Domain and dimension scores are assigned on a 0–5 scale by trained reviewers against a fixed rubric, weighted by domain importance to form the composite Quality and Feasibility means shown throughout this report. Bands: Strong ≥4.0 · Adequate 2.5–3.9 · Critical <2.5.

SOURCE DOCUMENTS CONSULTED

Policy document (National Strategy for Health of the Elderly 2017–2030) · 2016 Demographic Survey · SHC/World Bank Health Policy Assessment Manual 2022 · PHA Impact Assessment Guide 2023 · PHA Evidence Manual 2022 · Ministerial HiAP Guide 2022 · WHO Global Health Assessment Framework 2022 · WHO Regional Strategy for the Eastern Mediterranean 2016–2025 · UN Sustainable Development Goals 2030 · WHO Age-Friendly Cities Framework · NPHIES Implementation Framework 2020 · SCFHS Medical Specialization Standards 2020 · PHC Transformation Strategy 2023 · Vision 2030 Healthcare Sector Objectives · GHA MoH Budget Framework 2020–2025 · Riyadh Charter on Elderly Care 2009 · Kuwait Declaration 2016 · Comparator: UAE Strategy for Elderly Care 2017–2026.

REFERENCED INSTITUTIONS

MoH	Ministry of Health
SCFHS	Saudi Commission for Health Specialties
NPHIES	National Platform for Health Information Exchange Services
PHA	Public Health Authority
WHO	World Health Organization
UN	United Nations

DATA INTEGRITY NOTE

All scores, risk classifications, gap findings and recommendations in this report reproduce the underlying Mizan assessment output unmodified. This document restructures presentation only; no score, finding, or recommendation was altered in the redesign.

SHC · PHA · Ministerial · WHO · World Bank · OECD reference bases

Mizan Assessment Framework v1.0