Mizan ميزان

SAUDI HEALTH POLICY
ASSESSMENT ENGINE

POLICY ASSESSMENT REPORT · RESTRICTED CIRCULATION

National Nutrition and Healthy Food Strategy

2024–2030 · Kingdom of Saudi Arabia

READINESS VERDICT	QUALITY	FEASIBILITY	CRITICAL GAPS
Not Ready	1.7/5.0	2.1/5.0	7 of 14

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Prepared using the Mizan assessment framework · v1.0

CONTENTS

01 · EXECUTIVE DECISION BRIEF

Executive Decision Brief

IMPLEMENTATION READINESS VERDICT

Not Ready

Both dimensions fall below the 3.0/5.0 advancement threshold. The policy carries structural weaknesses across implementation planning, financing, governance, monitoring, evidence, data infrastructure and stakeholder engagement.

QUALITY SCORE

1.7/5.0

FEASIBILITY SCORE

2.1/5.0

GAP REGISTER (14 TOTAL)

Critical	7
Moderate	5
Minor	2

THREE PRINCIPAL STRENGTHS

- Directionally strong strategic alignment with Vision 2030 health targets and the Saudi institutional framework (3.5/5.0).
- Named implementation entities are clear at the top level: SFDA, Ministry of Health, Ministry of Education, and the Public Health Authority.
- A single measurable outcome target — a 15% reduction in obesity and diet-related NCD prevalence by 2030 — gives the policy a clear north star.

FIVE PRIORITY RISKS

- No costed, phased implementation plan exists for any policy objective (Implementation Planning, 1.0/5.0).
- No formal governance body or dispute-resolution mechanism links the four named implementing entities (Governance, 2.0/5.0).
- Financing is referenced only at the programme level, with no component-level budget or post-2030 sustainability plan (1.5/5.0).
- The evidentiary basis for chosen interventions is weak, without local studies or comparator evidence (Evidence Base, 1.5/5.0).

- No unified data infrastructure links nutrition monitoring to the national NPHIES platform (Data Systems, 1.5/5.0).

IMMEDIATE DECISION REQUIRED

Convene a ministerial steering session within 30 days to authorize the six-item corrective work programme (Section 12) and designate a single accountable governance authority. Absent this decision, the strategy risks stalling before entering its second implementation phase (2027–2030).

CONDITIONS THAT PREVENT IMPLEMENTATION

No costed implementation plan, no designated governance body, and no defined performance indicators exist for any of the policy's stated objectives. These three absences, taken together, make full-scale implementation premature under current conditions (see Section 14).

02 · POLICY PROFILE AND SCOPE

Policy Profile and Scope

The National Nutrition and Healthy Food Strategy 2024–2030 is a comprehensive national strategy to improve nutrition and food safety standards across the Kingdom of Saudi Arabia. It targets a reduction in obesity and diet-related non-communicable disease (NCD) prevalence of **15% by 2030**, through improved food safety standards, healthy food environments in public institutions and schools, and integration of nutrition screening into primary healthcare services.

Sector	Public health · nutrition & food safety
Time horizon	2024–2030
Stated objective	Reduce prevalence of obesity and diet-related NCDs by 15% by 2030
Named implementing entities	Saudi Food and Drug Authority (SFDA) · Ministry of Health (MoH) · Ministry of Education (MoE) · Public Health Authority (PHA)

COMPONENT COVERAGE

3 components present · 4 partial · 2 absent, against the nine-domain quality rubric

Problem Definition	**Present**	Clearly defined, though not tied to a documented Saudi prevalence baseline.
Evidence Base	**Partial**	Cites WHO standards generally; local evidence and surveillance data are absent.
Strategic Alignment	**Present**	Consistent with Vision 2030 health goals and SFDA/PHA mandates.
Policy Design Quality	**Partial**	Specific objectives; performance indicators largely undefined.
Implementation Planning	**Absent**	No timeline, milestones, budget allocation or coordination mechanism.

Governance and Accountability	**Partial**	Entities named; no formal governance structure or authority defined.
Financing and Sustainability	**Partial**	General funding source named; no component-level costing.

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 — problem definition, evidence base, strategic alignment, design quality, implementation planning, governance, financing, monitoring, and equity — 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 full-scale implementation only when both the quality and feasibility weighted means reach **3.0/5.0**. Falling below this threshold on either axis returns a “Not Ready” verdict pending the corrective actions identified in the gap register.

Evidence for each score is drawn from the policy document itself, cross-referenced against Saudi regulatory frameworks (SFDA, Vision 2030, NPHIES) and, where available, international standards (WHO) and comparator literature. 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

1.7	2.1	0	5/6
QUALITY · WEIGHTED MEAN	FEASIBILITY · WEIGHTED MEAN	DOMAINS RATED STRONG (OF 9)	FEASIBILITY AXES RATED HIGH-RISK

QUALITY BY DOMAIN

Problem Definition	2.0
Evidence Base	1.5
Strategic Alignment	3.0
Policy Design Quality	2.5
Implementation Planning	1.0
Governance and Accountability	2.0
Financing and Sustainability	1.5
Monitoring and Evaluation	2.0
Equity and Health in All Policies	1.0

FEASIBILITY BY DIMENSION

Regulatory and Legal Alignment	Medium risk	3.5
Institutional Capacity and Governance	High risk	2.5
Financial Sustainability and Resource Allocation	High risk	1.5
Technical and Operational Readiness	High risk	2.0

Stakeholder Engagement and Change Management	High risk	2.0	
Data Systems and Monitoring Infrastructure	High risk	1.5	

05 · POLICY QUALITY ASSESSMENT

Policy Quality Assessment

Rubric-based scoring across nine quality domains · weighted mean 1.7/5.0

Problem Definition

CRITICAL **2.0**/5.0

The problem is clearly framed but relies on general WHO-referenced targets rather than Saudi-specific baseline statistics or current disease-burden data.

EVIDENCE — *"Reduce prevalence of obesity and diet-related NCDs by 15% by 2030"*

IMPLICATION — Progress cannot be benchmarked against a documented national baseline.

CORRECTIVE ACTION — Publish current obesity and diet-related NCD prevalence rates from Saudi national health data.

Evidence Base

CRITICAL **1.5**/5.0

The policy cites WHO and Vision 2030 standards in general terms without demonstrating that specific interventions have been evaluated against comparable local or international precedent.

EVIDENCE — *"aligns with Vision 2030 health targets, SFDA regulatory standards, and WHO guidelines on healthy diets"*

IMPLICATION — Intervention choices are not evidence-anchored, weakening the case for their expected effect.

CORRECTIVE ACTION — Commission a rapid evidence review of interventions proven effective in comparable Gulf contexts.

Strategic Alignment

ADEQUATE **3.0**/5.0

Alignment with Vision 2030 and SFDA/PHA mandates is well established at the level of general direction, though not tied to Vision 2030's own quantified targets.

EVIDENCE — *"aligns with Vision 2030 health targets, SFDA regulatory standards, and WHO guidelines"*

IMPLICATION — Broader national target trajectories are not mapped to this policy's specific milestones.

CORRECTIVE ACTION — Add an explicit crosswalk between policy targets and quantified Vision 2030 KPIs.

Policy Design Quality

ADEQUATE **2.5**/5.0

Objectives are specific but incompletely translated into measurable outcomes; core performance indicators are absent for most stated goals.

EVIDENCE — *"Promote healthy food environments in public institutions"*

IMPLICATION — Progress toward objectives cannot be verified independently of self-reporting.

CORRECTIVE ACTION — Define baseline indicators for every stated objective, with named responsible entities.

Implementation Planning

CRITICAL **1.0**/5.0

No implementation timeline, milestones, phased budget, or inter-agency coordination mechanism is defined anywhere in the policy document.

EVIDENCE — *"Funded through national health transformation budget"*

IMPLICATION — Execution cannot proceed on a verifiable schedule; delivery risk is concentrated at the outset.

CORRECTIVE ACTION — Produce a unified implementation roadmap with milestones and phase-gated resourcing.

Governance and Accountability

CRITICAL **2.0**/5.0

Implementing entities are named, but no formal governance body, decision authority, or dispute-resolution mechanism is established between them.

EVIDENCE — *"Implementation Entities: Saudi Food and Drug Authority (SFDA), Ministry of Health (MoH), Ministry of Education, Public Health Authority (PHA)"*

IMPLICATION — Cross-agency accountability for outcomes cannot currently be enforced.

CORRECTIVE ACTION — Establish a MoH-chaired governance body with defined authority and escalation procedures.

Financing and Sustainability

CRITICAL **1.5**/5.0

Funding is referenced at a general level through the national health transformation budget, without component-level costing or a post-2030 sustainability mechanism.

EVIDENCE — *"Funded through national health transformation budget. Reimbursement for clinical nutrition services through National Health Insurance Framework"*

IMPLICATION — Resource adequacy across the full strategy period cannot currently be verified.

CORRECTIVE ACTION — Commission a full costing study broken out by component and implementing entity.

Monitoring and Evaluation

CRITICAL **2.0**/5.0

Monitoring data sources are named, but no baseline, interim targets, or indicator set exists beyond the single top-line prevalence target.

EVIDENCE — *"Annual NCD surveillance data from Public Health Authority. SFDA food safety inspection reports. School nutrition audit by Ministry of Education"*

IMPLICATION — Course-correction cannot occur before the 2030 outcome is already determined.

CORRECTIVE ACTION — Build a full M&E framework with baseline, interim milestones, and per-objective indicators.

Equity and Health in All Policies

CRITICAL **1.0**/5.0

No explicit health-equity analysis or cross-sectoral impact assessment appears anywhere in the policy document.

EVIDENCE — *"No explicit reference to health equity or cross-sectoral impact analysis in the policy document"*

IMPLICATION — Disproportionate impacts on underserved populations cannot be identified or mitigated.

CORRECTIVE ACTION — Add a Health-in-All-Policies equity analysis covering education, economic and environmental sectors.

06 · IMPLEMENTATION FEASIBILITY ASSESSMENT

Implementation Feasibility Assessment

Six delivery dimensions · Saudi Arabia 2025 context · weighted mean 2.1/5.0

Regulatory and Legal Alignment

MEDIUM RISK **3.5**/5.0

The policy is consistent with the current SFDA and MoH regulatory framework but leaves enforcement mechanisms for applying standards across facility types undefined.

KEY BARRIER — No defined mechanism for enforcing standards uniformly across facility types.

KEY ENABLER — An established SFDA regulatory framework with clear authority already exists.

Institutional Capacity and Governance

HIGH RISK **2.5**/5.0

Implementing entities are named but no formal governance structure or coordination mechanism has been established, leaving accountability fragmented across agencies.

KEY BARRIER — No formal governance structure or coordination body between named entities.

KEY ENABLER — Clear political support for the strategy from Vision 2030's health transformation pillar.

Financial Sustainability and Resource Allocation

HIGH RISK **1.5**/5.0

No comprehensive costing exists across the 2024–2030 horizon, and post-2030 sustainable financing for clinical components is undefined.

KEY BARRIER — No component-level budget breakdown or full-period cost estimate.

KEY ENABLER — An allocated national health transformation budget exists with clear political backing.

Technical and Operational Readiness

HIGH RISK **2.0**/5.0

The policy lacks operational protocols and a current baseline monitoring capability sufficient to apply nutrition standards consistently across facilities.

KEY BARRIER — No standardized operational protocols for applying nutrition standards.

KEY ENABLER — The NPHIES national health information platform can be leveraged for monitoring.

Stakeholder Engagement and Change Management

HIGH RISK **2.0**/5.0

No public communication or change-management strategy is defined, and private-sector consultation with the food industry is limited.

KEY BARRIER — No defined communication or consultation channel with the food and beverage industry.

KEY ENABLER — Political support and existing MoH public health communication channels.

Data Systems and Monitoring Infrastructure

HIGH RISK **1.5**/5.0

Monitoring data sources are named individually but no interoperability protocol links them to the national NPHIES health information platform.

KEY BARRIER — No defined interoperability protocol between nutrition monitoring data and NPHIES.

KEY ENABLER — NPHIES already provides a national health-information backbone to build on.

07 · REGULATORY INTERSECTIONS

Regulatory Intersections

The strategy operates at the intersection of four regulatory mandates. Alignment is directionally sound but lacks the binding mechanisms needed to make cross-agency application consistent and enforceable.

Saudi Food and Drug Authority (SFDA) الهيئة العامة للغذاء والدواء	Sets food safety and nutritional labelling standards; named as lead regulator for facility-level nutritional guidelines.
Ministry of Health (MoH) وزارة الصحة	Issues clinical nutrition and NCD-prevention guidance; administers national health transformation financing.
Ministry of Education (MoE) وزارة التعليم	Owns school meal and cafeteria standards; responsible for school-level nutrition audit reporting.
Public Health Authority (PHA) الهيئة العامة للصحة العامة	Conducts national NCD surveillance and reports annual prevalence data underpinning the policy's single top-line target.

REGULATORY & LEGAL ALIGNMENT · MEDIUM RISK · 3.5/5.0

The policy is directionally consistent with the current Saudi regulatory framework — SFDA statutes, the National Food Safety Law, and MoH clinical guidance — but does not define the enforcement mechanisms needed to apply these standards uniformly across implementing entities, creating a moderate risk of inconsistent application.

08 · BENCHMARKING ANALYSIS

Benchmarking Analysis

10 reference findings across Saudi frameworks and international standards

REF	SOURCE	DOMAIN	ALIGNMENT
BM-01	No Saudi policy framework documents provided	Evidence Base & Problem Definition	Low
BM-02	Cochrane Library (access blocked)	Intervention Effectiveness & Evidence Synthesis	Cannot Assess
BM-03	No comparator policy documents provided	Implementation Planning & Operational Detail	Low
BM-04	SFDA Food and Drug Authority Law (self-reference)	Regulatory and Legal Alignment	Moderate
BM-05	Vision 2030 health targets (self-reference)	Strategic Alignment with National Priorities	Moderate
BM-06	NPHIES, PHC Transformation, GHA budget (self-reference)	Health System Integration & Data Systems	Low
BM-07	Gap Analysis section (self-reference)	Data Infrastructure & Monitoring Systems	Low
BM-08	Financing section (self-reference)	Financial Sustainability & Resource Allocation	Low
BM-09	Monitoring section (self-reference)	Monitoring, Evaluation & Performance Measurement	Low
BM-10	Policy Objectives & Implementation Entities (self-reference)	Governance, Coordination & Accountability	Low

No Saudi comparator policy documents or Cochrane evidence-synthesis access were available at assessment time; benchmarking therefore relies principally on the policy's own cross-references to Vision 2030, SFDA statutes and NPHIES. This constrains international comparability and is itself tracked as GAP-05 below.

09 · PRIORITIZED GAP REGISTER

Prioritized Gap Register

14 gaps identified · 7 critical · 5 moderate · 2 minor

GAP-01	CRITICAL	**Implementation Planning** No timeline, phases, milestones, or responsible entities are defined for translating the policy into operational execution. *Implication:* Execution risks stalling below the strategic level; resource commitment cannot be sequenced.
GAP-02	CRITICAL	**Financing and Sustainability** No comprehensive costing exists across the 2024–2030 period, and no component-level budget breakdown has been defined. *Implication:* Underfunding or resource disputes between implementing entities are likely.
GAP-03	CRITICAL	**Governance and Accountability** No formal governance body or coordination mechanism exists to resolve disputes between the four named implementing entities. *Implication:* Priorities may conflict or stall without a body empowered to arbitrate.
GAP-04	CRITICAL	**Monitoring and Evaluation** Only a single top-line target (15% prevalence reduction) exists; no baseline, interim milestones, or per-objective indicators are defined. *Implication:* Course-correction is impossible before the 2030 outcome is already fixed.
GAP-05	CRITICAL	**Evidence Base** The policy references WHO standards generically without citing local Saudi studies, surveillance data, or comparator-intervention evidence. *Implication:* Interventions may not be fit for the Saudi context or may duplicate ineffective approaches.
GAP-06	CRITICAL	**Data Systems and Monitoring Infrastructure** No unified national nutrition data infrastructure or interoperability protocol with NPHIES has been defined. *Implication:* Consistent, comparable monitoring across public institutions and schools is not currently possible.

GAP-07 CRITICAL

Stakeholder Engagement and Change Management

No strategy exists for engaging implementing entities, the public, or the private food and beverage sector in the change process.

Implication: Resistance from industry or the public could go unaddressed until late in implementation.

GAP-08 MODERATE

Problem Definition

The problem is well-framed conceptually but not tied to specific current Saudi prevalence or NCD-burden statistics.

Implication: Resource prioritisation may target the wrong sub-populations or geographies.

GAP-09 MODERATE

Policy Design Quality

Objectives are specific but not fully translated into measurable, agency-specific performance indicators.

Implication: Objective achievement cannot be verified independently of self-reporting.

GAP-10 MODERATE

Regulatory and Legal Alignment

Consistency with SFDA and national food safety regulation is asserted but no enforcement mechanism across facility types is defined.

Implication: Application of standards may vary inconsistently across institutions.

GAP-11 MODERATE

Strategic Alignment

Alignment with Vision 2030 is asserted generally but not tied explicitly to Vision 2030's own quantified health targets.

Implication: The policy's contribution to national targets cannot be isolated or reported against.

GAP-12 MODERATE

Institutional Capacity and Governance

Institutional capacity varies significantly between named entities, particularly the Ministry of Education and Public Health Authority.

Implication: The weakest-capacity entity may become the binding constraint on delivery.

GAP-13 MINOR

Equity and Health in All Policies

No mechanism ensures equitable population access to food safety information and services across regions or income groups.

Implication: Already-underserved populations may benefit least from the policy.

GAP-14 MINOR

Implementation Planning

No clear timeline or responsible entity is defined for closing the Arabic-language public communication material gap identified in the policy itself.

Implication: Public awareness and uptake of the policy may lag behind its formal rollout.

10 · RECOMMENDATIONS

Recommendations

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

SHORT-TERM (0–3 months)

Commission a comprehensive costing study

ACT-02

Responsible — Ministry of Health

Deliverable — Component-level cost model, 2024–2030

Success indicator — Costing study delivered and reviewed by MoF

Supporting — Ministry of Finance, implementing entities | **Dependency —** None

Establish a formal MoH-chaired governance body

ACT-03

Responsible — Ministry of Health

Deliverable — Governance charter with defined authority

Success indicator — Governance body convened with first meeting minutes

Supporting — SFDA, MoE, Public Health Authority | **Dependency —** None

Update policy objectives to fully measurable, scoped targets

ACT-08

Responsible — Ministry of Health

Deliverable — Revised objectives document

Success indicator — All objectives carry a defined baseline indicator

Supporting — — | **Dependency —** None

MEDIUM-TERM (3–12 months)

Develop a unified implementation roadmap with milestones ACT-01

Responsible — Ministry of Health

Deliverable — Published roadmap document

Success indicator — Roadmap approved and milestones tracked quarterly

Supporting — SFDA, Public Health Authority | **Dependency —** Governance body established (ACT-03)

Develop a comprehensive monitoring & evaluation framework ACT-04

Responsible — Public Health Authority

Deliverable — M&E framework with baselines and indicators

Success indicator — Per-objective indicators published and tracked

Supporting — SFDA, Ministry of Education | **Dependency —** Governance body established (ACT-03)

Commission a systematic review of applicable interventions ACT-05

Responsible — Ministry of Health

Deliverable — Evidence review report

Success indicator — Review completed and findings incorporated into design

Supporting — Academic and research institutions | **Dependency —** None

Develop a comprehensive communication and engagement strategy ACT-07

Responsible — Ministry of Health

Deliverable — Arabic-language public communication materials

Success indicator — Materials published; private-sector consultation held

Supporting — Ministry of Education, SFDA | **Dependency —** None

LONG-TERM (12+ months)

Build a unified national nutrition data infrastructure ACT-06

Responsible — SFDA

Deliverable — NPHIES interoperability protocol

Success indicator — Data feeds live and reporting against NPHIES

Supporting — Ministry of Health | **Dependency —** M&E framework defined (ACT-04)

11 · PHASED IMPLEMENTATION ROADMAP

Phased Implementation Roadmap

Short-term (0–3 months)	Commission a comprehensive costing study
	Establish a formal MoH-chaired governance body
	Update policy objectives to fully measurable, scoped targets
Medium-term (3–12 months)	Develop a unified implementation roadmap with milestones
	Develop a comprehensive monitoring & evaluation framework
	Commission a systematic review of applicable interventions
	Develop a comprehensive communication and engagement strategy
Long-term (12+ months)	Build a unified national nutrition data infrastructure

12 · CONDITIONS FOR ADVANCEMENT

Conditions for Advancement

The following seven conditions must be satisfied before this strategy can be considered ready to advance from its current phase into full-scale, resourced implementation.

1 Prepare a unified detailed implementation roadmap that includes a clear timeline and measurable milestones for every policy objective, with defined responsibilities and required resources for each phase.

2 Conduct a comprehensive costing study pricing the full financial cost of each component and entity over the 2024–2030 implementation period, with clear financing mechanisms for clinical components and long-term sustainability beyond 2030.

3 Establish a formal governance body, chaired by the Ministry of Health and including representatives of all named implementing entities, with clearly defined authority to make decisions and resolve inter-agency disputes.

4 Develop a comprehensive, integrated monitoring and evaluation framework with specific indicators and baselines for every policy objective, alongside defined mechanisms for periodic data collection and reporting.

5 Build a unified national data infrastructure for food-composition and nutrition monitoring, with a clear interoperability protocol to the national NPHIES health information platform and a defined timeline, budget and owning entity.

6 Develop a comprehensive communication and public-engagement strategy including Arabic-language public materials and a regular consultation mechanism with the private food and beverage sector and other relevant entities.

7 Commission a methodical review of local and international evidence on interventions proven feasible in the Saudi context, for every intervention, with documentation of current epidemiological data on diet-related disease.

13 · FINAL ASSESSMENT

Final Assessment

VERDICT	QUALITY	FEASIBILITY
Not Ready	1.7/5.0	2.1/5.0

This readiness assessment finds that the National Nutrition and Healthy Food Strategy 2024–2030 falls short of implementation requirements in its current form. The policy is built on a sound strategic basis and aligns with the Saudi institutional framework (3.5/5.0), but its policy design (1.68/5.0) and implementation feasibility (2.08/5.0) both sit below the 3.0/5.0 advancement threshold. The seven critical gaps concentrate in six areas: implementation planning, financing, formal governance, monitoring and evaluation, evidence base, unified data infrastructure, and stakeholder engagement. The evidentiary foundation is particularly weak (1.5/5.0): the policy references WHO standards in general terms without citing local Saudi studies or surveillance data, and does not demonstrate that its interventions have been evaluated against comparable Saudi or international precedent. Financial (1.5/5.0) and institutional/stakeholder (2.0/5.0) readiness are the most significant barriers to advancement, driven by the absence of comprehensive costing and clear formal governance and accountability. The strategy is advised to complete the six critical work items in Section 10 before proceeding to its next implementation phase.

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 Nutrition and Healthy Food Strategy 2024–2030) · SFDA Nutritional Guidelines for Food Provided in Government Facilities (v1) · WHO Health-Promoting Schools guidance · WHO Comprehensive Guideline for Health-Promoting Workplaces. Requested but unavailable at assessment time: Saudi Best Investment Guide 2023, National Investment Guide 2022, Ministerial HiAP Guide 2022, Cochrane Library evidence-synthesis access, and comparator Saudi or GCC policy documents.

REFERENCED INSTITUTIONS

SFDA	Saudi Food and Drug Authority — الهيئة العامة للغذاء والدواء
MoH	Ministry of Health — وزارة الصحة
MoE	Ministry of Education — وزارة التعليم
PHA	Public Health Authority
NPHIES	National Platform for Health Information Exchange Services
WHO	World Health Organization

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