

The healthcare SIG held its first few meetings in 2003. It was a difficult start up and maintaining a quorum of members with interests in this sector has been hard. Regrettably in late 2003 we also lost a founding member, Mr. Richard Norcross, who has now left the Kingdom.

Unfortunately there appears to be only a handful of British businessmen directly involved with this industry at present and several of those reside outside Riyadh. It has been suggested that we seek new members with direct involvement in hospital activities, I concur with this proposal and will enlist the help of our board member Ian Crawford in the recruitment of professionals directly involved in the hospital purchasing process. This may result in having a few (British) female hospital managers joining our group, but I understand that this is not outside our constitution rules. We hope that if this is successful it will provide a platform of experience and advice useful to potential UK exporters. It is vital that we take this step in 2004, if the SIG is to continue. Syed Zamans' enthusiasm in this matter is very welcome.

Presently Saudi is experiencing a growing market for UK healthcare products but much more could be done. We are pleased to report that 2003 saw a 20% increase in business and note that the market remains buoyant.

I hope that the following report and statistics may be of interest to some of our members regarding the health problems particular to the Kingdom. The article may provide some points for discussion over dinner.

The Saudi Health authorities recognise that the general population have some serious health problems. A recent health authority report (2000) admits there is a problem, and includes statistics and details of longstanding illness and disability. Whilst there are no exact figures for the total incidents of complaints such as diabetes in 2003; this disease continues to remain a serious problem in the general population and is increasing at a rate of 4% per annum; the information given below is probably on the low side.

The most frequent chronic conditions for both Saudi Men and Women is high blood pressure, diabetes and joint disease. The reported prevalence of each of these conditions rose steeply with age. Amongst men aged 50 and over, 20% of the population have diabetes, followed by 15% with high blood pressure, and 13% with joint disease. Amongst Women over 50, joint disease was reported as the most common disease at 29%, followed by high blood pressure 24%, and diabetes 20%.

Cardiovascular disorders were found in 13% of Men and in 17% of Women. With regard to other disabilities it is estimated at around 14 per 1000 head of population have some form of disability, visual

impairment being the most common in Men and speech impairment most common in Women.

With regard to longstanding illness or disability, around 19% of Men and 25% of Women, 15 years of age and over were reported to having a doctor diagnosed longstanding illness or disability. For both sexes the likelihood of having such a disease increases with age. Among the adult population, the average number of longstanding medical conditions per 100 persons is 25 for Men and 36 for Women. This average is much higher among those aged 60 or more, 77% for men and 100% for Women, this includes any disease which requires regular treatment or medication.

It is very hard to establish the frequency of mental disability as this is not an accepted problem, however psychiatric professionals privately report estimates of between 30-35% of the population have mental disorders.

These statistics are well above anything recorded in the West. It is now recognised (even if not openly) that some of these problems are caused directly by the marriage patterns ingrained in Saudi society.

HEALTHCARE SECTOR



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What is Diabetes?

Your body breaks down the food that you eat into glucose, which it uses for energy. People with diabetes either don't have enough insulin, which helps your body break down the food you eat into glucose, or their insulin doesn't work right.

There are two types of diabetes, Type 1 and Type 2. Most people get Type 1 diabetes as a child or young adult, and there's nothing you can do to prevent it. Type 1 diabetes is insulin-dependent, which means that you need to keep track of your insulin levels, inject yourself with insulin each day and follow a special diet.

Type 2 diabetes usually develops in people older than 40 or people who are very overweight. You usually don't have to take insulin if you have Type 2. Type 2 is treated with exercise, weight loss, a strict diet and sometimes medicine.

You are more likely to get Type 2 diabetes if you:

- Are older than 40
- Are very overweight
- Have a family history of diabetes
- Are African American, Hispanic or Native American
- Don't get very much exercise
- Have given birth to a baby who weighed more than 9 pounds.

You should see your doctor if you have any of these problems - they can be signs of diabetes:

- You have to urinate more than normal
- You get really thirsty a lot
- You lose weight without trying
- You start getting hungrier than normal
- You have tingling in your hands or feet or your hands and feet get numb
- You get a lot of yeast infections

You can live a normal and full life with diabetes, as long as you get treated by a doctor. But, if you have diabetes and you don't see a doctor you may get very sick or even die.