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Hajj and Health Services in Saudi Arabia

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For five days, the Kingdom of Saudi Arabia hosted the Hajj, the world's largest annual religious pilgrimage, where people from over 180 countries converged on Mecca with more than 2.371 million hajjis. Naturally, health is a primary concern for the Kingdom's authorities.

Ensuring that the Kingdom is prepared to contain the spread of infectious disease and maintain public well-being during this significant mass gathering is an immense challenge for the Saudis. There has been major progress over the past 30 years in Saudi Arabia and in pilgrimage countries regarding health quality control with a pilgrim quota perhaps growing to three million hajjis by 2020.

To be sure, the Hajj provides a direct look at how Saudi Arabia contends with global disease detection and prevention approaches. Disease control efforts are incorporated in the management of travel of pilgrims in and out of the Kingdom including through documentation requirements for vaccination. The Kingdom has managed the Hajj for over a century, including through World Wars, regional conflicts, lethal global pandemics, and

epidemics (most recently pandemic H1N1, SARS, MERS-CoV, Ebola, Zika and Avian Influenza). Saudi Arabia has unquestionably developed a curative pilgrim service that helps secure global health during what is the largest mass gathering of people in the world.

Hajjis themselves are an important part of guaranteeing a safe experience. It is mandatory for pilgrims to turn in all passports to the United Agents Office representatives to enable the latter to complete all travel formalities to Makkah. Pilgrims have issued an identification card and wristband containing biometric technology that must be carried at all times for quick proof of identity. In addition, the health of hajjis themselves is paramount before the Hajj begins. Routine immunizations for all pilgrims should be up-to-date especially Hepatitis A and B and typhoid vaccines are all mandated by Saudi Hajj authorities.

Importantly, as most pilgrims are both elderly and originating from countries with sub-optimal healthcare surveillance and prevention-services, pilgrimage poses unique challenges to health both from healthcare of pilgrims and from global transmission perspectives. Many hajjis need health care services during the pilgrimage. Even before the official start of Hajj, the Madinah's Center for Cardiac Diseases and Surgery in Madinah had already **received** 86 cases, 49 of which were referred to the center's Catheterization Laboratory for medical procedures. This type of capability and capacity helps to ensure quick and effective treatment for the Kingdom's guests.

Throughout the Hajj's history, and in recognition of global advancements in healthcare and public health preparedness, the Saudi government is clearly prepared to address the needs of millions of these international and domestic pilgrims during not only the mass gathering but during their egress. Every year Saudi Arabia reviews its Hajj Plan with experts in health and safety to update protocols. Academic studies about on studying various disease vectors during the Hajj help prepare Saudi officials for perfecting the art of Hajj health maintenance with the Saudi Ministry of Health **taking the lead with input** from the *World Health Organization (WHO)*.

Saudi Arabia's introduction of public health principles and interventions and advisories begins with the complex and multi-national issue of Hajj visas are determined by quota in proportion to the visiting Muslim's host nation population of Muslims and issued only if strict vaccination standards which evolve every year according to changing infectious disease outbreaks, epidemics or pandemics. The coordination of these visa policies with over 187 governments around the world and the managing the transport and accommodations of these Hajjis into the Kingdom through air, land, and arrivals for full spectrum health care assistance including free hospitalization and surgery is now at a global standard especially with input from the Center for Disease Control in Atlanta, Georgia.

Supporting pilgrims' temporary accommodations and meeting the pilgrims' chronic and/or acute health needs clean and safe food and water adequate for millions of pilgrims is a massive undertaking, and sanitation takes coordination.

Consequently, thirty-three thousand health care professions **were** deployed during the Hajj with 25 hospitals performing heart surgery, cardiac catheterization surgery, endoscopy procedures, and births. In addition, this year's Hajj **featured** Saudi Scouts, an impressive

array of youth who acted as a force multiplier for Saudi health professionals who worked seamlessly throughout the entire Hajj.

Interestingly, the Kingdom's existing health infrastructure literally expands to meet the needs of the surge of Hajjis concentrated in the three-month Hajj season which demands intense multifaceted multi-agency planning within the Saudi government. From a personal health perspective, many pilgrims from poor countries are receiving medical screening in host countries that may present one of the only opportunities to receive preventive services such as vaccinations as well as screenings for diabetes and blood pressure issues. Given that Saudi experience in mass gatherings, exploiting the full health potential from mass gatherings, is a noble and welcomed step by Saudi Arabia that helps complement global public health security programs and efforts.

Overall, the Hajj is one of the world's largest mass events where health is key. That health "supply chain" is being perfected by Saudi Arabia's Custodianship of the Two Holy Mosques. The combination of understanding health dynamics in mass settings coupled with the deployment of health service professionals across a broad spectrum of responsibilities during the Hajj make this year's Hajj a success.

About the Author

Theodore Karasik (@TKarasik) is a senior advisor to **Gulf State Analytics** and an adjunct senior fellow at the Lexington Institute. For the past 30 years, Karasik worked for a number of US agencies examining religious-political issues across the Middle East, North Africa and Eurasia, including the evolution of violent extremism and its financing. He lived in the United Arab Emirates from 2006 until 2016 where he worked on Gulf Cooperation Council (GCC) foreign policy and security issues surrounding cultural awareness, cybersecurity, maritime security, counter-piracy, counterterrorism, and infrastructure and national resilience. GCC relations with Russia and implications for the Arabian Peninsula states were also under Karasik's mandate.