



PHPSA

Public Healthcare Policy Society of Saudi Arabia



Annual Report — FY 2026



A society advancing evidence-based health policy in support of Saudi Vision 2030 and the Health Sector Transformation Programme.

Reporting period: January 2026 – December 2026

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Letter from the Chair

Saudi Arabia is in the middle of the largest health-system transformation in its history. The launch of the National Health Insurance Center, the maturation of the 21 health clusters, the integration of artificial intelligence into clinical workflows, and the implementation of the Personal Data Protection Law together demand a level of evidence-informed analysis the public sector cannot produce alone. PHPSA was founded to be that bridge — a non-partisan, evidence-grounded community of analysts, clinicians, economists, and policymakers committed to producing the rigorous, locally adapted, and policy-relevant work this moment requires.

In FY 2026 we tripled our membership, launched the PHPSA Academy with 11 courses across four tracks, established our policy-brief workflow, processed our first live financial transactions through the Moyasar payment system, and published our first cohort of evidence-based briefs. This report documents that work — what we promised, what we delivered, where we fell short, and what we will pursue next year.

Transparency is a foundation of trust. We commit to publishing this report annually, sharing our financials publicly, naming every grant and partner, and acknowledging where our analysis was incomplete. We invite scrutiny because that is how we improve.

— *Dr. Majid Almadi, Chair, PHPSA Board*

Mission, Vision, Values

Mission

To strengthen Saudi Arabia's health system through rigorous, evidence-based, and locally adapted policy analysis that informs decision-makers, builds capacity in the next generation of analysts, and amplifies the voices of those served by the system.

Vision

A Saudi health system in 2030 that consistently makes decisions grounded in evidence, transparent in its trade-offs, equitable across regions and populations, and accountable to the public it serves.

Values

Rigour: methodologically sound work, peer reviewed, source-cited.

Independence: free of commercial or partisan capture; no single funder exceeds 25% of budget.

Local relevance: every analysis adapted to Saudi context, not lifted wholesale from foreign settings.

Accessibility: bilingual outputs, public archive, no paywalls on policy briefs.

Transparency: public financials, named partners, declared conflicts of interest.

2026 in Numbers

#	Indicator
5	Permanent committees established
12	Research priorities defined
18	Governance documents published
11	Academy courses launched
110+	Lessons (3,000+ words each, AR/EN)
15	Saudi case studies catalogued
120+	Glossary terms (bilingual)
4	Downloadable policy templates
120	Founding members enrolled
1	Live payment integration (Moyasar)
500+	Targeted Academy enrolments by 2027
SAR 250 bn	Saudi health spending the work informs

Programs Delivered in FY 2026

PHPSA Academy

Launched the Academy with four tracks: short professional certificates (Track 1), structured advanced pathways (Track 2), the Mentorship Programme (Track 3), and the Blended Learning Programme (Track 4). 11 courses are live, comprising 110 lessons of 3,000+ words each in Arabic and English. Every lesson includes Saudi-context tables, international benchmarks, Saudi mini-cases, and international mini-cases.

The Academy uses a custom-built generator and content-padder pipeline to maintain consistent quality across courses. Content is updated continuously as Saudi policy evolves (e.g., NHIC 2026 launch milestones).

Policy Brief Workflow

Built and deployed a 6-phase policy brief workflow tool that takes briefs from problem identification through evidence synthesis, AI drafting, RACI assignment, internal review, approval gate, and publication. The workflow is integrated with PubMed, OpenAlex, and WHO GHO APIs for automatic evidence retrieval, and uses Gemini for AI-assisted drafting.

Resources & Knowledge Products

Published a 15-case Saudi health policy case study library, a 120-term bilingual glossary, four downloadable policy templates (PICO worksheet, WHO EMRO brief template, evidence extraction table, GRADE assessment form), and a capstone showcase featuring six graduate projects.

Membership & Payments

Activated live Moyasar payment integration with PCI-compliant card processing, 3DS authentication, webhook handling, and automated receipt generation. Membership tiers established at SAR 150 (individual), SAR 500 (associate), SAR 1,500 (corporate sponsor), and SAR 5,000 (founding partner). 120 founding members enrolled in FY 2026.

Financial Summary FY 2026

PHPSA operates on a transparency principle: all revenue sources, expenditures, and reserves are publicly disclosed. The figures below are unaudited and will be replaced with audited financials in the Q2 2027 update.

Revenue

Source	Amount (SAR)	% of total
Founding partner contributions	150,000	38%
Corporate sponsorships	120,000	30%
Membership fees	45,000	11%
Academy enrolments (early access)	38,000	10%
Grant — KAIMRC research partnership	32,000	8%
Donations (individuals)	10,000	3%
Total revenue	395,000	100%

Expenditure

Category	Amount (SAR)	% of total
Programs (Academy, briefs, research)	198,000	52%
Salaries (3 FTE staff)	90,000	24%
Technology infrastructure (Vercel, APIs, Moyasar)	32,000	8%
Operations (events, travel, communications)	28,000	7%
Governance (audit, legal, board meetings)	18,000	5%
Reserves added to fund	15,000	4%
Total expenditure	381,000	100%

Net surplus FY 2026: SAR 14,000 — added to operating reserves. Reserve balance end-FY 2026: SAR 29,000 (target: 6 months of operating costs by end-FY 2027).

No single funder represents more than 38% of revenue. PHPSA discloses all donations above SAR 25,000 and the donor relationship in this report. No ministerial-level political contributions accepted.

What We Got Wrong

Honest accounting is part of trust. Three things did not go as planned in FY 2026:

1. **Member onboarding gap.** 120 members joined; only 64 completed onboarding (54%). Result: new-member engagement in our first 90 days is below target. Action FY 2027: redesign the onboarding experience and pair every new member with a buddy.
2. **Brief publication cadence.** We aimed for one published brief per month; delivered 7 in 12 months. Action FY 2027: dedicated full-time editor + 3-day SLA for evidence reviews.
3. **Geographic reach.** 78% of members are based in Riyadh, Jeddah, and Dammam. Engagement from Eastern, Northern, and Southern regions remains weak. Action FY 2027: regional ambassador programme and at least one in-person event in Abha and Tabuk.

Goals for FY 2027

Goal	Target
Membership growth	From 120 to 350 members; 40% completion of new-member onboarding within 30 days
Brief publication	12 evidence-based policy briefs published; mean review-to-publication ≤ 30 days
Academy reach	500 enrolments across 11 courses; ≥70% completion rate
Capacity building	40 trainees through Mentorship Programme (2 cohorts × 20)
Audited financials	External audit of FY 2027 financials by certified CPA
SCFHS accreditation	Formal CME/CPD accreditation for at least one course
Regional reach	In-person events in Abha and Tabuk; ambassador in each region
Government partnerships	Two formal MOUs (target: MoH HSTP, NHIC)

Get Involved

PHPSA grows with the community it serves. Three ways to engage:

Become a member. Individual membership at SAR 150/year. Visit phpsa-deploy.vercel.app/membership.html.

Apply for the Mentorship Programme. Two annual cohorts (January and September). Visit the Academy → Track 3 → application form.

Sponsor a brief or an Academy course. Corporate sponsorship from SAR 25,000. Contact partnerships@phpsa.org.

Thank you to the founding members, partner organisations, and individual donors who made FY 2026 possible. The work continues.

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