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REPORT

Promoting Synergies for the Attainment of Sustainable Development Goals in the UAE Health Care Sector

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Executive Summary

The endeavor towards attainment of sustainable development goals 2030 has gained momentum globally. This paper primarily focuses on four sustainable goals, namely, Goal 3: Good Health and Well-being; Goal 10: Reduced Inequality; Goal 16: Peace and Justice Strong Institutions; and Goal 17: Partnerships to achieve the goals. The UAE's Ministry of Health and Prevention has engaged all strategic public and private sector health care providers to ensure that the health care services in the UAE are of good quality, accessible, and affordable, and promote good health, wellbeing and equality in the society. These characteristics of health care provision (quality, affordability and accessibility) in the UAE and universally are the primary motivators of this policy report. In addition, the recent undertakings to provide universal mandatory insurance coverage to all citizens and residents of the country have also contributed to the motivation in producing this report.

With an increase in population, changing demographics, evolving needs and expectations of consumers, and the technological advancement in the health care sector, it is becoming increasingly important for governments to not only address the current needs but also determine the scope and magnitude of future health care needs of the population. This report aims to draw conclusions and provide a brief look into the future of health care in the UAE to inform policymakers and improve the health care service outcomes in the country.


Introduction

Every country desires to have a sustainable health care system that minimizes disparity across various social classes in accessing health care services and promotes health and wellbeing of its citizens in the best possible ways. However, most of the countries fail to achieve this due to lack of resources, political will, strong institutions, governance systems and potential synergies across different levels of health care service provision. The sustainable development goals (SDGs) 2030 have encouraged governments to set targets and strive to achieve them. Health care is a pure private good with characteristics of excludability and rivalry. Given these attributes, in theory, the provision of health care services should be left to the free market so that market forces are able to determine the market equilibrium. Since there are positive externalities associated with the provision of health care, the private sector on its own tends to supply it in limited quantities, leading to higher prices. Since the provision of health care is beneficial for society in general, governments tend to intervene in the market by providing health care services and at times regulating the prices charged by private services providers.

The UAE's National Agenda 2021 entails various indicators that span across education, health care, economy, police and security, justice, society, housing, infrastructure and government services (UAE Vision 2021, 2018). This policy report focuses on the UAE's health care sector given its importance in the National Agenda 2021 and the Sustainable Development Goals (SDGs) 2030. Under the realm of the UAE National Agenda 2021, the UAE Government intends to collaborate with all strategic stakeholders in the health care sector to provide health care according to clear national and international quality standards. In addition, the UAE Government seeks to focus on preventive medicine and to reduce the prevalence of non-communicable diseases in the country. In line with these objectives, AED 4.5 billion (8.75 percent of the annual budget 2018) have been allocated to health care and social services programs and another AED 41 million have been allocated to the Ministry of Health and Prevention (Ministry of Finance, 2018).

Roemer (1991) stated that a health system is a combination of resources, organizations, financing and management that facilitates the delivery of health care services to society. An efficient and effective health care system is vital as it is associated with peoples' wellbeing. Numerous stakeholders, such as patients, their families, insurance companies, regulators, health providers, pharmaceutical companies, financial intermediaries, and other organizations make up the health care system. Creating synergies between diverse groups of stakeholders in the health care system is a tedious but inevitable task to ensure the efficacy of the health care system.

The UAE health care sector is characterized by parallel service provision from both private and public providers. However, a large proportion of the overall health care expenditure in the country is borne by the UAE Government. As indicated by figure 1, during 2000 and 2015, the UAE's public expenditure on health from domestic sources mounted to US$ 788.67 per capita on an average (World Bank Group, 2018) and has almost doubled since 2000. During the same period, the average public share in the overall health care expenditure was close to 67 percent, which represented more than 8 percent of the overall general government expenditure. In addition, public health care expenditure has ranged between 1.32 percent to approximately 3 percent (average 2.1 percent) of the Gross Domestic Product (GDP) during 2000 and 2015. According to the Alpen Capital (2018) report, the current health care expenditure in the UAE is expected to grow by 9 percent in the coming years. In contrast, Singapore's general government expenditure to total health care expenditure has been 40 percent at an average during 1995-2012 (World Bank, 2014).

Figure 1: UAE Public Health Care Expenditure (2000-2015)
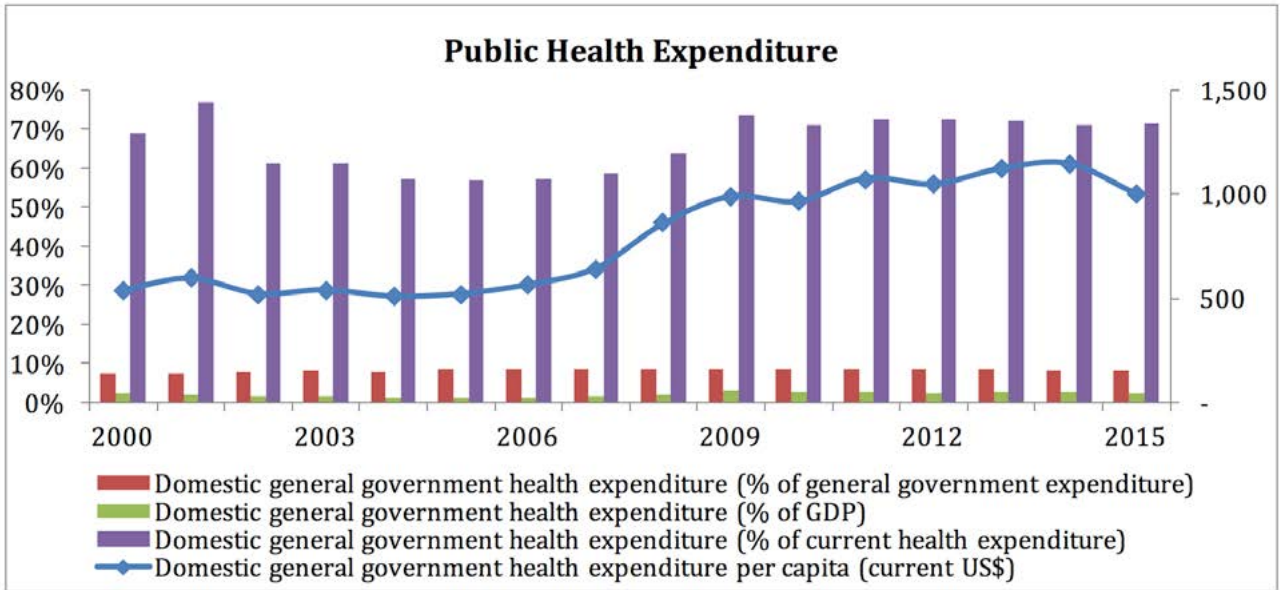
Source: World Bank Group (2018)

The UAE is an oil exporting country. According to 2014 estimates, nearly 34 percent of the GDP was dependent on the extraction of crude oil and natural gas (Governmnet.ae, 2018a). It is evident from figure 2 that shocks to oil prices have affected the GDP per capita and GDP growth significantly since 2000. Negative shocks to oil prices lead to budget deficit and downward pressure on public finance.

Figure 2: Gross Domestic Product per Capita (US$) and Growth
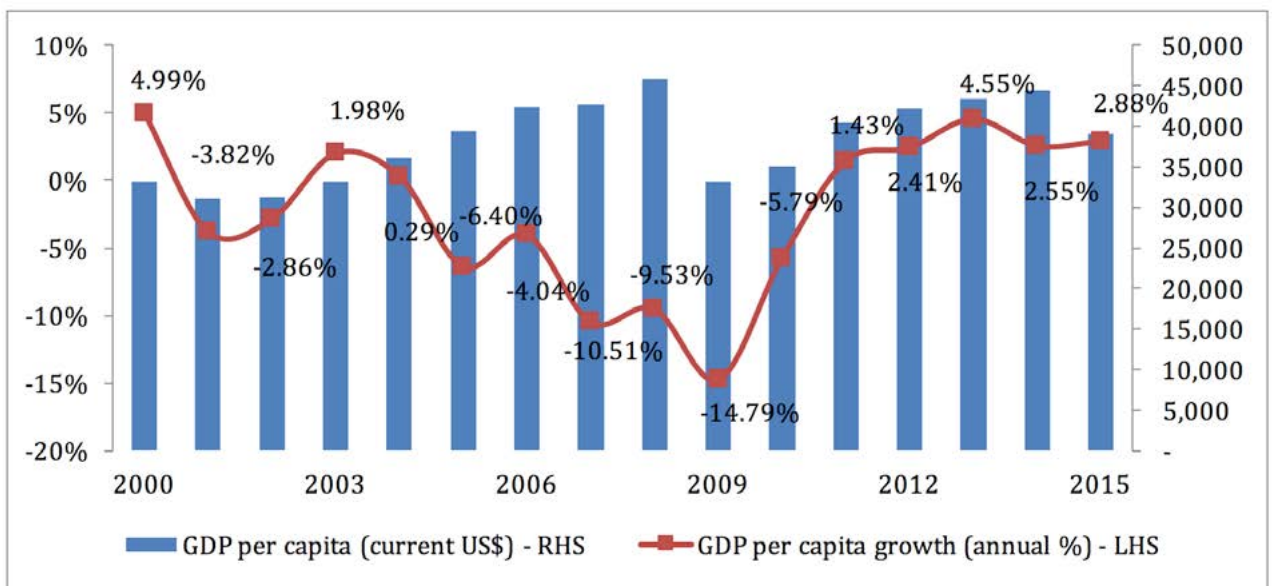
Source: World Bank Group (2018)

Besides the fiscal challenges, the UAE health care sector also faces shortages of human capital such as the shortage of skilled local and expatriate health care professionals, high attrition and rising staffing costs (Alpen Capital, 2018). As per the estimates provided by Governmnet.ae (2018b) the UAE population comprised 12 percent Emiratis and 88 percent expatriates in 2010. According to the Federal Competitiveness and Statistics Authority (2017), the population of the UAE was approximately 9.12 million in 2016, nearly 10.4 percent higher than the population in 2010, indicating a clear upward trend in population.

Policy makers around the world are facing challenges in restraining increasing costs of health care, which are a result of increasing population, evolving demographics such as ageing population, lifestyle changes leading to non-communicable diseases (such as diabetes and hypertension), enhanced consumer needs and expectations, and technological advancements (Alpen Capital, 2018). As indicated earlier, the UAE Government has invested significantly over the years in providing health care to its population; however, financing and sustaining this critical investment has become cumbersome due to falling oil revenues in recent times. The dilemma is to balance health care related costs while extending accessibility and maintaining the affordability and quality of health care.

The UAE Government has taken various steps to address the three widely discussed dimensions of health care, affordability, accessibility, and quality. A gap in the demand and supply of health care services is leading to increased demand-side costs, resulting in a negative impact on affordability of health care in the UAE (Alpen Capital, 2018). The Alpen Capital report (2018) also suggested that the UAE is one of the most expensive destinations in the Middle East for medical treatments, whereby the average cost of a short visit to a doctor is US$ 69, which is 80 percent higher than the cost in Singapore and 2.4 times of that in Saudi Arabia. Also indicated by the report that the medical inflation in the UAE is estimated to be 9.9 percent, which is the highest in the GCC.

To address the issue of affordability, the UAE Government took a number of steps to improve it. According to the UAE labor laws, it is mandatory for all employers to provide insurance to all their employees. The key purpose of this regulatory change is multifold. First, it will enable the people from the low income strata to avail health care services at affordable costs. Second, it will improve the uptake of medical facilities and health insurance in the country. Lastly, it will reduce the burden on government finances through effective risk management and diversification. In addition to mandatory insurance, the government has opted to introduce some price control mechanisms whereby the increases in prices are controlled (The National, 2014) to ensure that the ultimate beneficiaries of the health care services are not incurring extraordinary high costs.

With respect to accessibility, the government has opted for public and private partnerships and encouraged investments from the private sector in order to make various health care services more accessible. Moreover, the UAE government has invested heavily in technology to make health care services accessible through online platforms and mobile applications, such as Sehhaty, Tifli, Hayati (Dubai Health Authority, 2018).

Lastly, in relation to quality, the UAE has also encouraged public private partnerships (PPPs) in order to facilitate transfer of technology and human capital. However, a number of challenges have been identified in PPPs in the health care sector such as the need to ensure clear and shared understanding among stakeholders of PPPs, tendency of the private sector to selectively invest in PPPs on the basis of profit, and lack of incentives for the private sector to invest in remote areas. Another challenge is absence of comprehensive information infrastructure in the health care sector due to lack of systematic data collection from different stakeholders. A huge amount of data is missing from both the supply and demand sides. Creating such databases provides insights into where the private sector should capitalize, ensures systematic measures of quality, and aids the government in making data-driven and evidence-based policies and regulations.

Furthermore, health care service providers are encouraged to voluntarily opt for accreditation by international bodies to ensure compliance to international best practices. However, there are no formal and standardized mechanisms in place domestically to measure the clinical quality of health care services provided. While significant strides have been made in improving the accessibility of health care services across various strata of the population in the UAE, the country still lags behind in making health care services affordable and developing standardized measures for quality.


State of UAE Health care and Potential Challenges

The section below provides an insight into the current state of the UAE health care sector and insurance industry and highlights some potential challenges.

Regulatory Framework

The SDGs 16 and 17 aim to promote strong institutions and encourage partnerships respectively for attainment of the SDGs. It is therefore extremely important for governments to stimulate strong and seamless governance mechanisms. The health care regulatory system in the UAE is rather fragmented. There are several regulatory authorities on both the federal level and at the level of the emirates. Moreover, the health care free zones in the country, such as the Dubai Health Care City, have their own regulatory body. Figure 3 below provides an insight into the regulatory authorities at different levels in the UAE.

Figure 3: Regulatory Authorities in the UAE Health Care Sector
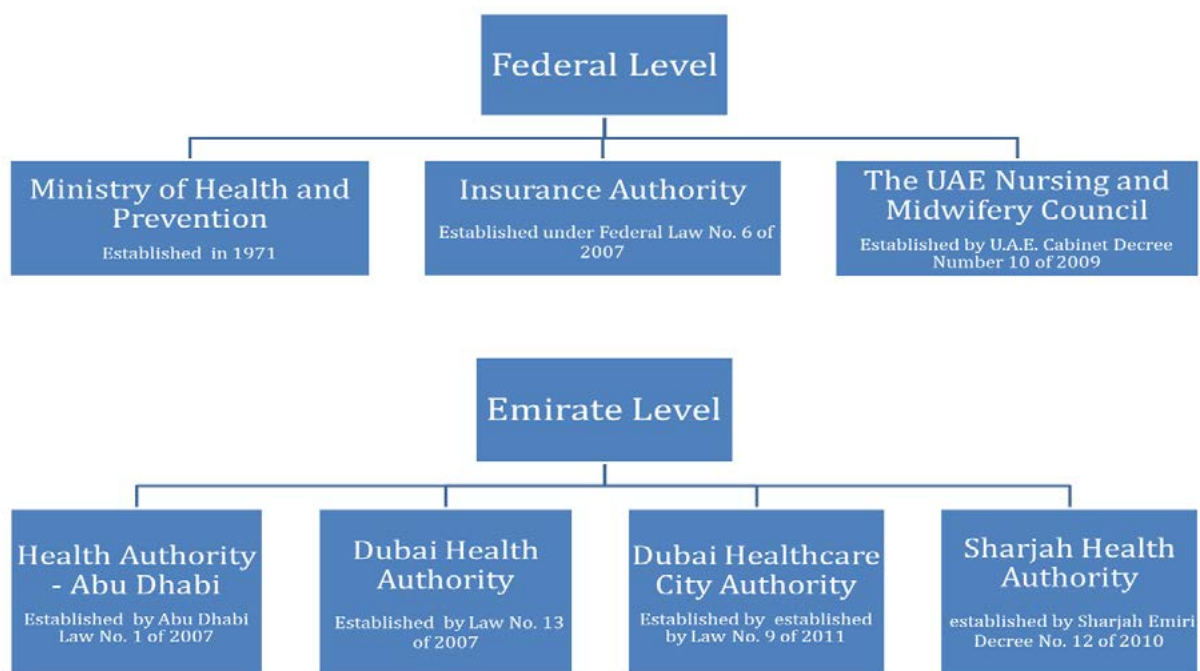
Source: UAE Ministry of Health and Prevention (2018); Insurance Authority (2018); UAE Nursing and Midwifery Council (2012); Department of Health - Abu Dhabi (2018); Dubai Health Authority (2018); Sharjah Health Authority (2018); Dubai Health Care City Authority (2018)

While the importance of a strong regulatory framework for the health care sector cannot be understated, it is important for the government to evaluate the costs and benefits of the regulatory burden on the service providers and its impact on the ultimate beneficiaries of the health care services. There are several considerations concerning a fragmented regulatory system. First, it may be challenging to coordinate between different federal and emirate level regulatory authorities and may induce redundancy, which in turn may lead to ineffective resource allocation and utilization. Second, for the service providers, meeting regulatory requirements at different levels is cumbersome and costly, and in turn may deter new players from entering the health care sector in the UAE. It also raises concerns about compliance or lack thereof in different jurisdictions due to a fragmented regulatory system. Lastly, higher costs may negatively affect the affordability of the ultimate beneficiaries.

Another consideration that needs attention is the separation of the roles of regulator and service provider. For example, the Dubai Health Authority is not only a regulator for private

and public health care providers in the Emirate; it is also a provider of health care services. This dual role may lead to conflict of interest.

State of the UAE Insurance Industry

As indicated earlier, creating strong institutions and promoting synergies across various tiers of governance systems are integral to the fulfillment of SDGs. In most of the developed countries, the health care sector and insurance sectors are highly integrated. Countries such as Canada and the UK are able to provide affordable and accessible health care to their citizens due to this inevitable assimilation of health care system and insurance sector. While these systems are not perfect, they are able to promote a healthy society.

Until recently, health insurance provision by employers for their employees was not mandatory in the UAE. Accordingly, only large companies opted to provide insurance to their employees. The UAE Government is determined to transition from self-sponsored insurance plans to universal mandatory insurance plans. The regulation now requires all employers to provide insurance to their employees. This initiative aims to promote equality in access to health care services for all and reduce disparity amongst social classes due to lack of insurance coverage.

According to the Insurance Authority (2015) report, there are 61 insurance companies in the UAE, which serve a population of 9 million. In 2016, the top five insurance companies had a collective market share of 56.2 percent (Milliman Market Monitor UAE, 2017). Historically the uptake of the insurance has been low in the country. According to EY (2016), insurance penetration in the UAE in 2015 was only 2.35 percent as compared to the global average of 6.23 percent. However, the UAE health care sector witnessed a double digit Compounded Annual Growth Rate (CAGR) of 11 percent during the period 2011-15 (EY, 2016).

The UAE insurance industry is rather under-developed, and faces adverse selection and information asymmetry problems. There exists information asymmetry between insurance providers and those insured, as the latter are more aware of their health conditions as compared to the insurers. This information asymmetry leads to the problem of adverse selection, whereby the insurers are left to serve a pool of high-risk individuals. This in fact is troublesome in a fragmented insurance industry like the UAE, as the insurance providers serve fewer customers and are not able to reap the benefits of economies of scale. The law of large numbers suggests that as the number of insured people grows, the mean cost of serving those customers falls, resulting in optimal risk pooling and diversification. Consequently, the premiums charged by the insurers to their customers are high. According to an estimate provide by Pacific Prime, insurance premiums in the UAE have increased at an average rate

of 10 percent per annum since 2010 (The National, 2016). These extraordinary increases in insurance costs may lead to only high risk individuals opting for health insurance, resulting in the lower profitability of insurance companies.

The literature on the subject indicates that higher insurance penetration is associated with a well-established and mature public health care system and/or is a result of regulatory intervention by the government whereby all the citizens are required to be insured against unforeseen circumstances. This may include, for example, requiring all employers to provide insurance to all their employees and/or making auto insurance mandatory (Rosen and Gayer, 2014). The mandatory provision of health insurance by employers to their employees is a move in the right direction. However, the health care service provisions under 'basic mandatory insurance' and the policies regarding co-insurance and co-payments are not standardized. While these regulatory changes have resulted in some positive outcomes, the ambiguities in these changes may hinder the attainment of maximum benefits of such initiative.

The UAE insurance industry is also in need of consolidation. Larger players in the industry would be able to offer better services and lower prices to their customers, due to a larger risk pool and the diversification of risk. In 2015, the UAE Insurance Authority introduced various regulations for both conventional and Takaful companies pertaining to increased financial disclosures, standards, reserving requirements, independent actuarial sign-offs, risk management and controls, and solvency requirements (EY, 2016). These measures may encourage consolidation in the industry, reduce information asymmetry between investors, insurance companies, and insurers and the insured, and may in turn lead to a thriving insurance industry.

Evolving Market Structure

Strong governance systems are the backbone of any country. These systems not only encompass the provision of health care and insurance but also ensure that the ultimate beneficiaries are not disadvantaged due to the market structure within these sectors. The health care sector in the UAE has recently witnessed several mergers and acquisitions. Some international players have opted to enter the sector inorganically by acquiring existing smaller players in the markets. On the other hand, established players in the industry have continued to expand their network organically as well as through mergers and acquisitions. Table 1 below provides details of mergers and acquisitions since 2016.

Table 1: Mergers and Acquisitions in UAE Health Care Sector

Acquirer	Target	Consideration US$ Million	Percentage Acquired
2016			
NMC Health Plc	Al Zahra Private Hospital Sharjah	560	100%
Kaya Middle East DMCC	Minal Medical Centre, Minal Specialized Clinic Dermatology	6	75%
Mediclinic Middle East Management Services FZ LLC	Al Madar Medical Center LLC	Not disclosed	100
Aster DM Health care LLC	Harley Street Medical Centre	Not disclosed	60%
2017			
Emirates Hospital LLC	Mobile Doctors 24-7	Not disclosed	60%
Investor Group	NMC Health Plc	30	5%
2018			
NMC Health Plc	Fakih IVF Group	205	49%
NMC Health Plc	Cosmesurge	170	70%

Source: Alpen Capital (2018)

Unlike the insurance industry, it appears that the health care sector is gradually moving towards consolidation with industry high concentration ratios. As a result, there will eventually be a few large players in the market providing most of the health care services to the population at a cheaper cost due to economies of scale and scope. These players in turn may be able to maintain a certain level of quality.

According to PWC (2016) report, 2016 was considered as the 'year of merger mania' in the global health care industry. In the local context of the UAE, there are over 100 public and private hospitals, and 2,000 health care centers and clinics. These numbers are growing steadily due to the upward trend in population growth and the gradual rollout of mandatory health insurance driving new revenues into the system (Gulf Business, 2016; Moonesar 2018a). Most recently, New Medical Center (NMC) Health care, UAE's largest private health care provider, bought Sharjah's Al Zahra Hospital, the largest health care acquisition in the Arabian Gulf in more than five years (Moonesar 2018b).

This trend in the sector seems encouraging; however, having fewer players in the industry may lead to high concentration ratio and the resulting market structure might be an oligopoly or a natural monopoly. As a result of the change of the market structure, the health care service providers may opt to collude, which would disadvantage consumers. They may end up paying more for the services obtained while getting a lower quality of health care. This in

turn would have a negative impact on the insurance industry, as it would be responsible for shouldering the health care expenses in the current regulatory set-up.

The UAE promulgated Federal Law No. 4 of 2012 on the Regulation of Competition and subsequently established the Competition Regulation Committee (UAE Ministry of Economy, 2012). While the law came into effect in 2013, details such as concentration ratio, market shares were not discussed until recently (Mondaq, 2017). A proper monitoring mechanism in relation to anticompetitive practices is essential to ensure that the interests of patients are protected. Furthermore, more steps need to be taken to encourage healthy competition between the private health care providers without compromising on quality. The competitive nature of the industry would then no longer need price controls.

Quality Measurement

Quality in health care is of prime importance globally. This relates to SDG 3, whereby the health and wellbeing of the masses is paramount. International accreditation is prevalent in the UAE health care industry. According to the Ministry of Health and Prevention, nearly 70 percent of health care facilities have been accredited by international bodies and the remaining facilities will be accredited by 2021 (Gulf News, 2017). While international accreditation of health care facilities is encouraged and appreciated in the country, there is a lack of standardized measures of quality across public and private health care providers domestically. Quality in health care refers to clinical quality and service quality (Lim, 2004). The latter may be relatively easy to measure as data can be collected from the patients on their perceptions on various dimensions of health care. The indicators for the former however are a challenge to establish. Mainz (2003) suggests:

> "[Indicators] make it possible to: document the quality of care; make comparisons (benchmarking) over time between places (e.g. hospitals); make judgments and set priorities (e.g. choosing a hospital or surgery, or organizing medical care); support accountability, regulation, and accreditation; support quality improvement; and support patient choice of providers. The use of indicators enables professionals and organizations to monitor and evaluate what happens to patients as a consequence of how well professionals and organizational systems function to provide for the needs of patients." (p. 54)

According to Mainz (2003), there can be a variety of clinical quality indicators that can be used in a health care system (refer to figure 4).

Figure 4: Classification of Clinical Quality Indicators
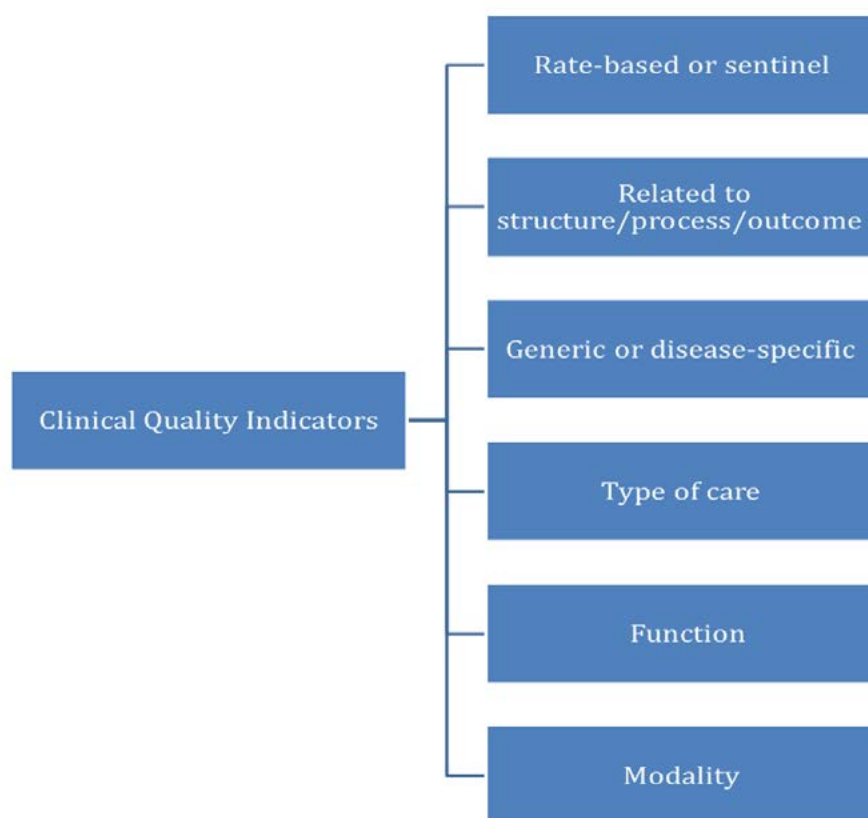
Adapted from Mainz (2003)

Yildiz and Onur (2014) provide an extensive review of health care indicators used around the world. Ongoing data collection and analysis of the appropriate indicators facilitate the identification of gaps and enable the conception of appropriate solutions to the problems. Given the context of a particular country, some clinical quality indicators may be more relevant than others. While the UAE Ministry of Health and Prevention might be collecting data on various clinical quality indicators, it may be appropriate to identify the ones that have the most context relevance and adopt them across public and private health care providers in the country to ensure standardization and quality assurance across the sector.

Way Forward

Over the past couple of decades, the UAE has made significant strides in developing a health care system that is accessible, affordable and at the same time delivers superior service and clinical quality. A coherent and potentially partially unified regulatory and institutional framework, along with appropriate policies for the supporting industries, such as insurance industry, would lead to an efficient, effective and resilient health care system

in the country. With the compulsory health insurance coverage mandate, all citizens and residents will ultimately have access to high-quality health care, although there may be some other potential disparities in access to health care. As the insured population increases, it is also expected that insurance will help reduce government health care spending. In addition, compulsory insurance is bound to bring competition among private health care and insurance providers, leading to lower prices and premiums, better quality services and enhanced accessibility.

A greater focus on price and information discovery, availability of data with respect to service and quality will further strengthen the system and promote trust among the beneficiaries. In addition, enhanced collaboration between public and private sector entities would lead to elimination of redundancies and in turn would lead to reduced public health care expenditure and appropriate allocation of resources.

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Research at The Mohammed Bin Rashid School of Government

The Mohammed Bin Rashid School of Government (formerly Dubai School of Government) is a research and teaching institution focusing on public policy in the Arab world. Established in 2005 under the patronage of HH Sheikh Mohammed bin Rashid Al Maktoum, Vice President and Prime Minister of the United Arab Emirates and Ruler of Dubai, in cooperation with the Harvard Kennedy School, MBRSG aims to promote good governance through enhancing the region's capacity for effective public policy.

Toward this goal, the Mohammed Bin Rashid School of Government also collaborates with regional and global institutions in delivering its research and training programs. In addition, the School organizes policy forums and international conferences to facilitate the exchange of ideas and promote critical debate on public policy in the Arab world. The School is committed to the creation of knowledge, the dissemination of best practice and the training of policy makers in the Arab world. To achieve this mission, the School is developing strong capabilities to support research and teaching programs, including:

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- Master's degrees in public policy and public administration;
- Executive education for senior officials and executives; and,
- Knowledge forums for scholars and policy makers.

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3. Health Policy
4. Public Leadership
5. Social Policy, Wellbeing and Happiness
6. Sustainable Development Policy

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