

A NEW PRESCRIPTION

Health care costs throughout the GCC are predicted to rise fivefold by 2025. Experts predict the causes will be ageing, a growing population, and medical inflation. If these ominous predictions are true, the industry can expect its total costs to jump from the current \$12 billion to \$60 billion. AMELIA SHEPHERD-SMITH asks who's paying?



Professor Philippe Froguel, Chairperson for the Genomic Medicine Division of Medical Imperial College London.

Eight-year-old Rahul (not his real name) stepped into the doctor's office, breathless and clearly in pain. Despite his age, the grips of morbid obesity were apparent. His joints were weak and his eyes were tired. As the doctor would soon discover, the young boy also had heart disease and diabetes – a shocking scenario were it not for the fact that childhood obesity is today on the increase and an increasingly familiar disease across the region.

By 2025, it is expected that cardiology – the diagnosis and treatment of disorders of the heart and blood vessels – will be responsible for 24 per cent of the GCC's total health care costs. Next in rank will be infectious diseases, followed by maternal and peri-natal conditions, digestive diseases, genito-urinal disorders and cancer.

Obesity rates in the Middle East are high. Across the region, 6 per cent of children are grossly overweight and the number rises to 20 per cent for adolescent males and 32 per cent for elderly patients. Professor Philippe Froguel, Chairperson for the Genomic Medicine Division of Medical Imperial College London, revealed recently that between 10 and 20 per cent of men and 10 and 25 per cent of women in the region are thought to be obese.

Sadly, he predicts the figure will double. "Obesity and Type 2 diabetes have become global epidemics over recent times, bringing in their wake a number of disease risk factors," Professor Froguel said. And the region's "ticking time bomb" that he refers to has a name: Metabolic Syndrome (MS) is the term used to describe a cluster of conditions that often occur together and include obesity, high blood sugar, high blood pressure and high triglycerides (which leads to cardiovascular disease).

Should each, or all of the symptoms be the developed, MS can develop and eventually

lead to life threatening complications, such as cardiovascular disease and stroke. If the threat the disease poses is not taken seriously, Froguel predicts that the high costs associated with treating MS will in time place a huge strain on the region's health services. "These two outcomes are just the tip of the iceberg," he says. "MS is already thought to affect 19.5 per cent of the population across the UAE. What you're looking at is a possible public health catastrophe," he says.

According to the Emirates Cardiac Association, GCC residents, as young as 21 are now having heart attacks. It gives as reasons a range of lifestyle and genetic factors, but reserves most of its blame for smoking. Whether because of one or all of these reasons, the average age for heart attacks in the region has dropped to 50 years. By comparison, the average age for heart attacks in the West is considerably higher, and is currently 65 years.

UNHEALTHY BURDEN

Research from the Imperial College London Diabetes Centre (ICLDC) has proven that health care costs are fast overtaking the rate of inflation across the UAE and consuming a large portion of the nation's GDP. This is in part because the public sector currently accounts for the majority of beds.

The Dubai Healthcare Provision report analysed the number of in-patients and out-patients treated at both private and public sector hospitals. Its report found that seven government hospitals accounted for more than 69 per cent of the total number of hospital beds in the emirate. The remaining beds were located in the region's 18 private hospitals.

In an effort to meet the needs of its health care sector, the UAE has channelled its resources towards a number of projects.

Recent commitments include a UAE Ministry of Health (MOH) plan to import drugs and medical supplies worth more than \$27 million. The UAE has also announced its intention to create an electronic network to link its hospitals and health centres, and develop a national health database.

An emergency centre has also been planned for Jebel Ali, which reports reveal will be based on the new centre in the Rashid Hospital, a \$49 million facility that comprises 150 beds, six operating theatres and 600 staff.

Mounting health care costs throughout the region have caused analysts to question just how much more the countries can afford to spend on their health care sectors. Such concerns have forced the GCC to change tactic and consider how to prevent rather than treat its growing number of diseases.

At a recent GE Healthcare Congress, medical experts from across the region met to discuss the evolving practice of medicine and patient care and argue why the profession must switch its focus from treating symptomatic or 'late stage' diseases and instead focus its energies on earlier, pre-symptomatic disease detection and potentially more effective treatment options.

At another health care congress, ICLDC General Manager Stephen Baker highlighted the importance of prevention, early detection of disease and disease management, particularly of chronic conditions, which if addressed, could prevent what he referred to as the "UAE's spiralling health budget."

"If left unchecked, diabetes, hypertension, cancer, osteoporosis and other diseases can lead to serious health consequences," said



Dr Viktor Hediger, Health Care Consultant.

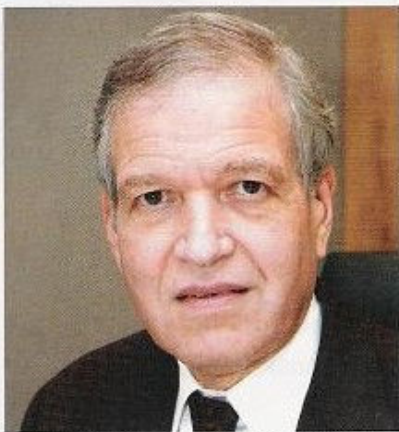
Baker. "But these can be mitigated with early detection and treatment. Individuals have not yet established the value of early detection on both the pocket and the lifestyle," he said.

RECUPERATING SYMPTOMS

The government has acknowledged the dissatisfaction amongst Emiratis and residents with the country's health care system. To bolster morale, it says it will introduce a new medical ethics law, which will lay out the responsibilities of its medical personnel, and also their required actions in the case of an emergency or other medical scenario. "Laws and regulations are coming soon that will help to improve the people's trust in us," said UAE Minister of Health Mohammad Obaid Al Qattami. "We will have laws on medical responsibility, patient rights and medical standards and also protocols for all hospitals. This will help us not only build trust, but also make the UAE a health tourism destination."

At a recent Media Summit discussion on Healthcare Economics – The Cost of the Early Health, consultant Dr Viktor Hediger said that neutral health care regulators are needed so that standards can be set across the private and public sectors. Dr Robert Thurer, Chief Medical Officer for Harvard Medical School Dubai (HMSD), agrees. Put in charge of introducing best practice in quality health care to the region, his goal is to see health care needs in the region are met by default.

"There are a lot of very good things happening in the region's medical sector but there are also practices occurring that aren't up to proper standard," Dr Thurer says. "People want a guarantee that standards are reasonable. What the sector therefore needs to focus on is the maintenance of those standards."



Dr Robert Thurer, Chief Medical Officer for Harvard Medical School Dubai (HMSD).

Since the beginning of the year, the UAE has coordinated to add more specialties to its health care sector and to strengthen training and expertise. Since its establishment as a health care free zone, Dubai Healthcare City (DHCC) has managed to attract high profile names such as the Mayo Clinic, Moorfield's Eye Hospital and HMSD.

The ministry has also moved to decentralise hospital administration, unify health policies and improve coordination between the country's various health authorities. According to Al Qattami, the development of universal health insurance for nationals and residents has also been given priority.

In Abu Dhabi, compulsory medical coverage is expected to fuel the growth of the region's insurance industry, which is set to create pressure for more medical facilities as a wave of newly insured patients boosts demand. The Dubai Executive Council has also announced its plans to formulate a health insurance law for nationals, residents and visitors.

There are thought to be one billion people living in the 'third' or developing world. A similar number are said to live in the developed or 'first world,' but Dr Thurer classifies the GCC states as emerging economies or group of countries across the world that together represent four and a half billion people. He believes the health care needs of the emerging economies are unique and that its citizens are increasingly demanding.

The Gulf must create an industry with standards that medical professionals will find intellectually challenging.

WHAT THE DOCTOR ORDERED

"The emerging economies are definitely where all the action is today in terms of health care," says Dr Thurer. "Global health is no longer about 'first' versus 'third' world health. The real focus today is on the emerging economies because this is where the rapid growth is. What I'm talking about is the middle class. These are people who are sophisticated and have money to spend on health care. They understand what good health care is and they are insisting they receive it. I predict the GCC sector's biggest health care challenge is going to be to try to meet this need."

More than 100 patients across the UAE currently require liver transplants and another 300 are in need of kidney transplants, reports Dr Faisal Mohammed Saeed Badri, the Head of General Surgery at the Rashid Hospital. This is a problem for a country that does not currently have a dedicated transplant unit. For the 62,000 UAE nationals who sought medical treatments in Thai hospitals in the first seven months of 2006, this is likely to be one of the reasons.

A lack of qualified workers is another weakness the region's health care sector must contend with. In 2005, there were 14,539 people working in Dubai's medical field, or 1.5 per cent of the emirate's workforce. Of this group, less than 1 per cent were UAE nationals and more than 76 per cent of workers were Asians. This is because, relative to Western or Arab labour, Asian labour is less expensive. The flipside has been concerns about the quality of the current expatriate labour force and analysts have asked whether quality is being forfeited for price.

Across the Gulf, there is also a severe shortage of nursing staff. In the UAE, there were 4.2 nurses per 1,000 people in 2005; 3 per 1,000 in Saudi Arabia; 4.3 in Bahrain; and 3.5 in Oman. Benchmarked internationally, the figure is low. For the US and UK, for instance, the figure is 7.9 and 9.2 nurses, respectively. The GCC average of four is also well under the OECD countries' average of 9.4.

The region's skills shortage also extends to doctors. Two years ago, Dubai had only 0.5 doctors registered for every 1,000 people. Corresponding statistics in Singapore, the UK and the US were 1.6, 2.3 and 2.4, respec-

tively. Saudi Arabia, on the other hand, has announced that it urgently needs to recruit 13,000 doctors for its primary health centres.

Shali Al Jedan, Chairman of the Board of Ibn Sina College of Medical Science in Jeddah, Saudi Arabia, predicts that Saudi Arabia will also need to generate 100,000 pharmacy graduates if it is to replace the expatriate workers currently employed in both its public and private sectors.

THE RIGHT DOSAGE

Dr Thurer predicts that the region will only attract the manpower it needs once it improves its medical environment. "What the Gulf must do is create an industry with standards that medical professionals will find intellectually challenging and want to practice," he says.

"The problem is not that people in the Middle East are not choosing medicine as a career – it's that they're winding up in other parts of the world once they graduate. This is not by choice. They actually feel they have to relocate if they want to practise at the highest professional level possible. But if Dubai is able to establish a world standard medical community... the people will want to be part of it."

He adds: "We think the biggest problem is postgraduate training – taking people who've finished medical school and turning them into proper specialists. There's very little post graduate training in the region and what training is available is not very well regulated."

Dr Hamad Al Manie, Saudi Arabia's Health Minister, recently announced that 1,000 Saudi doctors and medical technicians are to be sent abroad for higher studies and training under a scholarship scheme. This trend is one Dr Thurer hopes HMSD will help to reverse. Since the school launched in 2004, it has set up accreditation systems and is now doing the background work for postgraduate students.

"What we hope is that this will act as a stimulus for standards across the region. The good news is that we're actually seeing an adoption of our standards at a far more rapid rate than we'd predicted. We're happy to report that the value of quality health care and formal education is really making an impact in the wider medical community," says Dr Thurer.

To implement best practice and secure investment in the region's health care sector,



Stephen Baker, General Manager, ICLDC.

authorities are looking to the private sector. Recently, Abu Dhabi announced its intention to create policy changes so that its medical sector is increasingly attractive for private operators. Its goal: to reverse the current outbound flow of medical tourism from the UAE.

To achieve it, the Abu Dhabi General Authority for Health Services (GAHS) has, since 2001, outsourced 90 per cent of its operations and focused its efforts on the regulation and licensing of the health care industry.

The Abu Dhabi government, the biggest provider of health care in the emirate – more than 55 per cent of the market – is bringing international companies to manage its hospitals and has indicated that its next step is to privatise. So far, it has successfully attracted to the region a number of top quality healthcare providers including the Cleveland Clinic and John Hopkins Medicine.

"We are moving forward with initiatives to make sure the private sector is the main provider of health care services in the emirate of Abu Dhabi," said GAHS Chairman Dr Ahmed Mubarak Al-Marques. "This is because of the quality, access and provision of care it can provide. The government will only do a small amount of this in remote areas and in preventative medicine."

PRIVATE PRACTICE

The Dubai Health Authority (DHA) also reckons that growth in its healthcare sector will be driven by private investment, which is responsible for the hiring of 61 per cent of its 2000 doctors. Compared to the private sector,

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which currently employs one doctor for every 2.9 beds, the public sector today employs only one doctor for every 0.7 beds.

A new trauma and emergency centre in Jebel Ali is expected to increase the bed capacity of the DHA to 400 by 2009. But in the private hospitals, there are 1,075 beds planned during the same period, as well as nine new hospitals. In the DHCC, nine more private sector hospitals are set to open by 2010: the New Canadian Hospital, the Saudi German Hospital, the Al Zahra Private Medical Hospital, the Bader Al Sama Hospital, the Saeed Lootah Hospital, the Bumrungard Hospital, Prime Hospital and the Armada Hospital. The American Hospital will also undergo an expansion.

Altogether, the DHCC's new hospitals are set to add over 1,000 beds to the emirate's private health care sector. And Hediger forecasts the region is going to need them when the number of out-patient and in-patient visits grow by what he predicts will be 350 per cent in the UAE, Saudi Arabia and Kuwait; 260 per cent in Bahrain; and 310 per cent in Oman.

All signs indicate that the UAE will in time open its health care sector to majority foreign ownership. The country's authorities are united in their prediction that the private sector will be responsible for the bulk of its expected growth. Analysts predict its bed capacity will jump from its current level of 913 to 2,994 by 2010, with the private sector responsible for 56 per cent of total in-patient numbers.

Officially, the UAE Minister of Economy, Sheikha Lubna Al Qassimi, has said the country has plans to open some of its service industries to majority foreign ownership before the end of the year. No specific plans have been divulged, but an Abu Dhabi ministry official announced that "it could be health care" and that "the law should come out after summer at the latest."

Until then, investors from outside the UAE will still be required to secure a local majority partner, except if they are to operate in specific free zones. The restructuring of the UAE health care system is expected to take five years, but Al Qattami says residents need to have faith: "People need to cooperate. They have to change the culture of mistrust and we have to improve the treatment." ■

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