

United Arab Emirates : Health Systems Profile

Key health system indicators

Health status

Life expectancy at birth in years	total	77
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	males	85
	females	64
	total	79

Communicable diseases

Tuberculosis notification rate per 100 000	1
Incidence rate of malaria per 1000 population	...
Estimated number of people living with HIV	...

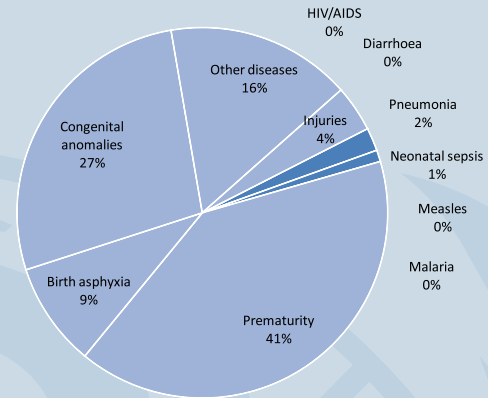
Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	19	2	10
Physical inactivity	56.1 [25.8-82.9]	68.9 [34.6-88.3]	62.5 [25.5-83.6]

Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	30.4 [19.9-41.5]	21.2 [12.9-31.1]	27.7 [19.8-36.2]
Raised blood glucose	15.3 [9.8-21.6]	15.8 [9.8-22.4]	15.5 [11.1-20.4]
Overweight	71.3 [64.2-77.5]	73.9 [66.8-80.2]	72.0 [66.6-76.8]
Obesity	30.2 [23.7-37.0]	43.0 [35.0-51.1]	33.7 [28.6-39.1]
Raised cholesterol	56.8 [33.5-77.5]	58.2 [34.1-79.0]	57.6 [39.6-74.0]

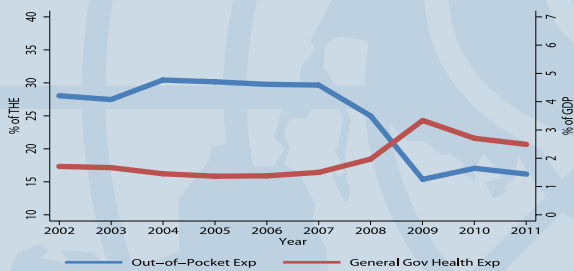
Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 3% of all deaths among children aged <5 years

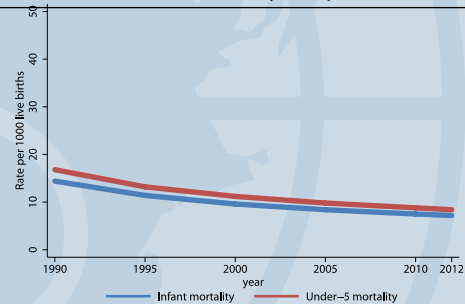
Expenditure and mortality trends

Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)
The out-of-pocket expenditure as % of Total Health Expenditure (THE)

Infant and under 5 mortality rates per 1000 live births



Health system: governance

Existence of a national health strategy/strategic plan and time frame	Yes (2010-2014)
Annual publication/dissemination of ministry of performance report	Yes
High level multisectoral advisory council for health available	Yes

Health system: information

Functioning civil registration and vital statistics

Percentage of births registered	...
Percentage of causes of death recorded	65
Year most recent use of ICD in mortality classification reported	2006
Year most recent annual health statistics report published	2010

Health system: health workforce

Health workforce per 10 000 population (2011)	
Physicians	14.7
Nurses/midwives	26
Dentists	3.7
Pharmacists	4
Health professions education institutions	
Medical	...
Nursing	...
Percentage of doctors working in rural settings	...

Health system: service provision

Infrastructure	
Primary health care facilities per 10 000 population	2.6
Hospital beds per 10 000 population	10.7
Service delivery	
Access to local health services (%)	100
Contraceptive prevalence (%)	37
Antenatal care visits (4+ visits) (%)	...
Measles immunization coverage among 1-year-olds (%)	100
Smear-positive tuberculosis treatment success (%)	69
Number of tobacco (m)POWER measures implemented at the highest level of achievement	...

Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	0
General government expenditure on health as % of GDP (2011)	2.5
Out-of-pocket expenditure as % of total health expenditure (2011)	16.2
General government expenditure on health as % of total government expenditure (2011)	8.8

Health system: technology

Existence and year of last update of published essential medicines list (EML)	No
Existence of a functional national regulatory authority (NRA)	Yes (medicines)
Number of MRI/CT scanners (in public facilities) per million population	1.9 / 5.5

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> • Solid economic foundation supports universal health coverage for the nationals • The national health strategy is based on the overall government strategy of 2011–13, focusing on a comprehensive and effective health system for communal health • Effective health care regulatory function to improve quality • Adequate resources including financial and infrastructure • Well functioning curative-oriented primary, secondary and tertiary care • Ongoing reform of health insurance schemes to cover non-nationals • Ongoing reforms for nationalization of health workforce • Fairly regulated private sector with an increasing role in health care delivery system 	<ul style="list-style-type: none"> • Reliance on foreign health care workers, mainly doctors and nurses • Curative-oriented policies with insufficient attention to the broader social and economic determinants of health • Limited capacity of Ministry of Health policy and planning function • Insufficient integrated services such as the delivery of care of communicable diseases and noncommunicable diseases • Insufficient use of health information and management system • Weak intersectoral action for health to address inequities in health outcomes
Opportunities	Challenges
<ul style="list-style-type: none"> • Stronger commitment to universal health coverage with greater attention to expatriate workers • Effective decentralized health care delivery system • Greater recognition for integrated health care services (preventive, curative, promotive, rehabilitative and palliative services) • Ongoing transfer of knowledge and expertise from prominent academic institution on hospital management and environmental health • Extensive collaboration with many academic institutions, UN agencies and WHO 	<ul style="list-style-type: none"> • A very high burden of noncommunicable diseases with an estimated 67% cause of mortality • High road traffic fatalities continue to be a major challenge and one of the leading cause of morbidity • Replacement of foreign health workers with nationals • Low participation by civil societies in decision-making process • Large uninsured expatriate population • Insufficient coordination between health authorities at emirate level with federal Ministry of Health

Priorities

- Improving governance function in health with focus on evidence-based policy and planning formulation, regulation and legislation
- Need for better coordination between health authorities at emirate level with federal Ministry of Health that can result into effective decentralization
- Increase efforts on human resources development with focus on local health workforce production
- Consolidating and expanding surveillance, prevention and control of noncommunicable diseases
- Improving quality of care and institutionalizing accreditation of health facilities and health institutions by setting appropriate standards and guidelines
- Strengthening prevention and control of emerging and reemerging communicable diseases
- Enhancing national efforts on addressing road safety and prevention of injuries
- Increasing social participation in health sector decision-making process
- Strengthening partnership and promoting health in all policies approach to address inequities in health

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**World Health
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