United Arab Emirates: Health Systems Profile



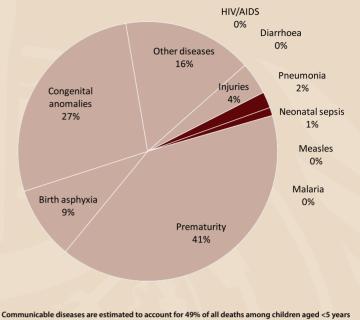
Health status (2013)		
Life expectancy at birth in years	total	77.0
	males	76.0
	females	78.0
Maternal mortality ratio per 100 000 live births	total	8.0

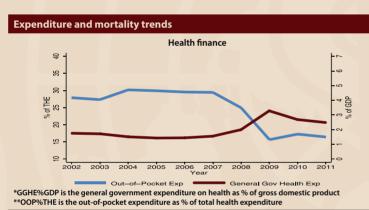
Communicable diseases (2014)				
Tuberculosis notification rate per 100 000 population				
Incidence rate of malaria per 100 000 population				
Number of newly reported HIV cases				

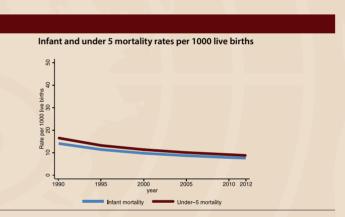
Behavioural risk factors			
Prevalence (%)	males	females	total
Current tobacco smoking (2011)*		•••	
Insufficient physical activity (2008-)			38.4

Metabolic risk factors			
2014 estimated prevalence (%)	males	females	total
Raised blood pressure			14.7
Raised blood glucose			18.6
Overweight		•••	74.0
Obesity			37.2

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







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Health system: selected coverage interventions		Health system: finance (2013)	
Antenatal care visits (4+ visits) (2013)	100	General government expenditure on health as % of general government	
Measles immunization coverage among 1-year-olds (2014)	94	expenditure	9.4
Treatment success rate of new bacteriologically confirmed TB cases (2014)	76	Out-of-pocket expenditure as % of total health expenditure	18.8
DPT3-containing vaccine / Pentavalent coverage group among children under 1		Per capita total health expenditure at exchange rate (US\$)	1569
year of age group (2014)	94		

Health system: workforce (2014)	Health system: ir	nformation	
Health workforce per 10 000 population			
Physicians	17.1 Percentage of births	s registered 1	
Nurses/midwifes	33.6		
Dentists	3.4 Percentage of cause	es of death recorded 1	
Dharmacists	4.04		

Health system: medicines and medical devices (2013)			Health system: service delivery (infrastructure) (2014)	
Availability of selected essential medicines and medical products in health facilities (%)	public private	61.1 73.9	Primary health care facilities per 10 000 population 11	
Number of scanners (in public facilities) per million population ^c	CT MRI		Hospital beds per 10 000 population 0.12	

... No data available a International Classification of Diseases b Gross domestic product

^c Computed tomography (CT) and Magnetic resonance imaging (MRI)

Please note the data sources are in the attachment

^{*} Age-standardized estimated

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities - United Arab Emirates 2015

Strengths Weaknesses • Solid economic foundation supports universal health coverage • Reliance on foreign health care workers, mainly doctors and for the nationals nurses • The national health strategy is based on the overall government • Insufficient attention to the broader social and economic strategy of 2014–16, focusing on a comprehensive and effective determinants of health health system for population health · Limited capacity of Ministry of Health policy and planning · Effective health care regulatory function to improve quality of function at national level · Limited availability anduse of health information and Adequate resources including financial and well developed management system at national level health system infrastructure · Inadequateintersectoral action for health to address inequities in · Well -functioning health care system at primary, secondary and health outcomes tertiary levels · Ongoing reform of health insurance schemes to cover nonnationals Properly regulated private sector with an increasing role in health care delivery system Challenges **Opportunities** · Stronger commitment to move towards universal health coverage A very high burden of noncommunicable diseases with an with greater attention to expatriate population estimated 67% attributed to cause of mortality • Effective decentralized health care delivery systemGreater High road traffic fatalities continue to be a major challenge and recognition for integrated health care services (preventive, one of the leading causes of morbidity and mortality. curative, promotive, curative, rehabilitative and palliative services) · Replacement of foreign health workers with nationals Ongoing transfer of knowledge and expertise from • Low participation by civil societies in decision-making process in prominentacademic institution on hospital management and strategic planning. environmental health Significant 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
- · Better coordination between health authorities at Emirate level with federal Ministry of Health that can result in 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 accreditation of health facilities and health institutions by setting appropriate standards and guidelines
- Strengthening prevention and control of emerging and remerging 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

