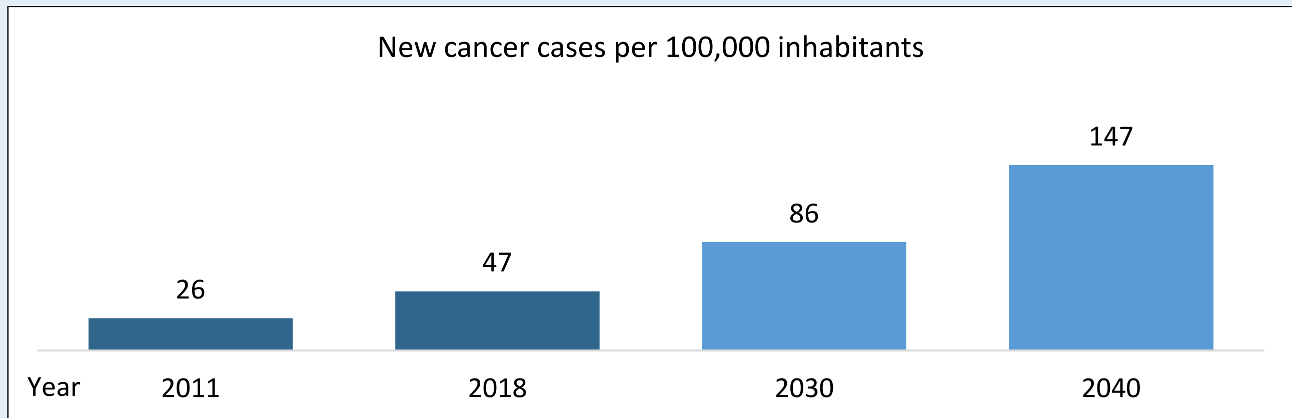
UNITED ARAB EMIRATES

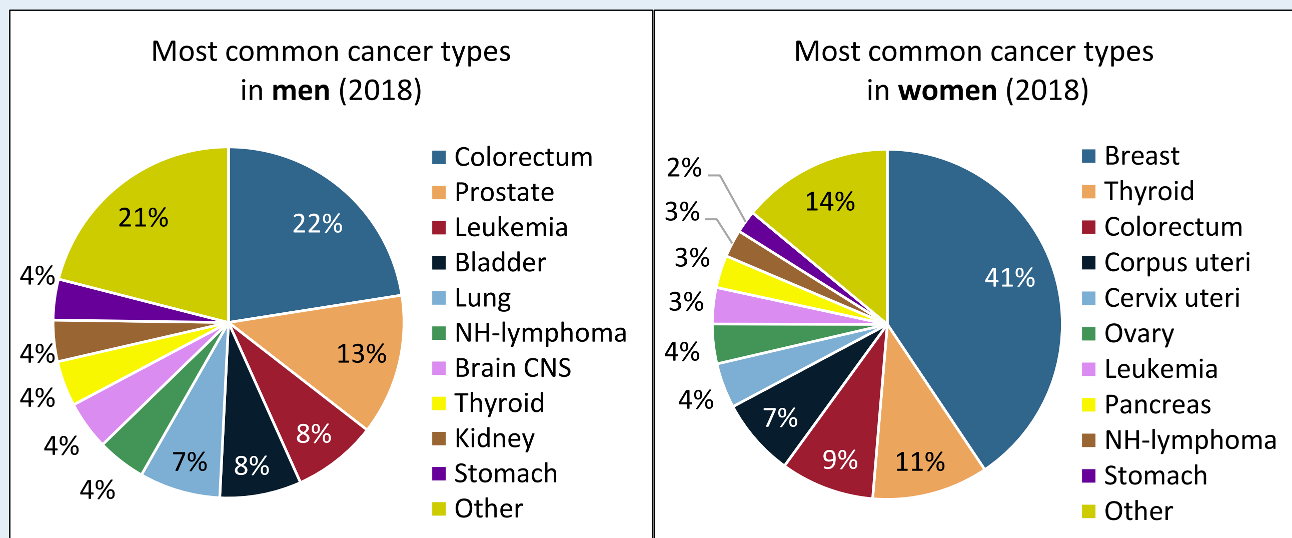
Population: 9.8 million
GDP per capita: USD 43,103
Life expectancy: 77.8 years
Total health expenditure: 4.2% of GDP (in 2018)

Cancer epidemiology

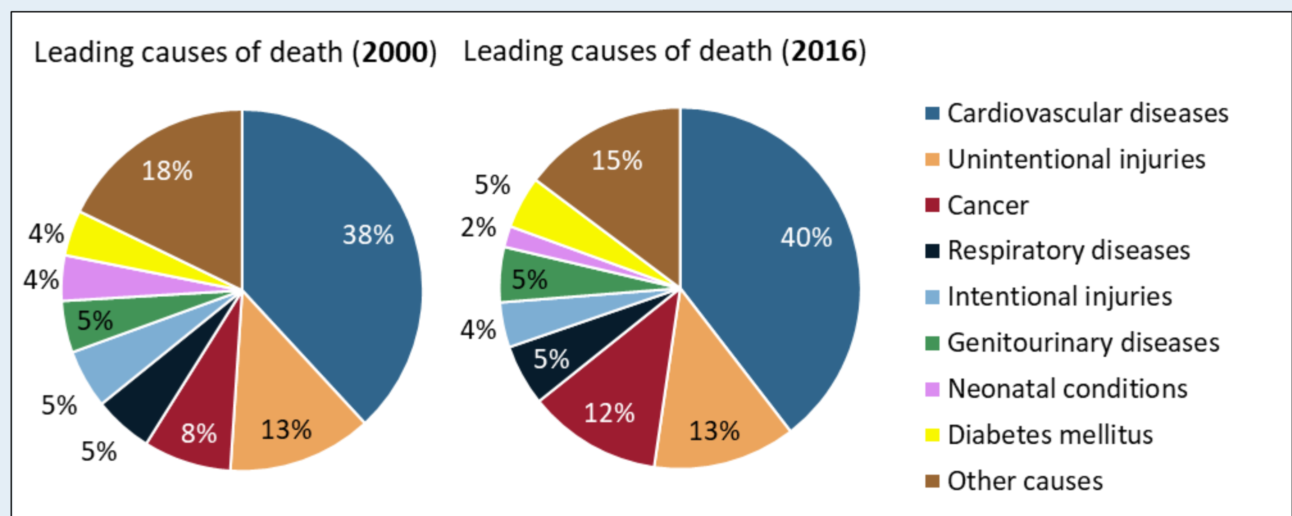
- The number of newly diagnosed cancer cases (incidence) has been increasing and is expected to increase further in the coming decades.



- There are many different cancer types diagnosed in men and women.



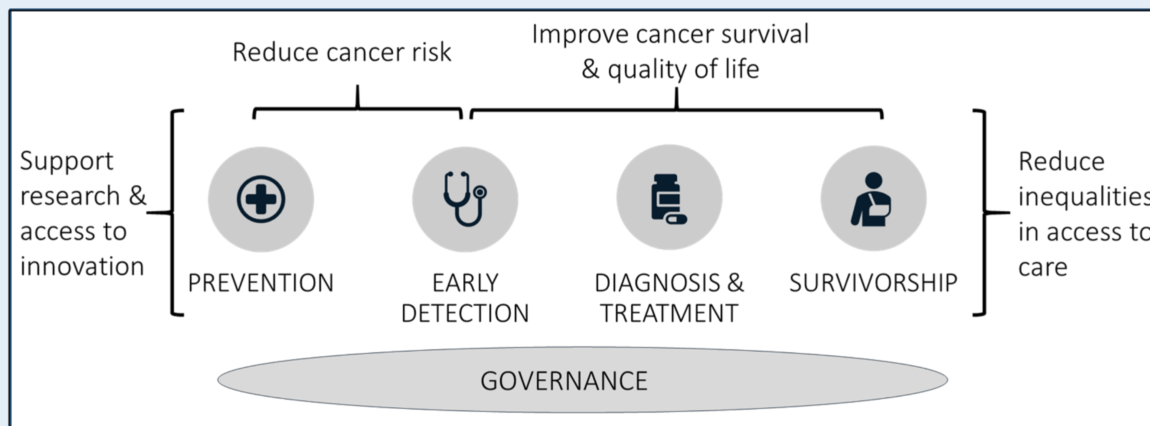
- Cancer is gradually becoming one of the leading causes of death.



Economic burden of cancer

- **Direct costs** within the health care system: USD 38 per capita in 2018 (≈2.1% of total health expenditure)
- **Indirect costs** of productivity losses (premature death, sick leave, early retirement): USD 10 per capita in 2018
- **Informal care costs**: not quantifiable

Areas of cancer control and overarching goals



Recommendations to improve cancer care

General steps to improve cancer care:

1. **Measure and understand** the magnitude and the development of the disease burden of cancer
2. **Plan, coordinate, and implement** – financial and non-financial – actions to address cancer
3. **Monitor and evaluate** actions on cancer control

Governance of cancer care

- One priority of the UAE Vision 2021 National Agenda is to achieve a world-class health care system. This has affected all areas of health care, including cancer care and a specific goal to reduce cancer mortality until 2021 has been defined. A national cancer plan prepared by the MOHAP is currently also in place. On the emirate level, there are some additional cancer control plans. Several actions related to improving different areas of cancer care are also part of the national NCD plan for 2017–2021. After 2021, an evaluation of all goals specified in these different plans needs to be carried out. Afterwards, the creation of a new cancer plan should be a priority. This plan would need to draw on the lessons of all previous initiatives.

Organization and financing of health care and cancer care

- Total spending on health care amounts to around 4% of GDP, half of which comes from public sources and the other half from private sources (mostly private insurance expenditure and not out-of-pocket payments). This falls short of the informal WHO spending target of 5% of GDP (which refers to public expenditure, but in the case of the UAE private health insurance expenditure by expatriates should be included here as well). Additional spending on cost-effective measures to increase the quality of care in the country needs to be done. A closer analysis of health spending by disease category could help to evaluate priorities in health spending.
- All local citizens have public health insurance coverage, and all expatriates should have compulsory health insurance coverage through their employer. Despite the comprehensive coverage, some people (mostly expatriates in blue-collar jobs) may still remain without coverage. Improving the health insurance to cover really all residents would be important.
- Despite health insurance coverage, there is typically an annual cap in insurance payments for health services. Reaching this cap has been a challenge for cancer patients. At least in Dubai, a special fund has solved this issue

for patients with certain cancer types. The adequacy of having an annual cap for a highly resource-consuming disease like cancer should be rethought.

- Expatriates may be required to be at their workplace physically and find it difficult to get time off for cancer treatment. More flexible work arrangements could be considered to enable expatriates to get their treatment during regular working hours without the risk of losing their jobs and hence their resident status.

Cancer registration

- Cancer registration has been improved in recent years and all health care providers are now linked to the national cancer registry. Cancer statistics for incidence are published at regular intervals but delays in publication are still long and this could be an area for improvement.
- Statistics for cancer mortality are available but usually not published alongside incidence. This would need to be changed to get a better idea of the quality of cancer care. A more crucial step that would need to be done is to assess survival (at least for local citizens). This would allow more real-time monitoring and performance assessment of cancer care.

Prevention

- Many efforts have been made in recent years to raise awareness on risk factors and encourage people to adopt a healthy lifestyle. Collaboration between all stakeholders has been good. This work needs to continue and best-practice examples from other countries could be explored further.
- The fight against tobacco consumption needs to be stepped up. Early intervention among young people and the enforcement of existing age limits for tobacco purchase are important. Excise taxes on cigarettes could be increased further.
- Obesity needs to be addressed. Early interventions among children in school and off school are important. Measures need to be taken to encourage changing dietary habits away from a Western diet with fast food. Excise taxes on sugary drinks could be increased further. Ways to increase physical activity also need to be encouraged.
- The nationwide HPV vaccination program for girls is only free for local citizens. To increase participation, extending the coverage to children of expatriates could be considered.
- Implementing an HCV screening program for adults (possibly only for expatriates) along with offering antiviral therapy could be considered to eliminate HCV.

Early detection

- A main challenge for early detection of cancer is making sure patients access health care when they experience symptoms. Part of this hesitancy to seek care relates to low health literacy in the general population on early symptoms of cancer. Another part relates to cultural barriers in terms of concerns and fear of social stigma of getting diagnosed with cancer. Financial concerns of expatriates in view of losing their job upon diagnosis also contribute to late diagnosis. Ways to overcome all of these barriers need to be explored.
- Steps to turn the three non-organized screening programs for breast cancer, cervical cancer, and colorectal cancer into organized programs could be taken to improve participation. Awareness campaigns, greater use of social media, and providing the screening services for free could be done to promote participation.

Diagnosis and treatment

- Many cancer patients (especially expatriates) lack knowledge on where to seek care and how to navigate through the health care system. Different providers may be involved in the referral process from primary care to specialized care and tertiary care and patients may fall between the cracks. A system with patient navigators would be needed. In addition, a more streamlined pathway model of cancer care could be considered. This includes also improved electronic referral and better communication between hospitals.
- The quality of cancer care services is high and there are comparatively few challenges. Cancer care clinics are staffed with qualified medical personnel and equipped with modern infrastructure, including modern diagnostic imaging and molecular testing facilities, and also the number of radiation therapy machines meets

recommended standards. One challenge is the need to continuously train medical staff of all ages to be equipped with the right skills to handle new technologies, both new medical technologies and new IT applications. Continuing medical education and other training needs to be prioritized.

- The regulatory approval process for drugs is fast compared to Kuwait and Saudi Arabia. More modern drugs (targeted therapies and immunotherapies) are also approved and reimbursed than in the other two Gulf countries. While local citizens and white-collar expatriates have full access to reimbursed drugs, the few expatriates without private health insurance have no access at all. Access is restricted among blue-collar expatriates with only basic health insurance coverage.
- Current drug assessments for reimbursement approval do not necessarily focus on cost-effectiveness and the value that drugs provide to patients. Following the examples of Kuwait and Saudi Arabia, a shift towards a more value-based assessment using HTA could be considered to support reimbursement decisions.

Survivorship

- Formal psycho-oncology services could be established or public support to NGOs for providing these services could be increased.
- Informal caregivers with regular jobs could be better supported, such as through a right to flexible working arrangements and paid leave.
- The reintegration in the labor market of cancer survivors could be supported by flexible working arrangements.
- Cancer survivors could be protected from discrimination in the acquisition of certain services (e.g., health insurance, life insurance, loans, mortgages), by imposing time limits up to which a previous cancer diagnosis needs to be disclosed.