



Obesity Health System Country Report Card

United Arab Emirates

Economic Classification

High income¹


























UAE is considered a developing, fuel-exporting economy.

Health System Summary

The UAE has a mixed public and private health system, with all seven emirates providing healthcare services to their citizenry. Two government health insurance programmes 'Thiqa' and 'Saada' (in Abu Dhabi and Dubai respectively) provide healthcare coverage to UAE Nationals not eligible for other government programmes. However, to be accepted into the 'Thiqa' scheme, one must undergo 'Weqaya' screening to identify any cardiovascular risk factors (including body mass index). The Emirati health system has undergone significant reforms over recent years and is considered by some as fragmented because of the emirates, still, public satisfaction ratings appear high.

Expatriates are estimated to make up approximately 80-90% of the population. They tend to use private health insurance for health care needs. A recent legal change has meant that employers must provide health insurance for employees.

Overall summary

Where your country's <u>government</u> in the journey towards defining 'Obesity as a disease'?	
( : Defined as disease,  : Partial,  : No,  : Not known)	
Where is your country's <u>healthcare provider</u> in the journey towards defining 'Obesity as a disease'?	
( : Defined as disease,  : Partial,  : No,  : Not known)	
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care.	
( : Government,  : Insurance,  : Out of pocket expense,  : Not known)	
At what level of obesity are people usually eligible to access healthcare?	
( : BMI ≥30,  : ≥ 35,  : ≥35 + co-morbidities or ≥ 40 kg/m ² ,  : not defined or not known)	
Is there a system for training health professionals to recognise, treat and manage obesity?	
( : Yes,  : Partial,  : No,  : Not known)	

¹ World Bank economic classification by GNI per capita (June 2018)

<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>
(last accessed 09.11.2018)

Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>adults</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●**
Has any government body published any obesity-related treatment recommendations or guidelines for <u>children</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●**

*These classifications relate to UAE Nationals only.

** Produced by the Department of Health Abu Dhabi for bariatric surgery only – unknown if used by other emirates

Findings from stakeholders²

Overview of stakeholder feedback

Under the national schemes, obesity treatment is covered for those with a BMI ≥ 30 kg/m². However, intervention cut off varies between treatments. Generally, pharmacological and surgical interventions are available for those with either a) BMI >40 kg/m² with no comorbidities, b) BMI 35-39.9kg/m² with 1 comorbidity, or c) BMI $30 >$ kg/m² with uncontrolled Type II diabetes at a healthcare professional's discretion. There are waiting lists for obesity treatment, but it has been suggested that these are not unreasonably long.

Stakeholders are concerned about the lack of multidisciplinary teams and the fact that patients are often not referred on. It is suggested that many individuals are unconcerned about excess weight or the subsequent dangers and therefore do not enter the system due to lack of education or interest.

'Health Authority Abu Dhabi' have produced clear guidelines on obesity treatment but it is unclear to what extent these are followed. The government has made moves to improve the environment by introducing a law banning the sale of unhealthy items such as chocolate and high-sugar drinks in school canteens.

Top barriers to obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in the UAE³:

1. Lack of knowledge and education about dangers of obesity & diabetes

² Note that this section is based on interviews and/or survey returns from 3 stakeholders.

³ In no particular order

2. Lack of multi-disciplinary teams
3. Unrealistic expectation of patients
4. Lack of funding (for follow-up or those that do not meet bariatric criteria)
5. Obesogenic environment (e.g. availability of junk food)
6. Cost of healthy food vs unhealthy food
7. Lack of space for physical activity and sports activities
8. Social activities (e.g. parties and family gatherings) tend to be obesogenic environments