حكومة دبي
GOVERNMENT OF DUBAI

هيئة الصحة بدبي
DUBAI HEALTH AUTHORITY

Health Accounts

System of Dubai

2019

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Foreword

Awad Saghir Al Ketbi

Director General
Dubai Health Authority

Under the leadership of His Highness Sheikh Mohammed Bin Rashid Al Maktoum, Vice President and Prime Minister and Ruler of Dubai, Dubai Health Authority is committed to improving healthcare in Dubai and ensuring universal access to good quality healthcare services without anyone having to face financial hardship.

Regular production of Health Account estimates helps in monitoring the progress of the health financing dimension and allows evidence based policy making for health, sustainable financing and appropriate resource allocation.

Allocating sufficient and sustainable funds for healthcare is a cornerstone of the success of any health system

The Dubai Health Authority is pleased to publish the fifth account of health expenditures (HASD) for the Emirate of Dubai. The 2019 HASD report is the reflection of Dubai's progress towards universal health coverage with a mandate to track health expenditures and making healthcare accessible, affordable and of better quality.

Our decision to implement HASD was based on two needs:

- To measure the financial dimensions of Dubai's healthcare system, allowing efficiency in allocating funds between the private and public health sectors.
- To monitor changes in the financial distribution between governmental and private health sectors, compared with regional and international countries. Monitoring changes that occur over time empowers both the regulator and investors alike, with information needed to gauge investment size and trends.

In successfully completing this exercise DHA greatly appreciates the participation of all stakeholders for their contribution to ensuring the establishment of an efficient and dynamic healthcare system in Dubai.

I look forward to continued support from all stakeholders in producing the annual HASD Report. I also invite the stakeholders to utilize the information contained in this report to support their decisions on how to better deliver healthcare for residents of Dubai.

Message

Saleh Al Hashimi,

CEO, Dubai Health Insurance Corporation
Dubai Health Authority

Dubai has achieved substantial progress in improving many health indicators in past decade. These achievements were made possible mainly due to establishment of ISAHD (Insurance System of Advancing Health in Dubai) scheme. This very successful scheme for health sector has been instrumental in mobilizing financial resources to improve access to health services and health outcomes.

In order to sustain the incremental resource allocation and financial protection, DHA generates and uses evidence on the magnitude and flow of health sector resources using the Health Accounts methodology
In-line with WHO NHA standards, institutionalized Health Accounts informs how total health expenditure flows from financing sources to end users. The current health account charts Dubai's steady progress in increasing health expenditure and expanding understanding of where investments are made. HASD 2019 report provides an insightful reflection of the healthcare financing indicators for Dubai.

I would like to extend my appreciation to HASD technical team who have been involved in the data collection and analysis for the fifth round of health accounts, as well as the writing and production of this report.

Acknowledgement

Substantial efforts were undertaken to provide this comprehensive analysis of health expenditure and flow of funds throughout Dubai's healthcare sector. Significant data on expenditure was collected, analyzed and validated to produce the HASD Report: 2019. The Dubai Health Insurance Corporation (DHIC) in DHA worked in close collaboration with key stakeholders, in order to publish a transparent report.

This exercise could not have been successfully completed without the support of key stakeholders. Sincere gratitude and appreciation is due for the cooperation of various organizations in providing the vital and sensitive financial information necessary to produce this report. In particular, the following organizations' collaborative efforts is recognized:

- Department of Finance (DOF), Dubai
- Ministry of Health and Prevention (MOHAP), United Arab Emirates
- Finance Department, Dubai Health Authority
- Dubai private healthcare providers and insurance companies

The technical team responsible for the execution of HASD and this report includes the following members:

- **Dr. Meenu Mahak Soni,** Health Economist, led the technical production of this report.
- **Ms Khadija Mohammed Al Blooshi,** Head of CEO office, proof-read the report and led the administrative efforts in producing the report
- **Mr. Philip Swanny,** extracted and interpreted the data from e-claim system
- **Dr. Eldaw A. Suliman,** Advisor for Strategy and Governance Department, provided valuable review of the report
- **Senior team members from Dubai Health Insurance Corporation,** participated in a comprehensive review of the report.

List of Abbreviations and Definitions

AED	United Arab Emirate Dirham
CHE	Current Health Expenditure
DHA	Dubai Health Authority
DHCC	Dubai Health Care City
DHCCA	Dubai Health Care City Authority
DHIC	Dubai Health Insurance Corporation
DHHS	Dubai Health Household Survey
DM	Dubai Municipality
DoF	Dubai Department of Finance
DSC	Dubai Statistics Center
FS	Funds of Financing Scheme
GDP	Gross Domestic Product
GGHE	General Government Expenditure on Health
HASD	Health Accounts System of Dubai
HC	Health care Functions
HF	Health Financing Schemes
HP	Health care Providers
ISAHD	Insurance System of Advancing Health in Dubai
MOH	Ministry of Health
MOHAP	Ministry of Health and Prevention
OECD	Organization for Economic Co-operation and Development
OOP	Out-of-Pocket
n.e.c	Not Elsewhere Classified
NCU	National Currency Unit
PPP	Purchasing Power Parity

List of Abbreviations and Definitions

PvHE	Private Expenditure on Health
RoW	Rest of the World
SHA	System of Health Accounts
THE	Total Health Expenditures
UAE	United Arab Emirates
US$	United States Dollars
WHO	World Health Organization

Definitions

Ancillary services: A variety of services such as laboratory tests, diagnostic imaging and patient transport, usually performed by paramedical or medical technical personnel with or without the direct supervision of a medical doctor.

Investment: Investment in health care facilities and equipment that creates assets that are typically used over a long period of time.

Curative care: Medical and paramedical services delivered during an episode of curative care. An episode of curative care occurs when the principal medical intent is to: relieve the symptoms of injury or illness; to reduce severity of an illness or injury; or to protect against injury or exacerbation of an injury which could threaten life or normal function.

Current health expenditure (CHE): Comprises all services such as curative care (including services provided to residents by non-residents providers), rehabilitative care, prevention, public health, and ancillary health care. Also includes expenditures for administration of these services and drugs, medical goods, and salaries and fees of health personnel. This excludes investment expenditures, and exports (services provided to non-residents).

Day care: Planned medical and paramedical services delivered to patients who have been formally admitted for diagnosis, treatment or other types of health care but with the intention to discharge the patient on the same day.

Definitions

Exports (of health care goods and services): Health care goods and services acquired by non-residents (visitors) from resident providers.

Financing agents (FA): Institutional units that manage health finance schemes. For example, collecting Funds and premiums, purchase services, and pay for these services.

Financing schemes (HF): Components of a country's health financial system that channel funds to pay for, or purchase, the activities within the health accounts boundary.

Health care functions (HC): The goods and services provided and activities performed within the health accounts boundary.

Health care system administration and financing: Establishments that are primarily engaged in the regulation of the activities of agencies that provide health care and in the overall administration of the health care sector, including the administration of health financing.

Imports of healthcare goods and services (Imports): Health care goods and services acquired by residents from nonresident providers. In other words, healthcare services provided outside the geographical boundaries of the health care system.

Inpatient care (IP): Formal admission into a health care facility for treatment and/or care that is expected to constitute an overnight stay.

Not Elsewhere Classified (n.e.c): A category used to reflect those activities or transactions that fall within the boundaries of the health accounts but which cannot be definitively allocated to a specific category due to insufficient documentation.

Out-Of-Pocket (OOP) spending: The direct outlays of households, including gratuities and payments in-kind, made to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups. Includes household payments to public services, non-profit institutions or non-governmental organizations.

Definitions

Outpatient care (OP): Any care offered to a non-admitted patient regardless of where it. It may be delivered in a hospital, an ambulatory care center, or a physician's private office.

Preventive services: Services provided as having the primary purpose of risk avoidance, of acquiring diseases or suffering injuries, which can frequently involve a direct and active interaction of the consumer with the health care system.

Providers (HP): Encompass organizations and actors that deliver health care goods and services as their primary activity, as well as those for which health care provision is only one among a number of activities.

Inflow Funds of financing schemes (FS): The funds of the health financing schemes received or collected through specific contribution mechanisms.

System of Health Accounts (SHA): A system developed by the OECD, Eurostat, and WHO to provide international comparability standards for member and non-member countries. The manual was produced first in 2010 with the latest iteration published in 2011.

Total health expenditure (THE): Total health expenditure is no longer part of the health accounts as per SHA 2011. It is defined as the sum of current health expenditure (CHE) and the expenditure on capital goods. In this report, the term is used only to draw comparison with other countries.

Prepayment schemes: Schemes that receive payments from the insurer or other institutional units on behalf of the insured, to secure entitlement to benefits of health insurance schemes.

Executive Summary

HASD (Health Accounts System of Dubai) is designed to monitor the flow of funds in Dubai's healthcare system, which is undergoing continuous sector reforms including mandatory health coverage. HASD provides vital information regarding who pays for health, who manages health resources and on which interventions health resources are spent. HASD data informs how total health expenditure flows from financing sources to end users of spending.

The preparation of HASD is led annually, by Dubai Health Insurance Corporation, Dubai Health Authority. This report covers the results of 2019 and includes also key findings from previous reports covering 2017 and 2018.

HASD is developed using an internationally recognized and standardized methodology which facilitate comparisons across countries and over time within the Emirates of Dubai. Health Expenditure data was collected from several sources. Information on government spending was collected from Department of Finance (DOF), Dubai Health Authority (DHA) and Ministry of Health and Prevention (MOHAP). The data on private sector expenditure was extracted from eClaimLink platform and was collected from employers through pre-designed templates. The information on out of pocket spending was based on the results from Dubai Household Health Survey 2018-19.

Total current healthcare expenditure in 2019 was 19.27 B AED, an increase of 4.8% from the spending in 2018, which was 18.39 B AED.
In 2019, Government financed healthcare expenditure accounted for 36% of total spending, 6,864 M AED and Private healthcare expenditure accounted for 64% of total spending, 12,410 M AED.

Since 2017, the source of funding by employers, as contribution to their employees' health insurance premium, increased from 49% to 53%. Over the same period, the government contribution dropped from 38% to 36% and out of pocket spending reduced from 13% to 11%.

The share of all health spending received by various providers was 42%, 26% and 16% for hospitals, clinics, retail pharmacies and ancillary providers, respectively.

The curative care accounted for 59% of the total health expenditure. The spent on ancillary services and medical goods was 14% and 17%, respectively. The spent on preventive care services was very low at 1%. The government allocated 25% of their health expenditure to governance and administrative functions. The private insurance spent 40% of their total health expenditure on ancillary services and medical goods.

Highlights

Current Health Expenditure (CHE)

AED 19,273 M

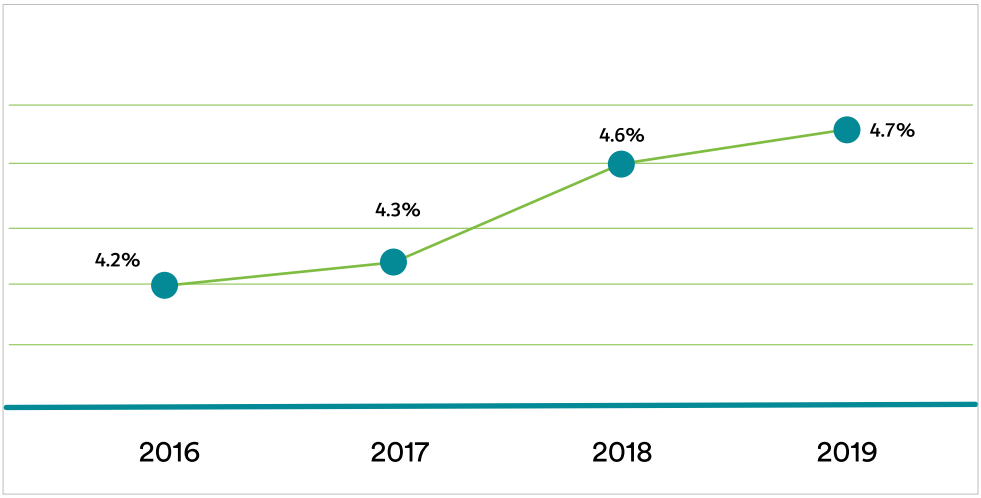
4.7% of GDP

Per capita health expenditure

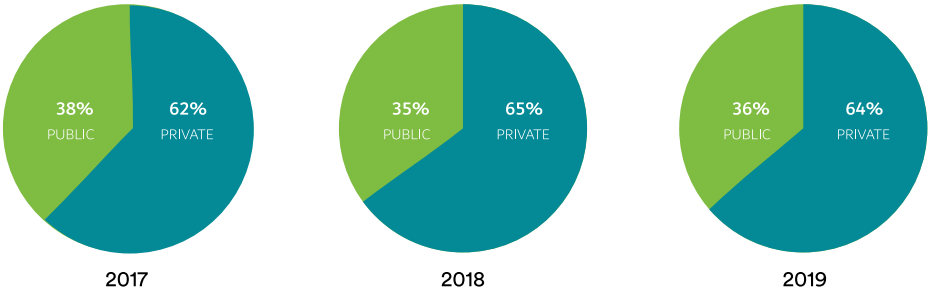
AED 4,114 (USD 1,121)

How has current expenditure changed?

CHE as % of GDP



Who paid for it?



What was it spent on?

Curative Services **59%**

Medical Goods **17%**

Ancillary Services **14%**

Governance **9%**

Introduction

Healthcare in Dubai is provided by a combination of government and private providers. Dubai Health Authority oversees the health sector in the Emirate of Dubai. Two other agencies coexist within Dubai's healthcare sector: the Ministry of Health and Prevention (MOHAP), which is the federal ministry overseeing the UAE healthcare sector, and the Dubai Healthcare City Authority (DHCA), which has a dedicated free zone and an independent regulatory entity.

In such an environment, healthcare regulators and policy makers need a reliable information on sources and uses of funds for health, preferably comparable over time and across countries, in order to enhance health system performance in Dubai.

HASD is a key policy tool for health sector in Dubai. With its integrated and comprehensive presentation of health financing information, it has become an essential source of information, monitoring the health sector and facilitating evidence base policy making. Since 2012, Dubai has been producing HASD based on the international classification of System of Health Accounts (SHA) 2011 [World Health Organization, 2011]. So far, four rounds of health account estimations have been undertaken. Specifically, DHA has released HASD report on health spending for year 2012, 2013/2014, 2016/2017, 2018. Results emanating from HASD report has culminated in various policy decisions, key among them is the establishment of mandatory health insurance scheme thus reducing the out of pocket spending. This report presents the findings of the fifth health account estimation, using the data for year 2019.

Objectives of HASD 2019

The main goal for HASD 2019 is to estimate the amount and characteristics of health spending.

The report has following objectives:

- Estimate Total current health expenditure (TCHE).
- Document the distribution of TCHE by financing source and financing agent.
- Determine the contribution of each stakeholder in financing healthcare.
- Articulate the distribution of healthcare expenditure by function.
- Track and monitor health expenditure trends, both public and private, including spending on health by households.
- Analyze healthcare expenditure data with regards to efficiency, equity and sustainability.
- Use international indicators to compare Dubai's health system performance with that of other countries.

Methodology

The HASD report for 2019 is carried out in accordance with the guidelines of producing System of Health Accounts (SHA) 2011 [World Health Organization, 2011], similar to the previous year reports. SHA 2011 is intended to constitute a system of comprehensive, internally consistent, internationally comparable accounts, which should be compatible with other aggregate economic and social statistics as far as possible. The WHO system of health accounts explains the rationale of producing the reports at a country level and requires the definition of population boundaries to accompany each system of health accounts

Population boundaries for HASD

The population in Dubai is classified in the following groups:

1. Nationals in the Emirate of Dubai
2. Non-Nationals with employment visas from Dubai and residence inside Dubai
3. Non-Nationals with employment visas from Dubai and residence outside Dubai
4. Tourists who visit Dubai

Dubai Statistics Center considers first two groups as a part of Dubai's population. However, the health care financing reform is aimed to offer mandatory health coverage to all members of the first three groups, regardless of geographic location. Thus, for the purpose of HASD report, the first three groups is considered. Healthcare expenditure by tourists is not included in this report.

Data Collection and Analysis

The data collection process for HASD 2019 report extensively relied on secondary as well as primary data collected through Dubai Health Household survey (2018-2019). Secondary data was used for the estimation of expenditures, collation and triangulation of primary data, including determining health expenditure ratios

Data Sources

Government

Dubai Department of Finance (DoF)

DoF provided HASD's technical team with data for health expenditure paid by Dubai Government to three entities namely Dubai Municipality, Dubai Police and Dubai Ambulance for health services rendered. The data received included a detailed breakdown of expenditure and funds based on the Dubai Government Chart of Accounts which includes the cost centers and the line item details. The breakdown was useful to accurately map the expenditures at the item level, and to ensure consistency with the reports from recipients of the funds. DOF also provided data on amount paid towards health insurance claims for government employees distinguishing clearly between the funds paid towards insurance premiums and healthcare claims. These data were adjusted based on claims data for government schemes in eClaimlink Data. DOF data didn't indicate which providers and health services were used.

Dubai Health Authority (DHA)

DHA finance provided two datasets which were used to analyze and map DHA activities to HASD.
DHA Expenditure Dataset: Detailed government expenditure data was collected from DHA by cost center by each item definition and by sector. The cost center data was classified in healthcare functions (inpatient, daycase and outpatient) based on the healthcare utilization data published by DHA health information and statistics department.

DHA Revenue Dataset: The revenue data that contains the money collected by each cost center and was used to triangulate validate the estimates of out-of-pocket (OOP) Expenditures.
Data on expenditure by major disease categories in public facilities was provided DHA revenue cycle management team.

Ministry of Health and Prevention, U.A.E (MOHAP)

MOHAP provided the HASD team with detailed expenditure data broken down by facility type and cost centers located in Dubai. MOHAP healthcare utilization in Dubai was used to analyze and map this expenditure by healthcare functions. MOHAP collection of revenue from service users was not reported and has been necessarily omitted from this report.

eClaimlink Data

The data for private health insurance in 2019 was extracted from eclaimlink, operated by the DHA. The datasets from eclaimlink included the claims transaction data for all Dubai based policies with details of the services provided, and the financial transaction for each service episode. The data was classified by payer type, provider type and service type so that it could be mapped to SHA 2011.

Major employers

Data from major employers in Dubai such as Emirates Airlines that provided health insurance coverage for their employees and families were collected and classified by provider type, and service type, and mapped to SHA 2011.

Dubai Household Health Survey (DHHS) 2018

The household health expenditures were obtained from Dubai Household Health Survey (DHHS) 2018 conducted by Dubai Statistics Center (DSC) in close collaboration with DHA.

The DHHS is the largest comprehensive household survey of healthcare and health issues carried out in The Emirates of Dubai. The survey provides a statistically accurate and representative outlook of key health and healthcare variables across the entire population of Dubai.

The survey of 2018 was based on a multi- stage stratified cluster sample. The sampling was designed so that after weighting it would be representative of four subpopulation: UAE citizens, Non- citizens

living in households, Non-citizens living in collective housing and Non- citizens living in labor camps. Surveyors personally visited these randomly selected households to obtain detailed information on issues ranging from household health expenditure, and access to health services to questions on exercise levels, dietary habits, lifestyle diseases, mental health, and a detailed module on the use of public and private health services in Dubai. The 2018 survey had a response rate of 96%. The design and methodology of the survey were adopted from those used in the World Bank's Living Standards Measurement Surveys (LSMS), the World Health Organization's World Health Surveys (WHS) and the US Center for Disease Control's National Health Interview and Examination Surveys (NHIES).

Importance weights were assigned by DSC because UAE citizens were oversampled. After weighting, the sample was representative of population of 3.2 million Dubai residents as of 2018. The sample size for 2018 was a total of 9,630 persons in 2200 housing units of whom 5,665 were UAE citizens, 2342 were Non- citizens in households, 1,335 were Non-citizens in collective housing, and 288 were Non-citizens in labor camps. The survey was sanctioned by the institutional review board of the Dubai Health Authority.

Each of the surveyors received extensive training in the collection of self-reported expenditure data and interviewed the person in the household most knowledgeable about recent medical utilization. After collecting a household roster and basic demographics for each household member, the surveyor asked whether each household member had had any outpatient utilization in the last 30 days, made any discretionary purchases of medical supplies or over the counter medicines
(mentioning blood pressure cuffs, blood sugar monitors, orthopedic supplies, medicines etc.) in the last 30 days and whether each household member had an overnight inpatient stay in the last 12 months. For households where more than one member had experienced these events, an individual member was selected at random and details of their medical events were collected to investigate the total of out of pocket spending for various categories of discretionary spending, outpatient spending and inpatient spending, after adjusting for the appropriate weights.

Health Accounts Production Tool

Health accounts estimates for Dubai were derived from output tables in the form of two way matrices generated from Health Accounts Production Tool (HAPT). It is a standardized tool that helps to arrive at Health Accounts estimates with well-defined procedure and methodology for streamlining data and simplifying the estimation process. It enhances the data quality by checking for double counting and errors in classification codes: provides consistent estimates as it gives provision for customizing the health account codes and store past estimations; easy to manage large data sets and keeping tracks of multiple data files of expenditure data: reduce the time to generate output tables.

The following steps were carried out in producing the HASD estimates:

- Setting up the HAPT to use Dubai (UAE) specific time and space boundary and classification codes.
- Define the NHA classification codes and classify the health expenditure in the data sources.
- Process the raw data in excel and import the analyzed excel sheets into HAPT.
- Mapping the data with the classification codes in HAPT.
- Generate Health Accounts Matrices.

Limitations

There are some limitations of the results from HASD. First, the insurance payment data obtained from some government entities did not indicate the financial allocations by category of healthcare providers and services used. Second, the private sector data did not reflect the portion of the collected premium for private insurance that was not used to pay claims. Thus, the operating cost of the private insurance companies that was attributed to medical loss ratio or “loading” are omitted. Third, a portion of the revenue data from public providers did not clearly identify possible outside sources of revenue to rule out double-counting of sources of expenditure. Finally, HASD is limited to tracking of what entities pay for healthcare and not the production cost. In this case, it cannot be used as a tool for validation of existing policies on cost of provision, but rather as a tool of identifying issues related to the way the health system is organized.

Results of HASD 2019

Table 1. Health Accounts Summary Indicators for 2019 (adjusted for inflation)

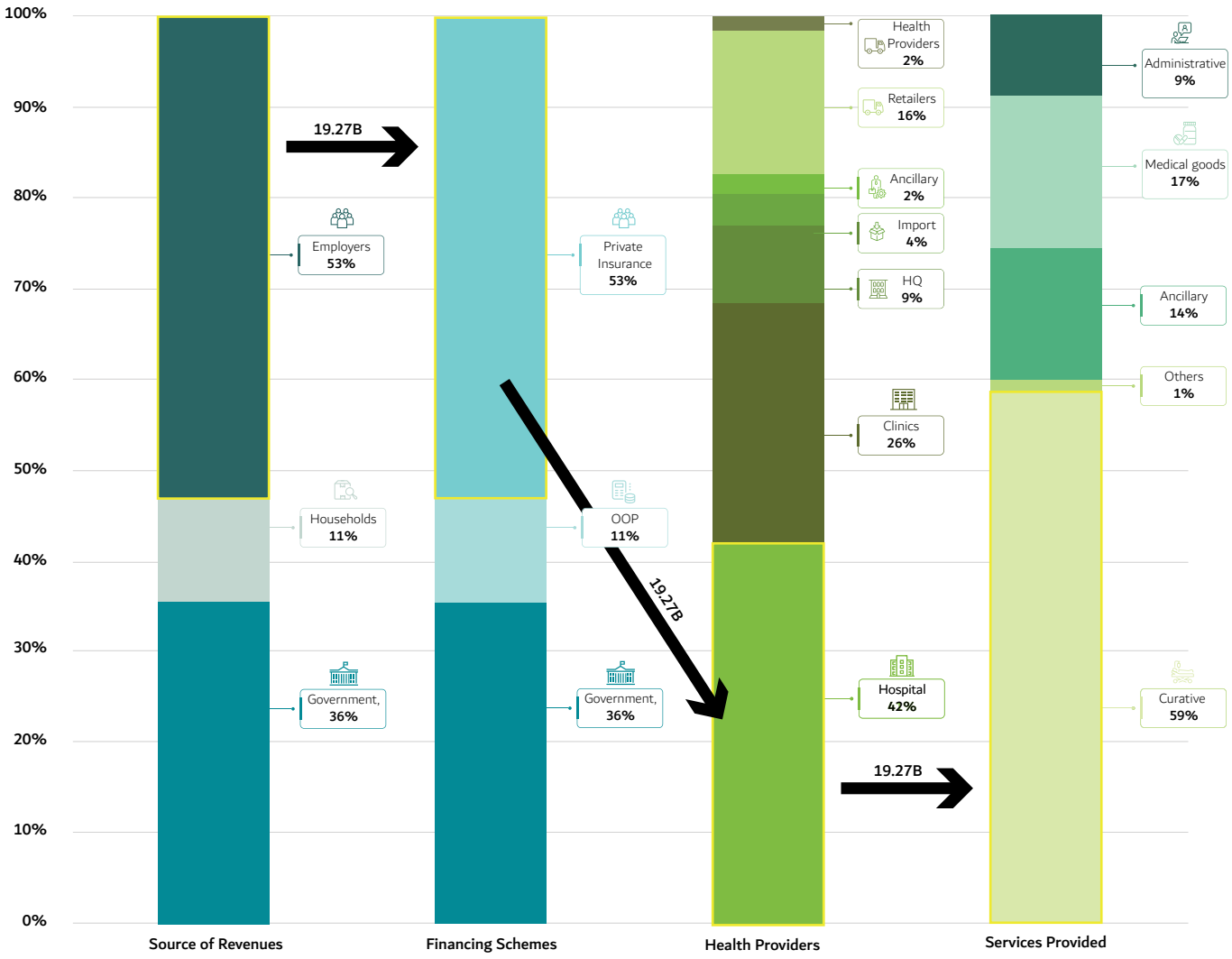
	Indicators	2019
1.	Health expenditure (HE) % Gross Domestic Product (GDP)	4.7%
2.	General Government Expenditure on Health (GGHE) as % of GDP	1.7%
3.	General Government Expenditure on Health (GGHE) as % of HE	36%
4.	Private Expenditure on Health (PvHE) as % of HE	64%
5.	Out-Of-Pocket expenditure as % of HEvv	11%
6.	Out-Of-Pocket expenditure as % of PvHE	18%
7.	Private Insurance as % of PvHE	82%
8.	Expenditure on Inpatient care as % of HE	26%
9.	Government Expenditure on Inpatient care as % of GGHE	32%
10.	Prevention and Public Health services as % of HE	1%
11.	Medical goods as % of HE (not including IP)	17%
12.	Current expenditure on health / capita at exchange rate (NCU per US$)	1,121
13.	Current expenditure on health / capita at Purchasing Power Parity (NCU per US$)	2,466
14.	General government expenditure on health / cap x-rate	399
15.	General government expenditure on health / cap Purchasing Power Parity (NCU per US$)	878
16.	OOPS / capita at exchange rate (NCU per US$)	129
17.	Exchange Rate (NCU per US$)	3.67
18.	PPP 2018(NCU per US$)	2.2
19.	Gross domestic product - Million AED(Constant Prices)	407,424
20.	Financial Population*	4,685,906
21.	Current Health Expenditure – Million AED	19,273

*The estimate of financial population is based on the member data provided by insurance companies.

Sources and flow of funds

In 2019, the biggest source of funds and financing schemes were employers, who accounted for 53% of funds followed by the government and household who accounted for 36% and 11% respectively. In terms of flow of funds, Hospitals received less than half of the pooled funds (42%) with the majority of funds received by hospitals being used for curative care (59%) which includes inpatient, outpatient and daycare. Healthcare expenditure outside Dubai ("Import") is estimated at 4%. Expenditure for preventive care remains very low at 1% (Preventive care not shown in Figure 1).

Figure 1: Flow of funds



Financing schemes that managed the healthcare expenditure

The current health expenditure increased by 4.8% from 2018 to 2019. The private employers were the major source of funds estimated at 10,198 M AED (53%) in 2019. The government financing schemes accounted for 6,864 M AED (36%) in 2019. Household out of pocket was estimated at 2,212 M AED (11%) in 2019.

Within 6864 M AED funds managed by the government entities, the major spending was by government of Emirates of Dubai, estimated at 6504 (95%) while the federal government contributed only 360 M AED (5%) Over the last 4 years (Figure 2), there was a significant increase in funds from private employers, however the government contribution slightly decreased and household out of pocket spending didn't show much variation.

Table 2. Financing Schemes (HF) by Financing Sources (FS) in 2019 (HF X FS)

Inflow funds of health care financing schemes **U.A.Emirates dirham (AED), Million** Financing schemes	FS.1 Transfers from government domestic revenue (allocated to health purposes)	FS.4 Compulsory prepayment (Other, and unspecified, than FS.3)	FS.6 Other funds from households n.e.c	All FS	Share of FS
HF.1 Government schemes and compulsory contributory health care financing schemes	**6,864**	**10,198**	**0**	**17,061**	**89%**
HF.1.1 Government schemes	**6,864**	**0**	**0**	**6,864**	**36%**
HF.1.1.1 Central government schemes	**360**	**0**	**0**	**360**	**2%**
HF.1.1.2 State/regional/local government schemes	**6,504**	**0**	**0**	**6,504**	**34%**
HF.1.2 Compulsory contributory health insurance schemes	**0**	**10,198**	**0**	**10,198**	**53%**
HF.1.2.2 Compulsory private insurance schemes	**0**	**10,198**	**0**	**10,198**	**53%**
HF.3 Household out-of-pocket payment	**0**	**0**	**2,212**	**2,212**	**11%**
All HF	**6,864**	**10,198**	**2,212**	**19,273**	**100%**
Share of HF	**36%**	**53%**	**11%**	**100%**	

Table 3. Funds of Health Care Financing over Time, Dubai (2016-2019)

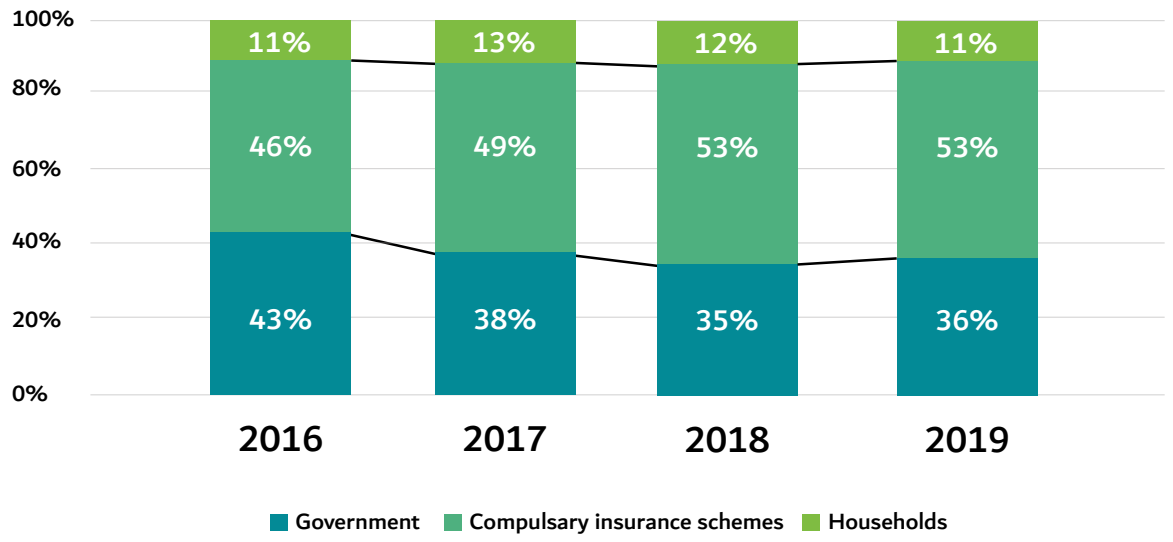
Inflow Funds of health care financing schemes (Million AED)	2016	2017	2018	2019
FS.1 Transfers from government domestic revenue (allocated to health purposes)	6,858	6,338	6,495	6,864
FS.4.2 Compulsory prepayment from employers	7,246	8,282	9,703	10,198
FS.5 Voluntary prepayment	0	0	0	0
FS.6.1 Other funds from households	1,746	2,152	2,195	2,212
Total	**15,851**	**16,773**	**18,393**	**19,273**

Table 4. Financing Schemes over Time, Dubai (2016-2019)

Financing schemes, Million AED	2016	2017	2018	2019
HF.1.1 Government schemes	6,858	6,338	6,495	6,864
HF.1.2 Compulsory contributory health care financing schemes	7,246	8,282	9,703	10,198
HF.2 Voluntary health care payment schemes	0	0	0	0
HF.3 Household out-of-pocket payment	1,746	2,152	2,195	2,212
Total	**15,851**	**16,773**	**18,393**	**19,273**

Figure 2. Trends in Health Financing Schemes, Dubai (2016-2019)

Trends in Health Financing Schemes



Types of health providers that received the healthcare expenditure amount through the various financing schemes

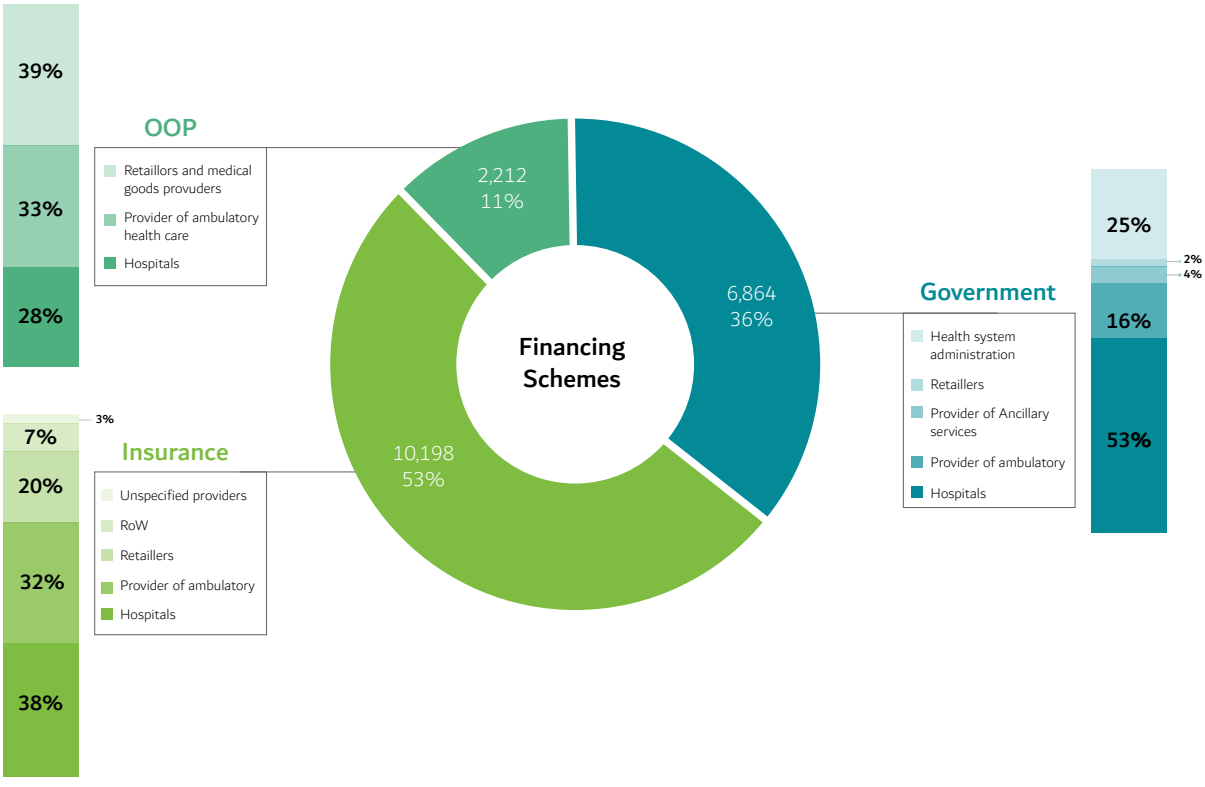
The major amount of current healthcare expenditure for 2019 went to hospitals amounting to 8,136 M AED (42%), followed by the primary health centers 5,043 (26%) Ancillary providers such as medical and diagnostic labs, imaging centers received 313 M AED(2%) while pharmacies received 3,041 M AED (16%). Healthcare governance and providers of healthcare system administration and financing received 1,705 (9%) of the funds. Households allocated 857 M AED (39%) towards discretionary health care spending. And 711 M AED (4%) was given to providers outside Dubai.

The HF1.1 column of Table 5 shows that large share of government scheme's spending goes to Hospitals (53%) and healthcare system administration (25%) which is 3% lesser compared to 2018. The private insurance schemes provide a major share of fund to hospitals (38%) and clinics (32%) respectively. The pharmacies receive 2028 M AED (20%) from private insurance schemes. As noted earlier, data about private health insurance spending on administration and claims management was not available.

Table 5. Health Providers (HP) by Financing Schemes (HF) in 2019 (HP X HF)

Financing schemes **U.A.Emirates dirham (AED), Million** Health care providers		HF.1 Government schemes and compulsory contributory health care financing schemes	HF.1.1 Government schemes	HF.1.1.1 Central government schemes	HF.1.1.2 State/regional/local government schemes	HF.1.2 Compulsory contributory health insurance schemes	HF.3 Household out-of-pocket payment	All HF	Share of HF
HP.1	Hospitals	7,518	3,607	239	3,368	3,911	618	8,136	42%
HP.3	Providers of ambulatory health care	4,307	1,072	105	967	3,235	737	5,043	26%
HP.4	Providers of ancillary services	313	306	0	306	7	0	313	2%
HP.5	Retailers and Othe providers of medical goods	2,184	156	0	156	2,028	857	3,041	16%
HP.7	Providers of health care system administration and financing	1,705	1,705	16	1,689	0	0	1,705	9%
HP.9	Rest of the world	711	18	0	18	694	0	711	4%
HP.nec	Unspecified health care providers (n.e.c.)	323	0	0	0	323	0	323	2%
All HP		17,061	6,864	360	6,504	10,198	2,212	19,273	100%
Share of HP		89%	36%	2%	34%	53%	11%	100%	

Figure 3. CHE by Financing Schemes and Providers, Dubai 2019



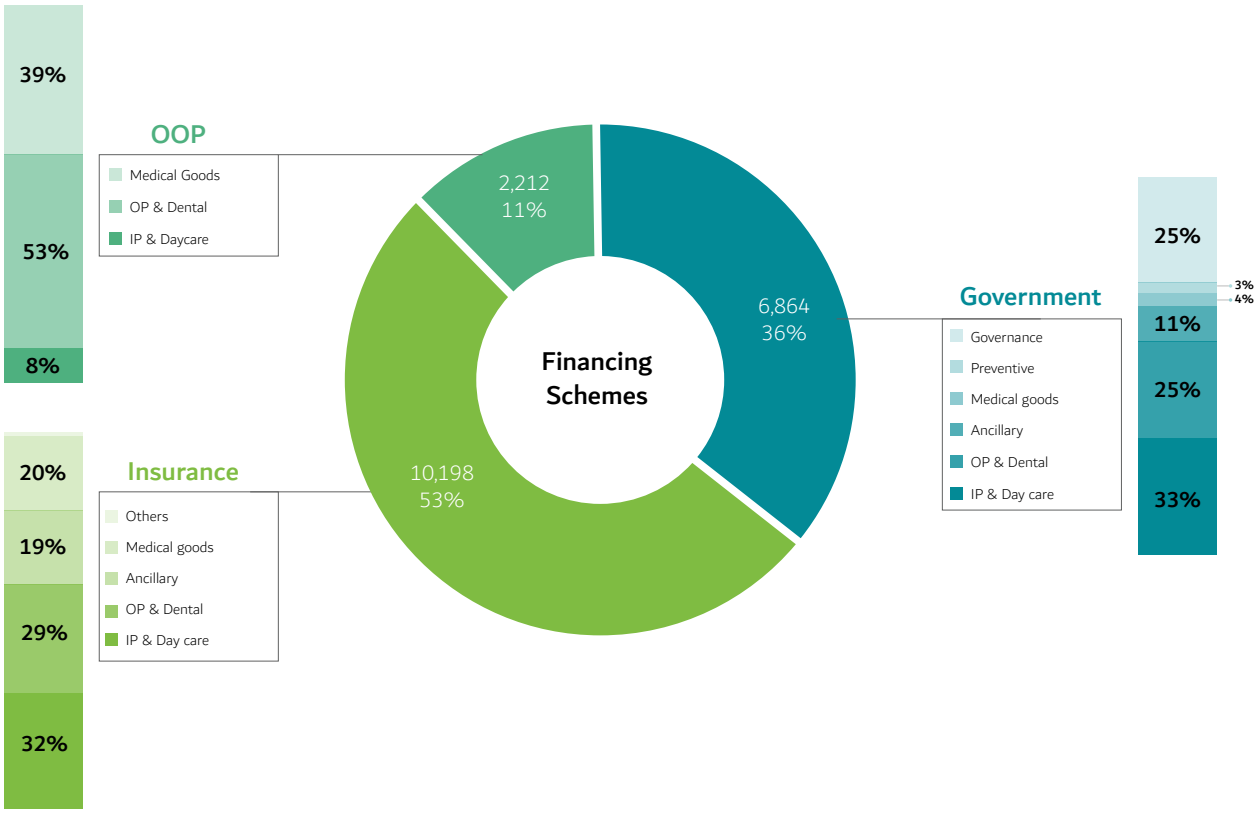
Health services expenditure through the various financing schemes

In 2019, curative care received the biggest share of funds at 11,435 M AED (59%). A breakdown of curative care indicates that inpatient care spending was 5,007 M AED (26%) and outpatient care spending was 5,762 M AED (30%). Ancillary services spending was 2670 M AED (14%), medical goods spending was 3229 M AED (17%) and preventive care spent was 195 M AED (1%). Healthcare governance and administration represented 1,695 M AED (9%).

Table 6. Health Care Functions (HC) by Health Financing Schemes (HF) for 2019 (HC X HF)

Financing schemes **U.A.Emirates dirham (AED), Million** Health care functions	HF.1 Government schemes and compulsory contributory health care financing schemes	HF.1.1 Government schemes	HF.1.1.1 Central government schemes	HF.1.1.2 State/regional/local government schemes	HF.1.2 Compulsory contributory health insurance schemes	HF.3 Household out-of-pocket payment	All HF	Share of HF
HC.1 Curative care	10,080	3,919	251	3,668	6,161	1,355	11,435	59%
HC.1.1 Inpatient curative care	4,822	2,173	97	2,076	2,649	185	5,007	26%
HC.1.2 Day curative care	666	65	0	65	601	0	666	3%
HC.1.3 Outpatient curative care	4,592	1,680	154	1,526	2,912	1,170	5,762	30%
HC.2 Rehabilitative care	48	48	0	48	0	0	48	0%
HC.4 Ancillary services (non-specified by function)	2,670	721	16	704	1,950	0	2,670	14%
HC.4.1 Laboratory services	1,461	273	12	261	1,188	0	1,461	8%
HC.4.2 Imaging services	899	165	5	160	734	0	899	5%
HC.4.3 Patient transportation	311	283	0	283	28	0	311	2%
HC.5 Medical goods (non-specified by function)	2,372	288	76	211	2,085	857	3,229	17%
HC.6 Preventive care	195	194	0	194	0	0	195	1%
HC.7 Governance, and health system and financing administration	1,695	1,695	16	1,678	0	0	1,695	9%
HC.9 Other health care services not elsewhere classified (n.e.c.)	1	0	0	0	1	0	1	0%
All HC	17,061	6,864	360	6,504	10,198	2,212	19,273	100%
Share of HC	89%	36%	2%	34%	53%	11%	100%	

Figure 4. Financing Flows from Financing Schemes and Healthcare Functions, Dubai 2019



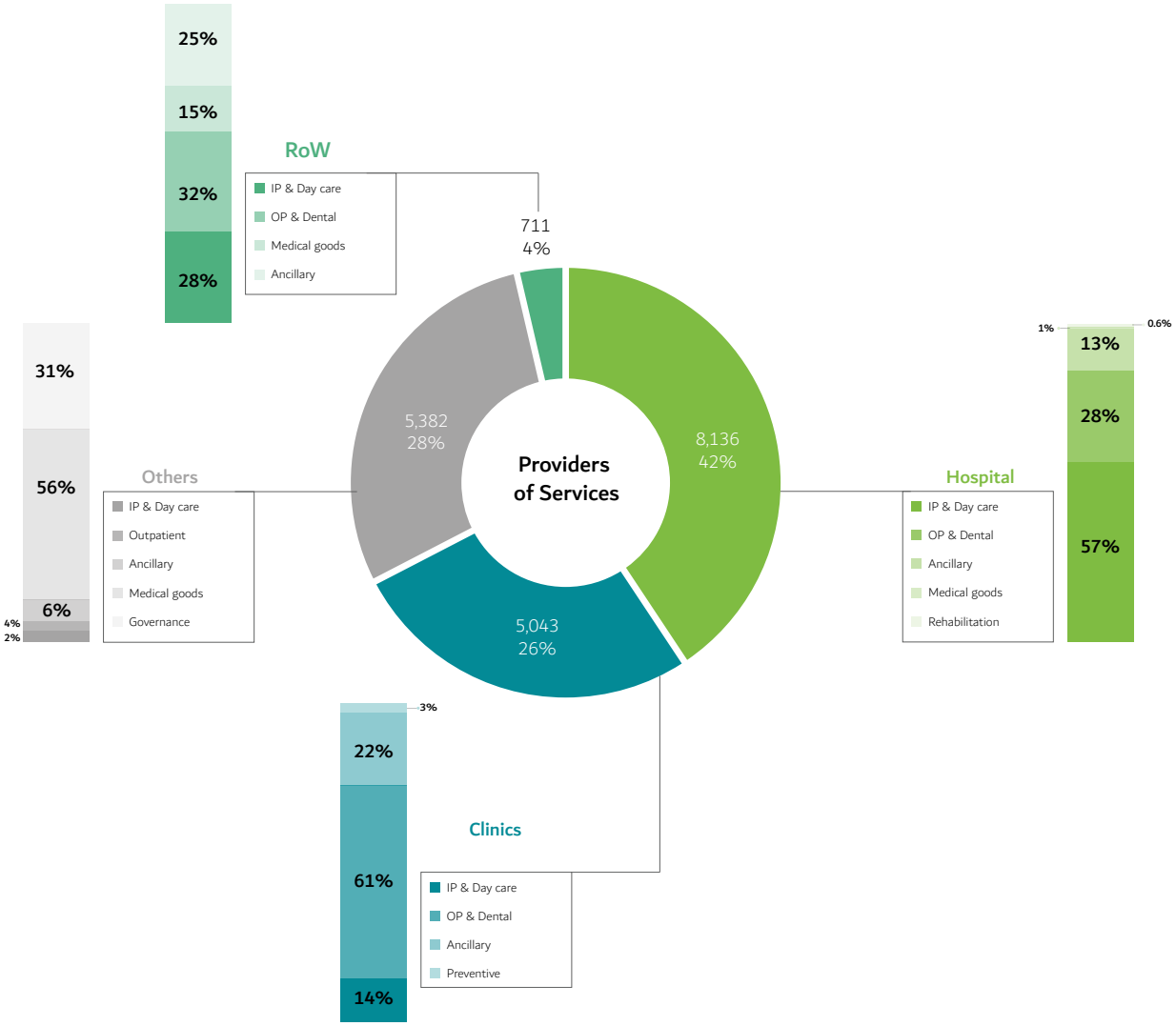
Types of health services that received the healthcare expenditure amount through the various health providers

As shown in Table 7, in 2019, hospitals received a total of 8,136 M AED of which 6,919 M AED was spent on curative care, 1063 M on ancillary services ,43M on rehabilitative care, and 63 M on medical goods. Primary Healthcare centers received a total of 5043 M of which 3,758 M was spent on curative care, 1,092 M on ancillary services, 147 M on preventive care and 40M on medical goods. Retailers and providers of medical goods received 3041 M AED. The Rest of the World provided a wide array of services totaling 711 M AED with majority spent towards curative care (424 M).

Table 7. Health Care Functions by Health Care Providers in 2019

Health care providers **U.A.Emirates dirham (AED), Million** Health care functions	HP.1 Hospitals	HP.3 Providers of ambulatory health care	HP.4 Providers of ancillary services	HP.5 Retailers and Other providers of medical goods	HP.7 Providers of health care system administration and financing	HP.9 Rest of the world	HP.nec Unspecified health care providers (n.e.c.)	All HP	Share of HP
HC.1 Curative care	6,919	3,758	0	0	10	424	323	11,435	59%
HC.1.1 Inpatient curative care	4,138	585	0	0	10	174	101	5,007	26%
HC.1.2 Day curative care	495	130	0	0	0	26	15	666	3%
HC.1.3 Outpatient curative care	2,287	3,043	0	0	0	224	207	5,762	30%
HC.2 Rehabilitative care	43	5	0	0	0	0	0	48	0%
HC.4 Ancillary services (non-specified by function)	1,063	1,092	284	51	0	180	0	2,670	14%
HC.4.1 Laboratory services	600	697	9	31	0	124	0	1,461	8%
HC.4.2 Imaging services	463	360	0	20	0	56	0	899	5%
HC.4.3 Patient transportation	0	36	275	0	0	0	0	311	2%
HC.5 Medical goods (non-specified by function)	63	40	29	2,990	0	107	0	3,229	17%
HC.6 Preventive care	48	147	0	0	0	0	0	195	1%
HC.7 Governance, and health system and financing administration	0	0	0	0	1,695	0	0	1,695	9%
HC.9 Other health care services not elsewhere classi fied (n.e.c.)	0	1	0	0	0	0	0	1	0%
All HC	8,136	5,043	313	3,041	1,705	711	323	19,273	100%
Share of HC	42%	26%	2%	16%	9%	4%	2%	100%	

Figure 5. CHE by Healthcare Providers and Healthcare Functions, Dubai 2019



Comparative Analysis

This section compares Dubai's results with other regional and selected countries from Organization of Economic Cooperation and Development (OECD). Data for comparative analysis was obtained from WHO Global Health Expenditure Database and OECD Health Expenditure and Financing Statistics for the recent year available. The OECD countries such as France, Switzerland, Canada, United Kingdom and USA were chosen to create a basket of countries that are similar to the current or future health financing system in Dubai. In addition, UAE health accounts for year 2017 was used to compare Dubai's health indicators with UAE overall.

The data from the other GCC countries provided the closest regional comparison to Dubai's healthcare system.

Figure 6. Current Health Expenditure (CHE) as Percentage of GDP

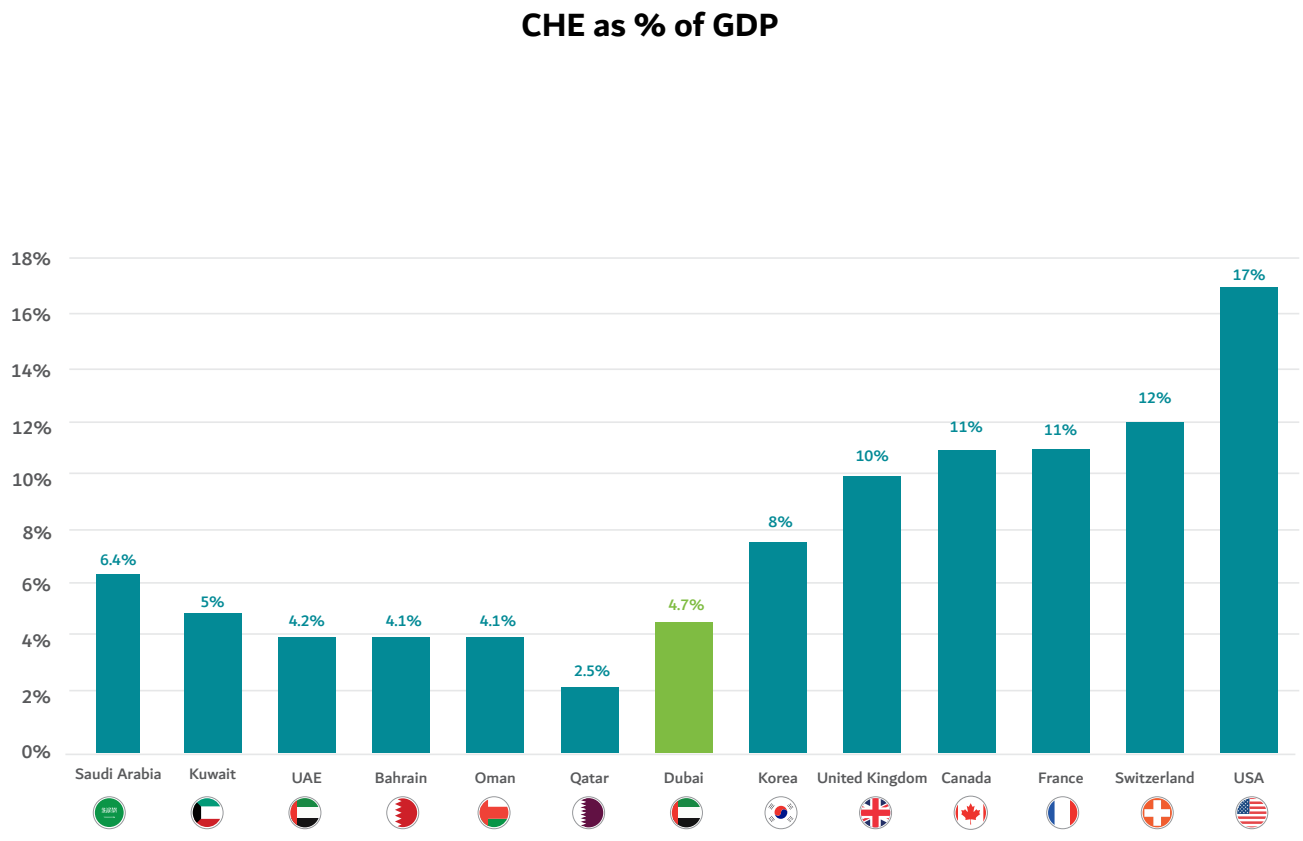


Figure 7. Share of Out of Pocket Expenditure of Current Health Expenditure (CHE)

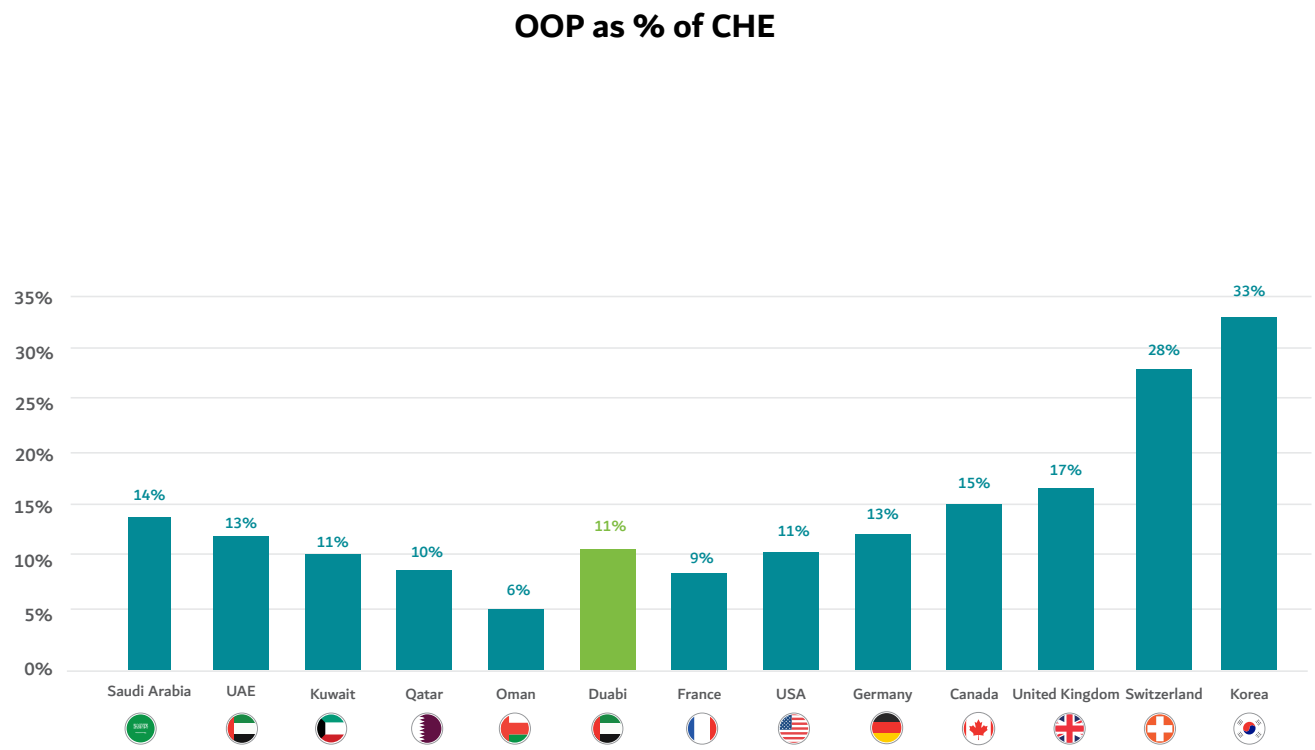


Figure 8. Share of Administration and Financing Expenditure of Current Health Expenditure

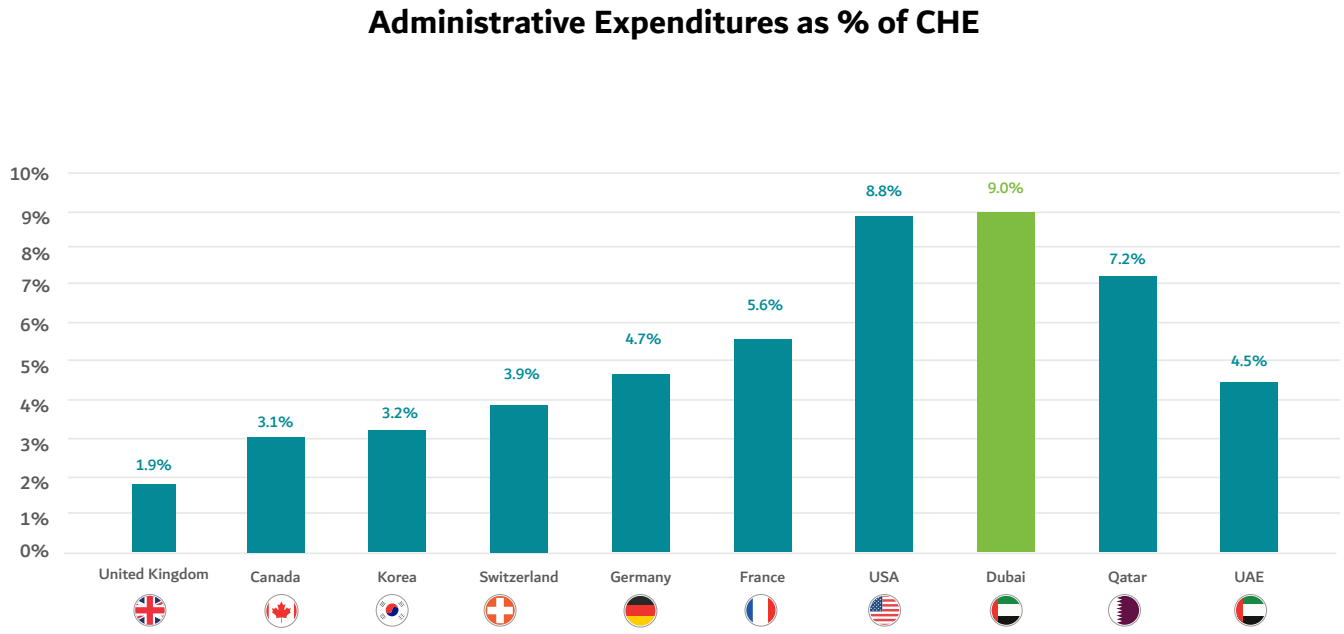


Figure 9. Share of Preventive Care Expenditure of Current Health Expenditure (CHE)

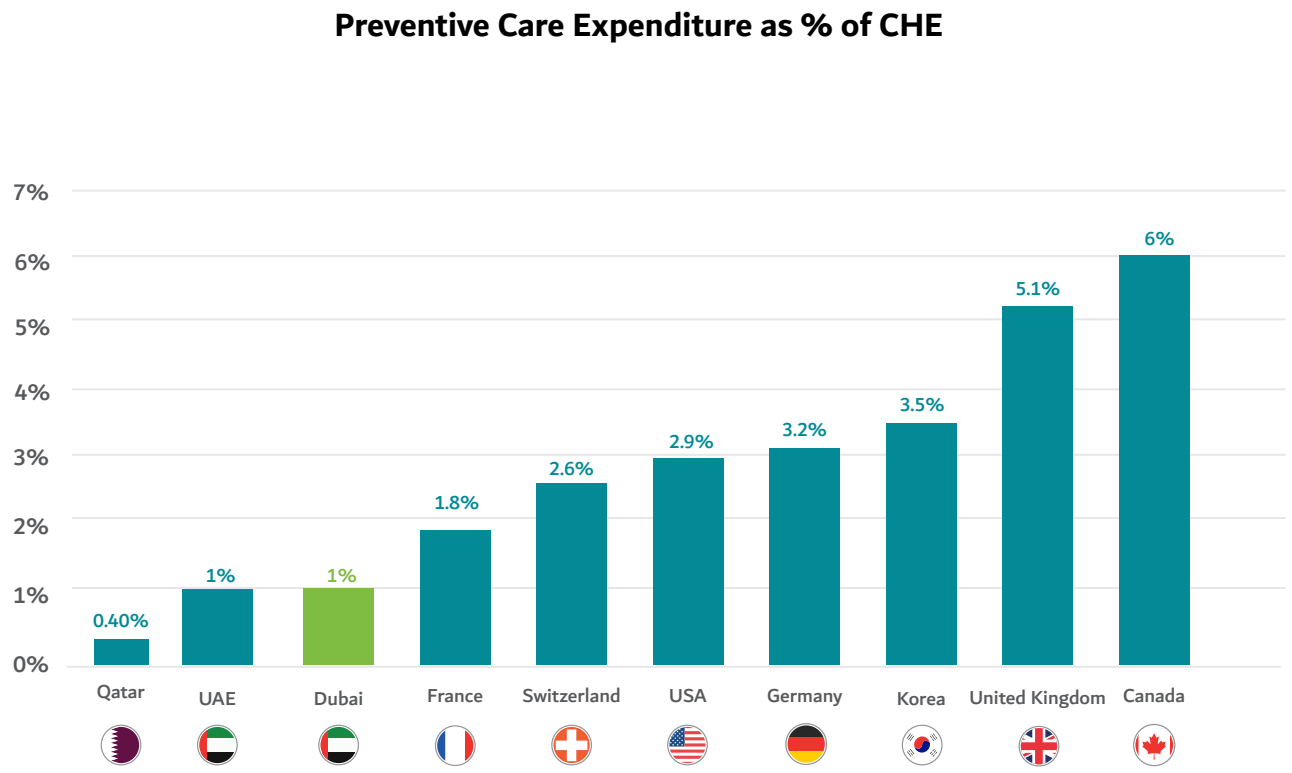
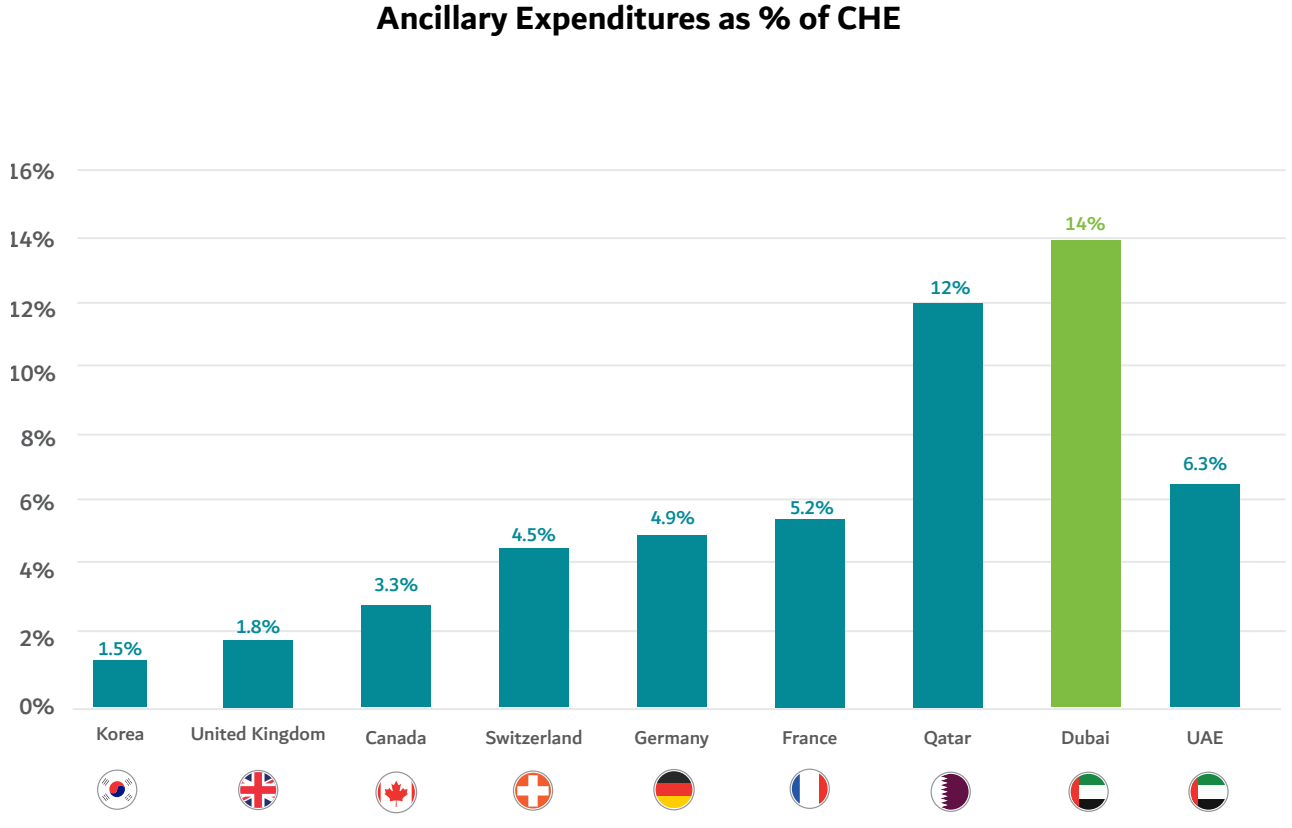


Figure 10. Share of Ancillary Services Expenditure of Current Health Expenditure (CHE)



Major Diagnostic Category

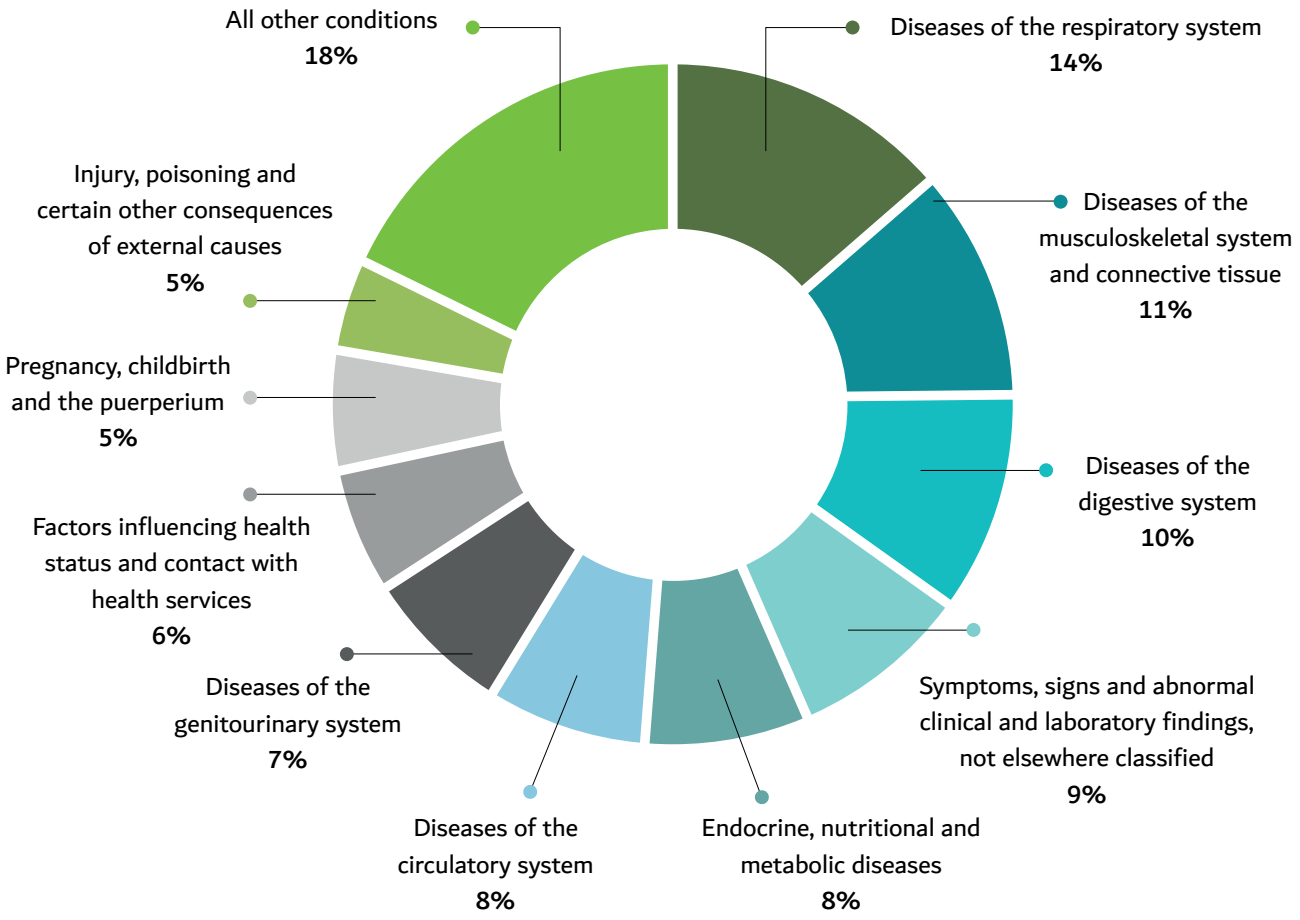
Table 8 illustrates healthcare expenditure by Major Diagnostic Category (MDC's) in Dubai. In 2019, the total net amount spent by MDC's was 12 billion AED . The highest expenditure was on diseases of the respiratory system (13.7%), followed by diseases of musculoskeletal system (10.8%) and digestive system (10.5%). The top ten MDC's in Dubai ends with Injury, poisoning and external causes. They represent 82% of the total expenditure.

Table 8

MDC	Share
Diseases of the respiratory system	13.7%
Diseases of the musculoskeletal system and connective tissue	10.8%
Diseases of the digestive system	10.5%
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	8.5%
Endocrine, nutritional and metabolic diseases	7.9%
Diseases of the circulatory system	7.5%
Diseases of the genitourinary system	7.1%
Factors influencing health status and contact with health services	5.9%
Pregnancy, childbirth and the puerperium	5.2%
Injury, poisoning and certain other consequences of external causes	4.6%
Neoplasms	3.2%
Diseases of the skin and subcutaneous tissue	3.1%
Certain infectious and parasitic diseases	2.8%
Diseases of the eye and adnexa	2.7%
Diseases of the nervous system	2.1%
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	1.2%
Diseases of the ear and mastoid process	1.1%
Certain conditions originating in the perinatal period	0.7%
Codes for special purposes	0.6%
Mental and behavioral disorders	0.4%
Congenital malformations, deformations and chromosomal abnormalities	0.3%
External causes of morbidity and mortality	0.02%

Figure 11.

MDC's percentages from total paid amount



A Report by

DUBAI HEALTH INSURANCE CORPORATION

Dubai Health Insurance Corporation was formed in 2018 under the guidance of Shaikh Hamdan Bin Mohammad Bin Rashid Al Maktoum, Crown Prince of Dubai and Chairman of the Dubai Executive Council who issued Executive Council Resolution No. (18) of 2018 approving the new organizational structure of Dubai Health Authority (DHA). The Corporation helps regulate the insurance market, create a conducive environment for growth and help maximise benefits to customers as well as protect their interest. At the same time, it also keeps the interest of the insurance companies and Third Party Administrators in mind.

The corporation also license and regulate health insurance companies, claims management companies, insurance brokers and service providers.

It is responsible for managing Dubai Government's health insurance programme and issuing reports and recommendations related to health insurance and health economics.

For Any Queries

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Email: mschandersoni@dha.gov.ae

الملخص التنفيذي

الحاجة لـ "حصد"

تم تطوير "حصد" باستخدام منهجية موحدة ومعترف بها دوليًا والتي تسهل المقارنات المعيارية بين البلدان وإمارة دبي على وجه الخصوص. حيث يتم الإشراف على إعداد تقرير "حصد" (نظام الحسابات الصحية في دبي) سنويًا من قبل فريق مؤسسة دبي للضمان الصحي والذي يخضع لتحسينات مستمرة في شتى القطاعات بما في ذلك التغطية الصحية الإلزامية.

يغطي التقرير الحالي نتائج العام المالي 2019 ويتضمن أيضًا النتائج الرئيسية من التقارير السابقة التي تغطي الأداء للأعوام 2017 و 2018.

كما يوفر تقرير "حصد" معلومات حيوية بشأن:

- قياس الأبعاد المالية لنظام الرعاية الصحية في دبي بما يتيح الكفاءة في تخصيص الأموال بين قطاعي الصحة العام والخاص.
- مراقبة التغيرات في التوزيع المالي بين القطاعات الصحية الحكومية والخاصة مقارنة بالدول الإقليمية والدولية حيث أن مراقبة التغيرات التي تحدث بمرور الوقت ستمنح حكومة دبي والمستثمرين المعلومات اللازمة لقياس حجم واتجاهات الاستثمار.
- توضيح الجهات التي تقوم بالدفع مقابل الخدمات الصحية، كيفية إدارة الموارد الصحية وفي أي مسار يتم إنفاق الموارد الصحية.
- آلية تدفق إجمالي الإنفاق الصحي من مصادر التمويل إلى المستخدمين النهائيين.
- مراقبة تدفق الأموال في نظام الرعاية الصحية في دبي.

جمع وتحليل البيانات

تم جمع بيانات الإنفاق الصحي من عدة مصادر وجهات، حيث تم جمع المعلومات حول الإنفاق الحكومي على شكل قوالب مصممة مسبقاً من كلا من دائرة المالية (DOF) وهيئة الصحة في دبي (DHA) ووزارة الصحة ووقاية المجتمع (MOHAP). بالإضافة إلى ذلك تم استخراج البيانات الخاصة بنفقات القطاع الخاص من منصة المطالبات الإلكترونية eClaimLink system وكذلك من أصحاب العمل. فيما استندت المعلومات الخاصة بالإنفاق الصحي للأسر على نتائج مسح صحة الأسرة في دبي للأعوام 2018-2019.

النتائج الرئيسية لـ "حصد"

بلغ إجمالي الإنفاق الحالي على الرعاية الصحية في عام 2019 حوالي 19.27 مليار درهم إماراتي، بزيادة قدرها 4.8% عن الإنفاق في عام 2018، والذي بلغ 18.39 مليار درهم إماراتي. حيث شكلت نفقات الرعاية الصحية الممولة من الحكومة في عام 2019 ما يعادل 36% من إجمالي الإنفاق بما يعادل 6,864 مليون درهم إماراتي، فيما بلغت نفقات الرعاية الصحية في القطاع الخاص نسبة 64% من إجمالي الإنفاق بما يعادل 12,410 مليون درهم إماراتي.

ارتفعت نسبة التمويل من قبل أصحاب العمل منذ عام 2017 كمساهمة في أقساط التأمين الصحي لموظفيهم من 49% إلى 53% خلال نفس الفترة، فيما انخفضت مساهمة الحكومة من 38% إلى 36% وانخفض كذلك الإنفاق الصحي للأسر من 13% إلى 11%.

وقد بلغت حصة مجموع الإنفاق الصحي التي تلقاها مختلف مقدمي الخدمات الصحية كالتالي:

- 42% للمستشفيات، 26% للعيادات، و16% لصيدليات البيع بالتجزئة ومقدمي الخدمات المساعدة.
- شكلت الرعاية العلاجية 59% من إجمالي الإنفاق الصحي. فيما بلغ الإنفاق على الخدمات الإضافية 14% والسلع الطبية 17%.
- الإنفاق على خدمات الرعاية الوقائية كان منخفضاً جداً عند 1%.
- خصصت الحكومة 25% من نفقاتها الصحية لمجالات الحوكمة والإدارة. فيما تم إنفاق 40% من إجمالي نفقات التأمين الصحي الخاص على الخدمات الإضافية والسلع الطبية.