حكومة دبي
GOVERNMENT OF DUBAI

هيئة الصحة بدبي
DUBAI HEALTH AUTHORITY

Health Accounts System of Dubai 2018

Table Of Contents

Foreword

His Excellency Humaid Al Qutami,

Chairman of the Board and 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, significant advancements have been made in all services and economic sectors. The general aim is to build a sustainable socio-economic environment that can respond to the healthcare needs of the population in the Emirate of Dubai.

With the introduction of Mandatory Health Insurance Law 11 of 2013, Dubai's health sector landscape is rapidly evolving. The regulatory role of the Dubai Health Authority is to ensure accessibility, quality and continuity in the provision of health services to residents of and visitors to Dubai.

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 fourth account of health expenditures (HASD) for the Emirate of Dubai. The 2018 HASD report is the reflection of Dubai's progress towards universal health coverage with a mandate to track health expenditures for evidence based policy and making healthcare accessible, affordable and of better quality. This report also acts as a benchmark for the production of a National Health Accounts system for the United Arab Emirates (UAE).

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

As Dubai has established ISAHD (Insurance System of Advancing Health in Dubai) scheme, monitoring progress of the health financing dimension is important for decision on fiscal space for health, sustainable financing, and appropriate resource allocation.

In-line with WHO NHA standards, institutionalized Health Accounts provides key health financing indicators every year enabling critical policy reflections. It allows global comparison of select indicators enabling us to improve financing of interventions for better health accounts. HASD 2018 report provides an insightful reflection of the healthcare financing indicators for Dubai.

I applaud the efforts of HASD technical team for consistently enhancing the health accounts estimates by improving methodologies and rigorous efforts to get accurate data. These estimates will help us reorient our existing policies for an equitable and efficient health system.

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: 2018. 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).

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.

Definitions

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).

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.

Definitions

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.

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

The production of HASD (Health Accounts System of Dubai) is a process through which the Emirate of Dubai monitors the alignment of funding flows in Dubai's health system undergoing continuous sector reforms including mandatory health coverage. HASD data on expenditure help us answer a range of questions, such as: Who pays for healthcare? How funds are channeled to providers? Which financing arrangements account for what share of spending? What services account for most of health spending?

The preparation of HASD is led by the Dubai Health Insurance Corporation, Dubai Health Authority. This report covers the results of 2018 and includes also key findings from previous reports covering 2016 and 2017.

HASD is developed using an internationally recognized and standardized methodology which facilitate comparisons across countries and over time within the Emirate 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 the eclaimlink platform and collected from employers through pre-designed templates. The information on out-of-pocket spending was based on the results from the Dubai Household Health Survey 2018.

Total current healthcare expenditure in 2018 was 18.39 B AED; an increase of 9.6% from the spending in 2017, which was 16.77 B AED.
In 2018, Government financed healthcare expenditure accounted for 35% of total spending, 6,495 M AED and Private healthcare expenditure accounted for 65% of total spending, 11,898 M AED.

Since 2016, the source of funding by employers, as contribution to their employees' health insurance premium, increased from 46% to 53%. Over the same period, the government contribution dropped from 43% to 35%. However, there was no significant change in out-of-pocket spending from 2016 to 2018.

The share of all health spending received by various providers was 41%, 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 28% 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 18,393 M

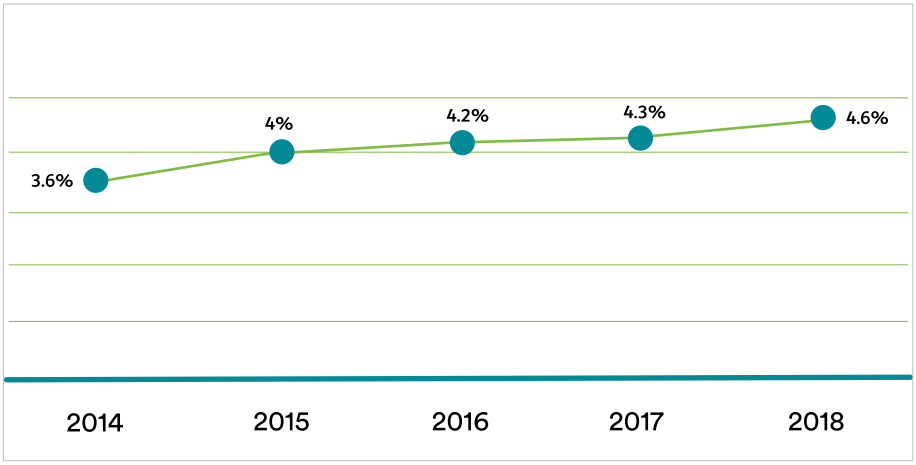
4.6% of GDP

Per capita health expenditure

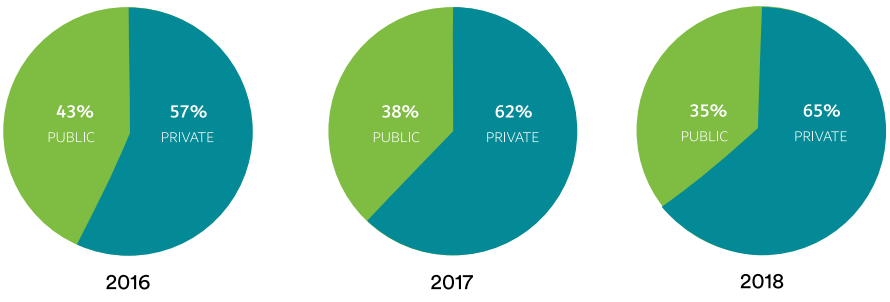
AED 3,934 (USD 1,072)

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 **10%**

Introduction

With the vision to become a pivotal hub in the global economy, Dubai continues its ambitious development journey towards excellence and establishing new businesses (Dubai Economic Report, 2018). In 2018, Dubai's GDP was 398.1 Billion AED, of which AED 18,393 Million (4.6%) is spent on health.

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. However, DHA and only a limited number by MOHAP and DHCA oversee most of the Dubai's healthcare facilities and professionals.

In 2014, mandatory health insurance was enacted in Dubai and rolled-out in three main phases; by 2016 every employee and dependent residing in Dubai must be medically insured. As a result, close to 100% of Dubai's population is now covered and have financial access to health care. This report monitors the flow of funds in the health sector and measures the impact of the health insurance law.

Objectives of Health Accounts System of Dubai 2018

- **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**
- **Support the monitoring of Mandatory Health Coverage**
- **Provide evidence to enhance future health policies**
- **Promote investment by the private business community to fill existing gaps in health services**
- **Use international indicators to compare Dubai's health system performance with that of other countries**

Methodology

Overall, HASD methodology follows the international classification of System of Health Accounts (SHA) 2011 [World Health Organization, 2011], which was also followed in HASD 2016-2017. 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 the first two groups as 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 the HASD report, the first three groups will be considered. Healthcare expenditure by tourists is not included in this report.

Data Collection and Analysis

Similar to previous reports, the data for the 2018 HASD report was collected and analyzed in accordance with the WHO International guidelines provided in SHA 2011. The current report analyzes the trend in healthcare spending over three years post implementation of ISHAD (Insurance System of Advancing Health in Dubai) scheme.

Data Sources

Government

Dubai Department of Finance (DoF)

DoF provided HASD's technical team with data for health expenditure paid by the 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 does not indicate which providers and health services were utilized.

Dubai Health Authority (DHA)

DHA 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 into 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 and validate the estimates of out-of-pocket (OOP) expenditures.

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 2018 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 is 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 DHHS is the largest and most comprehensive household survey of healthcare and health issues carried out in 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 categories: 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 was designed and led by Dubai Statistics Center

(DSC), and 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, 2,342 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.

The surveyors each 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 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 expenditure 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 the Health Accounts Production Tool (HAPT). It is a standardized tool that helps to arrive at Health Accounts estimates with a 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, simplifies the management of large data sets and keeping tracks of multiple data files of expenditure data, and reduces 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, the data needs to include more information about the precise nature of the medical treatments provided outside Dubai based on SHA definitions.

Results of HASD 2018

Table 1. Health Accounts Summary Indicators for 2018 (adjusted for inflation)

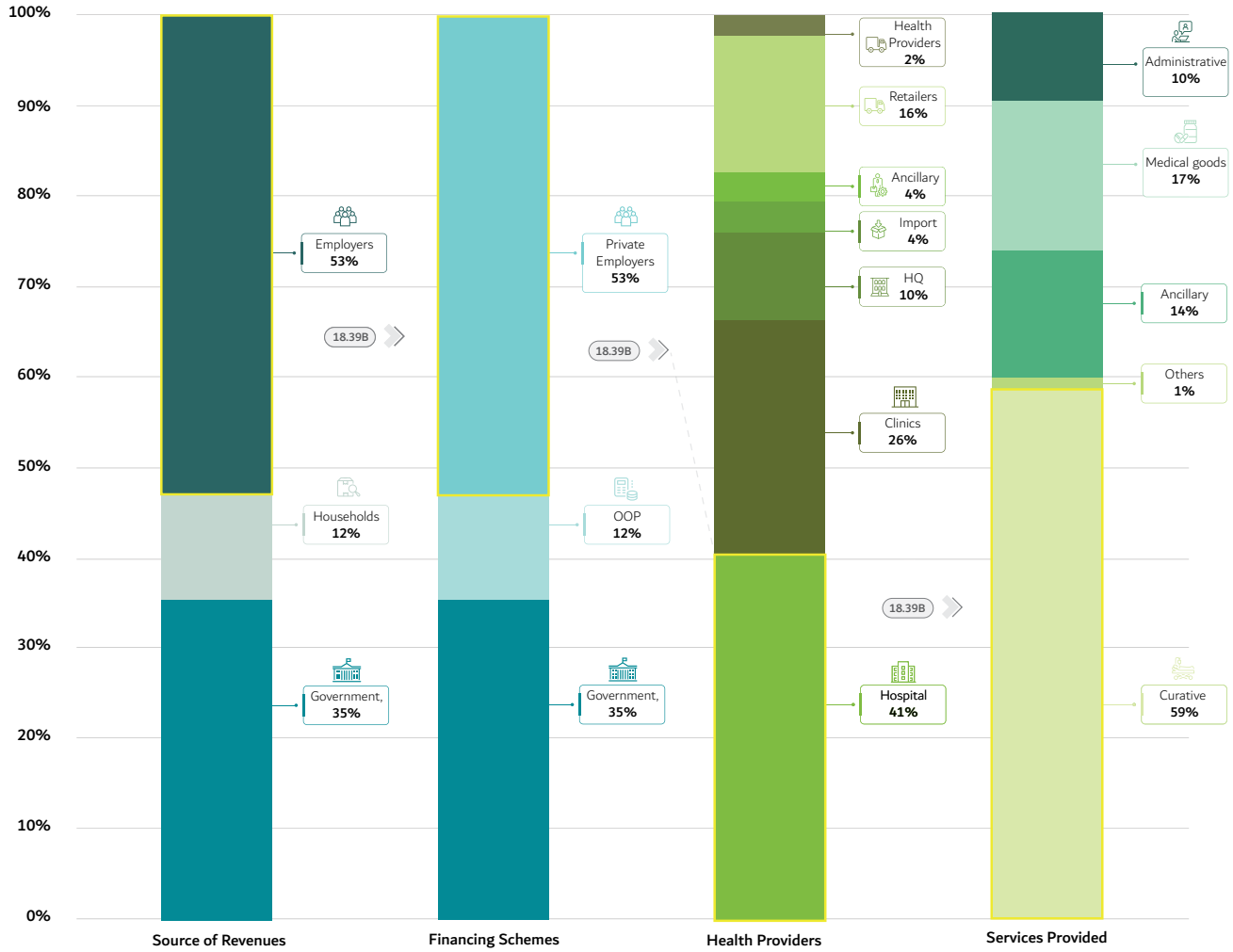
	Indicators	2018
1.	Health expenditure (HE) % Gross Domestic Product (GDP)	4.6%
2.	General Government Expenditure on Health (GGHE) as % of GDP	1.6%
3.	General Government Expenditure on Health (GGHE) as % of HE	35%
4.	Private Expenditure on Health (PvHE) as % of HE	65%
5.	Out-Of-Pocket expenditure as % of HEvv	12%
6.	Out-Of-Pocket expenditure as % of PvHE	18.4%
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	31%
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$)	1,072
13.	Current expenditure on health / capita at Purchasing Power Parity (NCU per US$)	2,251
14.	General government expenditure on health / cap x-rate	378
15.	General government expenditure on health / cap Purchasing Power Parity (NCU per US$)	795
16.	OOPS / capita at exchange rate (NCU per US$)	128
17.	Exchange Rate (NCU per US$)	3.67
18.	PPP 2018(NCU per US$)	2.1
19.	Gross domestic product - Million AED(Constant Prices)	398,129
20.	Financial Population*	4,676,325
21.	Current Health Expenditure – Million AED	18,393

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

Sources and flow of funds

In 2018, 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 35% and 12% respectively. In terms of flow of funds, hospitals received less than half of the pooled funds (41%) 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 health expenditure increased by 9.6% from 2017 to 2018. Private employers were the major source of funds estimated at 9,703 M AED (53%) in 2018. The government financing schemes accounted for 6,495 M AED (35%) in 2018. Household out-of-pocket was estimated at 2,195 M AED (12%) in 2018.

Within 6,495 M AED funds managed by the government entities, the major spending was by the Dubai Government, estimated at 6,194 (95%) while the Federal Government contributed only 345 M AED (5%).

Over the last 3 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 did not show much variation.

Table 2. Financing Schemes (HF) by Financing Sources (FS) in 2018 (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.4.2 Compulsory prepayment from employers	FS.6.1 Other funds from households n.e.c	All FS	Share of FS
HF.1 Government schemes and compulsory contributory health care financing schemes	**6,495**	**9,703**	**0**	**16,198**	**88%**
HF.1 Government schemes	**6,495**	**0**	**0**	**6,495**	**35%**
HF.1.1.1 Central government schemes	**345**	**0**	**0**	**345**	**2%**
HF.1.1.2 State/regional/local government schemes	**6,149**	**0**	**0**	**6,149**	**33%**
HF.1.2 Compulsory contributory health insurance schemes	**0**	**9,703**	**0**	**9,703**	**53%**
HF.1.2.2 Compulsory private insurance schemes	**0**	**9,703**	**0**	**9,703**	**53%**
HF.3 Household out-of-pocket payment	**0**	**0**	**2,195**	**2,195**	**12%**
All HF	**6,495**	**9,703**	**2,195**	**18,393**	**100%**
Share of HF	**35%**	**53%**	**12%**	**100%**	

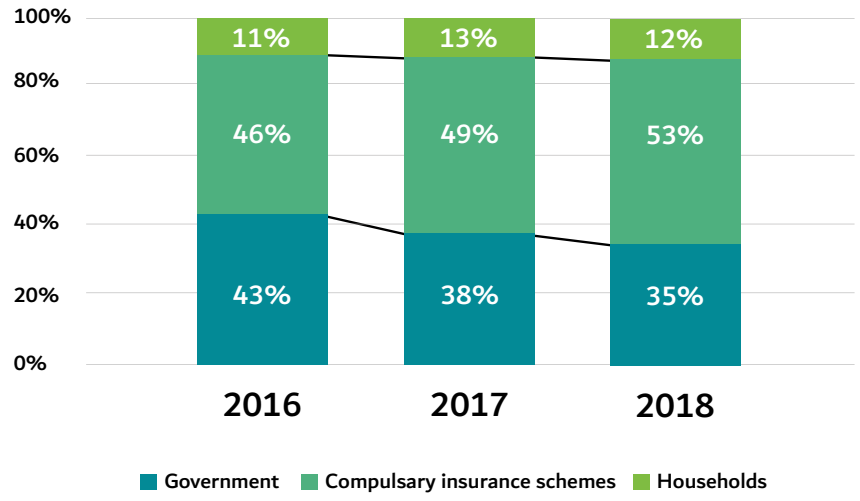
Table 3. Funds of Health Care Financing over Time, Dubai (2016-2018)

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

Table 4. Financing Schemes over Time, Dubai (2016-2018)

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

Figure 2. Trends in Health Financing Schemes, Dubai (2016-2018)



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

The majority of healthcare expenditure for 2018 went to hospitals amounting to 7,567 M AED (41%), followed by the primary health centers 4,868 (26%) Ancillary providers such as medical and diagnostic labs, imaging centers received 314 M AED (2%) while pharmacies received 2,889 M AED (16%). Healthcare governance and providers of healthcare system administration and financing received 1,799 M AED (10%) of the funds.

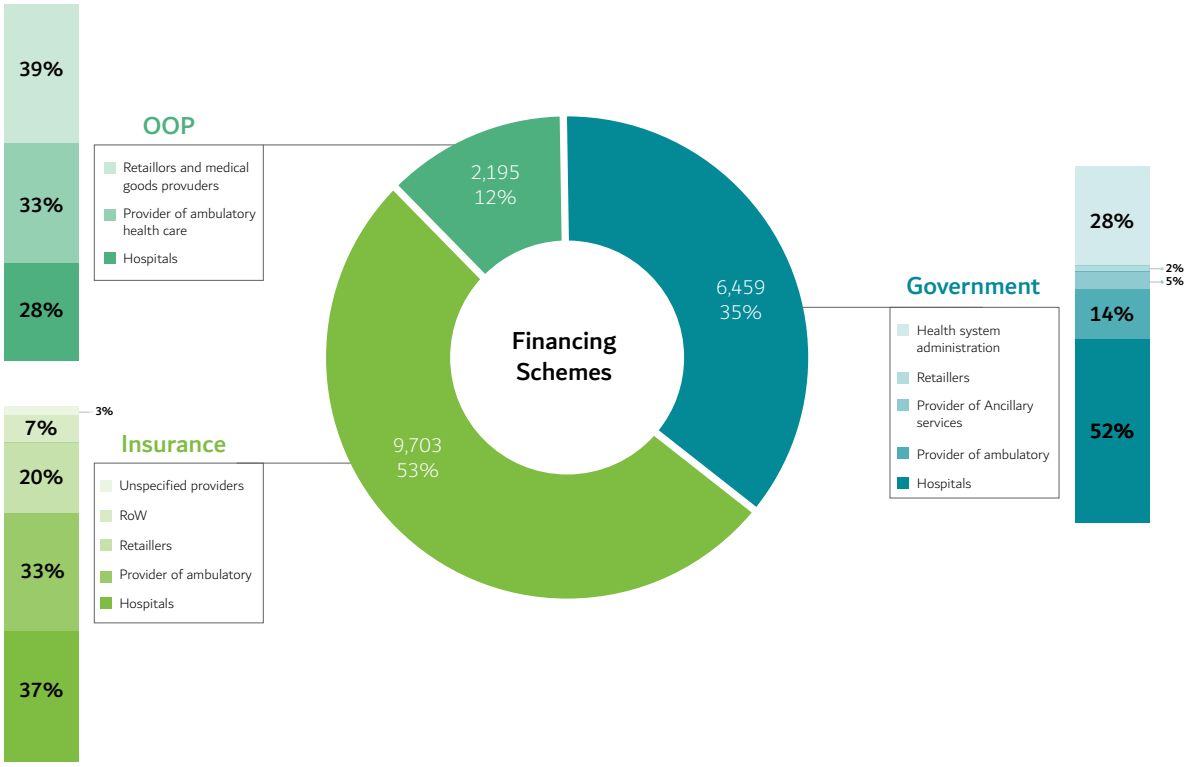
Households allocated 851 M AED (39%) towards discretionary health care spending, and 650 M AED (4%) was given to providers outside Dubai.

The HF1.1 column of Table 5 shows that the largest share of government scheme's spending goes to Hospitals (52%) and healthcare system administration (28%) which is 4% higher compared to 2017. The private insurance schemes provide a major share of fund to hospitals (37%) and clinics (33%). The pharmacies receive 1,933 M AED (20%) from private insurance schemes. As noted earlier, data about private health insurance spending on administration and claims management was not available.
Healthcare expenditure by tourists is not included in this report.

Table 5. Health Providers (HP) by Financing Schemes (HF) in 2018 (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	6,929	3,350	233	3,118	3,579	613	7,542	41%
HP.3	Providers of ambulatory health care	4,137	933	97	836	3,204	731	4,868	26%
HP.4	Providers of ancillary services	314	304		304	9		314	2%
HP.5	Retailers and Othe providers of medical goods	2,038	106		106	1,933	851	2,889	16%
HP.7	Providers of health care system administration and financing	1,799	1,799	16	1,784			1,799	10%
HP.9	Rest of the world	650				650		650	4%
HP.nec	Unspecified health care providers (n.e.c.)	332	2		2	330		332	2%
All HP		16,198	6,495	345	6,149	9,703	2,195	18,393	100%
Share of HP		88%	35%	2%	33%	53%	12%	100%	

Figure 3. CHE by Financing Schemes and Providers, Dubai 2018



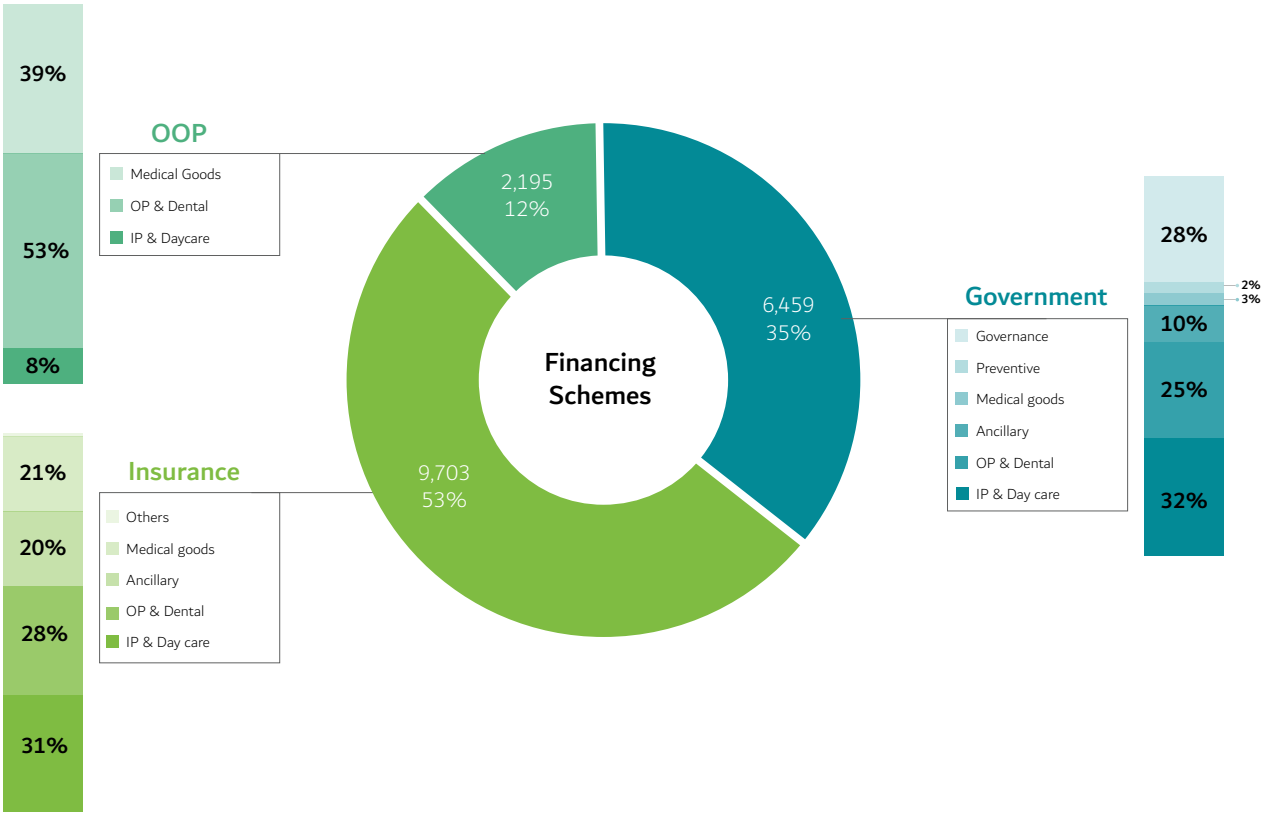
Health services expenditure through the various financing schemes

In 2018, curative care received the biggest share of funds at 10,772 M AED (59%). A breakdown of curative care indicates that inpatient care spending was 4,737 M AED (26%) and outpatient care spending was 5,507 M AED (30%). Ancillary services spending was 2,542 M AED (14%), medical goods spending was 3,071 M AED (17%) and preventive care spent was 160 M AED (1%). Healthcare governance and administration represented 1,788 M AED (10%).

Table 6. Health Care Functions (HC) by Health Financing Schemes (HF) for 2018 (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	9,427	3,647	256	3,391	5,780	1,345	10,772	59%
HC.1.1 Inpatient curative care	4,553	2,011	108	1,903	2,543	184	4,737	26%
HC.1.2 Day curative care	528	42	0	42	487	0	528	3%
HC.1.3 Outpatient curative care	4,346	1,595	148	1,446	2,751	1,161	5,507	30%
HC.2 Rehabilitative care	58	58	0	58	0	0	58	0%
HC.4 Ancillary services (non-specified by function)	2,542	636	15	621	1,906	0	2,542	14%
HC.4.1 Laboratory services	1,420	237	11	226	1,183	0	1,420	8%
HC.4.2 Imaging services	849	134	4	130	715	0	849	5%
HC.4.3 Patient transportation	274	265		265	9	0	274	1%
HC.5 Medical goods (non-specified by function)	2,220	205	58	147	2,015	851	3,071	17%
HC.6 Preventive care	160	159		159	0	0	160	1%
HC.7 Governance, and health system and financing administration	1,788	1,788	16	1,772		0	1,788	10%
HC.9 Other health care services not elsewhere classified (n.e.c.)	2	0	0	0	2	0	2	0%
All HC	16,198	6,495	345	6,149	9,703	2,195	18,393	100%
Share of HC	88%	35%	2%	33%	53%	12%	100 %	

Figure 4. Financing Flows from Financing Schemes and Healthcare Functions, Dubai 2018



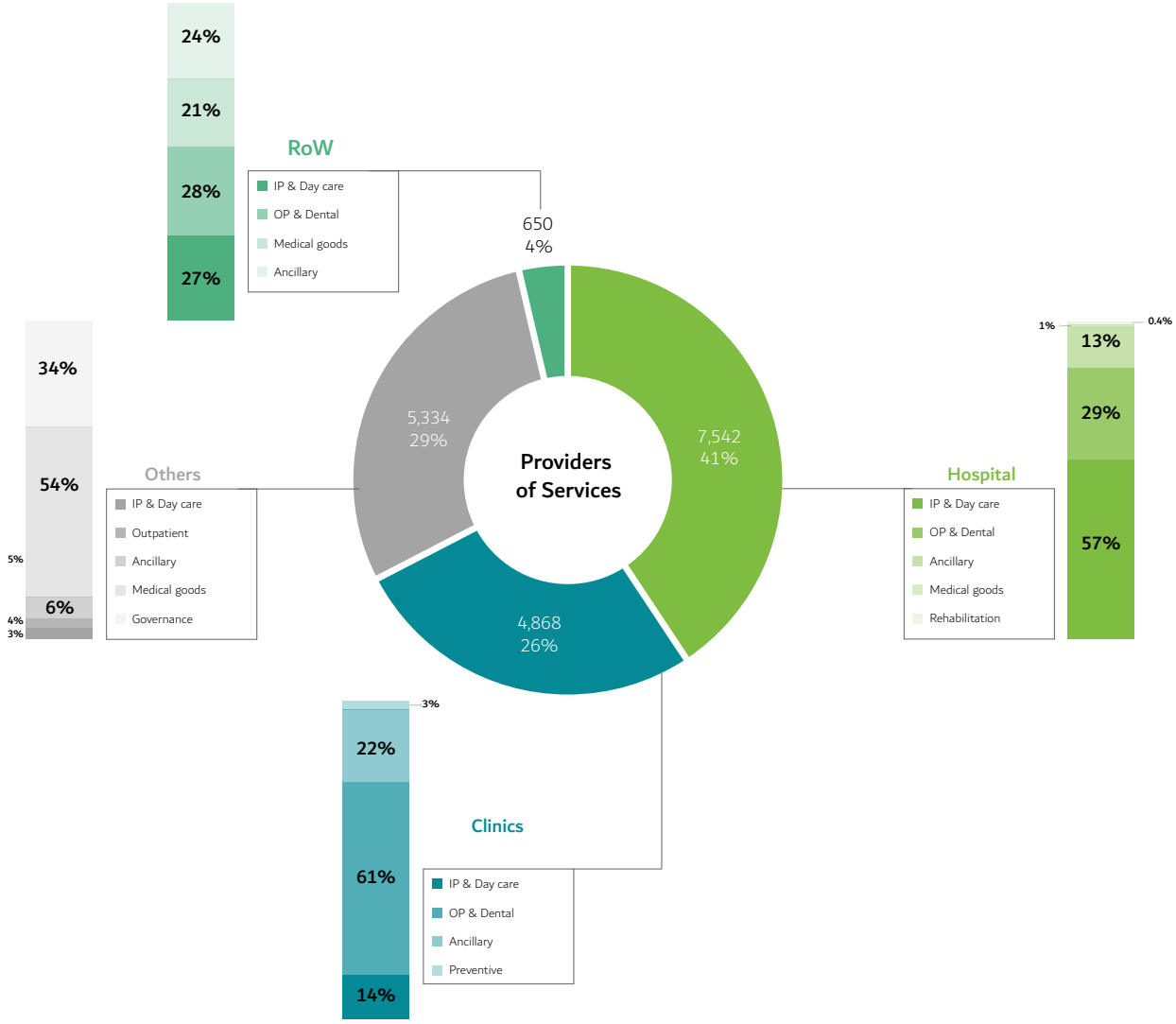
Types of health services that received the healthcare expenditure amount through the various health providers

As shown in Table 7, in 2018, hospitals received a total of 7,542 M AED of which 6,449 M AED was spent on curative care, 965 M on ancillary services ,54 M on rehabilitative care, and 44 M on medical goods. Primary Healthcare centers received a total of 4,868 M of which 3,623 M was spent on curative care, 1,089 M on ancillary services, 130 M on preventive care and 20M on medical goods. Retailers and providers of medical goods received 2,889 M AED. The Rest of the World provided a wide array of services totaling 650 M AED with majority spent towards curative care (357 M).

Table 7. Health Care Functions by Health Care Providers in 2018

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	6,449	3,623			11	357	332	10,772	59%
HC.1.1 Inpatient curative care	3,902	571			11	151	102	4,737	26%
HC.1.2 Day curative care	375	105				21	27	528	3%
HC.1.3 Outpatient curative care	2,173	2,947				184	203	5,507	30%
HC.2 Rehabilitative care	54	4						58	0%
HC.4 Ancillary services (non-specified by function)	965	1,089	275	56		157		2,542	14%
HC.4.1 Laboratory services	555	710	11	34		110		1,420	8%
HC.4.2 Imaging services	410	369	0	22		48		849	5%
HC.4.3 Patient transportation	0	10	264			0		274	1%
HC.5 Medical goods (non-specified by function)	44	20	38	2,833		136		3,071	17%
HC.6 Preventive care	30	130						160	1%
HC.7 Governance, and health system and financing administration					1,788			1,788	10%
HC.9 Other health care services not elsewhere classi fied (n.e.c.)	0	2	0			0		2	0%
All HC	7,542	4,868	314	2,889	1,799	650	332	18,393	100%
Share of HC	41%	26%	2%	16%	10%	4%	2%	100%	

Figure 5. CHE by Healthcare Providers and Healthcare Functions, Dubai 2018



Comparative Analysis

This section compares Dubai's results with other regional and selected countries from the Organization of Economic Cooperation and Development (OECD). Data from Qatar provides the closest regional comparison to Dubai's Healthcare system given that Qatar's population distribution and insurance structure is similar to that of Dubai. In addition, Qatar is the only GCC country that has produced Health Accounts as recently as 2012. SHA 2011 is institutionalized in OECD and data is produced regularly. This group of healthcare systems were chosen to create a basket of countries that are similar to the current or future health financing system in Dubai. These health systems are in USA, France, Canada, United Kingdom, South Korea, Switzerland and Germany.

The data for analysis was obtained from the WHO Global Health Expenditure Database and the OECD Health Expenditure and Financing Statistics for the most recent year available.

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

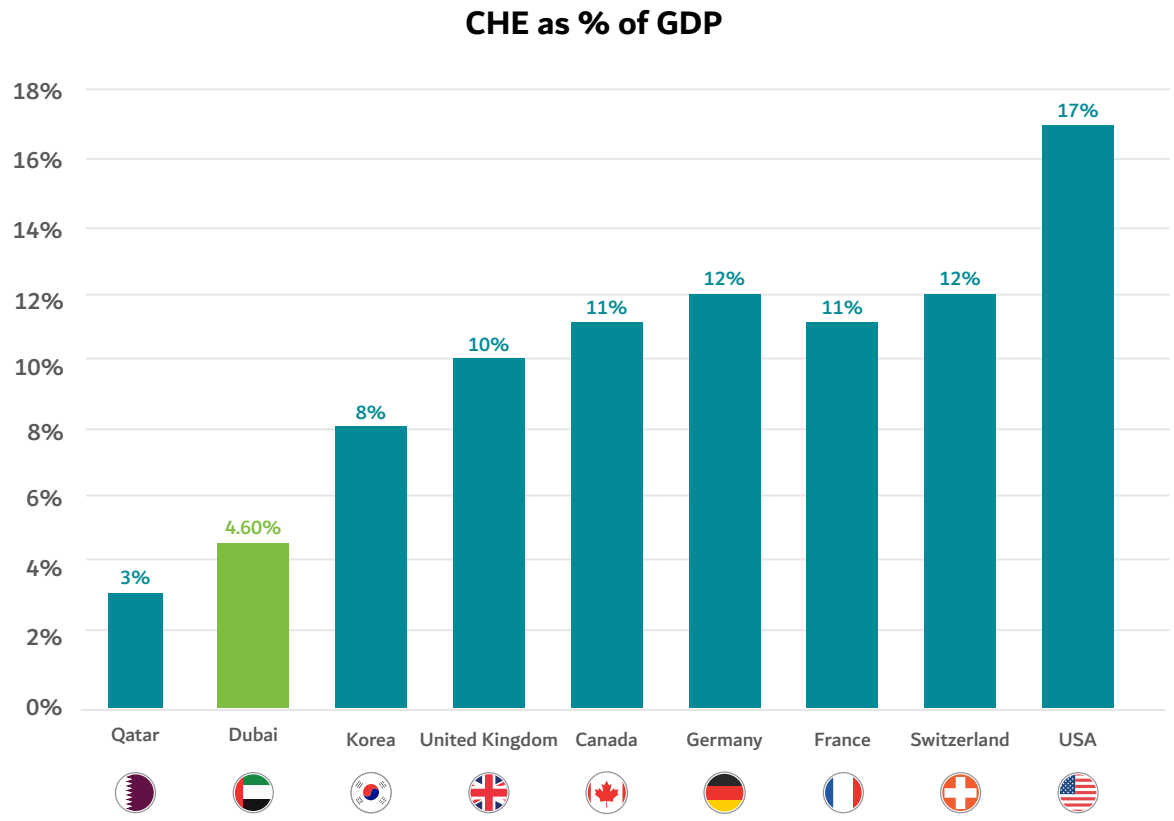


Figure 7. Share of Out of Pocket Expenditure of Current Health Expenditure (CHE)

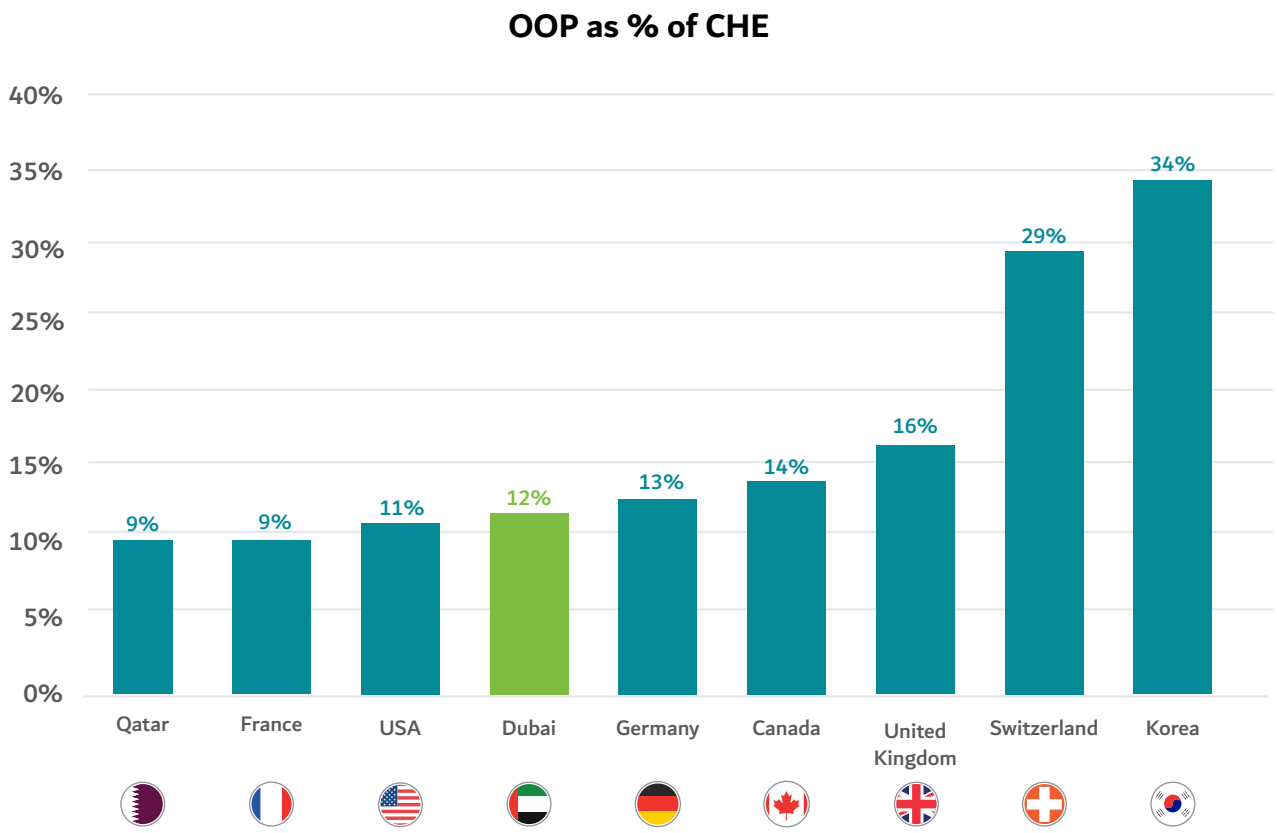


Figure 8. Share of Administration and Financing Expenditure of Current Health Expenditure

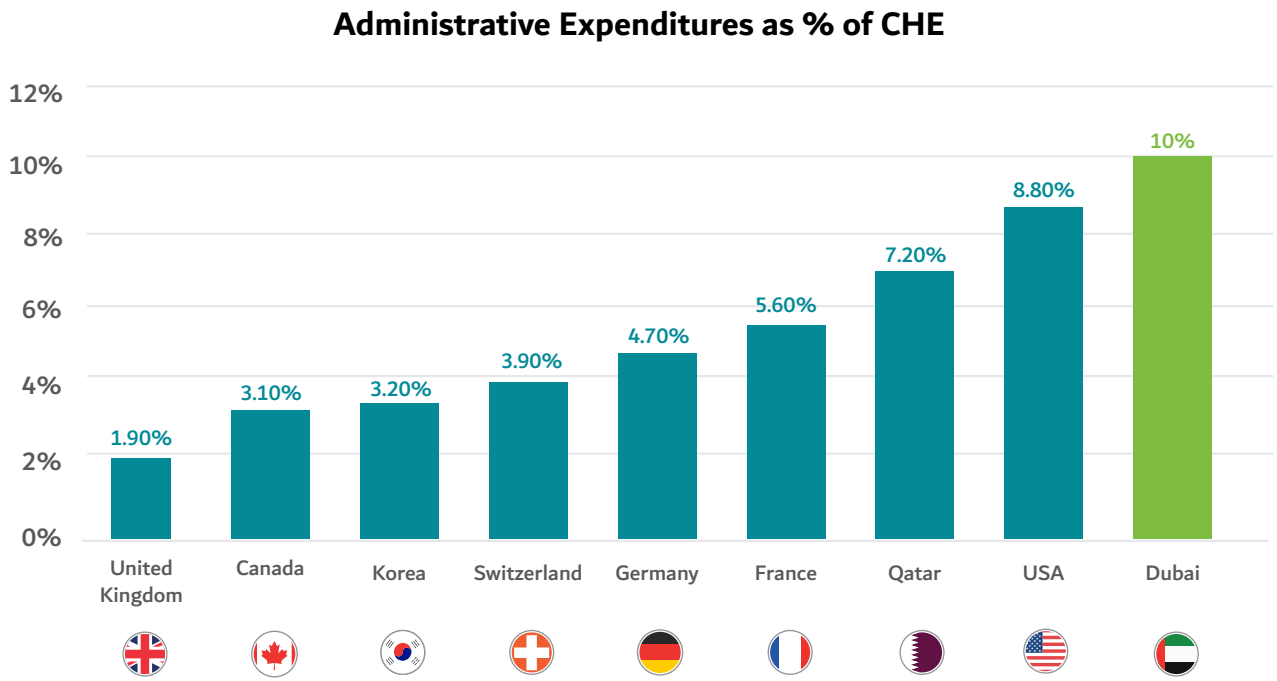


Figure 9. Share of Preventive Care Expenditure of Current Health Expenditure (CHE)

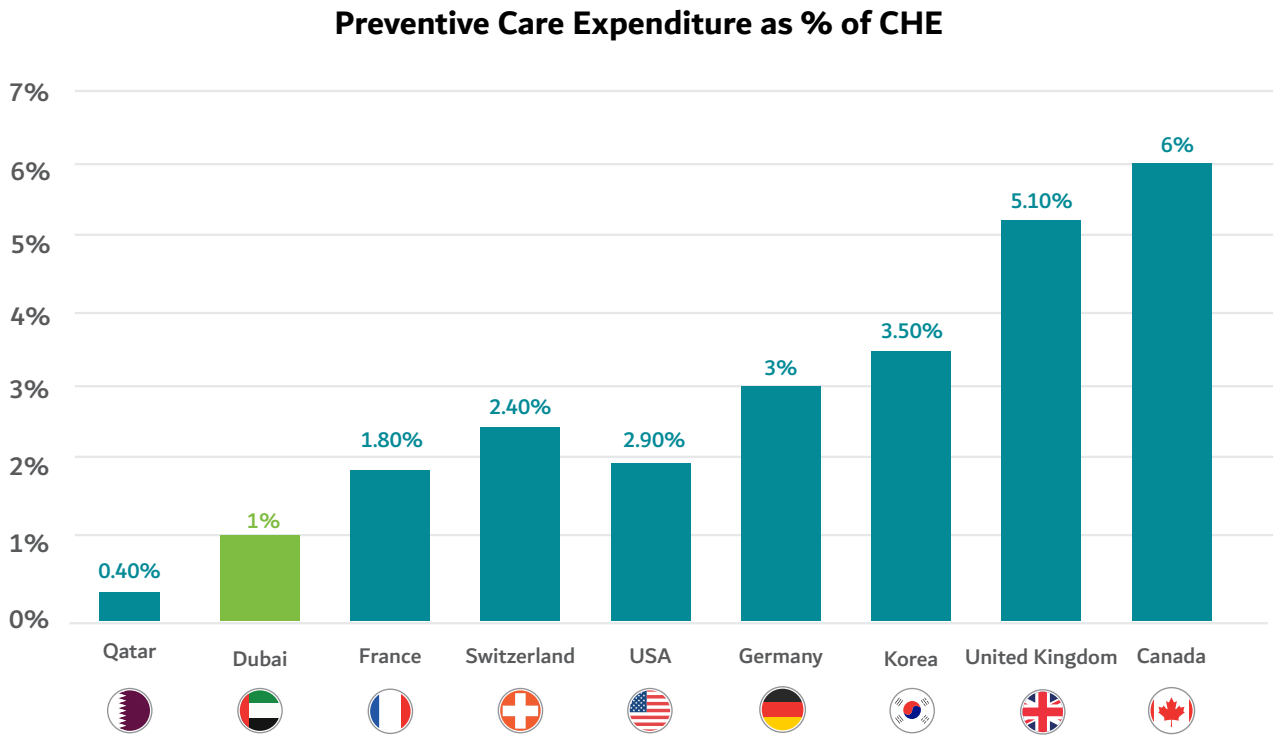
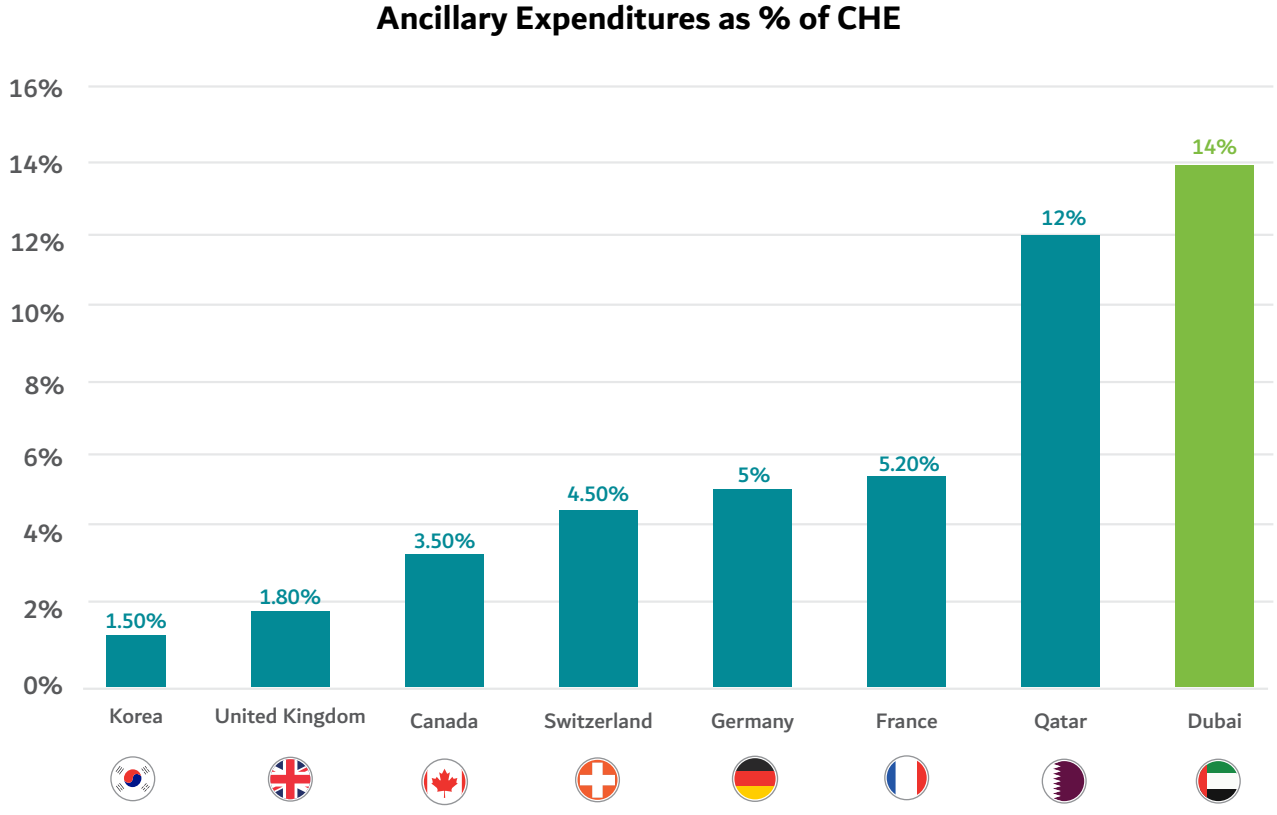


Figure 10. Share of Ancillary Services Expenditure of Current Health Expenditure (CHE)



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

Contact - Dr. Meenu Mahak Soni (Health Economist, DHIC, DHA)

Email: mschandersoni@dha.gov.ae

المقدمة

معالي حميد القطامي
رئيس مجلس الإدارة والمدير العام
هيئة الصحة بدبي

تحت قيادة صاحب السمو الشيخ محمد بن راشد آل مكتوم، نائب رئيس الدولة رئيس مجلس الوزراء حاكم دبي، شهدت جميع القطاعات الخدمية والاقتصادية تقدماً كبيراً في الآونة الأخيرة. وإن الهدف العام هو بناء بيئة اجتماعية اقتصادية مستدامة يمكنها الاستجابة لاحتياجات الرعاية الصحية لسكان إمارة دبي.

مع إدخال قانون الضمان الصحي الإلزامي رقم 11 لعام 2013، يشهد قطاع الصحة في دبي تطوراً سريعاً، ويتمثل الدور التنظيمي لهيئة الصحة بدبي في ضمان إمكانية الوصول والجودة والاستمرارية في تقديم الخدمات الصحية لسكان إمارة دبي وزوارها.

يعد تخصيص الأموال الكافية والمستدامة للرعاية الصحية حجر الأساس في نجاح أي نظام صحي

يسر هيئة الصحة بدبي نشر التقرير الرابع للحسابات الصحية (حصد) لإمارة دبي. حيث يعد تقرير حصد لعام 2018 انعكاساً لتقدم دبي نحو التغطية التأمينية الصحية الشاملة مع تفويض لتتبع النفقات الصحية للسياسة القائمة على الأدلة وجعل الرعاية الصحية ميسورة التكلفة وذات جودة أفضل. كما سيعمل هذا التقرير أيضًا كمعيار لإصدار تقرير الحسابات الصحية الوطنية لدولة الإمارات العربية المتحدة.

استند قرارنا بتنفيذ نظام حصد إلى حاجتين:

- قياس الأبعاد المالية لنظام الرعاية الصحية في إمارة دبي، مما يسمح بالكفاءة في تخصيص الأموال بين قطاعي الصحة العام والخاص.
- رصد التغيرات في التوزيع المالي بين القطاعين الصحي الحكومي والخاص مقارنة بالدول الإقليمية والدولية، حيث تعمل مراقبة التغييرات التي تحدث بمرور الوقت على تمكين كل من المنظم والمستثمرين على حد سواء، من خلال المعلومات اللازمة من قياس حجم واتجاهات الاستثمار.

بمناسبة استكمال هذا التقرير بنجاح، تولي هيئة الصحة بدبي قدراً كبيراً من التقدير لجميع الشركاء لمساهمتهم في ضمان إنشاء نظام رعاية صحية فعال وديناميكي في إمارة دبي.

وإنني أتطلع إلى استمرار الدعم من جميع الشركاء في إنتاج تقرير حصد السنوي. كما أدعو الشركاء إلى الاستفادة من المعلومات الواردة في هذا التقرير لدعم قراراتهم بشأن كيفية تقديم الرعاية الصحية بشكل أفضل لسكان إمارة دبي.

الرسالة

صالح الهاشمي
المدير التنفيذي لمؤسسة دبي للضمان الصحي
هيـئة الصـحة بدبـي

نظرًا لقيام إمارة دبي بتدشين منظومة إسعاد (منظومة الضمان الصحي في دبي)، فإن رصد التقدم المحرز في أبعاد التمويل الصحي مهم لاتخاذ أي قرار بشأن الحيز المالي للصحة والتمويل المستدام وتخصيص الموارد المناسبة.

وتماشياً مع معايير منظمة الصحة العالمية (NHA) ، توفر الحسابات الصحية المؤسسية مؤشرات التمويل الصحي الرئيسية لكل عام مالي والذي بدوره سيلعب دوراً هاماً في تمكين انعكاسات السياسات الهامة. حيث تسمح تلك السياسات إجراء مقارنة عالمية لمؤشرات مختارة تمكننا من تحسين تمويل التدخلات الطبية من أجل حسابات صحية أفضل. ويقدم تقرير حصد 2018 انعكاساً موضحاً لصورة مؤشرات تمويل الرعاية الصحية.

ومن هذا المنطلق أحيي جهود فريق حصد الفني وذلك لدورهم الفعال في تعزيز تقديرات الحسابات الصحية باستمرار من خلال تحسين المنهجيات والجهود الحثيثة للحصول على بيانات دقيقة والتي ستساعدنا في إعادة توجيه سياساتنا الحالية من أجل نظام صحي منصف وفعال.

شكر وتقدير

عملت مؤسسة دبي للضمان الصحي (DHIC) في هيئة الصحة بدبي بالتعاون الوثيق مع الشركاء الرئيسيين من أجل نشر تقرير ذو شفافية عالية. وكما بذلت جهود كبيرة لتقديم هذا التحليل الشامل للإنفاق الصحي وتدفق الأموال في جميع أنحاء قطاع الرعاية الصحية في إمارة دبي. حيث جمعت بيانات مهمة عن الإنفاق الصحي وتحليلها والتحقق من صحتها لإنتاج تقرير حصد2018.

لم يكن من الممكن استكمال هذه العملية بنجاح دون دعم الشركاء الرئيسيين. لذا، نود التعبير عن خالص الامتنان والتقدير لتعاون مختلف المنظمات في توفير المعلومات المالية الحيوية والحساسة اللازمة لإعداد هذا التقرير وعلى وجه الخصوص، جميع الجهود التعاونية للجهات التالية:

- دائرة المالية لحكومة دبي (DOF).
- وزارة الصحة ووقاية المجتمع (MOHAP) ، الإمارات العربية المتحدة.
- إدارة الشؤون المالية ، هيئة الصحة بدبي.
- مقدمي خدمات الرعاية الصحية في القطاع الخاص في إمارة دبي وشركات التأمين.

كما يمتد الشكر والتقدير كذلك إلى الفريق الفني المسؤول عن تنفيذ برنامج (حصد) ويشمل هذا الفريق الأعضاء التالية أسماؤهم:

- **د. مينو سوني** ، خبير اقتصادي صحي ، لقيامها بعملية الإنتاج الفني لهذا التقرير.
- **السيدة خديجة محمد البلوشي** ، رئيس مكتب الرئيس التنفيذي ، لقيامها بتدقيق قراءة التقرير وقيادة الجهود الإدارية في إصدار التقرير.
- **السيد فيليب سوانى** ، لقيامه باستخراج وتفسير البيانات من نظام المطالبات الإلكترونية.
- **د. الضو سليمان** ، مستشار إدارة الاستراتيجية والحوكمة ، لمراجعته القيمة لهذا التقرير.
- **الشكر موصول كذلك لبعض أعضاء مؤسسة دبي للضمان الصحي** على قيامهم بمراجعة شاملة للتقرير.