

HEALTH ACCOUNTS SYSTEM OF DUBAI

نظام الحسابات الصحية في دبي



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Foreword



Awadh Seghayer Al Ketbi

Director General
Dubai Health Authority

In line with the vision of our leaders, the Emirate of Dubai, and our aligned vision, we are committed to developing a world-class healthcare ecosystem that not only meets but exceeds global standards. Key to this endeavour are sustainability, transparency, and robust healthcare financing. Within this framework, we present the eleventh edition of the Health Accounts System of Dubai (HASD), offering detailed insights into healthcare expenditures and guiding the strategic development of our sector.

As Dubai's healthcare system continues to grow in scale and complexity, particularly regarding financing and service provision, the Dubai Health Authority (DHA) remains focused on driving improvements that benefit patients, healthcare professionals, and institutions. Initiatives such as EJADA highlight our commitment to value-based healthcare and prioritise community well-being. At the core of our mission is the use of evidence-based approaches to guide policy development and programme implementation. Access to high-quality health data and analytics is essential for informed decision-making. This commitment is exemplified by the HASD initiative, which provides transparent, actionable insights to empower policymakers and stakeholders in shaping the future of Dubai's healthcare system. We are honoured to present the eleventh edition of the Health Accounts System of Dubai (HASD) report for 2023. This edition reviews healthcare expenditures across public and private sectors, aiming to enhance efficiency, equity, and sus-

tainability. It offers crucial insights into the performance of the mandatory health insurance scheme and provides essential data for regulators and investors, supporting informed decision-making.

We extend our heartfelt appreciation to all stakeholders for their contributions. The DHA remains dedicated to advancing Dubai's healthcare system in response to the evolving needs of our community. We encourage all stakeholders to leverage the insights from this report to develop evidence-based strategic initiatives that enhance healthcare quality, accessibility, and patient-centred care.

المقدمة

تستعرض النسخة الحادية عشرة من تقرير الحسابات الصحية في إمارة دبي "حصد" لعام 2023م، النفقات الصحية في القطاعين العام والخاص، مع التركيز على تعزيز الكفاءة، والعدالة، والاستدامة. كما تقدم رؤى مهمة حول أداء نظام التأمين الصحي الإلزامي، وتوفر بيانات أساسية للمنظمين والمستثمرين لدعم اتخاذ قرارات مبنية على معلومات دقيقة

نتقدم بجزيل الشكر والتقدير لجميع شركائنا على مساهماتهم القيّمة في إنجاز هذا التقرير. كما نؤكد بهيئة الصحة بدبي على التزامنا بتعزيز نظام الرعاية الصحية في دبي لتلبية الاحتياجات المتغيرة لمجتمعنا، وندعو جميع المعنيين والمهتمين إلى الاستفادة من البيانات والرؤى الواردة في هذا التقرير لتطوير مبادرات استراتيجية مبنية على الأدلة، تسهم في تحسين جودة الرعاية الصحية، وتعزيز سهولة الوصول إليها، وتقديم رعاية تتمحور حول المريض

تماشياً مع الرؤية الحكيمة لقيادتنا الرشيدة، بترسيخ مكانة دبي كوجهة عالمية رائدة للرعاية الصحية، نلتزم بهيئة الصحة بدبي بالتعاون مع شركائنا الاستراتيجيين ببناء منظومة رعاية صحية ذات مستوى عالمي، لا تقتصر على تلبية المعايير العالمية فحسب، بل تتجاوزها.

إن الاستدامة، والشفافية، والتمويل الصحي القوي، تعد من الركائز الأساسية لتحقيق هذا الهدف. ومن هذا المنطلق، نقدم النسخة الحادية عشرة من تقرير الحسابات الصحية في إمارة دبي "حصد"، الذي يوفر رؤى وبيانات مفصلة حول النفقات الصحية، ويعزز التوجيه الاستراتيجي لتطوير قطاعنا الصحي

إن التوسع والتطور المستمر في قطاع الرعاية الصحية بدبي، وخصوصاً فيما يتعلق بالتمويل وتقديم الخدمات، يفرض على هيئة الصحة بدبي تركيز جهودها على تعزيز وتطوير الخدمات التي تصب في مصلحة المرضى، والمهنيين الصحيين، والمنشآت الصحية بشكل عام، وإطلاق المبادرات التي تخدم هذا الهدف ومنها مبادرة "إجادة" التي تؤكد على التزامنا بتقديم رعاية صحية مبنية على القيمة مع إعطاء الأولوية لرفاه المجتمع

مهمتنا تركز على استخدام منهجيات قائمة على الأدلة لتوجيه تطوير السياسات وتنفيذ البرامج للحصول على بيانات صحية دقيقة وتحليلات متقدمة، وهو أمراً حيوياً لاتخاذ قرارات مستنيرة. ويتجلى هذا الالتزام في تقرير "حصد"، الذي يقدم رؤى شفافة وقابلة للتنفيذ، مما يساعد صانعي السياسات وأصحاب المصلحة على رسم ملامح مستقبل نظام الرعاية الصحية في دبي



عوض صغير الكتبي

مدير عام
هيئة الصحة بدبي

Message



Saleh Al Hashimi

CEO - Dubai Health Insurance Corporation
Dubai Health Authority

Over the past decade, Dubai's healthcare financing landscape has undergone a profound transformation. This period has been characterised by the successful introduction of universal health coverage and the implementation of critical strategic initiatives, such as the regulation of prices for inpatient and day-case services. Additionally, our commitment to enhancing the quality of healthcare services—exemplified by the Ejada programme—has been instrumental in these developments. Through sustained collaboration with key stakeholders, we have reinforced our health insurance framework, ensuring the prudent allocation of resources and strengthening financial protection, thereby guaranteeing timely and accessible healthcare services for all.

Central to these efforts is the Health Accounts System of Dubai (HASD), a pivotal initiative led by the Dubai Health Authority, meticulously designed to monitor and analyse healthcare expenditure and resource allocation across the health sector. This rigorous approach offers a deep dive into government healthcare spending, household out-of-pocket expenses, and the financial contributions of private employers, all underpinned by the System of Health Accounts (SHA 2011) framework established by the World Health Organisation.

This report is a testament to our commitment to transparency and efficiency in managing health expenditures. It provides critical insights that will guide the monitoring of existing policies and the formulation of forward-looking health financing strategies. The data presented not only underscores Dubai's steady growth in healthcare spending but also clarifies the direction of future investments, setting clear priorities that foster development and promote research across the healthcare sector.

I extend my sincere appreciation to the HASD technical team for their dedication and precision in compiling this comprehensive eleventh edition of our health accounts, a resource that will undoubtedly serve as a cornerstone for strategic healthcare planning in Dubai.

الرسالة

على الرعاية الصحية، ونفقات الأسرة على الصحة، وإنفاق أصحاب العمل في القطاع الخاص على الصحة، حيث يعتمد كل ذلك على أداة نظام الحسابات الصحية لمنظمة الصحة العالمية (SHA 2011).

وبعد هذا التقرير دليلاً على التزامنا بالشفافية والكفاءة في إدارة النفقات الصحية حيث يقدم بيانات ورؤى مهمة ستوجه عملية رصد السياسات الحالية وستعمل على صياغة الاستراتيجيات المستقبلية لتمويل الصحة.

البيانات المقدمة لا تؤكد النمو المطرد في الإنفاق على الرعاية الصحية في دبي فحسب، بل توضح أيضاً اتجاه الاستثمارات المستقبلية وتحدد أولويات واضحة تعزز التنمية وتشجع البحث في جميع أنحاء قطاع الرعاية الصحية

كل الشكر والتقدير لفريق حصد الفني على تفانيهم ودقتهم في إعداد النسخة الحادية عشرة الشاملة من حساباتنا الصحية والتي ستشكل بلا شك أساساً قوياً للتخطيط الاستراتيجي للرعاية الصحية في دبي

شهدت منظومة تمويل الرعاية الصحية في دبي خلال العقد الماضي تحولات جذرية، حيث تميزت هذه الفترة بالنجاح في تقديم التغطية الصحية الشاملة وتنفيذ المبادرات الاستراتيجية الحيوية مثل تنظيم أسعار خدمات المرضى الداخليين وحالات اليوم الواحد. إلى جانب ذلك، لعب التزامنا برفع جودة خدمات الرعاية الصحية، من خلال برنامج "إجادة"، دوراً كبيراً في تحقيق هذه الإنجازات.

فمن خلال التعاون المستمر مع أصحاب المصلحة الرئيسيين تمكّننا من تعزيز إطار التأمين الصحي لدينا، وضمان التخصيص الحكيم للموارد وتعزيز الحماية المالية، مما يضمن توفير خدمات الرعاية الصحية بطرق يمكن الوصول إليها وفي الوقت المناسب للجميع

ويتمثل جوهر هذه الجهود في نظام الحسابات الصحية في إمارة دبي "حصد"، والذي يعد مبادرة دورية رئيسية تقودها هيئة الصحة بدبي، حيث تم تصميمه بدقة لرصد وتحليل نفقات الرعاية الصحية وتخصيص الموارد عبر القطاع الصحي. يقدم هذا النظام تحليلاً معمقاً لبيانات الإنفاق الحكومي



صالح الهاشمي

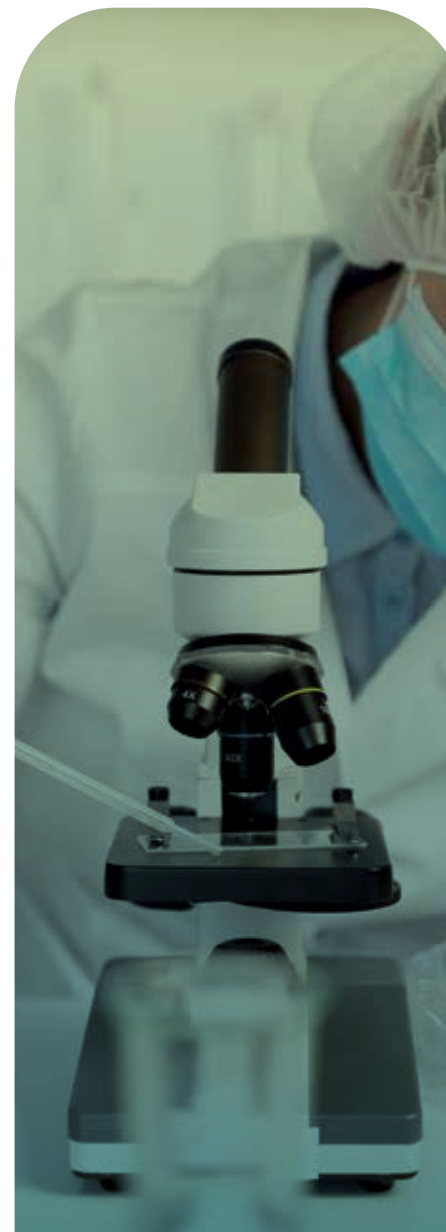
المدير التنفيذي لمؤسسة دبي للضمان الصحي
هيئة الصحة بدبي

Executive Summary

Health accounts serve as a globally recognized method for systematically gathering, organizing, and estimating financial transactions within the healthcare system, irrespective of where funds originate or are directed. This framework is essential for monitoring, evaluating, and shaping policy, providing crucial insights into the funding sources, resource management responsibilities, and allocation of healthcare expenditures.

Every year, the Dubai Health Insurance Corporation (DHIC) under the Dubai Health Authority produces Health Accounts System of Dubai (HASD), offering a comprehensive overview of healthcare expenditures. This report provides detailed insights into spending by both government and private sector (including out of pocket spending) across various healthcare functions and provider categories.

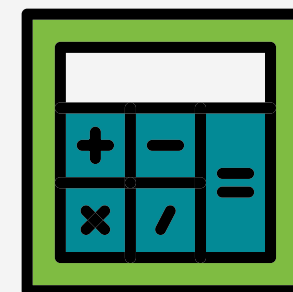
The methodology employed in HASD follows the international System of Health Accounts (SHA) 2011 classification established by the World Health Organization (WHO) in 2011. WHO advocates for producing state-level reports and mandates defining population boundaries alongside health accounts systems. In the context of Dubai, healthcare expenditure encompasses all transactions related to healthcare for Dubai citizens and non-citizens holding Dubai work visas, regardless of their place of residence. This includes expenditures occurring outside Dubai's physical borders. The accounting excludes healthcare spending by short-term tourists and healthcare expenses incurred within Dubai for citizens of other Emirates or non-citizen workers holding visas from other Emirates.



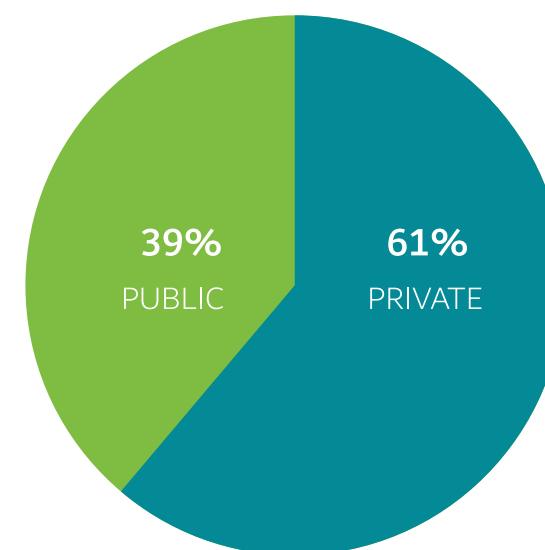
For the past decade, DHIC has annually reported on healthcare expenditures in Dubai through the preparation of the Health Accounts System of Dubai (HASD). The latest report for the year 2023 provides estimates of expenditures on healthcare goods and services within Dubai. These estimates are derived from data sourced from e-ClaimLink, a database that records transaction claims for all policies based in Dubai, detailing each service provided and its financial transactions. Additionally, data is compiled from various government entities such as the Department of Finance (DOF), Dubai Health Authority (DHA), Dubai Health (DH) and the UAE's Ministry of Health and Prevention (MOHAP). The Dubai Health Household Survey contributes data for estimating out-of-pocket expenditures on healthcare. The goal is to utilize the most reliable data available to offer a comprehensive overview of: 1) **total healthcare spending**, 2) **the sources of funding**, and 3) **the specific areas of expenditure on healthcare goods and services**.

Total current health expenditure in 2023 was **22.24 B AED** (5.2% of GDP), an increase of 4% from the spending in 2022, which was 21.39 B AED.

In 2023, Government financed healthcare expenditure accounted for 39% of total spending, 8.7 B AED and private healthcare expenditure accounted for 61% of total spending, 13.5 B AED. The share of all health spending received by various providers was 47%, 24% and 19% for hospitals, clinics, retail pharmacies and ancillary providers, respectively. The curative care accounted for 57% of the total health expenditure. The total spent on ancillary services and medical goods was estimated at 33%. The spend on preventive care services was estimated at 1%, similar to previous year. The total spent on administrative and governance function was 8%. The private insurance spent 40% of their total health expenditure on ancillary services and medical goods.



**Per capita
health expenditure**
AED 4,569
(USD 1,245)



Curative Services **57%**



Medical Goods **19%**



Ancillary Services **14%**



Governance and administrative services **8%**

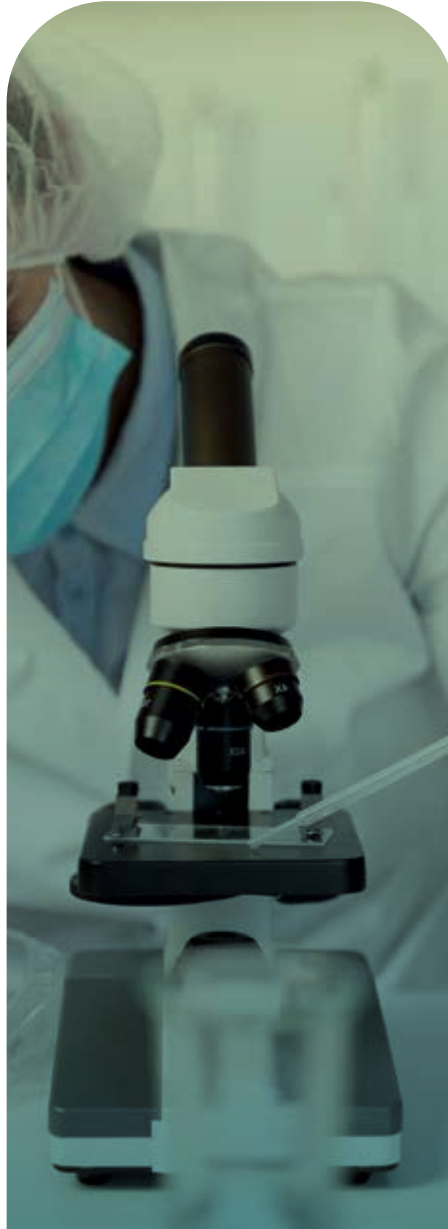
الملخص التنفيذي

الحسابات الصحية هي أداة متعارف عليها عالمياً كوسيلة لجمع وحساب وتقدير التدفق المالي من خلال النظام الصحي بغض النظر عن مصدر أو اتجاه التمويلات. يعمل حصد كأداة للرصد والتقييم وصياغة السياسات، من خلال توضيح المعلومات الحيوية المتعلقة بمن يدفع مقابل الصحة، ومن يدير الموارد الصحية، وماهي التدخلات التي يتم انفاق الموارد الصحية عليها

سنوياً، تدير مؤسسة دبي للضمان الصحي التابعة لهيئة صحة دبي إعداد تقارير الحسابات الصحية (حصد) وتوفر حسابات واقعية للإنفاق الصحي. يقدم هذا التقرير رؤية تفصيلية عن الإنفاق الصحي من قبل الحكومة والقطاع الخاص (بما فيها إنفاق الأفراد من الدخل الخاص) عبر مختلف وظائف الرعاية الصحية ونوعية مقدم الخدمة

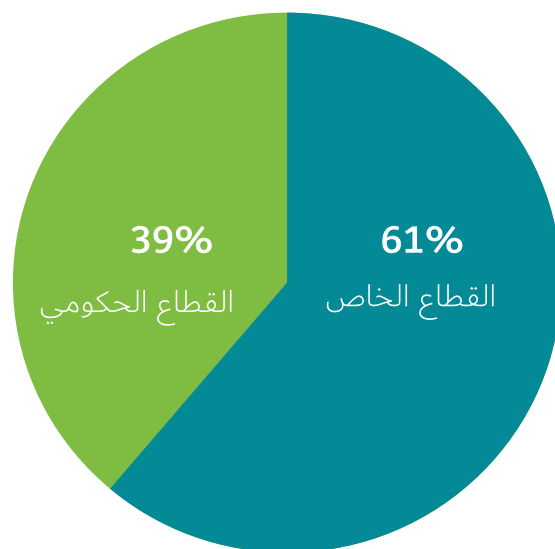
يعتمد حصد منهجية مبنية على التصنيف الدولي لنظام الحسابات الصحية لعام 2011 (منظمة الصحة الدولية، 2011). توضح منظمة الصحة الدولية السبب المنطقي لإنتاج تقارير على مستوى الإمارة وتتطلب تعريفاً للسكان بحيث يكون مرافقاً لكل نظام حسابات صحية. يشمل تقرير إنفاق القطاع الصحي لإمارة دبي جميع المعاملات المتعلقة بالرعاية الصحية التي تتم من قبل أو نيابة عن مواطني إمارة دبي أو غير المواطنين الذين يحملون تأشيرة عمل صادرة من إمارة دبي بغض النظر عن مكان إقامتهم. كما يشمل التقرير إنفاق سكان إمارة دبي حتى لو كان الإنفاق خارج نطاق حدودها. تستثنى الحسابات السياح المقيمين في إمارة دبي لفترة قصيرة، ويستثنى كذلك أي إنفاق صحي تم في إمارة دبي من قبل مواطني الإمارات الأخرى أو للعاملين غير المواطنين الحاملين لتأشيرات صادرة من الإمارات الأخرى

تقوم مؤسسة دبي للضمان الصحي بإصدار تقارير الإنفاق الصحي منذ ما يقارب عقد من الزمن، من خلال إعداد نظام الحسابات الصحية في دبي "حصد". يعرض آخر تقرير صدر في 2023 تقديرات للمبالغ التي تم إنفاقها على السلع والخدمات الصحية في دبي، تستند الأرقام التقديرية في تقرير "حصد" على البيانات المتوفرة في موقع قاعدة بيانات تتضمن المطالبات المالية لجميع وثائق التأمين الصحي (claims) الصادرة من إمارة دبي، مع تفاصيل الخدمة المقدمة والمعاملات المالية لكل مرة حصل فيها المريض على خدمة الرعاية الصحية. إضافة إلى ذلك، تم جمع بيانات الإنفاق الصحي التي تقوم بها المؤسسات الحكومية مثل: الدائرة المالية، وهيئة الصحة بدبي ووزارة الصحة ووقاية المجتمع.





الإنفاق الصحي للفرد
4,569 درهم إماراتي
(1,245 دولار أمريكي)



تستخدم المعلومات المأخوذة من المسح الصحي للأسر في دبي لتقدير الإنفاق الفردي على الصحة. إن الغرض من ذلك هو استخدام أفضل البيانات المتاحة لتوفير صورة شاملة للمعلومات التالية:

1. المبالغ التي تم إنفاقها على الصحة.
2. الجهة أو الشخص الممول للإنفاق الصحي
3. مجالات المواد والخدمات الصحية.

بلغ إجمالي الانفاق الصحي الحالي 22.24 مليار درهم (5.2 % من إجمالي الناتج المحلي)، أي ارتفاع نسبته 4% من انفاق سنة 2022، الذي كان 21.39 مليار درهم

في سنة 2023، شكل الانفاق الصحي الممول من الحكومة 39% من إجمالي الانفاق، بمبلغ 8.7 مليار درهم، وشكل الانفاق الصحي في القطاع الخاص 61% من إجمالي الانفاق، بمبلغ 13.5 مليار درهم

شكلت حصة كل الانفاق الصحي التي تلقاها مختلف مقدمي خدمات الرعاية الصحية 47%، 24% و 19% للمستشفيات، العيادات وصيديات البيع بالتجزئة، ومقدمي الخدمات المساندة على التوالي. وشكلت الرعاية العلاجية 57% من إجمالي الانفاق الصحي. تم تقدير إجمالي الانفاق على مقدمي الخدمات المساندة والمواد الطبية بنسبة 33%، كما بلغ الانفاق على الرعاية الوقائية معدلا قدره 1% كما في العام الماضي. بلغ إجمالي الانفاق على المهام الإدارية والحكومة نسبة 8%. وبلغت حصة انفاق القطاع الخاص على الخدمات المساندة والمواد الطبية 40% من إجمالي انفاق القطاع الخاص على الصحة



INTRODUCTION



Introduction

Dubai's 2023 economic growth indicates the city's progress toward its objective of being a global benchmark in sustainability and be ranked among the top global urban economies by next ten years.

In 2023, Dubai's GDP was 429.1 Billion AED, of which AED 22,247M (5.2%) was spent on health. Healthcare in Dubai is delivered through a mix of government and private providers. The Dubai Health Authority manages the health sector in the Emirate of Dubai, regulating providers, health insurance companies and TPA's. Additionally, the Ministry of Health and Prevention (MOHAP), which is the federal ministry oversees the few Emirates Health Services (EHS) health facilities located in Dubai.

The Dubai Health sector continues to evolve with changes in governance structure of public providers and new initiative been rolled out. Historically, the Dubai Health Authority was regulating as well as managing the operations of all the public health facilities. However, since last quarter of 2022, the the government health facilities are managing their operations independently under the umbrella of an entity named Dubai Health. Additionally, DHA has been working to improve the quality of healthcare sector by developing guideline for TPA regulations and implementing projects like EJADA . DHA has launched special initiative to promote preventive health services using AI tools. There has also been an increased uptake of AI by the private providers of Dubai in-order to enhance the quality of health



care provided to the patients.

In such an environment, it becomes imperative to monitor the health sector especially from financial perspective and study the impact of the new initiatives. HASD acts as a tool which facilitates the same and helps the regulator and decision makers to keep a close watch on these changes and take actions if required.

By combining, the information in health accounts with non-financial data, such as the level of utilisation of resources by healthcare providers, policymakers can make justified strategic decisions.

It is important to note that HASD is not only a tool for policymakers in the decision-making process but also is an important tool for policymakers as well as for research specialists and the public to evaluate the outcomes of the strategic decisions made by policy makers.

Methodology

Data Collection Strategy

The healthcare industry in Dubai is comprised of financing agents and providers from both public and private sectors. The Department of Finance (DOF- Dubai) is the main source of funding for the public sector. It finances medical services offered by Dubai Health, Dubai Police, Dubai Corporation for Ambulance Services (DCAS), and the health administration services managed by Dubai Health Authority (DHA).

DHA is in charge of overseeing the healthcare industry in Dubai as well as managing the funds for government program on behalf of DOF.

Additionally, UAE-Ministry of Economy, provides funding for the services provided by federal health facilities (EHS) located in Dubai. A small percentage of healthcare services are paid for out of pocket by households, while private health insurance accounts for the majority of the private sector's funding of healthcare services.

As a result, numerous primary and secondary sources provide the data needed for the report.

Details on several datasets and data sources are given in the section below.

Data Sources

Government

Dubai Department of Finance (DoF)

The HASD technical team of DHA reached out to DOF to obtain information regarding the health expenditure incurred by Dubai Police and Dubai Corporation for Ambulance Services (DCAS).

The information obtained comprised a comprehensive analysis of funds and expenses based on the line item details and cost centers of the Dubai Government Chart of Accounts. The breakdown was helpful in ensuring consistency with the data from the fund recipients and in precisely mapping the expenses down to the item level.

Additionally, 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. In order to avoid any duplication, the data was adjusted based on claims data for government schemes in e-ClaimLink data.

Dubai Health Authority (DHA)

DHA's finance department provided data on funds spent on administrative services offered while regulating the health sector. The detailed information was provided by various cost centers which included the salaries of the staff and the operational expenses on various programs

Dubai Health (DH)

DH Expenditure Dataset: Dubai Health provided information on government spending on public health facilities. The data shared by Dubai Health was detailed by cost centre by each item definition and by sector. HASD team carried out the analysis and classified the cost center data as per healthcare functions (inpatient, day-case and outpatient) based on the healthcare utilization data published by DHA Data Analysis, Research and Studies department.

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

The HASD team received expenditure data categorized by facility type and cost center from the Ministry of Health and Prevention (MOHAP) on behalf of EHS facilities. This data was used to analyze and map healthcare expenditures across various healthcare functions within the federal health facilities situated in Dubai. Notably, MOHAP's collection of revenue from service users was not reported and has thus been excluded from this report.

eClaimLink Data

The administrative data for all the private health insurance in 2023 was extracted from eClaim Link. The system records details of all claim transaction for Dubai Based insurance policies including the information on the type of services utilized and the type health setting where the services are availed. The eClaim Link is managed by the Dubai Health Authority (DHA), which also ensures that all health insurance claims are submitted through the system and that all rules and regulations are followed for full compliance. The data derived from eClaim Link was analyzed and classified by payer, provider and service type so that it could be mapped to SHA 2011.

Major employers

Data was gathered from other major employers in Dubai, like Emirates Airlines, which offered health insurance to their staff members and their families. And provided comprehensive health coverage including overseas. The information reported by the employers was validated using other data sources and was adjusted to avoid any duplication. The data was categorized by service type and provider type and then mapped to SHA 2011.

Dubai Household Health Survey (DHHS)

The household health expenditures were obtained from Dubai Household Health Survey (DHHS) 2023 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 was based on a multi-stage stratified cluster sample. The sample was designed to be representative of the four subpopulations— UAE citizens, non-nationals residing in households, non-nationals residing in collective households, and non-nationals residing in labor camps. Surveyors conducted in-person visits to the randomly chosen households in order to gather comprehensive data on a variety of topics, including household health spending, nutrition, exercise, lifestyle diseases, mental health, and the use of public and private health services in Dubai. The survey had a response rate of 89.4%. The survey's concept and methodology are similar to the World Bank's Living Standards Measurement Surveys (LSMS), the World Health Organization's World Health Surveys (WHS and the Demographic and Health Surveys (DHS).

The sample size for 2023 survey was a total of 9795 individuals living 2252 housing units of whom 5,569 were UAE citizens, 2,621 were Non-Citizens in Households, 1,305 were Non-Citizens in collective housing, and 300 were Non-Citizens in labor camps. During the survey, UAE citizens were over-sampled, hence the Dubai Statistics Center assigned importance weights. After weighting, the sample was representative of Dubai's population.

The surveyors received extensive training in the collection of self-reported expenditure data and interviewed the household member who is at least 18 years old and the most knowledgeable about recent medical utilization.

After collecting a household roster and basic demographics for each household member, the surveyor inquired about any outpatient utilization within the last 90 days, any discretionary purchases of medical supplies or over-the-counter medications (including blood pressure cuffs, blood sugar monitors, orthopedic supplies, medications, etc.) within the last 30 days, and any overnight hospital stays within the previous 12 months.

For households where more than one above 18 eligible member utilized healthcare in the last 90 days, 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. All household members who had overnight inpatient stays in the last 12 months were asked to fill out an inpatient module questionnaire.

Population boundaries for HASD

The population in Dubai is classified into 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 Centre considers first two groups as part of Dubai's population. However, the healthcare financing reform is aimed to offer mandatory health coverage to all members of the first three groups, regardless of geographical location. Thus, for the purpose of the HASD report, the first three groups were considered. Healthcare expenditures for HASD are not limited to the activity that take place within Dubai. They include healthcare expenditure by citizens temporarily abroad and exclude health spending by tourists in Dubai.

Data Analysis

The datasets from each source or entity were processed differently depending on the availability, format and completeness of data. Similar to previous years, the initial data preparation, analysis and coding was done in Microsoft excel spreadsheets.

Some unique data verification processes were implemented. This involves validation of total estimates for each data source and removal of duplicate prior to merging for the production of final database.

The final data files were uploaded into the Health Accounts Production Tool (HAPT) tool. HAPT is a software application developed by USAID and WHO that supports countries undertaking the health accounts exercise. It facilitates the production of health accounts by mapping health expenditure according to SHA 2011 methodology classification and any defined country-specific classification. The software has in-built functionalities to check for double counting and errors in classification codes hence enhancing the data quality. It also allows keeping track of multiple data files and managing the large datasets with ease thus reduces the time to generate health accounts matrices.

Limitations

Health Accounts (HASD) Data estimates face some challenges and limitations due to their dependence on data collected from public and private organizations originally intended for purposes other than health accounting. For instance, the health expenditure data obtained from some government entities often lacks details on financial allocations to specific healthcare providers and services. Similarly, data from the private sector may not fully capture the allocation of premiums not used for claims, such as administrative costs (“loading”). Moreover, HASD focuses on tracking payments for healthcare rather than production costs, thus limiting its utility for validating healthcare provision costs but offering insights into systemic issues within the health system organization.

NHA Production Tool Themes and Features



Results of HASD 2023

Table 1. Health Accounts Summary Indicators for 2023

	Indicators	2023
1.	Health expenditure (HE) as % Gross Domestic Product (GDP)	5.2%
2.	General Government Expenditure on Health (GGHE) as % of GDP	2.0%
3.	General Government Expenditure on Health (GGHE) as % of HE	39%
4.	Private Expenditure on Health (PvHE) as % of HE	61%
5.	Out-Of-Pocket expenditure as % of HE	13%
6.	Out-Of-Pocket expenditure as % of PvHE	21%
7.	Private Insurance as % of PvHE	79%
8.	Expenditure on In-patient care as % of HE	20%
9.	Government Expenditure on In-patient care as % of GGHE	22%
10.	Prevention and Public Health services as % of HE	1%
11.	Medical goods as % of HE (not including IP)	19%

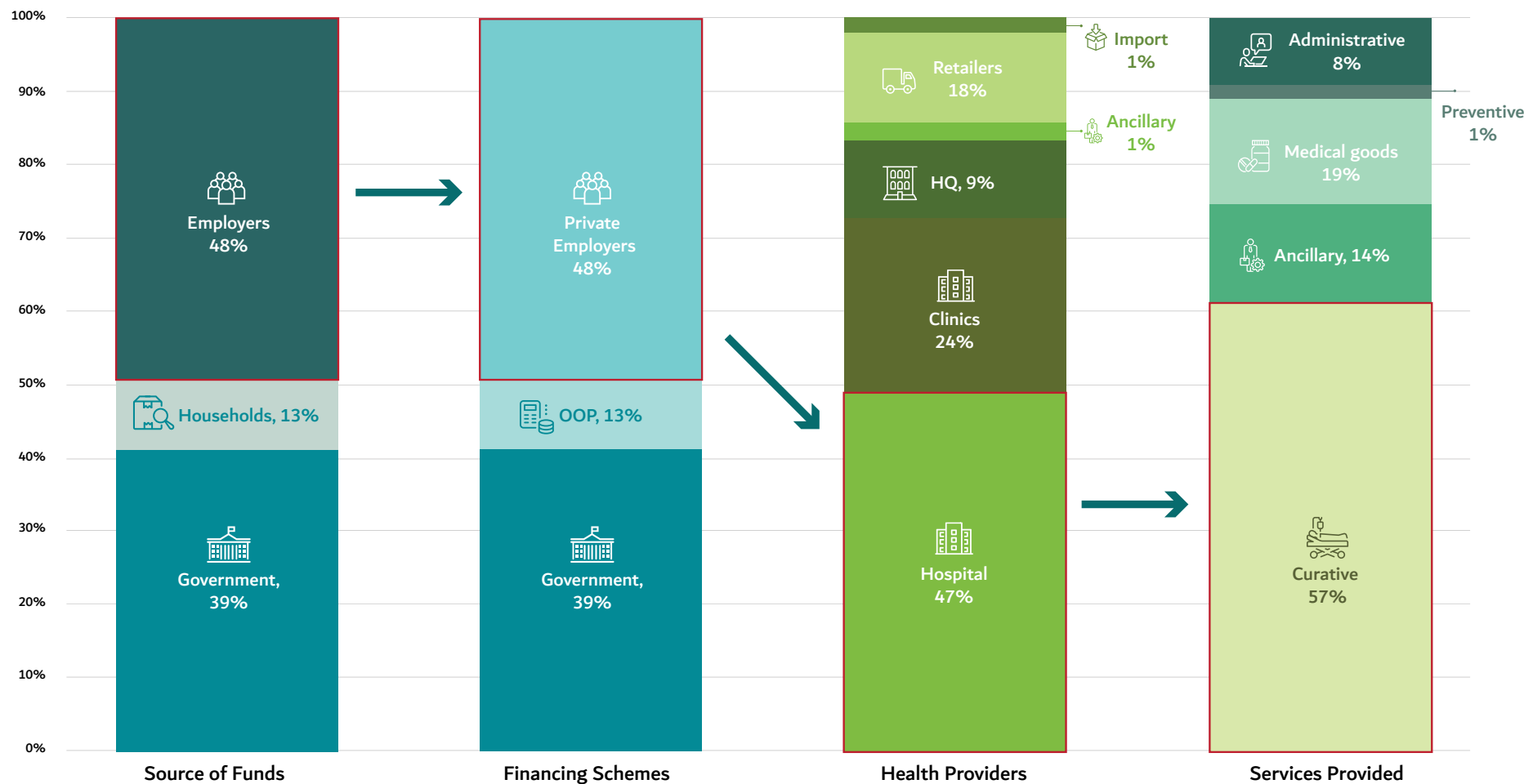
	Indicators	2023
12.	Current expenditure on health / capita at exchange rate (NCU per US\$)	1,245
13.	Current expenditure on health / capita at Purchasing Power Parity (NCU per US\$)	2,801
14.	General government expenditure on health / cap x-rate (NCU per US\$)	488
15.	General government expenditure on health / cap Purchasing Power Parity (NCU per US\$)	1,098
16.	OOP/ capita at exchange rate (NCU per US\$)	157
17.	Exchange Rate (NCU per US\$)	3.67
18.	PPP 2023(NCU per US\$)	2.25
19.	Gross domestic product - Million AED (Constant Prices)	429,112
20.	Financial Population*	4,869,200
21.	Current Health Expenditure – Million AED	22,247

*The estimate of financial population is derived based on the data from Dubai Statistics Centre and the member data from insurance companies. (Dubai Insurance covered Population/HASD Population)

Sources and flow of funds

In 2023, the primary contributors to healthcare financing were employers, accounting for 48%, followed by government sources at 39%, and households at 13%. In terms of flow of funds, hospitals received less than half of the total funds (47%), primarily allocated to curative care (57%), encompassing inpatient, outpatient, and daycare services. Medical goods, including pharmaceuticals, constituted approximately 19% of healthcare expenditures. Healthcare spending outside Dubai, referred to as “Import,” was estimated at 1%.

Figure 1. Flow of Funds



Financing schemes that managed the healthcare expenditure

The current health expenditure increased by 4% from 2022 to 2023. The private employers were the major source of funds estimated at 10,710 M AED (48%) in 2023. The government financing schemes accounted for 8,724 M AED (39%) in 2023. Households out of pocket was estimated at 2,813 M AED (13%) in 2023.

Out of the 8,724 M AED funds managed by the government entities, the major spending was made by the government of the Emirates of Dubai, estimated at 8,442 (97%) while the federal government contributed 283 M AED (3%)

Over the past five years (Figure 2), there was a notable trend in healthcare funding sources: government contributions to total health spending increased by 7% from 2019 to 2022, but experienced a 4% decline in the past year. Funding from compulsory health insurance showed a gradual decline (5%) over the same five year period. While household out-of-pocket spending decreased until 2021, it has shown a recent increase, estimated at 3% between 2022 and 2023.

Table 2. Financing Schemes (HF) by Financing Sources (FS) in 2023 (HF X FS)

Revenues 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 house- holds n.e.c	All FS	Share of FS
HF.1	Government schemes and compulsory contributory health care financing schemes	8,724	10,710		19,434	87%
HF.1.1	Government schemes	8,724			8,724	39%
HF.1.1.1	Central government schemes	283			283	1%
HF.1.1.2	State/regional/local government schemes	8,442			8,442	38%
HF.1.2	Compulsory contributory health insurance schemes		10,710		10,710	48%
HF.1.2.2	Compulsory private insurance schemes		10,710		10,710	48%
HF.3	Household out-of-pocket payment			2,813	2,813	13%
All HF		8,724	10,710	2,813	22,247	
Share of HF		39%	48%	13%		

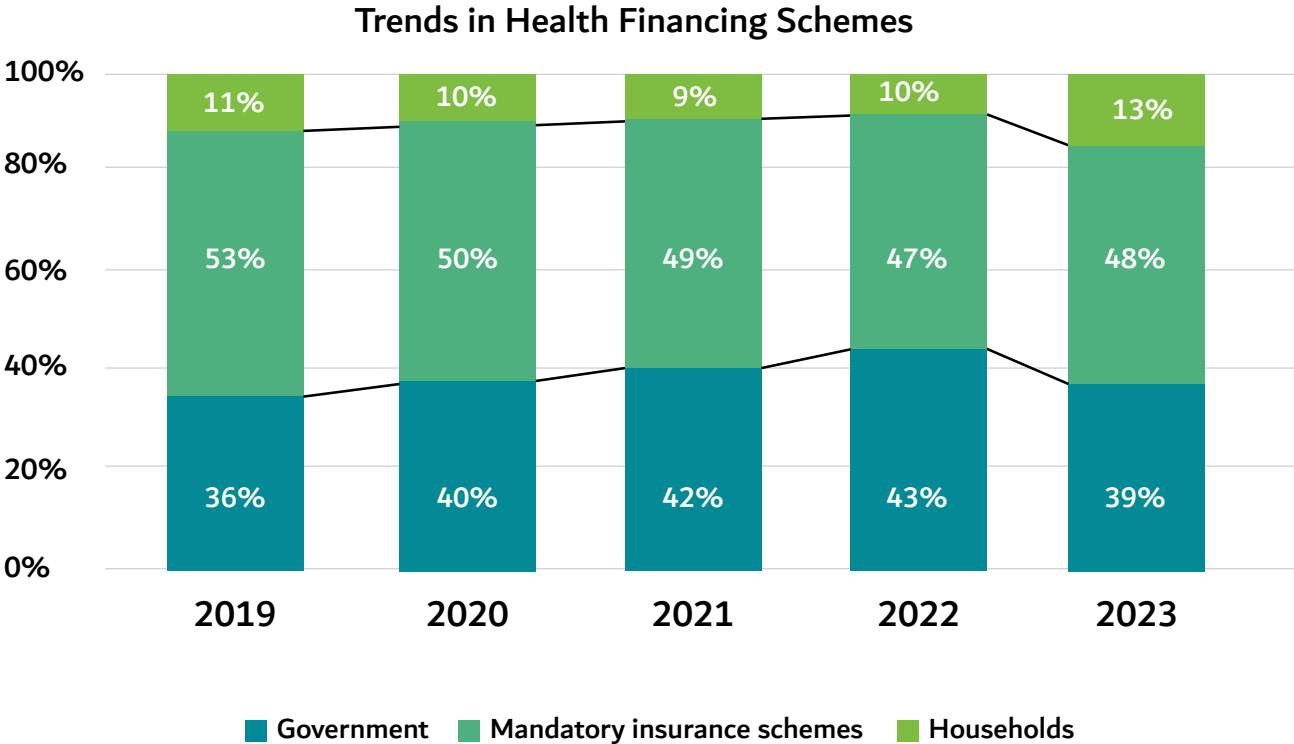
Table 3. Funds of Health Care Financing over Time, Dubai (2019-2023)

Inflow Funds of health care financing schemes (Million AED)	2019	2020	2021	2022	2023
FS.1 Transfers from government domestic revenue (allocated to health purposes)	6,864	7,721	8,877	9,134	8,724
FS.4.2 Compulsory prepayment from employers	10,198	9,819	10,367	10,080	10,710
FS.5 Voluntary prepayment	0	0	0	0	0
FS.6.1 Other funds from households	2,212	1,952	2,025	2182	2,813
Total	19,273	19,492	21,269	21,397	22,247

Table 4. Financing Schemes over Time, Dubai (2019-2023)

Financing schemes, Million AED	2019	2020	2021	2022	2023
HF.1.1 Government schemes	6,864	7,721	8,877	9,134	8,724
HF.1.2 Compulsory contributory health care financing schemes	10,198	9,819	10,367	10,080	10,710
HF.2 Voluntary health care payment schemes	0	0	0	0	0
HF.3 Household out-of-pocket payment	2,212	1,952	2025	2182	2,813
Total	19,273	19,492	21,269	21,397	22,247

Figure 2. Trends in Health Financing Schemes, Dubai (2019- 2023)



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

The major amount of current healthcare expenditure for 2023 went to hospitals amounting to 10,421 M AED (47%), followed by the primary health centers 5,398 (24%) Ancillary providers such as medical and diagnostic labs, imaging centers received 184 M AED (1%) while pharmacies received 3984 M AED (19%). Healthcare governance and providers of healthcare system administration and financing received 2,040 (9%) of the funds.

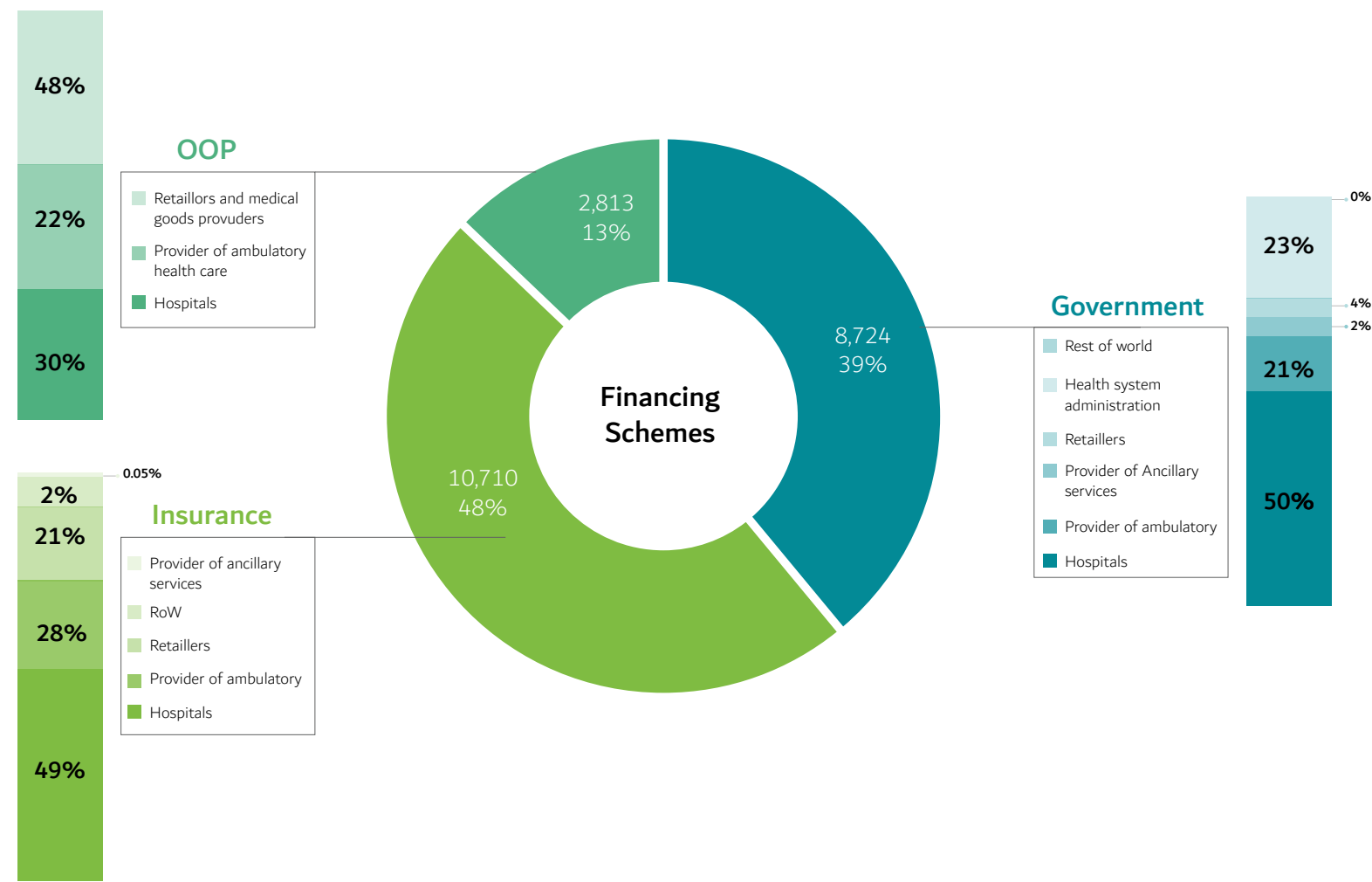
Households allocated 1,362M AED (48%) towards discretionary health care spending. And 217 M AED (1%) was given to providers outside Dubai.

The HF1.1 column of Table 5 shows that large share of government scheme's spending goes to Hospitals (50%) and healthcare system administration (23%) similar to 2022. The private insurance schemes provide a major share of fund to hospitals (49%) and clinics (28%), respectively. The pharmacies received 2,269 M AED (21%) 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 2023 (HP X HF)

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.1.2	HF.3	All HF	Share of HF
U.A.Emirates dirham (AED), Million		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Compulsory contributory health insurance schemes	Household out-of-pocket payment		
Health care providers									
HP.1	Hospitals	9,577	4,323	266	4,057	5,254	844	10,421	47%
HP.3	Providers of ambulatory health care	4,791	1,792	17	1,776	2,999	607	5,398	24%
HP.4	Providers of ancillary services	184	179		179	5		184	1%
HP.5	Retailers and Other providers of medical goods	2,623	353		353	2,269	1,362	3,984	18%
HP.7	Providers of health care system administration and financing	2,040	2,040		2,040			2,040	9%
HP.9	Rest of the world	217	36		36	181		217	1%
HP.nec	Unspecified health care providers (n.e.c.)	2	0		0	2		2	0%
All HP		19,434	8,724	283	8,442	10,710	2,813	22,247	
Share of HP		87%	39%	1%	38%	48%	13%		

Figure 3. CHE by Financing Schemes and Providers, Dubai 2023



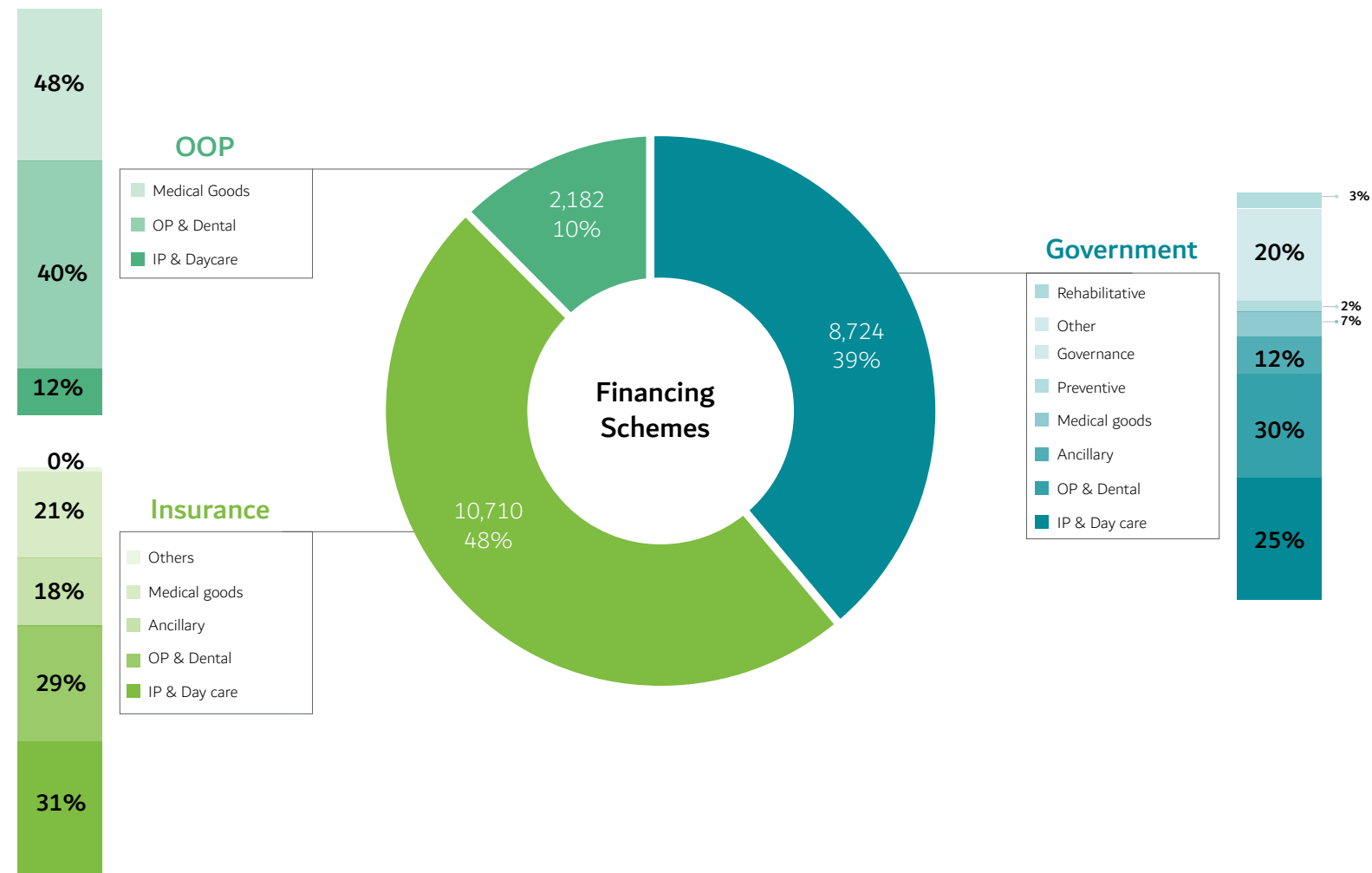
Health services expenditure through the various financing schemes

In 2023, curative care received the biggest share of funds at 12,678 M AED (57%). A breakdown of curative care indicates that inpatient care spending was 4,418 M AED (20%), daycase was 1,400 M AED (6%) and outpatient care spending was 6,828 M AED (31%) out of the total healthcare spending (22,247 M AED). Ancillary services spending was 3,042 M AED (14%), medical goods spending was 4,264 M AED (19%) and preventive care spent was 167 M AED (1%). Healthcare governance and administration represented 1,765 M AED (8%).

Table 6. Health Care Functions (HC) by Health Financing Schemes (HF) for 2023 (HC X HF)

Financing schemes U.A.Emirates dirham (AED), Million		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
Health care functions									
HC.1	Curative care	11,226	4,805	105	4,700	6,421	1,451	12,678	57%
HC.1.1	Inpatient curative care	4,091	1,932	62	1,869	2,160	327	4,418	20%
HC.1.2	Day curative care	1,400	289		289	1,111		1,400	6%
HC.1.3	Outpatient curative care	5,703	2,554	28	2,525	3,150	1,124	6,828	31%
HC.1.nec	Unspecified curative care (n.e.c.)	31	31	15	16			31	0.1%
HC.2	Rehabilitative care	73	73		73			73	0.3%
HC.4	Ancillary services (non-specified by function)	3,042	1,075	8	1,067	1,967		3,042	14%
HC.4.1	Laboratory services	1,752	667	6	661	1,085		1,752	8%
HC.4.2	Imaging services	1,142	291	2	289	850		1,142	5%
HC.4.3	Patient transportation	148	117		117	32		148	1%
HC.5	Medical goods (non-specified by function)	2,902	602	156	446	2,301	1,362	4,264	19%
HC.6	Preventive care	167	167	14	153	0		167	1%
HC.7	Governance, and health system and financing administration	1,765	1,765		1,765			1,765	8%
HC.9	Other health care services not elsewhere classified (n.e.c.)	259	238		238	21		259	1%
All HC		19,434	8,724	283	8,442	10,710	2,813	22,247	
Share of HC		87%	39%	1%	38%	48%	13%		

Figure 4. Financing Flows from Financing Schemes and Healthcare Functions, Dubai 2023



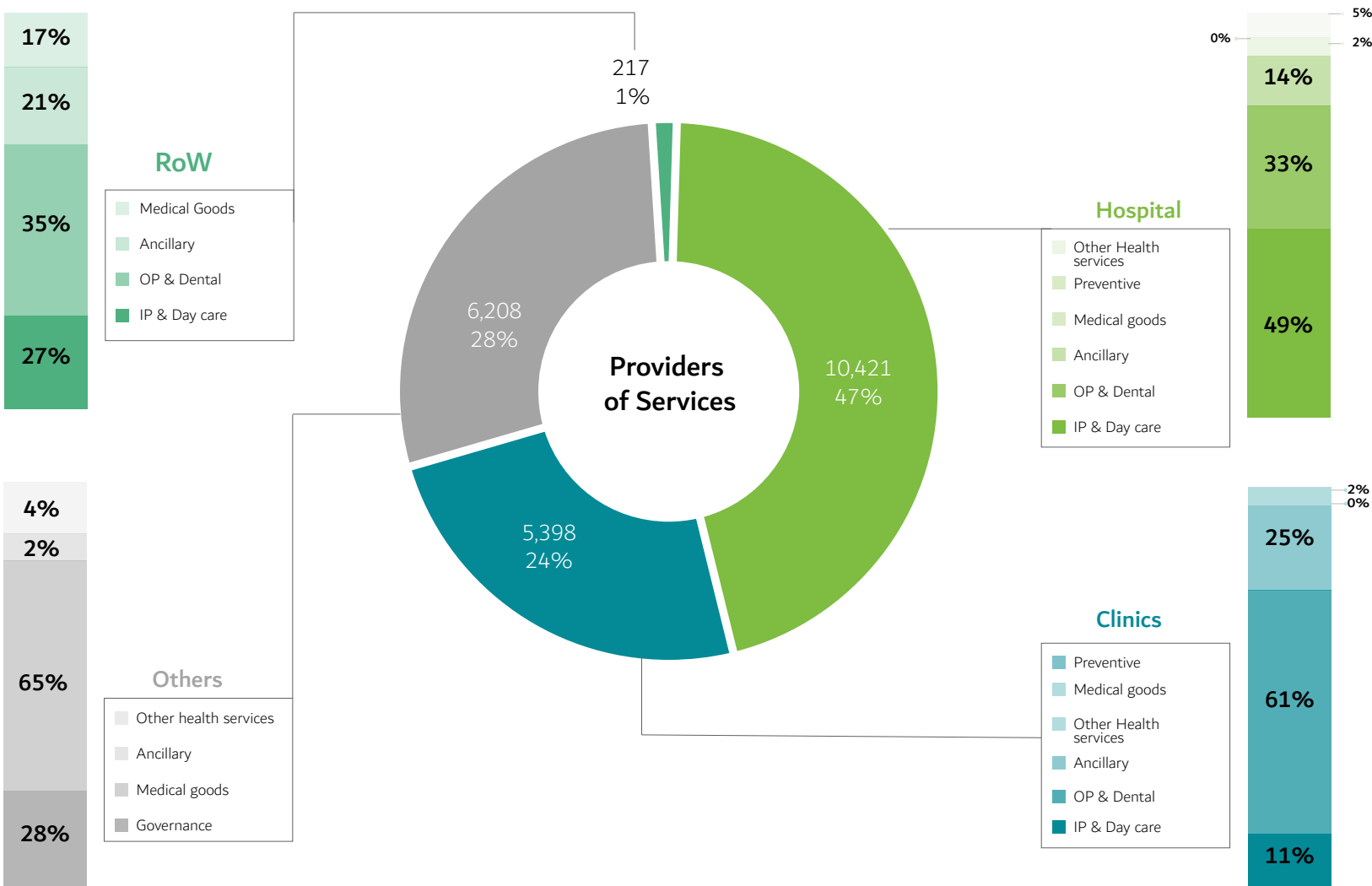
Types of health services that received the health-care expenditure amount through the various health providers

As shown in Table 7, in 2023, hospitals received a total of 10,421 M AED of which 8,650 M AED was spent on curative care, 1,511 M on ancillary services, 26 M on preventive care, and 159 M on medical goods. Primary Healthcare centers received a total of 5,398 M of which 3,886 M was spent on curative care, 1,367 M on ancillary services, 85 M on preventive care and 19M on medical goods. Retailers and providers of medical goods received 3,984 M AED. The Rest of the World provided a wide array of services totaling 217 M AED with majority spent towards curative care (136 M).

Table 7. Health Care Functions (HC) by Health Care Providers (HP) in 2023

Health care providers U.A.Emirates dirham (AED), Million		HP.1 Hospitals	HP.3 Providers of ambulatory health care	HP.4 Providers of ancillary services	HP.5 Retailers and Other pro- viders of medical goods	HP.7 Providers of health care system administration and financing	HP.9 Rest of the world	HP. nec Unspeci-fied health care pro-viders (n.e.c.)	All HP	Share of HP
Health care functions										
HC.1	Curative care	8,650	3,886			4	136	2	12,678	57%
HC.1.1	Inpatient curative care	3,988	382				49		4,418	20%
HC.1.2	Day curative care	1,169	222				10		1,400	6%
HC.1.3	Outpatient curative care	3,480	3,269				77	2	6,828	31%
HC.1.nec	Unspecified curative care (n.e.c.)	14	13			4			31	0%
HC.2	Rehabilitative care	67	6						73	0%
HC.4	Ancillary services (non-specified by function)	1,511	1,367	119			45		3,042	14%
HC.4.1	Laboratory services	795	921	7			29		1,752	8%
HC.4.2	Imaging services	717	409				16		1,142	5%
HC.4.3	Patient transportation	0	37	112					148	1%
HC.5	Medical goods (non-specified by function)	159	19	65	3,984		37		4,264	19%
HC.6	Preventive care	26	85			56			167	1%
HC.7	Governance, and health system and financing administration					1,765			1,765	8%
HC.9	Other health care services not elsewhere classified (n.e.c.)	8	36			215	0		259	1%
All HC		10,421	5,398	184	3,984	2,040	217	2	22,247	
Share of HC		47%	24%	1%	18%	9%	1%	0%		

Figure 5. CHE by Healthcare Providers and Healthcare Functions, Dubai 2023



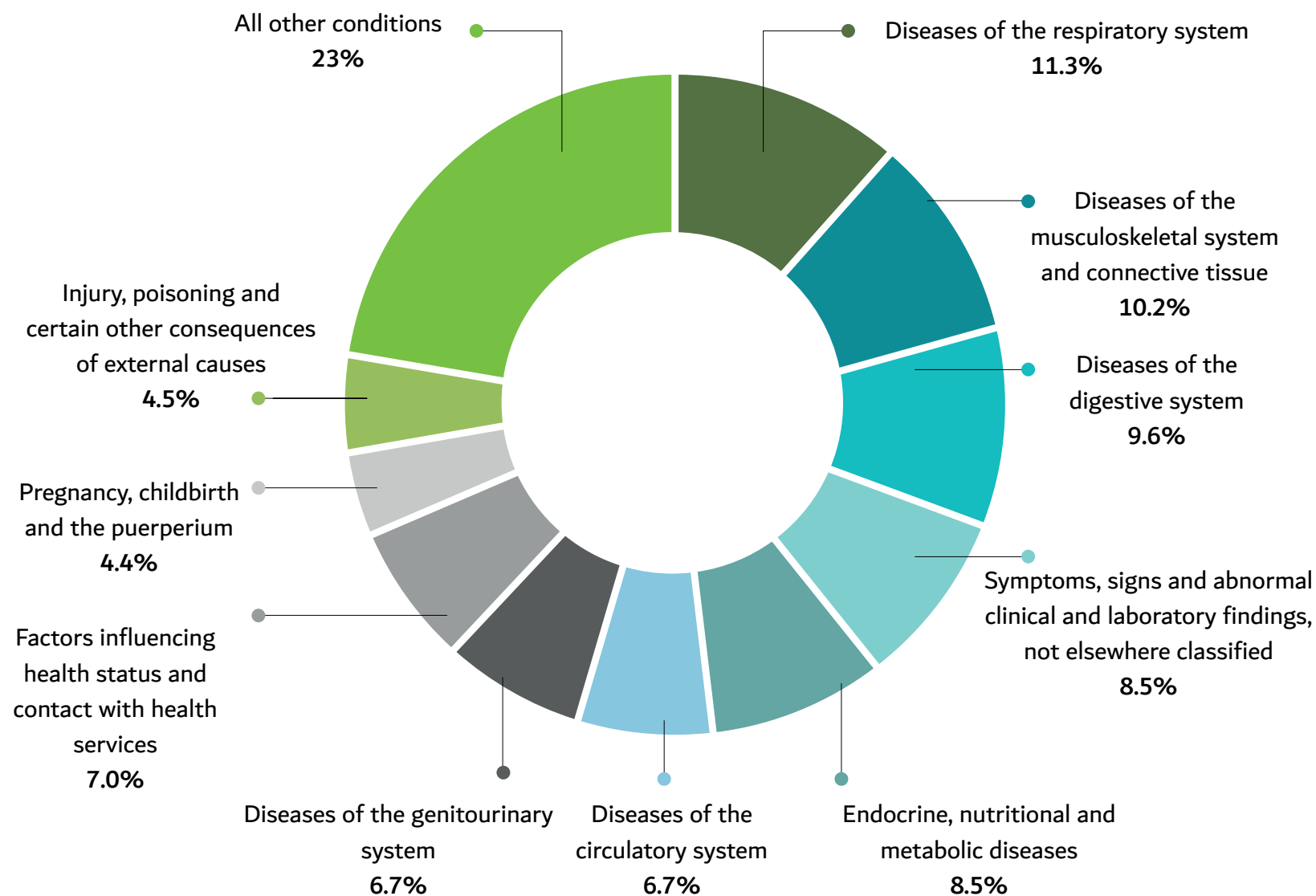
Major Diagnostic Category

In 2023, healthcare expenditure in Dubai, as detailed in Table 8, amounted to 16.8 billion AED. The remaining was spent on administrative, unspecified services etc. The highest spending was allocated to three main disease categories: respiratory system (11.3%), musculoskeletal system (10.2%), and digestive system (9.6%). These top ten MDCs, including Pregnancy and childbirth, collectively represent 78% of the total healthcare spending in the region.

Table 8.

MDC	Share
Diseases of the respiratory system	11.3%
Diseases of the musculoskeletal system and connective tissue	10.2%
Diseases of the digestive system	9.6%
Endocrine, nutritional and metabolic diseases	8.5%
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	8.5%
Factors influencing health status and contact with health services	7.0%
Diseases of the genitourinary system	6.7%
Diseases of the circulatory system	6.7%
Injury, poisoning and certain other consequences of external causes	4.5%
Pregnancy, childbirth and the puerperium	4.4%

MDC	Share
Neoplasms	4.1%
Diseases of the skin and subcutaneous tissue	3.4%
Diseases of the nervous system	3.3%
Certain infectious and parasitic diseases	3.0%
Diseases of the eye and adnexa	2.8%
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	1.5%
Mental and behavioural disorders	1.0%
Diseases of the ear and mastoid process	1.0%
Congenital malformations, deformations and chromosomal abnormalities	0.8%
Certain conditions originating in the perinatal period	0.3%
Codes for special purposes	0.1%
External causes of morbidity and mortality	0.0%

Figure 6. MDC's percentages from total paid amount

COMPARATIVE ANALYSIS



Comparative Analysis

This section illustrates a comparative analysis between Dubai and other regional countries as well as selected Organization for Economic Co-operation and Development (OECD) nations. Data for this comparison was sourced from the WHO Global Health Expenditure Database and OECD Health Expenditure and Financing Statistics for the latest available year, 2022. The chosen OECD countries include France, Switzerland, Canada, Korea, United Kingdom, and USA, selected to create a relevant benchmark due to their comparable health financing policies to those of Dubai, either currently or potentially in the future.

Additionally, graphs reflecting UAE health account indicators are based on 2021 data, the most recent available from the WHO health expenditure database. Therefore, when comparing Dubai's health indicators with the overall UAE, it's crucial to consider this disparity in reported data years.

Furthermore, data from other GCC countries is provided to offer the closest regional comparison to Dubai's healthcare system.



Figure 7. Current Health Expenditure (CHE) as Percentage of GDP

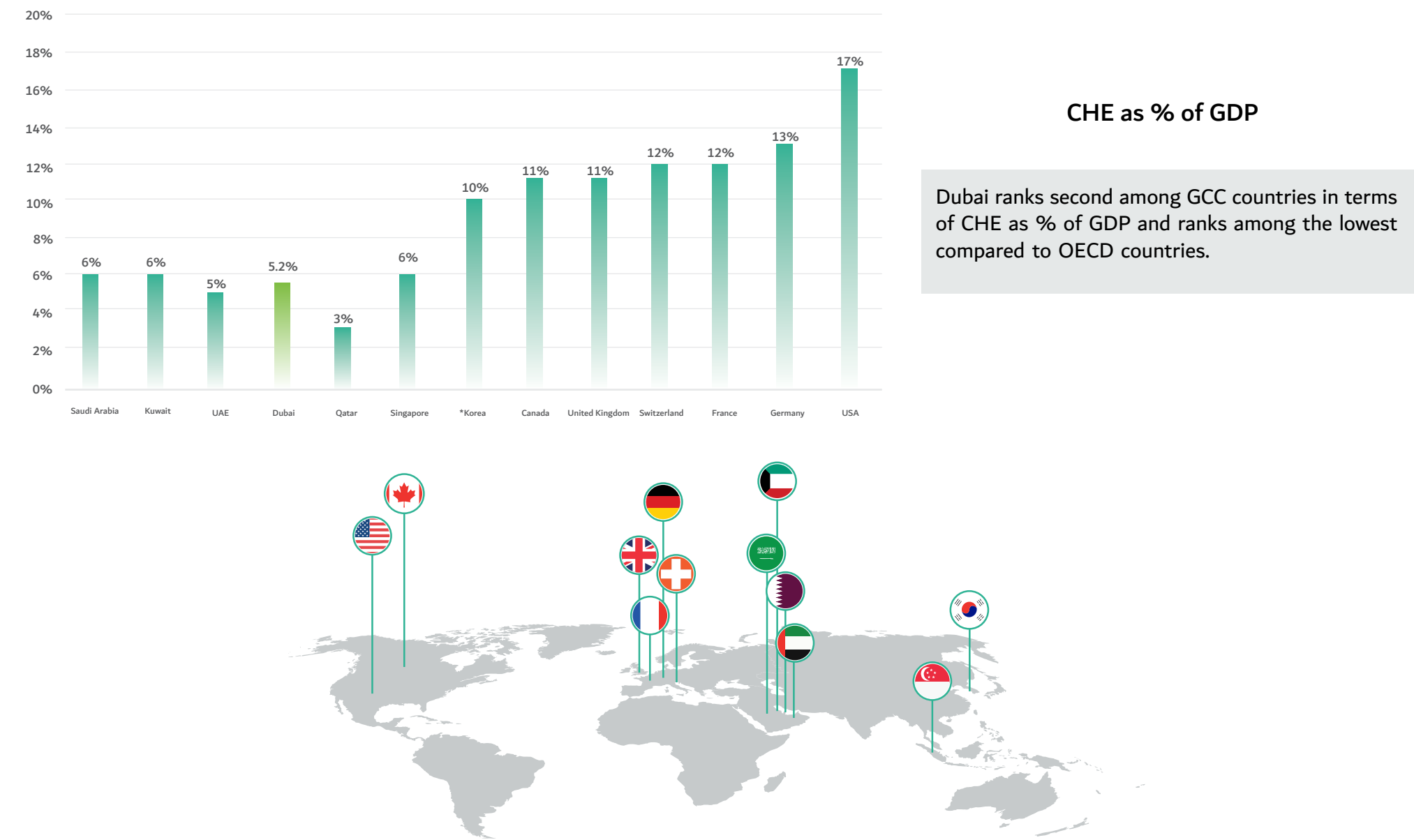
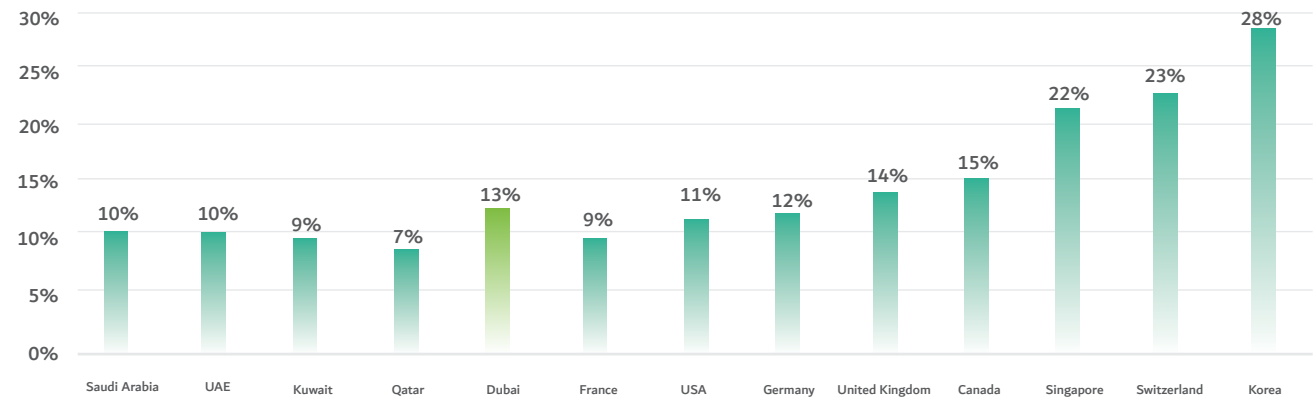


Figure 8. Share of Out-of-Pocket Expenditure of Current Health Expenditure (CHE)



OOP as % of CHE

Dubai’s OOP as % of CHE is higher than selected GCC and few OECD countries but lower than countries like UK, Canada, Singapore, Korea etc

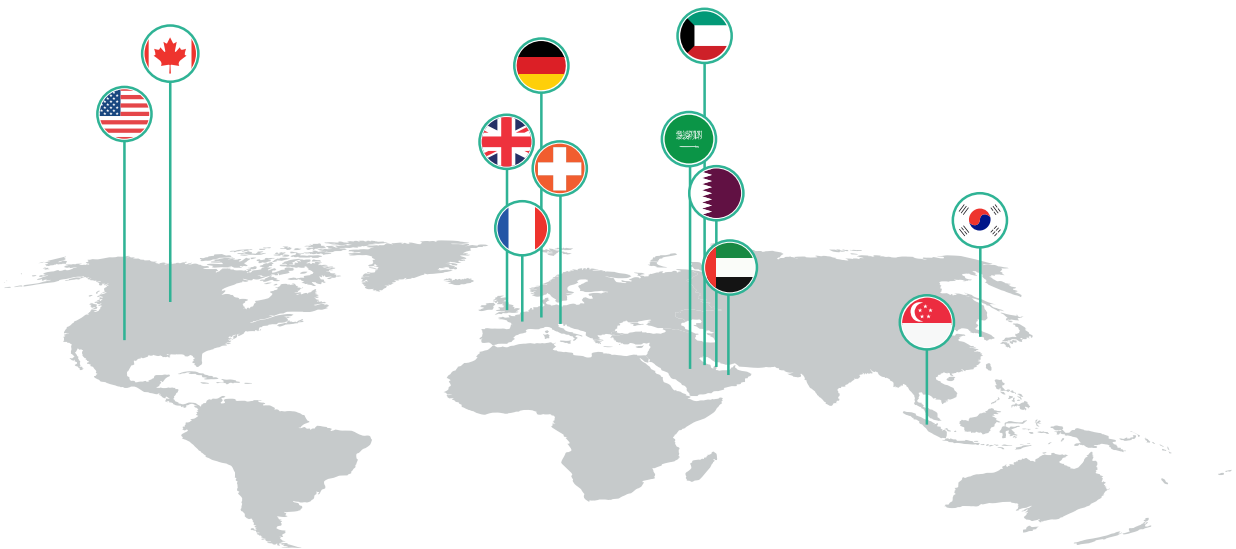
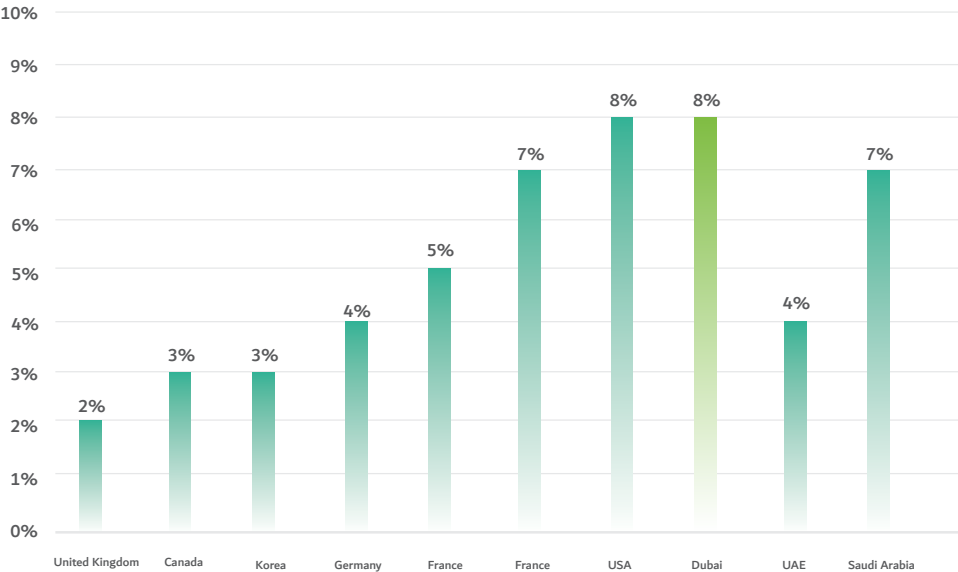


Figure 9. Share of Administration and Financing Expenditure of Current Health Expenditure



Administrative Expenditures as % of CHE

Dubai ranks among the highest compared to selected GCC and OECD countries in terms of administrative expenditure as % of CHE.

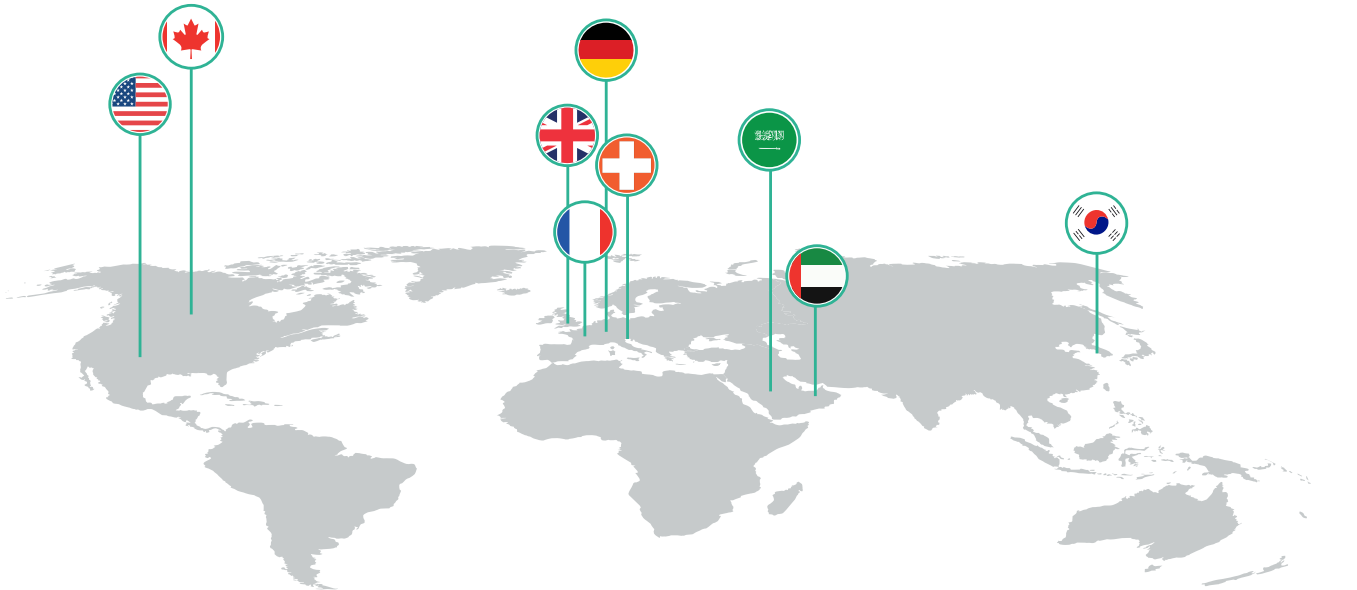
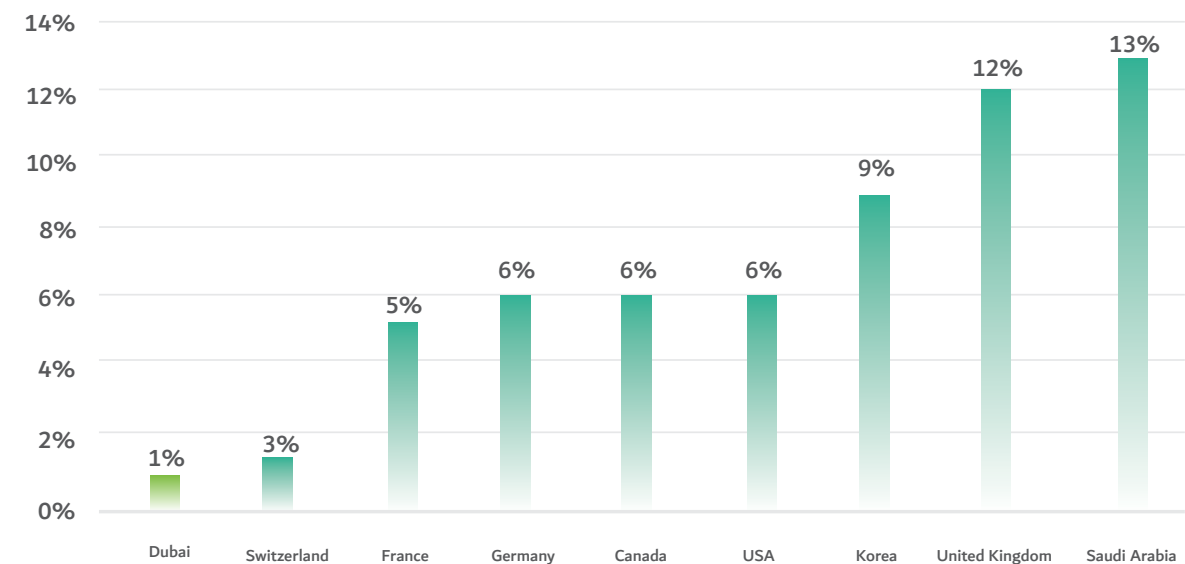


Figure 10. Share of Preventive Care Expenditure of Current Health Expenditure (CHE)



Preventive Care Expenditure as % of CHE

In terms of preventive care spent as % of CHE, Dubai's expenditure remains low compared to few selected OECD countries.

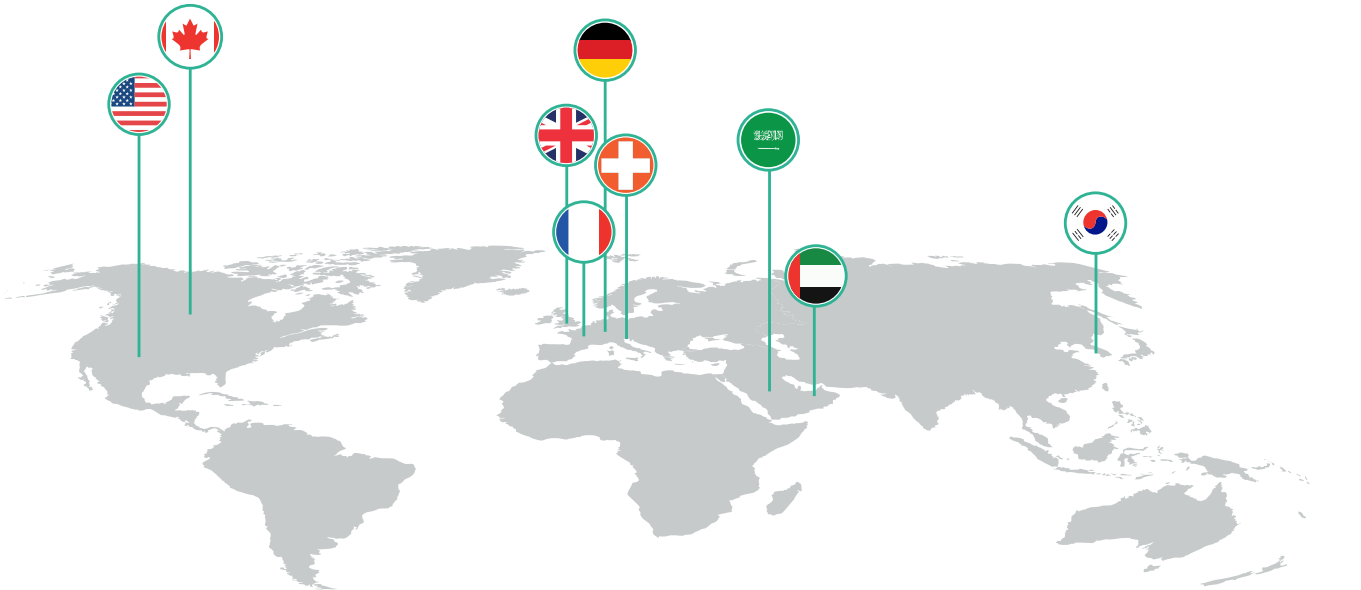
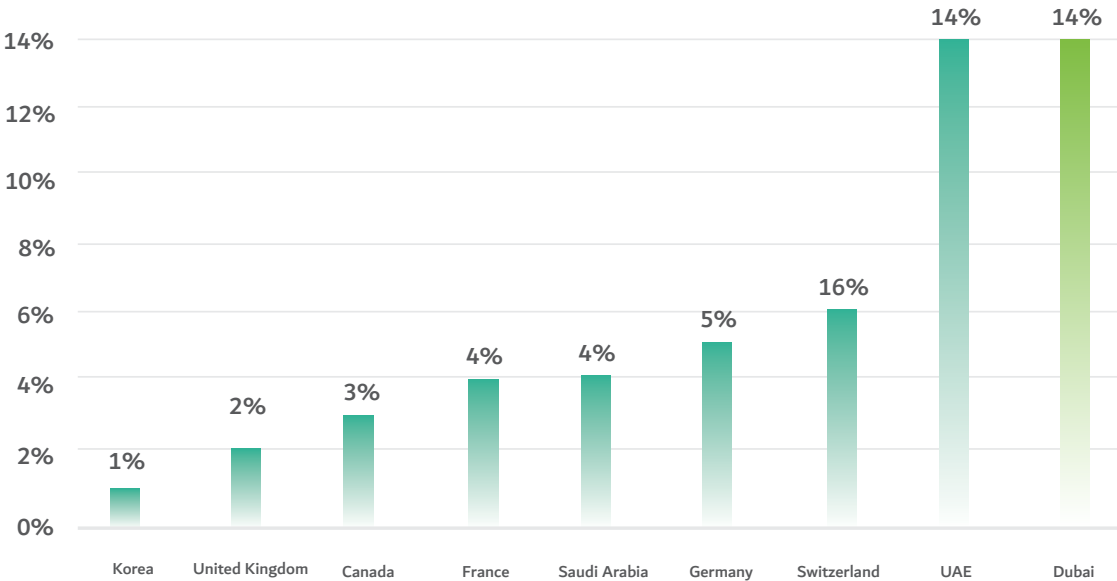


Figure 11. Share of Ancillary Services Expenditure of Current Health Expenditure (CHE)



Ancillary Expenditures as % of CHE

Dubai reports to have highest ancillary services expenditure as % of CHE compared to selected GCC and OECD countries.

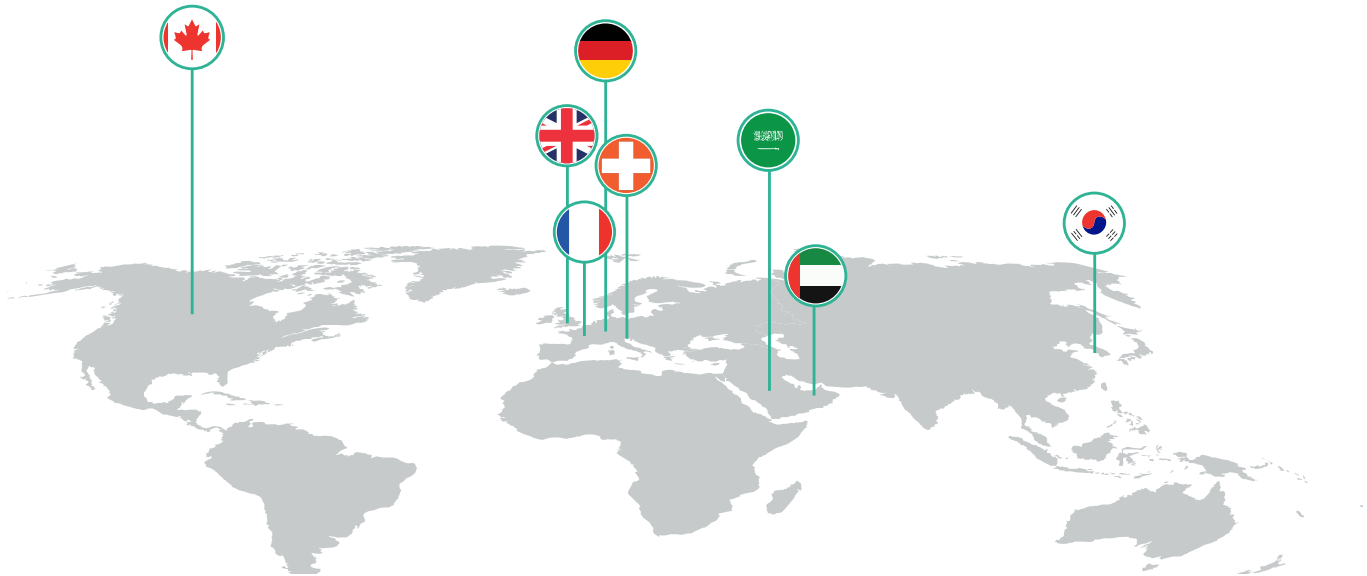
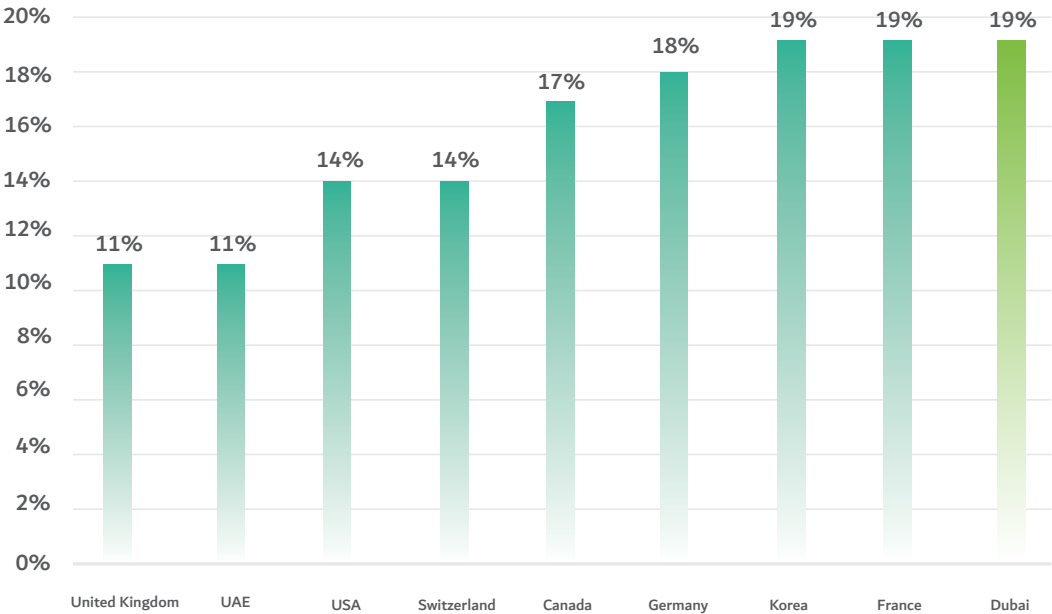
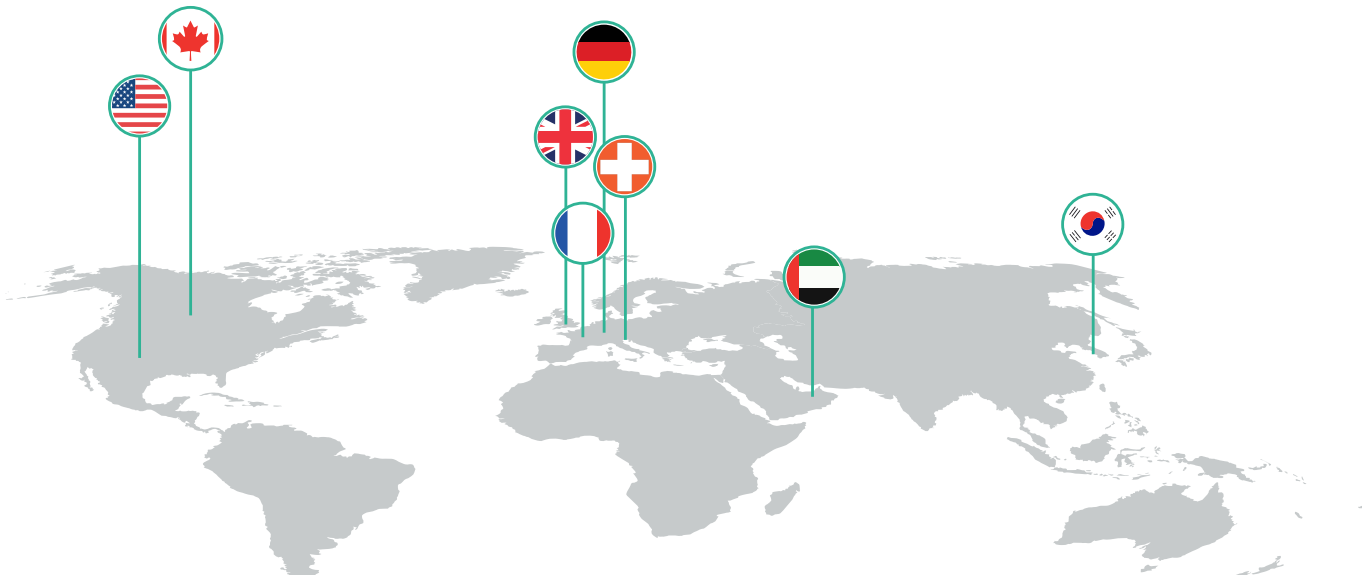


Figure 12. Share of Medical Goods Expenditure of Current Health Expenditure (CHE)



Medical Goods as % of CHE

Dubai ranks among the highest compared to selected OECD countries in terms of medical goods expenditure as % of CHE



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, analysed and validated to produce the HASD Report, 2023. DHA's Dubai Health Insurance Corporation (DHIC) worked in close collaboration with key stakeholders, in order to publish a credible and transparent report.

This exercise could not have been successfully completed without the support of key stakeholders. We would like to express our sincere gratitude and appreciation to various organisations for providing vital and sensitive financial information necessary to produce this report. In particular, the following organisation's collaborative efforts are recognized:

- Department of Finance (DOF), Dubai
- Dubai Police, Dubai Ambulance
- Dubai Statistics Centre
- Dubai Health (DH)
- Finance Department, Dubai Health Authority
- Dubai private healthcare providers and insurance companies
- Ministry of Health and Prevention (MOHAP), United Arab Emirates
- Emirates Airline

The DHA 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
- **Mr. Philip Swanny**, extracted and interpreted the data from the e-claim system
- **Dr. Eldaw A. Suliman**, Advisor for Strategy and Governance Department, provided valuable technical review of the report
- **Ms. Kamakshi Gupta**, Editorial Review, Corporate Communications and Marketing Department
- **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	MOH	Ministry of Health
CHE	Current Health Expenditure	MOHAP	Ministry of Health and Prevention
DHA	Dubai Health Authority	OECD	Organisation for Economic Co-operation and Development
DHCC	Dubai Health Care City	OOP	Out-of-Pocket
DHCA	Dubai Health Care City Authority	n.e.c	Not Elsewhere Classified
DHIC	Dubai Health Insurance Corporation	NCU	National Currency Unit
DHHS	Dubai Health Household Survey	PPP	Purchasing Power Parity
DM	Dubai Municipality	PvHE	Private Expenditure on Health
DoF	Dubai Department of Finance	RoW	Rest of the World
DSC	Dubai Statistics Center	SHA	System of Health Accounts
FS	Funds of Financing Scheme	THE	Total Health Expenditures
GDP	Gross Domestic Product	UAE	United Arab Emirates
GGHE	General Government Expenditure on Health	USAID	United States Agency for International Development
HASD	Health Accounts System of Dubai	US\$	United States Dollars
HC	Health care Functions	WHO	World Health Organization
HF	Health Financing Schemes		
HP	Health care Providers		
ISAHD	Insurance System of Advancing Health in Dubai		

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.

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.

A Report by

DUBAI HEALTH INSURANCE CORPORATION

Dubai Health Insurance Corporation was formed in 2018 under the guidance of Sheikh Hamdan bin Mohammed 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 organisational structure of Dubai Health Authority (DHA). The Corporation helps regulate the insurance market, creates a conducive environment for growth and helps 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' (TPA's) in mind.

The corporation also licenses and regulates 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.