Health for all in the United Arab Emirates

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SUMMARY This paper reports on health for all in the United Arab Emirates. The current situation in the country regarding health for all and primary health care is described as well as the progress that has been made in this area. The main primary health care programmes and future activities are outlined.

Introduction

The constitution of the United Arab Emirates (UAE) lays down a commitment to national health, and assures the right of all citizens and residents to receive comprehensive, high-quality health care.

Health services in UAE have undergone a remarkable development since the establishment of the Federation. The health infrastructure has grown tremendously since 1972. The high quality and accessibility of health services are reflected by low infant mortality rates (6.57/1000 live births) and high life expectancy (74 years for males and 76 years for females) reached by the year 1998.

The formation of a national health strategy and work plan to attain the goal of Health for All by the Year 2000 were endorsed by cabinet decree No. 39 in 1986, which declared that primary health care (PHC) was the essential tool to achieve this goal and emphasized the PHC principles of equity, accessibility, acceptability and community participation.

The new approach of integrated health services is considered a top priority and this dimension is seen as a strategy to reshape the health care system to provide the population of UAE with effective and high-quality health care, and to strengthen intra- and intersectoral collaboration.

Current situation and progress towards health for all in UAE

Current situation and progress

PHC is a package of comprehensive care offered to individuals, families and the community. The Ministry of Health has made a great effort to develop the services of PHC in order to make them more equitable and accessible to all residents in the country.

The number of PHC centres increased from 45 clinics in 1977 to 105 health centres by the end of 1999. Health status and socioeconomic conditions of the population have markedly improved and the main health indicators shown in Table 1 reflect this (1999).

The steady decline in childhood diseases in UAE is a positive indicator of the effectiveness of prevention and control.

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Table 1 Health indicators for 1999

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
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<tbody>
<tr>
<td>Population</td>
<td>2,938,000</td>
</tr>
<tr>
<td>Infant mortality rate</td>
<td>6.57/1000 live births</td>
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<tr>
<td>Maternal mortality rate</td>
<td>0</td>
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<tr>
<td>Neonatal mortality</td>
<td>5.18/1000 live births</td>
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<tr>
<td>Hospital deliveries</td>
<td>99% of all deliveries</td>
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<tr>
<td>Vaccination coverage</td>
<td>&gt;90% for all vaccinations</td>
</tr>
<tr>
<td>Percentage of population</td>
<td></td>
</tr>
<tr>
<td>safe drinking-water</td>
<td>98%</td>
</tr>
<tr>
<td>Doctor/per population</td>
<td>1/1250</td>
</tr>
</tbody>
</table>

Strategic plans for the development of human resources. The principal goal of the MCH programme is to provide specialized services for women of child-bearing age (15-44 years) and children under 5 years of age. MCH services have been developed further and made accessible and free to all residents of UAE in the cities and remote areas through MCH networks distributed in all medical districts, in addition to the PHC centres present throughout UAE.

**Essential drugs**
The list of essential drugs available in PHC includes about 250 items. These drugs are usually available in all health centres.

**Treatment of common diseases and injuries**
This is available in all health centres. There has been a decline in the incidence of most infectious diseases and malnutrition, while cardiovascular diseases and cancer are on the rise.

**School health**
School health has progressed considerably and enjoys the full support of all governmental levels. The school health programme is a specialized public health programme directed at schoolchildren and youth. School health provides preventive and curative services. The preventive services provided are free of charge. The services include health education, immunization, periodic check-ups, and screening for anaemia and parasitic infestations.

**Prevention and control of chronic diseases**
Cardiovascular diseases have emerged as the leading cause of death in UAE throughout the period 1989-1999 [7]. Data on cardiovascular risk factors in UAE are still limited. Agarwal et al., in a community-based study in UAE, found that the preva-
lence of hypercholesterolaemia varied from 47.2% to 53.0% in Arab nationals and from 22.7% to 53.0% in non-Arabs [2]. In another community-based study, El-Mugamer et al. reported that 27% of the Emirati urban residents were obese (BMI > 30 kg/m²) [3]. In the preliminary results of the National Epidemiological Study of Hypertension in UAE (NESH-UAE), El-Shahat et al. reported an overall hypertension prevalence of 36.6% among UAE citizens in the Emirate of Sharjah in the age group 18–75 years [4]. Although the data available on the prevalence of diabetes mellitus in UAE are still limited, diabetes seems to be a significant problem in the country. Cancer is another problem of public health concern in UAE. It is the second leading cause of death among females; death attributed to breast cancer contributed to 19.1% of all female cancer deaths [5].

Because of these alarming data, great efforts have been directed towards the prevention and control of cardiovascular risk factors and breast cancer. The National Hypertension Project was started in 1999 and provides health education, in-service training, clinical evaluation and treatment activities through PHC centres. Diabetes clinics and nutrition clinics have become an essential part of the standard structure of PHC centres. The National Breast Cancer Screening Programme was launched in 1995.

**Future prospects**

The expectations of the UAE community with regard to health care are extremely high. Health centres' committees have been developed in some health centres with participation of prominent local individuals. These committees have led to increased awareness of the people about their health problems and needs.

The Ministry of Health, responding to their expectations, has adopted ambitious and promising programmes and activities, such as:

- Postpartum care programme for all targeted women;
- Mental health and risk-taking behaviour programmes aimed at adolescents and school-aged children;
- Accident control programme;
- Early detection programmes for cervical cancer and hereditary disorders;
- Operational research based on emerging health needs and priorities.

**References**


