

United Arab Emirates



<http://www.who.int/countries/en/>

WHO region	Eastern Mediterranean
World Bank income group	High-income
Child health	
Infants exclusively breastfed for the first six months of life (%) ()	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	94
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	77.1 (Both sexes) 78.6 (Female) 76.4 (Male)
Population (in thousands) total (2015)	9157
% Population under 15 (2015)	13.9
% Population over 60 (2015)	2.3
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) ()	
Gender Inequality Index rank (2014)	47
Human Development Index rank (2014)	41
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	3.64
Private expenditure on health as a percentage of total expenditure on health (2014)	27.66
General government expenditure on health as a percentage of total government expenditure (2014)	8.69
Physicians density (per 1000 population) (2010)	2.533
Nursing and midwifery personnel density (per 1000 population) (2011)	3.16
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	3.5 [2.0-5.2]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	6.8 [6.0-7.7]
Maternal mortality ratio (per 100 000 live births) (2015)	6 [3 - 11]
Births attended by skilled health personnel (%) (2010)	100
Public health and environment	
Population using improved drinking water sources (%) (2015)	100.0 (Rural) 99.6 (Total) 99.6 (Urban)
Population using improved sanitation facilities (%) (2015)	95.2 (Rural) 97.6 (Total) 98.0 (Urban)

Sources of data:
Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

The UAE was certified polio-free in 2000 and declared malaria-free in 2007. However, tuberculosis remains present in the country though at negligible rates, 2 cases per 100 000 population while the incidence and prevalence of HIV are very low.

Non-communicable diseases are responsible for 67% of the estimated burden of mortality in 2008. Over 60% of the population is overweight, 20% of the population has been diagnosed with diabetes and a further 18% is considered at risk of developing diabetes, and cardiovascular diseases accounted for 38% of all mortality.

The special attention given by UAE to the health of mothers and children in terms of promotion, health education and medical facilities with notable low maternal and child deaths. However, the high prevalence of consanguineous marriages is leading to a high frequency of genetic disorders and hence infant mortality.

However, the alarming increase of tobacco use before the age of 14 years (39% in 2005, 82.1% in 2010) remains a concern.

HEALTH POLICIES AND SYSTEMS

The health sector in the United Arab Emirates (UAE) is administered by two authorities, the Ministry of Health for regulating the public health sector and the Emirates health authorities responsible for service delivery at state level (in Dubai and Abu Dhabi). Health care is provided for all nationals and health insurance is mandatory for non-nationals. Total expenditure on health was on average per capita expenditure of US\$ 1078. However, there is an increasing demand on the health care services due to the increasing level of ageing population estimated to be over 15% of the population, by 2020.

The 2021 vision of the UAE commits the Government to ensuring a universal access to health care services by all Emiratis through availability and equitable accessibility of excellent health care services and personal care services in order to fulfil citizens' growing needs and expectations. The UAE Government is committed to providing world health-class healthcare services by improving governance in the healthcare system and pursue the accreditation of hospitals and healthcare providers in the UAE as well as upgrade the standards for healthcare professionals.

The UAE is party to the revised International Health Regulations (IHR), which entered into force in 2007. However, there are still areas to improve in national core capacities for IHR implementation in the areas of legislation, coordination, surveillance and response, preparedness, risk communication, laboratory, points of entry and readiness for zoonotic, food safety, chemical and radiation events.

Although a number of laws, health policies and strategies for different health programmes exist at Ministry of Health and Health Authorities, there is a need for a consolidated health policy and strategy at the Ministry of Health level and health authorities' levels to assist in harmonizing health development at all levels. Although the care delivery system is based on the primary health care approach, it however depends on professionals from overseas with high turnover of expatriates comprising 80% of doctors and over 90% of nurses, which remains a challenge.

COOPERATION FOR HEALTH

As a high-income country, the UAE does not receive extensive support from the United Nations system. Nonetheless, UNDP, WHO, UNICEF, UNESCO, UNEP and UNAIDS are collaborating with the government. In the health sector, UNDP, UNICEF and UNAIDS are collaborating with the Ministry of Health and Ministry of Interior for prevention and treatment of HIV/AIDS. UNESCO's collaboration is in the areas of education and science and UNEP's main focus is on marine pollution. The roles of these agencies are primarily to offer guidance and technical assistance in areas such as social and economic development, services, education, health and management. The UAE is collaborating with a large number of well-established universities and higher education institutions as well as well famous clinics and hospitals from USA, Europe, Canada and Australia.

There is no structured mechanism or regular forum among UN agencies, and only collaboration on specific programs exists such as HIV/AIDS and monitoring of MDG programs.

The major challenge is how to coordinate related support by different partners and collaboration for optimal results in building national capacities.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2012–2017)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Health System Strengthening: Strengthening the health system and building national capacity in the Ministry of Health and Health Authorities; strengthening partnerships</p>	<ul style="list-style-type: none"> • Strengthen and harmonize governance of the health sector (legislation, policy, strategies, norms, standards and regulations) • Strengthen and harmonize norms for accreditation of personnel and health facilities • Develop or strengthen national and emirate-level plans for education, training, recruitment and management of the health workforce • Strengthen primary health care and referral systems, particularly for provision of care for non-communicable diseases and mental health • Develop an integrated, flexible and sustained national health information system(s) capable of catering for information needs at all levels (local, district, emirate and national)
<p>STRATEGIC PRIORITY 2: Promoting health through the Life Course approach: Collaborating on health-promoting schools and adolescent health; continuing collaboration on occupational and environmental health</p>	<ul style="list-style-type: none"> • Establish a referral centre to be WHO collaborating centre on health-promoting schools and adolescent health to conduct research, develop approaches, guidelines and provide training • Establish a centre to develop and monitor a prevention program to reduce congenital anomalies and genetic diseases • Strengthen collaboration on occupational and environmental health for risk assessment and monitoring of drinking water quality, waste management and air quality
<p>STRATEGIC PRIORITY 3: Expanding surveillance, prevention and control of non-communicable diseases; strengthening road safety and prevention of road traffic crashes and injuries</p>	<ul style="list-style-type: none"> • Strengthen prevention, monitoring and control for non-communicable diseases and cancer • Develop or strengthen cancer, diabetes and other diseases registries • Develop and implement program to reduce health risk factors • Commit to the establishing of reference centres for road traffic crashes and health-promoting schools
<p>STRATEGIC PRIORITY 4: Strengthening prevention and control of communicable diseases</p>	<ul style="list-style-type: none"> • Strengthen prevention and control of communicable diseases • Develop a national centre for disease control to provide technical support for disease control programmes within primary health care especially in relation to epidemic and pandemics
<p>STRATEGIC PRIORITY 5: Strengthening national capacity for health preparedness and response in emergencies and natural disasters</p>	<ul style="list-style-type: none"> • Address the core requirements in relation to IHR in strengthening the national capacities of all areas related to IHR • Develop a health preparedness response and recovery plan including training plan of health professionals for response at all levels to emergencies and natural disasters

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