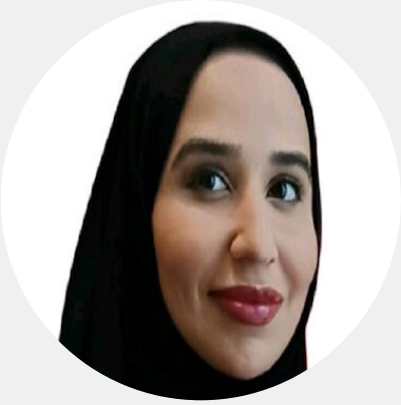
Sara Al Dallal – President, Emirates Health Economics Society



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Founded in July 2020, the Emirates Health Economics Society - led by Dr Sara Al Dallal - aims to create a space for the discussion of health economics within the UAE. In conversation with PharmaBoardroom, Dr Al Dallal outlines how the organisation's collaborations with governmental, industry, and academic stakeholders are bearing fruit; why any future implementation of health technology assessment (HTA) must be tailored to the UAE context; and her hopes for building a long term, sustainable healthcare ecosystem for patients.

Could you introduce yourself to our international audience and explain how you came to found the organisation?

I was born and raised in Dubai and graduated from medical school at the UAE University Faculty of Medicine before going through the typical career path of every doctor, that is internship and then residency, in my case for internal medicine. After practising as a physician for around six years, I felt that I needed to better understand the healthcare system and there was a spark to learn an area of knowledge that was missing. Therefore, I completed a master's in healthcare administration from the Royal College of Surgeons in Ireland to gain that complete picture.

After I completed this I had the basic 101 of healthcare management and understood better how hospitals operate. I joined DHA's health funding department in 2013, and shortly afterwards, in November 2013, Law No 11 of 2013 Concerning Health Insurance in the Emirate of Dubai was introduced. I then worked within a dedicated team towards the implementation of universal health coverage in the UAE.

While in this role I came to understand that I had the clinical and healthcare management background in place, but still lacked another piece of the puzzle. So, I chose to study a master's in health economics and health policy from the London School of Economics to complete my journey.

Over the years, as a UAE graduate in health economics, I have realised the need for more people who spoke the same language, i.e., health economics. This led me, in the midst of the pandemic in July 2020, to found the Emirates Health Economics Society, a non-governmental organisation under the umbrella of the Emirates Medical Association. It was established to build on the fundamentals we knew about health economics in the UAE and create a space to discuss these topics and improve on the current healthcare ecosystem. This importance has only become more evident as we come out of the pandemic and must focus on creating a long term, sustainable healthcare ecosystem for patients.

What exactly does the association advocate for in the UAE and how do you get your message across?

Our main objective is to promote a health economics approach at the healthcare level in the UAE. We now have 50 members, which is a good number to promote what we are doing, furthermore, we are affiliated with the International Health Economics Association.

As a society we have undertaken a lot of capacity building exercises, such as governmental workshops in a variety of sectors. We want the idea of health economics to become part of a unified vision that each area understands and can contribute towards.

Moreover, we are working with the industry and have a close collaboration with certain universities. For example, we are currently undertaking projects with UAE University and Institute of Public Health. Also, each year we run a conference and partner with large organisations to get our message across. In the first year we had representatives of health financing from the WHO, in the second year the International Health Economics Society, and this year we are expecting more experts to join. We are now working on whitepapers to present to policy makers.

Health technology assessment (HTA) is growing in importance globally, as countries establish and develop their own bodies for the tasks, and Europe is even moving towards a centralised HTA agency of sorts. What is the end goal here when looking at these types of health economic concepts?

We do need to put models in place to regulate decision making in areas such as reimbursement and financing of therapies. However, looking at the experiences of countries like the UK, Germany, and Italy with HTA, it is clear that if we put in place such a model it must be unique for the UAE. In the region, Saudi Arabia has become a leader in the field by initiating an HTA system.

Recommendations for regulatory decisions should be made on the basis of the principles of health economic modelling and should look at the entire health system level, not just one area. If we are bringing in innovative therapies, we need to balance things out and have the ability to support and adopt the innovation completely.

Over the last couple of years, The Department of Health, Abu Dhabi has dedicated itself to the evaluation of medical technology in terms of their clinical safety, efficacy and effectiveness; economic and societal outcomes; cost effectiveness; and broader impact on both patient health and the overall healthcare system. The registry can be found online here.

Finally, I would like to emphasise that the UAE is keen to adopt new innovations and health technologies, providing early access while maintaining and achieving health equity and desirable health outcomes for all.

Is value-added healthcare the future in the UAE?

In my role, looking at the system level of health economics, value-added healthcare is clearly the way forward, but these models can fail if not planned and executed according to principles and guidelines. Additionally, the concept of value-added healthcare needs a specific interpretation in the context of the UAE given that – unlike many other countries – the majority of the population is of working age. This means that any new model needs to be designed in an innovative and UAE-specific manner.

Looking at health economics requires the generation of data. Is sufficient data being produced in the UAE currently?

The UAE is a phenomenal country where digitization and electronic systems were introduced several years ago to facilitate and automate services. Due to the existence of the unified electronic file and medical insurance claims system, the availability of data has facilitated research in health economics including in areas such as the burdens of diseases and their implications.

Europe is looking to take a continental approach to healthcare economics but how do you view the future of cross-border collaboration in your region?

I have been speaking with my colleagues across the region to establish a Gulf Health Economics Association, having our first meeting in March and now registering the entity. There are a lot of things to consider when enacting cross-border healthcare system change as each healthcare model is different and will have different end goals that require different strategies. However, we must share knowledge and experience while collaborating at both a governmental and association level around health economics.

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