

## **Charting The Course For A Healthier Nation**

Open a debate about how to improve the health of a nation, and more often than not the discussion will quickly turn to the need to upgrade infrastructure, hire more healthcare specialists and staff, and implement public awareness campaigns – the ‘winning hearts and minds’ approach.

Naturally, all these elements have their own pivotal role to play in building a healthier population, and that is as true in the U.A.E. as it is anywhere else in the world. But do they genuinely and holistically address some of the root causes of the health problems facing our society, our economy, and therefore our individual and collective future?

Diabetes, obesity, cardiovascular disease and other serious health risks do not vanish simply because of investment, recruitment, and the raising of awareness. Neither do they stand still as we decide how these measures should be instigated, implement them, and wait for them to take effect. We have to be looking at whether the U.A.E. can become a healthier nation – one that sees its ranking in vital indices, such as those produced by the World Health Organization, steadily rising – not over the next 20-30 years, but over the next half-decade. And we have to identify the tools that can make this possible; tools that do not necessarily require us to think outside the box, but simply to think laterally.

Transforming a population’s health is not a task to which quick-win suggestions can be deployed. But that does not mean there is no opportunity for quicker wins, using the capabilities, capacities, frameworks, and talents our leaders already have at their disposal, and our knowledge of human nature, to shake the health kaleidoscope of the U.A.E. We have the opportunity to create systemic change through building a government-instigated but public-focused movement devoted to better health that stretches beyond simply encouraging people to take more exercise or change their diet, as good as that advice may be.

This movement centers on the clinical, exacting science of measurement. It’s simple, yet innovative and precise, and based on a glaringly obvious principle: you cannot change what you cannot measure, or what you do not measure. We are all aware of the fundamental, overarching health challenges facing the U.A.E., but do we really know precisely how they impact on the lives of the nation’s people, or how many people they affect?

An environment that lacks precise, detailed information about population health is one in which ‘silent killer’ diseases thrive. This is why a country-wide system of proactive testing and measurement is both imperative, and capable of positively impacting the U.A.E.’s health ranking and the wellbeing of its people. And the lead on this has to be taken from the top.

The beautiful irony is – the U.A.E. already has an existing, in-built advantage in implementing such a system, without the need for radical and lengthy structural change.

Expats comprise 90% of the country's population, and must undergo a biennial visa renewal process. What if, every two years, as they get themselves checked / test, the test battery expands a little to measure not just infectious diseases as is done today, but also some other simple yet vital measurements on key risk factors? What if we could all get a result that tells us more than simply 'medically fit', to a broader array of measurements like, for example, the ones that may be precursors to cardiovascular and endocrinology diseases (eg. Diabetes). Imagine the natural impact it can have on one's dietary habits, and lifestyle changes? If we are happy to do a similar exercise for our vehicles – every year going to the transport department to get its registration renewed, becoming aware of what changes we need to make to it (tires, oil, balance), to check its roadworthiness, surely there is no reason that the same principle cannot to be applied to people's health.

The important change this will bring in is this – majority people don't get tests done on their volition. So they never know, sometimes, up until its late, what may be going wrong in their bodies, and hence never make any change to their lifestyle. This aggregates at the national level, and conflagrates a nation-wide acute care problem, when diseases take hold, thereby pushing the national indices down.

At individual level, such tests would alert people to potential health risks and the need for lifestyle changes. But the real, long-term benefit – the benefit that can help build a legacy of better health for the U.A.E. – would be seen at institutional level. Having greater insight into the state of the population's health informs better decision-making by leaders and policymakers, opening the door to the development of tailored, precision programs targeted at addressing 'red flags' within particular demographics. If the data reveals high levels of cholesterol among blue-collar workers are due to their consumption of cheap, high-fat foods, or that white-collar workers are increasingly at risk from smoking or drinking too much, there is a solid evidence base from which initiatives designed to tackle this can be built.

Of course, there is a question on how to deal with the remaining part of our population – the local citizen cohort, which does not need to do biennial but to keep things in perspective, if 90% of population makes a change in their lifestyle, we can be assured of creating a healthy contagion and be-spoke solutions for the local cohort as well.

Meanwhile, it provides the basis for our government to offer greater incentive in the field of healthcare – you might even call it tough love. Through such a 'health tracking' system, in-depth information about people's health can be collated and shared, within the bounds of patient confidentiality, with healthcare stakeholders like insurers, who can be guided to reward those who take steps to improve their health and wellbeing with lower premiums, better access, or other rewards. Such data would also allow innovative solutions like application of technology and artificial intelligence in sculpting personal solutions to disease – AI being one of the biggest push our government is looking at. While the benefits of staying healthy should be self-explanatory goal for us all, the power of tangible incentive in guiding people toward the right lifestyle choices can never be disregarded.

This is not instruction, or a move that would somehow detract from the compassionate nature of healthcare. It is simply a serious response to a serious challenge, and one that has the capacity to significantly enhance our leaders' insight into the health of the U.A.E. population while actively rewarding efforts to lead healthier lives. Look at the introduction of the Excise Tax – the so-called 'sin tax' – in the U.A.E, increasing the cost of tobacco and sugary drinks. Some may see it as a tough measure, but that misses the point. There is

strong evidence that this will help to reduce the UAE's rates of diabetes, obesity, cancer, cardiovascular disease. That alone makes it not just worthwhile, but essential.

It also demonstrates how the U.A.E.'s leaders have the sense of impetus, the vision, and the boldness to take strong measures with the sole objective of public good. The call to action I have sounded here simply advocates elevating this approach to the next level; taking 20 strides forward, rather than five paces. We have the means to introduce it, and we have the means to make it work. And I believe such a system can underpin the transformation of the U.A.E. into the healthier nation that we all want to see it become.

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