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ENHANCING ACCESS TO MULTIPLE SCLEROSIS DISEASE-MODIFYING THERAPIES ACROSS THE UNITED ARAB EMIRATES

Executive Summary

Access to disease-modifying therapies (DMTs) for Multiple Sclerosis represents a critical healthcare equity challenge in the UAE, where geographic dispersion, socioeconomic variations, and healthcare infrastructure differences create significant barriers to optimal patient care. This policy dialogue, organized by the Mohammed bin Rashid School of Government (MBRSG) in collaboration with the Dubai Health Authority and key healthcare stakeholders, examined how the UAE can systematically address disparities in DMT access across all seven emirates.

The dialogue brought together neurologists, healthcare administrators, insurance representatives, patient advocates, and policy makers to explore the multifaceted nature of MS care delivery, current implementation gaps, and strategic opportunities for improvement. Participants emphasized the need for a comprehensive approach that integrates geographic accessibility, socioeconomic considerations, insurance coverage optimization, and cross-emirate coordination.

Key findings indicate that, while the UAE has made significant investments in specialized neurological care, substantial disparities remain in access to DMT between urban centers, such as Dubai and Abu Dhabi, and more remote areas in the Northern Emirates. Insurance coverage inconsistencies, limited specialist availability outside major cities, and transportation barriers compound these challenges. The dialogue concluded with a consensus that transforming DMT accessibility requires coordinated policy intervention, enhanced infrastructure development, and innovative service delivery models supported by robust data analytics and cross-emirate collaboration.

Background

The policy dialogue was conducted (22nd May 2025) as part of ongoing efforts to enhance neurological care equity in the UAE, recognizing His Highness Sheikh Mohammed bin Rashid Al Maktoum's vision for world-class healthcare accessible to all residents. This initiative builds upon the UAE's National Health Strategy 2021 and aligns with the broader healthcare transformation goals outlined in the UAE Vision 2071.

Multiple Sclerosis affects an estimated 2,500-3,000 individuals in the UAE, with prevalence rates varying significantly across different population groups. Recent epidemiological data suggest increasing incidence rates, particularly among expatriate populations from high-prevalence regions. The availability of advanced DMTs has revolutionized MS treatment globally, yet access patterns within the UAE reveal concerning geographic and socioeconomic disparities that require systematic policy intervention.

International evidence demonstrates that early access to appropriate DMTs significantly improves long-term patient outcomes, reduces disability progression, and ultimately decreases healthcare system costs. However, the UAE's unique geographic and demographic characteristics present distinctive challenges in ensuring equitable access across all emirates and population segments.

Key Discussion Points

Defining Access Equity in the UAE Context

The dialogue began by establishing a contextual definition of equitable DMT access specific to the UAE's healthcare landscape. Participants agreed that access equity encompasses multiple dimensions:

Geographic accessibility acknowledges the UAE's distinct urban-rural divide, where major medical centers are concentrated in Dubai, Abu Dhabi, and Sharjah, while residents of the Northern Emirates face significant travel distances for specialized care. The concept extends beyond mere availability to encompass practical accessibility, considering factors such as transportation infrastructure, work schedule flexibility, and family support systems.

Socioeconomic equity acknowledges the UAE's diverse economic landscape, where insurance coverage types, employment sectors, and residency status significantly impact access to healthcare. The dialogue recognized that true equity requires addressing both direct costs (such as medication and consultation fees) and indirect costs (including transportation, lost wages, and accommodation for overnight stays).

Cultural accessibility encompasses language barriers, healthcare literacy differences, and varying cultural attitudes toward chronic disease management across the UAE's multicultural population.

Current State Analysis

The discussion revealed varied approaches to DMT delivery across UAE healthcare systems:

Healthcare Infrastructure Distribution:

Emirates vary significantly in neurological care infrastructure. Dubai and Abu Dhabi host multiple specialized MS centers with comprehensive diagnostic and treatment capabilities (refer to Table 1). In contrast, the Northern Emirates rely heavily on referral systems, which can create potential delays in diagnosis and treatment initiation.

Current specialist distribution shows concentration in major urban centers, with limited coverage in Ajman, Umm Al Quwain, Fujairah, and Ras Al Khaimah. This geographic maldistribution creates care deserts, where patients face travel times of 2-3 hours for routine follow-up appointments.

Table 1: MS Treatment Centers and Healthcare Infrastructure Distribution in the UAE

Emirate	Major MS Treatment Facilities	Specialized MS Centers	General Neurology Services	Population (approx.)
Dubai	• Rashid Hospital MS Center • American Hospital Dubai • Mediclinic Parkview Hospital • NMC Royal Hospital	4+ dedicated MS centers	15+ neurology clinics	3.6 million
Abu Dhabi	• Cleveland Clinic Abu Dhabi • Sheikh Shakhbout Medical City • Harley Street Medical Centre • Burjeel Hospital	4+ dedicated MS centers	12+ neurology clinics	1.7 million
Sharjah	• University Hospital Sharjah • NMC Royal Hospital Sharjah • Emirates Hospital	1-2 MS programs	6-8 neurology clinics	1.8 million
Ajman	• Sheikh Khalifa General Hospital • Thumbay Hospital	No dedicated MS centers	2-3 neurology services	500,000
Ras Al Khaimah	• RAK Hospital • Saqr Hospital	No dedicated MS centers	2-3 neurology services	400,000
Fujairah	• Fujairah Hospital • Thumbay Hospital Fujairah	No dedicated MS centers	1-2 neurology services	260,000
Umm Al Quwain	• Umm Al Quwain Hospital	No dedicated MS centers	1 neurology service	80,000

Insurance System Challenges:

The UAE's diverse insurance landscape creates complex coverage patterns for DMT access. Emirates-specific insurance schemes, federal employee coverage, and private insurance policies demonstrate significant variations in DMT formulary coverage, prior authorization requirements, and co-payment structures.

Government employee insurance schemes typically provide comprehensive DMT coverage, whereas private insurance policies exhibit considerable variation. Some high-cost DMTs require lengthy approval processes, which can potentially delay optimal treatment initiation.

Patient Experience Barriers:

Geographic barriers emerged as the most significant challenge to access. Patients residing in Northern Emirates frequently described lengthy travel requirements for both initial diagnosis and ongoing care. Transportation costs, time away from work, and family care responsibilities compound these geographic challenges.

Language and cultural barriers affect treatment adherence and patient engagement. Healthcare literacy variations affect patients' understanding of the importance of treatment and their long-term management requirements.

Healthcare Provider Perspectives:

Neurologists described significant challenges in maintaining continuity of care for patients residing in distant emirates. Limited telemedicine infrastructure restricts remote monitoring capabilities, while medication management requires regular in-person assessments.

Healthcare providers noted insurance-related administrative burdens that delay treatment initiation. Complex prior authorization processes, varying formulary requirements across insurance providers, and frequent policy changes create systematic inefficiencies.

Implementation Challenges:

Resource allocation disparities between emirates create uneven service quality. Some emirates lack basic diagnostic capabilities (MRI facilities, cerebrospinal fluid analysis), requiring patient referrals for initial diagnosis.

Pharmacy infrastructure varies significantly across emirates, with some lacking cold chain capabilities necessary for certain DMTs. This pharmaceutical infrastructure gap limits treatment options in specific geographic areas.

Workforce development challenges include limited neurology residency positions and insufficient continuing medical education opportunities outside major urban centers.

Future State Design

Participants outlined key elements for achieving equitable DMT access across all emirates:

Geographic Accessibility Enhancement:

Establishing satellite neurology clinics in the Northern Emirates with rotating specialist coverage could reduce patient travel burden while maintaining care quality. These clinics would provide routine follow-up care, medication monitoring, and basic diagnostic services.

Developing comprehensive telemedicine capabilities would enable remote consultations, medication adjustments, and care coordination. This technology infrastructure requires investment in secure communication platforms, remote monitoring devices, and provider training.

Mobile health units could deliver specialized services to remote areas, providing diagnostic capabilities and initial treatment consultations in communities with limited healthcare infrastructure.

Integrated Care Delivery Models:

Creating emirates-wide care networks would facilitate seamless patient referrals and information sharing. Standardized treatment protocols across all emirates would ensure consistent care quality regardless of geographic location.

Developing hub-and-spoke models where major medical centers serve as coordination hubs for satellite clinics and community health centers could optimize resource utilization while improving access.

Establishing multidisciplinary care teams, including neurologists, pharmacists, social workers, and care coordinators, would address the comprehensive needs of MS patients beyond medical treatment.

Insurance System Optimization:

Standardizing DMT coverage across insurance providers would reduce administrative complexity and ensure equitable access regardless of insurance type. This standardization requires regulatory coordination and stakeholder collaboration.

Implementing value-based insurance models that recognize the long-term cost-effectiveness of early DMT intervention could improve coverage decisions and reduce financial barriers.

Creating emirates-wide pharmaceutical procurement systems could reduce medication costs while ensuring consistent availability across all healthcare facilities.

Technology Integration:

Implementing electronic health record systems with cross-emirate compatibility would improve care coordination and reduce duplicate testing. Patients could receive care at any facility while maintaining complete medical record access.

Developing patient portal systems would enable treatment monitoring, medication adherence tracking, and direct communication with healthcare providers between visits.

Using data analytics to identify access gaps and monitor treatment outcomes would support evidence-based policy development and resource allocation decisions.

Policy Council Dialogue

Part 1 – Defining Equitable Access

Equitable access to DMTs in the UAE context encompasses multiple interconnected dimensions that reflect the country's unique geographic, demographic, and healthcare system characteristics. Access to equity begins with recognizing that the UAE's federal structure creates natural variations in healthcare delivery; however, these variations should not result in systematic disadvantages for residents of different emirates.

Geographic equity acknowledges that while centralization of specialized services in major urban centers creates efficiency, it should not create insurmountable barriers for patients residing in smaller emirates. The definition extends beyond simple availability to encompass practical accessibility, considering transportation networks, work schedule flexibility, and family support systems that vary significantly across emirates.

Economic equity acknowledges the UAE's diverse employment landscape, where various insurance coverage types, employment sectors, and residency statuses create distinct access pathways. True equity requires addressing both direct treatment costs and indirect costs such as transportation, accommodation, and lost wages that disproportionately affect certain population segments.

Cultural equity encompasses the UAE's multicultural population, where language preferences, healthcare literacy levels, and cultural attitudes toward managing chronic diseases vary considerably. Equitable access ensures that these cultural differences do not create systematic barriers to optimal care.

Part 2 – Current State Challenges

The UAE's current DMT access landscape demonstrates significant achievements alongside persistent challenges that require systematic policy intervention. Major urban centers, such as Dubai and Abu Dhabi, have developed world-class neurological care capabilities, with multiple specialized clinics offering comprehensive diagnostic and treatment services. However, this concentration creates geographic disparities that affect residents of the Northern Emirates.

The distribution of healthcare infrastructure reflects broader economic development patterns, with Dubai and Abu Dhabi hosting the majority of specialized neurological services. Al Jalila Children's Specialty Hospital, American Hospital Dubai, Cleveland Clinic Abu Dhabi, and Emirates Healthcare facilities provide excellent care within their respective service areas; however, geographic concentration limits accessibility for patients residing in other emirates.

Insurance coverage patterns create complex variations in access across the UAE's diverse healthcare financing landscape. Government employee schemes generally provide comprehensive coverage for most DMTs, while private insurance policies demonstrate considerable variation in formulary coverage, prior authorization requirements, and patient co-payment obligations.

Patient experience data reveal that transportation is the most significant access barrier for residents of the Northern Emirates. Regular travel to Dubai or Abu Dhabi for routine follow-up appointments creates substantial time and financial burdens, particularly affecting patients with limited economic resources or inflexible work arrangements.

Healthcare providers describe administrative challenges related to insurance approval processes that can delay the initiation of treatment. Complex prior authorization procedures, varying formulary requirements across insurance providers, and frequent policy changes create systematic inefficiencies that affect patient care quality.

Pharmaceutical infrastructure variations across emirates affect medication availability and storage capabilities. Some areas lack appropriate cold chain storage facilities required for certain DMTs, limiting treatment options and requiring patients to travel for medication collection.

Part 3 – Strategic Solutions Framework

Addressing DMT access disparities requires comprehensive strategy development that leverages the UAE's healthcare system strengths while systematically addressing identified gaps. The solution framework emphasizes coordination across emirates, insurance optimization, technology integration, and workforce development.

Enhancing geographic accessibility through satellite clinic development represents a practical approach to reducing travel burdens while maintaining high-quality care. These facilities could provide routine monitoring, medication management, and basic diagnostic services under the supervision of major medical centers.

The development of telemedicine infrastructure offers significant potential for improving access while reducing costs. Comprehensive telehealth capabilities would enable remote consultations, medication adjustments, and care coordination, particularly benefiting patients in remote areas.

Standardizing the insurance system across emirates would reduce administrative complexity while ensuring equitable coverage, regardless of the insurance provider or the emirate of residence. This standardization requires regulatory coordination and collaboration between the industry.

Integrated care delivery models that connect healthcare facilities across emirates would facilitate seamless patient referrals and information sharing. Electronic health record integration would support care coordination while reducing duplicate testing and administrative inefficiencies.

Data-driven policy development, facilitated by comprehensive access monitoring, would support evidence-based decision-making and optimize resource allocation. Regular assessment of geographic, economic, and demographic access patterns would guide targeted interventions.

Recommendations

Based on dialogue analysis, the following policy recommendations address systemic DMT access challenges:

1. Geographic Access Enhancement: Establish satellite neurology clinics in Northern Emirates with rotating specialist coverage from major medical centers. These clinics would provide routine follow-up care, medication monitoring, and basic diagnostic services, reducing patient travel requirements while maintaining care quality standards.

2. Telemedicine Infrastructure Development: Implement comprehensive telehealth capabilities across all emirates, including secure video consultation platforms, remote monitoring devices, and electronic prescription systems. This technology infrastructure would enable routine follow-up care without geographic constraints.

3. Insurance Coverage Standardization: Create emirate-wide DMT coverage standards that ensure consistent access regardless of insurance provider or emirate of residence. This standardization should include formulary harmonization, streamlined prior authorization processes, and transparent co-payment structures.

4. Integrated Care Network Development: Establish formal care networks connecting healthcare facilities across all emirates, facilitating seamless patient referrals and information sharing. Implement standardized treatment protocols and quality metrics to ensure consistent care delivery.

5. Workforce Development Initiative: Expand neurology training programs and create continuing medical education opportunities across all emirates. Develop incentive programs to encourage specialist practice in underserved areas.

6. Pharmaceutical Infrastructure Enhancement: Ensure appropriate medication storage and distribution capabilities across all emirates, including cold chain facilities for temperature-sensitive DMTs. Develop emirates-wide procurement systems to optimize medication availability and costs.

Next Steps

The policy council dialogue established immediate action priorities:

- Creation of an inter-emirate healthcare coordination committee to develop implementation frameworks
- Pilot satellite clinic program in one Northern Emirate to test service delivery models
- Insurance stakeholder working group to establish coverage standardization proposals
- Technology assessment for telemedicine infrastructure requirements
- Continued stakeholder engagement to advance the access equity agenda

Implementation will require sustained collaboration between federal and emirate-level health authorities, insurance providers, healthcare facilities, and patient advocacy organizations.

Conclusion

Achieving equitable DMT access across all UAE emirates requires coordinated policy intervention that addresses geographic, economic, and systemic barriers while building upon existing healthcare system strengths. The policy dialogue highlighted the UAE's capacity for innovative healthcare delivery, while identifying specific areas that require strategic investment and policy development.

By developing comprehensive access enhancement strategies, leveraging technology solutions, and fostering cross-emirate collaboration, the UAE can establish itself as a regional leader in neurological care equity. This achievement would support both individual patient outcomes and broader healthcare system efficiency while aligning with national vision goals for healthcare excellence.

Success requires sustained commitment from all stakeholders, evidence-based policy development, and continuous monitoring of access patterns across different population segments and geographic areas. The framework developed through this dialogue provides a foundation for systematic progress toward comprehensive DMT access equity.

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