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ENHANCING ACCESS TO DISEASE-MODIFYING THERAPIES FOR MULTIPLE SCLEROSIS PATIENTS ACROSS THE EASTERN MEDITERRANEAN REGION



Executive Summary

Multiple Sclerosis (MS) represents a significant neurological health challenge affecting thousands of patients across the UAE, Gulf Cooperation Council (GCC), and Eastern Mediterranean Region (EMR). Access to Disease-Modifying Therapies (DMTs), which are crucial for managing MS progression and improving patient outcomes, remains inconsistent across geographic and socioeconomic lines. This policy dialogue, organized by the Mohammed bin Rashid School of Government in collaboration with regional health authorities and patient advocacy groups, examined the multifaceted barriers to DMT access and explored strategic solutions for creating equitable healthcare delivery models.

The dialogue brought together neurologists, healthcare administrators, insurance representatives, patient advocates, and policymakers from across the UAE, GCC states, and the broader EMR region to examine current access patterns, identify systemic barriers, and develop targeted interventions. Participants emphasized the critical need for coordinated regional approaches that address geographic disparities, insurance coverage gaps, and socioeconomic inequalities while leveraging technological innovations and cross-border collaboration.

Key findings reveal significant disparities in DMT access between urban and rural areas, with patients in remote emirates and regions facing substantial barriers, including limited specialist availability, transportation challenges, and inadequate insurance coverage for high-cost therapies. The dialogue concluded with a consensus that transforming MS care requires shifting from fragmented, location-dependent services toward integrated, patient-centered models supported by telemedicine capabilities, standardized treatment protocols, and enhanced regional cooperation.

Background

The policy dialogue was held (14th May 2025) as part of ongoing efforts to enhance access to neurological care across the UAE and the broader region, recognizing the substantial burden MS places on patients, their families, and healthcare systems. Recent epidemiological studies indicate that MS prevalence rates range from 14 to 35 per 100,000 population across GCC states, with higher rates observed among expatriate populations from regions with elevated MS prevalence.

DMTs, including interferon beta preparations, glatiramer acetate, and newer oral agents like fingolimod and dimethyl fumarate, have revolutionized MS treatment by reducing relapse rates and slowing disability progression. However, these medications require specialized monitoring, regular follow-up, and substantial financial investment, creating complex access challenges, particularly in geographically dispersed healthcare systems.

The dialogue builds upon previous regional health policy initiatives that examined rare disease management and access to specialty care, while addressing the unique challenges posed by MS care delivery across diverse healthcare systems, insurance frameworks, and geographic contexts within the UAE, GCC, and EMR regions.



Key Discussion Points

Defining Access Challenges in a Regional Context

The dialogue began by exploring the multidimensional nature of DMT access challenges specific to the UAE, GCC, and EMR contexts. Participants identified several interconnected factors influencing patient access to essential MS therapies:

Geographic Disparities: Access to services varies significantly between urban centers, such as Dubai, Abu Dhabi, Riyadh, and Doha, and rural areas across the region. Specialized MS centers concentrate in major metropolitan areas, requiring patients in remote locations to travel significant distances for initial diagnosis, treatment initiation, and ongoing monitoring.

Healthcare System Heterogeneity: The region encompasses diverse healthcare delivery models, ranging from nationalized systems to insurance-based frameworks, resulting in inconsistent coverage policies and treatment availability across borders, as well as within individual countries.

Cultural and Linguistic Factors: The region's multicultural populations present unique challenges, including language barriers, cultural attitudes toward chronic illness, and varying health literacy levels, which impact treatment

Current State Analysis

Healthcare Infrastructure Assessment

The discussion revealed varied approaches to MS care delivery across participating regions:

Specialized Care Distribution:

- UAE: MS care is primarily concentrated in Dubai and Abu Dhabi, with limited services in the northern emirates
- Saudi Arabia: Major MS centers in Riyadh, Jeddah, and Dammam, with emerging services in other provinces
- Kuwait, Qatar, Bahrain: Centralized services in capital areas with referral systems for outer regions
- Oman: Limited specialized services requiring frequent referrals to regional centers

DMT Availability and Approval: Regional variation in drug registration processes creates inconsistent access to newer DMTs, with some patients traveling across borders for treatment or facing delays in accessing optimal therapies. Using limited research studies compiled the following table.

Table 1: Multiple Sclerosis Prevalence in the UAE and GCC Countries

Country/ Region	Prevalence (per 100,000)	Year	Population Studied	Female: Male Ratio	Source
UAE (Overall)	57-64 (age- standardized)	2016	Mixed population	2.85:1	Inshasi & Thakre, 2011; Schiess et al., 2016
Dubai	54.77	2007	284 patients	2.85:1	Mohammed et al., 2011
UAE (Nationals)	64-70	2016	Emirati citizens only	3:1	Szolics, 2016
Saudi Arabia	40.40 (overall)	2015-2016	2,507 patients	2:1	AlJumah et al., 2020
Saudi Arabia (Nationals)	61.95	2015-2016	Saudi nationals only	2:1	AlJumah et al., 2020
Kuwait	74-80	2019	National data	2.5:1	Alroughani et al., 2019
Qatar	58-62	2013	National data	2.4:1	D'souza et al., 2013
Bahrain	59.9	2013	287 patients	2.49:1	Alsharoqi et al., 2014
Oman	15.9	2019-2021	422 patients	2.2:1	Al-Senani et al., 2021

Insurance Coverage Challenges

Participants outlined several critical coverage gaps:

Coverage Variability: Insurance policies show substantial variation in DMT coverage, particularly for newer, high-cost oral agents and monoclonal antibodies. Some plans cover only first-line injectables while excluding more effective but expensive options.

Prior Authorization Barriers: Complex approval processes for DMT initiation often delay treatment, potentially compromising patient outcomes during critical early disease phases.

Expatriate Coverage Issues: Non-national residents frequently face coverage limitations or exclusions for chronic conditions, creating substantial access barriers in populations with higher MS prevalence.

Patient Experience Challenges

Travel Burden: Patients regularly report traveling 2-4 hours for routine appointments, resulting in substantial financial and time costs that impact treatment adherence and quality of life.

Specialist Shortages: The limited number of MS-specialized neurologists results in appointment delays of 3-6 months, particularly for initial consultations and urgent management needs.

Support System Gaps: Inadequate patient education resources, limited psychological support services, and insufficient caregiver training programs impact overall care quality and patient outcomes.



Healthcare Provider Perspectives

Resource Constraints: Providers identified insufficient clinic time, limited support staff, and inadequate facilities as major systemic barriers to comprehensive MS care.

Continuing Education Needs: Many general neurologists require additional training in MS management, particularly regarding newer DMTs and monitoring protocols.

Care Coordination Challenges: Lack of integrated electronic health records and communication systems hampers coordination between primary care providers, specialists, and allied health professionals.

Future State Design

Regional Coordination Framework

Participants outlined several key elements for transforming MS care delivery across the UAE, GCC, and EMR regions:

Harmonized Treatment Protocols: Development of standardized, evidence-based treatment guidelines adapted for regional contexts, including considerations for climate, cultural factors, and healthcare system variations.

Technology Integration: Implementation of telemedicine platforms for routine monitoring, patient education, and specialist consultations to reduce geographic barriers and improve care continuity.

Cross-Border Collaboration: Establishment of formal agreements enabling treatment continuity for patients relocating within the region and facilitating knowledge sharing among MS centers.

Enhanced Access Models

Hub and Spoke Systems: Development of specialized MS centers in major urban areas connected to satellite clinics in smaller communities, supported by telemedicine capabilities and mobile specialist services.

Insurance Reform Initiatives: Advocacy for standardized DMT coverage policies across insurance providers, including streamlined prior authorization processes and coverage for newer therapeutic options.

Patient Support Programs: Creation of comprehensive support systems including patient education resources, financial assistance programs, and peer support networks adapted for multicultural populations.

Measurement and Quality Improvement

Regional MS Registry: Establishment of collaborative data collection systems to track patient outcomes, treatment patterns, and access barriers across participating countries.

Quality Metrics: Development of standardized performance indicators, including time to diagnosis, treatment initiation delays, and patient-reported outcome measures.

Research Collaboration: Facilitation of multi-center research initiatives examining region-specific factors affecting MS care and treatment outcomes.



Policy Dialogue Insights

Part 1 - Understanding Regional MS Care Challenges

MS care delivery across the UAE, GCC, and EMR regions reflects broader characteristics of the healthcare system, while presenting unique challenges related to geography, demographics, and healthcare infrastructure. Unlike many chronic conditions, MS requires highly specialized care with complex monitoring protocols, creating particular vulnerabilities in healthcare systems with limited specialist density.

The dynamics of the expatriate population significantly influence MS epidemiology and care delivery patterns. Many MS patients in the region originate from countries with higher MS prevalence, creating concentrated need for specialized services while patients often lack traditional family support systems available in their home countries.

Economic factors play a crucial role, with DMT costs representing a substantial proportion of household income, even for middle-class families. The challenge intensifies for patients who require newer, more expensive therapies or those experiencing gaps in insurance coverage.

Part 2 - Current System Performance

Regional healthcare systems demonstrate varying capabilities for MS care delivery, with urban centers generally offering more comprehensive services while rural and smaller emirate/provincial areas face significant resource constraints.

Strengths identified include:

- Growing recognition of MS as a priority condition
- Investment in specialist training programs
- Emerging telemedicine capabilities
- Regional medical tourism facilitating cross-border care

Critical gaps encompass:

- Inconsistent DMT formularies across insurance systems
- Limited patient education resources in multiple languages
- Insufficient integration between primary and specialty care
- Lack of standardized treatment protocols across borders

The challenges of the insurance system create particular complexity, with coverage policies varying substantially between public and private systems, nationality-based programs, and employer-sponsored plans. These variations create inequitable access patterns that may not align with clinical need or disease severity.

Healthcare provider challenges center on resource limitations, with many reporting insufficient time for comprehensive patient education, limited access to specialized testing facilities, and inadequate support for patient monitoring between visits.



Part 3 - Transformational Opportunities

The dialogue identified several high-impact opportunities for system transformation:

Digital Health Integration: Leveraging existing technology infrastructure to create connected care systems, enabling remote monitoring, medication adherence tracking, and virtual consultations, could substantially reduce geographic access barriers.

Regional Standardization: Harmonizing treatment protocols, insurance coverage policies, and quality standards across GCC countries could facilitate continuity of care and reduce system inefficiencies.

Patient Empowerment: Developing comprehensive patient education programs, peer support networks, and self-management tools adapted for diverse cultural and linguistic contexts could improve outcomes while reducing healthcare system burden.

Workforce Development: Expanding specialist training programs, creating MS care certification pathways for nurses and allied health professionals, and implementing systematic continuing education could address human resource constraints.



Recommendations

Based on the dialogue findings, the following policy recommendations were formulated:

1. Establish Regional MS Care Coordination Council

Create a formal multi-stakeholder body including representatives from UAE, GCC, and EMR health ministries, MS societies, healthcare providers, and patient advocates to coordinate regional MS care improvement initiatives and facilitate knowledge sharing.

2. Develop Integrated Care Models

Implement hub-and-spoke care delivery systems that connect specialized urban centers with community-based services, supported by telemedicine platforms and mobile specialist programs, to ensure equitable access regardless of geographic location.

3. Harmonize Insurance Coverage Policies

Advocate for standardized DMT coverage across insurance systems, including streamlined prior authorization processes, coverage for evidence-based therapies regardless of cost, and elimination of nationality-based coverage exclusions.

4. Strengthen Healthcare Workforce

Establish regional MS care training programs, certification pathways for specialized nurses and pharmacists, and systematic continuing education requirements to ensure adequate specialist capacity across all participating countries.

5. Enhance Patient Support Systems

Develop comprehensive, culturally adapted patient education resources, establish peer support networks, and create financial assistance programs to address socioeconomic barriers to accessing care.

6. Implement Data-Driven Quality Improvement

Create regional MS registries that enable outcome tracking, quality benchmarking, and research collaboration, while ensuring patient privacy protection and facilitating cross-border data sharing capabilities.

7. Foster Research and Innovation

Facilitate multi-center research initiatives that examine regional MS care patterns, treatment outcomes, and innovative service delivery models, while building regional research capacity and fostering international collaboration.



Next Steps

The policy dialogue established immediate action priorities:

Phase 1: Formation of Regional MS Care Coordination Council with representation from all participating countries and stakeholder groups.

Phase 2: Development of standardized treatment protocols and insurance coverage recommendations for regional adoption.

Phase 3: Implementation of pilot integrated care programs in selected regions with telemedicine support and patient education initiatives.

The framework for advancing this agenda requires sustained collaboration between public health authorities, healthcare providers, insurance systems, and patient advocacy organizations to create meaningful improvements in MS care access and quality.

Conclusion

Transforming MS care delivery across the UAE, GCC, and EMR regions requires coordinated regional approaches addressing geographic, economic, and systemic barriers to DMT access. The dialogue highlighted substantial opportunities for improvement through the integration of technology, regional standardization, and patient-centered care models.

Success depends on sustained commitment from healthcare leaders, policymakers, and patient advocates working collaboratively to implement evidence-based solutions tailored to regional contexts. By leveraging existing healthcare infrastructure, emerging digital health capabilities, and regional cooperation mechanisms, participating countries can create MS care systems that ensure equitable access to life-changing therapies regardless of geography or socioeconomic status.

Aligning clinical excellence with healthcare accessibility creates sustainable foundations for improved patient outcomes, while demonstrating regional leadership in neurological care delivery and chronic disease management.

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