

Telemedicine and mHealth in United Arab Emirates

Noncommunicable diseases (NCDs) pose a significant public health challenge in United Arab Emirates, requiring ongoing and long-term management services. NCDs are the leading causes of death and disability in United Arab Emirates, accounting for 77% of deaths in 2018. Among these NCD-related deaths, more than half were due to cardiovascular diseases, 12% to cancer, 5% to chronic respiratory diseases and 5% to diabetes mellitus. As a result, 17% of adults between the ages of 30 and 70 were at risk of premature death from these NCDs.

Prior to the COVID-19 pandemic, NCD services were integrated into primary healthcare through specialized clinics staffed by well-trained multidisciplinary teams, providing comprehensive care. However, the pandemic posed challenges in maintaining the continuity of these services. In response, the Ministry of Health and Prevention in United Arab Emirates implemented telemedicine and mHealth solutions to transform NCD services.

This initiative was inspired by the statement titled "Don't worry", issued by His Highness Sheikh Mohammed bin Zayed Al Nahyan, the Crown Prince of Abu Dhabi, which emphasized the commitment to secure food and medicine for all residents of United Arab Emirates, including citizens and expatriates. Aligned with this commitment at the highest level, the Ministry of Health and Prevention launched telemedicine and mHealth services, including the following:

Ensuring continuity of care for people living with NCDs.

Swift assessment of the needs of people living with NCDs. Utilizing the electronic recording system (Wareed) to prioritize the healthcare and service requirements of NCD patients.

Implementation of e-visit services. Offering options for phone or video consultations to stable NCD patients, along with the provision of e-prescriptions for home medication delivery or collection from the primary healthcare pharmacy.

Activation of e-clinic service for smoking cessation. Establishing a platform to encourage and support individuals in quitting smoking.

Screening for anxiety and depression during e-consultations for all NCD patients. Conducting assessments to identify early signs of mental health disorders and provide appropriate treatment.

Establishment of a hotline for mental health consultation. Offering mental health services to the general public and healthcare workers, ensuring privacy and confidentiality.

Implementation of the Sukkaree application. Providing consultations and support specifically for pre-diabetic individuals.

Implementation of clean clinics at the district level. Establishing triage systems and implementing protective measures at clinic entrances for high-risk NCD patients requiring urgent assessment or for those who prefer in-person visits over e-consultations.

Ensuring the supply chains for essential NCD medicines. The maintenance and efficiency of medication supply chains have been prioritized and safeguarded. The Ministry of Health and Prevention has taken the following measures:

Implementation of a robust monitoring system for essential NCD medications. Establishing a comprehensive system to monitor stock levels and assess the needs of essential NCD medications. This enables effective planning for the efficient supply of medications.

Implementation of policies to facilitate access to a 90-day supply of medication. Introducing policies that allow patients to access a sufficient quantity of medications for a 90-day period, ensuring continuity of treatment.

Ensuring safe access to medication. Offering multiple options for accessing medications, including visits to pharmacies or home delivery services. This ensures that individuals can safely obtain the medications they need for their NCD management.

Medication distribution based on need. The distribution of medications has been tailored to meet the specific needs of individuals based on the control of their conditions. The following approach has been implemented:

Controlled conditions. Individuals with controlled conditions receive a three-month supply of medications, which is conveniently delivered to their homes.

Uncontrolled conditions. Individuals with uncontrolled conditions receive a three-month supply of medications delivered to their homes. Additionally, they are regularly followed up through phone communication during the three-month period to monitor their condition and provide necessary support.

Health awareness messaging through social media channels. The Ministry of Health and Prevention has undertaken efforts to inform and empower NCD patients with knowledge during the COVID-19 pandemic. Clear and informative messages were disseminated through various social media platforms and the Ministry's website. The key areas of emphasis included:

Self-management of chronic conditions to prevent exacerbations, with a strong emphasis on the importance of adherence to treatment and management plans.

Identification of signs and symptoms indicating exacerbation of chronic conditions.

Guidance on how to seek help and contact healthcare providers for advice and support.

Emphasizing the importance of seeking emergency or urgent care when needed, without concerns about COVID-19.

Highlighting the increased risk of severe COVID-19 and providing guidance on adopting healthy lifestyles and practices to minimize the risk.

Promoting mental health and well-being and providing strategies to protect mental health during challenging times.

Capacity building. The Maharati platform, a virtual learning platform, has been dedicated to enhancing the capacity of healthcare workers through e-learning modules, virtual workshops and webinars. These initiatives aimed to support continuous professional development and knowledge enhancement among healthcare professionals.

Monitoring and auditing of services. The Prime Minister's Office has taken responsibility for monitoring and auditing all services provided. This includes monitoring process and outcome

indicators, as well as strategic indicators, to ensure the quality and effectiveness of the healthcare interventions and services delivered.

The implementation of telemedicine and mHealth in United Arab Emirates has played a crucial role in ensuring the uninterrupted provision of services for people living with NCDs throughout the COVID-19 pandemic. Available data indicate a notable increase in the utilization of the e-visit service, with high levels of satisfaction reported among users. These services have instilled a sense of security and protection among people living with NCDs, who are at a higher risk of experiencing severe symptoms from COVID-19. Building upon this success, United Arab Emirates is expanding the scope of telemedicine and mhealth services to encompass all essential healthcare services at the primary healthcare level. Moreover, efforts are being made to develop simplified modalities that are more accessible and user-friendly for elderly individuals. Additionally, United Arab Emirates is actively working on the formulation of policy frameworks and guidelines to regulate the use of telemedicine and digital health within the country.

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