Exploring the Growing Challenge of Diabetes across the GCC and within the United Arab Emirates
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Executive Summary

The World Health Organization (WHO) and the International Diabetes Federation (IDF) call diabetes the 21st century’s leading health care challenge.\(^1\) Diabetes complications and mortality create social and economic challenges that affect individuals, families, businesses, and society as a whole. The growing diabetes burden is particularly challenging for the Middle East and North Africa (MENA) region and within the Gulf Cooperation Council (GCC) countries specifically where the disease has reached pandemic proportions. Six MENA region countries are among the world’s 10 highest for prevalence of diabetes and impaired glucose tolerance. The United Arab Emirates (UAE) has the highest diabetes prevalence rate in the region, while GCC countries including Qatar and Kuwait have high rates as compared to other high-income countries. Left unchecked, the spread of diabetes portends devastating social and fiscal consequences, including threats to economic progress and investment stability in the region.\(^3\)

In order to inform diabetes prevention efforts in the MENA region, Booz Allen Hamilton commissioned two studies in 2012. The first assessed UAE diabetes prevalence and incidence, risk factors, prevention programs and economic costs; reiterated the scope of the problem; and examined contributing lifestyle and genetic factors. This study also categorized existing prevention programs and highlighted collaborative efforts and outcomes.\(^4\) Booz Allen Hamilton then commissioned a survey to understand the attitudes and behaviors that put Emiratis at risk of developing diabetes and to identify possible ways to mitigate risk factors and encourage healthy behaviors. This survey found that while high levels of awareness exist among Emiratis, there are widespread obstacles to preventative behaviors. The survey found that awareness levels about diabetes and the behavioral changes needed to reduce risk varied according to educational level.\(^5\)

Based on the data collected, all Emirati citizens should be concerned about diabetes, both for the risk that it poses to them and to their country’s economy. Thirty-one percent of all deaths in the UAE are caused by diabetes and correlated cardiovascular disease. This startling statistic belies the enormous associated costs borne by the government, civil society, and private sectors. Treatment of diabetes constitutes approximately 40 percent of the UAE’s overall health care expenditures. In 2011, the cost was nearly $6.6 billion or 1.8 percent of GDP.\(^6\) As diabetes is predicted to escalate in the region, associated costs will skyrocket. The growth of diabetes is so serious that healthcare systems are already struggling to cope with treatment costs. Medical expenditures for those with diabetes are on average 2.3 times higher, which has contributed to health insurance premiums in the private sector rising up to 20 percent.

These findings, along with the epidemiologic and financial data, point to an imperative need to broaden the reach of diabetes prevention and management efforts within the UAE. Booz Allen Hamilton’s studies provide crucial insight into how to successfully slow the spread of the disease in the GCC region. The first

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2. The GCC countries comprise Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and United Arab Emirates.
in a series of events focused on exploring the impact of public health issues on the GCC region’s economic competitiveness, Booz Allen Hamilton will be convening key decision makers and thought leaders in the UAE to discuss solutions that will address the diabetes pandemic and its projected role in decreasing economic competitiveness. The dynamic discussion will facilitate open dialogue around best practices and empower participants to take concrete next steps. This supports the UAE’s 2011–2013 national strategy to create a competitive knowledge economy by enhancing the capabilities, efficiency, and productivity of the Emirati workforce.8 There is tremendous opportunity to turn the story around and raise awareness of diabetes prevention and control strategies by developing a range of public-private partnerships and using trusted sources of information to deliver prevention messages.

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ملخص تنفيذي
تتعلق منظمة الصحة العالمية والإتحاد الدولي لمرض السكري بمرض السكري كتبه التحدي الأكبر لمجال الرعاية الصحية في القرن الحادي والثامن عشر. إذ يتضمن مشاكل مرض السكري وعلاقته الوثيقة بعده تحديات فعّالة في مكانة مرتبة في منطقة دول الشرق الأوسط وشمال أفريقيا. وتعد主要包括 في مكانة مرتبة في منطقة دول الشرق الأوسط وشمال أفريقيا تم تعديلات أوروبا/وناية ذلك. لن يكون دول من منطقة الشرق الأوسط وشمال أفريقيا تغطي من بين أكثر دول من世界第一 من كل لدروز مرض السكري وقعت عليها النساء في العالم. وبناء على ذلك، فإن هذه المجالات تكون لها التخفيض المهمة في ذلك تهدئة تقدم

الإجراءات والاستراتيجيات في المنطقة.

في سبيل توسيع تأثير مرض السكري في منطقة الشرق الأوسط وشمال أفريقيا، أطلقت مؤسستنا في بوروندي عام 2012. الدعوة الأولى كانت بتسهيل مبادرات مرض السكري في دول الإمبراطورية العربية المتحدة والثكنة، برامج التوليد والتكاليف التخصصية والخدمات الصحية. كما قامت هذه الدعوة بتشجيع برامج الوقاية القائمة على الوقاية والعلاج التي تم إنشاؤها. تم تشكيل مؤسستنا بوسناء ماهارون بإعداد استبانو للفحص وتشجيع السكان. إن الالتزام في مجال مرض السكري بالعائلة التي تتشكلها الحوكمة والمجتمعات المحلية تشكيلت بأشكال مختلفة. حيث أن عدد الإمارات العربية المتحدة حوالي 40 في المائة من إجمالي اقتصاد العالم. في عام 2011، وصلت المكتبة إلى 6.5 مليار دولار أمريكي أو ما يعادل 8.5% من الميزانية التي تغطي ما بين دول مملكة ودول الخليج العربي. وفي ظل تطورات حافل مبادرات مرض السكري في جميع المناطق، فإن الخطوات التي تم اتخاذها لتفعيل الكيفية التي تم حماية نظام الرعاية الصحية كان ما زال عاملاً للحد من ارتفاع مارس السكري في جميع أنحاء العالم. من جملة الفوائد المطبقة. وبدقة 2.3 مرة، مما ساهم في ارتفاع أسعار الأمراض القلبية. وتشير هذه التكلفة إلى أن أشياء مثيرة في اقتصاد مرض السكري. من المعضلات الاقتصادية في دولة الإمارات العربية المتحدة في 2012.

المراجعات الجماعية لمرض السكري
• نسبة 31 في المائة من الإتحاد العربي. مرض السكري يسبب في العالم.
• نسبة 40 في المائة من إجمالي الناتج المحلي. مرض السكري يسبب في العالم.
• ترتفع معدلات النفقات الطبية لمرض السكري بنحو 2.3 مرة، مما ساهم في ارتفاع أسعار الأمراض القلبية. وتشير هذه التكلفة إلى أن أشياء مثيرة في اقتصاد مرض السكري. من المعضلات الاقتصادية في دولة الإمارات العربية المتحدة في 2012.

Sounding the Alarm: The Burden of Diabetes on Lives and Livelihoods

Diabetes\(^9\) is a chronic disease that arises when the body does not produce enough or cannot effectively use insulin. Both the World Health Organization (WHO) and the International Diabetes Federation (IDF) consider diabetes the 21st century's leading health care challenge.\(^10\) Complications from diabetes are common and often occur if the disease is not diagnosed or treated soon enough. These complications include heart disease and stroke, eye disease, and kidney disease, as well as nerve damage that may eventually lead to limb amputation. The overall risk of dying among diabetics is at least double the risk of their peers without diabetes, with the risk for stroke two to four times higher and a 50-percent increased risk of dying of cardiovascular disease (CVD). In addition, other conditions are strongly linked to diabetes risk. Impaired glucose tolerance, which also involves the inability of the body to use its insulin, carries an increased risk of diabetes.\(^11\) In addition, women who suffer from gestational diabetes (a form of the disease that can develop only during pregnancy and that poses labor and fetal health complications) have an increased risk of developing diabetes later in life. Thus, within communities, among employees and across society as a whole, diabetes and related illnesses have a tremendous impact on the quality of life and well-being of the millions affected. This in turn creates economic challenges that include excessive absenteeism, reduced productivity, and increased medical expenditures.\(^12\)

As the following epidemiologic and trend data illustrate, diabetes has reached pandemic proportions within the Middle East and North Africa (MENA) and Gulf Cooperation Council (GCC) countries specifically (see Figure 1). In the MENA region, 32.8 million people have been diagnosed with the disease. Six MENA region countries—Bahrain, Egypt, Kuwait, Oman, Saudi Arabia, and the United Arab Emirates (UAE)—are among the world’s top 10 highest for prevalence of diabetes and impaired glucose tolerance. By 2030, it is estimated that nearly 4 percent of all deaths in the MENA region will be caused by diabetes, representing a rise of 85 percent from 2008. And the increase in mortality for women will be even more pronounced: by 2030, deaths from diabetes among women will be 63 percent higher than among men, despite similar prevalence rates.\(^13\)

The reason why this pandemic continues to grow includes demographic changes and increasing rates of overweight/obesity. Rapid economic development has led to lifestyle changes that resulted in low levels of physical activity, unhealthy nutrition, and increased obesity, all key risk factors for the disease. Left unchecked, the spread of diabetes portends devastating social and fiscal consequences, including threats to the stability of financial investments in the MENA region.\(^14\)

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\(^9\) For the purposes of this report, “diabetes” refers to type 2 diabetes, the most common form of the disease and the form which commonly arises in adulthood.


\(^13\) Ibid.

\(^14\) Ibid.
In fact, the growth of diabetes is so serious that health care systems will soon be struggling to cope with the costs of treating the predicted level of complications. Though more than half of cases of type 2 diabetes can be prevented or delayed in people with known risks through eating a healthy diet and increasing physical activity, the IDF projects that the number of people with diabetes in the MENA region will almost double, reaching 51.7 million by 2030.\textsuperscript{15} Diabetes is predicted to affect more than 16 percent of the adult population in Qatar and Kuwait, more than 17 percent in Bahrain and Saudi Arabia, and more than 19 percent in the UAE.\textsuperscript{16}

Regional Rates and Trends

An analysis of prevalence and mortality data conducted by Booz Allen Hamilton found that in 2011, Saudi Arabia had the highest number of diabetes-related deaths and undiagnosed cases amongst GCC nations followed by the UAE, as illustrated in Figures 2 and 3. Thus, it may be useful to focus prevention efforts in these countries as well as others on the higher end of prevalence, such as Qatar and Kuwait.

\textbf{Figure 2} | Undiagnosed Case of Diabetes in the Age Group of 20–79 years in 2011 (‘000)\textsuperscript{17}

\textbf{Figure 3} | Diabetes-Related Deaths in the Age Group of 20–79 years in 2011 (‘000)\textsuperscript{18}
Among high-income countries, those in the GCC rank the highest in terms of comparative diabetes prevalence, which reinforces the importance of preventive efforts in these countries, including the UAE and Qatar (see Figure 4).

Figure 4 | Cooperative Diabetes Prevalence Among High-Income Group Countries

Obesity, hypertension, and cardiovascular diseases are often comorbid to diabetes in that they are disorders that appear in addition to a primary disease—in this case with a causal relationship. Diabetics in the UAE, along with Qatar, have the highest prevalence of cardiovascular disease among the GCC nations, as illustrated in Figure 5. This is significant because comorbidities complicate treatment and contribute to mortality rates. Within the UAE, 31 percent of all deaths in 2005 were due to diabetes and cardiovascular disease. The risk of a heart attack is three times greater and the risk of a stroke is two to four times greater for all individuals with diabetes, leading to the sobering statistic that approximately 50 percent of diabetics eventually die from cardiovascular disease. However, studies have demonstrated that effective treatment can lead to over a 50-percent reduction in heart failure.

**Figure 5 | Prevalence of Comorbidities**

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Bahrain</td>
<td>33%</td>
<td>37%</td>
<td>16%</td>
</tr>
<tr>
<td>Kuwait</td>
<td>42%</td>
<td>29%</td>
<td>16%</td>
</tr>
<tr>
<td>Oman</td>
<td>21%</td>
<td>35%</td>
<td>14%</td>
</tr>
<tr>
<td>Qatar</td>
<td>33%</td>
<td>34%</td>
<td>18%</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>33%</td>
<td>33%</td>
<td>9%</td>
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<tr>
<td>UAE</td>
<td>33%</td>
<td>28%</td>
<td>18%</td>
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<tr>
<td>India</td>
<td>2%</td>
<td>33%</td>
<td>5%</td>
</tr>
<tr>
<td>US</td>
<td>33%</td>
<td>34%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Notes:
(A) Comorbidities are ranked in the order of impact on diabetes incidence.
(B) Among 20+ age group population.
(C) Among 25+ age group population.
(D) Data is for high cholesterol level (one of the major risk factors leading to heart disease) among >25 age group population.
(E) Reliable estimates, especially for the GCC countries, about some of the other key co-morbidities (CKD/ESRD, Neuropathy, Amputation, Retinopathy, etc.) are not available.

24 Ibid.
Diabetes in the UAE: Portrait of a Nation at Risk

To illustrate the scope of the problem, it is useful to look at the case of the UAE. Of MENA countries, the UAE has the highest diabetes prevalence rate—estimated by the IDF at 18.7 percent of the adult population. And by 2020, 32 percent of the adult UAE population (age 20–79) may have diabetes or pre-diabetes at a possible cost of $8.52 billion (AED 31.27 billion) if current trends continue.

Nearly three-quarters of diabetes patients in the UAE do not have their diabetes under control, a challenge particularly pronounced among children and young adults. And, by 2030, the rate of diabetes-related deaths in the UAE will be 17.3 percent among men and a startling 31.6 percent among women.

Economic Costs

As illustrated in Figure 6 on the following page, the burden of diabetes is straining the UAE’s financial resources and incurring societal costs:

- Our analysis found that in 2011, the total cost of diabetes in the UAE (including health care costs and both mortality- and disability-related opportunity costs) was nearly $6.6 billion or 1.8 percent of GDP, higher than in any other GCC country.

- Direct diabetes treatment constitutes approximately 40 percent of the nation’s overall health care expenditures.

- The estimated annual costs attributed to diabetes in the UAE are forecast to increase to as much as $1.04 billion (AED 3.82 billion) by 2020, representing a 58-percent increase from an estimated $657 million (AED 2.41 billion) in 2010.

The UAE’s per capita health care spending, ranked as second highest compared to the GCC region, is expected to grow at a compound annual growth rate of 5 percent by 2014. An increase in diabetes will potentially increase demand for highly specialized medical services. Today, the UAE government accounts for almost 70 percent of expenditures on health care services. Increased cost of diabetes in the UAE associated with demand for specialized services will increasingly and disproportionately impact the government’s healthcare expenditures.

29 Health Statistics 2010, Health Authority Abu Dhabi.
33 Ibid.
36 The Economist Intelligence Unit. August 2011.
The majority of pre-diabetes cases and about 35 percent of diabetes cases in the UAE remain undiagnosed, representing lost opportunities to minimize the costs and complications of a largely preventable disease. In addition, three-fourths of diagnosed diabetes patients do not have their diabetes under control, presumably due in part to a lack of regular diabetes tests (see Figure 7). The high level of undiagnosed and poorly controlled diabetes threatens to lead to an increase in related complications and to increased health care costs in the future.

37 Health Statistics 2010, Health Authority Abu Dhabi.
**Risk Factors**

The UAE ranks high on significant diabetes risk factors, including a shift to higher calorie diets and reduced physical activity, though it should be noted that these risks are moderate relative to other GCC countries. Approximately 36 percent of UAE nationals are obese, which is a major contributing factor to diabetes as well as to cardiovascular diseases. In addition, while globally 2 to 5 percent of women have gestational diabetes, the rates are much higher in the MENA region (e.g., 9.2 percent in UAE and 12.5 percent in Saudi Arabia). Ten percent of those women go on to develop type 2 diabetes within an average of six years. Further, hot temperatures, a sedentary lifestyle, and lack of exercise lead to reduced physical activity, which in turn leads to a higher risk of diabetes.

Additionally, there is some clinical evidence that peninsular Arabs and South Asians share a genetic tendency towards insulin resistance. A genetic impact on increased rates of insulin resistance has been theorized for populations around the world, including African-Americans, Native Australians, Pacific Islanders, and South Asians. This combination of insulin resistance with lifestyle factors may contribute to the significant number of individuals suffering from diabetes.

**Diabetes Awareness and Attitudes in the UAE**

To better understand the attitudes and behaviors that contribute to this growing problem and to identify possible ways to mitigate risk factors and encourage healthy behaviors, Booz Allen Hamilton commissioned a study during the spring of 2012. The study involved a survey of 1,000 UAE nationals; 200 guest workers and expatriates; and 150 UAE professionals representing fields such as medicine, government, corporate human resources, and media (see Figure 8).

The findings indicate that large majorities of Emiratis recognize the potential impact diabetes would have on their lives, and understand that they and their peers are at substantial risk of developing the condition and its associated health problems. In fact, there is more concern among many Emiratis about diabetes than other conditions. However, awareness of diabetes risks appears to differ amongst social groups according to their relative levels of education.

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46 Ibid.


48 On behalf of Booz Allen Hamilton, Ipsos administered a general population survey to measure attitudes and awareness regarding diabetes, behaviors, and attitudes regarding the risk factors for diabetes, and general medical behaviors. Because of restrictions on door-to-door interviewing, respondents were recruited through intercepts in public locations. In order to include those who rarely or never venture into public locations, some intercepted individuals were asked to refer someone to complete the survey, rather than to complete the survey themselves. The number of sampling locations in a district was proportionate to the district population. The target population for the main survey was Emiratis age 18 through age 39. Sample targets were set based upon the age and gender demographics of each of the seven Emirates.
and income. In addition, although information on diabetes is available via the media and trusted physicians, there appears to be a lack of understanding about adequate prevention measures. These findings point to key opportunities to launch efforts that use a mix of effective messengers to address misperceptions about effective diabetes prevention and control, and to enhance awareness of diabetes risks—particularly among lower income populations. Further studies may be required to better understand how to effectively reach these populations.

**Diabetes is a Public Health Priority**

Booz Allen Hamilton’s study reveals that health professionals, government officials, and media employees consider diabetes the single most important public health issue facing the UAE (see Figure 9).

Other health concerns given high priority, including obesity, heart disease and hypertension, are part of the same constellation of health issues for which diet and exercise are strong behavioral contributors. We also found that large majorities of these social groups are favorable toward public health policy interventions that have been tested to prevent diabetes, such as requiring employers to provide exercise facilities to workers, a ban on trans fats in food served in restaurants, and higher taxes on sugary drinks and junk food.

Taken together, these data imply potential support among these social groups for the implementation of education and policy efforts designed to prevent diabetes and its complications.

**Personal Concern about Diabetes is Widespread**

Almost 9 in 10 (89 percent) Emiratis who participated in our study say that they were very (56 percent) or somewhat (33 percent) familiar with diabetes. But, those with less education (less than secondary education) may not be as aware about diabetes and effective preventative methods to avoid the disease.

Emiratis are more likely to mention diabetes as the medical condition that concerns them more than any other condition, followed by obesity (16 percent) and hypertension (13 percent). Concern is higher among men than among women and among the obese than among those of normal weight. More Emiratis are concerned about the potential impact of diabetes on maintaining their lifestyle than about any other condition.

These data suggest that an area of opportunity to raise awareness and target interventions might include a special focus on raising awareness among less educated, lower income, or female Emiratis—especially in light of the increased risk following gestational diabetes.

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51 Ibid.
53 Ibid.
Comprehensive Prevention is Not Well Understood
A comprehensive strategy to prevent diabetes requires both exercise and a healthy diet, but many Emiratis may think that one or the other may be sufficient. Although 48 percent of Emiratis have exercised to lose weight and 36 percent have changed their eating habits to do so, only 26 percent have done both (see Figure 10). More than half (52 percent) of all Emiratis age 18–39 want to exercise more or begin exercising, and 51 percent say they want to eat more nutritious meals, but only 31 percent identify both of these activities as health goals. Thus, interventions must raise awareness of the necessity to prevent/control diabetes through both healthy eating and physical activity, while policies must make healthy foods and opportunities to exercise both accessible and convenient.

Information Comes Primarily via Media while Physicians are Highly Trusted Sources
Among those who have heard information or news about diabetes, the media is a primary source; 64 percent did so via television and 48 percent via newspapers, as illustrated in Figure 11. Physicians, however, are the most trusted source of information about diabetes. In fact, most Emiratis think regular check-ups are important and have visited the doctor recently, and slightly more than 4 in 10 (42 percent) Emiratis have heard information or news about diabetes from their doctors. Only 5 percent have heard about diabetes from government websites and 3 percent from government officials. These findings point to tremendous opportunity to raise awareness of diabetes prevention and control strategies by: developing public-private partnerships that leverage media interest; employing a mix of traditional and nontraditional message channels; and engaging physicians to deliver important information.

Diabetes prevention efforts must emphasize and facilitate both healthy eating and physical activity.

Figure 10 | Strategies to Prevent Diabetes

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54 Booz Allen Hamilton and Ipsos. Diabetes-Related Behaviors and Attitudes in the United Arab Emirates. June 2012: 14
55 Ibid.
Taking Prevention to the Next Level

These findings, along with the epidemiologic data, point to an imperative to broaden the reach of diabetes prevention efforts within the UAE. We found that in 2011, there were numerous diabetes-related initiatives underway, most with a focus on disease prevention and management, as described below. Yet while a 5-percent decline in the diabetes prevalence rate in the UAE from 2003–2011\textsuperscript{58} may indicate the initial success of programs like these, we see awareness lagging among some subgroups, such as less educated Emiratis, and the potential for prevalence rates to skyrocket. It is time to redouble our efforts by examining the most promising practices and engaging across sectors to expand the impact of diabetes prevention, detection, treatment, and care in the UAE.

Based on the data, GCC countries should consider focusing on a range of preventive and mediating actions:

- Education about diabetes and its risk factors, particularly among less educated Emiratis.
- Early detection through screening as part of routine physician checkups.
- Lifestyle modifications that encompass both improved nutrition and increased physical activity.
- Disease management to avoid future complications from the disease.

## UAE Diabetes Related Initiatives, 2011 (Illustrative)

The Ministry of Health’s **National Strategy for Control of Diabetes** focuses on primary and secondary prevention of type 2 diabetes, improving and promoting the quality of care, monitoring and evaluating diabetes, promoting research and empowering patients. It comprises multiple initiatives to reach health care professionals, the general public, and children.59

### Diabetes Knowledge Action

From Imperial College London Diabetes Centre and The Emirates Foundation for Philanthropy, is focused on imparting knowledge on diabetes prevention to the general public and school children, parents, and teachers.60

### Decide Diabetes

From Servier, Nestlé Health Science, Merck Serono, Medtronic, LifeScan, Bristol-Myers Squibb, and AstraZeneca, educates and provides support and the relevant products to help patients and health care professionals diagnose, treat, and manage the symptoms of diabetes.51

### i–Act Program

Sponsored by Metlife Alico and Lifescan (a Johnson & Johnson company), is designed to help thousands of MetLife Alico medical cardholders and their dependents with diabetes in the UAE control their condition.62

### Accu-Chek Diabetes Education Program

The Roche Diagnostics **Accu-Chek Diabetes Education Program** is designed to improve the management of diabetes via four therapy modules, lifestyle guides, nurse training, and support groups.63

### Diabetes Awareness Workshop

Medcare Hospital in Dubai’s **Diabetes Awareness Workshop** aimed to increase diabetes prevention awareness among mothers and young women through a partnership with Shape Xpress, a fitness center designed exclusively for women.64

### Join the Movement

A campaign of the UAE Ministry of Health and the Emirates Diabetes Society, aims to raise awareness of the causes of obesity through a series of outdoor exercise events, free body mass index testing, blood sugar testing, blood pressure testing, and lectures.65

Many of these programs have the potential to scale up their work and impact more beneficiaries. This is important in order to continue reducing the prevalence rate in the UAE. For example, one methodology created community-based programs that enlisted local pharmacists to help patients take medication on time, make routine visits to patients for preventive care, and guide healthy eating and activity goals through private, face-to-face coaching. In the more than 10 communities utilizing this approach, it was found that the intervention resulted in 50 percent of patients showing signs of decreased glucose levels on each follow-up visit.66 Now is the time to explore strategies to leverage the UAE’s initial success in raising awareness and to scale-up impact to prevent the potential enormous impact and cost of diabetes.

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66 Sources include the International Diabetes Foundation; World Health Organization; Agency for Healthcare and Research quality; and Colaquiri S, Walker AE. Using an economic model of diabetes to evaluate prevention and care strategies in Australia. Inst of Obesity, Nutn, and Ex. 2008 Jan-Feb;27(1):256-68.
Exploring Solutions: The Dynamic Tensions Between Diabetes and the Long-Term Economic Competitiveness of the GCC

Throughout the GCC region and the UAE in particular, the government, civil society, and private sectors are struggling with diabetes’ enormous economic costs, which amount to $6.6 billion each year, or 1.8 percent of the country’s GDP—more than any other country in the GCC. This number is anticipated to grow as the disease’s prevalence rate continues to rise throughout the region. Such staggering costs can stymie the progress of economic gains, preventing the country from attaining all it otherwise would have been capable of. To maintain the country’s economic competitiveness, thought leaders serving at the forefront of the diabetes challenge must come together to explore effective solutions to the ongoing crisis.

Booz Allen Hamilton is hosting a series of dynamic events for key decision makers in the government, civil society, and private sectors in the GCC to explore solutions to the critical issues surrounding the intersection of public health challenges and economic competitiveness. Booz Allen Hamilton’s work in addressing the growing epidemic of Alzheimer’s disease in the United States and reducing the prevalence of HIV/AIDS in India, China, and Nigeria has demonstrated the necessity of dialogue between different stakeholders to identify solutions for multifaceted public health issues. These forums will be held throughout the GCC to foster open dialogue around regionally appropriate, innovative best practices for addressing public health issues and their economic impacts.

The first in the series, “Diabetes and Workplace Well-Being Solutions,” will convene UAE’s top business leaders to discuss and develop a common viewpoint on their mutual challenges. They will then develop and test action plans for solving the diabetes crisis through a uniquely designed simulation exercise. Simulation exercises can help participants explore creative ideas and identify effective, viable solutions to realistic scenarios. They are a powerful tool for thinking about the future in ways that challenges conventional wisdom, allowing participants to break with “known truths” and personal assumptions. The simulation is designed to help participants identify the best plans for maintaining economic competitiveness via reducing the growing impact of diabetes on their industry.

The end result of this event will be empowerment of industry leaders to actualize the plans they developed during the sessions. Through Booz Allen Hamilton’s facilitation and the ingenuity and efforts of Emirati citizens, countries will guarantee their future progress by building resiliency against diabetes. Such work aligns with national and Emirate strategic priorities, including the UAE’s 2011–2013 national strategy to create a competitive knowledge economy by enhancing the capabilities, efficiency, and productivity of the Emirati workforce and the Abu Dhabi Emirate’s “Vision 2030” priority to support the distribution of economic development’s benefits to the entire population of the Emirate.

“Stakeholders are brought together based on their overlapping vital interests, and they can pursue those interests, to their benefit, without worrying about giving up their identities or betraying their core constituencies.”


Past Experiences
Leaders of many organizations must work together toward common goals, without any one of them being in control of the whole system. The key is a shift in focus from maximizing to optimizing. Booz Allen Hamilton has used strategic simulation to help find solutions to several other complex health problems such as Alzheimer’s disease, the HIV/AIDS challenge, and pandemic influenza.

Alzheimer’s Disease
Booz Allen Hamilton engaged nearly 80 leaders from the public, private, and civil sectors in a simulation to explore how to address the challenges associated with Alzheimer’s disease. The firm developed and conducted this strategic event with the following objective: to explore how collaboration across sectors can enhance prevention, detection, treatment, and care to mitigate the impact of Alzheimer’s disease on patients, caregivers, and society. Outcomes focused on understanding priorities and concerns of the stakeholders, identifying integrated priorities across all sectors, and defining a process for how the network of stakeholders should move forward. As a result, a core set of participants established Leaders Engaged on Alzheimer’s Disease (LEAD), a coalition of more than 40 organizations dedicated to working together to leverage resources to fight Alzheimer’s disease. Through the culmination of diverse stakeholder perspectives and ideas, four common themes quickly emerged that touched on all aspects of Alzheimer’s disease: (1) Recognizing the Epidemic; (2) Empowering the Patient and the Caregiver; (3) Transforming the Care Model; and (4) Accelerating Discovery. These shared issues led to the development of a national strategic plan that was adopted by the US Congress in 2009. Today, more than 30 members continue to collaborate on efforts to coordinate research, identify obstacles, and raise awareness about the disease. LEAD’s successes include the 2009 Rock Stars of Science briefing in collaboration with cancer and HIV/AIDS advocacy groups that was attended by more than 300 Capitol Hill staffers, members of Congress, policy makers, and advocates.

Pandemic Influenza
In January 2006, Booz Allen Hamilton successfully conducted a pandemic influenza simulation at the World Economic Forum introducing senior public and private sector leaders to the devastating human health, societal, and economic potential of an influenza pandemic. Following this major event, and continued engagement with the United Nations System Coordinator for Pandemic Influenza, Booz Allen Hamilton developed a customizable Pandemic Influenza Simulation for use with individual organizations and associations to assist their personnel or members in better understanding the complexities and impacts of a pandemic across a broad spectrum of issues, from workplace absenteeism to hospital overcrowding and supply chain disruptions.

HIV/AIDS
In March 2005, Chinese and international business leaders, government officials, and representatives from non-governmental organizations and international donor groups gathered in Beijing, China for the People’s Republic of China Ministry of Health—Global Business Coalition on HIV/AIDS Joint Summit on Business
and AIDS in China. At the summit, Booz Allen Hamilton introduced and led the Business and AIDS in China: A Strategic Planning Exercise to launch an Action Plan for Business on HIV/AIDS in China. Booz Allen Hamilton developed the draft action plan in advance of the summit to serve as a framework for participants in creating HIV/AIDS programs for the private sector. The exercise encouraged participants to think creatively, collaborate with other sectors, and commit to launching HIV/AIDS policies and programs. Using a carefully crafted discussion agenda, facilitators led teams to identify insights into how businesses using their core competencies could help the Chinese government achieve its objectives for fighting HIV/AIDS. Following the joint summit, Booz Allen Hamilton analyzed team discussion input to update the action plan, which was officially presented to the Ministry of Health in spring 2005. In addition, 26 companies committed to launching HIV/AIDS programs in their Chinese operations as a result of the summit. The Global Business Coalition continues to use the action plan to motivate and guide multi-sectoral collaboration in the development and implementation of private sector HIV/AIDS policies and programs in China.

“The strategic convening on HIV/AIDS exceeded all our expectations… [and] resulted in some very innovative partnerships. I was deeply impressed by the energy and commitment of the participants, who came from four continents and included people from China. The outcome was the commitment to try to collaborate in innovative ways, building on the expertise of each sector. This sort of creative thinking could pave the way for genuine progress in reversing this terrible epidemic”

Booz Allen Hamilton has been at the forefront of strategy and technology consulting for nearly a century. Today, the firm provides services to US and international governments in defense, intelligence, and civil sectors, and to major corporations, institutions, and not-for-profit organizations. Booz Allen Hamilton offers clients deep functional knowledge spanning strategy and organization, engineering and operations, technology, and analytics—which it combines with specialized expertise in clients’ mission and domain areas to help solve their toughest problems.

Booz Allen Hamilton is headquartered in McLean, Virginia, employs approximately 25,000 people, and had revenue of $5.86 billion for the 12 months ended March 31, 2012. To learn more, visit www.boozallen.com. (NYSE: BAH)

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