

**ONTARIO MINISTRY OF INTERNATIONAL TRADE AND INVESTMENT
REPRESENTATIVE OFFICE FOR THE GULF COOPERATION COUNCIL REGION**

Health Sector Report

Report for the GCC Region

2/1/2009

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Executive Summary

This report reviews the current health sector in the Gulf Cooperation Council region with separate country reports for the United Arab Emirates, Saudi Arabia, Bahrain, Kuwait, Oman and Qatar.

Out of necessity, the GCC states' economies are diversifying rapidly beyond the traditional oil resource. High revenues from oil and gas, large budget allocations by government to public projects, and major real estate developments are contributing to infrastructure and construction booms which incrementally demand expansion of health facilities and health services.

Despite the economic downturn, the GCC countries are expected to face an unparalleled and unprecedented rise in demand for health care over the course of the next two decades. It is estimated that total health care spending in the region will reach US\$60 billion in 2025, up from US\$14 billion today. No other region in the world faces such health care demand with the simultaneous need to realign its health care systems to be able to respond to a growing population and health conditions resulting from more affluent lifestyles.

Each GCC country offers excellent business opportunities for Ontario. Saudi Arabia, Qatar and the UAE are spending the most on healthcare infrastructure and services. Its ambitious health projects will result in new health care cities being developed, increased trade in pharmaceuticals, medical equipment and devices, health care management information technologies, medical education and healthcare management expertise for a sophisticated health delivery system. The other five GCC countries face the similar growth and health problems of its population and will provide many of these trade opportunities to a lesser degree.

A whole generation of GCC nationals has trained in Canada in the medical professions and in other higher education specialties, many in Ontario. These graduates have now returned to their home countries as great supporters of Canadian standards of education and health care; their influence and support have also ignited business opportunities for Ontario.

Medical tourism is one of the fastest growing healthcare industries. Globally, medical tourism is estimated to be worth US\$50 billion annually. For a growing number of travellers, anonymity and the lure of high quality, low-cost healthcare are proving irresistible when compared long waits or surging private healthcare costs in the tourists homeland. Several developing nations like most of the GCC countries, with their state-of-the-art health facilities and equipment and expertise, are positioning themselves to take the lead in this market.

In GCC countries, most medical tourism is outbound with government spending US\$2 billion is spent annually to send nationals abroad for care. GCC health care providers believe that this will be a challenge to turn the flow around. Ontario is also could be a strong contender for incoming GCC medical tourists and international investment partnerships. The province's strategic geographic location as a hub for air travel, well-developed hotel and hospitality sector, high quality and reasonably priced health care services and drugs, follow-up care of patients, and excellent medical expertise could be attractive to medical tourists.

Accompanying this trend is the potential in the GCC region for growing Canadian nutraceuticals and functional foods industry, a \$100 billion global market.

Gulf Cooperation Council - Health Sector Report

Background

The Gulf Cooperation Council (GCC) is a political, economic and defense alliance, established in 1981 by the United Arab Emirates, Saudi Arabia, Bahrain, Qatar, Oman and Kuwait. They represent one of the most robust country groupings in the world. GCC countries signed a Unified Economic Agreement in November 1981, and established a mutual free-trade area in 1983, which was transferred into a custom union in January 2003. This union also covers the services sector, trade and investment.

The Gulf Cooperation Council (GCC) countries will face an unparalleled and unprecedented rise in demand for health care over the course of the next two decades. It is estimated that total health-care spending in the region will reach US\$60 billion in 2025, up from US\$12 billion today. No other region in the world faces such rapid growth in demand with the simultaneous need to realign its health-care systems to be able to respond to a growing population and the treatment of disorders of affluence.

Ontario businesses are well suited to engage in the substantial economic activity under way in the GCC, particularly in the infrastructure, health care and education sectors. Companies that establish commercial credibility in the region will also be in a preferential position to attract the region's substantial investment resources.

Health Care Challenges for the GCC

Government-run hospitals and clinics are not prepared for a rapidly growing and aging population, nor are they prepared for the rise in chronic diseases such as diabetes, whose prevalence has grown as countries have developed. To augment services and raise standards of care, some GCC governments have already encouraged internationally renowned academic institutions to set up health-care facilities in their countries. Many more private health-care providers are required, however, to meet future demand.

For the most part, GCC governments intend to go on subsidizing robust medical benefits—at least for their own citizens. Leaders driving health-care in the Gulf Cooperation Council GCC governments have made substantial investments in health-care infrastructure during the past 25 years, building hospitals and clinics and promoting a more modern approach to tackling infectious diseases such as malaria and measles that were once rampant in the region. Although differences exist from country to country, the overall reduction of infectious diseases has been impressive.

Life expectancy is rising and infant mortality has significantly declined. Population growth, aging, and unique health risk factors will dramatically increase health-care demand in the region. Older people generally need to seek more medical care and have more expensive health profiles than younger people. Combined with the success achieved in reducing infant mortality rates, it is expected that this demographic segment will continue to grow in the years ahead. For example in Saudi Arabia the number of people over 65 years will increase more than sevenfold over the next 25 years.

The GCC shows a unique pattern of risk factors. Among GCC nationals, the prevalence of Type 2 diabetes and obesity is unusually high relative to the rest of the world. For example, a joint

study between the UAE Ministry of Health and the World Health Organization in 2001, showed that 25 percent of UAE citizens suffer from diabetes (as compared with an average of 5 to 7 percent globally). This figure rises to 40 percent for those aged 60 or above. The obesity rate for GCC nationals stands at 40 percent, one of the highest in the world. The health complications of both diabetes and obesity will correlate with much higher medical costs in the coming years.

Health Care Demand in the Gulf Cooperation Council

Saudi Arabia is leading the way with total healthcare projects valued at more than \$6.6 billion. This includes a major construction program with a total of 83 projects ranging from the US\$400 million King Saud University Medical City in Riyadh to the US\$5 million Qatif Central Hospital expansion in the Eastern Province.

Qatar only has two projects currently underway, but the Sidra Medical and Research Centre is the region's biggest and most ambitious –which forms part of Doha's Education City development and budgeted at US\$2.3 billion. Current spending in the United Arab Emirates and Qatar on new healthcare facilities is closely matched at US\$2.9 billion and US\$2.8 billion respectively. Kuwait has a major hospital project currently under construction - the US\$1.2 billion Jaber Al Ahmed Al Sabah Hospital. Bahrain, meanwhile, is spending US\$130 million on the King Hamad General Hospital.

Opportunities for Ontario Companies

There are opportunities for local and Ontario companies in health-care delivery, health insurance, infrastructure, management, support services and equipment.

Healthcare demand is estimated to rise 240% in the GCC region by 2028. High-income countries such as the UAE, Kuwait, and Saudi Arabia spend only 2.2 to 3.4% of GDP on healthcare. These levels are expected to incrementally increase in future. More specifically Ontario can take advantage of the following initiatives:

1. Health-care delivery

- The GCC governments are focusing on policymaking and regulation while gradually minimizing their role in health-care service delivery. They are seeking to encourage partnerships and private players to manage public health-care facilities. In light of the GCC population's risk factor profile, substantial opportunity exists in primary care to better manage chronic diseases such as diabetes and obesity before they result in cardiovascular complications.
- Increasing and improving hospital services to keep pace with the estimated rise in patient demand, represents a significant opportunity for experienced private hospital players. It is predicted that there will be a high demand for oncology and cardiology care that could present significant profit opportunities to private health-care providers willing to make larger capital investments in more sophisticated equipment.
- Physiotherapy, renal dialysis, acute rehabilitation, elderly care, home care, occupational therapy, and speech therapy are among the areas in which capital investment is relatively low and potential returns to private providers are high.
- Outpatient surgery centers (day surgery cases) are likely to become an important mechanism for reducing the average length of hospital stay and increasing patient service.

- Primary care throughout the region is almost exclusively the domain of governments. Thus patients going private do so in order to go directly to a specialist in whichever clinical area they feel necessary. Crowding out by the public sector is particularly acute for more specialist procedures, as few are able or willing to pay for such procedures. Those that can currently tend to leave the region for treatment at American, European, or Singaporean centers of excellence. The current trend of government-supported brand name centers of care in the Gulf—such as the Teaching Hospital in Qatar supported by Cornell University, or Sheikh Khalifa Hospital in Abu Dhabi managed by Cleveland Clinic.

2. Health insurance

- GCC governments currently provide the major share of health-care financing today. To lessen the government burden, GCC countries have recently passed, or are in the process of passing, compulsory health-care insurance legislation. For example, Saudi Arabia, Abu Dhabi and Dubai have already passed laws requiring employers to purchase private health insurance for their expatriate workers. Depending on the country, the health insurance opportunity could either be to enter as a stand-alone private player, or to form a joint venture with the government.

3. Infrastructure, management, equipment.

- GCC countries are building and upgrading many healthcare facilities. The development and management of healthcare facilities match well with Canadian capabilities.
- The GCC countries also import virtually all of their medical equipment and supplies and are highly dependent on foreign-trained physicians.
- At present, the GCC is unable to produce sufficient numbers of technical and clinical staff to provide health care for its population. Qatar is leading the way with its offerings of internationally recognized health profession degrees and certification. A partnership established in 2007 with the University of Calgary and Qatar now offer a Bachelor of Nursing (regular and accelerated track) and a Bachelor of Nursing Post Diploma program for licensed nurses for those wish to upgrade their credentials to a baccalaureate degree. Canada's College of the North Atlantic's has established a health sciences program in Qatar that is trying to address the need for various certified technical staff for the health sector.
- Existing medical education is now being extended and strengthened by collaboration with European and US medical schools, such as Cornell University's undergraduate medical education program in Qatar and the Royal College of Surgeons of Ireland's postgraduate facilities in Bahrain. It is anticipated that the numbers of new medical graduates becoming available in the foreseeable future will not keep pace with the GCC's population increase. GCC demand for Canadian expertise in the sector is in part due to the significant influence of GCC decision makers who have returned from studies in Canada.

4. Medical Tourism

- Globally, medical tourism, considered a US\$50 billion industry, is on the rise for everything from cardiac care to plastic surgery to hip and knee replacements. Many countries in the GCC are planning to compete in this growing market. Long waiting lists, high costs of medical treatment and variable standards of healthcare have forced patients to travel overseas (in particular, developing countries) in search of the best quality and the most affordable medical care.

- Ontario can capitalize on this market opportunity, locally and internationally: through its high quality healthcare facilities; medical expertise; global insurance products; tourism opportunities; and wellness programs.

Market Access

Canada has a number of bilateral trade and investment policy instruments in place that are helping to facilitate and support Canadian commercial engagement in the region:

- 1991** Canada-Saudi Arabia Air Transport Agreement
- 1999** Canada-UAE Air Transport Agreement
- 2007** Canada-Kuwait Air Transport Agreement. Canada entered into discussions about a Foreign Investment Promotion and Protection Agreement (FIPA) with Kuwait and is exploring possible FIPAs with other GCC countries.
- 2008** The GCC is currently engaged in free trade negotiations with close to a dozen partners including the United States, European Union, Australia, New Zealand, India, Korea and Japan, but has yet to successfully conclude one.

Canadian trade officials are preparing to meet their counterparts from the GCC to begin exploring the best means to improve trade relations including the feasibility of a possible Free Trade Agreement with Canada.

Sources:

Gulf Cooperation Council Health Care -www.international.gc.ca

<http://www.infoexport.gc.ca/eng>

[weforum.org/pdf/Global_Competitiveness_Reports/Reports/chapters/2](http://www.weforum.org/pdf/Global_Competitiveness_Reports/Reports/chapters/2)

WHO (World Health Organization) 2006 World Health Report 2006:

Working Together for Health. Geneva: WHO. Available at [ww.who.int/whr/2006/en/index.html](http://www.who.int/whr/2006/en/index.html).

<http://www.xpress4me.com/articles/09/01/20/20011492.html>

WHO (World Health Organization). 2006. *World Health Report 2006: Working Together for Health*. Geneva: WHO. Available at www.who.int/whr/2006/en/index.html.

The Future of Travel and Tourism in the Middle East - A Vision to 2020:

<http://www.thegff.com>

2009 Mena Report: www.menareport.com

<http://www.agr.gc.ca>

Gulf Cooperative Community - Quick Facts & Figures

General Information

Countries	Kuwait, Oman Qatar, Saudi Arabia, United Arab Emirates
Total Population 2008	38.21 million
Annual Population Growth	3.01% (Avg)

Country	Pop (in MM) 2008e	GDP Growth Rate % 2009f	2010f
Bahrain	1.07	2.7	1.8
Kuwait	3.48	2.53	2.2
Oman	2.70	2.61	3.45
Qatar	1.45	2.03	1.9
Saudi Arabia	24.8	2.37	1.94
UAE	4.71	5.8	5.7
Total GCC	38.21	3.01	2.83

Life expectancy	2004 - 73 years
Infant mortality	18.1 per 1000 live births

Economic Information

GDP	US\$867.84 billion (UAE, Oman, Qatar)
Estimated GDP Growth Rate % 2009	3.01
Estimated Growth Rate % 2010	2.83
Real GDP Growth:	2006 – 6.2%, 2007 – 5.3%, 2008 – 8.2% , 2009 – 8.1% 2010 –7.6%
GCC nominal GDP	2008 - US\$ 1099 billion, 2009 - \$ 987 billion 2010- \$1103 billion
Per capita GDP	2008 – US\$ 38,345, 2009 - \$35,217· 2010 -\$38,437
Inflation Rate - GCC goal is 2%	2008F - 3.3%
Health spending GDP %	UAE, Kuwait and KSA – 2.2. – 3.4%
Estimated health care spending	To rise 240% in the GCC region by 2028

Trade

	\$4 billion - infrastructure, oil and gas, agriculture, health care and education sectors
GCC exports from Canada	2008 equalled \$ 2.177 billion
Imports from GCC	\$1.9 billion

Sources:

<http://www.uaeinteract.com/education/>
<http://www.international.gc.ca/commerce/strategy-strategie/r8.aspx>
<http://www.imf.org/external/data.htm>
 InfoExport: <http://www.infoexport.gc.ca>
<http://www.uae-us.org>
 Oxford Economic Forecasting

United Arab Emirates – Health Sector Report

Background

The United Arab Emirates was formally established in 1971 and is a constitutional federation of seven emirates: Abu Dhabi, Dubai, Sharjah, Ajman, Umm al-Qaiwain, Ra's al-Khaimah and Fujairah.

Sheikh Khalifa bin Zayed Al Nahyan was elected as President on November 3, 2004, following the death of Sheikh Zayed bin Sultan Al Nahyan, who held the post from the foundation of the State until his death. The President of the UAE government is Sheikh Mohammed bin Rashid Al Maktoum, who was elected following the death of his brother, Sheikh Maktoum bin Rashid Al Maktoum, Ruler of Dubai. Both are well-respected by the people resulting in a stable government.

The healthcare sector in the UAE is estimated to be worth more than US\$100 billion per year and has been increasing at an annual rate of 16% per year. The UAE has a comprehensive, government-funded health service and a developing private health sector. Substantial government investment has enabled the UAE to make major progress in health care, and the country is now ranked 43rd out of 174 industrial and developing countries in the latest UN Human Development Report.

The UAE is also listed as the fourth most developed Arab state. The Human Development Index (HDI), on which the report is based, measures overall achievements in a country in three basic areas of human development: life expectancy, education and general standard of living. The UAE maintained its status as having one of the highest per capita incomes in the world, which stood at around Dh 70,185 (US\$19,124) in 2003. Its people are among the biggest spenders in the region; the private consumption covers mainly purchases of consumer products and services by individuals.

A rise in diseases of affluence, rapidly changing regional demographics and increasing expectations of patients and caregivers are expected to shape the future of the healthcare sector in the UAE. Child mortality rates are 9 per 1000 births, which are comparable to most developing countries. Preventive medicine campaigns have had a major impact on life expectancy now at 76 years for women and 74 years for men. Endemic diseases such as malaria and measles have been eradicated.

The focus of the Government network of primary health care centers is maternal and child welfare, school health and health education. Public hospitals now offer specialized services, including telemedicine links with major hospitals abroad and state-of-the art surgery. The health care infrastructure is upgraded regularly, with a central data base project being prepared. There are plans to double bed capacity in public hospitals over the next ten years.

With the alarming increase in the incidence of diabetes, cancer and heart disease, the focus on preventive care in the UAE is accelerating. Preventive medicine centers have been established throughout the country in a major move to widen immunization, health scanning, public awareness, research and educational programs. As a result of these measures, as well as broader access to general health services and sanitation the infant mortality rate of 13.1 per live births.

Expatriates are not issued with residence visas unless given a clean bill of health by the relevant medical authorities.

Health Care Initiatives

The Government finances 81 per cent of the cost of health care, but several initiatives towards privatization have been launched. In 2007, President His Highness Sheikh Khalifa bin Zayed Al Nahyan unveiled the UAE Government strategy regarding the healthcare sector to focus on raising the quality and standards of healthcare based on international best practices. Quality control systems will be applied to public hospitals, in parallel with the development of the primary health care units. This will also include training medical professionals and enhancing the emiratization program in the health sector.

The Ministry of Health is the main provider of healthcare services in the UAE, managing over 28 hospitals and 106 primary healthcare centers spread all over the country. The Ministry plans for expansion and upgrade of healthcare systems are ongoing, including the construction of several public hospitals and extensions to existing hospitals. Moreover, it has granted licenses for the establishment of several new private hospitals in the different Emirates.

The strategy aims to ensure medical services to all UAE nationals and residents; to promote best international practices; to enhance preventive medicine to combat the spread of epidemics and infectious diseases; and to increase the community's awareness of services and how to benefit from them.

Among the initiatives include: building electronic network connecting hospitals and healthcare centres in the UAE; building a medical archiving system and national health database in association with the UAE e-Government; and developing a comprehensive training program for ministry staff.

The Ministry of Health has paid special attention to health education as an effective tool to alter forms of behaviour that might have a negative impact on the safety and health of individuals and society at large. To this end, it has established a central health education department with branches in all medical zones.

One of the prominent programs in the field of health awareness is the no-smoking campaign which includes the issuing of legislation to regulate the tobacco trade and an anti-smoking law in public places and health care facilities.

Major Health Authorities

The Health Authority of Abu Dhabi (HAAD) was established by a royal decree in 2001 with a mandate to manage all the Ministry of Health hospitals and primary healthcare centers within the Emirate of Abu Dhabi. The mandate changed in 2008 to become more of regulatory body.

SEHA (Arabic word for “health”) was established to manage all hospitals in Abu Dhabi which include: Sheikh Khalifa Medical City, Al Rahba Hospital, Al Mafraq Hospital, Al Ain Hospital and Tawam Hospital.

The Department of Health & Medical Services (DOHMS) is the Health Authority in the Emirate of Dubai and was established in 1972 to provide healthcare services in the Emirate of Dubai. DOHMS manages three hospitals: Al Maktoum Hospital, Rashid Hospital, Al Wasl Hospital and 20 primary healthcare centers and peripheral clinics distributed throughout the Emirate of Dubai including specialist hospitals: Dubai Gynecology and Fertility Centre, Al Mamzar Center for the Elderly, Al Rashid Trauma Centre, Blood Donation Centre, Dentistry and Dental Surgery Center (Hatta Hospital), and Dubai Cord Blood and Research Centre.

The Army Directorate of Medical Service (DMS) runs three hospitals and several field clinics. Healthcare services are provided to the military personnel and their direct family members.

Dubai Health Care City is the world's first healthcare free zone. DHCC is a highly regulated institution with a long-term vision for providing for high-quality healthcare, medical education and research in the region.

The Private Sector Health Care

In recent years, the private sector has developed steadily to become an important partner in providing comprehensive health care to the people in the UAE. Currently, there are 22 privately owned hospitals with 827 beds and several more are being established. The American Hospital, New Medical Centre, Al Zahra Hospital, Welcare Hospital, Belhoul Hospital, Zulekha Hospital, Emirates Hospital, Al Noor Hospital, Neuro Spinal Hospital are some of the established private hospitals that are fitted with state-of-the-art equipment and the latest diagnostic facilities. These private hospitals and clinics provide total healthcare under one roof.

Apart from the large private hospitals, patients also have the option to visit private polyclinics that house several specialties under one roof. Gulf Diagnostic Center and Dubai London Clinic, for example, are leading private polyclinics with approximately 50,000 registered patients. They have included sections such as a family clinic, gastroenterology, obstetrics and gynecology, pediatrics, dentistry, periodontology, pathology laboratory, X-ray and ultrasound department, antenatal clinic, and a baby clinic. Moreover, there are 1019 privately owned clinics, covering all specialties.

A private properties developer EMAAR has signed for the construction of a specialized medical facility for women and children to be developed on 300,000 sq ft of land in a prime location in the heart of Dubai. Emaar had diversified into healthcare in line with its Vision 2010 to become one of the world's most valuable companies through geographic expansion and business segmentation.

Health Care Infrastructure

Health care infrastructure projects have kept pace with other health care developments to ensure that adequate services are provided in the Emirates. Current spending in the United Arab Emirates new healthcare facilities is US\$2.9 billion. Health services are incorporated into four sectors, with specific departments and divisions. The number of hospitals operated by the Ministry of Health constitutes 19% of total hospitals in the country. Primary health care centres reached 61 in number with nine centres for maternal and child health, eight centres for school health, six centres for preventive health and six centers for dental health.

In December 2008, the Ministry of Health approved the construction of five new private hospitals and has encouraged the private sector to establish new facilities and services in the country. Five general hospitals, to provide comprehensive healthcare, will be built in the next two years: two will be located in Abu Dhabi, two in Sharjah and one in Al Ain.

Medical Tourism

Globally, medical tourism is a US\$50 billion industry. The UAE is positioning itself to be a leading destination in this sector. With its advantageous location, warm climate, well-developed hotel and tourism sector, and significant spending on improving its health infrastructure and services, the UAE hopes to generate US\$2 billion by 2010.

Accompanying the urgency to improve the health of its citizens and attract health tourists is the growth of the nutraceutical and functional food market which is estimated at US\$100 billion worldwide. Nutraceuticals products are isolated from foods but sold in powders, pills and other medicinal forms that have been demonstrated to have physiological benefits or to provide protection against chronic diseases. Examples of these are vitamins and supplements. Functional foods are food and beverages fortified with health ingredients to promote both general and specific health conditions.

Medical Technology and Equipment

The UAE has always been eager to adopt the latest in medical technology and so a wide-ranging telemedicine service has opened at Al Mafrq Hospital to improve patient care and reduce the cost of foreign travel for patients. This system links Al Mafrq Hospital to the Mayo Clinic in Minnesota and enables the exchange of digitized data and high-resolution, diagnostic video images including an electronic medical records system which makes it possible to establish physician-to-physician contact via the telemedicine link.

Information Technology

Fully aware that information technology can be of major assistance in improving efficiency, the Ministry of Health is engaged in a project to develop a central database at its premises in Abu Dhabi linking all hospitals, health centers and medical zones in the country.

Pharmaceuticals

The pharmaceutical market in Dubai alone is expanding, with the exports of pharmaceutical products reaching Dh84.4 million in 2007, compared with Dh56.4 million in 2005. The value of re-exported pharmaceutical products also grew from Dh179 million to Dh194 million, while imports ballooned from Dh1.2 billion to Dh2.15 billion. The UAE is home to eight pharmaceutical factories with investments reaching US\$64.2 million. Leading players in the pharmaceutical manufacturing business include Globalpharma, Gulf Inject and Medpharma, Neopharma, Pharmacare. Although there are fewer manufacturers in the UAE, the 400 pharmacies around the country have provided consumers with wide access to medical consumables and equipment.

Recruitment of Health Care Professionals

Developments in healthcare infrastructure from staffing hospitals and clinics to specialized medical equipment have driven major recruitment drives for health care personnel and the need for more training (and re-training) of health care professionals who are primarily foreign-trained physicians and nurses.

Privatization of Health Care

At present the UAE Government finances 81 per cent of the cost of health care. The Federal Government and Abu Dhabi Emirate have taken steps to increase the privatization of healthcare and several initiatives.

Health Insurance

It is expected that health insurance is going to play a larger role in the provisioning of healthcare services in the UAE. The UAE's moved towards compulsory private health coverage for the expatriate population in 2008. Abu Dhabi led the way in 2006 and Dubai followed in 2008, both provided the momentum for other GCC countries to address this coverage.

Market Sector Challenges/Opportunities

The main competitors in healthcare services for Canada in the UAE market are the United Kingdom, United States, Ireland and Germany.

- Demand for, and expectations of, healthcare services and the cost of meeting them are rising all the time and across most regions. The UAE is facing unprecedented population of 4.6 million and with a growth rate estimated at present 3.38%, it will put pressure on existing healthcare facilities. At the same time, consumer demand for improved standards in the quality of patient care is also mounting.
- The introduction of compulsory healthcare insurance throughout the GCC is opening up significant opportunities for health insurers; both for new players entering the market, and for existing firms, to substantially expand their services and products.
- The fiscal burden rests too heavily on the government to provide quality healthcare to one and all. The Government has begun charging expatriates for various treatments. It has become amply clear that the public hospitals alone cannot provide the necessary healthcare to the burgeoning population. Unable to single-handedly deal with the long queues of increasing number of patients, the government is now encouraging the establishment of private hospitals, polyclinics and diagnostic centers across the country to reduce the overall burden on the government facilities.
- The UAE has made tremendous progress in healthcare and associated technologies; the Government is recommending that a limit be set for the number of patients sent abroad. The Government considers that the millions of dollars used to send patients abroad could be used to hire experts that can handle complex cases and on upgrading the country's tertiary healthcare service.
- Medical tourism is estimated to be worth \$50 billion annually, with a range of developing nations spearheading a trend of offering cheap healthcare to foreign visitors the UAE is positioning itself to be a leader in this sector.
- Canada is a leader in research and development of nutraceuticals and functional foods, many of these research projects are at Ontario universities and are supplied by Ontario companies. This is a growth industry and could be a potential export market for Ontario exports and research partnerships.
- The Canadian healthcare technology and services are viewed as highly reliable. This is due to the excellent reputation of Canadian healthcare products and services in general, the high standards and control imposed on the certification of products and services by Canadian government.
- Medical Equipment: In 2004, the UAE market for medical equipment and supplies was estimated at US\$361million. Major competitors are France, Germany, Italy, UK, Italy, Sweden, and Japan. The most promising sectors: diagnostic equipment, therapy and

rehabilitation equipment, disposables, monitoring equipment, medical aids, surgical and other related equipment.

- **Pharmaceuticals:** Growth in the UAE's pharmaceuticals and healthcare market will be fuelled by rising purchasing power, oil revenues and the expansion of the private healthcare sector. In 2009, the market is expected to reach at least US\$1.1 billion at consumer prices, which is equivalent to US\$180 per capita. Drug majors such as GlaxoSmithKline, Wyeth, Novartis, Abbott Laboratories and Johnson & Johnson have recently expanded their operations in the country. As the country and its regional neighbours adopt a more mature epidemiological profile, sales of high-value treatments for diseases such as cancer and heart disease should continue to expand steadily.

Sources:

<http://data.un.org/>

<http://www.Ministry of Health.gov.ae>

<http://www.medicexchange.com>

<http://www.infoexport.gc.ca/eng/market-report-login>

<http://www.uaeinteract.com/news/>

<http://www.uae.gov.ae/Government/health.htm>

http://uaeinteract.com/uaeint_misc/pdf_2008/English_2008/eyb5.pdf

<http://www.sipri.org/contents/expcon/cnsc2sau.html>

<http://www.ameinfo.com/138860.html>

United Arab Emirates - Quick Facts & Figures

General Information

Emirates	Abu Dhabi, Ajman, Dubai, Fujairah, Ras al-Khaimah, Sharjah and Umm al-Quwain
Capital	Abu Dhabi
Total area	83,600 km ²
National Holiday	December 2
Business Languages	Arabic/English

Political Information

Head of State	His Highness Sheikh Khalifa bin Zayed Al Nahayan
President of UAE	His Highness Sheikh Mohammed bin Rashid Al Maktoum
Type of Government	Unicameral National Federation Council – 40 members representing 7 Emirates, 20 elected by limited electoral college – consultative only.
Minister of Health	His Excellency Mr. Humaid Mohammad Obaid Al Qutami
Minister of Foreign Affairs	His Highness, Sheikh Abdullah bin Zayed Al Nahyan
Minister of Finance	Sheikh Hamdan bin Rashid Al Maktoum

Economic Information 2007 (US)

	UAE	Canada
GDP (billion)	\$207.01	\$1,539.24
GDP per capita (%)	\$46,144.80	\$46,736.70
GDP Growth Rate (%)	7.377	2.653
Inflation (%)	11.034	2.146

Trade & Investment

Canadian exports to the UAE	\$1,131,351,710
Canadian imports from the UAE	\$30,467,795
Foreign direct investment in Canada	\$2,895 (million)
Canadian direct investment to Canada	\$65 (million)

Representation

Foreign Representation in Canada	His Excellency Mohamed Abdulla Al Ghafli
Canadian Representation in UAE	Ambassador Sara Hradecky
Ontario International Trade & Investment Area Director - Middle East	Honourable Sandra Pupatello, Minister W.A. (Al) Hinton
GCC Representation Office	Malcolm Milne, International Trade Development Consultant

Sources:

InfoExport: <http://www.infoexport.gc>

IMF: <http://www.imf.org/external/country/index.htm>

Statistics/Industry Canada: <http://stratgis.ic.gc.ca>

Foreign Affairs and International Trade: <http://www.international.gc.ca>

Saudi Arabia – Health Sector Report

Background

Saudi Arabia has an oil-based economy with strong government controls over major economic activities. It possesses more than 20% of the world's proven petroleum reserves, ranks as the largest exporter of petroleum, and plays a leading role in OPEC. The petroleum sector accounts for roughly 75% of budget revenues, 45% of GDP, and 90% of export earnings. About 40% of GDP comes from the private sector.

Approximately 5.5 million foreign workers play an important role in the Saudi economy, particularly in the oil and service sectors. High oil prices through mid-2008 have improved growth, government revenues, and Saudi ownership of foreign assets, while helping Riyadh to pay down domestic debt. The government is encouraging private sector growth - especially in power generation, telecommunications, natural gas exploration, and petrochemicals - to lessen the kingdom's dependence on oil exports and to increase employment opportunities for the growing Saudi population, of which 40% are under 24 years old. Estimates of unemployment is high (25% for males and 39% for females), and the large youth population generally lacks the education and technical skills the private sector needs but offers an opportunity to be an economic force. Riyadh has substantially boosted spending on job training and education, infrastructure development, and government salaries.

As part of its effort to attract foreign investment and diversify the economy, Saudi Arabia acceded to the World Trade Organization (WTO) in December 2005 after many years of negotiations. The government has announced plans to establish six "economic cities" in different regions of the country to promote development and diversification. The last five years of high oil prices have given the Kingdom ample financial reserves to manage the impact of the global financial crisis, but tight international credit, falling oil prices, and the global economic slowdown will reduce Saudi economic growth in 2009.

Saudi Arabia is considered the most attractive Arab healthcare market because of the increase in demand generated by its rapidly growing population and its enormous economic resources. According to a World Bank report in 2008, Saudi Arabia was ranked 23 out of 178 countries and has been recognized as the third most stable economy worldwide.

Health Care Delivery

On average, the Saudi Government directs 9-10% of its total annual budget towards health-care and related activities. The Saudi health care system has expanded substantially over the years, with a vast network of hospitals, clinics and primary health care centres. Saudi healthcare facilities are considered among the most advanced in the region.

The Ministry of Health provides nearly 60% of all hospital and health services throughout the Kingdom and is thus the most significant customer for medical devices and pharmaceuticals. The number of hospitals is expected to reach 248 in 2009. Correspondingly, the number of public

hospital beds is expected to reach 34,722 in 2009, while the numbers of health emergency centers are expected to reach 356 in 2009. In addition to the Ministry of Health, there are other government bodies that oversee health care facilities: the Ministry of Defense (150 clinics); the National Guard (60 clinics); and the Ministry of Interior (30 clinics).

The provision of health care for Saudi nationals is dominated by public-sector providers, primarily the Ministry of Health. All Saudi citizens are eligible to receive free treatments from government hospitals and health care centres. The size of the private health-care sector is growing on the heels of legislation enacted in 1999 which was to restrict foreign expatriates from accessing the public-sector health care system.

In an effort to reduce pressure on the public system, private health insurance is mandatory for all expatriate residents, who can be served only by private health-care facilities. Although private hospitals and medical clinics now make up approximately 25% of the total market, this percentage is expected to grow significantly as plans are implemented to introduce mandatory private health insurance for Saudi nationals, as well. Both the public and private sectors rely heavily on foreign-trained physicians and specialists for the provision of health care services.

Saudi Arabia's health service plan consists of two tiers that together meet all its citizens' needs, from preventive care through advanced surgery. The first tier consists of a network of primary health care centers and clinics throughout the country that provide preventive, prenatal, emergency and basic services. In addition, a fleet of mobile clinics provides remote rural areas with services such as vaccinations and basic medical care.

These centres and clinics have greatly improved health standards by making health care available to the general public. They were critical in reducing the Kingdom's infant mortality rate from 68 per 1,000 live births in 1980, to 18 per 1,000 live births in 2003. Close to 100 percent of all Saudi children are vaccinated against common diseases.

The second tier of the Saudi health service plan consists of a network of advanced hospitals and specialized treatment facilities. Located in major urban areas, these facilities are accessible to all. Like the centers and clinics, the hospitals and specialized facilities have also experienced a rapid growth.

In 1970, there were 74 hospitals with just over 9,000 beds in Saudi Arabia. By 2009, there were 364 hospitals with nearly 48,000 beds serving 22.7 million people. Saudi Arabia's ratio of one hospital bed for just fewer than 500 people is among the lowest in the world.

The Kingdom's healthcare program is primarily run by the Ministry of Health, which operates 62 percent of the hospitals and 53 percent of the clinics and centers. The rest are privately operated, but their functions and staff training are supervised and supported by the Ministry. Some government agencies, including the Ministries of Education and Defense, the National Guard and the Public Security Administration, have their own hospitals and clinics.

Physicians and Nurses

There are now about 34,000 physicians in both government and private health sectors. Twenty percent of those physicians are Saudi, with the rest from all over the world. The number of nurses has increased to approximately 70,000, both male and female.

Hospitals and Facilities Management

The Ministry of Health is to invest SR3.6 billion in an overall expansion and development plan for its facilities Kingdom-wide, which aims to establish and equip 2,000 primary care centres.

These health centres are expected to blend in with the proposed establishment of community healthcare service centres. Two Ministry of Health mental health disorders hospitals are under construction in Dammam and Abha with a total capacity of 500 beds as part of the current phase of the development plan.

In view of the rapid increase in the demand for health services, the Saudi government has mobilized the private sector through loans and incentives. Some of the private hospitals also announced plans to open medical colleges as well as new branches for their hospitals within the Kingdom. Among the most prominent private hospitals are: International Medical Centre in Jeddah, affiliated with Cleveland Clinic Foundation, USA; Saudi German Hospitals with five hospitals and plans to establish medical colleges. In addition, an advanced dialysis centre will be established at King Fahd Hospital in Jeddah at a cost of SR 35 million. Malaysian, Indian and UK hospitals management companies are currently among the main foreign players in the area of healthcare management in Saudi Arabia.

InterHealth Canada Ltd., Comprehensive Care International, and Accreditation Canada, all headquartered in Ontario, are among the Canadian companies active in Saudi Arabia for the management and development of health services.

Despite heavy investment in public health infrastructure, a shortage of beds in government hospitals has seemingly worsened in 2008. In response to a shortage of intensive care beds at government hospitals, the government pledged to pay the private hospital fees for these services if they are unavailable at public hospitals. This was extended to emergency patients in May 2008.

King Faisal Specialist Hospital and Research Centre (KFSHRC) in Riyadh, established in 1975 is considered to be a flagship facility. It is the largest hospital in the Middle East, has a total capacity of 1050 beds and is equipped with state-of-the-art MRI, CT and PET scanners. The KFSHRC also has a smaller branch hospital in Jeddah. The King Faisal Specialist Hospital and Research Center in Riyadh is a prime example of Saudi Arabia's modern hospital system. It has built a reputation as a leading medical and research center in the Middle East, and attracts patients from as far away as the Philippines, South Africa and the United Kingdom. It has departments in many medical fields, and performs both general and specialized surgical procedures.

In view of the rapid increase in the demand for health services, the Saudi government has mobilized the private sector through loans and incentives. Among the leading private sector players are Saudi German Hospitals, Saad Group, Al Manaa Group, Dr. Fakeeh Hospital, Dr. Sulaiman Al Habib Hospital, Hammadi Hospital and Al Mishari Hospital. Some of these hospitals have announced plans to open medical colleges.

The Kingdom has a number of specialized hospitals that provide quality care in a variety of areas, including obstetrics and gynecology, respiratory ailments, psychiatric care, eye disorders and contagious diseases. There are also a number of convalescent facilities. Of note is the King Khalid Eye Specialist Hospital in Riyadh. It is one of the largest eye hospitals in the world. Established in 1983, it has performed complex surgical operations including cornea transplants and laser procedures. The hospital also has a program to train ophthalmologists.

Organ transplant procedures are routinely performed in the Kingdom. For example, the King Faisal Specialist Hospital and Research Center, which specializes in kidney and liver transplants, performs hundreds of operations annually, including bone marrow transplants.

Similarly sophisticated surgical procedures are performed at most Saudi hospitals. World-class cardiology centers in the Kingdom's top hospitals routinely perform open heart surgery, and many medical centers throughout the Kingdom offer specialized cardiac care. The most famous of the hospitals specializing in cardiology is the King Fahd National Guard Hospital in Riyadh, which performs more than 750 cardiac procedures each year. There are other cardiology hospitals in Jeddah, Makkah, Madinah and Dammam. Recently, two cardiology centers were opened in Riyadh and Jeddah exclusively for the treatment and research of heart diseases.

The National Guard Health Affairs organization has gained an international reputation for the separation of conjoined twins. In July 2008, the King Abdulaziz Medical City in Riyadh successfully carried out its 19th such operation since 1990.

Another growing field in the Kingdom is dentistry. In addition to dental clinics and specialized dental hospitals, over 150 mobile dental clinics serve residents of remote villages.

Pharmaceuticals

The market for pharmaceuticals in Saudi Arabia was worth \$US2.27billion in 2007. Over the forecast period of 2008-2012 it is expected that the market will grow at an average rate of 6.8%. Saudi Arabia's citizens are the largest consumers of pharmaceutical products in the Gulf region, where consumption of medicines is estimated to be US\$52 per capita, compared to about US\$20 in the rest of the Arab world. Saudi Arabia accounts for around 65% of pharmaceutical sales in the Gulf Cooperation Council (GCC) region.

Although Saudi Arabia is heavily dependent on pharmaceutical imports, the market is tightly regulated. The Ministry of Health does not allow the sale of any pharmaceutical products that have not met the Kingdom's licensing requirements. The Ministry also has strict price controls in place, and for a company to be successful at securing government tenders prices may have to be reduced. The pharmaceutical sector is undergoing restructuring, with the establishment of the Saudi Food and Drugs Authority (SFDA). Once the SFDA fully implements its role, it is expected to have easier access to information and more transparency in policies and regulations. Although joint ventures have been a rarity in the past, domestic and foreign producers are increasingly looking to such partnerships to supply the growing market for pharmaceuticals. Many opportunities exist for Ontario manufacturers of pharmaceuticals to export products or set up manufacturing branches in the medium to long term. New pharmaceutical pricing regulations, which took effect in February 2008, resulted in price cuts for approximately 1,400 prescription drugs. As a result, this may limit the attraction of Saudi Arabia's pharmaceutical market against its GCC neighbours. However, increased GCC integration is likely to mean that drug makers continue to be attracted to the region.

In order to be distributed in Saudi Arabia, pharmaceuticals must be registered with the Ministry of Health and must meet the standards established by the Saudi Arabian Standards Organization (SASO). Furthermore, the pricing of pharmaceuticals must be approved by the Ministry of Health before being sold through local agents.

Canadian firms may bid on the annual Health Ministers' Council tender from the Gulf Cooperation Council (GCC) for pharmaceuticals. Only those pharmaceutical manufacturers that are registered in Saudi Arabia, Kuwait and the United Arab Emirates (UAE) can take part in the tender for pharmaceuticals.

The leading domestic players in the pharmaceutical industry are Saudi Pharmaceutical Industries and Medical Appliances Corporation (SPIMACO), Tabuk Co. and Al Jazira. SPIMACO is Saudi

Arabia's top pharmaceutical manufacturer and is under license to produce brand-name drugs for multinational companies as well as its own brands of antibiotics, analgesics, vitamins and other OTC medications. Foreign firms, including GlaxoSmithKline (U.K.), Dishman Pharma and Chemical Inc. (India) and United Pharmaceuticals, Inc. (Jordan), have entered into joint ventures with Saudi firms to establish drug manufacturing facilities in the Kingdom.

Canadian exporters of pharmaceuticals are advised to seek a Saudi representative, agent or distributor. Among the most prominent of Saudi Arabia's medical device and pharmaceutical distributors are Abdulrehman Algozaibi General Trading Bureau (<http://www.algozaibi-gtb.com>), Al Jeel (<http://www.aljeel.com.sa/>), Al Haya (<http://www.alhaya-medical.com/>), Bashir Shakib Al Jabri & Company. Medical & Pharmaceutical Services (Telephone:+966-1-4658962/4653221/Fax:+966-1-4623643), Farouk, Maamoun Tamer & Company (<http://www.tamergroup.com/>), NAFA Medical (http://www.nafa.net/p_med_exp.htm), and Attieh Medico Ltd. (<http://www.attiehmedico.com>).

Among the Canadian companies active in Saudi Arabia in the Pharmaceutical field are Apotex, and Pharmascience.

Canada is a leader in research and development of nutraceuticals and functional foods, many of these research projects are at Ontario universities and are supplied by Ontario companies. This is a growth industry and could be a potential export market for Ontario exports and research partnerships.

Medical Research

Saudi health care facilities conduct advanced medical research with potential benefits for patients around the world. For example:

- King Saud University's School of Pharmacology research centre has developed promising new drugs, including one for diabetes.
- At the King Abdulaziz University and King Saud University's College of Science, scientists are studying radioactive biotopes to determine the effect of antibiotics on bodily functions.
- Scientists at King Khalid University Hospital are testing indigenous medical plants for potential benefits to cancer treatments. The National Guard's King Abdulaziz Medical City in Riyadh is conducting research on artificial hearts.
- The King Faisal Specialist Hospital and Research Center – along with similar facilities in the Kingdom – has recently been conducting pioneering research in the area of stem cell transplants.

Market Sector Challenges

- Saudi Arabia is high growth in market size: for example, demand for hospital beds is expected to rise from 51,000 today to 70,000 by 2016. The number of hospitals will rise from 364 to 502.
- Strong increases in healthcare consumption supported by increasing private wealth and public sector investments will provide opportunities to develop partnerships and to cater

to unmet demand across the healthcare value chain, including medical education, research, facilities, provision, and reimbursement.

- Structural and quality changes in service provision and recent moves towards a compulsory insurance-based system that will extend to include all Saudis.
- With the growth incidence of diseases affecting the affluent, there will be exceptionally high incidences of major disease categories in the Kingdom, including diabetes, heart disease, and congenital disorders.
- Private hospitals, pharmaceutical companies and medical device manufacturers will be seeking international partners.
- An unfulfilled need for a comprehensive, national health information system.
- The optimism of medical products and services market expansion might be constrained by the variations in prices of Saudi Arabia's most important source for national income, energy exports.

Market Opportunities

- **Infrastructure:** Current unmet demands require new facilities and services in areas including diagnostics, genetic diseases, diabetes, ophthalmology, infertility, cardiology, trauma, neurology, obesity and oncology; and the construction of health care cities.
- **Services:** Both private and public sectors depend heavily on foreign trained physicians, many of them are Canadians. Also, the largest number of Saudi doctors trained abroad was trained in Canada and thus are inclined to support Canadian products and services.
- **Pharmaceuticals:** Generic pharmaceutical manufacturing: new coverage rules will encourage manufacturing of products ranging in complexity from analgesics and vitamins to antibiotics and beta blockers.
- **ICT:** E-Health IT infrastructure and associated consultant provision.
- **Medical devices and equipment manufacturing.**
- **Medical tourism** is globally estimated to be worth US\$50 billion annually, with a range of developing nations spearheading a trend of offering cheap healthcare to foreign visitors. Since incoming medical tourism to Saudi Arabia is limited by visa restrictions, medical tourism is an opportunity for the Government of Ontario to develop in order to attract medical tourists from Saudi Arabia.
- **Nutraceuticals and functional foods,** a \$100 billion global market, is a growth industry in Saudi Arabia. In a society that is facing an explosion in diet-related disorders, Saudi's interest in healthy ingredients of functional foods and beverages and nutraceuticals (non-food products) is growing exponentially. This is an excellent market opportunity for Ontario agri-food business and research institutes.
- **Health programming:** telemedicine.

- Private health insurance systems: Saudi Arabia plans to establish a national cooperative fund to provide free health insurance coverage to all of its nationals after privatizing state-owned hospitals. Both the privatization and health insurance plans will create increased demand for healthcare services and products as well as create opportunities for cooperation with foreign companies.
- Hospital partnerships and collaborations with international universities and colleges offering medical, nursing and other health care professional studies.
- Ambulatory care and testing centers.
- Research partnerships.
- Private multidisciplinary (tertiary care) hospitals.
- Specialty treatment (secondary care) centers.
- Medical education (both physicians and nurses).
- Health management

Sources:

<http://sagia.gov.sa/>

<http://www.sama.gov.sa/en/publications/annualrep/>

<http://www.saudiembassy.net>

<http://www.MinistryofHealth.gov.sa>

Arab Business Intelligence Report, 2006

Population Reference Bureau

<http://www.prb.org/>

<http://www.imc.med.sa>

IFC World Bank report assesses business and trade environment and investment competitiveness in 178 countries worldwide. Saudi Arabia ranked 23 of 178 countries in its 2008 report compared to 38 in 2007 and 67 of 135 countries in 2005.

<http://www.saudiembassy.net/Country/Economy/Eco.asp>

<http://www.agr.gc.ca>

Saudi Arabia - Quick Facts & Figures

General Information

Capital	Riyadh (Al Riyadh)
Total area	1,960,582 km ²
National Holiday	September 23
Business Languages	Arabic/English
Population	0.764 m (Includes 235.108 non-nationals) - 2006

Political Information

Head of State	King Abdullah bin Abudalziz Al Saud
Head of Government	Prime Minister Abdullah bin Abudalziz Al Saud
Type of Government	Monarchy, cabinet ministers appointed by the King
Minister of Health	His Excellency Dr. Dr. Abdullah Al-Rabeeah
Minister of Foreign Affairs	His Highness Saud Al Faisal bin Abdulaziz Al-Saud
Minister of Commerce & Industry	His Excellency Abdullah Zainal Alireza

Economic Information 2007 (US)

	KSA	Canada
GDP (billion)	\$404.15	\$1,539.24
GDP per capita (%)	\$16,638.93	\$46,736.70
GDP Growth Rate (%)	4.099	2.653
Inflation (%)	4.107	2.146

Trade & Investment

Canadian exports to KSA	\$682,201,515
Canadian imports from KSA	\$1,871,266,306
Foreign direct investment in Canada	n/a
Canadian direct investment to Canada	n/a

Representation

Foreign Representation in Canada

Canadian Representation in UAE

Ontario International Trade & Investment

Area Director - Middle East

GCC Representation Office

Ambassador-designate – Philip MacKinnon

Honourable Sandra Pupatello, Minister

W.A. (Al) Hinton

Malcolm Milne, International Trade Development Consultant

Sources:

InfoExport: <http://www.infoexport.gc>

IMF: <http://www.imf.org/external/country/index.htm>

Statistics/Industry Canada: <http://stratgis.ic.gc.ca>

Foreign Affairs and International Trade: <http://www.international.gc.ca>

Bahrain – Health Sector Report

Background

Bahrain's small size and central location among Arabian Gulf countries require it to play a delicate balancing act in foreign affairs among its larger neighbors. Facing declining oil reserves, Bahrain has turned to petroleum processing and refining and has transformed itself into an international banking center. King Hamad bin Isa al-Khalifa, after coming to power in 1999, pushed economic and political reforms to improve relations with the Shia community. Shia political societies participated in 2006 parliamentary and municipal elections. Parliament can propose (but not draft) legislation, and has the right to amend and reject the budget.

With its highly developed communication and transport facilities, Bahrain is home to numerous multinational firms with offices in the Gulf. Petroleum production and refining account for over 60% of Bahrain's export receipts, over 70% of government revenues, and 11% of GDP (exclusive of allied industries), underpinning Bahrain's strong economic growth in recent years. Bahrain is actively pursuing the diversification and privatization of its economy to reduce the country's dependence on oil.

Unemployment estimated in 2005 to be 15%, especially among the young, and the depletion of oil and underground water resources are long-term economic problems. The global financial crisis is expected to result in slower economic growth for Bahrain during 2009 as tight international credit and a slowing global economy cause funding for many non-oil projects to dry up. Lower oil prices may also cause Bahrain's budget to slip back into deficit.

Bahrain has an extremely low-tax environment. There is no corporation tax, and there has traditionally been no income tax, although from June 2007 employees pay 1% of their salaries into a national unemployment insurance scheme, a figure that employers match. There is also a 10% municipal tax on rents and a 3% levy on all hotel bills.

According to 2008 estimated statistics, Bahrain's population of was 718,306 of which 235,108 expatriates is growing at an estimated 1.337% annual rate, with a median age of 29.9 years.

The Health Delivery System

The health delivery system is a partnership between both government and private sectors. The Ministry of Health played a major role in the provision, improvement, regulation and sustainment of quality health care services.

The Ministry provides comprehensive health services to the whole population in line with the World Health Organization's global objectives of "Health for All". Most health care services are provided by the Ministry of Health from 21 primary health care centres and clinics, the Salmaniya Medical Complex, the Psychiatric Hospital, Geriatric Hospital and four maternity hospitals.

Health care is also provided by the Bahrain Defense Force Hospital to members of the Bahrain Defense Force and their families, as well as providing emergency care and

cardiac care services to the whole population. In addition, the private sector provides care through three hospitals and numerous clinics, polyclinics and specialized centres.

Health facilities have improved rapidly during the past five years. Performance and quality measures were introduced with coordination with specialized international organizations. Bahrain has focused on effective bed utilization, emergency care and response, ambulance services, patient triage, and new medical treatment facilities with advanced equipment.

Health Status of the Community

Although the birth and fertility rates show a downward trend, the volume of births has risen consistently due to the size of childbearing female population. With a growing and aging population, the health care budgets are coming under increasing strain as the country strives to maintain and improve its services.

Financial allocation for medical care has been raised substantially in recent years; funds are still not sufficient the demands placed upon them. As a result the Ministry is seeking alternative sources to bring additional financial resources in order to at least sustain the best quality of health services.

Like other GCC countries, Bahrain made remarkable achievements in eradicating most of the communicable diseases for the past decade and has continued its efforts to develop national capacity in diagnosing the diseases, in the counseling patients, in providing appropriate medical treatments services, and strengthening public awareness.

Bahrainis pay nominal fees for some services. The fees are heavily subsidized by the Government. Consideration is being given to the introduction of a health insurance system for non-Bahrainis and this could be extended to Bahrainis in the future.

Market Challenges

- The global financial crisis is expected to result in slower economic growth for Bahrain and lower oil prices may also cause Bahrain to reduce costs so that its budget does not slip into deficit.
- The government is seeking to lower unemployment by promoting private-sector growth, setting quotas on the employment of expatriates and increasing the local skills base. However, persuading businesses to replace cheaper expatriate workers with more expensive local labour will prove difficult, and, with the country's hydrocarbons reserves limited and dwindling, the government will be unable to guarantee local citizens employment in the public sector.
- The attractiveness of Bahrain's drug market is severely dampened by its small size. According to 2006 estimates, drug expenditure stood at only US\$54mn, despite the strong annual market growth experienced in recent years. Moreover, branded medicines continue to account for the bulk of the pharmaceutical market, due to the population's opulence, distrust of copy products, and hospitals being the primary source of contact, although they will very slowly start to lose share to generics. Over-the-counter (OTC) medicines generate a fraction of the total market value, at 5% in 2006, with the percentage expected to remain virtually static throughout the forecast period despite value increase of the segment.

Market Sector Opportunities

- Infrastructure: Bahrain is spending \$130 million on the King Hamad General Hospital.
- Foreign Investment: Bahrain is actively seeking private foreign investors, especially in the industrial, information technology, tourism, and higher education fields.
- There is also a market for modern private healthcare services.
- The Bahraini market offers solid prospects for Ontario health care products as they continue their drive to provide “Health for All”.
- Pharmaceuticals, medical devices and supplies, X- ray and MRI apparatus, ultrasound devices, surgical equipment, management information systems, distance medicine will all be required to service health care facilities and services.
- Medical tourism is globally estimated to be worth US\$50 billion annually, with a range of developing nations spearheading a trend of offering cheap healthcare to foreign visitors. Like the other GCC countries, Bahrain is positioning itself to attract foreign medical tourists.
- Nutraceuticals and functional foods, a \$100 billion global market, is a growth industry that accompanies a countries desire to improve the health and diet of its citizens and desire to attract the health tourist. Despite its size, the Bahrain market is an export opportunity for the Ontario agri-food business.

Sources:

<http://www.undp.org.bh/>

http://hdrstats.undp.org/2008/countries/country_fact_sheets/cty_fs_BHR.html

<http://www.economist.com>

Bahrain - Quick Facts & Figures

General Information

Capital	Manama (Al-Manamah)
Total area	40 islands – 717.5 km ²
National Holiday	December 16
Business Languages	Arabic/English
Population	0.764 m (Includes 235.108 non-nationals) - 2006

Political Information

Head of State	King Hamad bin Isa Al Khalifa
Head of Government	Prime Minister Khalifa bin Salaman Al Khalifa
Type of Government	Bicameral parliament consists of Shura Council (40 members appointed by the King) and House of Deputies (40 members elected to serve four year terms)
Minister of Health	His Excellency Dr. Majid Bin Ali Al Nuaimi
Minister of Foreign Affairs	His Highness Shaikh Khalid Bin Ahmed Bin Mohamed Al Khalifa
Minister of Finance & National Economy	His Excellency Ahmed bin Muhammed Al-Khalifa

Economic Information 2007 (US)

	Bahrain	Canada
GDP (billion)	\$21.13	\$1,539.24
GDP per capita (%)	\$27,654.67	\$46,736.70
GDP Growth Rate (%)	6.631	2.653
Inflation (%)	3.392	2.146

Trade & Investment

Canadian exports to Bahrain	\$40,624,744
Canadian imports from Bahrain	\$30,467,795
Foreign direct investment in Canada	n/a
Canadian direct investment to Canada	n/a

Representation

Foreign Representation in Canada	His Excellency Dr. Naser Mohamed Al Balooshi
Canadian Honourary Consul in Bahrain	Qays H. Zu'bi
Ontario International Trade & Investment Area Director - Middle East	Honourable Sandra Pupatello, Minister W.A. (Al) Hinton
GCC Representation Office	Malcolm Milne, International Trade Development Consultant

Sources:

InfoExport: <http://www.infoexport.gc>

IMF: <http://www.imf.org/external/country/index.htm>

Statistics/Industry Canada: <http://stratgis.ic.gc.ca>

Foreign Affairs and International Trade: <http://www.international.gc.ca>

Kuwait – Health Sector Report

Background

Kuwait is a small, open economy with estimated 10% of the world oil reserves with petroleum counting for nearly 70% of the government income. The country's economic growth accelerated from high oil prices over the last several years and, in 2008, posted its 10th consecutive budget surplus. Thus, Kuwait has progressively marketed its oil products to Europe and Asia where it has numerous gas stations and refineries. The Kuwait Petroleum Company carries out the production, processing and marketing of oil and is rated in the Top 10 international oil companies.

The country is a constitutional monarchy and is ruled by Emir Sheikh Jaber Al-Ahmed Al Sabah of the Al Sabah family, with family members controlling key portfolios in the Council of Ministers. There is a parliament, last elected in 1992, which has limited legislative powers. Political parties are forbidden. Kuwait has an open economy with proved crude oil reserves of about 94 billion barrels. This is 10 per cent of the world's known reserves.

Kuwait lacks water and has practically no arable land. This prevents the development of agriculture. Fish is caught locally but most food and water is imported.

Per capita income is high at US\$31,640 (2007) and therefore Kuwait can provide its citizens with extensive health, educational and retirement benefits. However, the bulk of the workforce is non-Kuwaiti and is living at a considerably lower level. The per capita military expense is one of the highest in the world. To boost production capacity, Kuwait has begun foreign investment policies in the country's oil sector.

Women make up more than half the Kuwaiti population. They serve in the government, are diplomats, run businesses and help steer the OPEC member state's vital oil industry. Only five per cent of the country's decision makers are women yet 70 per cent of college graduates are women in Kuwait.

Health Care Delivery

As in other regions in the GCC, Kuwait's healthcare sector is undergoing rapid expansion. The extra investment is considered well overdue as hospitals are straining to cope with an expanding population that is becoming increasingly unhealthy. As the local industry is negligible, Kuwait imports almost all medical equipment and pharmaceutical products. The Government is the main customer, accounting for 70% of the market.

The population of Kuwait was 3.5 million in 2007 and is increasing at a rate of more than 3.5% annually. Kuwait's population is also young with over 60 per cent under the age of 20 and a high proportion either in school or approaching school age.

Like other countries in the GCC, the growing affluence of Kuwait has brought with it a range of different ailments associated with a poor diet and lack of exercise. These include hypertension, heart disease, allergies and a variety of pulmonary conditions. Poor diet, heavy consumption of tobacco explains several pathologies such as cardiovascular diseases, cancers, diabetes. Diabetes represents a major health issue in Kuwait and the percentage of people in the country with this disease is the highest worldwide. These conditions are exacerbated by hot weather, few areas to exercise, poor eating habits, and many fast food chains appearing in Kuwait City. In 2006, the

single most important cause of death was cardio vascular disease, followed by malignant neoplasms, and road transport accidents.

Kuwait has 1.7 physicians, 0.3 dentists, 0.5 pharmacists, 3.2 nursing and midwifery personnel, and 1.7 hospital beds per 1,000 population. Healthcare spending in Kuwait now accounts for 3.7% of GDP, or \$1.05 billion, and is growing by around 4.5% per annum.

Kuwaiti healthcare is dominated by the public sector, with the government currently providing 6000 hospital beds to the private sector's 500. However, no new hospital has been built by the government since 1981. To cope with the ever increasing demand, the government is spending US\$178 million to upgrade hospitals with new equipment while expanding bed capacity from 6000 to 12,000. To reach this capacity, the government is also building South Surra General Hospital 1120 beds for US\$1.2 billion.

The Ministry of Health is the second largest public sector employer in Kuwait. It is responsible for all aspects of the national health care system, from primary care to specialized treatment. The Ministry organizes and administers the health service, approves and procures the necessary medical equipment, pharmaceuticals and other supplies, recruits and trains medical and ancillary staff. As well, the Ministry oversees both public and private sectors and is the major end user of all kinds of medical equipment and supplies.

Health Care Facilities

There are many private clinics and hospitals in Kuwait. The Ministry monitors and regulates standards and fee structures in these clinics. The Ministry of Health is the sole owner of six major public hospital and nine specialized hospitals: Sabah Hospital, Amiri Hospital, Adan Hospital, Farwaniya Hospital, Mubarak Al-Kabeer Hospital and Jahra Hospital. There are nine specialized hospitals; 78 primary health care clinics offering general practitioner services and childcare, family medicine, maternity care, diabetes patient care, dentistry, preventive medical care, nursing care and pharmaceuticals; 64 dental care clinics; 28 maternal and gynaecological care centers; 71 child care centers; and 61 preventive care centers.

Since diabetes was found to be the fastest growing disease in Kuwait, the Kuwait Foundation for the Advancement of Sciences (KFAS) financed the development of the Dasman Center for Research and Treatment of Diabetes in 2006. The Center dedicates 40% of its efforts towards research into different aspects of diabetes, 30% towards providing education and training to the community and health professionals, and the remaining 30% towards clinical services at a tertiary level. They are building a world class team of specialists that are capable of collaborating with international specialists in all areas of diabetes research, prevention and treatment.

The cost for Kuwaiti nationals seeking treatment abroad has become costly. In 2006 it cost the government more than US\$350 million for foreign hospital bills. In addition, the government also pays for family members to travel with them. The primary reason cited for the Kuwaitis to seek treatment abroad is the shortage of specialists at home. Kuwait has a wealth of family practitioners, including many pediatricians, gynecologists, and ear, nose and throat doctors, but specialists, such as cardiologists, neurologists and gastroenterologists, together with nurses and lab technicians, are much more in demand.

The government is spending US\$1.2 billion to construct a 1150 bed general hospital by 2011. Also, it has a plan to build eight new general and specialized hospitals for pediatrics, maternity, orthopedics, and eyes. The new hospitals are expected to be large, several stories high, and equipped with very advanced equipment. Furthermore, the government is currently spending an additional US\$178 million to upgrade the existing hospitals with new equipment and expand their capacities.

Private Sector

The government has offered initiatives to attract more private participation in the delivery of healthcare. Although the private sector is small compared to the public sector, it is enjoying more rapid growth. There are 18 small hospitals and specialized centers in the private sector.

Even though the public sector dominates the Kuwaiti health market, the private sector is set to play a bigger role after the government decided to reverse its spending on health by encouraging private participation in the sector. In some private hospitals, doctors can charge a percentage of the fee to patients for tests and procedures.

With the private sector scheduled to eventually take over most of the healthcare industry in Kuwait, the Ministry of Health has launched reforms such as a requirement that all non-Kuwaitis pay for care received in state-owned facilities and that they be covered by private medical insurance. Expatriates will now pay their insurance fees to the bank upon arrival in Kuwait, (US\$175 for men and US\$140 for women), before collecting their health cards.

The tertiary sector looks to be an increasingly attractive area for foreign investors; especially given current government plans to move non-national Kuwaiti residents over to a private insurance scheme.

Health Care Facilities Management

Medical experts insist that while Kuwait has excellent doctors and drugs, the sector as a whole suffers from a lack of good management, stretching all the way from the large and the bureaucracy of the Ministry of Health to the administrators of the newest private sector clinics. Critics of the system insist the main problem with Kuwaiti healthcare is not the doctors or the nurses, but management of the facilities. Opportunities exist for improvement of health care facilities development and management.

Pharmaceuticals

Kuwait local manufacturing focuses on generic drugs. Local production and capability are limited to medical gases, prostheses and some generic drugs. The system relies on imports and about 98% of drugs are currently being imported. The Kuwaiti market for pharmaceutical products is estimated at US\$350 million for the year 2008, and as generic drugs remain unpopular, the sales market for originator pharmaceuticals companies is becoming increasingly popular. The market is projected to grow at 10-

15% annually. This growth is expected to continue as long as Kuwaiti citizens receive free medical services.

Kuwaiti law sets out the basic principles covering the regulation of the pharmaceutical profession and the approval and dispensing of drugs. All products which contain ingredients employed in pharmaceutical preparations must be registered with the Ministry of Health's Drug Control Registration and Administration Center (DCRC), also referred to as the quality control laboratory. The DCRC requires evidence of use and approval in the country of origin. Local agents are responsible for the registration of pharmaceutical products.

Recommendations to control the sale of pharmaceutical products are made by committees convened by the Ministry of Health. They become effective only after the issue of a Ministerial Decree. The Ministry of Health not only fixes prices, but also determines the precise margins netted by wholesalers and retailers alike, with the former getting approximately 29% and the latter 26%.

The government is by far the largest importer of pharmaceuticals, which sometimes allows it to get discounted prices in exchange for buying in bulk. In 2006, the government spent an estimated US\$185 million on medicine, supplying about 65% of the local market, and the private sector spending was about US\$99.6 million.

The government buys 75% of its drugs through local tenders, and 25% through the Secretariat General of Health (SGH) for the Gulf Cooperation Council. Although 60% of the volume of drugs purchased by the government is generics, approximately 85% of its total spending goes to brand-name drugs, which remain more popular among Kuwaitis.

At present, medications prescribed in Ministry of Health hospitals and clinics are free of charge, if obtained from the pharmacies within the hospital or clinic, but this situation is expected to change. Certain drugs, such as tranquilizers, cortico-steroids, codeine preparations, antibiotics and narcotics are subject to prescription. Vigorous steps are taken to control the import of narcotics and severe measures are taken against drug traffickers.

Market Sector Challenges/Opportunities

- According to Canadian trade statistics, Canada exported to Kuwait more than Cdn\$2 million worth of healthcare products in the year 2007 such as: parts and accessories for med appliances, medication in dosage, medical, surgical, dental, or veterinary devices and furniture, medical instruments and apparatus, and composite diagnostic or laboratory reagents.
- The Ministry of Health general supplies, equipment and hospital furniture are purchased by tenders open to locally registered companies. However, closed tenders for certain pre-qualified firms can be made for specialized medical equipment. Items required for particular purposes may be ordered from a sole source. In cases where the Ministry places an order direct with locally represented suppliers, the local agent will still be entitled to his commission.

- Private sector customers prefer to purchase directly from the local agent. This provides quicker and cheaper maintenance service than those obtained from the manufacturer or exporter.
- Private Kuwaiti companies usually make payment to foreign suppliers by opening a letter of credit (60 -90 days) through any local bank, but government agencies pay directly through the Central Bank of Kuwait.
- Developing long term relationships and providing customer service are important to doing business in Kuwait. Good technical and after-sales support, as well as competitive quality, pricing and delivery could help Ontario firms capture a larger share of the medical equipment and pharmaceutical markets in Kuwait, but much will depend on the company's success in finding good local representation in Kuwait, as well as offering quality and price.
- Pharmaceuticals: The Ministry of Health is very strict in controlling the imports of pharmaceuticals. All pharmaceutical products must be registered with the Ministry of Health and approved prior to sale which can take six months to one year. Herbal products require about three months in general. Pharmacists must obtain their supplies directly from the agents-importers, and must retain their purchase invoices for five years in order to be able to prove the origin of the products. Agents fulfill the function of wholesalers/distributors.
- Institutional devices/supplies: Kuwait imports almost all its medical equipment as local production is negligible. The size of the Kuwaiti market for medical equipment is estimated at US\$270 million annually. Of which, the Ministry of Health spent US\$190 million in the year 2006. However, there is no data available on private sector spending. But it is estimated to be about 30-35% of the total market size. Canadian medical and hospital equipment enjoys a good reputation in the Kuwaiti market. However, the United States, European and Japanese firms maintain the greatest significant presence in this very competitive and price-sensitive market.
- The construction of new hospitals in both the public and the private sectors offers many opportunities to Ontario companies.
- Medical education will be required for health care professionals.
- Private health insurance and health insurance plans will create increased demand for healthcare services and products as well as create opportunities for cooperation with foreign companies.
- Private partnerships and collaborations are needed for research, management of multidisciplinary hospitals for teaching hospital programs and outsourcing of programs and services. In particular, the Dasman Centre for Research and Treatment of Diabetes is interested to work with McMaster and other international universities and research hospitals with programs focused on diabetes. The current director of research and education, Prof. Massimo Massi-Benedetti knows Ontario from his research work with a team from the Hospital for Sick Kids in Toronto. Dasman already have several "Protocols of Understanding" with international institutes, including University of Alberta and University of Perugia, Italy.
- Healthcare management companies and medical expertise will be in demand for the operation of the new health care facilities.

- Nutraceuticals and functional foods, a \$100 billion global market, is a growth industry that accompanies a countries desire to improve the health and diet of its citizens.

Sources:

<http://kuwaithealth.wordpress.com/>

<http://www.q8health.org/>

<http://www.dcrtd.org.kw/>

<http://www.kuwait-info.com>

<http://www.infoexport.gc.ca/eng>

Ministry of Health Kuwait: <http://www.Ministry of Health.gov.kw>

Kuwait Chamber of Commerce and Industry: <http://www.kcci.org.kw>

<http://www.countrystudies.us/persian-gulf-states/19-Health.htm>

http://www.kuwait-info.com/a_state_system/ministry_health.asp

Kuwait top List: <http://www.kuwait-toplist.com>

Kuwait Pocket Guide: <http://www.kuwaitpocketguide.com>.

World Health Organization <http://www.who.int/countries/kwt/>

Kuwait - Quick Facts & Figures

General Information

Capital	Kuwait City
Total area	17,818 km ²
National Day	February 25
Business Languages	Arabic/English
Population (million)	3.310

Political Information

Head of State	Amir Sabah Al-Hamad Al-Jaber Al-Sabah
Head of Government	Prime Minister Nasser Mohammad Al-Ahmad Al Sabah
Type of Government	Unicameral National Assembly (Majlis al Oumma) of 50 deputies elected every 4 years
Minister of Health	His Excellency Mr. Ali Al-Barrak, Minister of Health, Kuwait
Minister of Foreign Affairs	Muhammad Al Sabbah Al-Sabah Al-Salim Al-Sabah
Minister of Finance	Badir Mishari Al-Humaydi

Economic Information 2007

	Kuwait	Canada
GDP (billion)	\$ 119.86	\$1,543.48
GDP per capita	\$36,206.48	\$46,736.70
GDP Growth Rate (%)	4.94	2.146
Inflation (%)	5.47	6.025

Trade & Investment 2007

Canadian exports to Kuwait	\$114,384,880
Canadian imports from Kuwait	\$1,702,460
Foreign direct investment in Canada	n/a
Canadian direct investment to Kuwait	n/a

Representation

Foreign Representation in Canada	Ambassador Musaed Rashed A. Al-Haroun
Canadian Representation in UAE	Ambassador Reid Henry
Ontario International Trade & Investment Area Director - Middle East	Honourable Sandra Pupatello, Minister W.A. (Al) Hinton
GCC Representation Office	Malcolm Milne, International Trade Development Consultant

Sources:

InfoExport: <http://www.infoexport.gc>

IMF: <http://www.imf.org/external/country/index.htm>

Statistics/Industry Canada: <http://stratgis.ic.gc.ca>

Foreign Affairs and International Trade: <http://www.international.gc.ca>

Oman – Health Sector Report

Background

The Sultanate of Oman's achievement in the health sector over the past 30 years have been appreciated by the people of Oman and recognized by the international community. The Ministry of Health, currently in its sixth five-year health development plans, is further improving its health care infrastructure by creating new institutions and new infrastructure initiatives to meet future needs and address threats from emerging health problems.

Oman is an upper middle-income economy that is heavily dependent on dwindling oil and gas resources. High oil prices in recent years have helped to build Oman's budget and trade surplus and foreign reserves. Oman is actively pursuing a development plan that focuses on diversification, industrialization, and privatization as a result of its dwindling oil resources. Industrial development plans focus on gas resources, metal manufacturing, petrochemicals, and international transshipment ports.

In the “Oman Vision 2020” development plan, Oman’s leadership highlights the need for the Omani economy to diversify through a process of Omanization, industrialization and privatization. The plan states that the permitted level of foreign ownership in privatization projects should be 70 per cent, with up to 100 percent in certain cases. Under the Omanization policy, local production in the allied health sciences has expanded in the Ministry of Health, and more than 15 institutes have been established for this purpose. The result is reflected in improving the ratio of Omanis, which has gone up to 61% despite the overall expansion in health services.

According to the government's estimated statistics, Oman's population is of 3.3 million, of which 577,000 is growing at an estimated 3.19% annual rate. Of that 42.7 per cent of the national population is younger than 15 years old.

The number of expatriates working in Oman's private sector at the end of October 2007 was around 615,000, representing roughly one-quarter of the population. The Ministry of National Economy reported a 20.4% increase in the number of expatriates working in the private sector over the same period in 2006.

Like other GCC countries, Oman is witnessing a shift in its main health problems from communicable diseases that affected developing communities to health problems related to affluent lifestyles such as diabetes, cardiovascular disease, obesity, and cancer. This epidemiological transition, with the persistence of some first generation diseases such as infectious and parasitic diseases places heavy demands upon the Oman's health care system, making efficient use of health resources a high priority.

Health Care Delivery

Based on a strong commitment to decentralize its administration, Oman is divided into five regions (Ad Dakhliyah, Ash Sharqiyah, Al Batinah, Adh Dhahirah and Al Wusta), three governorates (Muscat, Dhofar, Musandam and Al- Buraimi) with 61 wilayats and ten health regions.

The Ministry of Health provides free health services through its health institutions (58 hospitals with 5297 beds, and 897 health centres/clinics/dispensaries) for all Omani nationals, GCC nationals and all public sector expatriates. There is a small annual registration charge and a nominal OPD visit fee introduced in late 1990 with a view to rationalizing the use of the hospital facility. It is estimated that 95% of the total population has access to the public health system. Mobile medical teams of the Ministry of Health operate outreach clinics (by road, sea and air) in remote areas, providing for the remaining 5% of the population. In fact, Oman has achieved the distinction of being rated number one by the World Health Organization for improved performance in health system efficiency and utilization of financial resources.

The public health sector in Oman is well funded, well equipped and efficient. However, the experience of introducing competition has demonstrated that the private sector can fill gaps by providing specialized services. At the same time, sections of the population that want exclusive services and have the capacity to pay would benefit from private health services.

The private sector is small as compared to the public sector and it caters mainly to expatriates employed outside the government sector. Specialized health care centres are located mainly in Muscat. General practitioners run clinics in urban as well as rural areas. The Omani government encourages the establishment of private health-care facilities, which could, in the long term, reduce patient load.

All private hospitals, clinics, polyclinics, pharmacies and laboratories are subjected to the licensing process of the Ministry of Health.

The regional referral hospitals have extensive inpatient and out-patient services, including specialized services in internal medicine, surgery, pediatrics, obstetrics and gynecology, orthopedics, ophthalmology, ear/nose/throat, dermatology, oral health, pathology and radiology.

The Sultanate has an official policy to sponsor Omani patients for treatment abroad after all possibilities for treatment in the country have been explored. There is no evidence that this has been as costly for the Minister of Health as in other GCC countries

Omani students are funded by the government for undergraduate diplomas, graduate and postgraduate degree programs in other countries. In addition, there are students pursuing education in the health professions at their own expense, while others are sponsored by non-governmental organizations (NGOs) and private individuals. Those sponsored by government or private companies obtain health education in the UK, Australia, the USA, Canada, New Zealand, and Kuwait among GCC countries.

Medical Tourism

Like other GCC countries, Oman is positioning itself for medical and health tourism. In March 2008, the government announced it has allotted one million square meters to Kuwaiti-financed Majan Development Company for the construction of an approximately \$1 billion integrated healthcare city close to the proposed Blue City development. The healthcare city, 100 kilometers from Muscat, will include medical colleges, hospitals, hotels, and shopping malls.

Market Sector Challenges

- The number of expatriates working in Oman's private sector at the end of October 2007 was around 615,000, representing roughly one-quarter of the population. The Ministry of National Economy reported a 20.4% increase in the number of expatriates working in the private sector over the same period in 2006.
- A number of constraints affect trade and investment in Oman. The problems posed by the country's relatively small population and small domestic markets are heightened by the absence of a modern, high-value consumer market beyond the capital area. This situation results in market dilution to Dubai and other foreign retail centers.
- High inflation levels have also been a threat to continued high levels of economic growth, but the drop in oil prices and the global financial crisis in 2008 also are expected to affect Oman's fiscal position and it may post a deficit in 2009 if oil prices stay low.
- Bureaucratic obstacles to enterprise development and a risk-averse trading mentality create challenges to working in this market. In addition, other countries in the region typically offer higher industrial subsidies than Oman.
- The global credit crisis is slowing the pace of investment and development projects—a trend that is expected to continue into 2009.
- Oman's health care system, already overburdened, will need to expand to meet Oman's projected annual population growth rate of 2%. The government's determination to provide all its citizens with basic health care means health-related expenditures will continue to grow.

Market Sector Opportunities

- Investors transferring technology and management expertise, and providing employment and training for Omanis, are particularly welcome.
- There is also a market for modern private services, as the government has shifted expatriate care to private hospitals and clinics in 2002. Such private services have also attracted wealthier Omani citizens.
- The Ministry of Health is interested in health care management information technologies as part of its efforts to standardize operations and establish interconnectivity among Oman's hospitals and regional clinics.
- Medical devices and supplies, X-ray and MRI apparatus, ultrasound devices, surgical equipment, and other medical equipment are needed. Currently Canadian companies export optical and medical instruments to Oman.
- Pharmaceuticals supplies must be imported into Oman from a manufacturer which has a research department. Foreign pharmaceutical companies and products have to be registered with the Ministry of Health. Pharmaceutical products must be licensed in at least two other countries of the GCC before they will be permitted entry. Drugs and pharmaceuticals may only be imported by a pharmacy licensed by the Ministry of Health. Canadian companies will be required to retain a local agent in order to distribute products in Oman.

- Oman has recently emerged as the most likely target for investors looking to capitalize on the GCC's healthcare infrastructure boom.
- Medical tourism inbound is expected to continue to rise as Oman raises the standards of its health care delivery system and growing hospitality industry.
- The country's growing interest in nutraceuticals and functional foods, a \$100 billion global market, is now a growth industry that complements Oman's interest in improving the health of its citizens and growth of medical tourism.

Sources:

Ministry of Health

<http://www.MinistryofHealth.gov.om/> Al Shatti Hospital

<http://www.alshattihospital.com.om/> Oman Medical College

<http://www.omc.edu.om/myweb/en.htm> Muscat Private Hospital

<http://www.muscatprivatehospital.com/text/map.htm>

http://www.searo.who.int/LinkFiles/Publications_Sultanate_Oman.pdf

<http://www.omancensus.net/english/>

Oman - Quick Facts & Figures

General Information

Capital	Muscat (Masqat)
Total area	309,500 km ²
National Day	November 18
Business Languages	Arabic/English
Population (million)	2.570

Political Information

Head of State	Sultan Qaboos Bin Said Al Said
Head of Government	Prime Minister Sultan Qaboos Bin Said Al Said
Type of Government	Monarchy. Bicameral parliament.
Minister of Health	Dr. Ali bin Mohammed bin Moosa
Minister of Foreign Affairs	Sultan Qaboos Bin Said Al Said
Minister of Finance	Sultan Qaboos Bin Said Al Said

Economic Information 2007 (US)

	Oman	Canada
GDP (billion)	\$43.05	\$1,539.24
GDP per capita (%)	\$16,749.83	\$46,736.70
GDP Growth Rate (%)	6.38	2.146
Inflation (%)	5.5	6.025

Trade & Investment

Canadian exports to Oman	\$117,764,705
Canadian imports from Oman	\$3,303,833
Foreign direct investment in Canada	n/a
Canadian direct investment to Canada	\$1 million

Representation

Foreign Representation in Canada	Ambassador Humaina Sultan Al-Mughairy
Canadian Representation in Oman	Interim Ambassador – Philip McKinnon
Ontario International Trade & Investment Area Director - Middle East	Honourable Sandra Pupatello, Minister W.A. (Al) Hinton
GCC Representation Office	Malcolm Milne, International Trade Development Consultant

Sources:

InfoExport: <http://www.infoexport.gc>

IMF: <http://www.imf.org/external/country/index.htm>

Statistics/Industry Canada: <http://stratgis.ic.gc.ca>

Foreign Affairs and International Trade: <http://www.international.gc.ca>

Qatar – Health Sector Report

Background

Qatar is a small country with a relatively open economy and wealth sourced from some of the world's largest hydrocarbon stocks. It has the third-largest natural gas reserves in the world derived from petroleum and natural gas. With a population of 900,000 and an annual per capita GDP exceeding US\$ 32,000, and a view to diversify one of the world's fastest growing economies, the government has that has been gradual and prudent in its reform and modernization policies, but broad in scope. The capital city of Doha is home to 95% of the people living in the country.

The country has also been developing policies which aid diversification. The manufacturing sector becoming the second most important contributor to diversification followed by building and construction, real estate and business services, and finance and insurance. The establishment of the Qatar Financial Centre (QFC) in 2005 has encouraged growth in the financial services sector.

Canada has bilateral relations with Qatar and has watched with interest as Qatar continues to play an international role that belies its small size. Qatar is an active member of the World Trade Organization and recently held a seat on the UN Security Council.

As the fastest growing economy in the Middle East and North Africa region, its outlook remains very positive. The government's economic diversification program is expected to move forward rapidly, based on exploitation of Qatar's immense gas reserves and financed by high oil earnings and strong inflows of foreign capital in the gas industry.

Trade relations between Canada and Qatar are expected to expand significantly over the next five years as Qatar's economy continues to grow and as Canadian exporters and investors become more familiar with the unparalleled infrastructure-based opportunities it offers. Areas of growth include gas-based industries, construction, healthcare, education, and tourism.

Health Care Delivery

The Qatar health sector has come a long way to provide the most advanced health services throughout the country through a network of hospitals and health centers. In many ways it is considered to be the leader in health services and facilities in the GCC region.

The National Health Authority (NHA) was established in 2005 and has responsibility for drafting and overseeing implementation of the national health policy and related regulatory framework for Qatar. It aims to create an outstanding, well-managed system that supports the national vision of wellness for all those living in the country.

The NHA oversees the health care system, from nationwide community-based primary care to tertiary facilities in Doha providing specialist services. A major development in 2008 was the creation of a Primary Health Care Corporation to work on enhancing the existing network of 21 primary care facilities and the creation of new "wellness centers." Its emphasis is on multi-disciplinary teamwork in the fields of preventive care, education for a healthy life, diagnostic and therapeutic services, and counseling and support for mental health patients.

In 2008, in an attempt to promote better patient protection, the National Health Authority (NHA) launched an online database of licensed private dentists. The register was a government-led campaign drive to revamp Qatar's licensing procedures and transfer them online. Similar databases are expected soon for pharmacists and nurses.

The Health Commission Department carries out medical checks on everybody entering the country for work or visit, and issues certificates of health fitness for such categories as those who are about to get married and who are applying for jobs, universities or public housing.

Health Care Facilities

Hamad Medical City Complex (HNCC) is operated by Hamad Medical Corporation (HMC) is one of the region's most distinguished specialized medical establishments. Presently, the corporation supervises the following hospitals: Hamad General Hospital, Rumaila Hospital, Women Hospital, Al-Khor Hospital and Al-Amal Hospital. It won the JCI certification for quality health facilities. HMC aims to provide quality and integrated medical, health and diagnostic services in all medical specializations and dedicates its services to the people in northern Qatar. It has separate 119-bed inpatient wings for various medical specializations. Of this bed capacity 13 beds are allocated to the intensive care units for adults and children and 4 are dedicated to newborns.

In 2007, HMC formed a partnership with the Sick Kids, The Hospital for Sick Children in Toronto, Ontario to build a state-of-the-art project for the most advanced pediatrics hospital in the Gulf, in Doha. The partnership is based on three cornerstones: the development of quality services, training of staff members, and a program of medical research. The new standalone hospital will be an 11-storey facility of 217 beds built on an area of 45,000square meters and is to be completed and running in 2011.

Hamad General Hospital, commissioned in 1985, has gained an International reputation as a teaching and referral center. It is certified by the American Hospital Association and provides medical and surgical sub-specialties to a population of more than 600,000 people. The facility has a capacity of approximately 660 beds and utilizes the most state of the art medical and surgical equipment to keep current with the rapid new development in medicine.

The Women's Hospital commissioned in 1988 provides medical and surgical care to the female population. Its bed capacity is about 330 beds. It boasts a high rate in specialized in-vitro fertilization and neo-natal care. The number of deliveries is about 10,000 per annum and prenatal mortality rate of about 12.8 per 1000 births.

Rumailah Hospital commissioned in 1956 and renovated in 1997, houses more than 300 beds for Geriatrics and Physical Rehabilitation Medicine patients. The grounds of the complex also house the Burn and Plastic Unit, Dental Clinic, Special Education School for the handicapped and developmentally disabled, TB Unit, Dermatology and Venereology Clinic.

Al-Khor hospital also has eight state-of-the-art wings for surgical operations, ready to handle different cases. The hospital is further supported by 24-hour sophisticated auxiliary facilities including, for example, the X-Ray department which boasts ultra-modern medical equipment like those used in computed axial tomography (CAT) and magnetic resonance imaging (MRI); the department of medical laboratories which carries out various tests such as blood and immunity tests; a blood bank; an emergency unit and a children emergency unit. The hospital envisages increasing the number of beds to 200 as part of an expansion plan that also includes building accommodation facilities for female nurses.

Al-Ahli Specialized Hospital is a 43,000-sq meter private hospital that provides pediatrics, internal medicine and dentistry curative services; and has specialized laboratories, X-Ray, physical therapy and the pharmacy sections.

Medical and Health Profession Education

The Higher Institute of Nursing was inaugurated in October 1999 as a national educational body affiliated to the National Health Authority (NHA). It offers a two and a half-year program to obtain the Associated Diploma of Nursing (ADN) in English instruction. The institute aims to prepare qualified nursing national cadres, with a special emphasis on encouraging females to take up this profession. Qatari female students at the institute are offered a monthly allowance of QR1800 each, and tuition is free for non-Qatari female students. The institute had 240 students in 2006. In the future, it will introduce a bridge program to qualify for a bachelor's degree course in collaboration with the Faculty of Science at Qatar University.

The University of Calgary-Qatar (UCQ) was Doha's first partnership with a Canadian university. UQC offers a Bachelor of Nursing (BN) program to prepare students for a nursing career. Students at the Doha, Qatar campus receive a dual, internationally recognized degree as students in Calgary. The Faculty of Nursing (Qatar) offers: a Bachelor of Nursing Regular Track (BNRT) program primarily designed for students entering directly from high school; Bachelor of Nursing Accelerated Track (BNAT) program, intended for students who hold a degree with at least 15 full course equivalents (FCE's) from an accredited institution recognized by the University of Calgary; and a Bachelor of Nursing Post Diploma (PDBN) program offered to licensed nurses, with an approved diploma in nursing, who wish to upgrade their credentials to a baccalaureate degree.

Qatar's affiliation with Canada's College of the North Atlantic (CNA-Q), one of the largest post-secondary educational and skills training centres in Atlantic Canada, offers nearly 100 technical courses. In particular, CNA-Q's health sciences program provides training and certification in: emergency medical service, dental assistant, environmental health and safety (food safety and inspection and occupational health and safety), medical radiography technology, pharmacy technician, pre-nursing, and respiratory therapy.

College of the North Atlantic-Qatar (CNA-Q, a public post-secondary technical institution that opened in 2002 offers over 100 post secondary arts and technical courses.

When the Sidra Medical and Research Centre opens in 2012 in Education City, Doha it will be the first academic medical center in the GCC region. SIDRA is using the best international standards in health sciences from its facilities to its architectural design, to its affiliation with a leading Weill Cornell Medical College for world-class clinical care, medical education and biomedical research. As a premier medical school, Sidra is expected to serve as one of the primary teaching venues for Cornell medical students, providing them with the opportunity to develop and practice their clinical skills with the guidance of experienced Cornell faculty and to conduct scientific research using ultra modern technology.

Medical Tourism

Qatar is investing US\$15 billion in hotels, museums and theme parks and aims to triple tourist arrivals per year to 1.4 million by 2010 and increase the average stay from 1.5 to four days. Qatar's strategy is to excel in niche market tourism, particular, to become a state-of-the-art in medical tourism and position Doha as a luxury short-stay, leisure and business travel destination. Qatar may be able to offer more high quality hotel facilities and better infrastructure than many other destinations.

Similar to other GCC countries, Qatar's health problems related to affluent lifestyles and fast food diets has generated a growing interest in foods with health benefits and foods supplements. The nutraceuticals and functional foods, a US\$100 billion global market, complements Qatar's interest in improving the health of its citizens and medical tourism.

Market Sector Challenge

- The booming economy in Qatar is leading to shortages of materials and labour. This is compounded by a rapid growth of the population, which is by some estimates approaching one million people, up from just 600,000 five years ago. This is having an inflationary effect in the economy, with housing rent and price particularly hard hit.

Market Sector Opportunities

- Qatar's ambitious plan to build state of the art healthcare and educational facilities offers many opportunities for private partnerships like that of HMC and Sick Kids. Additional opportunities exist for research of further understanding and treatment of diseases and conditions that affect children in GCC region.
- Other partnerships exist for medical research, the management of multidisciplinary hospitals, teaching, and outsourcing of program and service delivery.
- Sidra Medical and Research Centre will provide many opportunities for short term and on-going collaborations with health care consultants, researchers, academics, medical and nursing professionals, and allied health care professionals in all phases of its development and growth.
- Qatar has incorporated the most advanced medical equipment and products training into its facilities. The Qatar market offers solid prospects for Canadian health care products and medical devices. The most promising sectors: medical equipment, medical supplies, equipment and supplies for persons with special needs.
- Qatar is leading the way with its offerings of internationally recognized health profession degrees and certification. Partnerships with Canadian, (Ontario) universities, institutions and colleges will be welcomed.
- Companies offering Canadian healthcare technology, products and services are in a strong position in this market. They are viewed as highly reliable because of the high standards and controls imposed on the certification of products and services by the Canadian government.
- Qatar relies on importing of pharmaceuticals. All products which contain ingredients employed in pharmaceutical preparations must be registered with the Ministry of Health's Drug Control Registration and Administration Center (DCRC). Local agents are responsible for the registration of pharmaceutical products. The Ministry of Health not only fixes prices, but also determines the precise margins netted by wholesalers and retailers alike. More than half of the drugs purchased by the government are generics.
- The introduction of compulsory healthcare insurance is opening up significant opportunities for health insurers; both for new players entering the market, and for existing firms, to substantially expand their services and products.

- Qatar's strategy is to excel medical tourism, and position Doha as a luxury short-stay, leisure and business travel destination.
- Canada is a leader in research and development of nutraceuticals and functional foods, many of these research projects are at Ontario universities and are supplied by Ontario companies. Since Qatar imports nearly all of its food products, the interest in foods and vitamin supplements that have added health benefits is both compatible with Qatar's desire of a healthier population and strategy to attract medical tourists.

Sources:

<https://www.cia.gov/library/publications/the-world-factbook/geos/mu.html> (updated February 5,09)

<http://www.infoexport.gc.ca/eng/document.jsp?did=51196>

The Future of Travel and Tourism in the Middle East - A Vision to 2020:

<http://www.thegff.com>

<http://qatar-weill.cornell.edu>

<http://www.cna-qatar.co>

<http://www.ucalgary-qatar.ca>

www.hmc.org.qa

Qatar - Quick Facts & Figures

General Information

Capital	Doha
Total area	11,437 km ²
National Day	December 18
Business Languages	Arabic/English
Population (million)	.93

Political Information

Head of State	Emir Sheikh Hamad bin Khalifa Al-Thani
Head of Government	Prime Minister Hamad bin Jasim bin Jabir Al-Thani
Type of Government	Constitutional Emirate. Consultative Council (appointed)
National Health Authority	Shaikha Ghalia Bint Mohammad Al Thani, Chairwoman
Minister of Foreign Affairs	Hamad bin Jasim bin Jabir Al-Thani
Minister of Finance	Yusif Husayn al-Kamal

Economic Information 2007 (US)

	Qatar	Canada
GDP (billion)	\$ 78.74	\$1,539.24
GDP per capita (%)	\$ 84644	\$46,736.70
GDP Growth Rate (%)	13.77	2.146
Inflation (%)	0	6.025

Trade & Investment

Canadian exports to Qatar	\$90,730,279
Canadian imports from Qatar	\$306,769
Foreign direct investment in Canada	n/a
Canadian direct investment to Qatar	\$1 million

Representation

Foreign Representation in Canada	vacant
Canadian Representation in Qatar	Ambassador Reid Henry
Ontario International Trade & Investment Area Director - Middle East	Honourable Sandra Pupatello, Minister W.A. (Al) Hinton
GCC Representation Office	Malcolm Milne, International Trade Development Consultant

Sources:

InfoExport: <http://www.infoexport.gc>

IMF: <http://www.imf.org/external/country/index.htm>

Statistics/Industry Canada: <http://stratgis.ic.gc.ca>

Foreign Affairs and International Trade: <http://www.international.gc.ca>