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MIDDLE EAST FORUM REPORT

April 2025
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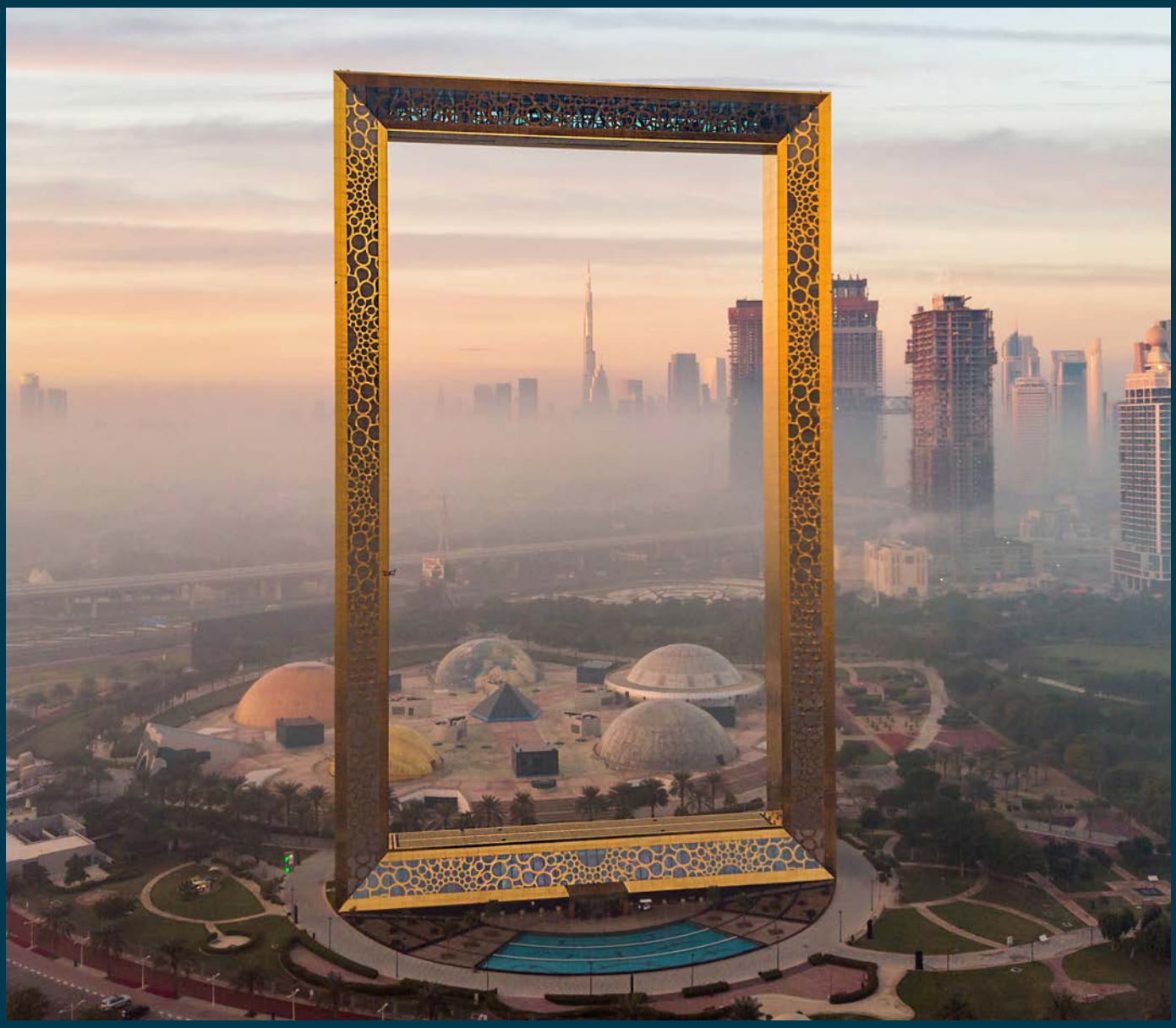

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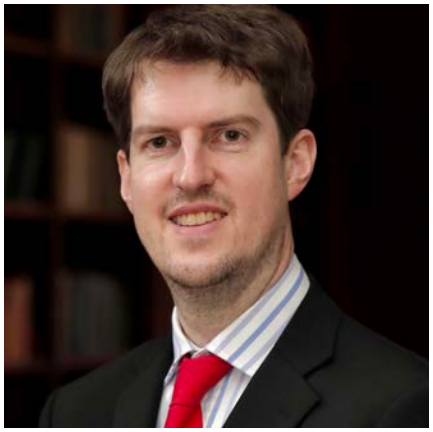

CHANGE FOR A LIFETIME

Health & Protection's second Middle East International PMI Forum held in association with UnitedHealthcare Global was our fourth trip to the region.

It brought together advisers, insurer representatives and a range of experts from the health, technology and legal sectors to discuss and understand and share experiences of key developments in the regional health insurance market.

While the sun may have been lacking for once in the United Arab Emirates, there was certainly no frosty reception and the discussions around the table were heated as attendees tackled the hot topics of the moment in the sector.

One of the most pressing subjects since Health & Protection's first visit to the region has been the quality and sustainability of local broker operations.

Just days before this year's event the UAE Central Bank implemented new rules governing how the insurance intermediary market should operate.

Homan Fenwick and Willan partner John Barlow highlighted the key implications of these regulations and where firms would need to be most cautious in adapting to meet the rules.

This could include overhauling income streams and remuneration approaches and restructuring firms.

While it appears to be well-intentioned with there being some qualification requirements for intermediary firm leaders, attendees were not convinced the changes would see a notable improvement in broker behaviour among many firms and questioned if some areas of the market were being left largely untouched.

The high-profile subject of weight-loss injections also proved a key discussion point with these medications proving particularly in-demand across the region.

However, while there is scope for much good to come, they are already proving to be triggers for conflict throughout the sector as patients seek quick fixes that may not be appropriate.

With that in mind, the long-term sustainable benefits of promoting lifestyle medicine in the region could prove far more beneficial to advisers, insurers, and most importantly, members' health.

Owain Thomas, editor of Health & Protection

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John Barlow

REGULATORY OVERHAUL HAS MUCH PROMISE BUT LEAVES UNANSWERED QUESTIONS FOR BROKERS

An overhaul of rules for insurance brokers in the UAE aims to remove outliers but advisers fear they do not go far enough in tackling poor practice, writes **Owain Thomas**

Insurance broking regulations introduced by the Central Bank of the United Arab Emirates (UAE) have laudable aims and should serve to remove poor outliers in the intermediary market, according to Homan Fenwick and Willan partner John Barlow.

Speaking at the Health & Protection Middle East Summit in association with UnitedHealthcare Global, Barlow highlighted some of the key steps the regulator had introduced to tackle poor broker practices.

However advisers from the international private medical insurance (IPMI) industry were concerned that the rules were not tight enough or targeted at the competence of frontline brokers.

Addressing the audience, Barlow noted that the rules, which went live just days before the event, would not just affect the broker community but also underwriters and policyholders.

"So it is quite a fundamental change in the market and they are laudable objectives," he said.

"One of the issues is there are far too many brokers in this market and I suspect this is a means of clearing out some of the chaff.

"The regulations are aimed at ensuring the safety, sense and efficiency of the insurance industry and to reliable and efficient insurance broking operations.

"That's why I say it is to really get rid of some of these outliers in the market; there are far too many of them, and quite often they contribute nothing to their clients, to the policyholders and also to the insurers."

COMMISSION VS FEES

There was also a warning that the way intermediary firms could be remunerated had changed with a clear definition

between commission and fees required.

But it is possible for firms to be compensated for the work they do in different ways, and as a result some firms have been setting up separate divisions to do so.

"Brokers, I dare say, are going to have to recalibrate their financial models, you either get commissions or you get fees, but you can't have both," Barlow continued.

"For example, if you are a broker and you charge commission on the premium you receive, but also you are a good and sensible broker in that you have a claims handling service for your insureds, can you charge fees?

"Not within the context of that particular entity.

"So what people are tending to do is set-up a separate entity to deal with, for example, claims handling - you can charge a fee for that, but you cannot charge commission."

Tied in with that are rules for insurers when making commission payments to brokers, which must be received within ten business days.

Another tougher stance is that brokers cannot offer discounts to customers, whether directly or indirectly, and so will need to look at discount models in a separate way, with discounts coming directly from the insurer.

Barlow noted that good advisers would be able to discuss this with insurers, but practices such as rebating some of the premium would be impossible as brokers are no longer allowed to handle premiums.

The issue of advisers not being able to collect premiums was raised as a concern for corporate clients by Nasco Middle East director of direct sales Diana Haydar.

She noted that for non-medical insurances it was often helpful for brokers to take instalments from their corporate clients as some insurers were unable to offer these facilities.

"We had this leverage to provide some payment facilities," Haydar said.

"But by removing all these it is squeezing insurance companies, brokers and clients a little bit.

"It's an alarming topic to be honest towards big corporations because they need instalments and not all insurance companies can provide this."

In response, Barlow acknowledged that a combined industry response to raise any such issues with the central bank and illustrate how they could harm end customers might be well received.

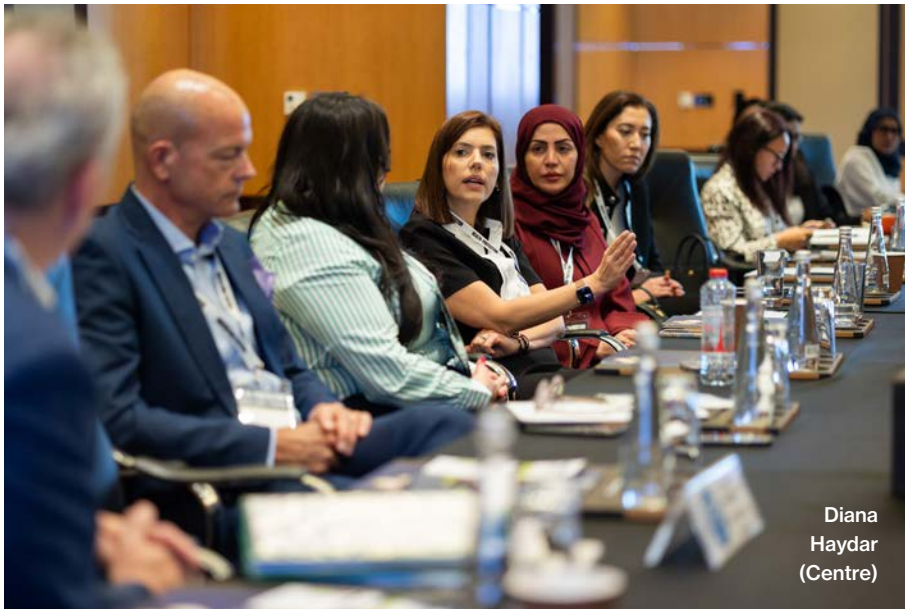
"This requires pressure from not just individual brokers, it requires an industry group to say this is actually harming the companies here," he said.

"If they can't get sufficient cover, what happens if a disaster happens?

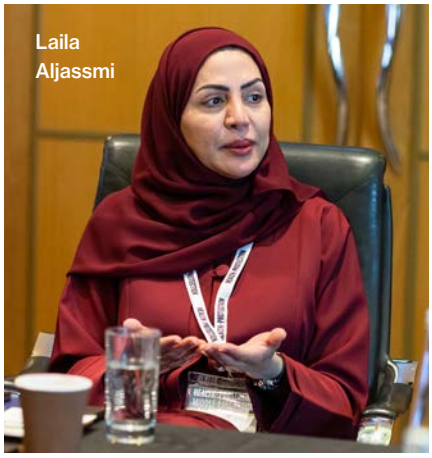
"They might not be able to trade if they require policies for trade finance or trade credit, if they don't get those policies, what are they going to do? They might just relocate."

OUTSOURCING RESTRICTIONS

Another of the new regulations restricts the ability of brokers to outsource services to organisations based outside the UAE.



Diana Haydar (Centre)



Laila Aljassmi

"Can you give an example of some activities that you think can be outsourced?" asked Health Beyond Borders CEO Laila Aljassmi.

"And don't you think that there might be some risk in outsourcing to certain companies abroad in case of legitimacy of those companies? Is that why the central bank implemented this kind of a policy?"

Barlow agreed this was a key issue the regulator was attempting to address and that brokers could not shirk the responsibility of ensuring the financial stability and security of any organisations they did outsource to.

"You cannot wash your hands when you outsource matters, you are still primarily responsible for that outsource," Barlow explained.

"So even if the if the third party gets it wrong that doesn't protect you; you can't say, 'we outsourced it to them and that was quite legitimate'.

"No, you are primarily responsible for that."

However, he suggested there could be some situations where firms were seeking to maximise the skill sets and capabilities within their businesses.

For example, intermediary firms may see developing products and policies as better suited to their business operations but may wish to outsource claims handling or premium collections.

This could also be particularly important for multinational advice firms, such as many attendees.

"Some of the large global firms have their retail brokers here, but their claims handling is within a separate company," Barlow continued.

"And therefore the claims handling company will get a fee, whereas the broker ▶


Michael Plaugmann

will get a commission. And you can't have a field commission within the same company because there has to be a fee-based or commission-based model.

"I'm not saying it's wrong to say it must be kept within the UAE, for example, there needs to be a development of a cadre of people here to have that area of expertise growing.

"But at the moment we haven't got that area of expertise and if you have got it say outside the jurisdiction you can bring it in."

QUALIFICATIONS NOT CORRECTLY FOCUSED

Ultimately though, attendees at the Middle East Forum were not fully convinced the regulations would serve to greatly improve broker practices.

In 2022 the subject was one of the hottest topics debated during Health & Protection's first Middle East event and there is clearly desire from attendees to see the regulatory bodies go further.

"If you read the regulations they are really badly written, just vague," said Malakut Insurance Brokers head of employee benefits Michael Plaugmann.

He also raised the issue of qualifications and working standards which have been placed on business leaders but not on those people dealing with clients.

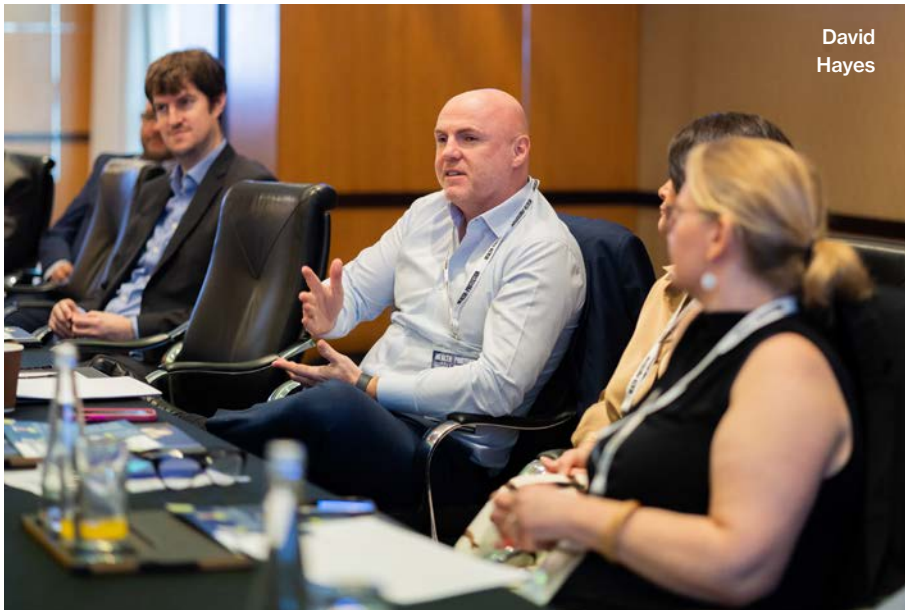
"I find it weird because they state the CEO has to have very specific qualifications or years of experience; that's for the person or people who are effectively not doing the job," he continued.

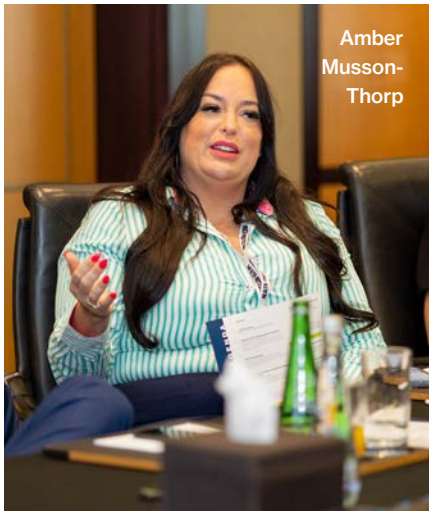
"But the people who really should be vetted and qualified, the frontline brokers, there's no mention of them at all. Therein is the problem that the qualification criteria doesn't go the right place.

"We talked about this in the first event but from then to now nothing has happened. So while regulations are great and something is happening, we're not at the level where it's going to make a difference.

"Are we weeding out the brokers that shouldn't be in the market? I don't think so, not yet."

Nasco's Haydar also raised concerns that some of the rules were too focused on making things complicated for human brokers while the growth and empowerment of aggregators appeared to be coming from the government.


David Hayes


Amber Musson-Thorp

"You have many aggregators in the market owned by the government or they are investors in these platforms," she said.

"Whereas on the other hand, we are complicating things for the brokers to be able to operate properly, so I'm not sure which strategy we're looking at honestly from this perspective."

IT WILL COME EVENTUALLY

However, Pacific Prime regional CEO David Hayes was more optimistic that this was another step along the road to improving the overall quality of the market.

He noted that pre-Covid there had been consideration of rules for the qualifications of frontline brokers.

"They were looking at bringing in Chartered Insurance Institute (CII) requirements or there was talk about an assessment centre being set up," he said.

"I think it will come, it's going to come eventually because it will make sense.

"Yes, this whole thing is still in its infancy."

Meanwhile Lifecare International director of corporate consulting Amber Musson-Thorp considered how this compared to what had taken place in her base of Qatar.

"What's interesting is we already have this in Qatar and the market is so much smaller with maybe ten house brokers," she said.

"We already have exactly these built-in control functions because they align very closely with the UK.

"Everything that comes from the Qatar regulator is exactly the same as the UK, so we've had it before we got big, whereas you guys are having it after the horse has bolted," she added. ■

WEIGHT-LOSS INJECTIONS BRING HYPE AND CONFLICT WITH PATIENTS

The proliferation of weight-loss injections is bringing hope but lifestyle medicine provides real sustainable health effects, hears **Owain Thomas**

Weight-loss injections are high profile and have the potential to significantly help people with critical health conditions and ease demands on healthcare.

However, concerns were raised by attendees at Health & Protection's Middle East Forum that some doctors were prescribing these GLP-1 receptor agonist drugs where not medically necessary.

This was causing conflicts with clients where advisers and insurers were holding firm and declining the treatments.

Instead, it was highlighted that changing lifestyles could improve health significantly without medication and this is doubly important when using the injections.

Burns & Wilcox senior account manager and corporate wellness leader Veena Kumar warned prescribing was not being done by the book.

She described the journey of one client whose glycosylation was not high enough for GLP-1 receptor agonists but who was eventually prescribed it.

After the first doctor prescribed the common diabetes control medication Metformin, the patient went to a second one, then a third to get what they wanted.

"The patient went to doctor three and that doctor prescribed Mounjaro. Now the question is, why? Where is the evidence-based practice?" Kumar asked.

Malakut Insurance Brokers head of employee benefits Michael Plaugmann had a similar experience, but in that instance the prominent IPMI insurer refused to pay.

"We've had big arguments with a client who insisted on having it, who was bullying his doctor," he said.


Veena Kumar

"The doctor didn't want to talk to anybody and just hid because the patient didn't qualify but wanted Mounjaro.

"We ended up losing the client because of this one guy who happened to be a very senior leader for the company.

"So it depends on the insurer; in this instance they stood their ground and said 'absolutely not, you don't qualify'."

Attendees also noted some people saw these medications as a lifestyle or cosmetic treatment while doctors were being put under pressure with revenue targets to continue working at hospitals and clinics.

And they added there had been many cases of private doctors or hospitals approving patients for Manjaro and Ozempic outside the medical criteria.

HEALTH RISK BURDEN

It is not surprising these new medications are in demand as the Middle East has some of the highest risk factors globally.

Howden Insurance Brokers lifestyle medicine and wellbeing lead MEA Dr Arti Rampaul explained the burden of disease in the UAE and larger MENA region.

For example, in 2021 around 10% of people globally had diabetes while in the Middle East and North Africa it was significantly higher at around 17%.

The obesity figures are even more stark.

Worldwide around 14% of men and 18% of women were assessed as being obese in 2024, but in the Middle East figures are at least double that, peaking at 41% of men and 52% of women in Qatar. The same trend is being found in children as well.

Dr Rampaul noted that using lifestyle medicine approaches had successfully reduced diabetes occurrence rates over the long-term and was twice as successful as Metformin in doing so.

"I'm not anti-medication and lifestyle medicine is not anti-medication, it's very much in support of it when needed, but not excluding the root cause," she said.

"If a patient comes in with type two diabetes and you prescribe the first line medication Metformin, a year or two later they're going to need another medication and another and another.

"That's their trajectory. A decade or two later, they've now developed end stage renal failure, cataracts, and all the complications we see with diabetes."

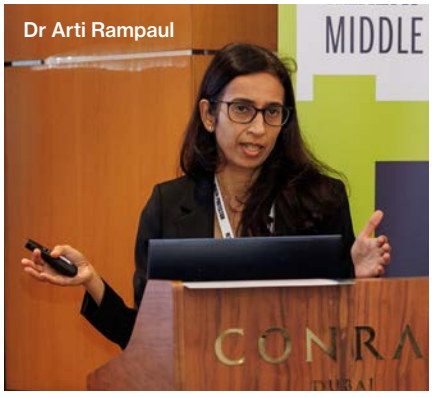
This should apply to few, poorly-managed cases, she noted.

"When you implement lifestyle medicine, you're changing that patient trajectory."

And Dr Rampaul emphasised that making lifestyle changes with the GLP-1 medications was just as important.

"What we've seen sometimes is that patients have lost more muscle mass than fat mass and then when they regain weight, the weight regain is actually more fat because they've lost that muscle mass and they regain more visceral fat as well, which is a lot more inflammatory and puts you at even higher risk.

"You can't do the injections without the lifestyle medicine as well," she added. ■



Dr Arti Rampaul

TACKLING OVER-PRESCRIBING AND NEGOTIATING VALUE-BASED HEALTHCARE

Prescribing practices in the Middle East bring many risks but the insurance sector must be careful how it addresses them, hears **Owain Thomas**

Amal El Kabbout

Middle eastern countries and the medical insurers operating in them need to take serious consideration of prescribing practices in the region which are pushing up costs and the threat of antibiotic resistance.

While some jurisdictions are embracing generic and biosimilar medications others are still in the "shy phase" of accepting these typically cheaper drugs, healthcare consultant Amal El Kabbout told Health & Protection's Middle East Forum in association with UnitedHealthcare Global.

Insurers and advisers agreed the sector had a critical role to play in improving the situation and educating patients, but that it must be done carefully and without alienating people.

Although it was also acknowledged that there could be difficulties when working within regulations or cultural norms.

Discussing the potential role of generic and biosimilar medications across the region, El Kabbout was a strong advocate that these should be given proper regulatory introductions into many countries.

"We can see biosimilars in UAE and Saudi Arabia have got regulations compared to other countries around the Middle East," she said.

"They are still in the shy phase, they are trying to enter and to have certain regulations to introduce those products, but it's still in the shy phase.

"The biosimilars and generics, they are important components or adoptions that can be used to cut down on the healthcare costs and on the pharmacy level."

She highlighted that prescribing practices in the region meant branded drugs, which are often more expensive, were being much more commonly prescribed.

This was partly due to trust from prescribers, consumers and patients that generics may not be of the same quality, and because of the trust held in medical professionals which allowed them to make suggestions to patients, along with large marketing campaigns from drug companies promoting their brands.

However there was an opportunity to address this and some jurisdictions were taking the lead in encouraging the use of generics but it needed investment in IT systems.

"This is very important for data and analytics and to do drug utilisation reviews," El Kabbout noted.

ALARMING TRENDS

While the financial cost of overprescribing is often at the forefront of discussions in this subject, El Kabbout emphasised that the biggest concern was drug resistance and particularly antibiotic resistance, which was showing alarming trends in the region.

"The common side effects of prescribing antibiotics or over utilisation of one of those medications is resistance," she continued.

"Data collected by the World Health Organization (WHO) shows the resistance level in Middle Eastern countries is higher than any other region or the global average, so it's quite alarming and that's why they said it's a silent tsunami."

Between 2000 and 2018 the largest increase in antibiotic consumption was seen in the North Africa and Middle East region, which more than doubled and far out stripped the global average.

"This is quite alarming for resistance," El Kabbout added.

This brought up the question of how health insurers and the wider health insurance industry could provide effective interventions in this area.

The true implementation of evidence and value-based healthcare where patient outcomes rather than the immediate cost of treatment are the priority was one suggestion.

But El Kabbout also recommended the retention and reinforcement of benefits and financial limits for certain diseases and conditions to help contain overconsumption.

"Overprescribing not only harms patients, it also places a significant financial burden on the insurers," she explained.

"For example, unnecessary antibiotic prescriptions contribute to resistance, leading to longer hospital stays and of course, higher cost."

THREE KEYS FOR INSURERS

Furthermore El Kabbout highlighted three elements which insurers could adopt to help promote rational prescribing of medications: formularies, drug utilisation reviews, and a pharmacy and therapeutic committee.

"Formularies for me are more than just the list of medication, it's formulary management whereby we can select certain generics or have a mix of generics with certain brands," she said.

"We can do drug utilisation reviews where we extract from the data and analytics of these medications, looking at their active ingredients, and then see how they are being used.

"For example, if I take the data and analytics of an administrator and there is a high utilisation or inappropriate indication I can flag it to require prior authorisation, rather than to put a quick accept or quick reject; to look deeper and see if it is necessary to be given for that patient and then I can approve it.

"In this way I can limit or have a rational prescribing strategy for the patient.

"Third, in order to do the formularies, we need to have a pharmacy integrity committee, which is a committee of a doctor, a pharmacist, and a group of specialists, which are highly utilised to look at the safe and effective use of medications for our patients and for our clients."

In response one attendee noted that the rise in antibiotic resistance was already having a tangible effect on people and their treatment.

For example for surgeries in some locations outside the region patients are tested for the presence of antibiotic resistant bacteria. This bacteria is often far more common in the Middle East and can place restrictions on where and how treatment will be conducted.

AVOID COST CONVERSATIONS

Howden global employee benefits director for Middle East, India, Asia and Pacific, Leigh Dauncey, was particularly concerned about how the insurance industry could best address the issue.

"In terms of innovation, we have to get the narrative away from cost cutting and cost saving," he said.

"The natural suspicion of an individual is that they are cutting costs and they are cutting on quality of care.

"If we build a new narrative it has to change to one of quality of care. Then you can start building networks which are specific around outcomes and quality of care and then you can start to have meaningful conversations with clients.

"Rather than saying we're going to reduce your network to save you money, you can say we're going to reduce your network so we can guarantee the quality of care that your employees are getting. And I think that's the narrative change."

He added: "To have a cost conversation is not going to sit well with individuals or companies."

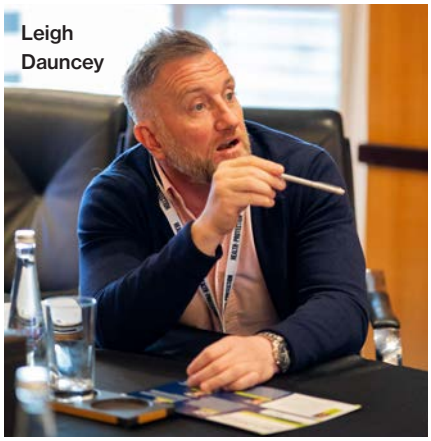
This was strongly supported by other attendees who noted the importance of correctly and fully adopting the value-based care arrangements.

They highlighted the need for more openness and monitoring in patient outcomes to successfully implement and assess the quality of care provided to start building in this regard.

UnitedHealthcare Global CEO for EMEA Janette Hiscock was one who agreed that outcomes were the priority.

"Unfortunately, value-based care is being used as a phraseology to drive better behaviours in the prescribing or clinical communities," she said.

"Actually, value-based care should be coming to drive meaningful quality healthcare outcomes and deliveries and


Leigh Dauncey


Janette Hiscock

that's the change we're starting to see in the US, but it's got to proliferate broadly."

UNDERSTANDING DATA AND OUTCOMES

Aon global centre of excellence leader Linda Beavis echoed that and highlighted the importance of these developments.

"I've definitely seen that with providers who have gone through the data and said from maternity cases in a city these are the doctors where the members have got in, they've had their baby, they've come out, there's been no complications," she said.

"It's not necessarily the cheapest place, but they've got the best outcomes for going in and there's no complications, everything's been done and everybody's come out happy.

"Rather than this doctor who for two out of every three there's a complication the patient has to stay in for five days, and so on.

"So that data is being developed with networks."

Hiscock also noted that at present there was limited chance for insurers to come into the region to be creative in product and service design.

"There is very little opportunity in this market for an insurer to innovate," she said.

"I had a very detailed conversation last night with a third-party administrator (TPA) CEO about how there is no local insurer or international insurer that is willing to innovate and say you can have a policy which removes generics, or you can have a policy which removes certain hospital locations.

"That has been in the US for years now, and the buzzword of value-based care, you wouldn't need value-based care if regulators were coming in one side and insurers were innovating on another side." ■

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THE SYNERGY OF SOCIAL PRESCRIBING AND LIFESTYLE MEDICINE

Dr Shoba Subramanian, medical director, UnitedHealthcare Global

In today's interconnected business landscape, the success of international assignments and the wellbeing of business travellers are paramount.

In concert, international brokers, health benefit decision makers and carriers play a crucial role in helping ensure that employees thrive, both professionally and personally, while abroad.

Integrating social prescribing and lifestyle medicine into health plans could significantly enhance employee wellbeing, productivity, and organisational performance.

International assignees and business travellers often face unique challenges, such as cultural adjustments and social isolation, which can lead to stress, anxiety, and a decline in overall wellbeing.

Social prescribing offers a personalised approach to address these challenges by connecting employees with community resources and support services.

For instance, access to local fitness facilities, and stress management programmes can help employees adapt more smoothly to their new environments and maintain a healthy lifestyle.

Chronic health conditions, such as diabetes and heart disease, are prevalent among international assignees.

Social prescribing can play a vital role, helping manage these conditions through tailored interventions. For example, nutrition counselling and regular physical activity programmes may help employees better manage their health, leading to fewer medical issues and reduced healthcare and medication costs.

Mental health is a critical component of overall wellbeing, especially for those navigating the complexities of international assignments.

Access to in-person and virtual counselling services plus on-demand mindfulness programmes could significantly improve mental health and resilience helping employees cope with the stress and challenges of living and working in a new country, leading to higher job satisfaction and better performance.

POWERFUL COMBINATION

The synergy between social prescribing and lifestyle medicine is a powerful combination.

Lifestyle medicine emphasises self-care and healthy lifestyle choices, which are essential for maintaining long-term wellbeing.

This holistic approach not only benefits individual employees but also contributes to a positive and productive work environment.

To successfully implement social prescribing and lifestyle medicine, it is essential to form relationships with healthcare providers who are proficient in these areas.

It can also include access to local clinics, wellness centres, and mental health professionals. Integrating social prescribing elements into benefit plans creates a centralised method for providing employees with access to a wide range of services, from fitness facilities to medication management and counselling sessions.

Additionally, developing educational and engagement strategies to inform employees about the benefits of these approaches can lead to greater participation.

Continuous assessment and refinement of health interventions based on real-world feedback and data analysis are crucial. By regularly evaluating the effectiveness of these programmes, you can ensure they remain relevant and effective.

This data-driven approach can help you identify areas for improvement and make informed decisions to optimise health outcomes.

By integrating social prescribing and lifestyle medicine into health plans, we can help employees overcome the unique challenges of international assignments and business travel.

These approaches not only enhance employee wellbeing but also contribute to the success of international assignments and the creation of a positive work environment.

ABOUT UNITEDHEALTHCARE GLOBAL AND DR SHOBA SUBRAMANIAN

UnitedHealthcare Global is at the forefront of holistic health and wellbeing as part of our BeHealthy IPMI solutions uniquely designed for international assignees. We leverage our extensive network of healthcare providers and expertise in global health care systems, clinical insights, data analytics and technology to better meet the evolving needs of an ever-changing world.

Dr Shoba Subramanian is the medical director for the Europe, Middle East, and Africa regions at UnitedHealthcare Global. With more than 10 years of global health experience, she leads clinical teams to ensure safe medical transportation for assistance and insurance members.

Dr Subramanian holds diplomas in tropical and lifestyle medicine, obstetrics and gynaecology. Her expertise spans remote clinical care, travel health, aviation medicine, and occupational health. ■

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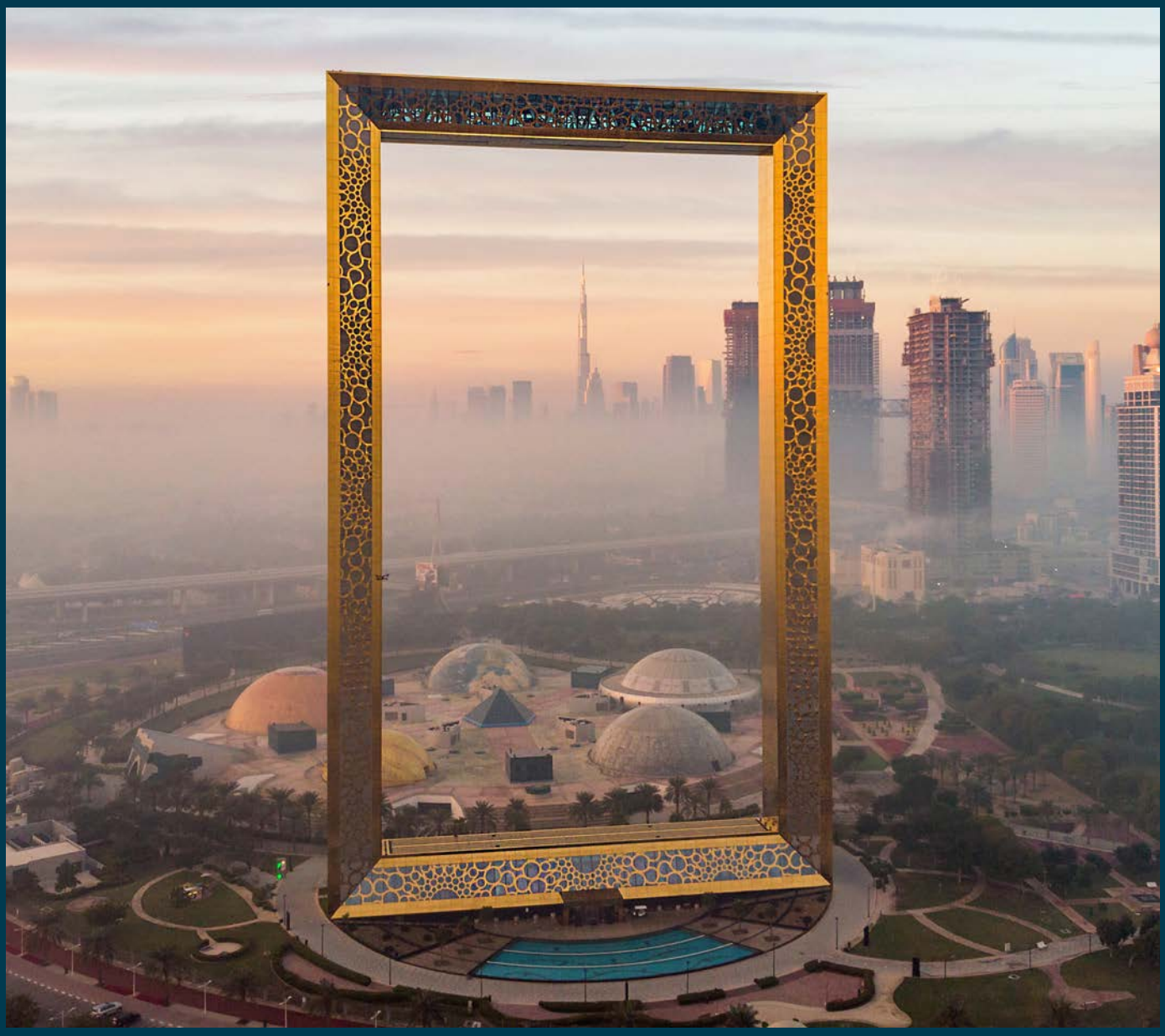

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