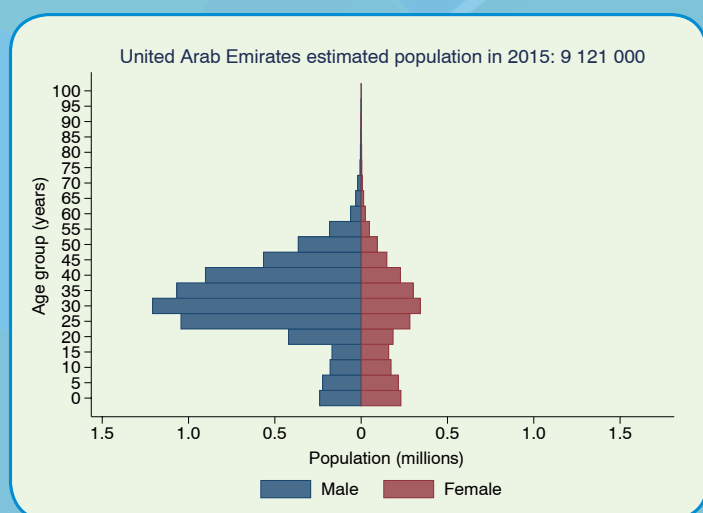




Universal health coverage

Primary health care facilities per 10 000 population (2015)	0.2
Hospital beds per 10 000 population (2015)	13.6
Modern contraceptive prevalence rate (2015)	39
Antenatal care visits (4+ visits) (2013)	100
Measles immunization coverage among 1-year olds (%) (2016)	100
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2015)	85
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	100
General government expenditure on health as % of GDP (2014)	2.6
General government expenditure on health as % of total government expenditure (2014)	8.7

Estimated population in 2015



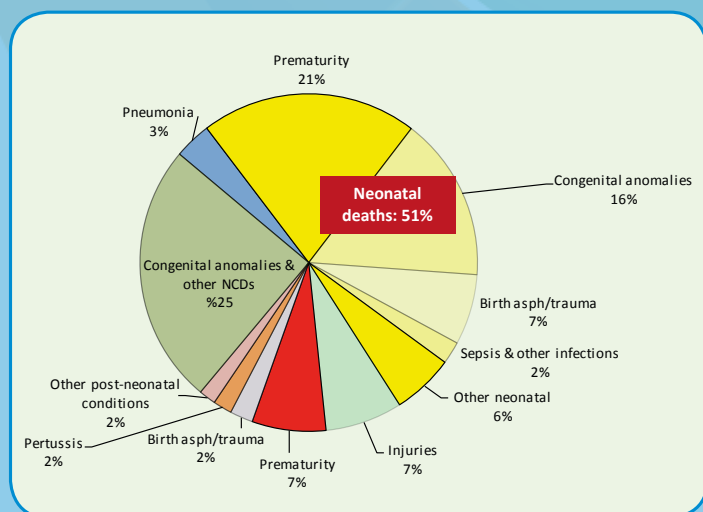
Selected determinants of health

Population living in urban areas (%) (2016)	84
Annual GDP growth (%) (2016)	3.0
Number of refugees ^a (2016)	888
Number of internally displaced persons ^b (2016)	0

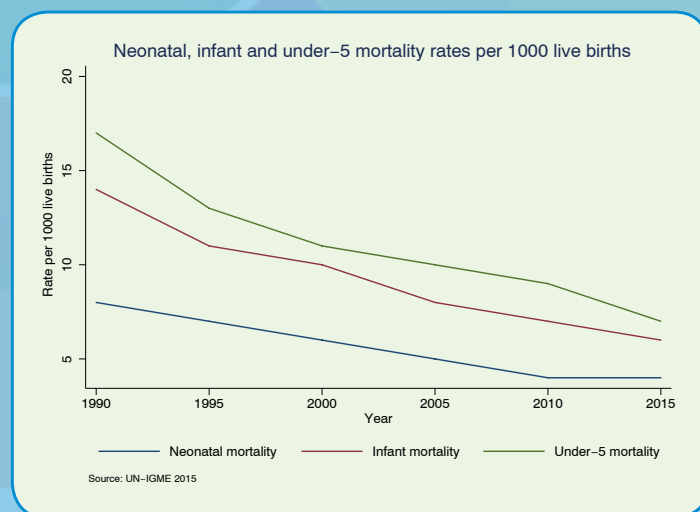
^a Including persons forcibly displaced from their country of origin due to persecution, war, or violence, as recognized and reported by UNHCR.

^b Including persons forcibly displaced due to conflict, remaining in their own country, as recognized and reported by UNHCR.

Distribution of causes of death among children aged <5 years (%)



Neonatal, infant and under-5 mortality rates per 1000 live births



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line % ...

Proportion of employed population below the international poverty line (ILO estimate, 2016)	Male %	0.0
	Female %	0.0

2 ZERO HUNGER

Children under 5 who are stunted	%	...
wasted	%	...
overweight	%	...

4 QUALITY EDUCATION

Literacy rate (15-24 years)	Total %	...
	Male %	...
	Female %	...

Net primary school enrolment ratio per 100 school-age children (2012)	Total ratio	91
	Male ratio	92
	Female ratio	90

5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015)	%	70.9
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6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015)	%	100
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Access to improved sanitation facilities (World Health Statistics, 2015)	%	98
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8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2014)	Total %	5.6
	Male %	4.6
	Female %	8.9

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)	Total	63.6
	Urban	64.4

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011-2015)	<0.1
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*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2015)	76.4	78.6	77.1
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	6
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	4
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	6
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	7
Tobacco use among persons 15+ years (%) (2015)	29.6	0.7	22.9
Overweight (18+ years) (%) (2014)	...	...	74.0
Obesity (18+ years) (%) (2014)	...	...	37.2
Raised blood pressure among persons 18+ years (%) (2014)	...	...	14.7
Raised blood glucose among persons 18+ years (%) (2014)	...	...	18.6
Raised cholesterol among persons 18+ years (%)	...	...	...
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	...	...	17
Cancer incidence per 100 000 (2012)	...	...	92.5

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Voluntary National Review:

N/A

National Focal Point for 2030 Agenda:

Mr Majid Al-Suwaidi, Ministry of Foreign Affairs, Directorate of Energy and Climate Change

National Focal Point in Ministry of Health for health-related SDGs:

N/A

1. How is United Arab Emirates incorporating the 2030 Agenda into its development policy and planning?

The United Arab Emirates (UAE) was a chief advocate of the formulation of the post-2015/2030 Development Agenda from early on. His Highness Sheikh Abdullah Bin Zayed Al Nahyan, Minister of Foreign Affairs, participated in the UN processes that determined the decision for developing SDGs based on the 2012 recommendation of the UN Secretary-General High Level Panel on Global Sustainability (GSP). In the lead-up to “Rio+20”, the UAE produced a concept paper, in collaboration with Colombia and Peru, which outlined the principles, processes and linkage between SDGs and MDGs and possible goal areas in order to help countries visualize what future SDGs might look like and to garner support for the development of SDGs. Furthermore, the UAE was a key participant in the 30-member “Open World Group on Sustainable Development Goals”. The SDGs are currently being aligned with the 7-year UAE National Agenda leading to the UAE Vision 2021 which also coincides with the UAE’s 50th National Day. The agenda is multi-sectoral, involving education, healthcare, economy, police and security, housing, infrastructure and government services. It is monitored by milestones in accordance with the global benchmarks. To ensure alignment, UAE established an institutional setting for the implementation of SDGs.

2. How is United Arab Emirates incorporating SDG 3 targets in health policy, strategy, and planning?

The Ministry of Health and Prevention (MoHP) established a National Health Committee from all concerned parties and authorities to agree on a framework and a mechanism to integrate health related SDG targets and indicators within all health plans. In addition, reorientation of staff on the SDGs and related targets and indicators was conducted. SDG related targets and indicators were integrated in all national health plans developed in UAE during 2016-2017, concerning areas such as NCDs, Nutrition, Childhood obesity, and Maternal and child health. Each National Technical Committee will be responsible for further integration of the SDGs in the work

of that technical area. The SDGs targets and indicators were included within the forthcoming World Health Survey to be conducted in September 2017. In addition, all SDG health related targets and indicators were included within the National Core list of indicators, in order to ensure a monitoring and surveillance system. In addition, a log of all activities that were/are conducted to achieve each goal was established with a next step to identify challenges, gaps and way forward.

3. Are there any major partnerships in United Arab Emirates for advancing the 2030 Agenda?

A National Committee of SDGs was formed by Cabinet decree in January 2017. It is chaired by H.E Reem Al Hashimy, Minister of State for International Cooperation and Chairwoman of the Federal Competitiveness and Statistics authority (FCSA). The government entities are represented in the committee. Separate Committees were established to address each goal.

4. Are there any major partnerships in United Arab Emirates for advancing the health-related SDGs?

The Ministry of Health and Prevention established a National Health Committee from all concerned parties and authorities to agree on a framework and a mechanism to integrate health related SDG targets and indicators within all health plans. Other partnerships are going on as well to include other entities such as the Higher Counsel for Motherhood and Childhood to ensure alignment and prevent duplication.

5. Has United Arab Emirates reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?

Universal Health Coverage (UHC) in UAE is considered a platform for service delivery. With respect to coverage of effective interventions, the coverage of such interventions are high in most cases. However, a comprehensive analysis is ongoing, under the umbrella of the Prime Minister’s Office, to maximize the coverage of effective interventions and accelerate achieving the National Agenda targets. Furthermore, national indicators will be segregated according to residence, sex, nationality and other social determinants to identify health inequities and address them. Regarding population coverage, at present, health insurance is linked to issuance of residency in UAE to ensure coverage of all residents with the basic package as a minimum. UAE is currently working to expand the coverage and optimize health insurance for all UAE population. Regarding cost of health care and financial protection, laws and decrees have been issued to financially cover the cost of the health care for nationals as well as residents of UAE/non-nationals. These laws cover access to communicable diseases services, protecting vulnerable populations to improve access to and ensure maximum utilization of services.