

**White Paper**

Emerging formats in healthcare delivery in the GCC

# Emerging Formats in Healthcare Delivery in the GCC

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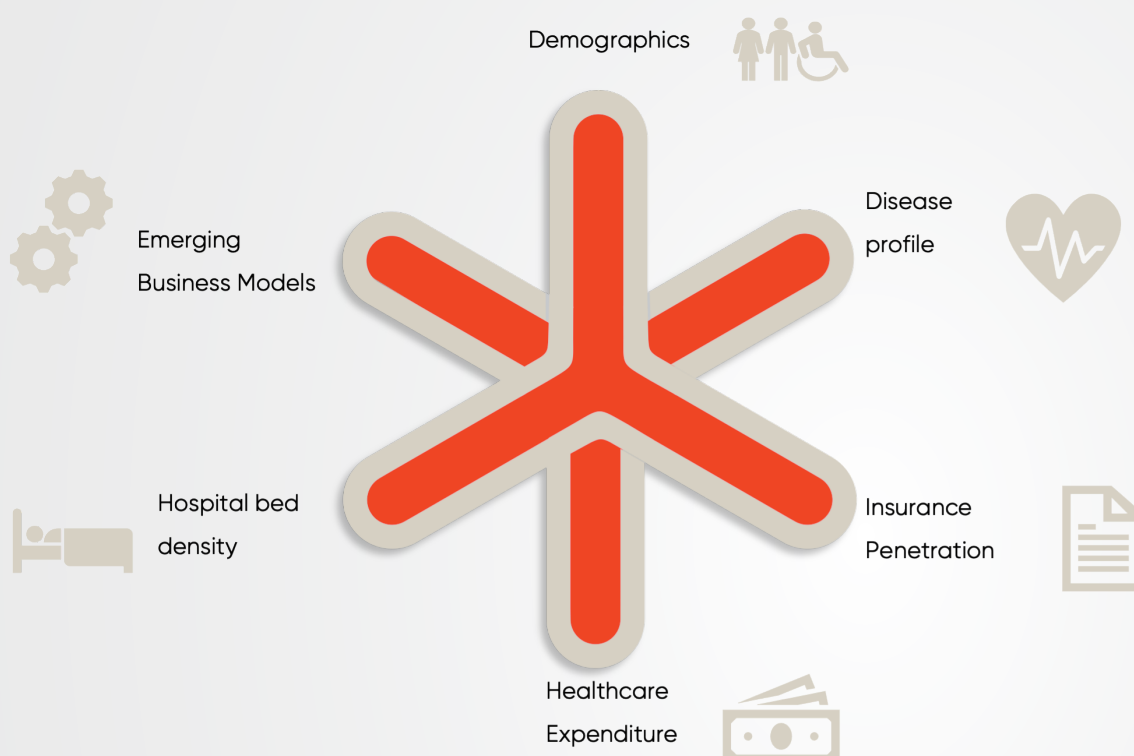
# GLOSSARY

Abbreviation	Details
AED	United Arab Emirates Dirham
ALOS	Average Length of Stay
BMT	Bone Marrow Transplant
CAGR	Compound Annual Growth Rate
COE	Centre of Excellence
CVDs	Cardiovascular Diseases
DHA	Dubai Healthcare Authority
DOH	Department of Health
DRG	Diagnosis Related Group
GCC	Gulf Cooperation Council
GDP	Gross Domestic Product
IP	Inpatient
IVF	In vitro fertilisation
KSA	Kingdom of Saudi Arabia
MEED	Middle East Economic Digest
MOH	Ministry of Health
MOHAP	Ministry of Health and Prevention
NCDs	Non-communicable diseases
OBGYN	Obstetrics and Gynaecology
OGS	Other Government Sector
OP	Outpatient
PPP	Public Private Partnership
SWOT	Strengths, Weaknesses, Opportunities, and Threats
UAE	United Arab Emirates
UK	United Kingdom
US	United States
USD	United States Dollar

## Section 1: Current demand Drivers of various healthcare formats in countries of the GCC

The Gulf Cooperation Council (GCC) countries, namely, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates are facing an unparalleled and unprecedented rise in demand for healthcare and this trend is expected to continue in the future. Key factors influencing the healthcare sector in this region are as follows:

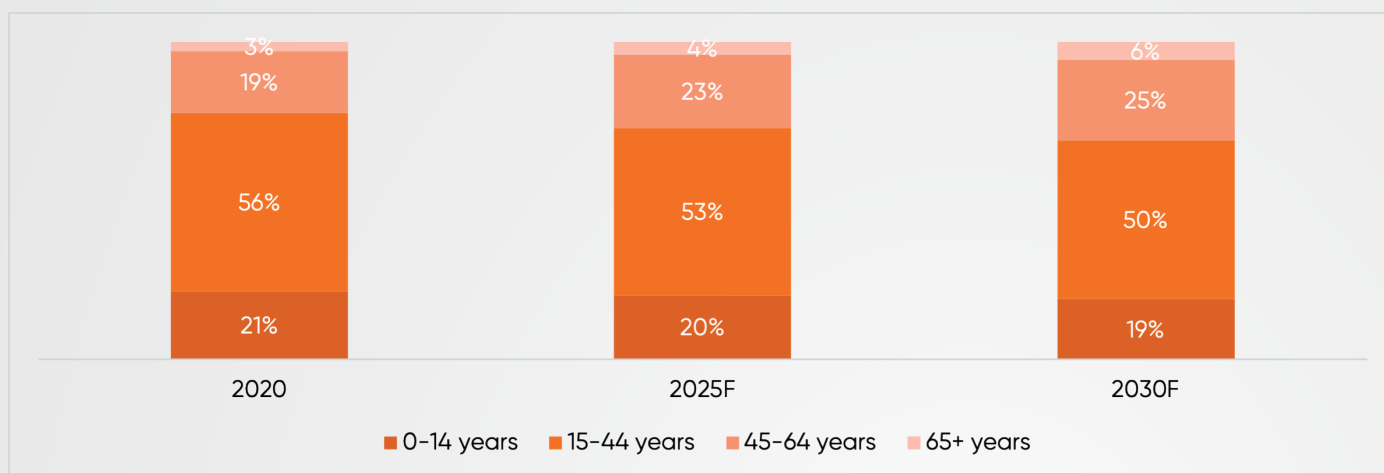
### Exhibit 1: Key factors influencing the healthcare sector<sup>1</sup>



### 1.1 The population of GCC countries is very young; however, the older population is expected to increase

Of the total population in GCC countries, more than half was in the young age group (15–44 years) in 2020. The ageing population comprising people above 65 years was around 3% of the total in 2020. Going forward, the share of this age group is expected to double to reach ~6% by 2030.

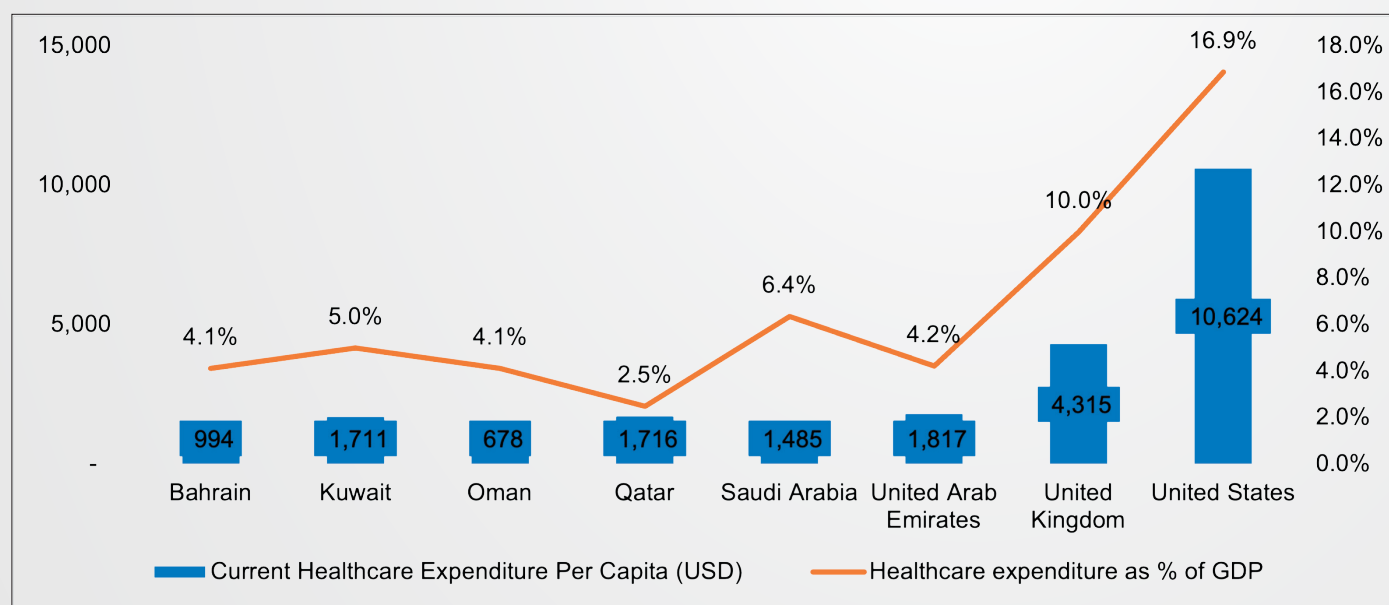
<sup>1</sup>JLL- Healthcare Research

Exhibit 2: Age-wise split of population in the GCC countries (2020-2030F)<sup>2</sup>

## 1.2 Healthcare expenditure has been on a growth trajectory in the GCC, and it is a major driver for the overall healthcare sector<sup>3</sup>

The overall growth in healthcare expenditure in the GCC countries (mainly KSA and UAE) has been robust, driven primarily by the private sector. The average healthcare expenditure per capita was ~USD 1,400 in the GCC and as a share of GDP was in the range of 4%-6.5% (except for Qatar) in 2018. Both these parameters are lower than other developed economies, but are witnessing growth and this implies a major boost for growth of the healthcare sector

Exhibit 3: Current Healthcare Expenditure Per Capita (USD) and as % of GDP in the GCC countries, 2018



<sup>2</sup>Population data source: Oxford Economics, 2021 Q1 update, JLL- Healthcare Analysis

<sup>3</sup>World Bank: Health, Nutrition and Population Statistics, June 2021, JLL- Healthcare Analysis

### 1.3 Moreover, GCC countries are witnessing higher life expectancy as well as high share of morbidity due to various chronic and non-communicable diseases (NCDs). Together, these factors are increasing the need for healthcare services

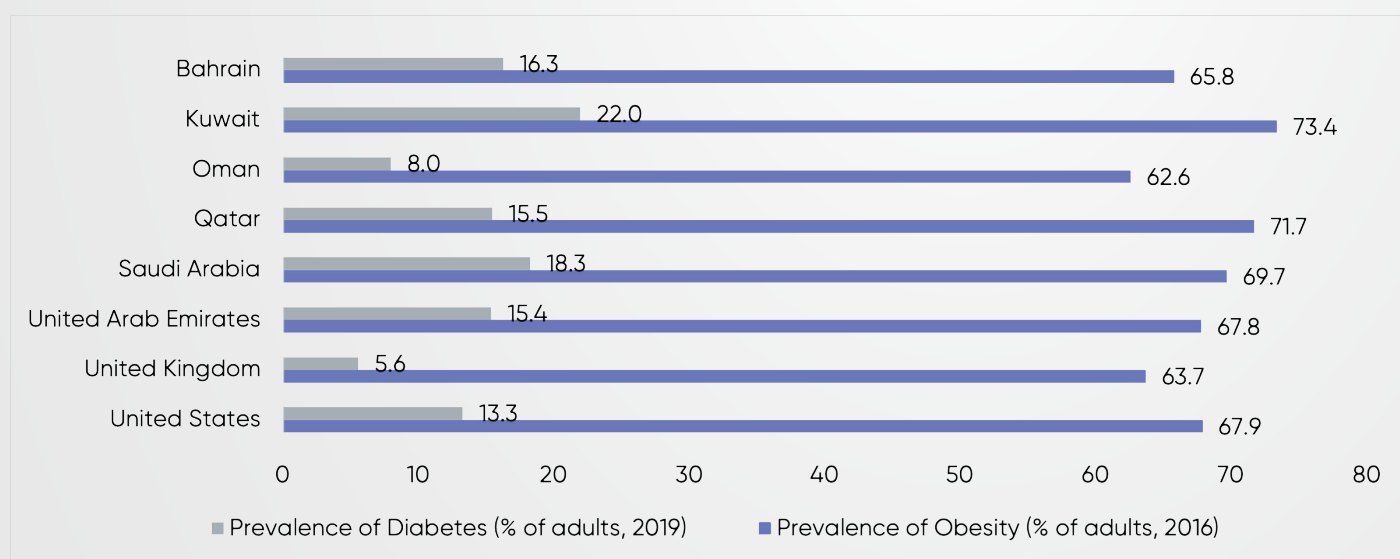
Life expectancy in the GCC countries has increased at a higher rate than that of other selected developed countries. This is leading to higher share of geriatric population and associated burden of diseases, due to long-standing comorbidities.

#### Exhibit 4: Life expectancy at birth (in years)<sup>4</sup>

Country	Bahrain	Kuwait	Oman	Qatar	Saudi Arabia	UAE	United Kingdom	United States
Life expectancy at birth (2019)	77.3	75.5	77.9	80.2	75.1	78.0	81.2	78.8
CAGR (2010-2019)	0.18%	0.17%	0.32%	0.16%	0.18%	0.24%	0.11%	0.03%

In addition to higher life expectancy, a high disease burden from non-communicable diseases (NCDs) is also one of the major drivers for healthcare services in the region. Sedentary lifestyles and unhealthy eating habits lead to high rates of obesity and hypertension, in turn leading to higher incidence of Diabetes and Cardiovascular diseases (CVD) etc. The disease burden is projected to increase significantly in the future, indicating the need for more healthcare services. In the GCC countries, many healthcare facilities are being planned in both public and private sectors to cater to this increasing need.

#### Exhibit 5: Prevalence of selected Non-Communicable diseases<sup>5</sup>

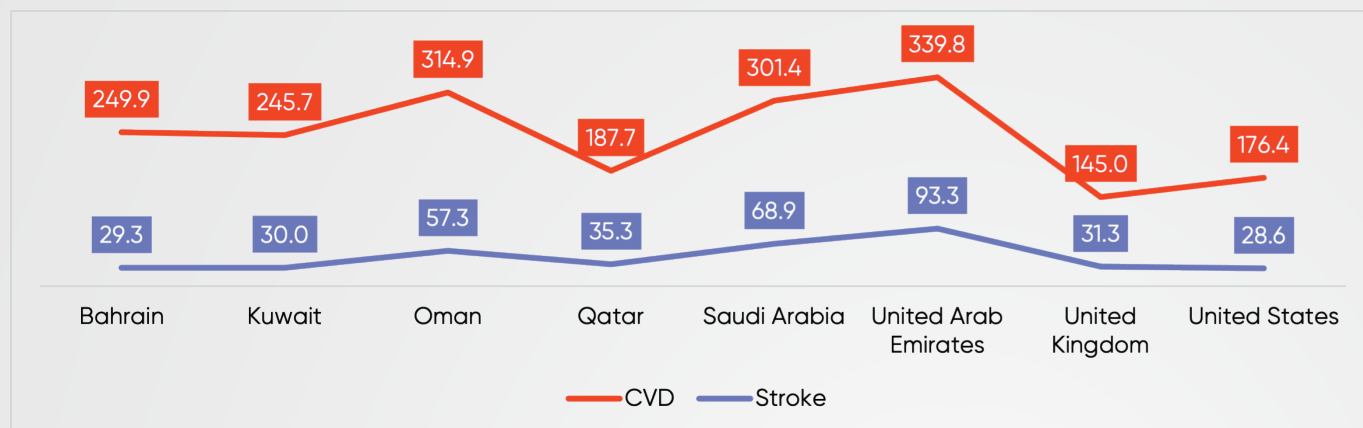


<sup>4</sup>World Bank data

<sup>5</sup>Diabetes data: International Diabetes Federation, Diabetes Atlas 2019, Obesity data: World Bank, 2016 as per latest availability  
Prevalence of obese/ overweight adults is the percentage of adults ages 18 and over whose Body Mass Index (BMI) is more than 25 kg/m<sup>2</sup>.  
Body Mass Index (BMI) is a simple index of weight-for-height, or the weight in kilograms divided by the square of the height in meters.



Exhibit 6: Age standardised death rate for selected diseases (per 100,000 population), 2017<sup>6</sup>



### 1.4 With increasing insurance coverage, service utilisation across emerging formats is expected to increase further

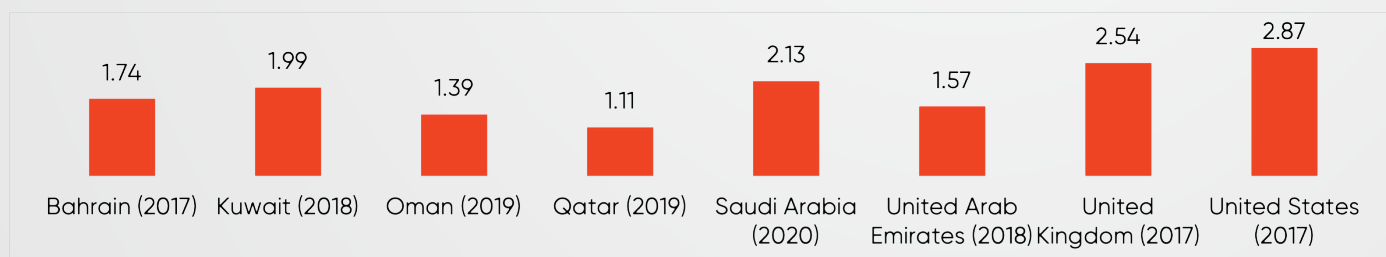
Health insurance coverage has been increasing in the GCC countries. In 2006, Abu Dhabi began the implementation of a mandatory health insurance scheme, which aims to ensure that all citizens and residents of Abu Dhabi are medically insured. Abu Dhabi and Dubai are at the forefront in terms of sophisticated health insurance regulations for their residents; however, implementation of such regulations is yet to be implemented in the northern emirates.

KSA began implementing the mandatory unified health insurance scheme in July 2016, with the goal of ensuring that all expats and nationals residing in KSA are covered by health insurance. In other GCC countries also, insurance penetration has been increasing. Moreover, insurance companies have been increasingly offering wider coverage for emerging formats e.g., extended care services.

### 1.5 Despite various demand drivers, the GCC countries have low hospital bed density as compared to the global average

Increasing healthcare needs have resulted in a spurt in healthcare infrastructure; however, hospital beds are still lower per 1,000 population when compared to developed economies.

Exhibit 7: Hospital Bed Density (per 1,000 population)<sup>7</sup>



<sup>6</sup>Our World in Data

<sup>7</sup>The hospital bed numbers have been compiled from respective country MOH statistics and the World Bank's data, as per latest availability. Population data source: Oxford Economics, JLL- Healthcare Analysis

Also, there is a shortage of critical care and other tertiary care speciality beds in Cardiac Care, Neurosciences, Oncology etc. with general care beds comprising a high share. With the increase in lifestyle diseases, the GCC region requires an increased share of specialised beds along with other formats of healthcare delivery like short stay centres, extended care facilities etc.

### **1.6 Various demand drivers are leading to the emergence of new healthcare delivery formats in the GCC**

These demand drivers are leading to realigning healthcare delivery towards newer formats to cater to the increasing healthcare requirements of the GCC population. To augment services and raise standards of care, some GCC governments have also encouraged internationally renowned healthcare institutions to set up newer formats of healthcare delivery in their countries. In the recent past, various players in the GCC have forayed into new formats of healthcare delivery to increase healthcare service delivery across various stages of patient care

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## Section 2: Current Healthcare delivery formats in GCC

Healthcare delivery has undergone significant changes in the past decade. Healthcare organisations around the world are struggling with various issues related to unified access, affordability, quality of care, and efficiency along with maintaining revenue streams. The existing care delivery models have been impeding their efforts to adapt and evolve for the future. Care model innovation can help deliver a more effective and satisfying patient and clinician experience, bend the cost curve and at the same time lower operating costs.

### 2.1 There have been several foundational shifts in healthcare delivery formats

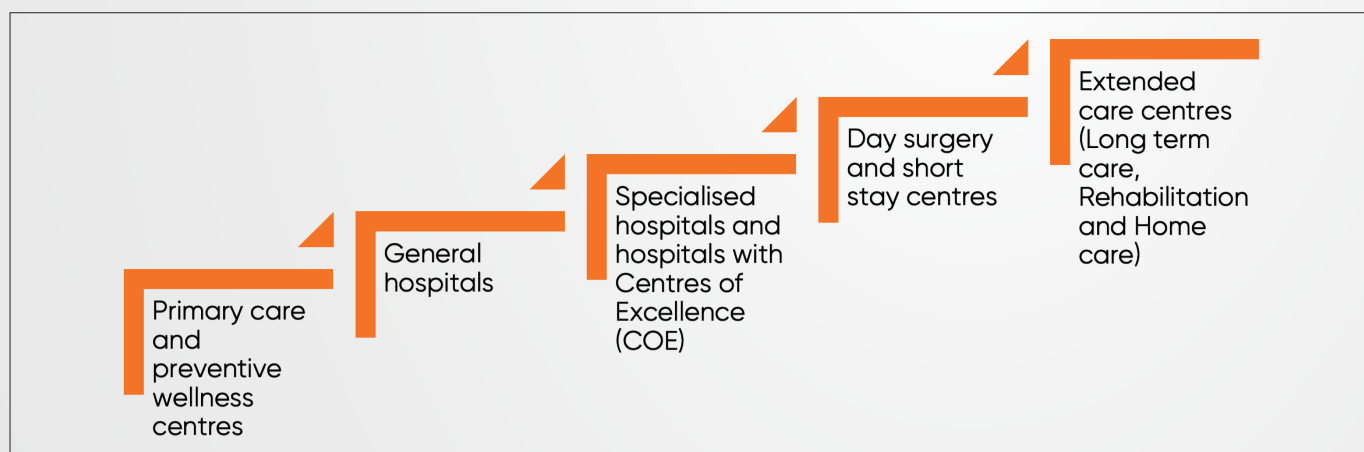
Key reasons for emergence of new delivery models in healthcare are:

- Increasing involvement of patient and caregivers in healthcare decision-making
- Rapid evolution of digital technologies
- Innovative government policies including increased public-private collaborations
- Influx of venture capital and investments by industry players
- Increasing insurance penetration along with widening coverage

### 2.2 Growth in GCC's healthcare sector is expected to be driven by new business models along with general multi-speciality hospitals

While these key drivers translate to demand of overall healthcare delivery services across various formats, some drivers are leading to demand of specific formats as elaborated below:

#### Exhibit 8: Emerging healthcare delivery formats<sup>8</sup>



Due to lower capital requirements and quick return on investment, day surgery and short stay centres are witnessing growth among small sized facilities. Hospitals with more than 200 beds are generally catering to a wider range of specialities. To differentiate offerings from general

<sup>8</sup>JLL Healthcare

hospitals, leading hospitals in the market are developing key specialities as “Super specialities” or “Centres of Excellence”. Such general hospitals with speciality focus (also termed as “Speciality Hospitals”) are witnessing growth in the market. Other emerging formats include wellness centres and diagnostic facilities.

Also, an increasingly ageing population and increased prevalence of chronic diseases has led to growing demand for long-term care and home care facilities in the region. These services are also being offered within Speciality Hospitals as value-added service offerings.

### Exhibit 9: Drivers leading to increased demand of specific healthcare delivery formats

Healthcare delivery format	Demand drivers
Primary care and preventive wellness	<ul style="list-style-type: none"> <li>• Increasing burden of chronic long-standing diseases</li> <li>• High awareness towards wellness segments</li> <li>• Increasing focus on preventive health and primary care as a gatekeeper for overall healthcare services in the region</li> </ul>
General hospitals	<ul style="list-style-type: none"> <li>• Increasing population base leading to overall demand of healthcare services</li> <li>• Increasing burden of chronic long-standing diseases</li> </ul>
Specialised hospitals and hospitals with COEs	<ul style="list-style-type: none"> <li>• Increasing disease burden for non-communicable diseases</li> <li>• Service gaps in patient pathways for key tertiary care specialities</li> <li>• Low access to expatriates for specialised healthcare services as such services are currently mainly provided in public hospitals</li> <li>• High waiting times for specialised services and high-end surgeries in public hospitals</li> </ul>
Day surgery and short stay centres	<ul style="list-style-type: none"> <li>• Technological advancement like higher number of laparoscopic, keyhole surgeries</li> <li>• Patient preference for non-invasive procedures, and to spend less time in hospitals (reduced length of stay)</li> <li>• Improved clinical outcomes and lower hospital acquired infection rates</li> </ul>
Extended care	<ul style="list-style-type: none"> <li>• Increasing burden of chronic long-standing diseases</li> <li>• High rates of road traffic accidents as well as various genetic disorders in the region, which leads to many patients requiring extended care services increasing insurance coverage, purchasing power parity</li> <li>• Infrastructure gaps (e.g., critical care beds in acute hospitals are running at high occupancy), leading to need for treatment of stable patients in extended care facilities</li> <li>• Increasing life expectancy leading to requirement for geriatric care for cases of dementia or diseases like Alzheimer's</li> </ul>

## 2.3 Different healthcare formats contribute significantly to the continuum of care

The concepts of continuity and care coordination are broad and interrelated-

- Continuity of care: It reflects the extent to which a series of discrete healthcare events is experienced by people as coherent and interconnected over time and consistent with their health needs and preferences
- Care coordination: A proactive approach to bringing together care professionals and providers to meet the needs of service users, to ensure that they receive integrated, person-focused care across various settings

In order to examine these emerging formats in greater detail, we have analysed five regions in greater depth, i.e., Abu Dhabi, Dubai, Riyadh, Jeddah and Muscat. The purpose of this exercise is to analyse the requirement of newer healthcare delivery formats in these regions, upcoming supply, and correspondingly, investment opportunities in defined formats.

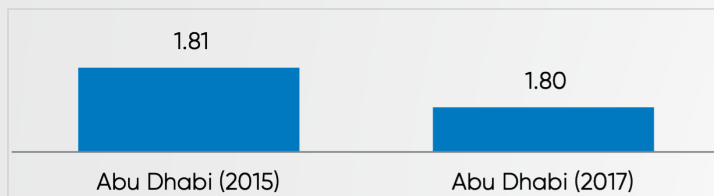
## Section 3: Healthcare delivery formats in selected GCC regions

### 3.1 Abu Dhabi

#### 3.1.1 The Emirate of Abu Dhabi has a high population-burden of morbidity and mortality related to chronic diseases, but it is a mature healthcare market with higher bed density

The total number of hospital beds has steadily increased in the Emirate at a CAGR of 3.1% in the private sector, between 2015 and 2017. Overall, the CAGR for hospital beds, both, public and private sector has been 4.8%. Infrastructure addition has been at par with growing population needs, with bed density having witnessed a small decline over the last few years.

Exhibit 10: Hospital bed density (per 1,000 population)<sup>10</sup>



<sup>9</sup> As per latest availability of data

<sup>10</sup> Department of Health- Abu Dhabi Annual Health Reports 2015 and 2017, Population statistics: Statistics Centre - Abu Dhabi with projections from Oxford Economics, JLL Healthcare Analysis

<sup>11</sup> JLL- Healthcare secondary research

### 3.1.2 Announced upcoming supply in the region is at par with growing population needs

Upcoming supply could be categorised as per project stages, as elaborated below:

#### Exhibit 11: Definitions of various project stage<sup>11</sup>

Project stage	Definition
<b>Execution</b> Execution (ongoing)	Project execution is execution of the scope of project work and activities in accordance with project baselines, plans procedures, and resources for project interface, change, schedule, cost, risk, quality, safety and environment management, and other contractual requirements
<b>Pre-Execution (upcoming)</b> Bid Evaluation	Bid evaluation is the process that takes place after the tender submission deadline. It involves opening and examining of bids to identify preferred supplier(s) for the project. Negotiations may then be entered into with one or more suppliers, and the successful supplier awarded the contract
Main Contract Bid	The process of submitting a proposal (tender) to undertake or manage the undertaking of a construction project business. This agreement is between the general contractor and the client, where the general contractor agrees to carry out the main construction work in the project
Main Contract PQ	A Pre-Qualification (PQ) is an initial evaluation in a bidding process to develop the bidder list that proves an applicant's ability, experience, resource, etc., to complete the job as required
Design	Project design is an early phase of the project where a project's key features, structure, criteria for success, and major deliverables are planned. The aim is to develop one or more designs that can be used to achieve desired project goals
Study	The construction project process typically starts with a Study phase which is an overarching requirement that is developed through the creation of a brief, feasibility studies, option studies, design, financing, and construction
<b>Execution</b> Execution (ongoing)	Project execution is execution of the scope of project work and activities in accordance with project baselines, plans procedures, and resources for project interface, change, schedule, cost, risk, quality, safety and environment management, and other contractual requirements
<b>Inactive</b> On Hold	Putting a construction project on hold means that execution of work on the project is stopped for the now and may continue later although it may not in some cases
Complete	Construction Work Completed means that all works described in the contract documents have been carried out as specified, all appropriate payments have been made, there are no defects and an appropriate handover has taken place, and physically ready to be occupied or to be put into use
Cancelled	Project cancellation is the termination of a project prior to its completion and generally includes the cessation of access to funding and other project resources

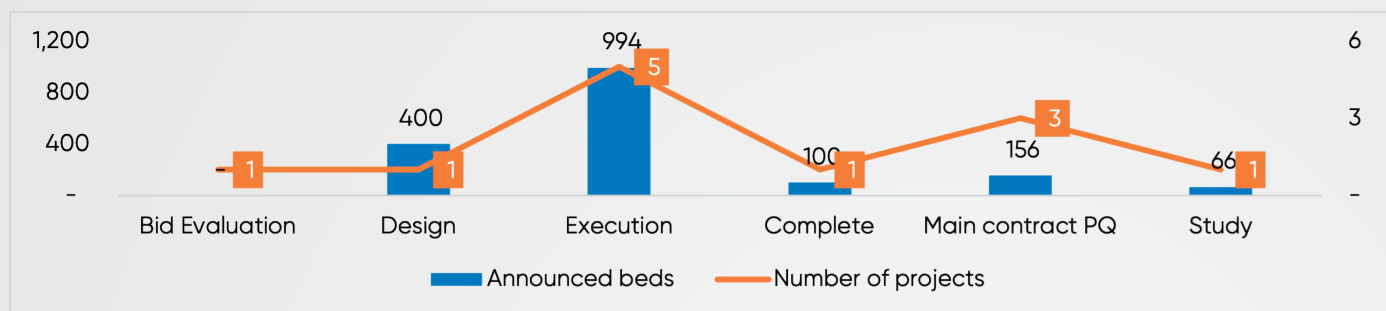
Note: For region wise analysis, on-hold and cancelled projects are not taken into consideration.

Abu Dhabi has been projected to have sufficient supply of beds without the need for any additional beds by 2025<sup>12</sup>. With many mid-large sized projects being announced, the region's upcoming supply (~1,720 beds<sup>13</sup>) was deemed as sufficient to meet the requirements of the population as per Healthcare Capacity Master Plan published by the Department of Health (DOH) in 2018.

<sup>12</sup>Healthcare Capacity Master Plan, published in June 2018- DoH, Abu Dhabi. As this report was published in 2018, COVID-19 impact has not been considered for the analysis.

<sup>13</sup>MEED projects, JLL- Healthcare Analysis

Exhibit 12: Upcoming beds in Abu Dhabi, by project stage (2021-2025)



The Emirate has been a pioneer for the healthcare sector in the UAE and has been the first mover in introducing mandatory health insurance. The DOH had also introduced "Certificate of Needs" for key specialities in the Emirate, which ensures that any new addition is regulated based on current and estimated demand and supply gap in the market.

### 3.1.3 But still there is some gap in newer healthcare delivery formats, indicating an investment opportunity in the region

Analysis of upcoming supply in the region indicates that the region is moving towards newer formats like extended care centres and specialised care with very few general hospitals coming up over the next few years. Also, many general hospital projects are on hold currently due to various internal and external factors. Key emerging formats include specialised care centres e.g., Abu Dhabi Proton Centre, Cleveland Clinic Abu Dhabi Oncology Centre; extended care centres, e.g., Al Reem Integrated Health and Care Centre, Shakhbout City Rehabilitation Centre, Musanada - Medical Rehabilitation Centre etc.

Exhibit 13: Upcoming supply in Abu Dhabi (2021-2025), by format type and ownership<sup>14</sup>

Type of format	Public	Private
Primary care and preventive wellness	3	0
General hospitals	1	1
Specialised hospitals and hospitals with Centres of Excellence	1	3
Day surgery and short stay centres	-	-
Extended care centres	2	1






<sup>14</sup>MEED projects, JLL- Healthcare Analysis



## Exhibit 14: Outlook of various emerging healthcare delivery formats in Abu Dhabi

The level of investment opportunity for this below exhibit has been defined as follows

 Low     Medium     High

Project stage	Definition	Investment opportunity
Healthcare delivery format Primary care and Preventive wellness	Remarks There are general shortcomings and some shortfall in supply of primary healthcare and preventive wellness services, e.g., specialised outpatient consultations. Also, no major player is coming up with a high-end medical centre/chain of primary care clinics based on analysis of announced projects	
General hospitals	The region has a fair supply of general hospitals with varying levels of expertise. Investment potential is low to medium, but potential investors can plan to offer key differentiators like high quality of care, advanced technology, and value-added services etc.	
Specialised hospitals and hospitals with Centres of Excellence	Abu Dhabi has a sufficient supply of general beds currently. However, there is need for investment in acute overnight care for specific high-end specialities and some tertiary care services. Currently specialized care is being provided mainly in the public sector. The DOH released standards for setting up Centres of Excellence (COE) in the Emirate in 2019. Gradually, key hospitals will move towards improving their positioning in the market by getting licensed as COE for specific specialities. Recently, Mubadala Health acquired a 60% stake in United Eastern Medical Services (UEMedical). Through this acquisition, Mubadala added many specialised healthcare formats to its business, like, Danat Al Emarat Women and Children Hospital, Moorfield's Eye Hospitals, HealthPlus Fertility Centres, HealthPlus Diabetes and Endocrinology Centre, Family Health centres etc. This deal is an indicator of the emerging significance of specialised healthcare formats in the region.	
Day surgery and short stay centres	There is a shortfall of short stay formats, especially in Al Ain and Al Dhafra. There is significant opportunity in day surgery facilities, dialysis centres etc.	
Extended care centres	Abu Dhabi is a pioneer with respect to having a mature extended care market, driven by insurance coverage. There are already many key players in the market. Recently, Amanat Holdings acquired Cambridge Medical and Rehabilitation Centre (CMRC) for USD 232 Million. Overall, opportunities for establishing new extended care centres in the Emirate is low to medium.	

Source: JLL – Healthcare analysis

Abu Dhabi's demographics, having a fast-growing and ageing population along with implementation of mandatory health insurance are key factors that drive the demand for quality healthcare in the region and give an edge in healthcare investments. Also, there has been an increasing emphasis on preventative care, extended care, and further expansion of speciality care like COEs. Ease of private access to healthcare market, recent change to include 100% foreign ownership in the UAE and increasing international collaborations are expected to boost investments across all emerging formats in healthcare in Abu Dhabi.

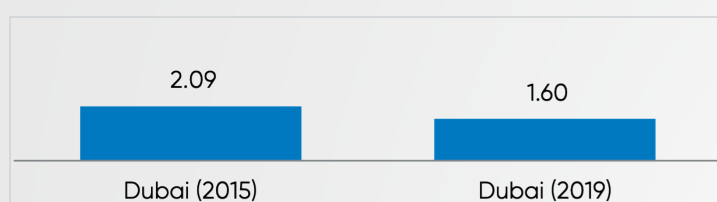


## 3.2 Dubai

### 3.2.1 Increasing healthcare needs have resulted in a spurt in healthcare infrastructure in Dubai

The total number of hospitals in Dubai have increased with 8 private hospitals being added between 2015 and 2019. Private hospitals have been driving growth of Dubai health infrastructure: the number of hospital beds increased at a CAGR of 10.9% between 2015 and 2019 as compared to negative growth in public sector (-7.8%). But infrastructure addition has not been at par with population needs, with decreasing bed density (per 1,000 population), indicating potential for further investment and growth.

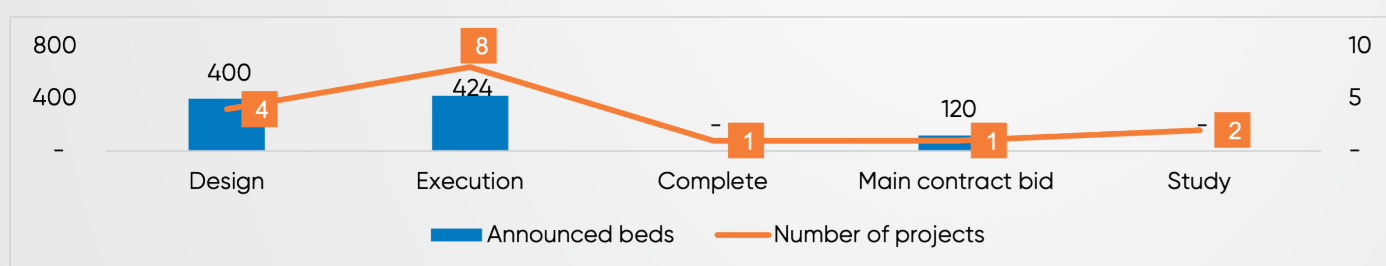
Exhibit 15: Hospital bed density (per 1,000 population)<sup>15</sup>



### 3.2.2 Announced upcoming supply in Dubai falls short of growing population needs

Around 950 additional beds are planned for development in a range of facilities in Dubai by 2025 based on available information on announced projects. As per Dubai Health Authority (DHA) estimates, there will be a gap of 311 acute overnight beds by 2025, which is projected to increase to 1,590 beds by 2030<sup>16</sup>. Also, there has been an undersupply of acute same day places currently (consisting of all designated medical and surgical same day beds as well as treatment chairs, e.g., for chemotherapy, infusions, and renal dialysis etc.) with a projected gap of ~1,575 places by 2030.

Exhibit 16: Upcoming beds in Dubai, by project stage (2021-2025)<sup>17</sup>



Since the implementation of mandatory insurance, there has been growth in patient volumes due to increased service uptake. Private healthcare sector has been dominating the Dubai healthcare market with growth in IP service utilisation and increasing OP-IP conversion rates. But the overall hospitalisation rate has been decreasing since last few years and is lower than that of global benchmarks. This indicates a gap in service utilisation due to many factors like gap in specialised care, patients still travelling to home country for certain healthcare services etc.

<sup>15</sup>DHA Annual Reports, Population statistics: Oxford Economics, JLL- Healthcare Analysis

<sup>16</sup>DHA- Dubai Clinical Services Capacity Plan 2018-2030

<sup>17</sup>MEED projects and JLL- Healthcare Analysis






### 3.2.3 Also, there is a significant gap in supply of emerging healthcare delivery formats, mainly in the private sector<sup>18</sup>

Analysis of upcoming supply in Dubai indicates that majority of the new projects are general multi-speciality hospitals with limited projects focusing on specialised hospitals e.g., Bar-raquer Eye Hospital, Al Jalila Foundation-Hamdan Bin Rashid Cancer Charity Hospital, DHA Cardiac Centre of Excellence etc. No major investment from the private sector has been announced in emerging formats with players like Soliman Fakeeh group, Saudi German Hospital group etc. coming up with general multi-speciality hospitals. Also, the extended care segment has been witnessing lack of investment in the region.

#### Exhibit 17: Upcoming beds in Dubai, by format type and ownership (2021-2025)<sup>19</sup>

Type of format	Public	Private
Primary care and Preventive wellness	2	0
General hospitals	2	9
Specialised hospitals and hospitals with centres of excellence	2	1

## Exhibit 17: Upcoming beds in Dubai, by format type and ownership (2021-2025)<sup>19</sup>

Healthcare delivery format	Remarks	Investment opportunity
Primary care and Preventive wellness	Dubai is currently well served with outpatient consultation rooms with a requirement for an additional 447 rooms by 2025, increasing to 2,106 rooms by 2030. However, further strengthening the primary care segment could lead to decreased burden on secondary and tertiary healthcare services.	
General hospitals	Aggregate capacity of beds has largely kept up with demand. However, significant gaps are prevalent in selected high-end specialities that could be focused on by the upcoming hospitals. Mandatory insurance coupled with the impact of COVID-19 is resulting in many employers downgrading the insurance coverage of their employees. As a result, hospitals targeting low- and mid-income segments of population are expected to see growth soon.	
Specialised hospitals and hospitals with centres of excellence	There is a need to establish more COEs to reduce outflow for specialist procedural care such as in cardiac care, radiation therapy etc. Also, Dubai being a key medical tourism destination, establishment of COEs in major specialities would be a huge USP for the region's healthcare reputation. Specialised hospitals like Medcare Orthopedic and Spine hospital, Medcare Women's hospital have done well in the market. Key hospitals like Mediclinic, American and King's College London which target GN and GN+ network of insurance are also trying to differentiate their offerings in the market by focusing on specialised care offerings in key departments.	
Day surgery and short stay centres	Dubai has an undersupply of acute same day places, and the gap is likely to increase in future. As per DHA Dubai Clinical Services Capacity Plan 2018-2030, there would be a gap of 1,575 acute same day places by 2030	
Extended care centres	Dubai has a shortage of long-term care and rehabilitation beds. There is need of exploration and development of rehabilitation, post-acute and long-term care service delivery models of care to address insufficient supply and growing demand	

Source: JLL – Healthcare analysis

Dubai's population has been growing at a healthy rate and there has been high prevalence of chronic and non-communicable diseases indicating an increased need for health services and for associated tertiary care expertise. Regulatory changes like increasing focus on PPP model leading to increased opportunities for private players and mandatory health insurance is expected to increase service uptake by patients leading to high volumes. Also, focus on promoting medical tourism and making Dubai a medical tourism hub is expected to attract huge investment across various formats of healthcare.

<sup>18</sup> MEED projects and JLL- Healthcare Analysis

<sup>19</sup> MEED projects, JLL- Healthcare Analysis

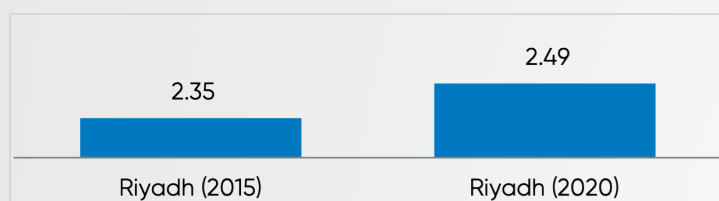
<sup>20</sup> DHA- Dubai Clinical Services Capacity Plan 2018-2030

### 3.3 Riyadh

#### 3.3.1 Healthcare infrastructure in Riyadh province falls short of the National Transformation Programme (NTP) target of 2.7 hospital beds per 1,000 population<sup>21</sup>

The total number of hospitals in Riyadh has increased with 9 private hospitals being added between 2015 and 2020. The total number of hospital beds in Riyadh in 2020 was 20,802 (8,707 in MOH, 5,883 in OGS and 6,212 in the private sector). Beds have steadily increased in Riyadh at a CAGR of 4.8% in the private sector, between 2015 and 2020. The hospital bed density has increased between 2015 and 2020. The higher bed density in 2020 can be attributed in part to COVID-19 impact leading to a reduction in expatriate population from the country. Moreover, Riyadh is a healthcare hub in the region and caters to a wider segment of patients coming in from outside of Riyadh also. Therefore, higher density of beds is required to cater to the needs of the incremental inflow of patients.

Exhibit 19: Hospital bed density (per 1,000 population)<sup>22</sup>

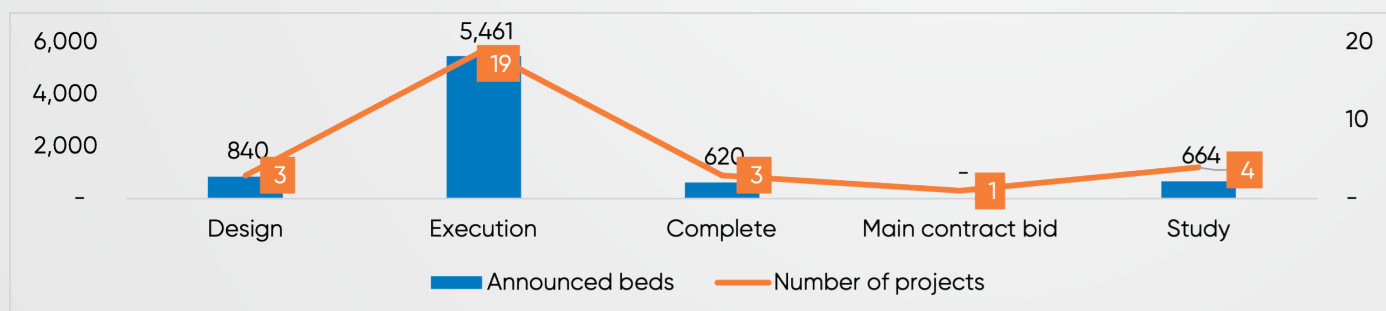


#### 3.3.2 However, announced upcoming supply in the region is not at par with growing population needs and would lead to gap in hospital beds in future

In Riyadh, healthcare growth in the future is expected to come from facilities providing quality healthcare services in key specialities, which will eventually lead to the increase in inpatient service utilisation and reduce outward referrals.

The market has not attained maturity in terms of supply with there being a sizeable demand-supply gap of hospital beds expected by 2030. Although many large sized projects have been announced in the region for the next few years, the execution for many of these is unlikely due to changing market dynamics. Many MOH and other Government sector projects are on hold currently and authorities are looking to collaborate with the private sector for execution and operation also.

Exhibit 20: Upcoming beds in Riyadh province, by project stage (2021-2025)



<sup>21</sup>Quality of Life Program, 2020- Delivery plan, Vision 2030, KSA

<sup>22</sup>KSA Annual Reports, Population statistics: Oxford Economics, JLL- Healthcare Analysis

### 3.3.3 New healthcare delivery formats are not currently being focused on upcoming supply by the private sector<sup>23</sup>

Analysis of upcoming supply in Riyadh indicates that majority of the new projects are general multi-speciality hospitals. Many established private players are focusing on this format e.g., Sulaiman Al Habib Hospital in Al Sahafa, Haif Company Hospital in Olaya, Saudi German Hospital in Riyadh etc. A few private players have announced investment in specialised care segment e.g., Sulaiman Al Habib Maternity and Paediatric Hospital. Whereas many public sector projects are planning specialised hospital formats such as, SABIC – Riyadh Behavioural Care Hospital, Ministry of Health – Mental Health Hospital, Royal Commission of Riyadh City – Hittin IVF Infertility Hospital etc. The MOH is also planning for PPP projects in several areas, starting with extended care facilities and medical cities in selected clusters. Going further, opportunities exist in specialised hospitals, extended care facilities and primary care and preventive wellness centres.

#### Exhibit 21: Upcoming beds in Riyadh, by format type and ownership (2021–2025)<sup>24</sup>

Type of format	Public	Private
Primary care and Preventive wellness	–	1
General hospitals	8	15
Specialised hospitals and hospitals with centres of excellence	5	1






<sup>23</sup>MEED projects and JLL– Healthcare analysis

<sup>24</sup>MEED projects, JLL– Healthcare Analysis

<sup>25</sup>Health Sector Transformation Strategy document, Vision 2030, MOH, KSA



## Exhibit 22: Outlook of various emerging healthcare delivery formats in Riyadh

Healthcare delivery format	Remarks	Investment opportunity
Primary care and Preventive wellness	Limited upcoming green field investment has been announced in this segment in the near future. Large players can look at establishing chain of clinics/high-end medical centres etc. to be differentiators in the primary care and preventive wellness market. Even the MOH is focusing on realigning the entire primary care network in the Kingdom and implement international standards of care.	
General hospitals	Many established players have set up general multi-speciality hospitals in Riyadh with varying levels of expertise. Due to the current bed gap in the country and to reach a target of 2.7 beds per 1,000 population as per Vision 2030 transformation plan, there is potential to invest in general hospitals as well. Potential investors can plan to offer key differentiators like high quality of care, advanced technology, and value-added services etc.	
Specialised hospitals and hospitals with centres of excellence	There is a need to establish more COEs as Riyadh is a medical hub with large inflow of patients from within KSA and other nearby countries also. Currently, most COEs are present in the public sector (MOH and Other Government Sector or OGS hospitals). These hospitals can mainly be accessed by Saudi nationals and have high waiting times. Establishment of specialised hospitals in the private sector will cater to rising demand for these services in the Kingdom. MOH is planning PPP projects in 9 selected areas including primary care, medical cities, extended care etc <sup>25</sup> . This is expected to further boost the emerging delivery formats in the region.	
Day surgery and short stay centres	Riyadh has an undersupply in the same day and short stay segment and the gap it is likely to increase in future. Also, no major investment has been announced in this segment for the near future and thus, is a significant opportunity for potential investors	
Extended care centres	The region has a shortage of LTC and rehabilitation beds. With many large multi-speciality hospitals which can refer patients, the region needs higher LTC and rehabilitation beds to support extended care demand. This is again a major area of focus by public as well as private sectors. Currently there are a few hospitals providing extended care services like Czech Rehabilitation Center, Health Oasis Hospital, Riyadh Care Hospital, and Sultan Bin Abdulaziz Humanitarian City etc.	

Source: JLL – Healthcare analysis

There have been increasing government initiatives in the KSA to develop the healthcare sector e.g. international healthcare chains like Clemenceau Medical Centre (CMC) are entering the market due to allowance of 100% foreign ownership in the region now. Also, focus on PPP model is leading to increased opportunities for private players. PPP related engagements will take place over the next 2–3 years with Riyadh's clusters being chosen as pilot phase by the MOH for many initiatives. Also, share of organised players is increasing through consolidation in the market. Dallah Healthcare recently acquired a majority share in Kingdom Holding's Care Shield Holding Company, which owns Kingdom Hospital in Riyadh<sup>26</sup>. Overall, Riyadh healthcare market is quite dynamic with several investment opportunities.

<sup>25</sup>Health Sector Transformation Strategy document, Vision 2030, MOH, KSA<sup>26</sup>National News, "Dallah Healthcare to buy majority stake in Kingdom Holdings' Care Shield", May 2020

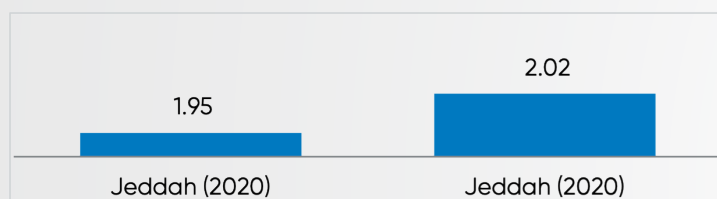


## 3.4 Jeddah

### 3.4.1 Healthcare infrastructure has been growing at a moderate rate in the Jeddah region

Jeddah has an added advantage of being the only healthcare hub on the west coast and it is well connected by ports and airports. The secondary catchment is composed of Makkah region wherein healthcare resources are limited. Due to Jeddah having a more advance private hospital setup, patients travel from Makkah e.g., many private hospital women care departments receive a lot of Makkah patients for deliveries. Number of hospitals has increased with 6 private hospitals being added between 2015 and 2020. The total number of hospital beds in Jeddah in 2020 was 8,785 (3,091 in MOH, 1,900 in OGS and 3,794 beds in the private sector). The growth in hospital beds in Jeddah has been primarily driven by the private sector at a CAGR of 4.1% between 2015 and 2020, with just 0.7% in the public sector (both MOH and OGS). However, infrastructure addition has not been at par with population needs. Although the bed density has increased over the last few years, it is lower than other key health regions like Riyadh and the NTP target of 2.7 beds per 1,000 population in the KSA.

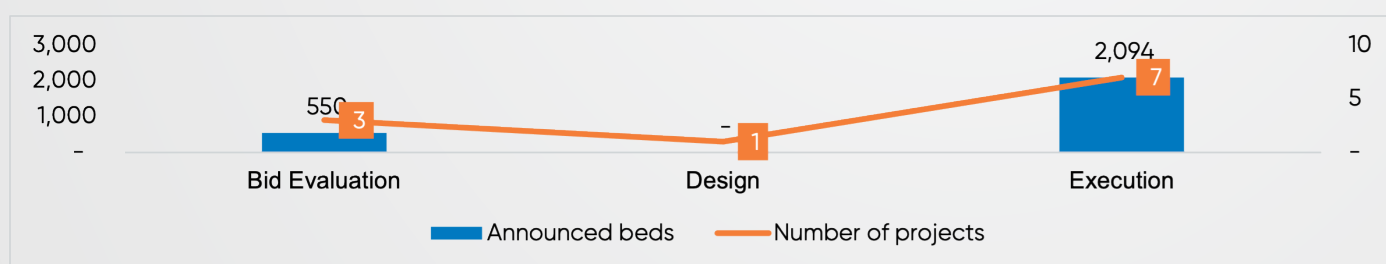
Exhibit 23: Hospital bed density (per 1,000 population)<sup>27</sup>



### 3.4.2 Announced upcoming supply in Jeddah falls short of growing population needs

Jeddah has emerged as a key healthcare hub in the KSA with several key healthcare groups establishing their presence in the city. But the announced upcoming supply in the region is not at par with growing population needs and would lead to gap in hospital beds in future. Although there has been an announcement of many large sized projects by the MOH and OGS facilities, likelihood of materialisation for many of these projects is lower considering market dynamics.

Exhibit 24: Upcoming beds in Jeddah, by project stage (2021-2025)<sup>28</sup>



<sup>27</sup>KSA Annual Reports, Population statistics: Oxford Economics, JLL- Healthcare Analysis

<sup>28</sup>MEED data and JLL- Healthcare Analysis

### 3.4.3 No focus on new healthcare delivery formats in upcoming supply






Analysis of upcoming supply in Jeddah indicates that few of the new projects are focusing on emerging formats. Private players are focused on the general multi-speciality format like Al Murjan Group Hospital, King's College Hospital, Dallah Integrated Healthcare Hospital etc. Ministry of Health has announced 400-bedded Jeddah Obstetrics and Gynaecology Medical Tower, but no major projects have been announced in specialised and extended care formats by private players.

#### Exhibit 25: Upcoming beds in Jeddah, by format type and ownership (2021-2025)<sup>29</sup>

Type of format	Public	Private
General hospitals	4	6
Specialised hospitals and hospitals with centres of excellence	1	0

<sup>29</sup>MEED data and JLL- Healthcare Analysis

## Exhibit 26: Outlook of various emerging healthcare delivery formats in Jeddah

Healthcare delivery format	Remarks	Investment opportunity
Primary care and Preventive wellness	Limited public private sector investment announced in this segment for the near future. The region needs medical centres focusing on high-end specialities and also, wellness segments like cosmetology, dental care etc. There is some consolidation happening in the primary care market in the Kingdom currently. As an example, Dubai based Foundation Holdings recently acquired Jeddah based Shifa Al Munthaza chain of 16 primary care facilities. Such consolidation will further increase share of organised players in the market, and pave way for further growth of this segment.	
General hospitals	The region has a moderate supply of general hospitals with varying levels of expertise. Investment potential is low, but potential investors can plan to offer key differentiators like attaining accreditation, value-added services etc.	
Specialised hospitals and hospitals with centres of excellence	Current private hospitals in Jeddah like IMC, Soliman Fakhri and SGH etc. are well known in the market and have differentiated their offerings by developing COEs for specific specialties. There is a need to establish more COEs as Jeddah has inflow of patients from surrounding areas as well. Also, the region needs specialised centres for Cardiac sciences, Neurosciences, Oncology etc. to cater to the increasing requirements of the population.	
Day surgery and short stay centres	Jeddah has an undersupply in this segment and the gap it is likely to increase in future. There is need of more centres to reduce the burden on general hospitals	
Extended care centres	LTC and Rehabilitation beds are in short supply in the region. With many demand drivers like increasing geriatric population, high rate of road traffic accidents, there is a need of more LTC and rehabilitation beds. Currently, hospitals like Chronic Care hospital (under Saudi Medical Care Group), International Extended Care centre (IEC) Abdul Latif Jamil hospital, etc. provide extended care services in Jeddah.	

Source: JLL – Healthcare analysis

Jeddah is expanding towards northern side and a new airport is now open. Also, there has been expansion between King Abdullah Economic City (KAEC) and the new airport. This expansion further increases the need for adequate healthcare facilities in the region.

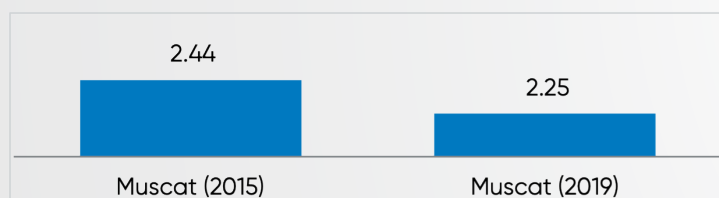
## 3.5 Muscat

### 3.5.1 Healthcare infrastructure has been growing with inclination towards private sector in Muscat Governorate

The Muscat Governorate has evolved as a hub of private healthcare activities in Oman. It accounted for 17 out of the total 27 private hospitals in Oman in 2019. The Royal Hospital, Sultan Qaboos Hospital, Khoula Hospital are major medical institutions in Muscat Governorate. Key private facilities include Muscat Private Hospital, Star Care Hospital, KIMS Hospital, Al Hayat Hospital, Badr Al Samaa Hospital, Al Raffah Hospital etc. Muscat Governorate's bed density was around 2.25 hospital beds per 1,000 population in 2019. There have been signs of growth in private medical institutions in the past decade due to various factors like longer waiting times in the public sector, better insurance coverage, availability of advanced medical facilities etc. Enhanced private health sector contribution is one of the key areas in Oman Health Vision 2050 by MOH. Key action areas under this goal include the following as per the MOH-

- Government encouraging the private sector to invest in health care and strengthen the public-private-partnerships (PPP)
- Develop a clear description of the services package for the public sector to allow the private sector to appropriately plan for services provision. This service package will be revisited regularly for updates.
- Recently, there has been increased demand for alternative medicine, cosmetic surgery, high-technology interventions (Lasik, dental implants, hearing aids, etc.) which may go beyond what the public is willing and able to provide fully from public resources

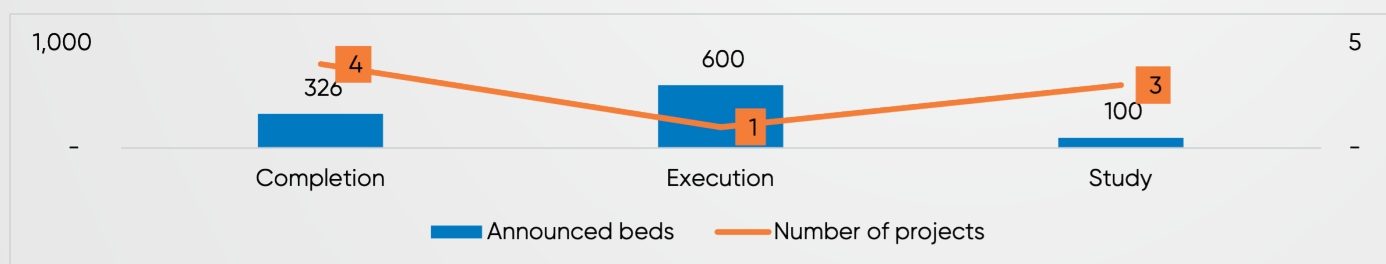
Exhibit 27: Hospital bed density (per 1,000 population)<sup>30</sup>



### 3.5.2 Announced upcoming supply in Muscat falls short of growing population needs

Announced upcoming supply in the region is not at par with growing population needs and would lead to gap in hospital beds in future.

Exhibit 28: Upcoming beds in Muscat, by project stage (2021-2025)<sup>31</sup>



<sup>30</sup>MOH Oman Annual Health Reports, Population statistics: Oman Statistical Yearbooks, National Center for Statistics and Information, JLL-Healthcare Analysis Note: All other government facilities like Sultan Qaboos University Hospital, Armed Forces Medical Services, Royal Oman Police Hospital etc. have been considered for analysing bed density as these are located in the Muscat Governorate.

<sup>31</sup>MEED data and JLL-Healthcare Analysis

### 3.5.3 Upcoming supply in Muscat is indicative of general hospitals only






Analysis of upcoming supply in Muscat indicates that majority of the new projects are general multi-speciality hospitals e.g., private players like Oman and Emirates Investment Holding / Al Khonji Holding's European Hospital, Aster Hospital at Bushar-Al Ghubrah etc. There are limited projects focusing on specialised hospitals e.g., Sultan Qaboos University – Haematology and BMT Centre Building in Muscat.

#### Exhibit 29: Upcoming beds in Muscat, by format type and ownership (2021-2025)<sup>32</sup>

Type of format	Public	Private
General hospitals	3	3
Specialised hospitals and hospitals with centres of excellence	2	0

<sup>32</sup>MEED data and JLL- Healthcare Analysis

## Exhibit 29: Upcoming beds in Muscat, by format type and ownership (2021-2025)<sup>32</sup>

Healthcare delivery format	Remarks	Investment opportunity
Primary care and Preventive wellness	Outpatient department in prominent private hospitals in Muscat is dominated by basic specialities like Internal Medicine, Paediatrics, etc. There has been limited public and private sector investment announced in this segment in near future. As per country's Health Vision 2050, "Future health policies should consider providing more specialist services in community settings, developing primary care services to include diagnostics and services for people with long-term conditions, and developing community support for patients with chronic diseases. Geriatric health care clinics should be made available in primary health care facilities". Investors can look at this significant opportunity by establishing endocrinology clinics, aesthetic clinics, medical centres etc.	
General hospitals	The region has a moderate supply of general hospitals with optimal levels of expertise. Most private hospitals in the Muscat region provide only secondary care with basic specialities such as General Surgery, Gynaecology, and Orthopaedics with the proportion of complex surgeries such as Cardiothoracic Surgery and Neurosurgery being very low. The investment potential is moderate in this segment with potential investors can plan to offer high-end specialities	
Specialised hospitals and hospitals with centres of excellence	majority of the public hospitals in Muscat are specialised in few high-end (tertiary care services) under one roof, for e.g., Khoula Hospital (a.k.a. National Trauma Centre) is known for Orthopaedics / Neurosurgery / Plastic Surgery, etc., Royal Hospital is known for Cardiac / Oncology / Nephrology, etc. Recent commissioning of Oman International Hospital by Idealmed Global Healthcare Services (Idealmed GHS), part of the European health group IGHS, based in Coimbra, Portugal has provided a major impetus to specialised services in Muscat <sup>33</sup> . The hospital has COEs for Cardiac care, Orthopaedics, Women care and Ophthalmology. Also, the country's ninth five-year plan, which ran from 2016 to 2020, focused on the building of integrated medical cities along with investing further in human resource development, restructuring medical education and significantly boosting health care spending. Going further, there is a need to establish more private sector COEs as Muscat is a key healthcare region in the country with some inflow from nearby regions also.	
Day surgery and short stay centres	Day surgery/short stay format is not very prevalent in Muscat and could be an attractive investment opportunity	
Extended care centres	Health Vision 2050 strongly recommends expansion of extended care facilities in the region. As per the document, home care should be considered for geriatric patients and also should be extended to the terminally ill or those with chronic long-term conditions. LTC and Rehabilitation beds are in short supply the region with no major upcoming investment. Potential investors can look at establishing more LTC and rehabilitation beds and, home care facilities	

Source: JLL – Healthcare analysis

Muscat, described as "Arabia's jewel", is a blend of the old Arabic charm and new infrastructure and increasingly becoming an attractive tourist destination especially from the KSA, Kuwait, and Qatar. Muscat's connectivity and positioning as a tourism hub in the GCC are key drivers for healthcare.

<sup>33</sup>Investera, "Idealmed GHS commissions new Oman International Hospital in Muscat, Oman", May 2021



## Section 4: Investment opportunity in emerging healthcare delivery formats

Systematic capacity planning is required to meet the increasing healthcare requirements of the population. Also, it is essential that added capacity is distributed to various sectors experiencing growth and adapted to accommodate emerging roles, technologies, and systems. The SWOT analysis of investment in emerging healthcare delivery formats is presented below:

### Exhibit 31: SWOT analysis of investment in emerging healthcare delivery formats

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Growing population, life expectancy, and burden of diseases leading to high demand of healthcare services</li> <li>• Increasing and widening health insurance coverage, leading to people availing more services in these formats</li> <li>• Rising consumer incomes and a corresponding ability to purchase healthcare</li> <li>• Higher demand due to convenience e.g., lesser span of stay in day surgery centres has been a major attraction for patients undergoing low-moderate risk surgeries/ procedures</li> </ul>	<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Leverage to build a sustainable competitive advantage in the marketplace</li> <li>• First mover advantage in various formats to tap un-catered markets</li> <li>• Opportunity for existing players to diversify their portfolios and lead towards inorganic growth</li> <li>• Brand portfolio of investors enables them to target various segments and enables them to build a diverse revenue source and profit mix</li> <li>• Emerging formats adopting international standards and hiring global workforce to raise quality of care</li> </ul>
<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Access to right channels in the industry to establish comparatively emerging formats</li> <li>• Complying with regulatory scenarios of various regions</li> <li>• Lack of segmental market information</li> <li>• Lack of healthcare workforce diversity e.g., rehabilitation nurses, various therapists etc. required for extended care centres</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Competition from a widely fragmented market e.g., small clinics in the primary care and preventive wellness segments</li> <li>• Culture of sticky prices in the industry leading to limited ability of players to demand premium prices in innovative formats</li> <li>• Initial low project returns for some formats</li> </ul>

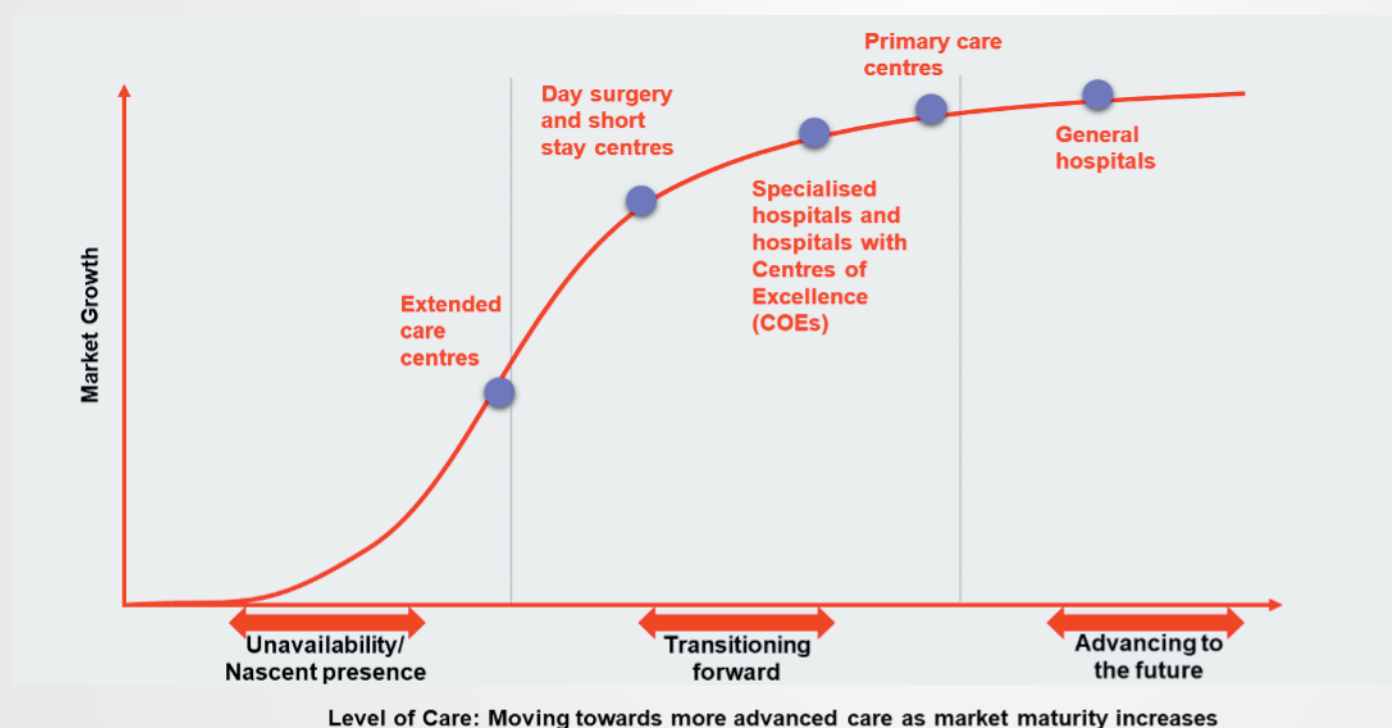
Various demand drivers are expected to drive the health sector's scale and viability so that investors may identify risks and take advantage of opportunities in this rapidly growing and capital-intensive sector. Also, growing market size and evolving preferences of consumers has been a key driver of growth of emerging formats over the last few years. These are increasingly becoming an attractive investment opportunity for potential investors and going forward, it is going to help the overall healthcare ecosystem in the GCC.

Various maturity stages of healthcare delivery formats have been categorised as low, moderate, and high. These are explained below:

### Exhibit 32: Definitions of maturity index

Maturity stage	Level of care	Remarks
Low	Unavailability/ Nascent presence	Limited/negligible presence across certain regions/ areas e.g. most regions report uneven availability of extended care centres
Moderate	Transitioning forward	Optimal presence of the format with moderate presence of manpower, technology, quality of care, and other resources. But there are gaps in various delivery channels, and this could be a potential investment opportunity
High	Advancing to the future	Formats having total maturity in the specific domain with large presence of resources, advanced technology, and also, comprehensive understanding of the delivery format e.g., general hospitals

### Exhibit 33: Current maturity index of healthcare delivery formats in the GCC countries<sup>34</sup>



As for key analysed GCC regions, majority of the upcoming projects are focused on the general multi-speciality segment with few projects offering specialised care in OBGYN, Cardiac sciences, Oncology, Ophthalmology etc. Currently, most emerging formats have reached moderate maturity and are transitioning towards advancement.

<sup>34</sup>JLL- Healthcare analysis

Healthcare industry is likely to face significant headwinds in the short to medium term due to the impact of COVID-19. Key measures have been undertaken by various players to comply with Government guidelines and enhance patient safety and compliance.


























### Exhibit 34: Impact of COVID-19 pandemic on various healthcare delivery formats in the GCC countries

Healthcare delivery format	Remarks	Investment opportunity
Primary care and Preventive wellness	<p>Increase seen in tele-consultations during the COVID-19 pandemic, along with increased preference of patients to visit medical centres and clinics rather than hospitals for primary care. Therefore, footfalls in primary care centres have seen growth. Also, availing diagnostics services at home and getting medicines delivered at home has increased the convenience factor for patients. This trend is expected to continue in future.</p> <p>Also, patients are now more focused on preventive services such as regular check-ups, immunisation, and screening services (including RT-PCR tests) etc. This presents a high investment opportunity in the preventive wellness segment.</p>	
General hospitals	<p>Hospitals have increased capacity of beds by working closely with health authorities, including field hospital beds (temporary infrastructure). Going forward, general hospitals are expected to focus on developing capability to have flexible infrastructure (IP beds being converted to ICU beds, portable/modular hospitals etc.) along with comprehensive infectious diseases departments and improved ratio of ICU beds.</p>	
Specialised hospitals and hospitals with centres of excellence	<p>Certain specialised healthcare segments have seen increased demand due to the COVID-19 pandemic e.g., Respiratory care. Severity of certain illnesses like diabetes, cardiac diseases etc. due to late admissions/delayed care also increased. Therefore, patients are expected to have higher utilisation of specialised hospitals and COEs in future. Also, both governments and patients are focusing on specialised services such as mental healthcare e.g., Mental health will now be covered under a basic health insurance plan in Dubai, according to Dubai Health Authority (DHA) circular. Also, due to travel restrictions, patients with insurance coverage are availing treatment in country of residence rather than traveling to native countries.</p>	
Day surgery and short stay centres	<p>Due to the pandemic, there has been higher utilisation of day surgery and short stay formats due to increased emphasis on reduced ALOS as a measure to reduce hospital acquired infection rates.</p>	
Extended care centres	<p>Outside the hospital setting care has increased with players implementing and expanding new care models e.g., improved homecare, LTC, and Rehab capabilities. During the pandemic, stable patients were shifted from general hospitals to extended care centres etc to free up hospital beds and also, transfer of long standing COVID-19 patients to these centres. Therefore, extended care centres have witnessed volume and revenue upside due to high demand of these services.</p>	

<sup>35</sup>Khaleej Times, "Dubai: Mental health, ayurveda and homeopathy now part of basic insurance plan, says DHA", July 2021

Below mentioned is the snapshot of various emerging formats in the GCC:

### Exhibit 35: Snapshot of upcoming supply and gaps in healthcare delivery formats in the GCC<sup>36</sup>

Healthcare delivery format	Abu Dhabi	Dubai	Riyadh	Jeddah	Muscat
Primary care and Preventive wellness					
General hospitals					
Specialised hospitals and Hospitals with COEs					
Day surgery and short stay centres					
Extended care					

Emerging healthcare delivery formats offer attractive market opportunities for existing players and potential investors looking to expand their market share, build a widespread client base, differentiate themselves from their competitors, and diversify their portfolios. Investors must consider their overall investment strategy, institutional capacity, and market factors relevant to each sub-market before investing into these new formats. Strategic considerations for entering the newer segments often include profitability, market penetration goals, risk diversification, brand image etc. Overall, the gradual evolution of the new formats of healthcare delivery will result in improvement in patient care across the region.

<sup>36</sup> JLL - Healthcare analysis

## Section 5: Annexure

Format	Definition
<b>By level of specialisation</b>	
Primary care centres	These provide level of health services that offers entry into the healthcare system
Diagnostic facilities	Provide simple to critical diagnostic procedures including clinical laboratory examinations by medical laboratory scientists or radiological services supervised by a radiologist. These services are often performed through referrals from other healthcare facilities and medical doctors
Urgent Care	These facilities are often walk-in clinics for emergency primary care. However, these are not designed for treating long-term conditions or immediately life-threatening problems that usually require emergency rooms
General hospitals	Hospitals focusing on general and/or tertiary care for the community, segregated into different departments or units. These may not be equipped to provide long-term care to patients. Amenities generally include a few specialities like general medicine, ENT, orthopaedics, cardiac sciences etc. Also, these might have certain unique services such as organ transplants, speciality medical devices
Specialised hospitals	These hospitals might have a wide range of specialities but have sub-speciality focus for selected specialities (e.g., cardiac care, women care, paediatrics, oncology, orthopaedic surgery, ophthalmology, psychiatric care etc.) and majority of patients receive care for a few Diagnosis-Related Groups (DRGs)
Short Stay centres	Short stay centres provide targeted care for patients requiring brief hospitalisation and dischargeable as soon as clinical conditions are resolved. They provide low complexity surgical, medical care & diagnostic procedures for patients with low-risk clinical conditions
<b>By Length of Stay</b>	
Acute Hospitals	These hospitals focus solely on offering care for patients with short-term needs with most people staying for a maximum of 10 days. In acute hospitals, the medical team can deal with different illnesses and disorders, surgeries, surgery recoveries, obstetric care, and postnatal care; however, they are not equipped to handle chronic or long-term care for patients
Day Surgery	An independent health facility, which provides day surgical services and is not located within or adjoining a hospital. It provides low complexity services for patients with low-risk clinical conditions who do not require hospitalisation or overnight stay beyond midnight (12am). It may include several surgical units to accommodate different procedures by respective surgical teams
Short Stay Hospitals	These hospitals have a number of wards, which are alternatives to ordinary wards that offer targeted care to patients. In short stay units, patients can be discharged directly after receiving brief hospitalisation and resolving clinical conditions.
Extended Care Centres	<p>These facilities offer a new level of care including skilled nursing services in a high-quality facility at a lower cost than in a hospital. Some examples of extended care centres are:</p> <ul style="list-style-type: none"> <li>• Long-term Care: Involve a variety of services designed to meet a person's health or personal care needs for an average inpatient stay of 150 days. These services help people live as independently and safely as possible when they can no longer perform everyday activities on their own. Long term care has many levels, with some including ventilation support to those in need</li> <li>• Rehabilitation: facilities offer a set of interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment. These services can be offered within an inpatient facility, or on an outpatient basis, depending on patient need and extent of disability.</li> <li>• Home care: Intended to be used for persons suffering from any sickness, injury, or disability to offer them a group of individualised therapeutic, social, and health services. This care can be offered as residential service including day care services for some part of the day, or as outpatient visitations</li> <li>• Palliative care centres: patient management facilities that focus on the physical, psychological, and spiritual needs of patients who are facing problems associated with life threatening illness or disabling diseases to improve the quality of life of patients and their families</li> </ul>
<b>Wellness facilities</b>	
Wellness Centres	Healthcare facilities providing services for the body and mind under the supervision of qualified medical professionals. These include medical spas, gymnasiums, sports, and recreation facilities etc. These centres usually offer body care services, fitness activities, personal training, and nutrition consultations etc.