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VALUE HEALTH REG ISSUES. 2026; 52:101599

Themed Section: HEOR in the Gulf Region

Toward Value-Based Healthcare in the Arabian Gulf and Wider Regions: New Evidence and Future Directions



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The Arabian Gulf, represented by the countries of the Gulf Cooperation Council (ie, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates) and their neighbors, has experienced rapid economic growth over recent decades. Today, it stands among the highest income regions globally, with growing geopolitical, technological, and commercial influence. Yet the Gulf is embedded within a wider Middle Eastern and North Africa (MENA) region that is rich in diversity, but where wealth exists alongside areas of fragility, conflict, and unmet health needs. This raises important questions related to how health systems can simultaneously provide access to innovative medical technologies for their populations while countries work together to ensure the basic health needs of all are met, in line with the aspirations of the Sustainable Development Goals.

Value in Health Regional Issues launched this call for papers for health economics and policy research focused on the Arabian Gulf and neighboring countries. Our aim was to understand how the region's dynamic health financing and reform agendas might catalyze positive change, expanding healthcare provision both within and across countries, and what role the region may play in shaping global debates on value-based healthcare. The collection of papers brings together a high quality set of studies that collectively strengthen the regional evidence base and guide how health economics can inform policies in such complex and rapidly evolving health systems.

Saudi Arabia: A Health System in Transition

Submissions spanned numerous countries, but a significant proportion focused on Saudi Arabia, reflecting its importance to the region.

Several papers highlight the importance of adopting a holistic approach to health and healthcare provision. Shdaifat et al¹ examine the economic and social support burden of schizophrenia in Saudi Arabia, demonstrating substantial direct and indirect costs alongside significant reliance on social support. The findings underscore the limits of a narrow healthcare lens and reinforce the need for coordinated responses considering health, economics and social care outcomes.

Other contributions focus on Saudi Arabia's policy reforms, especially the move toward value-based healthcare. A qualitative study of policy makers' and health systems leaders' perspectives by Hariri et al² highlights the ambition of reforms but also notes

barriers toward implementation. The authors use health systems thinking and emphasize the notion of systemic transition, rather than reliance upon a series of discrete technical fixes—an insight with relevance well beyond Saudi Arabia. Complementary to this, Alsubahi et al³ provide quantitative evidence on the relationship between patient-reported outcome measures and patient-reported experience measures for people with diabetes. They emphasize how both measures are necessary and can be used routinely within electronic health records to ensure value-based healthcare also includes experiential assessment.

The complexity of financing arrangements and the importance of affordability are recurring themes. AlGhamdi et al⁴ use private claims data to show that increased use of generic medicines has generated substantial cost savings over time. They illustrate how fiscal space for health can be created by countries being careful on spending commitments. Relatedly, a budget impact analysis of second-line treatments for metastatic breast cancer in Oman by Aljaber et al⁵ highlights the substantial financial pressures posed by high-cost innovations, even when they offer clinical benefit to individual patients. Taken together, the studies emphasize the importance of institutionalizing consideration of affordability and opportunity costs, especially in health systems facing rapid expansions in treatment options.

An Evolving Picture of Mortality and Health Needs

Taking a regional lens, Khedhiri⁶ applies cluster analysis to mortality data across the MENA region, identifying distinct trajectories in causes of deaths. The results provide a bird's-eye view of shared and diverging health challenges across countries—from rising cancers in some (Iran, Iraq) to ongoing challenges of cardiovascular diseases in others (Syria, Turkey, Egypt, Oman). Neurological conditions and neoplasms are identified as a growing concern. Identifying regional patterns in this way means evidence generation has benefit across jurisdictions and can inform regionally designed approaches to tackle shared health needs.

A more focused national analysis by Zeng et al⁷ examines the economic burden of maternal mortality in Jordan, combining direct costs with estimates of productivity losses using a value-of-statistical-life-year approach. Despite declining maternal mortality rates in the country, the overall economic burden

remains substantial, particularly among women in their prime working and caregiving years. The study highlights how health gains can coexist with persistent economic and social costs. The findings have relevance for other countries, especially those affected by migration resulting from regional instability.

Addressing Determinants of Health

A central theme running through this collection of papers is that improving health outcomes often requires action beyond the healthcare sector alone. Determinants of health warrant attention and 2 papers focus on nutrition, addressing concerns at opposite ends of the malnutrition spectrum.

Qureshy et al⁸ assess the costs and cost-effectiveness of increasing coverage of child nutrition interventions in Yemen, where shockingly nearly 50% of children under 5 years old are stunted. The analysis finds high benefit-cost ratios for scale-up alternatives due to reduced costs of illness and future earnings from increased productivity and cognitive gains. However, costs per disability adjusted life year averted are high for Yemen and this raises difficult questions of affordability and who can pay for scale-up. The persistence of such stark unmet basic needs in a region that has experienced rapid economic growth is a reminder of the continued need for international development assistance.

By contrast, Shin et al⁹ evaluate the impact of alternative food and beverage taxes aimed at addressing overnutrition in Saudi Arabia. Using a randomized control trial linked to an online grocery store, they find that comprehensive, tiered taxes are more effective than narrow levies in shifting consumers toward healthier food baskets. While challenges, such as study attrition, are acknowledged, the results add to a growing global literature and point to promising policy options for addressing diet-related growth in noncommunicable diseases in the Gulf region and beyond.

Looking Ahead: Building a Regional Evidence Base

Collectively, the studies in this issue point to several priorities to enhance value-based healthcare in the Gulf and wider MENA region.

First, continued investment in health economics research and research infrastructure, including enhanced data systems, is essential to ensure returns to health spending are high and additional funding is committed to where health gains can be greatest. Second, research must be embedded within stronger institutional frameworks and processes, including the use of health technology assessment and other priority setting mechanisms, for evidence to sustainably influence health policy and reform agendas. Third, greater integration is needed, at all levels and across health and related sectors, including data platforms, to better understand needs and to enable suitable prioritization. The pitfalls of fragmentation remain a constant risk. Fourth, the potential for shared learning across the region and between the region and the wider world is considerable. No country can address the complex and rapidly evolving health challenges faced

today in isolation—shared learning and the collegiate pursuit of best practice benefits all.

Author Disclosures

Author disclosure forms can be accessed below in the Supplemental Material section.

Supplemental Material

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