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Deep Knowledge Group is a consortium of commercial and non-profit organizations active on many fronts in the realm of DeepTech and Frontier Technologies (AI, Longevity, FinTech, GovTech, InvestTech), ranging from scientific research to investment, entrepreneurship, analytics, media, philanthropy and more.

Strategic Partners of Aging Analytics Agency



appg longevity

Supporting Partner for the UK All-Party Parliamentary Group for Longevity and a Source of Data and Analytics for the APPG Secretariat



Official Member
Organization of the United Nations NGO Committee on Ageing



Media Partner for Metabesity Conference in Washington D.C.



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Supporting Partner of the Annual International Longevity Policy & Governance Summit

"National Longevity Development Plans" Case Study Presented in UK Parliament

NATIONAL LONGEVITY DEVELOPMENT PLANS: GLOBAL OVERVIEW 2019 (First Edition)



Aging Analytics Agency's response to the World Health Organization's Draft Zero proposal for the Decade of Healthy Aging



Written Evidence on Behalf of Aging Analytics Agency to House of Lords Science and Technology Committee's "Aging: Science, Technology and Healthy Living" Inquiry



Proposal to the All-Party Parliamentary Group for Longevity in Response to the "National Strategy for Five More Years of Healthy Life Expectancy While Closing the Social Gap by 2035: Call for evidence and solutions" by Aging Analytics Agency



HOUSE OF LORDS

Science and Technology Select Committee

1st Report of Session 2019–21

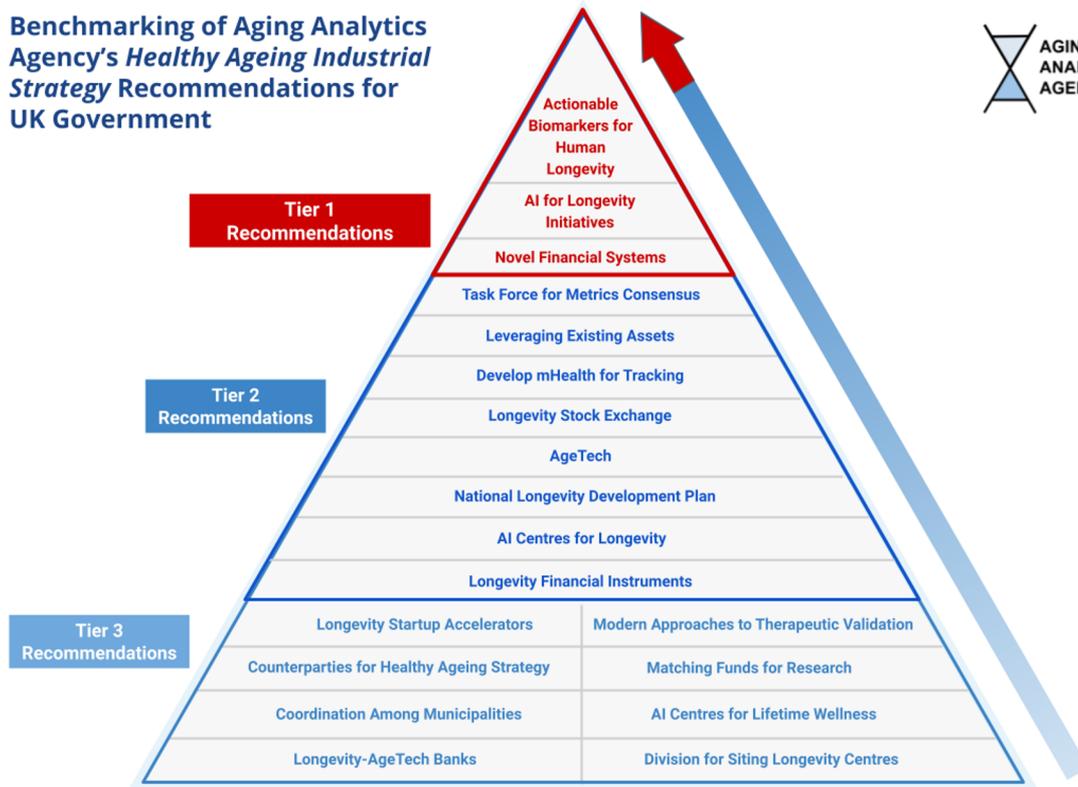
Ageing: Science, Technology and Healthy Living

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HL Paper 183

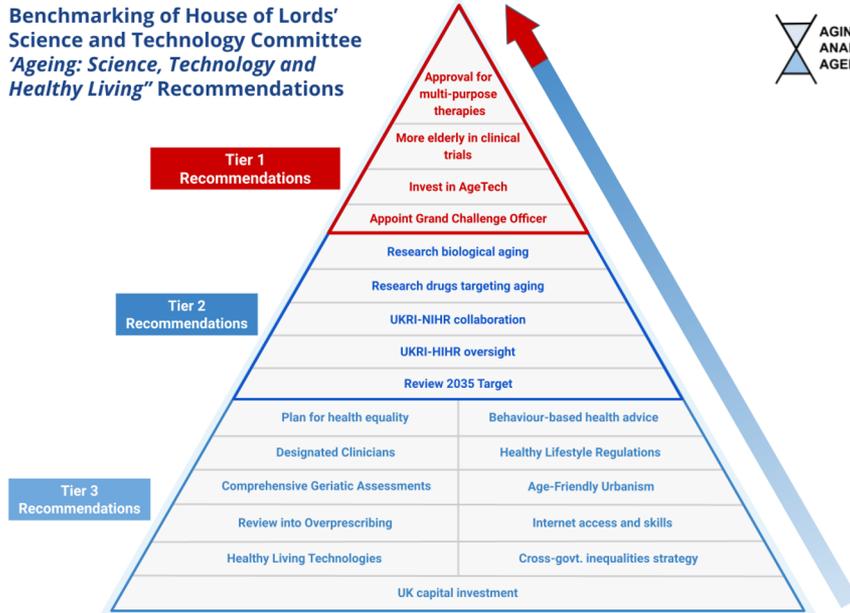
Benchmarking of Aging Analytics Agency's Healthy Ageing Industrial Strategy Recommendations for UK Government



House of Lords vs. Aging Analytics Agency Recommendations

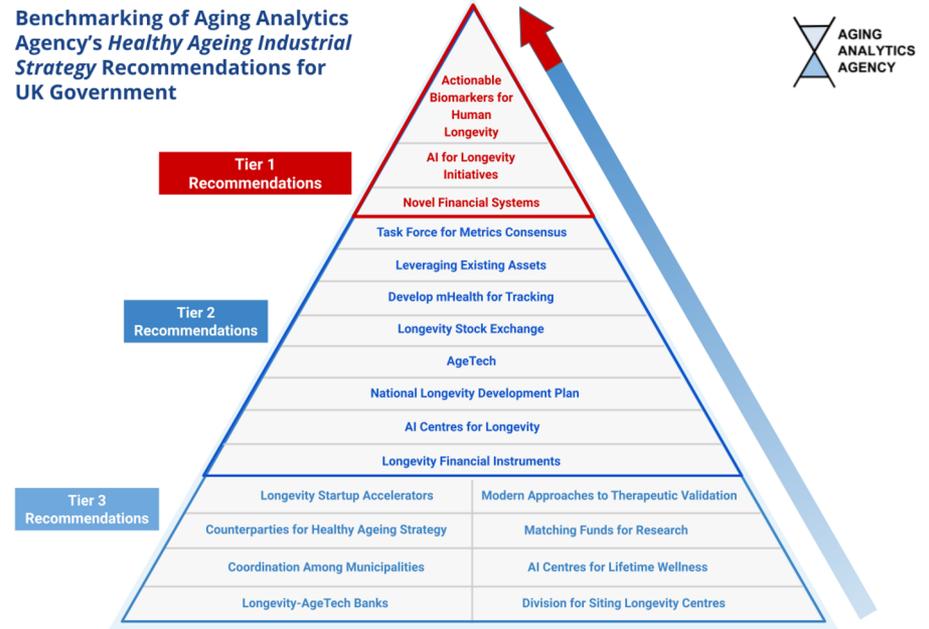
House of Lords Recommendations

Benchmarking of House of Lords' Science and Technology Committee 'Ageing: Science, Technology and Healthy Living' Recommendations



Aging Analytics Agency Recommendations

Benchmarking of Aging Analytics Agency's *Healthy Ageing Industrial Strategy* Recommendations for UK Government



Specialist agency will profile Greater Manchester's healthy ageing assets



Dmitry Kaminskiy

Business news
March 03 2021
Neil Hodgson



Write a comment



Greater Manchester is seeking to exploit the growing 'grey economy'.

Highlighted as one of the UK's four grand challenges in the Government's Industrial Strategy, ageing populations across the world are driving demand for new technologies, products and services and the region is in a prime position to take advantage of this global change.

Already recognised as the UK's first age-friendly region by the World Health Organisation, MIDAS – Greater Manchester's inward investment agency – has appointed a specialist company to characterise the region's strengths to support a rapidly growing longevity industry.



Browse Sector ▼

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MIDAS appoints specialist agency to profile Greater Manchester's healthy ageing assets

3 March 2021

Category: Life Science and Healthcare



Related sectors

[Life Science and Healthcare](#)

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THE 2ND INTERNATIONAL LONGEVITY POLICY AND GOVERNANCE SUMMIT



**Dmitry Kaminskiy on COVID-19 Analytics & Longevity Governance Dashboards
at the APPG for Longevity Secretariat's 2nd Annual Summit**

**11th November
London, UK**

Dmitry Kaminskiy International Longevity Policy Activities

Dmitry Kaminskiy is actively involved in the work of the initiative group and was instrumental at the initial stage of the launch of the **All-Party Parliamentary Group for Longevity in the UK Parliament**. He now serves as **Co-Director** of the **APPG Secretariat**, overseeing the APPG's **international Longevity cooperation development division**.



Official Launch All-Party Parliamentary Group for Longevity
House of Lords, London, UK



All Party Parliamentary Group for Longevity Inaugural Meeting
House of Lords, London, UK

Dmitry Kaminskiy Longevity International Policy Activities

Dmitry Kaminskiy on behalf of Aging Analytics Agency, has presented its findings on International Longevity Policy, and its Big Data special analytical case studies on National Longevity Development Plans, at several the UK All-Party Parliamentary Group for Longevity board and evidence meetings, providing quantitative data and practical recommendations used in part for the formulation of the APPG's "Health of the Nation" Report, which provided a set of key recommendations to the UK government to help them achieve the goal set out by former UK Prime Minister Theresa May (and carried forward by current UK Prime Minister Boris Johnson) to add 5 extra years of healthy lifespan to the UK population by the year 2035.



All-Party Parliamentary Group for Longevity Strategic Advisory Board Meeting - House of Lords, London, UK



Longevity Policy & Governance Report Presented at Inaugural All-Party Parliamentary Group for Longevity

Aging Analytics Agency's first major Longevity Policy & Governance project was its 2019 case study, **National Longevity Development Plans Global Landscape Overview 2019**. Because Aging Analytics Agency is the main source of Longevity industry data and analytics for the UK **All-Party Parliamentary Group for Longevity**, representatives of the agency presented some of the special case study's major conclusions at an All-Party Parliamentary Group for Longevity **Strategic Advisory Board** meeting in **UK Parliament** on April 30th, arguing that the UK Government needs to extend existing efforts and create a framework to change the **deficit model** of the 'Ageing Society' to an **asset model** around 'Longevity' and be bold with a national strategy to harness the 'Longevity Dividend' to benefit all people in society.



“National Longevity Development Plans” Case Study Presented in UK Parliament

On May 7, 2019, Aging Analytics Agency Founder Dmitry Kaminskiy also delivered a presentation highlighting major conclusions from Aging Analytics Agency’s “[National Longevity Development Plans Global Overview](#)” report at UK Parliament, as part of the official Launch Event for the All-Party Parliamentary Group for Longevity.

Aging Analytics Agency serves as the primary source of analytics and data for the APPG for Longevity.

Pictured left is the current UK Secretary of Healthy and Social Care, Matt Hancock, delivering a speech against the backdrop of the front cover of Aging Analytics Agency’s special analytical case study.



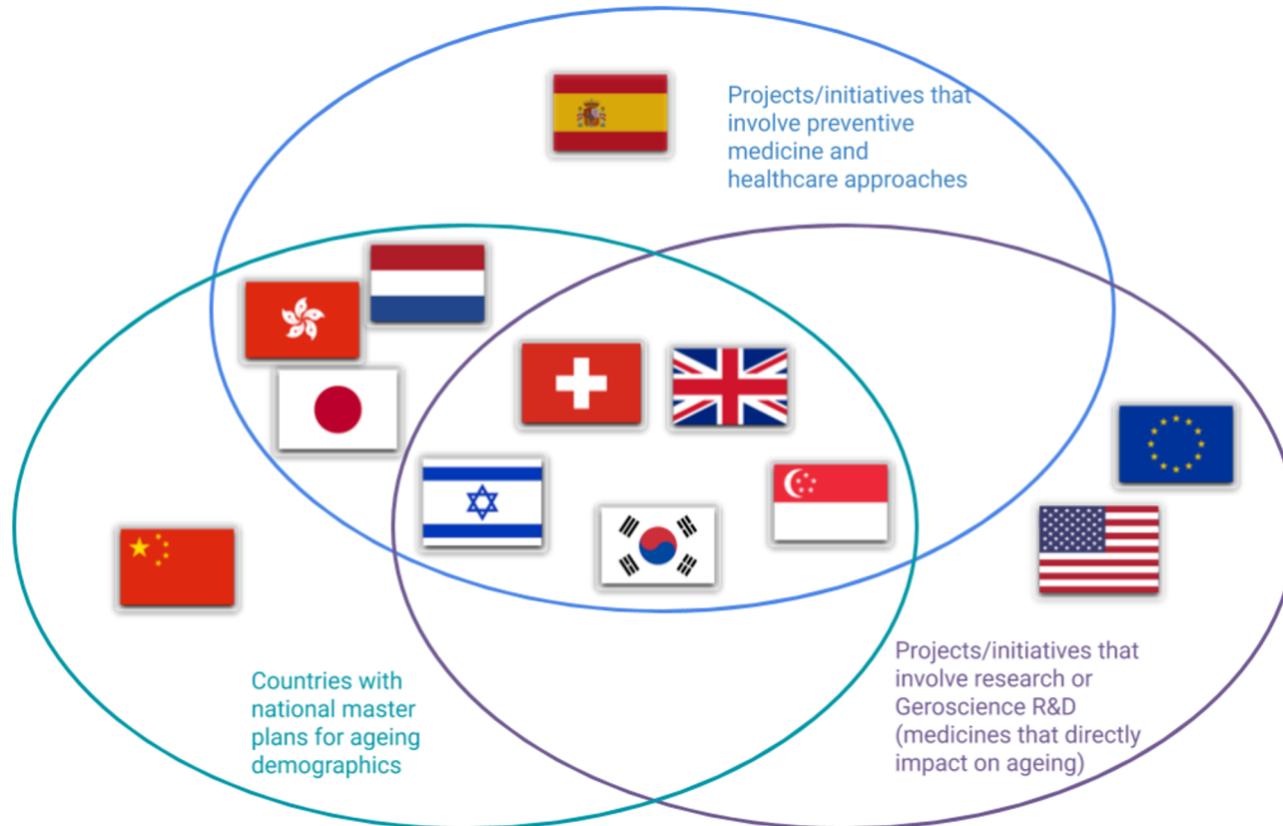
UK Secretary of Health & Social Care at the APPG for Longevity Launch



Launch of the UK All-Party Parliamentary Group (APPG) for Longevity, House of Commons

Aging Analytics Agency Co-Founder Dmitry Kaminskiy and Strategic Director Eric Kihlstrom alongside The Secretariat with Rt Hon Damian Green MP (APPG Chair), The Lord Filkin CBE (Advisory Board Chair), Professor Andrew Scott (Advisory Board Member) and Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care at the Launch of the APPG for Longevity, where Aging Analytics Agency’s Global Longevity Governance Report was Premiered, distributed and discussed.

National Longevity Initiatives Classification Framework



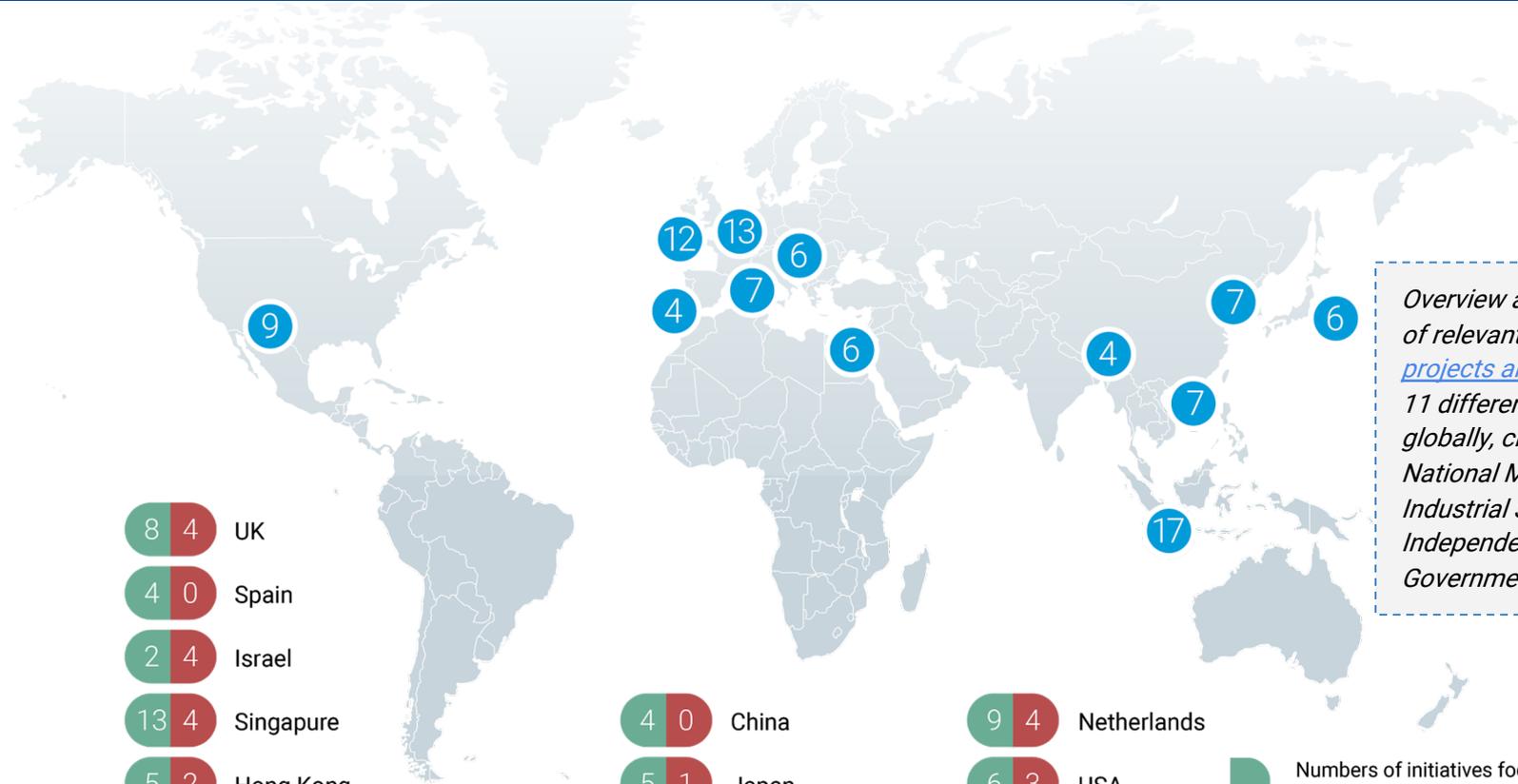
A *comprehensive analysis* of the strength, relevance and proactivity of various countries' government-led efforts at projects and initiatives to reduce the economic burden of an aging population and manifest the opportunities of Healthy Longevity.

Overall, there are 6 levels of proprietary metrics which differ based on the nature of the parameters they consist of.

Indicators, their growth rates and their ratios are calculated separately and then integrated in the final metrics system.

Thus, the ranking system reflects both strengths and opportunities of different countries regarding the development of national Longevity strategies. It can be applied for the evaluation of the current state of a country, as well as of its prospects. Some metrics indicators are directly interconnected, since the ratios are derived from single values which are parameters themselves.

Number of Government Led Longevity Initiatives by Region



Overview and breakdown of relevant [Longevity projects and initiatives](#) in 11 different regions globally, classified into National Master Plans, Industrial Strategies and Independent or Municipal Government Programs.

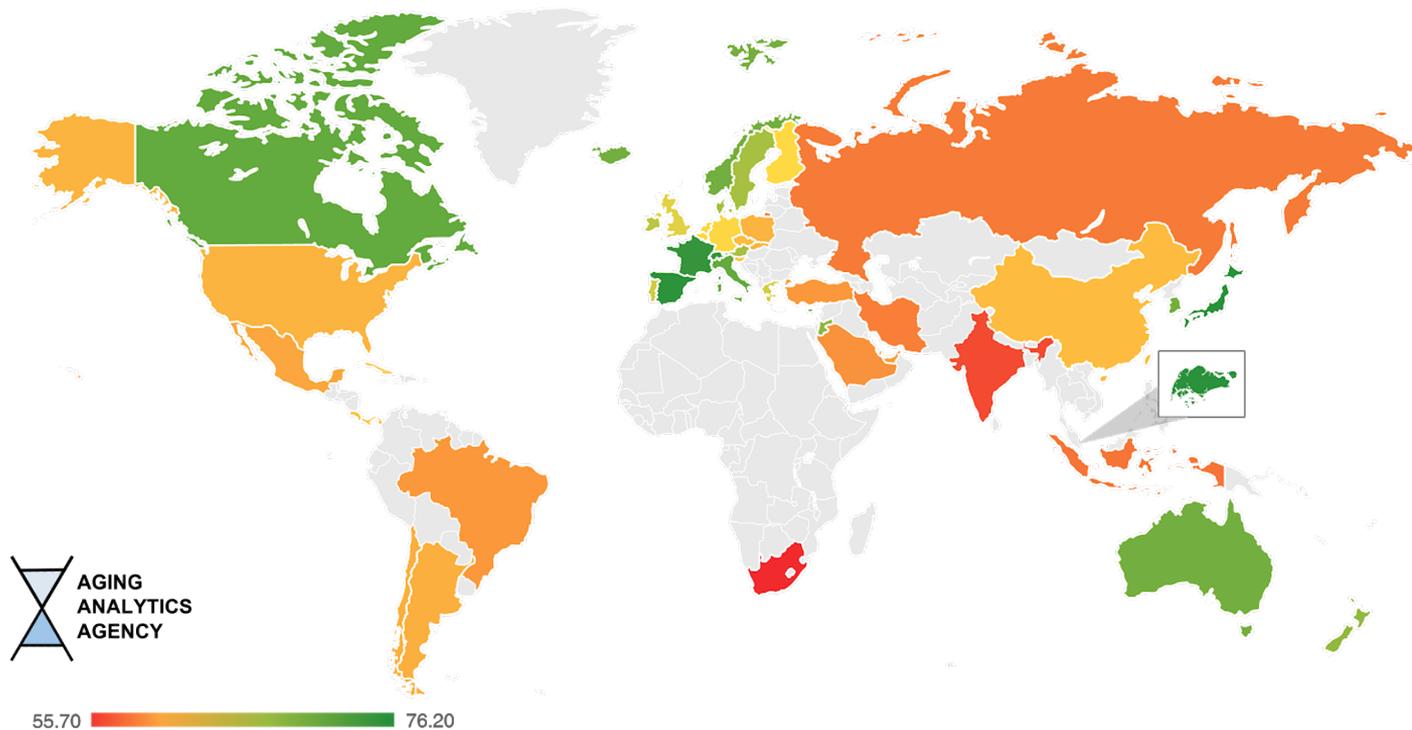


 Numbers of initiatives focused on non-medical approaches that improve the quality of life

 Numbers of initiatives focused on preventive healthcare, geroscience and AgeTech

National Healthy Longevity Heat Map

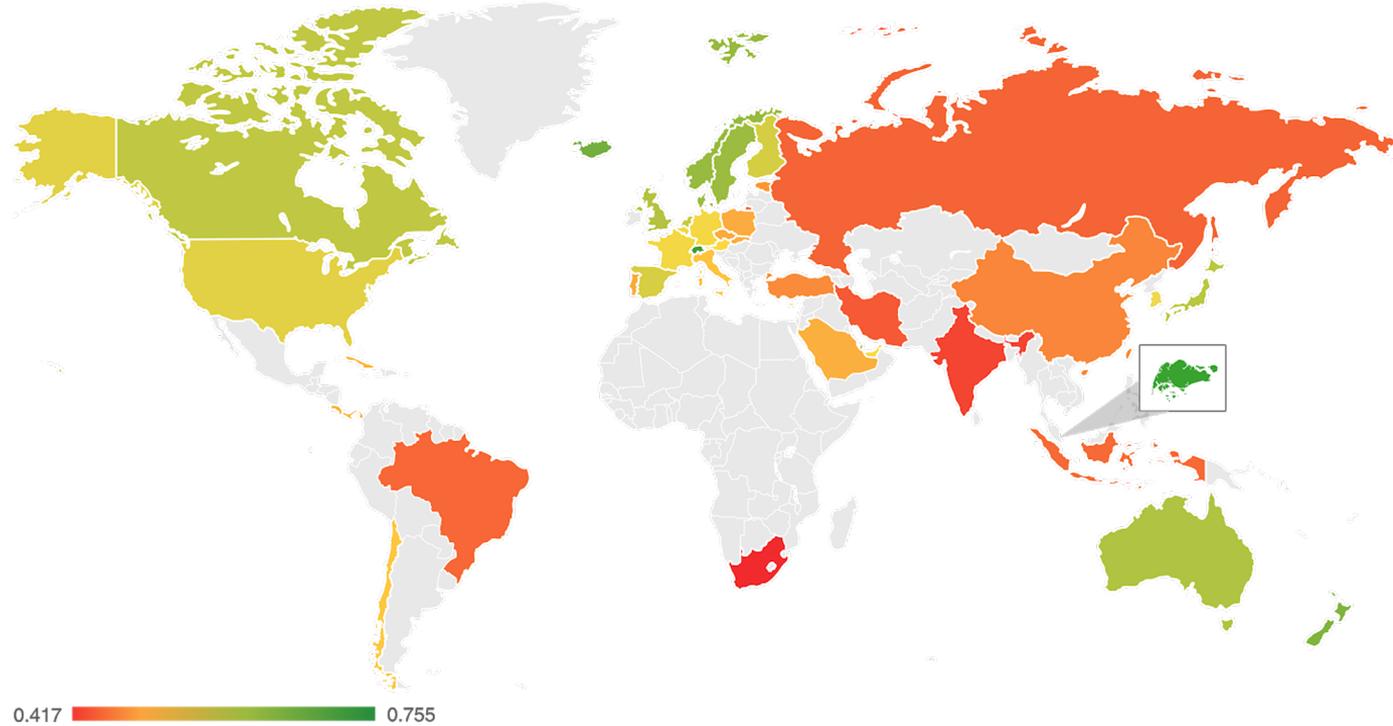
Healthy Longevity Level Map



Healthy Longevity relates here to the number of years that a person live without serious health problems or injuries.

National Longevity Rankings: HALE (Health-Adjusted Life Expectancy) & HALE GAP

Final Rankings of the Level of HALE and Gap



Health-Adjusted Life Expectancy (HALE), used here as a measure of Healthy Longevity, is the average number of years an individual can expect to live free of chronic age-related disease.

Singapore vs. US: Longevity Progressive vs. Regressive Nations

Singapore

HALE: 76.2

HALE GAP: 6.7

Life Expectancy: 82.9

Healthcare Efficiency Rank: #2

% GDP Healthcare Spending:

4.5%

United States

HALE: 68.5

HALE GAP: 10.0

Life Expectancy: 78.5

Healthcare Efficiency Rank: #25

% GDP Healthcare Spending: 18%

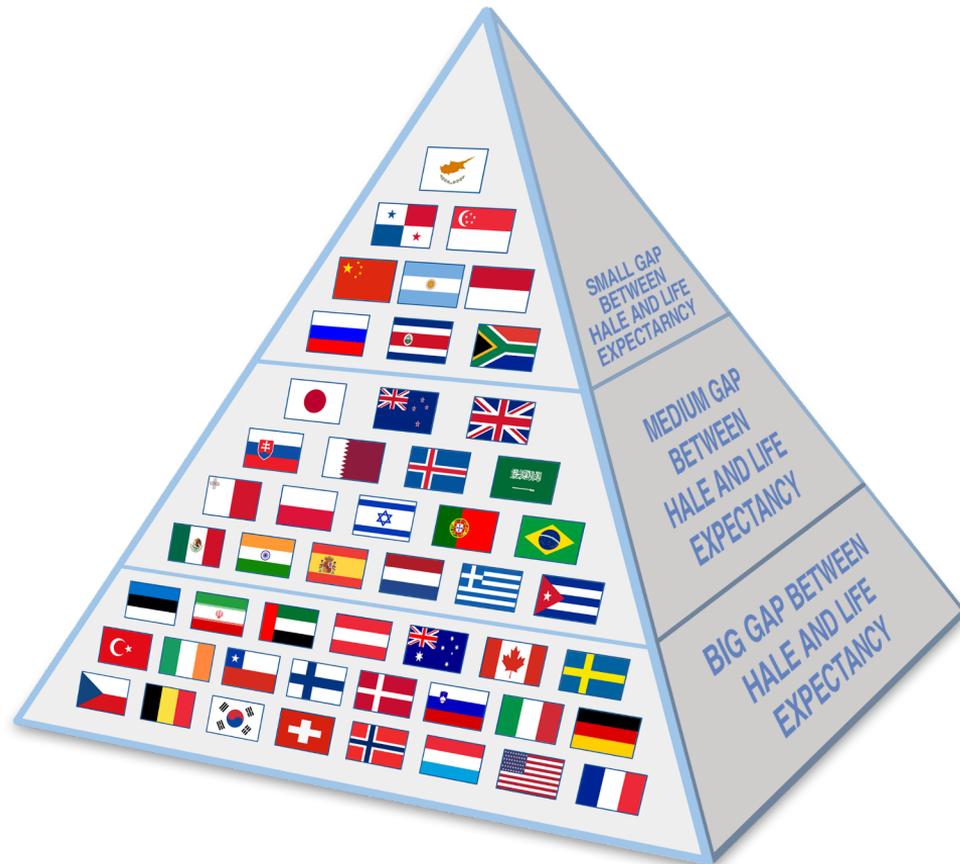
By analyzing the specific circumstances of Longevity outliers - nations with an unusually large or small gap between healthy-adjusted life expectancy and unadjusted life expectancy - the special case study is able to derive insights into the factors likely to either increase or decrease this gap.

The health care system in Singapore, for example, appears more geared toward raising up all its citizens than on achieving excellence in a few high-profile areas. By contrast, the United States (which is the subject of another recent policy-focused analytical report, "[*Metabesity and Longevity: USA Special Case Study*](#)") spends a disproportionate amount on health care, and yet has the lowest levels of healthy life expectancy among high-income developed countries.

This illustrates the extreme disparities and variation in healthcare efficiency across the globe, exemplified by the enormous gap between HALE and life expectancy in different countries (e.g., Singapore's gap of 6.7 years vs. a gap of 10.0 years in the USA).



The Future of Longevity Governance: Forecasts for 2020 - 2025



In the next few years, several technologically advanced small smart states will emerge as global competitors in the development of integrated Longevity Industry ecosystems, some of which will focus on specific sectors tuned to their unique strengths, while others will seek to create fully integrated hubs encompassing the entire multifaceted scope of the Longevity Industry.

The potential of government to bring about this type of development is not to be underestimated. The previously underdeveloped Zug canton in Switzerland for example - through a set of legislative initiatives, and some government coordination, as well as initiatives within the "crypto community" - quickly became known worldwide as the 'Crypto Valley'. All that was required was for the cantonal authorities to foster a legislative environment (combined with some international promotional efforts) that would incentivize relevant expertise to relocate there and set up business. In other words, the government created conditions which attract a self-selecting population of community of crypto entrepreneurs.

Some countries are now selling their citizenship to foreign expats present and working in those countries for a certain period, thereby utilizing the same technique of selectively attracting human expertise that was used by Singapore in the creation of its technological mega-hub. We expect five years from now to see a "new normal" of small technocratic nations selling their citizenship selectively to people committed to advancing Longevity-related technologies, in exchange for access to some of the most sophisticated and advanced healthcare, life insurance, MedTech, AgeTech and WealthTech ecosystems available.

Longevity Governance Big Data Analytics Dashboard

Market Intelligence

Longevity Governance Market Intelligence

- Full Analysis
- Interactive Mindmaps
- SWOT Analysis
- Dynamic Charts

Full Big Data Analysis

Introduction & Big Data Comparative Analysis Framework

Longevity Progressiveness Ranking of 50 Regions

Major Factors Determining Healthy Longevity

Big Data Comparative Analysis: Healthy Longevity in 50 Regions

Current Trends in Life Expectancy and Healthy Longevity

Conclusions and Practical Recommendations

[View More](#)

Dashboard Parameters

DATA POINTS 12000	PARAMETERS 240	REGIONS 50
LAYERS OF FRAMEWORK 6	DYNAMIC CHARTS 100	SWOT ANALYSIS PROFILES 50

SWOT Analysis



[View More](#)

Longevity Governance Market Intelligence

- Pre-Subscribe for Beta
- COVID-19 Dashboard
- 3D Visualization

Search Engine

Longevity Governance Search Engine

- Benchmarking Charts
- Major Trends
- Practical Recommendations
- Big Data Framework

National Healthy Longevity Interactive MindMaps

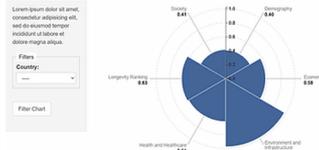


[View More](#)

Longevity Progressiveness 3D Visualization



Longevity Progressiveness Benchmarking Charts



[View More](#)

Longevity Governance Search Engine

- Health-Adjusted Life Expectancy (HALE) Gap and Life Expectancy
- Health-Adjusted Life Expectancy (HALE) Benchmarking

Big Data Analytical System Architecture: Longevity Governance Dashboard

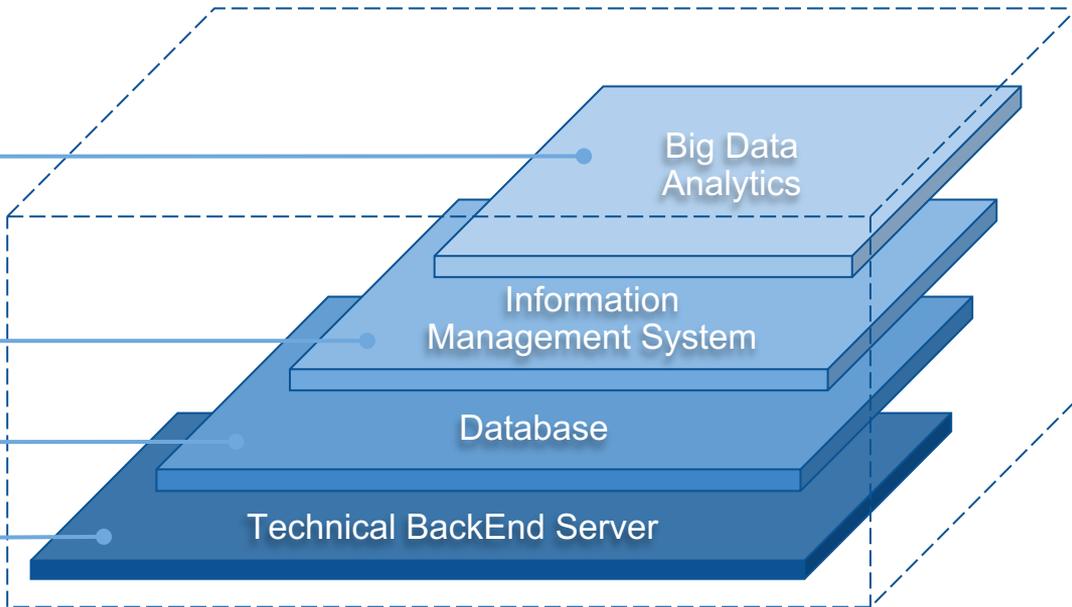
User Interface / Dashboard



Healthy Longevity (Health-Adjusted Life Expectancy)

Ageing Population vs. Advanced Biomedicine

Longevity Industrial Strategy Development



Dashboard Parameters

DATA POINTS

12000

PARAMETERS

240

REGIONS

50

LAYERS OF
FRAMEWORK

6

DYNAMIC
CHARTS

100

SWOT
ANALYSIS
PROFILES

50

- Reinforcement learning for comparative Longevity Policy analysis
- Longevity policy initiative and development plan benchmarking (ranking)
- Semi-automated SWOT analysis on region-specific Longevity governance and policy projects
- Semi-automated Practical recommendations to optimize Longevity policy and governance strategy

**Longevity
in Gulf Region and
United Arab Emirates**

Advanced Biomedicine in the Gulf Region Landscape Overview



[“Advanced Biomedicine in the Gulf Region Landscape Overview”](#)

is a new analytical case study that applies the sophisticated multidimensional and big data analytics first developed for our previous report, “Global Longevity Governance: Big Data Comparative Analysis of Longevity Progressiveness in 50 Countries”, to providing intelligible and fact-based benchmarking of Gulf Region countries in relation to their respective levels of Healthy Longevity, as measured by Health-Adjusted Life Expectancy (HALE).

Advanced Biomedicine in the Gulf Region Landscape Overview

Prospects for the Development of A Full-Scope Gulf Longevity Hub

Longevity Precision Health Finance Policy



Longevity in the Gulf Region Landscape Overview

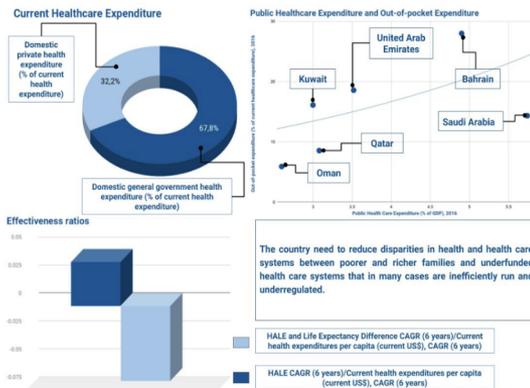


Advanced Biomedicine in the Gulf Region Landscape Overview
Prospects for the Development of A Full-Scope Gulf Longevity Hub

Longevity Precision Health Finance Policy



Summary of Healthcare and Longevity Parameters in UAE



General Metrics	Value
HALE	Both Sexes HALE (2016): 66.7 years HALE/Life Expectancy Difference 2016: 10.55
Economy	GDP per Capita, Current Prices (2016): 38.14 thousand (\$) Annual GDP Growth (2016): 3 %
Healthcare	Current Health Expenditure per Capita (2016): 1.32 thousand (\$) Public Health Care Expenditure 2016: 3.52 % of GDP
Retirement	Age Dependency Ratio 2016: 18 Population over 65, 2016: 1.1 % Number of WHO Age Friendly Cities and Communities: 1
General Health Status	Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016: 3.8 Annual Cigarette Consumption (Units per Capita) 2016: 748 Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate): 67.8 % of adults

Longevity-Related Indices	Value
The Healthcare Access and Quality Index -2016:	70
Human Development Index 2016:	0.86
E-Government Development Index 2016:	0.75
Corruption Perceptions Index 2016:	66
Global Gender Gap Index 2016:	0.64
Democracy Index 2016:	2.75

HALE, 2016	Country	Difference Between HALE and LE, 2016
76.9	Qatar	9.5
76.4	United Arab Emirates	10.5
76.2	Bahrain	11
75	Oman	11.4
73.7	Kuwait	8.5
73.2	Saudi Arabia	8.6

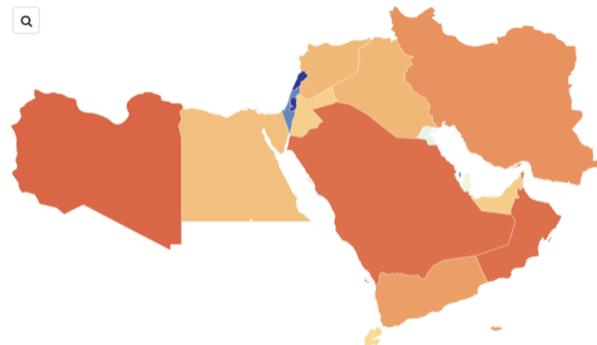
Difference Between HALE and LE, 2016

HALE, 2016	Country	Public Healthcare Expenditure (as % of GDP), 2016
76.9	Qatar	3.08
76.4	United Arab Emirates	3.52
76.2	Bahrain	4.9
75	Oman	2.6
73.7	Kuwait	3
73.2	Saudi Arabia	5.74

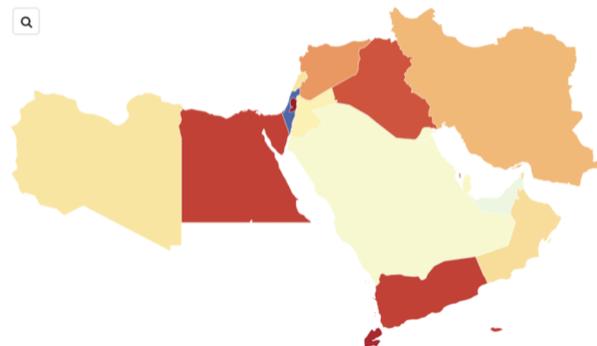
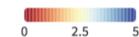
Public Healthcare Expenditure (as % of GDP), 2016

COVID-19 Regional Safety Assessment in the Middle East Region

Population Density



Number of doctors (per 1,000 people)

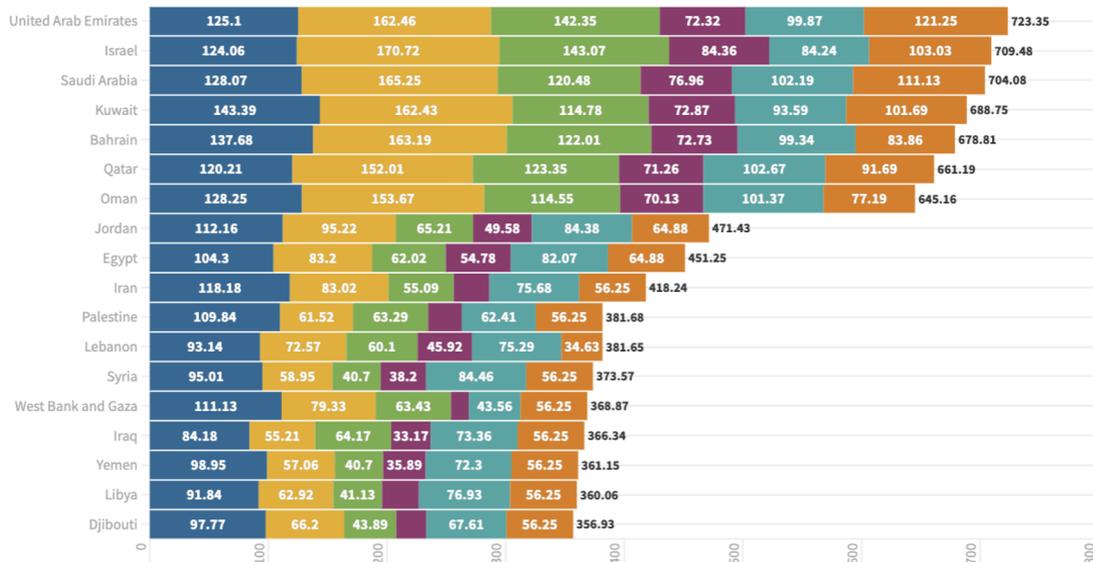


COVID-19 Regional Safety Assessment The List of Middle Eastern Countries and Regions

COVID-19 Regional Safety Assessment

Enter series to show

■ Quarantine Efficiency
 ■ Gov Efficiency
 ■ Monitoring and Detection
 ■ Healthcare Readiness
 ■ Country vulnerability
 ■ Emergency preparedness



UAE Detailed Healthcare Interactive Geomap by Cities





United Arab Emirates

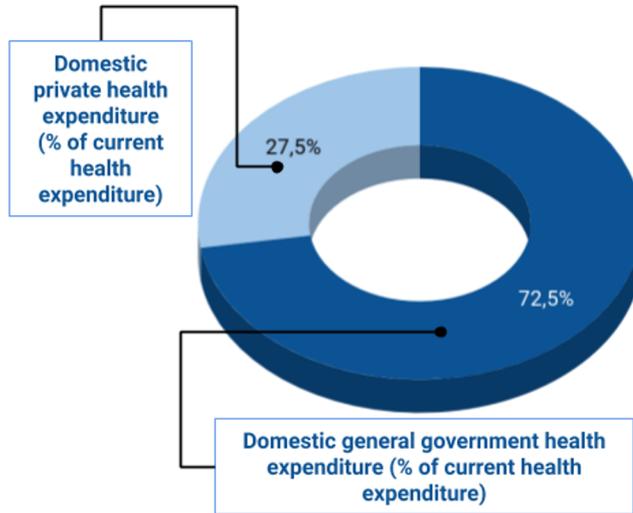
Longevity-Related Indices & Parameters

General metrics

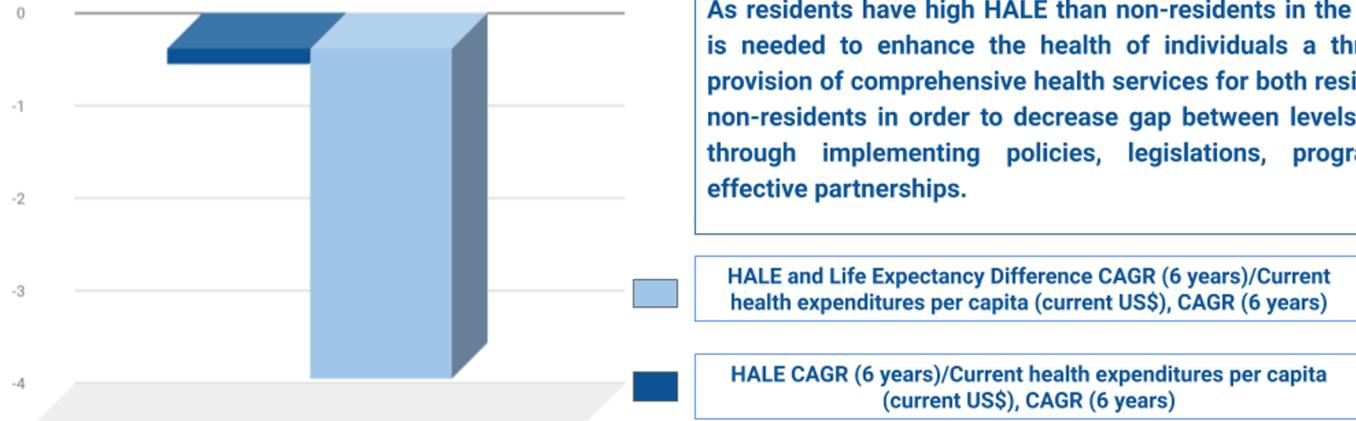
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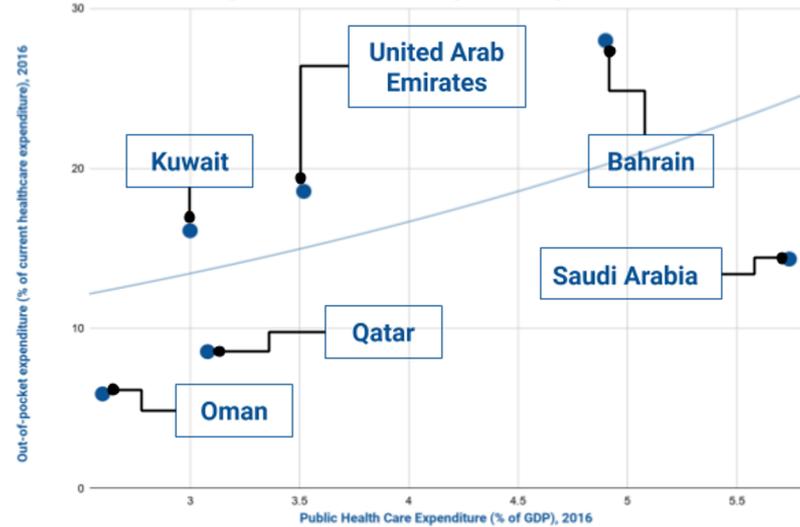
Current Healthcare Expenditure



Effectiveness ratios



Public Healthcare Expenditure and Out-of-pocket Expenditure



As residents have high HALE than non-residents in the country it is needed to enhance the health of individuals through the provision of comprehensive health services for both residents and non-residents in order to decrease gap between levels of HALE, through implementing policies, legislations, programs and effective partnerships.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

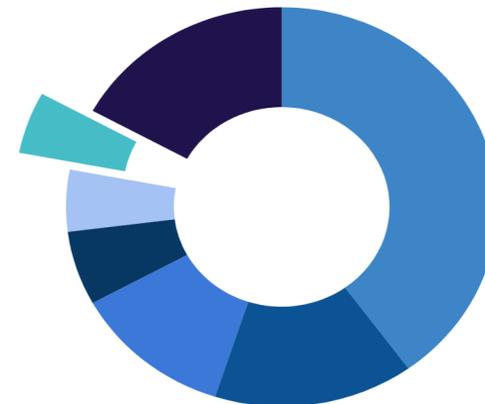
Cause-Specific Mortality in United Arab Emirates



Noncommunicable diseases constitutes a huge public health challenge, associated with tremendous social, economic, and developmental impact in the UAE. The probability of dying prematurely (before the age of 70) from one of the four main NCDs – principally cardiovascular disease (CVD), cancer, diabetes, and chronic respiratory disease – is 17%. Furthermore, the top five risk factors for NCDs were dietary risks, high body mass index, high systolic blood pressure, high fasting plasma glucose, and high total cholesterol.

* - NCDs account for 77% of all deaths

Proportional Mortality*, (%)



Risk Factors

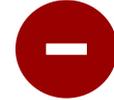
		Males	Females	Total	
1	Harmful use of Alcohol	Total alcohol per capita consumption, adults 15+ (litres of pure alcohol)	5	1	4
2	Physical Inactivity	Physical inactivity, adults 18+ (%)	36	46	38
3	Salt/Sodium Intake	Mean population salt intake, adults 20+ (g per day)	10	9	9
4	Tobacco Use	Current tobacco smoking, adults 15+ (%)	38	1	29
5	Raised Blood Pressure	Raised blood pressure, adults 18+ (%)	15	9	13
6	Diabetes	Raised blood glucose, adults 18+ (%)	8	9	8
7	Obesity	Obesity, adults 18+ (%)	27	39	30
8	Ambient Air Pollution	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	-	-	4
9	Household Air Pollution	Population with primary reliance on polluting fuels and technologies	-	-	<5

SWOT Analysis of Healthcare in the United Arab Emirates



STRENGTHS

- The UAE has a comprehensive, government-funded health service and a rapidly developing private health sector that delivers a high standard of health care to the population.
- Due to the success of this high standard of care across all stages of the health care system, life expectancy in the UAE is 76.8 years, reaching levels similar to those in Europe and North America.
- The UAE is renowned for its quality healthcare facilities, which has led to a rise in medical tourism over the past decade. The region has **181 doctors per 100,000 residents**.



WEAKNESSES

- Health care is expensive. There are more private hospitals and healthcare facilities than public. As of 2018, **the UAE had 104 hospitals: 33 government and 71 private**.
- Public health facilities are less expensive, but wait times are long.
- The World Health Organization has determined that a third of the adults in the UAE are obese, and one out of five people live with diabetes.



OPPORTUNITIES

- Rapidly growing spa market.
- Private health care services are increasing at a rapid rate everywhere in the UAE through clinics, private hospitals and medical cities.
- Government wants to boost the number of medical tourists coming to the UAE in order to establish Dubai as a center of healthcare excellence in the region.
- Since the population aging, there is a high demand for healthcare.



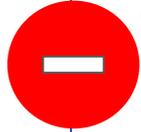
THREATS

- Rapidly growing population and the concurrent increasing demand on the healthcare sector.
- Higher demand for healthcare will surge healthcare costs.
- Overconsumption of medical services, increasing costs of medical equipment and competition for qualified professionals, and increase of chronic diseases.
- Increasing burden of socioeconomic inequality would contribute to bigger discrepancy in health status and worsening demographic situation in general.

Analysis of Strengths and Weaknesses of Health Care System in the UAE



- According to World Health Organization Ranking: The World Health System, Health care system of the United Arab Emirates is 27.
- United Arab Emirates has a strong healthcare infrastructure.
- Most infectious diseases like malaria, measles and poliomyelitis that were once prevalent in the UAE have been eradicated. New vaccination campaigns are taking place to protect against chicken pox, pertusis and the rotavirus.
- Access to clean water in urban and rural areas is assured for 100% of the population, and close to 100% use modern sanitation facilities. The new-born (neonate) mortality rate has been reduced to 5.54 per 1000 and infant mortality to 7 per 1000. Maternal mortality rates have dropped to 0.01 for every 100,000.



- The UAE's health expenditure reached a value of \$13.7 billion in 2018. This includes healthcare expenditure from the seven emirates in addition to their contribution to the federal budget. There is an expectation for this figure to reach \$14.4 billion in 2019, a 5.4 percent increase comparing to 2018. The forecast on spending is to rise to \$18.3 billion by 2023 (compound annual growth rate of 6%).
- The high number of expatriate workers have limited access to healthcare services, affecting demographics and healthcare situation in general.
- The fragmentation of the healthcare system led by Abu Dhabi and Dubai.
- The shortage of hospital beds in the country, lack of medical professional staff and the rise in the number of people suffering from chronic diseases. The number of people suffering from chronic diseases was especially startling. The UAE is ranked second world-wide in diabetes. Nearly 37 per cent of Emiratis suffer from hypertension.
- The high cost of prescription medication makes healthcare unaffordable for population with relatively low income.

Recommendations for the United Arab Emirates

- **Consideration of age and sex distribution when planning and implementing health services.** The United Arab Emirates has a rapidly growing population with a unique age and sex distribution. There is an unusually high proportion of young people and expatriates of working age, small numbers of older persons and rapid year on year growth due to high net in-migration.
- **Prioritise the dealing with a number of healthcare burdens** . Some the same as in many other parts of the world – like rising incidence of heart disease and cancer – and coping with them with innovative use of technology, partnerships and initiatives.
- **Move to a life-course perspective in tackling the rising epidemic of “metabesity.”** The United Arab Emirates is tackling more unusual challenges, such as a high incidence of congenital diseases due the large number of consanguineous marriages, as well as an explosion in the prevalence of obesity and metabolic syndrome due to a rapidly changing lifestyle to one that is more affluent and sedentary.
- **Move from sick care to preventive health.** Health screening program can enable rapidly extract data from the results of the screening for various whole population epidemiological studies. Providing individuals with opportunities to check their health status and get proper follow-up consultations can minimise the risk of developing cardiovascular disease and diabetes, for example.
- **The important role of implementation of new technology into healthcare systems.** Government should provide opportunities for wider technologically connected healthcare that empowers doctors and patients and reduces growing pressure on the healthcare system.
- **Provide incentives for investments in home care services and private providers.** Due to the increasing population of the elderly and the abundance of chronic diseases, long-term care facilities are being continuously demanded by the market.

Recommendations: AI as the Major Game Changer for the UAE's Diabetes Burden

AI-Driven Precision Diabetes Diagnostics



- AI-empowered biomarker analysis to detect pre-diabetes and metabolic syndromes early
- Continuous monitoring of pre-diabetes biomarkers

AI-Driven Diabetes Prognostics



- AI-driven short and long-term diabetes prognostics
- Use of large-scale human data to develop more advanced prognostic tests for diabetes

Personalised Diabetes Treatment Optimization



- AI-driven blood, biomarker and genetic analysis to determine optimal, personalized diabetes drug combinations
- AI-driven analysis of biomarkers of pre-diabetes and metabolic disorders

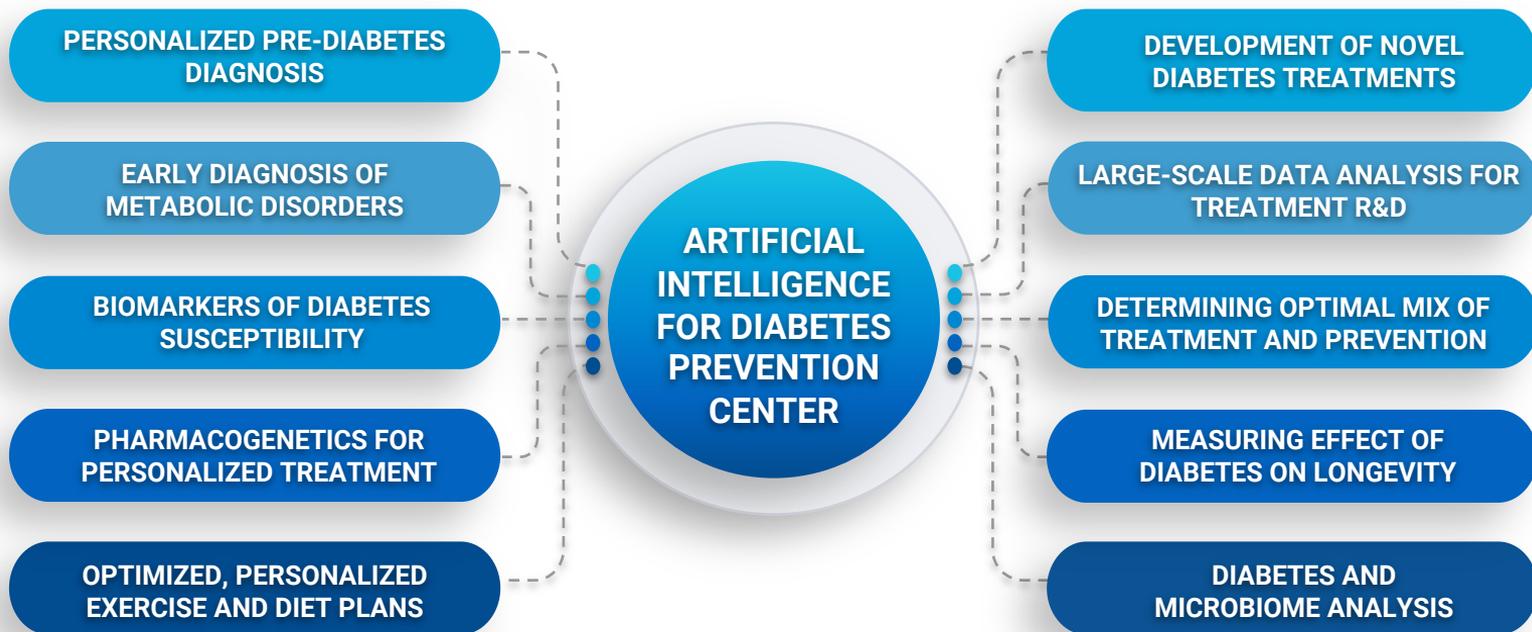
AI-Driven Personalized Diabetes Prevention



- Using AI and machine learning to detect and monitor pre-diabetes
- AI-driven pharmacogenetic analysis to create personalized lifestyle and diet regimes

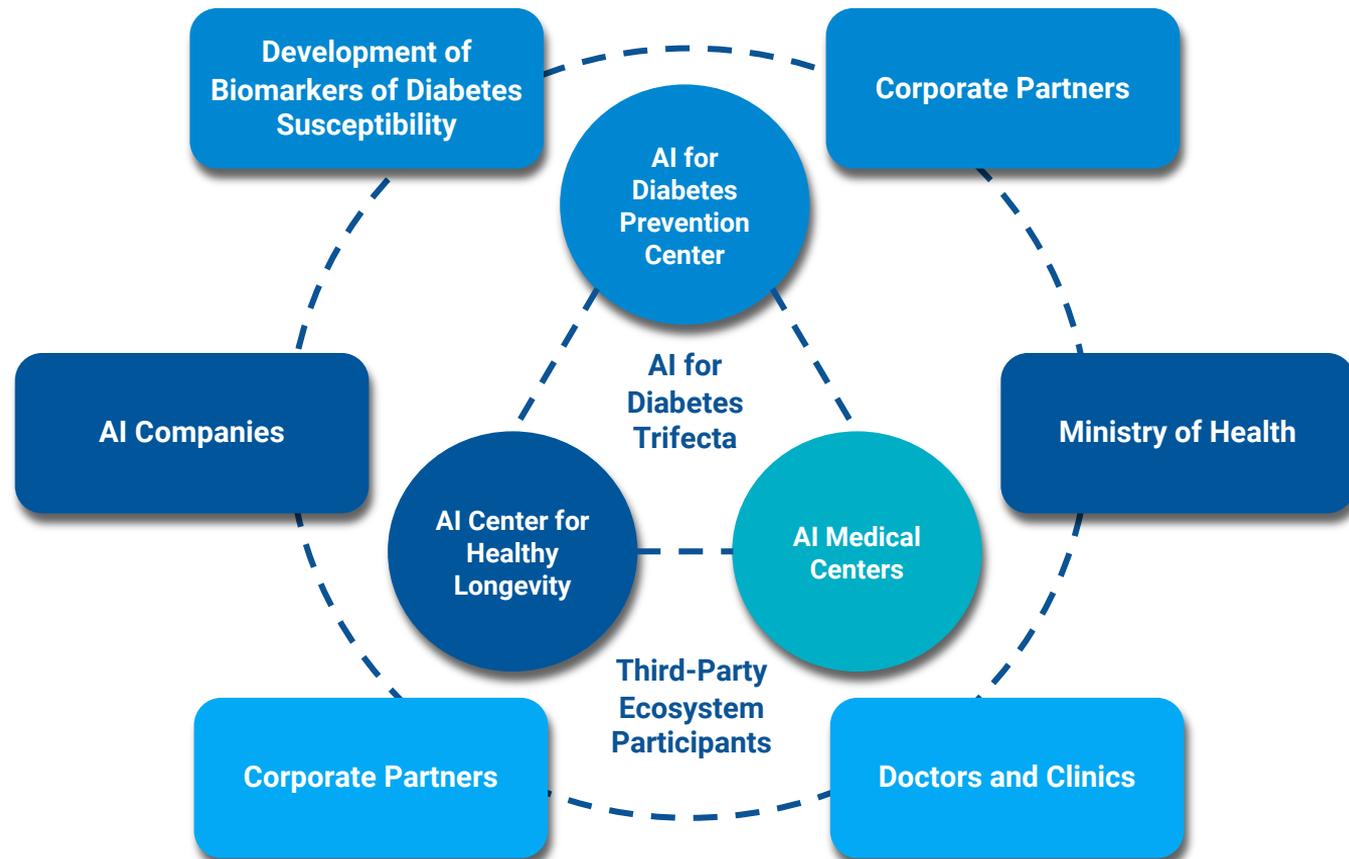
Recommendation: Establishing World-Leading AI for Diabetes Center in UAE

The UAE has the potential to become the epicenter of diabetes prevention and treatment through the establishment of an AI for Diabetes Prevention Center that will unite the resources of AI companies, corporate partners, hospitals and research labs to developing cutting edge and cost-effective solutions for diabetes prevention and management not only for itself, but potentially the entire Gulf region, effectively transforming the challenge of diabetes into a major opportunity to grow the health and the wealth of its population simultaneously.



Using AI for Diabetes Prevention to Transform Challenge into Opportunity

The UAE has the potential to establish a Longevity leadership position within the Gulf region via the proactive development of a comprehensive cross-sector infrastructure for applying artificial intelligence to the prevention and maintenance of diabetes. Artificial Intelligence, deep learning and machine learning have enormous potential to exponentially accelerate progress in the early detection, prevention and treatment of diabetes on a large scale.





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ANALYTICS
AGENCY**

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