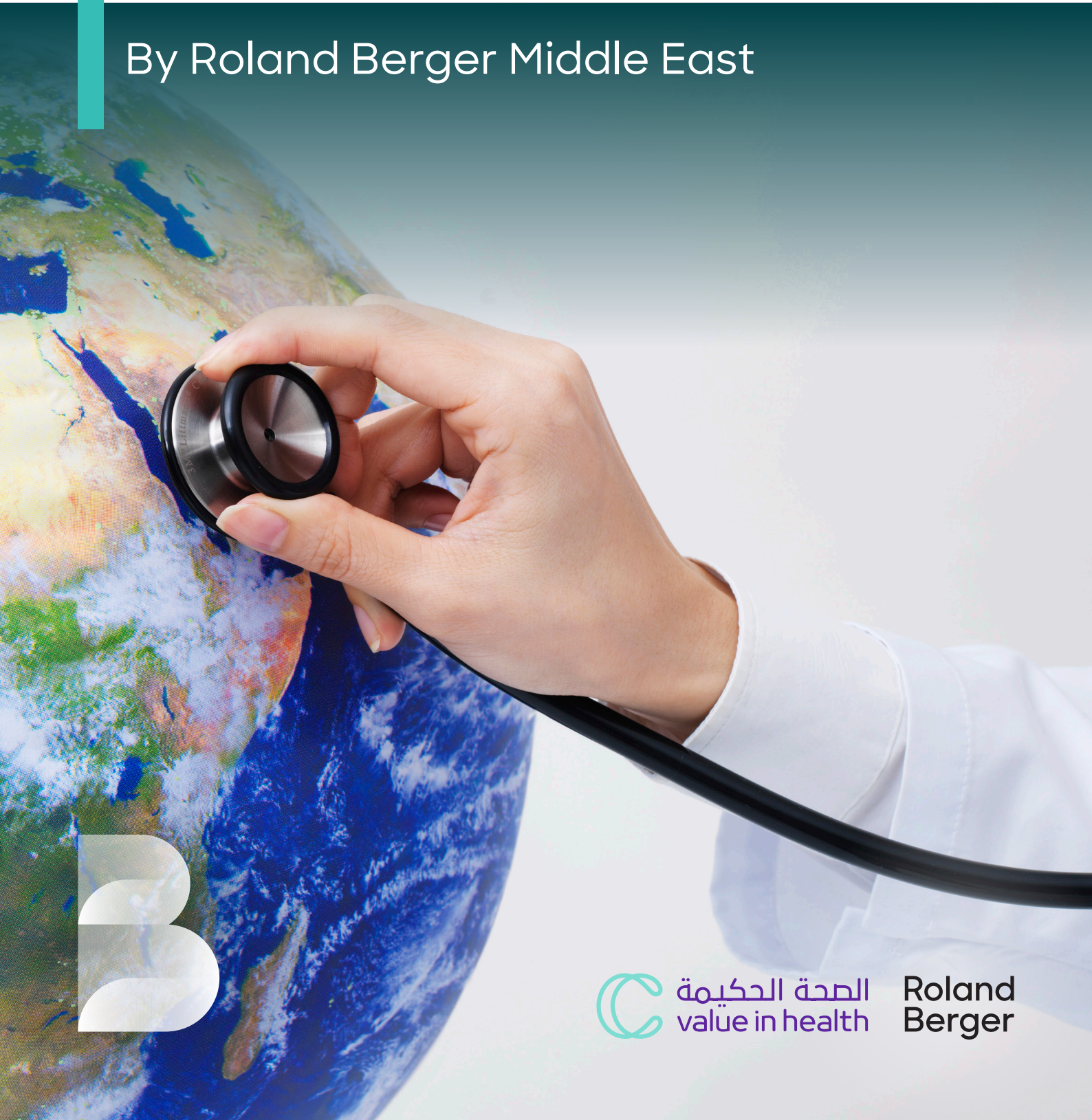


Voices of the GCC Population on Value in Health

By Roland Berger Middle East



الحقة الحكيمة
value in health

Roland
Berger

Acknowledgments

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1 Executive summary

The Gulf Cooperation Council (GCC) countries are undergoing a massive healthcare sector transformation, driven by dynamic shifts in demographics, rising healthcare expenditure, and constantly evolving healthcare needs with the growing prevalence of lifestyle and chronic diseases. These changes have fostered a transition towards value-based healthcare, a paradigm that emphasizes health outcomes and cost efficiency. Assessing the population’s views of what matters the most to them in their local healthcare system is key to equipping healthcare players with real-time insights into the evolving people’s priorities, preferences, and values. This is crucial to better align reform objectives and the way forward.

In this context and given the limited availability (if any) of this type of information in the GCC, Roland Berger Middle East (RBME) collaborated with the ViH in Kingdom of Saudi Arabia (KSA) on launching a first-of-its-kind survey targeting the GCC region, with an emphasis on KSA and United Arab Emirates (UAE). The goal of this survey is to understand what people value the most across and within the key dimensions of health outcomes, accessibility and cost, and experience when seeking healthcare services in their country of residence. We identified variations in respondents’ preferences based on their country of residence, age, gender, income, education, utilization of health services in the last year by care setting and facility type, and overall health status. We highlighted key survey findings and results in the table below:

	Preference/priority	Value	Variation(s)
Parameters	Health outcomes matter more than accessibility and cost, as well as experience	42%	45% of expats living in Kuwait prioritize access and cost over the other parameters
Health outcomes	People choose a good quality of life after treatment over other health outcome parameters	Mean 2.69	Individual’s priorities shift for younger age groups and lower health status
Accessibility and cost	People choose appropriateness of care over other access and cost parameters	33%	32% of respondents with poor health status prioritize accessing care close to their home
Experience	People prefer receiving timely care over other experience parameters	36%	Respondents with lower income prioritize being treated with respect and empathy
System performance	People have at least a very good perception of the healthcare system’s performance	70%	People’s satisfaction with the healthcare system’s performance varies by nationality, with locals rating their healthcare system’s performance better compared to expats
Feedback provision	People tend to provide their feedback to healthcare providers when they are asked (sometimes at least)	68%	Public healthcare facilities address their patients’ feedback more diligently compared to private healthcare facilities

Please refer to the full report for further and detailed insights into each assessed dimension.

The results of this survey serve as a starting point to support decision-makers and key players in the healthcare ecosystem in aligning their reform agendas and strategies for achieving higher value for the population they serve. Key findings also identify areas for potential deep dives in line with reform priorities. As such, we have identified the following seven considerations that serve as food for thought:

- 1. More population engagement is critical:** Since people are at the heart of our healthcare systems, there is a need to more actively ask about what matters to them and embed their voices in reform initiatives.
- 2. What matters most to people is beyond our immediate control:** The role of the healthcare system must fundamentally change from focusing on treating the sick to keeping people healthy beyond physical boundaries.
- 3. Transformation entails changing behaviors and mindsets:** Incentivizing people to adopt and sustain healthy behaviors is a shared responsibility and cannot be done without buy-in and commitment from individuals (and providers).
- 4. Measuring value to manage higher value:** Collecting (accurate) data is a first step, but it is more critical to use this data for value measurement and policymaking.
- 5. Money always matters:** Funding policy supported by reimbursement models that focus on case mix principles and value measurement drive transformation towards higher value systems.
- 6. Appropriate access is multifaceted:** Leveraging digital and emerging technologies to overcome geographical limitations while investing in healthcare infrastructure particularly in underserved areas are critical factors to enable healthcare access for all.
- 7. Health equity is achieved one person at a time:** In a highly diverse region such as the GCC, health equity should manifest at the micro level through every encounter with every individual.

“ The results of this survey sheds light on the views of a diverse sample of the GCC population on what they value the most in their healthcare system and their top priorities. It opens the door to a dialogue among key health sector stakeholders on how current reform efforts align with population needs, as well as how to tackle conflicting priorities, redefine roles and dynamics within the healthcare ecosystem and further encourage active engagement of the population in the transformation journey.”

Sara Barada
Partner, RBME Head of Healthcare
and Life Sciences

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Context and background

RBME collaborated with the ViH in KSA on launching a first-of-its-kind survey targeting the GCC region, with an emphasis on KSA and UAE. The goal of this survey is to understand what people value the most across and within the key dimensions of health outcomes, accessibility and cost, and experience when seeking healthcare services in their country of residence.

In 2006, Michael Porter defined value as outcomes (that matter to patients) divided by cost. While Porter's Value-Based Healthcare (VBH) model has been adopted in various pilots globally, there are other successful models in the region and around the world for defining and implementing VBH, and they all aim to achieve higher value. There is also a significant amount of literature that supports the rise in popularity of VBH. Nevertheless, regional healthcare systems continue to face challenges with VBH implementation, particularly when it comes to measuring value for every member of their population, regardless of their health status.

Today, healthcare policymakers and players across the health ecosystem have set VBH as the north star of their reform agenda. These national transformation plans are steering the paradigm shift towards keeping populations healthy, while focusing on value by measuring outcomes of care and cost. Given that one of the most significant determinants of health outcomes is behavior, improving health, care and value requires healthcare systems to focus on first understanding, changing, and sustaining healthy behaviors to encourage everyone to take an active role in their health and quality of life.

Most of the healthcare systems within the GCC countries have acknowledged the need to adopt VBH initiatives and started addressing main challenges (e.g., increased healthcare expenditure and fragmented systems). While most reform agendas are centered on the patients or populations, a few of them have taken active measures to directly engage with the people to understand what they value the most in the healthcare system and what matters to them.

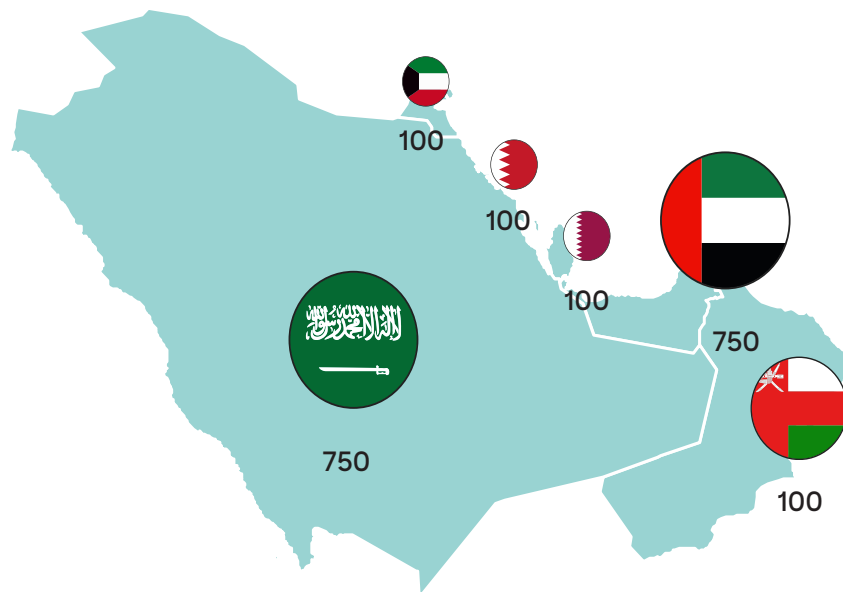
Current feedback approaches are narrow and seek voluntary feedback from patients who sought care for a particular health concern at a particular healthcare institution, post-treatment. Also, feedback mechanisms often focus on the patient's experience in a particular care setting or post-treatment. Few systems (if any) measure holistically the population's view of their overall experience with the healthcare system, as well as their priorities, preferences, and values along with the impact of the system on their health and quality of life.

This survey is the first of its kind in the GCC to capture what matters most to patients.

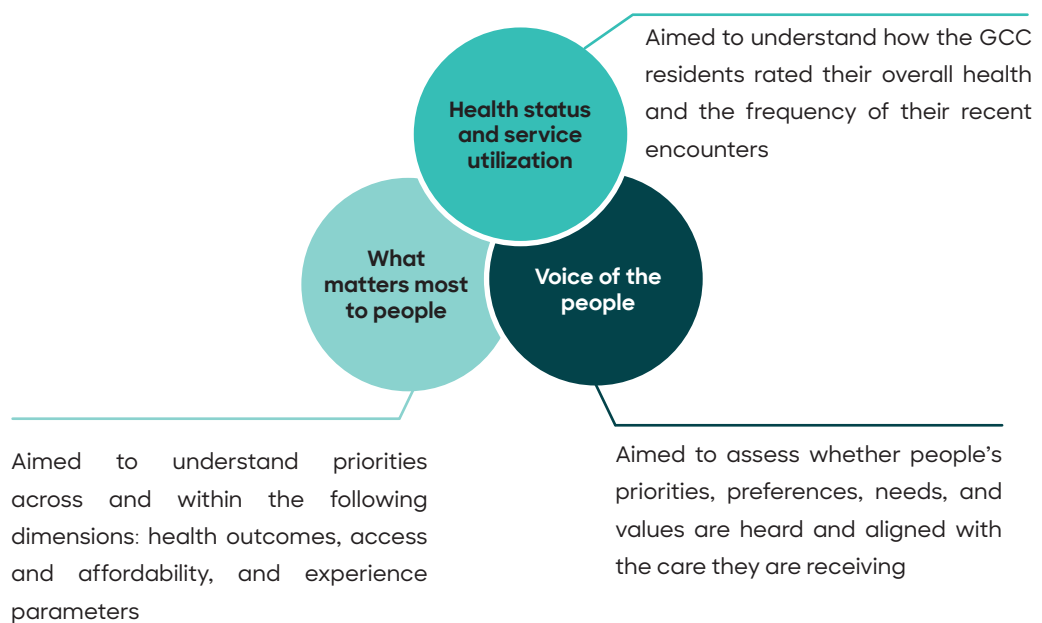
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Survey approach

A GCC-focused survey was designed to measure what people value the most in the healthcare system in their country of residence across three dimensions: health outcomes, access and cost, and experience. The population health survey was conducted in April 2023 in a stratified sample of 1,900 participants (18+ years old) across the GCC countries, as shown below:



The survey included 21 distinct questions across three focus areas:



In addition, socioeconomic and demographic data such as gender, age, income, employment status, education, and nationality, among others, were collected about the respondents to have a better understanding of their profiles.

National representation is based on gender, age, nationality, and residence. The panel of respondents was recruited from a wide variety of sources to ensure a demographically diverse panel base. Data were collected via an online survey through a third-party survey administrator, available in both English and Arabic depending on respondent preferences.

Two approaches were used to analyze the survey results, including:

1. Identifying the most popular option by analyzing the responses' distribution
2. Further assessing sample responses by extracting the mean or average score for each option provided

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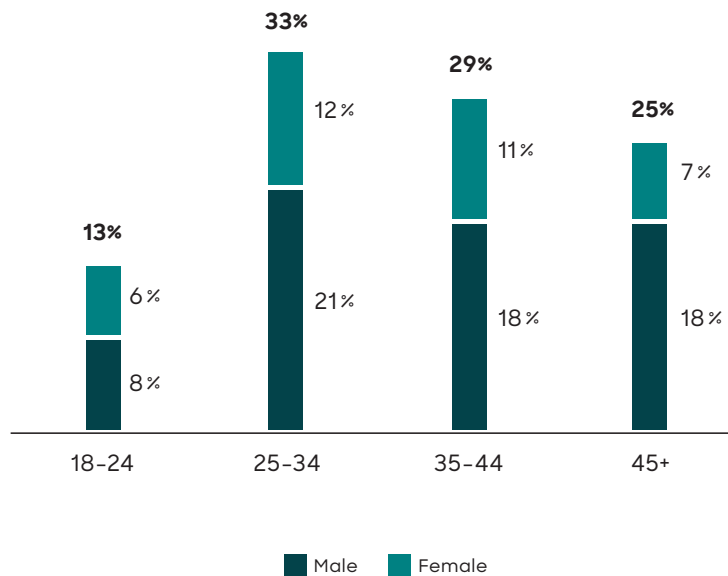
Survey results

4.1/ Panel profile

The survey's findings provide unique insights into the GCC citizens and residents' priorities, values, and experiences with the healthcare system in their country of residence. It is worth mentioning that our sample is notably healthy:

A. 75% of respondents were below the age of 45, suggesting a younger and healthier sample ▶ A

A Population distribution across age groups and gender

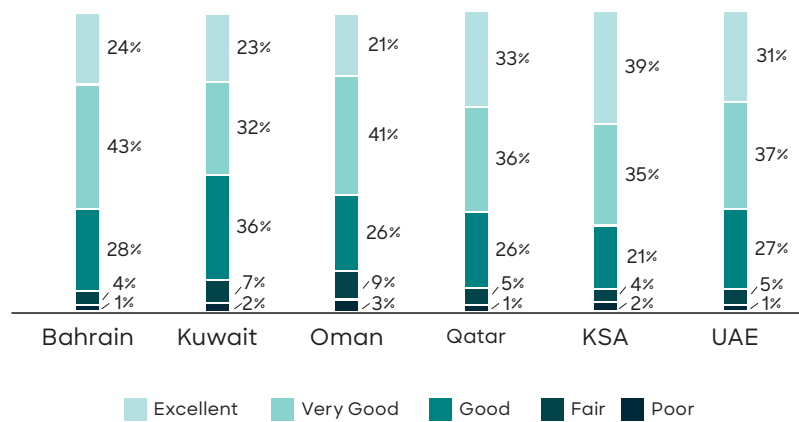


Source: Roland Berger

Additionally, the income level of respondents was divided into five intervals, with individuals in the highest-income bracket (\$2666+/month) accounting for approximately 31% of the sample. In terms of education, 57% held at least a university degree, suggesting that the sample was balanced in terms of education levels.

B. 67% of respondents rated their health status as "very good" or "excellent", while only 2% rated their health status as "poor" ▶ B

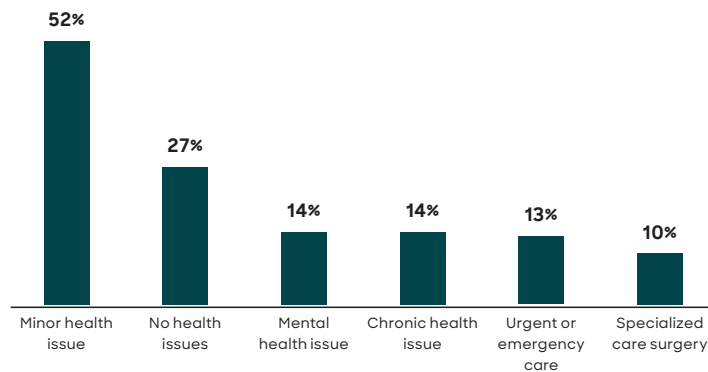
B Breakdown of the GCC population's health status by country of residence



Source: Roland Berger

C. 79% of respondents reported either no health issues or only minor issues in the past year. About 10% of respondents required specialized care and 14% suffered from a chronic health condition ▶ C

C Overview of the GCC population's health issues



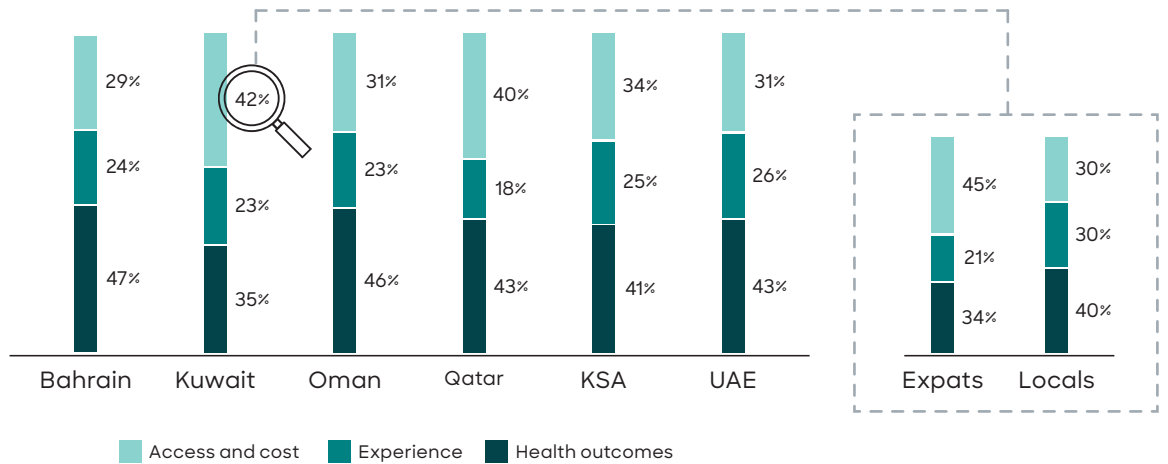
Source: Roland Berger

4.2/ People's overall preferences and priorities

While all elements presented for each of the dimensions measured in the survey were crucial, the survey aimed to understand what matters the most within and across each dimension. This provided valuable insights into what matters the most for the sampled GCC population.

Overall, health outcomes mattered the most when compared to access and cost, and experience. 42% of respondents prioritized health outcomes over access and cost (33%) and experience (25%), regardless of socioeconomic factors. However, the results also revealed some exceptions across countries, particularly in Kuwait, with 45% of expats prioritizing access and cost, as illustrated below ▶D

D Distribution of how people prioritize key healthcare dimensions in the GCC countries



Source: Roland Berger

KEY INSIGHTS

Many GCC countries have universal healthcare coverage or mandatory health insurance schemes, which helps reduce financial barriers to accessing healthcare.

As for Kuwait, the level of maturity of its health insurance implementation, compared to other GCC countries, may have led people to prioritize access and cost over health outcomes.

Additionally, we observed other subsets of our sample prioritizing access and cost over other parameters, including:

- **35%** of respondents with a poorer health status
- **39%** of respondents who required access to specialized or urgent care in the last year
- **39%** and **45%** of respondents seeking care in private facilities in KSA and Qatar, respectively. It is worth noting that respondents in these two countries seeking care in public facilities prioritized health outcomes over other parameters

KEY INSIGHTS

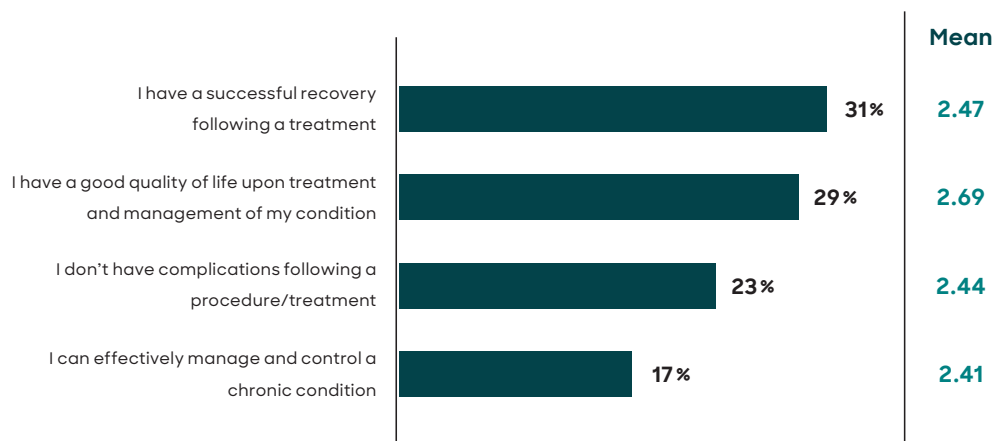
Interestingly, when looking at a subset of the population that self-reported poorer health status or had a recent encounter with urgent or specialized care, their preference for access and cost increases significantly. Although this will require further exploration, a few hypotheses may explain this shift in priorities:

- **A recency bias, where people who have had a recent encounter tend to reflect on their health needs differently than those with no recent encounter**
- **An urgency bias, where people who perceive their need to receive care as urgent might be willing to deprioritize the outcome of care to address them**

4.3/ Health outcomes

In terms of health outcomes, on average, **people will choose a good quality of life after treatment over other outcome measures**, with a mean of 2.69. While 31% of respondents selected “to have a successful recovery after treatment” as a top priority over remaining health outcomes, it was also ranked last by 34% of respondents. This finding suggests that quality of life is highly valued in the GCC societies, where an individual's quality of life is closely tied to their ability to perform day-to-day personal and/or family duties, work duties, maintain social relationships, participate in cultural and religious activities, and enjoy a comfortable standard of living. ▶E

E Overview of the GCC population priorities in terms of health outcomes



Source: Roland Berger

Socio-demographic factors, health status, and care settings affect people's priorities regarding health outcomes. An individual's priorities may shift based on the following:

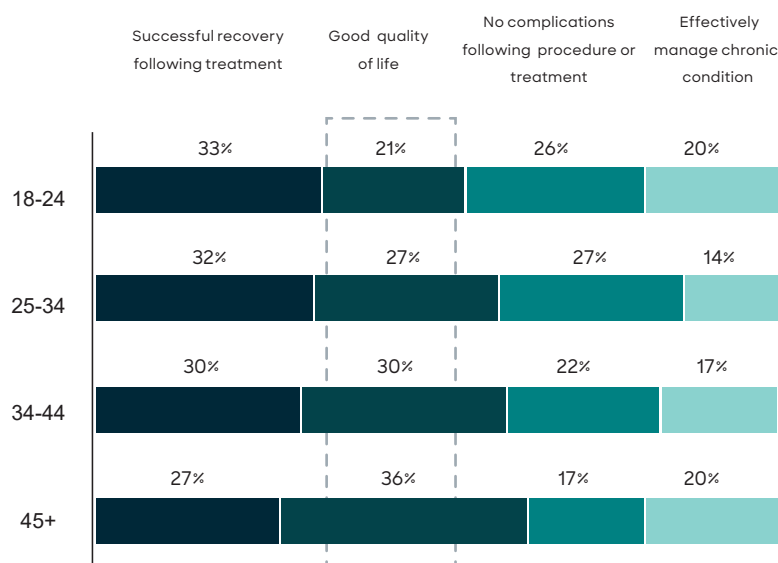


Age - 33% of respondents aged between 18 and 24 selected “to have a successful recovery post-treatment” over “to have a good quality of life” and other health outcomes. The gap difference decreases with respondents' age, with 36% of respondents aged above 45 years prioritizing having a good quality of life over other outcome measures. ▶ F



Health status - 31% of respondents with lower health status prioritized effectively managing and controlling their chronic conditions, whereas people with higher health status prioritized having a good quality of life over other health outcomes. This finding may be related to the sense of urgency that factors into the preferences of people with poorer health.

F Breakdown of health outcome priorities by age group



Source: Roland Berger

KEY INSIGHTS

While there is no obvious scientific justification, younger individuals are usually healthier and may:

- Believe that a successful and immediate recovery will enable them to achieve their goals, whether it's pursuing a career, starting a family, or engaging in various day-to-day activities
- Have a greater capacity for adaptability as they may be more able to endure the burden associated with treatment

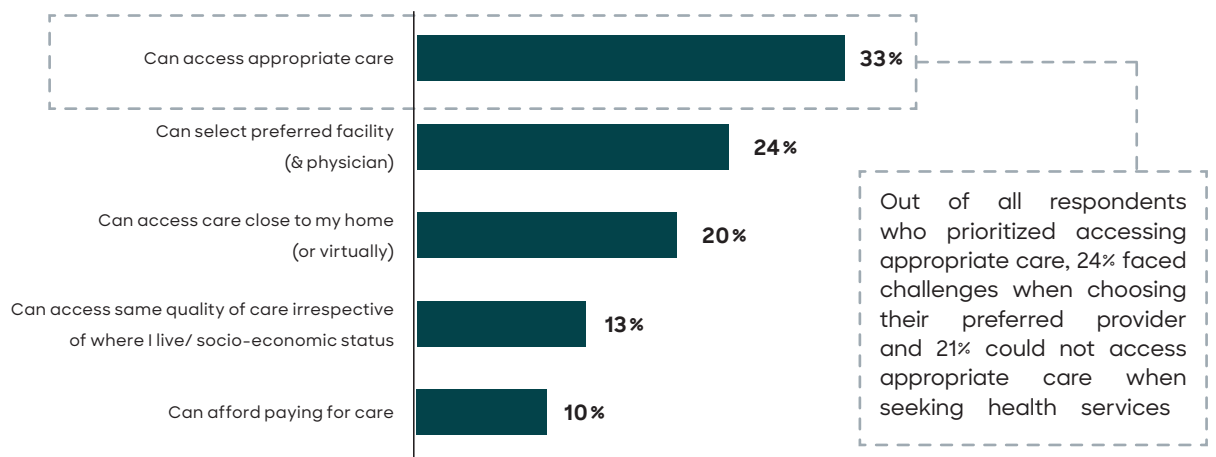
This can be attributed to different people's priorities at different stages in life.

4.4/ Access and cost-related parameters

Respondents prioritized appropriateness of care as the most critical parameter of access and cost (33%). However, when other trade-offs may be required, choice in facility and physician ranked second highest, highlighting the importance of choice and suggesting that having control and autonomy in selecting healthcare providers is essential for them. Geographical access and proximity of quality care, irrespective of where people live and their socioeconomic status, came in third and fourth ranks, implying that although they are a consideration, they come secondary to appropriateness and choice, as illustrated below



G Overview of the GCC population priorities in terms of cost and access parameters



Source: Roland Berger

KEY INSIGHTS

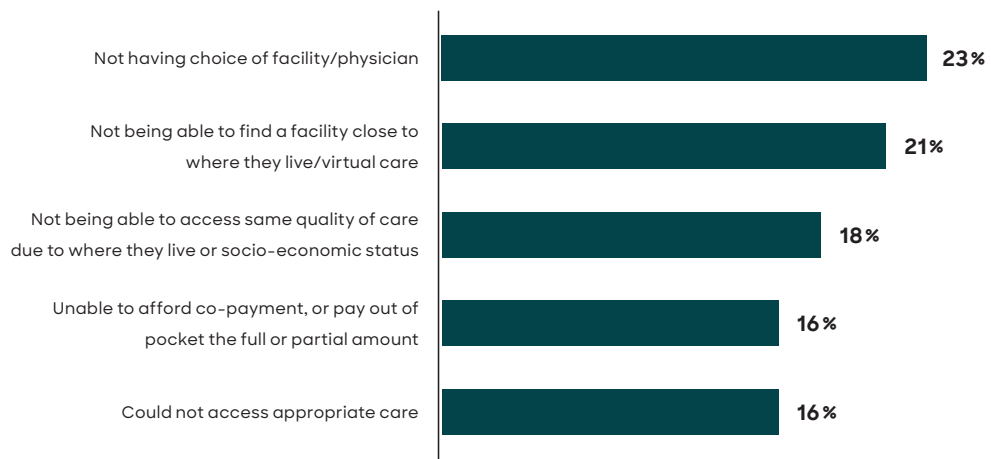
Achieving equitable access to healthcare regardless of geographic or socioeconomic barriers is recognized as a top priority for healthcare systems. The respondents of this survey selected access to appropriate care and choice of facility and physician as their top important parameters.

It is also worth noting that affordability ranked lowest. While this may imply that other parameters are more critical to respondents, it may be driven by the fact that most of the surveyed cohort are based in countries with mandatory insurance. This may be a topic for further exploration.

It is worth noting that 32% of respondents with poor health status prioritized accessing healthcare close to their home or virtually over other cost and access parameters, while healthier people prioritized accessing appropriate healthcare. This finding may tie back to the urgency bias concept explained in our earlier observations.

The GCC countries have invested heavily in their healthcare infrastructure, facilities, and services to ensure the accessibility and affordability of healthcare for their citizens and residents. However, people are still facing challenges as illustrated below. [▶ H, I](#)

H Overview of access and cost-related challenges across all respondents



Source: Roland Berger

I Overview of top three access and cost-related challenges by care setting and facility type

Top challenge(s)	Public		Private	
	Hospital setting	Primary care setting	Hospital setting	Primary care setting
I did not have the choice of preferred facility and/or physician	27%	35%	25%	13%
Unable to find facilities close to where they live or that provide virtual care	32%	28%	28%	11%
Unable to fairly access the same quality of care due to where they live or socioeconomic status	27%	28%	32%	14%

Source: Roland Berger

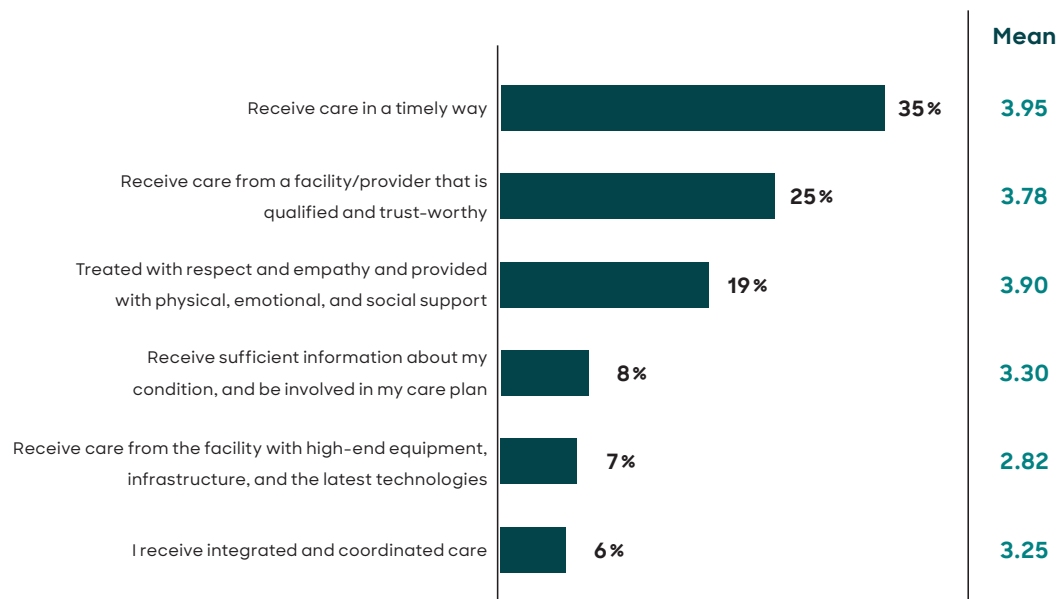
KEY INSIGHTS

Private healthcare facilities in the GCC tend to have higher fees compared to public facilities. This creates a financial barrier for individuals with limited resources, making it more challenging for them to access private healthcare services. As a result, those who can afford private healthcare may have better access to timely and specialized services, while individuals relying on public facilities may face difficulties in accessing the same level of healthcare. This affordability gap can lead to inequities in healthcare access and outcomes.

4.5/ Experience-related parameters

In terms of experience-related parameters, **people preferred receiving care on time over other parameters**. 36% of respondents prioritized receiving prompt care, with a mean score of 3.95, as illustrated below. ▶ J

J Overview of the GCC population priorities in terms of experience-related parameters



Source: Roland Berger

Furthermore, 36% of respondents who prioritized receiving timely care faced challenges in accessing it in the last year. Interestingly, socio-demographic and economic factors also impacted people's preferences and priorities. For instance, respondents from UAE and Oman, on average, ranked being treated with respect and empathy as their top priority, with means of 3.98 and 4.01, respectively. Additionally, those with lower income levels (less than 532 USD) prioritized being treated with respect and empathy, while those with higher income levels (more than 1,066 USD) favored receiving healthcare promptly.

These trends remained consistent across primary healthcare and hospital settings, regardless of whether respondents sought healthcare in private or public facilities.

KEY INSIGHTS

Despite considerable progress in improving access to healthcare, providing prompt healthcare services remains the biggest challenge for healthcare providers, such as reducing average waiting times for diagnostic tests and surgical procedures.

It is worth noting that "receiving integrated and coordinated healthcare" is still not perceived as significant as other experience-related measures. This could be explained by the fact that its impact is still not reflected in the patients' experience as well as people being used to siloed healthcare systems.

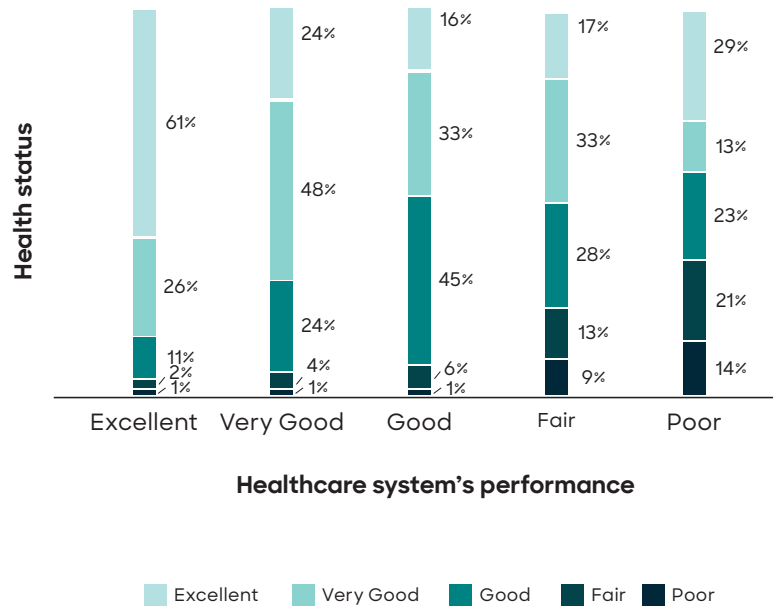
4.6/ Healthcare system performance

Individuals clearly expressed their priorities, preferences, and values when seeking healthcare services in their country of residence. While we have observed some disparities against health status, sociodemographic factors, and healthcare settings, 73% of respondents believe that their priorities, preferences, needs, and values matter to healthcare system decision-makers in their country of residence.

Not only do most people trust the decision-makers in their respective countries, but 70% of respondents have at least a very good perception of the healthcare system's performance. Particularly, the Saudi healthcare system performance was rated the highest by its population (35% as "Excellent") followed by Qatar and UAE (33% and 31% respectively). On average, people's satisfaction with the healthcare system's performance varies by nationality, with 38% of Saudi nationals rating their healthcare system as "Excellent" vs. 27% of expats.

Additionally, it is interesting to note that 65% of people who experienced an unsuccessful recovery in the last year still rated the healthcare system in their country of residence as "very well". Figure 11 indicates that people with better health status have a better perception of the healthcare system performance and vice versa. ▶K

K Rating of the healthcare system’s performance vs. the rating of health status



Source: Roland Berger

KEY INSIGHTS

People’s high level of pride and trust in the leadership in the region are reflected in their perceptions of the responsiveness of decision-makers and the overall system’s performance.

4.7/ People activation

People in the GCC region are relatively less "activated" and more reluctant to share their views about their experience with the healthcare system in their country of residence.

56% of respondents reported being asked by their healthcare practitioners about their preferences and values about their experience. Interestingly, the same trend is observed across all GCC countries, regardless of employment status, income levels, and the types of facilities they visited.

63% of people who sought healthcare services in the last year and were asked every time about their preferences, values, and priorities, rated the healthcare system performance in their country of residence as excellent, compared to only 16% of respondents who were never asked about their priorities.

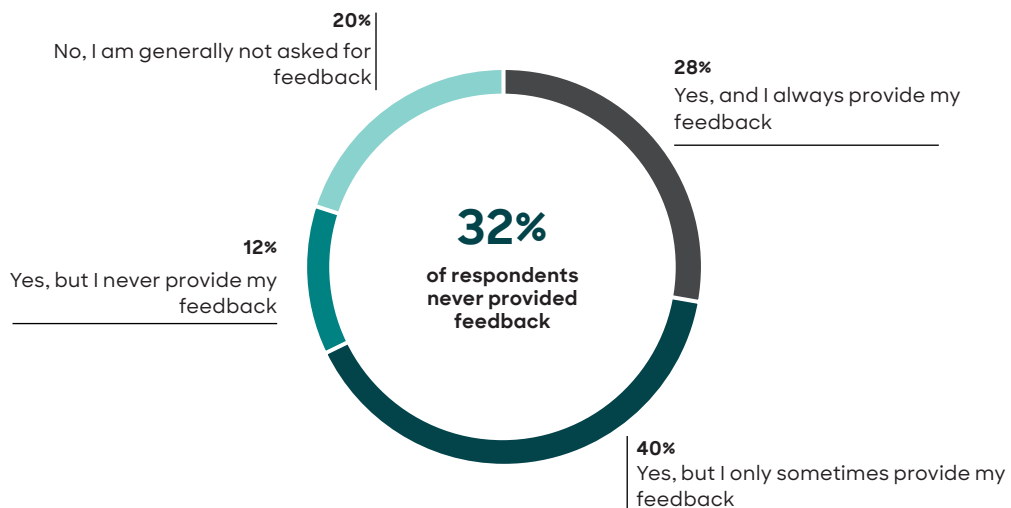
KEY INSIGHTS

According to studies published in the *Journal of Patient Experience* and the *Journal of General Internal Medicine*, patient activation was positively associated with patients being asked about their priorities by healthcare providers. Patients who reported being asked about their healthcare priorities had higher satisfaction with their care and were more likely to adhere to their treatment plans.

The studies found that patients who reported being asked about their priorities had a mean satisfaction score of 85.2, compared to a score of 78.7 for those who were not asked.

While aligning care services with people's priorities is key, encouraging people to provide feedback to their physician, care team or provider is crucial to continue improving the quality of healthcare services. However, our survey reveals that 32% of respondents never provided feedback to their healthcare providers, even when asked. ▶ L

L Overview of the GCC population feedback provision frequency to healthcare providers



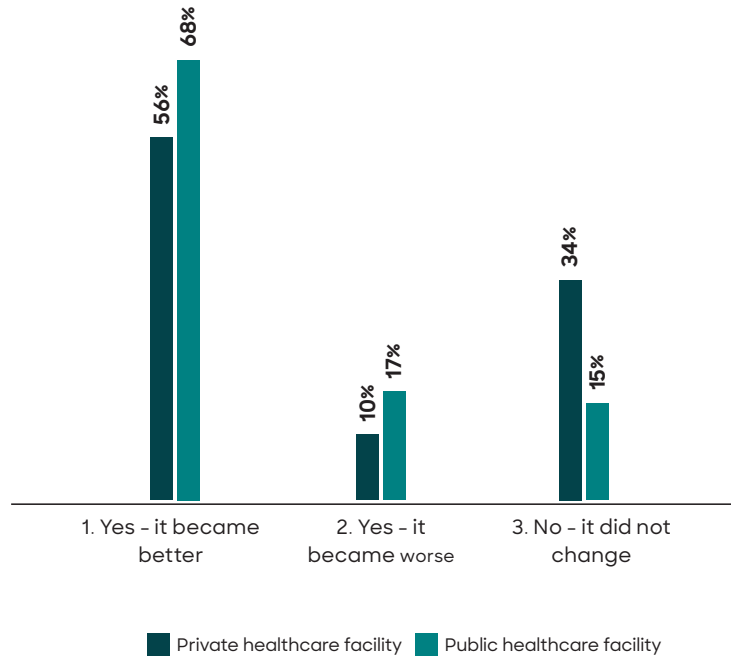
Source: Roland Berger

Out of all respondents who did not provide feedback to their healthcare providers even when asked, 36% do not believe it will be taken seriously or make any difference, followed by 33% who used to provide feedback but did not notice any changes/improvements in their experiences, regardless of the care setting, facility type, gender, and other sociodemographic factors.

In parallel, out of all respondents who provided feedback to their healthcare providers when asked:

- **62%** have noticed positive changes in their care treatment and/or experience, based on feedback they provided to their provider, with public healthcare facilities addressing their patients' feedback more diligently as illustrated below ▶ **M**

M Overview of the feedback provision's impact on people's care experiences by facility types



Source: Roland Berger

- **77%** preferred providing feedback through a survey/questionnaire (with 59% of them preferring online surveys) regardless of care setting, facility type, and socioeconomic factors across all countries
- **70%** believed that their experience with the healthcare system in their country of residence became better due to the COVID-19 pandemic

KEY INSIGHTS

While feedback is considered integral to improvement, action that leads to a positive, measurable impact at the population level is challenging and influenced by several other factors. People's feedback is likely to be more significant if it is precise, collected through reliable channels, and contains narrative material. The obtained data should be fed back in a way that facilitates reflective discussion and encourages the formulation of actionable behavioral changes. A supportive cultural understanding of feedback and its intended purpose is also essential for its effective use.

5

Considerations

The results of this survey may serve as a starting point for a better understanding of what different population segments in the GCC value the most. This understanding may in turn support decision-makers and key players in the healthcare ecosystem in aligning their reform agendas and strategies to achieve higher value for the population they serve in a way that best aligns with the population's priorities.

Accordingly, some additional considerations and final insights are provided below:

1. More population engagement is critical – Population engagement at the macro (i.e., system/population), meso (i.e., public or private healthcare system), and micro (i.e., provider/service) levels provide valuable insights to decision-makers across key players. This can be done through a variety of channels, all of which need to be tailored to the region's specific demographic and cultural considerations and particularities of the care delivery (and funding) models:

National-level surveys (such as this one), patient/population focus groups for more targeted feedback, patient associations that represent their needs and preferences, or traditional feedback channels through specific surveys, phone calls, visits, etc.

People are at the heart of our healthcare systems. Therefore, there is a need to more actively ask them about what matters to them and embed their voices in reform initiatives.

2. What matters most to people is beyond our immediate control – What people ultimately value the most happens behind the walls of a healthcare facility and beyond their interaction with their doctor and healthcare provider. What people say they value the most is their ability to improve and maintain a good quality of life, function well, and live well.

The role of the healthcare system must fundamentally change from focusing on treating the sick to keeping people healthy, beyond physical boundaries.

3. Transformation entails changing behaviors and mindsets – Achieving and sustaining better health outcomes requires activating people to take a more active role in their health. This entails giving people the choice to participate and have control in both selecting their healthcare provider and physician and participating in their treatment plan by sharing their preferences, needs, priorities, and values.

Beyond that, people's behaviors and lifestyle choices (including what they eat, how often they exercise, how they socialize, etc.) have a direct impact on their quality of life, especially those who live with chronic conditions.

Incentivizing people to adopt and sustain healthy behaviors is a shared responsibility and cannot be done without buy-in and commitment from individuals (and providers).

4. Measuring value to manage higher value – Measuring health outcomes entails collecting new Key Performance Indicators (KPIs), such as Patient-Reported Outcome Measures (PROMS) and Patient-Reported Experience Measures (PREMS), in addition to process, structure, and clinical outcome measures for every person enrolled in a healthcare system. Digital and mobile health technologies integrated into more traditional Electronic Medical Records (EMRs) and Health Information Exchange (HIE) platforms can enable the collection of this data.

Collecting (accurate) data is a first step, but it is more critical to use this data for value measurement and policymaking.

5. Money always matters – Providers respond mostly to how they are funded. New funding models are needed that incentivize preventive care, better health outcomes, and more efficient care. This means stepping away from historical budget-driven funding models or fee-for-service models that reward more activity, even when it is not clinically needed. These models cannot be properly designed and implemented without a solid understanding of the actual cost of care as well as outcomes (that matter to people).

Funding policy supported by reimbursement models that focus on case mix principles and value measurement drive transformation towards higher value systems.

6. Appropriate access is multifaceted –

Appropriate access to healthcare means access at the right time (with minimal waiting time and burden), at the right place and care setting (away from the Emergency Department (ED) when it's not urgent), through the right channel (physical, virtual, etc.), as well as access that is effective (following evidence-based practices), efficient (consuming the right level of resources, not overutilized or underutilized), and integrated (to avoid the duplication of efforts)...

Moreover, leveraging digital and emerging technologies to overcome geographical limitations while investing in healthcare infrastructure particularly in underserved areas are critical factors to enable healthcare access for all.

7. Health equity is achieved one person at a time –

Health equity starts with equitable and empathetic treatment in direct interactions with every single individual irrespective of their demographic and socioeconomic status, every time, everywhere...to wider systematic changes to remove barriers to access, reduce financial and other burdens of treatment, and achieve better health outcomes for all.

In a highly diverse region such as the GCC, health equity should manifest at the micro level through every encounter with every individual in addition to being a goal at the macro level.



AUTHORS

Sara Barada

Partner, RBME Head of Healthcare
and Life Sciences
Middle East
+971 54 289 2304
sara.barada@rolandberger.com



Karim El Msan

Project Manager
Middle East
+971 50 477 6807
karim.elmsan@rolandberger.com



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Publisher

Roland Berger Middle East

Innovation Hub Building 2B, 3rd Floor

P.O. Box 502254

Dubai, UAE

+971 4 446 4080