UNITED ARAB EMIRATES
MINISTRY OF ECONOMY & TOURISM

الإمارات العربية المتحدة
وزارة الاقتصـــــاد والسياحـــــة

THE SILVER TABLE

BUILDING THE ECONOMY FOR HEALTHY LONGEVITY

Sideline Meeting Report

SILVER ECONOMY AND HEALTHY LONGEVITY IN THE UAE

تجمّع الإمارات للغذاء
UAE Food Cluster
Collaborate. Innovate. Grow.

Harvard Business School | Club of the GCC

Nestlé
Good Food, Good Life

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DAY ONE · SEPT 29, 2026

EVENT HIGHLIGHTS














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SME & EXHIBITION AREA




MINISTRY OF ECONOMY & TOURISM
وزارة الاقتصاد والسياحة
Food Industries and their role in Food Security
MC OPENS THE FORUM
Jessy El Murr
Founder, Motahadith

REPORT OVERVIEW

CONTENTS

01	Executive summary	05
02	Session context and purpose	06
03	Key findings	09
04	The UAE healthy longevity ecosystem	12
05	Priority recommendations	13
06	Flagship pilot framework	14
07	Implementation roadmap	16
08	Measurement framework	17
09	Conclusion	18
—	Image gallery	19

01
EXECUTIVE SUMMARY

The UAE has an opportunity to build a healthy longevity model that improves quality of life while creating new economic, investment and innovation pathways.

The Silver Economy discussion framed longevity as more than an ageing or healthcare issue. It is a whole-of-society agenda that connects preventive care, nutrition, physical and mental well-being, financial security, research, age-friendly services and the wider conditions that enable people to remain active and independent.

The roundtable repeatedly returned to the need for UAE-specific evidence. Participants called for longitudinal research, practical pilots and a living-lab approach that can test culturally appropriate interventions, demonstrate health and economic outcomes, and provide investors, insurers and policymakers with credible evidence for scale.

The session reached six broad conclusions

01 Healthy longevity begins well before older age and requires a life-course approach to nutrition, movement, sleep, mental well-being and risk reduction.

02 Care should become more person-centred, preventive and multidisciplinary, with greater attention to medication burden, nutrition status, muscle health, cognition and daily function.

03 Local evidence is essential. International models can inform the UAE, but interventions must be tested for cultural fit, accessibility, affordability and measurable impact.

04 A functioning longevity ecosystem requires government, healthcare, food, insurance, academia, investment, technology, retail and community partners to work around shared outcomes.

05 Public awareness must be credible, visible and continuous across schools, universities, workplaces, pharmacies, retail settings and digital channels.

06 The UAE can convert healthy longevity into an economic opportunity by enabling innovation, attracting talent and capital, and developing solutions that can scale across the region.

RECOMMENDED DIRECTION

The immediate priority is to move from broad discussion to structured experimentation. A national working mechanism should define the target population and outcomes, design a UAE healthy longevity cohort and living lab, and launch a measurable multi-sector pilot. Early pilots should be narrow enough to execute, but designed to generate evidence that supports policy, reimbursement, investment and wider adoption.

02
SESSION CONTEXT AND PURPOSE

The roundtable explored how the UAE can shape a coordinated Silver Economy that supports healthier, more independent lives and develops new sources of economic value.

The discussion brought together perspectives spanning public policy, healthcare, pharmacy, nutrition, academia, research, insurance, finance, investment, technology, food manufacturing, retail, hospitality and community engagement. The shared challenge was to connect these perspectives in a system that can prevent avoidable decline and make healthy choices easier to understand, access and sustain.



Session leadership and panellists

The session combined an opening keynote with a multidisciplinary strategy panel spanning health economics, pharmacy, nutrition, research, investment and regional market strategy.



The Silver Table strategy panel during the Day One Silver Economy roundtable.

ROLE	SPEAKER	AFFILIATION AND SESSION PERSPECTIVE
Moderator	Dina Mongy	UAE Food Cluster and Nestlé; guided the cross-sector discussion.
Opening keynote	Shaima Qayed	Clinical dietitian and public-health specialist; framed healthy ageing as a life-course nutrition and prevention priority.
Strategy panel	Dr Sara Al Dallal	President, Emirates Health Economics Society; health-economics and policy perspective.
Strategy panel	Lara Sif Hrafnkelsdóttir	Board Member, Harvard Business School Club of the GCC; finance and investment perspective.
Strategy panel	Dr Ali Al Sayed	Director, Pharmaceutical Services Department, Dubai Health Authority; pharmacy and integrated-care perspective.
Strategy panel	Dr Mohammed Fikri	Nestlé Middle East and North Africa; medical nutrition and food-innovation perspective.
Strategy panel	Prof Ayesha Al Dhaheri	Professor of Nutrition, United Arab Emirates University; research and evidence perspective.
Strategy panel	Abhay Bhargava	Managing Director and Regional Head, Frost & Sullivan Middle East and Africa; market strategy and scalable business-model perspective.

How the session unfolded

01	Opening frame	The roundtable began by testing how the UAE should define the Silver Economy and by positioning healthy longevity as both a national well-being priority and an economic opportunity.
02	Healthy-longevity keynote	The opening presentation established that healthier ageing is shaped across the life course through nutrition, movement, sleep, mental well-being, early identification and chronic-disease prevention.
03	Expert panel	The panel examined the economic case for longevity, patient-centred pharmacy, medical nutrition and food innovation, research gaps, investment pathways and scalable regional business models.
04	Ecosystem discussion	Speakers considered the roles of government, healthcare, food companies, insurers, employers, academia, investors, pharmacies, schools and digital platforms in converting evidence into accessible services.
05	Audience contributions	The wider discussion added practical proposals on UAE cohorts and pilots, financial literacy, mental well-being, culturally relevant interventions, public awareness and responsible use of health data.
06	Closing direction	The session converged on a pilot-led approach: define the target population, invest in local evidence, test integrated interventions and use measured outcomes to guide policy, reimbursement, investment and scale.

Questions considered

- How should the UAE define the Silver Economy and the population it intends to serve?
- How can healthy longevity be positioned as an economic opportunity as well as a health priority?
- Which health, nutrition and functional needs remain insufficiently addressed?
- What evidence and data infrastructure are required to build a credible national agenda?
- How can insurers, investors and private-sector partners be encouraged to support prevention?
- Which practical pilots can move the agenda from discussion to action?

A life-course definition

The discussion did not settle on a single age threshold for the Silver Economy. International practice often links the category to retirement age, but the roundtable favoured a broader life-course perspective. This recognises that the foundations of later-life health are built much earlier and that prevention should begin before functional decline or chronic disease becomes established.

03
KEY FINDINGS

Healthy ageing starts long before older age

Nutrition, physical activity, sleep, mental well-being and the management of chronic-disease risks shape how people age. The roundtable emphasised that healthy longevity should not begin when people enter a defined silver-age category. It should be supported through childhood, education, working life and the transition into later adulthood.

This changes the policy question from how to care for an older population to how to create a population that reaches older age with stronger health, capability and independence. Schools, universities, workplaces and community settings consequently become part of the longevity infrastructure.

Nutrition supports independence and quality of life

In later life, nutrition is not only about calories or weight. It affects strength, mobility, immunity, cognition, recovery and the ability to live independently. Malnutrition can exist even where food intake appears adequate, particularly when diets lack sufficient protein, micronutrients or fluids, or when chronic disease, appetite loss, swallowing difficulties and social factors affect intake.

The discussion highlighted muscle health as a practical marker of healthy longevity. Protecting muscle mass and strength can support mobility, reduce fall risk and preserve functional independence. Nutrition programmes should therefore connect dietary quality with resistance activity, functional assessment and ongoing monitoring.



Prevention must become person centred

A disease-by-disease model can fragment care, especially for people living with multiple conditions. The proposed alternative is an integrated approach that considers the whole person, including medications, nutrition, mobility, sleep, cognition, mental health, lifestyle, social conditions and personal goals.

Medication review was identified as an important component. Polypharmacy can increase the risk of interactions, adverse effects, weakness, falls and cognitive problems. Pharmacists, physicians, nurses, nutrition professionals and other practitioners should work together to confirm whether each treatment remains necessary, effective and aligned with the person's quality-of-life goals.

Evidence should precede scale

The strongest area of alignment was the need to invest in evidence. The UAE requires integrated, longitudinal data that connect nutrition, non-communicable disease, micronutrient status, muscle strength, cognition, dependency, quality of life, healthcare use and economic outcomes.

A national cohort and living lab would allow the UAE to test interventions in real settings, compare outcomes over time and adapt solutions to the country's population and culture. Evidence should examine not only clinical effectiveness, but also accessibility, affordability, cost-effectiveness, caregiver impact and the ability to scale.

Awareness alone is not enough

Participants described a persistent gap between knowing what is healthy and being able or motivated to act. Misinformation, fragmented communication, limited access to credible guidance, cost, convenience and mental well-being all influence behaviour. Awareness campaigns must therefore be paired with practical support and healthier environments.

Potential delivery channels include schools, universities, workplaces, pharmacies, healthcare plans, supermarkets, food-service settings and trusted digital platforms. These channels can reach people before they become patients and provide guidance at the point where food, health and lifestyle decisions are made.

Local access and cultural relevance determine adoption

Solutions imported from other markets may be scientifically sound but ineffective if they do not reflect local food practices, languages, affordability, family structures and patterns of healthcare use. Healthy choices also need to be available, convenient and attractive. The roundtable noted practical barriers to healthier vending options, preventive services and public education, illustrating the need to address implementation conditions alongside technical recommendations.

Healthy longevity is an economic ecosystem

The Silver Economy spans healthcare, food and beverage, insurance, financial services, investment, technology, real estate, urban planning, hospitality and age-friendly services. A stronger ecosystem could attract global organisations and talent, support new companies and platforms, improve long-term financial security, and create solutions that can be exported across the GCC and beyond.

The public sector can establish clear frameworks, standards, incentives and pathways for responsible innovation. The private sector can contribute capital, technology, delivery capability and scale. Academia and healthcare partners can provide research integrity and outcome measurement. The system works only when these roles connect around shared objectives.



04

THE UAE HEALTHY LONGEVITY ECOSYSTEM

Healthy longevity cannot be delivered by one institution or sector. It requires a connected system that turns evidence into accessible services, products and environments.

The ecosystem should be organised around the individual rather than around institutions. Shared outcomes, interoperable referral pathways and responsible use of data can help connect prevention, nutrition, healthcare and community support while protecting privacy and maintaining trust.



Principles for ecosystem design

- Start with defined population needs and measurable outcomes.
- Use government frameworks to enable participation, accountability and safe innovation.
- Allow private-sector delivery and investment to expand solutions that demonstrate value.
- Embed universities and research institutions in pilot design and evaluation.
- Create practical pathways between healthcare, pharmacies, nutrition services and community settings.
- Protect personal data and communicate clearly how information will be used.
- Design for accessibility across income, age, language and ability.

05
PRIORITY RECOMMENDATIONS

The following recommendations translate the roundtable discussion into a focused programme of work for further review.

01

Define the UAE Silver Economy framework

Agree the target population, life-course scope, priority outcomes and relationship between healthy longevity, economic participation, financial security and age-friendly services.

02

Create a multisector coordination mechanism

Bring policy, healthcare, nutrition, insurance, academia, investment, technology and community partners into a structured working model with clear responsibilities and decision pathways.

03

Establish a healthy longevity cohort and living lab

Build a UAE research platform that follows health, nutrition, functional and economic outcomes over time and allows interventions to be tested in real settings.

04

Launch targeted pilots with measurable outcomes

Begin with a defined population and priority need. Test integrated nutrition, activity, medication, mental well-being and education interventions over a sufficient period to demonstrate change.

05

Develop prevention and reimbursement pathways

Assess how insurance and employer health plans can support evidence-based nutrition counselling, preventive assessments and interventions when they demonstrate clinical and economic value.

06

Strengthen trusted public communication

Create credible, coordinated education that reaches people through schools, universities, workplaces, pharmacies, retail and digital channels and responds directly to misinformation.

07

Enable longevity innovation and market access

Clarify evidence expectations, regulatory routes and incentives for medical nutrition, functional foods, digital solutions and age-friendly services.

08

Build investable evidence

Translate pilot outcomes into health-economic evidence that allows investors, insurers, employers and government entities to assess return, risk and scalability.

06
FLAGSHIP PILOT FRAMEWORK

A practical first step is a focused healthy longevity pilot built around one defined population, one priority challenge and one measurement period.

The pilot should test whether coordinated prevention can improve health and functional outcomes while reducing avoidable healthcare use. Eligibility criteria, location and cohort size should be selected during design based on feasibility, data access and the priority question to be answered.

WORKSTREAM	SCOPE
Baseline assessment	Nutrition status, physical function, muscle strength, medication profile, sleep, mental well-being, lifestyle risks and quality of life.
Personalised plan	Culturally relevant nutrition guidance, appropriate physical activity, behaviour support and referral based on assessed needs.
Integrated review	Coordinated medication, health and nutrition review with clear escalation and referral pathways.
Engagement	Regular human and digital support delivered through trusted healthcare and community channels.
Evaluation	Independent measurement of health, functional, engagement, utilisation, equity and economic outcomes.

Pilot governance

A steering group should approve the pilot question, eligibility rules, data governance, outcome measures and evaluation plan. A delivery team should coordinate recruitment, assessment, interventions and follow-up. An independent research partner should oversee analysis and report both positive and negative findings.

Design requirements

- A clearly defined population and primary outcome
- Ethical and privacy safeguards for health and behavioural data
- Culturally appropriate food and communication materials
- Documented referral pathways for identified health risks
- A pre-agreed evaluation design and reporting schedule
- A scale decision based on evidence rather than participation alone

07
IMPLEMENTATION ROADMAP

0 TO 3 MONTHS

MOBILISE

Confirm governance, scope and target outcomes; establish the working group; map existing UAE evidence and initiatives; select the first pilot question.

3 TO 6 MONTHS

DESIGN

Develop the cohort and living-lab protocol; define data governance; secure delivery partners; complete pilot economics and evaluation design.

6 TO 18 MONTHS

TEST

Recruit the cohort; deliver the intervention; monitor safety, engagement and early outcomes; adapt implementation while preserving evaluation integrity.

18 TO 24 MONTHS

EVALUATE AND SCALE

Assess health, functional and economic results; identify effective components; define reimbursement, investment and regulatory pathways for scale.



Near term decisions

01	Which population and priority condition should the first pilot address?
02	Which entity will convene the working group and hold decision authority?
03	What existing datasets and programmes can be integrated rather than duplicated?
04	Which outcomes are essential for policy, reimbursement and investment decisions?
05	How will individuals be engaged and how will data use be explained?
06	What evidence threshold will trigger continuation, adaptation or scale?

Conditions for scale

Scale should follow demonstrated value. A successful intervention should show that it can improve relevant outcomes, reach the intended population, operate safely, remain affordable and integrate with existing services. Evidence should also identify who benefits, who may be excluded and what implementation support is required.



08
MEASUREMENT FRAMEWORK

The measurement framework should connect clinical outcomes with function, experience and economic value. Participation alone is not evidence of impact.

OUTCOME DOMAIN	ILLUSTRATIVE MEASURES
Health and risk	Nutrition status, relevant metabolic indicators, micronutrient deficiencies, medication burden and adverse events.
Physical function	Muscle strength, mobility, falls risk, activity level and ability to perform daily tasks.
Cognition and well-being	Self-reported mental well-being, sleep, motivation, cognitive indicators and social participation.
Behaviour and engagement	Programme retention, adherence, service use, confidence and sustained behaviour change.
Healthcare utilisation	Hospital admissions, emergency visits, avoidable complications and use of preventive services.
Economic value	Programme cost, healthcare cost change, productivity where relevant, caregiver impact and cost-effectiveness.
Access and equity	Reach and outcomes by age, income, language, ability and other relevant population characteristics.

Evidence discipline

Measures should be selected before recruitment begins. Baseline and follow-up methods must remain consistent, and the evaluation should distinguish between programme activity, short-term behaviour change and meaningful health or economic outcomes. Results should be reported transparently, including limitations and unintended effects.

09
CONCLUSION

The Silver Economy offers the UAE a practical route to connect healthier lives with innovation, investment and long-term national competitiveness.

The roundtable established a strong case for action. Healthy longevity depends on decisions made across the life course, and it cannot be delivered by healthcare alone. Nutrition, muscle health, mental well-being, medication management, financial security, accessible environments and credible public information all influence whether longer lives are lived with independence and purpose.

The next stage should prioritise coordination and evidence. A UAE healthy longevity cohort, living lab and targeted pilot can provide a disciplined pathway from ideas to tested solutions. By measuring health, functional and economic outcomes together, the UAE can identify what works locally, build confidence among insurers and investors, and create models capable of responsible scale.

The opportunity is not simply to respond to an ageing population. It is to design a society and economy in which people can remain healthier, active and connected for longer, while building the products, services and capabilities that a longevity economy requires.

PROPOSED NEXT STEP

Convene a focused design meeting to confirm the Silver Economy framework, nominate the coordinating mechanism and select the first pilot question. The resulting concept note should define the target population, partners, data requirements, outcome measures, resources and scale decision.



DAY ONE · SEPT 29, 2026

IMAGE GALLERY















FUTURE FOOD FORUM 2026

THE SILVER TABLE

BUILDING THE ECONOMY FOR HEALTHY LONGEVITY

COLLABORATE. INNOVATE. GROW.

