



Mohammed Bin Rashid School Of Government

POLICY BRIEF

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Summary

Mergers and acquisitions between some hospitals within the UAE have been great highlight in recent debates. The success of merger and acquisitions hinges on the timely resolution of several concerns that the top management staff implemented, mutually, enhancing solutions in the areas of leadership, organizational change, human resource management, staffing, benefit matters and culture adaptation. Recently, New Medical Center (NMC) Healthcare, UAE's largest private healthcare provider, bought Sharjah's Al Zahra Hospital, the largest healthcare acquisition in the Arabian Gulf in more than five years. This policy brief is intended to discuss some of the practical ways in which health leaders can approach organizational change during scenarios of mergers and acquisitions. The purpose of this health affairs briefing is to address organizational changes. In fact, these keys organizational changes are necessary for the merger and acquisitions to be successful and are based on, external and internal forces. In fact, it is the responsibilities of management to assess the below elements for any potential issues during hospital mergers and acquisitions.

Health Affairs: Organizational Change Practice for Health Institutions During Mergers and Acquisitions

Dr. Immanuel Azaad Moonesar R.D.

Organizational Change: Synopsis

Organizational change happens when an organization brings about a significant change in its processes or strategic plans in a way that affects the business operations. The strategy, mission, procedures, functions, and organizational structure are all components that are affected by organizational change. A major adjustment can lead to the transformation of the business. In fact, changes of this degree are unusual and do not occur frequently. Change may occur because of internal changes within an organization, or external causes, in which cannot be controlled by the business. Internal changes may be needed for reorganization or downscaling of the subordinates of the organization. Changes in laws, policies or regulations, introductions of a new service by a competitor are all external factors out of control of business. Nevertheless, before doing any change, a thorough analysis of the organization and sectors, which could profit from the transformation, should be evaluated and prioritized, for example, in instances such as hospital mergers and acquisitions (M&A).

There are frequent changes in today's market, particularly, the financial aspect of an organization. When profits are severely curbed, businesses typically have to start probing expenditures. Most often and sadly, employment expenditures are among those components curtailed. In fact, workforce cut back to typically cause structural changes in an organization, including the rearrangement of job tasks, greater responsibilities, and even changes in a business's service or products (Feigenbaum, 2011). The above components may lead to change that created a newly reform organization from the hospital mergers and acquisitions, in which clearly needed restructuring internally and externally.



Hospital acquisitions, mergers, and closures have changed the configuration of hospitals in across the world which became hallmarks if the industry in the 1980s and early 1990s. Hospital capacity has been reduced through downsizing and closures (Barton, 2010) that may have resulted from excess capacity. For instance in the US, 176 hospital mergers occurred with increasing regularity during the period of 1990 and 1997 (Barton, 2010; Bazzoli, 2004). According to reports from PricewaterhouseCoopers, referred to 2016 as the ‘year of merger mania’ (PwC, 2016). In the local context of the UAE, there are over 100 public and private hospitals, and 2,000 healthcare centres and clinics. These numbers are growing exponentially due to the confidence created through historical population growth, government estimates showing the population continuing to rise, and the gradual rollout of mandatory health insurance driving new revenues into the system (Adams, 2016). Most recently, New Medical Center (NMC) Healthcare, UAE’s largest private healthcare provider, bought Sharjah’s Al Zahra Hospital, the largest healthcare acquisition in the Arabian Gulf in more than five years (National, 2016). NMC’s acquisition of Al Zahra followed the merger earlier in 2016 of its UAE-based competitor Al Noor Hospital Group with South Africa’s Mediclinic International, which created the third-largest international healthcare group outside of the US (National, 2016). The UAE has topped the Middle East and North Africa region in inbound mergers and acquisitions regarding both numbers of deals and value of deals according to EY [formerly Ernst & Young] as illustrated in figure 1 (Gulf News, 2015).

Key drivers for an Organization

The key factors include, general, internal and external forces could be possible for the hospital mergers and acquisitions. Some general key forces for change to consider (Borkowski, 2011):

- Socio-cultural forces: customer activism, the growth rate of people, and provincial shifts in the population.
- Political-legal forces: authoritarian parameters within which an Institute must function.
- Economic/financial Forces: it reflects international financial circumstances such as inflation, deflation, loss in revenue, reimbursement plummeting, mergers, and recession.
- Technological Forces: the achievement of many businesses depends on how well they adjust to keeping

up with technology advancing, and reactions to external technological changes and the rising cost, as well.

Some key external environment drivers for change to consider (Borkowski, 2011):

- Shareholders expect management to watch over their interests, and gain a return on investments in the case of the merger and acquisition efforts and requiring the high demand of expectations.
- Customers demand satisfaction and their needs to be met, as well.
- Competitors face challenges as they contend for consumers in a marketplace with related goods or services. An organization must have a product or service, in which the competitions only wish they had, and consumer-centred focused as well.
- An employee who works for an organization will bring the culture change to it as well.
- Globalization: marketplace globalization and rapid developing technology force organizations to take action to survive.

Some key internal environment drivers for change to consider:

Changing the structure fundamentally, changes reporting relationships, which is designed to streamline and improve quality outcomes (Borkowski, 2009) will entail the following:

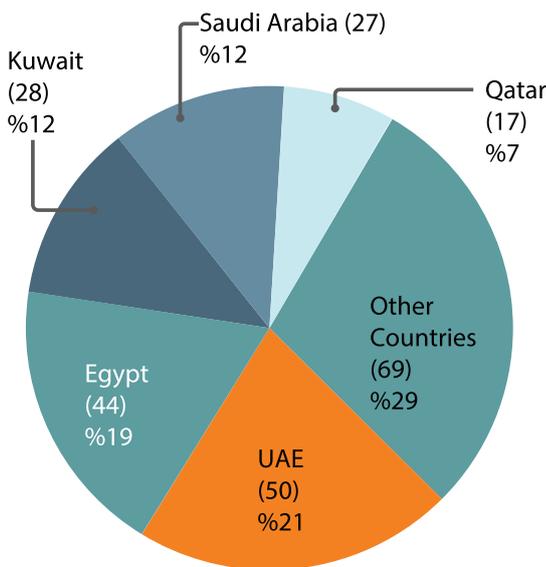
- To improve an organization, a reconstruction must take place. It is probable to transform the organizational structure if it is indicated that the existing structure is unsuccessful, such as, in the case of the merging hospitals.
- Changes in the human resources and skill levels of the staffs in the organization.
- The turnovers of senior management.
- The desire for quick success.
- Changes in employee’s expectations, behaviour, and motivation.
- Financial requirements: additional investments and cash flow that an organization probably does not have.

The basics and needs for change come from external and internal forces. The key point of change is to make certain of readiness for action and sustainability of an organization, as well as ‘disruptive’ innovation when it comes to M&A.

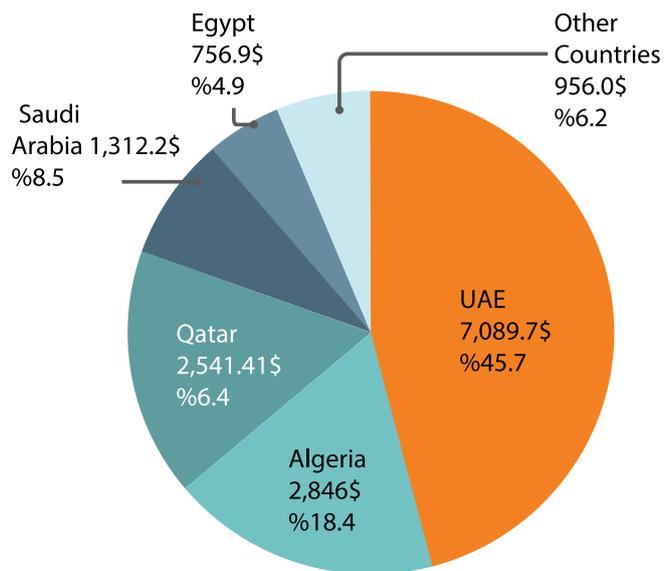
Figure 1: Showing the Mergers and Acquisitions trend in 2014

MENA Region Mergers & acquisitions trend in 2014

Target country shares by number of deals



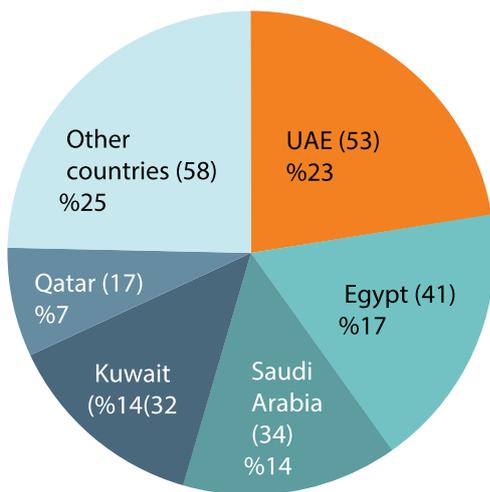
Target country shares by value of deals



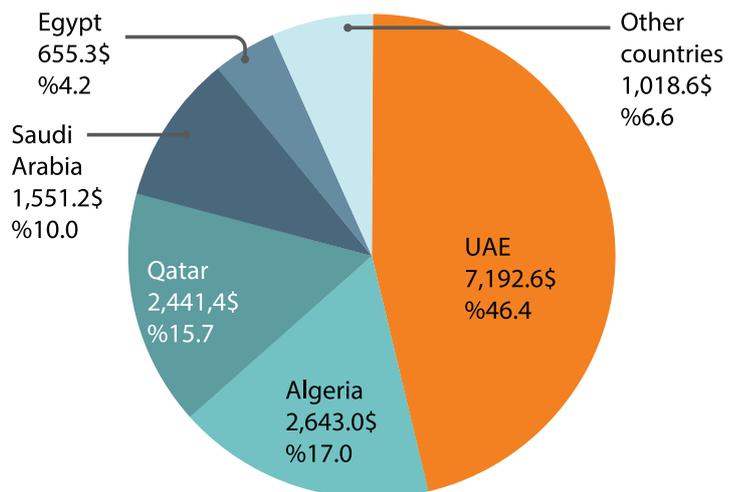
Total number of announced domestic deals in 2014 was 235

Total value of announced domestic deals in 2014 was 15.5\$b

Acquirer country shares by number of deals



Acquirer country shares by value of deals



Total number of announced domestic deals in 2014 was 235

Total value of announced domestic deals in 2014 was 15.5\$b

Source: EY analysis of publicity available data © Gulf News

The Role of Disruptive Innovation

Disruptive innovations are different kinds of performances that traditional customers are not used to in normal business practices. This describes a process by which a service takes root initially in a simple form, but changes, to meet the expected or projected needs, as the organization grows and moves up in the competitive market, eventually displacing established competitors. In the case of hospital mergers and acquisitions, forces were combined to benefit both organizations that immediately would become one. According to Christensen, disruptive innovation will often have characteristics than traditional customers may not want, at least, initially. Such innovations will appear as cheaper, simpler and even with inferior quality if compared to existing products, but some marginal or new customers will value it (Christensen, 2009). An innovation that is disruptive allows for a completely new population of consumer's access to a product or service that was historically only accessible to consumers with a lot of money or services that involved a lot of skill (Christensen, 2009).

Characteristics of disruptive businesses, at least in their initial stages, can include lowered gross margin potential, smaller target market adaption, and simpler products and services that may not appear as attractive as existing solutions elsewhere when compared against traditional performance business. With this in mind, our organization will be able to move forward on "operational innovation," the innovation or deployment of new ways of doing work. The operational innovation is not always the best improvement or way of doing things; however, it does mean coming up with improved ways of running operations, developing established products, running customer service, or any other activities that an organization performs (Hammer, 2004). Innovative operations can result in direct performance improvements (faster service times and lower costs), which lead to superior market performance, greater customer satisfaction, and more differentiated services. The only way to stay ahead of the competition is to execute innovation in a very different way (Hammer, 2004). Leadership, vision, strategic focus, valued competencies, structures, policies, rewards, and corporate culture are all critical in building and organizations success, growth, and competitive advantage. However, during any period in an organization, these aspects can become an organization's Achilles heel as market conditions change over time.

A disruption in the business model for hospital M&A can produce such questions as:

1. How do newly M &A hospitals sell their services?

2. How do newly M &A hospitals make it work in a new environment?
3. How do newly M &A hospitals sell their new image, distribute information and support it with the employees and professionals needed to make it run efficiently? (Laureate Education, Inc, 2008).

A disruption in the business model is often accompanied by a disruption in the fortunes of organizations using the old business model, because of them, and often their customers, fail to recognize that new needs are driving the business (Laureate Education, Inc, 2008). However, it is possible for organizations that are dominant players to identify and exploit potential disruptions (Christensen, 2009). When a company faces a major disruption in its markets, that could threaten its viability, it is usually because of the way its managers perceive the disruption. The beliefs and actions of the managers influence how they describe changes and innovations to the rest of the organization, how they organize the response, and how they allocate resources (Christensen, 2003). If managers, staff, and other personnel see the disruption as a threat, they tend to overreact, committing too many resources equally important quickly. On the other hand, if they see it as an opportunity, they are more likely to commit insufficient resources to its development. Ultimately, managers set the context of a disruption; it is the way they frame it and shape the strategy, and that is the way it is usually adopted by the organization (Gilbert, 2002).

Stakeholder Questions and Concerns

The overarching question has to be "why" merger? Mergers, when they are a part of public sector reform initiatives, cannot be based on ambiguous objectives (Solstad & Pettersen, 2010). According the US Government Accountability Office (Barton, 2010), overall common characteristics that tend to lead to mergers and acquisitions (and even closures), hospitals suffered due to economic inefficiency, lack of accountability and lack of transparency (Healthcare Finance, 2017). Without this question being answered organizations will revolt. Organizations will always meet resistance. Two sources according to Borkowski (2009) are the reason: organizational barriers and individual barriers (p. 357). These barriers are often the result of uncertainty. Questions are desirable to iron out differences between members of the board, promote cohesiveness, and gain respect. To build a culture around services, those in command cannot demonstrate disruptive behaviors during organizational change (Studer, 2008).

Research studies demonstrate that planned organizational transitions often experience unintended consequences despite the possibility of creating new organizations (Solstad & Pettersen, 2010). Sending the

right signals when mergers occur establishes mutual respect, increase morale, and buy-in (Perry, 1986). Major questions center on finances and processes, critical and key components to the success of an organization's merger. Communicating the importance of working together can lessen the damage that bureaucracy is capable of causing. Some questions that can shape stakeholder's interactions (Borkowski, 2009; Fos & Fine, 2005) are:

1. What will the organizational structure look like?
2. What will be some of the financial challenges?
3. Who will manage governmental mandates?
4. How will this organizational merger fit into the landscape of the community?
5. All communities have been uninsured; how will this patient population be managed?
6. What will the management structure look like?
7. What will be the process of raising funds for capital improvement?
8. Who are internal/external customers and what will we provide them?
9. How will the organization measure success?
10. How will organizational structure impact performance of new strategies?
11. What will service lines evolve based on leading market demands?
12. Will outpatient services be a consideration? (clinics, ambulatory surgery centers)
13. How will the organization show its presence in the community?
14. Will the organization be a teaching hospital? What credentials will be required?
15. What process will be in place to improve efficiency?
16. Based on the understanding of the stakeholders, how will each stakeholder impact the organization (negatively or positively)?
17. Under the UAE government's policies on healthcare reform, how will this merger affect business?

It is important that institutions support those affected by a merger and develop the means to ensure organizational development and succession (Borkowski, 2009). Having a clear understanding of the responsibilities and objectives of a new beginning of an organization is critical to the infrastructure. It is important that we appreciate the strength of each

other, which will also encourage cooperative purpose (Perry, 1986). And finally, allowing adequate time for stakeholders to embrace the accomplished change and employees to envision their future. A successful merger requires that a good foundation is laid that encouraged participation.

Some Restraining Forces Related to Organizational Change

Organizational change within the health arena can be defined as a key building capacity to effective health promotion (Heward et al., 2007). The Lewin's model could apply to the case of hospital mergers and acquisitions by representing as equilibrium that must be shifted toward the desired state recently with NMC healthcare and Al Zahra hospital. In Lewin's model, the driving forces are those that initiate change and keep those forces going, and that pushes the change in the right direction. Some organizational change might experience restraining forces.

Restraining forces stems from factors that exert pressure to continue past behaviors or to resist new action (Hunsaker, 2005). Restraining forces are those forces that act to reduce the effects of the driving forces. Some important factors that prevent restraint are, developing a state of readiness for change, decreasing the resistance to change, understanding the culture of the organization (Iles & Sutherland, 2001). Resistance forces to change; some resistance to change reasons include lack of time/awareness, internal policies, poor leadership, broken communication systems, fear of change, and change fatigue. How can a planned change process be managed? The healthcare leadership could anticipate reasons for resistance to change. Some reasons might be selective perception, lack of information, fear of the unknown, habit, or resentment towards the initiator. Moving to a new level of the change involves processes in change in thoughts, feeling behavior or all three. People in change always feel that the new is better than the new (Kaminski, 2011).

Individual Barriers to Change That Can Relate to Hospital Mergers and Acquisitions

Organizational change can ignite active positive and negative changes in an organization. Experts have various views about how to address the negative aspects of organizational change. Bridges (1986) distinguished between change and transition. He argues that any organization can emulate change,

but it is the transition, which is the difficult aspect of organizational change because of its psychological nature. Bridges organized the transition into three phases (Bridges, 1986):

- Ending, losing, letting go
- The neutral zone
- The new beginning

These phases make or break an organization as they experience changes. Another expert, Kotter describes transformational stages in which a company goes through to accomplish successful change (Kotter, 2007). Kotter's eight stages include:

1. Establish a sense of urgency
2. Form a powerful guiding coalition
3. Create a vision
4. Communicating the vision
5. Empower others to act on the vision
6. Plan for and create short-term wins
7. Consolidate improvements and produce more change
8. Institutionalize new approaches.

Careful navigation through these phases guide an organization through change, even the best plan is not without barriers when change is involved. Individual barriers, noted by (Kotter, 2007) are:

- Feelings of uncertainty based on the unknown
- Reduction in personal need fulfilment
- Real or perceived stress
- Loss of status or "personal comfort zones"
- Loss of equilibrium and personal power

The staff will most like to experience fear, stress, and dissatisfaction with the organization. Borkowski suggests that managers must be aware of how change affects people. Wooden stated that it also imperative to realize that everyone reaction is determined by attitude, age and personal experience (Laureate Education, Inc, 2008). A good manager or leader will be aware of this and know how to address individual personalities (Laureate Education, Inc, 2008). After a period, change began to happen for this staff in a right way.

Seniority is a concern of all senior staff members. Sometimes hospitals are not known for involving staff or physicians in any decision-making activities when it comes to mergers and acquisitions (Franklin

et al., 2007). Will the ideas of all staff be considered? There is optimism about the merger and hopes that there will be a collaborative culture going forward.

Practical Strategies for Navigating Organizational Change

The process of change is an inherent feature of organizational life. Before considering the strategies, it is important to the note the following implications for management (Hayes, 2007):

- Recognize that there will often be a time lag between the announcement of a change and an emotional reaction to it. It is easy to mistake the apparent calm of the first awareness and denial phases for acceptance of the change.
- Different individuals or groups will progress through the cycle at different rates, and in different ways because the change might affect them differently.
- Change managers need to beware of getting out of phase with their staff. They tend to know about the change before others and, therefore, it is not unusual for them to have reached an acceptance of change long before other organization members.

The strategies for navigating organisational change for the new organisation during mergers and acquisitions as follows:

Strategy A. Apply Kotter's Eight Principle Model (Borkowski, 2011; Hayes, 2007; Kotter, 2007)

1. Establish a Sense of Urgency
 - Examine market and competitive realities.
 - Identify and discuss crises, potential crises, or major opportunities.
 - A recent example, Geisinger Health System, Jersey Shore Hospital signed integration agreement where the Jersey Shore leaders say they expect the integration to provide financial stability, job security (Healthcare Finance, 2017).
2. Form a Powerful Guiding Coalition
 - Assemble a group with enough power to lead the change effort.

- Encourage the group to work as a team.
 - A recent example, Baptist Memorial Health Care, Mississippi Baptist Health merge to create one of US's largest non- profits. Baptist Memorial operates 17 hospitals in Arkansas, Mississippi and Tennessee; Mississippi Baptist runs four hospitals in the state (Healthcare Finance, 2017).
3. Create a Vision
 - Create a vision to help direct the change effort.
 - Develop strategies for achieving that vision.
 4. Communicate the Vision
 - Use every vehicle possible to communicate the new vision and strategies.
 - Teach new behaviour by the example of the guiding coalition.
 5. Empower Others to Act on the Vision
 - Get rid of obstacles to change.
 - Change systems or structures that seriously undermine the vision.
 - Encourage risk-taking and non-traditional ideas, activities, and actions.
 6. Plan for and Create Short-Term Wins
 - Plan for visible performance improvements.
 - Creating those improvements.
 - Recognize and reward employees involved in the improvements.
 7. Consolidate Improvements and Produce Still More Change
 - Use increased credibility to change systems, structures, and policies that don't fit the vision.
 - Hire, promote, and develop employees who can implement the vision.
 - Reinvigorate the process with new projects, themes, and change agents.
 8. Institutionalize New Approaches
 - Articulate the connections between the new behaviour and organizational success.
 - Develop the means to ensure leadership development and succession.
 - An example would include the Comprehensive Pharmacy Services in the US bought PharmaSource, and announced plans to expand services. The Memphis-based company provides pharmacy services to more than 500 hospitals and healthcare

facilities (Healthcare Finance, 2017).

Strategy B. Keep your cool in dealing with others.

Strategy C. Do your best to handle pressure smoothly and effectively.

Strategy D. Respond to non-defensively when others disagree with each other.

Strategy E. Be ready, willing, and able to assemble important data and plans of action.

Strategy F. Create, communicate and carry plans that address changing business needs in a variety of circumstances.

Strategy G. Demonstrate leadership by communicating goals as well as the steps to achieve them – the 'who,' 'when,' 'how' and 'at what cost' details.

Strategy H. Clearly defines the expectations of success.

Strategy I. Evaluate performance of people, products, and process before defining the next set of expectations.

Strategy J. Motivating people to change through (Hayes, 2007):

- Education and persuasion
- Participation and involvement
- Facilitation and support
- Manipulation and co-option
- Direction and a reliance on explicit and implicit coercion.

Other steps in achieving success during the change of a company's organizational structure (Change Management, 2008):

- Change readiness assessments (assessing employees and managers in areas such as culture and values, past changes, employee readiness, and resistance.
- Communications (includes communication planning and communication activities.
- Training (education and training programs to build skills and knowledge.
- Executive sponsorship (the visible actions by business leaders.
- Incentive and reward programs

(ranging from small incentive programs to compensation changes).

- Employee feedback: enabling employees to share their thoughts and feelings about the change openly.
- Supervisors direct coaching to employees: helping individual employees through the change process.
- Resistance management: tactics for systematically managing resistance.
- Sacrificial lamb: visibly removing a key manager that is an obstacle to change.
- Employee participation: involving employees in the design of the change.

Conclusion

Mergers and acquisitions between some hospitals within the UAE have been great highlight in recent debates. The success of merger and acquisitions hinges on the timely resolution of several concerns that the top management staff implemented, mutually, enhancing solutions in the areas of leadership, organizational change, human resource management, staffing, benefit matters and culture adaptation. Recently, New Medical Center (NMC) Healthcare, UAE's largest private healthcare provider, bought Sharjah's Al Zahra Hospital, the largest healthcare acquisition in the Arabian Gulf in more than five years. This policy brief was intended to discuss some of the practical ways and international examples in which health leaders can approach organizational change during scenarios of mergers and acquisitions. In fact, these keys organizational changes are necessary for the merger and acquisitions to be successful and are based on, external and internal forces. In fact, it is the responsibilities of management to assess the below elements for any potential issues during hospital mergers and acquisitions in the UAE.

References

- Adams, M. (2016). Why the UAE healthcare sector is ripe for mergers and acquisitions? Retrieved from: <http://gulfbusiness.com/uae-healthcare-sector-ripe-mergers-acquisitions>
- Barton, P. (2010) Understanding the U.S. Health Services System. (4th ed.) Chicago, IL: Health Administration Press.
- Bazzoli, G. J., Brewster, L. R., Liu, G., & Kuo, S. (2003). Does US hospital capacity need to be expanded?. *Health Affairs*, 22(6), 40-54.
- Borkowski, N. (2009). *Organizational behavior, theory, and design in health care* Sudbury, MA: Jones and Bartlett.
- Borkowski, N. (2011). *Organizational Behavior in Health Care* (2nd ed.). Sudbury, Massachusetts: Jones & Bartlett Publishers.
- Bridges, W. (1986). Managing organizational transitions. *Organizational Dynamics*, 33-24 ,(1)15.
- Change Management. (2008). *Change Management*. Retrieved from: www.change-management.com
- Christensen, C. M. (2003). *The Innovator's Solution*. Harvard Business School Press: Cambridge, MA.
- Christensen, C. M. (2009). *Disruptive innovations*. Retrieved from: http://www.claytonchristensen.com/disruptive_innovation.html
- Feigenbaum, E. (2011). Define organizational Change Demand media. Retrieved from: <http://smallbusiness.chron.com/define-organization-change-2786.html>
- Fos, P. J., & Fine, D. J. (2005). *Managerial epidemiology for health care organizations* (2nd ed.). San Francisco, CA: Jossey-Bass.
- Franklin, M. A., Mapes, D., McDow, A., & Mithamo, K. (2007). The merger of two competing hospitals: A case study. In S. B. Buchbinder & N. H. Shanks (Eds.) *Introduction to health care management*. Sudbury, MA: Jones and Bartlett.
- Gilbert, C., & Bower, J. (2002). Disruptive Change: When Trying Harder is Part of the Problem. *Harvard Business Review*, 101-94 ,(5)80.

- Gulf News, (2015). UAE seen leading mergers in the Middle East region: Outbound deals expected to pick up pace in 2015 Retrieved from: <http://gulfnews.com/business/sectors/banking/uae-seen-leading-mergers-in-the-middle-east-region1.1457171->
- Hammer, M. (2004). Deep Change: How operational innovation can transform your company. Harvard Business Review, 93-84 ,(4)82.
- Hayes, J. (2007). The Theory and Practice of Change Management. (2nd ed.). NY: Palgrave Macmillan.
- Healthcare Finance (2017). Healthcare mergers and acquisitions in 2017: Running list. May 2017 ,19. Retrieved from: <http://www.healthcarefinancenews.com>
- Heward, S., Hutchins, C., & Keleher, H. (2007). Organizational change-key to capacity building and effective health promotion. Retrieved from: <http://www.heapro.oxfordjournals.org>
- Hunsaker, P. L. (2005). Managing Organizational Change. Retrieved from: <http://www.faculty.tamu-commerce.edu/kbandy/documents/PrenticeHall>
- Kaminski, J. (2011). Theory applied to informatics- Lewin's Change Theory. Canadian Journal of Nursing Informatics, 1)6). Retrieved from: <http://www.cjni.net/journal/?p=1210>
- Kotter, J. P. (2007). Leading change: Why transformation efforts fail. Harvard Business Review, 85(1), 96–103.
- Iles, V., & Sutherland, K. (2001). Organizational change: A review for health care managers, professionals and researchers. London: National Coordinating Centre for NHS Service Delivery and Organization.
- Laureate Education, Inc. (2008). Organizational Development and Leadership: Organizational Theory. [DVD]. Baltimore: Brenda Freshman, Kevin Smith, Cecelia Wooden, David Nash, & Neil Meltzer.
- National (2016). NMC Health makes offer for Al Zahra Hospital. 14th December 2016. Retrieved from:<http://www.thenational.ae/business/economy/nmc-health-makes-offer-for-al-zahra-hospital>
- Perry, L. T. (1986). Merging successfully: Sending the “right” signals. Sloan Management Review, 57-47 ,(3)27.
- PwC, (2016). Top health industry issues 2016 Issue 2016 :3 is the year of merger mania. Retrieved from: <http://www.pwchk.com/en/publications/top-health-industry-issues2016-issue--2016-3is-the-year-of-merger-mania.html>
- Solstad, E., & Pettersen, I. J. (2010). The role of path dependency in a hospital merger. Qualitative Research in Organizations and Management: An International Journal, 258-238 ,(3)5.
- Studer, Q. (2008). Results that last. Hoboken, NJ: John Wiley and Son.

Author Biography

Dr. Immanuel Azaad Moonesar R.D. is the Assistant Professor of Health Policy at MBRSG with research interest is in public policy, healthcare management & leadership, maternal & child health, nutrition, and quality management. He has a Doctor of Philosophy (PhD) in Health Services: Leadership (Superior Distinction) from Walden University, USA. He also a Registered Dietitian and holds a Master of Quality Management (Distinction) from the University of Wollongong Australia (UOW), a Postgraduate Diploma in Institutional Community Nutrition & Dietetics (Distinction) & a Bachelor of Science in Human Ecology: Nutrition and Dietetics from the University of West Indies (UWI), Trinidad & Tobago. He has published in over 80 publications in peer-reviewed journal articles, peer-reviewed international conferences, co-authored books and book chapters and policy briefs to date. Immanuel.moonesar@mbrsg.ac.ae



كلية محمد بن راشد
للإدارة الحكومية
MOHAMMED BIN RASHID
SCHOOL OF GOVERNMENT

Mohammed Bin Rashid School of Government
Convention Tower, Level 13, P.O. Box 72229, Dubai, UAE
Tel: 3290 329 4 971+ - Fax: 3291 329 4 971+
www.mbrsg.ae - info@mbrsg.ae

