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HEALTHCARE

# Expanding the scope of extended care to ease the growing healthcare burden



# Table of Contents

<b>01</b>	The rise of extended care	03
<b>02</b>	Innovating extended care - a tech-driven shift	04
<b>03</b>	Addressing the challenges in GCC extended care	05
<b>04</b>	Rising demand, growing opportunity - extended care in Saudi Arabia	08
<b>05</b>	Five key considerations for private sector players in the GCC	11

# 01

## The rise of extended care

# The rise of extended care

Extended care encompasses a broad spectrum of medical and non-medical services that support individuals living with chronic illnesses, disabilities or recovering from serious health events. Often referred to as post-acute or long-term care, this sector is undergoing a rapid global expansion, including in the Gulf Cooperation Council (GCC) countries.

According to The Insight Partners, the global post-acute care market is expected to soar to US\$1.9 trn by 2030, rising from US\$715.2 bn in 2022 – a CAGR of 12.6%.<sup>1</sup> For the GCC region, the growth represents a transformative opportunity. It's a chance to build strong, patient-centred care systems that bridge current service gaps and meet the demands of ageing populations and rising chronic disease rates.

At the heart of the extended care market are four key segments - long-term care, rehabilitation, mental health and home health. Each addresses specific patient needs and care intensities, offering an opportunity for innovation, policy development and strategic investment.

These include:

**Post-acute rehabilitation:** Here, patients receive medical treatment and rehabilitation therapy to recover from complex surgeries or serious injuries. The goal is to support a full recovery and facilitate a prompt return home or to a home care setting.

**Long-term care:** Designed for patients who require extended rehabilitation support with minimum medical supervision.

**Long-term ventilator care:** Intended for patients requiring a mechanical ventilator for more than three weeks and more than six hours daily. While these patients are no longer acutely ill, they often experience chronic health problems and respiratory failure.

The growing demand for extended care worldwide is driven mainly by an ageing population. The United Nations projects that the global population aged 65 years and older is expected to more than double, from 761m in 2021 to 1.6bn in 2050. Similarly, the number of people aged 80 and older is also projected to more than double in that time.<sup>2</sup> As the population ages, the prevalence of chronic diseases rises, leading to more surgeries and a greater need for post-acute and long-term needs.

Rising awareness of mental health awareness is also contributing to the growing demand for extended care in long-term behavioural health. According to the PwC Middle East's report, 'The Socio-economic Impact of Untreated Mental Illness' an estimated 15% of the population in the GCC is believed to suffer from mental health disorders.

The global post-acute care market is expected to soar to **US\$1.86trn** by 2030

**15%** of the population in the GCC is believed to suffer from mental health disorders.



Extended care strengthens the continuum of care by bridging gaps in the traditional acute-care model. According to the World Health Organization (WHO), improving long-term care is vital for sustainable healthcare systems and more efficient resource allocation. It prevents costly duplication of services and ensures that patients receive care in the most appropriate care settings. Extended care benefits include lower treatment costs, reduced hospital readmissions, less strain on acute-care settings, and improved patient recovery outcomes.<sup>3</sup>

With a rapidly ageing population, growing national ambitions to improve the quality of life across the GCC and an increasing focus on longevity, the need

for long-term care and rehabilitation services is more urgent than ever. For example, Saudi Arabia's Vision 2030 plan includes a national health strategy designed to raise life expectancy from 74 to 80 years. The UAE's National Strategy for Wellbeing 2031 targets improvements in mental and physical health, with particular emphasis on elderly care.

Such initiatives are anchored in three core elements: preventive healthcare, the integration of new technologies, and public-private collaboration. Meeting this rising demand cannot be the responsibility of the public sector alone. One promising solution is to expand the role of the private sector to deliver efficient and high-quality extended care.

**This report explores the investment landscape for extended care across the GCC, with a particular focus on the opportunities and challenges in Saudi Arabia.**

# 02

Innovating extended  
care - a tech-driven  
shift

# Innovating extended care - a tech-driven shift

Innovations in extended care over the past few decades have primarily been driven by technological advances and a shift to value-based care models that emphasise psychosocial quality of life over purely clinical outcomes. These changes have made home care the most cost-effective and quality-of-life-friendly solution for extended care needs.



Artificial intelligence (AI) is accelerating this transformation. It improves diagnostic accuracy, optimises treatment plans, streamlines operations and enhances patient engagement.<sup>4</sup> AI can play a leading role in achieving the quintuple aim of healthcare: better patient experience, improved clinical outcomes, financial sustainability, clinician wellbeing and health equity.<sup>5</sup>

One of its most promising applications is remote patient monitoring, where AI identifies patterns from vast and diverse health data sources. This has the potential to greatly enhance the value of current and emerging technologies in patient monitoring, including wearable sensors and instrumented environments.

Wearable sensors now capture a wide range of metrics, including movement, neurological function, physiological and behavioural variation and biomechanical performance. When combined with the AI, these sensors enhance traditional clinical assessments and improve performance of predictive models for conditions like walking ability in stroke rehabilitation, dynamic balance ability in stroke, multiple sclerosis and Parkinson's disease interventions. The future lies in moving beyond

wearables to “instrumented environments” where home-based sensors track activity and physiological signs without markers or contacts.<sup>6</sup>

Together, value-based care and virtual health monitoring are shifting long-term care away from traditional clinical models toward approaches that prioritise quality of life. Technologies such as wearables, implanted sensors and smart environments are central to building a reliable, scalable ecosystem for out-of-facility care. Home-based care is rapidly evolving as a significant solution to bridge gaps in the continuum of care. This ecosystem focuses on an individual's ongoing continuum of care needs, such as post-acute rehabilitation, long-term care, mental health, and preventive/maintenance care, tailored to both episodic and chronic conditions.<sup>7</sup> Active engagement of patients and caregivers in self-care is a core component of effective care coordination, and has been shown to improve both quality of life and system sustainability through better adherence, satisfaction, and outcomes.

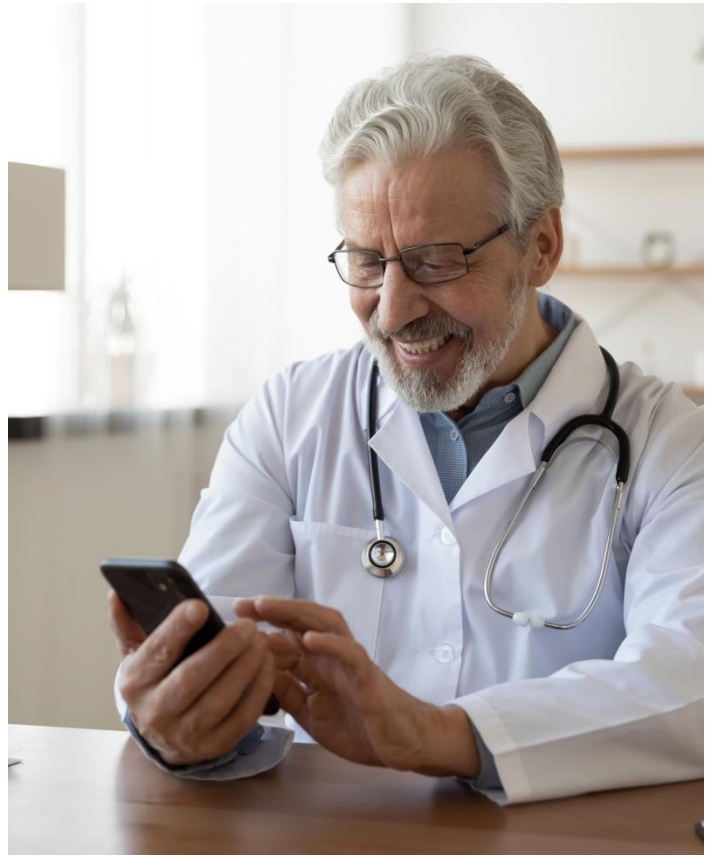


Technologies, such as virtual reality (VR) and augmented reality (AR) in rehabilitation, can also boost neural plasticity and reorganise neural networks to improve or restore function in post-stroke patients through simulation exercises. Research indicates that VR and AR can complement traditional therapy by facilitating early rehabilitation and leading to improved outcomes for post-stroke patients. When these methods are applied remotely, they are referred to as “telerehabilitation”, enabling their integration into home care settings.<sup>8</sup>

When home care is not fully possible for long-term care patients, alternative living arrangements are under development that can be described as a hybrid between a nursing home and care at home. These environments promote autonomy and include small-scale and/or homelike environments or shared housing. More innovative models include dementia villages that support normal living with community involvement and green care farms that combine caregiving with agricultural and domestic activities.<sup>9</sup>

GCC countries are exploring new solutions to move away from extended care models that are reaching breaking point. For example, in 2024, Manzil Healthcare Services (Manzil), a home health management services leader in the region, and Spectator, a Dutch integrated health technology pioneer, partnered to advance tech-enabled care at home in the UAE, Qatar and Saudi Arabia. The Spectator Telehealth Platform, with its BiDiApp for mobile devices and Tele-Assistance Room for remote areas, will provide Manzil's patients with telehealth services and AI-enhanced tools for monitoring vitals like heartbeat, oxygen levels, and blood pressure. This secure platform will enhance access to care and enable coordinated services at home, hospitals, and other extended care settings, representing a key step forward in the region's extended care evolution.<sup>10</sup>

Innovative approaches such as these have made home care the most cost-effective and quality-of-life-friendly solution for extended care needs.



# 03

Addressing the  
challenges in GCC  
extended care

# Addressing the challenges in GCC extended care

Extended care services in the GCC face gaps in three key areas: the availability of dedicated post-acute care capacity, the depth of clinical specialisation and the integration of care. The region's limited capacity in extended care is largely driven by demographic shifts, socioeconomic pressures and rising rates of chronic disease.

A further challenge is the limited implementation of care coordination and the lack of alignment with broader models of care. As highlighted in PwC's [A Golden Thread to Transform Healthcare](#), fragmented systems and underdeveloped primary care networks hinder the integration of extended care into the wider health ecosystem. Without strong coordination across acute, post-acute, primary, and community-based services, extended care risks becoming siloed, inefficient, and unsustainable.<sup>11</sup>

The core patient segment for extended care continues to be GCC nationals. Coverage for the expat cohort through private insurance is largely non-existent except for:

- Select top-tier insurance policies, which can include travel, health and life insurance, but usually come with annual reimbursement caps
- Special schemes such as Abu Dhabi's Activity Based Mandate, which reimburses blue-collar workers for long-term care typically not covered by their insurance.

The GCC region faces a significant shortage of dedicated, specialised extended care facilities. As a result, there is heavy reliance on acute-care beds in the private sector. Extended care services are typically delivered through government acute care hospitals for citizens or outsourced to private hospitals. However, there are notable exceptions, including government-run facilities such as Humanitarian City in Saudi Arabia and Military Medical City in Qatar. In the UAE, Abu Dhabi stands out for having developed more than 15 private or semi-private post-acute care facilities.



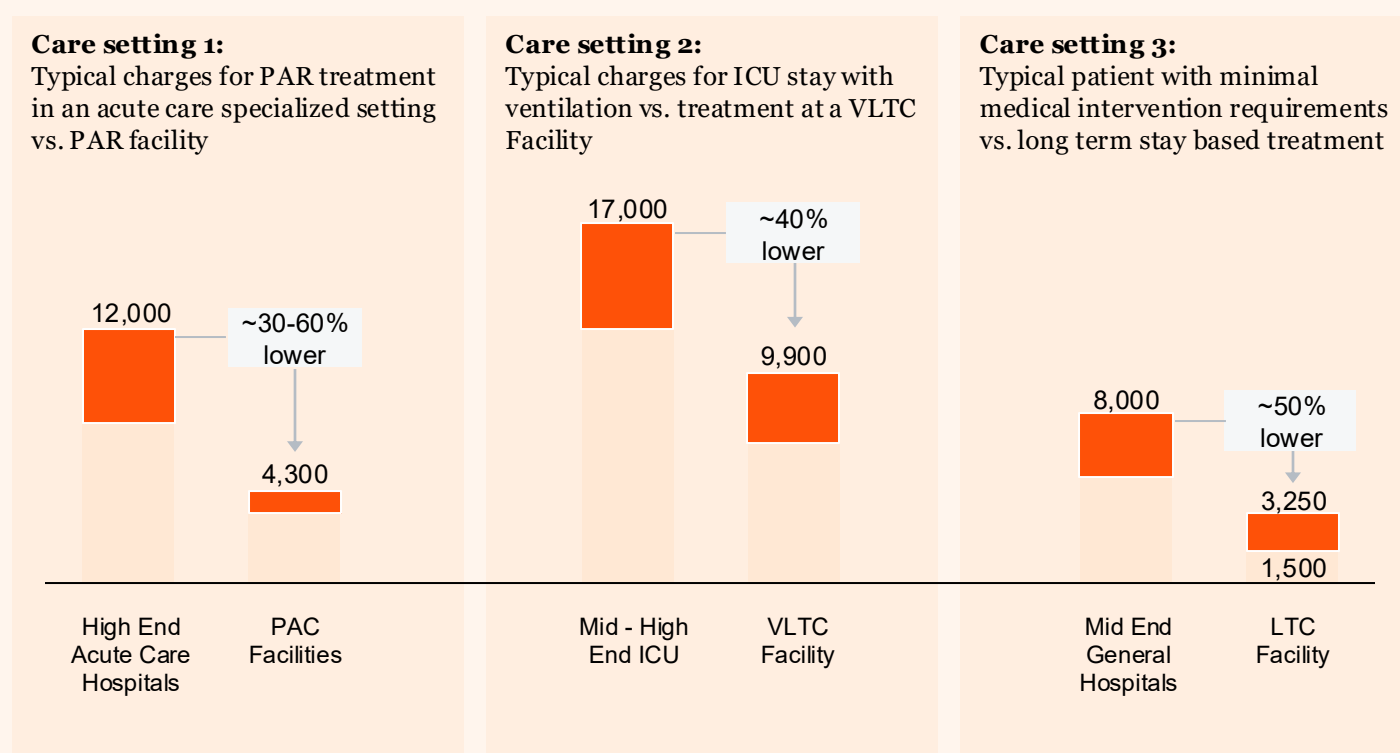
# Early mover spotlight: Abu Dhabi

## Encouraging private sector participation in addressing extended care

The UAE capital Abu Dhabi was the first in the GCC to recognise the growing clinical and financial burden of extended care on the public sector and took early action to address it by encouraging private sector participation. While there have been some challenges along the way, the emirate's efforts represent a pioneering approach in the region.

A large share of public sector acute care beds in the emirate was being used for rehabilitation patients, limiting capacity for other critical medical needs. To manage the overflow, the government increasingly turned to private acute care hospitals – a move that substantially raised the overall cost of care. This dual challenge of limited public sector capacity and rising rehabilitation costs prompted the government to take decisive action. The graphic below illustrates the differences in rehabilitation costs between traditional acute care facilities and specialised post-acute care centres, highlighting the financial benefits of dedicated rehabilitation services.

### Case in point: Comparison of typical Payor costs at conventional acute care facilities vs. PAC Facilities (Average per diem AED – Abu Dhabi)



Over the past decade, Abu Dhabi has steadily built a more sustainable post-acute care infrastructure by enabling private sector participation. Notable examples include the establishment of specialised providers such as Cambridge Medical and Rehabilitation Centre (CMRC) and ProVita, started by a private equity investment firm and healthcare operator, TVM Capital Healthcare. Both organisations have filled critical gaps in long-term and rehabilitation care. CMRC, founded in 2012, now operates across UAE, including Abu Dhabi and Al Ain, as well as Dhahran in Saudi Arabia, while ProVita began in 2011 with a small facility in Abu Dhabi and expanded to Al Ain the following year. Their success illustrates how targeted private sector involvement can help ease pressure on the public health system and expand access to specialised extended care services.

From the outset, government policy in Abu Dhabi was deliberately structured to attract private investment in extended care by offering generous per diem reimbursements with low competition from the public sector.

To support this model, a regulated reimbursement framework was introduced. However, over the past five years, Abu Dhabi has made several adjustments to its reimbursement multipliers, directly impacting provider payments. A more unified approach across providers is now under consideration, aimed at stabilising these multipliers and enhancing consistency in the reimbursement structure. In parallel, additional pay-for-performance and quality-focused initiatives such as diagnosis-related groups and integrated care services are also likely to be introduced.

In response to growing competition and reimbursement revisions, providers have started to explore greater clinical depth, end-to-end service integration and international affiliations. One prominent example is Reem Hospital, a purpose-built healthcare facility operated by VAMED, a global healthcare provider, in partnership with Charité (one of the leading University Hospitals in Germany and Europe). The hospital offers a holistic and integrated post-acute care model, complemented by acute care capabilities, enabling a seamless continuum of care.

At the same time, the public sector has expanded its role in providing post-acute care services. As a result, under activity-based mandates, patients are now using public facilities for long-term and rehabilitative care, reducing the share of services delivered by the private sector. But despite this, there have been successful privatisation efforts in Abu Dhabi's extended care landscape, highlighting the continued potential for private sector involvement.



# 04

Rising demand,  
growing opportunity -  
extended care in  
Saudi Arabia

# Rising demand, growing opportunity - extended care in Saudi Arabia

The Kingdom holds the largest potential market for extended care and long-term care in the GCC, due to its ageing population, higher life expectancy, and emphasis on healthcare development under Vision 2030.<sup>12</sup> In the extended care opportunities section of this report, we will highlight how Saudi Arabia is encouraging and facilitating privatisation to enhance home health care, rehabilitation, behavioural health and more.

Saudi Arabia faces a growing demand for long-term care and rehabilitation due to the rapid growth of the 60-79 age group. Between 2019 and 2022 it grew by 5% and is now projected to total 4.63m by mid-2030.<sup>13</sup> This is attributable to increasing life expectancy, which has grown from 74 years in 2016 to 78.8 in 2024.<sup>14</sup>

To address this, the Saudi Arabian government is investing in infrastructure, supporting long-term care facilities, and enhancing the quality of care via initiatives.

Post-acute care services have seen a notable increase in use over the last few years. Inpatient volumes for post-acute care in the Ministry of Health (MoH) hospitals grew at an 11% CAGR from 2019 to 2022 in the Kingdom, almost five times faster than the overall population growth rate.<sup>15</sup>



## Private sector potential in Saudi Arabia's extended care landscape

According to the Saudi Health Council's latest publicly available data (2020), over 6% of public hospital acute-care beds are occupied by long-term care patients. The council estimates the average cost for a long-term care patient is SAR3,470 per day in public hospitals and SAR1,875 in the private sector. This suggests that using the private sector could save public hospitals 54% per bed per day.<sup>16</sup>

As of 2024, key private providers of post-acute care (PAC) beds in Saudi Arabia include Sultan Bin Abdulaziz Humanitarian City Hospital, Madeeda Hospitals, and Health Oasis Hospital. These institutions collectively account for a significant portion of the country's current private PAC bed capacity.

Despite these efforts, Saudi Arabia continues to face critical gaps in long-term care infrastructure.

The country has just eight post-acute care beds per 100,000 population, compared to 53 beds per 100,000 population in OECD countries. It also has 18 physical therapists per 100,000 population, compared to 110 physical therapists per 100,000 population in OECD countries.<sup>17</sup> This shortage of both infrastructure and specialised personnel poses a major barrier to meeting growing care demands.

Demand for long-term care and rehabilitation beds in the Kingdom is projected to rise sharply, from about 24,800 in 2022 to an estimated 35,800 in 2030. Besides insufficient capacity, there is a shortage of qualified staff, especially physical therapists.<sup>18</sup>

Compounding these pressures is the rising prevalence of mental health conditions such as dementia, driven by the Kingdom's ageing population. With 34% of Saudis already meeting the criteria for mental health conditions at some point in their lives,<sup>19</sup> this will further increase the demand for long-term care services. Currently, most dedicated mental health facilities are publicly operated, with only a limited number of private providers offering mental health support, often through small departments. Examples of multi-specialty providers with dedicated mental health programmes include Al Moosa Specialist Hospital and Dr. Soliman Fakeeh Hospital. Expanding private sector participation in mental health care will be critical to closing this gap and ensuring broad access to high-quality, specialised services in the years ahead.



## National agenda, initiatives and awareness drive long-term care focus

The government of Saudi Arabia is increasing long-term care capacity through infrastructure investments, supportive policies and quality enhancement initiatives. Under Vision 2030's objectives, the Ministry of Health is encouraging public-private partnerships (PPPs) to facilitate the flow of private investments. In addition, programmes, such as the Human Resource Development Fund (HRDF), further lower barriers for private participants by providing ancillary support through wage support to encourage upskilling of the local population.<sup>20</sup>

In 2023, the Saudi Ministry of Health issued an Expression of Interest (EOI) for Public-Private Partnership (PPP) projects focused on long-term care, rehabilitation, and home care services in Riyadh and the Eastern Region. This included:

### 01 Long-term care and skilled nursing home projects

Design, build, finance, operate, and maintain 200 beds for long-term care and 100 beds for skilled nursing home for each region.



### 02 Medical rehabilitation hospital

Design, build, finance, operate and maintain 150 beds and 120,000 outpatient rehabilitation sessions annually for each region.



### 03 Home healthcare

Provide home healthcare services for medical care, nursing care, physical therapy, occupational therapy and speech therapy through qualified medical personnel (doctors, nurses, and specialists) for 10,000 patients.<sup>21</sup>



Other opportunities and incentives include:

Setting a national target of 0.3 rehab beds per 1,000 population, driving the growth of new rehabilitation-focused facilities.<sup>22</sup>

Long-term care and rehabilitation identified as among the nine priority areas for PPPs in Saudi Arabia.<sup>23</sup>

The Human Resources Development Fund programme offering SAR3,000 per month for two years to private companies hiring local healthcare workers.<sup>24</sup>

Prioritising corporatisation of healthcare, integration of health and social care, and supporting families who provide home care when necessary to relatives.



The Kingdom needs to expand long-term care services, which create a toll on hospitals that are already experiencing a shortage in beds per capita compared to OECD countries. Furthermore, demand for these services is increasing with demographic shifts towards a more elderly population, rising rates of chronic conditions, and growing awareness and treatment of mental conditions. The government has established commendable goals through Vision 2030, and the private sector will be essential to achieving those goals.

Private investors and operators are answering the call and proving that private sector involvement offers significant cost savings compared to public hospitals. This is being supported by government initiatives, such as streamlined licensing processes, public-private partnerships and a commitment to fostering a robust healthcare ecosystem.”

**Hamad AlDhewalia**

Senior Advisor to TVM Capital Healthcare

Former Vice-Minister of Health Affairs in Saudi Arabia



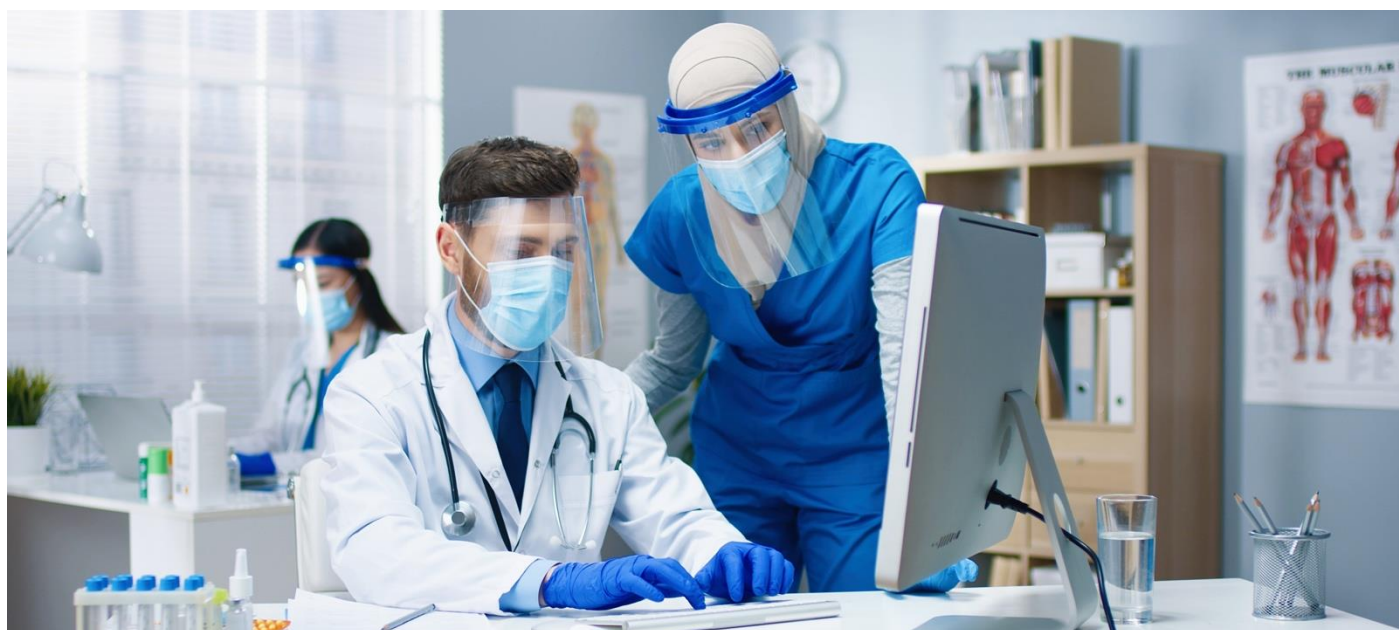
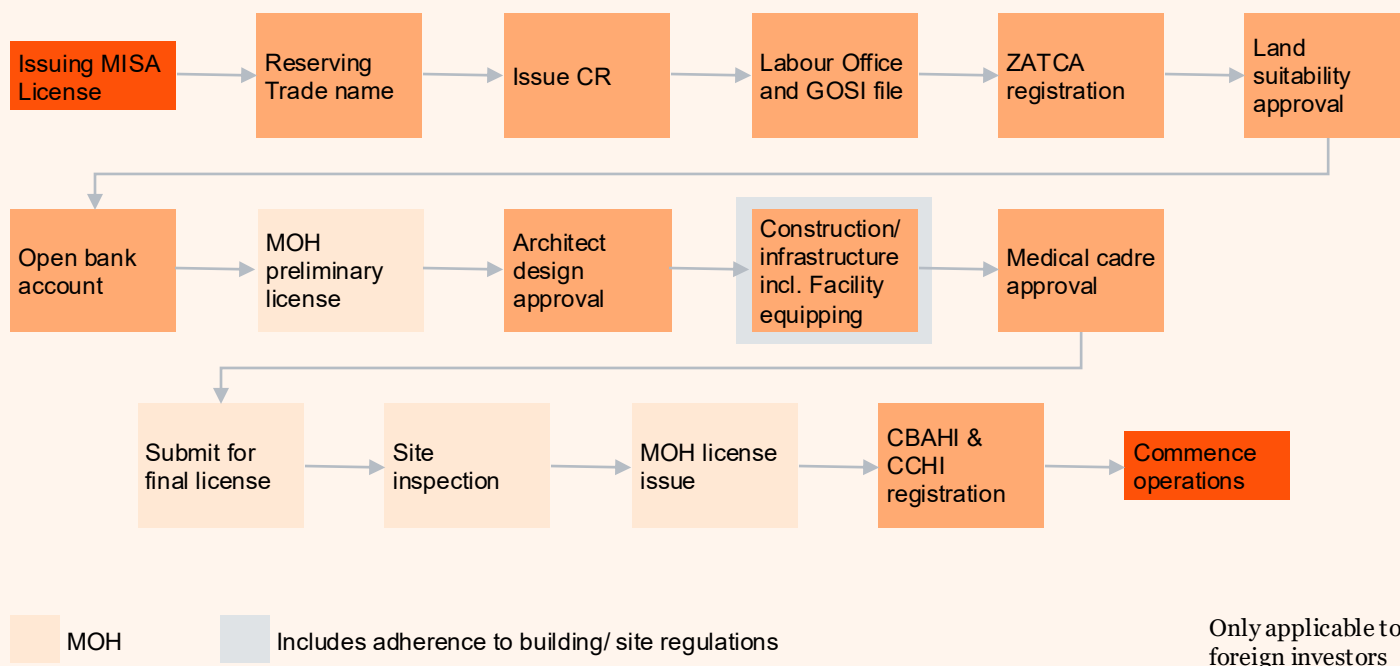
# The digitised licensing process

In Saudi Arabia, a licensing process has been developed with assistance from the Ministry of Investment for Saudi Arabia (MISA). Known as the digitised investor journey and licensing process, it outlines a clear and structured licensing pathway (as seen Figure 2).

End-to-end digitised licensing pathway for foreign healthcare investors in Saudi Arabia.<sup>25</sup>

## Digitised investor journey and licensing

Digitised process with assistance from MISA/ other entities through the journey





If you compare 2016 to 2023, when we got Baraya licensed, it's a completely different landscape. Today, when you go to the Ministry of Investment for Saudi Arabia (MISA), the regulations are clear, the support is strong and there are dedicated teams who proactively help you find solutions. You can quickly secure licenses by submitting three types of documents through the portal.

Earlier, it wasn't clear enough what kind of set-up you would need to have. For example, if you now go to the MoH portal there are annexes for all kinds of facilities that you have to follow in order to get the license... you have acute care hospitals, day-surgeries, rehabilitation centres. We have around 65 annexes now in the MoH portal. When we started Cambridge, it wasn't the case. Now all the guidelines are online on the MoH portal, so we have much better clarity.”

**Jad Halaby**

CEO of Baraya Extended Care in Saudi Arabia,  
a TVM Capital Healthcare portfolio company



# Case study spotlight: TVM Capital Healthcare

## Transforming extended care through corporate investment

With Vision 2030 aiming to raise life expectancy from 74 to 80 years, the demand for long-term care, post-acute care and rehabilitation services is accelerating in the Kingdom. Expanding this segment of the healthcare system is essential - not only to reduce the burden of acute-care hospitals, but also to improve the quality of life for individuals with chronic and extended care needs.

To meet this growing need, the government is pursuing a clear agenda: encouraging corporatisation, simplifying licensing processes and promoting PPPs to build a more sustainable care delivery model.

A standout example in this context is Baraya Extended Care, established in 2023 with a mission to elevate standards in extended care across the Kingdom. Baraya - a portfolio company of TVM Capital Healthcare - offers a full range of long-term care, rehabilitation and home healthcare services, with an initial rollout of nine facilities designed to blend international standards with local expertise.<sup>26</sup>

“Our mission is to provide a comprehensive range of extended care services, addressing a critical need in the Kingdom,” said Jad Halaby, Chief Executive Officer of Baraya. “With an initial nine facilities planned (inpatient hospitals and outpatient clinics), we will combine international standards and local expertise to contribute to developing the healthcare sector and improving the lives of patients and families in Saudi Arabia.”

Baraya’s growth reflects broader market dynamics. From 2019 to 2022, post-acute care inpatient volumes in Ministry of Health hospitals grew at an 11% compound annual growth rate (CAGR) - nearly five times faster than overall population growth - driven by an increase in the over-60 age group during the same period.

Halaby notes that recent regulatory reforms have been critical enablers. Supporting infrastructure is also evolving. Saudi Arabia has introduced a digital referrals portal (Ehaliti) through the Ministry of Health, enabling public hospitals to offload post-acute care patients to private facilities. This, combined with updated reimbursement mechanisms, is making it easier for private providers to participate in the extended care ecosystem.



Another portfolio company of TVM Capital Healthcare, IV ONE, is also helping drive this transformation. As the Kingdom’s first dedicated infusion therapy referral hub, launched in October 2024, IV ONE focuses on chronic illnesses, autoimmune disorders, and nutrient deficiencies. The company integrates referrals, treatment, and follow-up care through a digital health platform.<sup>27</sup>

“Given the tremendous need for high-quality and efficient infusion clinics outside of the hospital, we have already begun laying the groundwork for expansion across the Kingdom over the next three years,” said Ghida Harfouche, partner at TVM Capital Healthcare. “We are also exploring opportunities in other Middle Eastern and Southeast Asian markets, where access to efficient, high-quality IV therapy centres could significantly improve the quality of life and health outcomes of those living with chronic conditions.”

As Saudi Arabia advances its National Health Transformation Program, corporate players like Baraya and IV ONE are helping redefine how, and where, care is delivered. With growing demand, supportive policy and strong private sector participation, the extended care market is poised to become a cornerstone of the Kingdom’s future healthcare model.

# Key enablers: What's next for extended care expansion in the GCC?

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## **Invest in infrastructure:**

In the GCC and particularly in Saudi Arabia, the critical shortage of post-acute care infrastructure must be urgently addressed. Countries should prioritise investment in high-quality, dedicated facilities for post-acute care and mental health services. Doing so will reduce reliance on acute care hospitals and ensure that patients receive appropriate, specialised care. This can be accelerated by expanding PPP projects in the extended care sector and offering targeted incentives to attract private sector investment.

## **Develop a well-defined reimbursement structure:**

Having a distinctive payer framework is crucial to extended care service delivery success, as it will encourage private sector players to enter the market to invest in necessary facilities. Establishing offtake agreements between governmental health ministries and private providers will help ensure an inflow of post-acute care and mental health patients. This is evident in the Abu Dhabi example, in which the established reimbursement framework was a significant factor in supporting the market's attractiveness.

## **Destigmatising consumption of extended care services:**

Through strategic initiatives and defined objectives, governments must redouble efforts to raise awareness about the value and quality-of-life aspects of extended care. The efforts should centre around destigmatising rehabilitation and mental health services, while encouraging people to seek extended care services when they have needs.

## **Address the workforce shortage:**

Governments can partner with healthcare providers to fund specialised training programs for professionals in long-term care, geriatric care, and rehabilitation.

## **Enhance the regulatory framework:**

Governments should further streamline licensing procedures through efforts similar to the Saudi Arabia's digitised investor journey and licensing process to attract more investment.

# 05

Five key  
considerations for  
private sector players  
in the GCC

# Five key considerations for private sector players in the GCC

As the demand for long-term and post-acute care continues to rise across the GCC, private providers must adopt comprehensive strategies to build sustainable, high-quality extended care services. Beyond infrastructure and investment, success depends on integrated care models, patient-centric design, clinical specialisation, and strong referral networks. The following recommendations outline practical steps for providers to differentiate their offerings and meet the evolving healthcare needs of the region.



## 01 Build strong referral pipelines

Establishing formal referral agreements with hospitals, clinics, and primary care providers, extended care facilities can receive a steady stream of patients in need of extended care services.



## 02 Create an integrated care system

Instead of solely relying on external referrals, create an integrated care system covering both acute and non-acute services and derisk the investment with a continuous care model. This ensures seamless patient transitions within the organisation and includes extended care services like home health and mental health. Offering in-home care options also aligns with cultural expectations in the GCC, allowing family involvement.



## 03 Differentiate through specialisation and patient-centric design

Differentiate the planned service offering, as patients can choose their preferred facility. This can include:

- Specialising in medical expertise like post-stroke and amputee rehabilitation and creating a network of outpatient facilities to ensure patient care continuity and attract more patients to inpatient facilities
- Establishing international partnerships with industry leaders
- Prioritising facility design to improve patient well-being and optimise the patient experience. This includes creating spaces aimed at healing and comfort, incorporating natural light, quiet areas, and ensuring accessibility for patients with mobility impairments



## 04 Invest in workforce development

Address the issue of workforce limitations by recruiting and retaining a talented workforce through competitive compensation packages and opportunities for professional development and upskilling.



## 05 Embed smart technology across operations

Leverage technologies for efficiency and quality care by investing in innovative technological solutions that can be deployed throughout all extended care ecosystems and settings.

As the GCC faces a significant demand for extended care services, the need for investment and innovation in healthcare, particularly in long-term and post-acute care, will also expand. The opportunity for private sector involvement is already significant and looks set to grow over the coming years.



Ultimately, successful extended care models will emerge from strong public-private collaboration, targeted investment, and strategic deployment of advanced technologies. With demand accelerating, providers who integrate comprehensive care pathways, leverage data-driven solutions, and build specialised, scalable facilities will thrive commercially and also enhance patient well-being and the broader health ecosystem across the region."

### **Amar Patel**

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## Contact us



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PwC Middle East

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