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Healthcare systems across the world continue to struggle with fragmentation, rising costs and reactive models of care that intervene too late. Dimitris Moulavasilis, Group CEO of M42, outlines how an integrated platform spanning care delivery, genomics, digital infrastructure and policy seeks to realign incentives, embed intelligence at scale and reposition prevention at the centre of health strategy. From population-scale genomics to artificial intelligence deployment and international system partnerships, he presents Abu Dhabi as a testbed for a more coordinated and scalable model of healthcare transformation.

What systemic problem was M42 designed to solve, and why is integration fundamental to its model?

M42 was established to address a structural challenge that persists across many healthcare systems: fragmentation. Care delivery, genomics, digital infrastructure and policy often operate in parallel rather than in concert. Clinical data remain confined within isolated electronic medical record systems, genomic sequencing generates insight that is not consistently embedded into routine practice, and population health initiatives struggle to translate information into coordinated action. In that environment, healthcare remains largely reactive, with limited capacity to anticipate risk or intervene early.

We built M42 as an integrated platform designed to operate simultaneously at three interconnected levels: patient care, population health and system infrastructure. Today, we operate more than 480 facilities across 27 countries, combining direct care with advanced health capabilities in genomics, digital platforms and research. At the population level, we are a central partner in the Emirati Genome Programme in Abu Dhabi, led by the Department of Health. Through our genomic infrastructure and data platforms, sequencing data are integrated with clinical records to inform preventive strategies and precision medicine, with the objective of shifting from episodic treatment to earlier, risk-based intervention.

The value of integration lies in its ability to convert data into decision-making. In Abu Dhabi, Malaffi, the Department of Health's health information exchange, operated by Abu Dhabi Health Data Services, part of M42, connects thousands of healthcare facilities and has reported more than 3.5 billion clinical records linked to millions of patient profiles. This unified medical file enables clinicians and policymakers to act on comprehensive, longitudinal information rather than fragmented datasets. Across our platforms, we manage more than 120 petabytes of health data, creating the foundation for advanced analytics and artificial intelligence models that support earlier detection, improved stratification and more efficient care pathways.

This approach also has broader implications for the life sciences ecosystem. Much of global research and drug development has historically relied on European and North American datasets, leaving Middle Eastern populations underrepresented. By developing structured, population-scale genomic and phenotypic datasets, we aim to contribute to more representative evidence generation while ensuring that advances in precision medicine are relevant to the populations we serve. As a private, for-profit group, we combine care delivery, digital infrastructure and research services, working closely with governments to modernise health systems. The guiding principle remains consistent: align data, care and policy within a coherent framework so that healthcare systems can move, in practical terms, from reactive treatment to predictive and preventive models at scale.

If healthcare systems are to move credibly from episodic treatment to prevention-first models, what structural shifts are required at policy, infrastructure and data level?

The case for change is fundamentally economic. Across Europe, healthcare expenditure averages close to 10 percent of GDP, with several large systems spending between 11 and 12 percent. In the United States, it is nearer 18 percent. In most markets, spending continues to rise faster than

economic growth, driven by ageing populations and the steady increase in chronic disease. At the same time, medical science is becoming more precise and more complex. In oncology, disease categories that were once treated uniformly are now molecularly stratified into multiple subtypes, each requiring targeted therapeutic strategies. Systems must provide access to these advances, yet the existing cost trajectory is not sustainable.

Moving to prevention-first care therefore demands structural reform in three areas. The first is policy and incentives. Many health systems still reward activity, with reimbursement linked to procedures performed rather than outcomes achieved. That structure does not encourage early intervention or long-term stability. Alternative models are beginning to demonstrate a different logic. In Lombardy, chronic care pathways such as CReG allocate a defined budget per patient and assess providers against performance indicators, shifting the focus towards preventing complications and avoiding hospitalisation. Similar value-based arrangements are emerging in parts of the United States, Portugal and Saudi Arabia, where payment increasingly reflects quality and clinical results. Aligning financial incentives with long-term health outcomes is a necessary foundation.

The second requirement is integrated data infrastructure. Prevention cannot be operationalised without interoperable digital platforms that bring together clinical, demographic and longitudinal information in a form that supports timely decision-making. Risk stratification, early detection and targeted intervention depend on data that are structured, connected and accessible at the point of care as well as at policy level. Fragmented systems cannot deliver that.

The third pillar is population-scale genomics. Genomics is no longer a research luxury but an instrument of preventive strategy. In the United Arab Emirates, expanded premarital screening now includes testing for approximately 570 genes associated with more than 840 inherited disorders, enabling couples to understand shared genetic risks and access IVF treatment where appropriate. In Abu Dhabi, expanded newborn screening uses genomic tools to identify treatable inherited conditions at birth, allowing intervention before symptoms develop. These initiatives illustrate how genomic insight can be embedded into mainstream preventive policy rather than confined to specialised settings.

The next stage is to link these datasets to research and therapeutic development through governed frameworks, such as trusted research environments developed with the Department of Health. This enables responsible collaboration with life sciences partners and supports applications such as pharmacogenomics. In practical terms, a prevention-first system is not defined by rhetoric but by the alignment of incentives, data and genomic insight, working together to identify risk

earlier, personalise intervention and moderate the long-term growth of healthcare expenditure while expanding access to innovation.

Where can Abu Dhabi and the wider region compete in the global healthcare landscape, and how can this model scale beyond the UAE?

The United States, Europe and China remain the dominant forces in healthcare innovation, biotechnology scale and capital markets. The Middle East does not seek to replicate those ecosystems in size or history; its advantage lies in structural alignment. In Abu Dhabi, policymakers, providers, researchers and funding institutions operate within a coordinated framework that enables strategic priorities to move from design to implementation with clarity and speed. In more decentralised systems, fragmentation across payers, data platforms and regulatory bodies can slow execution. Here, alignment reduces those frictions and creates a more coherent operating environment.

A central differentiator is the development of large, population-scale datasets under unified governance. The Emirati Genome Programme has generated genomic data at significant scale within a relatively short period, supported by clear policy direction and coordinated execution. When genomic information is linked to integrated health records and overseen at system level, it provides a foundation for precision medicine and more representative evidence generation. For life sciences partners, this offers access to structured, diverse datasets within a defined regulatory framework rather than across fragmented institutions.

The broader ecosystem reinforces this positioning. Abu Dhabi Global Market provides a legal framework based on English common law, offering predictability for international firms establishing operations. The emirate has also articulated an ambition to embed artificial intelligence across public services, reflecting a wider commitment to digital governance. Within the G42 ecosystem, large-scale compute capacity is being developed through projects such as Stargate UAE in collaboration with global technology partners, with the first cluster planned at approximately one gigawatt of capacity and a longer-term ambition to expand significantly. Access to advanced semiconductor systems, energy infrastructure and specialised talent, supported by institutions such as Mohamed bin Zayed University of Artificial Intelligence, strengthens the environment for data-intensive healthcare and biotechnology innovation.

Taken together, these elements position Abu Dhabi not as a replica of larger markets but as a coordinated platform capable of executing at pace. The competitive proposition rests on

integration, regulatory clarity and the ability to align capital, infrastructure and policy around defined healthcare objectives. That model is increasingly being extended through international partnerships and system transformation projects, while similar ambitions are visible elsewhere in the region, particularly in Saudi Arabia.

How does M42 approach partnerships, and what does it offer international collaborators?

Partnership is embedded in how we operate, because the challenges we are addressing, from precision medicine to health system transformation, extend beyond the capacity of any single institution or geography. Our model is built around sustained collaboration across care delivery, technology and life sciences. Within our ecosystem, Cleveland Clinic Abu Dhabi operates alongside long-standing specialty collaborations with Imperial College London, through the Imperial College London Diabetes Centre, and with Moorfields Eye Hospital in ophthalmology. These are not symbolic affiliations but functioning institutions delivering specialised care on the ground. On the technology side, the broader G42 ecosystem maintains strategic relationships with organisations such as OpenAI and Microsoft, and works with Oracle on artificial intelligence-enabled healthcare platforms, ensuring that our digital strategy is supported by formal alliances and deployed infrastructure. In parallel, we have engaged life sciences partners, including AstraZeneca, on initiatives related to precision medicine and biobanking.

Our collaboration model also extends to governments, where we work on digitalisation, infrastructure development and system reform in markets including the Uzbekistan, India and Jordan. These partnerships are designed not only to improve care delivery but to create structured data environments that can support federated research and broader life sciences engagement. For international leaders considering engagement, the proposition is straightforward: Abu Dhabi offers regulatory clarity, integrated infrastructure and access to long-term capital within a coordinated policy framework. We look for partners who bring complementary expertise and a long-term perspective, and who are prepared to co-create durable platforms rather than pursue short-term transactions.

Looking ahead to 2026 and beyond, what strategic priorities will define the next phase of M42’s evolution?

Our immediate priority is to translate our artificial intelligence capability into tangible, system-wide impact. We have built a strong internal foundation in data science and clinical integration, and the focus now is disciplined execution across the 27 countries in which we operate. This means deploying tools that reduce administrative complexity for physicians, generate earlier risk insights and support more informed decision-making at the point of care. We are introducing AI copilots that assist clinicians and empower patients, not as substitutes for medical judgment but as intelligent extensions of it. In renal care, for example, platforms such as Kidney.com incorporate AI-based assistants to strengthen patient education and engagement. The ambition is to embed intelligence at scale in a way that improves outcomes while enhancing efficiency across the network.

A second priority is to deepen Abu Dhabi's prevention-first model by further strengthening infrastructure. In collaboration with the Department of Health, we are advancing the Abu Dhabi Biobank, which includes a large hybrid cord blood bank and a pan-human biobank linking biospecimens with clinical and genomic data. At the same time, we are expanding population health programmes and accelerating the shift toward personalised care at scale. Family health has emerged as a strategic focus for the emirate, with fertility and reproductive medicine positioned as flagship areas that bring together advanced clinical services, genetics and digital platforms. The objective is to consolidate a coherent, prevention-led ecosystem that supports both patient care and life sciences collaboration.

International expansion forms the third pillar of our strategy. Although headquartered in Abu Dhabi, we operate more than 480 facilities across 27 countries, and we continue to export both care models and digital health infrastructure. Through Abu Dhabi Health Data Services, part of M42, initiatives such as Jordan's first Digital Health Centre demonstrate how system-level transformation can be deployed beyond the UAE. In parallel, platforms such as the Department of Health's inspired "Future Health – A Global Initiative by Abu Dhabi", anchored by the Abu Dhabi Future Health Summit at ADNEC, position the emirate as a convening hub for global health collaboration. Our direction is consistent and disciplined: deliver on the AI agenda, reinforce prevention-focused infrastructure and scale our capabilities internationally through structured partnerships.

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