

# Qatar : Health Systems Profile

## Key health system indicators

### Health status

Life expectancy at birth in years	<b>total</b>	<b>78</b>
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	<b>males</b>	<b>74</b>
	<b>females</b>	<b>52</b>
	<b>total</b>	<b>69</b>

### Communicable diseases

Tuberculosis notification rate per 100 000	<b>36</b>
Incidence rate of malaria per 1000 population	...
Estimated number of people living with HIV	...

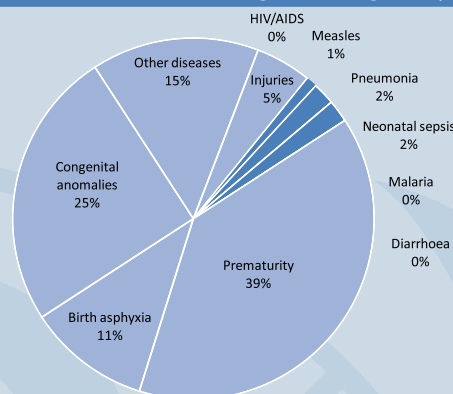
### Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

### Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	<b>34.4 [25.8-43.3]</b>	<b>27.6 [19.9-35.6]</b>	<b>32.6 [26.0-39.4]</b>
Raised blood glucose	<b>12.4 [7.8-17.8]</b>	<b>11.0 [6.8-16.0]</b>	<b>12.0 [8.4-16.1]</b>
Overweight	<b>72.5 [68.0-76.8]</b>	<b>71.3 [65.4-76.6]</b>	<b>72.1 [68.5-75.5]</b>
Obesity	<b>30.8 [26.6-35.6]</b>	<b>39.3 [33.2-45.6]</b>	<b>33.1 [29.5-36.8]</b>
Raised cholesterol	<b>56.8 [32.9-78.0]</b>	<b>57.5 [32.8-78.2]</b>	<b>57.0 [38.9-73.7]</b>

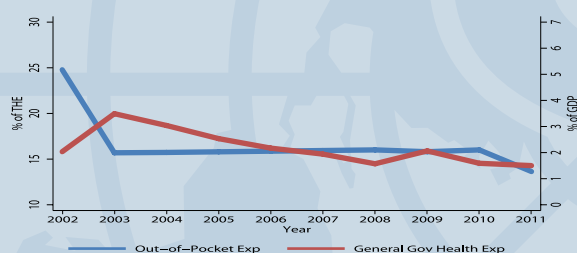
### Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 5% of all deaths among children aged <5 years

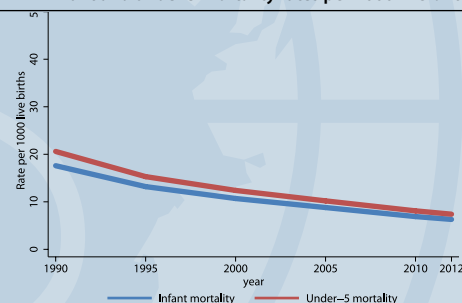
### Expenditure and mortality trends

#### Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)  
 The out-of-pocket expenditure as % of Total Health Expenditure (THE)

#### Infant and under 5 mortality rates per 1000 live births



### Health system: governance

Existence of a national health strategy/strategic plan and time frame	<b>Yes (2010-2015)</b>
Annual publication/dissemination of ministry of performance report	<b>Yes</b>
High level multisectoral advisory council for health available	<b>No</b>

### Health system: information

#### Functioning civil registration and vital statistics

Percentage of births registered	<b>&gt;90</b>
Percentage of causes of death recorded	<b>98</b>
Year most recent use of ICD in mortality classification reported	<b>2010</b>
Year most recent annual health statistics report published	<b>2010</b>

### Health system: health workforce

#### Health workforce per 10 000 population (2011)

Physicians	<b>34.9</b>
Nurses/midwives	<b>61.9</b>
Dentists	<b>5.8</b>
Pharmacists	<b>11.7</b>

#### Health professions education institutions

Medical	...
Nursing	...

#### Percentage of doctors working in rural settings

	...
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### Health system: service provision

#### Infrastructure

Primary health care facilities per 10 000 population	<b>2</b>
Hospital beds per 10 000 population	<b>12</b>

#### Service delivery

Access to local health services (%)	<b>100</b>
Contraceptive prevalence (%)	<b>36</b>
Antenatal care visits (4+ visits) (%)	<b>85</b>
Measles immunization coverage among 1-year-olds (%)	<b>97</b>
Smear-positive tuberculosis treatment success (%)	<b>67</b>
Number of tobacco (m)POWER measures implemented at the highest level of achievement	...

### Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	<b>(2 ; 2010)</b>
General government expenditure on health as % of GDP (2011)	<b>1.5</b>
Out-of-pocket expenditure as % of total health expenditure (2011)	<b>13.6</b>
General government expenditure on health as % of total government expenditure (2011)	<b>5.8</b>

### Health system: technology

Existence and year of last update of published essential medicines list (EML)	<b>No</b>
Existence of a functional national regulatory authority (NRA)	<b>Yes (medicines and medical devices)</b>
Number of MRI/CT scanners (in public facilities) per million population	<b>Not available</b>

## Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• The Supreme Council of Health has transformed the country's public health system through evidence-based policies</li> <li>• Qatar enjoys health indicators comparable to most high-income countries and has achieved all eight Millennium Development Goals</li> <li>• A network of hospitals and healthcare centres provides high-quality primary, secondary and tertiary health care that are accessible and affordable to the entire population</li> <li>• Government covers 80% of the total cost of health care, out-of-pocket health expenditure is one of the lowest in the Region (16%)</li> <li>• Joint Commission International accreditation began in 2005 and has greatly improved the quality of health care management</li> <li>• The health information system is changing from a disease-based approach to an evidence-based integrative multidisciplinary care and a preventive approach</li> <li>• The use of effective online pharmacy management systems has had a great impact on promoting access to medicines for the population</li> </ul>	<ul style="list-style-type: none"> <li>• Number of primary health care workers is still very low (8.9%)</li> <li>• Postgraduate training is not well developed</li> <li>• 91% of health workforce is non-Qatari</li> </ul>
Opportunities	Challenges
<ul style="list-style-type: none"> <li>• National Vision 2030, a far-reaching national plan with Universal access to the needed levels of healthcare remains a cornerstone</li> <li>• Qatar shows a sharp increase in its GDP per capita in the past 10 years, currently highest in the region (US\$ 82 248)</li> <li>• Policy of Qatarization of health workforce can have impact on self sufficiency of health human resources</li> <li>• Effective and close collaboration with UN agencies on different aspects of health and human rights</li> </ul>	<ul style="list-style-type: none"> <li>• 49% of population is expatriate</li> <li>• Lack of human resources, which makes the country heavily reliant on foreign health workforce</li> <li>• Noncommunicable diseases in 2008 were responsible for 69% of all mortality; this has to be considered in health care delivery<sup>1</sup></li> <li>• Ensuring a fair and sustainable health care financing system</li> <li>• Rapid growth of unregulated private sector</li> </ul>

### Priorities

- Establishing a sustained mechanism for eliminating the noncommunicable diseases risk factors through policies such as reduction of consumption of salt, sugar and transfat acid in food, smoking habit and increasing access to sport facilities
- Sustaining and managing a skilled health workforce-mix capable of providing high-quality health services
- Strengthening disaggregated health information system and national capacities for public health research
- Rapid review of the health sector and identified health challenges as analysed by WHO in full consultation with the government, national stakeholders and development partners
- Developing fair and sustainable health care financing system for maintaining and advancing universal coverage
- Strengthening/developing norms, standards and accreditation systems for personnel and health facilities
- Strengthening the capacity for evidence-based policies and plans
- Developing a consolidated public health law and regulations
- Strengthening public-private partnerships in health and regulating private sector
- Implementing family practice, integrating community-based mental health and noncommunicable diseases prevention and control as integral part of the health system

<sup>1</sup> 17% of Qataris and 12% of non-Qataris are diabetics with another 10% characterized as pre-diabetes; one-third of deaths are due to cardiovascular diseases; breast cancer constitutes 26% of the total burden of mortality. Source: Country Cooperation Strategy for WHO and Qatar 2011–2016

#### Jointly developed by:

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