

# Understanding the private health sector in Qatar





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# 1

## Country context



The State of Qatar is a peninsula located on the western coast of the Persian Gulf. The peninsula is approximately 100 km across and extends 200 km into the Gulf. Qatar includes several islands, the largest of which are Jazīrat Ḥālūl, Jazīrat Sharā'awh and Jazīrat Al Aṣḥāṭ, and shares a land border with Saudi Arabia in the south, and a maritime border with Bahrain, the Islamic Republic of Iran and the United Arab Emirates (1).

Since the mid-1800s, Qatar has grown from a poor protectorate of the United Kingdom, known for pearling, into one of the world's most important oil- and gas-producing countries. While there is increasing investment in non-energy sectors, oil and gas still account for more than half of the gross domestic product (GDP) of Qatar. Owing to its substantial reserves of oil and gas, the country has one of the highest per capita incomes in the world (2).

Qatar witnessed huge health care system changes between 2014 and 2020, even as the demographic characteristics of the country were changing. According to the Planning and Statistics Authority (3), the demographic structure has shifted, both quantitatively and qualitatively, affecting the population and societal norms. The most significant change relates to population growth, which is driven by the recruitment of workers from outside the country to fulfil its development plans.

The demographic characteristics of a population impact its health needs and drive the allocation of health care resources. The size, age structure, sex ratio, spatial distribution and temporal changes of the population as they relate to birth, migration, growth and death are all important determinants for health system planning, because individuals have varying health needs in the different stages of life (4).

Qatar has also made great strides towards achieving 100% self-sufficiency in both medicines and medical supplies. At any given time, the Hamad Medical Corporation (HMC), the principal public provider of health care, maintains extensive reserves of all vital medicines and associated supplies (5).

The economic development of Qatar has been rapid, resulting in a need and an opportunity for health care growth, which has been achieved in less than 10 years instead of over decades. The demand for health care has soared due to the increase in the size of the population of Doha during 2010–2018 (3). The Ministry of Public Health (MOPH) indicates that “in Qatar, diseases of the circulatory system (such as ischemic heart diseases, strokes, and other circulatory diseases) were the main cause of mortality from 2014–2016 among males and females ... followed by external causes of morbidity and mortality and diseases of the respiratory system as second and third contributors to the number of deaths in males across the 3 years respectively” (4).

The speed and level of evolution necessitate the greater integration of services across the public and private sectors, with the private sector assuming greater responsibility for the provision of these services. The vision of Qatar, expressed through the Qatar National Vision 2030 (6), the Qatar Second National Development Strategy 2018–2022 (7) and the National Health Strategy 2018–2022 (8), is for the private sector to



help shape the new model of care, while securing a beneficial impact upon quality, efficiency and outcomes for patients.

Qatar is taking the initiative in developing the health sector to achieve the goal of universal health coverage (UHC). In 2018, the UHC service coverage index for Qatar was 77 (as a percentage of the population) and it ranked 35 out of 187 in the world for this metric. Among the tasks of the State in achieving UHC is strengthening health care and providing high-quality services.

The ruler of Qatar, his Highness Sheikh Tamim bin Hamad Al Thani, summarized what the first Qatar National Development Strategy 2011–2016 meant for present and future generations as a tool to fulfil the Qatar National Vision 2030: “The [first National Development Strategy] crystallized the development priorities, which include sustaining economic prosperity, upgrading infrastructure, raising natural resource management efficiency, diversifying the national economy, activating the role of the private sector, and promoting human development especially in the fields of education, health, and environmental protection”. Moving forwards, “[the second National Development Strategy 2018–2022] aims at sustaining economic prosperity through economic infrastructure development, economic diversification and private sector development, and management of natural resources; promoting human development through a comprehensive and integrated healthcare system, quality education and training, efficient and committed workforce; and a sound social development through social protection, public security and safety, cultural enrichment and sports excellence” (7).

Promoting partnerships with the private sector will continue to be important to ensure that the Qatar National Vision is achieved, particularly in high-cost and long-term return projects. It is also imperative to remove the obstacles facing small and medium enterprises, to continue to develop an attractive investment climate, to direct the private sector towards knowledge-based projects and to bolster national entrepreneurs (7). Based on the Qatar National Vision 2030, the State of Qatar published Law No. 12 of 2020 on the regulation of public–private partnerships (PPPs) (9). The purpose of the law is to regulate PPP activities in Qatar, which will help the development of its infrastructure in preparation for the upcoming 2022 World Cup.

According to the Oxford Business Group (10): “The development of new facilities is set to continue in the coming years, with a raft of new hospitals and clinics under way across the country in order to meet growing demand for medical services. Another key focus in 2020 will be on the government’s ongoing plans for a national health insurance scheme. The role that this new law envisions for private sector operators will be a determinant of investment and growth potential, particularly as pressure on the public sector continues to rise with the growing incidence of [non communicable diseases] and the more recent threat posed by Covid-19.”

## 1.1

### Health status and selected health indicators

In 10 years, the population of Qatar increased from approximately 1.4 million to reach 2.7 million in 2018, almost doubling (11). The growth rate was 7.4% from 2015 to 2016, 3.9% from 2016 to 2017 and 1.3% from 2017 to 2018 (Table 1).

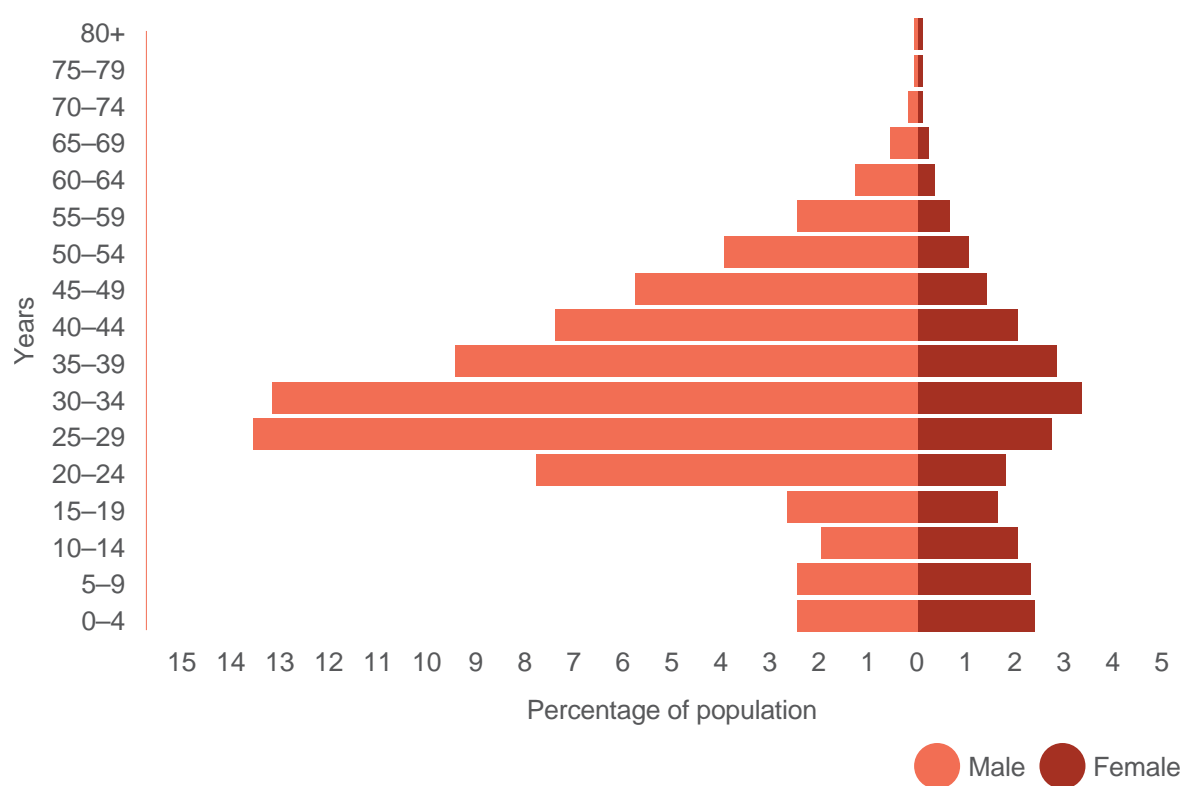
**Table 1.** Total population by sex (2016–2018)

Year	Sex	Total	Females	Males
2016		642 098	1 975 536	2 617 634
2017		678 559	2 046 047	2 724 606
2018		711 964	2 048 206	2 760 170

Source: (12).

The population pyramid of Qatar has a unique shape (Fig. 1, Tables 1 and 2). This is largely driven by the uneven share of male labourers in the population, with foreign citizens making up a large proportion of the total resident population

**Fig. 1.** Population of Qatar by age group and sex (2018)



Source: (12).

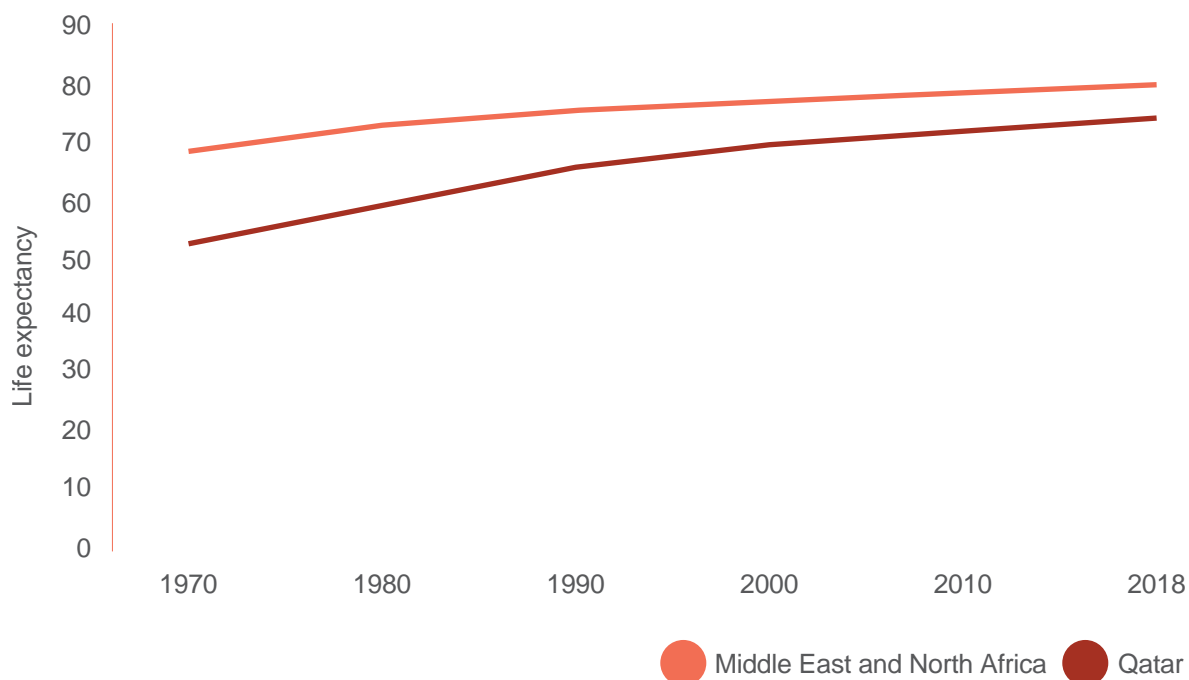
**Table 2.** Total population by age group and sex (2018)

Age groups \ Sex	Total	Females	Males
<b>0–4</b>	143 482	70 396	73 086
<b>5–14</b>	241 737	118 672	123 065
<b>15–24</b>	349 780	82 670	267 110
<b>25–59</b>	1 958 635	418 913	1 539 722
<b>60+</b>	66 536	21 313	45 223
<b>Total</b>	2 760 170	711 964	2 048 206

Source: (12).

According to the Planning and Statistics Authority (2019) (3): “The working age population (both economically active or inactive) amounted to 2.4 million people; a rise of 2% compared to 2017; with 1.886 million males. The number of Qataris reached about 203 thousand people, while that of Non-Qataris attained more than 2.171 million people of working age”. Fig. 2 illustrates the trend in the life expectancy of a newborn compared with the average in the Middle East and North Africa region (13).

**Fig. 2.** Average life expectancy of a newborn in the Middle East and North Africa region



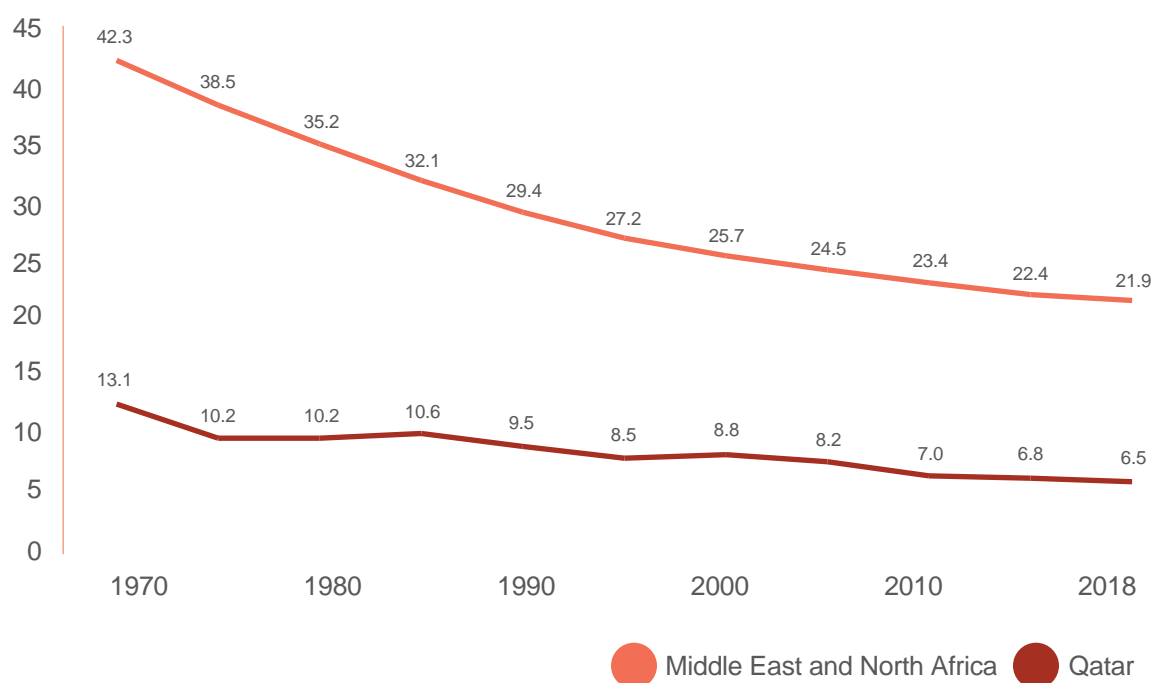
Source: (13).

According to Fig. 2, Qatar had a higher life expectancy (80.1) in 2018 compared with the Middle East and North Africa regional average (74). In the Human Development Report 2019, Qatar ranked 41 out of 189 countries and territories on the Human Development Index (HDI), and the HDI trend for life expectancy reached 80.1 in 2018 (14).

### Mortality

Mortality rates of children aged under five are low in Qatar compared with the average in the Middle East and North Africa region, with a value of 6.5 deaths in children aged under 5 years per 1000 live births in 2019 (Fig. 3). The data for Qatar from the year 2000 show a consistent and significant decrease from an under-5 mortality rate of 13.1 deaths per 1000 live births, down to the current value of 7.0 deaths per 1000 live births in 2016, an overall decrease of about 53% (4).

**Fig. 3.** Under-5 mortality rate in Qatar and in the Middle East and North Africa region per 1000 live births, by year (2000–2019)



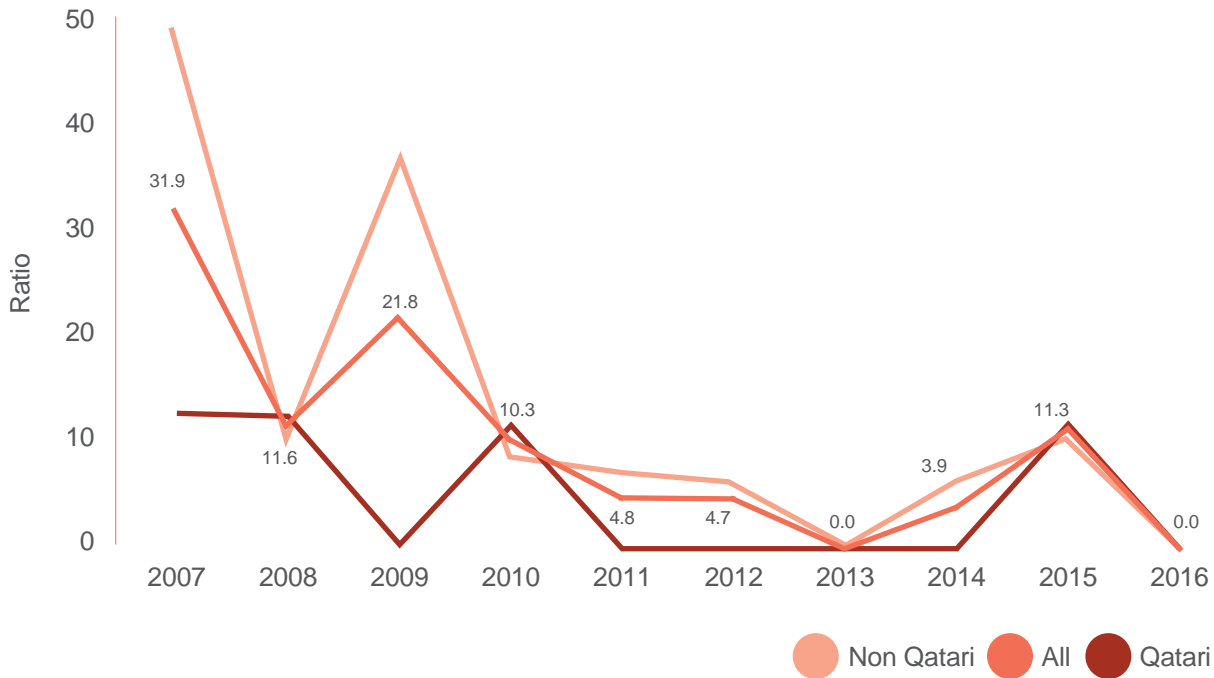
Source: (13,15).

**Table 3.** Maternal mortality

Year	Total number of maternal deaths	Number of live births – Qatari	Number of live births – non-Qatari	Total number of live births
2017	2223	0.8	327	0.1
2018	2498	0.9	358	0.1
2019	2778	1.0	356	0.1

Source: (13,15).

**Fig. 4. Maternal mortality rate in Qatar per 100 000 live births**



Source: (15).

There has been a decreasing overall trend in the maternal mortality ratio from 2007 (31.9 maternal deaths per 100 000 live births in 2007) to 2016 (0 deaths per 100 000 live births in 2016) (Table 3 and Fig. 4). Due to the low incidence of maternal mortality, the ratio can fluctuate over time even for small changes in the number of deaths, as happened between 2013 and 2016 (4).



# 2

## Organization and delivery of health services



The MOPH sets the national medical services policy, considering the Qatar National Vision 2030. Also, the Ministry oversees the policies and projects that are planned in the National Health Strategy to ensure their implementation. The MOPH supervises health care providers distributed across Qatar.

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## 2.1

### The public health sector and MOPH

Qatar has a long-standing tradition of public health care provision, with two main public providers: HMC and the Primary Health Care Corporation. In 2018 HMC managed 13 hospitals, which included emergency centres, the national ambulance services, the Enaya Specialized Care Center, home health care services and the workers hospital and integrated health centres. According to the Qatar Health Report 2014–2016 (4): “In Qatar, the number of primary health care facilities was gradually increasing from 2014 to 2016 in the public sector: there were 21, 22 and 23 primary health care facilities in 2014, 2015 and 2016 respectively”. In 2020, the total number of Primary Health Care Corporation centres reached 27. Both HMC and the Primary Health Care Corporation report to the Minister of Public Health.

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## 2.2

### The parastatal sector

Other parastatal providers (those that serve the state indirectly) include the Qatar Orthopedic and Sports Medicine Hospital (Aspetar), a fully functional specialized hospital that provides both inpatient and outpatient services along with sophisticated diagnostics (Ministry of Public Health, unpublished accounts, 2014). Another is Sidra Medicine, a provider of tertiary health care services for women and children (16).

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## 2.3

### The private sector

Private providers in Qatar include hospitals, clinics and polyclinics, providers of ancillary services, pharmacies and others (Ministry of Public Health, unpublished accounts, 2014).

Both clinical and support services are provided through the private sector. Their providers are both for-profit and not-for-profit entities. Based on the new PPP Law in Qatar, clear guidelines and instructions for the public and private sectors are available to support collaboration. For example, some services can be delivered by privately funded providers on behalf of other privately funded, privately delivered providers, and joint ventures can take place between for-profit and not-for-profit providers.

In Qatar, most health care services are provided by publicly funded and publicly delivered providers. Privately funded, privately delivered services have been established for several decades. Mixed public–private models can also be used for PPP projects. Table 4 shows the total number of private health facilities, classified by type.

**Table 4.** Private health care facilities by type (Q1 2019)

Health care classification or type	Number of private facilities
Clinic	194
Health care centre	301
Health and wellness centre	0
Diagnostic and treatment centre	1
General hospital	5
Specialized hospital	0
Long-term facility	28
Diagnostic centre	259
Pharmacy	470

Source: (15).

## 2.4

### Other health care providers

Organizations such as the Qatar Armed Forces, the Amiri Guard and the Ministry of the Interior operate clinics for their employees. Additionally, Qatar Petroleum – classified as a parastatal organization – runs clinics for its employees as well as employees of other organizations. The Qatar Red Crescent Society, a not-for-profit organization, operates workers' primary health care centres on behalf of the MOPH (Ministry of Public Health, unpublished accounts, 2014).





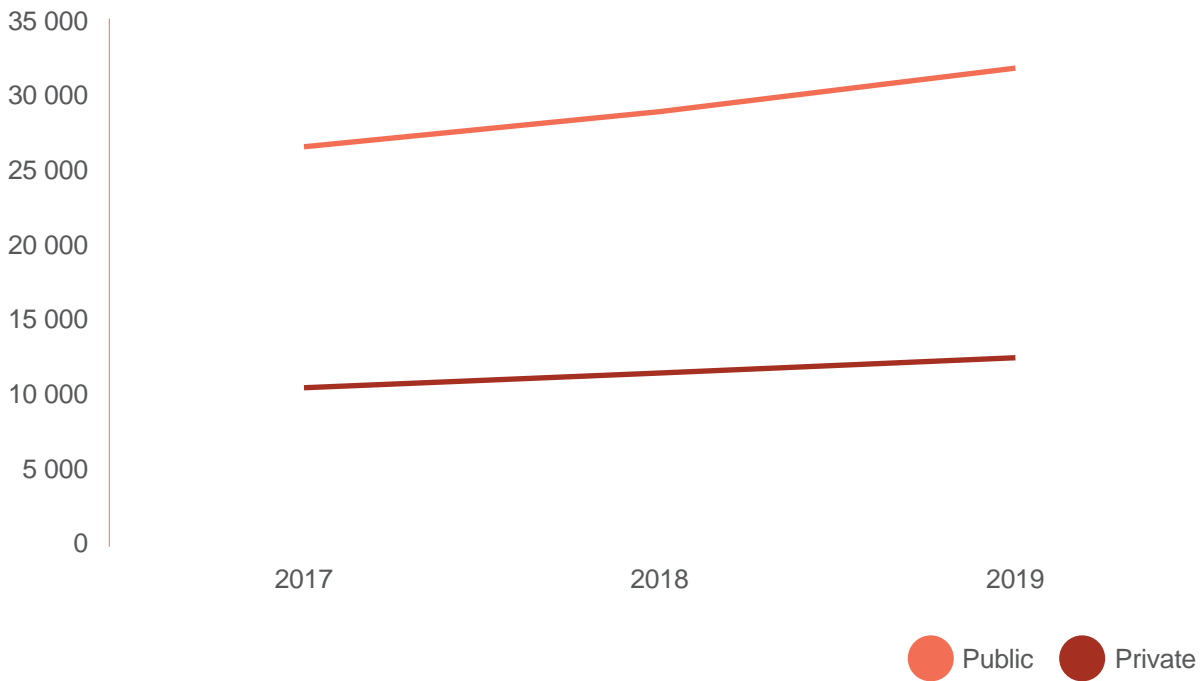
# 3

## Public and private health sector resources



Fig. 5 illustrates the total numbers of workers in the health care sector, indicating an increase of 7226 in the total of public and private workers between 2017 and 2019. Most licensed practitioners work in governmental facilities. This reflects the greater demand for governmental facilities compared with that for private health care facilities.

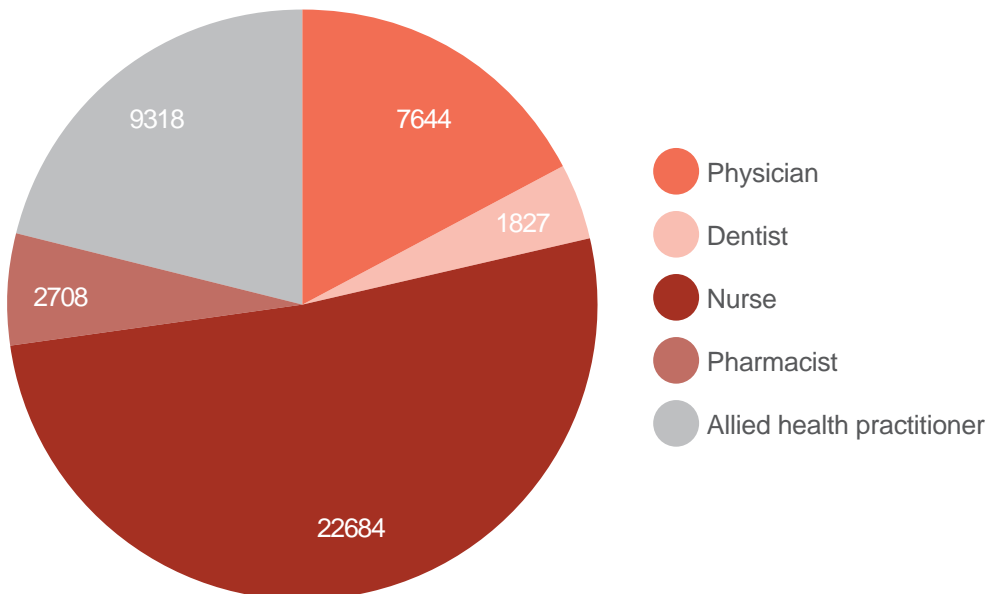
**Fig.5.** Numbers of health care workers by year (2017–2019)



Source: (17).

Fig. 6 illustrates the number of licensed health care practitioners, categorized by profession.

**Fig. 6.** Number of licensed practitioners by profession (2019)



Source: (17).

In Qatar, the number of beds in public and semi-public hospitals increased between 2017 and 2019. There was an increasing trend in the number of hospital beds per 1000 among public inpatient facilities in the same period (shown in Table 5). For private inpatient facilities, there was a steady trend in both the number of beds and the number per 1000 people from 2017 to 2019 (4).

**Table 5.** Number of hospital beds in Qatar

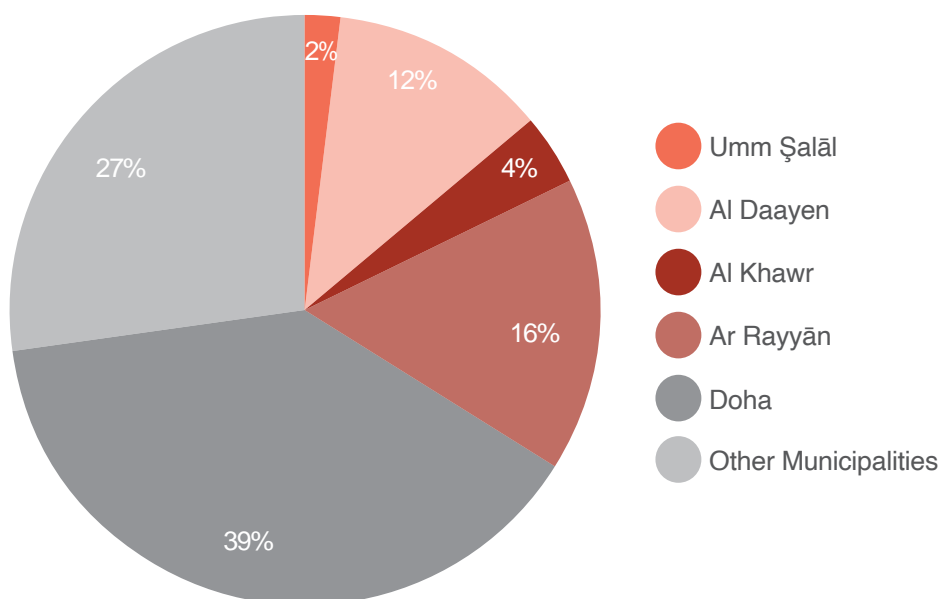
Year	Public /semi-public		Private	
	Number	Number per 1000 people	Number	Rate
2017	2223	0.8	327	0.1
2018	2498	0.9	358	0.1
2019	2778	1.0	356	0.1

Source: (4).

Private health sector market provision in Qatar started during the 1990s with the launch of the first private hospital. However, approximately 20 years later, the majority of hospital beds were still in the public health sector. The private sector mostly focuses on outpatient services.

Regarding the distribution of public and private health facilities in Qatar, the majority of health care facilities are concentrated in the capital Doha (39%) compared with the second largest municipality in Qatar, Ar Rayyān (16%) (18). The distribution of providers by municipality is shown in Fig. 7.

**Fig. 7.** Distribution of health care providers across different municipalities of Qatar



# 4

## Health sector finance and expenditures



The current health system relies heavily on Government support, which covers the majority of the total cost of health care, with patient out-of-pocket health expenditure in Qatar being among the lowest in the world (19). Full coverage of treatment and diagnostic services as well as preventive health care and emergency services through health institutions in the public sector enables all families and individuals to access the full spectrum of services required without significant expenditure, according to the global definition of UHC, which involves the Government meeting the substantial proportion of health care needs of the population. Health care in the private sector is predominantly accessed by citizens or foreign nationals who have medical insurance from private insurance companies rather than by people who prefer using private health facilities without health insurance (out-of-pocket) expenditure.

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### Coverage of health services

The future social health insurance scheme (SHIS) in Qatar will provide universal health insurance for all people in the country and offer members a choice of providers from across the public and private sectors. It forms a key part of the realization of the National Health Strategy and the overall Qatar National Vision. This ambitious programme stems from one of the Qatar National Vision's core principles: population health is a key determinant of a successful and prosperous nation. As such, access to quality health care services is a crucial aspect of ensuring a healthy population within the overall scope of the transformation of the health care sector of Qatar through the National Health Strategy (6).

A transition to a coverage system by implementing the SHIS will help to achieve health security at individual and community levels. Moreover, this will contribute to raising the satisfaction levels of beneficiaries regarding the quality of care by increasing the availability of health services and expanding the market options for beneficiaries.

The SHIS is expected to have a great impact on the macroeconomy by providing health coverage to all sectors of the population according to their needs. It will also increase financial protection for families and individuals with the involvement of employers in the process of financing the system through payment of health insurance coverage for their employees and entitled family members, which ensures the continuity and stability of health care funding. Additionally, it will positively affect the development of the health insurance and health services market and encourage PPPs.

Health expenditure in relation to GDP (Table 6) relates to the country's spending on health care over time relative to spending on all other goods and services. It depends on two factors: the growth in health care spending and the overall economy of a country (4).

**Table 6. Total health expenditure (2014–2016)**

Total health expenditure:	2014	2015	2016
<b>as a percentage of GDP</b>	2.8%	4.5%	4.4%
<b>per capita</b>	US\$ 2581	US\$ 3072	US\$ 2562
<b>as a percentage of general government expenditure</b>	7.4%	10.6%	10.2%

Source: (14).

The financial resources that a country dedicates to provide health care for its population and the temporal evolution of health expenditure result from the interaction of multiple social and economic factors as well as the structure of a country's health system. In Qatar, total health expenditure per capita has increased from 2014 to 2016 (Table 6). There has been an increase in health expenditure per capita from 2014 to 2015, followed by a decrease in health expenditure per capita from 2015 to 2016 (4).

General net Government expenditure on health as a percentage of general Government expenditure (Table 6) is another indicator of the health financing system. It measures the weight of public spending on health within the total value of Governmental operations and also includes compulsory health insurance (4).

Adequate health care resources are necessary for the functioning of health systems. Health expenditures include spending by both the private and public sectors as well as public health interventions, prevention programmes and administration (20).

According to the Ministry of Finance, the allocation for the health sector is US\$ 6.2 billion, representing 11.0% of the total Government expenditure of US\$ 57.8 billion (21).

Major projects to improve health care services include :

- **expansion of in HMC facilities; and**
- **the establishment of several new health care centres.**

The concept of universal health coverage means the provision of integrated health care services, both therapeutic and preventive, including health promotion, rehabilitation and palliative care, without posing a significant financial burden on the beneficiaries. The State of Qatar has succeeded in providing comprehensive coverage to all citizens, residents and visitors in public health institutions through a high-quality integrated health system, following international best practices at all levels of health care. However, the low out-of-pocket expenditure at public facilities has resulted in increasing demand for care, leading to prolongation of waiting times at these facilities (Ministry of Public Health, Health Financing and Insurance Department, unpublished reports, 2020).

The five-year health strategy 2018-2022, which is based on the Qatar National Vision 2030, is a key tool for the expected transformation of the health system to achieve the 2030 Sustainable Development Goals. The SHIS is the key driver for this transformation. The new system was promulgated under Law No. 22 of 2021 regulating the health services in Qatar. It was published in Qatar's official Gazette on 4 November 2021 and repeals all former laws governing health services. The Law took effect on 4 May 2022, six months from the date of its publication in the official Gazette (22).

The source of revenue for the private health sector in Qatar is mainly private insurance coverage, but its reach is limited. Around 22% of the total population have private health insurance (Ministry of Public Health, Health Financing and Insurance Department, unpublished report, 2020). Apart from the limited coverage of private health insurance, the demand for private facilities is low. However, the new Government health insurance law will benefit the whole population.

The average private insurance policy will cover inpatient, outpatient and emergency services. Insurance exclusions are mainly for cosmetic interventions and over-the-counter pharmaceutical products (i.e. those that are permitted to be sold directly to the consumer without a prescription).

Most private insurance companies outsource their operations to a third-party administrator. Private insurance is co-regulated by the Qatar Central Bank, the Qatar Financial Centre Regulatory Authority and the MOPH through policies and monitoring.

With regard to health insurance, the MOPH's regulatory functions include (among other things):

- **setting policies, plans, standards, systems and procedures to implement the provisions of the law regulating health insurance and supervising their implementation;**
- **monitoring the performance of the parties that relate to the insurance and ensuring their compliance with the laws and regulations; and**
- **proposing the basic health care services packages according to the categories of beneficiaries and the level of health care services to be provided for each category.**

# 5

## Private health sector analysis and stakeholder perspectives





According to the Oxford Business Group: “ As the rising prevalence of [non communicable diseases] has exerted increased pressure on the public sector, private health care operators have taken on a more important role in keeping up with the country’s growing demand for services. The country has the highest per capita income in the world, which affords Qataris the opportunity to seek private specialist treatments” (10).

In 2019, the Health Financing and Insurance Department used an exit survey questionnaire to study more than 130 patients treated in the private health sector (23). The survey found that:

- **Most of the services needed by the patients were outpatient consultation and diagnostics.**
- **Overall, 70% of the participants preferred going to the private health sector most of the time.**
- **Half the patients surveyed use the private health sector frequently.**

Patients’ main reasons for visiting the private sector were stated to be:

- **the cordial and hospitable behaviour of staff;**
- **convenience and ease of access;**
- **facilities’ being less crowded or having a shorter waiting time.**

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## 5.1

### Private sector growth and its determinants

The private health sector in Qatar plays an active role in the promotion and development of health services. During the past couple of years, the interest of private health sector investors has been increasing steadily, year after year, and now occupies an important role in service provision. Table 7 indicates the private sector’s interest in providing services and engaging in the health sector in 2017.

**Table 7. Interest in private health sector projects**

Planned private projects	
<b>Number of total planned projects</b>	<b>56</b>
<b>Number of beds</b>	<b>4231</b>
Planned private projects by facility type	
<b>Private general hospital</b>	<b>35</b>
<b>Private specialized hospital</b>	<b>7</b>
<b>Private long-term care</b>	<b>2</b>
<b>Private diagnostic and treatment centres</b>	<b>7</b>
<b>Private health care centres</b>	<b>2</b>
<b>Private health and wellness centres</b>	<b>3</b>
No. of planned private projects by municipality	
<b>Doha</b>	<b>22</b>
<b>Ar Rayyān</b>	<b>9</b>
<b>Al Khawr</b>	<b>2</b>
<b>Al Daayen</b>	<b>7</b>
<b>Umm Şalāl</b>	<b>1</b>
<b>Other municipalities</b>	<b>15</b>

Source: (18).

Governments are increasingly looking to private sector partners to address the demand that comes with significant growth, to improve the performance of their health systems and economies, or both. Some OECD countries have sought private sector involvement owing to limited budgets, loss of faith in public provision and governments' desire to divest the risk and responsibilities of an increasingly complex industry. Developing and emerging economies have typically engaged in the private sector to provide services otherwise not provided by the public sector (24). The growth of the private sector in Qatar will help to achieve one of the important targets of the National Health Strategy (8), which aims to increase the market share of the private sector in the health care industry by 25%.

The Human Development Outcomes in the Qatar National Vision 2030 aim towards building “a comprehensive world-class health care system whose services are accessible to the whole population”. One of the envisaged ways of achieving this is through securing PPPs, through “Effective and affordable services in accordance with the principle of partnership in bearing the costs of health care” (6).

Several PPP-based projects have also been initiated in the education, health and tourism sectors. A senior steering committee and a technical committee have been established, led by the Ministry of Commerce and Industry with the membership of several stakeholders to develop appropriate PPP frameworks and programmes in Qatar. To support the private sector and increase its role in economic development, Qatar launched several strategic initiatives for food security, logistics, warehousing and tourism. The supervisory role of the Ministry of Commerce and Industry in implementing these initiatives in coordination with Government entities has opened new investment sectors and opportunities to motivate and engage the private sector.

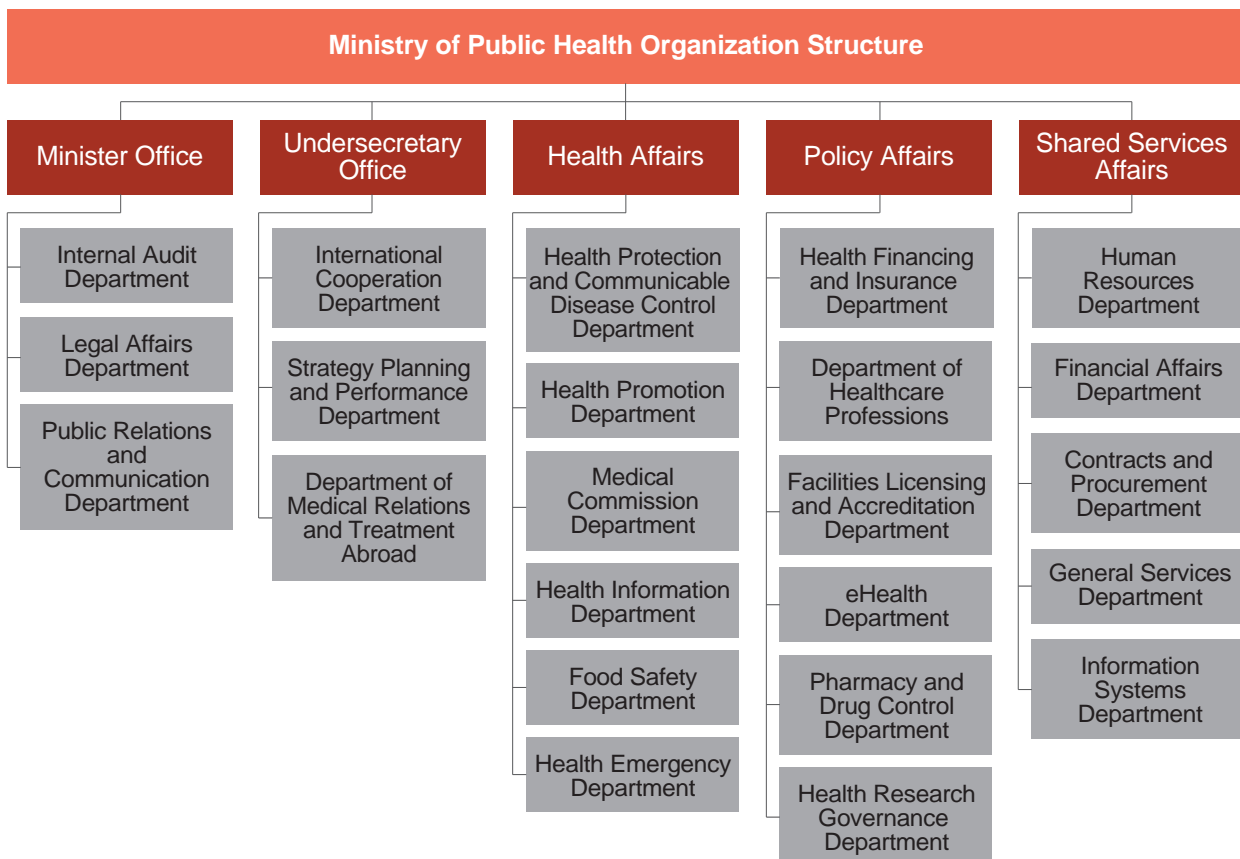
## 5.2

### Licensing, quality control, monitoring and private sector responsiveness

Regulatory departments under the MOPH are developing the policies, plans, standards, systems and procedures required to carry out the provisions of the National Health Strategy 2018–2022.

The main regulatory departments fall under Policy Affairs in the MOPH organizational structure, as shown in Figure 8.

**Fig. 8.** Organizational structure of the Qatar Ministry of Public Health



The Health Facilities Accreditation and Licensing Department of the MOPH is responsible for health care licensing in Qatar. Its functions include (among others) (15):

- **preparing and developing national licensing and accreditation standards for health care service facilities in line with international best practices;**
- **following up on the work of supervision and field inspection of therapeutic institutions, pharmacies, and clinics, in the light of reports prepared by concerned administrative units and following up on the application of sanctions issued for violations; and**
- **receiving complaints related to the work of licensing and accreditation and taking the necessary action in this regard.**

The Department of Healthcare Professions plays an effective role in contributing to achieving the objectives of the Ministry and implementing its general strategy through several functions assigned to it. Its functions include (among others) (17):

- **drawing up the specifications and conditions for accrediting hospitals, health care centres, clinics and training and rehabilitation centres for health practitioners;**
- **carrying out all administrative work related to issuing licences for practicing health and medical professions, and issuing and revoking licences to practice these professions; and**
- **receiving complaints related to any of the health and medical specialties and their practitioners and taking the necessary related action.**

The e-Health Department in the MOPH is responsible for technology improvement in the health sector. The vision statement for 2015 for the MOPH's e-Health programme was: "to improve overall health in Qatar and to deliver healthcare services of the highest standard by providing the public, patients and clinicians with appropriate and timely information". The department seeks to support the strategic direction of the State of Qatar that aims to provide improved health care services through the use of innovative and modern information systems, technologies and digital solutions that meet the needs of end-users, health care providers, health care professionals, regulators and others (25).

The Qatar Health Information Exchange is a national electronic health information hub that is expected to be launched in the upcoming years, hosted and managed by the MOPH, which will provide decision support and digitally connected health care services. It is envisioned to be a patient-centric exchange capturing and recording in a central repository the full details of a patient's journey across multiple providers. The main scope of the exchange is to provide a central data repository and to exchange information between patients, providers, payers, Government and third parties.

The Health Financing and Insurance Department carries out a number of functions and specializations that form the backbone of the health sector in Qatar. It develops financing and health insurance systems and applies the latest scientific findings in the field in order to support and achieve the multiple objectives of the health care sector and the National Health Strategy of the State of Qatar through the functions assigned to it (26).

The Pharmacy and Drug Control Department plays a major role in drawing up drug policies in Qatar. It also contributes constructively to developing pharmaceutical care, participates in enacting laws and regulations governing the pharmacy profession, and sets the rules and regulations for dispensing and for the import and circulation of medicines (27).

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### 5.3

#### The new insurance law and the private health sector

The SHIS in Qatar is planned to achieve universal health coverage by achieving the following objectives:

- **building a strong, effective and well-managed health system that meets priority health needs through integrated beneficiary-centred care by informing and encouraging people to remain healthy and prevent diseases, while offering programmes for the early detection of health problems, treatment for diseases and rehabilitation;**
- **affordability, financing health services by employers and the Government so that people do not suffer financial hardship;**
- **universal access, including access to essential medicines and techniques for diagnosing and treating medical conditions; and**
- **capacity-building, increasing the numbers of well-trained health workers providing services to meet the needs of patients based on best available practices.**

The new SHIS will provide compulsory coverage of basic health services to all residents, including visitors to Qatar. The new project is organized and supervised by the MOPH and will define the basic service packages for each population segment, and the upper and lower limits of premiums and health service fees.

Private health insurers will provide coverage to the targeted population. Public and private health care providers will be funded by private health insurers for the services included within the schedules of benefits designed for the different population groups. Additionally, for services that fall out of insurance benefits, the MOPH has made appropriate funding arrangements through a Government fund which will purchase such services on behalf of the patients. This means they will be covered for basic health services by private health insurers, and for any uncovered services by the Government fund.

The MOPH is establishing funding based on international cost models, and providers are also encouraged to conduct costing of their services based on international costing standards. The cost models for the reimbursements under the new SHIS include but are not limited to activity-based funding, fee-for-service and case-mix models.

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## 5.4

### Legal and regulatory framework and governance

In 2015, Prime Minister's Decision No. (2) of 2015 on the formation of a ministerial group to motivate and involve the private sector in economic development projects was issued. In 2020, the Emir of Qatar, his Highness Sheikh Tamim bin Hamad Al Thani, issued Law No. (12) 2020 (28), organizing the partnership between the public and private sectors.

The following are statements excerpted from the Ministry of Commerce and Industry's website, which explain Law No. (12) 2020:

- **“This law is a continuation of the efforts of the State of Qatar to consolidate the partnership between the two sectors, in coordination between the Ministry of Commerce and Industry, all government agencies, and private sector firms.”**
- **“The law contributes to developing a dynamic business environment that enhances the performance of the government sector and supports the future direction to establish the position of the State of Qatar as an ideal destination for investment.”**
- **“The law aims to consolidate partnerships and cooperation between large, small, and medium-sized companies with the government sector to encourage competition, innovation, and protect consumers from monopolistic practices.”**

The new PPP law will encourage competition between investors, enhancing the contribution of such competition to economic development.

The benefits of the law regulating the partnership between the public and private sectors include::

- **diversification, distribution and risk mitigation;**
- **increasing the creditworthiness of such projects by enhancing the flexibility of the financing structure and achieving tax returns;**
- **enhanced access to finance;**
- **provision of the necessary expertise and competencies; and**
- **provision of incentives for the Qatari private sector to participate in economic development projects.**

The Ministry of Commerce and Industry stated that the law defined the partnership between the two sectors as an agreement between the Government and the private sector to implement and finance works or provide services, according to one of the following systems:

1. Allocation of lands through leasing or usufruct use, to be developed by the private sector.
2. Building, operating and transferring property.
3. Building and transferring ownership and operation.
4. Building, owning, operating and transferring ownership.
5. Operation and maintenance.

The partnership is formed between the Government and the private sector under a partnership contract, in accordance with the provisions of this law and the general policy of partnership adopted by the Council of Ministers, based on the proposal of the respective ministry.

The law requires the separate formation of a committee for each project by a decision of the Minister, in coordination with the relevant Government agencies. The composition of such committees is specified to include representatives from the contracting authority, the experienced department and the audit bureau. The project committee undertakes the following:

- **preparing the project policy document and submitting it to the minister for approval;**
- **evaluating the bid(s);**
- **negotiating contracts; and**
- **recommending the winning bidder to the contracting authority.**

Furthermore, the Council of Ministers is taking several steps to help the development of the private sector in Qatar, including:

1. Identifying areas and projects for the public and private sectors in economic development projects.
2. Developing policies, standards, controls and programmes to motivate the private sector and its participation in economic development projects, follow up on their implementation and develop the necessary solutions to overcome difficulties and obstacles to implementation.
3. Developing means of supporting, stimulating and participating in the private sector in economic development projects and following up on their implementation.
4. Developing the land allocation policies necessary for projects to stimulate the participation of the private sector in economic development projects, master plans, utilization and allocation

policies for investors, and executive and time plans for the implementation and development of projects to attract targeted investments.

5. Developing tender policies and auctions for projects to encourage the participation of the private sector in economic development projects, and also assigning technical committees and task forces to the ministerial group to oversee their submission to investors through the competent tender committees at the Ministry of Commerce and Industry and the economic zones operating company Manateq, which is mandated to grow the economy by attracting international investment, businesses and partners.
6. Drawing up contracts and agreements that specify the type of participation of the public and private sectors while considering the established legal provisions.
7. Establishing mechanism for collecting fees, rents and usage charges resulting from contracts for the management and operation of land and facilities for projects that stimulate and involve the private sector in economic development.
8. Adopting a specific time plan for private sector project launches, to attract targeted investments.

Accordingly, the MOPH has been mandated to prepare the required strategies for improving health infrastructure through the successful implementation of various PPP and land-based-deal projects to provide health care to the population. These projects are expected to enhance the capacity of the private sector. The MOPH is developing a plan for the governance, organizational and operational infrastructure prerequisites to implement the projects (8).

The National Health Strategy 2018–2022 (8) envisages the delivery of the right care in the appropriate setting, underpinned by clinical and operational governance, including but not limited to the scope of services framework, referral pathways and evidence-based practice. The Government also has a desire to leverage private sector expertise in the management and operation of health facilities and to increase the private sector market share by 25%.

In 2018, the MOPH planned around 10 large projects to be implemented by the private sector through tendering processes. These processes will be supported and monitored by the ministerial group that sets PPP and land-based-deal policies and oversees the implementation of the projects. The projects include building hospitals and health care centres on plots of land allocated by the Government, in addition to other non-clinical projects, which will also be released to the market on the principles of build–own–operate–transfer, a finance project in which private entities receive a concession from the MOPH to finance, design, construct, own and operate a facility as stated in the concession agreement (contract). The total planned beds from the 10 projects are expected to be around 1280, and the estimated value of these projects is around US\$ 1 billion.



# 6

## PPP in health service delivery

The Government of Qatar aims to decrease the financial burden on health care services and facilitate local access to such services by establishing a network of regional hospitals with a focus on community requirements in the north and south of Qatar.

The public health sector represents the backbone of health services in the country. However, this does not diminish the active role of the private health sector, which provides multiple, advanced medical services. In addition, according to per the exit questionnaires conducted by the Health Financing and Insurance Department of the MOPH, the private health sector is adapting to customer expectations and health care needs in local communities.

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## 6.1

### PPP opportunities

It is noteworthy that health care services have witnessed remarkable growth in recent years and have a significant role in strengthening the overall health system in the State of Qatar. Moreover, the MOPH also plans to increase the number of hospital beds by 25% in the private health sector by the end of 2022 (8). Eversheds Sutherland, a global multinational law firm that assisted in drafting the PPP law, predicted in 2020 that: “international investors and lenders will, in particular, have greater confidence in Qatar’s PPP programme going forward because the new law is more fit for purpose for PPPs than the procedures and requirements under the existing Tenders and Auctions Law” (29). In the last couple of years within the Gulf Cooperation Council region, there has been a large increase in type II diabetes, hypertension, obesity, cancer, heart conditions and other lifestyle-related diseases, which increases the overall demand in the private and public sectors (30).

Several plots of lands have been proposed as part of an initiative to allocate land to the private sector for the development and operation of several priority health care facilities, according to the health care facilities master plan (31) and its implementation plan 2013–2018, which is focused on the major health services that are in higher demand within the country (32).

From 2016 to 2018, the increased demand led to the opening of several new general and specialized hospitals in Qatar. Two facilities, each with a 118-bed capacity, have been built at Ra’s Lafān in the north and Umm Sa’īd in the south of Qatar. Each facility was constructed to a high standard with the capability of being a general community hospital with emergency, inpatient, outpatient, surgical and diagnostic services and with the potential to integrate primary care and occupational health clinics. Moreover, the newly built hospitals may operate as PPPs in the future, after handing them over to the PPP team (Ministry of Public Health, Financing and Insurance Department, unpublished reports, 2020).

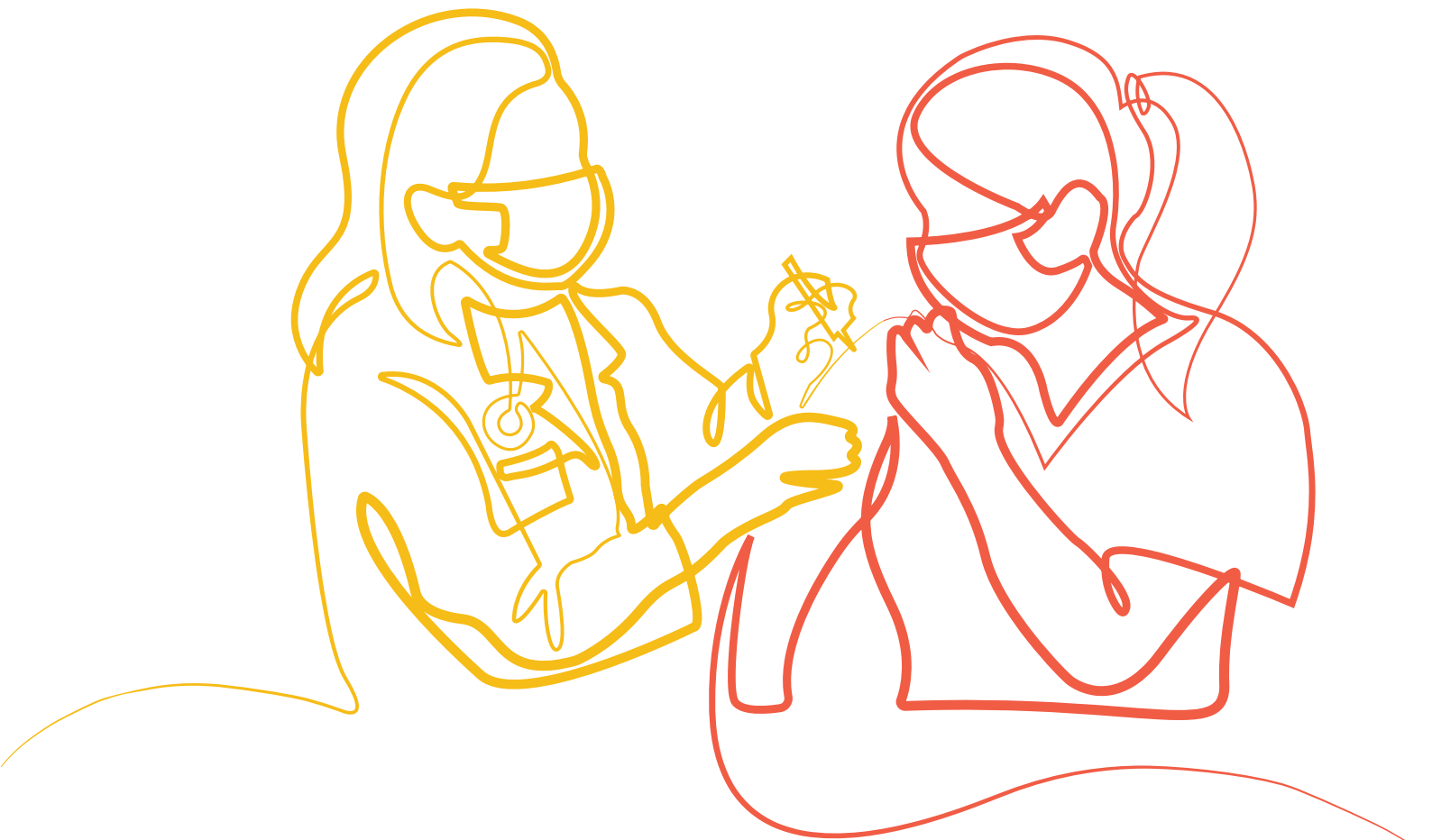
The Government of Qatar has invested in major infrastructure improvement in new labour accommodation clusters, and in the central Orbital Highway that connects Umm Sa’īd in the south to Al Khawr and the Al Shamāl Highway in the north (33). These highways will reduce travel time on the 195 km road system by 50% and improve access to the major worker accommodation centres that connect to the two hospitals (Ra’s Lafān and Umm Sa’īd hospitals).

### Scope and priority areas for PPP in the future

Currently, PPP is perceived as a high-risk structure by the private sector since there was no well-designed framework including the rights and obligations of both Government and private providers, risk allocation, clear payment mechanism, project insurances and so on.

Issues identified as needing to be prioritized for improvement include:

- **lack of awareness of PPP among stakeholders**
- **lack of project justification based on a detailed business case, including financial and commercial cases**
- **risks and responsibilities resting entirely on the private sector without a corresponding financial upside**
- **suggested hospital services focusing on patient segments (craft and manual workers) that are unattractive for the private sector**
- **absence of market testing with private sector players before tendering the hospitals.**



# 7

**Strengths–weaknesses–  
opportunities–threats  
analysis for PPP in the  
health sector**

Table 8 shows a strengths–weaknesses–opportunities–threats (SWOT) analysis for Qatar.

**Table 8.** A strengths–weaknesses–opportunities–threats (SWOT) analysis for Qatar

Strengths	Opportunities
<ul style="list-style-type: none"> <li>• Government commitment to promote the private sector’s market share by reducing economic barriers formalized in the 2018–2022 National Health Strategy.</li> <li>• Government encourages private sector investment through PPPs to address supply and demand gaps and to meet the needs of population groups.</li> <li>• Licensing process recently enhanced to accommodate full suite of medical facilities.</li> <li>• Department of Healthcare Professions provides regulatory oversight and continuing professional development of health care professionals.</li> <li>• International health care providers recently entered Qatar.</li> <li>• Well-established private health insurance market.</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to provide services currently met by Government-funded treatment abroad programme.</li> <li>• Implementation of the SHIS increasing demand for the private sector.</li> <li>• Implementation of the E-Health strategy for all providers.</li> <li>• Increasing demand for health care services underpinned by demographic and economic fundamentals.</li> <li>• Outsourcing of services provided at HMC.</li> <li>• Collaboration with internationally recognized institutions and clinicians located in Qatar.</li> <li>• High-value medical tourism potential for Sidra Medicine.</li> </ul>
Weaknesses	Threats
<ul style="list-style-type: none"> <li>• Lack of access to the data reporting and forecasting required for investment decision-making.</li> <li>• Minimal collaboration between private sector providers.</li> <li>• Disconnected and repetitive approval process across Government departments.</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient market size to achieve economies of scale for specialized and complex care.</li> <li>• HMC monopoly comprising over 80% of the health care market.</li> <li>• Political risks (e.g. blockade).</li> <li>• The ranking of Qatar in the World Bank’s Ease of Doing Business report has dropped from 36th in 2012 to 83rd in 2019.</li> </ul>

# 8

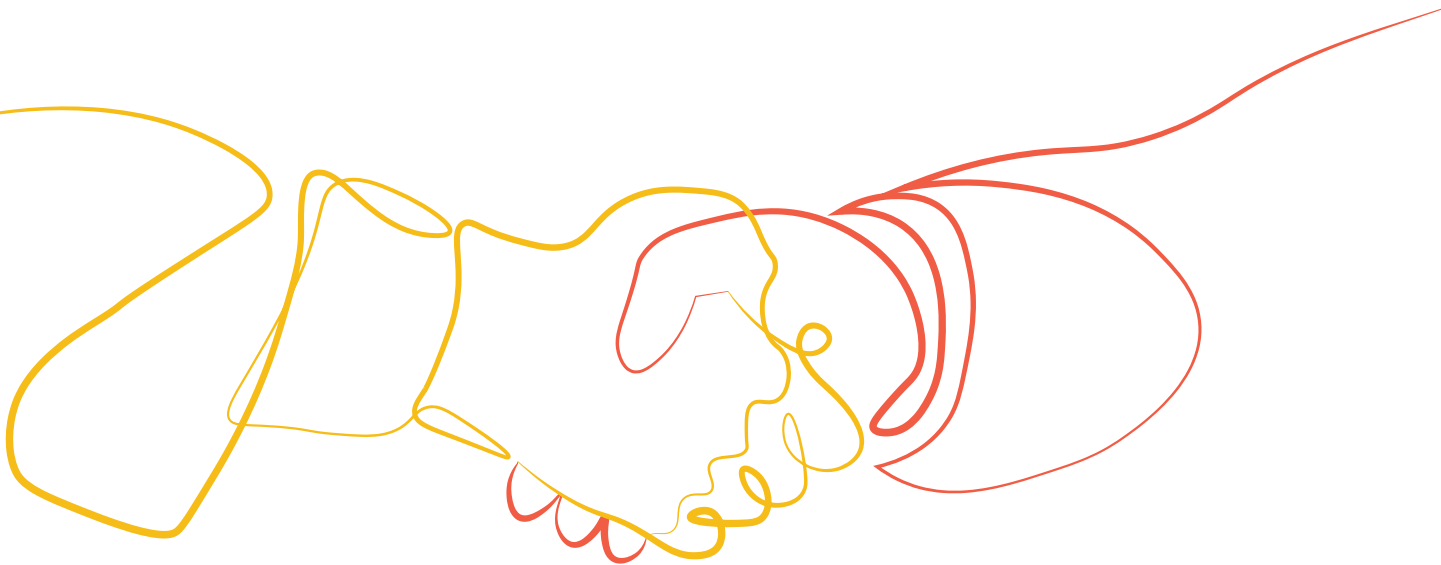
## **Recommendations for harnessing the private sector to universal health care coverage**



The MOPH suggests that the need for healthy competition is an important economic driver towards the contribution of all community sectors in the health care economy. The MOPH recognizes that the potential is strong for a mixed health care economy and rational partnership with services being provided by both the public and the private sector. To complete the required change at the speed needed to match the country's growth and transformation, there is a need for data- and evidence-based analysis on the true potential of PPP so that strategic advice, communication with stakeholders and assistance on technical PPP matters can be properly provided (18).

Through the Qatar National Vision 2030, the State of Qatar seeks to develop an integrated health care system that provides high-quality health care services in alignment with the best international standards. Supporting the private sector to invest in health care services is one of the indicators of development in the health sector that can help achieve universal coverage. In this context, 10 projects were launched in 2019 to support a PPP to construct and operate several new hospitals and health facilities.

The new SHIS project in Qatar is an essential step in maintaining a sustainable health system that improves the quality of health care services and promotes the health of the population. This project is part of the National Health Strategy, derived from the Qatar National Vision 2030. The project will “improve the health of the population through access to high-quality health care services through an effective and sustainable national health insurance system”. The objectives of the new project are in line with the goals of the triple aim of the National Health Strategy 2018–2022 – “better health, better care, better value” – which is in turn fully aligned with the definition of universal health coverage of WHO (34): “All people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.”





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