World Health Organization

Qatar

Country Cooperation Strategy for WHO and Qatar

2024–2030

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ISBN 978-92-9274-544-8 (electronic version)
ISBN 978-92-9274-543-1 (print version)

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Cataloguing-in-Publication (CIP) data. CIP data are available at https://iris.who.int/.

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Design and layout by Punto Grafico

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Acronyms and abbreviations

AMR	antimicrobial resistance
CCS	Country Cooperation Strategy
COP26	26th United Nations Climate Change Conference
CSP	Country Support Programme
FCTC	Framework Convention on Tobacco Control
GCC	Gulf Cooperation Council
GII	Gender Inequality Index
GIS	Geographic Information System
GPW	WHO General Programme of Work
GPW13	WHO 13th General Programme of Work
GPW14	WHO 14th General Programme of Work
GCC	Gulf Cooperation Council
HIS	Health information system
HMC	Hamad Medical Corporation
ICD-11	International Classification of Diseases 11th version
ILO	International Labour Organization
NCDs	noncommunicable diseases
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
PHC	primary health care
SDGs	Sustainable Development Goals
UHC	universal health coverage
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOTC	United Nations Office of Counter Terrorism
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNSDCF	United Nations Strategic and Sustainable Development Cooperation Framework
WHA	World Health Assembly
WHO	World Health Organization

Executive summary

The Country Cooperation Strategy (CCS) is a joint strategic framework between WHO and a country to guide the Organization's work in and with the country.[1] It aligns with country needs and priorities, identifies agreed joint priorities for WHO/Qatar collaboration, and functions as a medium-term vision of WHO cooperation for working in and with a country.

Qatar is a member country of the Gulf Cooperation Council (GCC), with an average economic growth rate of 5%. It is a small peninsula with a long coastline. Its climate is hot and arid. Qatar's population of around 3 million is mostly urban, 88% of whom are non-Qatari. The country's National Vision 2030 aims to provide a high standard of living for all its people as it transitions away from its high dependence on hydrocarbon revenues towards a more diversified, knowledge-based and sustainable economy. It outlines a developmental roadmap under four pillars: human, social, economic and the environment. Qatar has an elaborate social protection system and has achieved many of the health, education and social protection targets of the Sustainable Development Goals (SDGs). Successful implementation of a majority of the initiatives planned in the focused five system-wide priorities (integrated high quality service delivery, enhanced health promotion and disease prevention, enhanced health protection, adoption of a Health-in-All-Policies approach and effective system of governance and leadership) of the second *National Health Strategy, 2018–2022*, provided a strong basis for development of the third *National Health Strategy, 2024–2030*. The latter has three priorities: improved population health and well-being, excellence in service delivery and patient experience and health system efficiency and resilience. Investment in health and development in Qatar has resulted in continued improvements in health and mortality patterns. Noncommunicable diseases (NCDs), including diabetes, cardiovascular diseases, cancer, chronic respiratory diseases, mental health, road traffic injuries and disability, are among the top 10 causes of mortality and morbidity.

In 2022, WHO established a country office in Qatar providing opportunities for strengthened cooperation. The aim of the *Country Cooperation Strategy for WHO and Qatar, 2024–2030*, is to frame the expanded cooperation between WHO and Qatar, with the Ministry of Public Health as the steward of all stakeholders operating in the health sector in

[1] Country Cooperation Strategy guide 2020: implementing the Thirteenth General Programme of Work for driving impact in every country, 2020. Geneva: World Health Organization; 2020 (https://iris.who.int/handle/10665/337755).

"Qatar's National Vision 2030 aims to provide a high standard of living for all its people as it transitions towards a diversified, knowledge-based, and sustainable economy."

Photo credit: ©Ministry of Public Health

mutually agreed priority areas. The cooperation is reflected through two main streams:

1. In country action and joint implementation of programmes aiming to promote, maintain and improve the health of all people living in Qatar, guided by national health priorities. The piloting and design of innovative implementation modalities will introduce cutting-edge programmes that can contribute to strengthening broader WHO programmes in the Eastern Mediterranean Region and beyond in line with *WHO's Fourteenth WHO Global Programme of Work* (GPW14) and the health-related SDGs.

2. Contribution to regional and global health by Qatari institutions through several modalities and a well-designed and conducted strategic dialogue.

1 Introduction

The Country Cooperation Strategy (CCS) a joint strategic framework between WHO and a country to guide the Organization's work in and with the country *(1)*. The *Country Cooperation Strategy for WHO and Qatar, 2024–2030*, developed in the context of global and regional health priorities, examines the overall health situation in the country, including the state of the health sector, the socioeconomic status of the population and the major health determinants. It identifies the major health priorities and challenges, and frames WHO's support to Qatar over the next four to six years.

Globally, the CCS is guided by the Sustainable Development Goals (SDGs) *(2)*, *WHO's Fourteenth Global Programme of Work* (GPW14) *(1)*, and is aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF). At the national level, a CCS is a strategic action plan outlining collaborative work between WHO and a country to achieve common objectives identified in the national health and development agenda. The CCS takes into consideration the work of all other partners and stakeholders in health and health-related areas. The process is sensitive to changes in policy or strategic exercises that have been undertaken by the national health sector and other related partners. The overall purpose is to provide a foundation and strategic basis for planning, as well as to improve WHO's collaboration with Member States. Within WHO, the CCS informs and supports programme budgeting and operational planning *(1)*.

The *Country Cooperation Strategy for WHO and Qatar, 2024–2030*, presents the joint strategic framework through which WHO collaborates with Qatar on priority health programmes. It aligns with the *Qatar National Vision 2030*, *Third Qatar National Development Strategy 2024–2030*, and the third *National Health Strategy, 2024–2030*. It was developed through an extensive review of available data and evidence and in consultation with key stakeholders. A national consultation and consensus-building workshop was conducted on 7–8 May 2024 with participation of key government officials, representatives from United Nations agencies and other institutions and partners. During this workshop, health priorities, gaps and challenges were identified and a strategic agenda for WHO collaboration was reviewed and finalized.

2 Health and development situation

2.1 Social economic and political situation

Qatar is a high-income country in WHO's Eastern Mediterranean Region largely based on its exports of natural gas with a mostly urban population of around 3 million, 88% of whom are non-Qatari *(3)*. The country's National Vision 2030 is to provide a high standard of living for all of its people as it transitions away from its high dependence on hydrocarbon revenues towards a more diversified, knowledge-based and sustainable economy *(4)*. Vision 2030 outlines a developmental roadmap under four pillars: human, social, economic and the environment. Qatar has an elaborate social protection system and has achieved many of the health, education and social protection targets of the SDGs *(5)*. Following a significant 4.2% growth rate in 2022 *(6)*, driven primarily by hosting the FIFA World Cup, the economy exhibited modest growth in 2023, reaching 2.0% in 2024 *(7)*.

Qatar is a small peninsula in the Region with a long coastline. The climate is hot and arid. The country is highly dependent on desalination of sea water for drinkable water and irrigation and food imports for food security. It is highly vulnerable to rising sea levels and high temperatures. Its high dependence on oil and natural gas is a challenge for long-term climate change mitigation. Efforts are, however, under way to balance economic stability and climate change through diversification and sustainable development, particularly in the the energy, transport, construction and industrial sectors. Although Qatar has not submitted a net-zero target, it aims to reduce greenhouse gas emissions by 25% by 2030 *(4, 8)*. The *Climate change strategy for urban planning and urban development sector* aims to address key challenges linked to climate change, including population growth, urbanization and pressures on limited natural resources *(9)*. Following the launch of the 26th United Nations Climate Change Conference (COP26) Health Programme, many countries of the Region agreed on two commitments: building climate-resilient health systems and developing low carbon sustainable health systems. Conducting a vulnerability and adaptation assessment is the first step as it will improve understanding of climate-related risks to health and identify actions for policy-makers to strengthen health systems and increase population resilience to the impacts of climate change *(10, 11)*.

The country is ranked 42 among 191 on the Human Development Index *(12)*. Its high Gender Development Index (1.019) contrasts sharply with the Gender Inequality Index (GII, 0.220). The GII is lower than countries with high human development (0.329), Arab states (0.536), but higher than the GII for member countries of the Organisation for Economic Co-operation and Development (0.185). Despite improvements in the GII in the last 10–15 years traditional gender norms and behaviours, varying incomes, political and labour market participation continues to uphold gender differences *(5, 12)*. Mainstreaming gender in planning, programming and policy can address gender gaps and improve the health of the population *(13)*. The expatriate population constitutes 88% of the population; the Government has made efforts to protect their rights, including through the establishment of the National Human Rights Committee and mandatory health insurance coverage. Discussions are under way for Qatar to lead the development of a network of countries in the Region to promote health equity by addressing the social determinants of health similar to the Health Equity Network of the United Kingdom of Great Britain and Northern Ireland *(14)*.

2.2 Health status

Qatar has a strong health system with good health outcomes. Life expectancy at birth has improved from 71.3 years in 2000 to 81.0 years in 2024, the highest among member countries of the Gulf Cooperation Council (GCC). Infant and maternal mortality are low at 4.5 per 1000 live births and 6.5 per 100 000 live births, respectively. The country is experiencing an epidemiological transition with noncommunicable diseases (NCDs), such as cardiovascular diseases and diabetes, accounting for 72% of deaths (Fig. 1) *(15)*. Qatar is also among the top 10 countries for type 1 diabetes incidence rate in children (0–14 years). Among adults the age-adjusted prevalence of diabetes (19.5) is higher than the regional average (18.1) *(16)*. Qatar

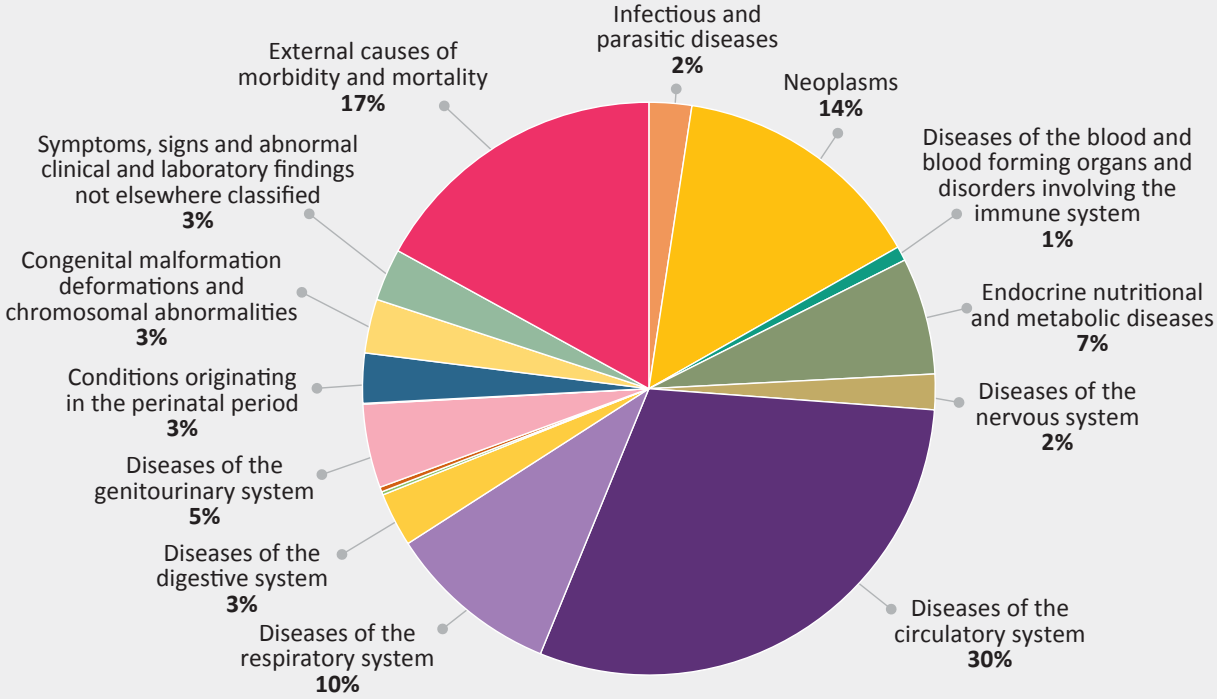


Fig. 1. All-age cause of death in Qatar, 2019

is also among the top 10 countries with the highest proportion of adult men and women with high body mass index (BMI) *(17)*. NCDs cost the country US$ 5 billion annually, equivalent to 2.7% of gross domestic product (GDP) in 2019 *(18)*.

The main drivers of mortality are environmental and behavioural risk factors, such as air pollution, tobacco use and unhealthy diet *(19)*. Significant efforts are being made to address NCDs and mental health disorders, including their integration in primary health care (PHC) and engagement with communities for public health actions. Building on the experience of the use of behavioural science during the COVID-19 epidemic and to promote healthy diets and physical activity during the FIFA World Cup, the Ministry of Public Health recently established a behavioural science unit *(20)*. WHO projections on achieving the health-related SDG targets highlights the need for transformative actions to prevent and control NCDs, in particular the risk factors (Table 1). For instance, implementing WHO's "best buys", particularly cardiovascular and diabetes clinical interventions, will contribute to reducing premature mortality *(18, 21)*. In addition, a WHO mission to the country in February 2024 recommended finalizing and launching the nutrition and physical activity plan, 2024–2030, developing a national strategy for tobacco control and strengthening implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC), addressing the remaining gaps in implementing the WHO MPOWER package, integrating mental health and substance use services in the basic benefit package, updating national targets and monitoring indicators, and accelerating implementation of the national cancer plan *(21)*. The country's achievements in multisectoral action on NCDs should be showcased; opportunities exist to intensify collaboration with WHO to benefit the Region and world, such as possible establishment of a WHO collaborating centre for substance use prevention and treatment and hosting of the next WHO FCTC Conference of Parties *(21)*.

Table 1. Qatar's progress towards SDG targets, 2018–2030

Category	SDG indicator	2030 target	2018	2030*	Percentage change 2018–2030
Childhood stunting	SDG 2.2.1	17	5	3	-35
Childhood overweight	SDG 2.2.3	3	12	13	11
Developmentally on track	SDG 4.2.1	–	84	84	0
Adolescent/child obesity	–	5	20	26	28
Violence against children	SDG 16.2.1	0	50	50	0
Suicide mortality	SDG 3.4.2	6	6	5	-14
Road deaths	SDG 3.6.1	9	8	3	-65
Safely managed water	SDG 6.1.1	96	96	96	0
Safely managed sanitation	SDG 6.2.1	95	97	99	2
Clean household fuels	SDG 7.1.2	96	100	100	0
Alcohol consumption	SDG 3.5.2	5	2	2	33
Mean particulates (PM 2.5)	SDG 11.6.2	5	64	53	-17
Tobacco use	SDG 3.a.1	18	19	21	10
Adult obesity	–	11	34	39	17
Trans fat policy	–	100	0	0	–
Family planning	SDG 3.8.1.1	75	63	67	7
Pregnancy and delivery care	SDG 3.8.1.2	95	87	88	1
Child immunization	SDG 3.8.1.3	93	98	96	-2
Child health care seeking	SDG 3.8.1.4	85	87	90	4
Tuberculosis treatment	SDG 3.8.1.5	91	87	87	0
HIV treatment	SDG 3.8.1.6	92	47	85	83
Water and sanitation	SDG 3.8.1.8	96	100	100	0
Prevention of cardiovascular disease	SDG 3.8.1.9	80	50	56	11
Management of diabetes	SDG 3.8.1.10	8	21	26	27
Tobacco control	SDG 3.8.1.11	20	12	11	-7
Hospital access	SDG 3.8.1.12	34	10	8	-26
Health workforce	SDG 3.8.1.13	71	97	111	14
Average service coverage	–	83	75	79	5
UHC single measure	–	73	69	72	4
Preparedness	SDG 3.8.1.16	80	87	99	14
Prevent	–	–	98	98	0
Time to detect and respond	–	–	–	96	–

Note: *Green will reach target
Orange is within 10% of target
Red will not reach target

Indicators that are not coloured do not have a 2030 target against which to compare their projected 2030 value.

The 2011 national oral health survey found that 71.4% of six-year-olds in government and private schools had dental caries with significantly higher odds of Qatari children having dental caries. A survey of 250 randomly selected Qatari preschool children, nearly 90% had dental caries and 39% had developmental enamel defects *(22)*. About 40% of adults in a 2012 national survey reported that their oral health status was either "poor" or "average" *(23)*. A national oral health policy is in place and staff are appointed in PHC centres across the country to address the oral health of children *(24, 25)*. Strengthening the integration of oral health among the essential health services is a key step to reducing the burden of oral diseases in Qatar *(26)*.

In Qatar, road traffic injuries are among the top causes of mortality. Currently, the mortality rate

is 5.3 per 100 000 population, with most deaths occurring among young males aged 10–39 years *(27)*. Significant efforts have been made to prevent road traffic injuries, including enforcing regulations related to motorcycles and electric scooters, installing a unified radar system to monitor violations and intensifying traffic patrols, which may explain a recent decline in the number of road traffic injuries and related deaths *(27)*. Qatar was one of the few countries in the Region to achieve a 50% reduction in the mortality rate between 2010 and 2019 *(28)*. It is critical to maintain the momentum to ensure that Qatar meets the 2030 target *(29)*. The WHO regional road safety framework could help guide the finalization of the national road safety strategy that is currently under review *(30)*.

Qatar has high immunization coverage and has added new vaccines to its vaccination programme to include older children, adolescents and adults. The country is in the process of eliminating measles and rubella. Overall, the incidence of communicable diseases such as tuberculosis (TB), malaria and hepatitis B is relatively low *(31)*. However, rates of HIV, although low, are increasing; despite free access to antiretroviral treatment viral load testing coverage, and suppression is suboptimal *(32)*. Recent dengue and mpox outbreaks have exposed the country's vulnerability to disease outbreaks and underlined the importance of a robust surveillance system.

Qatar has a well-functioning surveillance structure, including a standardized electronic surveillance system, SAVES, that facilitates reporting from both the public and private sector, contact tracing, geographic mapping and analysis to identify trends and outbreaks *(33)*. This is complemented by the notification system of 84 reportable disease of public health importance. Upgrading the surveillance and early warning system, developing national strategies and guidelines for surveillance to public health hazards and creating a centralized mechanism for the integration of all data in one platform are critical aspects of a comprehensive emergency preparedness and management system that will further strengthen the public health response *(32–34)*.

The country's commitment to protecting the population is well demonstrated by its high ranking in the International Health Regulations (IHR 2005) capacity and health emergency preparedness index. Hosting the FIFA World Cup served as a catalyst to strengthen a whole-of-society approach for health security and tested the health system's resilience to meet health care needs during the event. The country is currently consolidating its efforts to create a more comprehensive emergency preparedness and response system based on the recommendations of the piloting of the WHO tool on health emergency management *(34)*, such as establishing a Public Health Emergency

Photo credit: ©WHO

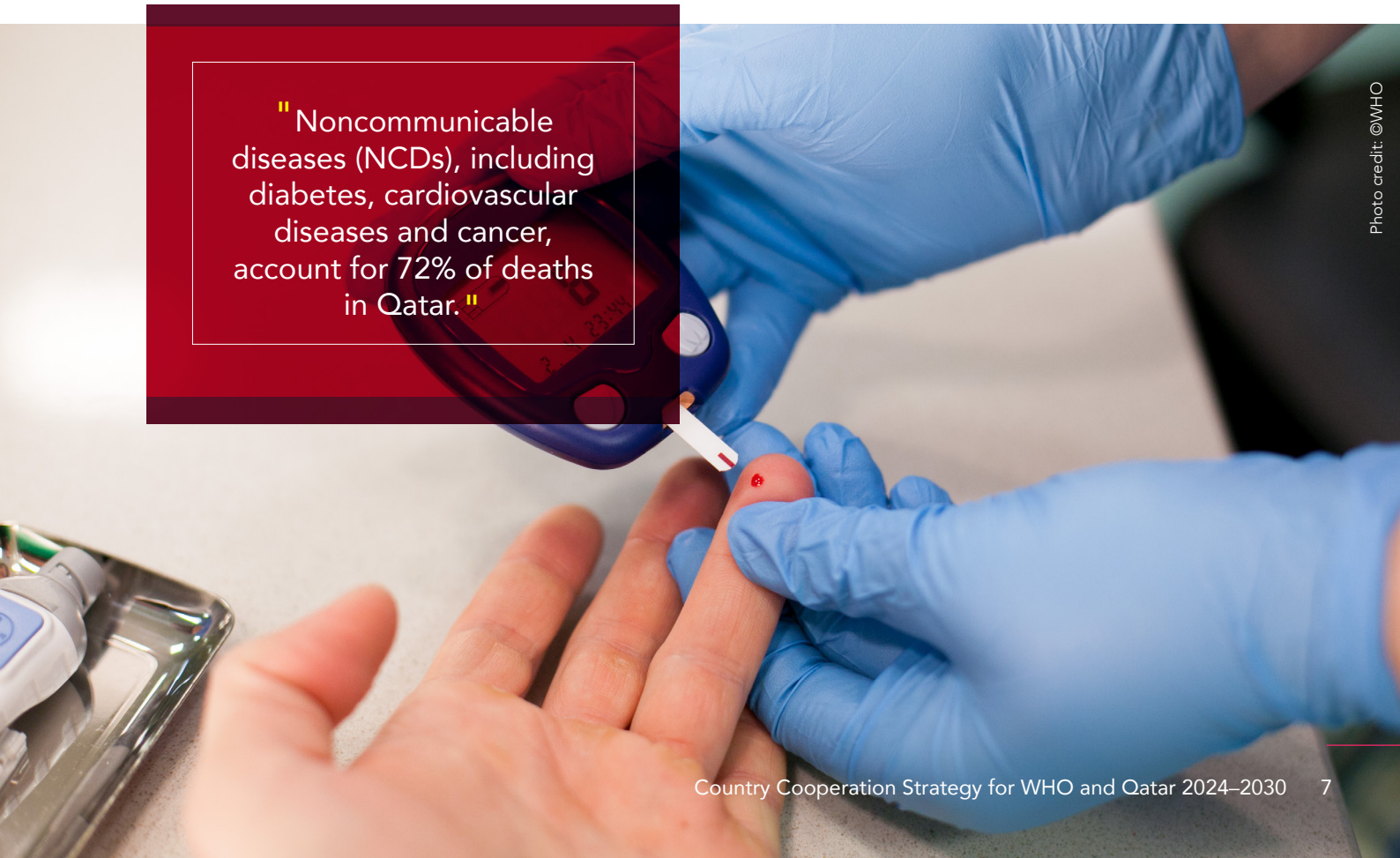
"Qatar has high immunization coverage and has added new vaccines to its vaccination programme to include older children, adolescents and adults."

Operations Centre and strengthening deployable rapid response capacities. At the same time, launching a national antimicrobial resistance (AMR) surveillance plan, enhancing laboratory surveillance and building AMR capacity in all relevant sectors are important to prevent the rise of AMR *(35)*. A hazard vulnerability analysis and a review to identify persistent gaps in emergency risk management are useful steps to ensuring an effective emergency preparedness and response system is in place. The Public Reference Laboratory, which replaced the National Reference Laboratory in 2023, is a critical part of the national surveillance system. For its effective operationalization into a fully functional reference laboratory, it will be important to establish policy to support its operation and build human resource capacity to enable the laboratory to receive international accreditation.

The maternal mortality ratio remains low at 8 per 100 000 live births. All births are attended by skilled health personnel and a high portion of women of reproductive age have met needs for family planning. The rates of gestational diabetes remains high and further efforts are needed to reduce the risk of gestational diabetes and diabetes progression after delivery *(36, 37)*. In addition, caesarean-section rates are noticeably above the acceptable international rates set by WHO *(38)*, suggesting the need to adopt the Robson classification to assess, monitor and compare rates between facilities to optimize its use *(39)*. Behavioural risks associated with smoking, obesity and sexually transmitted diseases increase risk of infertility *(40–42)*. Addressing infertility is an important component of sexual and reproductive health, and developing evidence-based policies and practices to support people to achieve their desired family size is an important part of strengthening health systems *(40)*.

Qatar has made impressive gains in improving child health. The country has very low infant and under-5 mortality rates (6.5 and 7.9 per 1000 live births, respectively) and near universal immunization coverage. However, childhood obesity affects 27.7% of the population *(43)*. The prevalence of untreated caries of deciduous teeth in children 1–9 years is 46.0% *(25)*. These highlight the need to focus efforts on promoting healthy lifestyles among children and adolescents. Conducting and incorporating child health surveys, such as the WHO Global School Health Survey and the Global Youth Tobacco Survey *(44)* and the UNICEF Multiple Indicator Cluster Surveys *(45)*, as part of the surveillance system is critical to better understanding and addressing the needs of children and young people.

Qatar is going through a demographic shift as the number of persons aged 60 years and older is expected to increase seven-fold between 2020 and 2050 *(46)*. According to the 2020 census, 33 700



"Noncommunicable diseases (NCDs), including diabetes, cardiovascular diseases and cancer, account for 72% of deaths in Qatar."

Photo credit: ©WHO

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> "The country's commitment to digital health transformation is paving the way for a more data-driven and efficient health care system."

people above 65 years are living with physical difficulties such as vision impairment, hearing loss, lack of mobility and self-care with about half facing significant difficulty or completely unable to function in the activities of daily living *(47)*. To address the needs of an ageing population, the National Health Strategy has prioritized healthy ageing with community and home-based care and addressed dementia as areas for potential expansion in service delivery.

In addition to NCDs and road traffic injuries, congenital anomalies, falls and low vision are among the top preventable causes of disability in Qatar *(15)*. The rapid assessment of avoidable blindness survey will provide needed evidence to better integrate eye-care and preventable vision impairment and blindness within the health system. As in other countries of the Region, congenital anomalies are a leading cause of infant mortality in the country; at the same time, up to 70% of cases could either be prevented or offered lifesaving care *(48–49)*. In Qatar, the estimated prevalence of autism is 1.1% among children age 6–11 years with most children experiencing language delay and nearly one in five reporting developmental regression; autism places a heavy burden on affected families and on society *(50)*. Promoting primary prevention and improving the health of children with congenital anomalies, autism and other disabilities should be part of a comprehensive approach to improve the health of persons with disabilities *(51–52)*. At the same time, targeted disability inclusion actions to strengthen the health system would advance health equity for older adults and persons with disabilities in Qatar *(53)*.

2.3 Health system response

In Qatar, the Ministry of Public Health leads the health sector in formulating major policies and strategies, performing regulatory functions, promoting health and ensuring the quality and effectiveness of the health sector operations. The Ministry is responsible for both governmental and

private health sectors. The Minister also heads the autonomous Hamad Medical Corporation in charge of secondary, tertiary, and specialized care, as well as the Primary Health Care Corporation. The country aspires to develop an integrated people-centred health care system that meets the needs of current and future generations. The National Health Strategy aims to improve population health and well-being, service delivery and patient experience and health system efficiency and resilience through its commitment on 15 outcomes (Fig. 2) *(54)*.

The main public sector providers include the Primary Health Care Corporation, Hamad Medical Corporation, which has a network of 12 hospitals and health care centres, and Sidra Medical providing tertiary care services for women, children and young people. The major provider of primary care, the Primary Health Care Corporation has a central role in providing a continuum of care through its 33 PHC centres using an integrated family medicine approach *(55)*. The Red Crescent is another PHC provider, which largely serves single male blue collar workers. Together with the private sector there are 24 hospitals and 525 health centres and clinics, mostly small polyclinics, dental practices and health spas in the country. Nearly 90% of the health centres and pharmacies are private, while 67% of hospitals and 87% of the hospital beds are governmental or semi-governmental *(54)*. Mapping of the distribution of health care providers and clear delineation of the catchment areas could help improve efficiency, equity and quality of health services.

In Qatar, the UHC service coverage index increased from 52 in 2000 to 76 in 2021. Service coverage is high at ≥80 for maternal and child health, infectious disease and service capacity and access but is lower for NCDs at 62 *(56)*. Over the past 20 years, out-of-pocket expenditure has seen a dramatic drop and currently is 10% of current health expenditure *(31, 57)*. Recently, the Council of Ministers approved a draft resolution to establish mandatory health insurance for all, including migrants and refugees, as well as visitors to the country *(58)*.

Qatar's increasing health workforce density is among the highest in the Region, particularly for physicians (27.3 per 10 000 population and nurses and midwives, 81.0 per 10 000 population *(15, 31)*, Like in other sectors, the health sector is highly dependent on the expatriate workforce. In-country health professional training capacity is limited to medical education in two universities *(3)*. Addressing the high turnover of health staff, limited capacity of the public health workforce, better planning, recruitment, licensing and retention of health workers are priorities for the coming years.

Qatar has a set of regulations, policies and strategies governing medicine that supports universal access to essential medicines. The country, however, does not have a comprehensive national medicines policy *(31, 59)*. Concerns related to pharmacovigilance, rational use of medicine, generic medicines, polypharmacy, and AMR remain paramount *(59–62)*. The national AMR strategy is a key step to optimizing prescription practices. Further efforts should focus on streamlining procurement and pharmaceutical supply and

Fig. 2. Health outcomes of the third National Health Strategy, 2024–2030

strengthening regulation and quality assurance. Licensing of ayurveda physicians and the expected growth in the manufacture of pharmaceuticals as part of the country's economic diversification vision requires further efforts to strengthen the regulatory framework. Further, monitoring of supplies at all levels of care, expanding drug control capacity to monitor biopharmaceutical products, reviewing the waste disposal system and engaging with the WHO stringent regulatory authorities *(63)* can be key ways to address inefficiencies.

Qatar is focusing on improving the integration and quality of services across all levels of care *(54)*. Over the last 10 years, Qatar has rolled out the Health Service Performance Agreement to standardize the quality of care *(64)*. Although patient safety is prioritized and a patient safety strategy has been drafted *(65)*, studies indicate the need for improvement *(66–67)*. The development of a medication safety strategy is an important part of the ongoing work to improve clinical care for the country *(68)*. Further efforts are needed to address gaps, including expanding regulations to protect the health workforce and patients, strengthening the health workforce on patient safety and infection prevention and control, including pre-service and undergraduate training and improving the quality of programmatic policies and standards.

Qatar has a strong health information system that captures data on progress towards the health-related SDGs and the regional core indicators *(28, 69)*. Efforts are being made to connect private health care facilities with the National Health Information Exchange Platform as part of the eHealth programme aiming to establish a repository of health information, including electronic medical records, population health information, registries and a pharmacy network *(15)*. Routine data disaggregation and analysis by sex, age and nationality will strengthen the evidence-base to inform policy decisions given the high proportion of an expatriate population *(70)*. Standardizing data systems, developing protocols for data sharing, improving quality of data such as coding of causes of death and linking mortuary and death registration, transitioning to the International

Photo credit: ©WHO

"Qatar has a strong health information system that captures data on progress towards the health-related SDGs and the regional core indicators."

Classification of Diseases 11th revision (ICD-11) and incorporation of population-based surveys and indicators are important aspects in strengthening the national data systems. Strengthening the national health research system by investing in research capacity for national priorities and for ethical oversight and ensuring access to key data from national surveys and observatories, research resources and quality sources of evidence in health care and health policy, such as Cochrane, are important aspects for evidence-informed policy-making. Developing a national strategy for enhancing evidence-informed policy-making for health would pave the way in institutionalizing the use of evidence in policy-making *(71)*.

Qatar is transforming the digital ecosystem by building national e-health solutions, introducing digital innovations, such as mobile application, and unifying the health information system to enhance clinical decision-making and evidence-based policy-making. The National Health Strategy aims for a digitally enabled health system that empowers patients, enhances quality of care and improves productivity as defined in the national digital strategy. Updating this strategy to align with the regional action plan, 2023–2027, could improve quality, efficiency and the cost–effectiveness of the national health system and enhance health care delivery *(72)*. Developing a national digital health investment case to identify digital solutions for NCDs could contribute to ongoing efforts in strengthening the digital health ecosystem in Qatar.

Improved population health and well-being is a key priority of the national strategy. Public health actions follow a life course and a settings approach in Qatar. The Baby-Friendly Hospital Initiative, launched in 2016, aims to increase the rate of exclusive breastfeeding of infants under six months old *(73)*. With only one in four infants exclusively breastfed for six months, creating a more supportive environment for exclusive breastfeeding should include strengthening the policy environment, such as developing national legislation to regulate the marketing of breast-milk substitutes *(74–75)*. The school health programme promotes healthy eating by monitoring students' growth and ensures students have access to healthy food and beverages in the school canteens *(33)*. Qatar is the first country in which all municipalities have been recognized as WHO Healthy Cities *(76)* and it recently launched an interactive platform to facilitate collaboration among key stakeholders *(77)*. This community-based multisectoral platform is an good example of applying the Health-in-All-Policies principles across sectors to promote health and well-being *(78)*.

> "Qatar aspires to develop an integrated, people-centered health care system that meets the needs of current and future generations."

The Ministry of Public Health works closely with the Ministry of Administrative Development, Labour and Social Affairs to protect the national workforce. The Occupational Safety and Health Policy aims to protect workers' health and well-being and to prevent workplace injuries, including receiving full wages during the treatment period for up to six months. Workplace-related injuries are estimated to account for 30% of all trauma admissions mostly due to falls, being struck by a falling object or road traffic injury *(79)*. Efforts are being made to strengthen the occupational health programme by improving injury surveillance, expanding occupational health and safety policies to include radiation, among other issues, and establishing a workplace wellness programme *(15, 79)*.

A national food safety system has been established, in close collaboration with key stakeholders, that includes food inspection, laboratory services, risk analysis, monitoring and surveillance and standards setting. The expansion of the programme to include food registration, compliance and surveillance demonstrates not only the programme's success but the recognized need for a more comprehensive approach to food safety. *WHO's Global strategy for food safety 2022–2030: towards stronger food safety systems and global cooperation*, which is currently being adapted for the regional context, serves as a useful tool to strengthen the good safety system in Qatar *(80)*.

3 Partnership environment

Qatar plays an active role in supporting peace, security and sustainable development and places great importance on development and humanitarian assistance. Qatar's political stability lends itself well to fostering strong links with regional governments and humanitarian nongovernmental organizations. Qatar's partnership environment is characterized by strong relationships with stakeholders, a focus on science and innovation, investment in a knowledge-based economy, and excellence in public health delivery. Qatar has the resources and commitment to continue developing partnerships.

Qatar's National Vision 2030 will steer international cooperation guided by the 2030 Agenda for Sustainable Development resulting in demonstrable increases in Official Development Assistance, including the signing of numerous funding agreements with different United Nations agencies *(81)*. The United Nations House, opened in Doha in March 2023, coordinates functions of UN agencies in the Region. The UN agencies based in Qatar (International Labour Organization (ILO), Office for the Coordination of Humanitarian Affairs (OHCA), Office of the High Commissioner for Human Rights (OHCHR), UN Development Programme (UNDP), UN Education, Sciences and Culture Organization (UNESCO), UN Children's Fund (UNICEF), UN High Commissioner for Refugees (UNHCR), UN Office of Counter Terrorism (UNOCT), and UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)) are mostly regional or sub-regional offices and focus on building partnership not development support. There is no UN Resident Coordinator nor a UN Country Team *(81)*.

Qatar has gained recognition for its leadership in solving health-related challenges. The country has a robust academic and research environment, a well-funded research programme and offers a receptive environment for developing high-profile partnerships in global health. In 2021, the Qatar Fund for Development signed a core voluntary contribution agreement with WHO totaling US$ 10 million, the first agreement between Qatar and the Organization and becoming the only country in the Region to partner with WHO through core voluntary contributions *(82)*. In the 2020–2021 biennium, Qatar was among WHO's top 10 core voluntary donors; and ranked 37th among Member States the following biennium. In 2022, WHO and Qatar collaborated on various health and sports initiatives, including financial support to prepare and deliver a healthy and safe World Cup 2022. In the past few years, the Qatar Fund for Development has also supported WHO's humanitarian operations in Afghanistan and Sudan. Further efforts could be made with the Government to expand Qatar's collaboration and support to regional and global health, as well as with international and national nongovernmental organizations, foundations and educational and research institutes, including the Qatar Fund, Qatar Red Crescent, WISH, Qatar Foundation and Qatar University.

Qatar's public health expertise is increasingly benefiting the Region. The Doha Global South Health Policy Initiative exemplifies the country's commitment to enhancing PHC access in developing countries *(83)*. Since 2017, four WHO collaborating centres have been established in the country, including the WHO Collaborating Centre for Treating Tobacco Dependence and the WHO Collaborating Centre for Healthy Ageing and Dementia at Hamed Medical Corporation, the WHO Collaborating Centre for Disease Epidemiology Analytics on HIV/AIDS, Sexually Transmitted Infections, and Viral Hepatitis at Weill Cornell Medicine, and the WHO Collaborating Centre for Research and Capacity-building on Emerging and Re-emerging Zoonotic Diseases at Qatar University. Discussions are under way for establishment of additional centres in the coming year, including one for substance use prevention and treatment and another on road safety. Discussions are under way for Qatar to lead the development of a regional network of countries to promote health equity similar to the United Kingdom's Health Equity Network *(14)*.

4 Collaboration between WHO and Qatar

4.1 WHO Country Office

WHO is the major health partner in Qatar. Over the years, the Ministry of Public Health and other relevant national institutions have shown considerable determination to leverage WHO's comparative advantage in health and to involve WHO in establishing and coordinating high-level partnerships to deliver results. The WHO office was opened in March 2022 on the margins of the WHO Global Policy Group retreat, held in Doha. Prior to its opening, WHO collaborative work was carried out through a Desk Officer in the WHO Regional Office. The establishment of the Country Office has strengthened WHO's support to national health authorities through on-the-ground programmatic interventions to strengthen the provision of health services and share best practices and lessons learned locally, regionally and globally. It has also facilitated enhancing Qatar's participation in global health diplomacy and health agenda-setting.

4.2 WHO programmatic support, 2022–2025

Since the establishment of the WHO Office in Qatar, WHO has provided support across the Triple Billion targets of the GPW13 despite funding limitations (Table 2). Some of the highlights of WHO technical support in the past few years include finalization of the Public Health Act and laws in Qatar, integration of mental health into PHC, introduction of innovative approaches for ageing and health through a continuum of care model, development of a medication safety strategy, validation of measles elimination and an in-depth review of the prevention and control of NCDs underscoring the Government's commitment to achieving UHC. The Country Office also supported the roll-out of the Healthy Cities initiative so that now all cities are WHO-recognized Healthy Cities. In October 2023, Qatar hosted a global meeting on healthy cities and urban health, which provided a venue to share experiences on how healthy cities provide a platform for multisectoral action. The Doha Statement issued at the end of the conference called for action on sustainable urban well-being *(84)*.

In 2022, WHO and the Government launched a multiyear collaboration to make the 2022 FIFA World Cup in Qatar a model for future mega-sporting events to be healthy and safe. The WHO Transformation agenda to strengthen three-level cross-programmes support to a country was demonstrated in this sport and health project. It included components across the Triple Billion targets with a strong preparedness and response component for: mass gatherings and a comprehensive health promotion agenda with healthy cities; NCD prevention, including promoting physical activity and healthy diets; and controlling tobacco use. The technical support from WHO included more than 60 WHO staff from the WHO Regional Office for the Eastern Mediterranean and headquarters, including around 45 colleagues who undertook at least one mission to Qatar. Following this success, Qatar, WHO and other partners hosted a sports and health side-event during the 76th World Health Assembly to share their experience in hosting mega-sporting events and build a movement for sport and health *(85)*; this is now translated into a draft resolution on strengthening health and well-being through sport events that will be discussed at the 77th World Health Assembly *(86)*. Moving forward, it would be useful to establish a joint WHO-Ministry of Public

Table 2. WHO Country Office budget allocations, 2022–2025

Biennium	Human resources (US$)	Activities (US$)	Total (US$)
2022–2023	688 968	323 000	1 011 968
2024–2025	1 457 000	594 000	2 051 000

Health team to oversee implementation of WHO programmatic support and ensure progress across the strategic priorities and respond to emerging needs. Consideration should also be made in establishing a partnership platform to support and nurture Qatar's growing interest in broadening engagement on health and development at the national, regional and global levels.

4.3 WHO operations and functions

As per the Action for Results Group classification and Core Predictable Country Presence policy, the WHO Country Office was established as a Type-A unit focusing on policy support and dialogue. The Office only has two permanent staff: the WHO Representative, who joined in June 2022, and a Senior Administrative Assistant (G7), who joined in February 2023. Recently, two positions (secretary (G3) and driver (G2)) were approved and funds allocated in the 2024–2025 biennium. The current team faces challenges in responding to all technical queries and requests, balancing advocacy, diplomacy, technical insights and demonstrating the added value of WHO, while coordinating with all levels of WHO levels and programmes. It was evident during the preparations of the CCS that the ambitions outlined in the National Health Strategy will increase the need for WHO technical support. Additionally, important opportunities exist for innovations and joint initiatives beyond the cliché of resource mobilization. Qatar is engaged as a key partner in health at the global and regional level. Investing in visibility and strengthening trust in WHO and in the UN system beyond the Ministry of Public Health cannot be stressed more, especially now as the conflict in the Gaza Strip is destabilizing the Region. Thus, better defining the scope, functions and best cooperation/partnership modalities is critical for demonstrating the impact of WHO support in Qatar and Qatar's support to the work of WHO regionally and globally.

> "The WHO-Qatar partnership played a key role in making the 2022 FIFA World Cup a model for future mega-sporting events to be healthy and safe."

5 Strategic priorities

The Country Cooperation Strategy for WHO and Qatar is based on the priorities of the National Vision 2030, the National Development Strategy and the National Health Strategy and will support the implementation of GPW14 outcomes (Annexes 1 and 2). The CCS is more strategically focused on results, with targets and milestones based on outcome indicators to achieve impact, in line with longer term goals, such as achieving the targets of the health-related SDGs. The CCS priorities serve as the basis for WHO's strategic cooperation work with Qatar and take into consideration WHO's global and regional priorities as endorsed by Member States.

The priorities outlined in the CCS were identified through a consultative process involving all relevant stakeholders and guided by a team representing the Ministry of Public Health and WHO. The process involved a critical analysis of the country context based on a review of data, available literature, strategies, policies and plans of the Ministry. A high-level workshop was held from 7 to 8 May 2024 with the participation of more than 150 senior and mid-level managers from the Ministry of Public Health, the public and private health sector, health-related public sector, academia, foundations, UN agencies and other partners. Participants reviewed and finalized the proposed strategic agenda and proposed a monitoring and evaluation framework.

The strategic priorities reflect cooperation through two main workstreams:

1. In country action and joint implementation of programmes aiming to promote, maintain and improve the health of all people living in Qatar, guided by national health priorities. The piloting and design of innovative implementation modalities will introduce cutting-edge programmes that can contribute to strengthening broader WHO programmes in the Eastern Mediterranean Region and beyond in line with *WHO's Fourteenth WHO Global Programme of Work* (GPW14) and the health-related SDGs.
2. Contribution to regional and global health by Qatari institutions through several modalities and a well-designed and conducted strategic dialogue.

- **Strategic priority 1.** Promote health and prevent disease and associated risk factors
- Strategic deliverable 1.1 Scaled-up up interventions addressing NCD risk factors, injuries, disabilities and the social determinants of health
- Strategic deliverable 1.2 Improved collaboration and strengthened healthy settings and Health-in-All-Policies approach to address NCDs, oral health, mental health and substance use, climate change and occupational health
- **Strategic priority 2.** Improve health service delivery, quality and efficiency
- Strategic deliverable 2.1 Strengthened coverage of essential health services and interventions across the life course, including persons with disabilities and older adults
- Strategic deliverable 2.2 Strengthened quality of care and patient safety
- Strategic deliverable 2.3 Strengthened national health workforce
- Strategic deliverable 2.4 Strengthened access to medicines
- **Strategic priority 3.** Protect health and strengthen health emergency prevention, preparedness, response and resilience
- Strategic deliverable 3.1 Strengthened national capacity to prepare and respond to health risks and emergencies
- Strategic deliverable 3.2 Strengthened disease surveillance and outbreak response
- Strategic deliverable 3.3 Strengthened national capacity on the One-Health approach to address vector-borne and zoonotic diseases and antimicrobial resistance
- **Strategic priority 4.** Improve evidence-based policy-making and digital health

- Strategic deliverable 4.1 Strengthened digital health information system and national capacity for data collection, management and analysis
- Strategic deliverable 4.2 Improved research, surveillance and monitoring of priority diseases and risk factors, including periodic national surveys
- Strategic Deliverable 4.3 Strengthened capacity for evidence-informed policy-making

- **Strategic Priority 5.** Expand Qatar's joint collaboration and partnership at regional and global levels
- Strategic deliverable 5.1 Strengthened Qatar's public health leadership, including supporting WHO collaborating centres
- Strategic deliverable 5.2 Expanded collaboration and partnership between WHO and Qatar at regional and global levels

6 Implementing the strategic agenda: implications for WHO

The strategic priorities for WHO support for the period 2024–2030 will require well planned and coordinated support from the three levels of WHO. The implications for WHO are based on the following assumptions:

- Collaboration between Qatar and WHO involves technical support to the country, as well as active contribution by Qatar to the regional and global health agenda.
- Qatar is a high-income country with few possibilities for attracting external financial support to strengthen WHO country presence.
- WHO support includes both policy dialogue and technical and specialized support associated with strengthening already well developed health systems.

Although the WHO Country Office was established as a Type-A unit focusing on policy support and dialogue, the strategic agenda points to a broader role and set of responsibilities. There is an increasing demand for technical guidance from the public health programmes. At the same time, the extensive reforms planned in the National Health Strategy outline important opportunities for innovations and joint initiatives. Qatar is keen on being a key partner in health at the global and regional level. Expanding the country office capacity is critical for WHO to respond to requests for technical support and guidance, build partnerships, mobilize resources and increase visibility of the country's achievements in health and their contribution to regional and global health agenda. This could involve the recruitment of three additional staff (Technical Officer, Partnership and Resource Mobilization Officer and Communications Officer). A first step, however, would be to define the scope, functions and best cooperation/partnership modalities needed for demonstrating the impact of WHO support in Qatar and Qatar's support to health regionally and globally.

Appropriate, timely and well-coordinated technical support and backstopping from the Regional Office and headquarters is key to enabling country office staff to engage in policy advice and advocacy with government counterparts and partners and to improve the quality of delivery of WHO work at the country level. At the same time, clearly defining the roles and responsibilities of the three levels of Organization to support the strategic priorities will be critical to ensure that WHO delivers as one.

"Collaboration between Qatar and WHO includes both technical support at the national level and contributions to regional and global health."

7 Monitoring and evaluation

Monitoring implementation of the CCS is important to ensure that priorities are being adequately addressed. Monitoring provides opportunities to adjust the strategy, as needed. Under the leadership of the WHO Representative in Qatar, implementation will be monitoring by the joint Ministry of Public Health/WHO Committee established for this purpose. The Country Biennial Support Plans, which not only operationalize the CCS but serve as one tool to measure progress on the priorities set in the CCS, will be monitored regularly as part of the biennial WHO Country Support Plan planning cycle. A monitoring and evaluation framework based on GPW14 and the National Health Strategy with targets aligned with national targets (Annex 3) will be used to monitor timely implementation of activities. Quarterly meetings of the joint committee will review progress, assess changes in national priorities, risks and identify practical solutions to address challenges.

A mid-term review will be conducted by the Ministry of Public Health/WHO Committee, in collaboration with additional government officials and partners to determine progress across the strategic priorities, address challenges and risks related to implementation, identify emerging priorities and agree on actions needed to improve progress during the remaining part of the CCS cycle. The end-term evaluation is a more comprehensive review to measure achievements based on the indicators and targets outlined in Annex 3 and the strategic priorities and to identify success factors and challenges and lessons learned. Together they can inform the next CCS cycle *(1)*.

Photo credit: ©WHO

"A joint WHO-Ministry of Public Health committee will oversee implementation and progress towards strategic health targets."

References[1]

1. Country Cooperation Strategy guide 2020: implementing the Thirteenth General Programme of Work for driving impact in every country, 2020. Geneva: World Health Organization; 2020 (https://iris.who.int/handle/10665/337755). Licence: CC BY-NC-SA 3.0 IGO.
2. Transforming our world: the 2030 Agenda for Sustainable Development. New York: United Nations General Assembly; 2015 (https://www.unfpa.org/resources/transforming-our-world-2030-agenda-sustainable-development#:~:text=%22We%20resolve%2C%20between%20now%20and,protection%20of%20the%20planet%20and).
3. National Health Strategy, 2018–2022. Doha: Ministry of Public Health of Qatar; 2018 (https://nwm.unescwa.org/sites/default/files/2023-06/National%20Health%20Strategy%202018-2022%20%28EN%29.pdf).
4. Third Qatar National Development Strategy, 2024 - 2030. Doha: Planning and Statistics Authority; 2024 (https://www.psa.gov.qa/en/nds1/nds3/Documents/QNDS3_EN.pdf).
5. Qatar Voluntary National Review 2021. Report on the implementation of the 2030 Agenda for Sustainable Development. Qatar: Planning and Statistics Authority, Qatar; 2021 (https://www.npc.qa/Style%20Library/NPC/pdf/QNVReview/280362021_VNR_Report_Qatar_English.pdf).
6. The World Bank. Macro Poverty Outlook, Qatar. Washington, DC: The World Bank; 2024 (https://www.worldbank.org/en/publication/macro-poverty-outlook).
7. Qatar [website]. International Monetary Fund; 2024 (https://www.imf.org/en/Countries/QAT).
8. Nationally Determined Contribution (NDC). Doha: Ministry of Municipality and Environment; 2021.
9. Climate change strategy for urban planning and urban development sector in the State of Qatar, Executive Summary. Doha: Ministry of Municipality and Environment of Qatar; 2018 (https://www.mme.gov.qa/QatarMasterPlan/Downloads-qnmp/ClimateChange/Stage%200%20-%20Executive%20Summary/Stage%2000%20Executive%20Summary%20English.pdf).
10. Climate change and health vulnerability and adaptation assessment. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240036383). Licence: CC BY-NC-SA 3.0 IGO.
11. Climate change, health and environment: a regional framework for action, 2023–2029. Cairo: WHO Regional Office for the Eastern Mediterranean; 2023 (https://applications.emro.who.int/docs/Climate-change-RC70-eng.pdf). Licence: CC BY-NC-SA 3.0 IGO.
12. Human Development Report 2021-22, Uncertain Times, Unsettled Lives: Shaping our Future in a Transforming World. New York, USA: United Nations Development Programme; 2022 (https://hdr.undp.org/system/files/documents/global-report-document/hdr2021-22reportenglish_0.pdf).
13. Situation analysis of gender and health in the Eastern Mediteranean Region. Cairo, Egypt: World Health Organization, Regional Office of the Eastern Mediterranean; 2023.
14. The Health Equity Network [website]. Institute of Health Equity (https://healthequitynetwork.co.uk/).
15. Qatar's Third National Health Strategy Baselining and Benchmarking Report. Doha: Ministry of Public Health of Qatar; 2024.
16. IDF Diabetes Atlas, 10th Edition. Brussels: International Diabetes Federation; 2021 (https://diabetesatlas.org/idfawp/resource-files/2021/07/IDF_Atlas_10th_Edition_2021.pdf).
17. World Obesity Atlas 2024. London: World Obesity Federation; 2024 (https://www.worldobesity.org/news/world-obesity-atlas-2024#:~:text=The%20new%202024%20Atlas%20underscores,%25%20in%20high%2Dincome%20nations).
18. Ministry of Public Health Qatar, Gulf Health Council, United Nations Development Programme, World Health Organization, UNIATF. The case for investment in prevention and control of non-communicable diseases in Qatar; 2021. United Nations Development Programme and the World Health Organization; 2021 (https://applications.emro.who.int/docs/Qatar-NCD-IC-v7-eng.pdf?ua=1&ua=1). Licence: CC BY-NC-SA 3.0 IGO.
19. Country profiles. Health research by location [website]. Institute for Health Metrics and Evaluation (https://www.healthdata.org/results/country-profiles).

[1] All references were accessed on 20 June 2024.

20. Qatar participates in strategic roundtable on behavioral sciences for better health. The Peninsula, 28 May 2022 (https://thepeninsulaqatar.com/article/28/05/2022/qatar-participates-in-strategic-roundtable-on-behavioral-sciences-for-better-health).

21. Noncommunicable disease and mental health draft mission report, 27 March 2024. Cairo: WHO Regional Office for the Eastern Mediterrnean; 2024.

22. Alkhtib A, Ghanim A, Temple-Smith M, Messer LB, Pirotta M, Morgan M. Prevalence of early childhood caries and enamel defects in four and five-year old Qatari preschool children. *BMC oral health* 2016; 16: 1-7.

23. Alyafei NA, Gibreel S. Exceptional Design for an Adult Oral Health Screening Program, Qatar. *Medical & Clinical Research* 2020; 5(10): 272–9.

24. Alkhtib AO, Ali K, Sajnani AK, Anweigi L. Barriers and enablers for oral health promotion programs amongst primary healthcare stakeholders in Qatar – a qualitative investigation. *BMC Oral Health* 2023; 23(1): 924.

25. Oral health country profile, Qatar. Geneva: World Health Organization; 2022 (https://cdn.who.int/media/docs/default-source/country-profiles/oral-health/oral-health-qat-2022-country-profile.pdf?sfvrsn=c8ae8298_7&download=true). Licence: CC BY-NC-SA 3.0 IGO.

26. Global oral health status report: towards universal health coverage for oral health by 2030. Geneva: World Health Organization; 2022 (https://www.who.int/publications/i/item/9789240061484). Licence: CC BY-NC-SA 3.0 IGO.

27. Fikri N. Traffic fatalities decrease in Qatar. Al Sharq, 8 March 2024.

28. Progress on the health-related Sustainable Development Goals and targets in the Eastern Mediterranean Region, 2023. Cairo: World Health Organization; 2023 (https://applications.emro.who.int/docs/Progress-health-related-SDGs-targets-EMR-2023-eng.pdf). Licence: CC BY-NC-SA 3.0 IGO.

29. Global Plan for the Decade of Action on Road Safety, 2021–2030. Geneva: World Health Organization; 2021 (https://www.who.int/publications/m/item/global-plan-for-the-decade-of-action-for-road-safety-2021-2030). Licence: CC BY-NC-SA 3.0 IGO.

30. Regional approach to the decade of action for road safety 2021–2030. Cairo: WHO Regional Office for the Eastern Mediterranean Region; 2022 (https://iris.who.int/handle/10665/365839). Licence: CC BY-NC-SA 3.0 IGO.

31. Monitoring health and health system performance in the Eastern Mediterranean Region 2021; Core indicators and indicatorson the health-related Sustainable Development Goals. Cairo, Egypt: WHO Regional Office for the Eastern Mediterranean; 2021 (https://iris.who.int/handle/10665/361347). Licence: CC BY-NC-SA 3.0 IGO.

32. Farag E, Bozicevic I, Tartour AI, et al. HIV case reporting and HIV treatment outcomes in Qatar. *Frontiers in Public Health* 2023; 11.

33. Public Health Report, a decade of health and well-being, 2008–2018. Doha: Ministry of Public Health Qatar; 2018.

34. Health emergency management: governance structures and mechanisms: draft pilot report, Qatar. Geneva: World Health Organization; 2023.

35. Food and Agriculture Organization of the United Nations, United Nations Environment Programme, World Health Organization, World Organisation for Animal Health. Tracking AMR Country Self Assessment Survey (TrACSS) 2022 Country Report: Qatar. Geneva: World Health Organization; 2022.

36. Bashir M, E. Abdel-Rahman M, Aboulfotouh M, et al. Prevalence of newly detected diabetes in pregnancy in Qatar, using universal screening. *PLOS ONE* 2018; 13(8): e0201247.

37. WHO recommendations on antenatal care for a positive pregnancy experience. Geneva: World Health Organization; 2016 (https://www.who.int/publications/i/item/9789241549912). License: CC BY-NC-SA 3.0 IGO.

38. Ajmal S, Farrell T, Minisha F, et al. Maternal and neonatal outcomes associated with multiple repeat cesarean deliveries: A registry-based study from Qatar. *Qatar Medical Journal* 2024; 2024(1).

39. Betrán AP, Torloni MR, Zhang J-J, et al. WHO statement on caesarean section rates. *Bjog* 2016; 123(5): 667.

40. Infertility prevalence estimates 1990-2021. Geneva: World Health Organization; 2023 (https://www.who.int/publications/i/item/978920068315). License: CC BY-NC-SA 3.0 IGO.

41. Musa S, Osman S. Risk profile of Qatari women treated for infertility in a tertiary hospital: a case-control study. *Fertility Research and Practice* 2020; 6(1): 12.

42. Zauner G, Girardi G. Potential causes of male and female infertility in Qatar. *Journal of Reproductive Immunology* 2020; 141: 103173.

43. World Innovation Summit for Health. New WISH report addresses the urgent need to reduce childhood obesity in the region. Doha: World Innovation Summit for Health; 2023 (https://wish.org.qa/new-wish-report-addresses-the-urgent-need-to-reduce-childhood-obesity-in-the-region/).

44. Noncommunicable disease surveillance, monitoring and reporting. Geneva: WHO (https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools).

45. UNICEF Multiple Indicator Cluster Surveys [website]. UNICEF; 2024 (https://mics.unicef.org/).

46. Country profile: The rights and wellbeing of older persons in Qatar. Cairo: United Nations Population

Fund; 2024 (https://arabstates.unfpa.org/en/publications/rights-and-wellbeing-older-persons-qatar).

47. Main results of the general census of the population, housing and establishments 2020. Doha: Planning and Statistics Authority Qatar; 2020 (https://www.psa.gov.qa/en/statistics/Statistical%20Releases/General/Census/Census_2020_Res_Summary_En.pdf).

48. Al-Dewik N, Samara M, Younes S, et al. Prevalence, predictors, and outcomes of major congenital anomalies: A population-based register study. *Sci Rep* 2023; 13(1): 2198.

49. Yunis K, Al Bizri A, Al Raiby J, et al. Situational analysis of the surveillance of birth defects in the Eastern Mediterranean region. *International Journal of Epidemiology* 2020; 50(1): 4–11.

50. Alshaban F, Aldosari M, Al-Shammari H, et al. Prevalence and correlates of autism spectrum disorder in Qatar: a national study. *Journal of Child Psychology and Psychiatry* 2019; 60(12): 1254–68.

51. World Health Assembly. Resolution WHA63.17. Birth defects. Geneva: World Health Organization; 2010 (https://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R17-en.pdf).

52. World Health Assembly. Comprehensive and coordinated efforts for the management of autism spectrum disorders, Report by the Secretariat. Geneva: World Health Organization; 2014 (https://apps.who.int/gb/ebwha/pdf_files/EB133/B133_4-en.pdf).

53. Global report on health equity for persons with disabilities. Geneva: World Health Organization; 2022 (https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/global-report-on-health-equity-for-persons-with-disabilities). Licence: CC BY-NC-SA 3.0 IGO.

54. Qatar's Third National Health Strategy - Executive summary. Doha: Ministry of Public Health; 2024.

55. Corporate Strategic Plan, 2019–2023. Doha: Primary Health Care Corporation; 2019 (https://www.phcc.gov.qa/docs/default-source/default-document-library/corporate-strategic-plan-2019-2023-english.pdf).

56. World Health Organization, The World Bank. Tracking universal health coverage: 2023 global monitoring report: World Health Organization; 2023 (https://www.who.int/publications/i/item/9789240080379). Licence: CC BY-NC-SA 3.0 IGO.

57. The World Bank Open Data [website]. World Bank (https://data.worldbank.org/).

58. Cabinet approves draft resolution making health insurance mandatory for expat employees. The Peninsula, 18 May 2022 (https://thepeninsulaqatar.com/article/18/05/2022/cabinet-approves-draft-resolution-making-health-insurance-mandatory-for-expat-employees#:~:text=The%20Peninsula%20Online&text=As%20per%20the%20draft%20resolution,services%20to%20expats%20and%20visitors).

59. Zia N, Ibrahim MIM, Adheir F. Identifying priority medicines policy issues for Qatar: exploring perspectives and experiences of healthcare professionals through a qualitative study. *BMJ open* 2021; 11(11): e054150.

60. Sharaf N, Al-Jayyousi GF, Radwan E, et al. Barriers of Appropriate Antibiotic Prescription at PHCC in Qatar: Perspective of Physicians and Pharmacists. *Antibiotics* 2021; 10(3): 317.

61. Al-Dahshan A, Al-Kubiasi N, Al-Zaidan M, Saeed W, Kehyayan V, Bougmiza I. Prevalence of polypharmacy and the association with non-communicable diseases in Qatari elderly patients attending primary healthcare centers: A cross-sectional study. *PLOS ONE* 2020; 15(6): e0234386.

62. Regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean, 2020–2030, including lessons from the COVID-19 pandemic. Cairo: WHO Regional Office for the Eastern Mediterranean; 2020 (https://applications.emro.who.int/docs/EMRC676-eng.pdf?ua=1). Licence: CC BY-NC-SA 3.0 IGO.

63. Vaz A, Roldão Santos M, Gwaza L, et al. WHO collaborative registration procedure using stringent regulatory authorities' medicine evaluation: reliance in action? *Expert Review of Clinical Pharmacology* 2022; 15(1): 11–7.

64. Al-Katheeri H, El-Jardali F, Ataya N, Abdulla Salem N, Abbas Badr N, Jamal D. Contractual health services performance agreements for responsive health systems: from conception to implementation in the case of Qatar. *International Journal for Quality in Health Care* 2018; 30(3): 219–26.

65. Global patient safety action plan 2021–2030: towards eliminating avoidable harm in health care. Geneva: World Health Organization; 2021 (https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan). Licence: CC BY-NC-SA 3.0 IGO.

66. Qoronfleh MW, Essa MM, Mohammed S. A Perspective on Patient Safety Culture among Nurses in Qatar. *International Journal of Nutrition, Pharmacology, Neurological Diseases* 2023; 13(4): 272–5.

67. Owusu YB, Abouelhassan R, Awaisu A. Evaluation of patient safety culture in community pharmacies in Qatar. *International Journal of Clinical Practice* 2021; 75(5): e14055.

68. Medication safety strategy for the State of Qatar. Cairo: WHO Regional Office for the Eastern Mediterranean; 2023.

69. SCORE for health data technical package: Assessment summary for Qatar. Geneva: World Health Organization; 2021 (https://www.who.int/data/data-collection-tools/score). Licence: CC BY-NC-SA 3.0 IGO.

70. Moradi-Lakeh M, Toumi A, Khalifa SE, et al. Core health indicators in countries with high proportion

of expatriates: Case study of Qatar. *Frontiers in Public Health* 2023; 11.

71. Regional action plan for the implementation of the framework for action to improve national institutional capacity for the use of evidence in health policy-making in the Eastern Mediterranean Region, 2020–2024. Cairo: WHO Regional Office for the Eastern Mediterranean; 2021 (https://applications.emro.who.int/docs/9789290229124-eng.pdf). Licence: CC BY-NC-SA 3.0 IGO.

72. Regional strategy for fostering digital health in the Eastern Mediterranean Region, 2023–2027. Cairo: WHO Regional Committee for the Eastern Mediterranean; 2022 (https://applications.emro.who.int/docs/Digital-Health-EMR-2023-2027-eng.pdf).

73. Ministry of Public Health enhances competency of healthcare providers on baby-friendly hospital initiative. Qatar News Agency, 19 November 2023 (https://www.qna.org.qa/en/News-Area/News/2023-11/19/0041-moph-enhances-competency-of-healthcare-providers-on-baby-friendly-hospital-initiative#:~:text=The%20MoPH%20introduced%20the%-20baby,newborns%20receive%20timely%20and%20appropriate).

74. Hendaus MA, Alhammadi AH, Khan S, Osman S, Hamad A. Breastfeeding rates and barriers: a report from the state of Qatar. *International journal of women's health* 2018; 10: 467.

75. Al Jawaldeh A, Sayed G. Implementation of the International Code of Marketing of Breast-milk Substitutes in the Eastern Mediterranean Region. *Eastern Mediterranean Health Journal* 2018; 24(1).

76. Saleem F. Qatar committed to 'Healthy Cities' approach. The Peninsula, 1 November 2023.

77. Tribune News Network. Qatar, neighbours mark Gulf Healthy Cities Day. Qatar Tribune, 1 March 2024 (https://www.qatar-tribune.com/article/110565/nation/qatar-neighbours-mark-gulf-healthy-cities-day).

78. Achieving well-being. A global framework for integrating well-being into public health utilizing a health promotion approach. Geneva: World Health Organization; 2023 (https://www.who.int/publications/m/item/wha-76---achieving-well-being--a-global-framework-for-integrating-well-being-into-public-health-utilizing-a-health-promotion-approach). Licence: CC BY-NC-SA 3.0 IGO.

79. Consunji RJ, Mehmood A, Hirani N, et al. Occupational Safety and Work-Related Injury Control Efforts in Qatar: Lessons Learned from a Rapidly Developing Economy. *International Journal of Environmental Research and Public Health* 2020; 17(18): 6906.

80. WHO global strategy for food safety 2022–2030: towards stronger food safety systems and global cooperation. Geneva: World Health Organization; 2022 (https://www.who.int/publications/i/item/9789240057685). Licence: CC BY-NC-SA 3.0 IGO.

81. Government Communications Office State of Qatar. Qatar and the UN, Overview of Qatar's partnership with the United Nations (https://www.gco.gov.qa/en/media-centre/in-focus/qatar-and-the-un/).

82. The World Health Organization (WHO) and Qatar Fund for Development (QFFD): Joining forces to ensure better health for the most vulnerable communities around the work. Geneva: World Health Organization; 2021 (https://www.who.int/news/item/15-03-2021-the-world-health-organization-(who)-and-qatar-fund-for-development-(qffd)-joining-forces-to-ensure-better-health-for-the-most-vulnerable-communities-around-the-work).

83. Minister of State for International Cooperation Affirms Qatar Continues Its Support to Enhance Access to Primary Healthcare Services in Global South. Doha: Ministry of Foreign Affairs, Qatar; 2024.

84. Healthy Cities Conference concludes with Doha Statement. Cairo: WHO Regional Office for the Eastern Mediterranean; 2023 (https://www.emro.who.int/media/news/healthy-cities-conference-concludes-with-doha-statement.html#:~:text=1%20November%202023%20%E2%80%93%20The%20Doha,to%20sustainable%20urban%20well%2Dbeing).

85. Ministry of Public Health Qatar. Sports and Health 2022, Playing for our health, 76th World Health Assembly side event (https://sportandhealth.moph.gov.qa/EN/Pages/Side-event.aspx).

86. Executive Board of the World Health Assembly. Strengthening health and well-being through sport events. Geneva: World Health Organization; 2024 (https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_R12-en.pdf).

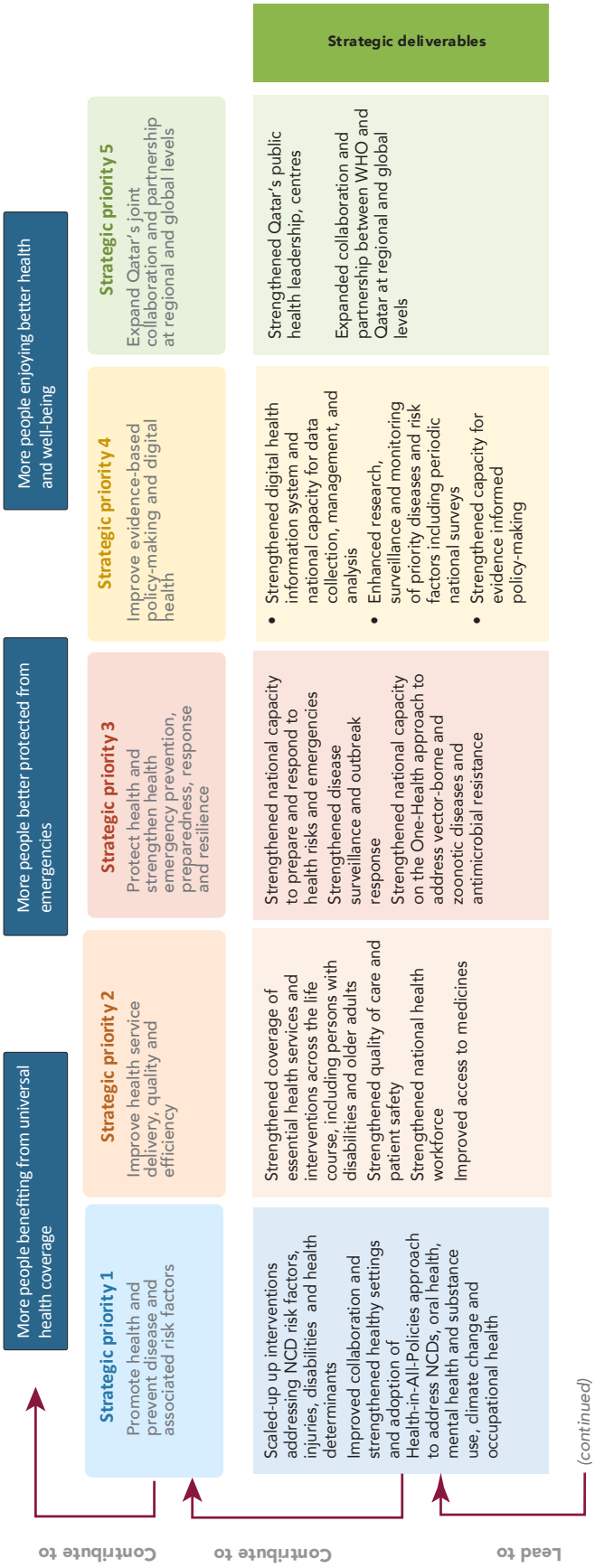
Annex 1. CCS alignment with the National Health Strategy and GPW14

CCS Strategic priority (2024–2030)	National Health Strategy (2024–2030) Health outcomes	GPW14 outcomes
Strategic priority 1: Promote health and prevent disease and associated risk factors Strategic deliverables: • Scaled-up up interventions addressing NCD risk factors, injuries, disabilities and health determinants • Improved collaboration and strengthened healthy settings and adoption of a Health-in-All-Policies approach to address NCDs, oral health, mental health and substance use, climate change and occupational health	Proactive disease prevention and detection Integrated holistic health and well-being across all sectors	1.1. More climate-resilient health systems are addressing health risks and impacts. 1.2. Lower-carbon health systems and societies are contributing to health and well-being. 2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health. 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches. 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making.
Strategic priority 2: Improve health service delivery, quality and efficiency Strategic deliverables: • Strengthened coverage of essential health services and interventions across the life course, including persons with disabilities and older adults • Strengthened quality of care and patient safety • Strengthened national health workforce • Improved access to medicines	Modernized and holistic care models, pathways and standards Skilled, motivated and efficient health workforce Dynamic health system planning	3.1. The primary health care approach renewed and strengthened to accelerate progress towards universal health coverage. 3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved. 3.3. Health information systems strengthened, and digital transformation implemented. 4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions, and communicable diseases, while addressing antimicrobial resistance. 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved. 4.3. Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable.

Annex 1. *(concluded)*

CCS Strategic priority (2024–2030)	National Health Strategy (2024–2030) Health outcomes	GPW14 outcomes
Strategic priority 3: Protect health and strengthen health emergency prevention, preparedness, response and resilience Strategic deliverables: • Strengthened national capacity to prepare and respond to health risks and emergencies • Strengthened disease surveillance and outbreak response • Strengthened national capacity on the One-Health approach to address vector-borne and zoonotic diseases and antimicrobial resistance	Effective emergency preparedness and response	5.1. Risks of health emergencies from all hazards reduced and impact mitigated. 5.2. Preparedness, readiness and resilience for health emergencies enhanced. 6.1. Detection of and response to acute public health threats is rapid and effective. 6.2. Access to essential health services during emergencies is sustained and equitable.
Strategic priority 4: Improve evidence-based policy-making and digital health Strategic deliverables: • Strengthened digital health information system and national capacity for data collection, management and analysis • Improved research, surveillance and monitoring of priority diseases and risk factors, including periodic national surveys • Strengthened capacity for evidence-informed policy-making	Digitally enabled health system Data-driven decision-making Excellence in research and development and health innovation	3.3. Health information systems strengthened and digital transformation implemented.
Strategic priority 5: Expand Qatar's joint collaboration and partnership at regional and global levels Strategic deliverables: • Strengthened Qatar's public health leadership, including supporting WHO collaborating centres • Expanded collaboration and partnership between WHO and Qatar at regional and global levels		1. Effective WHO health leadership through convening, agenda-setting, partnerships and communications advances the draft GPW14 outcomes and the goal of leaving no one behind.

Annex 2. Qatar/WHO CCS 2024–2030 Theory of Change



Annex 2. *(concluded)*

(concluded)

Lead to

Support

Key outputs

- Updated national NCD policy
- Full implementation of the WHO MPOWER package, WHO FCTC and the Protocol to eliminate illicit trade in tobacco products
- Successful implementation of the national nutrition and physical activity action plan, 2023 – 2027
- Implementation of the updated national road safety strategy
- Plan of Action on the social determinants of health to achieve greater health equity
- Multisectoral action plan addressing determinants of health and risk factors
- Updated cancer strategy based on an imPACT mission
- National action plan on climate change and health based on vulnerability and adaptation assessment
- Expanded occupational health and safety programme, including health workers, workers in the radiation field and delivery of occupational health services
- Functional health promotion and wellness programmes in schools and workplaces
- Integration of oral health and mental health and substance use services in the basic benefit package
- Scaled-up behavioural insight approaches to promote health and well-being and improve health literary

- Expanded screening programme for NCDs and mental health
- Updated sexual and reproductive health guidelines
- Integration of effective interventions to prevent and manage children with congenital anomalies and other disabilities
- Policy and plan of action for disability
- inclusion of mental health and substance use interventions in the basic benefit package, including their integration in pre- and in-service training
- Integrated community-based services for mental health substance use, and home-based care
- Expanded provision of integrated care for older people at PHC level
- Evaluation of the Health System Performance Assessment Framework
- National quality and patient safety strategy
- Strengthened regulations to protect the health and care workers and patients
- Health workforce strategy and roadmap
- Health workforce education and training plan
- National medicines policy
- National strategy to improve access to medicines and vaccines
- Expanded regulatory and monitoring framework to address local manufacturing of health products, including traditional medicines

- Updated national plan for emergency response to public health threats based on 2024 joint external evaluation
- Functional Public Health Emergency Operations Centre
- Strengthened range of rapid response capacities, including emergency medical teams, specialized care teams, public health rapid response teams, mobile laboratories and expanded community engagement in emergency response
- Support on prevention and control of vaccine preventable diseases, including certification of elimination of measles and rubella
- Strengthened multisectoral disease surveillance system and early warning system, including a centralized integrated data platform and routine simulation exercises
- National laboratory policy
- Functional Public Health Reference Laboratory
- WHO designation of public health reference laboratory for HIV, measles and rubella and polio
- National food safety strategy
- National multisectoral plan of action to address vector-borne, zoonotic diseases and antimicrobial resistance using the One Health approach
- Strengthened national capacity in vector control and zoonotic diseases

- Strengthened NCD reporting at health facilities aligned with WHO NCD facility-based monitoring framework
- Strengthened health information system, including full transition to ICD-11, standardized data systems, improved timely reporting of quality data, and routine data disaggregation by sex, age, and nationality
- National digital health investment case
- Updated national digital strategy
- Expansion of additional digital technology for public awareness
- National monitoring framework for NCDs and mental health
- Repeated reports of periodic WHO standard NCD surveys
- Report(s) of patient satisfaction surveys
- Strengthened national health research capacity for research prioritization and ethical oversight
- National strategy for enhancing evidence-informed policy-making for health
- National standards for the use of evidence in policy processes
- Established unit to ensure national policies are informed by the best available evidence
- Strengthened institutional knowledge management system to support evidence-based policy-making
- Expanded access to key data from national surveys and observatories, research resources and quality sources of evidence

- Designation of new WHO collaborating centres in Qatar
- Strengthened collaboration with academia
- Documentation of Qatar's successes and best practices
- Functional regional health equity network lead by Qatar
- WHO FCTC Conference of Parties and other high-level health meetings hosted by Qatar
- Center of Excellence for Mental Health
- Observatory to measure impact of climate change on health in Qatar

Change strategies

Equity-focused approach | Technical and policy advice | Data demand and use | Gender transformative | Strategic partnerships | Working beyond health sector

Enablers

Agile and responsive business model | Sustainably financed WHO | Digitalization and innovation | Strategic communication and staff engagement | Risk-informed programming

Annex 3. Monitoring and evaluation framework country target indicators for Qatar

Strategic deliverable	Monitoring framework (indicators)	Baseline (year)	Target	Data source
Strategic priority 1. Promote health and prevent disease and associated risk factors				
Scaled-up up interventions addressing NCD risk factors, injuries, disabilities, and health determinants	1. Premature NCD mortality rate (under 70)[a]	10.7 (2019)	–	WHO GHO (https://www.who.int/data/gho/data/indicators/indicator-details/GHO/probability-of-dying-between-exact-ages-30-and-70-from-any-of-cardiovascular-disease-cancer-diabetes-or-chronic-respiratory-(-))
	2. Age-standardized prevalence of current tobacco use 15+, age standardized[a]	Male: 20.2 Female: 3.1 Total population: 12.1 (2013)	–	Global Adult Tobacco Survey, 2013
	3. Tobacco use (13–15 years)[a]	Male: 15.7 Female: 8.7 Total population: 12.1 (2018)	–	Global Youth Tobacco Survey, 2018
	4. Prevalence of insufficiently physically active adults (aged 18+)[a b]	71.3 (2012)	–	Stepwise survey, 2012
	5. Overweight adults and obesity adults (18 + years), age standardized[a]	Total population: 70.1, 41.4 (2012)	–	Stepwise survey, 2012
	6. Death rate due to road traffic injuries[a]	Male: 10.7 Female: 3.0 Total population: 8.5 (2022)	–	HIS, Ministry of Public Health
Improved collaboration and strengthened healthy settings and Health-in-All-Policies approach to address NCDs, oral health, mental health and substance use, climate change and occupational health	7. Existence of health sector coordination mechanisms for multistakeholder participation, including communities and civil society[b]	–	–	–
	8. Mortality rate attributed to household and ambient air pollution[a]	1.7 (2022)	–	HIS, Ministry of Public Health
	9. Incidence rate of workplace injuries (per 100 000 population)[c]	–	–	–

Strategic deliverable	Monitoring framework (indicators)	Baseline (year)	Target	Data source
Strategic priority 2. Improve health service delivery, quality, and efficiency				
Strengthened coverage of essential health services and interventions across the life course, including persons with disabilities and older adults	10. UHC Service Coverage Index [a]	76 (2021)	–	WHO Global Observatory (https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4834)
	11. Cervical cancer screening coverage in women aged 30–49 years, at least once in lifetime [b]	–	–	–
	12. Percentage of population reporting perceived barriers to care (geographic, sociocultural, financial) [b]	–	–	–
	13. Service coverage for people with mental health and neurological conditions [b]	–	–	–
	14. Caregivers satisfaction with support services provided (%)[c]	–	–	–
Strengthened quality of care and patient safety	15. Service readiness (percentage of facilities with WASH, IPC, systems for quality and safety, resilience, availability of medicines, vaccines, diagnostics, priority medical device, and priority assistive products) [b]	–	–	–
	16. Continuity of visits within treatment plan for the most common diseases [c]	–	–	–
Strengthened national health workforce	17. Health worker density and distribution (by occupation, subnational, facility ownership, facility type, age group, sex)[a]	Physicians: 28.1 Nurses: - Pharmacists: 11.4 Dentists: 6.9 (2022)	–	Registration Division, Ministry of Public Health
Improved access to medicines	18. Improved regulatory systems for targeted health products (medicines, vaccines, medical devices, including diagnostics) [b]	–	–	–

Annex 3. *(concluded)*

Strategic deliverable	Monitoring framework (indicators)	Baseline (year)	Target	Data source
Strategic priority 3. Protect health and strengthen health emergency prevention, preparedness, response and resilience				
Strengthened national capacity to prepare for and respond to health risks and emergencies	19. IHR annual reporting [a]	95 (2023)	–	WHO IHR SPAR database (https://extranet.who.int/e-spar#capacityscore)
	20. JEE score [a]	Detect (64), Prevent (72.3), Respond (70.0), PoE (60.0) (2016)	–	Joint external evaluation reports
Strengthened disease surveillance and outbreak response	–	–	–	–
Strengthened national capacity on the One-Health approach to address vector-borne and zoonotic diseases and antimicrobial resistance	21. Vector-borne disease incidence [b]	–	–	–
Strategic priority 4. Improve evidence-based policy-making and digital health				
Strengthened digital health information system and national capacity for data collection, management and analysis	22. Availability and completeness of birth and death registration [a]	Coverage of births/deaths: 100 Completeness: 82 (2022)	–	HIS, Ministry of Public Health
	23. Percentage of health care facilities without a regional system installed [c]	–	–	–
Improved research, surveillance and monitoring of priority diseases and risk factors, including periodic national surveys	–	–	–	–
Strengthened capacity for evidence-informed policy-making	–	–	–	–
Strategic priority 5. Expand Qatar's joint collaboration and partnership at regional and global levels				
Strengthened Qatar's public health leadership, including supporting WHO collaborating centres	24. Number of WHO collaborating centres in Qatar [d]	4	–	WHO collaborating centres global database (https://apps.who.int/whocc/Default.aspx)
Expanded collaboration and partnership between WHO and Qatar at regional and global levels	25. Amount of funds contributed to regional and global health initiatives [d]	–	–	–

World Health Organization

وزارة الصحـــــة العامـــــة
Ministry of Public Health
State of Qatar • دولـــة قطـــر

Letter of Intent

Between

the Government of the State of Qatar

and

the World Health Organization

on the Country Cooperation Strategy

2024-2030

World Health Organization

وزارة الصحـــــة العامـــــة
Ministry of Public Health
State of Qatar • دولـــة قطـــر

The Government of the State of Qatar, represented by the
Ministry of Public Health,

and **The World Health Organization**,
a specialized agency of the United Nations,

hereinafter jointly referred to as the "**Participants**",

In order to strengthen international cooperation in the health sector and advancing the health-related Sustainable Development Goals in the State of Qatar, in line with the State of Qatar's health strategies and priorities, and with the objective of leveraging the expertise of the World Health Organization in this field,

Based on the outcomes of the workshop to build consensus between the parties to the cooperation strategy between the State of Qatar and the World Health Organization (CCS) held from 5 to 8 May 2024, and the consultations between the participants,

The Participants reached the following understanding:

Clause (1)

This letter aims to enhance cooperation between participants in the health sector, in order to achieve greater impact and relevance for the Ministry of Public Health in the State of Qatar, as envisioned in various national strategies, policies, plans, and aspirations towards achieving the national targets set for the Sustainable Development Goals.

Clause (2)

Based on the Cooperation Strategy between the Participants for the period 2024-2030, the Participants seek to highlight the importance of joint action to advance the priorities set out in the strategy annexed in this letter, in order to achieve its objectives as required.

Clause (3)

This letter expresses the intentions of the Participants and is not intended to impose any rights or obligations under international law on any of the Participants.

Clause (4)

The implementation of the provisions of this letter shall not affect the application of international agreements and memoranda of understanding in force to which the Participants are parties.

World Health Organization

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Ministry of Public Health
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Clause (5)

Any disagreement or dispute that may arise between the Participants regarding the interpretation or implementation of this letter shall be resolved through amicable consultations and negotiations between the Participants, through diplomatic channels.

Clause (6)

This letter may be amended by mutual written agreement of the Participants, and such amendment shall enter into force on the date of its signature by both Participants.

Clause (7)

This letter shall enter into force from the date of signature by the Participants and shall remain valid until 31/12/2030, unless either Participant notifies the other, in writing and through diplomatic channels, of its intention to terminate it, at least six (6) months prior to the intended date of termination.

The termination or expiration of this letter shall not affect the completion any activities that started during its period of validity, unless otherwise agreed in writing by the Participants.

IN WITNESS WHEREOF, the undersigned, authorized by the Participants, have signed this letter.

This letter signed in the city of Geneva, on 16/05/2025, in two original copies, in Arabic and English, all text has the same effect.

16/5/2025

For the Government of the State of Qatar
HE Mansour bin Ibrahim Al Mahmoud
Minister of Public Health

16/05/2025

For the World Health Organization
Dr Tedros Adhanom Ghebreyesus
Director General

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