

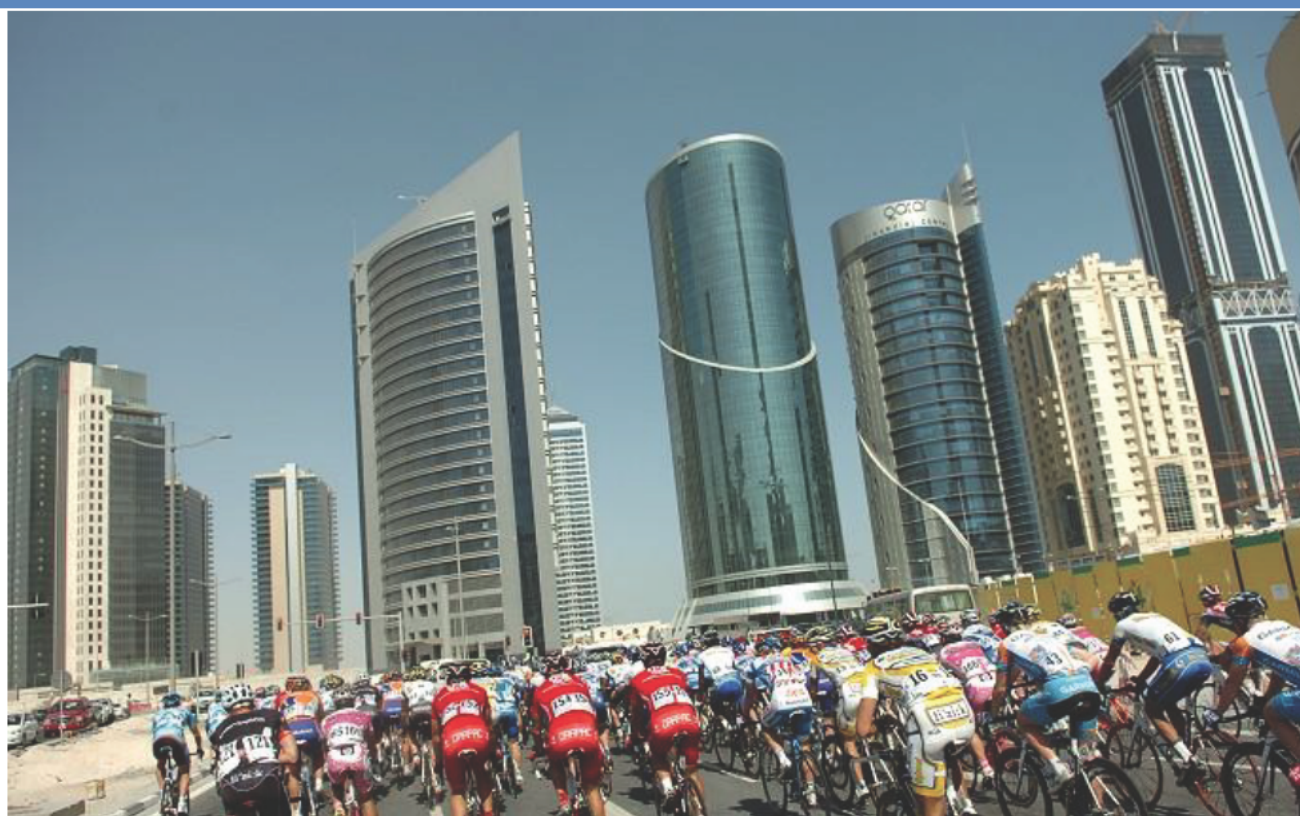
**Imperial College
London**



**WHO Collaborating Centre
Imperial College London**

Public Health in Qatar

2011 Progress Report



Professor S Rawaf

**Director of WHO Collaborating Centre
Imperial College London**

July 2011

Faculty

Imperial College London

Prof A Majeed, Head of Primary Care and Public Health Department, Imperial College London
Prof S Rawaf, WHO Collaborating Centre Imperial College London (WHOCC, ICL), UK
Prof T Khoja, GCC Council of Health Ministers; WHOCC, ICL, UK
Professor Andrew Miles, WHOCC, ICL, UK
Ms E Dubois, WHOCC, ICL, UK
Dr Andrea McDonald, WHOCC, ICL, UK
Ms C Holloway, WHOCC, ICL, UK
Mrs Ela Augustyniak, WHO CC, ICL, UK
Dr G Alsheikh, WHOCC, ICL, UK
Dr C Bayntun, ACF, WHOCC, ICL, UK
Mr R Banrsee, PCPH, WHOCC, ICL, UK
Dr N Banatvala, WHOCC, ICL, UK
Dr T D'Souza, WHOCC, ICL, UK
Dr L McNally, WHOCC, ICL, UK
Mr N Evans, WHOCC, ICL, UK
Dr Tony D'Souiza WHOCC, ICL, UK
Mrs A Hamad, WHO CC ICL, UK
Mss F Alsheikh, WHO CC, ICL, UK

State of Qatar

Shk Dr Mohammed Al-Thani, Director of Public Health, HSC

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WHO Collaborating Centre
Imperial College London
Faculty of Medicine
School of Public Health
Department of Primary Care & Public Health
Reynolds Building, 3rd Floor
St Dunstan's Road
London W6 8RF
UK

T: 0044 (0) 207.594.8603

E: whocentre@imperial.ac.uk

W: <http://www1.imperial.ac.uk/medicine/about/divisions/publichealth/pcsm/whocollaboratingcentre/>

Executive Summary

This Report provides an assessment of the roles and functions of the Department of Public Health, Ministry of Health, Supreme Council for Health, Qatar over the last two years and since its restructure in 2009. There is no doubt that the progress is very impressive in delivering the public health functions that promote health, prevent disease and prolong life. The country, however, is progressing at a very rapid speed both socially and economically. The Department of Public Health needs to be well prepared to meet the many public health challenges associated with such progress and meet the ever increasing expectations of the population. This paradigm shift will unarguably put pressure on the leadership at the Supreme Council for Health, in general, and the Director of Public Health, in particular, to strengthen further the country's public health capacity to fulfil its function and in harmonious coordination with primary care and hospital services. This method is the only way for a fully functional and effective integrated health system.

To achieve this an assessment was conducted based on meeting key leaders, staff and the public as well as reviewing data, reports, policy statements and strategy documents. I addressed the areas of how to build on current achievements (including various current and potential challenges), links between public health and primary care and hospital care, development of intelligence capacities including health surveillance, and strengthening and building capacities which include among many others, the creation and maintenance of a national performance scorecard, the publishing of the Independent Annual Report of the Director of Public Health providing an annual and current synopsis on the State of Health in Qatar and the development of research capacity. At every step of the assessment the National Health Strategy was taken into account.

From this assessment, the Progress Report identifies 35 recommendations to meet public health goals in the short and the medium terms.

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Glossary of Abbreviations

APHR	Annual Public Health Report
BMI	Body Mass Index
CDC	Communicable Disease Control
CHD	Coronary Heart Disease
CMO	Chief Medical Officer
CPD	Continuous Professional Development
DPH	Director of Public Health
GCC	Gulf Corporation Council
GP	General Practitioners (Family Physician)
GUM	Genitourinary Medicine
HE	His Excellency
HIU	Health Intelligence Unit
HRH	Human Resource for Health
HSR	Health Services Research
MDG	Millennium Development Goals
MFPH	Membership of the Faculty of Public Health
MoH	Ministry of Health
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
MSc	Master of Science
NCD	Non-Communicable Diseases
NHS	National Health Strategy
NSF	National Service Framework
PH	Public Health
PHC	Primary Health Care
PhD	Doctorate of Philosophy
SARS	Severe Acute Respiratory Syndrome
SCH	Supreme Council for Health
STI	Sexually Transmitted Infection
UN	United Nations
WHO	World Health Organisation

Introduction

Since my report '*Public Health in Qatar*¹ in 2009 and the re-structuring which I was involved in during the assignment, I have been commissioned to assess the achievements thus far, and to identify and guide the next steps of progressing public health in Qatar in order to secure the health of the entire population. The terms of reference (deliverables) given are:

	Terms of reference	Recommendations
1	Recommendation for the execution of the NHS ² with improved quality, shorter timeframes and better cost effectiveness.	No. 1 - Health Policies No. 3 - Policy and Strategy: National Service Frameworks No. 11 - Quality - Clinical Governance
2	Review and evaluate current public health programmes within the Directorate and introduce new ones and effective tools that can compliment current efforts.	No. 2 - Health Needs Assessment NCD and Risk Factors No.4 - Health Needs Assessment No.7 - Training/Capacity Building No. 9 - Promoting and Protecting Health of Work-age Population No.10, 12,13, 14 - Staff Development No. 27, 29 - Performance Scorecard No. 28, 30, 31 Policy/Roles and Functions - Independent Report of the Director of

¹ Rawaf S. Public Health in Qatar, Report on the findings of the Review of the Functions and Structure of the Directorate of Public Health and recommendations to develop a fit for purpose Directorate. Ministry of Health Qatar (Assignment Report). London: Imperial College London, WHO Collaborating Centre, 2009.

² National Health Strategy

		Public Health APHR No. 32 - Capacity Building
3	To support the DPH in developing a specific and strategic 5-year plan for Health Improvement, NCDs and other common health issues. Such a robust plan will be aimed at producing efficient and effective interventions to meet the population's challenging health needs.	No.5 - Health Improvement No.6 - Health Policy No. 7 - Health Needs Assessments and Health Planning
4	To strengthen the interface and interaction between PHC and PH to make it more smooth and practical. This is a critical step in delivering effective and seamless health services.	No. 17 - Organisational Development) No. 18 & 19 - Roles and Functions No. 20 - Training and Capacity Building No. 21 - Joint Health Needs Assessment No. 25 - Health Promotion - Hospital Care No. 26 - Roles and Functions - Hospital Care
5	To develop a Health Intelligence Unit (HIU). The HIU will have an important function in the provision and maintenance of data. Evidence extracted will support the SCH in policy development and decision-making process at all levels. A key function of the HIU is horizon scanning which will prepare decision-makers for all eventualities, planned and unexpected	No. 22 - Policy /Review No.23 -Capacity Building No. 24 - Capacity Building
6	As Health Service research is a vital function of any public health department, Professor Salman Rawaf will explore how to strengthen research capacities.	No. 33, 34 and 35 Research
7	Additional: Health, Health Care and Public Health Laws	No. 15 and 16 - Laws and Regulations

The assignment was undertaken between the 28 May – 3rd June 2011. Working closely with the Director of Public Health, Shk Dr Mohammed Al Thani, the following methods of working are:

1. Meet key leaders within the SCH. This will include HE Mr Abdullah Bin Khalid Al Qahtani, Minister of Health; Dr Saleh Al-Murri, Under-Secretary for Health; Dr Hamda Qotba, Senior Adviser SCH; Dr Salma Al-Kaabi, Senior Advisor SCH; many other colleagues.
2. To collaborate with the three senior managers: Health Promotion and NCD, CDC, and Environmental Health.
3. Meet with the Director General of Primary Care Dr Mariam Abdul Malik and Dr Mohammed Al-Kuwari, Consultant Community Physician in Primary Care.
4. Meet with the Public Health Advisor to the DPH.
5. Meet the visiting WHO Country Officer (while she is visiting Qatar for the JPRM).
6. Talk to other leaders and visiting various places in Doha.
7. Key players attending the launch of the Cancer Strategy

The findings and the recommendations documented in this report are designed to enhance further the excellent achievements in the State of Qatar since 2009. It addresses projected public health needs and takes into account current and future challenges Qatar is facing as one of the most rapidly developing countries in the world both economically and socially.

Section 1: Progress since 2009

During the past two years the Department of Public Health, Ministry of Health, the Supreme Council for Health has flourished in an excellent and progressive manner; settling into the new organisational structure (3 departments); staff adapting and developing into their new roles; effective communication of functions and roles both internally and externally; excellent contribution to the National Health Strategy; full awareness of the tasks and the current challenges (NCD, Pandemic Flu etc); and good relationships amongst members of staff. The Department of Public Health is well managed and the atmosphere is very friendly and cooperative.

It is heartening to learn that countries within and outside the GCC are looking at Qatar Public Health as an excellent model of both service delivery and population health impact.

These excellent achievements over the last two years were contributed to by the³:

- Clear and explicit vision for public health in Qatar;
- Impressive support from HE the Minister of Health, His Assistant Deputies and the Supreme Council for Health;
- Steady and good leadership of the Department, led by the Director of Public Health;
- New generation of well qualified and well trained Qatari public health specialists playing a pivotal role;
- Specific and well developed work programmes in each sub-department of the Department of Public Health (Health Promotion and NCD, Communicable Diseases Control and Environmental Health).

In strengthening public health functions and roles, the National Health Strategy (NHS) specified nine strands of major work for public health:

Public health governance; nutrition and physical activity; tobacco cessation; consanguinity risk reduction; communicable disease prevention; national screening programmes; occupational health; women and child health; and some additional public health services. All of these, aligned with the vision set forth for the Directorate, are aimed at securing the health of the entire population in Qatar through promoting health, tackling risks to health early, detection of disease and ill

³ (2009 Report said: "Within the Directorate of Public Health successive leaderships did not provide the vision needed for a modern and aspiring state. Short term tenure, lack of well skilled and experience workforce has led to the dilution of the role and function of the public health directorate")
Para 3.2.1

health, addressing the Millennium Development Goals (MDG); and above all engaging people in their own health.

Section 2: Building on Strong Achievements

Qatar is one of the fastest developing countries in the world both economically and socially. With this welcome rapid development come many public health challenges for the Ministry of Health in general and its Department of Public Health in particular. These short and medium term challenges include:

1. Shift from disease-centred to health-centred services

[Redacted content]

2. The Health of Migrant Workers

[Redacted content]

⁴ The National Health Strategy correctly addressed this (see page 69). However, the use of the "Preventive Healthcare" is not appropriate as healthcare (rather than health) reflect the disease-model of health system.

⁵ Both as a disease and a major risk factor.

⁶ See WHO data on NDCs in Qatar.

⁷ Accessed 12 August 2011: <http://www.dh.gov.uk/health/category/policy-areas/nhs/>.

[Redacted text block]

3. Twenty, Twenty Two

[Redacted text block]

4. Population Expansion: Complex Health Needs

[Redacted text block]

Working-Age Health
Government has a duty to work with employers to develop models for measuring and reporting on the benefits of investment in health and wellbeing

5. Improving Health and Work (The Health of Work-age Population)

[Redacted text block]

⁸ These measures are much wider than occupational health which referred to in the Q NHS (page 82)

[Redacted text block]

6. Service Quality, Patient Safety and Clinical Effectiveness

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Seven Steps for Patient Safety:⁵

1. Build a safety culture
2. Lead and support your staff
3. Integrate your risk management activity
4. Promote reporting
5. Involve and communicate with patients and public
6. Learn and share safety lessons
7. Implement solutions to prevent harm

I strongly recommend the introduction of Clinical Governance as a system within the Qatari Health System to ensure quality improvement and safeguard patient safety

[Redacted text block]

⁹ NHS pages 57 and 177.
¹⁰ Seven Steps for Patient Safety. National Patient Safety Agency, UK NHS 2004.
¹¹ This is also one of the key recommendations of the Qatar NHS (see page 71: "lack of capacity in public health expertise").

7. Investing in Human Resources for Health (HRH)

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Section 3: Public health and Primary Care

There is no doubt that population-based public health activities aimed at securing the health of the population through health promotion and disease prevention have a greater impact on improving the health status of populations than personal health services¹². Traditional primary care normally focuses on personal health services. However, the population-based functions of public health and primary care services delivered to individuals are complementary functions. Strengthening the relationship should be the focus of action in both arenas.

The UK NHS National Service Frameworks and strategies

National Service Frameworks (NSFs) are policies set by the British NHS to define standards of services for major diseases such as coronary heart disease, mental health and cancer, and also key patient groups including children and older people.

The NSFs and strategies are based on the best available evidence of what promotion, prevention, treatments and services work most effectively for healthy individuals and patients.

Examples of these NSFs developed in the UK (and many other countries) are: CHD, Cancer, Children, Diabetes, COPD, Long term conditions, Stroke, Mental Health, Older People, Maternal Health etc.

¹²

¹³ See Ciliska 2005: Public Health and Primary Care, Canadian Public Health Research, Education and Programme Development; Rawaf 2011: Primary Care in Brazil, Society of Community and Family Medicine.

¹⁴ This was one of the key recommendations of my Report in 2009.

How integration can be achieved?
This involves developing a clear approach to:

Some of the Public Health Activities in Primary Care

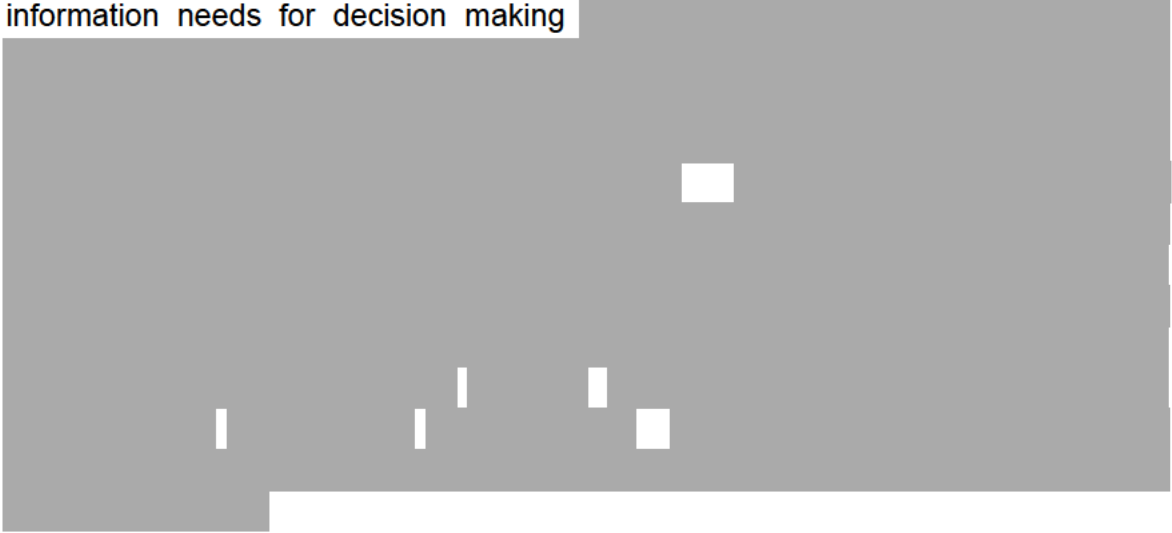
1. Immunizations & Vaccinations (including emergency ones)
2. National Children and Adult Screening Programmes
3. Early detection of Risk to Health (mainly the those related to NCDs - Smoking; alcohol; hypertension; hyperlipidaemia; hyperglycaemia)
4. NCD Control and Management (within the National Policies and National Service Frameworks)
5. Health education Programmes
6. Behaviour change programs
7. Engaging the public (self care, health clubs etc)

Finally, through strong collaboration between primary care and public health services to ensure maximum service benefits of both to improve the health of the population, ***I recommend that the SCH undertake a formal review of the structure, capacity and function of primary care services in Qatar*** (Recommendation 22 - Policy).


¹⁵ see the section on The Director of Public Health Independent Annual Report of the Health of the Population in Qatar.

Section 4: Health Intelligence Unit¹⁶

In my 2009 Report I proposed the establishment of a Health intelligence Team (see page 27 Recommendations 14 and 15). Such a Team "will be able to address the information needs for decision making



Section 5: From a Vertical to a Horizontal Health System (Integration)



¹⁶ Please see some of the work of various Public Health intelligence Units:

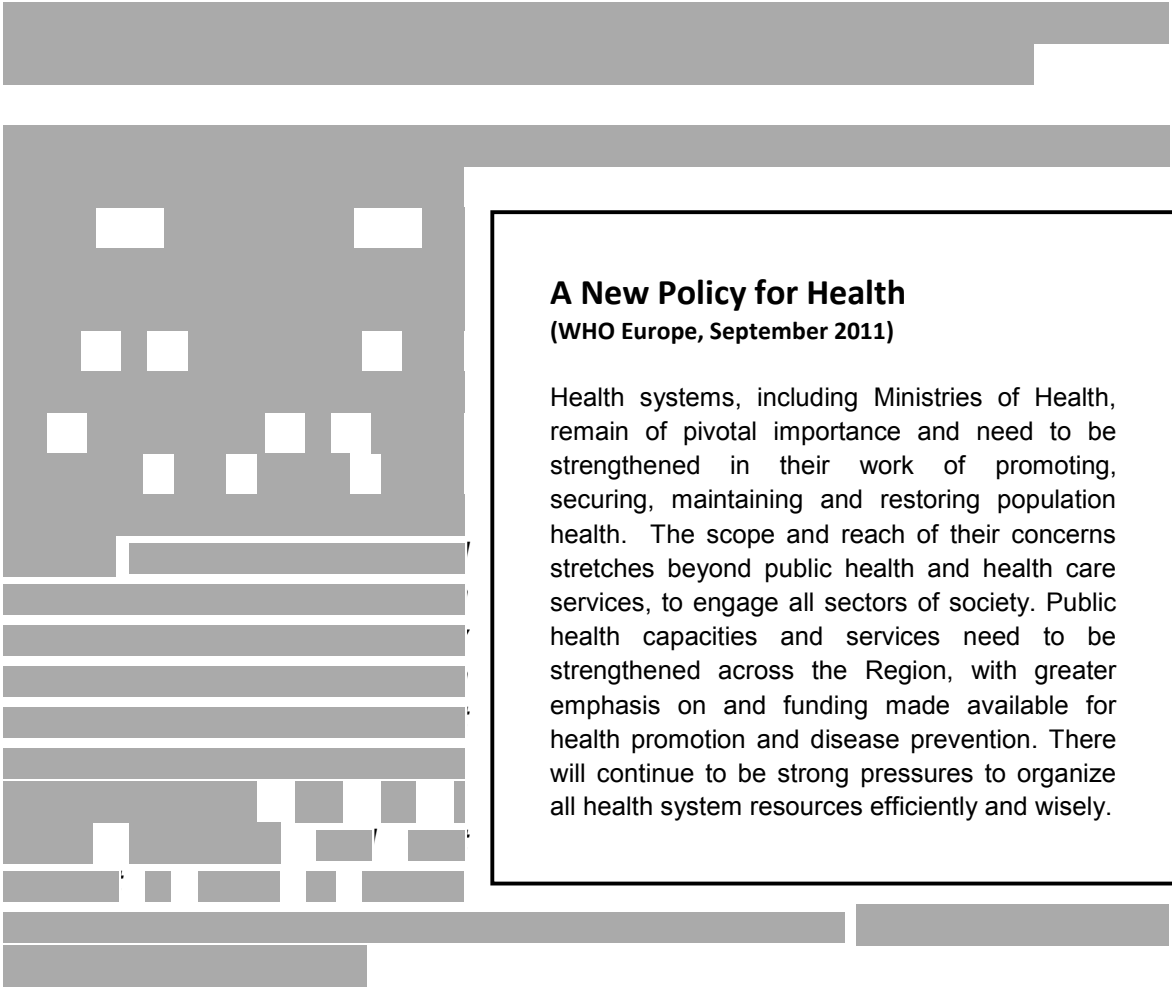
http://www.doncaster.nhs.uk/upload_files/Key_Resources_Diabetes.pdf

<http://www.haltonandsthelenspct.nhs.uk/pages/yourhealth.aspx?iPagelD=4358>

<http://www.glosphiu.nhs.uk/>

¹⁷ See WHO Report Closing the Gap in a Generation Report of the Commission on Social Determinants of Health. WHO: Geneva 2008. http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf

¹⁸ Public health surveillance should be distinguished from public health and epidemiological research. Its role is to monitor the health status of the community, known risk factors and emerging threats to community health. Its purpose is to facilitate a prompt, effective and corrective response. It may be carried out for reasons of disease surveillance, provision of information to government health services or to guide the development of health policy.

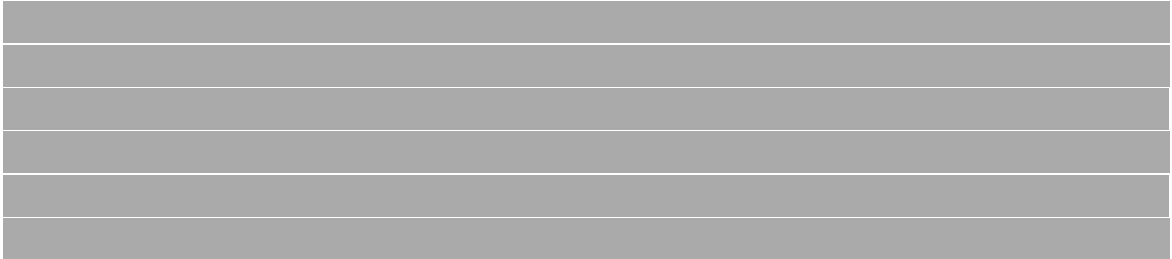
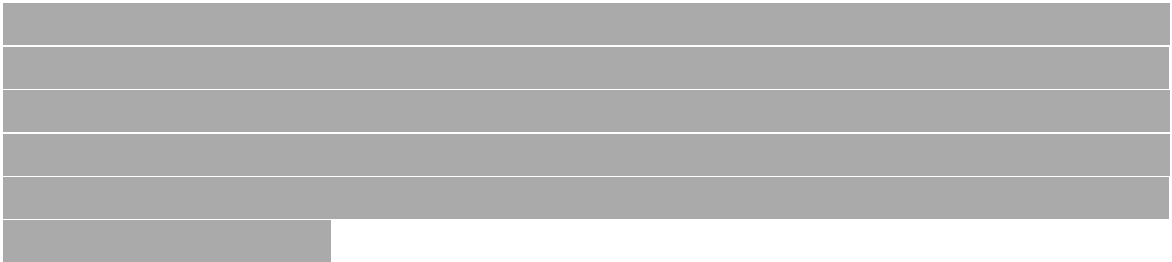


A New Policy for Health

(WHO Europe, September 2011)

Health systems, including Ministries of Health, remain of pivotal importance and need to be strengthened in their work of promoting, securing, maintaining and restoring population health. The scope and reach of their concerns stretches beyond public health and health care services, to engage all sectors of society. Public health capacities and services need to be strengthened across the Region, with greater emphasis on and funding made available for health promotion and disease prevention. There will continue to be strong pressures to organize all health system resources efficiently and wisely.

Section 6: Performance and Management



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1. Performance Scorecard

Public health has a tradition of reporting population health status and evaluating specific programs, but not the performance of public health overall. An increasingly popular method of measuring and reporting public health performance is the **balanced scorecard**. This tool provides an organisation's management with an overarching view of risks and benefits of strategic and operational decisions. Knowledge gleaned from scorecard results can facilitate change and quality improvement, provide an accountability mechanism, target coordinated and collaborative works and support the health planning process.

Indeed, many studies have shown the benefits of scorecards as²⁰:

[Redacted]

The following framework is proposed for the development of the first balanced scorecard for public health in Qatar (Public health Performance in areas of public health function):

¹⁹ <http://www.who.int/management/district/performance/PerformanceMeasurementHealthSystemImprovement2.pdf>.
²⁰ see http://www.ices.on.ca/file/scorecard_report_final.pdf.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

I recommend the development of the first public health balanced scorecard in Qatar as outlined in Appendix 1 (Recommendation No. 29 - Roles and Functions)

2. Independent Annual Public Health Report on the State of the Population Health in Qatar

[REDACTED]

[REDACTED]

[REDACTED]

This independent DPH annual report should²⁰:

- Contribute to improving the health and well-being of the population.
- Reduce health inequalities.
- Promote action for better health, through measuring progress towards health targets.
- Assist with the planning and monitoring of local programmes and services that improve health over time.

[REDACTED]

[REDACTED]

[REDACTED]

²¹ See the UK Faculty of Public Health Guidance on the Production and Content of Annual Reports for Directors of Public Health in the NHS http://www.fph.org.uk/uploads/q_dph_annual_reports.pdf.

[Redacted text block]

Section 7: Capacity Building

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²² A PCT: http://www.brentpct.org/files/PublicHealthAnnualReport_2009.pdf

Scotland: <http://www.dhsspsni.gov.uk/cmo-annual-report-2009.pdf>

England: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_1140_12.pdf

N Ireland: http://www.publichealth.hscni.net/sites/default/files/DPH_Annual_Report_2009_4.pdf

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Section 8: Public Health and Health Service Research

For any organisation to develop and be robust, fit-for-purpose research is a core function and should be prioritised in funding and operation. For the reasons mentioned above and the many challenges facing public health in Qatar, epidemiological and health service research is of vital importance.

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Section 8: Conclusion

Since its restructuring in 2009, the Department of Public Health in the State of Qatar has made

[Redacted]

To achieve this I am proposing 35 recommendations to meet these goals in the short and the medium terms.

²³ In Qatar potential collaborators are: Sedra Medical and Research Centre and Weill Cornell Medical College as well as HMC. Sidra's website identifies three areas of possible collaboration for raising the standard of health care throughout the country and providing valuable opportunities for research and learning. With the critical mass of public health expertise within SCH such collaboration will be of great benefits to both parties and the people of Qatar. Furthermore, Qatar is well known for its strong international collaboration. An example is HMC joint venture with Imperial College London in the development of the BioBank.

Appendix 1

Supreme Council for Health Qatar
and
WHO Collaborating Centre, Imperial College London

National Public Health Scorecard

Introduction

This is the first comprehensive means of measuring and monitoring the public health function in Qatar. The 2011 public health scorecard presents trends for each dimension of public health function and performance with individual indicators. It will help measure progress towards agreed set targets and the measures required to address performance that falls short of what is attainable. Across all public health functions, **xx** core indicators of performance were identified in Qatar.

The Scorecard

The National Public Health Scorecard includes **xx** indicators in five dimensions of public health functions: healthy lives, health protection, health promotion, non-communicable disease control, and environmental health. It addresses the health of the nationals and non-nationals living and working in Qatar.

For each of the indicators that data exist, performance is compared with a benchmark selected as a target (based on best evidence of possible international assessment). It is expected that any indicator of more than 80% achievement (**Green**) will be assessed as good performance; 60-79% (**Amber**) room for improvement; and below 60% poor performance (**Red**).

Dimension 1: Healthy Lives

Lead: Dr Shk M Althani



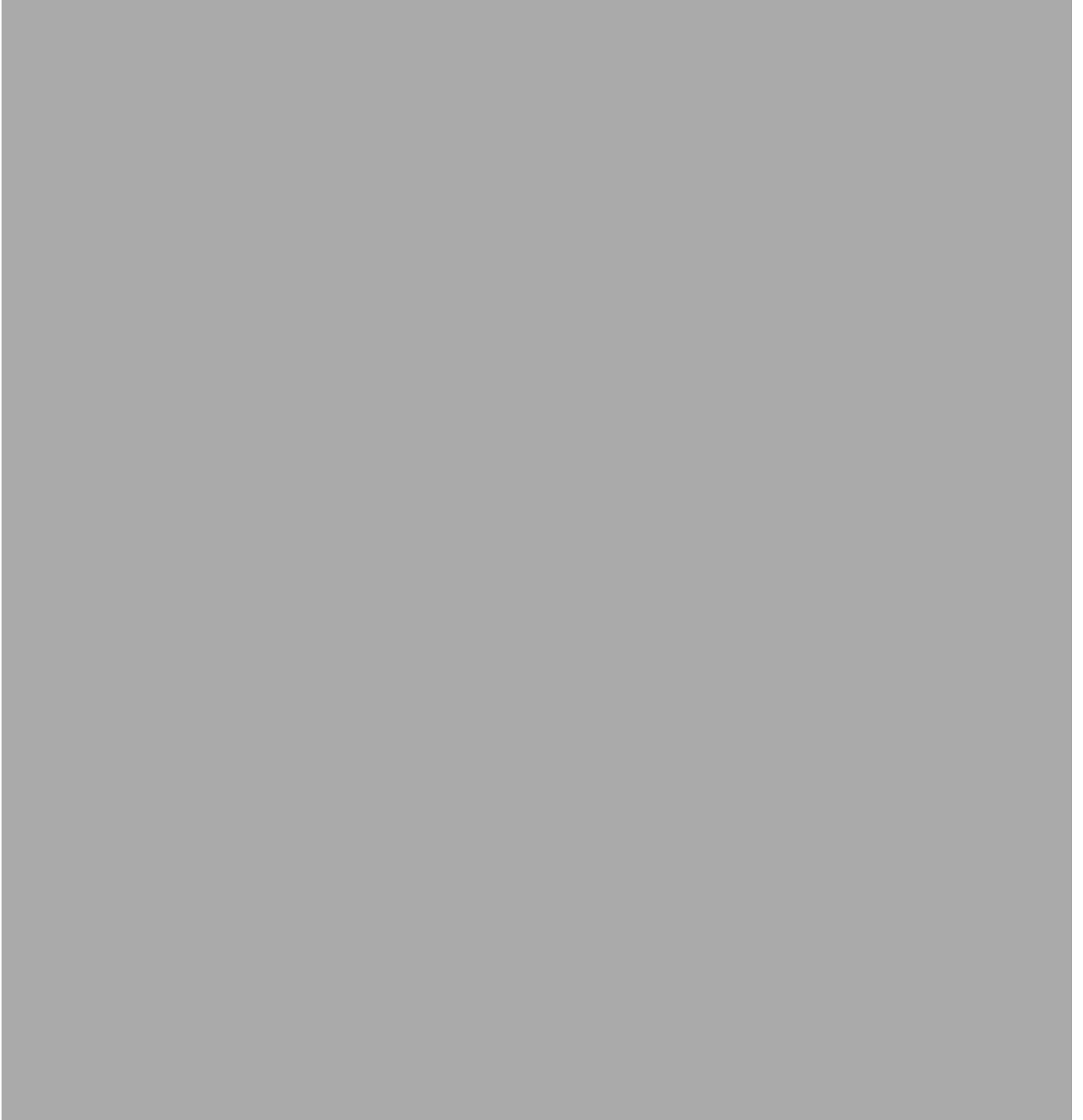
Dimension 2: Health Protection

Lead: Dr M Alhajiri



Dimension 3: Health Promotion

Lead: Dr A. Althani



Dimension 4: Non-Communicable Disease

Lead: Dr A Althani

Indicator	Benchmark	Value	Risk Assessment	Mitigation
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²⁴ The cervical cancer vaccine is recommended for girls ages 11 to 12 although it may be given to girls as young as age 9

Dimension 5: Environmental Health

Lead: W

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2011**