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

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Executive Summary

The purpose of the MoH in Qatar is to improve the health of the population of 1.8 million in Qatar through collaborative works with a fully engaged public and organizations serving them. This is achieved through the provision of highly complex protection, promotion, prevention, diagnostic, treatment, and rehabilitation services, provided directly or indirectly through the MoH to the whole population of Qatar.

Public Health Services are key functions for any country and indeed advanced health systems around the world depend on strong and vibrant public health functions that are able to influence health policies at the top of political agenda and reach all individuals to protect and promote their health.

The Directorate of Public Health is part of the MoH and provides multifaceted functions from strategies at national level to direct services to the population. The MoH in Qatar is going through various structural changes and at the Request of the Director of Public Health, Dr M Althani, Professor Rawaf was invited to undertake the task of reviewing the current functions and structure of the Directorate and recommend, in a report as well as direct feedback, the changes needed to ensure that the Directorate is fit for purpose to meet the challenges of the 21st century and the needs of the fast growing population of Qatar.

Within the Directorate of Public Health, and for many years, successive leaderships did not provide the vision needed for a modern and aspiring State. Short term tenure, lack of well skilled and experienced workforce, poor retention policies and practices, lack of vision and directions and many other factors has led to the dilution of the role and function of public health directorate. Role duplication by providers with no public health leadership (HMC, PHC, Supreme Council for Environment and Natural Reserves (SCENR), General Organisation for Standards and Metrology (GOSM), Ministry of Municipal Affairs and Agriculture (MMAA)) has contributed to further confusion of the public health role (Chapter 3).

The diagnostic applied in areas of leadership, governance, information, strategy development, service provision, and performance management have identified many gaps and questionable fitness for purpose (Chapter 3). However, there are many positive moves and directives which will help the public health functions to serve its purpose in improving the health of the total (and rapidly growing) population of Qatar. Amongst these are the political support, the support of H.E. the Minister of Health for a modern public health function, the new and determined leadership at the head of the Directorate, the training programme for Community Medicine, and financial means.

The review, through the application of diagnostic sets (chapter 3), provided 22 specific recommendations (Chapter 6) and many other measures to modernize the structure of the Directorate and improve its functions. The implementation of some of the recommendations did happen during the two weeks of the review period and the foundations for the implementation of the others were laid down. Many of Appendices provided valuable information for the implementation of the changes proposed in the Report.

Extensive work is needed to recruit and retain the right people with the right level of expertise and competencies needed and this will be difficult to achieve without external support. Many of the current staff job descriptions are still to be reviewed and many may need further training and development to ensure their fitness for purpose.
The Report has painted a very optimistic picture regarding the future of Public Health in Qatar and with its recommendations, if implemented fully, Qatar will provide an excellent model for public health in the Region.

Doha, August 2009
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## Abbreviations and Acronyms

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<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>CDC</td>
<td>Communicable Disease Control</td>
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<tr>
<td>CME</td>
<td>Continuous Medical Education</td>
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<tr>
<td>CMO</td>
<td>Chief Medical Officer</td>
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<td>CPD</td>
<td>Continuous Professional Development</td>
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<td>EMR:</td>
<td>Eastern Mediterranean Region</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GOSM</td>
<td>General Organisation of Standards and Metrology</td>
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<td>HMC</td>
<td>Hamad Medical Corporation</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>HS:</td>
<td>Health system</td>
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<td>HSD:</td>
<td>Health system development</td>
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<tr>
<td>HSR:</td>
<td>Health system research</td>
</tr>
<tr>
<td>MMAA</td>
<td>Ministry of Municipal Affairs and Agriculture</td>
</tr>
<tr>
<td>MOE:</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Public Health</td>
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<tr>
<td>MPH:</td>
<td>Master of Public Health</td>
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<tr>
<td>MSc</td>
<td>Master of Science</td>
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<tr>
<td>NCD</td>
<td>Non-Communicable Diseases</td>
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<tr>
<td>PH:</td>
<td>Public health</td>
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<td>PHC:</td>
<td>Primary health care</td>
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<td>PhD</td>
<td>Doctor of Philosophy</td>
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<td>PHP:</td>
<td>Public health practice</td>
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<tr>
<td>SPH:</td>
<td>School of public health</td>
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<tr>
<td>SCH</td>
<td>Supreme Council for Health</td>
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<tr>
<td>SCENR</td>
<td>Supreme Council for Environment and Natural Resources</td>
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<tr>
<td>ToR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>WHO/EMRO</td>
<td>WHO Eastern Mediterranean Regional Office</td>
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This Report is dedicated to the People of Qatar. I wish this lovely country and its people all the best of health and wealth.
CHAPTER ONE
The Country, the people, the health system and people’s health

1.1 The Country:
Qatar is an Arab emirate in the Middle East, occupying the Qatar Peninsula on the north easterly coast of the Arabian Peninsula. It is bordered by Saudi Arabia to the south and the Persian Gulf surrounds the state. Qatar’s national income primarily derives from oil and natural gas exports. Thanks to the wise Governance, Qatars’ wealth and standard of living compares well with those of Western European countries: Qatar has the highest GDP per capita in the Arab World according to the International Monetary Fund and the second highest GDP per capita in the world. With no income tax, Qatar, along with Bahrain, is one of the countries with the lowest tax rates in the world.

While oil and gas will probably remain the backbone of Qatar’s economy for some time to come, the Government actively seeks to stimulate and develop an active knowledge economy. In 2004 the Qatar Science & Technology Park was established to serve technology-based companies and entrepreneurs, from overseas and within the country. The Education City was established as a landmark to encourage a high level of education and research through international academic institutions working collaboratively. Qatar aims to become a role model for economic and social transformation in the region.

1.2 The People and Health Expenditure
The population of Qatar is 1,305,000 people according to 2007 published data. However, current estimates (July 2009) show a figure of 1.5 million populations. The Qataris constitutes less than 16% of the total population (2009 estimates). Most if not all are living in Doha and one small city. Crude birth rate is 15.2 per 1000 with a population growth of 5.2%.

With high literacy rates, excellent living conditions, and high GDP per capita (52,892 in 2007) public expectation is very high.

The Government expenditure on health is $1,705 per capita and this constitutes 78% of the total health expenditure, with about 20% public contribution through out of pocket payments (2007 data). Qatar actually spend about 4.1% of the GDP on health: much lower than the European average of 9.1%, something which does not match the excellent social and economic development of the country.

1.3 Health Services and People’s Health
There is no doubt that the large scale investment in all social and economic sectors has led to tremendous improvement in the health of this rapidly growing population; through birth and immigration.

The health service in Qatar is based on the three elements of any developed health system in the world: public health, primary care and hospital services. However, developments, funding and command and control may be different. Furthermore the health service development did not match the speed of economic and social development in the country.

Hamad Medical Corporation is the premier non-profit health care provider in Doha, Qatar. Established in 1979 as an autonomous publically funded organization, the Corporation manages
four highly specialized hospitals: Hamad General Hospital, Rumailah Hospital, Women’s Hospital, Al-Amal Hospital, Psychiatric Hospital and until recently the entire Primary Health Care services through its 23 centres. Health care is provided for all patients irrespective of nationality, and the Government is pledged to provide “health for all”. The Ministry of Health relationship with Hamad Medical Corporation is through the Supreme Council for Health, the Secretary General of it is the Minister of Public Health. There is neither direct management relationship nor accountability through a commissioning / contracting process as HMC receives its funding direct from Ministry of Finance and not through MoH.

Public Health service is provided through the Ministry of Public Health and a wide range of functions were developed over the years. However, there is much duplication (as identified in this report) between what is provided by the three components of the health system: public health, primary care and hospital service and other Ministries and Organisations (see figure 1.1) with little or fragmented coordination at strategic and operational levels.

Figure 1.1 Public Health Delivery and Responsibilities in Qatar, July 2009

Public Health Responsibilities Qatar
July 2009

MoH
- Communicable Disease Surv & Control
- Non-Communicable Disease Prev & Control
- Health Promotion & Social Marketing
- Occupational Health
- PH Information & Vital Statistics

HMC
- Maternal & Child Health (with PHC)
- Laboratory Services
- Smoking Cessation
- Hospital Infection Control
- Infectious Diseases
- Medical Waste

GOSM
- Food & Water Quality Standards
- Public Health - Communicable Disease Surv & Control
- Non-Communicable Disease Prev & Control
- Health Promotion & Social Marketing
- Occupational Health
- PH Information & Vital Statistics

MMAA
- Border Health
- Food & Water Quality Standards Enforcement
- Quality Monitoring Food & Water

PHC
- School Health
- Community Medicine Training
- Imm & Vac

WHO Centre, IC London

SCENR
- Air & Water Quality Regulation & Monitoring
- Industrial Waste

Source: Rawaf 2009

Primary care is provided through 23 health centers with more than 80 qualified Qatari family physicians, although the standards of the services are not explicitly defined.

Population access to health to health services is 100 per cent and all births are attended by skilled health personal. All immunization coverage exceeds 90% but there are no systems for some preventive measures (cervical screening, breast screening, colorectal screening etc). Both male and female life expectancies at birth are 75.9 and 75.7 years respectively. Infant mortality is low (7.5 per 1000 live births – 2007), so is under five and maternal mortalities.