

Qatar



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As Qatar is an oil-producing country, the main income is from oil revenue. Currently a vast housing, industrial, communication, and service sector development is ongoing in the country and the prospect of the economic growth is huge. The population has started to reap the benefits of the prosperity that has come with accelerated development of Qatar's gas riches, and the opening up the political system which has been initiated by the Emir. Another area of liberalization has been women's rights, strongly promoted by the wife of the Emir. The quality of health care in Qatar is high, even by the standards of the industrialized countries. Life expectancy has risen sharply as health care provision has improved.

HEALTH & DEVELOPMENT

- **Good health coverage:** free health care is provided to all nationals and expatriates through primary health with its referral system. However, the country is currently pursuing an alternate system of health care financing through health insurance and privatize health care.
- **Communicable diseases:** The top priorities for ministry of health are; sexually transmitted infections including HIV/AIDS, hepatitis, tuberculosis and surveillance of communicable diseases. The strategic plan for 2005–2009 is aiming to reduce the incidence rates. HIV/AIDS operates with Hamad Medical Corporation is responsible for clinical management and the Ministry of Health for the logistics and counseling.
- **Noncommunicable diseases:** cardiovascular diseases, hypertension, diabetes and cancer are major causes of mortality and morbidity. More than 37% of the adult male population smoke regularly and tobacco use among those of school age (13–15) is of great concern. Obesity is also emerging as a major health problem.
- **Road traffic injuries** is a major national burden of disease.
- **The key roles of government in the health sector** include: setting policies and strategies, enacting legislation and regulation, enforcing rules, assessing needs and training of human resources, fair financing of health services, collecting information and assessing trend of disease and ensuring equity and social justice for access to health.
- **Need for strengthening health system:** There is a lack of clarity between different stakeholders regarding health policy analysis, strategic health planning, priority-setting, and coordination for monitoring and assessment. Also the system is lax and needs improvement. Similarly quality of care and efficient use of resources need attention.

Total population (2005) ¹	796 000
% population under 15 (2005) ¹	22.5
Population distribution: % rural (2005) ¹	0
Life expectancy at birth in years (2004) ¹	76.7
Under 5 mortality rate per 1000 live births (2005) ¹	10.4
Maternal mortality ratio per 100 000 live births (2005) ¹	22.4
Total expenditure on health as % of GDP (2003) ¹	2.7
General government expenditure on health as % of general government expenditure (2003) ¹	6.7
Human Development Index Rank, out of 177 countries (2004) ²	46
Adult male (15+) literacy rate (%) (2004) ¹	94
Adult female (15+) literacy rate (%) (2004) ¹	87

References:

¹ *The Work of WHO in the Eastern Mediterranean Region – Annual Report of the Regional Director*, Cairo, EMRO, 2006
² *Human Development Report*, New York, UNDP, 2006.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Health systems are also under continuous scrutiny by planners, purchasers and users of the services. Most health managers and policy-makers now view as imperative of measuring the impact, evaluation and control of the quality of services. 	<ul style="list-style-type: none"> • Development of clear plans to match needs with number and categories of health personnel and linkage between medical education and career development and management. • Development of protocol and managerial norms to curb the cost of services and allow resources for health promotion to improve the quality and accessibility of care. • The need for coordination of strategic plans and policies of the Ministry of Health, the Hamad Medical Corporation and the Planning Council to attain a well-harmonized national venture. • Some communicable diseases still pose a problem such as HIV/AIDS and hepatitis. Noncommunicable diseases show an increasing trend and cause the highest toll of morbidity and mortality. Contributing factors include ageing, injuries and lifestyle habits.

PARTNERS

Currently, Qatar receives no external funds as development aid from outside sources. However, the technical relation of Qatar, especially with the United States of America is evidenced by its relationship with such major companies as RAND and PricewaterhouseCoopers and with Joint Commission International who work in health planning, health information systems, quality of care and infrastructure development.

There are no contributions from UN agencies other than WHO, in health development in Qatar. UNICEF offers some mutual cooperation through their office in Riyadh with regard to immunization and primary education.

Private donations from national charity organizations are considerable and have assisted in the development of some of the major institutions, including the oncology hospital and emergency services in the public sector.

WHO STRATEGIC AGENDA (2005- 2009)

- Governance and institutional development
- Redesigning the health care system
- Quality, clinical excellence and performance management
- Health care financing
- Development of a national health information system
- Information and communication technology for health care
- Drugs and health technology
- Reducing the burden of disease
- Attainment of better health and quality of life
- Human resources development



ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/qat/en/>

EMRO country profile page <http://www.emro.who.int/emrinfo/index.asp?Ctry=qat>

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