

Health status (2013)

Life expectancy at birth in years	total	79.0
	males	79.0
	females	80.0
Maternal mortality ratio per 100 000 live births	total	6.0

Communicable diseases (2014)

Tuberculosis notification rate per 100 000 population	50.0
Incidence rate of malaria per 100 000 population	...
Number of newly reported HIV cases	...

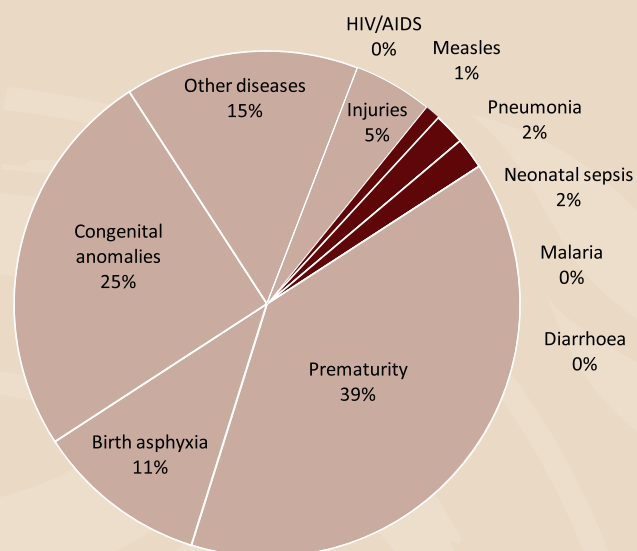
Behavioural risk factors

Prevalence (%)	males	females	total
Current tobacco smoking (2011)*
Insufficient physical activity (2008-)	41.6

Metabolic risk factors

2014 estimated prevalence (%)	males	females	total
Raised blood pressure	18.1
Raised blood glucose	23.0
Overweight	78.1
Obesity	42.3

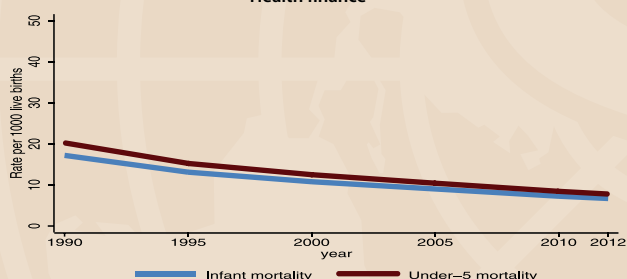
Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 49% of all deaths among children aged <5 years

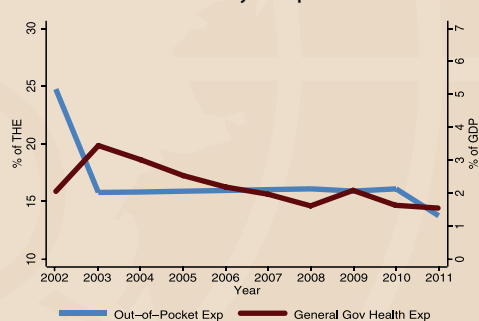
Expenditure and mortality trends

Health finance



*GGHE%GDP is the general government expenditure on health as % of gross domestic product
**OOP%THE is the out-of-pocket expenditure as % of total health expenditure

Infant and under 5 mortality rates per 1000 live births



Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2013)	85
Measles immunization coverage among 1-year-olds (2014)	100
Treatment success rate of new bacteriologically confirmed TB cases (2014)	74
DPT3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2014)	89

Health system: finance (2013)

General government expenditure on health as % of general government expenditure	5.8
Out-of-pocket expenditure as % of total health expenditure	8.4
Per capita total health expenditure at exchange rate (US\$)	2043

Health system: workforce (2014)

Health workforce per 10 000 population	
Physicians	21.3
Nurses/midwives	61.8
Dentists	6.2
Pharmacists	10.1

Health system: information

Percentage of births registered	1
Percentage of causes of death recorded	1

Health system: medicines and medical devices (2013)

Availability of selected essential medicines and medical products in health facilities (%)	public	...
	private	...
Number of scanners (in public facilities) per million population ^c	CT	8.3
	MRI	9.222

Health system: service delivery (infrastructure) (2014)

Primary health care facilities per 10 000 population	2.3
Hospital beds per 10 000 population	12

... No data available

^a International Classification of Diseases

^b Gross domestic product

^c Computed tomography (CT) and Magnetic resonance imaging (MRI)

* Age-standardized estimated

Please note the data sources are in the attachment

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Qatar 2015

Strengths	Weaknesses
<ul style="list-style-type: none"> • The Supreme Council of Health has transformed the country's health system through evidence-based policies • Government covers close to 90% of the total cost of health care, out-of-pocket health expenditure is one of the lowest in the Region and in the World (5.7% in 2013) • Improved the quality of health care management due to mandating international hospital accreditation by the International Society for Quality in Health Care between 2010 and 2014 	<ul style="list-style-type: none"> • 94% of total health workforce is non-Qatari • Expenditure on promotive and preventive program is 2.0% of the total health expenditure in 2013 • Primary health care in Qatar needs greater attention to become a world class delivery system • Surveillance system can be integrated and further strengthened for effective response in the event of an emergency along with the establishment of a national public health laboratory
Opportunities	Challenges
<ul style="list-style-type: none"> • National Vision 2030, a far-reaching national plan with universal access to the needed levels of healthcare remains a cornerstone • Qatar shows a sharp increase in its GDP per capita in the past 10 years, currently highest in the region • Reform of the health financing system by introducing a split between providers and purchasers to ensure efficiency and sustainability • The use of effective online pharmacy management systems has had a great impact on promoting access to medicines for the population • Policy of Qatarization of health workforce can have impact on self sufficiency of health human resources • Effective and close collaboration with UN agencies on different aspects of health and human rights 	<ul style="list-style-type: none"> • Noncommunicable diseases in 2008 were responsible for 69% of all mortality; this is being considered in health care delivery • Ensuring a sustainable health care financing system and rapid expansion of coverage to the non-national resident population in Qatar • Rapid growth of private sector with variable quality of care

Priorities

- Establishing a sustained mechanism for eliminating the noncommunicable diseases risk factors through policies such as reduction of consumption of salt, sugar and transfat acid in food, smoking habit and increasing access to sport facilities
- Implementing family practice, integrating community-based mental health and noncommunicable diseases prevention and control as integral part of the health system
- Sustaining and managing a skilled health workforce-mix capable of providing high-quality health services
- Developing and implementing an action plan to address the gaps in essential public health functions
- Strengthening disaggregated health information system and national capacities for public health research
- Developing fair and sustainable health care financing system for maintaining and advancing universal coverage
- Strengthening/developing norms, standards and accreditation systems for personnel and health facilities
- Developing a consolidated public health law and regulations
- Strengthening public-private partnerships in health and regulating private sector

Jointly developed by:

Department of Health Systems Development (HSD) and
Department of Information, Evidence and Research (IER)