

NATIONAL HEALTH STRATEGY 2018-2022

Our Health
Our Future





His Highness Sheikh Tamim Bin Hamad Al Thani
Emir of the State of Qatar



FOREWORD

The launch of the National Health Strategy 2018-2022 marks the beginning of an important and exciting new phase in Qatar's health journey.

As part of the National Development Strategy 2018-2022, our vision is to build on the significant expansion of the country's health services over the last six years alongside the improvements we have made in health and healthcare for everyone in Qatar.

Just as in many countries across the world, the incidence of non-communicable diseases within our population is growing, largely due to unhealthy lifestyle habits such as inactivity, poor diet and tobacco usage – all leading to increased pressure on our healthcare system through demand for services.

Despite those challenges, we have a highly-skilled and productive healthcare workforce who are ambitious to make the aspirations in this strategy come to fruition, and to deliver the very best care services to the population of Qatar.

As a nation Qatar has come a long way in terms of healthcare. The pace of change over the past few decades within our health system has been tremendous. In this decade alone we have expanded from five public sector hospitals to thirteen, and opened six new primary health centers.

However, we have not just invested in buildings and capacity growth. We have significantly advanced the quality of care we deliver across the system, gaining numerous international accreditations along the way, in addition to implementing highly advanced treatment technology and care systems.

We have also developed a number of health strategies that have delivered real and sustainable improvements in care in areas such as mental health, cancer, oral health, autism and public health. Each of these strategies provides an overarching framework upon which we can strengthen our health system.

We are an ambitious country and this is reflected in the ambitions and advances of our health system. We thank His Highness the Emir, Sheikh Tamim bin Hamad Al Thani for his aspiration, delivered through Qatar's National Vision 2030, that recognizes both the importance of healthcare delivery and improving the population's health.

Our new Strategy reflects a global shift in thinking by focusing on seven priority population groups. The priority populations set out in this Strategy reflect an investment in both the current and future generations and in particular, our most vulnerable individuals, including children, mothers, older people and those with special needs.

The system-wide priorities will enable us to deliver a genuinely integrated model of care that strives to maintain well-being, while making sure that people receive well-coordinated care, delivered in a professional and safe environment at the appropriate level.

Our efforts will be guided by three overall goals: achieving 'better health, better care and better value', helping to ensure we focus on improving health and healthcare in a sustainable way.

Developing the National Health Strategy 2018-2022 has been a truly collective endeavor, involving a broad range of stakeholders from within the Qatar health system as well as from other related sectors. Additionally, it has been informed, refined and improved by the ideas and opinions of numerous interested parties, including health professionals, voluntary organizations and user groups, such as patients, caregivers and their families. I would like to take this opportunity to thank each and every one of these contributors, whose important input has made the development and definition of this Strategy possible.

I look forward to seeing this collective and coordinated work implemented in the coming years, and I am confident that the successful implementation of this strategy will enable Qatar's population to benefit from better health and a more efficient and effective health system.

Her Excellency Dr. Hanan Mohamed Al Kuwari
Minister of Public Health

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PRINCIPLES

OUR HEALTH AND OUR FUTURE - HEALTH IS A SHARED RESPONSIBILITY.

The following principles have been identified to guide everyone throughout this Strategy's delivery and implementation.

Action and empowerment: A call to come together for the good of the country, and the health of the people, our families and our patients. A call to remember that health is both a right and a responsibility, and that we will work in partnership with healthcare providers, government ministries, communities and patients so everyone participates in this responsibility.

Teamwork and collaboration: A call to come together and work together with mutual respect and trust to improve the health of the people of Qatar. A call for improved teamwork across the health system and increased collaboration across all sectors including the community.

Patient-centered care: A call to coordinate and integrate our strengths, resources and capabilities so that when people need care, they are able to access it in a timely way. When they access services, they are valued as individuals, and treated with care and dignity, and when they receive care, they are receiving it from healthcare professionals who are appropriately experienced with the right expertise, who work together in teams, and are motivated to do their best for their patients.

Accountability and patient safety: A call to hold ourselves accountable for providing high standards of care. A call to embrace a patient safety culture that puts quality and patient safety at the forefront of everything we do.

Leadership: A call to each one of us to lead with courage, doing the right thing for our people, community and health system. A call for system stewardship to enable leaders who are empowered to make difficult decisions when needed, and act in the national interest.

Intelligence: A call for relentless focus on using evidence-based approaches to make better investments and achieve better health outcomes.

Empathy: A call to recognize that when we provide care and services, we need to consider each patient as if they were a member of our family, and think how we might feel if the roles were reversed. We must remember the importance of communication and creating strong relationships between us and our patients. In this world of advancing technology, research and informatics, let us not forget the simple humanity of health and healthcare.



SETTING THE CONTEXT

Strategic context

Qatar's health system has undergone a momentous journey of transformation in recent decades. The growth of investment in new healthcare facilities, services and technologies has transformed the health infrastructure in the country, ensuring that the health needs of the nation's fast-growing population can be met.

The human development pillar of Qatar National Vision 2030 expresses Qatar's ambition to develop a healthy population, physically and mentally. It is within the context of progressing closer to QNV 2030 that the National Health Strategy 2018-2022 (NHS 2018-2022) directs the health sector's next period of growth, as one of eight sector strategies that comprise Qatar's National Development Strategy 2018-2022 (NDS 2018-2022).

For much of this decade the National Health Strategy 2011-2016 has provided the framework for recent progress. Expanding capacity, strengthening e-health, introducing specialist treatment technology and implementing world-class care pathways, have all been driven by Qatar's first national health strategy.

Building on these strong foundations the Qatar National Health Strategy 2018-2022 will introduce a new approach to Qatar's health challenges, aligned to a global shift in thinking towards population health and more integrated care.

Across the world there is a realization that hospital systems need to do more than simply treat the symptoms of disease - they must focus their efforts on sustaining health and preventing disease.

With Qatar's population growth predicted to stabilize towards the end of this decade, the need for the rapid infrastructure and capacity growth of recent years is diminished. The next priority for the health system is to align existing services and resources so they best fit the needs of the population.

To do this effectively, the Strategy has identified 12 priority areas of focus through to 2022. These include seven priority populations and five system-wide priorities, and reflect both the needs of specific population groups in Qatar, as well as health system requirements in order to deliver improved health outcomes to these groups.

The seven priority populations were selected following a rigorous consultation process which identified those population groups where the biggest difference could be made. The priority populations cover a broad range of demographics, including mothers and babies, children, the elderly, those with chronic diseases and people affected by mental health conditions.

Focusing on these priority population groups enables stretching and ambitious targets to be set for improving health and healthcare, but to deliver these the health system will need to be able to rapidly change and improve.

That is why, in addition to the seven priority population groups, this Strategy focuses on five system-wide priority areas to improve the health system overall, such as strengthening integrated care services, enhancing health promotion and disease prevention, using data more effectively to make the right decisions for patients and services, and effective governance and leadership to deliver the necessary changes and improvements.

"Improving the health of Qatar's population, through an integrated healthcare system, managed according to world-class standards, designed to meet the needs of existing and future generations..."
QNV 2030

What we take forward from the National Health Strategy 2011-2016

Through numerous collaborative and individual efforts, NHS 2011-2016 laid essential foundations for the future by establishing detailed frameworks, plans and policies under each of its seven goals.

Upon its conclusion in December 2016, it had implemented fundamental reforms across the healthcare sector through seven goals and 38 projects, with over 200 unique outputs, accomplished successfully within the challenging time frame.

The 2011–2016 Strategy resulted in stronger governance, improved policy development, and the design and delivery of multiple complex projects. We now look forward to building on these robust foundations and sustaining the excellent work that has been done to date.

The National Health Strategy 2011-2016 laid essential foundations for the future by establishing detailed frameworks, plans and policies under each of the seven goals of NHS 2011-2016, some of these include:

GOAL 1 A COMPREHENSIVE WORLD-CLASS HEALTHCARE SYSTEM

- National Primary Care Strategy 2013-2018 – Aimed to build a world class primary care service that is comprehensive, integrated and person-centered, working in partnership with individuals, families and communities to advance health and well-being
- National Continuing Care Design Strategy 2015 - Outlined a series of practical steps to develop an effective and efficient continuing care system, highlighting the importance of treating patients at the right level of care and in the right setting
- Qatar National Mental Health Strategy 2013-2018 – Articulated the vision for an integrated mental health system, supported by the approved Mental Health Law, currently in implementation
- Configuration of Hospital Services – Contains clinically agreed criteria for four levels of complexity across hospital services
- Qatar National Diabetes Strategy 2016-2022 – Aimed to re-design the model of diabetes prevention and care, including health promotion, to ensure lifestyle advice, education and counselling are available to diabetic patients and those at risk of developing type 2 diabetes
- Urgent Care Model of Care – Developed the definition and model for providing urgent care across the sector including standards and criteria
- National Cancer Strategy 2011-2016 Review, the National Cancer Framework 2017-2022 – Developed to identify objectives for Qatar on health education, early detection and high-quality cancer treatment and services
- National Oral Health Strategy Road Map – Includes a national survey of oral health and recommendations on improving oral health in Qatar, including a scientific study on water fluoridation
- Community Pharmacies Strategy 2011-2016 – Developed to expand access to pharmacies through an integrated pharmacy network

GOAL 2 AN INTEGRATED SYSTEM OF HEALTHCARE

- Implementation of the Health Service Performance Agreements (HSPAs) – Developed to monitor healthcare organizations outcomes related to quality
- National Clinical Guidelines and Pathways Committee – Established and developed 30 national clinical guidelines and associated pathways
- National E-Health and Data Management Strategy – Developed to identify standards, data sets, policies and requirements related to e-health
- National Laboratory Integration and Standardization Strategy (2013-2018)

GOAL 3 PREVENTIVE HEALTHCARE

A number of programs and projects developed to enhance the country's focus on proactive health promotion, disease prevention and early detection of ill health, including strengthening national public health governance. Some of these programs included:

- Qatar Public Health Strategy 2017-2022
- Qatar National Nutrition and Physical Activity Action Plan 2017-2022
- The National Screening Framework and Operating Model (draft)
- Tobacco Action Plan
- Qatar National Health Emergency Management Plan

GOAL 4 A SKILLED NATIONAL WORKFORCE

- Qatar Health Workforce Plan 2014-2022 - Contains seven strategic themes with short, medium and long term actions; workforce capacity and capability initiatives addressed planning, optimizing skill-mix, recruitment and retention

GOAL 5 A NATIONAL HEALTH POLICY

- The Qatar Council for Health Practitioners (QCHP) was established, and the QCHP 5-year strategic plan (2017-2022) was developed, focusing on sustainable growth, excellence and quality, partnership and engagement, and ensuring a high performing organization
- Healthcare facility licensing protocols and accreditation standards were developed
- Qatar National Formulary was implemented

GOAL 6 EFFECTIVE AND AFFORDABLE SERVICES, PARTNERSHIP IN THE BEARING OF HEALTHCARE COSTS

- New hospitals and health centers have been opened, and have expanded and transformed key clinical services.
- The Qatar Health Facilities Master Plan 2013-2033 was developed including an action plan for the first five years
- Performance-based budgeting system has been developed and is undergoing phased introduction
- The role of the private sector in the provision of healthcare remains a significant opportunity area and will be a key consideration going forward.

GOAL 7 HIGH-QUALITY RESEARCH

- Qatar National Research Ethics Committee established
- Sustainable model for IRB registration and research institution assurance implemented
- Qatar National Genomic Medicine Policy developed

Why do we need a strategy?

UNDERSTANDING WHERE WE ARE NOW

Currently, Qatar's health system is improving at a dramatic pace. Since the launch of the first National Health Strategy in 2011, the health system has invested heavily in expanding the healthcare service provision, additional infrastructure, workforce capacity and capabilities.

As a result, most of the population now has access to high-quality healthcare and enjoys a good quality of life in line with regional benchmarks (London School of Economics, 2017). However, while Qatar has made some significant improvements in recent years, we still have challenges that the health system must overcome.

QATAR'S HEALTH SYSTEM OVERVIEW

Qatar's population

- As of September 2017, the population of Qatar was 2.624 million, with approximately 12% Qataris and 88% expatriates. Females constitute only 25.1% of the population; the male majority is attributed to the gender profile of the expatriate population
- Life expectancy for Qataris is 80.4 years and as of July 2017 less than 2% of the population are 65 years or older. At 65 years, women are expected to live a further 20.3 years, 14.3 of which are healthy. At 65 years, men are expected to live a further 18.7 years, of which 13.5 are healthy
- Some large employers provide health insurance for their employees, the remainder of the population have universal access via the state system

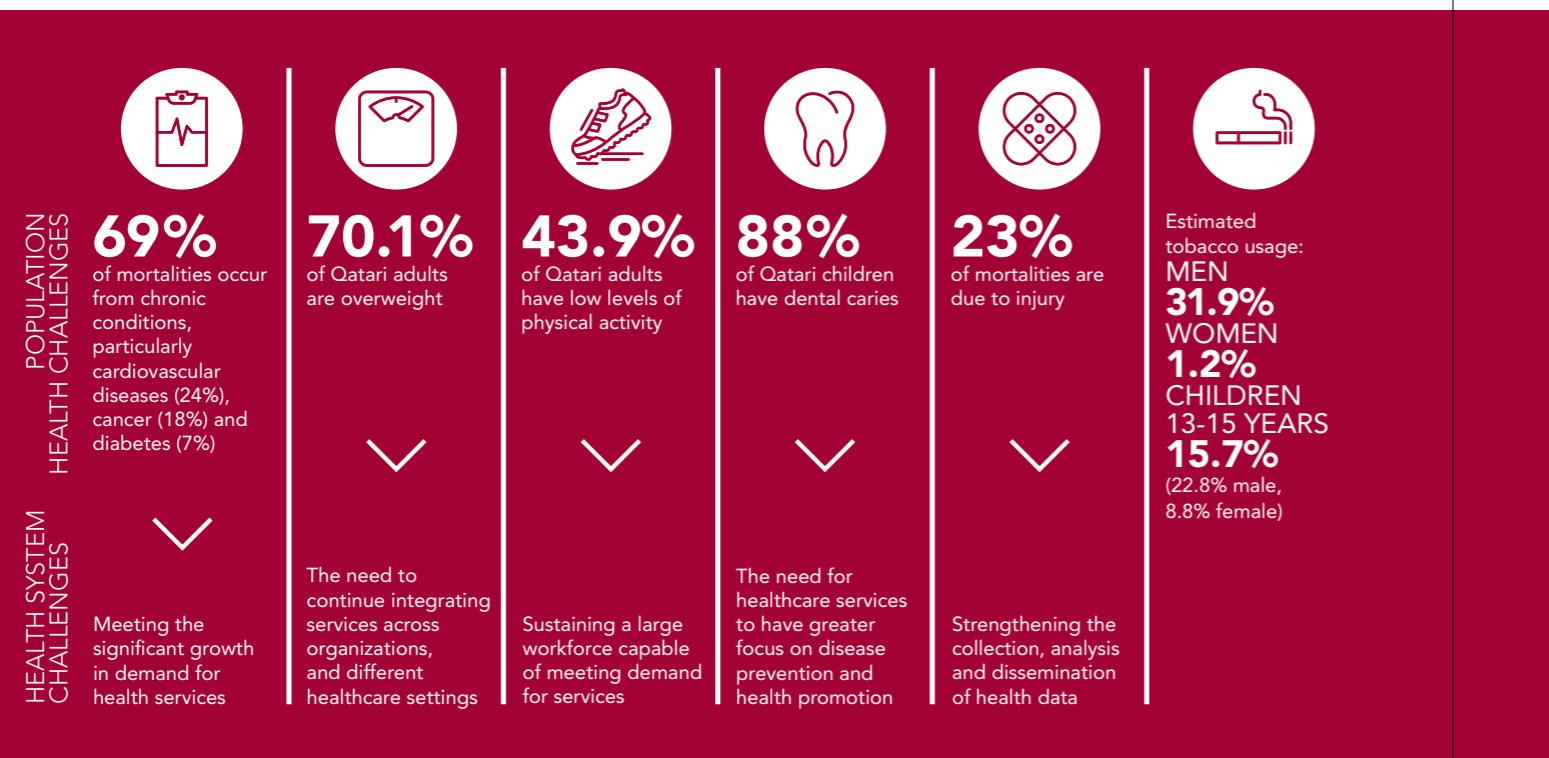
Qatar health sector highlights

- In 2014, Qatar's health expenditure as a proportion of GDP was 2.2%
- In 2014, government expenditure as a proportion of total health expenditure was 89.5%
- Qatar has 5.8 nurses and 2.5 physicians per 1,000 people.
- The Ministry of Public Health is the authority for health in the country, responsible for regulating, monitoring and evaluating care
- Healthcare services are provided by a mix of public, private and semi-government providers, with public providers constituting most of the healthcare activity across the country
- Some public providers have recently adopted a unified clinical information system, standardizing data entry and collection, with the intent of having a shared electronic medical record across all public providers
- Five new hospitals opened in Qatar between 2011 and 2016 with four more beginning services in 2016 and 2017
- Primary care provision is expanding rapidly, with six new health centers opened in 2015/16
- Many more governmental facilities are planned from 2018 and beyond, with 13 new or expanded secondary care facilities and hospitals and 10 wellness centers planned

Our challenges

Qatar faces a number of population health and health system challenges, identifying these challenges allows us to focus our efforts and resources in the areas of greatest need.

THE STATE OF HEALTH IN QATAR



To ensure we can achieve our ambitious national targets and improve the health of people living in Qatar, our health system needs to be shaped around focussing on population health, enabling a stronger emphasis on prevention and wellness in the future.

WE HAVE CHOSEN: AN INTEGRATED SYSTEM AND MODEL OF CARE

The future model of care will be patient-centered, value patient experience, and empower patients to share in responsibility for their health. The model will:

- Improve continuity and timely access across the continuum of multiple settings and levels of care
- Establish primary care as the first point of contact and provide

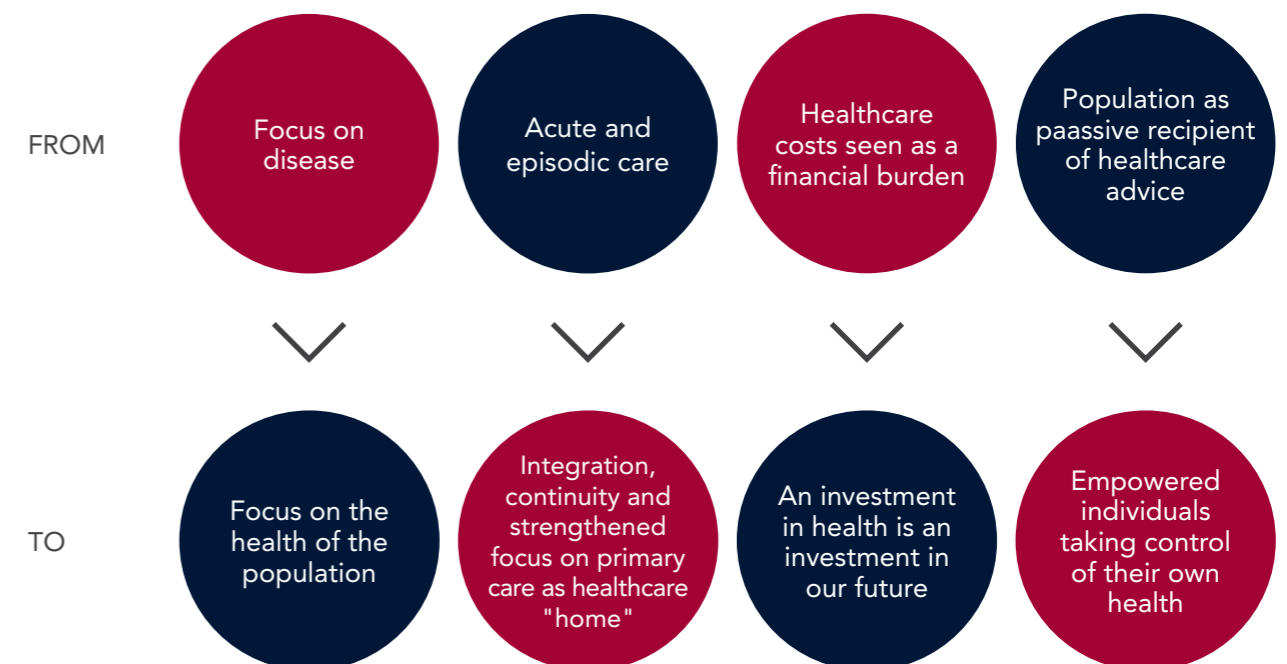
individuals and families with a primary care "home" where their named primary care team delivers personalized care

- Deliver the right care in the appropriate setting, underpinned by referral guidelines, care pathways and evidence-based practice
- Expand specialized services in the community
- Integrate efficient and effective hospital services across healthcare providers
- Embed a culture of patient safety and quality
- Empower multidisciplinary and multi-organizational teams
- Establish care networks and new ways of working together across the continuum
- Optimize information systems, telemedicine and digital health solutions
- Leverage systems and incentives to support the model of care

OUR VISION FOR HEALTH

Our Health, Our Future: "Improved health for Qatar's population, meeting the needs of existing and future generations."

This strategy represents a global shift in thinking and our vision is to cascade that into action in Qatar. This shift is characterized below.



This will require significant time and resource commitment, working in partnership across the sector, including the public, healthcare organizations, businesses, government agencies, civil society and the media.

BETTER HEALTH, BETTER CARE, BETTER VALUE

The Triple Aim is an internationally recognized approach that underpins this strategy as well as many other contemporary health strategies worldwide. The approach for the health sector over the coming years will be focused on better

health, better care, and better value, ensuring that all three domains are considered in all that we do, as we strive to achieve our desired outcome. We will align our implementation approach to better health, better care, and better value as we implement our agenda for change and improvement (Institute for Healthcare Improvement 2017).

BETTER HEALTH



The Strategy will focus on improving population health outcomes and recognizes that health encompasses both physical and mental well-being. Better health means keeping people living healthy lives for longer, and will be achieved through a focus on health promotion, reduced exposure to disease risk factors and by encouraging healthy behaviours. People will be empowered through this Strategy to take responsibility for their own health, through knowledge of, and access to, healthy lifestyle choices. Additionally, efforts will focus on working to protect people's health by appropriate immunization, preventing transmission of communicable diseases, decreasing multidrug resistant infections, and managing outbreaks and pandemics.

BETTER CARE



The provision of high-quality health services that are accessible, timely and effective, is central to the aims of this Strategy. Ensuring more services are available in community settings, close to people's homes, will result in improved access to care. Primary care must be at the center of the system-wide model of care that integrates secondary, tertiary and community care into a holistic, patient-centered experience. A family medicine integrated model of care ensures that individuals are assigned to an identified primary care provider, or team of providers, facilitating increased coordination and continuity. Teams of professionals will be arranged around the patient's level of need, rather than around organizational departments or specialties.

BETTER VALUE



The Strategy is committed to continually seeking greater value from health system investments, as measured by outcomes that matter to the patient and the society. The need to ensure the efficient and effective use of resources, whether they are monetary, human or infrastructure capital, is of great importance. Financial resources spent on healthcare should be viewed as an investment, and the return on that investment is qualitative as much as quantitative. Maximizing efficiency in the system will be a priority. Health funding models and financial incentives throughout the system must be aligned with the model of care and desired outcomes.

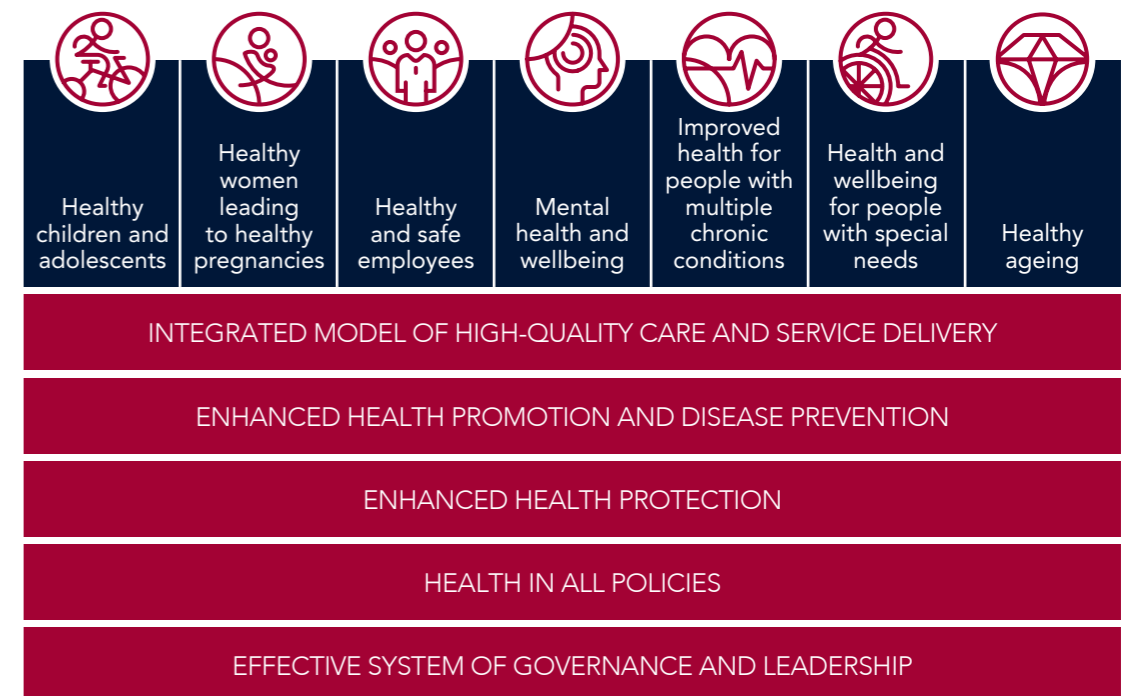
STRATEGIC CONTEXT



TRIPLE AIM



PRIORITY AREAS



SEVEN PRIORITY POPULATIONS



1. HEALTHY CHILDREN AND ADOLESCENTS



2. HEALTHY WOMEN LEADING TO HEALTHY PREGNANCIES



3. HEALTHY AND SAFE EMPLOYEES



4. MENTAL HEALTH AND WELL-BEING



5. IMPROVED HEALTH FOR PEOPLE WITH MULTIPLE CHRONIC CONDITIONS



6. HEALTH AND WELLBEING FOR PEOPLE WITH SPECIAL NEEDS



7. HEALTHY AGEING

POPULATION HEALTH APPROACH: 7 PRIORITY POPULATIONS

At the heart of realizing our vision is ensuring that every part of the health and healthcare system in Qatar is relentlessly focussed on population health.

This is an approach to health that aims to improve the health of the entire population, rather than only individuals, and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health such as gender, residence, employment status, housing, behaviour and age.

Designing services and support around population groups will create the platform for much greater innovation in health and healthcare –

all driven by ambitious targets for improvement. Addressing population groups allows us to apply new designs to better identify problems and solutions to those problems that lie outside of the acute health care setting.

This will allow more preventive, less complex, better coordinated, and more cost-effective approaches to care to flourish in the future.

The seven priority population groups have been carefully selected on the basis of the existing demographic and health needs of Qatar's population. In effect, they represent the life course of an individual and also take into account significance to future society, vulnerability and service demand.



THE PRIORITY POPULATIONS ARE:



1. HEALTHY CHILDREN AND ADOLESCENTS



2. HEALTHY WOMEN LEADING TO HEALTHY PREGNANCIES



3. HEALTHY AND SAFE EMPLOYEES



4. MENTAL HEALTH AND WELL-BEING



5. IMPROVED HEALTH FOR PEOPLE WITH MULTIPLE CHRONIC CONDITIONS



6. HEALTH AND WELLBEING FOR PEOPLE WITH SPECIAL NEEDS



7. HEALTHY AGEING

Specific initiatives have been set for each of the 7 priority populations.

National targets for 2022 have also been set for each area. These will be assessed and reviewed annually throughout the implementation of the Strategy.

1 _ HEALTHY CHILDREN AND ADOLESCENTS

How do we define this population?

All citizens and residents of Qatar between 0 and 18 years of age

Why focus on healthy children and adolescents?

In order to give our children the best opportunity to lead a healthy and full life, it is important that the foundations of good health are part of their lifestyles from an early age. The WHO stresses the importance of child health, and states that ensuring the healthy growth and development of children should be a prime concern of all societies.

Focusing on the health of children will yield better health outcomes, supporting them to grow into healthy adults, and sustain the prosperity of Qatar for generations to come.

In order to make a positive impact on the health of our children, it is vital the family is involved and not only understands the importance of healthy habits, but is also equipped with the knowledge to make healthy changes.

To give our children a full chance at a healthier life, we must strengthen our approach to providing a healthy and safe environment for them to live, grow, learn and play.

We also must make sure that when children need care, it is provided in an integrated way that provides high-quality healthcare in a patient and family-centric way across the continuum of care.

Where are we now?

Breastfeeding: 18.6% of Qatari and 36% of non-Qatari babies are exclusively breastfed at 6 months of age. This is significantly lower than the global target set by the WHO, which calls for at least 50% of babies under six months of age to be exclusively breastfed by 2025.

Weight: 18.8% of Qatari boys and 15.5% of Qatari girls less than 20 years of age are obese.

Physical activity: Data on physical activity levels in children is limited, but studies like the Qatar Active Healthy Kids Report 2015-2016 indicate that they do not meet recommended standards.

Tobacco use: Self-reported tobacco use in youth 13-15 years old is 15.7% (22.8% in boys and 8.8% in girls) as per the Global Youth Tobacco Survey.

Hospitalization rates: 2013 data for Qatar showed that the top causes of hospitalizations in children under five years old were: perinatal, respiratory, injuries and infections. The leading hospitalization causes for Qatari children between 5 -19 years old were injury, circulatory and gastrointestinal.

Dental decay: 88% of Qatari and 61% of non-Qatari six-year olds have evidence of dental decay.

Vaccination: In 2015, over 91% of children in their first year had received all basic vaccinations.



National targets by 2022:

- 25% reduction in the prevalence of dental caries among children less than 5 years old
- 15% increase in the level of exclusive breast-feeding of children at 6 months of age
- 25% increase in the proportion of adolescents who meet recommended levels of physical activity



What will we achieve?

- Improved nutrition and healthy lifestyle behaviors
- A safe and healthy environment for children and adolescents
- Improved preventive and curative oral health
- A robust national school health program
- A decrease in smoking prevalence among teenagers
- High-quality integrated pediatric care services, provided through a continuum of care across multiple providers and care settings
- Expanded child development services for children with special needs
- Maintained high rate of vaccination coverage



Case study:

Initiative HCA04 - Develop programs to increase the rate of exclusive breastfeeding

This initiative takes a comprehensive approach to increasing rates of breastfeeding for the benefit of both babies and mothers. The need to support breastfeeding mothers will be identified through a number of activities including the establishment of national baby-friendly programs and facilities, and the development of support networks for new mothers, including a hotline providing advice and information. Additionally, awareness sessions to educate new mothers about the health benefits of breastfeeding will be offered to develop a better understanding of its importance.

Performance indicators for this initiative include the number of facilities adopting baby-friendly programs, the rate of decrease of formula use in hospitals in the first 24 to 48 hours and the number of awareness sessions conducted per facility.

2 _ HEALTHY WOMEN LEADING TO HEALTHY PREGNANCIES

How do we define this population?

All citizens and resident women of Qatar of childbearing age (15-49 years of age)

Why focus on healthy women and pregnancies?

A woman's health status has a significant impact on the health of her baby, both during pregnancy and beyond. Healthy women are more likely to have healthy pregnancies, leading to healthy babies.

It is important that all women are empowered early in life with the understanding of the importance of healthy living.

Pregnancy is a critical period during which maternal nutrition and lifestyle choices are major influences on both the mother and child's health. During this period, it is crucial for women to focus on their health and well-being and receive high-quality care delivered by multidisciplinary teams in an integrated and coordinated healthcare setting that maximizes positive pregnancy outcomes.

The WHO Global Strategy for Women's, Children's and Adolescent's Health indicates at least a 10 fold return on investments in the health and nutrition of women, children and adolescents through better educational attainments, workforce participation and social contributions.

We must ensure that women are empowered to care for themselves and their children, understand the importance of leading a healthy and active life and receive high-quality maternal care when they need it.

Where are we now?

Weight issues: The STEPS survey found that 68.3% and 43.2% of Qatari women are overweight (BMI ≥ 25 kg/m²) and obese (BMI ≥ 30 kg/m²), respectively. This rate is very high as compared to other nations. Prevalence of obesity in the USA is 35%; and in Singapore, it is 6.8%.

Nutrition: 90.4% of women reported eating less than five servings of fruits and/or vegetables on an average day.

Physical activity: 82.7% of women report not engaging in vigorous activity.

The MDPS Multiple Indicator Cluster Survey Qatar 2014 indicated that Qatar has the following:

78%: Women seen by a skilled health worker during childbirth.

92%: Qatari women who have had at least four antenatal visits.

96%: Newborns who received a postnatal health check.

Maternal mortality rate: The maternal mortality rate averaged over 2011 to 2015 is 5.1 per 100,000.



National target by 2022:

A 10% improvement in score of a compound index ^{**}(including assessment of prenatal, perinatal, and post-natal care) used to measure healthy women and healthy pregnancies



What will we achieve?

- Empowerment through knowledge and health literacy
- Improved nutrition and healthy lifestyle behaviors
- High-quality maternity healthcare services across the various stages of pregnancy, delivery, and after delivery based on standard national protocols and guidelines for maternity care, including standardized referral guidelines
- Integrated maternity services across the continuum of care, based on appropriate level and scope of care in the community
- Enhanced capabilities in monitoring causes of maternal complications and major events



Case study:

Initiative HW04 – Enhance effective perinatal care and improve outcomes

In order to improve the health of women during pregnancy, through better understanding and treatment of the most common causes of maternal morbidity and complications, this initiative recognizes the need to enhance the identification and monitoring of these issues. Reviewing the current reporting process for maternal complications, including in the private sector, and ensuring a system-wide approach to maternal morbidity and complications form part of the initiative activities.

Performance indicators for the number of reported maternal mortality cases per year and the percentage compliance with maternal care guidelines are both included in the initiative's performance indicators.

^{**} RMNCH tracer index

3 _ HEALTHY AND SAFE EMPLOYEES

How do we define this population?

All citizens and residents who are participants in the labor force.

Why focus on healthy and safe employees?

Qatar has had one of the world's fastest growing populations in recent years, with a workforce that comes from many different countries and backgrounds, supporting the development of the country's economy. This includes a large number of migrant workers coming to Qatar to build large-scale infrastructure projects. For this reason, there is a high need for proactive ways of managing blue-collar and white-collar employees' health at work.

Healthy employees are an asset to the country and are essential for societal productivity and economic development.

can contribute to the prevention of many chronic diseases, thereby supporting healthy communities and societies, and also decreasing healthcare costs.

This Strategy aims to work with employers and employees to improve data, increase occupational health-based programs and strengthen regulation.

Where are we now?

National Health Strategy 2012-2016 Occupational Health Project. It was launched in 2013 with the objective of reducing occupational diseases, injuries and workplace deaths, establishing an occupational health capability at the MOPH, and improving data collection across the health system.

Policy and regulation: Occupational health policy and regulation need strengthening.

In order to optimize Qatar's continued and sustained economic growth and to successfully achieve the Qatar National Vision 2030, we must value the health and wellness of our employees.

Physically and mentally healthy employees can be more focused, have more energy and confidence, and are able to be more productive.

Employees spend a large portion of their waking hours at work and may not have much additional time for wellness activities. Workplace wellness programs can address many of the risk factors that, if addressed early,



National target by 2022:

80% of government and semi-government employees will have access to an occupational health-based workplace wellness program



What will we achieve?

- A better understanding of occupational health in Qatar and occupational risks
- Healthier lifestyles, and improved physical activity and nutrition for employees
- Safer workplaces and fewer workplace injuries
- Improved occupational health capabilities within the health sector
- Enhanced occupational health regulation and policy



Case study:

Initiative HE03 - Develop and implement a national policy for occupational health, workforce safety and protection of staff in the workplace for all sectors

To support the health and well-being of employees while at work, a review of the existing Labor Law will be carried out to ensure employers are responsible for promoting workplace wellness programs and incentives for employers. Training and information on their responsibilities will also be given to employers and compliance monitored. Additionally, the activities will develop protocol, including communication, for employees for any given occupational health exposure.

Performance indicators have been set for the percentage of workplaces compliant with the medical service provision, as per the Labor Law, and the number of training programs conducted.

4 _ IMPROVED MENTAL HEALTH AND WELL-BEING

How do we define this population?

All citizens and residents of Qatar who are diagnosed with a mental health condition or are at risk of developing one in the future.

Why focus on mental health and well-being?

Mental health and well-being enables people to be more actively engaged in society, work productively and contribute to their communities.

It is crucial to recognize the needs of this population and provide them the support they need to live healthy, fulfilling lives.

Unmet mental health need is a global challenge and in general, health systems need to respond more robustly to address the burden of mental illness, as there is a documented gap between the need for treatment and its provision worldwide (WHO). There are barriers to healthcare and quality of life around the world for people with mental health needs, arising from negative attitudes and misunderstanding, stigma and discrimination. Not only do many people with mental health needs fail to seek treatment and support when symptoms arise, but they are also often affected in terms of educational, social, and economic success. Undiagnosed mental disorders can have debilitating impacts on people's lives, limiting them from achieving their full potential.

This strategy looks to build upon the work done in recent years and to focus on combating misinformation and negative stigma, improving access to high-quality mental health services in the community, and improving much-needed data and research.

Where are we now?

Burden of mental illness in Qatar:

- A study of 1,660 people aged 18 to 65 years attending Qatar's primary health care centers found that nearly 25% of adults who attended a public health consultation had at least one type of mental disorder.
- As per the 2017 WHO Depression and Other Common Mental Disorders Global Health Estimate the prevalence of depressive disorders and anxiety disorders is 5.1% and 4.2% respectively. Together, they make up 14.2% of total years lived with disability.

Service availability: Availability of mental health services is still limited in Qatar. Compared with other high-income countries, Qatar has fewer outpatient facilities, beds in community residential facilities and beds in psychiatric hospitals. However, services are continuing to develop across primary care including the development of mental health support clinics offering psychological interventions.

2013-2018 Mental Health Strategy: This strategy aims to develop comprehensive mental health services and articulated the vision for an integrated mental health system, supported by the approved Mental Health Law, currently in implementation.

Mental health awareness: A study performed in 2015 commissioned by MOPH found that over half of respondents (60%) perceive the general public to 'not be aware' or to only be 'slightly aware' of mental health issues.



National target by 2022:

Improved access to mental health services, with 20% of care being delivered in the primary and community sector by 2020.



What will we achieve?

- Improved epidemiological and research data on mental health in Qatar to inform evidence-based mental health policy, plans and services
- Increased community awareness about mental health illness and services, and reduced stigma surrounding mental health
- Increased availability of integrated, high-quality mental health services in both community and inpatient settings, provided by the appropriate number and skill-mix of mental health professionals across all settings of care



Case study:

Initiative MHW04 - Establish integrated mental health services

This initiative's activities place a clear focus on the standardization of clinical guidelines for the treatment of mental health conditions and the development of an integrated network of services and agreed pathways among all providers of mental health services. This will ensure patients have clear steps along their journey from diagnosis to treatment. The different needs of individuals and groups are accounted for through the development of specific mental health services. Additionally, the activities include establishing dedicated counselling services.

Performance indicators include the number of networks and pathways created and the number of providers offering counselling services.



5 _ IMPROVED HEALTH FOR PEOPLE WITH MULTIPLE CHRONIC CONDITIONS

How do we define this population?

All citizens and residents that have more than one chronic condition. Chronic conditions are defined as conditions that last a year or more and require ongoing medical attention and limit activities of daily living. They include physical conditions as well as mental and cognitive disorders.

Why focus on multiple chronic conditions?

The prevalence across the world of people with multiple chronic conditions is increasing. This is due partly to the increasing age of the population, and also to the high prevalence of unhealthy lifestyle choices such as smoking, physical inactivity and poor dietary habits causing non communicable diseases. Chronic diseases such as heart disease, cancer and diabetes all have shared risk factors and lifestyle habits that increase a person's chances of developing more than one of these conditions.

A Center for Disease Control study showed that as a person's number of chronic conditions increases, his or her risk of dying prematurely, being hospitalized, suffering medication errors and interactions due to multiple medications, being exposed to duplicate tests, and receiving conflicting advice also increases. This population incurs substantial healthcare costs upon the healthcare system. For example, 71% of the total healthcare spending in the US is on providing care for people with more than one chronic condition.

In order to improve health outcomes for the population and increased value to the healthcare system, we must invest in this high-risk, high-cost population by moving to a coordinated care model that promotes self-care, improves data collection and avoids unnecessary hospitalization and/or emergency visits.

Empowering people with the knowledge and skills necessary to influence their own health is of great importance for those with multiple chronic conditions.

A critical factor will be ensuring they understand how maintaining healthy behaviors is important for the avoidance of negative complications and successful management of their conditions.

Where are we now?

Hamad Medical Corporation data collected between 1 April 2016 and 31 March 2017 found the following:

- **Approximately 16%** patients with more than one chronic disease were readmitted at the emergency department within 28 days of discharge
- **Approximately 6%** of total emergency admissions were patients with more than one chronic condition
- Those over 65 years of age with more than one chronic condition were **7 times** more likely to have emergency admissions when compared with the 45–65 age group

Mortality: Although there is little data about mortality for those with multiple chronic conditions, a proxy measure can be derived by data about prevalence and incidence rates of specific chronic diseases. Cardiovascular disease, diabetes, and cancer are the three top causes of mortality, accounting for 24%, 17%, and 9% respectively. In particular diabetes implies a number of complications and concurrent diseases.

National Cancer Strategy 2011-2016 and National Cancer Framework 2017-2022: They identify objectives for Qatar on health education, early detection and high-quality cancer treatment and services.

Qatar National Diabetes Strategy 2016-2022: It has re-designed the model of diabetes prevention and care, including health promotion, to ensure lifestyle advice, education and counselling.



National target by 2022:

25% decrease in the 30-day re-admission rate for chronic conditions



Case study:

Initiative MCC03 - Enhance continuity and coordination of care

Improving care for patients with multiple chronic conditions through the enhancement of the role of primary care and family medicine is an area of focus for this initiative. This includes the identification of a primary care physician and primary team for the management of each patient with multiple chronic conditions. Continuity and coordination of care will be advanced through the provision of a named care coordinator for every patient with multiple chronic conditions. The coordinator will support the patient for a range of needs, including access to care, referral processes, appointments and follow-up procedures.

The percentage of patients with an identified primary care physician, team and coordinator, have all been stated as performance indicators for this initiative, as well as the percentage of compliant referrals, pathways and co-designed care plans.



What will we achieve?

- Improved epidemiologic data on people with multiple chronic conditions
- Empowered patients and improved health behaviors
- Improved care coordination and continuity of care for these high-risk patients, particularly regarding transitions of care among different levels
- Evidence-based pathways and treatment guidelines that help in avoiding admissions and re-admissions, and improve health outcomes



6 _ HEALTH AND WELL-BEING FOR PEOPLE WITH SPECIAL NEEDS

How do we define this population?

All citizens and residents who meet the WHO definition of disability as “an umbrella term for impairments, activity limitations, and participation restrictions” (World Health Organization, 2017). The term ‘special needs’ as used in this document is interchangeable with ‘disability’ and is meant to include any physical, developmental, sensory, behavioral, cognitive or emotional impairment that may limit a person’s ability to perform daily self-maintenance or social and life activities.

Why focus on special needs?

Disability is a public health challenge and across the world people with disability face barriers in accessing health and related services, such as rehabilitation, and frequently have worse health outcomes than people without disability. For many living with a disability, their condition is also a human rights challenge, as they experience stigmatization, discrimination, and inequalities. Disability can also hinder people’s development, often lowering the standard of life through lack of access to employment and education, thus increasing expenditure related to disability.

In Qatar, we want to maximize developmental and health outcomes for this vulnerable population by providing them with health and social services capable to help them achieve a higher quality of life.

Our approach includes strengthening early interventions, improving access to care and services and taking a multisectoral approach to meeting the needs of this population.

This means ensuring sufficient care services for people with specific needs across Qatar’s health system in order for this population group to have the same access to care as the rest of society. This Strategy also aims to improve the level of support provided to families and care givers who look after people with special needs, as well improving accessibility within schools for these individuals.

Where are we now?

HMC Childhood Development Center: Over the past two years (2015 and 2016), the Childhood Development Center at HMC has been collecting data showing an increase in the number of consultations over the years.

18,992: Number of visits in 2015

24,046: Number of visits in 2016

Autism Spectrum Disorder: It is estimated on the basis of international prevalence data that the number of children 0–18 years old with Autism Spectrum Disorder (ASD) in Qatar ranges between 3,500 and 5,000 children. Around 230 children are likely to be diagnosed with ASD every year.

National Autism Plan: The National Autism Plan was launched in 2017 and aims at developing a model of care improving awareness, early recognition, diagnosis, intervention and the transition into adulthood.

Shafallah Center: For nearly two decades, the Shafallah Center has provided comprehensive services and care to people with disabilities, advancing the agenda for people with special needs by providing high-quality care to individuals, raising awareness on disability, performing research and providing vocational training.



National target by 2022:

Every healthcare facility will have a system in place to meet the needs of this population.



What will we achieve?

- Better understanding of the epidemiology of children and adults with special needs in Qatar
- Improved availability of high-quality disability services
- Improved support for families, formal and informal caregivers
- Barrier-free access to essential health services
- Improved early detection and diagnosis
- Greater access to opportunities in terms of education and employment



Case study:

Initiative SN04 - Develop Occupational Rehabilitation Centers to train disabled teenagers to be able to work professionally

This initiative’s activities focus on building a strong collaboration with the Ministry of Administrative Development and Labor and Social Affairs in order to identify and provide job opportunities for disabled teenagers, while also encouraging employers to create suitable positions. Additionally, the activities will raise awareness of the Occupational Rehabilitation Centers and provide disabled teenagers with easy access to information about what opportunities are available to them.

Performance indicators include the number of awareness sessions conducted and the proportion of employees with special needs in the public and private sectors.



7 _ HEALTHY AGEING

How do we define this population?

Citizens and residents aged 60 and above.

Why focus on healthy ageing?

Ageing people are a precious, sometimes overlooked resource that make an important contribution to the fabric of our societies. We recognize the dignity of the older population and the need to both support their independence and harness their contributions to society.

Populations around the world are rapidly ageing, which presents both challenges and opportunities. This increases demand for primary healthcare and long-term care, requiring a larger and better trained workforce and stresses the need for environments to be made more age-friendly. Yet, these investments can enable the contributions of older people to society — whether it be within their family, to their local or national communities.

We want this population to enjoy a higher quality of life for longer. Without good health, people are limited in their ability to enjoy these later years of life.

We will aim to improve health by creating the right conditions for older people to increase their active life years, stay well and live at home wherever possible.

We also want to ensure timely, coordinated and integrated care for the older population, improving access to services in their local communities.

Where are we now?

Ageing trends: Life expectancy for Qataris is 80.4 years and as of July 2017 less than 2% of the population are 65 years or older. However, Qatar is experiencing trends in aging similar to that of other developed countries and the proportion of older people is expected to grow.

Healthy Life Years (HLY): At 65 years, women are expected to live a further 20.3 years, 14.3 of which are healthy. At 65 years, men are expected to live a further 18.7 years, of which 13.5 are healthy.

Dementia: The National Dementia Stakeholder Forum is a cross-sectoral group working to develop the Qatar National Dementia Plan.



National target by 2022:

One year increase in Healthy Life-Years (HLYs) for the over 65 years old population



What will we achieve?

- More active, independent 60+ population, empowered to maximize their health and quality of life
- Improved mobility and accessibility to services
- Improved coordination and continuity of care across the continuum, that is provided through integrated pathways, referrals and shared care plans
- Increased access to rehabilitation services
- Integrated and coordinated home care services
- Enhanced support for family/caregivers
- Enhanced end of life services



Case study:

Initiative HA09 – Develop a nationally coordinated and integrated home care service

The development of clear home care criteria for primary, secondary and tertiary services is one of the initiative’s activities, as is the need to utilize telemedicine and digital health solutions to support integration and improve accessibility of care in the community. Additionally, the activities will establish one body responsible for overseeing the unified services, accepting referrals for home care, and then referring to home care services at different levels based on agreed criteria.

Performance indicators include the number of cases referred to home care as well as the number of home care cases referred to another care level.

FIVE SYSTEM-WIDE PRIORITIES



1. INTEGRATED MODEL OF HIGH-QUALITY CARE AND SERVICE DELIVERY



2. ENHANCED HEALTH PROMOTION AND DISEASE PREVENTION



3. ENHANCED HEALTH PROTECTION



4. HEALTH IN ALL POLICIES



5. EFFECTIVE SYSTEM OF GOVERNANCE AND LEADERSHIP

FIVE SYSTEM-WIDE PRIORITIES

In order to achieve successful outcomes for the priority populations, as well as all citizens and residents of Qatar, health will be promoted and healthcare services delivered through an integrated system, highlighted by five system-wide priorities.

The system will focus on promotion of health, prevention of ill-health, and the provision of high quality and safe care when needed through coordination across a continuum of care. This requires not only a global shift in thinking, but also a change in the way we work together for the good of the people we serve.



1. INTEGRATED MODEL OF HIGH-QUALITY CARE AND SERVICE DELIVERY



2. ENHANCED HEALTH PROMOTION AND DISEASE PREVENTION



3. ENHANCED HEALTH PROTECTION



4. HEALTH IN ALL POLICIES



5. EFFECTIVE SYSTEM OF GOVERNANCE AND LEADERSHIP

Specific initiatives have been set for each of the five system-wide priorities.

National targets for 2022 have also been set for each area. These will be assessed and reviewed annually throughout the implementation of the Strategy.

1 _ INTEGRATED MODEL OF HIGH-QUALITY CARE AND SERVICE DELIVERY

What is an integrated model of high-quality care and service delivery?

WHO defines integrated care as “The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system”. The definition goes on to explain that for the patient, integration means healthcare that is seamless, smooth and easy to navigate. This model provides high quality, evidence-based and best practice services at all levels within the system.

Why focus on it?

Improving the integration of services — whether across primary and community services, between hospitals, or across primary and specialist services is intended to deliver benefits in all dimensions of the triple aims of better health, better care and better value.

To support patient transition between levels of care and navigation throughout the health system, stronger continuity of care must be established and maintained. Through enhanced continuity of care, a shared, single and coordinated plan of care can be established, supported by professional collaboration.

Planned pathways across levels of care help patients to receive the right care in the right setting from the right healthcare professionals.

Moving away from episodic care, towards an increased focus on continuity of care, requires robust primary care as the foundation of an integrated and effective health system. Expanded specialty and

diagnostic services available in the community adds value through convenience and efficiency.

Care that is provided at any point across the continuum of care must be high quality and safe. Defining quality standards and monitoring performance is a crucial step for providers, regulators and funders of care. Evidence-based medicine, accessibility of care, measures of patient-reported outcomes and cost-effectiveness are contributing factors for a high-quality and safe patient care system.

The greatest ambition of the National Health Strategy 2018–2022 is to transform the way we provide care through joint working and partnerships that place the patient at the forefront of all healthcare services.

Where are we now?

Care delivery: Areas across the continuum require more integration and continuity, through more standardized and efficient transitions of care. High demand areas challenge timely access to healthcare for patients.

Acute care model: By implementing the National Primary Care Strategy 2013-2018 there has been higher focus on primary healthcare in the past five years. However, emergency and secondary care services are still utilized for many conditions that could be treated through primary healthcare services, and more secondary care services could be delivered in the community setting rather than hospital-based.

The Continuing Care Strategy was developed in 2015 and concluded that the following could be delivered at more appropriate levels of care:

- 20% to 25% of emergency care
- 20% of intensive and acute care
- 20% to 30% of outpatient care

Continuing Care: There is a growing need for continuing care services, including rehabilitation services, provided across the continuum to support complex and long term care needs.

Clinical guidelines and pathways: The national clinical guidelines and pathways working group has published 30 clinical guidelines and pathways. However, they are not systematically used and monitored.

eHealth: Driven largely by the NHS 2011-2016, Qatar’s health system has made significant progress against its eHealth Strategy. A key element of this has been to improve access to online electronic health records through the implementation of the Clinical Information System at HMC and PHCC facilities. This has facilitated sharing of health data between different providers and contributed to a more integrated health system.



National targets by 2022:

- 5% reduction of overall amenable cause specific mortality
- 15% reduction of preventable hospital admissions for primary care sensitive conditions (e.g., hypertension, asthma and diabetes)
- 85% of attendances to Emergency Department seen, managed and discharged from Emergency Department within 4 hours
- 5% year-on-year reduction of Healthcare Acquired Infections (HCAIs), in accordance with international best practice



- Appropriate utilization of secondary and tertiary services in hospitals and emergency rooms
- Improved coordination of care, particularly at care transitions
- Improved patient experience and engagement
- Quality of care and patient safety embedded in the culture of all healthcare organizations
- Optimized use of technology

Case study:

Initiative IM02 - Establish primary care as the first and continuous point of appropriate access for the majority of healthcare needs based on a family medicine model of care

A key area of focus for this initiative is to enhance awareness of primary care services so that patients know the full range of services offered at primary care facilities. The activities also seek to expand access to certain services, including procedures and testing, within the primary care setting. Continuity of care is critical, and patients will have a named primary care provider and team of professionals to whom they are assigned, who know them, and provide their care when needed in a holistic and patient-centered way.

Performance indicators include the proportion of service capacity available in primary care and public awareness of these services.



What will we achieve?

- Improved and timely access across the system
- Primary care ‘homes’ where people are treated by a team of professionals that know them and their families
- Integrated pathways of care delivered through multidisciplinary teams that work together in multiple settings across the continuum of care
- Specialty and diagnostics services expanded in the community setting



2 _ ENHANCED HEALTH PROMOTION AND DISEASE PREVENTION

What is health promotion and disease prevention?

The WHO defines health promotion as the process of enabling people to increase control over, and to improve, their health. Disease prevention focuses on preventive strategies to reduce the risk of developing chronic conditions and other morbidities.

Why focus on it?

The WHO states the evidence that prevention can be cost-effective, provide value for money and give returns on investment in both the short and long term. There is now a substantial body of evidence showing that the majority of healthcare expenditure is spent on conditions that are largely preventable (e.g., diabetes, hypertension, heart disease, stroke, cancer, and injuries).

Taking a health promotion and disease prevention approach will enable us to reduce the incidence and prevalence of risk factors, chronic illness, functional impairments, and acute disease.

This will result in people living longer, healthier lives. We aim to invest in the promotion of health through healthy behaviors and lifestyle, screening, early detection, and disease prevention to engage and empower the population to act on improving their own health, increasing their life span, and remaining healthy and productive for longer.

Where are we now?

NCDs: In 2015, 69% of deaths were due to NCDs such as cardiovascular disease and diabetes

Obesity and overweight: 70.1% of the adult Qatari population can be classified as overweight or obese (28.7% overweight and 41.4% obese).

Tobacco: Among adults, 31.9% of men and 1.2% of women are current smokers.

Qatar Public Health Strategy 2017-2022: It has been developed to enhance the country's focus on proactive health promotion, disease prevention and early detection of ill health, including strengthening national public health governance.

Screening: In response to the National Cancer Strategy recommendations, PHCC launched a breast and bowel screening program titled 'Screen for Life' in December 2016 that aims to promote education, awareness and early detection of cancer within Qatar.

Health promotion activity: Public and private sector entities across Qatar undertake a range of activities aimed at promoting general wellness, healthy behaviors, nutrition and lifestyles including running general education and awareness campaigns and programs for periodic health checks for sub-populations.



National targets by 2022:

- 5% decrease in obesity rate in children, adolescents and adults
- 30% reduction in smoking prevalence
- 15% reduction in premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases



What will we achieve?

- Healthier behaviors and lifestyles
- Reduction in the prevalence of key risk factors, such as obesity and the use of tobacco
- Improved health within the population including cardiovascular disease, diabetes and obesity
- Early recognition of risk factors
- More consistent health messaging reaching the population
- Improved use of digital tools to promote healthy behaviors
- Full implementation of the Qatar Public Health Strategy 2017-2022



Case study:

Initiative HPD02 - Enhance and coordinate health awareness programs targeted at major health risk factors

In addition to developing an agreed understanding of 'health literacy', the activities within this initiative will review current health promotion efforts across agencies with the ultimate aim to coordinate and unify messages, campaigns, programs and responses. The initiative seeks to coordinate with local community stakeholders to support health promotion and disease prevention efforts, and will implement health promotion activities included in Qatar's national strategies for public health, cancer and diabetes.

The number of awareness and health promotion campaigns and the percentage improvement in population vascular health have been established as performance indicators.

3 _ ENHANCED HEALTH PROTECTION

What is health protection?

Health protection is a dynamic and responsive process that aims to ensure healthy living and working conditions, as well as to prevent the transmission of communicable diseases and epidemics. This includes monitoring the safety and quality of food, water, air and the general environment, in addition to managing outbreaks, and other incidents that may threaten the public health, such as exposure to harmful chemicals or radiation.

Why focus on it?

Health protection spans across country borders and includes security, response to pandemics, and humanitarian crises, and reduction and monitoring of environmental exposures. Qatar has committed to implement the WHO International Health Regulations (IHR, 2005). The purpose and scope of IHR is "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade."

Increased investment in health protection will not only improve the health of the population and decrease poor health outcomes, but can also help to control potential incidents, especially during large-scale events.

Health protection is critical to Qatar as it prepares for the 2022 FIFA World Cup, a large event that will see a mass gathering of people. The provision of an effective emergency preparedness plan and protocol is crucial, as it will incorporate measures for prevention, mitigation, preparedness, response and recovery.

Where are we now?

Communicable disease deaths: 6.3% of deaths in Qatar occur from communicable diseases in 2015.

Food poisoning: 402 reported cases of food poisoning during 2014, a significant drop from the previous year, but broadly consistent with historical levels from 2010–13.

Air pollution: Concentration of particulate matter (PM10) in Doha as compared with other cities is among the highest in the world.

Communicable disease framework: Efforts associated with the National Health Strategy 2011–16, 'Communicable Disease Prevention' project resulted in a drafted Communicable Diseases Framework.

Surveillance system: Past efforts to implement a communicable diseases early-warning surveillance and tracking system have been challenged by the lack of IT infrastructure and synergies across ministries.

Preventable infectious diseases: There are small, but notable occurrences of vaccine preventable infectious diseases, including measles, mumps, rubella, hepatitis A and hepatitis B.

Emergency Preparedness: The Qatar National Health Emergency Management Plan has been developed, but is not yet implemented across the sector.



National target by 2022:

Real-time systems in effect to ensure compliance with International Health Regulations for surveillance and response, to include supporting readiness for mass gatherings, such as the Qatar 2022 World Cup.



Case study:

Initiative EHP05 - Enhanced environmental health risks monitoring and regulation

This initiative's activities will develop an environmental health database supported by a risk alert and network communication system, as well as carry out an environmental health risk assessment for exposures risky for health. Air and water quality are both highlighted within the activities with efforts aimed at improving data collection as well as detection and reporting of exposures of concern. Health professionals' knowledge of environmental health risks and related diseases will be improved through awareness activities.

The number of environmental monitoring reports generated per year and the amount of sessions conducted to improve professional knowledge are both included in the performance indicators.



What will we achieve?

- Qatar as a safer place to live, work and visit
- Effective surveillance, data, and risk communication function for health protection, led by the MOPH
- Decrease of anti-microbial resistance (AMR) and dangerous environmental exposures
- Strengthened food safety regulation
- Improved emergency and disaster response readiness



4 _ HEALTH IN ALL POLICIES

What is health in all policies?

Health in All Policies (HiAP) is an inter-sectoral collaborative approach to improving health and equity of the population by incorporating health considerations and implications into all sectoral policies and decision-making processes.

Why focus on it?

The WHO states that HiAP helps to address the social, physical, and economic environments that are key drivers of health outcomes and health inequities.

Through collaboration across sectors, HiAP can help identify areas where sharing of resources will improve population health and ensure societal benefits through cost-effective interventions and policies centered on promoting healthy behavior and prevention.

Where are we now?

To date, there have been a limited number of examples of HiAP in Qatar.

Healthy Cities: The Qatar Green Building Council recently established a Green Infrastructure Interest Group (GIIG), which aims to develop green infrastructure and improve the quality of the wider environment, such as parks and natural habitats, as well as enhance economic and social benefits. In response to establishing a Healthy City as part of the Qatar National Vision 2030, GIIG developed a Healthy City guide that highlights the benefits of planning and designing a healthy city, and targets urban planning professionals, senior school students, and civil society to promote sustainable development. Through this, the GIIG was able to foster education around this subject, which in turn could help promoting behavioral change.

Cross-governmental collaboration: The MOPH and local Ministries have collaborated on a number of completed and ongoing health-related projects. In implementing the National Health Strategy 2011-16 on 'Environmental Health', the MOPH worked alongside the Ministry of Municipality and Environment to monitor, identify and mitigate existing and potential sources of air and water pollution that can have a negative impact on the health of the population. The MOPH also collaborated with both the Ministry of Administrative Development, Labor and Social Affairs (MADLSA) and Ministry of Interior (MOI) to collect data on the number of injuries and deaths related to occupational health.



National target by 2022:

By the end of 2018, Qatar will develop and begin the implementation of a National Health in All Policies strategy and plan of action, with the goal of embracing the Healthy Cities approach, also in view of supporting readiness for the Qatar 2022 World Cup.



What will we achieve?

- Implementation of Health Impact Assessments (HIAs) cross-government
- A cross-governmental approach to injury prevention, sustainable mobility, healthy nutrition and environmental health protection
- A Healthy Cities approach that aims to ensure that cities in Qatar provide an environment supporting and promoting health



Case study:

Initiative HAP4 - Implement a Healthy City approach in Qatar as per WHO criteria and requirements

The activities within this initiative take a comprehensive approach and include establishing leadership and a cross-governmental mechanism with intersectoral partnerships to ensure a sustainable, widespread program. The activities will also define the agreed criteria and unified vision for the Healthy City approach in Qatar and identify cities in Qatar as candidates for implementation.

Performance indicators include the WHO's Healthy City criteria.



5 _ EFFECTIVE SYSTEM OF GOVERNANCE AND LEADERSHIP

What is an effective system of governance and leadership?

As per the WHO World Health Report (World Health Organization, 2010), there are six building blocks of an effective health system, each of which is critical and must work effectively together. These components are health service delivery, health workforce, health information systems, access to essential medicines, health system financing, leadership and governance.

Why focus on it?

A strong and effective health system is fundamental for improving health outcomes and accelerating progress toward achieving national health goals.

Successful implementation of this Strategy will require an effective governance and leadership structure to ensure high quality and safe health services, a more integrated model of care, enhanced private sector involvement, a responsive, supported and efficient health workforce, accurate data and intelligence used to inform policy and decision-making, evidence-based use of pharmaceuticals, devices, and products, and improved value and efficiency.

Where are we now?

GDP: In 2014, Qatar's health expenditure as a proportion of GDP was 2.2%.

Government spend: 89.5% of national health expenditures is funded by the Qatari Government.

Private sector: 14% of inpatient beds in the year 2014 were in the private sector. There is no specific measurement of outpatient activity in the private sector.

Workforce sustainability: Among doctors and nurses, 69% and 91% respectively are expatriates. Qatar University and Weill Cornell Qatar have programs to develop the Qatari physician workforce.

Quality of care: The Health Service Performance Agreement (HSPA) was introduced as a way to improve accountability and standardize the quality of care from 2012 to 2014.

Health information: A unified clinical information system has been launched across HMC hospitals and PHCC health centers. There are plans to expand the system to all public providers.

Research: Qatar National Research Ethics Committee was established, and a system for IRB registration and assurance has been implemented.

Domestic pharmaceutical production: Given the high price of drugs in Qatar, a drug price standardization mechanism to ensure medicines are available to all has been introduced. This mechanism takes into consideration three factors: import price, the agent's pricing policy, and the company price of the drug.



National targets by 2022:

Enhance health system governance by:

- 0.2% increase per annum in the proportion of government health budget with respect to GDP, reflecting increasing investment in system performance, preventive services and primary healthcare, thereby achieving an integrated model of care
- Establishing a dynamic mechanism within the MOPH to routinely measure available vs. required capacity within the health sector in order to plan and achieve stated targets
- Increasing by 25% private sector market share
- Enhancing universal coverage in line with international practice



What will we achieve?

- Clear direction of the health system through MOPH leadership separate bullet point
- Improved quality of care and patient safety through enhanced monitoring systems and a robust knowledge platform
- A workforce that is sufficient, capable and sustainable
- Enhanced private sector role in meeting population health needs

- Improved value for money in healthcare expenditures
- Improved efficiency when providing health services
- Evidence-based and cost-effective use of pharmaceuticals and medical technologies
- Research governance that directs funding and ensures ethical research practices
- System incentives that use finance, insurance models, and regulation to support the model of care and patient safety



Case study:

Initiative ES14 - Create a national knowledge platform, underpinned by a national data warehouse, housed within the MOPH, that enables accurate and shared data systems

The accurate collection, analysis and dissemination of data are key parts of the initiatives across all priority population groups. The activities within this example initiative will create a secure platform that improves access to linked data, enabling intelligent analysis of population health, and establish a clear legal framework to facilitate data access. Additionally, knowledge will be pooled and shared more effectively throughout the system and capacity built to disseminate and utilize health information.

Performance indicators include the number of platform users and number of regular reports generated from the platform for decision making support.

HOW WILL WE TAKE THIS FORWARD?

Given the scope and scale of system and service improvement presented in the National Health Strategy 2018-2022, a high degree of program leadership and coordination will be required across the health system toward achieving the ambitious targets, including clarity of milestones and accountabilities. We have developed a five-year implementation plan to prioritize areas of need, and define actions and accountabilities across priority population and system-wide areas of focus. We will also develop detailed annual road maps with clear areas of focus, specifying program responsibilities, cost, outputs, time lines and impact. We will clearly define desired outcomes so that it will be clear when an initiative has been successfully achieved. Plans will be reviewed and refreshed on an annual basis.

Multiple strategies, action plans and committees were developed during the implementation of NHS 2011-2016, all of which have objectives and activities. Moving forward, we will utilize existing structures, when applicable, to support the implementation of the initiatives identified in NHS 2018-2022. We will adopt a cohesive approach to bringing together the work being done on the various strategies such as the Mental Health Strategy, the Qatar Public Health Strategy, the Cancer Framework, and the Diabetes Strategy, to ensure that there is no duplication of efforts. A mapping exercise was carried out during the initial developmental stages of the NHS 2018-2022, in order to capture ongoing and planned activities from other strategies, and we will use this to coordinate implementation efforts.

A detailed implementation plan has been developed, and annual road maps will need further development in subsequent years, led by MOPH in partnership with organizations across the health system. The Ministry will play the role of an integrator, managing and overseeing execution of programs.

How will we WORK



Increased capacity and prioritization of resources

The implementation of this Strategy will require the health sector to make investments in new strategic priorities and support new ways of working. It will require additional capacity and capabilities within the sector, and in particular human resources, to support the critical change management program required by the vision and outcomes set forth in this Strategy. This investment is a critical prerequisite, without which the desired outcomes of the Strategy will be difficult to achieve. While there will be a requirement for new resources and greater capacity, reprioritization of existing resources within the system, including funding and workforce, may be necessary to support the initiatives and desired outcomes of the National Health Strategy 2018-2022.

We will assess the resources we have in the system and work to ensure that they support the defined strategic direction, with a strong focus on optimizing value, efficiency and effectiveness. For areas in which we have identified a clear gap in resources, capacity and capabilities, we must work closely with the Ministry of Finance (MOF) and the Ministry of Administrative Development, Labour and Social Affairs (MADLSA) to ensure that they are aware of our strategic resource requirements. We will work together with MOF and MADLSA to meet these critical prerequisites, in pursuit of achieving the QNV 2030 vision.

Our implementation approach

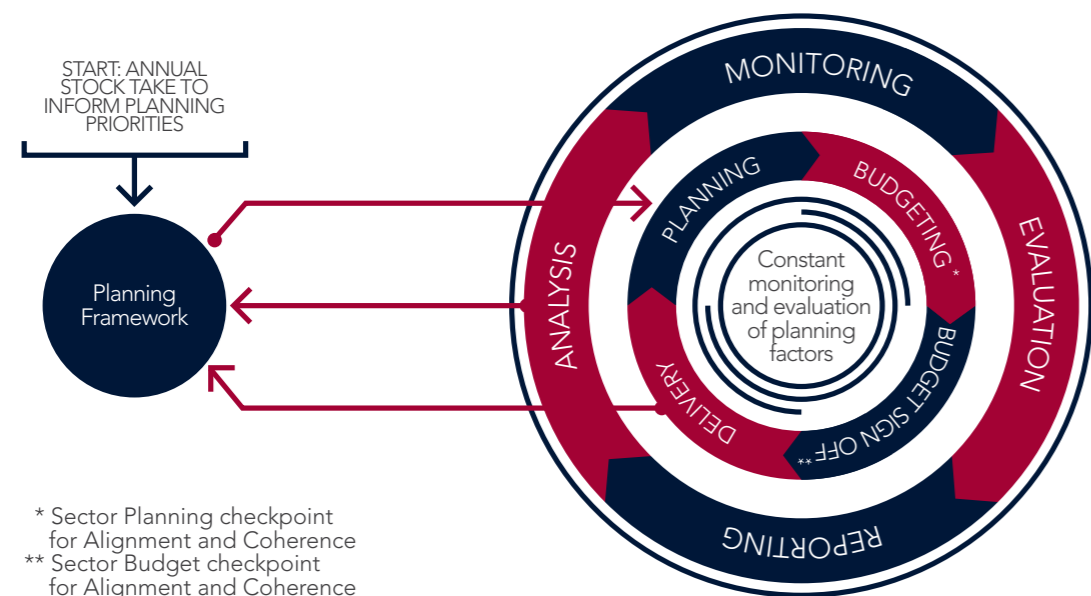
At the heart of this Strategy lies the ambition that the health system will implement simpler, better coordinated and more efficient approaches to care. We will do this by grounding all that we do in an evidence basis, which will ensure that we make best use of the resources allocated to us. We will implement small-scale changes to test and learn. These changes will be carefully measured to ensure that desired outcomes have been met before the decision is made to spread the change more widely. To accelerate collective learning, we will use knowledge sharing techniques to ensure that the whole of the health system is aligned in its approach and values.

Turning strategy into business

The Strategy identifies 12 priority areas. Each of these has been the subject of robust consultation, with in-depth contributions coming from subject matter experts across our health community. The development process has given rise to wide range of actions, proposed by the experts. The proposed actions were subjected to intense analysis and scrutiny. This has resulted in the creation of a comprehensive list of activities that will become mainstream inputs to the business planning process, across the whole system.

Turning strategy into business

How to take forward system improvement through the National Health Strategy 2018-2022



Inputs

- 5 years strategy direction NHS 2018-2022
- Priority tasks feed into Business Plans
- As a component of Annual Process

Process

- Sector business planning process
- Providing sector budget inclusions
- Leading to budgets for system to implemeny
- National Directors & networks to oversee

Outputs

- Approved organizational annual plans aligned to national strategic priorities
- Health goals delivered (Better Health, Better Care)
- Resources used effectively (Better Value)

Measuring performance

The MOPH will monitor implementation of the Strategy using specific indicators. They will help us identifying progress towards the desired outcomes. Indicators have been defined at three cascading levels: national level targets, system level measures, and initiative or program level indicators and milestones. We will monitor performance at these three layers and report the corresponding indicators regularly.

Corporate governance

The MOPH's primary strategic focus will be on the delivery and implementation of the National Health Strategy 2018-2022. The Executive Board under the leadership of the Minister of Health is responsible for the governance of ministry's functions and processes. The Executive Board will hold the health sector accountable for the delivery of the Strategy and achieving stated targets. The Minister of Health supported by the Executive Board will be the primary decision-making authority for all things related to the Strategy: its members, appointed by the Minister of Health, are representatives from the MOPH, public providers, senior executives from the health sector, and ministerial advisors.

Leadership and governance

It will be critical to define clear leadership and accountabilities for the implementation of the Strategy. Recognizing this need, the Minister of Health will nominate champions who will lead efforts across both the priority populations and the system-wide focus areas:

- System-wide focus area functions will be led by the Undersecretary and Assistant Undersecretaries. They are responsible for the delivery and implementation of initiatives and programs related to their focus areas, in addition to their other tasks and responsibilities.
- The priority population agenda will be led by National Leads, who are responsible for the delivery and implementation of the associated initiatives and programs. The National Leads will be empowered to support change and report on progress. These leaders will have a distinct role in the corporate governance structure and in setting clear strategic direction in terms of both mandate and accountability.

System incentives and financing

In order to achieve our ambitions, we will aim to utilize the levers available to us in the system, including licensing, registration, regulation and funding mechanisms. We will also aim to make better use of systems and incentives to achieve the model of care and better population health outcomes. This approach will be targeted both to individuals and organizations to ensure that they are properly motivated to contribute to health system improvements. We aim to implement a financing model, including health insurance, which supports our integrated model of care and the shift from cure to prevention.

Communication and engagement

The delivery of this Strategy will be a major undertaking, requiring the efforts of large numbers of people working toward common outcomes. Engagement facilitated by effective communication will be key in driving the change effort. A broad range of communication activities will need to occur across a number of stakeholder groups, including the community, health professionals and other government entities. For these groups, it will be important to present the case for change and articulate clearly what benefits lie ahead. In order to progress this forward, a communication plan has been prepared and will be implemented to guide the major activities needed.

Repetition of key messages will be critical to ensure that everyone is "on the same page," and understands how the change will affect them and their wider environment. Messaging will be further tailored for specific groups as required in order to maximize buy-in. Channels and tactics to deploy communications will be tailored to match particular needs and styles of stakeholders. Some examples include town hall meetings and roadshows for health professionals, and focus groups and social media campaigns to reach the public.

Establishing effective mechanisms to encourage two-way communication will ensure that we listen as much as we talk, we are responsive and our efforts reflect the concerns of the population we serve.

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