



# THE WISH LIST

## Qatar Private Health Sector Plans

2012-2017

HEALTH PLANNING & ASSESSMENT DEPARTMENT  
HEALTHCARE FACILITY PLANNING – FACT SHEET II – OCTOBER 2017

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## **I. INTRODUCTION**

The need for healthy competition, freedom of choice, improved healthcare quality and outcomes, and value for money rank high amongst economic drivers for change toward the contribution of all community sectors in healthcare economy.

The MoPH recognizes that the potential is strong for a mixed healthcare economy and rational partnership with services being provided by both public and private sector. To complete the required change at the speed needed to match the country's growth and change there is a need for data and evidence based analysis on public private partnership (PPP) real capabilities so that strategic advice, communicating with stakeholders and assisting on technical PPP matters could be properly provided.

## **II. EXECUTIVE SUMMARY**

The aim of Fact Sheet II is to scan, illustrate, analyze and discuss Qatar private health sector plans to build and operate healthcare facilities in the period between Q4 2012 and Q2 2017. The private health sector plans study will cover the number of healthcare facilities applications referred to Qatar Certificate of Needs (QCON) Program by MoPH Healthcare Facilities Licensing & Accreditation Dept. for recommendations based on Qatar Healthcare Facility Master Plan 2013-2033 (QHFMP).

These applications cover the following healthcare facilities types:

1. Health Centers (HC)
2. Health & Wellness Centers (HWC)
3. Diagnostic & Treatment Centers (DTC)
4. General Hospitals (GH)
5. Specialized Hospitals (SH)
6. Long Term Care (LTC)

The subject matter private sector plans to build and operate healthcare facilities will then be compared against existing private sector market presence in both inpatients and outpatients care facilities to highlight the differences between setup plans and reality that shaped the implementation of these plans.

### III. FINDINGS & ANALYSIS \*

The number of applications captured in the study period Q4 2012 – Q2 2017 are 56 applications distributed as follow:

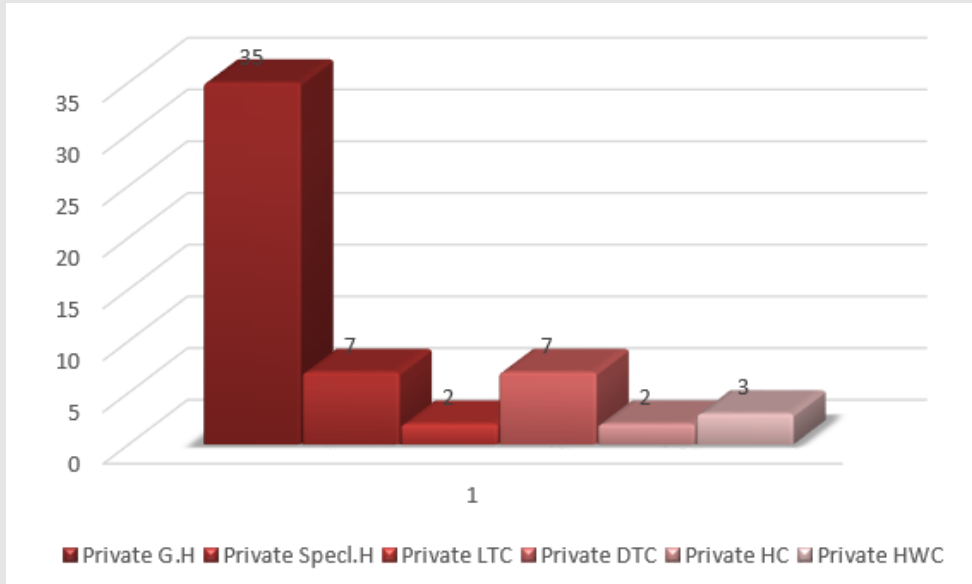


Chart A: Numbers of private health care facilities QCON referred applications by facility types

Chart (A) and (B) shows the heavy emphasis on inpatients' facilities (hospitals) plans that counts for (78%) of the total number of referred applications, meanwhile (22%) goes to outpatients care facilities.

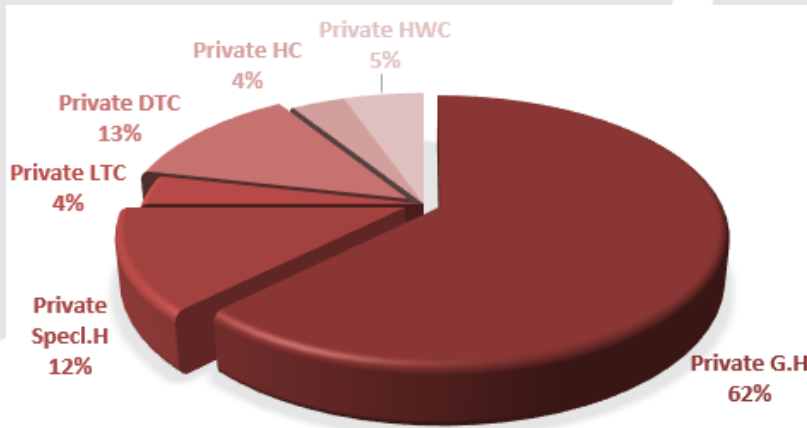


Chart B: Percentage of private health care facilities QCON referred applications by facility types

\* As of data captured by HPA June 2017

The majority of applications whether inpatients or outpatients care facilities (39%) are concentrated in Doha Municipality followed by (27%) applications with no specific defined location or designated land .Then comes Al Rayyan (16%) and Al Daayen (12%) municipalities as shown in chart (C) below.

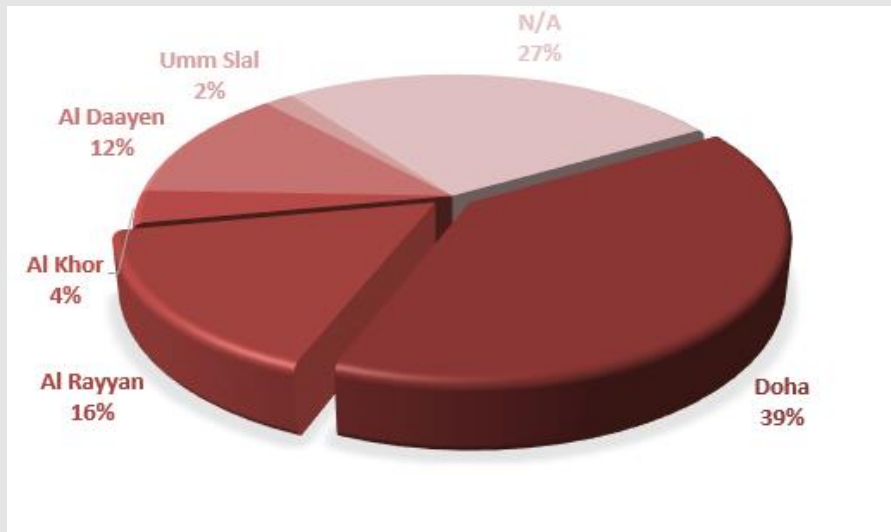


Chart C: Percentage of private health care facilities QCON referred applications by Municipality

When the captured data of QCON referred applications were finally gleaned, the total number of private planned to be provided beds were estimated as (4231) which is equal to approx. (160%) of the existing public and private bed capacity (2623)

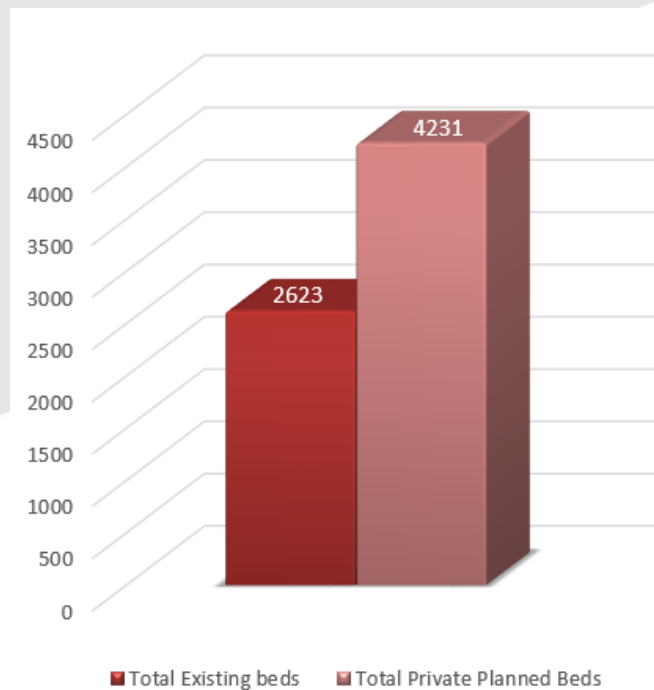


Chart D: Number of existing public and private bed and total number of private planned beds

Contrary to expectation, only (28%) of the total planned beds (4231) proceeded by investors to MoPH “Initial Approval” healthcare facility licensing stage equal to (1655) beds.

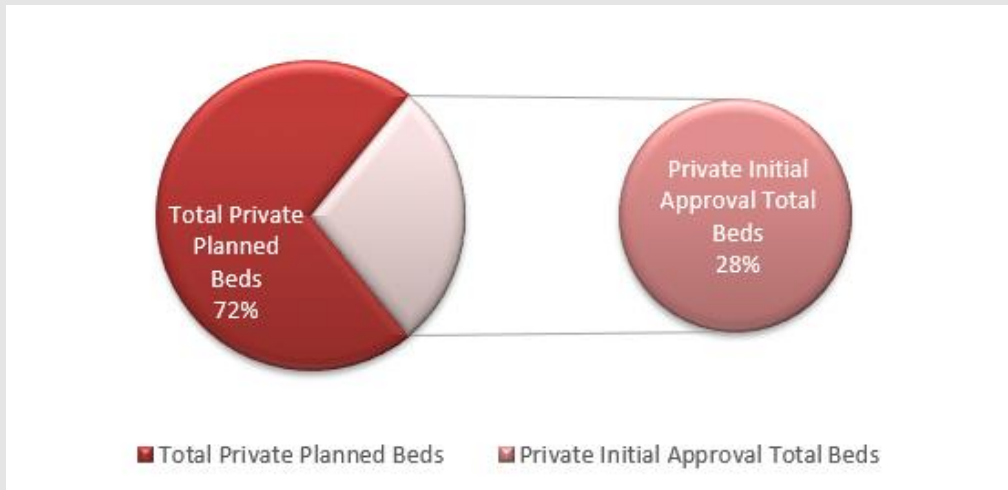


Chart F: Percentage of (QCON referred applications) bed capacity that proceeded to “Initial Approval Stage”

Eventually, only (2%) of the total planned private sector, beds (4231) will become operational by end 2017.

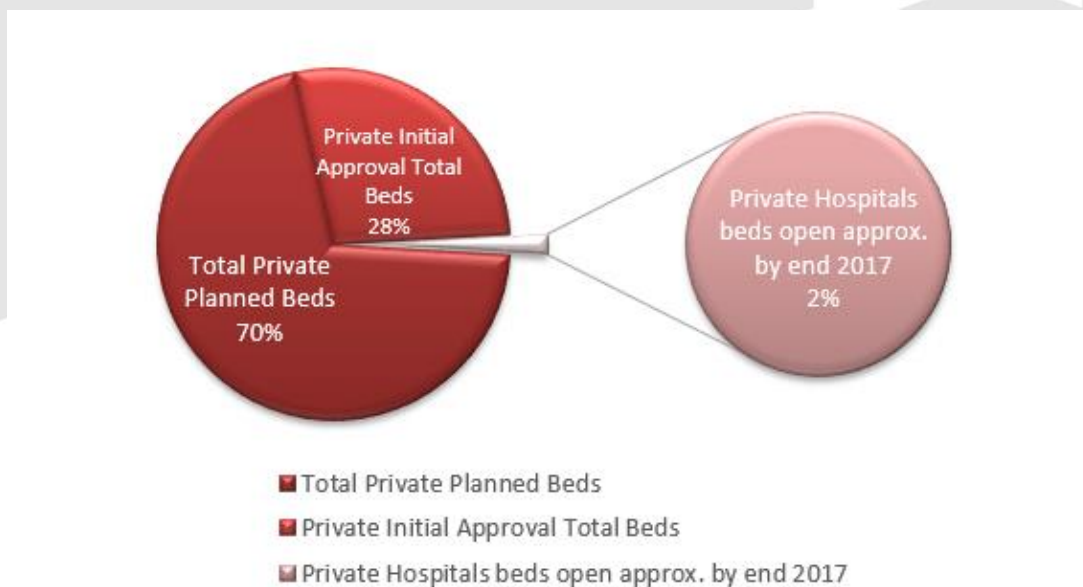


Chart G: Percentage of (QCON referred applications) bed capacity that proceeded to “Construction stage”

As a result and taking into account some drop in the total number of private beds in 2015, the calculated private sector contribution to the country total operational bed capacity counted for (72) beds in the period 2004 – Q2 2017.

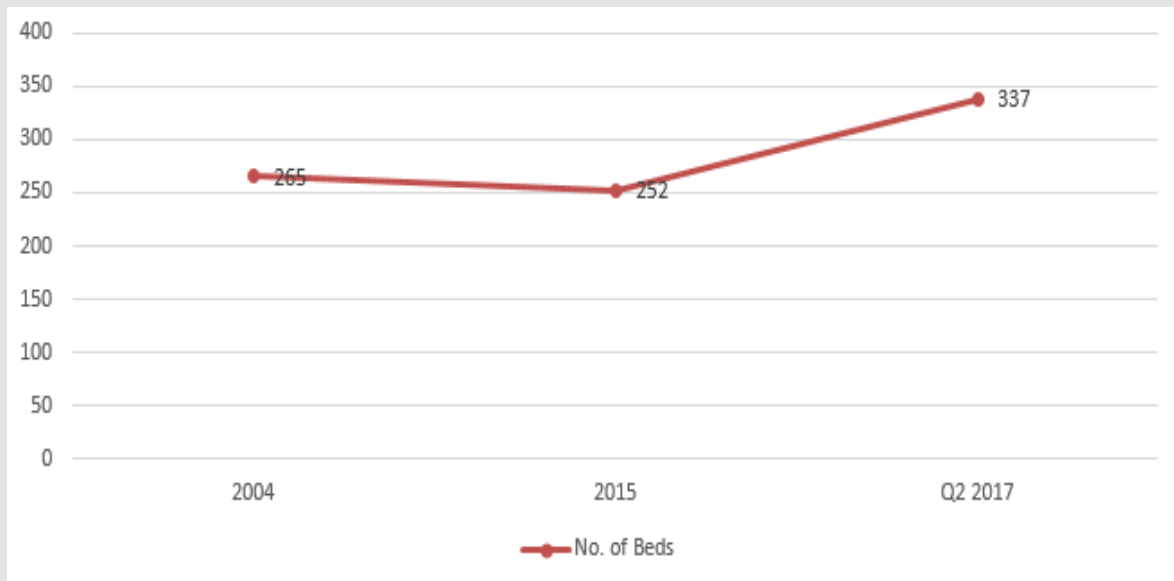


Chart H: The increase of private sector bed capacity during the period 2004-Q2017

This contribution of (72) private beds defers remarkably from what has been planned to be opened as private beds (4231). The total expected number of private additional beds could reach up to (110) beds by approx. end of Q4 2017.

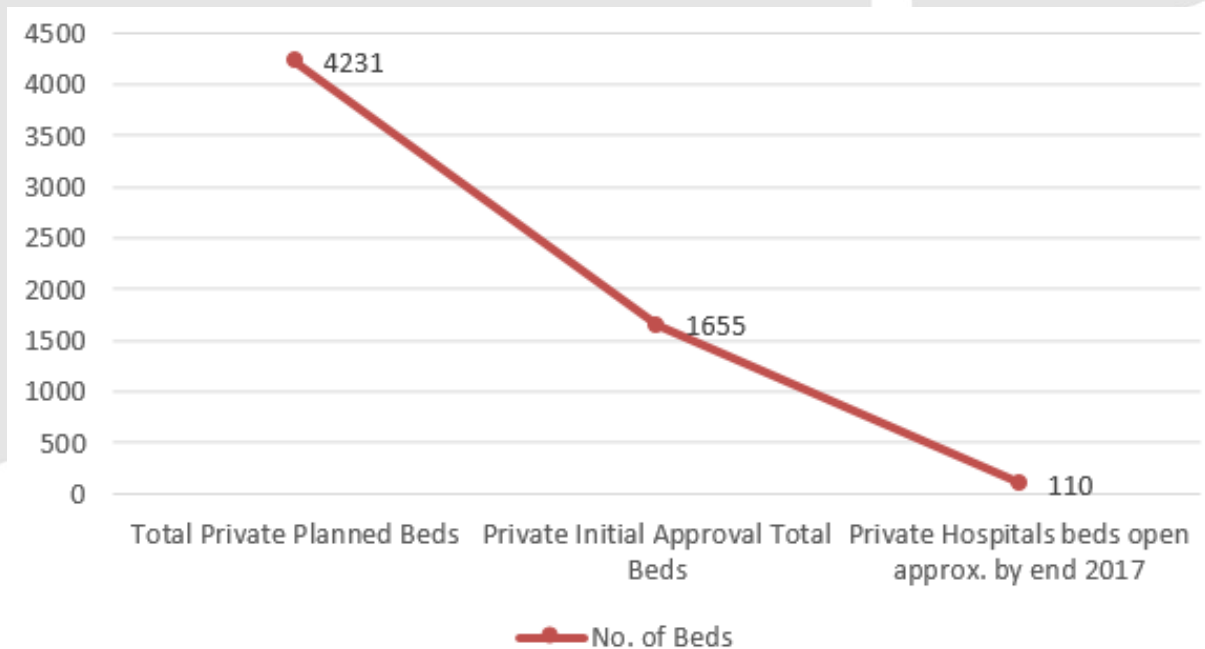


Chart I: Total no. of additional private beds per (QCON referred applications) by the end of Q4 2017

It is worth mentioning also that the private sector market existing presence in inpatients facilities represents (13%) of the country total inpatient beds capacity – (87%) total public inpatients beds –.

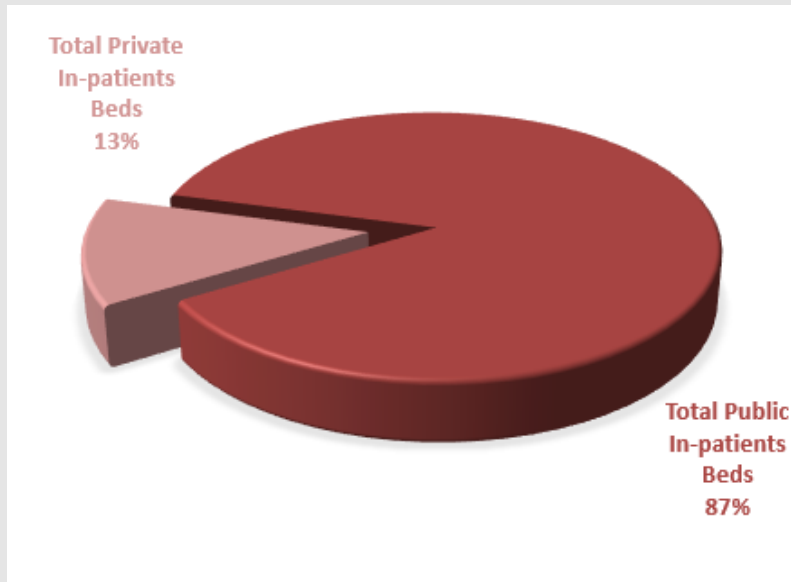


Chart J: Public & Private Hospital beds

Meanwhile private sector market existing presence in outpatient's facilities represents (65%) of the country's total outpatient's facilities capacity – (35%) total public inpatients consultation & examination (C/E) rooms – even though not properly geographically and specialty distributed over urban and rural areas and where dentistry and dermatology take the lead.

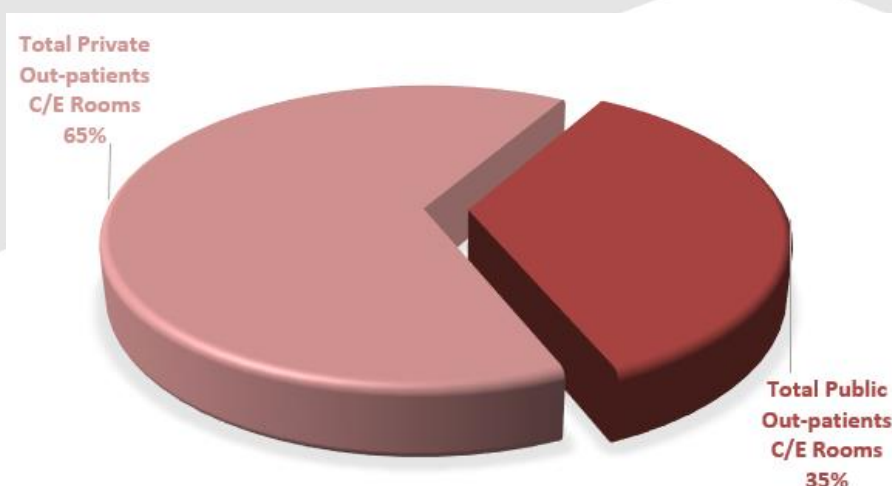


Chart K: Public & Private C/E Rooms\*

\* HPA Data collection survey Q4- 2016



The initial conclusions drawn from the above analysis conveyed unique facts on the real presence of the private sector in Qatar healthcare delivery network, in addition, exhibited the contradiction between the private planned facilities – mainly inpatient facilities - and procured and operational facilities – mainly outpatient facilities.

The fact is investors would better and prior to invest determine the attractive type of healthcare facilities that suit their financial and operational capabilities and the positive regulatory environment from one side and how to complement the country healthcare delivery network gaps from another side. The decision should also be based on expectations for competition levels and the expected regulatory environment.

The ultimate goal for both public and private sectors would be ensuring orderly healthcare development across the State of Qatar, eliminating duplication in healthcare delivery especially for tertiary-level services that are highly specialised and need consistent patient volumes to ensure consistently high quality , rational cost and maximum accessibility.



The aim would be to improve geographic accessibility to healthcare facilities and services by ensuring that the right facility is located in the right location, serving the right population. Therefore there is a need for a comprehensive implementation of Qatar Certificate of needs Program ( QCON ) aiming to improve access and quality while controlling public and private sector costs. The basic assumption underlying QCON regulation is that excess capacity - in the form of either facility overbuilding, duplication of services, or both - directly results in health care cost inflation.

#### IV. APPENDIX

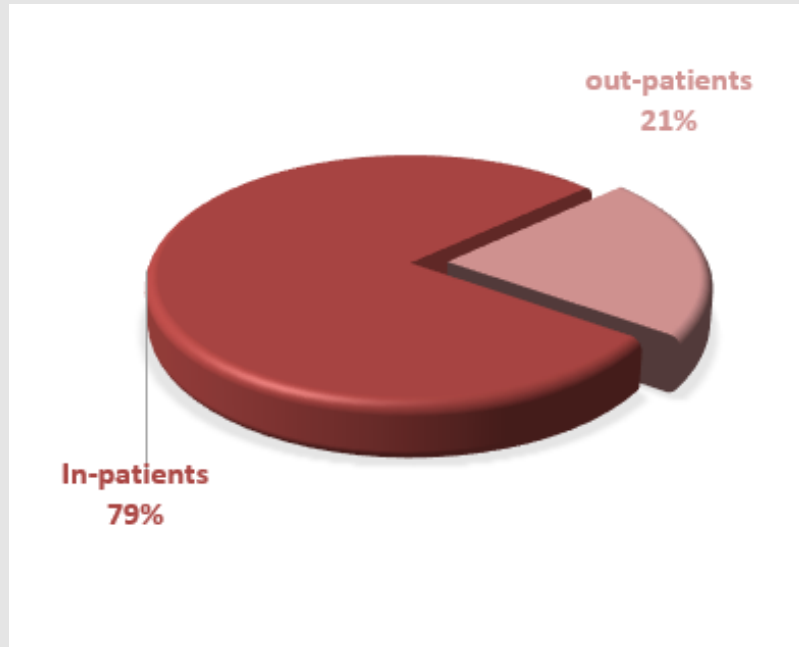


Chart L: Percentage of requested private beds per (QCON referred applications)

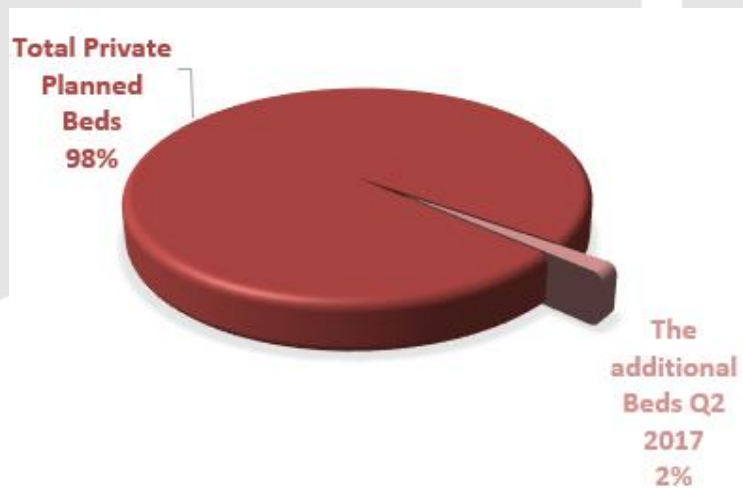


Chart M: Percentage of procured private beds per (QCON referred applications)

### **Planned Private Projects**

(QCON referred applications)

No. of projects	56
No. of beds	4231
No. of initial approval projects	19
No. of initial approval projects beds	1655

### **Planned Private Projects by facility types**

(QCON referred applications)

Private General Hospital	35
Private Specialized Hospital	7
Private LTC	2
Private DTC	7
Private HC	2
Private HWC	3

### **Planned Private Projects by Municipalities**

(QCON referred applications)

Doha	22
Al Rayyan	9
Al Khor	2
Al Daayen	7
Umm Slal	1
N/A	15

### Existing Outpatients Care Capacity

Total Public Consultation & Examination Rooms (C/E)	974
Total Private Consultation & Examination Rooms (C/E)	1780
<b>Total Public &amp; Private C/E Rooms</b>	<b>2754</b>

### Existing Inpatients Care Capacity

Total Public Beds	2297
Total Private Beds	326
<b>Total Inpatient in Public &amp; Private Beds</b>	<b>2623</b>